Safe, Engaged and Successful Students: The Value of School Mental Health in Texas

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1. School Safety

2. Promotion, Prevention, Early Identification and Intervention

3. Access to Care

4. Impact
1. School Safety
SAFE SECURE SCHOOLS
We are dedicated to educating and keeping our kids safe at school.

As a result of shootings throughout the United States… we are enhancing our procedure for intruders.
The procedure will be the same as we’ve done in the past with the addition of arming our students with a canned food item. We realize at first this may seem odd. The canned food item could stun the intruder, even knock him out until the police arrive. The canned food item will give the students a sense of empowerment to protect themselves and make them feel secure.
We hope the canned food item will never be used or needed, but it is best to be prepared.

At the end of the year, the cans will be donated to the Food Closet.

Thank you for your support in helping us to keep our children safe at school.
"Our school district is in the process of passing a bond proposal... that includes 30+ million dollars to “make our schools safe.” In other words, 30 million dollars for bullet proof doors and security camera surveillance... The budget is I don’t know how many pages long but I looked through every single line item and not a penny for any type of suicide prevention or mental health service whatsoever. They will wait until a kid from the district dies by suicide and start scrambling to deal with the aftermath and respond to parents outrage over what is being done..."
Two Visions
March 2018 Congressional Briefing:
School Violence, Safety, and Well-Being:
A Comprehensive Approach
http://www.npscoalition.org/school-violence
Two Visions

Welcoming, caring, supportive schools

Restrictive, fortressed schools

Social Emotional Learning
School Climate
Mental health supports

Tools and Ideas from:
- Law Enforcement
- Prison Architecture
- Military Strategies
Comprehensive Reviews Covering Hundreds of International Studies, and Large-scale Epidemiological Studies Show:

- Schools with positive school climate and integrated SEL foci have significantly reduced
  - Isolation
  - Verbal bullying
  - Physical bullying
  - Sexual harassment/assault
  - Cyberbullying
  - Negative relationships between students and between students and teachers
- And have decreased student/teacher reports of:
  - Weapons use, being threatened by a weapon, and seeing or knowing about a weapon on school grounds
What does the science say?

“We found that evidence about their effectiveness is either extremely rare or, as was the case for most of the 12 categories, nonexistent.

Experts we spoke with raised concerns about this lack of evidence, about the costs of various technologies, and about the unintended negative consequences of some.”

Schwartz et al., Rand Corporation, 2016
School Connectedness is the belief held by students that the adults and peers in their school care about their learning as well as about them as individuals.

Students, no matter what their race, ethnic group, or level of family income, are more likely to succeed when they feel connected to school. - Center for Disease Control, 2009
SAFE SECURE SCHOOLS

MENTAL HEALTH IS ESSENTIAL
Texas senators agree on the need for school mental health services, but can they fund it?

In their third scheduled meeting, the Senate Select Committee on Violence in Schools and School Security discussed the role of mental health in school shootings and ways to address it. But questions of funding kept popping up.
✓ Make mental health a part of state and local school safety planning and budget

✓ Mental Health Promotion – e.g., Social Emotional Learning – see New Hampshire State School Safety Report

✓ School Climate and Connectedness – see National Center for Safe and Supportive Learning Environments

✓ Mental Health Training for School Resource Officers (SROs) - see NASRO

✓ Comprehensive Threat Assessment – include mental health professionals on team – see Virginia Model for School Threat Assessment

✓ District Mental Health Coordinators to facilitate school-community partnerships and coordination of care - see Maryland Safe to Learn Act

✓ Adequate funding for school-employed mental health professionals and integration of community mental health providers in schools – see NASP et al – Framework for Safe and Supportive Schools and NCSMH (www.schoolmentalhealth.org)
2. Promotion, Prevention, Early Identification and Intervention
What is our mission?
Reflection Question

If you could pick one quality or skill that all young people would possess by the time they graduate from high school, what would it be?

Roger Weissberg, CASEL
XX public school system ensures academic success and social-emotional well-being for each student in an inclusive and nurturing environment that closes opportunity gaps.
MTSS School-Community Partnerships

Kathy Short, 2016, Intl J. of Mental Health Promotion
Rose’s Paradox of Prevention

“A large number of people at a small risk may give rise to more cases of disease than the small number who are at high risk”

1926-1993

Slide by Mark Greenberg, Penn State, 2018 (used with permission)
An example of the paradox

Screen all 9th graders for risk factors of school dropout
20% identified as “high-risk”; 80% as low-risk

Slide by Mark Greenberg, Penn State, 2018 (used with permission)
The Paradox

Over time, 75% of high-risk & 25% of low-risk students drop-out

75% = 15/20 students

25% = 20/80 students

More than half (20/35 = 57%) of the students who drop-out are from the low-risk group!!!

Illustration by Scott Gest, Slide by Mark Greenberg, Penn State, 2018 (used with permission)
The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category.

Population approach: encourage everyone to change, shifting the entire distribution.

Risk reduction approach: move high risk individuals into normal range.


*Slide by Mark Greenberg, Penn State, 2018 (used with permission)*
UNIVERSAL Mental Health/Safe Supportive Strategies

- Promote supportive, positive school climate
- Staff wellness
- Social Emotional Learning (SEL)
- Crisis preparedness
- Trauma-responsive school policies
- Mental health literacy for school staff and students

Sharon Hoover, 2018
Wellness for School Staff
“This job is stressful, overwhelming and hard. I am overworked, underpaid, underappreciated, questioned and blamed for things that are out of my control.”

“For the past eight years, my blood pressure is consistently 20 points higher during the school year than in the summer.”
Teachers are leaving the profession in alarming numbers!

- 10% of teachers leave after 1 year
- 17% of teachers leave within 5 years
- In urban districts, up to 70% of teachers leave within first year

Teacher Stress Impacts Students

- Teachers who are stressed demonstrate greater negative interactions with students:
  - Sarcasm
  - Aggression
  - Responding negatively to mistakes

- **Classrooms led by a teacher who reported feeling overwhelmed (high burnout) had students with much higher cortisol levels**
  
  Oberle & Schonert-Reichl (2016)
Social & Emotional Learning

Self-Management
- Managing emotions and behaviors to achieve one's goals

Self-Awareness
- Recognizing one's emotions and values as well as one's strengths and challenges

Social Awareness
- Showing understanding and empathy for others

Relationship Skills
- Forming positive relationships, working in teams, dealing effectively with conflict

Responsible Decision-Making
- Making ethical, constructive choices about personal and social behavior
Participation in a school-based Intervention that promoted at least one social-emotional skill


Slide courtesy of C. Domitrovich, 2018
Mental Health Literacy

• Understand how to obtain and maintain good mental health

• Understand and identify mental disorders and their treatments

• Decrease stigma

• Enhance help-seeking efficacy: know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)

Kutcher and Wei; 2014; Kutcher, Bagnell and Wei; 2015; Kutcher, Wei and Coniglio, 2016.
PSYCHOLOGICAL FIRST AID: Listen Protect Connect/Model and Teach

https://traumaawareschools.org/pfa
Copyright M. Schreiber, R.H. Gurwitch, & M. Wong, 2006
Adapted, M. Wong, 2012

Sharon Hoover, 2018
PREPaRE Training Curriculum

The PREPaRE curriculum has been developed by the National Association of School Psychologists (NASP) as part of NASP’s decade-long leadership in providing evidence-based resources and consultation related to school crisis prevention and response. PREPaRE training is ideal for schools committed to improving and strengthening their school safety and crisis management plans and emergency response.

Learn More

Upcoming Workshops
Check out upcoming workshops open to public registration around the country.

Related Resources

https://www.nasponline.org/professional-development/prepare-training-curriculum
Median Age of Onset: Mental Illness

Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)
✓ Consider Social Emotional Learning standards K-12 - see Illinois State Social and Emotional Learning Standards

✓ Invest in:
  ✓ Health and Mental Health Promotion
  ✓ School Climate
  ✓ Social Emotional Learning
  ✓ Crisis preparedness
  ✓ Early identification and intervention

✓ Consider universal health/mental health screening in schools

✓ Fund Teacher Well-being efforts, including organizational and individual well-being programming

✓ Look to current funding streams (e.g., State Opioid Response) for opportunities to fund school health and mental health prevention and early intervention
3. Access to Care
Youth are 8x more likely to complete mental health treatments in schools than in other community settings.

(McKay et al., 2005)
Early Intervention and Treatment in Schools

- Evidence-based interventions — e.g., CBITS/Bounce Back, TF-CBT
- Special education accommodations
- Refer for evaluation and appropriate treatment to school and/or community services
CBITS developed to help children in schools cope with trauma
• Statewide Learning Collaborative
  • 2-day training
  • Bi-weekly consultation
  • Audio fidelity monitoring/feedback
  • Data tracker

• 350 students
  • 70 groups
  • 23 clinicians

• 90.3% completion rate

We are open all summer.

Summer Hours for Delhi School-Based Health Center
✓ Offer **State Infrastructure Grants** for school health and mental health – see Minnesota School-Linked Mental Health grants

✓ **Medicaid and Private Insurance coverage of school health and mental health services**, including ancillary services (teacher consultation, school team meetings) – see Hennepin County, MN and Duval County, FL
  ✓ Schools as a site of service/as a provider

✓ **State agency** (behavioral health, education) **training and technical assistance** to locals to offer comprehensive school health and mental health – see Wisconsin’s and Colorado’s School Behavioral Health Frameworks
4. Impact
Growth of SBHCs, 1987-2017
The Impact of SBHCs

1. Increased use of primary care
2. Reduced inappropriate emergency room use
   Greater than 50% reduction in asthma-related emergency room visits for students enrolled in NYC SBHCs
3. Fewer hospitalizations
   $3 million savings in asthma-related hospitalization costs for students enrolled in NYC SBHCs
4. Access to harder-to-reach populations - esp minorities and males
   Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a CHC or HMO.
5. Improved academic outcomes
   Increased attendance, improved classroom behavior and decreased disciplinary referrals, improved grades and test scores
OPS' school-based health centers credited with reducing students' missed days

By Erin Duffy // World-Herald staff writer  Nov 14, 2013  0

Marcellis Minor, 15, has his height checked by certified medical assistant Joyce Craft at an on-site clinic at Omaha's Northwest High School.
Why Mental Health in Schools?

• Greater **access** to all youth → Mental health promotion
  Social Emotional Learning

• **Less time lost** from school and work

• Greater **generalizability** of interventions to child’s context

• **Less threatening** environment
  Students are in their own social context

• Clinical **efficiency and productivity**

• Outreach to youth with **internalizing** problems

• **Cost effective**

• Greater potential to impact the learning environment and
  **EDUCATIONAL OUTCOMES**

• Findings from 36 primary research, review, and meta-analysis articles

• 2000-2017

• Benefits of school behavioral health clinical interventions and targeted interventions on a range of academic outcomes –
  • Grades
  • Attendance
  • State test scores
  • School connectedness
✓ Require health and academic outcome data collection from school-employed and school-based community health and mental health providers

✓ Develop statewide system of accountability and outcome measure to evaluate and demonstrate results of school health and mental health
Challenging the SBHCs and CSHMSs to adopt, report, and improve on a standardized performance measures
SHAPE your School Mental Health System!

The School Health Assessment and Performance Evaluation (SHAPE) System

A dynamic, free online system to improve school mental health accountability, excellence, and sustainability.

www.theshapesystem.com
School Health Assessment and Performance Evaluation System

Join Us!
When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, mental health provider, parent, student, etc.) from a school system can join.

Schools and school districts can use SHAPE to:
- Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System

Free Custom Reports  Strategic Team Planning  Free Resources  Be Counted
Schools and School Districts Can Use SHAPE To:

- Document service array and multi-tiered services and supports

www.theshapesystem.com
Schools and School Districts Can Use SHAPE To:

Advance a data-driven mental health team process for the school or district

• Strategic Team Planning
• Free Custom Reports

www.theshapesystem.com
School Mental Health Playbook Series

Playbooks can be found in the resource library at www.theshapesystem.com or at www.schoolmentalhealth.org
ANATOMY OF A MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding Between Appleville School District and Hope Child and Family Services

Purpose of agreement: The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system that utilizes the strengths and expertise of school and community-partnered professionals.

Roles and responsibilities of each party: The Parties agree to the following roles and responsibilities:

- Responsibilities of Hope Child and Family Services (HCFS)
  i. Actively participate in school mental health team(s)...
  ii. Provide mental health services, to include...
- Responsibilities of Appleville School District
  i. Identify school(s) that demonstrate readiness...
  ii. Provide confidential space in school(s) that includes...
  iii. Facilitate inclusion and active participation of community partners...
  iv. Create data-based decision models and referral processes that promote...

Fiscal and resource agreement

- Appleville School District will pay HCFS the total sum of XX...
- Payments will be made in a...

Liability release as an independent contractor

- In providing services to Appleville School District students, HCFS shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Board.

Duration and termination

- This Agreement is for the period beginning Month/Day/Year to Month/Day/Year...

Insurance and indemnification

- [Program Name Here] shall purchase and maintain during the term of any resulting agreement...

Roles and responsibilities of each party

Outline what activities the school district and community partners are expected to participate in. Examples include prevention, promotion, and intervention services, attendance at team meetings, training or professional development provided and/or attended, space and resources for activities and collaboration, data reporting and use guidelines, and guidelines related to student and family confidentiality.

Liability release as an independent contractor

Detail limits to liability for both/either parties here.

Insurance and indemnification

List the types of insurance that the community provider will purchase and maintain, including general liability, professional liability, and worker’s compensation, as applicable.
Local Exemplars
“Living laboratory” for incubating innovative, cost-effective and replicable best practices to improve the behavioral health of students by facilitating:

- collective action;
- providing highly specialized professional development opportunities, technical assistance and community education;
- and conducting research, advocacy, and policy analysis.
National Coordinating Center
10 MHTTC Regional Centers.
MHTTC Tribal Affairs Center.
MHTTC Hispanic and Latino Center

UT Austin
PI: Dr. Molly Lopez
National School Mental Health Curriculum

1. Building Capacity for School Mental Health
2. Core Features and Values of School Mental Health
4. Mental Health Promotion Services and Supports
5. Early Intervention and Treatment Services and Supports
6. Funding and Sustainability

Coming Soon!
Connect with NCSMH

www.schoolmentalhealth.org

facebook.com/centerforschoolmentalhealth

@NCSMHtweets