Best Practices in School Mental Health for At-Risk Youth and Paths to Treatment

Sharon A. Hoover, PhD

University of Maryland School of Medicine

National Center for School Mental Health

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National Association of State Mental Health Program Directors (NASMHPD)

Annual 2019 Commissioners Meeting

Washington, D.C.

September 2019

National Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the US Department of Health and Human Services (HHS), Health Resources and Services Administration

- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE

NCSMH

NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

Visit the NCSMH website at
www.schoolmentalhealth.org

1. School Safety

2. Promotion, Prevention, Early Identification and Intervention

3. Access to Care

4. Impact

5.Resources

1. School Safety

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.

Sharon Hoover, 2018

MIDDLE SCHOOL

January 9, 2015

Dear Parents and Guardians,

We are dedicated to educating and to keeping our children safe at school. [...] shootings throughout the United States and discussing with law [...] procedure to follow to keep our students safe, we are [...] procedure for intruders.

The procedure will be the same as we have done in the past with the addition of arming our students with a canned food item. We realize at first this may seem odd; however, it is a practice that would catch an intruder off-guard. 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 will make them feel secure in case an intruder enters their classroom.

This procedure is being used in other schools in our area and in the United [...] the following websites listed below for more information on this procedure:

http://www.cchsvoice.org/equipped-with-cans[...]on-the-alice-drill/

http://www.lakegenevanews.net/Articles-Geneva-Linn-Town[...]2013-11-21-251637.114135-Schools-prepare-for-violent-intruders.html

We are asking each student to bring an 8 oz. canned food item (corn, bea[...] etc.) to use in case an intruder enters their classroom. We hope the canned food items will n[...] or needed, but it is best to be prepared. At the end of the school year, the cans will be [...] to The Food Closet.

Thank you for your support in helping us to keep our children safe at school.

Sincerely,

Principal

Assistant Principal

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Sharon Hoover, 2018
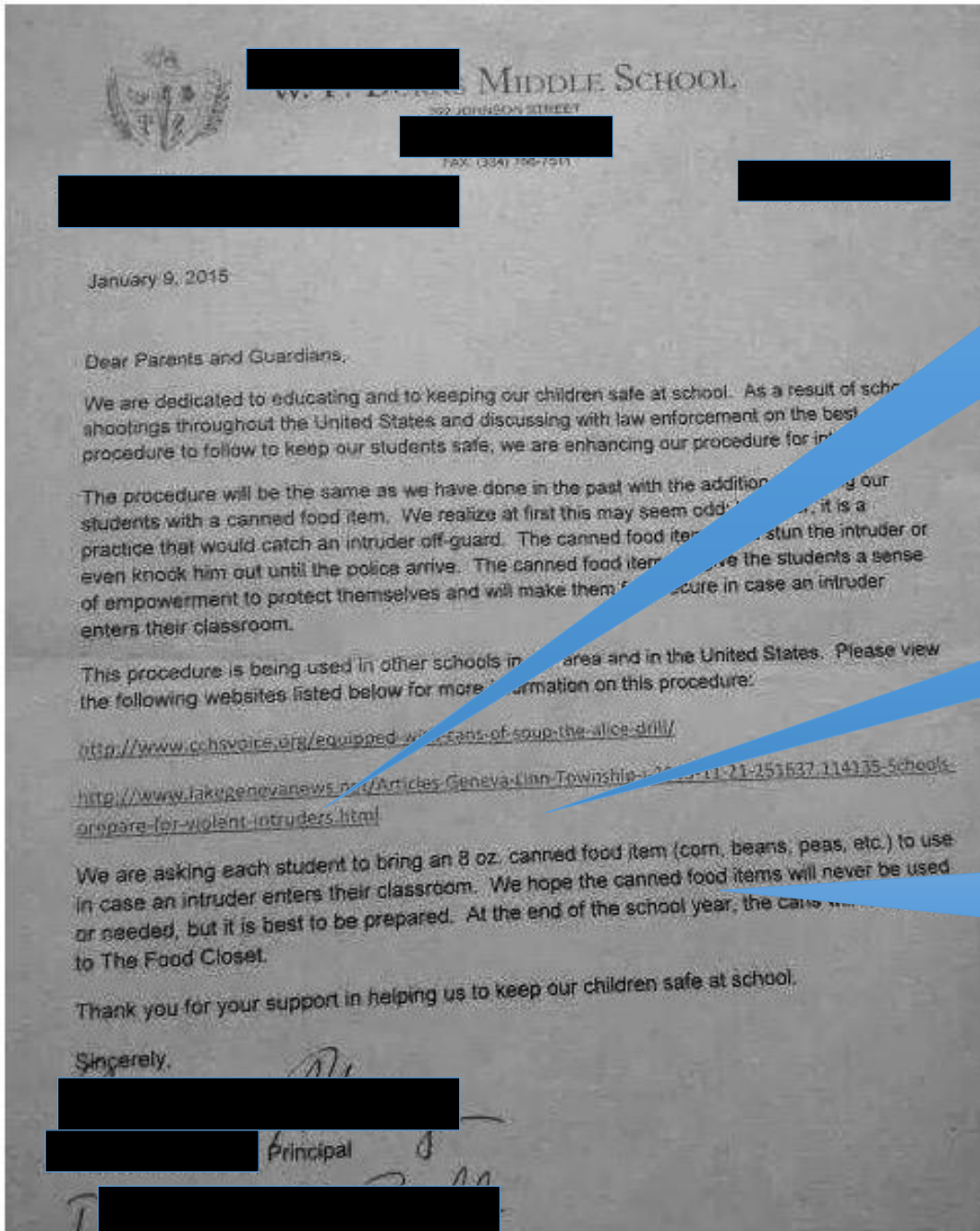
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Sincerely,

Principal

"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."

Two Visions

March 2018 Congressional
Briefing:
School Violence, Safety,
and Well-Being:
A Comprehensive Approach
http://www.npscoalition.org/
school-violence

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?

The Role of Technology in Improving K-12 School Safety

Heather L. Schwartz, Rajeev Ramchand, Dionne Barnes-Proby, Sean Grant,
Brian A. Jackson, Kristin J. Leuschner, Mauri Matsuda, Jessica Saunders

PRIORITY
Criminal Justice
NEEDS INITIATIVE

*"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 <u>concerns</u> about this **lack of evidence**, about the **costs** of various technologies, and about the **unintended negative consequences** of some."*
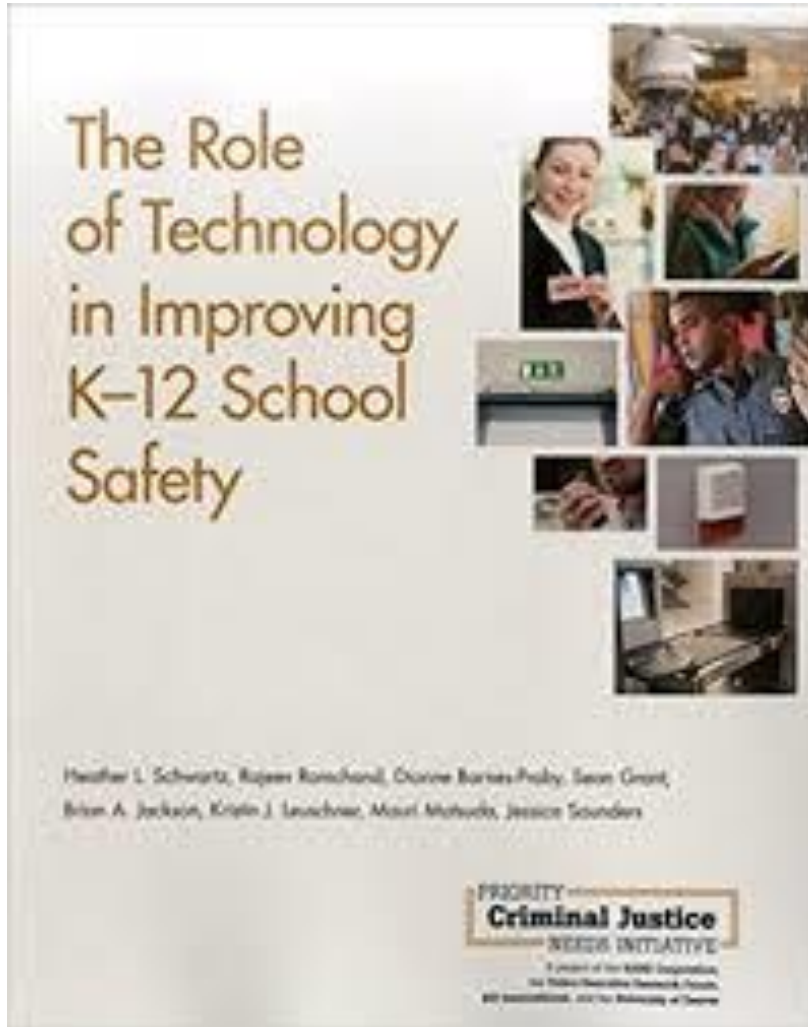
Schwartz et al., Rand Corporation, 2016

Support for School Mental Health

FINAL REPORT OF THE FEDERAL COMMISSION ON
School Safety

Presented to the
PRESIDENT OF THE UNITED STATES

December 18, 2018

"There is solid evidence in support of the impact that school mental health programs can have on academics."

"Embedded school-based mental health services make the services accessible and acceptable to both students and families."

"A significant amount of research demonstrates that treatment is much more likely to be effective and completed when services are school based."

Recommendation: *State and local school districts should <u>expand the implementation of tiered models</u> that intentionally focus on school climate and incorporate social and emotional learning and prevention, as well as access to specialty treatment for the minority of children who require it.*

JASON SCHIFFMAN

PSYCHOLOGIST

MENTAL HEALTH IS ESSENTIAL TO

SAFE SECURE SCHOOLS

Sharon Hoover, 2018

✓ **Make mental health a part of state and local school safety planning and budget**

POLICY

- ✓ **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?
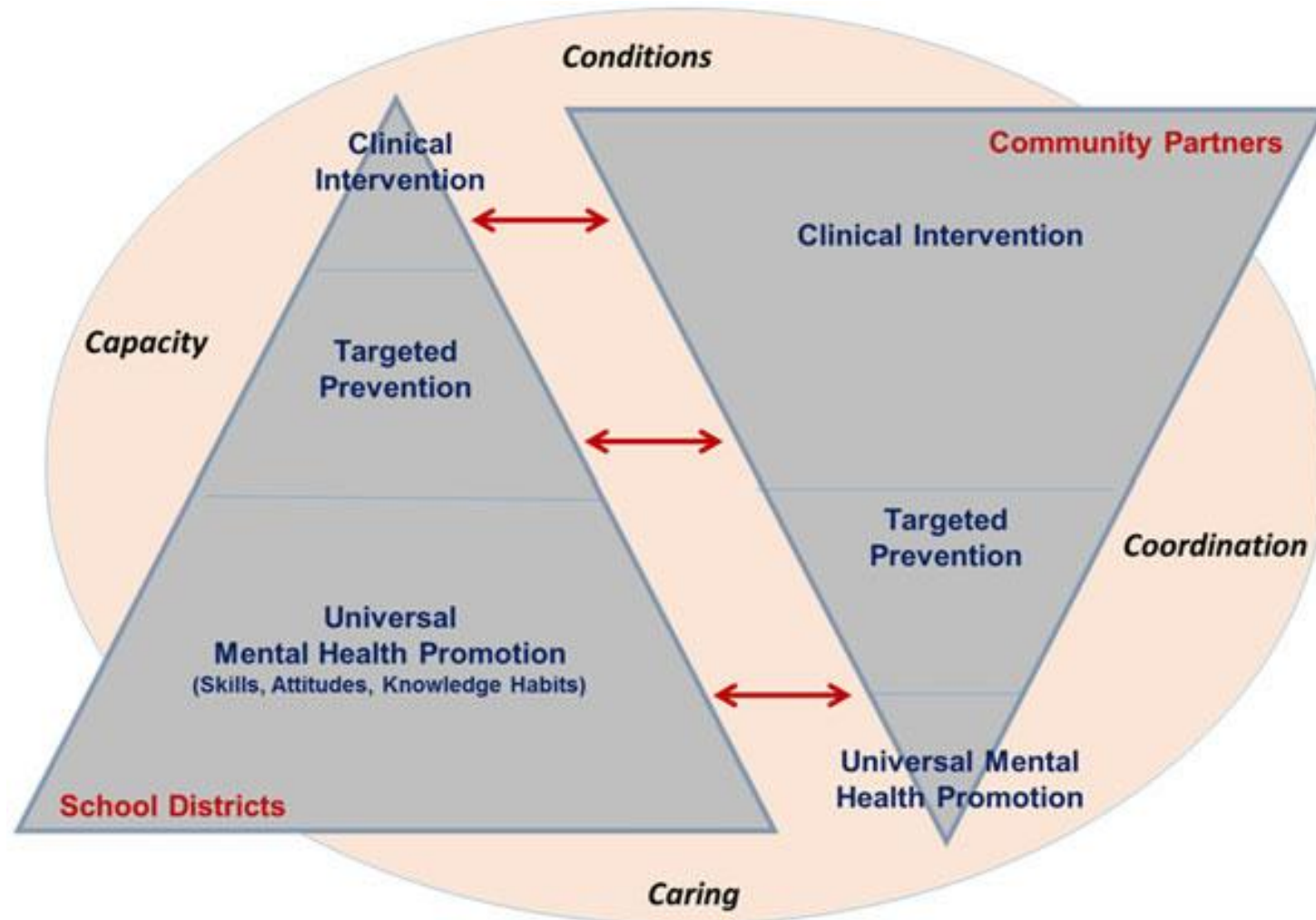
Roger Weissberg, CASEL

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.
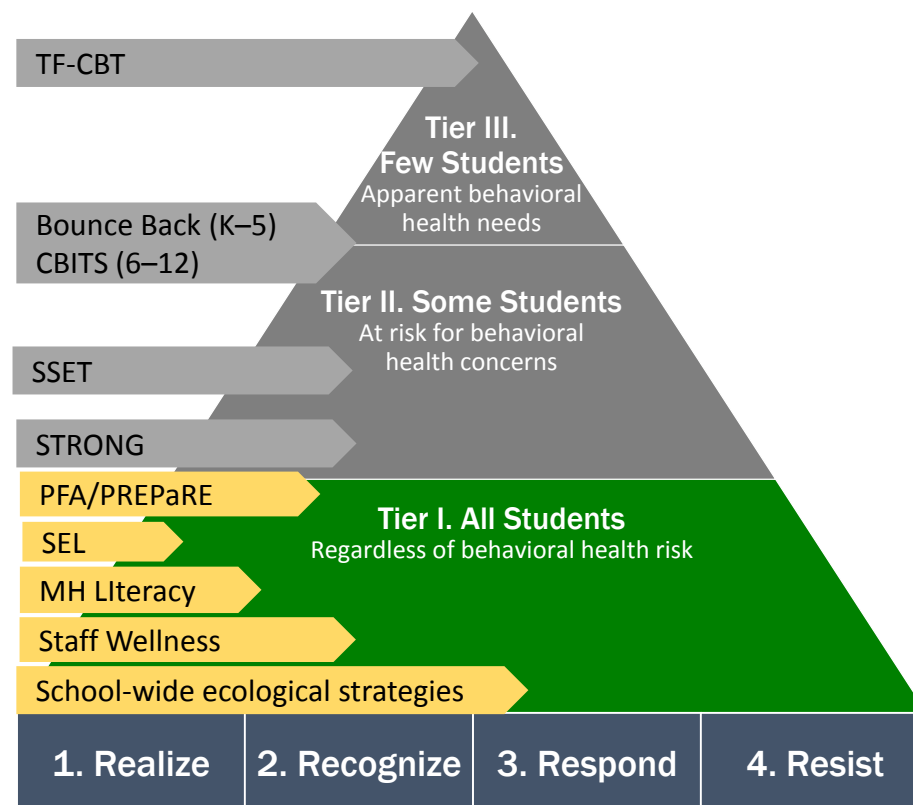
School-Community Partnerships

Kathy Short, 2016, Intl J. of Mental Health Promotion

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

TF-CBT

Tier III. Few Students
Apparent behavioral health needs

Bounce Back (K–5)
CBITS (6–12)

Tier II. Some Students
At risk for behavioral health concerns

SSET

STRONG

PFA/PREPaRE

SEL

MH LIteracy

Staff Wellness

School-wide ecological strategies

Tier I. All Students
Regardless of behavioral health risk

| 1. Realize | 2. Recognize | 3. Respond | 4. Resist |

Sharon Hoover, 2018

National Center for Safe and Supportive Learning Environments
https://safesupportivelearning.ed.gov/

Wellness for School Staff
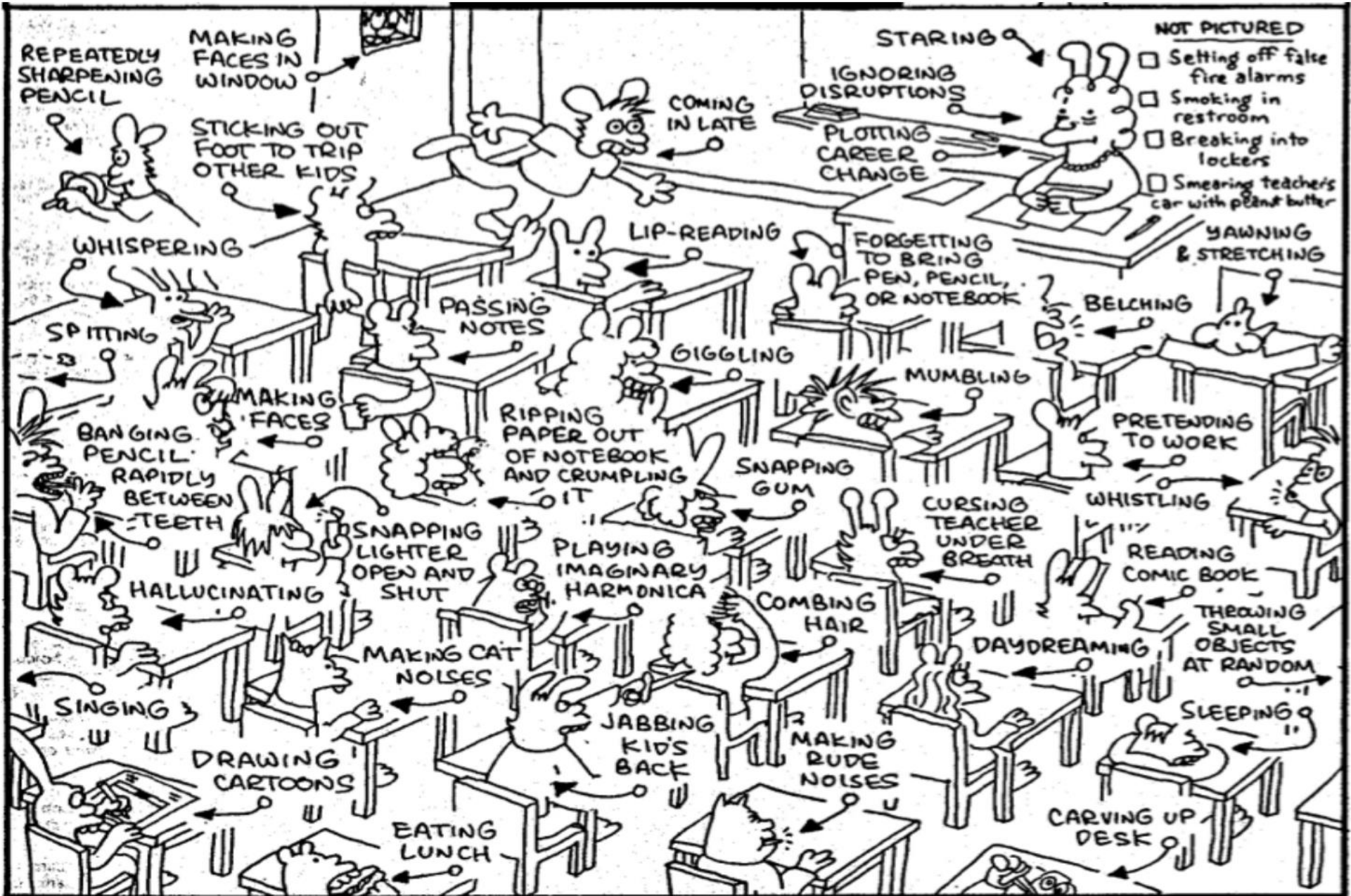
Teachers are leaving the profession in alarming numbers!

- 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

Fisher, 2011, Kokkinos 2007, Travers and Cooper , 1996 , Dworkin 2001

Sharon Hoover, 2018

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*
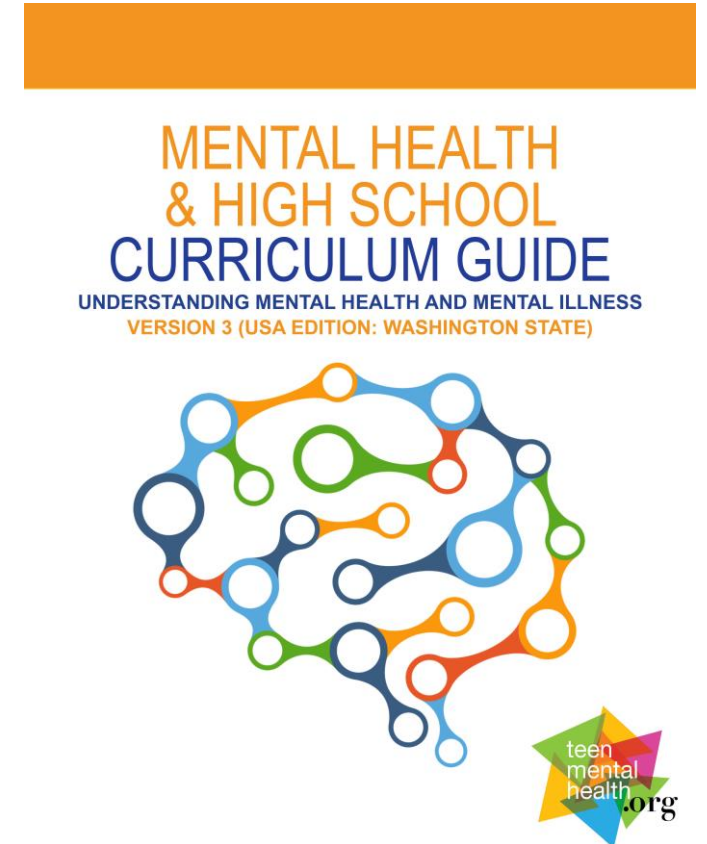
  Oberle & Schonert-Reichl (2016)

Teacher Stress

Student Misbehavior

Teacher Stress

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www.CASEL.org
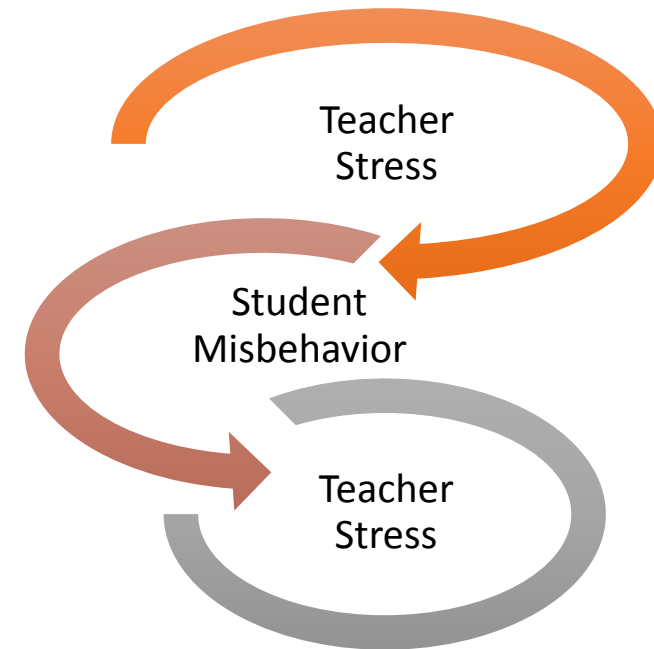
Mental Health Literacy

- 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.

MENTAL HEALTH
& HIGH SCHOOL
CURRICULUM GUIDE
UNDERSTANDING MENTAL HEALTH AND MENTAL ILLNESS
VERSION 3 (USA EDITION: WASHINGTON STATE)

teen
mental
health
.org

Sharon Hoover, 2018

PSYCHOLOGICAL FIRST AID:
Listen Protect Connect/Model and Teach

https://traumaawareschools.org/pfa

Sharon Hoover, 2018

Median Age of Onset: Mental Illness

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NCSMH

LATER ONSET MOSTLY SECONDARY CONDITIONS

SEVERE DISORDERS PRECEDED BY LESS SEVERE DISORDERS (UNTREATED)

Substance Abuse

Opposition Defiant Disorder

Intermittent Explosive Disorder

Major Depression

ADHD

Conduct Disorder

Psychosis

Phobias & Separation Anxiety

Autism Spectrum Disorders

Mid-teens

Mid-20s

Birth

Age 20

Age 40

Age 60

Age 80

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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

Why Mental Health Treatment in Schools?

- Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010)

- Mental health treatment has large effects on decreasing mental health symptoms (Sanchez et al., 2018)

- Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018)
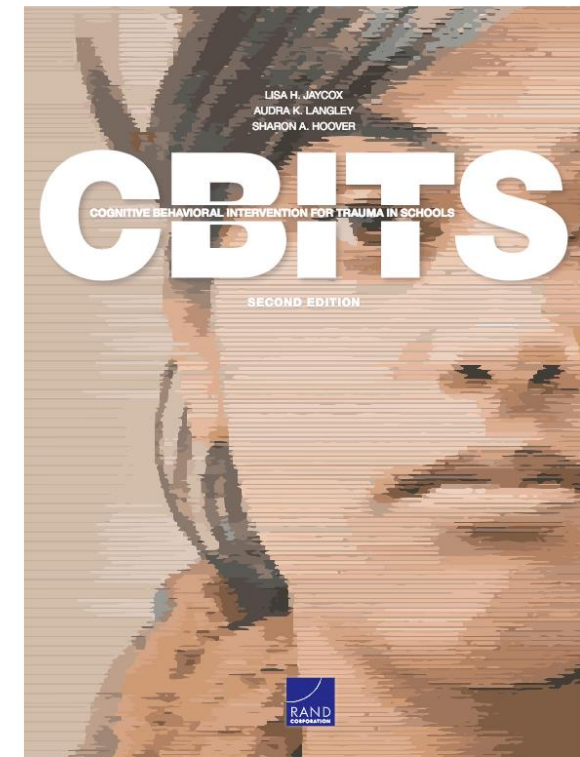
Treatment Initiation and Completion
N=118 youth randomly assigned to clinic-based or school-based trauma treatment after Hurricane Katrina (Jaycox et al., 2010)
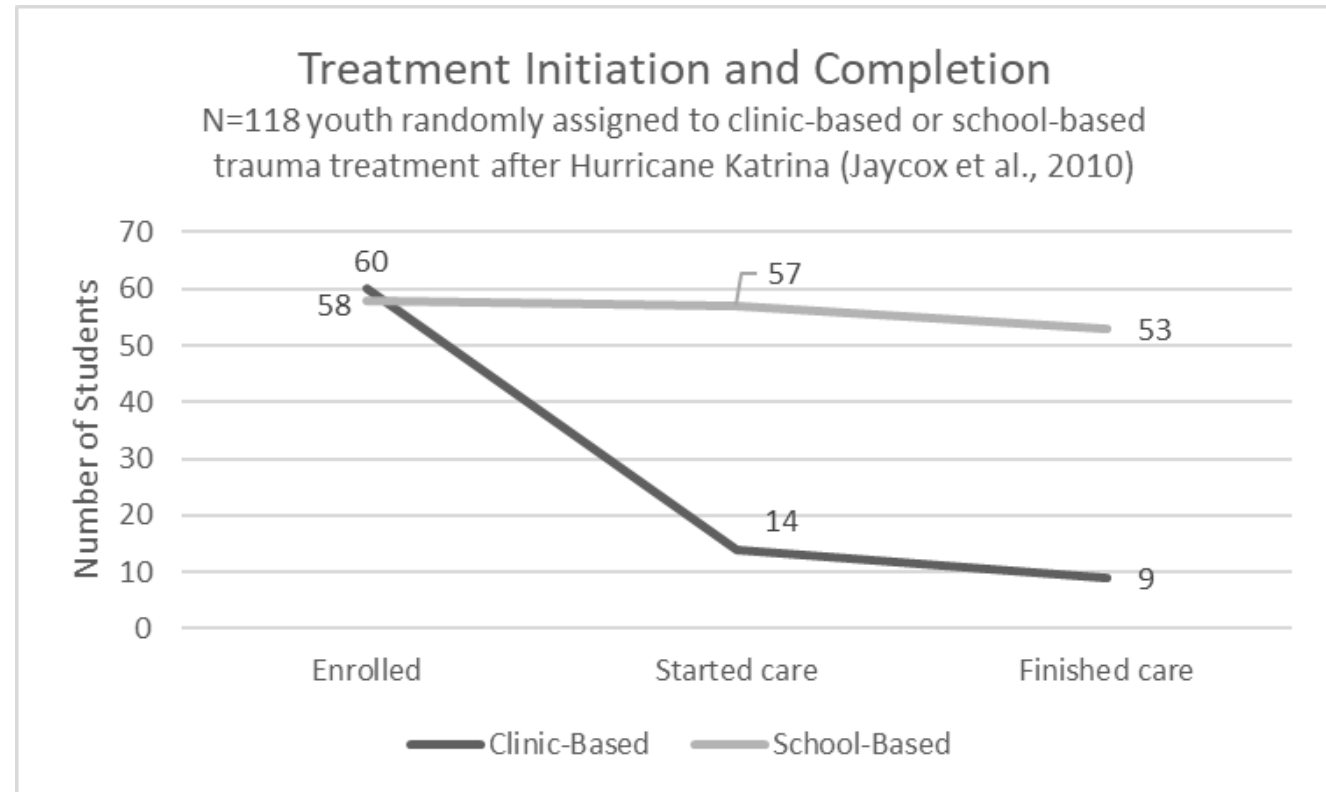
Early Intervention and Treatment in Schools

- 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

TF-CBT

Bounce Back (K–5)
CBITS (6–12)

**Tier III.
Few Students**
Apparent behavioral health needs

Tier II. Some Students
At risk for behavioral health concerns

SSET

STRONG

PFA/PREPaRE

SEL

Tier I. All Students
Regardless of behavioral health risk

MH LIteracy

Staff Wellness

School-wide ecological strategies

| 1. Realize | 2. Recognize | 3. Respond | 4. Resist |

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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**

Hoover et al., 2018. Statewide Implementation of an Evidence-based Trauma Intervention in Schools, School Psychology Quarterly, *33(1), 44-53.*.

SPECIAL ISSUE ARTICLE

Statewide Implementation of an Evidence-Based Trauma Intervention in Schools

Sharon A. Hoover
University of Maryland School of Medicine

Heather Sapere and Jason M. Lang
Child Health and Development Institute, Inc.

Erum Nadeem
Yeshiva University

Kristin L. Dean
RAND Corporation, Santa Monica, California

Pamela Vona
University of Southern California

The goal of the current article is to describe the implementation and outcomes of an innovative statewide dissemination approach of the evidence-based trauma intervention *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*. In the context of a 2-year statewide learning collaborative effort, 73 CBITS groups led by 20 clinicians from 5 different school-based mental health provider organizations served a total of 350 racially and ethnically diverse (66.9% Hispanic, 26.2% Black/African American, 43.7% White, and 30.1% Other), majority female (61%) children, averaging 12.2 years (SD = 2.4, range 8–19). Of the 350 children who began CBITS, 316 (90.3%) successfully completed treatment. Children demonstrated significant reductions in child posttraumatic stress disorder (PTSD) symptoms (42% reduction, d = .879) and problem severity (25% reduction, d = .396), and increases in child functioning, $t(287)$ = −3.75, $p < .001$ (5% increase, d = .223). Findings point to the need, feasibility, and positive impact of implementing and scaling up school-based interventions for students suffering from posttraumatic stress.

Impact and Implications
In addition to demonstrating the positive impact of a school-based trauma intervention on students' psychosocial and academic functioning, the current study tested the implementation of an adapted learning collaborative model to support statewide implementation of trauma interventions in schools. This successful scaling up of a school-based trauma intervention offers a framework for other states on leveraging implementation drivers that promote adoption of evidence-based practices in schools. Implementation strategies included organizational and state leadership engagement, expert clinical consultation, measurement feedback data systems, and cross-site sharing and accountability.

Keywords: school-based trauma intervention, statewide school trauma implementation, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Connecticut trauma learning collaborative

Schools are increasingly recognized as critical venues to support students exposed to psychological trauma, including physical or sexual abuse, community or domestic violence, natural disasters, accidents, and other potentially traumatic events (Chafouleas, Johnson, Overstreet, & Santos, 2016; Overstreet & Chafouleas, 2016). Schools may offer the safe and supportive environments necessary to buffer against the negative impacts of trauma, and can return students to the routines and rituals important to resuming everyday functioning after trauma exposure (Brymer et al., 2012; Dorado, Martinez, McArthur, & Leibovitz, 2016; Powell & Bui, 2016). In addition, school staff are well-positioned to identify and offer intervention support to students experiencing challenges after trauma exposure (Rolfsnes & Idsoe, 2011). Finally, students exposed to trauma are more likely than their nonexposed peers to suffer a variety of negative academic outcomes, including higher absenteeism and lower academic performance and graduation rates (Garbarino & Kostelny, 1992; Hurt, Malmud, Brodsky, & Gian-

Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine; Heather Sapere and Jason M. Lang, Child Health and Development Institute, Inc.; Erum Nadeem, Ferkauf Graduate School of Psychology, Yeshiva University; Kristin L. Dean, RAND Corporation, Santa Monica, California; Pamela Vona, Suzanne Dworak-Peck School of Social Work, University of Southern California.
Correspondence concerning this article should be addressed to Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine, 737 W Lombard Street, Room 400, Baltimore, MD 21201. E-mail: shoover@som.umaryland.edu

Sharon Hoover, 2018

We are open all summer.

Summer Hours for Delhi School-Based Health Center

POLICY

- ✓ 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

Why Mental Health in Schools?

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

- **Less time los**t 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**
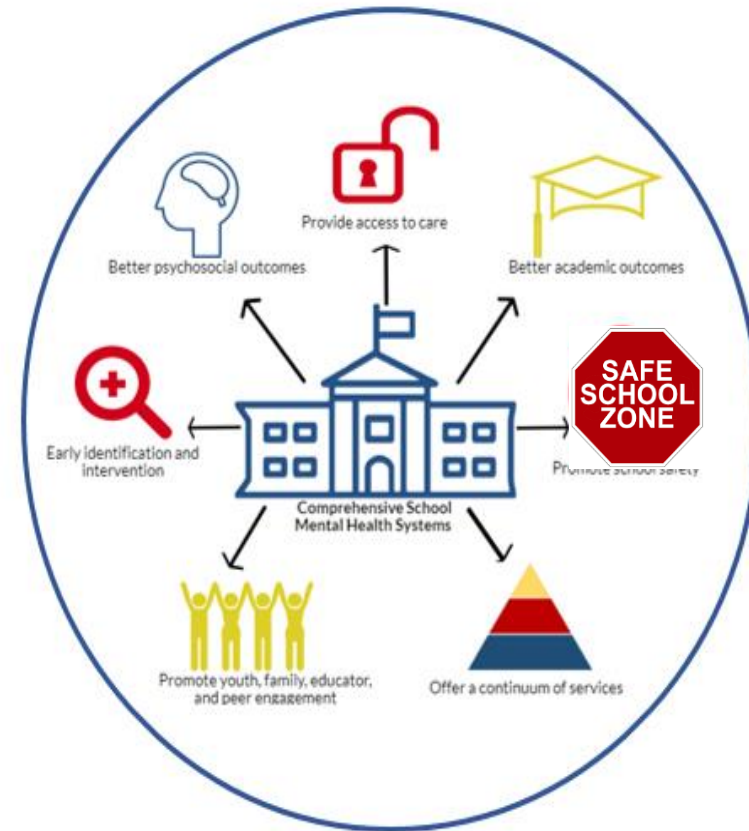
Kase, C., **Hoover, S. A.,** Boyd, G., **Dubenitz, J., Trivedi, P.,** Peterson, H., & **Stein, B.** (2017). Educational outcomes associated with school behavioral health interventions: A Review of the Literature. *Journal of School Health, 87(7),* 554-562.

GENERAL ARTICLE

Educational Outcomes Associated With School Behavioral Health Interventions: A Review of the Literature

Courtney Kase, MPH[a] Sharon Hoover, PhD[b] Gina Boyd, MS[c] Kristina D. West, MS, LLM[d] Joel Dubenitz, PhD[e] Pamala A. Trivedi, PhD[f] Hilary J. Peterson, BA[g] Bradley D. Stein, MD, PhD[h]

ABSTRACT

BACKGROUND: There is an unmet need for behavioral health support and services among children and adolescents, which school behavioral health has the potential to address. Existing reviews and meta-analyses document the behavioral health benefits of school behavioral health programs and frameworks, but few summaries of the academic benefits of such programs exist. We provide exemplars of the academic benefits of school behavioral health programs and frameworks.

METHODS: A literature review identified school behavioral health-related articles and reports. Articles for inclusion were restricted to those that were school-based programs and frameworks in the United States that included an empirical evaluation of intervention academic-related outcomes.

RESULTS: Findings from 36 primary research, review, and meta-analysis articles from the past 17 years show the benefits of school behavioral health clinical interventions and targeted interventions on a range of academic outcomes for adolescents.

CONCLUSION: Our findings are consistent with reports documenting health benefits of school behavioral health frameworks and programs and can facilitate further efforts to support school behavioral health for a range of stakeholders interested in the benefits of school behavioral health programs and frameworks on academic outcomes.

Keywords: literature review; mental health; academic outcomes; prevention; treatment.

In the aftermath of the Surgeon General's warning that "the nation is facing a public crisis in mental health care for infants, children, and adolescents,"[1] the prevalence of mental health disorders among children and adolescents and the unmet need for treatment have received increased attention. Mental health problems are common among children experience a mental health disorder annually, and an estimated 40% of adolescents meet lifetime diagnostic criteria for myriad mental health disorders.[2-4] These mental health conditions have wide ranging effects, interfering with students' functioning in school, at home, with their friends, and in their communities,[5-8] and potentially affecting their successful attainment

- 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**

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.

POLICY

- ✓ 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

5. Resources

NATIONAL QUALITY INITIATIVE TO IMPROVE SCHOOL HEALTH AND MENTAL HEALTH

(2018-2023)

School Health Assessment and Performance Evaluation (SHAPE) System
www.theshapesystem.com

SHAPE helps districts and schools improve their school mental health systems! HOW?

SHAPE users map their school mental health services and supports

Assess system quality using national performance standards

Receive custom reports and strategic planning guidance and resources

Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources

Use state and district dashboards to collaborate with schools in your region

(NCSMH, 2019)

Take out your device!

____

www.theshapesystem.com

Assessments & Reports

With a SHAPE account, you can assess, track, and advance your school or district's quality improvement goals and assess trauma responsiveness across multiple areas. You'll get free, customized reports to drive your action planning, share your performance with key stakeholders, and help you monitor your progress over time.

Targeted Resources & Guides

Our comprehensive resource library includes public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on specific team goals or generate ideas for action steps related to your own improvement goals.

EARN SHAPE RECOGNITION

Bronze, Silver or Gold Star SHAPE Teams have access to customized reports and free resources and can add team members to join their SHAPE account.

School Mental Health Profile

Earn a Bronze Star by completing the School Mental Health Profile. Assess your school or district SMH resources, staffing and service array.
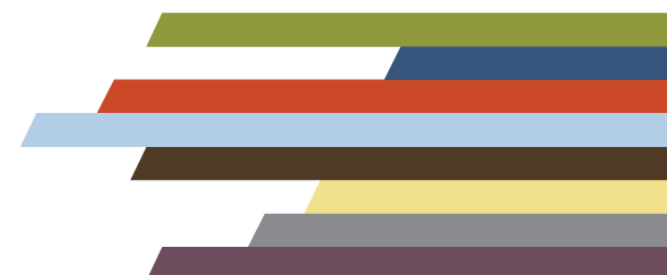
Quality Assessment

Earn a Silver Star by completing one Quality Assessment. Assess your school or district performance on national school mental health quality indicators. Get free customized Quality reports to drive your improvement process.

Complete all Quality Assessments to earn your
Gold Star status!

(NCSMH, 2019)

Mental Health Technology Transfer Center (MHTTC) Network

- Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office
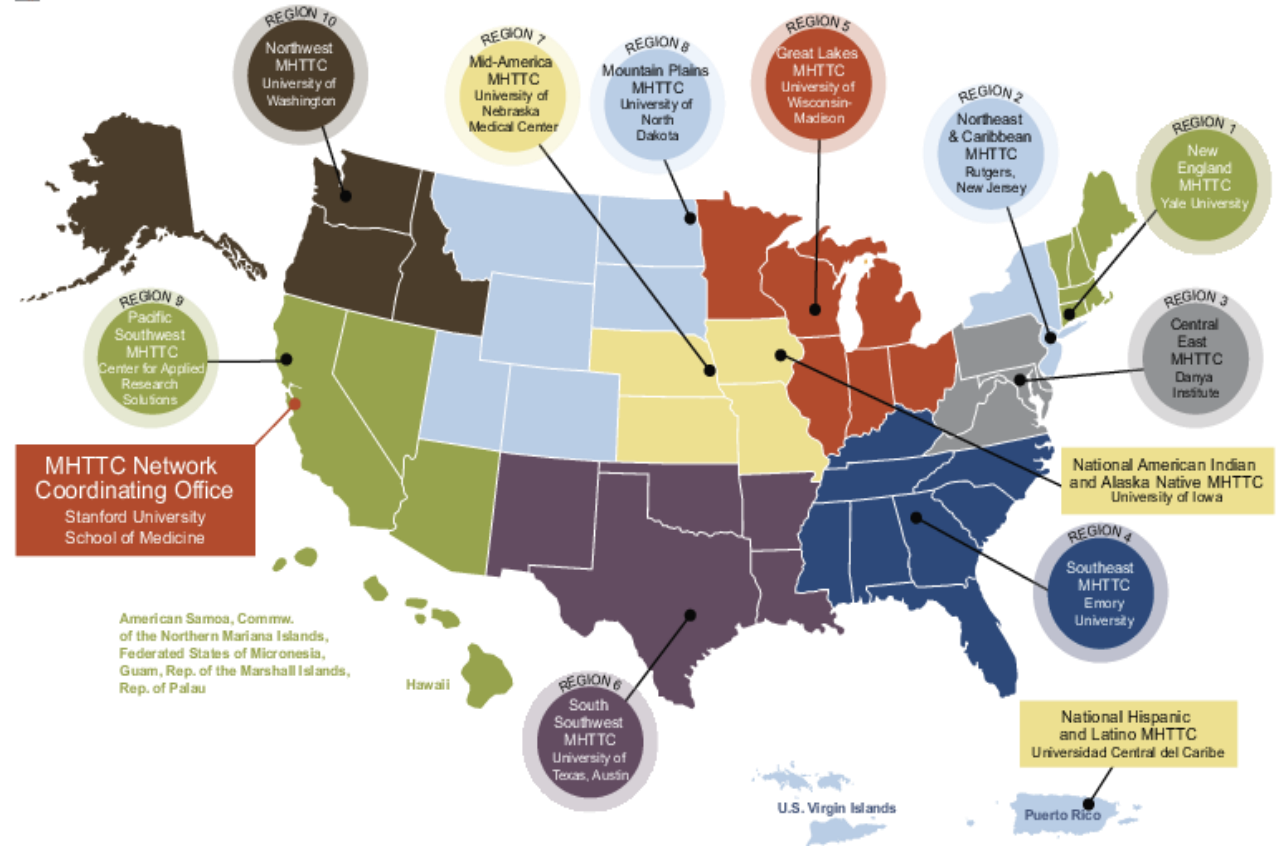
Visit the MHTTC website at https://mhttcnetwork.org/

Curriculum Development

The National School Mental Health Curriculum was co-developed by the Mental Health Technology Transfer Center (MHTTC) **Network** and the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine.

Curriculum Overview

Mod 1 • Foundations of Comprehensive School Mental Health

Mod 2 • Teaming

Mod 3 • Needs Assessment & Resource Mapping

Mod 4 • Screening
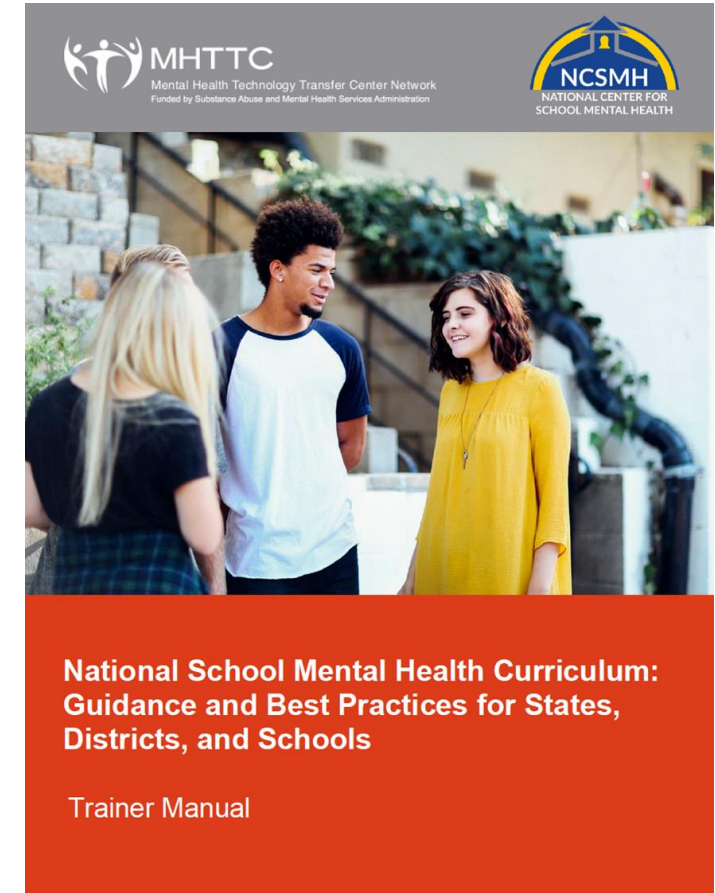
Mod 5 • Mental Health Promotion for All (Tier 1)

Mod 6 • Early Intervention and Treatment (Tiers 2/3)

Mod 7 • Funding and Sustainability

Mod 8 • Impact

National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools

Trainer Manual

https://mhttcnetwork.org/

NCSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore, MD
- 1997 New Orleans, LA
- 1998 Virginia Beach, VA
- 1999 Denver, CO
- 2000 Atlanta, GA
- 2002 Philadelphia, PA
- 2003 Portland, OR
- 2004 Dallas, TX
- 2005 Cleveland, OH
- 2006 Baltimore, MD
- 2007 Orlando, FL
- 2008 Phoenix, AZ

- 2009 Minneapolis
- 2010 Albuquerque, NM
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh, PA
- 2015 New Orleans, LA
- 2016 San Diego, CA
- 2017 Washington, DC
- 2018 Las Vegas, NV
- *2019 Austin, TX (Nov 7-9)*
- *2020 Baltimore, MD (Oct 29-31)*

Connect with NCSMH

www.schoolmentalhealth.org

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@NCSMHtweets

Listserv bit.ly/NCSMH_listserv

Email ncsmh@som.umaryland.edu