CONDITIONS FOR LEARNING AND WELLBEING

David Osher, Ph.D.
Vice President & Institute Fellow
The Challenge and the Opportunity

• Challenges
  • Access
  • Disparities both in Educational and Health Outcomes
  • Implementation Quality
  • Funding Challenges
  • Fragmentation and Marginalization of Mental Health

• Opportunities
  • Increasing Need
  • Scientific Advances
    • E.g., Science of Learning and Development
  • Practice Based Evidence
    • E.g., Safe Schools, Healthy Students
  • Available Tools and Supports
  • Intersecting Benefits
    • Cost effectiveness
    • ROI
Beyond the 3 Rs: the BODY-BRAIN-MIND LOOP
<table>
<thead>
<tr>
<th>Students feel SAFE</th>
<th>Students experience SUPPORT &amp; CONNECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically</td>
<td>Meaningful connection to adults</td>
</tr>
<tr>
<td>Emotionally &amp; socially</td>
<td>Strong bonds to school</td>
</tr>
<tr>
<td>Intellectually</td>
<td>Positive peer relationships</td>
</tr>
<tr>
<td>In terms of identity</td>
<td>Effective and available support</td>
</tr>
<tr>
<td>Treated fairly &amp; equitably</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students experience CHALLENGE &amp; ENGAGEMENT</th>
<th>Peers &amp; teachers are SOCIALLY CAPABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>High expectations</td>
<td>Emotionally intelligent &amp; culturally</td>
</tr>
<tr>
<td>Strong personal motivation</td>
<td>competent</td>
</tr>
<tr>
<td>School is connected to life goals</td>
<td>Responsible &amp; persistent</td>
</tr>
<tr>
<td>Robust academic opportunities</td>
<td>Cooperative team players</td>
</tr>
</tbody>
</table>

Supporting Effective Social & Emotional Development & Wellbeing

- Teacher & Student Well-Being and Awareness
- Effective Conditions for Learning
- Social, Emotional, and Cognitive Skill Development
A Multitiered Approach to Effective, Safe, Equitable, Engaging Schools

- **Provide Individualized Intensive Supports**: Provide coordinated, intensive, sustained, culturally appropriate, child and family focused services and supports.

- **Intervene Early and Provide Focused Youth Development Activities**: Implement strategies and provide supports that address risk factors and build protective factors for students at risk for severe academic or behavioral difficulties.

- **Build a Schoolwide Foundation**: Universal prevention and youth development approaches, caring school climate, positive and proactive approach to discipline, personalized instruction, cultural competence, student voice, and strong family involvement.
Resources and Tools

- National Center on Safe Supportive Learning Environment
- National Center for Healthy Safe Students
- Tools
  - Suite of School Climate Surveys
  - Trauma Sensitive Schools
  - Readiness and Implementation Assessment and Support Tools
  - Support for Collaboration
    - E.g., Find the Venn Intersect
Readiness = Motivation x General Capacity x Implementation-Specific Capacity
Use The Right Data Effectively
CREATING SAFE, EQUITABLE, ENGAGING SCHOOLS
A Comprehensive, Evidence-Based Approach to Supporting Students

Written by DAVID OSHER, DEBORAH MORONEY, and SANDRA WILLIAMSON

Creating Safe, Equitable, Engaging Schools brings together the collective wisdom of more than thirty experts from a variety of fields to show how school leaders can create communities that support the social, emotional, and academic needs of all students. It offers an essential guide for making sense of the myriad evidence-based frameworks, resources, and tools available to create a continuous improvement system.

Chapters illustrate how leaders can leverage the power of school-based teams to assess the needs of students in their school and select appropriate interventions across a wide variety of domains, including social and emotional learning, trauma, restorative practices, cultural responsiveness, and student and family engagement.

Filled with recommendations gleaned from research and ongoing work in every US state and territory, Creating Safe, Equitable, Engaging Schools is a critical resource for understanding and adopting evidence-based practices and making programmatic decisions to ensure the ideal conditions for learning, growth, and development.

DAVID OSHER is vice president and institute fellow at American Institutes for Research. DEBORAH MORONEY is a managing director at American Institutes for Research and is director of the youth development and supportive learning environments practice area. SANDRA WILLIAMSON is a vice president for policy, practice, and systems change at American Institutes for Research.

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MARK T. GREENBERG, BENNETT CHAIR OF PREVENTION RESEARCH, PENNSYLVANIA STATE UNIVERSITY

"Osher, Moroney, and Williamson successfully integrate research, practice, and policy to help educators develop and implement effective and sustainable models to nurture caring schools that all children and educators deserve."

—MARK T. GREENBERG, BENNETT CHAIR OF PREVENTION RESEARCH, PENNSYLVANIA STATE UNIVERSITY
School Behavioral Health Assessment and Action!

Sharon A. Hoover, PhD

University of Maryland School of Medicine
National Center for School Mental Health

@drsharonhoover

Healthy Students, Promising Futures Learning Collaborative

Washington, DC
December 4th, 2018
1. The value and urgency of school mental health

2. National Center for School Mental Health

3. Resources and Opportunities to advance school mental health
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?
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

Responsible Decision-Making
Making ethical, constructive choices about personal and social behavior

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

Social Awareness
Showing understanding and empathy for others

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.
Median Age of Onset: Mental Illness

- Birth
  - Autism Spectrum Disorders
  - Phobias & Separation Anxiety
  - ADHD
  - Opposition Defiant Disorder

- Mid-teens
  - Substances Abuse
  - Conduct Disorder
  - Intermittent Explosive Disorder

- Mid-20s
  - Psychosis
  - Major Depression

- Age 20

- Age 40
  - Later onset mostly secondary conditions

- Age 60

- Age 80

Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)

Sharon Hoover, 2018
Advantages of Mental Health in the School Setting

- Greater **access** to all youth → mental health promotion/prevention
- **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**

Sharon Hoover, 2018

- 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 for adolescents.

Sharon Hoover, 2018
SAFE SECURE SCHOOLS
"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 should a kid who’s received zero mental health services decide to come in and shoot up the school. 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
Challenging the SBHCs and CSHMSs to adopt, report, and improve on a standardized performance measures
Quality Counts: Clinical Performance Measures QI Toolkit

Measure Selection and Definitions

- Well-Child Visit
- Annual Risk Assessment
- BMI Assessment & Nutrition / Physical Activity Counseling
- Depression Screening & Follow-Up
- Chlamydia Screening
VIEW HOW AN SBHC COMPARES TO STATE AND NATIONAL AVERAGES

1 Data may not appear in the bar chart if an SBHC reports inaccurate or incomplete data (i.e., over 100% for the measure or missing values for the denominators).

For more information about the School-Based Health Alliance’s National Quality Initiative, visit www.sbh4all.org.
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
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
Systematically view the **landscape** of school mental health at the school and district levels.
# Demo School Name

## School Mental Health System

This is the intro paragraph.

<table>
<thead>
<tr>
<th>Domain Name</th>
<th>Last Updated</th>
<th>Assessment</th>
<th>View Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole School Safety Planning</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Whole School Prevention Planning</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Whole School Trauma Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Classroom Strategies</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Prevention/Early Intervention Trauma Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
<tr>
<td>Targeted Trauma-Informed Programming</td>
<td>September 21, 2017</td>
<td>Take Survey</td>
<td>View Report</td>
</tr>
</tbody>
</table>
2015-17

COHORT I
(October 2015 – December 2017)

7 Quality CollN Teams:
Chicago Public Schools, Chicago IL
Baltimore City Public Schools, Baltimore MD
Mental Health Center of East Central Kansas, Emporia KS
Minneapolis Public Schools, Minneapolis MN
Metropolitan Nashville Public Schools, Nashville TN
Proviso East High School, Maywood IL
Racine Unified School District, Racine WI

5 Sustainability CollN Teams:
Stamford Public Schools, Stamford CT
Methuen Public Schools, Methuen Massachusetts
Newport-Mesa Unified School District, Costa Mesa CA
Lindsay Unified School District, Lindsay CA
Novato Unified School District, Novato CA

COHORT II
(September 2016 – November 2017)

8 Quality CollN Teams:
Anaheim Union High School District, Orange County, CA
Fairport Central School District, Rochester, NY
New Richland Hartland Ellendale Geneva, Southern, MN
Newport School District, Newport, NH
Pelham School District, Manchester, NH
Providence Public School District, Providence, RI
Santa Monica/Malibu Unified School District, SM/M, CA
Winona Area Public Schools, Winona, MN

5 Quality Plus Sustainability CollN Teams:
Chapel Hill Carrboro City Schools, Chapel Hill, NC
District of Columbia Public Schools, Washington, DC
Mental Health Center of East Central Kansas, Emporia, KS
Oakland Unified/Seneca Family of Agencies, Oakland, CA
School Administrative Unit # 7, Colebrook, Pittsburg, & Stewartstown NH
Present Day

Schools and districts in 49 states + Washington DC have started using SHAPE and completed the School Mental Health Census

National Coalition for the State Advancement of SMH
Arkansas
Connecticut
Delaware
Indiana
Massachusetts
New Hampshire
New York City
North Carolina
Oklahoma
Rhode Island
Washington
Wisconsin
Wyoming
School Mental Health Playbook Series

Playbooks can be found in the resource library at www.theshapesystem.com or at www.schoolmentalhealth.org
MTSS School-Community Partnerships

Kathy Short, 2016, Intl J. of Mental Health Promotion
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:
   a. Responsibilities of Hope Child and Family Services (HCFS)
      i. Actively participate in school mental health team(s)...
      ii. Provide mental health services, to include...
   b. 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
   a. Appleville School District will pay HCFS the total sum of XX...
   b. Payments will be made in...

Liability release as an independent contractor
   a. 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
   a. This Agreement is for the period beginning Month/Day/Year to Month/Day/Year...

Insurance and indemnification
   a. [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.
Best Practices to Finance School Mental Health

- Create **multiple and diverse funding and resources at each tier** to support a full continuum of services
- Maximize leveraging and sharing of funding and resources to attract an array of funding partners
- Increase **reliance on more permanent** versus short-term funding
- Use best practice strategies to **retain staff**
- Use economies of scale to maximize efficiencies
- Utilize third party reimbursement mechanisms (i.e. Medicaid, CHIP, private insurance) to support services
- Utilize **evidence-based practices and programs** (cost effectiveness; return on investment)
- **Evaluate and document outcomes**, including the impact on academic and classroom functioning
- Use outcome findings to inform school district, community partner (e.g. collaborating systems) contributions, and state-level policy impacting funding and resource allocation.
Optimize Medicaid Coverage and Shape State Medicaid Policy

- Facilitate **enrollment** / students’ insurance coverage
- Find out how well **EPSDT** is accessed for universal screening/early identification of mental health risk
- Talk to state leaders about what is needed to expand Medicaid re: reversal of the “free care” rule
- Take steps for your school/district to become a **direct Medicaid provider**
- Make a plan to identify and **continuously monitor**:
  - State **Medicaid plan and waivers**
  - What **other states** are requesting/receiving CMS approval form
  - **Federal guidance** about Medicaid coverage
  - Public education/policy **initiatives and useful websites/groups**
Resources and Opportunities
National Coordinating Center
10 MHTTC Regional Centers.
MHTTC Tribal Affairs Center.
MHTTC Hispanic and Latino Center
National School Mental Health Curriculum

Module 1 • Building Capacity for School Mental Health

Module 2 • Core Features and Values of School Mental Health

Module 3 • Needs Assessment & Resource Mapping

Module 4 • Mental Health Promotion Services and Supports

Module 5 • Early Intervention and Treatment Services and Supports

Module 6 • Funding and Sustainability

Coming Soon!
Timeline

October-February: Curriculum development, SHAPE enhancements

March: 2-day intensive learning session

March-August: Monthly virtual learning sessions

August: Finalize and post curriculum
Newly awarded 5-year cooperative agreement with the US Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Maternal Child Health Bureau (MCHB).
State Quality Improvement Collaborative to Improve School Health Services
Competitive RPF process and selection of state teams to participate
(10 states per CoIN cohort, minimum 5 sites per team)

Pre-work
(Virtual Kick-off session, Teams report baseline data)

Topic/Mission:
Improve Quality and Sustainability of SBHS

Engage Project Advisory Group and Expert Faculty

Develop Framework & Changes

Planning Group
In-person planning meeting with PAG

In person LS 1

State In-person LS

Supports
Email • In-Person and Virtual Learning Sessions • Monthly Action Period
Calls • Online participants portal • Assessments • Team Reports

Virtual LS 2, AP2

Virtual LS 3

Dissemination:
Publications, conferences, meetings, issue and policy briefs, etc.

Holding the Gains

*AP3 – continue reporting data as needed to document success

State RFP to be released in Spring 2019!
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**
Mark your calendars for 2019!

2019 Annual Conference on Advancing School Mental Health
November 7-9
Austin, Texas

Conference RFP to be released next week!
Proposals due end of January
Connect with NCSMH

www.schoolmentalhealth.org

facebook.com/centerforschoolmentalhealth

@NCSMHTweets
Colorado Mental Health Needs Assessment

• Healthy Kids Survey Colorado Data
  • https://www.colorado.gov/pacific/cdphe/hkcs

• Colorado Health Institute – Risk, Reach, and Resources. An Analysis of Colorado’s Early Childhood Mental Health Investments, November, 2018
  • https://www.coloradohealthinstitute.org/research/risk-reach-and-resources
Boulder County

• 2017 Boulder County Community Health Assessment
  • Priorities
    • #1 - Mental Health
    • #2 – Housing

Colorado Resources

• Colorado Department of Education – Project Aware, School Behavioral Services Framework.
  
  http://www.cde.state.co.us/healthandwellness/projectaware
Colorado Resources

• Mental Health Colorado, School Mental Health Toolkit,
  • [https://www.mentalhealthcolorado.org/schooltoolkit/](https://www.mentalhealthcolorado.org/schooltoolkit/)