



Kansas State Department of Education, Technical Assistance System Network, **SCHOOL MENTAL HEALTH INITIATIVE**

Cherie Blanchat, LSCSW



[@TASNSMHI](#)



<http://ksdetasn.org/smhi>

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SCHOOL MENTAL HEALTH INITIATIVE



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Mental Health & Adverse Childhood Experiences

- **Impact on Education &
Kansas-Specific Data**

School Mental Health Initiative

- **Background, Research, &
Resources**

School Mental Health Initiative

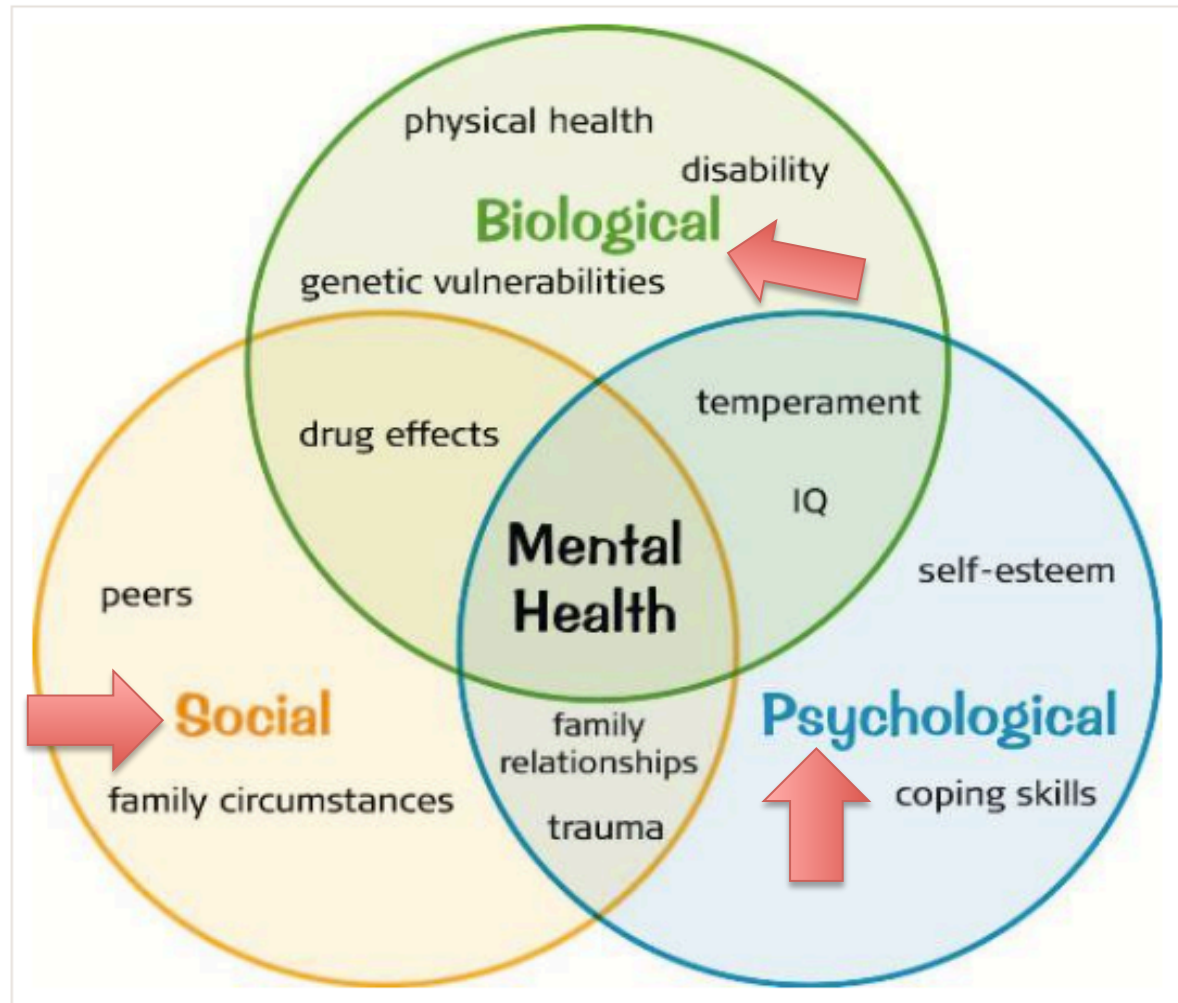
- **Challenges & General
Recommendations**

DRAFT Proposal

- **Kansas State Personnel
Development Grant
(2017-2022)**

WHAT IS MENTAL HEALTH?

- **Dimension of overall health.**
- **Continuum from high level wellness to severe illness.**



Mental Illness: Condition that affects a person's ability to relate to others and function each day.

KANSAS CHILDREN (2-17): DIAGNOSIS

16%

- Autism, DD, depression or anxiety, ADHD, or behavioral problems.

58.2%

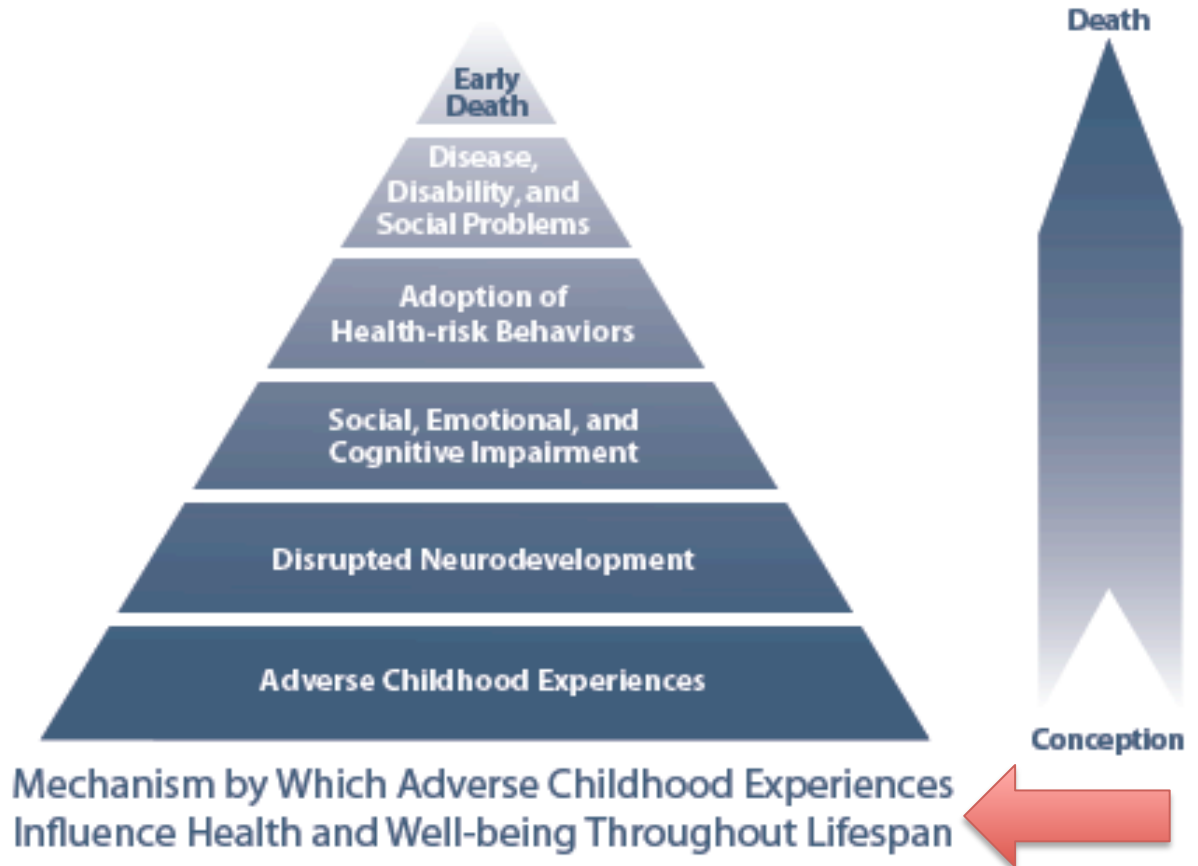
- Major depressive episode who **DID NOT** receive treatment.

ADVERSE CHILDHOOD EXPERIENCES (ACE) PYRAMID

ACEs Defined (Birth to 18 Years):²

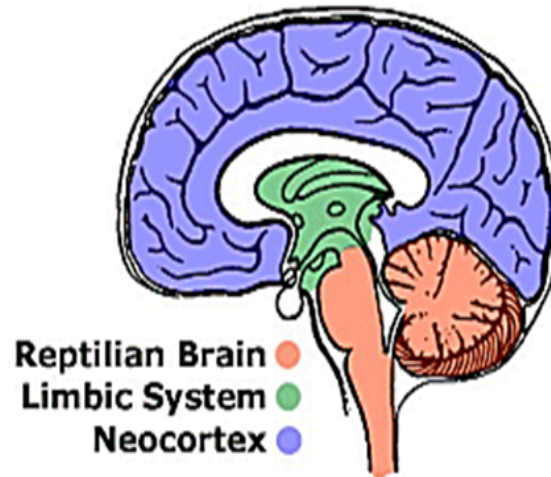
- Emotional abuse
- Physical abuse
- Sexual abuse
- Mother treated violently
- Household substance abuse
- Mental illness in household
- Parental separation or divorce
- Criminal household member
- Emotional neglect
- Physical neglect

ACE Pyramid: The conceptual framework for the ACE study.

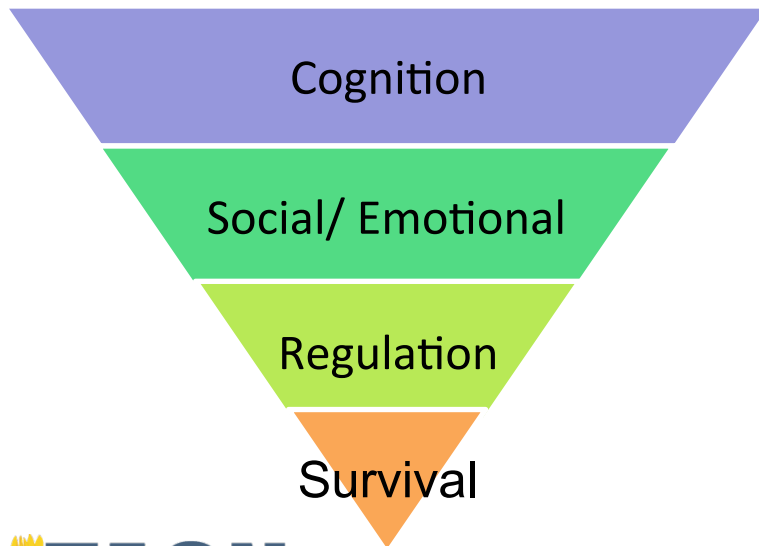


Adapted from Centers for Disease Control and Prevention.³

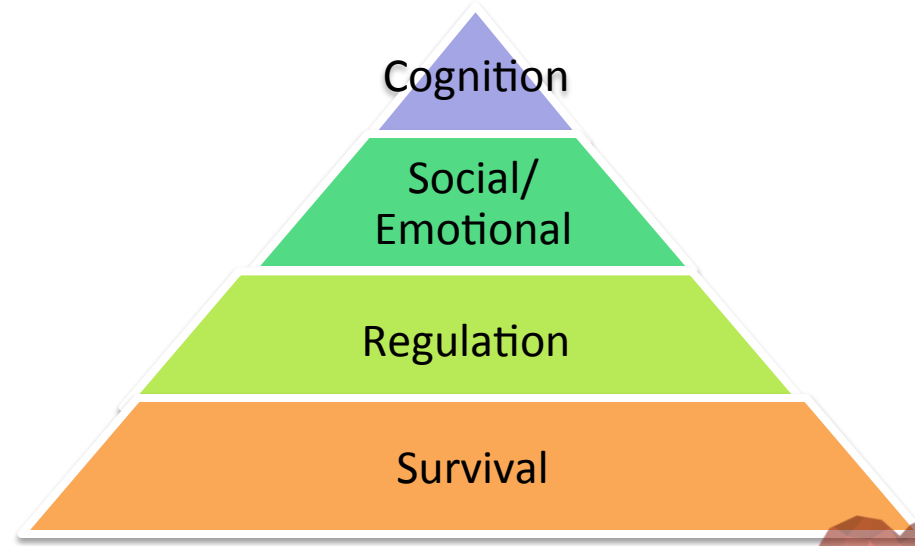
TRAUMA & BRAIN DEVELOPMENT



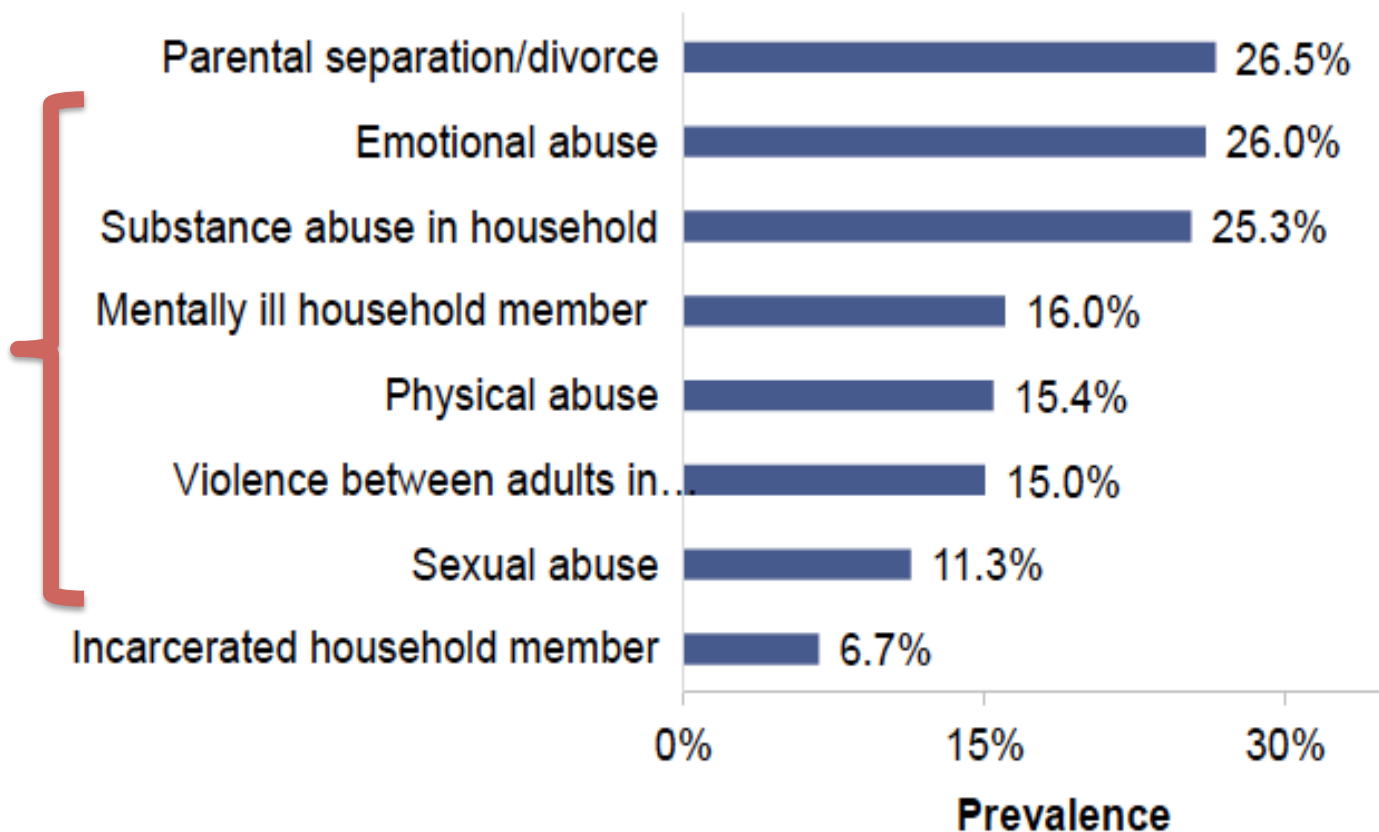
Typical Development



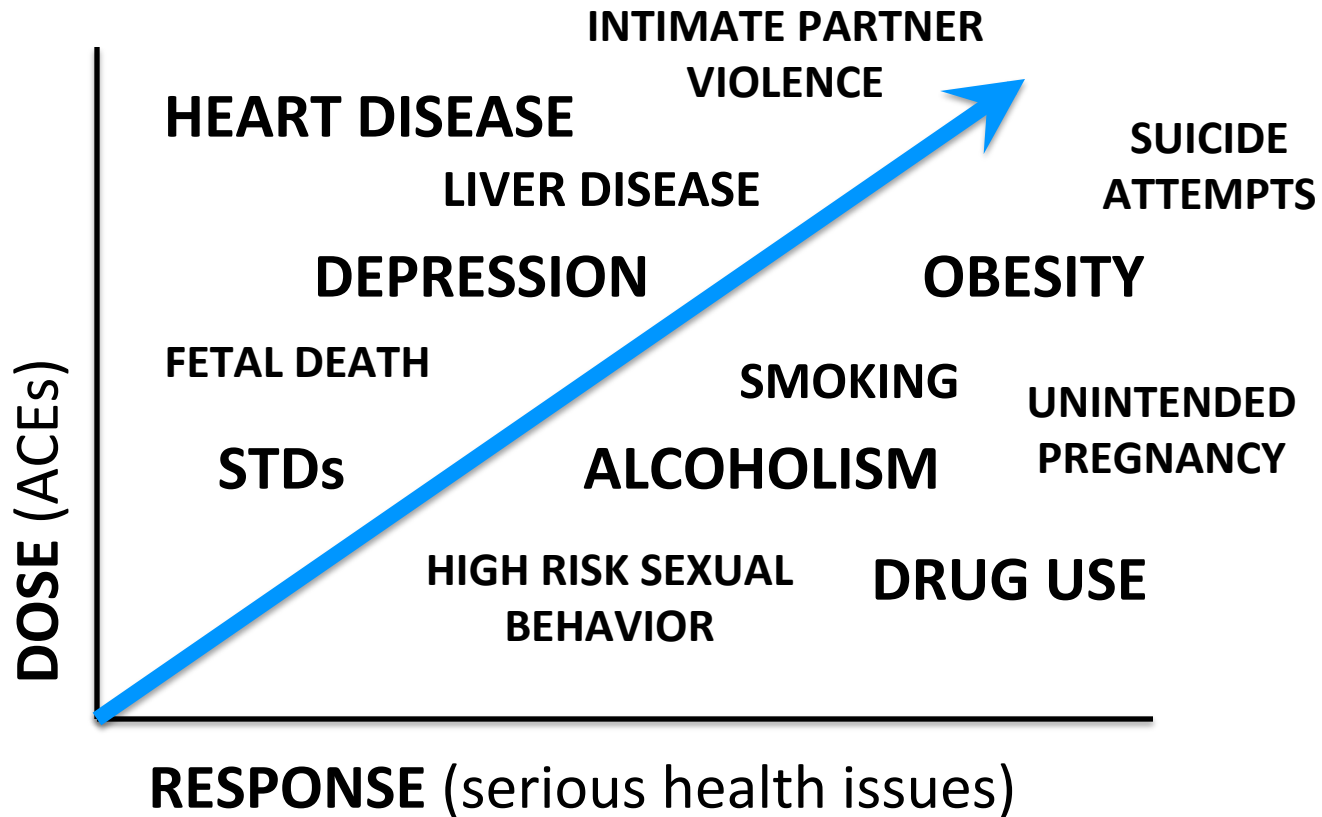
Developmental Trauma



ADVERSE CHILDHOOD EXPERIENCES IN KANSAS (AGES 18+)

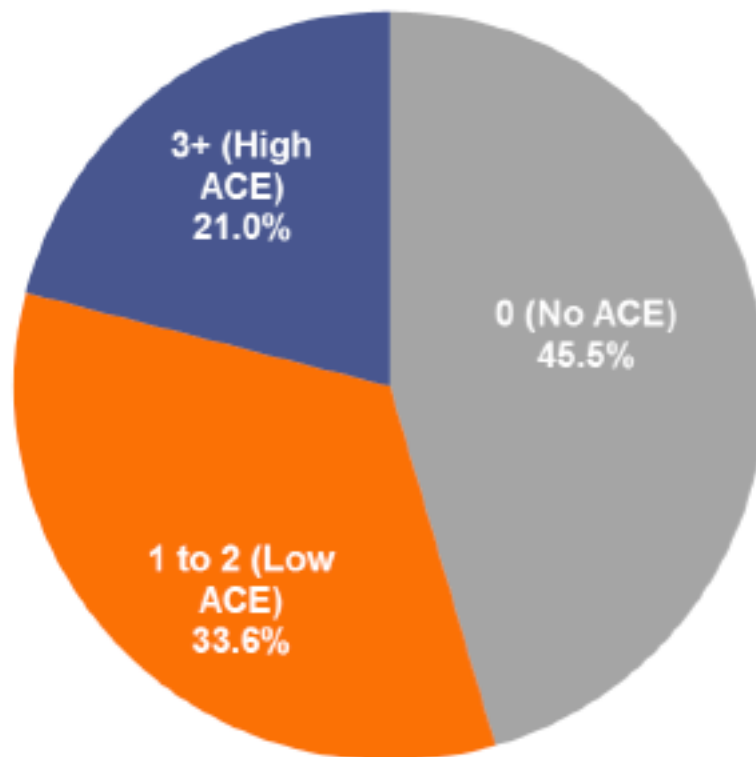


EFFECTS ON HEALTH: DOSE-RESPONSE RELATIONSHIP



ACES AMONG KANSAS ADULTS

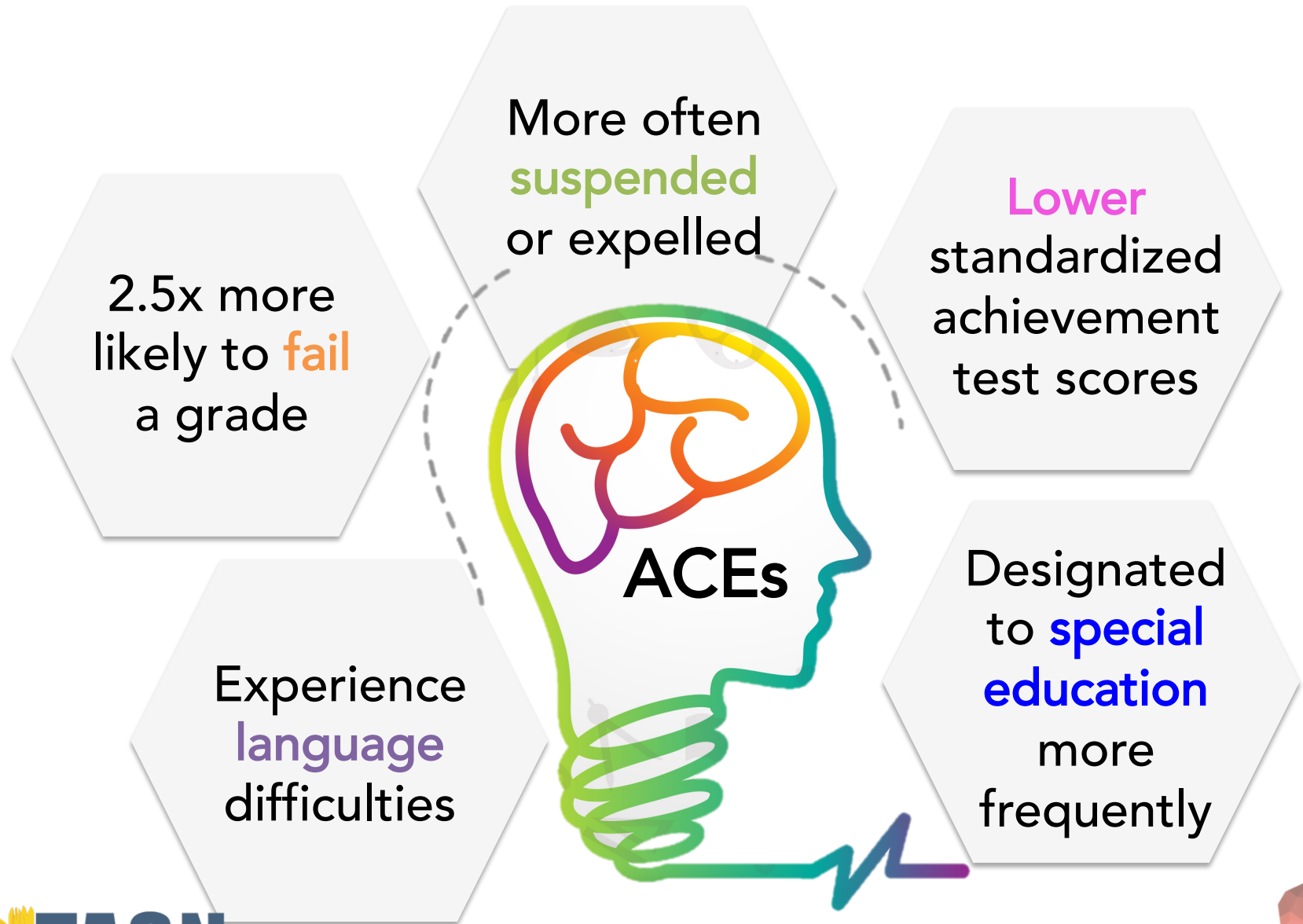
2014 KDHE Kansas Behavioral Risk Factor Surveillance System



**Prevalence of No, Low and High ACE Among
Kansas Adults Aged 18 Years and Older**



ACES AND SCHOOL PERFORMANCE



IMPACT ON EDUCATORS

Toxic Stress

**Secondary
Trauma**

**Compassion
Fatigue**

Burnout

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Governor's Behavioral Health Services Planning Council, Children's Subcommittee

➤ Make recommendations regarding the behavioral & emotional health of Kansas children & families.

- **Kansas Dept. of Education & Technical Assistance System Network Liaisons: 2014-present**
- Kansas Dept. of Aging and Disability liaison
- Community Mental Health Centers
- Psychiatric Residential Treatment Facilities
- Division of Children and Families
- Kansas Juvenile Dept. of Corrections
- Kansas Dept. of Health and Environment
- Univ. of Kansas and Wichita State Univ.
- Families Together
- KanCare
- Special Education Directors
- School-based mental health professionals
- Parent Representative

➤ Effective “Systems of Care” which requires collaboration between all systems that children come in contact with.

“(We) are all too familiar w/ the difficult situations faced by children & youth.”

Governor's Behavioral Health Services Planning Council, Children's Subcommittee: Goals



Integration of evidence-based, trauma-informed mental health knowledge & resources in schools.

Facilitation of effective collaboration between schools & mental health partners.

Integrated mental & behavioral database to inform needs & recommendations.

Qualifications, competencies, best practices, & professional development for Kansas early childhood mental health consultation.

Identify evidence-based, school mental health models & practices to guide best practices.

Necessary qualifications of both community & school-employed mental health professionals serving children in schools.

Research Autism & Dual Diagnosis.

- Kansas State Depart. Of Education & Technical Assistance System Network Behavior Workgroup acknowledged schools needed **additional support** serving students identified as **Emotionally Disturbed, Severely Emotionally Disturbed**, and/or as having a **Dual Diagnosis**.
- Kansas State Depart. of Education requested that the Technical Assistance System Network develop the capacity to provide **Youth Mental Health First Aid** trainings.
- Teams receiving training in functional assessment identified that **mental health needs** were not sufficiently accounted for within functional **behavioral assessment process**.

- **Autism Tertiary Behavior Supports, School Mental Health Initiative proposal submitted in May 2015:**
 - Youth Mental Health First Aid
 - Children's Subcommittee
 - School Mental Health Resource
 - Research to address mental health and trauma
- **Kansas State Dept. of Education and Technical Assistance System Leadership provided support for us to move forward:**
 - Cherie Blanchat
 - Sarah Behrens (.25)
 - Christin Sheldon (End of August 2015)
- **Since August of 2015....?!**

YOUTH MENTAL HEALTH FIRST AID

- Designed primarily for adults who regularly interact with adolescents (age 12-18).
- Introduces:
 - ❑ Common mental health challenges
 - ❑ Reviews typical adolescent development
 - ❑ Teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.
- Challenges:
 - ✓ 8-hour course.
 - ✓ Can only train up to 30 participants at a time.
 - ✓ Not specific to schools no ongoing coaching or action plan development.

For more information on Mental Health First Aid:

www.mentalhealthfirstaid.org.



SCHOOL MENTAL HEALTH: A RESOURCE FOR KANSAS SCHOOL COMMUNITIES

KSDE TASN ATBS SCHOOL MENTAL HEALTH INITIATIVE

Collaboration with: Children's Subcommittee, KSDE, TASN MTSS, TASN KPIRC, Project STAY, SPED Dir., TPS Dept. of School Social Work & School Psychology

SCHOOL MENTAL HEALTH
A Resource for Kansas School Communities

KSDE TASN ATBS School Mental Health Initiative



<http://ksdetasn.org/smhi>

School Mental Health

- ACEs & implications for Education
- Utilizing educational frameworks to support student growth & development
- MH within the FBA process
- Family, school & community partnerships
- Planning for PRTF to school transitions

At-Risk Populations

- Information & resources regarding specific student populations.

Mental Health Disorders

- Individual fact sheets on MH disorders.
- Includes classroom specific symptoms & interventions.

Appendices

- KU Report on SBMH
- Trauma-Informed Approaches Across KS Communities
- Additional Resources



RESEARCH ON TRAUMA-SENSITIVE FRAMEWORKS AND MODELS

Trauma Sensitive Schools

The Heart of Learning and Teaching

Neurosequential Model in Education (NME)

Stakeholder Presentation and panel discussion with: Rick Gaskill, Clinical Director at Sumner Mental Health; Julie Ward, School Social Work Coordinator in USD 501; Nikki Lindsley-Coppins, School Social Worker in USD 259

Risking Connection

Sanctuary Model

UCSF HEARTS Program

KVC Trauma-Informed School Curriculum

Smart Start

Helping Traumatized Children Learn

A Report and Policy Agenda



Helping Traumatized Children Learn

2

Creating and Advocating for Trauma-Sensitive Schools



The Heart of Learning and Teaching:
Compassion, Resilience, and Academic Success



THE IMPACT OF TRAUMA ON LEARNING AND TEACHING: STRATEGIES TO HELP STUDENTS AND PREVENT BURNOUT



Learning Objectives

- Describe the impact of ACEs, trauma & toxic stress on child/adolescent development & student performance.
- Become familiar w/ strategies to counterbalance the impact of trauma & identify specific, brain-based strategies that can be utilized within the classroom setting.
- Describe the importance of self-care when working w/ children impacted by trauma & will develop a self-care action plan.

Training locations selected based upon the recommendations of the EPIC Workgroup: Hiawatha, Wichita, Shawnee Mission, & Dodge City.

FEEDBACK FROM “THE FIELD”

School Mental Health Initiative Training on Trauma: “This definitely needs to be opened up to more people. This topic is huge...” (*Special Education Director*)

“I want to be involved in (the implementation of) school mental health (systems and practices).” (*Principal*)

Suicide Awareness/Prevention: "Concerned that our school doesn't teach us any suicide prevention even though a third of us have talked someone out of suicide.... It goes on more than teachers realize". (*Kansas student*)

Start by providing support to educators.

Checklists, templates, tools to develop suicide prevention plans

Requests for Tier 2 & Tier 3 Trainings.

Address trauma and mental health within the functional behavioral assessment process.

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CHALLENGE FOR SCHOOLS



School is the de facto mental health system for children.

20% of children & youth have a clearly identified need for mental health service but only about one-third of these children receive any help at all.

For children who do receive any type of mental health service, over 70% receive the service from their school.

KANSAS STATEWIDE SURVEY/REPORT ON SCHOOL-BASED MENTAL HEALTH

Barriers identified in addressing student mental health include:

- **Consistency in services**
- **Relationships with families**
- **Little mental health training**
- **Stigma**
- **Access to services**

84% of educators agreed or strongly agreed that further professional development training is needed:

- **Mental health disorders**
- **Behavioral management techniques**
- **Specialized skill training**
- **Positive Behavioral Intervention and Supports**
- **Trauma**



SCHOOL MENTAL HEALTH PROFESSIONALS

“No other professionals have this unique training background.”

- **Specially trained** in the interconnectivity among school law, school system functioning, learning, mental health, & family systems.
- This training ensures that **mental health services are properly & effectively infused** into the learning environment to support instructional leaders & teachers' abilities to provide a safe school setting & the optimum conditions for teaching & learning.

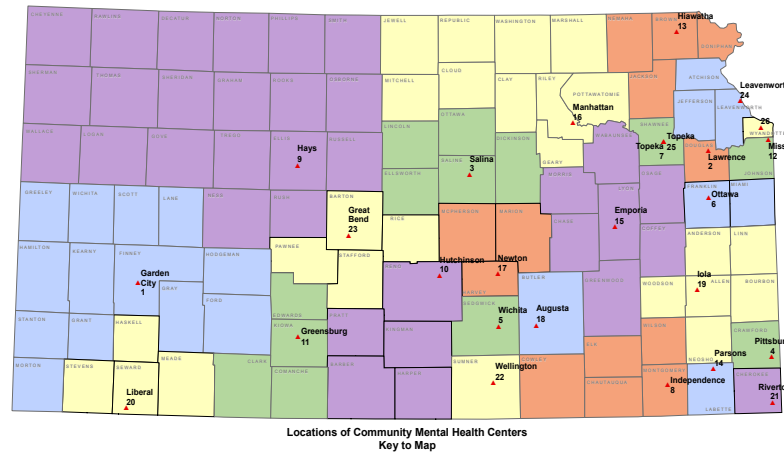


RECOMMENDATION:

Build on the capacity of early childhood mental health consultants and school-based mental health professionals.

- Promote a comprehensive understanding of **effective school mental health practices.**
- Promote the training and hiring of **highly qualified** early childhood mental health consultants & school-based **mental health professionals.**
- Provide **targeted professional development & coaching** for school staff & school mental health teams.

COMMUNITY MENTAL HEALTH CENTERS



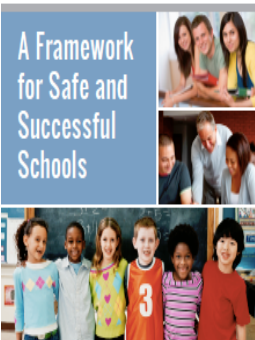
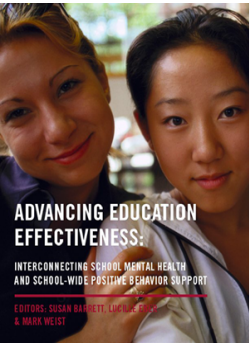
Charged by statute w/ providing the community-based public mental health services safety net.

- Provide full range of outpatient clinical services & comprehensive mental health rehabilitation services, including **case management, & attendant care**.
- Rehabilitation services have been proven to be **key factors in supporting children/youth** with emotional disturbance in their recovery.

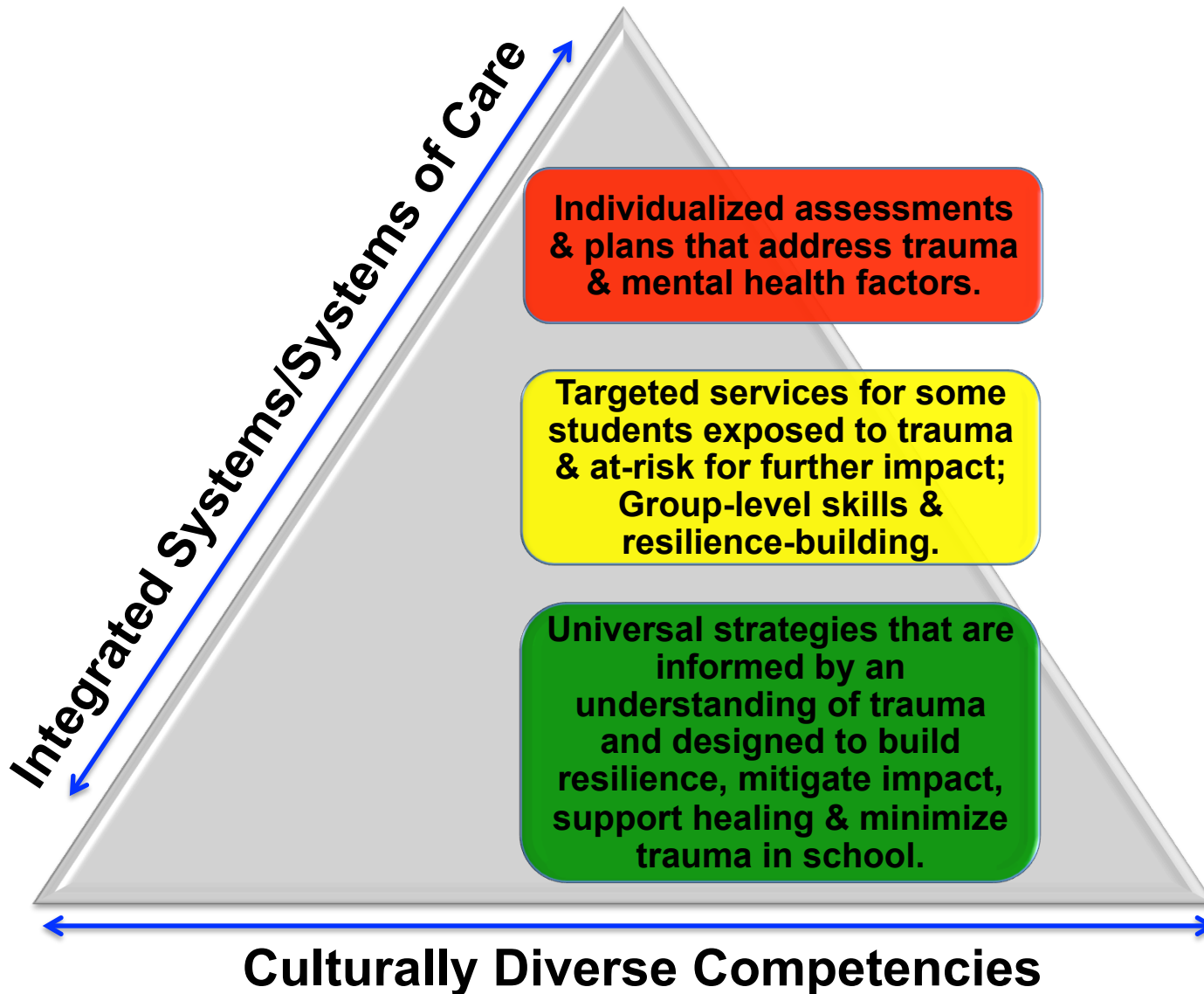
RECOMMENDATION:

Strengthen the capacity and sustainability of early childhood/school mental health efforts by pulling in state, regional, and community-level partners.

- Develop **cross-system problem solving** teams:
 - Use **tiered prevention logic** as overall organizer to develop an action plan
 - Utilize **school AND community data** to decide which evidence based practices to implement
 - Ongoing **progress monitoring** for fidelity & impact
 - Ongoing coaching at both the **systems & practices levels.**



CULTURALLY-RESPONSIVE, TRAUMA-INFORMED SCHOOL COMMUNITIES WITHIN AN MTSS FRAMEWORK



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KANSAS STATE PERSONNEL DEVELOPMENT GRANT **DRAFT** PROPOSAL (2017-2022)

Develop replicable structures for effective collaboration between school and community partners to build trauma-informed school mental health systems, services, and practices, within a multi-tier system framework.

➤ **Develop the capacity of cross-system teams to:**

- ☐ **engage in data-based decision-making**
- ☐ **utilize formal assessment and integration processes to select and implement evidence-based practices**
- ☐ **ensure early intervention through the use of comprehensive screening**
- ☐ **monitor progress for fidelity and effectiveness**

➤ **Improve trauma-informed, resiliency-based practices to support children, families, and educators, particularly those who have been directly impacted by trauma and/or who are in need of mental health supports.**

PROBLEM:

- 50-70% of children in classrooms have experienced at least one traumatic event; 25% have endured four or more traumatic events. Children with trauma are at higher risk for academic failure, suspension, and dropping out. Children with four or more trauma types are 32% more likely to be identified with a learning or behavior problem.
- 1 in 5 children in the U.S. experience a mental health disorder annually.
- Barriers to support children who have experienced trauma, or are in need of mental health services, include: lack of training, identification and referral processes, access to services, cross-system collaborative practices, and weak relationships with children and families.

KEY ASSUMPTIONS:

- Schools lack the support and training required to effectively address the impact of trauma on learning and meet the mental health needs of children; additional resources are needed to promote social, emotional, behavioral, and academic success.
- School communities lack the cross-system collaborative infrastructure needed to effectively provide and monitor mental health interventions.

AUDIENCE:

- Children and adolescents, families, schools, communities.

KEY ASSUMPTIONS:

- 84% of educators agree or strongly agree that additional training and resources on trauma and mental health are needed.
- School mental health efforts are not new. School-employed mental health professionals are specially trained in the interconnectivity among school law, school system functioning, learning, mental health, and family systems.
- 96% of community mental health centers across Kansas are willing or extremely willing to work on interconnecting community and school mental health services and practices.

STEPS NEEDED TO BRING ABOUT CHANGE:

- Provide Kansas school communities with training and resources to facilitate comprehensive, multi-tiered, trauma-informed school mental health systems, services, and practices: Universal strategies to promote the social and emotional well-being and development of all students; Selected, brief strategies to support students at risk of or with mild mental health challenges; Intensive, ongoing strategies to support those with significant needs.

KEY ASSUMPTIONS:

- Providing school communities with resources and training to address trauma & promote mental health; as well as training on how to align efforts within a multi-tier systems of support framework is an effective way to address identified barriers.

MEASUREABLE EFFECT:

- Knowledge of trauma and mental health.
- Trauma-sensitive policies, assessments, practices in place.
- Availability of and/or streamlined access to mental health and trauma-sensitive services.
- Increased school-community collaboration.
- Increase in % of children with trauma who report feeling more connected/supported.
- Decrease in suspension/expulsion of students impacted by trauma.
- Decrease in teacher absences.
- Improvement in seclusion and restraint data.

WIDER BENEFITS:

- School communities become trauma-responsive.
- School communities report increased collaboration and alignment.
- Teachers are more supported and better prepared.
- Parents/ guardians report higher levels of engagement and connections with schools
- Improved academic outcomes.

LONG-TERM CHANGE:

- Kansas schools, communities, and families will have the capacity to sustain the knowledge, tools, practices, environments and supports necessary to promote the social, emotional, behavioral, and mental health development of all children in order to enable them to lead fulfilling and productive lives.

STAKEHOLDERS:

- Children and adolescents, schools, families, and communities.

Working Draft 10/28/16

THEORY OF CHANGE: PROBLEM

- **50-70%** of children in classrooms have experienced at least one traumatic event; **25%** have endured four or more.
- **1 in 5 children** in the U.S. experience a mental health disorder annually.
- **Children with trauma:**
 - ✓ are two and one-half times more likely to fail a grade
 - ✓ score lower on standardized achievement tests
 - ✓ have more receptive or expressive language difficulties
 - ✓ are suspended or expelled more often
 - ✓ are identified with special education needs more frequently
- **Educators working with students with trauma are at risk for secondary trauma, compassion fatigue, and burnout.**

THEORY OF CHANGE: BARRIERS

- **Schools lack the support and training** required to effectively address the impact of trauma on learning and meet the mental health needs of children
- **School communities lack the cross-system collaborative infrastructure** needed to effectively provide and monitor mental health interventions.

Additional resources are needed to promote social, emotional, behavioral, and academic success.

THEORY OF CHANGE: KEY ASSUMPTIONS

- 84% of educators agree or strongly agree that additional training and resources on trauma and mental health are needed.
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TO BRING ABOUT CHANGE

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KEY ASSUMPTION

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MEASURABLE EFFECTS

- ✓ **Knowledge of trauma and mental health**
- ✓ **Trauma-sensitive policies, assessments, practices in place**
- ✓ **Availability of and/or streamlined access to mental health and trauma-sensitive services**
- ✓ **Increased school-community collaboration**
- ✓ **Increase in % of children with trauma who report feeling more connected/ supported**
- ✓ **Decrease in suspension/expulsion of students impacted by trauma**
- ✓ **Decrease in teacher absences**
- ✓ **Improvement in seclusion and restraint data**

WIDER BENEFITS

- ✓ **School communities become trauma-responsive**
- ✓ **School communities report increased collaboration and alignment**
- ✓ **Teachers are more supported and better prepared**
- ✓ **Parents/ guardians report higher levels of engagement and connections with schools**
- ✓ **Improved academic outcomes**

KEY RESOURCES/REFERENCE POINT:

Integrated Systems Framework (ISF)

- Based on foundational works of Implementation Science and Communities of Practice.
- Structure and process for interconnecting school mental health within an MTSS framework.
- Within the ISF, a team that is comprised of district leadership, community leadership, and families, works together to address each level of systems planning (Tiers 1-3) by:
 - ❑ Reviewing school and community data
 - ❑ Assessing needs and resources
 - ❑ Identifying evidence-based interventions
 - ❑ Implementing established plans and monitoring them for progress.

For more information:

<http://ksdetasn.org/smhi/interconnected-systems-framework>

KEY RESOURCES/REFERENCE POINT: KVC & Trauma Systems Therapy

Trauma Systems Therapy aims to Improve the functioning of the trauma system by:

- ☐ Focusing assessment and treatment planning on both sides of the system, in other words, seeking to stabilize the social environment/ system of care, as well as to improve the youth's ability to regulate their emotions and behavior.**

For More Information:

<http://www.cebc4cw.org/program/trauma-systems-therapy-tst/detailed>

THANK YOU!



Find our Resources:

<http://ksdetasn.org/smhi>



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