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

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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.

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout Lifespan

Adapted from Centers for Disease Control and Prevention.³

CDC-Kaiser ACE Study: https://www.cdc.gov/violenceprevention/acestudy/about.html
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TRAUMA & BRAIN DEVELOPMENT

Typical Development

- Cognition
- Social/Emotional
- Regulation
- Survival

Developmental Trauma

- Cognition
- Social/Emotional
- Regulation
- Survival

WI Department of Public Instruction Trauma-Sensitive Schools Resources
http://www.dpi.wi.gov/sspw/mental-health/trauma Adapted from Holt & Jordan, Ohio Dept. of Education
ADVERSE CHILDHOOD EXPERIENCES IN KANSAS (AGES 18+)

According to the report, the most prevalent adverse childhood experiences in Kansas include:

- Parental separation/divorce: 26.5%
- Emotional abuse: 26.0%
- Substance abuse in household: 25.3%
- Mentally ill household member: 16.0%
- Physical abuse: 15.4%
- Violence between adults in household: 15.0%
- Sexual abuse: 11.3%
- Incarcerated household member: 6.7%

For more detailed information, please visit the official website:

EFFECTS ON HEALTH:
DOSE-RESPONSE RELATIONSHIP

DOSE (ACES)

RESPONSE (serious health issues)

HEART DISEASE
LIVER DISEASE
DEPRESSION
FETAL DEATH
STDs
HIGH RISK SEXUAL BEHAVIOR
ALCOHOLISM
SMOKING
OBESITY
DRUG USE
INTIMATE PARTNER VIOLENCE
SUICIDE ATTEMPTS
UNINTENDED PREGNANCY

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

2.5x more likely to fail a grade

More often suspended or expelled

Lower standardized achievement test scores

Designated to special education more frequently

Experience language difficulties

ACEs

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 Depart. of Corrections
  - Kansas Depart. 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.”
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 Heath 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](http://www.mentalhealthfirstaid.org).
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

http://ksdetasn.org/smhi
RESEARCH ON TRAUMA-SENSITIVE FRAMEWORKS AND MODELS

- Trauma Sensitive Schools
- The Heart of Learning and Teaching
- Neurosequenatal 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
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.
Mental Health & Adverse Childhood Experiences

- Impact on Education & Kansas-Specific Data

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DRAFT Proposal

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

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

Healthy Children, Healthy Schools, Healthy Communities: Final Report On School-Based Mental Health (Kansas Statewide Survey Data)
SCHOOL MENTAL HEALTH PROFESSIONALS

• 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.

“No other professionals have this unique training background.”

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**.
Individualized assessments & plans that address trauma & mental health factors.

Targeted services for some students exposed to trauma & at-risk for further impact; Group-level skills & resilience-building.

Universal strategies that are informed by an understanding of trauma and designed to build resilience, mitigate impact, support healing & minimize trauma in school.
Mental Health & Adverse Childhood Experiences
- Impact on Education & Kansas-Specific Data

School Mental Health Initiative
- Background, Research, & Resources
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DRAFT Proposal
- Kansas State Personnel Development Grant (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.
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.

- **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.

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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.

KEY ASSUMPTION

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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
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!

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http://ksdetasn.org/smhi

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