Mental Health: School-Based Supports

REGIONAL MENTAL HEALTH POLICY BOARD
State of our Schools’ Mental Health

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CCSD PSYCHOLOGICAL SERVICES  NEVADA ASSOCIATION OF SCHOOL PSYCHOLOGISTS
75%–80% of children and youth in schools in need of mental health services do not receive them.

Of those who do receive assistance, 70%–80% receive mental health services in schools.
Today’s Agenda

- Overview of statewide picture
- Overview of CCSD picture
- Opportunities moving forward
Who are school psychologists

School psychologists are trained in:

- Data-Based Decision-Making
- Fostering Positive School Climates
- Consultation and Collaboration
- Social-Emotional Screening
- Crisis Preparedness and Response
- Prevention and Intervention
NVASP Priorities

- To improve Mental and Behavioral supports in Nevada
- Mental health pipeline and workforce development in Nevada
- Higher education program expansion
- Support for families and communities in need
- Decrease suicide completions, attempts, and ideations
- Decrease disciplinary referrals and student violence
Statewide Picture

- **Staffing**
  - 1:500-700 National recommendation
  - 1:2200 Clark
  - 1:1800 Washoe
  - 1:1750 Humboldt
  - 1:1500 Nye
- Designated a “critically short” profession
- Non-competitive hiring packages
Lack of **protective support structures** for our student population

Lack of a universal social, emotional, and behavioral health **screening** in schools

Increase in acts of severe **violence** and serious **suicide** attempts

Psychologists unable to provide **comprehensive** school-based psycho-educational services to students (40,000 students in CCSD without access)
Psychological Services and Mental Health Supports

- Department of Student Threat Evaluation and Crisis Response
- Mental Health Transition Team
CCSD Picture

- Services
  - Threat Assessment
  - Suicide Ideation Assessment
  - Suicide Risk Assessment Training
  - Reentry Planning and Services
  - Postvention Support
  - Crisis Response

- Staff
  - 7 School Psychologists, 5 School Counselors, & 2 School Social Workers
Collaboration

- Department of Juvenile Justice Services (DJJS)
- Child Protective Services (CPS)
- School Police Department
- Police Department Clark County
- Southern Nevada Counter Terrorism Center
- Coroner’s Office
- Education Services
- Student Services Department
- Psychiatric Hospitals (valley wide)
- Mental Health Providers (valley wide)
- Mental Health Transition Team
- Mobile Crisis Response Team
- The Harbor Juvenile Assessment Center
- All CCSD Departments
Suicide Statistics

- Nevada: 558 deaths by suicide in 2015
- Suicide is the 10th ranking cause of death in US
- Suicide is the 2nd leading cause of death for ages 15-24 (CDC, 2015)
- Average of 1 youth every 1 hour and 36 minutes take their own life
  - White males 24.6%
  - Non-White Males 10.0%
  - Black Males 9.4%
  - Hispanic 5.8%
  - Asian Pacific Islanders 6.6%
  - White females 7.2%
  - Non-White Females 2.9%
  - Black Females 2.1%
  - Native Americans 12.6%
CCSD Suicide Prevention

- State mandated prevention programs in 8th and 9th grades
- Many schools choose to include 6th and 7th grades
- We support this prevention effort on a regular basis
CCSD Suicide Intervention

- Site-based Intervention Team Members
  - School Psychologist
  - School Counselor
  - School Nurse
  - School Social Worker
  - School Police
  - Administrator
CCSD Suicide Intervention

Training

- All site-based intervention teams year-round in Suicide Risk Assessment
- More intense training when school administration seeks additional support
- CCSD Suicide Risk Assessment Protocols have been distributed to other School Districts throughout the state of Nevada and Idaho in partnership with the Office of Suicide Prevention
Postventions

It is an intervention that occurs when there is a death at a school to help alleviate distress on impacted students and promote a healthy recovery for the school.

When a student or staff member dies

- Grief activities
- Grief counseling
- Resources provided to families/students/staff
- Screening for contagion (suicide)
- Provide school administration with follow-up activities and assistance
CCSD Mental Health Transition Team (MHTT)

- Staff: 1 School counselor, 2 school social workers, 1 school nurse
- Assists over 2,000 students each year transition from Mental Health Treatment Facilities back to CCSD schools in the last 3 years
- Role and Function
Issues resulting in hospitalization:
- Serious suicide attempts (significant increase over last year reported)
- Depression
- Homicidal ideation
- Reports of being bullied
- Overall school problems
- Family issues
- Psychosis
- Behavioral problems
- Medication management
CCSD MHTT Alliances

- Critical partners include:
  - School-based intervention team
  - Student and families
  - Hospital/treatment center representatives
  - Student-aligned community service providers
  - Mental Health Transition Team
Hospital Participation

- Spring Mountain Treatment Center
- Montevista Hospital
- Desert Parkway Hospital
- Desert Willow Treatment Center
- Seven Hills Hospital
- Department of Juvenile Justice Services
The Harbor

- **Who:** Juvenile assessment center that collaborates with outside agencies as a referral source
- **What:** Targets at-risk youth and their families
- **How:** Drug screenings, analysis of home/school/community behavior, in-depth interviews
- **Services:** Tutoring, mentoring, drug education, conflict resolution, anger control, social skills training, job skills development, counseling, cognitive behavioral therapy
- **Managed by DJJS**
- **Staffed by DJJS, CCSD, Mobile Crisis Team, Adult Mental Health, and DCFS**
Unaddressed mental health needs increase risk for suspension, expulsion, dropout and entering the juvenile justice system.

School psychologists are uniquely positioned to provide mental and behavioral health services in schools.
SOLUTIONS
The Issues

- Lack of **protective support structures** for our student population
- Lack of a universal social, emotional, and behavioral health **screening** in schools
- Increase in acts of severe **violence** and serious **suicide** attempts
- Psychologists unable to provide **comprehensive** school based psycho-educational services to students (40,000 students in CCSD without access)
State Level Solutions

- Create a Student Loan Forgiveness Program specific to school psychology
- Expand higher education school psychology training programs
- Establish Community-Based K-4 programs
- Revise Read by Grade 3
State Level Solutions

School Psychologist Ratio Improvement Plan (SPRIP)

- Require districts to establish a SPRIP to increase the impact school psychologists have on student mental-behavioral health, school safety, and school culture
- Incentivize hiring of school psychologists
- Offer dedicated funding through the Governor’s budget for School Psychologists and Psychological Assistants.
Multi-Tiered Systems of Support (MTSS) for Social-Emotional Behavioral (SEB) Health

- Require schools to establish MTSS for SEB in each school, to teach students how to use positive pro-social interactions, coping skills, and cognitive-behavioral reasoning to thrive in life and at school.
- Reduce violence and increase mental health functioning
- Project Healthy Minds in Clark County is one such comprehensive model that has proven successful.
District Level Solutions

- Establish a Multi-Tiered System of Support: Social, Emotional, and Behavioral Health in Schools program, such as Project Healthy Minds, on every elementary and secondary campus
- Work toward staffing each school with one school psychologist (minimally)
- Create new positions specifically for psychological assistants to facilitate comprehensive services
- Make hiring and pay packages more competitive
- Fill the existing 19 vacant school psychologist positions
WHAT IS PROJECT HEALTHY MINDS?
Project Healthy Minds

Goal: Manage severe student behavior in the short-term and prevent it long-term.

- Addresses student social-emotional and behavioral (SEB) functioning at all levels:
  - Tier 1
  - Tier 2
  - Tier 3
- Elementary and Secondary campuses
Overview

MTSS

RTI Team
- Response to Instruction
  - Tiered Academic Supports

SEB Team
- Social, Emotional, Behavior Supports
  - Tiered SEB Supports
Tiered Model of School Mental Health

Tier 1: Universal/Prevention for All

- Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students

Tier 2: Early Intervention for Some

- Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns

Tier 3: Intensive Interventions for Few

- Individual Student and Family Supports

(Barrett, Eber, & Weist, 2013)
THE TIERS: Tier 1
Tier 1

- Universal Social, Emotional, and Behavioral (SEB) curriculum
  - Sanford Harmony, SLANT
- All students screened
  - Identify students at risk
  - Identify students who may need monitoring or intervention
  - Inform decisions about services needed
  - Identify strengths/wellness
  - Identify risk factors/emotional distress
- Assess effectiveness using feedback looping
Adverse Childhood Experiences (ACEs)

ACEs are stressful or potentially traumatic experiences, including abuse, neglect, and exposure to community violence.

72% of children and youth in the U.S. will experience at least one ACE before the age of 18.

As the number of ACEs increases, so does the risk for psychological, behavioral, or emotional problems; substance abuse; academic failure; social maladjustment; and poor medical health.
# Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

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<tr>
<th></th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
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</thead>
<tbody>
<tr>
<td>I try to be nice to other people. I care about their feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am restless, I cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I get a lot of headaches, stomach-aches or sickness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I usually share with others, for example CD’s, games, food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get very angry and often lose my temper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would rather be alone than with people of my age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I usually do as I am told</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I worry a lot</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I am helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have one good friend or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I fight a lot. I can make other people do what I want</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel angry sometimes. I get upset when someone upsets me.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I feel nervous and anxious when something is coming up, or if I think about the future.</td>
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MTSS Checklist for Behavior Support

☐ Attendance History since Kindergarten (# absences per year)
  ○ K ☐ 1st ☐ 2nd
  ○ 1st ☐ 2nd ☐ 3rd
  ○ 2nd ☐ 3rd ☐ 4th
  ○ 3rd ☐ 4th ☐ 5th

☐ Family and developmental history (birth trauma, resides with whom, custody issues, etc.)
  __________________________________________
  __________________________________________
  __________________________________________

☐ List all flags on Infinite Campus
  __________________________________________
  __________________________________________

☐ Has the student been retained? Yes ☐ No

☐ Any known history of special education supports? Yes ☐ No

☐ Health Screening attached

☐ Type of Out of Class Think Time
  Non-Violent ☐ Defiant ☐ Violent

☐ Out of Class Think Time dates
  1) __________________________ 2) __________________________ 3) __________________________ 4) __________________________

☐ Description of primary behavioral concern
  __________________________________________
  __________________________________________
  __________________________________________

☐ Can Do/Won't Do Assessment completed and attached

☐ If receiving academic supports, Plan(s), Log(s), and Graph(s) attached
Out of Class Think Time
for severe behavior (OCTTT)

Non-Violent
- Off-task
- Disruptive
- Out of seat

Parent Contact after each OCTTT

2 or more times a week, for 2 weeks

Referral to MTSS

Defiant
- Verbally disrespectful
- Refuses to work
- Refuses to transition

Parent Contact after each OCTTT

2 times

Office Referral

Violent
- Destruction of property
- Harm to self
- Harm to others

Once

Office Referral

Referral to MTSS

Referral to MTSS

Referral to MTSS
Tracking Students

- Excel spreadsheet
- Identifying information
- ACES, SEB (SDQ), and academic benchmark screener scores
- Interventions in place
- Recommendations and notes
<table>
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<tr>
<th>First Name</th>
<th>Teacher</th>
<th>Social Behavior Risk</th>
<th>Academic Behavior Risk</th>
<th>Emotional Behavior Risk</th>
<th>Notes</th>
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<td>Student 1</td>
<td>A</td>
<td>Risk</td>
<td>Risk</td>
<td>Risk</td>
<td>Self-Control with School Counselor</td>
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<td>Student 2</td>
<td>A</td>
<td>Risk</td>
<td>Risk</td>
<td>Risk</td>
<td>Self-Control with School Counselor</td>
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<td>Student 3</td>
<td>B</td>
<td>Risk</td>
<td>Risk</td>
<td>Risk</td>
<td>Self-Control with School Counselor</td>
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<tr>
<td>Student 4</td>
<td>B</td>
<td>Risk</td>
<td>No Risk</td>
<td>Risk</td>
<td>Friendship/social skills group-MHP</td>
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<tr>
<td>Student 5</td>
<td>B</td>
<td>Risk</td>
<td>No Risk</td>
<td>Risk</td>
<td>Friendship/social skills group-MHP</td>
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<tr>
<td>Student 6</td>
<td>C</td>
<td>Risk</td>
<td>Risk</td>
<td>Risk</td>
<td>Talk with teacher for more information</td>
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<tr>
<td>Student 7</td>
<td>C</td>
<td>Risk</td>
<td>Risk</td>
<td>Risk</td>
<td>Self-Control with School Counselor</td>
</tr>
<tr>
<td>Student 8</td>
<td>D</td>
<td>Risk</td>
<td>No Risk</td>
<td>Risk</td>
<td>Friendship/social skills group-MHP</td>
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<tr>
<td>Student 9</td>
<td>D</td>
<td>Risk</td>
<td>Risk</td>
<td>Risk</td>
<td>In Special Education</td>
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</table>
Tier 2 Interventions

- Small group skills counseling
- Leadership opportunities
- Intervention in risk domains
- Facilitate family engagement
- Provide social work supports
Tier 2 Decision Points

- When to move students to Tier 3?
  - Rainbow report
  - Severe incident
  - Chronic or abnormal truancy
  - Re-entry plan students
  - Students in criminal justice system
  - Counselor referral
Tier 3 Interventions

- Functional behavior assessment
- Individual behavior intervention program
- Short term one-on-one counseling on campus
- Connect family to more intensive wrap around community supports
- Increase time in class
- Reduce threats to self and others
Iterative Reflection

- At minimum each benchmark period
- Continuous Improvement Model
  - Implement
  - Review
  - Review
  - Repeat
MOVING FORWARD TOGETHER

State Level
- School Psychologist Ratio Improvement Plan (SPRIP)

District Level
- Implement a MTSS SEB program, such as Project Healthy Minds
- Create new positions specifically for psychological assistants
- Make school psychologist hiring and pay packages more competitive
- Fill the existing 19 vacant CCSD school psychologist positions
Thank You

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