Health, Opioid Prevention, Education and Supports (HOPES) in Schools using the Whole Child Approach

Kevin Lorson
Wright State University
kevin.lorson@wright.edu

Jessica Lawrence
Cairn Guidance
jess@cairnguidance.com
@cairnguidance
1. A new student arrived to your class today, she recently moved in with her grandparents.

2. One student shares that one of his parents use drugs during a HOPE Curriculum lesson.

3. A child is aggressive, argumentative, doesn’t sit down, follow directions, and has already missed a number of days of school.

4. A teacher stops and parks in a local park on her way home and spends 15 minutes before heading home to his/her family.
HEALTH INDICATORS:
UNINTENTIONAL OVERDOSE DEATHS

Montgomery County (Dayton), Ohio
Accidental Overdose Deaths

*Prescription opioids reflect ICD-10 codes T40.2, T40.4, T40.6. Deaths are captured in this category only if there is mention of fentanyl and related drugs (reflected in T40.4 and T40.6) on the death certificate, even if the death involved natural & semi-synthetic opioids (T40.3) or methadone (T40.3).

Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted for OH Governor and Opioid Prevention Program.

Multiple drugs are usually involved in overdose deaths; individual deaths may be reported in more than one category.
OUR RESPONSE

Health
• State Health Improvement Plan
• Medicaid Expansion
• School-Based Health Services

Health & Education
• Joint Study Report on Drug Prevention in Schools
• Safer Schools Ohio
• Project Aware
• Health Education Requirements
• Violence Prevention Mental Health
• Trauma-Informed
• Student Wellness & Success Funds

Education
• ODE Strategic Plan
• Prioritizing Early Learning
• College & Career Ready
• Teacher Education
Ohio's current approach to K-12 drug and violence prevention and mental health promotion

- Statutory requirements (HB 367, BH 19, etc.)
- Prevention programs by external partners (DARE officers, ADAMH-funded organizations, LHDs, etc.)
- HOPE Curriculum
- Prevention education by health education teachers
- OHYES! and YRBS surveys
- OMHAS initiatives (PAX G8G training, Start Talking!, etc.)
- ODE initiatives (Healthy Schools and Communities Resource Team, Ohio Interagency Council for Youth, PBIS Network, etc.)
- ODE School Climate Guidelines
- ODE Social Emotional Learning Standards
- ODH initiatives (SHIP, Adolescent Health Partnership, etc.)
- Attorney General’s Joint Study Committee on Drug Use Prevention Education
- State Board of Education Social and Emotional Learning Advisory Group (Behavioral Health Wellness Advisory Committee)
Each Child, Our Future

In Ohio, each child is challenged, prepared and empowered.

Vision

In Ohio, each child is **challenged** to discover and learn, **prepared** to pursue a fulfilling post-high school path and **empowered** to become a resilient, lifelong learner who contributes to society.

**One Goal**

Ohio will increase annually the percentage of its high school graduates who, one year after graduation, are:
- Enrolled and succeeding in a post-high school learning experience, including an adult career-technical education program, an apprenticeship or a two-year or four-year college program;
- Serving in a military branch;
- Earning a living wage; or
- Engaged in a meaningful, self-sustaining vocation.

**Three Core Principles**

- **Equity**
- **Partnerships**
- **Quality Schools**

**Four Learning Domains**

- **Foundational Knowledge & Skills**
  - Literacy, numeracy and technology
- **Well-Rounded Content**
  - Social studies, sciences, languages, arts, health, physical education, etc.
- **Leadership & Reasoning**
  - Problem-solving, design thinking, creativity, information analytics
- **Social-Emotional Learning**
  - Self-awareness & management, social awareness, relationship skills, responsible decision-making

**10 Priority Strategies**

1. Highly effective teachers & leaders
2. Principal support
3. Teacher & instructional support
4. Standards reflect all learning domains
5. Assessments gauge all learning domains
6. Accountability system honors all learning domains
7. Meet needs of whole child
8. Expand quality early learning
9. Develop literacy skills
10. Transform high school/provide more paths to graduation

Ohio’s Strategic Plan for Education: 2019-2024
HOPES in Schools:
Project Overview

• HOPES in Schools Framework
  • Connecting strategic planning, whole child components (WSCC), referral, & delivery systems
  • Professional development workshops & technical support with ESCs.

• How Can I Help?
  • Recognize, Reach Out, Refer & Recharge.
  • 50 minute professional development workshop to develop awareness of how to support students in need.
HOPES in Schools Framework

Strategic Planning
1. Whole Child Advisory Council
2. Needs Assessment
3. Planning
4. Implementation
5. Evaluation
6. Sustainability

Components
1. School Teams
2. Community Partners
3. Nutrition Environment & Services
4. Physical Education & Physical Activity
5. Health Education Curriculum
6. Prevention Programming
7. Social-Emotional Learning
8. Health Services
9. Counseling, Psychological & Social Services
10. Staff Wellness & Self-Care
11. Family Supports & Resources
12. School Climate

Delivery Model
1. MTSS
3. Model 1: Co-located School-based
4. Model 2: School-based
5. Model 3: Community-based

## Improvement Processes in Ohio

<table>
<thead>
<tr>
<th>Education Ohio Improvement Process</th>
<th>Education Positive Behavioral Interventions and Supports</th>
<th>Education CCIP Application</th>
<th>Prevention Strategic Prevention Framework</th>
<th>Health Community Health Improvement Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-wide</td>
<td>School-wide and selected students</td>
<td>School-wide</td>
<td>Population or Community Intervention</td>
<td>Population or Community Intervention</td>
</tr>
<tr>
<td>Identifying Critical Need</td>
<td>Data Review</td>
<td>Planning Tool</td>
<td>Assessment &amp; Capacity</td>
<td>Community Health Assessment</td>
</tr>
<tr>
<td>Research and Select EB Strategies</td>
<td>Create PBIS Implementation Plan</td>
<td>SMART Goals</td>
<td>Planning</td>
<td>Plan</td>
</tr>
<tr>
<td>Plan for Implementation</td>
<td>Implementation of Plan (Evidence Based Practices at each tier)</td>
<td>Strategies and Action Steps</td>
<td>Implementation &amp; Evidence-Based Prevention Approaches</td>
<td>Implement</td>
</tr>
<tr>
<td>Implement and Monitor</td>
<td>Monitoring and Evaluation</td>
<td>District Goal and Monitoring</td>
<td>Evaluation</td>
<td>Track and report</td>
</tr>
<tr>
<td>Examine, Reflect, Adjust</td>
<td>Sustainability</td>
<td>Sustainability</td>
<td>Sustainability</td>
<td>Sustainability</td>
</tr>
</tbody>
</table>

Revised 5/09/2017 Created by Jill Jackson PhD, Emily Jordan MSW, LISW, Lara Belliston PhD
WHOLE CHILD ADVISORY COUNCIL CORE TEAMS

• Teams attending the trainings with WSU & ESC
• Lead the district level WCAC
• Typically a core team of 6-8 participants

• Who?
  • District Level Leadership
  • School Leadership
  • Director of Student Services
  • Teachers
  • School Nurse
  • School Counselor
  • School Psychologist
  • Health Education Teacher
  • Physical Education Teacher
  • Parent Engagement
  • Attendance

@cairnguidance  #SchoolHealth19
WHOLES CHILD LIAISONS

- Whole Child Liaisons
  - Leader of the Whole Child efforts
  - Leads District Whole Child Advisory Meetings
  - Connects various initiatives and key stakeholders

- Who?
  - Student Services, Curriculum, School Counselor, Social Worker, School Nurse
  - Qualities of a Whole Child Liaison?
    - Knowledge, skills, & values
  - Other factors to consider?
    - Time
    - Resources & support
    - Connection to district leadership and staff
HOPES in Schools Framework: Components

Whole Child
Healthy, Safe, Supported, Engaged, Challenged

COMMUNITY

- Physical Education & Physical Activity
- Health Education Curriculum
- Prevention Programming

STUDENT SUPPORT SYSTEM

- Social-Emotional Learning
- Health Services
- Counseling, Psychological & Social Services

COORDINATED POLICY, PROCEDURES, & PRACTICES

- Nutrition Environment & Services
- Safe & Healthy Physical Environment
- Staff Wellness & Self-Care
- Family Supports & Resources
- School Climate
How Can I Help?
The Referral System:

1. Recognize
2. Reach Out
   - Teacher Recognize
   - Student Share
3. Refer
4. Recharge

Referral to MTSS

Whole Child Advisory Council & WC Liaison
- Resource Map
- Data & Referral System
- Provider Partnerships

Model 1
Co-Located, School-Based

Model 2 – School Based

Model 3 – Community-Based
HOW CAN I HELP?

1. RECOGNIZE:
   • Sudden *CHANGE* in indicators.

2. REACH OUT:
   • Tell them you care.

3. REFER:
   • Mandatory Reports
   • Referrals to the Multi-Tiered System of Supports
   • Asks for Assistance

4. RECHARGE
   • Teacher Self-Care

The Power of **ONE** Caring Adult!
Delivery of Services

Model 1 – Co-Located School-Based

Model 2 – School Based

Model 3 – Community-Based

Each model has challenges:
• HIPPA/FERPA
• Referral and communication system
• Budgets, supports and space

• Co-Located
  • A School-Based Health Center (SBHC) or service located within or on school grounds by a provider. Staffed by specialists.

• School-Based
  • School employee delivered service.

• Community-Based
  • A strong relationship with a community provider a streamlined referral processes and communication loops for a seamless service delivery model.
HOPES in SCHOOLS: WHOLE CHILD PROJECT

Goals:

1. Complete a strategic planning process focused on student supports.
2. Connect internal and external education, community and health partners.

• Montgomery County ESC
  • Brookville
  • Huber Heights
  • Miamisburg
  • Montgomery County Juvenile Justice
  • Northridge
  • Northmont
  • Valley View

• Greene County ESC
  • Xenia
  • Cedar Cliff
  • Beavercreek

• Brown County ESC
  • Eastern Brown
  • Fayetteville
  • Georgetown
HOPES in SCHOOLS: WHOLE CHILD WORKSHOPS

• Session 1:
  • Introduction to Whole Child & Whole Child Framework.

• Session 2:
  • Systems Thinking, Systems Change.

• Session 3:
  • Needs assessment
    • SHAPE Tool, School Health Index, public health and school data.

• Session 4:
  • Whole Child Priorities
  • Connecting with resources & programs.

• Session 5:
  • Implementation & Sustainability Plans
HOPES in SCHOOLS FRAMEWORK: KEYS TO IMPLEMENTATION

• It’s a process
• Systems change perspective
• Building a system to connect the systems.
  • WCAC, Whole Child Liaisons, Education Service Centers
  • Building health and community connections
• Partnerships & collaboration
  • What is a good partnership? Who is a good partner?
SESSION 3: SHAPE ASSESSMENT TOOL

• Purpose:
  o Enhancing the understanding and support for comprehensive school mental health (CSMH) policies and programs.
  o Develop a census and performance measures for CSMH.
  o Obtain customized school & district level progress reports.
  o Resources to improve system quality and sustainability.

• Components:
  o Profile
  o Quality
  o Sustainability
  o Trauma-informed Practices

• Multi-disciplinary teams complete the process.
• Not an evaluation, an assessment tool.
SHAPE ASSESSMENTS: OBSERVATIONS

• The **process** was important outcome:
  • What is Comprehensive School Mental Health (CSMH)?

• The product:
  • “We have work to do.”
  • Data: What to collect? Why collect it? How do we use it?
  • Capturing our work and resource mapping.
SHAPE System District Mental Health Profile:

\( (n = 5 \text{ districts}) \)

<table>
<thead>
<tr>
<th>Data collected often for:</th>
<th>Data collection less common for:</th>
<th>Collect data on these items, but it is not used often by districts to identify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Grades – 5 out of 5 districts reporting</td>
<td>• School climate – 2/5</td>
<td>• Students (Ss) for MH risk;</td>
</tr>
<tr>
<td>• Discipline referrals – 5/5</td>
<td>• Health screenings (e.g., vision) – 1/5</td>
<td>• Match Ss with SMH delivery;</td>
</tr>
<tr>
<td>• Attendance – 4/5</td>
<td>• Track progress in SMH interventions – 1/5</td>
<td>• Track progress of SMH interventions;</td>
</tr>
<tr>
<td>• Suspensions – 4/5</td>
<td>• Match/Triage students to SMH service delivery – 1/5</td>
<td>• Or to monitor SMH system outcomes.</td>
</tr>
</tbody>
</table>

Data collection less common for:

• School climate – 2/5
• Health screenings (e.g., vision) – 1/5
• Track progress in SMH interventions – 1/5
• Match/Triage students to SMH service delivery – 1/5

Collect data on these items, but it is not used often by districts to identify:

• Students (Ss) for MH risk;
• Match Ss with SMH delivery;
• Track progress of SMH interventions;
• Or to monitor SMH system outcomes.
### District Profile: Staff Members

<table>
<thead>
<tr>
<th>Staff</th>
<th>Number</th>
<th>Ratio</th>
<th>Community Member</th>
<th>Recommended Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Admin</td>
<td>42</td>
<td>1:253</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>School Counselor OR Guidance Counselor</td>
<td>21</td>
<td>1:506</td>
<td>-</td>
<td>250:1</td>
</tr>
<tr>
<td>School Nurse</td>
<td>14</td>
<td>1:759</td>
<td>-</td>
<td>750:1</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>7</td>
<td>1:1,518</td>
<td>4</td>
<td>700-500:1</td>
</tr>
<tr>
<td>SRO</td>
<td>18</td>
<td>1:590</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Community Behavioral Health Worker</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Professional Counselor</td>
<td>1</td>
<td>1:10,627</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>School Social Worker OR (Social Worker)</td>
<td>4(7)</td>
<td>1:2657</td>
<td>10</td>
<td>400:1</td>
</tr>
</tbody>
</table>
DISTRICT MENTAL HEALTH PROFILE: SERVICE COMPONENTS

• Need to address (0/5 districts):
  • Universal mental health screening and assessment.
  • Quality improvement process to understand & improve the SMH system.
  • Evidence-based programs.

• MTSS is present:
  • Tier 1 (2/5)
  • Tier 2 (3/5)
    • Districts rated the reach of Tier 2 is lower than Tier 1 and Tier 3.
  • Tier 3 (3/5)
What we learned; QUALITY & SUSTAINABILITY DATA

• Data-driven decision making
  • Low occurrence of conducting a CSMH needs assessment.
  • Most are “sometimes” using data.
  • Need to examine using data to make decisions and monitor progress.
  • Limited data aggregation to share with other stakeholders including community and for district level outcomes.

• Data sharing is limited
  • Between partners/school, as well as within the school system.

• Multidisciplinary teams: Some have them and some do not.
  • Need support for best practices in meetings, data sharing.
  • Connected to community resources.

• Additional technical support & resources required for needs assessment and resource mapping.
HOPES in SCHOOLS YEAR 1: What We’ve Learned

• Process-oriented systems change  
  • Meeting local needs within a process.
• Shifting from crisis-driven to a prevention focus.
• Time to do the work.  
  • Partnerships  
  • Collaboration  
  • Support

• Schools have very similar in needs, but different solutions.  
  • Professional Learning Community  
  • Validated our struggles are shared, highlighted how we are unique, yet showed how our challenges are shared.
• Districts need technical support to support the WC Liaison, WCAC, & partnership development.
PERSPECTIVES FROM DISTRICTS

• An Opportunity
  • Putting the puzzle pieces together
• Strengths
• Challenges
• Needs
• Possibilities
COMMUNITY PARTNERS - What We’ve Learned

• Building the capacity in health and community partners.
  • Shared language
  • Shared process
  • Shared outcomes and data
• Connecting the work of the WCAC to staff:
  • How Can I Help?
  • Referral System
  • Data System
WHOLE CHILD FRAMEWORK: NEXT STEPS

• Implications of the Student Wellness and Success Funds from HB 166.
• Developing a Systems-Thinking Approach to connect stakeholders.
• Building relationships & partnerships in health, prevention and community.
• Understand the role of the WC Liaison & WCAC.
• Building ESC supports for District WCAC.
• Training, credentials, and building momentum.
• How to share Whole Child initiatives teachers, parents, community, & providers?
OHIO STUDENT WELLNESS & SUCCESS

- Approved $675-million in July 2019 with HB 166.
- More information & to find your school’s allocation visit: [Student Wellness and Success](#)

**Initiatives**

1. Mental health services
2. Services for homeless youth
3. Services for child welfare involved youth.
4. Community liaisons
5. Physical health care services
6. Mentoring programs
7. Family engagement & support services
8. City Connects programming
9. Trauma-informed care professional development
10. Cultural competence professional development.
11. Student services provided prior to or after the regularly scheduled school day or any time school is not in session.

**Partners**

1. A board of alcohol, drug and mental health services.
2. Educational service center.
3. County board of developmental disabilities.
5. Board of health of a city or general health district.
6. County department of job and family services.
7. Non-profit organization with experience serving children.
8. A public hospital agency.
Questions?
Kevin Lorson
Kevin.Lorson@wright.edu

Jess Lawrence
Jess@cairnguidance.com