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BEHAVIORAL HEALTH

School Mental
Health in the
Ozarks: What
works, What doesn't

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What the Data Tells Us

- 1 in 5 children struggle with behavioral and emotional issues in the classroom
- 50% of all lifetime cases of mental illness begin by age 14
- Average delay between onset of symptoms and intervention is 8-10 years
- 14.1% of Missouri high school students seriously considered suicide in 2018 (10.9% reported making a plan, 6.2% attempted)
- In Missouri, 55.6% of students reported feeling very sad at least “sometimes” (2018)
- It is estimated that over 45,000 children and adolescents in Missouri are struggling with anxiety

2018-2019 School-Based Services

1st Year of Implementation

- More than 1,500 students from 27 school districts were referred and received school-based services.
- **Outcome measures** (from first contact to last assessment – some treatment is ongoing, and these numbers reflect a variety of treatment durations):
 - 64% of students' scores improved on an instrument measuring a variety of domains of functioning.
 - 73% of students experienced a decrease in scores on a measure of anxiety.
 - 55% of students saw an improvement in scores on a measure of depressive symptoms.

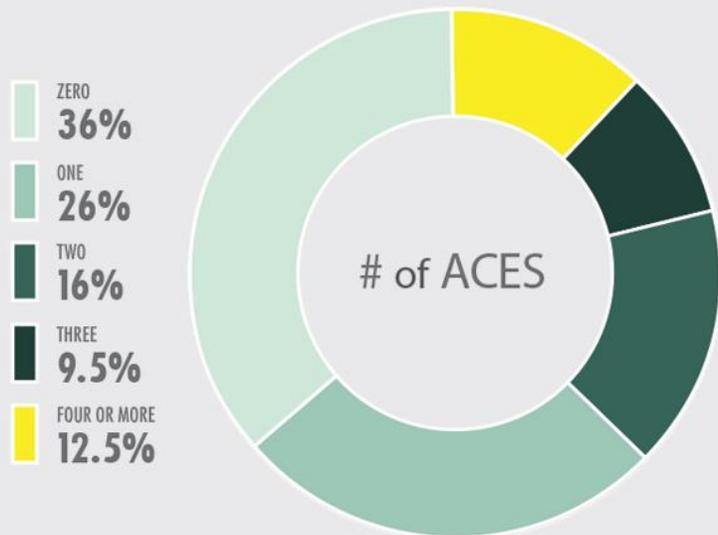
Branson Mo Public Schools

- 4790 students
- 6% EL population
- 9% of the district is homeless (15% in some buildings)
- 4% of the population receiving SBMH services
- 57% living below the poverty level
- 67% free and reduced rate
- 15-25% transient population

Adverse Childhood Experiences

How Common are ACEs?

ACE Study



- ACE's are major risk factors for illness and poor quality of life. Research shows that ACE's can impede a child's social, emotional and cognitive development.
- ACE's are the best predictor of poor health and the second best predictor of academic failure
- 1 in 7 Missouri students have 3+ ACE's, making them 32 times more likely to have academic and behavior problems in school.

ACE's in the Classroom

- Greater likelihood of performing below grade level (lower GPA)
- Higher rates of office referrals, suspensions, and expulsions
- Decreased reading ability
- Language and verbal processing deficits
- Delays in expressive and receptive language
- Greater tendency to be misclassified with developmental delays
- Decreased ability to focus and concentrate, recall and remember, organize and process information, and plan and problem-solve

Implemented a 3 tiered approach

1. Professional Development/ Consultation

- Training
- Book Studies
- Community Events

2. Targeted Groups

- Social Skills/Clinical
- Teacher wellness

3. One-on-One intervention

What Works

- Clear Expectations- Rome wasn't built in a day
- Regularly scheduled collaboration
- Clearly defined roles
- Communication, communication, communication
- Liaison for both the agency and the district
- Champion for the cause in each building
- Well defined referral process
- Well defined “status update process”
- Flexibility

What doesn't

- Discipline Dual
- Rigidity
- Lack of training on mental health issues
- Poor collaboration
- Limited space
- Lack of plans for continued growth

7 Steps for Success

1. Admin/ Counselor Buy-In
2. Whole staff training and introduction
3. Clear defined referral/implementation process
4. Quality and consistent service provision
5. Data collection regarding projected outcomes
6. Regular collaboration
7. Family/community engagement

QUESTIONS?