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

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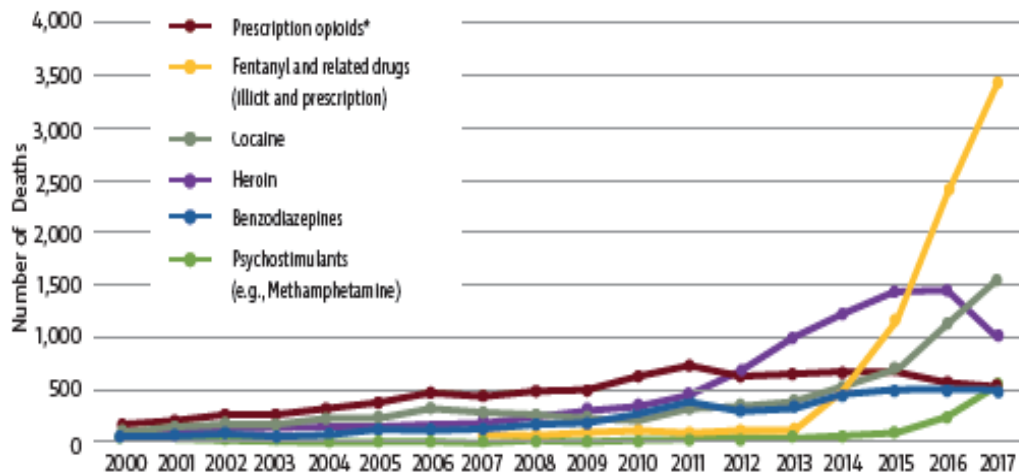# HOW CAN I HELP?

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.

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HEALTH INDICATORS:
UNINTENTIONAL OVERDOSE DEATHS

Figure 11. Number of Unintentional Drug Overdose Deaths Involving Selected Drugs, by Year, Ohio, 2000-2017
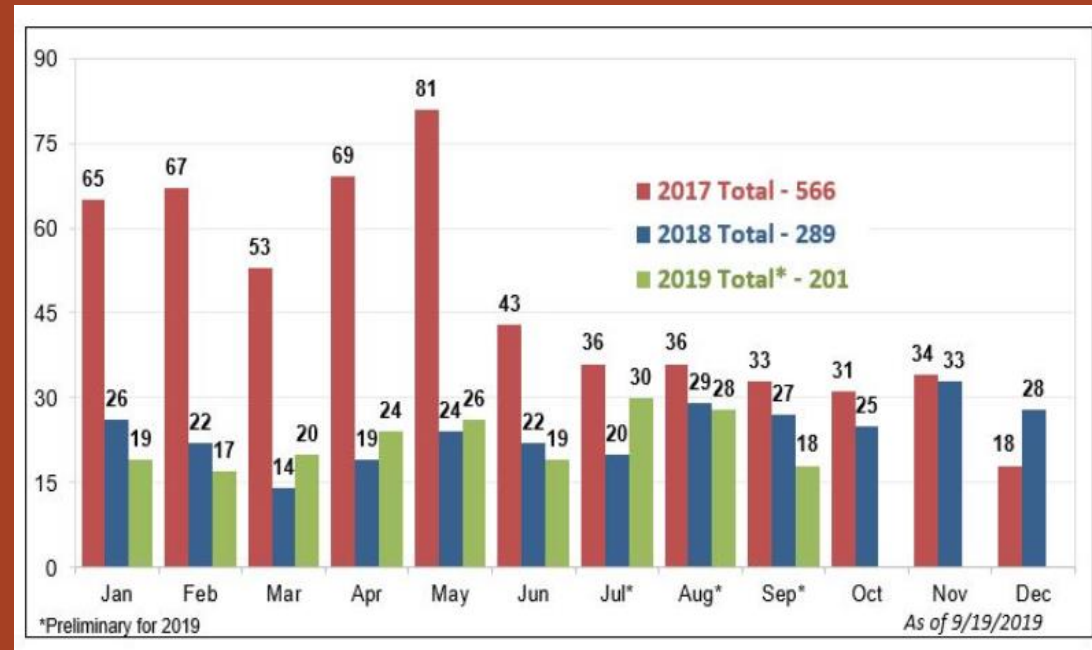
Montgomery County (Dayton), Ohio
Accidental Overdose Deaths

OUR RESPONSE

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

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

Education
- ODE Strategic Plan
- Prioritizing Early Learning
- College & Career Ready
- Teacher Education

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Ohio's current approach to K-12 drug and violence prevention and mental health promotion

Statutory requirements (HB 367, BH 19, etc.)

HOPE Curriculum

Prevention education by health education teachers

Prevention programs by external partners (DARE officers, ADAMH-funded organizations, LHDs, etc.)

OHYES! and YRBS surveys

OMHAS Initiatives (PAX GBG training, Start Talking!, etc.)

ODE initiatives (Healthy Schools and Communities Resource Team, Ohio Interagency Council for Youth, PBIS Network, etc.)

ODH Initiatives (SHIP, Adolescent Health Partnership, etc.)

ODE School Climate Guidelines

ODE Social Emotional Learning Standards

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.

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

WHOLE CHILD

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 and/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

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]
Components[2]
Delivery Model[3]

[1] Jackson, J. & Jordan, E. (n.d.) Using strategic process to address behavioral health in schools. Ohio Department of Education.
[2] American Society of Curriculum Directors. (2018, October 23). Whole School, Whole Community, Whole Child. Retrieved from www.ascd.org.
[3] Colorado Education Initiative (2017). School Behavioral Health Services Framework. https://www.coloradoedinitiative.org/Resources/colorado-framework-for-school-behavioral-health/.

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Improvement Processes in Ohio

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

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

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WHOLE 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

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HOPES in Schools Framework: Components

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
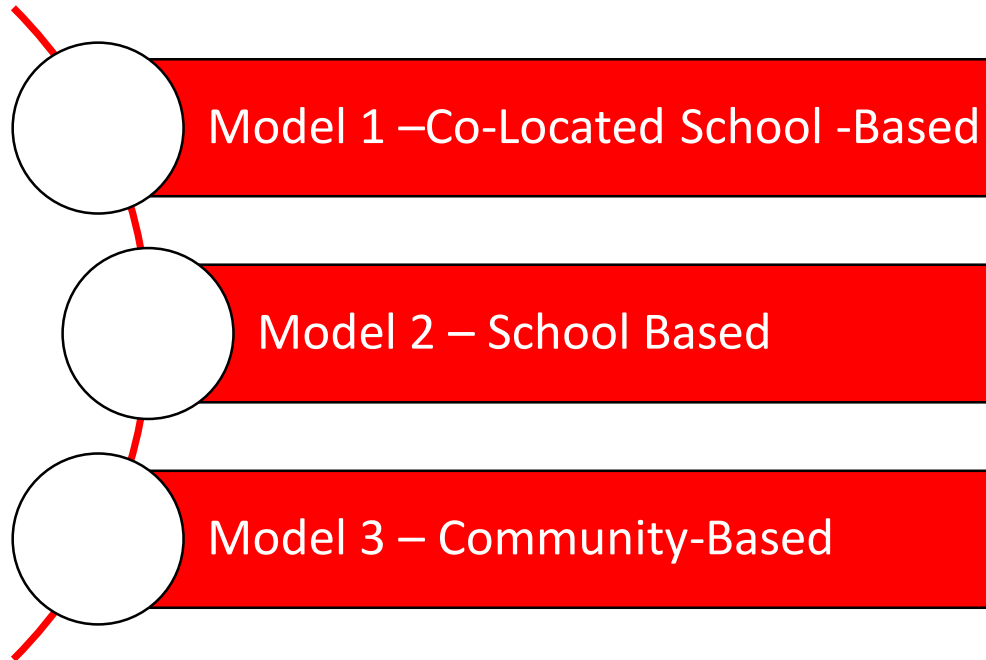   - Asks for Assistance

4. **RECHARGE**
   - Teacher Self-Care

The Power of **ONE** Caring Adult!

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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

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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?

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SESSION 3: SHAPE ASSESSMENT TOOL

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

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

- Multi-disciplinary teams complete the process.

- Not an evaluation, an assessment tool.

Last Updated: January 24, 2018
Updated By: Amanda Meyer

OVERALL COMPOSITE SCORE: 2.50

Safe/predictable campus — 2
Adequate supervision — 3
Threat assessment strategy — 1
Bullying prevention — 4

Based on your responses, this is a *progressing domain* for your school. Because your score indicates you have many of the building blocks/foundational steps for this domain in place, there are a number of next steps you can take to further enhance your school's programming in this area. Please refer to the *Whole School Safety Planning Guide*, which will allow you to determine which next steps are appropriate for your school and will provide you with resources to take these next steps.

- 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.

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SHAPE System District Mental Health Profile:

(*n = 5* districts)

Data collected <u>often</u> for:	Data collection less common for:	Collect data on these items, but it is not used often by districts to identify:
• Grades – 5 out of 5 districts reporting • Discipline referrals – 5/5 • Attendance – 4/5 • Suspensions – 4/5	• 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	• Students (Ss) for MH risk; • Match Ss with SMH delivery; • Track progress of SMH interventions; • Or to monitor SMH system outcomes.

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District Profile: Staff Members

Staff	Number	Ratio	Community Member	Recommended Ratio
School Admin	42	1:253	-	
School Counselor OR Guidance Counselor	21	1:506	-	250:1
School Nurse	14	1:759	-	750:1
School Psychologist	7	1:1,518	4	700-500:1
SRO	18	1:590	1	
Community Behavioral Health Worker			9	
Professional Counselor	1	1:10,627	5	
School Social Worker OR (Social Worker)	4 (7)	1:2657 1:1518	10	400:1

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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)

SERVICES PROVIDED | CAIRN GUIDANCE

Last Updated: October 17, 2018

Your school district provided services and support to address the following student concerns at each tier:

Tier 3: Indicated services and supports
Tier 2: Selective services and supports
Tier 1: Mental health promotion services and supports
➕ : Referrals to community providers not in the school building

Anxiety/Nervousness/Phobias
Attention/Concentration/Hyperactivity Problems
Bullying
Depression/Sadness/Suicide
Disordered Eating
Environmental Stressors (housing, food, parental employment, access to health care, etc.)
Grief/Loss/Bereavement
Oppositional or conduct problems/Anger management
Psychosis (hallucinations, delusions)
Relationship issues/Conflict (family, peer, teacher)
Social and emotional skills/Problem solving/Character development/Self-esteem
Substance use (alcohol, tobacco, drugs)
Transitions (new school, moving, separation/ divorce)
Trauma/PTSD/Abuse/Neglect/Exposure to violence

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.**

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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.

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PERSPECTIVES FROM DISTRICTS

- An Opportunity
  - Putting the puzzle pieces together
- Strengths
- Challenges
- Needs
- Possibilities

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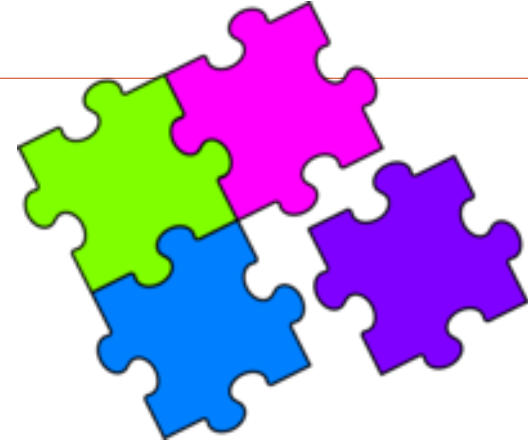
COMMUNITY PARTNERS- What We've Learned

- 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

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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?

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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.
4. Community-based mental health treatment provider.
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.

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Questions?

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