

Behavioral Health 2021-2022

Understanding our Current State

Heather Boling, Director School Psychology

Paul Koh, Assistant Superintendent, Student Support Services

Cam Lopes, Director SES Social Behavior Programming & Extended Content

Michael Pesce, Director School Social Work

Marrius Pettiford, Sr. Director Counseling & Student Services

Crystal Reardon, Director School Counseling

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Desired Outcomes

- Provide an overview of our **why** for Behavioral Health
- Provide an update about our approaches and practices connected to our School Mental Health Improvement Plan within the elements of:
 - Universal Prevention
 - Referral, Treatment, and Reentry



Core Beliefs

#1 Every student is uniquely capable and deserves to be challenged and engaged in relevant, rigorous, and meaningful learning each day.

#2 Every student is expected to learn, grow, and succeed while we eliminate the ability to predict achievement based on socioeconomic status, race, and ethnicity.

#3 Well-supported, highly-effective, and dedicated principals, teachers, and staff are essential to success for all students.

#4 The Board of Education, superintendent, and all staff, while sustaining best practices, will promote and support a culture of continuous improvement, risk-taking, and innovation that results in a high-performing organization focused on student achievement.

#5 The Board of Education, superintendent, and all staff value a diverse school community that is inviting, respectful, inclusive, flexible, and supportive.

#6 The Wake County residents value a strong public school system and will partner to provide the support and resources to fully realize our shared vision, accomplish the mission, and sustain our core beliefs.

Behavioral Health

Social & Emotional
Learning (SEL)

Mental Health

Behavior



School Mental Health Improvement Plan

Each K-12 public school unit shall adopt and implement a plan for promoting student mental health and well-being and for assessing and improving upon the effectiveness of supports for the mental and social-emotional health and substance use needs of its students and staff.

Required Components of School Mental Health Improvement Plan



Universal Prevention

MOU with Local Management Entity/Managed Care Organization

Liability

Early Intervention for Mental/Social Emotional Health and Wellness

Suicide Risk Referral Protocol

Reporting to DPI



Referral, Treatment, and Re-entry

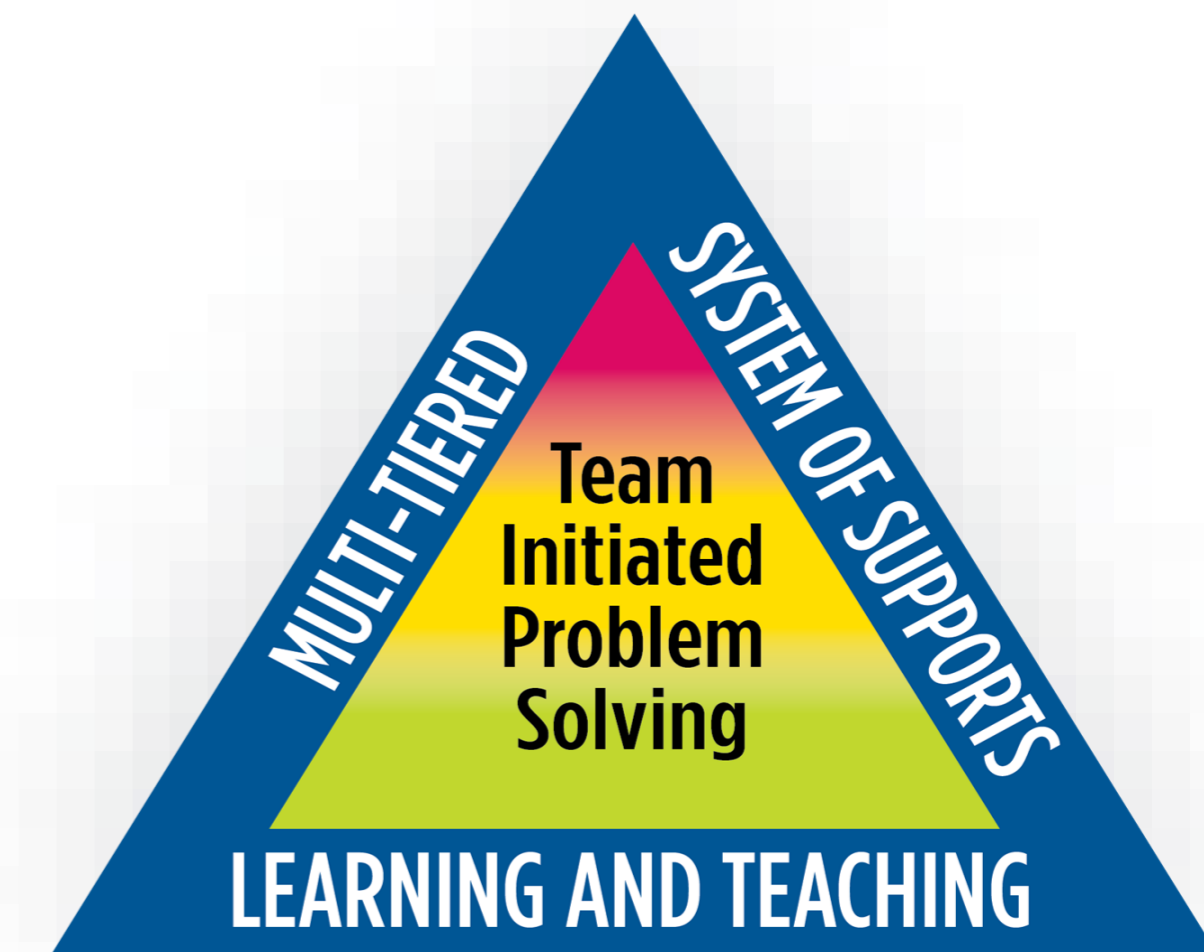
Stakeholder Engagement

Timeline

Multi-Tiered Systems of Support (MTSS)

Six Critical Components

- Leadership
- Data-Based Problem Solving
- Data Evaluation
- Three-Tiered Instruction/Intervention Model
- Building Capacity/Infrastructure for Implementation
- Communication & Collaboration



Planning, Collaboration and Membership



United Way
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NC STATE
UNIVERSITY



- The WCPSS Mental Health Collaborative was established to address the many behavioral health issues that WCPSS students face. This collaborative includes a variety of members from WCPSS such as Student Support Services staff, school administrators, local universities, community mental health providers, and parents.

- This collaborative has been researching Co-Located services and programs that are in operation in other counties in NC. This group has also worked to develop a workplan for a pilot program for WCPSS.

A Few Facts about Child Mental Health

- **Mentally healthy children are more successful in school and life.**
- **There is a growing and unmet need for mental and behavioral health services for children and youth.**
- **Schools are an ideal place to provide mental and behavioral health services to children and youth.**
- **Comprehensive school mental and behavioral health services support the mission and purpose of schools: learning.**
- **Comprehensive school mental health services are essential to creating and sustaining safe schools.**
- **Providing a continuum of school mental and behavioral health services is critical to effectively addressing the breadth of students' needs.**



National Association of School Psychologists. (2021). *Comprehensive School-Based Mental and Behavioral Health Services and School Psychologists*

Indicators from SHLT-003 Policy

Universal Prevention

Where we have met expectations:

- Integrating social and emotional learning strategies across the curriculum and school environment. **Met**
Exemplar practice: Collaborative delivery of SEL lessons with teachers/counselors (i.e. Second Step)
- Evaluation of understanding and use of social and emotional well-being learning strategies in classroom/school management as expectations for teachers and administrators. **Met**
Exemplar practice: Core Behavioral Health Practices
- Improving staffing ratios for licensed specialized instructional support personnel (e.g. school counselors, school nurses, school psychologists, school social workers, and school occupational therapists). **Met**
Exemplar practice: Hiring of additional Counselors, Social Workers, Psychologists, Nurses, Instructional Specialists staff with ESSER funds
- Incorporating staff mental health and wellness resources (e.g. social-emotional learning and Employee Assistance Programs (EAPs)). **Met**
Exemplar practice: Sharing of EAP information and Self-Care sessions on district website

Focus Area(s) for Growth:

Integrating social and emotional learning strategies across the curriculum and school environment.

Practice or program in development:

Implementation of the Universal Screener (BIMAS) through cohorts



Core Behavioral Health

Our approach to Core Behavioral Health is holistic and encompasses the following elements with noted example tools and practices:

Social Emotional Learning

Second Step
(K-8)

Behavior

Health & Safety
Expectations

Mental Health

Supportive
Counseling

Second Step Overview

SECOND STEP[®]

SUPPORT





What is the Behavioral Health Needs Assessment?

The Behavioral Health Needs Assessment is a multi-point data tool that supports schools with data-based problem-solving; it is **NOT** a survey or questionnaire.

The multiple-data points have been aligned to school improvement efforts over time and have been packaged for schools.



What is the Behavioral Health Needs Assessment?

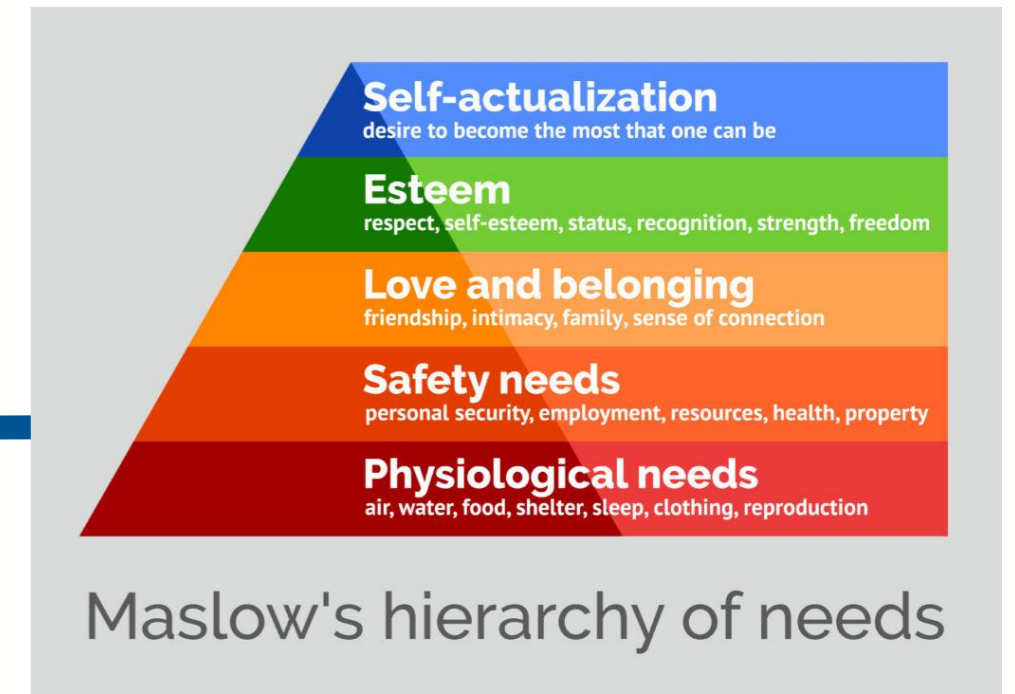
- A stepwise data-based problem solving tool build on the premise of Multi-tiered System of Support (MTSS);
- Includes tools and resources to complete data-based problem solving using an equity lens;
- Uses multiple points of data categorized by Maslow's Hierarchy of Needs to provide a snapshot of the strengths and areas for improvement in each school community;
- Explicitly aligns to School Improvement Indicators to support.



Why the Behavioral Health Needs Assessment?

- Hierarchy of basic needs must be met so that teaching and learning can take place.
- Helps schools examine areas of need, strengths, resilience factors and opportunities to interrupt inequities.
- Helps schools connect targeted needs to district resources.

What data is being used?



Maslow's Hierarchy of Needs

| Physiological | Safety | Love & Belonging | Esteem Needs |
|-----------------|------------------------------|----------------------------|---------------------------------|
| Food Insecurity | Housing Transition | Chronic Absenteeism | Majors/Minors |
| | CPS Referrals | WCPSS Student Survey | Suspensions |
| | Suicide & Threat Assessments | Teacher Working Conditions | Behavior Intervention Plans |
| | Self-Injury Reports | WCPSS Teacher Survey | Functional Behavior Assessments |

Before you can educate the mind, you first have to educate the heart.

We need to address and support the entire child. Many of the students need so much more than just academics from us.

Principal Reflections

Some of our kids have been dealt a huge dose of trauma and continuing the work on relationships and SEL is going to be even more important this year.

I think the behavioral needs assessment will be the “quantitative” work that will allow school improvement to unpack and determine where we need to go in order to be at full implementation for the Social Emotional Learning indicator.



Exemplar Practice - Behavioral Health Needs Assessment

- Implementation “practices” are what make a difference
- Using the Behavioral Health Needs Assessment guides schools with examining and setting up structures
- Direct instruction to stakeholders
- Focus on student, family and community engagement
- Coaching and support infrastructures



Questions



Indicators from SHLT-003 Policy

Referral, Treatment, and Re-entry

Where we have met expectations:

- ❑ Strategies to improve access to school and community-based services for students and their families, e.g., by establishing arrangements for students to have access to licensed mental health professionals at school. **Met**

Exemplar practice: Supportive Counseling (2020)

- ❑ Strategies to improve transitions between and within school and community-based services, e.g., through the creation of multi-disciplinary teams to provide referral and follow-up services to individual students. **Met**

Exemplar practice: Alliance Care Coordination

- ❑ Formalized protocols for transitioning students to school following acute/residential mental health treatment. **Met**

Exemplar practice: Daily/weekly communication between Alliance and WCPSS staff on students entering/exiting mental health facilities.

Focus Area(s) for Growth:

Access to mental health services more readily available to students and families

Practice or program in development:

School-based Mental Health



Exemplar Practice - Alliance Care Coordination

- Alliance Health School Based Team Care Coordinators have been in place for several years to help students who are experiencing barriers to accessing mental health services.
- Schools make referrals to Alliance who will review requests and assign a coordinator to help link families to services.
- Coordinators continue to follow up with students and families to help them overcome ongoing barriers.



Exemplar Practice - Supportive Counseling

- Supportive Counseling was established to help support students who did not have access to SSS staff due to remote instruction.
- The service only provides assistance with coping skills.
- This service is still available as SSS staff across the district are needing assistance to the influx of referrals and staff shortages.
- Four community agencies provide this service virtually including: Easter Seals, Fernandez Consulting, Hope Services, and Sigma Health.

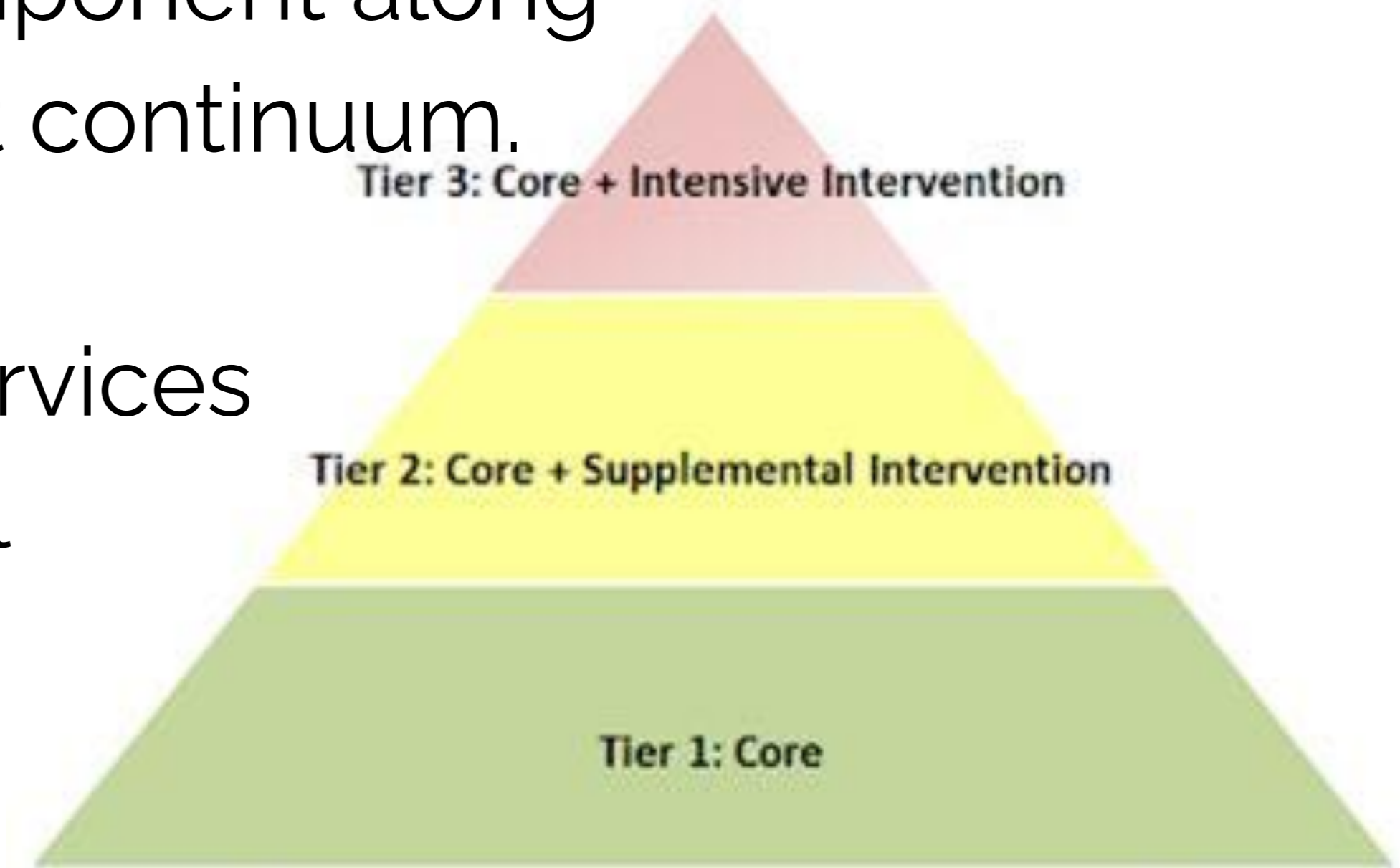


WCPSS School Based Mental Health (Co-Located Services)



What is School Based Mental Health?

- School Based Mental Health, also referred to as Co-Located Services may be an additional component along the WCPSS Multi-Tiered System of Support continuum.
- Co-locating mental health professionals/services within the school setting has gained national recognition as a model for an accessible and cost-effective way to address student mental health needs, in particular students who otherwise do not have meaningful access to such services.



The Benefits of School Based Mental Health

- **More likely to seek help** (Slade, 2002)
- **Achieve better in school** (Greenberg et al., 2003; Welsh et al., 2001; Zins et al., 2004)
- **Higher standardized test scores and grades** (Fleming et al., 2005)
- **Reduced special education referrals** (Bruns et al., 2004)
- **Declines in disciplinary referrals, suspension, and grade retention** (Substance Abuse and Mental Health Services Administration, 2005b)
- **Reductions in conduct disordered behavior, attention deficit/hyperactivity, and depression** (Hussey & Guo, 2003)



Goals of SBMH Program

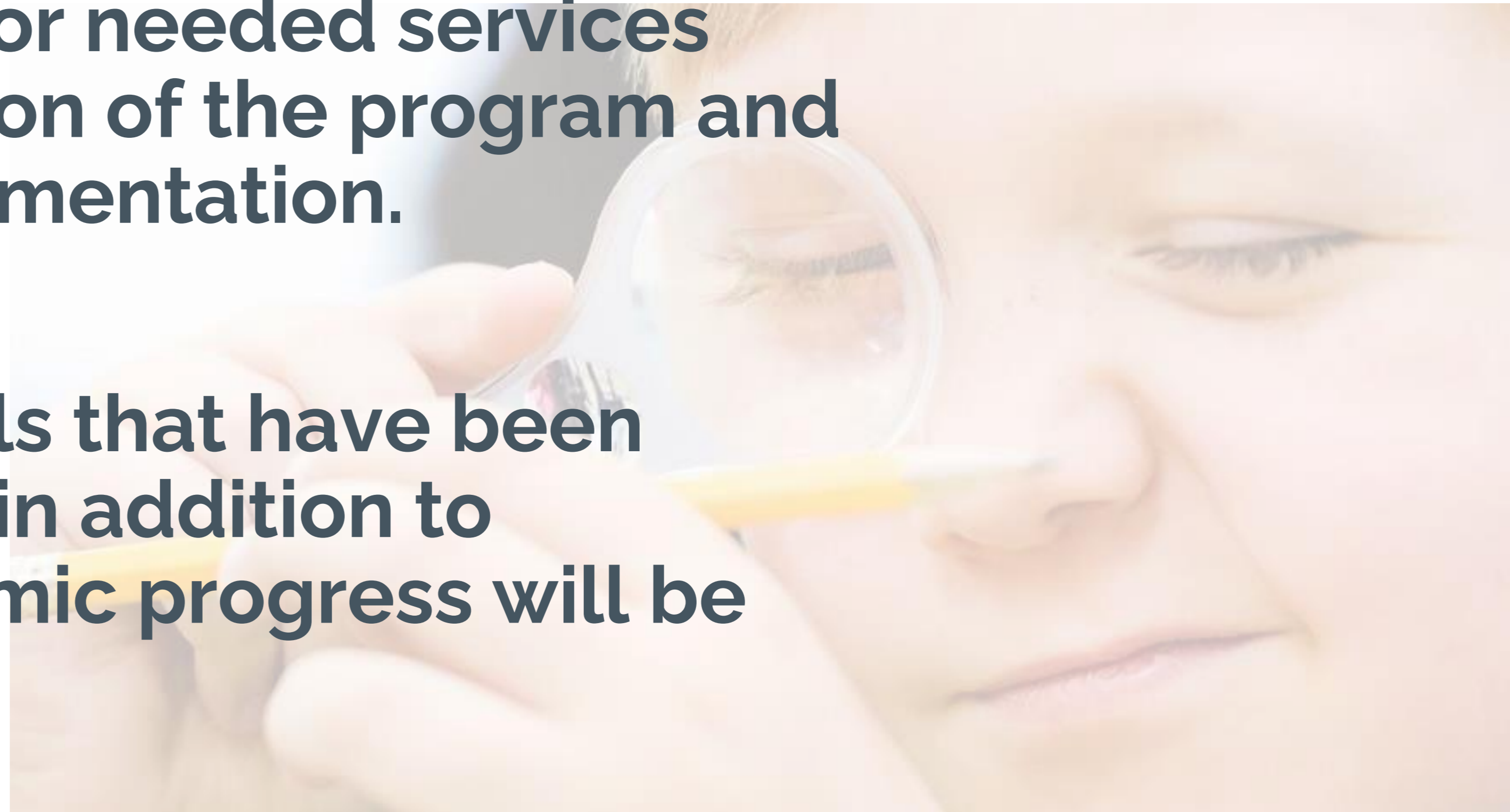
1. To increase the accessibility of mental health services for K-12 WCPSS students and families in need of these services in a non-stigmatizing environment in order to increase student success.
1. To provide consultation for teachers and other school staff regarding mental health and related issues.
1. Coordinate all SBMH services in a uniform manner through a SBMH Coordinator position.

Must follow FERPA and HIPAA regulations



Program Evaluation

- **External program evaluators will be contracted to develop benchmarks for needed services prior to the implementation of the program and outcome following implementation.**
- **Meeting therapeutic goals that have been established by providers in addition to individual student academic progress will be measured.**





- Private Insurance**
- Medicaid**
- Pro Bono Services**
- Federal and State Funds**

Selecting Schools

Behavioral health data for all schools has been provided to Area Superintendents to aid in school selection.

- Alliance Clinical Therapy Referrals
- BIMAS Cohort Group
- CPS Reports
- Self-Injury Assessments
- Suicide Assessments
- Threat Assessments
- Psychiatric Homebound Referrals
- McKinney-Vento Referrals





Summary

Our core beliefs drive our why in our work of behavioral health.

Our work within universal prevention centers on our Core Behavioral Health practices. Second Step and our Behavioral Health Needs Assessment are two of the tools in our work.

Our work within Referral, Treatment, and Reentry centers on our mental health practices that include our Alliance Care Coordination, Supportive Counseling, and School Based Mental Health Pilot.



Questions

