



Serving Students with Mental Health Concerns

Developing Comprehensive Support Systems for Early
Elementary School Students

District Leadership Forum

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1) Executive Overview

Key Observations

Many profiled districts use student support teams to coordinate mental health service delivery for students in need. At **District C**, Behavioral Health Intervention Teams (BHIT) meet weekly and coordinate additional services for students who need assistance beyond what school-wide supports can provide. **District H's** tiered support teams (consisting of teachers, counselors, and administrators) facilitate services for students at varying levels of need. **District G** uses student support teams to direct students to the most helpful available resources, with special attention paid to differentiating between mental health-related and special education-related needs.

Partnerships with external mental health providers bolster district-provided support services. **District E** offers students access to on-site mental health care through administrator referral. Contacts at **District B** provide students with on-site mental health care through a partnership with a local health center. In this partnership, the health center provides \$100,000 in pro bono mental health services to district students. Four full-time therapists serve about 300 students. **District F** partners with a local university's psychiatry program to develop mental health service infrastructure for district students. In addition to this partnership, District F operates a social work internship program to provide students with access to specialized on-site resources.

Profiled districts rely heavily on federal Project AWARE grant funding to support mental health services. Seven out of eight profiled districts receive funding from the federal government's Project AWARE grant program, which supports school-linked mental health programs at school districts across the country. However, each profiled district approaches this funding differently. Administrators at **District F** allocate this grant funding to develop mental health-related infrastructure. Administrators at **District E** use Project AWARE funding to support professional development opportunities for staff members. Contacts at **District A** fund their mental health-related programs with Project AWARE dollars, federal Title I money, special education-affiliated funding, and student insurance dollars.

Contacts at many profiled districts emphasize the importance of engaging parents and guardians in students' mental health care. Administrators at **District E** involve parents through educational programs, such as youth mental health training sessions. At **District B**, Project AWARE grant money funds four district staff members who conduct home visits with students. While the frequency of these visits vary depending on a student's specific context, these staff members conducted home visits for roughly 1,800 students between September and December of 2017. Contacts at several districts note that parent engagement can be challenging due to the stigmas associated with mental health care. To combat this issue, administrators at District B coordinate town hall meetings on topics related to student mental health to increase awareness and acceptance of mental health concerns among parents and guardians.

2) School-Provided Support Systems

Tiered Support Systems

Support Systems Can Effectively Assist Many Students with Varying Levels of Need

Contacts at several profiled districts use three-tiered support systems for students with mental health concerns. Administrators at profiled districts base this model off of the Positive Behavioral Interventions & Supports (PBIS) three-tiered model of in-school, social-emotional practices.¹ In this model, Tier I supports serve the entire school community and focus on cultivating a positive school-wide climate. More specialized Tier II supports assist students with more significant mental health needs (e.g., group therapy sessions). Maximally specialized Tier III supports help students with severe needs (e.g., referrals to external mental health care providers).

Share Student Experiences to Minimize Faculty Pushback against Mental Wellness-Related Practices

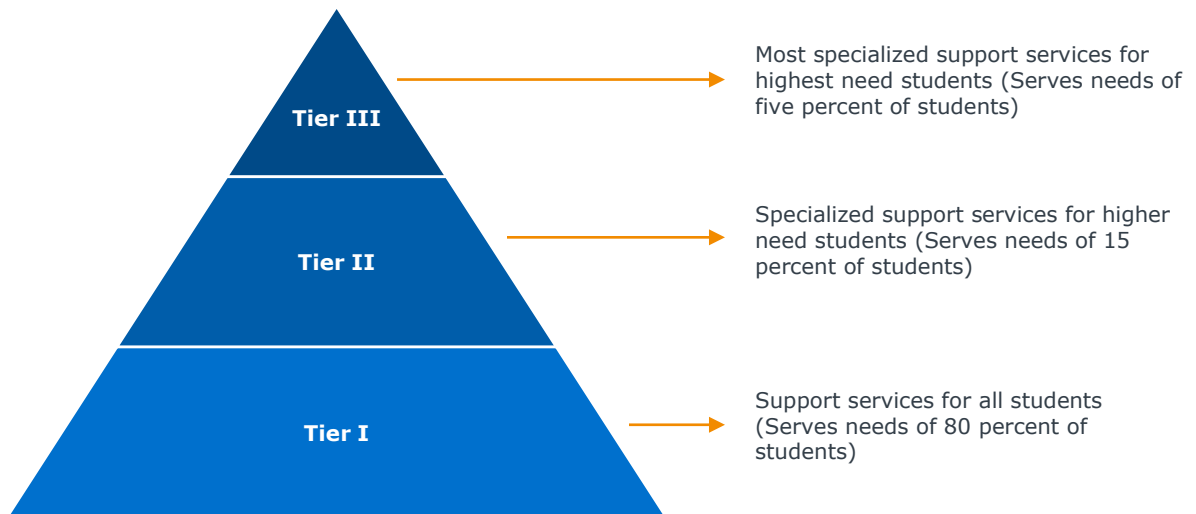
Contacts at **District C** warn that top-down practice implementation can encounter teacher backlash. Teachers can interpret top-down practice implementation as a lack of administrator confidence in their teaching abilities.

One way to combat this faculty pushback is to share the impact of mental health concerns on students' daily lives at school. By explaining the gravity of the situation to teachers, administrators can increase buy-in for practices designed to prevent these issues from escalating.

Contacts at **District C** note that strong Tier I support systems help schools proactively address student needs before they escalate to the level of Tier II or Tier III needs. Contacts at District C also approximate that the district serves the needs of 80 percent of students through Tier I services, 15 percent through Tier II services, and five percent through Tier III services.

¹ *Positive Behavioral Interventions & Supports*. U.S. Department of Education; Office of Special Education Programs, 2018. <https://pbis.org>

PBIS-Based Three Tiered Support Model² with Student Need Demographics from *District C*

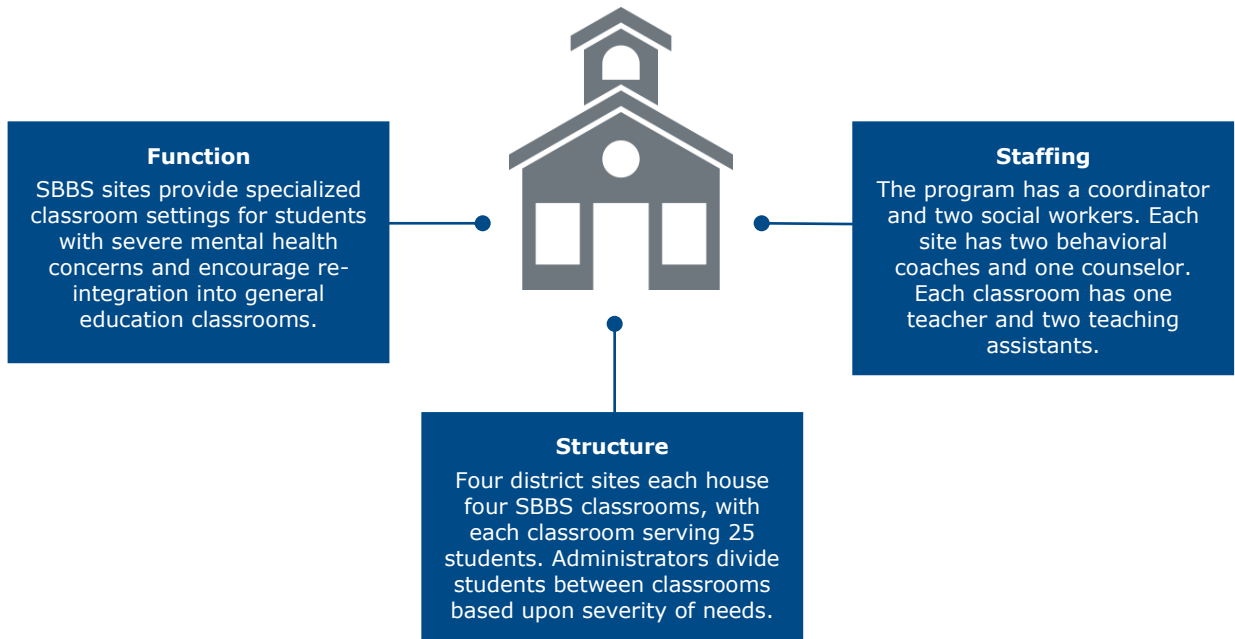


Implement Dynamic Tier III Services to Best Serve Students Most in Need of Support

The most specialized, Tier III support services can take many forms, depending on the unique needs of district students. In one example, **District A** uses a program called Site-Based Behavioral Support (SBBS) to provide students with more specialized services than are available at general district schools. SBBS operates sites at four general education schools within the district and serves students with severe behavioral issues, which can include students with mental health concerns. Students access SBBS once they have worked through all available resources at their home school and an Individualized Education Program (IEP) team refers them to the program. Each site divides students into Level 1-3 status depending on the severity of their needs. This division determines how much time students spend in specialized SBBS classrooms and how much time they spend in the general education classrooms located at the same school site.

² Ibid.

Overview of SBBS Program at *District A*



Profiled Districts Use Specialized Staff Teams to Coordinate Student Support Services

Multiple profiled districts involve a diverse array of stakeholders in the mental health support service coordination process. By engaging with knowledgeable school community members, administrators gain a wide range of perspectives on a student's needs to help pinpoint the most effective support services for students.

District A, **District C**, and **District H** all convene student support teams to ensure that students receive the mental health services that they need. Common stakeholders in student support teams include school-based clinicians, school administrators, families/guardians, and teachers. Uniquely, **District H** aligns separate teams for each PBIS tier. Tier I support teams meet monthly, and Tier II teams meet twice per month.

Leverage Student Support Teams to Identify Nature of Student Needs

Support teams at **District G** discern between cases where students need mental health support and cases where students need special education support. These teams consist of parents/guardians, principals, teachers, social workers, psychologists, counselors, and special education teachers.

Sample Student Support Team Network

School-Based Clinicians

- School Psychologists
- School Social Workers
- School Counselors



School Administrators

- Principals
- District-Level Service Coordinators



Personal Stakeholders

- Parents
- Guardians

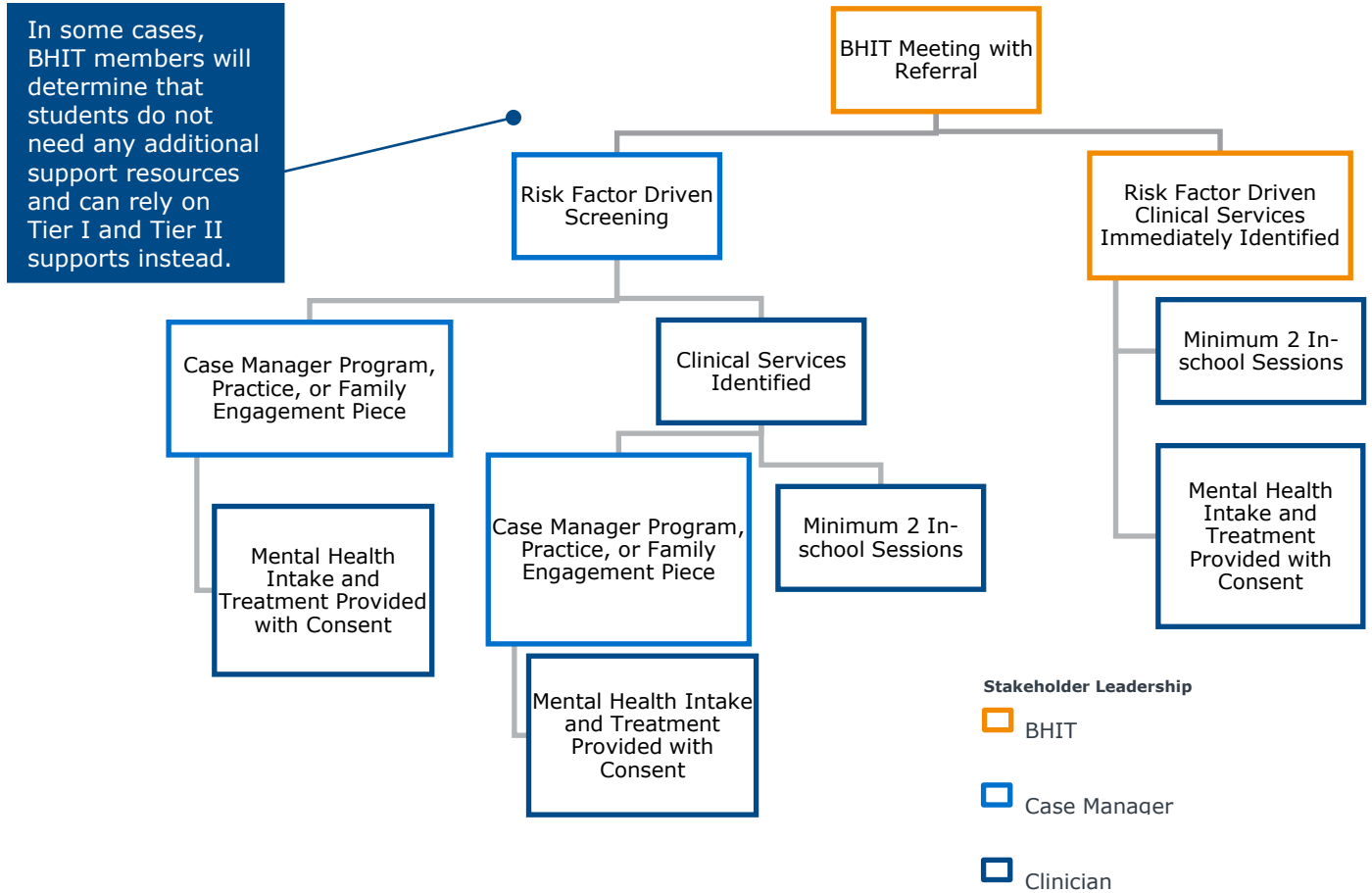


Classroom Staff Members

- General Education Teachers
- Special Education Teachers

At District C, Behavioral Health Intervention Teams (BHIT) meet weekly to coordinate student access to specialized support services. When necessary, school officials can refer students to external care providers for more personalized services if school-linked services prove insufficient. Students access BHIT support through referrals from any member of the school community (e.g., school staff members, students' guardians).

District C Behavioral Health Intervention Team (BHIT) Service Delivery Process³



Professional Development Opportunities

Provide Staff Members with Mental Health-Related Professional Development Opportunities

Administrators at **District H** offer various mental health-related professional development sessions to teachers and staff members within the district. These trainings cover topics such as trauma-informed practices, cultural competency, homelessness, and experiences specific to the LGBT community. District H offers teachers a combination of mandatory and optional sessions. For example, administrators mandate that teachers attend certain professional development days, but teachers choose which specific sessions to attend across the training day. The district provides additional training sessions on a school-by-school basis.

More generally, leadership at administrators at **District E** hire external experts to train administrators on various professional development topics, and then administrators deliver the training to staff members at their schools. In this model, not all staff need to attend each training sessions, but every school must be represented by a staff member who can bring the training lessons back to the school. District E offers these training sessions about once per month. The district tracks

fidelity to professional development practices through the frequency of calls from a school to the district office to discuss in-school conflicts.

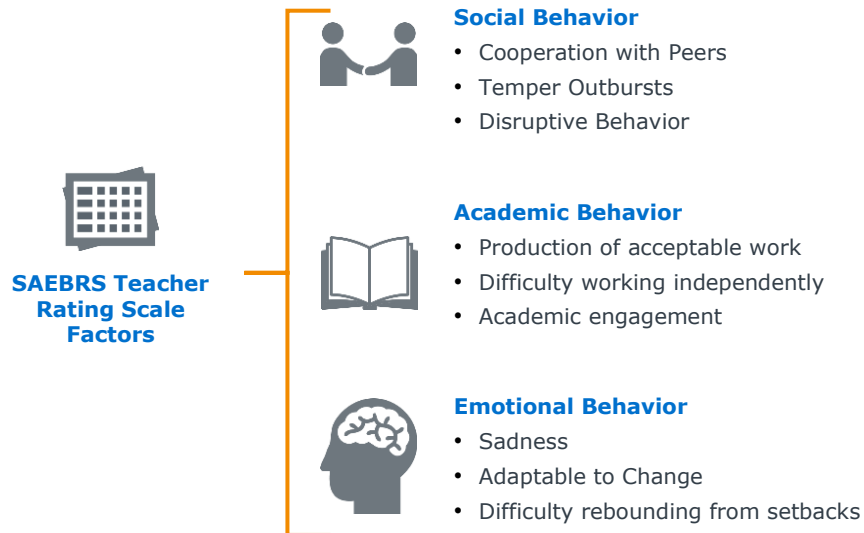
Data Tracking Systems

Profiled Districts Track Student Mental Health Data to Monitor Student Development

Robust data collection and analysis practices enable profiled districts to track the effectiveness of support services and identify large-scale, mental health-related district trends. While it can be challenging to convince teachers and staff members of the value of data collection because of teachers' unfamiliarity with data collection processes, strong data analysis can help persuade decision-makers to prioritize mental health support services across the district.

Contacts at six profiled districts collect and analyze data to track student development and measure the efficacy of mental health interventions. **District C** administers the SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) assessment, which is a 19-item Likert scale survey. District teachers evaluate students, and students in grades two through 12 self-assess as well. During the 2016-2017 school year, District C evaluated its K-8 students twice. Contacts at District C report that most classes participate in the assessment process. Administrators use this data to improve alignment between district-provided mental health services and student needs.

Excerpt of Factors Measured by SAEBRS (Social, Academic, and Behavioral Risk Screener) Teacher Rating Scale in Use at *District C*



Administrators at **District A** developed a set of data dashboards that are easy for staff members to access and analyze. Administrators use real-time student data related to health, behavior, attendance, academic performance, and discipline to inform decision-making about mental health service access. Contacts at District A report that staff members' commitment to data gathering and analysis varies across the district, but that investment is often highest among younger teachers because they tend to be familiar with data-driven educational practices. The availability of this data can help compel stakeholders to develop additional mental health services because the data clearly illustrates existing support gaps.

Profiled Districts Build Strong Community Relationships to Overcome Stigmas of Mental Health Care

Profiled districts did not identify substantial legal obstacles preventing students from accessing mental health services. However, many profiled districts describe obstacles related to mental health care stigmas among students' guardians. Often, guardians approve their children's access to straightforward Tier I and Tier II services, but become much more hesitant to provide approval for specialized Tier III services.

In order to combat these harmful stigmas, contacts at **District C** advocate for strong communication and education efforts. Education focuses on topics such as warning signs of mental illness, the fact that mental illness is not an individual's fault, and awareness of the ample resources that exist to help those in need. Administrators at **District E** rely on the power of the tight-knit local community. Specifically, administrators will ask a staff member with a relationship to a student's family to reach out and explain the value of mental health services.



District E Provides Mental Health First Aid Training to Educate Community Members on Mental Health Concerns

Mental health first aid sessions cover signs and symptoms of mental illness. The district provides 30 spaces per session and offers 10-12 sessions over the course of the year. The district uses a team of 11 trainers to lead these sessions, including eight internal district staff members and three external community members.

Profiled Districts Leverage Home Visits to Increase Guardian Engagement with Students' Mental Health Care

In order to cultivate strong relationships with students' guardians, provide convenient and personalized support to students, and break down stigmas associated with mental health care, four profiled districts use home visit programs. Across profiled programs, the frequency of home visits depends on the severity of student needs.

In one example, four district social workers at **District B** conduct home visits with students and their guardians. These staff members conducted home visits for roughly 1,800 students between September and December of 2017.

These beneficial home visits do encounter notable challenges, however. Contacts at District B explain that guardians can often be wary of interacting with district staff members conducting home visits due to guardians mistakenly thinking that these staff members are associated with child protective services. Administrators at District B label the program's social workers "Student Support Specialists" to help guardians differentiate between school officials and child protective services. This helps administrators maximize engagement with the district's program.

District C also faces obstacles in the successful implementation of the district's teacher-staffed home visit program. Contacts at District C explain that teachers often express apprehension about entering students' homes. The home visits that do occur focus on teachers listening to families' concerns and developing strong relationships with families.

For some profiled districts, these visits focus on increasing guardians' awareness of available resources. For example, contacts at **District D** report that often, social workers conducting home visits simply need to explain all of the services available to students and connect families to the external services that will be most helpful to them. Students can access this service via a special education evaluation, if they are

experiencing homelessness, or via a referral from a school official. The most common route is through a special education evaluation.

3) External Partnerships

External Support Services

Collaborate with External Mental Health Providers to Supplement School-Provided Support Services

Six profiled districts partner with local mental health care providers to streamline students' access to care. In some districts, these partnerships provide students with access to mental health care services on-site. In other districts, administrators provide referrals for students to access mental health care on their own.

External Mental Health Partnerships at Profiled Districts

Pro Bono Mental Health Care



- **District B** partners with a local health center that provides \$100,000 in pro bono mental health care to district students. Four therapists work with roughly 300 district students. Teachers communicate with school counselors to ensure care access for students in need.
- Students pay for care through health insurance or partner organization covers costs.

Mental Health Clinics



- **District G** collaborates with a local children's hospital to manage five on-site mental health clinics at locations across the district.
- Children's hospital employees provide care at District G's clinics.
- Any student in the county can access these services (even if not enrolled in the county's public schools), and students pay for care through their public or private insurance providers.

On-Site Clinicians



- **District C, District E, and District H** partner with external mental health providers to provide students with access to on-site clinicians.
- Clinicians at District H and District E provide formal treatment sessions for students, while sessions at District C are more informal.
- At District C, clinicians provide care through a state-funded program. At District H, if students do not have health insurance coverage for mental health treatment, the district covers costs of care through grant funding (but about 60 percent of students pay via Medicaid coverage). At District E, students pay for care through their standard health insurance coverage.

University Partnerships



- **District F** partners with a local university's psychiatry program to develop mental health-related infrastructure for the district.
- District F also pays social work interns \$4,000 for 20 hours per week of work with the district. Contacts at District F believe that this compensation is necessary to entice interns to commute to and from the remotely located district. The district also pays a staff member \$18,000 to oversee this intern program.

Contacts at **District B** report that their internal familiarity with the local health care system (through staff members with backgrounds in nursing) played a major role in facilitating the district's pro bono partnership with a local health center.

Administrators at District B selected this particular partner organization out of four possible local partners because of the organization's experience working in a school setting. In addition, contacts also note that on-site care minimizes lost classroom time for students and enables guardians to maintain standard work schedules

because they do not need to transport students to and from regular treatment appointments.

District H partners with two external mental health providers to provide every building with a mental health clinician. These partner clinicians provide formal services such as independent therapy, group therapy, and family therapy. Partner clinicians interact with about 600 students at all grade levels. Comparatively informal sessions at **District C** address student concerns, establish relationships between students and mental health professionals, and evaluate students' need for formal mental health treatment.

Grant Funding

Federal Grants Fund the Majority of Mental Health Support Services at Profiled Districts

Seven profiled districts receive substantial funding for mental health programming from the federal government's Project AWARE grant program, which supports mental health services at districts across the country. Administrators at **District F** use this funding to develop mental health service infrastructure, as opposed to using the funding to provide students with services in the short term. In contrast, **District H** uses Project AWARE funding to provide students with mental health care treatments. Contacts at District F also recently received a new grant to develop on-site mental health services for district students.

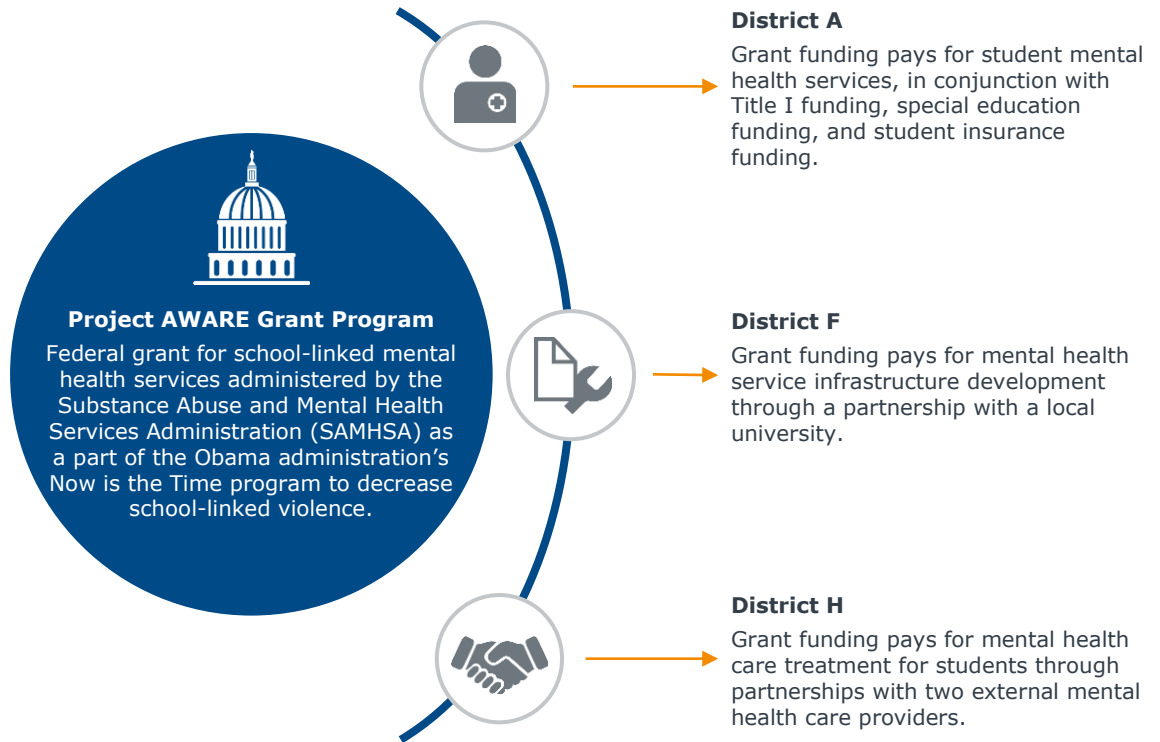
Even though this source of federal grant funding has been instrumental in the development of mental health services at several profiled districts, contacts express concern about ensuring the financial sustainability of these services.

For example, contacts at **District B** worry about the future of their mental health programming once the district's Project AWARE grant funding expires later this year. To maintain the current level of service, the district will need to find alternative sources of funding, which will likely place a significant financial strain on the district.

Profiled districts do not rely exclusively on grant funding to support mental health programs. For instance, **District A** funds its mental health-related programs with Project AWARE dollars, federal Title I money, special education-affiliated funding, and student insurance dollars.

Outreach for this research focused heavily on participants in this grant program, leading to a high representation of grant recipients in this sample of districts.

Overview of Project AWARE Grant Program⁴ and Examples of Funded Projects



District G also uses a variety of funding sources to support its mental health programs, including grant dollars, money from the district, and money from a community school partnership with United Way. District G also has a staff member to coordinate the funding acquisition process for mental health service funding in particular. These grant acquisition duties are part of a larger set of responsibilities for a full-time employee on the district's mental health team.

To learn more about community school programs, please see EAB's **Community Schools** report.

⁴ *Project Advancing Wellness and Resilience Education (AWARE)*. Substance Abuse and Mental Health Services Administration, 2017. <https://www.samhsa.gov/nitt-ta/project-aware-grant-information>

3) Research Methodology

- Project Challenge** Leadership at a member institution approached the Forum with the following questions:
- What specific practices do teachers use to mitigate the disruptive impact of in-classroom behavioral issues?
 - How do contact districts support teachers' professional development and provide them with the skills needed to address students' social-emotional growth and mental health?
 - What intensive out-of-classroom support services do contact districts provide to support students with mental health concerns?
 - How do contact districts coordinate support services with external, community-based resources?
 - How do contact districts engage families and guardians to support students with mental health concerns?
 - What role do support staff (e.g., social workers, psychologists) play in coordinating services for students in need?
 - How do contact districts discern between cases where students require special education resources and cases where students require other types of social-emotional support services?
 - How do contact districts allocate funds to support mental health interventions for early elementary students?
 - How do students in contact districts access specialized support services?
 - Have contact districts faced any legal challenges that prevent students from accessing these services?
 - Do contact districts collect data and track trends related to mental health and behavioral issues in the early elementary population?

- Project Sources** The Forum consulted the following sources for this report:
- EAB's internal and online research libraries (eab.com)
 - The Chronicle of Higher Education (<http://chronicle.com>)
 - National Center for Education Statistics (NCES) (<http://nces.ed.gov/>)
 - *Positive Behavioral Interventions & Supports*. U.S. Department of Education; Office of Special Education Programs, 2018. <https://pbis.org>
 - *Project Advancing Wellness and Resilience Education (AWARE)*. Substance Abuse and Mental Health Services Administration, 2017. <https://www.samhsa.gov/nitt-ta/project-aware-grant-information>

Research Parameters

The Forum interviewed district-level administrators across the United States who are responsible for coordinating mental health-related services.

A Guide to Institutions Profiled in this Brief

| Institution | Location | Approximate Enrollment |
|-------------|--------------|------------------------|
| District A | Pacific West | 48,300 |
| District B | South | 6,600 |
| District C | Northeast | 1,200 |
| District D | Mid-Atlantic | 6,200 |
| District E | Mid-Atlantic | 3,100 |
| District F | Pacific West | 7,700 |
| District G | Midwest | 19,100 |
| District H | Midwest | 14,500 |