Responding to the Adolescent Mental Health Crisis

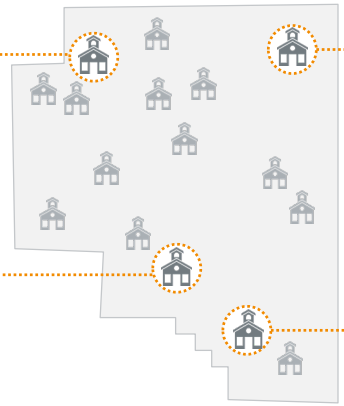
District Leadership Forum

A (Mental Health) Day in the Life of a School District

Teachers and Staff Often Overwhelmed by Adolescent Mental Health Needs

Teacher overhears a disturbing comment made by a student, not sure how to respond or whom to tell

Counselor cancels full day of meetings with students to assist middle schooler in crisis



Freshman is referred to a community-based therapist, **parents are reluctant to agree out of fear** their child will be labeled a troubled student

11th grader returns to school after a stay at an inpatient mental health facility, becomes socially withdrawn due to embarrassment

> "I've been doing this for a long time, and I often feel for young teachers coming into the profession. Their expectation was they would be teaching science or English, but all of a sudden, they're confronted with all these mental health issues among students."
>
> *Superintendent, TX*

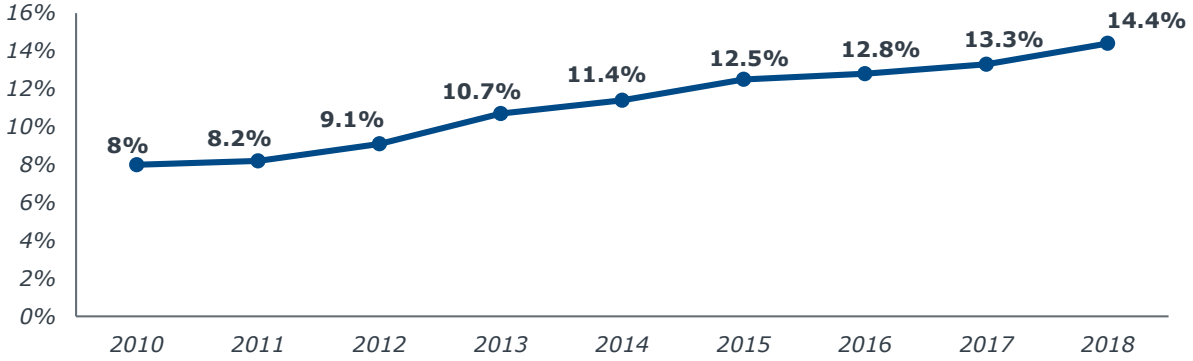
Source: EAB interviews and analysis.

Data Confirms Anecdotes Are Not Isolated

Prevalence of Adolescent Mental Health Issues Across the US Increasing

Percentage of US Adolescents Reporting a Major Depressive Episode[1] in the Past Year

Adolescents aged 12-17, 2010-2018



17%

Increase in **diagnosis of anxiety disorders** in young people[2] in the last 10 years

32%

Of adolescents will meet criteria for an **anxiety disorder by the age of 18**

1) Characterized as suffering from depressed mood for two weeks or more, a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, worthlessness.
2) Aged 6 to 17.

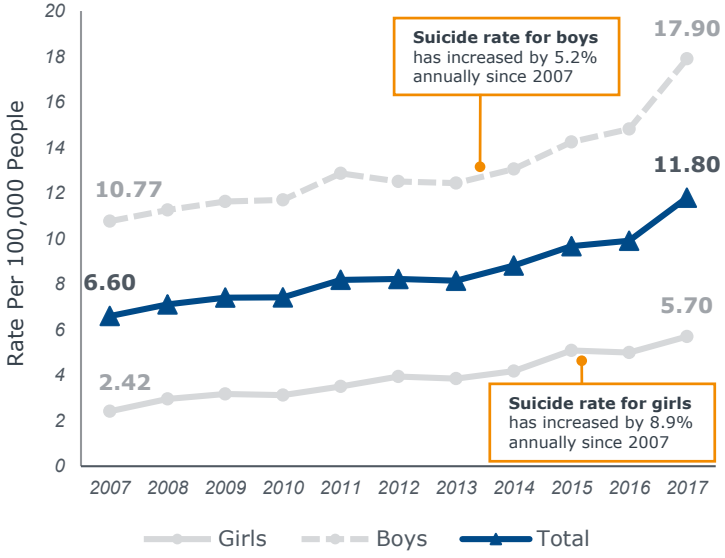
Sources: Bahrampour, Tara, "Mental health problems rise significantly among young Americans," *The Washington Post*, March 2019; "2017 Children's Mental Health Report: Anxiety and Depression in Adolescence," *Child Mind Institute*, Accessed 25 Oct. 2019; "2018 Children's Mental Health Report: Understanding Anxiety in Children and Teens," *Child Mind Institute*, Accessed 25 Oct. 2019; EAB interviews and analysis.

Adolescent Suicide Rate Steadily Rising

Alarmingly, Adolescent Girls Catching Up to Their Male Peers

National Suicide Rate Among US Adolescents

Adolescents aged 15-19, 2007-2017



177%

Increase in the suicide rate for youth aged 10-14 (0.9 in 2007 to 2.5 in 2017[1])

3,069

Suicide attempts are made on average each day by students in grades 9-12[2]

~5x

LGB youth are nearly 5 times more likely to have attempted suicide than their heterosexual peers

1) Indicates deaths per 100,000 people.
2) 2017 data.

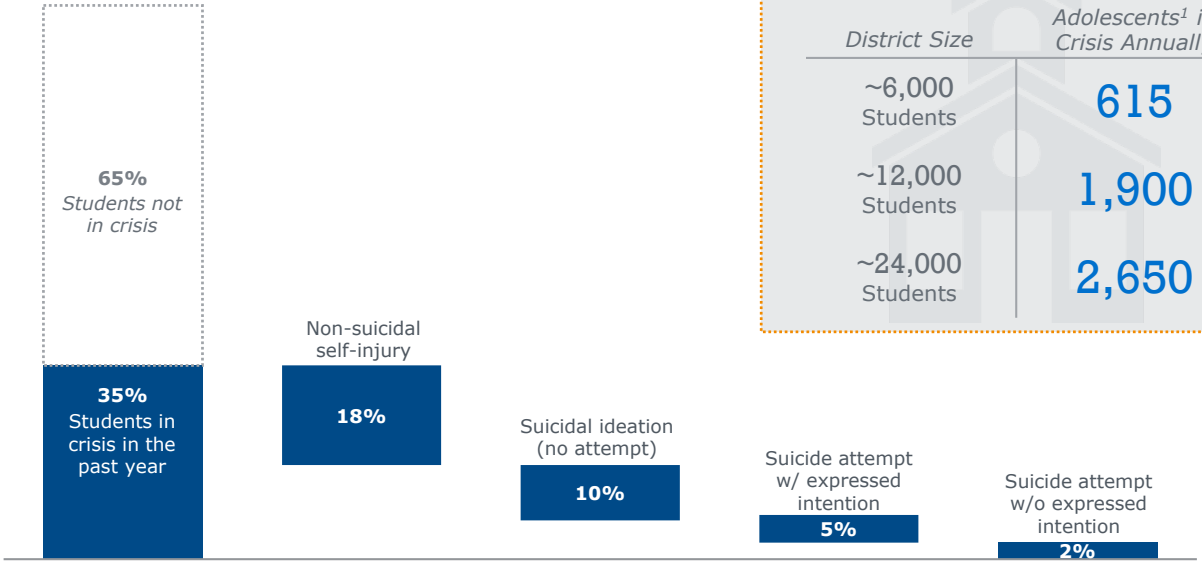
Sources: "Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance," Atlanta, GA: *U.S. Department of Health and Human Services*, 2016; Ruch, Sheftall, Schlagbaum et al., "Trends in Suicide Among Youth Aged 10 to 19 Years in the United States, 1975 to 2016," *JAMA Network*, March 2019, jamanetwork.com/journals/jamanetworkopen/fullarticle/2733430; "Suicide Statistics," *American Foundation for Suicide Prevention*, Accessed 25 Oct. 2019; "Youth Risk Behavior Surveillance—United States 2017," *Centers for Disease Control and Prevention*, June 2018, www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf; "Mental Health Information: Suicide," *National Institute of Mental Health*, www.nimh.nih.gov/health/statistics/suicide.shtml, Accessed 25 Oct. 2019; EAB interviews and analysis.

Students in Crisis Alarmingly Common

Many Districts Likely Only Seeing the Tip of the Iceberg

Percentage of Adolescents Reporting Non-Suicidal Self-Injury, Suicidal Ideation, Suicide Attempt in the Past Year

Adolescents aged 14-18, 2017



Districts Feeling the Impact

District Size	Adolescents[1] in Crisis Annually
~6,000 Students	615
~12,000 Students	1,900
~24,000 Students	2,650

1) Students aged 14 to 18.

Sources: Monto, M. A., McRee, N., & Deryck, F. S. (2018). Nonsuicidal self-injury among a representative sample of U.S. adolescents, 2015. *American Journal of Public Health, 108*(8), 1042–1048, www.sprc.org/news/nonsuicidal-self-injury-among-us-adolescents; "National Youth Risk Behavior Survey: Data Summary and Trends Report 2007-2017," *Centers for Disease Control and Prevention*, Accessed 28 Oct. 2019, www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf; EAB interviews and analysis.

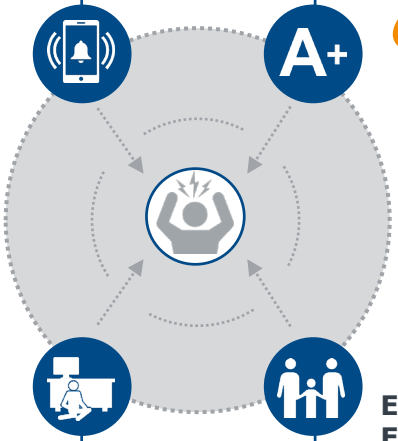
Mental Health Crisis Driven by Many Factors

Changing World, Societal Risk Factors, and High Expectations All to Blame

Unhealthy Relationship with Technology

71%

Teens who spent 5+ hours a day online were 71 percent **more likely to have at least one suicide risk factor**[1] than those who spent less than an hour a day



Immense Pressure to Achieve

"Studies of **students attending high-achieving schools** have consistently determined that they show rates of **clinically significant problems**, notably depression, anxiety, rule-breaking, and substance use, at rates that are (a) much higher than national norms and (b) sometimes higher than those in urban poverty."

National Academies of Sciences, Engineering, and Medicine, *"Vibrant and Healthy Kids,"* 2019

Concerns About School Safety

>4 million

More than four million children **endured lockdowns** in the 2017-2018 school year

Exposure to Social, Environmental Risk Factors

>46%

Of US children **have had at least one ACE**[2]

33%

Of adolescents **live in poverty**, a risk factor for mental health issues

1) Depression, thinking about suicide, making a suicide plan or attempting suicide.
2) Adverse Childhood Experience.

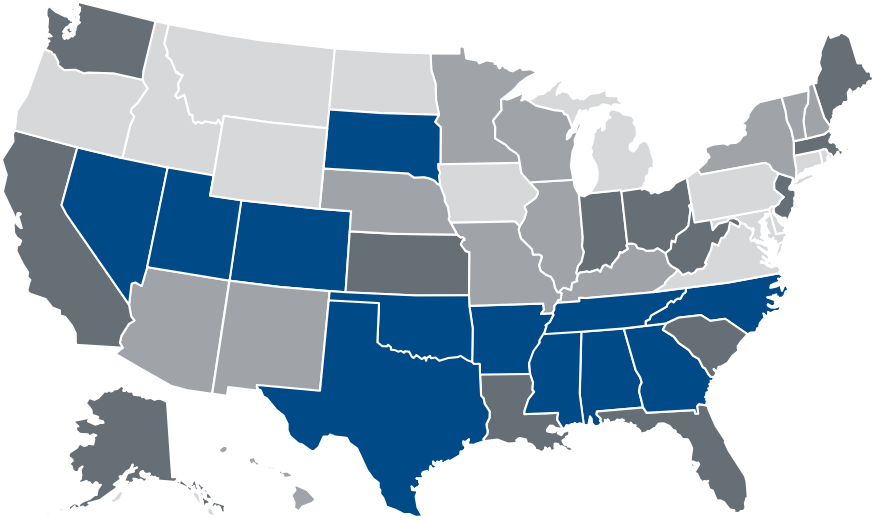
Sources: Barrett, K., "Social Media's Impact on Students' Mental Health Comes Into Focus," NEA Today, September 2018; National Academies of Sciences, Engineering, and Medicine. 2019. *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*. Washington, DC: The National Academies Press. doi.org/10.17226/25466; Rich, S., Cox, J.W., "School Lockdowns in America," *The Washington Post*, Dec 2018; "Traumatic Experiences Widespread Among U.S. Youth, New Data Show," *Robert Wood Johnson Foundation*, Oct. 2017; Hodgkinson, S., Godoy, L., Beers, L.S., Lewin, A., "Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting," *Pediatrics*, Jan 2017, 139 (1) e20151175 doi.org/10.1542/peds.2015-1175; EAB interviews and analysis.

Availability of Treatment Not Aligned with Need

Nearly Half of Children Across the US Live with an Untreated Mental Health Issue

Prevalence of Children with Mental Health Disorders Who Did Not Receive Care

Children aged 6-17, 2016



Prevalence Quartiles

29.5-41.3% | 41.4-46.6% | 46.7-53.1% | 53.2-72.1%

49.4%

Of US children with a treatable mental health disorder did not receive treatment from a mental health professional

Mental Health Deserts

Mental health providers tend to cluster so access can vary significantly by place and even zip code

Sources: Whitney DG, Peterson MD. "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children," *JAMA Pediatrics,* Feb 2019, 173(4):389–391. doi:10.1001/jamapediatrics.2018.5399; EAB interviews and analysis.

Landing on Your Doorstep

Students Need Support, but Defining the Scope of Care Is No Easy Task

Education Has Become the "De Facto" System of Care

75%

Of children receiving mental health care **received that care in a school setting**

21x

Youth are 21 times **more likely to visit a school-based health clinic** for their mental health care than a community-based clinic

Superintendents Grapple with How Much Mental Health Care They Can, and Should, Provide to Students

> **If we don't provide students with these services in school, who will?** Our community does not have these resources. As a superintendent in this school district, I have an obligation to help kids be well."
>
> *Superintendent, VA*

> At what point do we **stop being an educational institution and become a social welfare institution**? I don't know that we have an answer on where or how to make that call."
>
> *Superintendent, MO*

Sources: "Best Practices in School Mental Health," Child Health and Developmental Institute of Connecticut, Issue Brief No. 19, February 20, 2013; "Nationwide, One in Five Youth Suffers from a Diagnosable Emotional, Mental, or Behavioral Disorder," *School Based Mental Health Alliance*, Accessed 28 Oct. 2019, www.sbh4all.org/school-health-care/health-and-learning/mental-health/; EAB interviews and analysis.

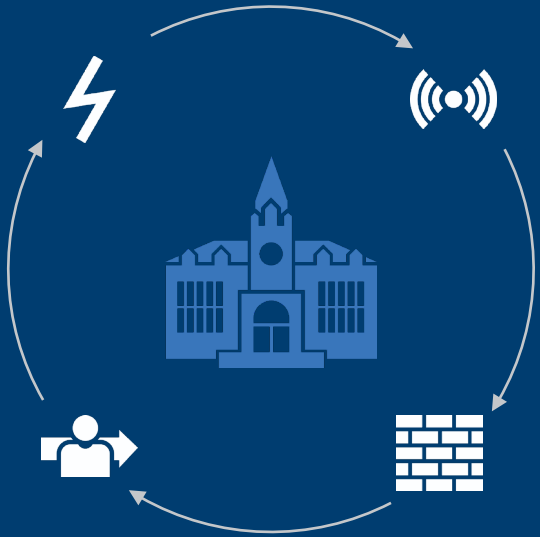
Four Main Barriers to Effective Schoolwide Response

Persistent Stigma Around Mental Health

While mental health issues have become more visible, continued stigma hinders identification, referrals, and support efforts

Identification of Students in Crisis Happens Too Late

Current efforts to identify students of concern allow too many students to remain unnoticed and unsupported until they end up in crisis



Ineffective Transitions Hamper Care Management

Poor information sharing and lack of coordination between districts and external care providers harm student outcomes

Access to Care Inconsistent and Uncoordinated

Districts do not use all available avenues for delivering in-house care effectively and coordination with community mental health resources is often inconsistent

Source: EAB interviews and analysis.

Awareness Not the Same as Acceptance

Stigma Persists Despite Increased Attention on Mental Health Issues

Seeking Help Is Becoming More Accepted, But Negative Attitudes Remain

> The American public seems to hold **positive attitudes toward seeking professional help** for mental health problems, and these attitudes seem to be improving over time.
>
> ...[But] children and adults endorsed stigmatizing beliefs of people with mental illness, **especially the belief that such individuals are prone to violent behaviors, and stigmatizing actions in the form of social distance.** Stigmatizing beliefs about the dangerousness of people with mental illness **have increased over time**."
>
> Parcespe, A., Cabassa, L., *"Public Stigma of Mental Illness,"* 2013

Politicians, Media Quick to Link Violence with Mental Illness...

55% Of news stories about mental illness **mentioned violence**, according to a random sample analysis[1]

...But Popular Media Coverage Not Reflective of Reality

3-5% Of **violent acts can be attributed** to individuals living with a serious mental illness

"Mental illness and hatred pull the trigger, not the gun."

Pres. Donald Trump

"Acts [of slaughter] ...strongly suggest undiagnosed schizophrenia."

New York Times

"...What is the mental health situation in America where time after time after time we're seeing indescribable horrors."

Sen. Bernie Sanders

1) Random sample of 400 news stories about mental illness from the period 1995–2014.

Sources: Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: a systematic literature review. *Administration and policy in mental health, 40*(5), 384–399. doi:10.1007/s10488-012-0430-z; McGinty, E. E., Kennedy-Hendricks, A., Choksy, S., & Barry, C. L. (2016). Trends In News Media Coverage Of Mental Illness In The United States: 1995-2014. *Health affairs (Project Hope), 35*(6), 1121–1129. doi:10.1377/hlthaff.2016.0011; "Mental Health Myths and Facts," *MentalHealth.Gov,* Accessed 28 Oct. 2019; Cunningham, Paige, "The Health 202: Trump blamed mental illness for mass shootings. The reality is more complicated," The Washington Post, Aug 2019; Steinberg, Paul, "Our Failed Approach to Schizophrenia," *The New York Times,* Dec. 2012; thehill, (2019, Aug 3), Tweet Accessed from twitter.com/thehill/status/1157815349120769554; EAB interviews and analysis.

Early Warning Signs Exist But Often Overlooked

Missed Chances to Identify Students and Intervene Early

Students Often Exhibit Early Signs of Distress…

8 in 10

People considering suicide **give some sign** of their intentions

30x

People who talk about, threaten suicide or call suicide crisis centers are 30 times **more likely than average to kill themselves**

…But Districts Miss Opportunities to Help Early

50%

Of people living with a mental illness **will not seek help** because of stigma

12.4%

Of districts use **universal behavioral health screening**[1]

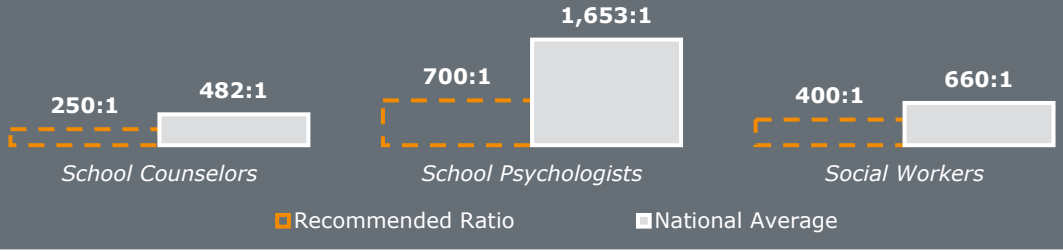
1) National sample of 454 school districts.

Sources: "Suicide: Warning Signs," Mental Health America, Accessed 28 Oct. 2019; "Impact Report," Bring Change to Mind, Accessed 28 Oct. 2019; Bruhn, Allison L. et. Al., "A Preliminary Investigation of Emotional and Behavioral Screening Practices in K-12 Schools," Education and Treatment of Children, 37 (4), pp. 611-634, 2014, eric.ed.gov/?id=EJ1070185; EAB interviews and analysis.

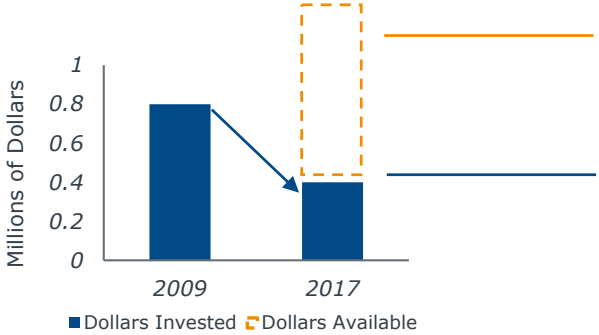
District Staffing and Funding Are Both Inadequate

Hard for Under-Resourced Districts to Provide Support to Students

Counseling and Social Work Services Perpetually Stretched Thin



Decrease in Federal Investment in School-Based Mental Health



In 2017, Congress appropriated only $400 million in mental health support, **less than 25% of its authorized level of $1.65 billion** under ESSA

Federal spending on mental health **decreased** 50% from 2009-2017

Mental health is also only one portion of Title IV's intended use, further **diluting the available $400 million**

Sources: "NASP Recommendations for Comprehensive School Safety Policies," *National Association of School Psychologists*, Jan. 2013; Fuschillo, A., "The Troubling Student-to-Counselor Ratio that Doesn't Add Up," *EdWeek*, Aug. 2018; "Mental Health in Middle Level and Hugh Schools," National Association of Secondary School Principals, Accessed 28 Oct. 2019; EAB interviews and analysis.

A Significant Risk to Student Success

Inefficient Transitions Between Care Settings Jeopardize Student Support

Handoffs Between Schools and Community Care Often at the Root of Problem

5-9%

Of teens require hospitalization or prolonged absence from school due to mental health issues

- **No clarity about who "owns" the process** when handoffs occur, and who can help families navigate the system
- **Difficult for providers and schools to share information** on student due to HIPAA/FERPA constraints
- **Lengthy triage and intake** processes at community providers

50%

Of students with serious mental health issues **drop out of high school**

Health Care Providers Have Long Struggled with Efficient Handoffs

"…**An estimated 80 percent** of the most serious medical errors can be linked to communication between clinicians, particularly during patient handoffs."

Boston Children's Hospital, *Multicenter Study: Hospital Medical Errors Reduced 30 Percent with Improved Patient Handoffs*, 2014

Source: Brookline Community Mental Health Center. "Bridge for Resilient Youth in Transition."; (2014). "A School-Based Transition Program for Adolescents Returning to High School After a Mental Health Emergency." Psychiatric Services; Singh, S. (2015). "Transitioning from Psychiatric Hospitalization to Schools." UCLA Center for Mental Health in Schools; *Boston Children's Hospital*, "Multicenter study: Hospital medical errors reduced 30 percent with improved patient handoffs," 2014," The Brookings Institution, July 13, 2016; EAB interviews and analysis.

Responding to the Adolescent Mental Health Crisis

I

Reduce Mental Health Stigma via Year-Round Student and Family Engagement

1. Ongoing Peer-to-Peer Student Education and Mentoring
2. Campaign to Share Experiences Overcoming Mental Health Struggles
3. Wellness-Focused Family Workshop Series

II

Broaden and Strengthen Your Crisis Identification and Referral Network

4. Quick-Access Crisis Reference Card
5. First Responder "Handle with Care" Notification
6. Online Monitoring to Identify Students of Concern

III

Coordinate and Scale Access to Internal and External Mental Health Care

7. Group-Model Cognitive Behavioral Therapy
8. Joint District-Community Standards of Practice
9. District-Led Community Mental Health Service Allocation
10. Tech-Enabled Mental Health Support

IV

Improve Coordination and Support During Care Transitions

11. External Referral Coordination Program
12. Post-Discharge Case Management
13. Coordinated Reentry Process

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Most Districts Provide Some Mental Health Training for Staff

Training Informs Perceptions, Dispels Myths Around Mental Health

Popular Mental Health and Suicide Prevention Training Programs

Typically known as **"gatekeeper training,"** these programs focus on training people who most frequently interact with students in:

- Understanding and recognizing mental health issues among youth
- Crisis prevention and intervention

Comprehensive Mental Health Education

Youth Mental Health First Aid

Suicide Prevention, Intervention Training

Question, Persuade, Refer (QPR)

Signs of Suicide (SOS)

safeTALK

More Than Sad

Consider Tradeoffs in Depth of Content and Accessibility, Practicality of Implementation

Youth Mental Health First Aid cited by district leaders and student support staff as most comprehensive in scope[1]

Comprehensive training likely to yield greatest impact, but time and resource investment can pose a barrier to implementing at scale

Districts should ensure all staff receive basic mental health training focused, at minimum, on crisis identification, intervention, and referral procedures

Detailed list of leading training programs available in the Appendix

1) Introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.

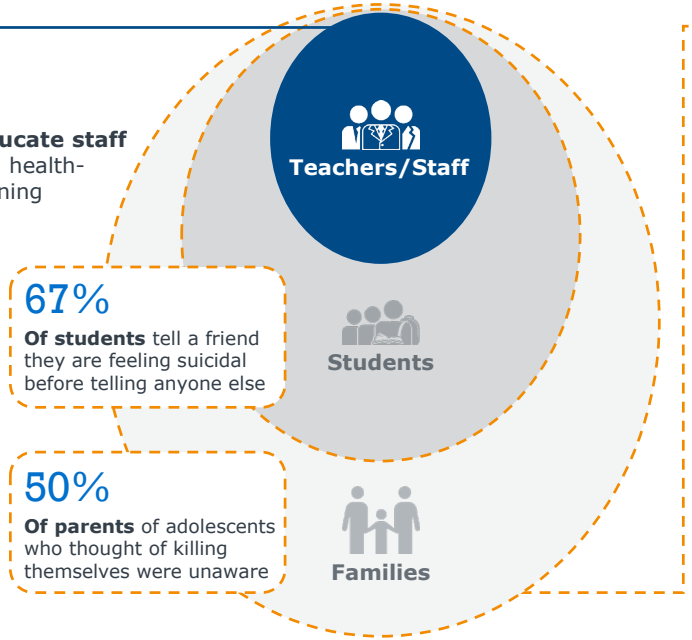
Sources: EAB interviews and analysis.

Efforts to Reduce Stigma Remain Limited in Scope

Significant Opportunity Exists to Engage Students, Families on Mental Health

Districts Focus on Enabling Teachers to Recognize Symptoms, Identify Risk…

Districts **educate staff** with mental health-specific training



…But Limited Outreach to Students and Families is One-Directional, Reactive

Peer-to-peer mental health outreach strategies remain underutilized

Information is shared on a **one-off basis** (e.g., mental health awareness week)

Student and family engagement **begins after a mental health crisis** has occurred

Sources: "About Active Minds Chapters," Active Minds, Accessed 28 Oct 2019 from www.activeminds.org/programs/chapter-network/about-active-minds-chapters/; McCarthy, C., "Parents Don't Always Realize That Their Teen is Suicidal," Harvard Health Publishing, Feb 2019; EAB interviews and analysis.

Debunking the Holiday Suicide Myth

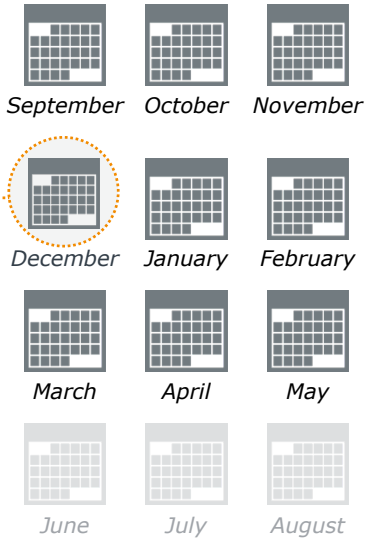
Mental Health Trends Align with School Calendar, Necessitating Ongoing Outreach

Seasonal Trend

Mood disorders tend to intensify in fall and winter months

The CDC reports that the **suicide rate is *lowest* in December**

Youth suicide rate peaks in the spring, and again in the fall



Potential Stressors

- New classes and teachers
- Making and keeping friends
- College applications
- Midterms
- Standardized testing
- College acceptance letters
- Finals

19% Only 19 percent of annual pediatric hospital encounters for suicidal ideation or attempts **occur during summer months**

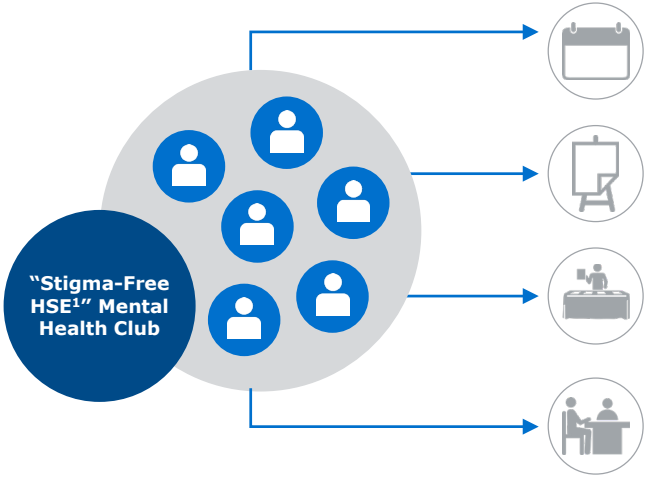
2x The rate of emergency psychiatric visits is over two times higher **during school weeks than non-school weeks**

Sources: Pattani, A., "Suicide rates rise in the spring. Here's what you need to know," The Philadelphia Inquirer, Nov. 2019; Plemmons G, Hall M, Doupnik S, et al. Hospitalization for Suicide Ideation or Attempt: 2008–2015. Pediatrics. 2018;141(6):e20172426; Gray, P. "Children's and Teen's Suicides Related to the School Calendar," Psychology Today, May 2018; EAB interviews and analysis.

Creating Peer-to-Peer Mental Health Support

School Normalizes Mental Health with Education and Visibility

Mental Health Club Equips Students with Skills to Speak Openly About Mental Health and to Encourage Help Seeking



Monthly Meetings
Discuss perceptions, experiences of mental health in their school and opportunities to positively impact mental health and wellness in school

Resources on Display
Create multimedia resources, organize awareness campaigns displayed throughout the school

Presentations and Events
Lead schoolwide informational sessions and community events to educate and raise awareness about mental health topics

Middle School Education Sessions
Give presentations and lead activities with middle school students about mental health, stigma, and suicide

Profiled Institution:
Hamilton Southeastern Schools, IN

Hamilton Southeastern Schools

1) Hamilton Southeast.

Sources: Hamilton Southeastern Schools, IN; EAB interviews and analysis.

Formalizing Club Structure Ensures Lasting Impact

Peer-to-Peer Outreach Mitigates Stigma, Reduces Barriers to Support

National Organizations Provide Infrastructure to Support Peer-to-Peer Mental Health Education

Leading Organizations in Brief

Active Minds
- **Founded:** 2003
- **Reach:** 450 high school and college campus chapters nationwide
- **Startup Cost:** Free

Bring Change to Mind
- **Founded:** 2010
- **Reach:** 250 high school chapters, primarily in 7 regions[1] nationwide
- **Startup Cost:** Free

NAMI on Campus
- **Founded:** 1979
- **Reach:** College chapters nationwide, high school chapters popular in CA
- **Startup Cost:** Free

Sources of Strength
- **Founded:** 1998
- **Reach:** Hundreds of schools, in 16 states nationwide[2]
- **Startup Cost:** $5,000 per school

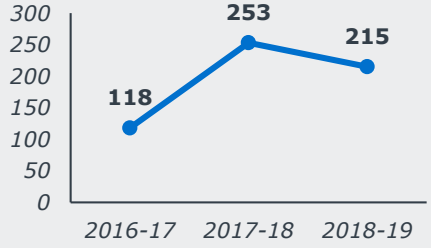
Significant Impact on Student Knowledge, Attitudes, Actions…

> "Club participation was causally linked to greater factual information about mental health, improved attitudes toward individuals confronting mental disorders, and increased social actions to help reduce the stigma of mental illness."

Hinshaw, S., Leventhal, B., *"BC2M Evaluation Findings,"* 2017

…Reflected in Efforts of Hamilton Southeastern Schools

# of Students Assessed for Suicidal Ideation



1) Northern CA, Southern CA, Greater Metro Phoenix AZ, Tri-State Area, Columbus, Cincinnati, Indianapolis.
2) Alaska, Arizona, California, Colorado, Georgia, Idaho, Maryland, Minnesota, Montana, New Jersey, New York, North Dakota, Oklahoma, South Dakota, Wisconsin, Wyoming.

Sources: activeminds.org; bringchange2mind.org; nami.org; sourcesofstrength.org; Hinshaw, S., Leventhal, B., "BC2M High School Program: Evaluation Findings from a Randomized Trial," the University of California Berkeley, Dec. 2017; Hamilton Southeastern Schools, IN; EAB interviews and analysis.

Reduce Stigma in Your Own Schools

Student Club and Structural Supports Change Culture Around Mental Health

Key Steps to Starting a Peer-to-Peer Mental Health Club

1

Host an initial interest session

Engage students in the club through e-mail blasts, flyers, social media campaigns, and word-of-mouth

2

Select 1-2 staff advisors

Look to student services or other passionate staff members who are positively connected with students

3

Identify 3-5 student leaders

Aim for student leaders across grade levels to ensure sustainability of the new club beyond the first year

4

Connect with national networks

Register with a national organization to access implementation supports and technical assistance

5

Hold weekly club meetings

Discuss opportunities to raise awareness, reduce stigma, and represent student voice in school decisions impacting mental health

6

Plan activities, events to engage wider school community

Aim for one major event per term (e.g., speaker/panel discussion, movie screening, 5K run, stress-relief activity)

Supporting Students' Efforts to Reduce Stigma

Structural Changes Reinforce Student Messages and Activities

Use Language That Focuses Support on Wellness

Rename the "counseling" center the "wellness" center to shift emphasis from illness to wellness

Design Welcoming, Student-Friendly Wellness Spaces

Redesign counseling center or other designated space for students to destress or access support

Create "Satellite" Counseling Office Locations

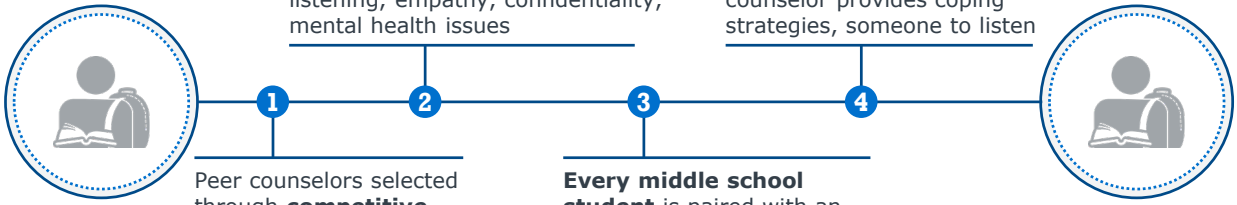
Hold office hours in well-trafficked locations (e.g., near the gym); think about during- and after-school hours

Source: EAB interviews and analysis.

Beginning the Mental Health Conversation Early

Windward Proactively Addresses Mental Health with Peer Counselors

Peer Counselors Preempt Crises, Provide Support to All Middle Schoolers



Profiled Institution:
Windward School, CA

Peer Counselors Increase Awareness, Help Identify Students in Distress

Advisory Period Used for Small Group Discussion

Peer counselors facilitate discussions in middle school advisory about mental health issues[1]

Weekly Meeting with Director of Counseling

Peer counselors meet as a group with Director of Counseling to discuss common issues and students of concern

1) Topics include eating disorders, substance abuse, teasing, cyberbullying, social media, making and keeping friends.

Source: EAB interviews and analysis.

Youth Susceptible to Suicide Coverage in the Media

But Schools Hesitate to Meet the Conversation Head-On

Troubling Impact on Youth Leads to Widespread Controversy Around Netflix Series *13 Reasons Why*

5%

Suicide contagion accounts for up to five percent of youth suicides each year

19%

Increase in **Internet searches about suicide** immediately after *13 Reasons Why* aired

29%

Increase in **suicide rate among youth aged 10-17** in the month after *13 Reasons Why* first aired

Common District Responses to Series Release Are a Missed Opportunity

Take No Action

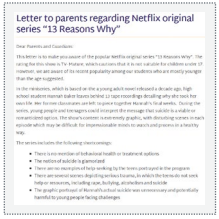
> *"It's not our place to address this. Talking about suicide will give kids ideas."*

Restrict, Discipline

Banning the associated book

Detention for talking about series in school

Inform Parents


Letter to parents regarding Netflix original series "13 Reasons Why"

Dear Parents and Guardians:

This letter is to make you aware of the popular Netflix original series "13 Reasons Why". The rating for this show is Tv- Mature, which suggests that it is not suitable for children under 17. However, we are aware of its recent popularity among our students who are mostly younger than the age suggested.

In the miniseries, which is based on the a young adult novel released a decade ago, high school student Hannah Baker leaves behind 13 tape recordings detailing why she took her own life. Her former classmates are left to grieve together Hannah's final weeks. During the series, young people and teenagers could interpret the message that suicide is a viable or normalized option. The show's content is extremely graphic, with disturbing scenes in each episode which may be difficult for impressionable minds to watch and process in a healthy way.

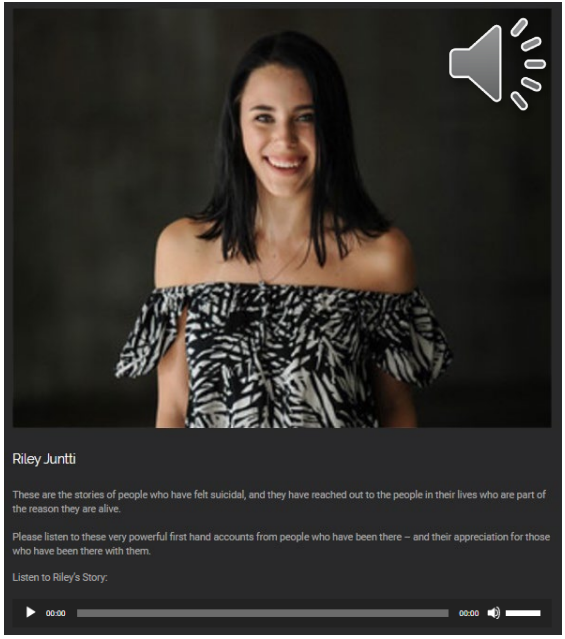
The series includes the following overarchings:

- There is no mention of behavioral health or treatment options
- The notion of suicide is glamorized
- There are no examples of help-seeking by the teens portrayed in the program
- There are several scenes depicting serious trauma, in which the teens do not seek help or resources, including rape, bullying, alcoholism and suicide
- The graphic portrayal of Hannah's actual suicide was unnecessary and potentially harmful to young people facing challenges

Sources: Poland, R., Lieberman, R., Niznik, M., "Suicide Contagion and Clusters—Part 1: What School Psychologists Should Know," *National Association of School Psychologists,* pp. 1, 21-23, Volume 47 Issue 5; Ayers J., Althouse B., Leas E., Dredze M., Allem J., "Internet Searches for Suicide Following the Release of *13 Reasons Why*." *JAMA Intern Med.* 2017, doi:10.1001/jamainternmed.2017.3333; Bridge, J. A., Greenhouse, J. B., Ruch, D., Stevens, J., Ackerman, J., Sheftall, A. H., Horowitz, L. M., Kelleher, K. J., & Campo, J. V., "Association between the release of Netflix's *13 Reasons Why* and suicide rates in the United States." *Journal of the American Academy of Child and Adolescent Psychiatry*; EAB interviews and analysis.

Guiding the Narrative Around Mental Health

Student Voice Campaign Begins Frank Dialogue Among Students and Staff



Profiled Institution:
Oxford Community Schools, MI

Oxford High School Launches "13 Reasons Why Not" Student Voice Campaign

- Controversial series **used to engage students** in an appropriate dialogue about mental health and suicide
- Audiotapes created from 11 students and 2 staff members who **overcame a mental health struggle or crisis**
- **Personal stories normalized** challenging life experiences and mental health struggles
- Refocused conversation about suicide from blame and revenge toward **resources and systems for support**

Sources: Oxford Community Schools, MI; EAB interviews and analysis.

Personal Stories Help Build Schoolwide Support

Thoughtful Recruitment, Debriefing Key to Sharing Student and Staff Experiences with Mental Health

To identify students to participate:

- Reach out to mental health clubs, peer mentorship programs, student government, or athletics teams
- Solicit counselor and teacher recommendations
- Collect stories on a rolling basis after the campaign begins

1

Recruit Participants to Share Personal Stories

Stories capture a variety of perspectives (e.g., students, staff, grade levels, genders) and life experiences[1]

2

Carefully Vet Interested Students

School counselor meets with all interested students to assess readiness to share their experience

To assess readiness, look for signs a student:

- Is still processing their experience
- Has underlying issues with anxiety
- Does not exhibit strong coping skills

This student would not be a good fit for the campaign, but may benefit from other available supports

To debrief, prepare teachers to lead a discussion or reflection exercise focused on:

- The main feeling expressed by the person in the tape
- How students felt after listening to the story
- Specific strategies to use if a friend reaches out for help, or makes statements of concern

4

Debrief After Each Story is Shared

Teachers use provided questions to lead a 5-10 minute debrief discussion after each audiotape

3

Share Short Audio Recordings Schoolwide

Two-minute audio recordings are shared with the school over PA system during advisory period

To create content, keep narratives short and in the same format:

- Introduction and brief personal story
- Thank-you to a member of the school community who offered support
- Fact about suicide and message that help is available

1) Scenarios covered in the campaign included dating violence, parental abuse, growing up in poverty, coming out as gay, and bullying of a special education student.

Sources: Oxford Community Schools, MI; EAB interviews and analysis.

Leading the Right Conversation About Suicide

When Talking With Students, Avoid Sensationalizing and Offer Hope

National Organizations Provide Helpful Guidance on Approaching the Topic of Suicide with Students

✖ DON'T	✔ DO
Focus on a method of death (e.g., John Doe used a shotgun to commit suicide)	Present facts without sensationalizing suicide (e.g., John Doe died at age 17)
Oversimplify the causes of suicide or provide details from a suicide note	Recognize that suicide is a complicated behavior, but effective treatment is available
Show photos of the location/method of death, or of grieving family and friends	Use school-related or family photos along with a hotline logo or local crisis number
Describe suicides as an "epidemic," "skyrocketing," or other strong terms	Carefully present recent data; use words like "rising" or "higher" to describe trends
Describe a suicide as inexplicable or "without warning"	Acknowledge that most people who die by suicide exhibit warning signs; detail the "warning signs" and "what to do"
Talk about suicide as you would talk about a crime (e.g., "committed suicide")	Talk about suicide as a public health issue
Refer to suicide as "successful," "unsuccessful," or a "failed attempt"	Describe as "died by suicide" a "suicide death" or "killed him/herself"

For more guidance and resources on talking with students about suicide, see the Suicide Prevention Resource Center's After a Suicide: A Toolkit for Schools

Sources: "Recommendations for Reporting on Suicide," The American Foundation for Suicide Prevention, Accessed 28 Oct. 2019; "After a Suicide: A Toolkit for Schools," *The American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC)*, 2018; EAB interviews and analysis.

Building Momentum on Mental Health Awareness

Outreach to Students Gathers Feedback and Guides Next Steps

Data and Formal Evaluation Reveal Impact of Schoolwide Campaign

100+

Students **came forward** with a story during or after the campaign

5

Students **identified and assessed** for suicidal ideation

Focus Groups Conducted in Partnership with Michigan State University Capture Students' Experiences

"I think it **changed the culture of the school**. I think people were maybe in a way nicer or more understanding of people."

"Now people are actually **going to other people to get help.**"

For more detail, see EAB's webconference "13 Reasons Why Not: How One School Faced a Difficult Conversation about Suicide," conducted in partnership with Oxford Community Schools

Looking Ahead to What's Next

Follow up from counselors with every student who submitted a story during the campaign

Schoolwide survey to solicit input on what students need to feel more supported from their school

Continued conversation about mental health using popular media and student voice (e.g., podcasts, student news broadcast)

Sources: Oxford Community Schools, MI; EAB interviews and analysis.

Caregivers Critical Partners in Student Mental Health

But Most Districts Struggle to Engage Families Successfully

Educators Express Common Concerns about Family Engagement with Mental Health Initiatives

> *How do we teach families about their mental health care options within and outside of the district?*

> *How do we prompt early communication with the district before a mental health crisis arises?*

> *How do we increase comfort and cooperation with the district when a student needs mental health support?*

Most Districts Start by Integrating Mental Health and Wellness Content into Existing Structures and Events

Website

- Post services on district, school webpages
- Ensure content is immediately visible and easy to access
- Include hyperlinks to relevant community providers or resources

E-mail, Social Media Campaigns

- Remind families about mental health services during stressful times of year (e.g., back-to-school, exams)
- Highlight major district mental health initiatives and events

Back-to-School Night

- Leverage well-attended events like back-to-school night for counseling staff to talk about mental health services and connect with families

Tours, Open Houses

- Take families to the counseling center during tours and have counseling staff set up a table at open houses

Source: EAB interviews and analysis.

Providing In-Depth Mental Health Information, Tools

Family Wellness Series Positions District as Source of Expertise and Support

Family Wellness Workshop Series

- **How to Help Children Cope with Anxiety**
  Screening of the Documentary "Angst"
- Suicide Awareness
  Question Persuade Refer (QPR) Training
- How to Navigate Screen Time, Social Media
- Cyberbullying and Digital Citizenship
- Latest Trends in Youth Substance Use
  A Focus on Vaping
- Improving Sleep and Wellness
- Mindfulness
- Supporting LGBTQ Youth
- Transitioning to Middle School
- Parenting with Love and Logic[1]

Series Content and Structure Aligns with Needs of Families

Session on anxiety remains the most popular and well-attended event among families

Expert speakers, time for Q&A, and take-home resources maximize relevance and value

Sessions limited to 1.5 hours, held later in the evening and out in the community at schools to allow families to care for children before attending

Profiled Institution:
Elk Grove Unified School District, CA

1) Love and Logic is an organization that provides resources for positive parenting and teaching techniques to build healthy relationships with kids.

Source: Elk Grove Unified School District, CA; EAB interviews and analysis.

Maximizing Recruitment for Workshop Sessions

District Leverages Online Blasts, Personal Communication to Reach Families

Elk Grove Unified School District Takes a Multi-Modal Approach to Advertising

Centralized Online Efforts

- "Eventbrite" invitation created so parents can sign up online
- Series posted on Facebook and district, school websites
- Communications department promotes series in monthly newsletter

Personalized Communication

School principals and counselors:

- Promote the series when talking or meeting with families
- Conduct targeted phone calls, texts, e-mails inviting families

Increased Relevance, Thoughtful Scheduling Expands Reach of District Events

1. **Targeted Content**
   Families will attend meetings if content is tailored to their needs
2. **Flexible Scheduling**
   Meetings must be available at times most convenient for families
3. **Cultural Sensitivity**
   Meetings should be conducted in caregivers' primary language
4. **Personal Outreach**
   Use phone calls, home visits to connect with the most disengaged families
5. **Partnerships**
   Meetings delivered at or by trusted community groups increase comfort

Source: Elk Grove Unified School District, CA; EAB interviews and analysis.

Soliciting Parent Voice in Mental Health Initiatives

District's Thoughtful Approach Yields Positive Response from Families

Ongoing Feedback Allows District to Keep Workshops Relevant

1

Feedback survey and topic poll given to attendees at the end of each workshop

2

Wellness Advisory Committee reviews topics, parent feedback to guide adjustments to content

- Includes parents, district staff, local universities, health care providers
- Meets quarterly to discuss district strategy and programming related to mental health, wellness
- Targets recruitment toward parents, staff, community members with an interest in mental health, wellness

Families Express Appreciation for the Support from Wellness Workshops

400+ Families attended wellness workshops in the 2018-19 school year

"**It's nice to know I'm not alone** when it comes to parenting during the era of social media. The tips will help me be a better parent."

Parent of a 7th Grader

"Thanks for teaching me simple parenting strategies on **how I can help my child cope with anxiety**."

Parent of a 10th Grader

Source: Elk Grove Unified School District, CA; EAB interviews and analysis.

Responding to the Adolescent Mental Health Crisis

I

Reduce Mental Health Stigma via Year-Round Student and Family Engagement

1. Ongoing Peer-to-Peer Student Education and Mentoring
2. Campaign to Share Experiences Overcoming Mental Health Struggles
3. Wellness-Focused Family Workshop Series

II

Broaden and Strengthen Your Crisis Identification and Referral Network

4. Quick-Access Crisis Reference Card
5. First Responder "Handle with Care" Notification
6. Online Monitoring to Identify Students of Concern

III

Coordinate and Scale Access to Internal and External Mental Health Care

7. Group-Model Cognitive Behavioral Therapy
8. Joint District-Community Standards of Practice
9. District-Led Community Mental Health Service Allocation
10. Tech-Enabled Mental Health Support

IV

Improve Coordination and Support During Care Transitions

11. External Referral Coordination Program
12. Post-Discharge Case Management
13. Coordinated Reentry Process

Early Warning Critical to Effective Student Support

Two Primary Ways to Ensure Early Identification of At-Risk Students

Screening and Diagnostics

Universal Screening for Behavioral and Emotional Health

- Proven effective in at-scale identification of students at risk
- Detailed overview, implementation guide available in EAB's study *Managing Behavioral Disruptions in Early Grades*

Targeted Diagnostic Assessments

- Effectively identify specific issues such as anxiety (GAD-7), depression (PHQ-9), or suicide risk (C-SSRS)
- Typically given to students identified as at-risk via universal screening or staff referral

Staff Referrals

Awareness and Referral Training

- Highly effective at reducing stigma and at providing educators with the tools to detect and respond to signs of crisis
- Often difficult to scale to all staff due to financial or logistical constraints
- May be less effective without clear guidelines for what steps to take in different situations

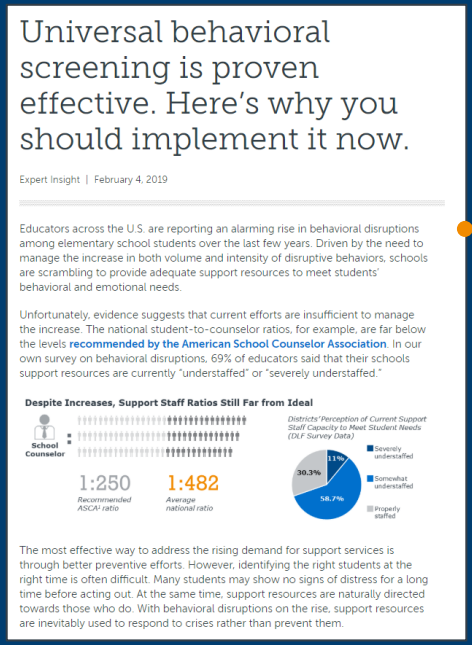
Vendor Profile: Kognito

Kognito

Provides evidence-based interactive simulations to prepare educators to identify, approach, and refer students in crisis

Source: Kognito, http://www.kognito.com; EAB interviews and analysis.

Implementation Supports
Universal Behavioral Screening



Universal behavioral screening is proven effective. Here's why you should implement it now.

Expert Insight | February 4, 2019

Educators across the U.S. are reporting an alarming rise in behavioral disruptions among elementary school students over the last few years. Driven by the need to manage the increase in both volume and intensity of disruptive behaviors, schools are scrambling to provide adequate support resources to meet students' behavioral and emotional needs.

Unfortunately, evidence suggests that current efforts are insufficient to manage the increase. The national student-to-counselor ratios, for example, are far below the levels **recommended by the American School Counselor Association**. In our own survey on behavioral disruptions, 69% of educators said that their schools support resources are currently "understaffed" or "severely understaffed."

Despite Increases, Support Staff Ratios Still Far from Ideal

School Counselor

1:250 *Recommended ASCA ratio*

1:482 *Average national ratio*

Districts' Perception of Current Support Staff Capacity to Meet Student Needs (DLF Survey Data)

The most effective way to address the rising demand for support services is through better preventive efforts. However, identifying the right students at the right time is often difficult. Many students may show no signs of distress for a long time before acting out. At the same time, support resources are naturally directed towards those who do. With behavioral disruptions on the rise, support resources are inevitably used to respond to crises rather than prevent them.

Our **expert insight** details:

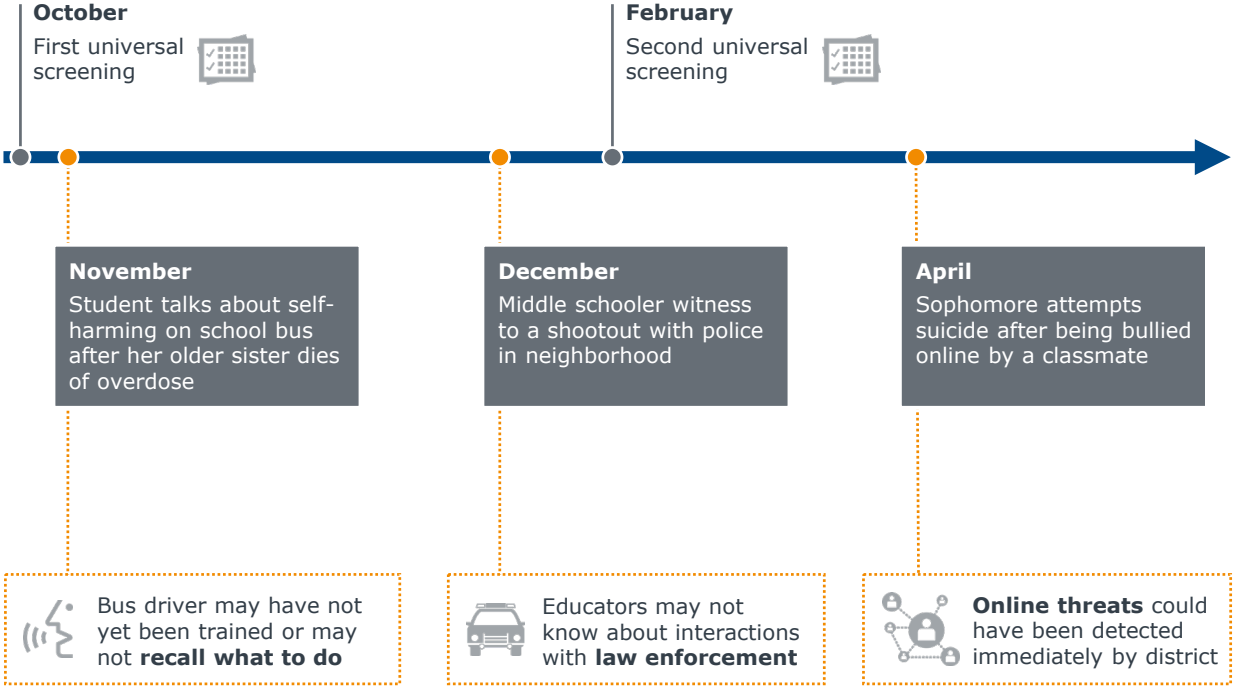
- The evidence base supporting implementation of a universal behavioral screener
- Common misconceptions that prevent widespread adoption of this best practice
- How to engage in careful selection and planning to ensure success of universal screening at your district

Source: EAB interviews and analysis.

Necessary, But Not Sufficient

Screening and Training Improve Early Warning, But May Still Miss Students

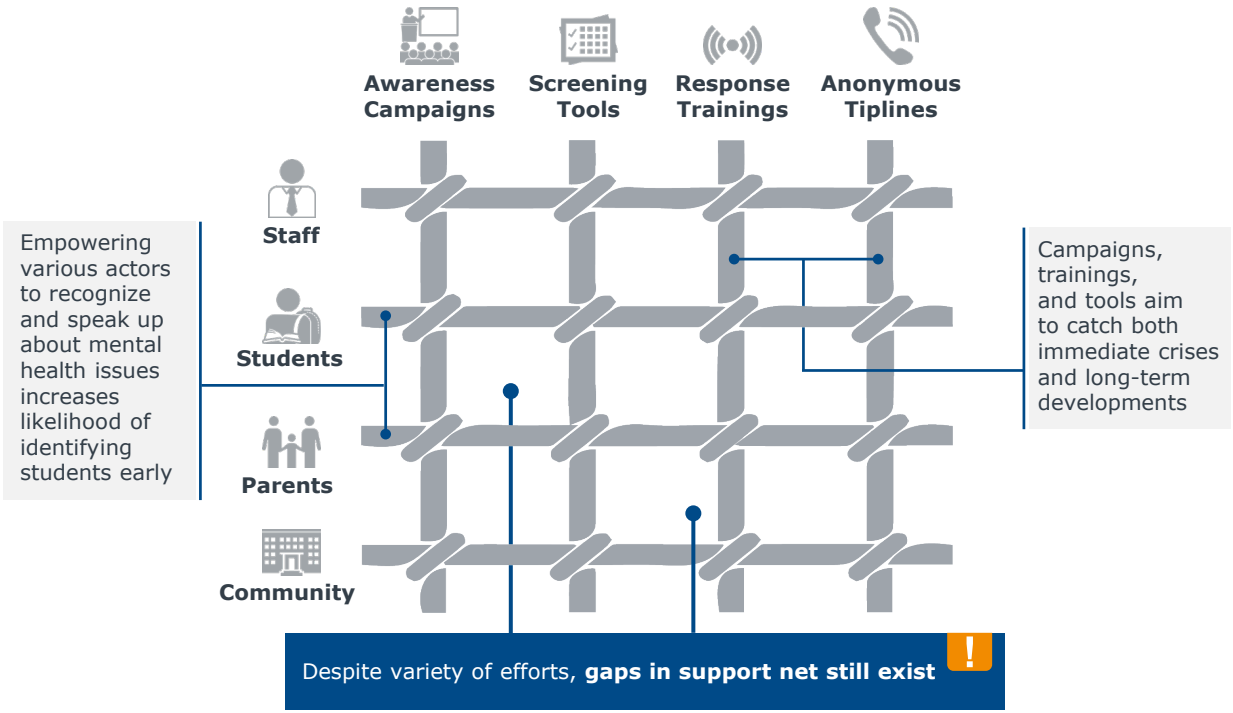
Life Events May Require Immediate Ways to Identify Students at Risk



Source: EAB interviews and analysis.

Variety of Means to Catch Students Early

Districts Employ Multiple Channels to Prevent Students from Falling Through the Support Net



Source: EAB interviews and analysis.

Providing Actionable Follow-Up to Training

Quick Response Reference Cards Remind Staff of Key Steps During Crisis

Profiled Institution:
Roaring Fork Public Schools, CO

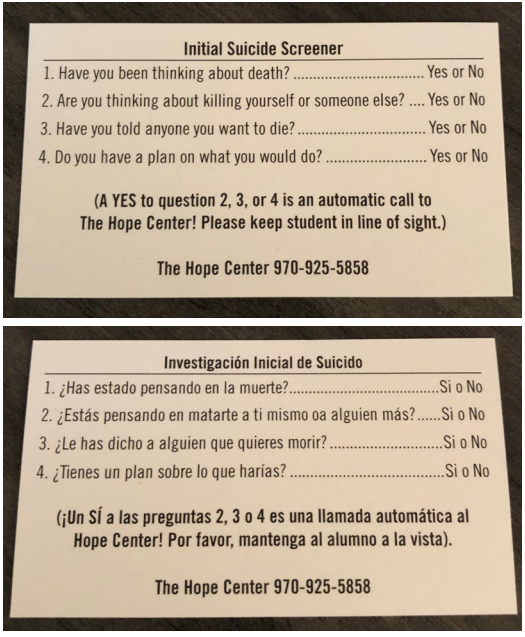
ROARING FORK SCHOOLS

Reference Card Helps Staff Ask the Right Questions, Take the Right Steps

Trained all district staff in suicide awareness in order to improve identification and response to students in crisis

Provided staff with small "business cards" with four questions to ask and guidance for next steps if a student appears to be in crisis

Card ensures staff always ask the right questions and know what to do even during a crisis



Initial Suicide Screener

1. Have you been thinking about death? ..... Yes or No
2. Are you thinking about killing yourself or someone else? .... Yes or No
3. Have you told anyone you want to die? ..... Yes or No
4. Do you have a plan on what you would do? ..... Yes or No

(A YES to question 2, 3, or 4 is an automatic call to The Hope Center! Please keep student in line of sight.)

The Hope Center 970-925-5858

Investigación Inicial de Suicido

1. ¿Has estado pensando en la muerte?.....Si o No
2. ¿Estás pensando en matarte a ti mismo oa alguien más?.....Si o No
3. ¿Le has dicho a alguien que quieres morir?.....Si o No
4. ¿Tienes un plan sobre lo que harías? .....Si o No

(¡Un SÍ a las preguntas 2, 3 o 4 es una llamada automática al Hope Center! Por favor, mantenga al alumno a la vista).

The Hope Center 970-925-5858

Source: Roaring Fork Public Schools, Glenwood Springs, CO; EAB interviews and analysis.

Empowering Staff to Have Difficult Conversations

"There was a time in this district when people were scared, and were leaning out, and were saying 'I don't do mental health.' But if a kiddo in your school had a broken leg you would help them, and you should have that same compassion for kids who are dealing with mental health issues.

We had a loss by suicide in the fall, and when I took this training to the bus drivers, the one who had that particular student said, 'I would have asked these questions if I had them.' So he kind of knew something was up but didn't know what to ask or what to say, or if it was his business. **So it's just giving people permission and saying 'this is our community, these are our kids, and we have to lean in**.'"

Sarah Fedishen, *Director of Family Services, Roaring Fork Public Schools*

Source: Roaring Fork Public Schools, Glenwood Springs, CO; EAB interviews and analysis.

Knowing What Happens Outside of School

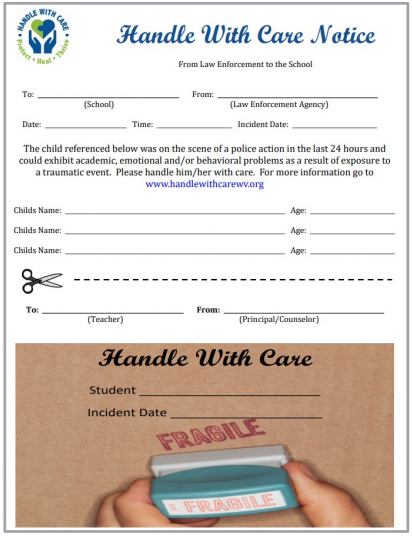
Partnership with Law Enforcement Keeps Educators in the Know

***Handle with Care* (HWC) Warns Schools of Potentially Traumatic Incidents in Community**

Profiled Initiative:
Handle with Care, West Virginia Center for Children's Justice, WV

Police Notification Informs Educators of Potential Concern

- Officer speaks to student at scene of incident, records school they go to
- Police notifies designated district staff with "Handle with Care" message
- Notification contains no incident details, lets educators know of potential concern



Handle With Care Notice

From Law Enforcement to the School

To: _____ (School) From: _____ (Law Enforcement Agency)

Date: _____ Time: _____ Incident Date: _____

The child referenced below was on the scene of a police action in the last 24 hours and could exhibit academic, emotional and/or behavioral problems as a result of exposure to a traumatic event. Please handle him/her with care. For more information go to www.handlewithcarewv.org

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

Childs Name: _____ Age: _____

To: _____ (Teacher) From: _____ (Principal/Counselor)

Handle With Care

Student _____

Incident Date _____

FRAGILE

FRAGILE

Awareness Allows Schools to Be Vigilant About Student Needs

- School notifies teachers and support specialists that student may need attention
- Educators observe student for signs of trauma
- Additional support provided if student is showing signs of distress

Source: West Virginia Center for Children's Justice, WV; EAB interviews and analysis.

Going Beyond a Simple Notification

Program Becomes Standard for Cooperation Between Districts and Police

	Program Launch	Current Status	Upcoming Expansion
Scope	Program launches at one district, coordinator triages cases to schools	Program expands to all 12 districts served by OCPD[1]; triage point remains unchanged	Partnership currently under consideration by Oklahoma City Fire Department
Process	Link to district coordinator's email added to officers' laptops	Notification now a mandatory dropdown item in system before officer can close case involving a minor	Anonymous public HWC tipline set to pilot in OCPS[2] next year
Impact	District received 80 notifications during '18-'19 school year	Coordinator has received 200 notifications during first 9 weeks of '19-'20 school year	Ongoing review by State Legislature for potential statewide expansion

Profiled Institution:
Oklahoma City Public Schools, OK

See Appendix for sample **HWC notice** and **MOU with law enforcement**

1) Oklahoma City Police Department.
2) Oklahoma City Public Schools.

Source: Oklahoma City Public Schools, Oklahoma City, OK; EAB interviews and analysis.

Flexible Follow-Up to Student Needs

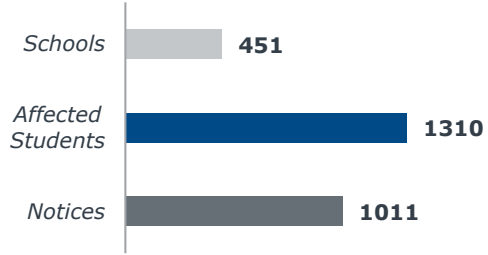
Results Shows Improved Early Warning and Change in Schoolwide Practices

HWC Helps Oklahoma Schools Adjust Perception, Response to Student Behavior

	Comes to school without homework	Falls asleep in class	Did not bring permission slip for field trip
Before	*Received a "0"*	*Withheld from recess*	*Was not allowed to go*
After	*Given extra time and/or 1:1 time with teacher*	*Allowed to rest in Nurse's office*	*Parents called; child allowed to go upon verbal confirmation*

Data from Maryland Shows Broad Impact of Initiative Across 11 Counties

September 2018 – June 2019



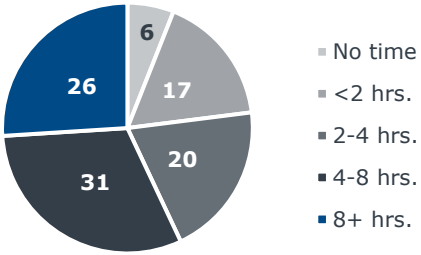
Source: Oklahoma City Public Schools, Oklahoma City, OK; Handle with Care Dashboard, Maryland Governor's Office of Crime Control and Prevention, http://goccp.maryland.gov/juveniles/handle-with-care-dashboard/; EAB interviews and analysis.

The Online World Is as Important as the "Real" One

Effects of the Digital Age on Student Mental Health Still Not Well Understood

Teens Spend a Significant Portion of Their Day Online…

% of Teens (13-18), by Self-Reported Daily Usage of Screen Media, 2015



…And It Might Have an Adverse Effect on Their Mental Well-Being

"Children and adolescents who spent more time using screen media were **lower in psychological well-being** than low users…Among adolescents, high (vs. low)[1] users were also **twice as likely to have received diagnoses of depression or anxiety** or needed treatment for mental or behavioral health conditions."

Twenge, J.M., Campbell, W.K., *"Associations Between Screen Time and Lower Psychological Well-Being Among Children and Adolescents,"* 2018

54%

Of teens (13-17) say they spend too much time on their phone (2018)

"Young adults with high social media use (SMU) seem to **feel more socially isolated** than their counterparts with lower SMU."

Primack et al., *"Social Media Use and Perceived Social Isolation Among Young Adults in the U.S.,"* 2017

1) High users are defined as spending 7+ hrs. a day on screens. Low users are defined as spending 1 hr. or less.

Source: Jiang, J., "How Teens and Parents Navigate Screen Time and Device Distractions," *Pew Research Center*, August 22, 2018; Primack, BA, et. al., "Social Media Use and Perceived Social Isolation Among Young Adults in the U.S.," *American Journal of Preventive Medicine*, July 2017, 53(1), 1-8; Twenge, J.M., Campbell, W.K., "Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study," *Preventive Medicine Report*, December 2018, Vol. 12, pp. 271-283; "The Common Sense Census: Media Use By Tweens And Teens," *Common Sense Media*, 2015; EAB interviews and analysis.

Districts Employ Tools to Ensure Online Safety

Sophisticated Algorithms Offer a Way to Know What Students Do Online

Common Online Behavior Monitoring Systems

securly:// The Student Safety Company

Social Sentinel

Managed Methods

Since 2005 FIRESTORM PREDICT. PLAN. PERFORM.

GoGuardian

gaggle

bark FOR SCHOOLS

Relay Lightspeed Systems

Florida Shows Where Data Collection May Be Headed

- **Legislation aims to establish an integrated data portal** to collect information from school, healthcare, law enforcement records, and social media posts
- **State commission finds significant limitations** and legal concerns around system, but Governor's office determined to continue with integration

> "…Schools nationwide are collaborating with law enforcement in new ways in efforts to avoid the kind of tragedies that, while still rare, are far too familiar. They're investing in new security technologies that scan social media posts, school assignments and even student emails for potential threats."
>
> *To Prevent School Shootings, Districts Are Surveilling Students' Online Lives*, NPR, September 2019

Source: Kamenetz, A., "To Prevent School Shootings, Districts Are Surveilling Students' Online Lives," *NPR*, September 12, 2019; EAB interviews and analysis.

Finding Students Where They Are

Online Monitoring Gives Districts Early Warning of Students in Crisis

Monitor

District monitors content, traffic, and downloads on student devices

District-provided devices easiest to monitor with fewer privacy and data collection concerns

Traffic/content to monitor:

Webpages, downloads, email, office applications

Review

System flags troubling or concerning content and alerts administrators to review

Several staff members receiving alert ensures it is always seen by someone who can review and act

Staff to receive alerts:

CIO/CTO, CAO, principals, assistant principals

Act

Staff decide if and what steps to take next

Majority of alerts will be "false alarms," districts need to distinguish them and focus on real "red flags"

Concerns to follow up on:

Threats, suicidal ideation, signs of crisis

Not the Thought Police

"We use our tools specifically for harm reduction. I don't look at them as 'gotcha' tools to catch students doing something wrong. They are there to help those students who are in a crisis."

Director of Technology, Mid-size Midwestern District

Source: EAB interviews and analysis.

Online Monitoring: the Good, the Bad, and the Ugly

Myriad Grey Areas Present Districts with Both Opportunities and Pitfalls

"Evidence is mostly anecdotal, but we've identified several students over the last 2 years who were struggling, and no one knew."

DLF Member District, 2019

"One student 'opened a Google Doc, wrote down concerns about a boy in class acting strange, then typed every bad word they could think of,'…At the end of the note, the student apologized for the foul language, but wrote that they wanted to make sure the message tripped alarms."

Education Week, May 2019

"A lawsuit could become a teaching moment for high school officials who suspended two students last year for sharing pictures of firearms on their personal social media accounts."

NJ1015.com, April 2019

"How is a school district supposed to respond when one student writes to another, 'Tomorrow it will all be over?' In that case…the district sent local police to a family's home in the middle of the night to conduct a welfare check. It ended up being a 'breakup situation' that wasn't serious."

Education Week, May 2019

"Huntsville City Schools paid a former FBI agent $157,000 last year to investigate and monitor social media activity of its 24,000 public school students, leading to the disproportionate expulsion of African American students."

EJI.com, November 2014

"A $425,000 federal court settlement has been reached in favor of a former Rogers High School student who was suspended in 2014 for writing a two-word tweet, in which he joked that he had made out with one of the school's teachers."

StarTribune.com, December 2015

Source: Walsh, P., "Rogers student wins $425K settlement after suspension for tweeting he made out with teacher," *Star Tribune*, December 8, 2015; *National Coalition Against Censorship*, "Watch What you Tweet: Schools, Censorship, and Social Media," Retrieved: October 29, 2019; *Equal Justice Initiative*, "Black Students Targeted and Disproportionately Suspended in Huntsville On-Line Scandal," November 17, 2014; Herold, B., "Schools Are Deploying Massive Digital Surveillance Systems. The Results Are Alarming," *Education Week*, May 30, 2019; Richao, S., "ACLU sues NJ school that suspended kids for gun Snapchat posts," *New Jersey 101.5*, April 10, 2019; EAB interviews and analysis.

Finding the Balance Between Safety and Surveillance

	Common District Concerns	Key Considerations
	**How much of a student's online behavior should we be monitoring?**	Monitor all content and traffic on school-issued devices, but be wary of monitoring personal devices, except as required by law *(i.e., traffic when connected to school network)*
	**Who at the district will be able to see the flagged content and when?**	Establish a clear response process with district administrator(s) reviewing all incoming alerts before triaging them to school officials for secondary review and action
	**How sensitive should our filters be?**	Remove profanity filters to reduce number of false alarms and focus on addressing potential crises; track need for follow-up to flagged events to better adjust tool sensitivity
	**How do we mitigate fears about loss of privacy?**	Set up clear data governance structures and ensure parents and students are informed of what is monitored, how data is stored, and who gets to review content
	**How should we choose appropriate tool(s)?**	Select tools to monitor both traffic and content; consider the trade-off between AI-generated *(i.e., more flags, cheaper service)* and human-reviewed *(i.e., fewer flags, more expensive)* alerts
	**Will this policy affect students disproportionately?**	Review data on incoming alerts and ensure that follow-up actions by individual schools are consistent and are not affected by the demographic characteristics of flagged students

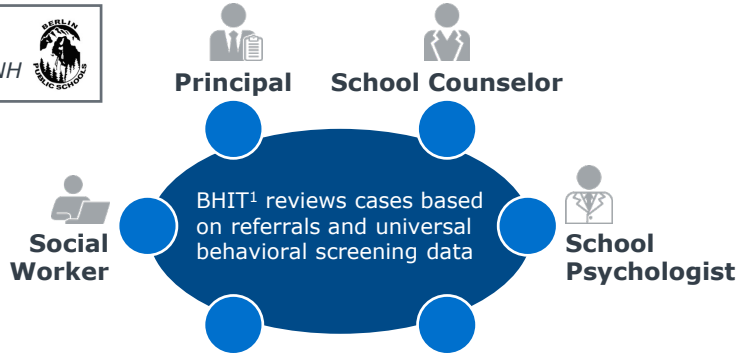
Source: EAB interviews and analysis.

Providing Coordinated Mental Health Support

Behavioral Health Intervention Team Leverages Cross-Functional Expertise

School-Level Teams Collaborate to Address Behaviors of Concern

Profiled Institution:
Berlin Public Schools, NH



Registered Behavior Technician

- FTE with expertise in behavior analysis
- Informs development of behavioral interventions, provides behavior management coaching to school staff *(e.g., principals, teachers)*
- BCBA[2] certified or person with extensive coursework, experience managing challenging behavior *(e.g., school psychologist, special educator)*

Community Behavioral Health Provider

- District contracts with local behavioral health agency
- Agency staff attend BHIT meetings and provide direct student support 1 day per week
- Fills gaps in district service provision, streamlines referral process to external service provider

1) Behavioral Health Intervention Team.
2) Board Certified Behavior Analyst.

Source: EAB interviews and analysis.

Implementation Supports

Managing Behavioral Disruptions in Early Grades

Our **core practices briefing** focuses on understanding and implementing four high-impact, systemic practices that set the foundation for an effective districtwide response to behavioral disruptions, including:

- Universal behavioral screening
- Positive Behavior Interventions and Supports (PBIS)
- An evidence-based social-emotional learning curriculum
- **A cross-functional behavioral health intervention team**

Source: EAB interviews and analysis.

Responding to the Adolescent Mental Health Crisis

I

Reduce Mental Health Stigma via Year-Round Student and Family Engagement

1. Ongoing Peer-to-Peer Student Education and Mentoring
2. Campaign to Share Experiences Overcoming Mental Health Struggles
3. Wellness-Focused Family Workshop Series

II

Broaden and Strengthen Your Crisis Identification and Referral Network

4. Quick-Access Crisis Reference Card
5. First Responder "Handle with Care" Notification
6. Online Monitoring to Identify Students of Concern

III

Coordinate and Scale Access to Internal and External Mental Health Care

7. Group-Model Cognitive Behavioral Therapy
8. Joint District-Community Standards of Practice
9. District-Led Community Mental Health Service Allocation
10. Tech-Enabled Mental Health Support

IV

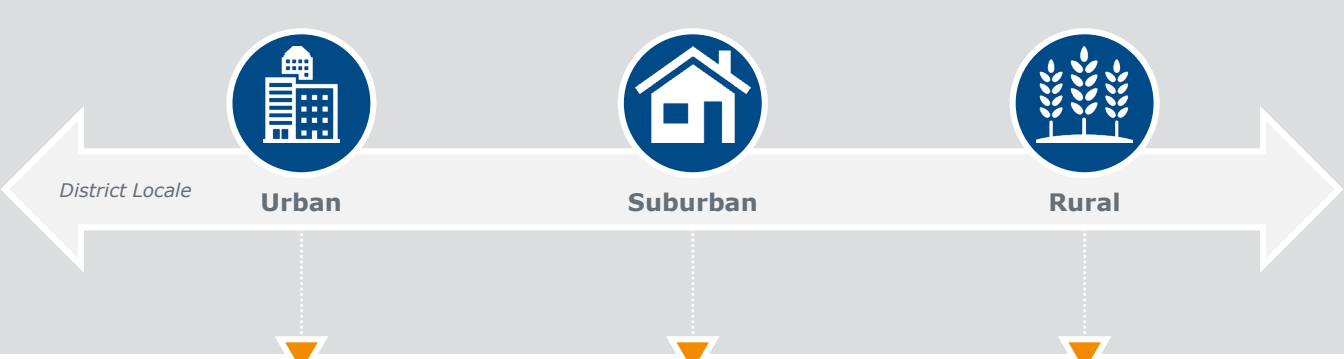
Improve Coordination and Support During Care Transitions

11. External Referral Coordination Program
12. Post-Discharge Case Management
13. Coordinated Reentry Process

Securing Clinical Mental Health Care

Student Access to Mental Health Providers a Universal Concern Among Districts

Across All Locales, Districts Struggle to Get Students the Right Mental Health Care at the Right Time



Transactional Friction

More providers available but coordination and communication between agency, schools, and families are difficult

Uneven Distribution

Community providers are limited, leaving some schools well-served and others under-resourced

Provider Deserts

Few providers available in the community at all, creating lengthy travel times and wait lists for care

Sources: EAB interviews and analysis.

Research Indicates Group Therapy Is Highly Effective

But Common Barriers Hamper Utilization in Schools

Well-Functioning Groups Improve Staff Capacity and Student Outcomes

Evidence-Based

Positive measurable outcomes in clinical and academic research

Increase Clinical Capacity

Allow counseling staff to work with several students at a time

Leverage Peer Support

Students build relationships with others who share common challenges, and practice new skills in real-time

"Individual and group cognitive behavioral therapies (CBTs) **have been shown to be highly effective** for the treatment of anxiety in youth.

Group cognitive behavioral therapy (GCBT) **requires fewer resources** than individual CBT because a single therapist can treat several children at once, thus making it less expensive for use in under-resourced settings…"

Eiraldi et al., *"Randomized Trial of Group CBT for Anxiety," 2015*

Roadblocks to Sustaining a Robust Group Therapy Program

Program Perceptions

Counselors, students, parents perceive groups to be a second-rate treatment option

Complicated Logistics

Difficult to coordinate optimal student availability and balance competing schedule demands

Implementation Supports

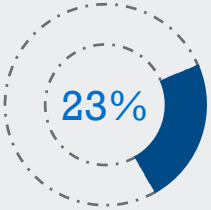
Counselors lack training, structures that enable efficient and effective delivery of group therapy

Sources: Eiraldi, R., Khanna, M., Jawad, A., Fishman, J., Glick, H., Schartz, B., Cacia, J., Wandersman, A., Beidas, R., "A Hybrid Effectiveness-Implementation Cluster Randomized Trial of Group CBT for Anxiety in Urban Schools: Rationale, Design, and Methods," *Implementation Science*, Volume 11, Article number: 92 (2016), doi.org/10.1186/s13012-016-0453-z; EAB interviews and analysis.

Reinvigorating Group Therapy in Schools

District Looks to Scale Support for Commonly Presenting Issues

Significant Portion of Methuen High School Students Have Anxiety, Depression

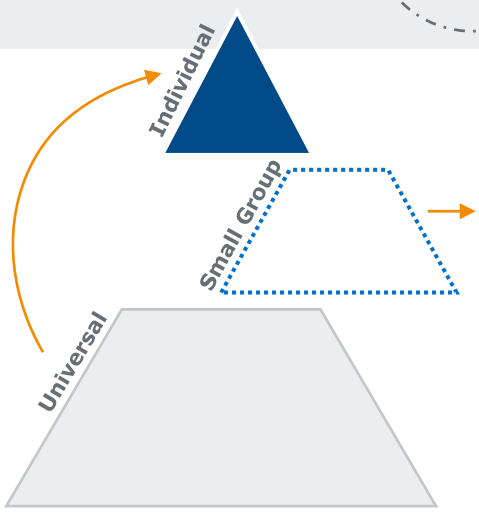


Of MHS[1] students exhibited **moderate to severe anxiety** *(2015-16)*

Of MHS[1] students exhibited **moderate to severe depression** *(2015-16)*

But District Over-Relied on Tier III Services…

- Students frequently jump straight from tier I to tier III interventions
- Limited clinical capacity leaves students unserved



…While Tier II Services Were Lacking and Inefficient

- Groups mostly targeted toward elementary schools
- Adolescent interventions not therapeutic or evidence-based
- Students permitted to drop in and out throughout the year

Profiled Institution:
Methuen Public Schools, MA

1) Methuen High School.

Sources: Methuen Public Schools, MA; EAB interviews and analysis.

Understanding Staff Needs an Important First Step

Assess Buy-In, Readiness for Group Therapy Implementation

> "Research and experience show that the **number one reason why students don't 'do' group therapy is because staff don't believe in it.**"
>
> *Director of Counseling and Psychological Services, North Carolina*

Needs Assessment Solicits Feedback from Mental Health Staff and Surfaces Needed Supports

Methuen Public Schools' Evidence-Based Practice Needs Assessment

1. *What evidence-based therapeutic groups are you currently implementing?*
2. *How do you rate your readiness to provide services needed to address the range of problems faced by our students?*
3. *What do you see as the critical areas of professional development that you need in order to deliver these services?*

Key Areas to Consider for Assessment and Staff Feedback

- The evidence-based therapeutic groups in place, and how they align to the most common presenting needs of students
- Perceptions of the efficacy of group therapy among mental health staff
- How prepared mental health staff feel to implement groups with fidelity
- The main barriers staff encounter in attempting to deliver therapeutic groups to students (e.g., time, logistics)

Sources: Methuen Public Schools, MA; EAB interviews and analysis.

Equipping Mental Health Staff with Tools to Succeed

Training, Structural Support, and Partnerships Enable Mental Health Staff to Implement Group Therapy Effectively and Efficiently

Professional Development

University Partnerships + *In-service Days*

Leveraged to provide training to all mental health staff in:

- *Cognitive Behavioral Therapy (CBT)*
- *Suicide Risk Assessment*
- *Treatment Planning*
- *Using Psychosocial and Educational Data to Monitor Interventions*
- *Implementing PBIS Tiers I and II*

Increased Capacity

Structural Efficiencies

Reassigned counselors across schools to decrease student transitions between mental health staff

Reduced administrative duties unrelated to the role (e.g., testing coordination)

Community Partnerships

Created formal agreements with community-based mental health agencies

- Increased mental health staff available to students by 15%
- Targeted scheduling and referrals around days, times community providers had excess capacity

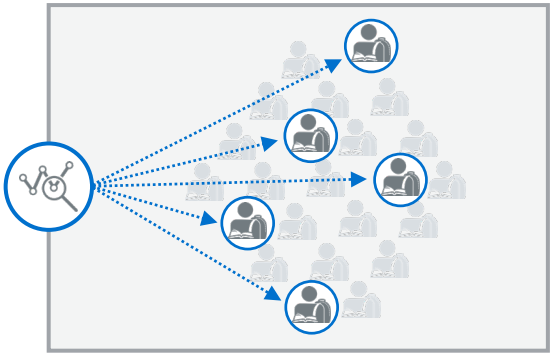
Sources: Methuen Public Schools, MA; EAB interviews and analysis.

Implementing Group-Model CBT

Students Selected for Group Therapy Using Data and Needs Assessment

1

Analyze Screening Data to Identify Potential Group Members



Counselors review all students on their caseload **scoring in moderate to severe range** on psychosocial screeners (i.e., GAD-7, PHQ-9)

- Target score range for group therapy: 13-18

See Appendix for sample **clinical interview** and **informed consent** scripts

2

Conduct In-Person Clinical Interview with Eligible Students

Clinical interview assesses student willingness to:

- Share personal experiences in a **group setting**
- **Support others** in the group facing similar issues
- Keep what is shared in the group **confidential**
- Be **present and on time** to all group meetings

If student responds "yes" to all four questions in clinical interview, counselor:

- Secures parent/guardian consent for participation in group therapy
- Records baseline screening data before group begins

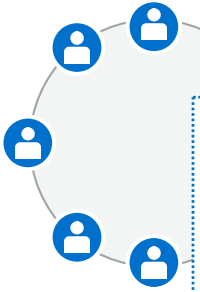
Sources: Methuen Public Schools, MA; EAB interviews and analysis.

Implementing Group-Model CBT

Structure, Frequent Progress Monitoring Integral to Program Success

3

Centralize Resources to Streamline Group Session Implementation



Key Group Characteristics

Small size: Usually fewer than 12 students per group

Time limited: Once per week for 6-8 weeks

Closed Groups: Students unable to drop in and out

Shared master calendar ensures facilitators are aware of all dates/times of scheduled group sessions

- Align sessions with screening dates to decrease wait time for services, streamline referral process
- Review attendance patterns, counselor preferences once yearly to adjust master schedule as needed

Shared Google folder organizes administrative documents and evidence-based resources to improve staff efficacy and enable best-practice sharing

4

Monitor Student Progress Regularly and Collect Post-Group Data

Psychosocial screener administered biweekly and upon group completion

- Graph data to show individual and group growth

Feedback form distributed weekly to gauge efficacy of session structure, delivery

- Use feedback to determine areas of focus for future sessions

Discussion of symptom "spikes" based on events that week (e.g., school vacations, tests, social events)

Sources: Methuen Public Schools, MA; EAB interviews and analysis.

Turning the Tide on Anxiety and Depression

Three-Year Trends Show Continued Improvement in Symptom Presentation

Selected Group CBT Outcomes Data

Mixed Internalizing Group

84%

Show-rate for group therapy sessions

38%

Average reduction in symptom presentation at group termination

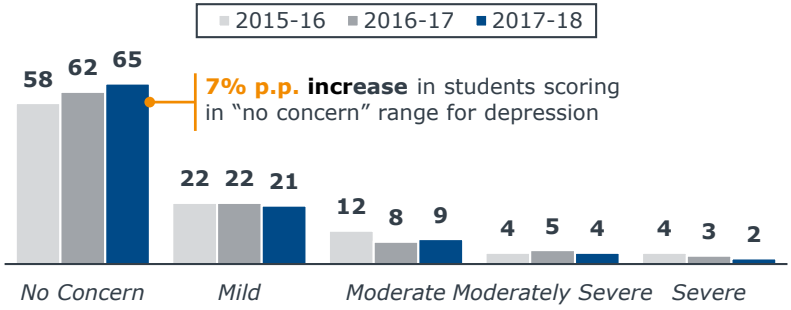
Anxiety Group

45%

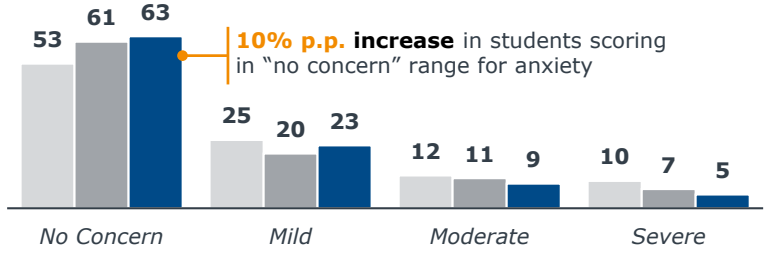
Average reduction in symptom presentation at group termination

More Methuen High School Students Exhibiting "No Concern" on Depression and Anxiety Scales

PHQ-9 Depression Prevalence Rate, % of Students Grades 9-12



GAD-7 Anxiety Prevalence Rate, % of Students Grades 9-12



Sources: Methuen Public Schools, MA; EAB interviews and analysis.

A District-Centered Mental Health Collaborative

Education and Health Care Stakeholders Become Partners in Student Success

Ongoing Meetings Between District and Community Mental Health Providers Coordinate Efforts to Meet Students' Needs

Profiled Institution:
Boston Public Schools, Boston, MA

BOSTON Public Schools Focus on Children

Collaborative Highlights

Monthly meetings convene over 25 organizations that promote the behavioral health, wellbeing, and academic success of BPS students

Designed to reduce fragmentation of efforts to meet student mental health needs

Focused on strengthening central components of high-quality mental health service delivery:

- Evidence based practices in therapeutic service delivery
- Training
- Prevention programming
- Advocacy
- Systems integration
- Family engagement

Sources: Boston Public Schools, MA; EAB interviews and analysis.

Speaking the Same Language

District and Providers Agree on Policies, Procedures for Providing Services

"Standards of Practice" Guide District and Partner Agency Staff in the Provision of High Quality, Culturally Relevant Mental Health Services

Standards of Practice Document Overview

Primary Audience:

- Agency clinicians
- District-employed clinicians
- Student support teams
- Agency administrators
- School administrators

Areas of Focus:

- Vision, mission, goals of the collaborative
- Framework for culturally responsive practice
- Common language for processes, procedures
- Models of school-based service delivery
- District-level partnership agreements
- School-level partnership agreements
- Emergency/Crisis protocols

Sources: Boston Public Schools, MA; EAB interviews and analysis.

Defining Models of School-Based Service Delivery

District Sets Explicit Partnership Expectations Across All Tiers of Student Need

Funding Model Dictates Level of Integration Between Community Providers and School Mental Health Processes, Procedures, and Services

Less Integrated ← → *More Integrated*

3rd Party Billing Only

- Agency clinicians exclusively provide services billable to insurance
- District/school offers referrals, space

Hybrid Model

- School contributes funds from budget to cover cost of some non-billable services[1] from agency clinicians

Comprehensive Model

- Attainable for large local hospitals who heavily supplement funding[2]
- Clinicians provide full range of mental health activities and services needed in a school

Sample Expectations of Agency Providers at Tier 2

3rd Party Billing Only	*Hybrid Model*	*Comprehensive Model*
*Clinicians are **familiar with, but do not provide**, tier 2 services*	*Clinicians **occasionally provide** tier 2 services, but primarily see students individually*	*Clinicians **regularly provide** tier 2 services in response to student need*
Clinicians are familiar with school structures, procedures for matching students with tier 2 services	*Partner agencies provide some professional development related to specific tier 2 services*	*Clinicians are members of student support teams where tier 2 services are designed, evaluated*

1) Examples include counseling slots for a limited number of students, specific tier 2 interventions, professional development, team meeting time.
2) Funding supplemented through accountable care organizations, fundraising, and other funding streams.

Sources: Boston Public Schools, MA; EAB interviews and analysis.

Ensuring Commitment Among All Parties

Providers Must Sign Formal Agreements at the District- and School-Levels

Formal Agreements Keep District Administrators, Principals, and Agency Staff on the Same Page About Scope and Logistics of Partnerships

Community Provider

District-Level Agreement

Must be maintained for all agencies providing services within Boston Public Schools

Key Requirements

- A Scope of Work (SOW) document accompanied by a legal contract
- Participation in the Boston Area School Based Behavioral Health Collaborative
- Aggregate data-sharing agreements
- Adherence to district administrative policies (e.g., insurance, facilities use, school safety, background checks)

See Appendix for **standards of practice** document and sample **partnership agreements**

School-Level Agreement

Must be developed with partner agencies for every site at which services are being provided

Key Requirements

- Scope of services
- Recruitment, referral procedures
- Expected financial contribution from school budget
- School space dedicated to service provision
- Partnership outcomes
- Primary agency and school contacts, expected meetings throughout the year

Sources: Boston Public Schools, MA; EAB interviews and analysis.

The Power of Collective Impact

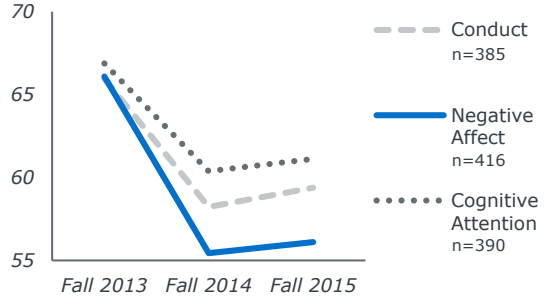
Collaboration Improves Efficiency and Strengthens Advocacy

"Even for well-resourced districts who have no problem funding what they want to fund, **there's still this inadequate access to child mental health services**—at the community level that's still a shortage that basically all of our communities are dealing with.

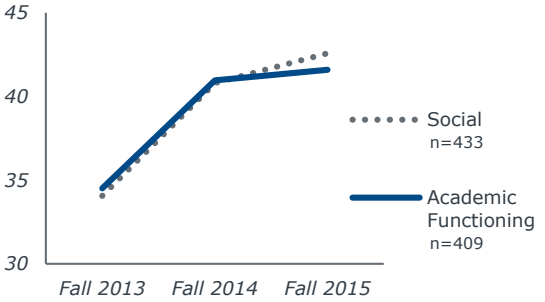
And so having this group collaborating and understanding each others' worlds a little bit allows you to then advocate together for what needs to change at the local, state, and federal levels to make this work more doable. That's the intention of this group, to be able to maximize existing resources and advocate for new funding streams."

Jill Snyder Battal, *School Psychologist, Boston Public Schools*

Trends in Student Outcomes Among Students At-Risk[1] for Behavioral Concerns



Trends in Student Outcomes Among Students At-Risk[2] for Adaptive Concerns



1) Average score of all students identified in "some risk" or "high risk" categories. BIMAS defines scores of ≥70 as "High risk," 60-69 as "Some risk," and <60 as "Low risk." Mean score = 50.
2) Average score of all students identified in "some risk" or "high risk" categories. BIMAS defines scores of ≤40 as "Concern", 41-59 as "Typical," and ≥ 60 as "Strength."

Sources: Boston Public Schools, MA; EAB interviews and analysis.

Access to Care May Vary

Even Schools in the Same District or Area May See Significant Disparities in Access

School A is well-supported by available providers, students have broad access to mental health services

Schools B and C have limited access to care providers, causing delays or lack of service

Profiled Institution:

Lake Washington School District, WA

Availability Not the Same as Coordination

"We were already working with several local agencies, but there was no clear agreement on who was at what school at what time and no clear line for how students will be seen and by whom. Some schools were overserved and in others, kids were waiting for weeks."

Matt Gillingham, *Associate Superintendent of Student and Community Services,* Lake Washington School District

Source: Lake Washington School District, Redmond, WA; EAB interviews and analysis.

Matching Supply and Demand

Resource Allocation Model Ensures Access to Appropriate Services for All

Roundtable Brings Providers and Educators Together to Improve Access to Care

Meeting gathers educators and local agencies providing care for underprivileged students

Focus is on optimizing schedules to ensure no schools are over- or underserved by providers

Reallocation balances objective factors (school needs) with past provider experiences

Process Focuses on Matching Student Needs to Provider Capabilities

Predict Demand for Mental Health Services

Districts create an algorithm to predict the volume and type of mental health care needed at each school

+

Calculate Supply and Capability of Providers

Agencies consider the availability and skills of their staff and re-assign them based on school needs

=

Match Available Service to Student Needs

Providers and schools distribute agency resources to ensure maximum coverage across all schools

Source: Lake Washington School District, Redmond, WA; EAB interviews and analysis.

Predictive Needs Assessment Critical to Success

Lake Washington's Demand Calculation Model Helps Providers Allocate Staff

Key Characteristics to Consider When Predicting Demand

- School size
- %FRPL[1]
- Absenteeism rate
- Substance use
- % of students reporting:
  - Depression
  - Suicidal ideation
  - Frequent or extreme anxiety
  - Being a victim of bullying

Measuring Supply Requires A Close Look at Provider Ability

- Geographic proximity to schools
- Required types of service
- Languages spoken by students and providers
- Cultural competency of individual providers

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	District	School	Enrollment	FRL	FRL Raw	FRL Prop	CA	CA Raw	CA Prop	Avg Prop	Agency A	Agency B	Agency C	Agency D	Agency E	Total
2	LWSD	School BA		565	19.8%	112	1.92			1.92						0
3	LWSD	School BB		472	35.1%	166	2.84	7.20%	34	0.86	1.85	0.25				0.25
4	LWSD	School BC		545	26.9%	147	2.51	7.16%	39	0.99	1.75					0
5	LWSD	School BD		448	35.6%	159	2.73	6.25%	28	0.71	1.72	0	0			0
6	LWSD	School BE		504	19.1%	96	1.64	10.17%	51	1.30	1.47	0				0
7	LWSD	School BF		624	16.6%	104	1.77	7.37%	46	1.16	1.47		0			0
8	LWSD	School BG		604	14.1%	85	1.46	9.10%	55	1.39	1.42					0
9	LWSD	School BH		404	24.4%	99	1.69	7.92%	32	0.81	1.25					0
10	LWSD	School BI		399	25.9%	103	1.77	6.27%	25	0.63	1.20					0
11	LWSD	School BJ		405	21.4%	87	1.48	7.90%	32	0.81	1.15	0.25				0.25
12	LWSD	School BK		468	15.2%	71	1.22	8.12%	38	0.96	1.09		0		0.5	0.5
13	LWSD	School BL		328	21.0%	69	1.18	11.77%	39	0.98	1.08		1		1	2
14	LWSD	School BM		638	6.4%	41	0.70	8.62%	55	1.39	1.05			1	0.5	1.5
15	LWSD	School BN		675	2.6%	18	0.30	9.77%	66	1.67	0.99		0.5		0.5 0.5	1.5
16	LWSD	School BO		628	4.6%	29	0.50	9.17%	58	1.46	0.98	0.75	1	0.5		2.25
17	LWSD	School BP		692	3.9%	27	0.46	7.43%	51	1.31	0.89	0.5	0.5			1
18	LWSD	School BQ		398	8.0%	32	0.55	11.60%	46	1.17	0.86		0.5			0.5
19	LWSD	School BR		465	5.3%	25	0.42	9.89%	46	1.16	0.79	0.5	0.75		0	1.25
20	LWSD	School BS		635	2.4%	15	0.26	6.87%	44	1.10	0.68					0
21	LWSD	School BT		664	1.6%	11	0.18	6.33%	42	1.06	0.62					0
22	LWSD	School BU		652	2.7%	18	0.30	5.67%	37	0.94	0.62					0
23	LWSD	School BV		678	3.0%	20	0.35	5.16%	35	0.89	0.62		0.5			0.5
24	LWSD	School BW		504	5.5%	28	0.47	5.76%	29	0.74	0.60					0
25	LWSD	School BX		571	4.5%	26	0.44	5.08%	29	0.73	0.59				1.5	1.5
26	LWSD	School BY		556	3.1%	17	0.30	5.58%	31	0.79	0.54					0
27	LWSD	School BZ		359	4.2%	15	0.26	8.20%	29	0.75	0.50					0
28	LWSD	School CA		473	2.0%	9	0.16	6.13%	29	0.73	0.45					0
29	LWSD	School CB		382	2.4%	9	0.15	3.01%	11	0.29	0.22					0
30	LWSD	School CC		467	0.9%	4	0.07				0.07					0

See Appendix for sample **spreadsheet template**

1) Free and Reduced-Price Lunch.

Source: Lake Washington School District, Redmond, WA; EAB interviews and analysis.

Mindset Shift Improves Service for All Students

Collaboration Between District and Agencies Brings Benefits Across the Board

More Predictable Service

Fewer urgent calls from schools to get coverage and service from agency staff

Better Coverage

Consistent support for students in every school across the district

Expanded Counselor Capacity

Increase of 8 full days of counseling each week due to ability to forecast student needs

Resource Mapping and Reallocation Expand the Pool of Available Service

"For us, this was about shifting to a different way of thinking about how we use community resources…We now see that the resources are landing where they are needed, and community partners are coming to us and saying, 'we are able to recruit and hire more people because we can predict where the needs are'."

Matt Gillingham, *Associate Superintendent of Student and Community Services,* Lake Washington School District

Source: Lake Washington School District, Redmond, WA; EAB interviews and analysis.

Struggling to Meet Demand for Services

Major Obstacles to Connecting Students with Providers

Access to the Right Provider

~40%

Of Americans live in areas designated by the government as having a shortage of mental health professionals

>60%

Of US counties do not have a single psychiatrist within their borders

Overcoming Logistical Challenges

46%

Of Americans have had to or know someone who has had to drive more than an hour roundtrip to seek treatment

38%

Of Americans seeking mental health treatment have had to wait longer than a week

Source: Glick, S., "America's Growing Mental Health Crisis," *Oliver Wyman*, December 1, 2018; Cohen veterans Network and National Council for behavioral Health, "America's Mental Health 2018," October 10, 2018; EAB interviews and analysis.

Tech-Enabled Solutions Expand Access to Care

Two Main Types of Remote Care Delivery Improve Student Options

Variations of Telemental Health Support Provide Different Additional Benefits

Expanding Virtual Access to Clinical Providers

- Increases availability and choice of providers
- Speeds up care delivery
- Significantly reduces logistical barriers
- May include upfront technology costs (e.g. 1:1)
- Students may be reluctant to use

Using AI-Powered Mental Health Support

- Eliminates logistical barriers
- Provides instant 24/7 support
- Reduces stigma fears
- Provides comprehensive, tiered access to services:
  - Ongoing well-being and stress management
  - AI-led evidence-based clinical treatment
  - Direct connection to humans depending on need

Source: EAB interviews and analysis.

Adding Telemental Health to a District's Care Options

Smithville SD[1] Contracts with Clinician to Provide Virtual Care to All Adolescents

Flexible Structure Allows Virtual and In-Person Meetings, Modifies Service According to Student and District Needs

Smithville's Telemental Health Model

- Small suburban school district (2,600 students)
- 20 miles north of Kansas City, MO
- 1:1 District

Adopted Teletherapy as an Option for All

Contracted with a mental health professional to deliver teletherapy to middle and high school students

Addressed Coverage Depending on Student Needs

Clinician accepts and bills most insurance provided in the area, district finds community resources or directly provides funding to students who cannot afford service

Tailored Service to Include In-Person Meetings

1st meeting with students always in person, subsequent consultations may be in person or online; majority of high school students prefer online option

Adapts Service Provision According to Outcomes

Clinician sends quarterly reports to district, containing what works, what can be changed, number of referrals, students who no longer need service

Profiled Institution:
Smithville School District, MO

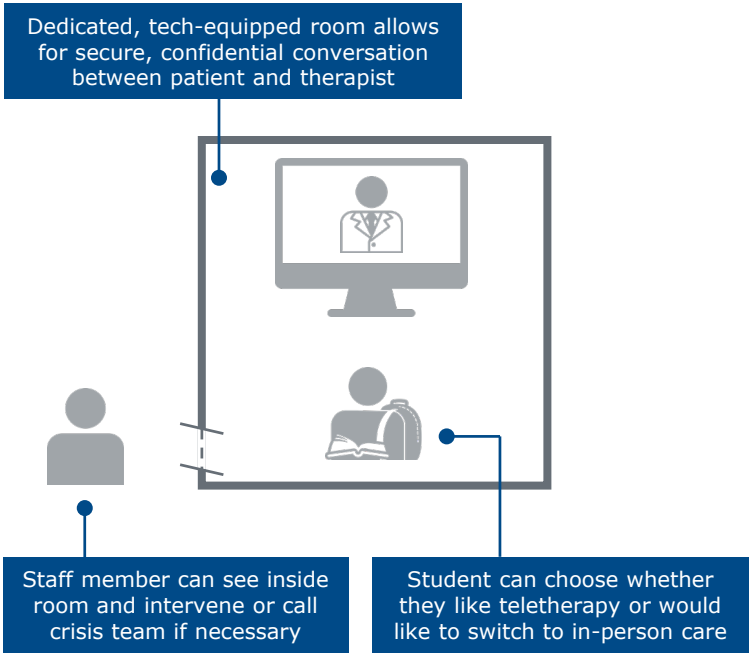
1) School District.

Source: Smithville School District, Smithville, MO; EAB interviews and analysis.

Ensuring the Best of Both Worlds

Teletherapy Brings Convenience and Ability to Adapt to Student Needs

Structured Environment Ensures Both Student Privacy and Flexible Response to Crises When Necessary



Added Convenience Brings Benefits Across the Board

Students

Requires less effort to attend and students do not have to miss instruction

Parents

Parents do not have to take time off work or worry about whether child is attending sessions

School Administrators

Have instant feedback from students and therapist and incur fewer travel costs

Clinician

Can reimburse at same rate as in-person therapy but can see more patients due to reduced logistical barriers

Source: Smithville School District, Smithville, MO; EAB interviews and analysis.

Telemental Health an Effective Way to Support Students

Results Show Teletherapy's Importance to Districts' Overall Care Strategy

"Students have expressed how much they have enjoyed teletherapy: being able to go into a room without their parents bugging them, or not having to go at an inconvenient time of the day or take time away from being with their friends.

I haven't had anyone say they didn't want teletherapy or start teletherapy and then change to in-person."

Andrea Ambroson,
Director of Special Services & Student Services, Smithville SD, MO

Study In Brief:
Telemental Health for Children and Adolescents (2015)

- Systematic review examining the evidence base on telemental health on children and adolescents across settings
- Finds that **care is effective**, alongside early evidence that **outcomes are comparable to in-person delivery**
- Concludes that *"Child and adolescent telepsychiatry is a feasible, acceptable and sustainable approach to address the gap in access to services for underserved populations."*

Clear Benefits to Any School District

"…Advantages of school telemental health (TMH) include greater efficiency, the capacity for higher volume, and increased access to care for many students who would be unlikely to reach traditional community mental healthcare because of barriers such as transportation and healthcare coverage."

Stephan et al., *Telemental Health in Schools, Journal of Child and Adolescent Psychopharmacology,* 2016

Source: Smithville School District, Smithville, MO; Gloff, NE., et. al., "Telemental Health for Children and Adolescents," *International Review of Psychiatry* 2015, 27(6), pp. 513-523; Stephan S., et. al., "Telemental Health in Schools," *Journal of Child and Adolescent Psychopharmacology*, April 2016, 26(3), pp. 266-272; EAB interviews and analysis.

Can Machines Help?

Tech Solutions Aim to Address Full Spectrum of Mental Health Needs

AI-Driven Solutions Provide Variety of Services and Support at Users' Fingertips

Less intense support → *More intense support*

Ongoing Well-Being and Stress Management

- Usually apps that aim to reduce anxiety, depression, or stress
- "Gamification" of mental health management shown to improve well-being in clinical studies by UPenn and in *Biological Psychology*

AI-Led Evidence-Based Clinical Treatment

- Apps or chatbots providing CBT-based treatment, often in the form of conversations
- Various platforms demonstrate reduction in variety of clinical symptoms in research from Stanford, Columbia, and Oxford

Direct Connection to Humans if Needed

- Platforms able to connect students to life coaches, licensed therapists, or crisis hotlines

Source: Samuel, S., "These apps make a game out of relieving anxiety. They may be onto something.," *Vox.com*, September 25, 2019; Worthen-Chaudhari, L., et. al., "Reducing concussion symptoms among teenage youth: Evaluation of a mobile health app," *Brain Injury*, June 2017, pp. 1279-1286; Ropeke, Ann Marie, et. al., "Randomized Controlled Trial of SuperBetter, a Smartphone-Based/Internet-Based Self-Help Tool to Reduce Depressive Symptoms," *Games for Health Journal*, April 2015, Vol. 4(3); Fitzpatrick, KK, et. al., "Delivering Cognitive Behavior Therapy to Young Adults With Symptoms of Depression and Anxiety Using a Fully Automated Conversational Agent (Woebot): A Randomized Controlled Trial," *JMIR Mental Health*, Apr-Jun 2017, 4(2): e19; EAB interviews and analysis.

Finding the Right Support

Districts Can Recommend Variety of Tools Depending on Student Needs

	Ongoing Wellbeing and Stress Management	AI-Led Clinical Support	Direct Connection to Humans If Needed	Notes
Woebot	✓	✓		Connects users to a CBT-trained chatbot
Youper	✓	✓		Connects users to a CBT-trained chatbot
wysa	✓	✓	✓	Chatbot and life coach that can only be used by minors (13-18) with parental consent Can connect to life coaches, does not offer clinical advice
joyable	✓	✓	✓	Chatbot and life coach used by businesses that can connect users to human life coaches
talkspace			✓	No chatbot option, virtual platform to connect users directly to licensed health professionals
7Cups	✓		✓	Offers self-service tools, but focus is on conversations with volunteers and therapy with licensed practitioners (18+ only); used by some higher ed and K12 institutions
Tess (X2AI)	✓	✓	✓	Chatbot and platform that can be modified to include mental health professionals chosen by the district; can have a live person take over a conversation in crisis

For an additional list of app reviews by the Anxiety and Depression Association of America (ADAA) please visit https://adaa.org/finding-help/mobile-apps

Source: "ADAA Reviewed Mental Health Apps," *Anxiety and Depression Association of America;* EAB interviews and analysis.

Responding to the Adolescent Mental Health Crisis

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Referral Does Not Guarantee Follow-Through

"Refer and Hope" Approach Leaves Students Without Needed Care

Students and Families Face Multiple Challenges Connecting With Providers

50+%

Of children with a mental health disorder **do not receive treatment**

7.5 Weeks

Average wait time to see a child and adolescent psychiatrist

42%

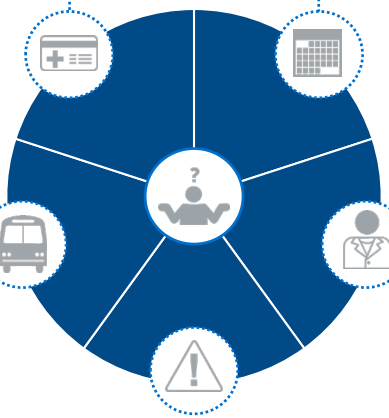
Of students **did not connect to an off-campus provider** when referred by their university's counseling center

Finances

"Will my insurance cover appointments with a mental health therapist?"

Scheduling

"I work late nights, when will I have time to take my child to therapy?"



Transportation

"I don't have a car…how will I get my child to counseling appointments?"

Finding a Provider

"I don't even know where to look for a provider who does what I need."

Mistrust, Unfamiliarity

Sources: "Addressing Children's Mental Health Workforce Shortage," American Academy of Child and Adolescent Psychiatry, 2018; Whitney DG, Peterson MD. "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children," *JAMA Pediatrics,* Feb 2019, 173(4):389–391. doi:10.1001/jamapediatrics.2018.5399; Owen J et al, "University Counseling Center Off-Campus Referrals, An Exploratory Investigation," Journal of College Student Psychotherapy, 22, no. 2 (2007): 13-29; EAB interviews and analysis.

Streamlining the Referral Process to Local Providers

University of North Carolina at Chapel Hill's Referral Coordination Program

Coordination and Follow-up Help Students Persist in Accessing Clinical Care

Triage Appointment

- All students referred off-campus for services are **automatically scheduled** for a referral coordination appointment

Referral Coordination

- **30-minute appointment** occurs 3-7 days after the initial referral
- Facilitated by a social worker or trained intern
- Discussion **personalized for each student**; often includes student goals, provider preferences, potential obstacles, and follow up strategy

Systematic Follow Up

- Referral coordinator **checks in after 1-2 weeks** to ensure a successful connection was made
- Student completes a **short biannual survey** about their satisfaction with the program and local provider

Profiled Institution:

University of North Carolina at Chapel Hill

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

2.5x Students who go through the program are 2.5x **more likely to connect with an off-campus provider** than students who do not

Sources: University of North Carolina at Chapel Hill, NC; EAB interviews and analysis.

Deploying a Referral Coordinator in Your District

Recommended Next Steps

STEP 1

Identify Your Coordinator

Possible Candidates

- Social Worker
- Graduate intern
- High-performing administrative staff member

STEP 2

Equip Them to Succeed

Maintain a Referral Toolkit

- List of available and trusted local clinicians
- Transportation schedules and maps
- Information on submitting insurance claims

See Appendix for tools to build **a local provider database**

STEP 3

Assess Program Outcomes

Collect Referral Data

- Track connection rates
- Survey students' satisfaction with providers
- Update internal information about clinicians as necessary

Standardize Intake Forms

Ensure referral sheet mirrors community partner's own intake form to reduce triage and speed up student admission

Speed Up Information Release

Ensure HIPAA and FERPA release forms are always given to parents at both district and community partner to speed up information exchange

Source: EAB interviews and analysis.

Reentry a Major Challenge for Students, Schools

After Leave of Absence, Students with Unmet Needs Struggle to Succeed

Following Leave of Absence for Mental Health Treatment, Vulnerable Students Disproportionately Face Emotional and Academic Challenges

20-30%

Of youth **require rehospitalization** in the year following hospital stay for a mental health issue

> "Teens return to the community **at high risk of relapse** and are expected to take on the task of recovery while managing **all the social and academic pressures**."

Henry White, Clinical Director

BROOKLINE COMMUNITY MENTAL HEALTH CENTER

Reintegration Into School Routine Fraught with Challenges

School Work

Homework, tests, projects pile up and become overwhelming

Social Isolation

Students face unwanted attention, questions from peers

Care Coordination

Lack of coordination between external providers, school, families

Source: Brookline Community Mental Health Center. (2014). "A School-Based Transition Program for Adolescents Returning to High School After a Mental Health Emergency." Psychiatric Services; Singh, S. (2015). "Transitioning from Psychiatric Hospitalization to Schools." UCLA Center for Mental Health in Schools; Clemens, E. et al. (2011). "Elements of successful school reentry after psychiatric hospitalization." Preventing School Failure: Alternative Education for Children and Youth; EAB interviews and analysis.

Looking for a Post-Crisis Coordinator

Hamilton Southeastern Creates a Role to Oversee Post-Discharge Transitions

Dedicated Crisis Liaison Manages Back-to-School Transition After Hospitalization, Serves as Key Advocate for Student

Case Management and Follow-Up Critical to Liaison's Success

- Coordinates follow-up with educators, family, and care providers to ensure smooth transition back to school
- Supports student after discharge (~2 weeks), remains in contact afterwards if needed
- Refers students to school- or hospital-based services after discharge as necessary
- Caseload varies during the year but typically ranges from 10-30 students

Role Focuses on Students' Non-Clinical Needs

- No clinical or social work background or expertise necessary
- Key responsibilities include:
  - Coaching life skills
  - Advocating for students
- Supervised by hospital psychologist
- Employed by hospital, partially paid for by district

Profiled Institution:
Hamilton Southeastern Schools, IN

Hamilton Southeastern Schools

Source: Hamilton Southeastern Schools, Fishers, IN; EAB interviews and analysis.

Helping Students Who Need It the Most

"The reason we created this role was that we noticed a gap in support. We had no way to really get information from the hospitals because it can be difficult to contact their staff. Having the crisis liaison really helps our counselors support students with high needs better."

— Brooke Lawson

Mental Health and School Counseling Coordinator,
Hamilton Southeastern Schools,

Source: Hamilton Southeastern Schools, Fishers, IN; EAB interviews and analysis.

Structured Reentry Eases Transition

Bridge for Resilient Youth in Transition (BRYT) Provides In-School Support

BRYTs Integrated Framework…

Dedicated Program Leads

Clinician/Program Coordinator

Licensed professional customizes clinical support to the need of the student

Academic Coordinator

Responsible for liaising with faculty to ensure academic progress

Formalized Reentry Meeting

Typical Participants

BRYT program leads, student, guidance counselor, school administrator, teachers, parents, school nurse

Meeting Agenda

Plan student's reentry, delineate staff responsibilities, and set dates for monitoring student progress, follow up

…Coordinates Essential Wraparound Support

Clinical Care

- Coordinating with community providers
- Providing clinical care on-site
- Monitoring student progress

Academic Support

- Organizing and completing assignments
- Discussing workloads with teachers
- Scheduling tutoring sessions

Family Engagement

- Arranging meetings between family and school personnel
- Communicating student progress with family

Profiled Institution:

The Public Schools of Brookline, MA

PUBLIC SCHOOLS of BROOKLINE

Sources: "Welcome to BRYT: Bridge for Resilient Youth in Transition," The Brookline Center for Community Mental Health, Accessed 28 Oct 2019; EAB interviews and analysis.

Dedicated Space Integral to Student Transition

Transition Room Designed to Ease Students' Reintegration

Transition Room Provides Space for Gradual Reintegration and Immediate Support When Students Feel Overwhelmed

Typical BRYT Transition Room

- **Space dedicated solely** for transition program use
- **Staffed all day** by clinician/program coordinator, academic coordinator
- **Varied spaces** include workspace, informal seating, computers
- **Connected to an office** for family and student meetings
- **Near a building exit** enabling students to enter, leave discretely

See Appendix for a **detailed checklist** to help you set up a coordinated reentry process

Sources: "Welcome to BRYT: Bridge for Resilient Youth in Transition," The Brookline Center for Community Mental Health, Accessed 28 Oct 2019; EAB interviews and analysis.

Transition Support Leads to Successful Students

Bridge for Resilient Youth in Transition Yields Results, Expands Rapidly

<10%
Of students require re-hospitalization

82%
Of program participants graduate on time

137
BRYT programs started since 2004

"Once I heard what they are doing in Brookline, and now in many other places in Massachusetts, I couldn't help but wonder why this program hasn't always existed and why every school system in the country isn't using it. **Not to be too dramatic, but it really saves lives, and at a very small cost.**"

Dr. Nancy Reed, Psychiatrist
AMERICAN PSYCHIATRIC ASSOCIATION

"Because the program is **fully integrated into the school environment**, access is easy, acceptance of services by students and families is enhanced, and staff members are available immediately to respond to crises and emergencies."

Henry White, Clinical Director
BROOKLINE COMMUNITY MENTAL HEALTH CENTER

Sources: "Welcome to BRYT: Bridge for Resilient Youth in Transition," The Brookline Center for Community Mental Health, Accessed 28 Oct 2019; EAB interviews and analysis.

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