



# Critical Steps to Prepare for the Impending Mental Health Surge

Anticipating Unprecedented Demand for Mental Health Care  
in Schools

District Leadership Forum

# Please Use the Chat Feature Today!

## We Would Love to Crowdfund Questions and Ideas



### ***Specific Questions***

What questions are you tackling that would benefit from additional research?



### ***Data, Resources, Best Practice Leads***

Share your successes to help other districts better serve their students and communities



### ***Request to Speak With an EAB Expert***

Partners: Schedule a consultative conversation through your dedicated advisor



Find the Chat Button at the bottom of your screen



**We help schools support students from enrollment to graduation and beyond**

➤ **ROOTED IN RESEARCH**

**7,500+** Peer-tested best practices

**500+** Enrollment innovations tested annually

➤ **ADVANTAGE OF SCALE**

**1,700+** Institutions served

**4 M+** Students supported by our SSMS

➤ **WE DELIVER RESULTS**

**95%** Of our partners continue with us year after year, reflecting the goals we **achieve together**

➤ Find and enroll your right-fit students

➤ Support and graduate more students



➤ Prepare your institution for the future

# EAB's District Leadership Forum

Comprehensive Support for Superintendents and District Leadership Teams



## National Best Practice Research

Comprehensive solutions to systemic challenges

Actionable guides pairing academic research with proven best practices



## Tailored On-Demand Research

Quick-turnaround answers to district leader questions

Custom research profiling peer district solutions to pressing challenges



## Diagnostics, Surveys, and Benchmarking

Guided Audits and Survey Templates

Data analysis and personalized reports for individual districts

Dedicated Implementation Support



**Consultative Support and Guidance**



**Executive Roundtables and Workshops**



**P.D. Tools and Implementation Guides**

# One-Stop Resources for K-12 Recovery Planning

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## Frameworks to Create Plans and Assess Readiness



**Return to Learn Plans**



**Student and Teacher Mental Health**



**Equitable Multimodal Learning**

Safe Building Reopening

Student Screening, Referral & Re-entry

Distance Learner Experience Mapping

COVID Slide Learning Recovery

Teacher Burnout Prevention

Family Customer Service for Virtual Special Education

Personalized Learning

Telemental Health Services

Next-Gen IT Architecture, Curriculum & PD

### Serving the Entire Organization



Control Tower



Rapid Response Teams



Professional Learning Communities



Transformation Team

### Continuous Learning Resources



Consultative Workshops



Reopening Plan Validation



Peer Roundtable Meetings



Principal & Teacher PD

# Upcoming Virtual Roundtables for Superintendents

Mark Your Calendars for Our Return to Learn Working Sessions



**Virtual Superintendent Roundtable on “Return to Learn” Planning**  
*Special session for superintendents on key school reopening and learning recovery issues*



**Tuesday, June 23<sup>rd</sup> 3:00-5:00 p.m. ET**

**Thursday, June 25<sup>th</sup> 1:00-3:00 pm ET**

**[REGISTER HERE](#)**

To help maximize scarce summer planning time, **EAB is holding two-hour virtual roundtable sessions for Superintendents to frame the most important decisions districts face** (and the sequence in which they need to be decided), with data and lessons learned (where available) from first-opener countries and states. EAB warmly invites you to join, confident that you will leave with a clearer perspective of Return to Learn issues and a plan for working with EAB as you support your teams charged with refining and executing the plan.



# Critical Steps to Prepare for the Impending Mental Health Surge

Anticipating Unprecedented Demand for Mental Health Care  
in Schools

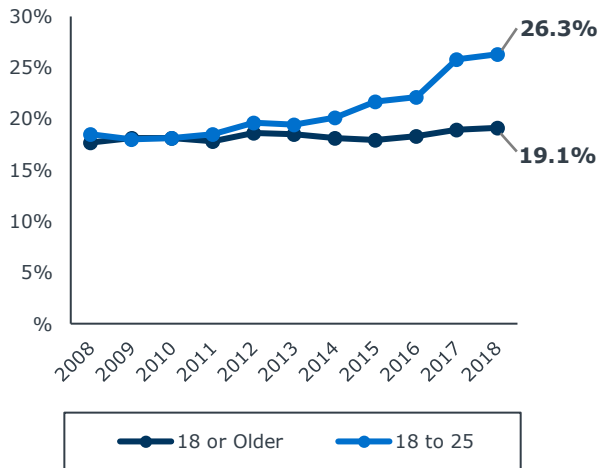
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# Mental Health Crisis Pre-Dates Coronavirus

## Anxiety, Depression, and Suicide Growing in Younger Generations

### Mental Illness Is a Consistent Struggle for Many Americans

Percentage of Adults 18 or Older with Any Mental Illness in the Past Year, 2008-2018



### Rates of Anxiety, Depression and Suicide Steadily Rising in Schools

**17%** Increase in **diagnosis of anxiety disorders** in young people<sup>1</sup> in the last 10 years

**32%** Of adolescents will meet criteria for an **anxiety disorder by the age of 18**

**177%** Increase in the **suicide rate** for youth aged 10-14 (0.9 in 2007 to 2.5 in 2017<sup>2</sup>)

**3,069** **Suicide attempts are made on average each day** by students in grades 9-12<sup>3</sup>

Sources: "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; 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](http://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](http://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf); "Mental Health Information: Suicide," *National Institute of Mental Health*, Accessed 25 Oct. 2019; EAB interviews and analysis.

- 1) Aged 6 to 17.
- 2) Indicates deaths per 100,000 people
- 3) 2017 data.



# Coronavirus and Response Accelerating Trends



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## Children Are Showing Signs of Stress and Anxiety

**36%** of children are anxious about missing schoolwork

**33%** of children are worried about contracting COVID-19 themselves

**19%** of children are worried about not having enough food following news coverage of panic buying

**17%** of children are afraid to go outside their house

## The Mental Health Tax of Family Quarantine



In a 2013 study<sup>1</sup>, **post-traumatic stress symptoms were 4x stronger** in adults and children who had been quarantined than in those who were not quarantined.



**28% of quarantined parents** warranted a diagnosis of “trauma-related mental health disorder” in a recent study of quarantined families in China.

# Repeat of Economic Disaster Sparks Familiar Trauma



## Home Stability at Risk for the Second Time in a Generation

### Today's Students Were Born Amid Economic Downturn...

*Economic and Societal Hardships Resulting from the Great Recession (2007-2009)*



**21.3%**

Percentage of **food-insecure households with children** in 2009



**10.6%**

Peak unemployment rate during Great Recession (Jan 2010)



Domestic violence grew in relation to unemployment, resulting in **75% of shelters reporting** an increase in women with children seeking assistance<sup>1</sup>

### ...and Are Seeing Similar Impacts During COVID-19 Quarantine

*Economic and Societal Hardships Emerging During COVID-19*



**51.6%**

Percentage of children **without consistent access to free and reduced-price school lunches**



**45.7 million**

New jobless claims across U.S. over the past 13 weeks (as of June 18, 2020)



Domestic violence reports in New York State up **30%** April over same period in 2019

Sources: Kalleberg, A & von Wachter, T, "[The U.S. Labor Market During and After the Great Recession: Continuities and Transformations](#)," 2017; Bauer, L & Schanzenbach, D, "[Children's Exposure to Food Insecurity Is Still Worse Than It Was Before the Great Recession](#)," 2018; Schneider et al., "Intimate Partner Violence in the Great Recession," 2017; "Mary Kay Truth About Abuse" Survey, 2011; Isaacs, J & Lovell, P, "[Families of the Recession: Unemployed Parents & Their Children](#)," Brookings; Redd, Z, "[Child Poverty in the Aftermath of the Great Recession](#)," Child Trends, 2015; EAB interviews and analysis.

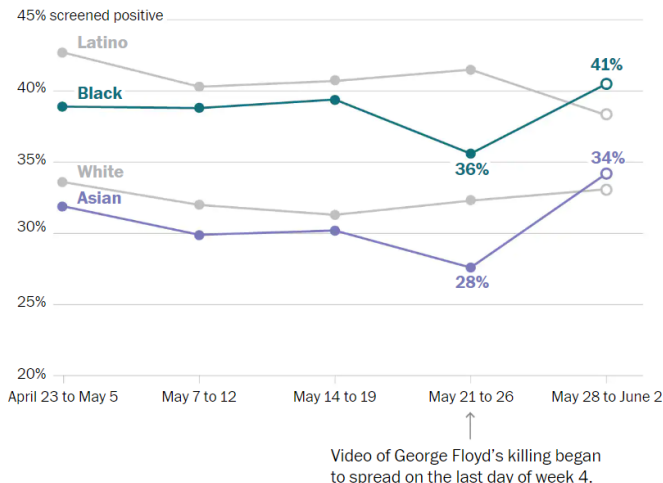
1) Based on national findings from a survey of domestic violence shelters, n=672.

# Recent Police Brutality Compounds Existing Anxiety

## Black Americans Face Trauma Beyond Coronavirus and Quarantine

### Anxiety and depression spike for black and Asian Americans after the police killing of George Floyd

Percent screening positive for anxiety and/or depression



### Black Americans Show Largest Increase in Mental Health Challenges, 2019-2020

36 → 41%

Change in rate of black Americans showing clinically significant signs of anxiety or depressive in the week after the video of Floyd's death became public

8 → 30%

Change in rate of black Americans showing depression symptoms, January 2019 – June 2020

# Concerns Over Teacher Well-Being

## Due to Personal Stress and Compassion Fatigue

### Teachers Report High Levels of Stress and Emotional Strain

**B.C. (Before COVID)**

**A.C. (After COVID)**

**58%**

Of teachers described their mental health<sup>1</sup> as “not good” for at least 7 of the last 30 days

**78%**

Of teachers say they feel mentally and physically exhausted at the end of the workday

**80%**

Of teachers report feeling **anxious, worried, exhausted, or depressed** since the beginning of the COVID-19 crisis<sup>2</sup>.

### Working with Students Under Stress Increases Risk of Compassion Fatigue

#### *Risk Factors of Compassion Fatigue*



Female gender



Inexperience in the field



Degree of exposure



Prior trauma exposure



Young age

1) Including stress, depression, or emotional challenges.  
2) N=5,000 teachers surveyed by Yale Center for Emotional Intelligence.  
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Sources: American Federation of Teachers, “2017 Educator Quality of Work Life Survey”; American Federation of Teachers, “PSRP Reporter: The National Publication of AFT Paraprofessionals and School Support Staff,” Fall 2015; “[Building Trauma-Sensitive Schools Handout Package](#),” U.S. Department of Education National Center on Safe Supportive Learning Environments; EAB interviews and analysis.

# EAB Best Practice Guide

## Preventing Teacher Burnout



### Supporting the Wellbeing of Teachers and Staff

Addressing Teacher and Staff Self-Care and Preventing Burnout

#### This Guide Will Help Users:

- Address and prevent burnout among teachers and staff through use of self-care assessments and planning tools
- Implement a range of collective action strategies to continuously support the social, emotional, and mental well-being of teachers and staff
- Help reduce mental health stigma around district and school staff to encourage greater utilization of Employee Assistance Programs

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## Implementation Guide Focuses on Systematic Prevention and Alleviation of Stress and Burnout

Executive Summary

Part One: Support Teacher and Staff Social-Emotional Self-Care

Part Two: Structure Ongoing Teacher and Staff Support Systems

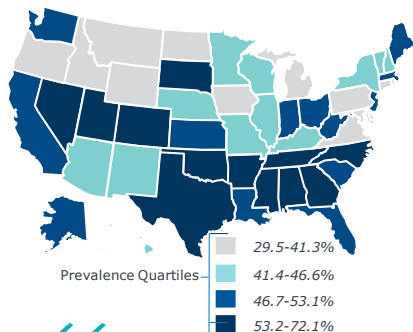
Part Three: Implement Strategies to Reduce Mental Health Stigma Among Staff

# Education Has Become the “De Facto” System of Care

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## Mental Health Deserts Leave Many Students Without Local Providers

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



49.4%

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

“

**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*

## Responsibility for Adolescent Mental Health Care Falls on Schools

75%



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

## Convenience and Familiarity Preferable for Students

21x



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

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; “[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/](http://www.sbh4all.org/school-health-care/health-and-learning/mental-health/); EAB interviews and analysis.

# Schools Can't Afford to Take a Back Seat

## Mental Health Challenges Detrimental to Student Success

Elementary

### Children Who Face Adverse Events Less Focused, Less Connected

**2x** Children ages 6+ with two or more ACEs<sup>1</sup> are **twice as likely to be disengaged from school**

**4x** Children ages 3 to 5 with two or more ACEs are four times more likely to

- Have trouble **calming themselves down**
- Be **easily distracted**
- Struggle to **make and keep friends**



Secondary

### Mental Health Crises Often Lead to Recurring, Lasting Challenge

**5-9%**

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

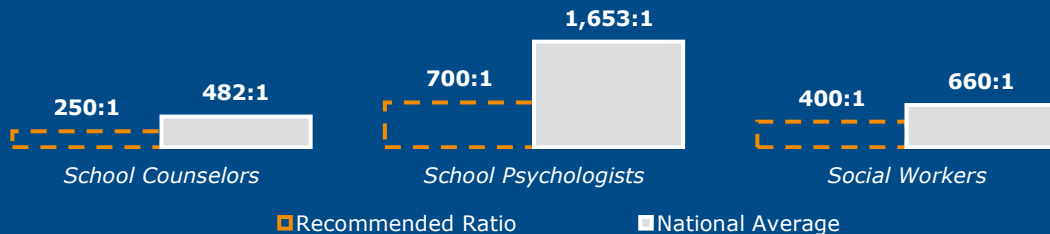
**50%**

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

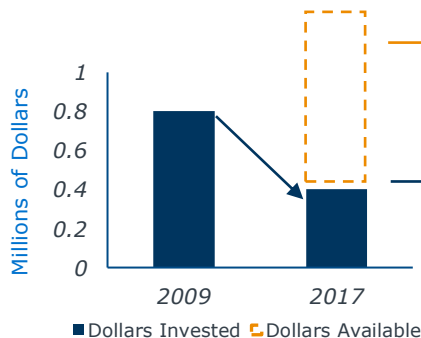
# District Staffing and Funding Are Both Inadequate

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

**State Budgets** projected to drop by 15-25% due to COVID-related shortfalls

**(📶)** Mental health is also only one portion of CARES Act intended use, as schools struggle to prioritize insufficient relief funds

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 High Schools," *National Association of Secondary School Principals*, Accessed 28 Oct. 2019; EAB interviews and analysis.



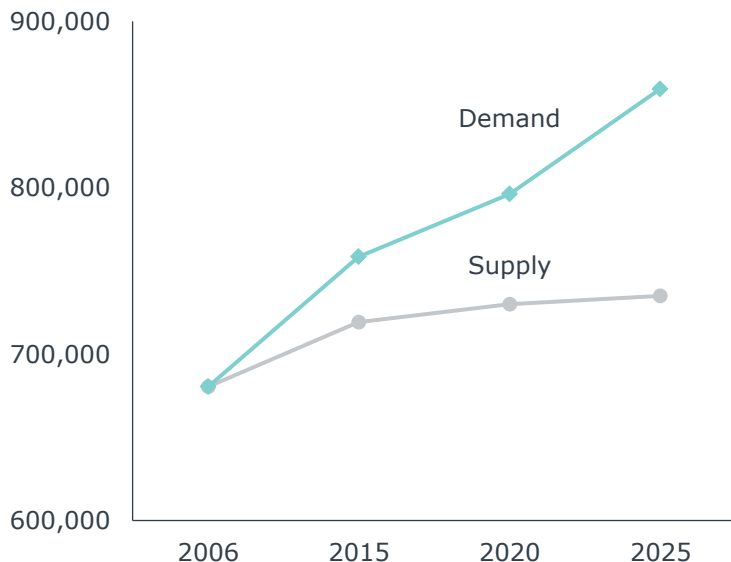
# Healthcare Experiencing a Similar Story

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Our Aging Population Is Forcing Health Care to Rethink Delivery Models

## Shortfall of Physician Supply v. Demand

Projected 2006-2025



### Factors Driving Demand



Population growth



Disease trends and outbreaks



Patient behaviors and choices



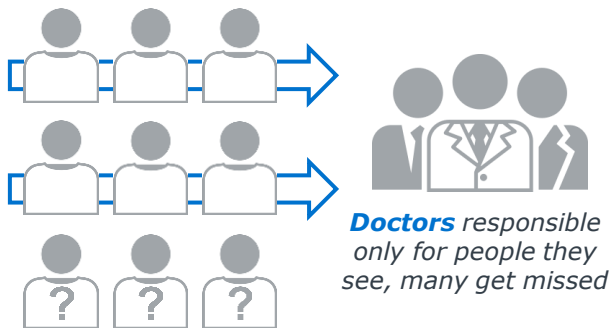
**Aging demographics**

Source: Dill, Michael J., and Edward S. Salsberg. AAMC Center for Workforce Studies, "The Complexities of Physician Supply and Demand: Projections Through 2025." Last modified November 2008. Accessed March 21, 2013. <https://members.aamc.org>; Health Care Advisory Board interviews and analysis.

# Can't Afford to Wait for Crisis

Effective Population Health Management Contingent on Proactive Approach

## Passive Model



**Incentivizes throughput,  
not innovation**

## Proactive Model

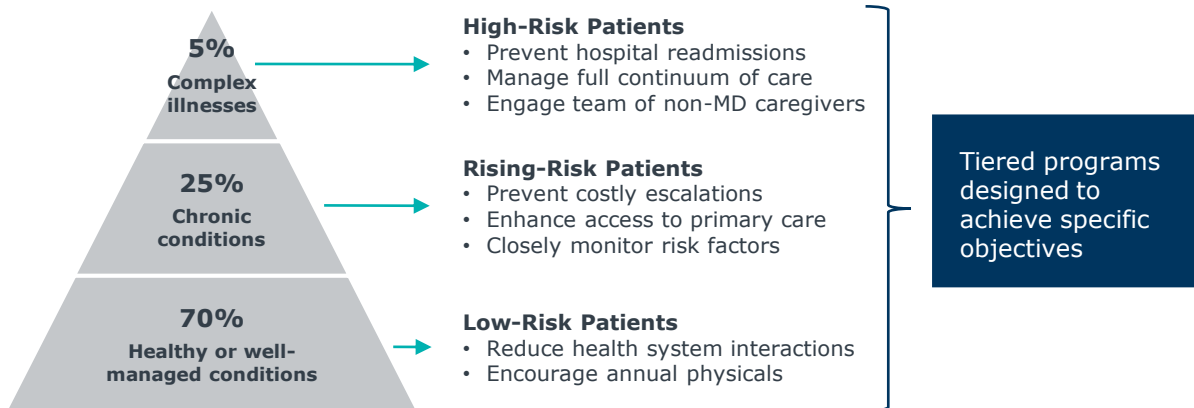


**Encourages innovation to  
deliver more care to all**

# A Primer to Population Health Management

## Health Care's Triage Solution to Delivering More Care with Finite Resources

### Risk Segmentation Enables Scalable Care



### Reported Results



Fewer avoidable hospital visits



Fewer patient re-admissions

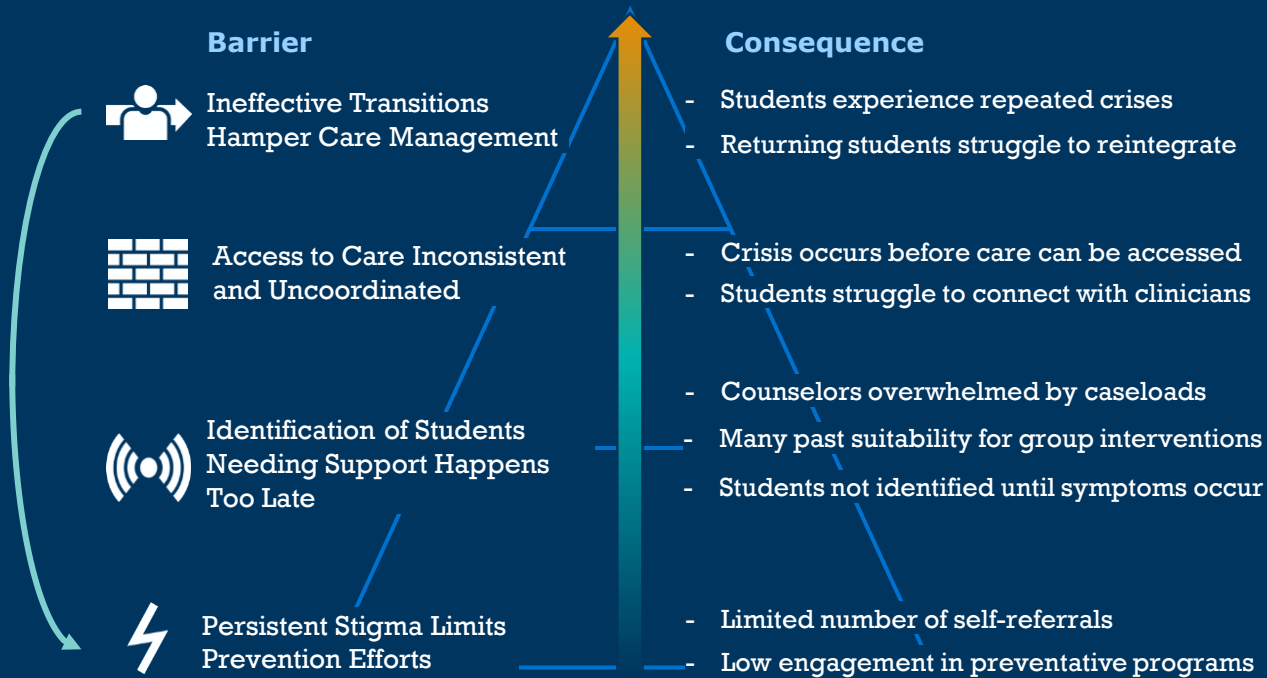


Reduced traffic through the ED



Lower cost of care per patient

# Four Pervasive Barriers Prevent Effective MTSS



Poor Outcomes



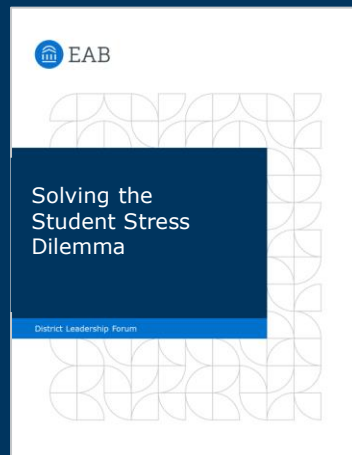
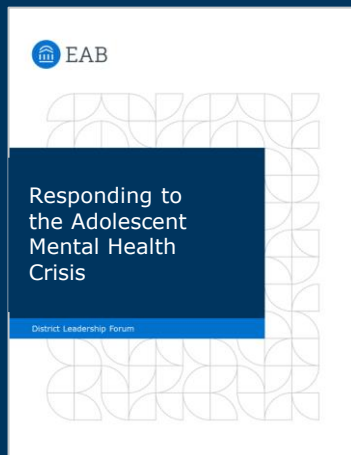
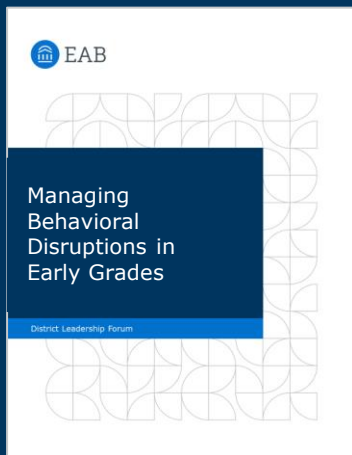
Strained Systems



Higher Costs

# EAB Best Practice Research

## Supporting K-12 Behavioral and Mental Health



**44** Proven, Innovative, and Replicable Best Practices

# Preparing to Improve Student Wellbeing in Fall 2020

## Barrier to Overcome



Identification of Students Needing Support Happens Too Late



Access to Care Inconsistent and Uncoordinated



Ineffective Transitions Hamper Care Management



Persistent Stigma Limits Prevention Efforts

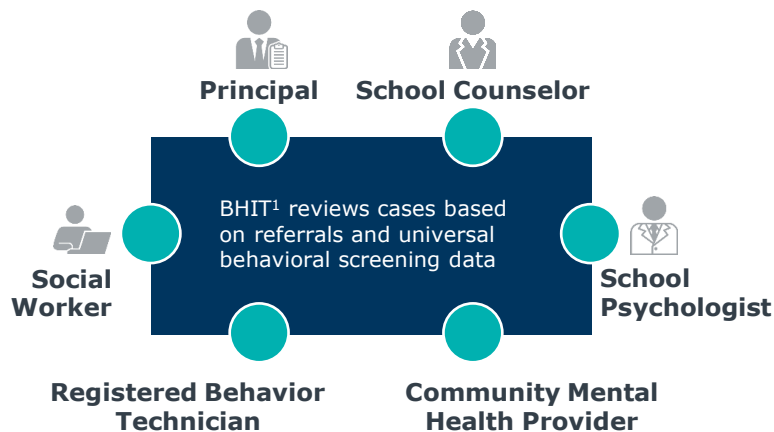
## Action Steps for Summer 2020

- Form Behavioral Health Intervention Teams
- Select universal screener for emotional needs
- Plan for “Adult-Student Relationship Mapping”
- Train support staff in CBT and group therapy
- Establish telemental health programs
- Designate case managers for students in crisis
- Develop P.D. for trauma informed practice
- Plan for PBIS and SEL in multimodal learning
- Launch a year-round family education campaign

# Organizing for Coordinated Mental Health Support

Behavioral Health Intervention Team Leverages Cross-Functional Expertise

**School-Level Teams Collaborate to Address Behavioral and Emotional Concerns**



- District contracts with local mental health provider
- Clinical 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

## **BHIT<sup>1</sup> Meeting Agenda**

- ❑ Discussion of relevant district policy or procedural information (as needed)

## **Weekly Review**

- ❑ New cases (30 Minutes)
- ❑ Ongoing case updates (30 minutes)

## **Monthly Review**

- ❑ Implementation, effectiveness of universal supports

# Launching Behavioral Health Intervention Teams



## To Do:

### Launch Behavioral Health Intervention Teams

- ☐ Establish a Behavioral Health Intervention Team at each school in the district
- ☐ Secure the commitment of each principal to sponsor and lead their team
- ☐ Create weekly and monthly agenda templates with purpose of team clearly stated
- ☐ Set up a central referral inbox and form for referrals in each school
- ☐ Define criteria for what does and does not warrant a referral (behavioral and emotional)
- ☐ Design training and teacher guide to referrals

### Objectives for Behavioral Health Intervention Team

1. Use collective knowledge to identify appropriate supports for students and efficiently refer them to services
2. Identify and monitor patterns in student needs and behaviors
3. Use data to optimize preventative programming and primary care



### Think “Virtual First”

Designing a **virtual training** not only supports staff in the current environment but can also be re-watched and used as a refresher throughout the coming months



# Missing an Opportunity for Early Identification

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## Despite Evidence of Effectiveness, Universal Screening Still Not the Norm Why Screen Students for Behavioral and Emotional Issues?

### Tested and Validated



**High average (0.5-0.8)** positive predictive values<sup>1</sup> of most universal screeners

**Very high average (0.92-0.98)** negative predictive values<sup>2</sup> of most universal screeners

### Endorsed by Multiple Entities



- PBIS
- Surgeon General
- SAMHSA<sup>3</sup>
- NASP
- The White House
- American Psychological Association



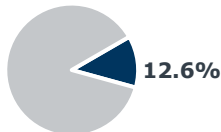
“The key step in reform is to move school-based psychological services from the back of the service delivery system, in which only students at the highest level of risk receive services, to the front of service delivery through **the use of universal, proactive screening.**”

NASP Position Statement: Mental and Behavioral Health Services, 2015

## Adoption of Recommended Practice Slow Across the Country

### Nationwide Sample, 2014

*n*=454



12.6%

Percentage of districts using universal screening

### DLF Member Survey, 2018

*n*=30



30%

- 1) Of those identified at-risk, proportion of correctly identified.
- 2) Of those identified not at-risk, proportion of correctly identified.
- 3) Substance Abuse and Mental Health Services Administration.

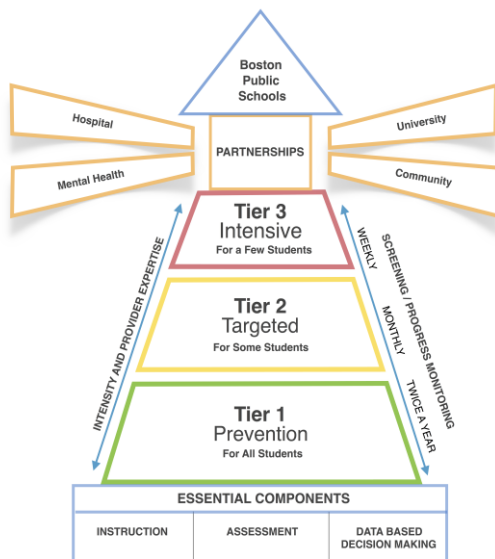
# Screening Foundational to Multi-Tiered Support

Boston's CBHM<sup>1</sup> Aims to Provide Relevant Support to Every Student

## Comprehensive Behavioral Health Model Overview

### Profiled Institution:

*Boston Public Schools, Boston, MA*



## Key Model "Non-Negotiables" for Participating Schools



Strong leadership and accountability at district level, including data monitoring and resource support



**Universal screening to provide schools with actionable data and a way to track progress**



PBIS<sup>1</sup> implementation in all CBHM schools



Implementation of social-emotional learning curriculum as a universal support instructs all students on critical social skills



School psychologists at each building designated as point people to support CBHM implementation

# Establishing a Reliable Procedure Critical to Success

Proliferation of Tools Makes Universal Screening Accessible to Any District

## Basic Considerations for Adopting Universal Screening



**Choose an evidence-based tool** in consultation with mental health staff



### Characteristics to Consider:

- Cost
- Time to administer
- Complexity
- What it measures



**Secure parental consent** via opt-in/out




**Train teachers** on properly using selected tool



**Screen several times a year** for continuous identification

## Multiple Reliable Instruments Available

Tool	Advantages	Disadvantages
<b>BIMAS</b>	Progress monitoring; identifies positive skills; electronic scoring	Only available in English; no student self-report option until age 12
<b>BASC-3 BESS</b>	Very high validity and reliability; excellent online tools; multiple raters	Fairly complex to administer; expensive
<b>SAEBRS</b>	 <p><b>EAB Expert Insight</b></p> <p><i>Universal Screening is Proven Effective. Here's Why You Should Implement it Now</i></p>	
<b>SDQ</b>		
<b>SSBD</b>		
<b>SRSS</b>		
<b>SSIS-PSG</b>		
<b>EBS</b>		

Source: Pierce, Corey D., et. al., "Applied Examples of Screening Students At Risk of Emotional and Behavioral Disabilities," *Intervention in School and Clinic* 2016, 52(1), pp.6-11., <http://journals.sagepub.com/doi/abs/10.1177/1053451216630276>; Jenkins, L. et. al., "A Critical Review of Five Commonly Used Social-Emotional and Behavioral Screeners for Elementary or Secondary Schools," *Contemporary School Psychology* 18(4), 2014, <http://psycnet.apa.org/record/2016-24252-005>; EAB interviews and analysis.

# Preparing for Universal Mental Health Screening



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## To DO:

### Prepare for Universal Mental Health Screening

- ☐ Convene a team of district support staff to establish why a screener is needed and input on selection
- ☐ Decide which screener best fits your district priorities
- ☐ Educate parents and teachers on benefits of screener (Identify needs, not threats)
- ☐ Train teachers on use of screener
- ☐ Adopt Boston Public Schools' timeline for use of screener across the district

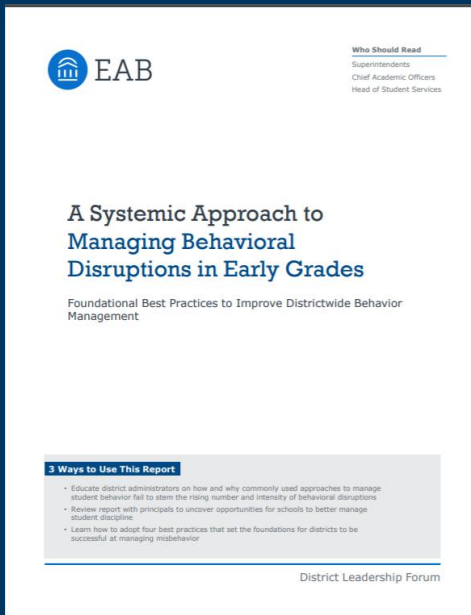


### Universal Screening Timeline

- 1 Train staff on using BIMAS
- 2 Secure parental consent
- 3 Conduct 1<sup>st</sup> screening at least 6 weeks into the school year
- 4 Share results with all levels (district, school, grade)
- 5 Gather school- and grade-level teams to discuss data and target interventions
- 6 Track progress and adapt interventions every 6 weeks
- 7 Conduct 2<sup>nd</sup> screening in spring
- 8 Repeat steps 4-6

# EAB Best Practice Research

## Embrace Early Intervention with Universal Screening



### In-Depth Research Report Focuses on High-Impact, Systemic Reforms

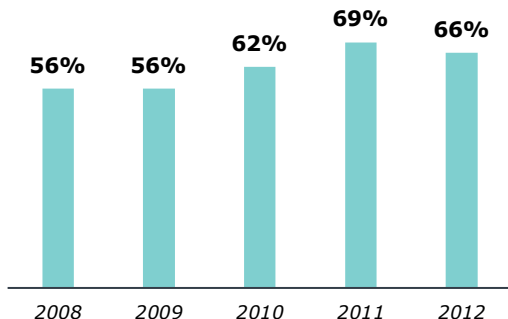
Part One details how districts can **identify students in need and direct resources to support them** before serious issues arise. This is best achieved via universal screening for behavioral and emotional issues.

# Supportive Relationships Integral to Student Success

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## Graduation Rate Trends Lead Washoe County to Rethink Student Support

Washoe County Public Schools Graduation Rates, 2008-2012



"Two big reasons students leave school are that they have no meaningful connection to an adult in the building, and no one knows their name or how to pronounce it. This SEL work isn't just feel-good: **we know through research that relationships and connections keep kids in school.**"

*Administrator, Washoe County Public Schools*

## Why Focus on Relationships?

Controlling for all background characteristics, **children with a caring adult outside of the home are:**



**10%** more likely to **show interest in learning**



**11%** more likely to **stay calm, controlled** when faced with a challenge



**21%** less likely to have **bullied in the past month**



**28%** less likely to **feel sad or depressed**

### Profiled Institution:

Washoe County School District, NV



Sources: Korbey, H. "The Power of Being Seen," Edutopia, October, 2017; Collaborative for Academic Social and Emotional Learning, "Partner Districts, Washoe County," 2018, <https://casel.org/partner-districts/washoe-county-school-district/>; Murphey et. al., "Caring Adults: Important for Positive Child Well-Being," Child Trends, December 2013; Balfanz, R., Neild, R.C., Herzog, L., "An Early Warning System," Johns Hopkins University Everyone Graduates Center, October 2007; EAB interviews and analysis.

# Launch a Schoolwide Review of Positive Relationships 31

## Relationship Mapping Highlights Student Risk and Gaps in Positive Adult Support

Use these prompts to guide staff reflection on the quality and depth of their relationship with each student

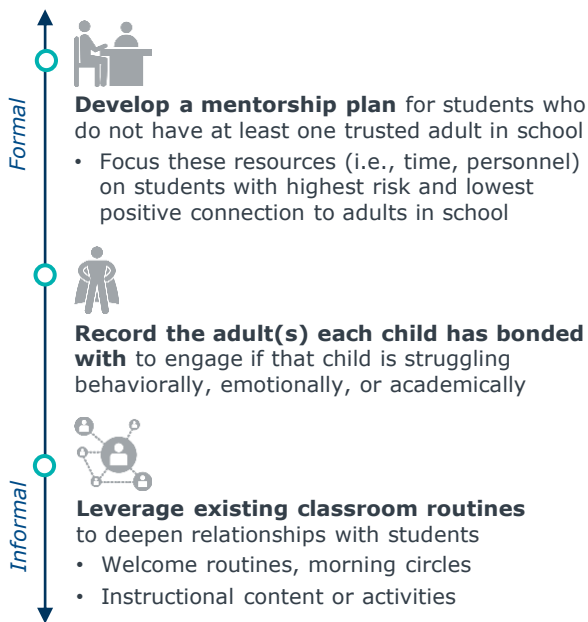
Staff should indicate they are a “trusted adult” for a student if they have positively bonded with the student and believe he/she would come to them with a personal problem or concern

Student Name	Name/ Face	Academic Standing	Regular Positive Feedback	2 Non- Academic Facts	Family Story	Trusted Adult	At Risk
Sally B.	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓	● ● ●	
Jenny D.	✓ ✓ ✓	✓	✓		✓ ✓		● ● ●
Danny S.	✓ ✓ ✓ ✓	✓		✓			●
Pete T.	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	● ●	● ● ● ●
Maria W.	✓ ✓	✓		✓	✓ ✓	●	● ●

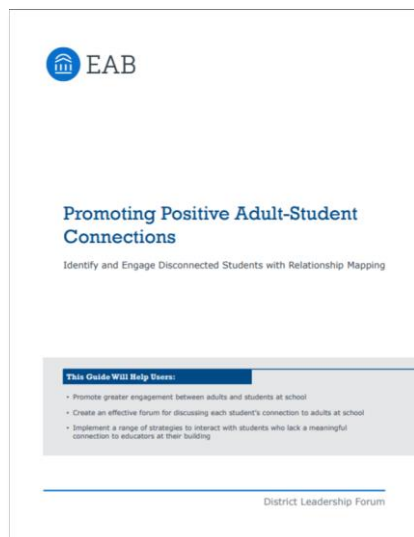
Staff should also indicate any student who is at risk academically, personally, and/or socially (e.g., homelessness, family instability, peer rejection, withdrawn, anger issues)

# Putting Relationship Mapping to Work

## Formal and Informal Strategies Help Staff Build Relationships with Students



## *EAB's Step-by-Step Implementation Toolkit*



**EAB Expert Insight**

Remote Relationship Mapping





# Preparing to Improve Student Wellbeing in Fall 2020

## Barrier to Overcome



Identification of Students Needing Support Happens Too Late



Access to Care Inconsistent and Uncoordinated



Ineffective Transitions Hamper Care Management



Persistent Stigma Limits Prevention Efforts

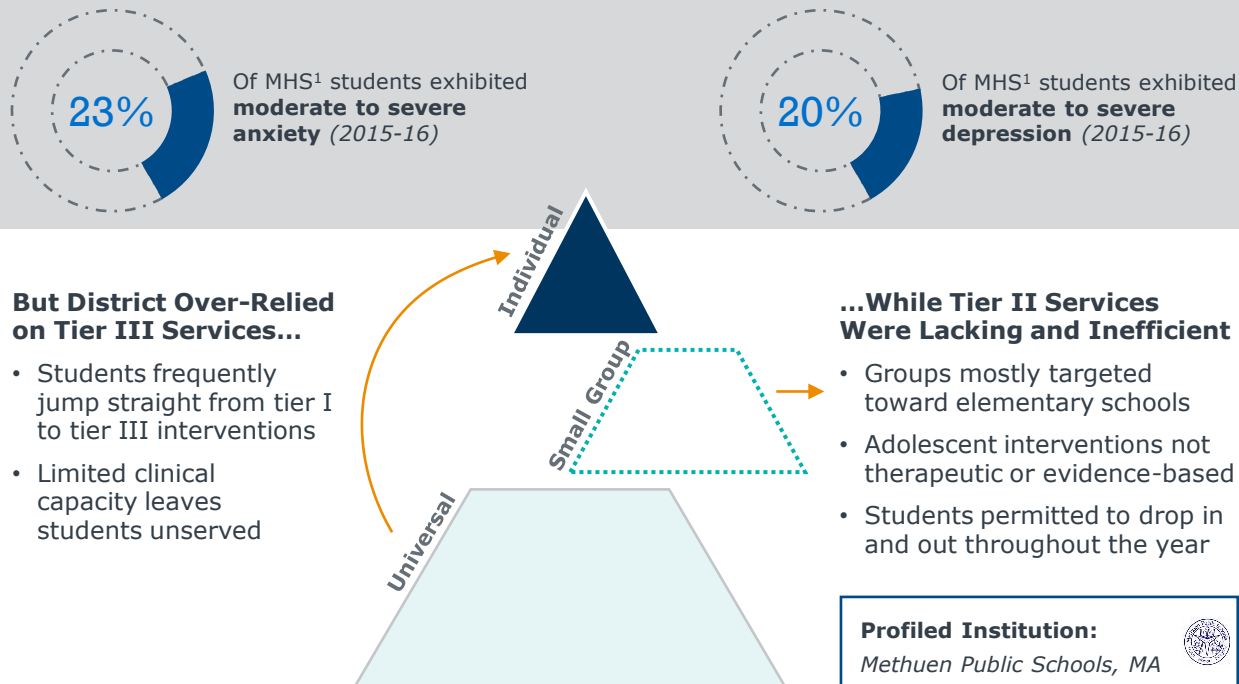
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- Launch a year-round family education campaign

# Reinvigorate Group Therapy in Schools

## District Looks to Scale Support for Commonly Presenting Issues

### Significant Portion of Methuen High School Students Have Anxiety, Depression



1) Methuen High School.

# 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

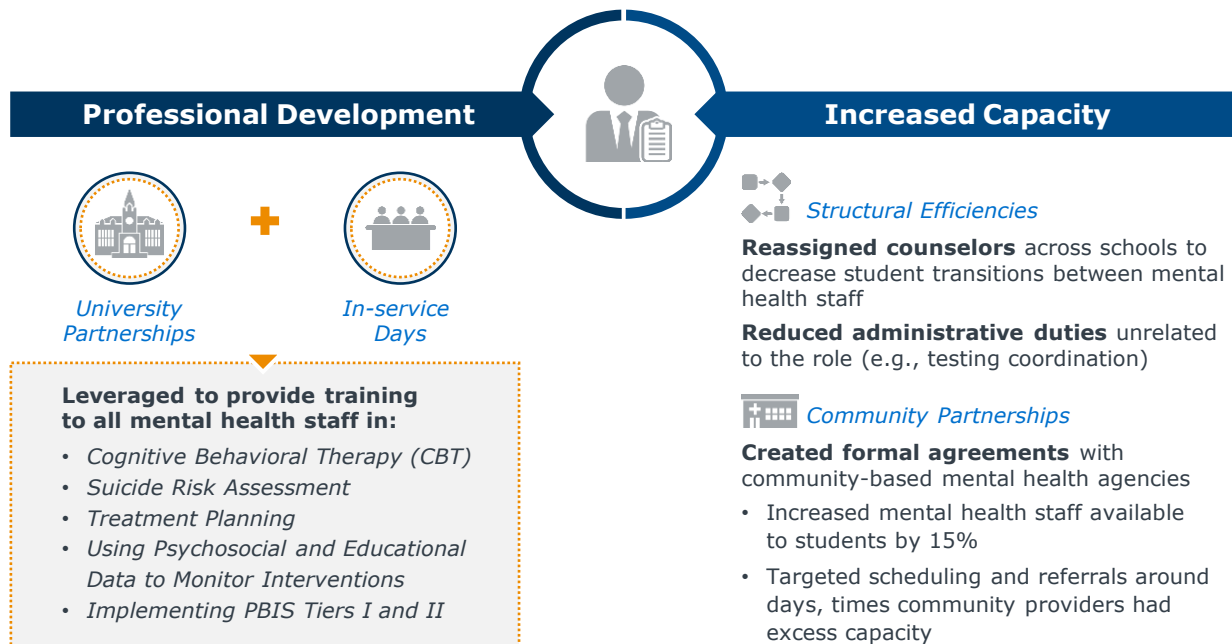


The main barriers staff encounter in attempting to deliver therapeutic groups to students (e.g., time, logistics)

# Equipping Mental Health Staff with Tools to Succeed

36

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



# Launching Evidence-Based Group Therapy

37

## To Do:

### Launch Evidence-Based Group Therapeutics

- ☐ Survey student support staff to assess:
  - ☐ Perceptions of group therapy
  - ☐ Current practice
  - ☐ Training needs
- ☐ Partner with local higher ed institutions to secure in-service training on evidence-based therapeutic practices in a group setting
- ☐ Assess probable demand for mental health support at each school in the district
- ☐ Re-allocate trained staff across schools in alignment with projected demand

### Key Characteristics to Consider When Predicting Demand

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



# Telemental Health an Effective Way to Support Students

38

## 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 Ambrosion,  
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

# Coronavirus Ushers In A New Age of Telehealth

## “Good Faith” Adoption of Tech Solutions Receives Green Light for COVID-19

### OCR Relaxes HIPAA Compliance to Enable Access to Care

March 17, 2020

“OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency.”

### HIPAA Compliant Platforms

[Doxy](#) [Zoom for Healthcare](#) [Thera-LINK](#)

### Three Options for Virtual Mental Health Support in Schools

1

Continuing Service for School Counselors and Psychologists

2

Contracted Teletherapy Through [Local/National Service Providers](#)

3

A.I.-Powered Chat-Bots for Rapidly Scalable Support

For more information on HIPAA compliance during the COVID-19 pandemic, reach out to the HIPAA Journal’s hotline at (800) 231-4096 for answers to your questions

# 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

Dedicated, tech-equipped room allows for secure, confidential conversation between patient and therapist

Student can choose whether they like teletherapy or would like to switch to in-person care



Staff member can see inside room and intervene or call crisis team if necessary

In a virtual schooling environment, identify a **Patient Support Person**, such as a trusted family member or a school administrator, who will answer the phone when called for immediate assistance.

### 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



# 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

# Implementing Telemental Health Supports

42

## To Do:

### Implement District-Wide Telemental Health Supports

- ❑ Consult your existing behavioral health partner(s) about the option to integrate telemental health services
- ❑ If existing providers are not able to support, identify a provider licensed to provide care in your state
- ❑ Communicate availability of telemental healthcare to families and students, along with requirements
- ❑ Establish stockpile of appropriate technology for students without access to personal wi-fi and devices
- ❑ Develop procedures for school-supported telemental health care, including designation of Patient Support Person for each case

### A.I. Powered Mental Health Support



CBT-Trained Chatbot



CBT-Trained Chatbot



Chat-bot and life coach



Chat-bot and life coach



[Free](#) for all K-12 teachers and administrators

Toolkit Coming Soon:  
**Tech-Enabled Mental  
Health Care in Schools**



# Preparing to Improve Student Wellbeing in Fall 2020

## Barrier to Overcome



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Persistent Stigma Limits Prevention Efforts

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# Mismanaged Transitions Lead to Repeated Crises

44

"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.

# Crisis Coordinator Increases Likelihood of Success

45

## Handholding Through Referral and Reentry Prevents Crisis Repetition

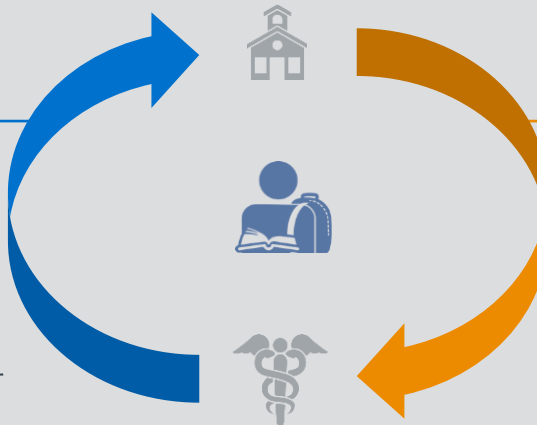
### Student Crisis Care Coordinator

#### Facilitate Reentry Process

- Coordinate with teachers, family, and clinicians to ensure smooth transition
- Support student after discharge (~2 weeks), remains in contact afterwards if needed
- Refer students to school- or hospital-based services after discharge as necessary

#### Coordinate Referral Process

- Connect student with appropriate provider
- Manage paperwork, data release, and transportation
- Track student satisfaction rates with clinical providers



**20-30%**

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

**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



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

## To-Do:

### Crisis Coordinator Check-List

- ☐ Identify a crisis coordinator in your district
  - Does not need to be a clinical professional
- ☐ Compile the following:
  - ☐ A database of local providers
  - ☐ Transportation maps
  - ☐ Protocols for submitting insurance claims across providers
- ☐ Establish protocols for how students missing school due to mental health crises will transition back to the classroom

### *Quick Coordination Wins to Support Students in Crisis*



#### **Standardize Intake Forms**

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

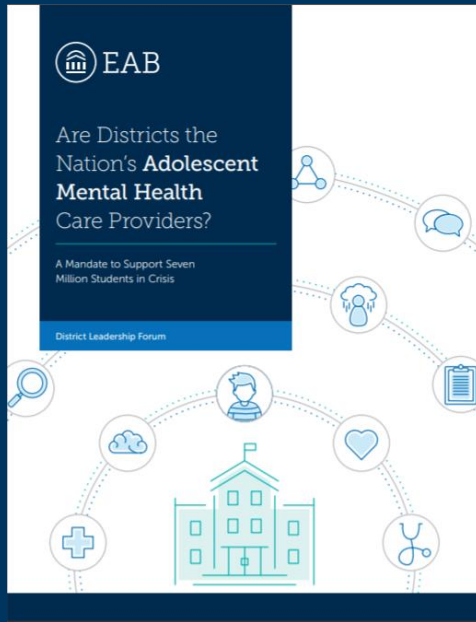


#### **Speed Up Information Release**

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

## EAB Executive Brief

# Are Districts the Nation's Adolescent Mental Health Care Providers?



EAB's latest research on supporting students in crisis

Practice guides include:

1. Ongoing Peer-to-Peer Student Engagement and Mentoring
2. First Responder "Handle With Care" Notifications
3. Tech-Enabled Mental Health Support
4. Coordinated Reentry Process



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# Understanding the Impact of Adversity



49

## Research Shows Toxic Stress Can Hinder Children's Cognitive and Social-Emotional Development



Children exposed to chronic poverty-related stressors experience **reduced gray matter volumes** in the frontal and temporal cortex and the hippocampus<sup>1</sup>

**3-4%**

Below developmental norms for families **at 150% of poverty line**

**8-9%**

Below developmental norms for families **at 100% of poverty line**

“Adjusting for potential confounders [...] experiencing ACEs is associated with below-average language and literacy skills, math skills, **attention problems, social problems, and aggression.** [...] With few exceptions, increased ACEs were associated with increased odds of below-average academic skills and behavior problems.”

*Jimenez et. al., "Adverse Experiences in Early Childhood," 2016*

1) Parts of the brain responsible for planning complex cognitive behavior, personality expression, decision making, moderating social behavior, emotional association, among other functions.

# Lack of Understanding Exacerbates Student Issues

50

## Knowledge Important First Step in Changing Teacher Mindset and Approach

**Study in Brief:** *"Impact of Trauma-Informed Care Professional Development on [...] Knowledge, Dispositions, and Behaviors Toward Traumatized Students"*



**Large, urban** school district



**552 participants**, classified and certified staff



**3.5 hour** trauma-informed care (TIC) professional development



**Pre-post test**, 52 item *Trauma-Informed Care Dispositions Survey*

Found that TIC<sup>1</sup> professional development resulted in a **statistically significant change in:**

- Overall knowledge of TIC
- Self-ratings on 21 of 26 disposition subscales
- Self-ratings on 9 of 10 behavior subscales

# 2x

Teachers **lacking an empathetic mindset** are twice as likely to suspend students over the course of the school year<sup>2</sup>

### Sample Disposition Measures

*"I feel empathy for students when they are having problems"*

*"I try to look at student's side of a disagreement before making a decision"*

*"I give students opportunities to make choices and decisions"*

*"I believe it is important to learn about students and their community"*

### Sample Behavior Measures

*"I utilize strategies with the intent to create a safe environment for students"*

*"I use active listening strategies when interacting with students"*

*"I give students positive reinforcement for good behavior"*

1) Trauma-Informed Care

2) 9.6% suspension rate versus 4.8 %

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Sources: Goodwin-Glick, K., "Impact of Trauma Informed Care Professional Development on School Personnel Perceptions and Knowledge Dispositions, and Behaviors Toward Traumatized Students," Bowling Green State University Graduate School of Education, May 2017; Parker, C., "Teacher Empathy Reduces Student Suspensions," Stanford University, April 2016; EAB interviews and analysis.

# Providing a Trauma-Informed Point of View

51

## Growing Number of Frameworks Exist to Create Trauma-Informed Schools

### Popular Trauma-Informed Care Frameworks Share Four Main Components

• <b>The Flexible Framework,</b> Helping Traumatized Children Learn ( <i>Massachusetts Advocates for Children</i> )
• <b>Compassionate Schools Initiative</b> ( <i>Washington State OSPI<sup>1</sup></i> )
• <b>The Sanctuary Model</b> ( <i>By Dr. Sandra L. Bloom</i> )
• <b>Child Trauma Toolkit for Educators</b> ( <i>National Child Traumatic Stress Network</i> )
• <b>Trauma-Informed Schools Initiative</b> ( <i>Missouri DESE<sup>2</sup></i> )



**Schoolwide focus** to address broad impact of toxic stress rather than providing treatment only to those experiencing acute trauma symptoms



**Dedication to a safe school environment**  
(e.g., physical safety, psychological safety, orderly and welcoming learning environment)



**Building student skills**  
(e.g., resilience, coping, relationship building)



**Building staff capacity** to support students experiencing toxic stress, trauma  
(e.g., instructional strategies, effective discipline, strategies to prevent burnout)

### Despite Interest, Districts Take Fragmented Approach to Trauma-Informed Care



**Efforts exclusively at school, individual level**  
(e.g., book reads, conferences)



**District-developed training available, but optional for interested staff**

1) Office of Superintendent of Public Instruction  
2) Department of Elementary and Secondary Education

# Rapid Roll-Out Has Noticeable Impact

52

## Nearly All Staff Trained in One Year, Exclusively Leveraging Existing PD Time

*Multiple Delivery Models Provide Schools With Flexibility to Integrate TIC Training With Other PD Needs*

### 15 of 19

**School buildings fully trained by fall 2018** as well as all transportation staff



### Model 1

- **Use 1 full day** of district-controlled PD time
- Approach used to train all middle schools at the same time

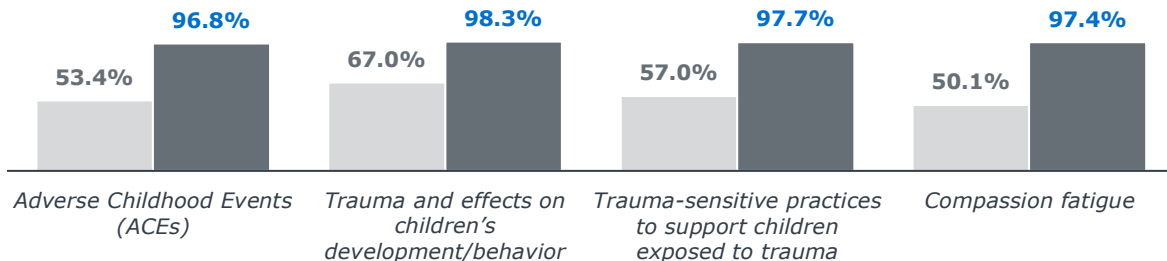
### Model 2

- **Use 1 half-day** (~3 hours) of district or building PD time
- **Use 2 additional hours** at next school faculty meetings to finish training

## Training Leads to Significant Gains in Knowledge on Key Trauma-Related Topics

"My knowledge of \_\_\_\_\_ is"; % of "very good/excellent" responses<sup>1</sup>

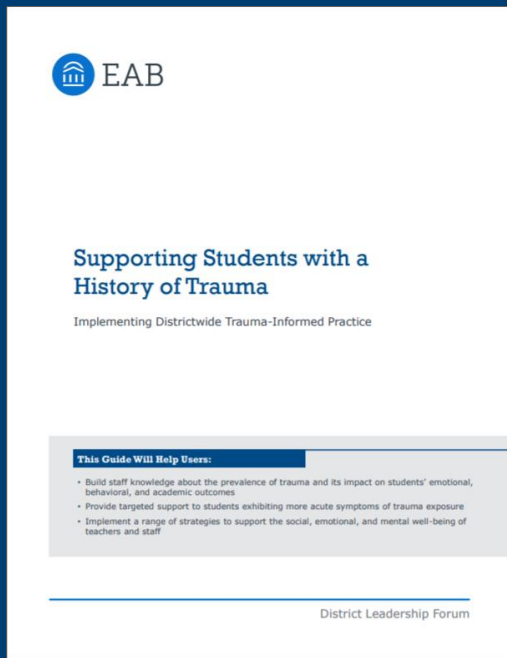
■ Before Training ■ After Training



1) n=300 participants

# EAB Implementation Toolkit

## Establishing Trauma-Informed Practices



### Detailed Guidance For:

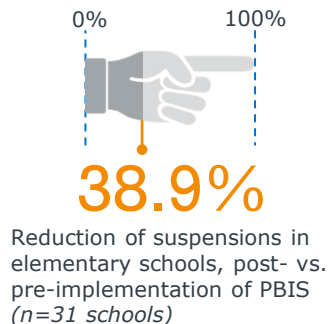
1. Building and sustaining expertise in trauma informed care among teachers and staff
2. Selecting evidence-based interventions for students with a history of trauma
3. Protecting teachers from secondary traumatic stress and burnout

# Research on PBIS Shows Proves Effectiveness

54

## Impact of Successful PBIS Implementation Felt Across the Board

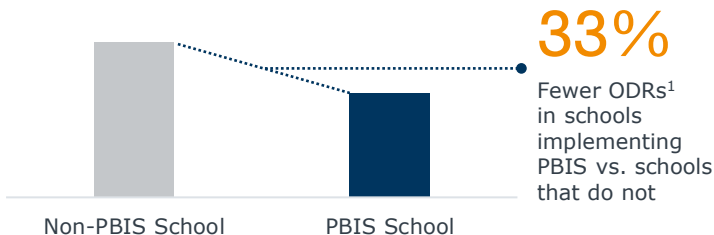
### Significant Decline in Suspensions...



### ...And in Number of Overall Discipline Referrals

#### Incidence of Office Discipline Referrals

*n* = 37 schools, 12,344 students



### PBIS Demonstrates Positive Effects on a Number of Important Indicators

“Successful implementation results in **significant reductions in office discipline referrals and suspensions as well as other problem behaviors, such as emotional dysregulation, concentration problems, bullying, and peer rejection.** PBIS can also foster improvements in students’ prosocial behaviors and academic achievement, in teacher self-efficacy, and in students’ perception of a positive school climate.”







*The Role of Positive Interventions and Supports, NASP Position Paper (2015)*

Source: Bradshaw, C., “Using Positive Behavioral Interventions and Supports (PBIS) to Enhance the School Environment and Reduce Children’s Disruptive Behavior Problems,” Johns Hopkins Bloomberg School of Public Health, 2008, [https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-prevention-and-early-intervention/Publications/Bradshaw\\_PBIS\\_prevention\\_talk.7.2.08.pdf](https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-prevention-and-early-intervention/Publications/Bradshaw_PBIS_prevention_talk.7.2.08.pdf); Bradshaw, C., et. al., “Effects of School-Wide Positive Behavioral Interventions and Supports on Child Behavior Problems,” Pediatrics 2012, 130(5), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483890/>; National Association of School Psychologists. (2015). Early Childhood Services: Promoting Positive Outcomes for Young Children (Position statement). Bethesda, MD, <https://www.nasponline.org/x32403.xml>; Positive Behavioral Interventions and Supports: OSEP Technical Assistance Center, <https://www.pbis.org/>; EAB interviews and analysis.

# Focus on Consistency During Multi-Modal Learning

55

## Behavior Matrices Build Predictability, Encourage Fidelity

We Are...	Entering Class	Whole Group Instruction	One-on-One Instruction	Small Groups
<b>Safe</b>	 Choose a distraction-free space	Ask in chat for help	Work near an adult	Encourage others to participate
	 Keep hands to yourself	Keep hands out of desk	Use kind words	Use "stop-leave-talk"
<b>Respectful</b>	 Video on at all times	Answer polls promptly	Answer out loud on cue	One speaker at a time
	 Kind words and faces	Quietly raise your hand	Turn toward the teacher	Use eye contact
<b>Responsible</b>	 Be on time	Avoid multi-tasking	Pause for questions	Use "Ask for Help" button
	 Have materials ready	Ask a question	Try your best	Raise your hand for help

### Hallmarks of PBIS

### Essential Questions for Fall 2020

Are expectations consistent during both face-to-face and virtual instruction?

Are staff repeatedly teaching students how to adhere to these expectations?

Are students being recognized and rewarded for meeting these goals?

**Universal  
Expectations**

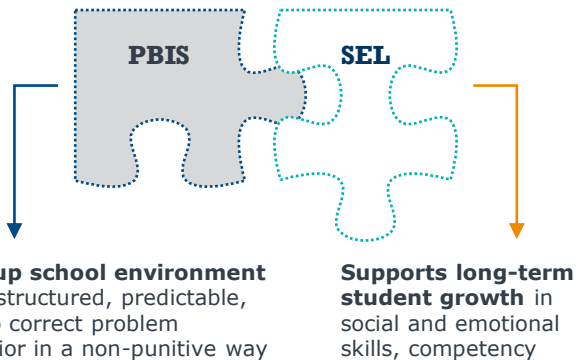
**Explicit  
Behavioral Instruction**

**Rewarding  
Positive Behavior**

# Key Insights for Successful SEL Implementation

## Number, Variety of Curricula Obscure Factors That Lead to Desired Outcomes

### Reinforce SEL Curriculum as a Non-Negotiable, Universal Support Districtwide



### Consider Trade-Offs of Curriculum Selection



**One districtwide curriculum** streamlines resource allocation (e.g., purchasing, training)



**Providing schools leeway** to choose a program can increase buy-in and relevancy to school context, student needs

### Focus Curriculum Selection on Critical Components



- ❑ **Evidence base** of curriculum (e.g., 25 CASEL *SELe*ct programs<sup>1</sup>)
- ❑ **Full range of grade levels** covered to ensure scaffolding, continuity of skill development
- ❑ **Skills** of focus (e.g., emotion knowledge and expression, behavior regulation, attention control, inhibitory control)
- ❑ **Time** commitment (i.e., daily, weekly)
- ❑ **Implementation** supports (e.g., training resources, fidelity checks, tools to assess outcomes)

<sup>1</sup> Programs nominated by CASEL for (1) systematically teaching social/emotional skills, providing opportunities for practice, offering multi-year programming; (2) offering high-quality training/implementation support; (3) evidence-base with at least one evaluation showing positive impact on student behavior and/or academic performance



# Not All Evidence-Based Programs Created Equally

57

## Study in Brief: "Navigating SEL From the Inside Out"



**2017 study** by the Wallace Foundation and Harvard GSE



**Analyzes 25 leading SEL and character education programs**



Provides detailed, direct comparison of:

- Relative skill focus
- Instructional methods
- Implementation supports

Major social-emotional skills and behaviors can be **grouped into three primary categories**: (1) cognitive regulation, (2) emotional processes, and (3) social/interpersonal skills

Program	Cognitive Regulation	Attention Control	Working Memory/Planning	Inhibitory Control	Cognitive Flexibility	Emotional Processes	Emotion Knowledge/Expression	Emotion Regulation	Empathy/Perspective Taking	Interpersonal Skills	Understands Social Cues	Conflict Resolution	Prosocial Behavior
4Rs	12%	9%	4%	1%	2%	27%	16%	10%	11%	43%	4%	19%	26%
Before the Bullying A.F.T.E.R. School Program	4%▼	1%	1%	1%	0%	39%	16%	2%	27%▲	55%	1%	6%	52%▲
Caring School Community	8%▼	5%	1%	0%	3%	33%	15%	0%▼	28%▲	78%▲	1%	18%	71%▲
Conscious Discipline	14%	4%	7%	2%	2%	75%▲	47%▲	49%▲	6%	54%	15%	11%	37%
Character First	29%	8%	15%	9%	1%	11%▼	3%▼	3%	6%	38%	0%	6%	37%
Competent Kids, Caring Communities	30%	8%	19%	5%	8%	28%	22%	17%	6%	23%▼	2%	11%	18%▼
Good Behavior Game	33%	0%	33%▲	0%	0%	0%▼	0%▼	0%▼	0%▼	100%▲	0%	0%▼	100%▲
Girls on the Run	7%▼	0%	7%	0%	0%	11%▼	7%▼	4%	3%	35%▼	0%	11%	31%
I Can Problem Solve	65%▲	11%	10%	7%	47%▲	65%▲	57%▲	2%	46%▲	55%	19%▲	37%▲	20%▼
Lions Quest	18%	1%	14%	1%	3%	23%	19%	4%	5%	60%	6%	12%	51%
MindUP	44%▲	41%▲	3%	4%	2%	28%	20%	7%	11%	18%▼	4%	0%▼	15%▼
Mut-i-grees	10%▼	1%	3%	4%	6%	45%	28%	11%	24%	56%	23%▲	3%	40%
Open Circle	20%	3%	10%	0%	11%	38%	28%	18%	10%	65%▲	14%	18%	44%
PATHS	30%	6%	16%	0%	12%	75%▲	61%▲	41%▲	24%	59%	15%	25%▲	37%
Playworks	37%	31%▲	11%	5%	0%	1%▼	1%▼	0%▼	0%▼	49%	0%	0%▼	49%

Programs with the **highest relative focus on emotional processes<sup>1</sup>** include RULER, PATHS, Conscious Discipline, and I Can Problem Solve

<sup>1</sup> Encompasses (1) emotion knowledge and expression, (2) emotion and behavior regulation, and (3) empathy and perspective taking  
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Source: Sources: Jones, S. Brush, K. Bailey, R. Brion-Meisels, G. McIntyre, J. Kahn, J. Nelson, B. Stickle, L., "Navigating SEL From the Inside Out," Harvard Graduate School of Education and The Wallace Foundation, 2017; EAB interviews and analysis.

## To Do:

### **Establish Preventative Practices in Multimodal Learning**

- ❑ Develop multi-modal behavior matrices for district-wide use
- ❑ Plan 1-hr PD session to discuss why consistent expectations and responses are essential for student mental health
- ❑ Consult Wallace Foundation/Harvard report to inform SEL curriculum selection based on screener data

### **Why Teachers Must Focus on Consistency in Multi-Modal Learning**

- Parental inconsistency has a significant impact on child development and mental health
- Students often move between classrooms with different expectations and responses to behavior
- Switching between face-to-face and remote learning adds yet more disruption
- Creating predictable routines, expectations, and responses to behaviors can significantly reduce anxiety and stress

# Reducing Stigma Through Family Education

59

## Family Education Normalizes Mental Health Challenges, Equips Parents

### 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<sup>1</sup>

### Survey Driven Programs Align 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

## 400+

Families attended wellness workshops in the 2018-19 school year

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.

## To Do:

### Design Preventative Programming in Multimodal Learning

- ☐ Survey parents and teachers on topics for mental/behavioral health programming
- ☐ Develop list of presentations and workshops based on community requests
- ☐ Establish a predictable calendar of **virtual events** at times conducive to parent attendance
- ☐ Market family education series and events through multiple channels
- ☐ Build post-event online feedback forms to refine programming over time

### 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



# Preparing to Improve Student Wellbeing in Fall 2020

## Barrier to Overcome



Identification of Students Needing Support Happens Too Late



Access to Care Inconsistent and Uncoordinated



Ineffective Transitions Hamper Care Management



Persistent Stigma Limits Prevention Efforts

## Action Steps for Summer 2020

- Form Behavioral Health Intervention Teams
- Select universal screener for emotional needs
- Plan for “Adult-Student Relationship Mapping”
- Train support staff in CBT and group therapy
- Establish telemental health programs
- Designate case managers for students in crisis
- Develop P.D. for trauma informed practice
- Plan for PBIS and SEL in multimodal learning
- Launch a year-round family education campaign

# Rapid Response Planning Timeline: Summer 2020

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## Recommended Sequence of Major Summer Planning Tasks



June 2020

### Immediate Next Steps

- Download EAB Toolkits
- Develop plan for Trauma Informed P.D.
- Contact existing providers to discuss telemental health services
- Survey counselors and school psychologists on use of CBT, group therapy



July 2020

### Major Initiatives

- Establish BHITS
- Select screener for emotional and behavioral needs
- Identify case managers for students in crisis
- Establish higher ed partnerships for counselor/psychologist P.D.
- Survey families on needs for family education series



August 2020

### Finishing Preparations

- Establish telemental health partnerships and capabilities
- Develop initial family education events
- Develop consistent expectations for multi-modal behavior management
- Communicate plan for Relationship Mapping with teachers and staff

# Next Steps With EAB

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## How EAB Can Help K12 Partners Right Away

### Step 1



#### Schedule a Diagnostic Call

- Preparation for behavioral and mental health support
- Safely reopening schools
- Learning recovery and maintaining academic progress through COVID-19

### Step 2



#### Register for EAB's July 9<sup>th</sup> Planning Intensive

- Deeper dive on essential practices
- Breakout groups focused on partner needs
- Interactive discussion and collaborative problem solving for planning teams

### Step 3



#### Submit Plan Reviews to EAB Research

- EAB is comparing plans with regional and national peers
- Researchers provide opportunities for improvement where possible
- Researchers validate plans for district response teams

[eab.com/k12covid19response](https://eab.com/k12covid19response)



Interested in talking to an EAB expert about your COVID-19 challenges?

Complete the exit survey

# How Can EAB Support Your District's Planning Efforts?

What do you want to know about what other districts are doing to prepare for the next school year?



Please leave answers in the Chat feature



## Today's Facilitators



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