



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

School Mental Health Toolkit Always and Now

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WICHE

SAMHSA
Substance Abuse and Mental Health
Services Administration

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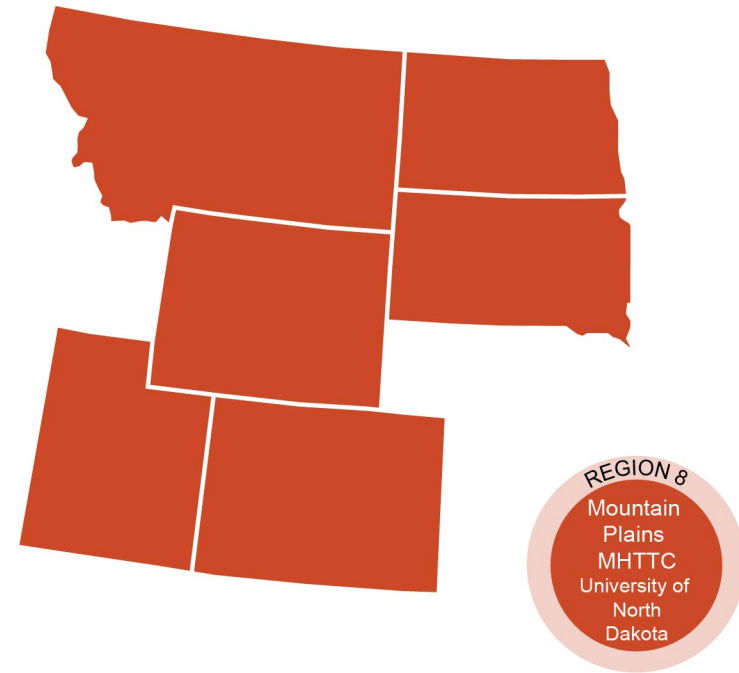
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Agenda

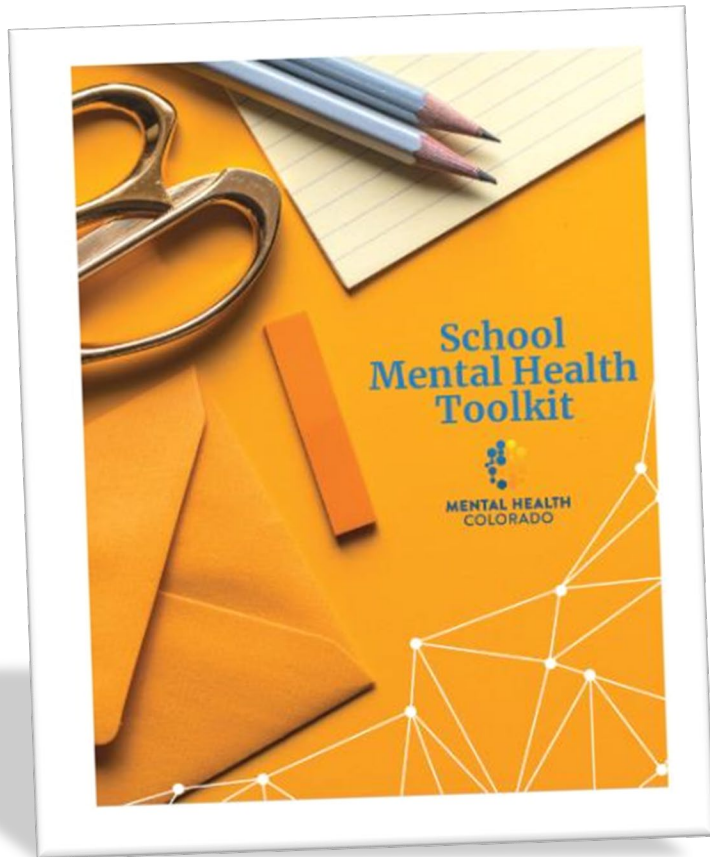
- History of Toolkit Development
- Review the Sections of the Toolkit
- How to use the Toolkit
- Community Examples
 - Wyoming Institute for Disabilities (WIND) – ECHO
 - Kids First Health Care - VOIHCE
- Q & A

Rationale

HALF
OF ALL
MENTAL
HEALTH
CONDITIONS
MANIFEST BY
AGE 14

BY YOUNG
ADULthood
75% OF
LIFETIME
CASES
HAVE PRESENTED

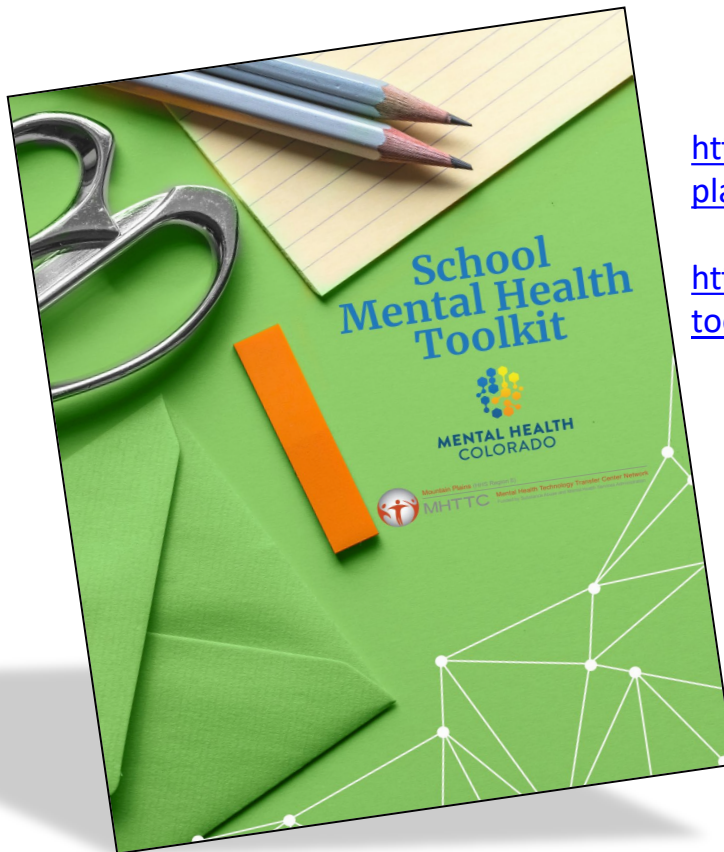
Colorado Toolkit



School Mental Health Toolkit



National Toolkit



<https://mhttcnetwork.org/centers/mountain-plains-mhttc/home>

<https://www.mentalhealthcolorado.org/school-toolkit/>

Toolkit Structure



Getting Started



What do I need to know?

Facts and talking points to help advocates communicate the importance of services for mental wellness in schools.



What Works?

Which school mental health and social emotional initiatives, programs, services, and approaches really work? Our Top 10 approaches.



How do I Make Changes?

An overview of what success looks like, partners who might be involved with making change, and how to get your message heard by the right people at the right time.



How can initiatives be funded?

You'll learn about sources of funding for different types of programs, initiatives, and supports, and how to set the wheels of funding in motion.



Where can I find more resources?

Additional resources about best practices in school-based mental health prevention and intervention

What do I need to know?

- Why does this matter?
- How does data help?
- Facts and figures- to raise awareness and use as talking points

The notion that the mental health of children and adolescents in Colorado is not a pressing issue.



Language for Advocacy

Why are prevention and wellness programs and other services and approaches for mental health concerns so badly needed in schools? (cont'd)

Common Challenges

Key Talking Points

Data to build your Case

The stigma around mental health leads to lack of conversation, and students afraid to reach out for help.

It is possible to implement stigma-reduction campaigns that work via change in teacher, school staff, student, and family attitudes.

In a review of 72 stigma-reduction campaigns, both education and contact had positive effects in reducing stigma for adults and adolescents with mental illness.¹⁹

School administrations don't see the return on investment from prevention, wellness, and mental health and substance use services.

Investing in these programs benefits schools through better test grades, increased graduation rates, and decreased discipline problems.²⁰

Social emotional learning programming has been found to improve students' achievement test scores by 11 to 17 percentile points.²¹

Research indicates that students who use mental health services in school-based health centers are two times more likely to stay in school than students who did not use school-based health center services.²²

There aren't enough providers available, especially in rural areas.

This is a nationwide challenge that requires creative and dynamic solutions such as competitive pay to reduce turnover, collaboration with other agencies when funding positions, supporting lower level staff in pursuing higher levels of degrees and licensure, implementing policies to fight burnout, and pursuing telehealth.

Over 60% of people living in rural areas live in a mental health shortage area.²³

Implementing best practice programs and initiatives is especially beneficial in rural schools, where students often have limited access to supports.





What works? 10 Best Practices



Mental health as part of overall health & wellness



Teacher wellness programs and support



Screening, identification, and referral systems



Stigma reduction



Social & emotional learning and resilience



Positive behavior interventions & supports



School-based health centers supporting mental health



Trauma-informed practice



Partnerships with mental health professionals



Suicide prevention initiatives

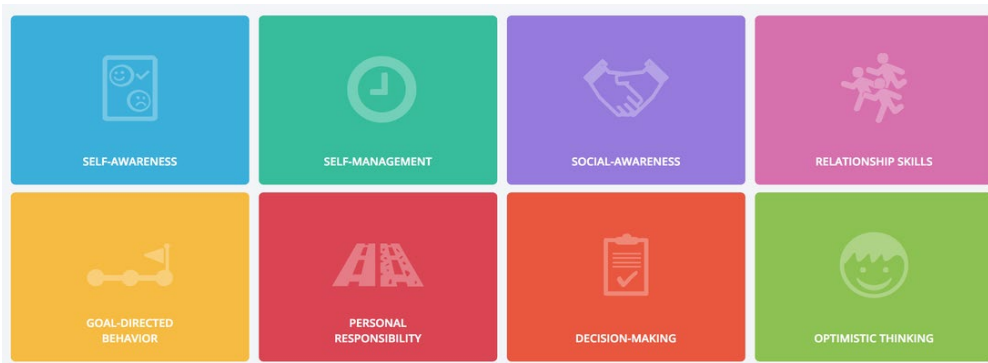
1. Make mental health part of an overall wellness strategy.

- Communities That Care
- Center for Rural School Health and Education
- Youth Mental Health First AID



2. Screen for and identify issues to refer students for needed services.

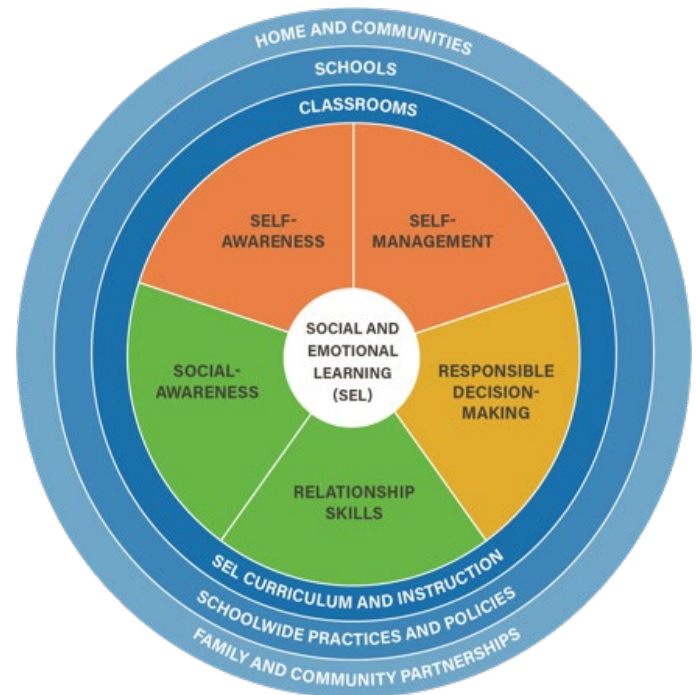
CEI Universal
Screening Tool kit



- SHAPE system
- BIMAS
- DESSA

3. Incorporate social and emotional learning (SEL) and resilience concepts.

- Collaborative for Academic, Social and Emotional Learning (CASEL)
- SEL programs (variety, free, online, in person)



4. Establish and use school-based health centers (SBHCs) for mental health and substance use services.



- School Based Health Alliance
- Collaborative Improvement and Innovation Network (CoIIN)

5. Create partnerships with mental health professionals.

Requires collaboration and partnership with schools, community, and families.

- Comprehensive partnerships include:
 - non-profit and for-profit entities
 - community groups
 - public health departments
 - community mental health centers
 - individual providers
- Informed consent and confidentiality
- Collect data on outcomes



6. Emphasize teacher and staff wellness

- Employee Assistance Programs
- Happy Teacher Revolution
- Listening sessions
- Kaiser Permanente Thriving Schools



7. Reduce stigma.

- Make it OK
- Active Minds
- NAMI Share Your Story
- Parent education nights



8. Use Positive Behavioral Intervention and Supports (PBIS)

- State Offices of Positive Interventions and supports
- State offices of Multi-Tiered System of Support

When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look into the reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce.

– Thích Nhất Hạnh

9. Incorporate trauma-informed principles.

- National Child Traumatic Stress Network
- National Center on Supportive Learning Environments-Building
- Trauma Sensitive Schools
- Restorative Justice Practices

Components of Trauma-Informed Care



Substance Abuse for Mental Health Services Administration, 2014

10. Prioritize suicide prevention.

- Suicide Prevention Resource Center (SPRC)
- Sources of Strength
- Signs of Suicide
- ASIST



**YOU ARE
NOT
ALONE**

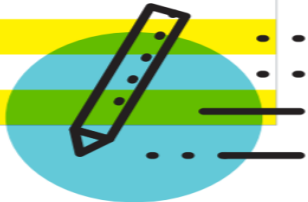
School Needs Assessment Tool

School Needs Assessment Tool: A Checklist

After reading the **What works?** section of this toolkit, reach out to your school champion and/or a school or district administrator to assess needs. For each of these best practices, determine with your team or among your core leadership (which may vary depending on how you are addressing mental health in your district or school) which score best matches to your progress in each of the 10 best practices and write this score next to each practice. It may also be beneficial to include students or teachers in this assessment process to provide a more nuanced and complete picture of mental health programming in your school or district.

- 1—We are not implementing this
- 2—We are not formally implementing this, but have some related efforts
- 3—We have a plan in place to implement this
- 4—We are implementing this
- 5—We have policies in place to implement and evaluate this and it is sustainable

Assessment Score (1-5)	Best Practice
	A school wellness team, or other effort to make mental wellness part of an overall wellness strategy (pg. 15)
	An established process for mental health, suicide, or substance use screenings and referrals (pg. 16)
	Social emotional learning programs (pg. 19)
	School-based mental health and substance use services (pg. 21)
	Active partnerships with community mental health professionals (pg. 22)
	Teacher and school staff wellness programs and support (pg. 24)
	Stigma reduction programs (pg. 26)
	Positive behavioral intervention and supports (pg. 29)
	A trauma-informed program or approach (pg. 30)
	Suicide prevention efforts (pg. 33)



IN ADDITION, ASK YOUR SCHOOL LEADERS:

1. What do you consider the biggest mental health or social emotional learning needs in your school/district?

2. What kind of funding and implementation needs do you have?

3. Are there any policies within the district or at the local/state level that currently prevent or act as a barrier to fully implementing mental health programming in your schools?

How do I Make Changes

6 Steps to Change

Advocating for Better Mental Health in Schools

Identify

01

Identify a champion within the school system. This can be a teacher, administrator, school board member, parent, nurse, counselor, psychologist, or anyone within the school who is passionate about mental health and social emotional learning.

Assess

02

Many Colorado schools have mental health and social emotional learning programs already in place. Whether you are advocating for changes in one school or in an entire district, it is important to determine what services exist and what is lacking or absent. After reviewing the **What works?** section in this toolkit, use our **School Assessment Tool** to ask school officials which services they already provide, and what they feel is missing.

Promote

03

Identify the best practices to promote. After the assessment is complete, identify which best practices:

- Are needed in the school/district
- Schools are willing to implement
- You are most passionate about

Support

04

Work with your identified school champion to build school—and community—support for implementing new mental health and social emotional learning practices within the school or district. Use the **What do I need to know?** section of this toolkit to share data and facts about why mental health matters in schools.

Share

05

Share both the school assessment and funding information with interested members of the school and community. Offer to help identify potential short-term and sustainable funding sources within the district, using the **How can initiatives be funded?** section. Identify community partners, grant opportunities, and other potential funding sources (such as local ballot initiatives or local companies) that would help finance mental health services in your school or district.

Follow Up

06

Once you've identified your school champion, chosen best practices to implement, and funding opportunities, you will need to regularly follow up. If you are a community or school leader who is able to make these changes internally, share your outcomes with other schools who might benefit. If you are a parent, student, or community advocate who is unable to make these changes directly—keep showing up. Meet regularly with your school and community partners, speak at school board meetings, and call administrators to ensure changes are happening.

How to Find Funding

- Local ballot measures
- State legislature
- State tax initiative
- Federal funding
- Medicaid
- Grant funding
- Community partner funding
- School district funding



Where can I find more resources?

- SAMSHA
- Mental Health Technology Transfer Center Network
- Blueprints for Healthy Youth Development
- SHAPE System
- State Departments of Education, Public Health, Human Services
- Mental Health Colorado

Next steps



How do could you use this toolkit always and now?

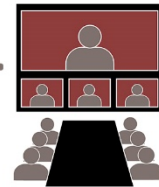
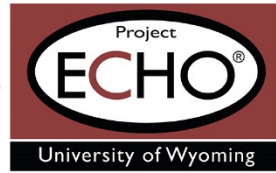
Contact info

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College of
Health Sciences

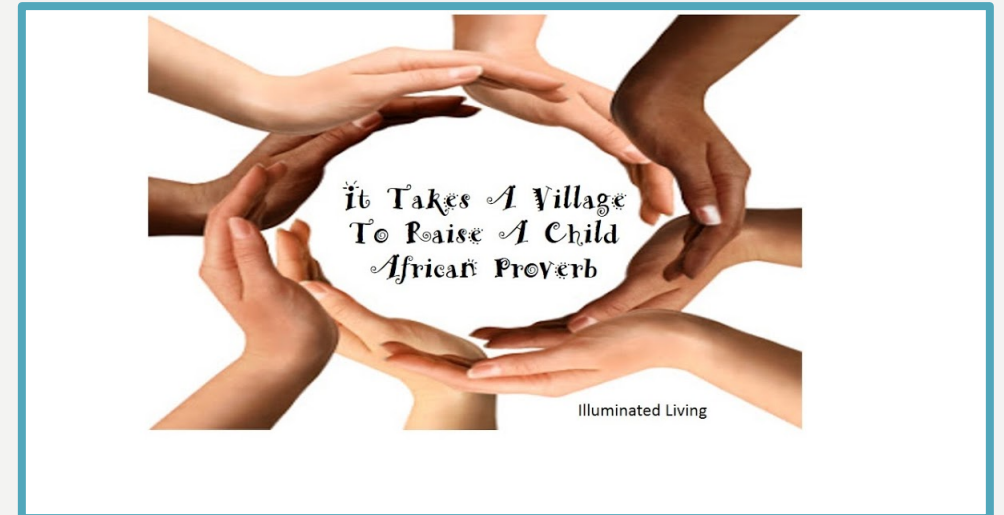


UW ECHO Autism

Rachel Freedman, MA, MS, BCBA
Board Certified Behavior Analyst
[Wyoming Institute for Disabilities](#)
University of Wyoming

UW ECHO AUTISM PRESENTATION OUTLINE

- Supporting youth with ASD (it takes a village!)
- Project ECHO/The ECHO model
- UW ECHO
- UW ECHO Autism networks
 - Families
 - Educators
 - Rural Healthcare Providers



SUPPORTING YOUTH WITH ASD

- Autism Spectrum Disorder (ASD) is a complex disability.
- ***If you work with children & youth...***
 - ...***Then you work with children & youth with ASD!***
- The CDC estimates **1 in 54** children in the United States has ASD. -<https://www.cdc.gov/ncbddd/autism/data.html>
- Social and behavioral challenges associated with ASD affect the individual & family across all environments.
- It takes a village to realize the potential of a child with ASD.
- You are an important part of that village.



VILLAGE OF SUPPORT



- Person with ASD
- Family members
- Neighbors & friends
- Educators & paraprofessionals
- Healthcare providers
- Child care & respite providers
- Mental health providers

*****CONSISTENCY is essential for children and adults with ASD.**

THE ECHO MODEL (1 OF 2)

- Project ECHO (Extending Community Healthcare Outcomes) was developed by Sanjeev Arora, MD @ University of New Mexico in 2003.
- Dr. Arora wanted to make effective treatment for Hepatitis C available across the entire state of New Mexico.
- The ECHO model allows local providers to develop expertise & multiply the impact of national experts.
 - *Distance-based model of Professional Development*
 - *Originally developed for healthcare providers; adapted for educators, mental health professionals, families*



THE ECHO MODEL (2 OF 2)

- ECHO networks on a variety of topics are now offered by universities across the country.
- Critical components of The ECHO Model:
 - **Didactic trainings from experts**
 - **Case-based learning**
 - **Ongoing follow-up on cases**
 - **Continuous program evaluation**
 - **Hub Team** (national experts)
 - **Spokes** (local practitioners)
 - **All Teach/All Learn**



ECHO GOALS

- Increase access to quality healthcare & education in underserved areas
 - Examples: Rural/remote areas, specialist shortages
- Build LOCAL expertise
 - Hub Team= National experts
 - Spokes= Participants in local communities
- Over time, spokes develop & apply expertise in their professional settings (e.g., classrooms, schools, clinics)

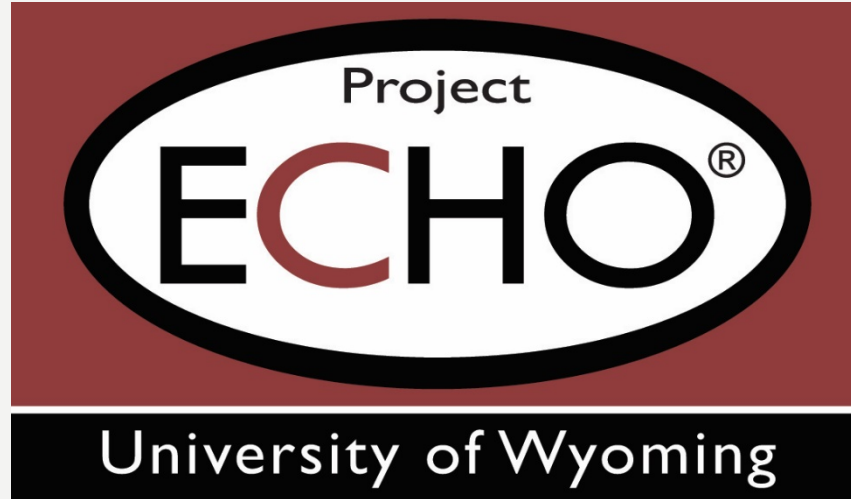


UW ECHO (1 OF 2)

- UW ECHO is a Project of the Wyoming Institute for Disabilities (WIND).
- WIND (established 1994) is an academic unit of the University of Wyoming College of Health Sciences.
- WIND is the University Center for Excellence in Developmental Disabilities (UCEDD) for the state of Wyoming.



UW ECHO (2 OF 2)



Virtual professional development to support community conversations around best practice in education, health and disability services.

<https://www.uwyo.edu/wind/echo/index.html>

UW ECHO IN EDUCATION OUTCOMES

- Increased capacity of Wyoming educators to implement best practices in their daily work.
- Participation from all 48 school districts in Wyoming.
- Evidence-Based Practices delivered to many children in early childhood and K-12 classroom settings across the state.
- Teachers report increased self-efficacy after participating in an ECHO network.
- ECHO serves as an effective platform for Wyoming school districts to provide Professional Development to teachers, administrators, & support staff members from a distance.



ECHO SESSION FRAMEWORK

Introduction: 5-10 minutes

Didactic training/professional development: 30 minutes

Case presentations: 30 minutes

- Student/Patient goal
- Consideration of interventions/treatments
- Assessing needs
- Clarification/suggestions
- Implementation/intervention strategies
- Evaluation of impact
- Next steps and follow-up

Resources, community supports: 5-10 minutes





UW ECHO AUTISM FOR EDUCATORS

Program Aims:

1. Share best practices for teaching & supporting students with ASD in early childhood & K-12 school settings
2. Build Communities of Practice in all 48 Wyoming school districts
3. Share expertise among educators (teachers, support staff, related service providers, administrators) throughout Wyoming & across the country
4. Improve teacher self-efficacy (*especially in rural school districts*)

Target Audience: School administrators, general & special education teachers, paraprofessionals, case managers, school counselors, school psychologists, state agency staff, special education service providers (Speech & Language Pathologists, Occupational Therapists, etc.)

Sessions: Thursdays, bi-weekly, 3:45 p.m. to 5:00 p.m. Mountain Time via Zoom

UW ECHO AUTISM FOR EDUCATORS CURRICULUM FALL 2020

Curriculum Topic

Back-to-School Routines & Expectations

Distance Learning Supports

Self-Care for Educators

Collaborating with Service Providers

Positive Behavioral Interventions & Supports
for Distance Learning

Positive Behavioral Interventions & Supports
for In-Person Learning

UW ECHO AUTISM FOR RURAL HEALTHCARE PROVIDERS



Program Aims:

1. Share best practices for ASD surveillance, screening, diagnosis, treatment, & medical care w/ rural healthcare providers
2. Promote interdisciplinary collaboration between primary care & specialty providers in rural/frontier communities
3. Provide URLEND trainees w/ opportunities to develop & share expertise on variety of topics related to ASD diagnosis & treatment
4. Provides URLEND faculty opportunities to disseminate research & evidence-based practices to community providers across 5 states (Utah, Idaho, Wyoming, Montana, & North Dakota)
5. Build Communities of Practice in all 5 states



TARGET AUDIENCE

- Healthcare providers working w/ patients with ASD or related disabilities in primary care, specialty care, or other settings
- State agency service providers & case managers
- Focus on rural communities in 5 states (UT, ID, WY, MT, ND)
- Open to providers from other states
- Broad range of disciplines
- Hub Team drawn from faculty, alumni, & trainees of URLEND Autism-Enhanced training program

Sessions: Fridays, monthly, 12:00 noon to 1:30 p.m. Mountain Time via Zoom

UW ECHO AUTISM FOR RURAL HEALTHCARE PROVIDERS CURRICULUM 2020.2021

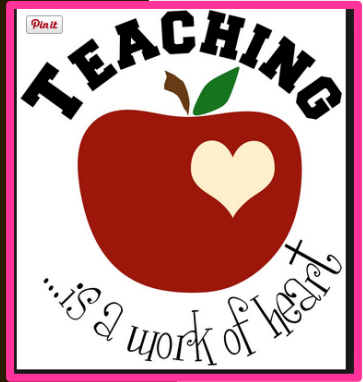
Curriculum Topic
Psychiatric/Behavioral Co-occurring Conditions
Family Perspectives on ASD
Positive Behavioral Support
Coordination of Care Across Disciplines
Evidence-Based Interventions
Medical Co-occurring Conditions
Behavior Management Strategies for Parents
Family Education and Support
Transition to Adulthood

TAKE-AWAYS: FAMILIES

- Different tactics to help families with routines
- Awareness of what the child is trying to communicate through challenging behaviors
- Approaching my child at his level
- Importance of being consistent
- How to limit choices to reduce fatigue
- Sometimes, we need to step back and objectively look at the behavior and our behavior to see what the correlation is and if we are teaching or reinforcing the behavior through our actions... we need to change our behavior in order to change the child's behavior.
- Power of collaborative communication
- How to rate specific triggers on a 5-point scale to manage anxiety

-from UW ECHO for Families network 2019.2020 final evaluation





TAKE-AWAYS: EDUCATORS

- I learned how much kids with autism like routines and how they learn better with consistent routines.
- I may need to step back and retrace my steps in order to find a strategy that is successful.
- Interest inventories are extremely important when working with students with ASD.
- I learned about ways to motivate a non-vocal child to communicate.
- From a teacher who presented a case on a student who was eloping (running away/out of the classroom): I learned strategies that are very pertinent to me, including using a communication device, placing stop signs on doors, making the exit less accessible, using first/then rewards, and teaching the child what "stop" means.
- I learned how to use replacement behaviors and how to use visual aids to help children learn routines.

-from UW ECHO in Autism for Educators network 2019.2020 final evaluation

TAKE-AWAYS: HEALTHCARE PROVIDERS

- Importance of wrap around services for children with disabilities
- How to support children & caregivers to better serve the individual with disabilities
- Need for additional evaluations (neurological, Speech & Language, etc.)
- Role of consistency for a child with ASD (e.g., using visual schedules, establishing predictable routines)

-from UW ECHO in Autism for Rural Healthcare Providers network August 2020 post-session evaluation





- Please type your questions in the Q & A box.
- Contact Rachel Freedman at rfreedma@uwyo.edu for additional information.
- To learn more about our UW ECHO Autism for Educators network, visit <https://www.uwyo.edu/wind/echo/autism/index.html>
- To learn more about our UW ECHO Autism for Rural Healthcare Providers network, visit <https://www.uwyo.edu/wind/echo/autism-healthcare/index.html>

Thank
you!



VOIHCE

Maria D. Zubia, Director of Community Outreach
September 2020



School-Based Health Center

- ★ Established in 1978, First in Colorado
- ★ 8 Sites in Adams County
- ★ Four School Districts



Keeping kids healthy today & for all of their tomorrows



Youth Advisory Board

- ★ An advisory committee of self-selected students
- ★ *VOIHCE - Voicing Our Imperative Health Concerns Every day*
- ★ Established at Adams City High School in 2009
- ★ Youth members work as equals with adult advisors
- ★ Team = SBHC Advisor, School Advisor, and Students

“Helping to improve the health, safety and wellness of our peers through awareness.”

-VOIHCE



Keeping kids healthy today & for all of their tomorrows



Benefit of a Youth Board

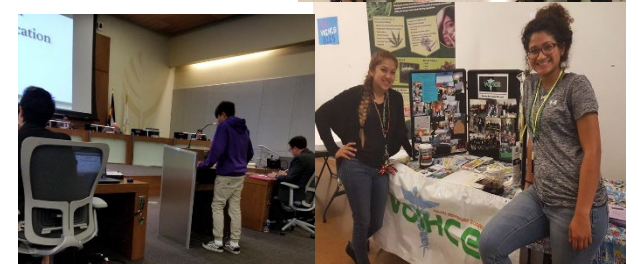
- ★ Empowers youth to provide needed advice and assistance to SBHC's
 - Outreach and In-reach
- ★ Gives the youth an outlet to have their voice heard in a creative manner
- ★ Provides the youth an opportunity to voice their concerns on HEALTH, SAFETY, and WELLNESS issues identified by them and to provide creative ways of creating awareness on these issues
- ★ Empowers youth to help educate their peers on these identified issues and to advocate for positive change in their communities
- ★ Helps youth build up their leadership skills as they earn community service hours for participating
- ★ Many more benefits for all involved



Awareness/Activities Examples



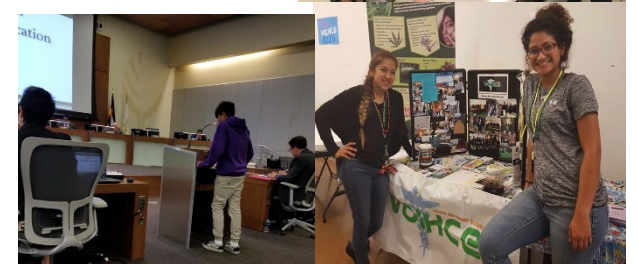
- ★ Annual Marijuana Prevention and education
- ★ Annual Pre-Prom Promise Pledge - Messages on safe driving, seat-belts, no texting or drinking, etc
- ★ Bullying survey and skits - results submitted, and the school received No Place for Hate designation
- ★ Healthy Foods in Schools - Created tool kit and responsible for first salad bars in school district
- ★ Meetings with law makers to learn and to discuss topics that impact young people
- ★ Mental Health First Aid Class
- ★ Mini Health Fair



Awareness/Activities Examples



- ★ Mock Meth Lab - Drug Awareness
- ★ No Baby, Baby Shower - Teen Pregnancy Prevention Month
- ★ Presenting SBHC services to different classrooms
- ★ Reproductive Health Materials - reviewed by youth
- ★ Stress Awareness Activities - Yoga, stress balls, etc.
- ★ Suggested the implementation of mental health with physical health at the SBHC
- ★ Updated the tobacco policy for school district
- ★ Plus so much more!!!





Process

- ★ Recruit students (different strategies depending on the school)
- ★ Recruit a school staff representative
- ★ Schedule weekly meetings at the same place and time
- ★ Hand out letter and permission forms
- ★ Create weekly agenda
- ★ Maintain weekly sign-in form
- ★ Choose a student to lead meeting, one to take notes and one to keep time (they share these roles and a new one is selected every week)
- ★ Provide a variety of healthy snacks
- ★ Decide on topics and create a VOIHCE calendar based on the topics
- ★ Schedule guest speakers and events when decided by the group



Keeping kids healthy today & for all of their tomorrows



Thank You

KidsFirstHealthCare.org

mzubia@KidsFirstCO.org

