#### ECHO IDAHO: K12 Behavioral Health

#### <u>Team Approach</u>: Clarifying Roles & Responsibilities to Best Support Students



<u>October 8, 2024</u> Katie Azevedo, EdD and Dennis Woody, PhD

University of Idaho

None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# **Our Presenters**



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Owner and Founder, Azevedo Consulting and Results Learning Center

#### Dennis Woody, PhD

Pediatric Neuropsychologist

## <u>Team Approach</u>: Clarifying Roles & Responsibilities to Best Support Students

October 8, 2024



# K12 Behavioral Health in the Classroom



Schoolwide **Behavioral Strategies** 



Preventative Approaches



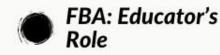
**Clarifying Roles &** Responsibilities



Competing **Behavior Pathway** 



Social Media & Mental Health





**Common Mental Health Diagnosis** 

Behavior Intervention Plans (BIP)



Caregiver Involvement and Collaboration

Crisis Plan Development



Law & Safety



Accommodations: IEP or 504 Plan

Project



# Learning Objectives

Participants will

- Define: mental health, mental illness, and mental health services
- Explore the connection between schools and mental health supports
- Explore the different supports and roles needed to create a multi-tiered interconnected system of support



#### Mental Health is...

# The social, emotional, and behavioral well-being of students.

(National Center for School Mental Health. University of Maryland School of Medicine, 2019)





#### Mental Illness is...

A condition that impacts a young person's thinking, emotions, and mood, such that it interferes with his or her daily functioning at home and school.

(SAMHSA)







#### Mental Health Services are...

Broadly defined as any activities, services, and supports that address social, emotional, and behavioral well-being of students, including substance use.

(National Center for School Mental Health. University of Maryland School of Medicine, 2019)





# Mental Health Facts

Committed relationships with supportive adults can act as a protective factor for children. (NSCDC, 2015)

> Students with good emotional regulation skills perform better in school and are at less risk of mental health symptoms. (Project CoVitality, 2020)

50% of mental disorders begin before age 14, 70% before age 18. (WHO, 2019) Average delay between onset of mental illness symptoms and treatment is 11 years. (NAMI, 2019)

Early identification and intervention of mental health concerns can vastly improve school and life outcomes for students. (Mental Health America, 2016)

Students who participate in social and emotional learning programs improve academic performance by 11-17 percentile points. (Durlak et al., 2011)



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# Schools and Mental Health Supports what's the connection?

Add your thoughts to the chat box

#### Schools and Mental Health

In 2007 the U.S. Surgeon General reported that 20% of children and youth were in need of mental health interventions, but only a third of those in need received support. Of those that received support, 70% accessed support through the school setting, leading many to declare schools as the de facto mental health setting for children.

Centers for Disease Control and Prevention, 2013

Kutash, Duchnowski, & Green, 2011

Jacob & Coustasse, 2008



## Why Schools?

- We want to start where we know we can have the most impact. And for most of us, that is schools.
- Schools are one of our most structured, predictable, safe, preventative, continuous social support systems.
- With the collaboration of school staff, families, and mental health clinicians, we can increase the access of care, enhance preventative services, and reduce the stigma of treatment.



#### This we know...

Schools have an imperative to attend not just to the academic success of students, but to their social, emotional, and behavioral development as well. Schools are a natural and logical setting in which to employ a public health framework that focuses on promoting student well-being and healthy behaviors and preventing mental health problems before they occur. But schools cannot do it alone.

> (National Center for School Mental Health. University of Maryland School of Medicine, 2019)



**Knowing schools** can't do it alone, who else needs to be involved to foster students' well-being, healthy behaviors, and to prevent mental health issues?

Add your thoughts to the chat box



University of Idaho WWAMI + College of Education Health and Human Sciences

### The Interconnected Systems Framework



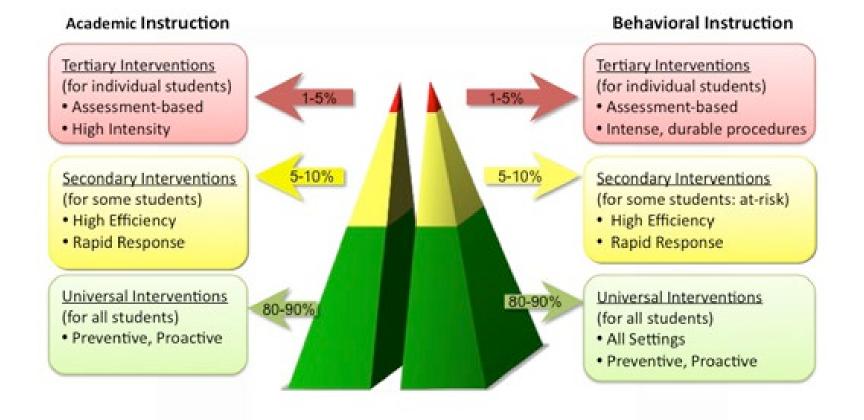




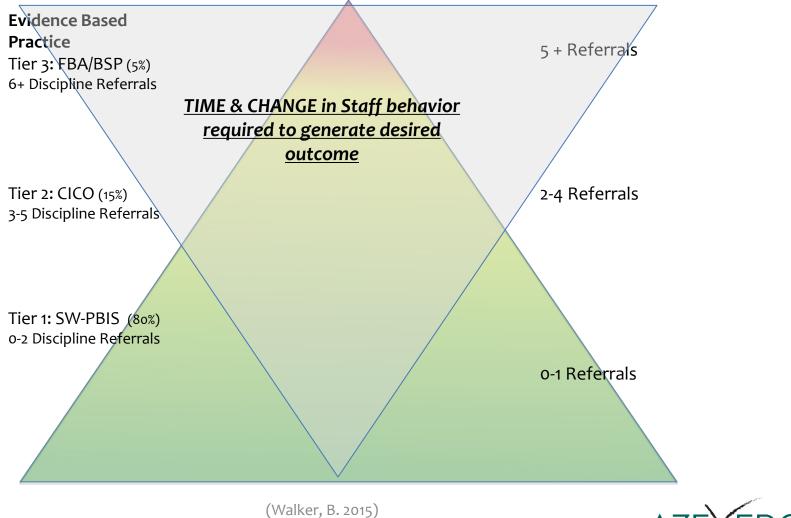
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#### **Designing Schoolwide Systems for Student Success**

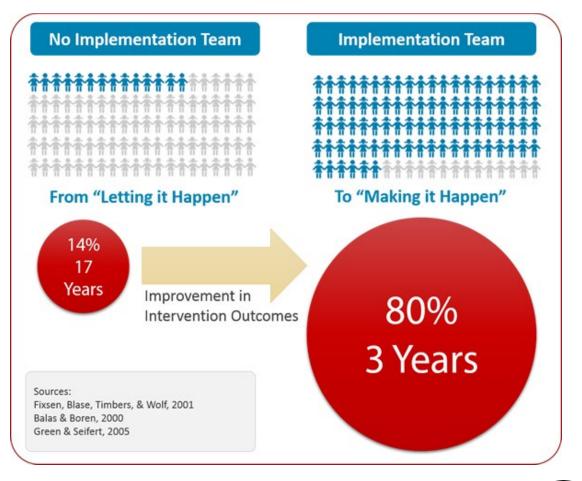








### Why Focus on School-Level Teams?









\*Admin Leadership

\*Meets Monthly

Tier 2 Tier 3

Group Interventions

\*Behavior Specialist \*Counselor \*Team Members

\*Meets Bi-weekly

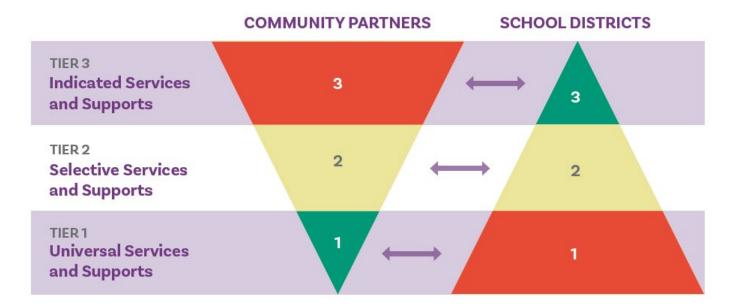
Individual Interventions

\*Behavior Specialist \*District Support \*Key Members

\*Meets when needed



## Comprehensive School Mental Health Systems



(National Center for School Mental Health. University of Maryland School of Medicine, 2019)



## Clinical Agencies and Educational Setting Interface Defines the Treatment Experience

Treatment in the school setting is enhanced through consistent and effective....

- Communication:
  - Between the school, parents/family and clinician providing treatment
- Operational Clarity:
  - Initiating the referral, acquiring appropriate permissions for care, reaching out to parents/family with treatment recommendations, following up with authorized up-dates, obtaining appropriate outcome data to demonstrate treatment effectiveness
- Evidence Based Protocols for Treatment:
  - Utilization of treatment approaches that are demonstrated to be effective and solution focused:
  - Individual, Family, Family Groups and Peer Groups



## Role Clarification Enhances Team Efficiency and Positive Treatment Outcomes

Professional roles are related to the identified contributions provided by each team member in the Three-Tiered configuration

- Education:
  - Administrators, Teachers, School Counselors, Social Workers, School Psychologists
- Clinical Agency:
  - Administrator/Manager, Clinician
- Family:
  - Parents, Grandparents and/or Guardians



# Clinical Responsibilities: Tier 3 Level

#### **Clinician activities include:**

- Providing treatment for participating students with appropriate clinical therapies, updated treatment goals/plans, progress updates and recommendations
- Collaboration with school team members to facilitate success with educational goals and identified areas of student's needs
- Communicating with parents/family about treatment objectives and ensuring that all administrative documents (Consent to Treat; Informed Consent; ROI, Reimbursement Agreements and HIPAA guidelines) are in place before beginning
- Ensuring measures are in place to document clinical indicators of change and treatment progress that are shared with parents/family and educational team when appropriate



#### Mental Health Services are...

Broadly defined as any activities, services, and supports that address social, emotional, and behavioral well-being of students, including substance use.

(National Center for School Mental Health. University of Maryland School of Medicine, 2019)



In your role, how can you provide mental health services for students within your organization? Tier 1, Tier 2, or Tier 3 Supports?

Please add your thoughts to the chat box.



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