

Our Kids & Teachers Need Help!!

Implementing Resources to Support Student Mental Health

Nicole Fairchild, MA, LPC

Project Site Manager

OUR Educational Cooperative

nfairchild@oursc.k12.ar.us

Betsy Kindall, Ed.D.

State Project Coordinator

Arkansas Department of Education

elizabeth.kindall@arkansas.gov



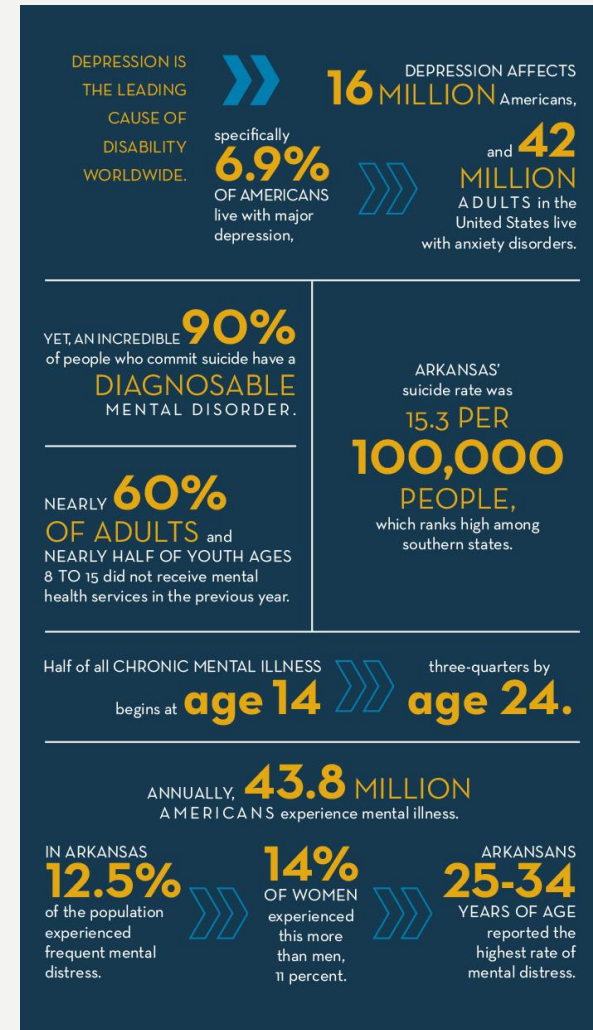
ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION



**DIVISION OF ELEMENTARY
& SECONDARY EDUCATION**

ARKANSAS

- 41st in Suicide and Access to MH Services
- 40th for Youth Prevalence of Mental Illness
- 46th for Disconnected Youth
- 48th overall in America's Health Ranking
- 50th for Identifying and Addressing Emotional Disturbance among students



THE ARKANSAS MODEL

ALL SCHOOLS have ACCESS

Contract with MH Provider (90%)

School-Employed (10%)

Licensure (LCSW, LPC, School Psychologist)

BEST PRACTICES

- Contracts
- 70%/30% Model
- IFTE Therapist : 500 Students
- Caseload Size



SCHOOL-BASED MENTAL HEALTH

[Home Page](#) / [Divisions](#) / [Learning Services](#) / [School Health Services](#) / School-Based Mental Health

The Arkansas Department of Education (ADE) office of School Health Services provides guidance and technical assistance for the development of best practice school-based mental health programs within Arkansas public school districts. The ADE encourages schools to implement the following best practice principles to ensure quality school-based mental health services for students:

- > An emphasis on early identification
- > Full integration with the community and its resources
- > Placing students and their families at the center of service decisions
- > Providing services that are culturally competent
- > A focus on promoting school attendance and academic success
- > Services and supports validated by research and evidence-based practices
- > The use of technology, including telecommunications

Source: *ADE School Based Mental Health Certification Manual (DOCX)*

Resources

Arkansas
AWARE

School-Based
Health Center
(SBHC)

MTS SBMH
Direct Billing



School Health Assessment
and Performance Evaluation System

Screeners

These toolkits are designed to guide schools through the process of developing comprehensive screening procedures, as well as to provide readily available resources to facilitate the implementation of effective behavioral health screening in schools.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) Screening for Behavioral Health Risk in Schools](#)
[National Center for School Mental Health \(NCSMH\) Mental Health Screening](#)

Needs Assessment

The following needs assessments provide a systematic process used to identify system strengths and gaps between the current and desired conditions. A needs assessment allows a school to identify and address mental health needs that are the most pressing, understand how well existing services and supports are meeting student needs, identify/leverage strengths, and to inform priorities and actions for school based mental health programming.

[NCSMH Needs Assessment & Resource Mapping](#)
[School Health Assessment and Performance Evaluation System \(SHAPE\)](#)
[Mental Health Planning and Evaluation Template \(MHPET\) Summary](#)
[MHPET Instructions](#)
[MHPET School Mental Health Action Plan](#)

Programming Guide

These resources help schools understand the core components of comprehensive and outline how to engage in a planning process around implementation of services.

[Mental Health Technology Transfer Center Network](#)
[MHTTC School Mental Health Resources](#)
[5 Step Programming Guide](#)

Sample Forms

[School Based Mental Health Services Contract](#)
[Memorandum of Understanding \(MOU\)](#)
[Referral Form](#)
[Counselor Protocol checklist](#)
[Mental Health Agency Sign in Sheet](#)
[School-Based Mental Health Services Consent for Treatment Confidentiality](#)
[Informed consent Information](#)

Job Descriptions

[School-Based Mental Health Provider \(MHP\)](#)
[Mental Health Program Coordinator](#)

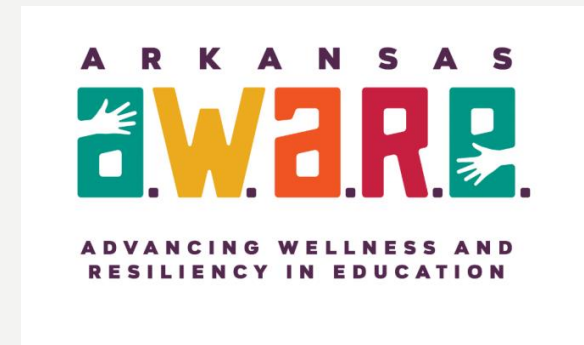
ARKANSAS AWARE

- Advancing Wellness And Resiliency in Education
- USDHHS: Substance Abuse and Mental Health Services Administration
- Five Years, \$1.8 Million Annually
- 65% LEA Activity / 35%SEA Activity
- Texarkana, Marvell, OUR Educational Cooperative

GOAL: Increase awareness of mental health in schools.

GOAL: Increase access to Mental Health services for children.

Mental Health First Aid, Trauma Informed Practices (ACEs), Direct Services, Behavior Services, Support





ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION



ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION

Arkansas AWARE is a project funded through the Substance Abuse and Mental Health Services Administration RFA-SM-18-006 AWARE (Advancing Wellness And Resiliency in Education) State Education Agency Grant to support districts in their efforts in providing mental health care awareness and trauma informed practices.

Project Goals

GOAL 1: To increase coordinated referrals, mental health services and programs, and follow-up for children.

GOAL 2: Increase outreach and engagement among youth, families, schools, and communities in an effort to increase awareness, mental health identification, and implementation of services and programs.

GOAL 3: Develop the infrastructure that will sustain mental health among youth and maintain mental and behavioral health services when federal funding ends.

Mental Health
First Aid

Trauma
Informed Practices

Adverse
Childhood
Experiences

Resources

Request
Training

Conferences

School Climate

Get Inspired:
AWARE Podcast



ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION

ADVERSE CHILDHOOD EXPERIENCES

CURIOSITY LEADS TO DISCOVERY

- Dr. Vincent Felitti – 1985 – Kaiser obesity clinic
- 53 year old woman – diabetes – new weight management program – lost 100 lbs
- Kept it off for 2 years – within 6 months gained it all back
- Dr. Felitti wanted to know why? What went wrong?
 - Asked numerous questions like birth weight, weight at Kindergarten, weight entering high school
 - Slipped and asked, “How much did you weigh when you first became sexually active?”
 - (Instead of how old were you when you first became sexually active.)
 - She answered 40 pounds. She was 4 years old when her father began to sexually abuse her.
 - Dr. Felitti found a similar story replicated in other patients who had “failed” to keep the weight off.

He began to wonder if regaining weight wasn't the “problem” but part of an old “solution.”

THE ACE STUDY

Kaiser Permanente

Dr. Vincent Felitti and Dr. Robert Anda from the CDC
1995-1997 with paper published in 1998

17,000 members of the HMO were surveyed

Predominately middle class, Caucasian, Southern CA

75% white, 11% Hispanic, 5% Black, 7% Asian/Pacific Islander, 2% Other
39% college grad+, 36% some college, 18% HS grad, 7% not HS grad

3 categories of adverse experience:

Childhood Abuse

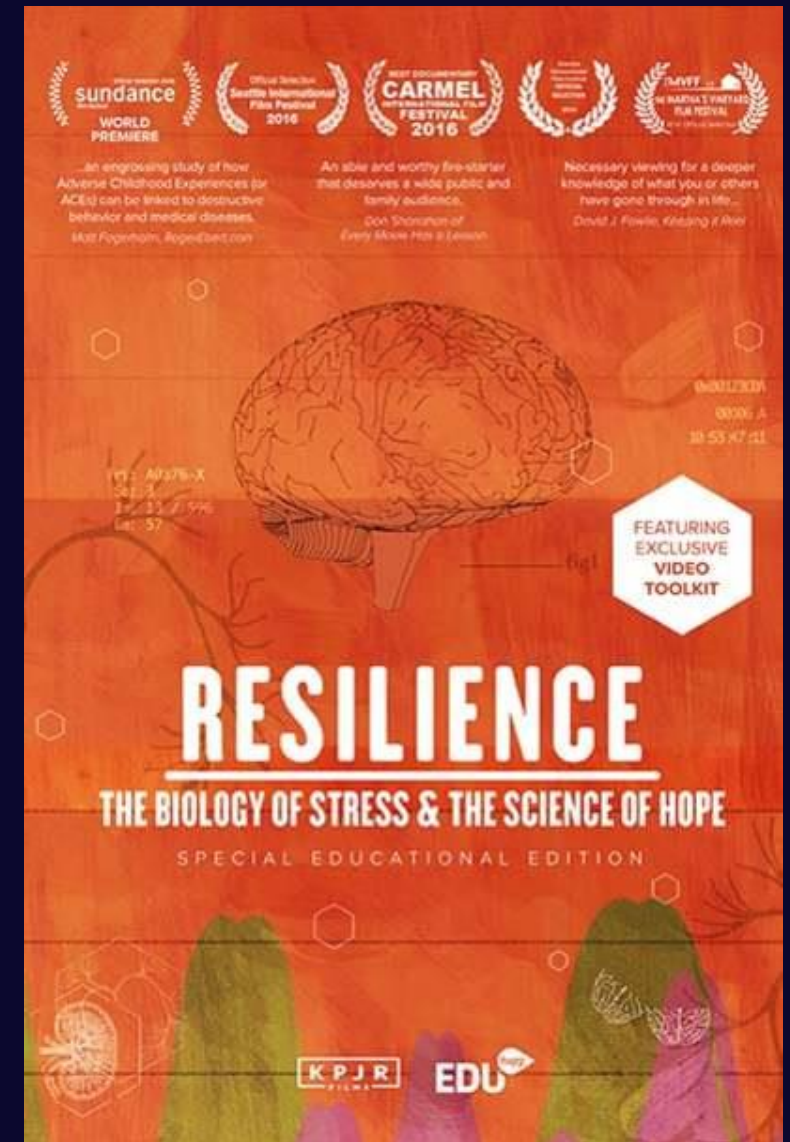
emotional, physical, sexual abuse

Neglect

physical & emotional neglect

Household Challenges

substance abuse, mental illness, violence,
parental separation/divorce, prison

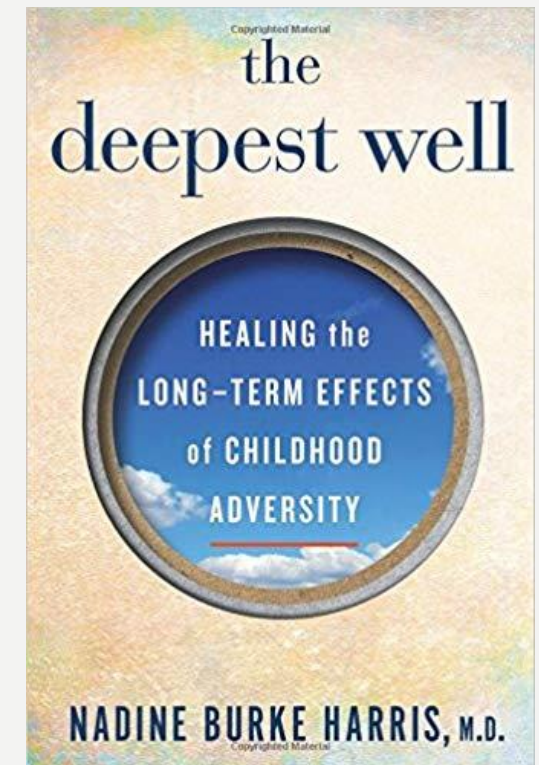


<https://kpjrfilms.co/resilience/>

THE ACE STUDY

Nadine Burke-Harris
Pediatrician
Surgeon General of California

<https://centerforyouthwellness.org/>



THE QUESTIONNAIRE

A parent's ACE score doesn't have to be passed onto the child, but it most often does without some form of intervention.

- Jeannette Pal-Espinosa, President
The National Crittenton Foundation

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

KEY FINDINGS

- 36% = 0 ACE
- 26% = 1 ACE
- 16% = 2 ACEs
- 9.5% = 3 ACEs
- 12.5% = 4 or more ACEs

Almost 2/3 (67%) of study participants reported at least one ACE, and more than one in five reported 3 or more ACEs.

#1 ACEs are incredibly common

#2 The more ACEs, the higher risk for chronic disease as an adult.

A 20 year difference in life expectancy between those with high ACEs and those with less exposure to adversity as children.

Significantly increased risk of heart disease, stroke, cancer, diabetes, COPD, Alzheimer's, and suicide for those with 4+ ACEs.

- Dr. Burke Harris conducted her own chart review of her patients to determine if her population had similar ACE scores to the study.
- Her patients had a mean age of 8 years old - so they were not yet done accumulating their ACEs.
- Bayview Clinic had similar findings.
 - 67% had at least one ACE
 - 12% had 4+ ACEs
- If they had an ACE score of 4+ they had double the chance of being overweight.
- Those with an ACE score of zero had a 3% chance of having behavior and learning problems but if they had 4+ ACEs their chances were 51.8%.

**CHILDREN ARE
NOT FINISHED
ACCUMULATING
ACES UNTIL THEY
ARE 18 YEARS OLD**



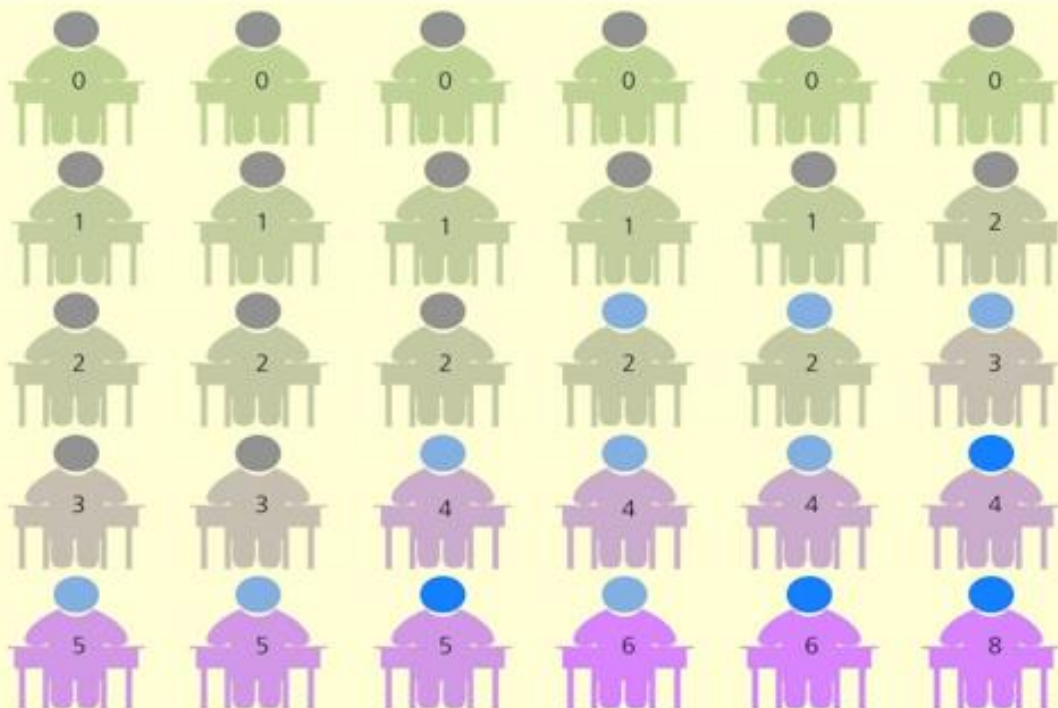
Washington State began looking at ACEs in the classroom years ago. They quickly saw the relationship between ACEs and difficulty in the classroom.

Washington School Classroom (30 Students)

Adverse Childhood Experiences (ACEs)

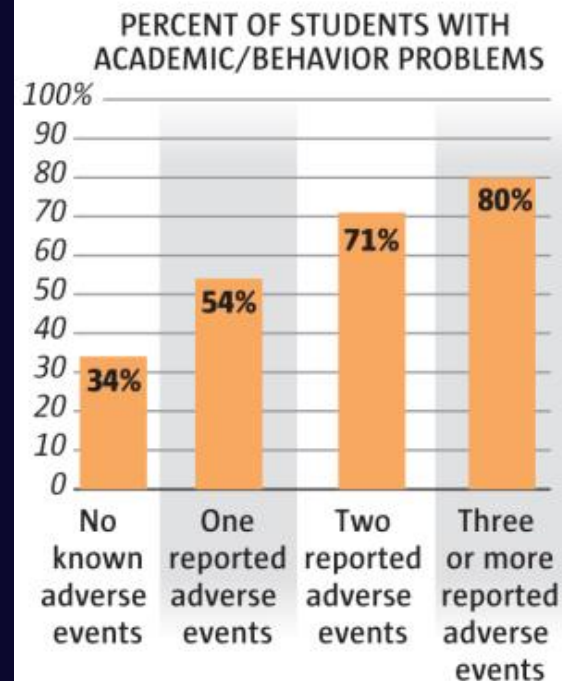
6 students with no ACE
 5 students with 1 ACE
 6 students with 2 ACEs
 3 students with 3 ACEs
 7 students with 4 or 5 ACEs
 3 students with 6 or more ACEs

58% (17) students with no exposure to physical abuse or adult to adult violence
 29% (9) of students exposed to physical abuse or adult to adult violence
 13% (4) of students exposed to physical abuse and adult to adult violence



When ACEs rise, academics fall

A study of 2,100 elementary schoolchildren in Spokane makes clear the relationship between Adverse Childhood Experiences and problems in school.



Source: Washington State University Area Health Project

MARK NOWLIN / THE SEATTLE TIMES

Dr. Burke-Harris screens for some additional factors including:

- bullying
- community violence
- death of parent or guardian
- discrimination
- separation from a caregiver to foster care or migration

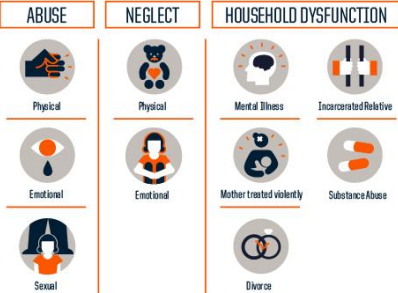
These factors are screened for separate from the original 10, however they were chosen because her clinic observed that these experiences also lead to a toxic stress response.

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

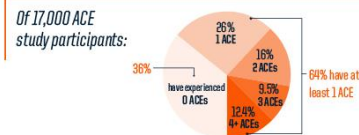
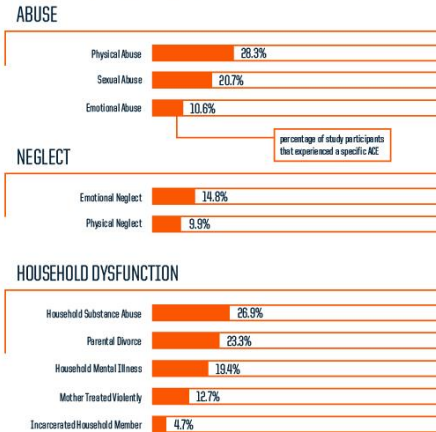
ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include



HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

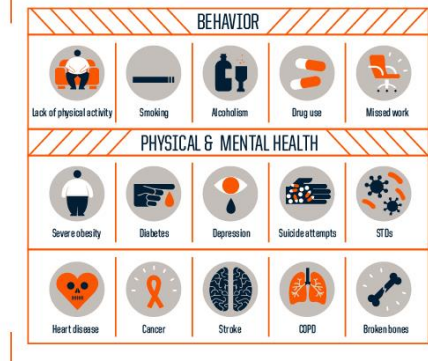


WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



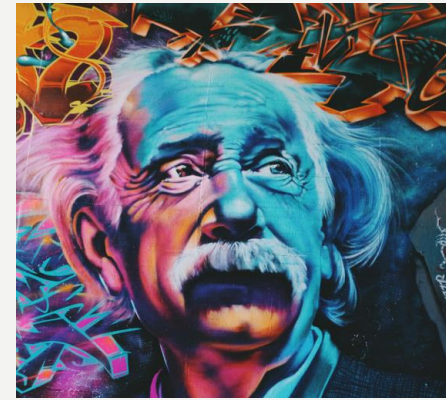
Possible Risk Outcomes:



TRAUMA INFORMED CLASSROOMS

Common/Traditional View	Trauma-Informed View
Students choose behavior and need consequences	Students want to do well but lack the skills or have learned bad behavior patterns
Characterizes student behavior negatively (i.e. manipulative)	Characterizes student behavior constructively (i.e. needs calming strategies)
Uses labels to describe students (“EBD”)	Reframes behavior to identify strengths
Authoritarian	Collaborative
Minimizes coping strategies	Behavior is communication and serves a function
Academics focused	Whole-student focused
Student should already know the expectations	Teaches and re-teaches expectations using differentiation
Creates systems that make students work for support	All students receive support regardless of their needs
Staff-centered environment	Student-centered environment
Uses jargon with parents and non-educators	Uses language so that all can understand

BE CURIOUS

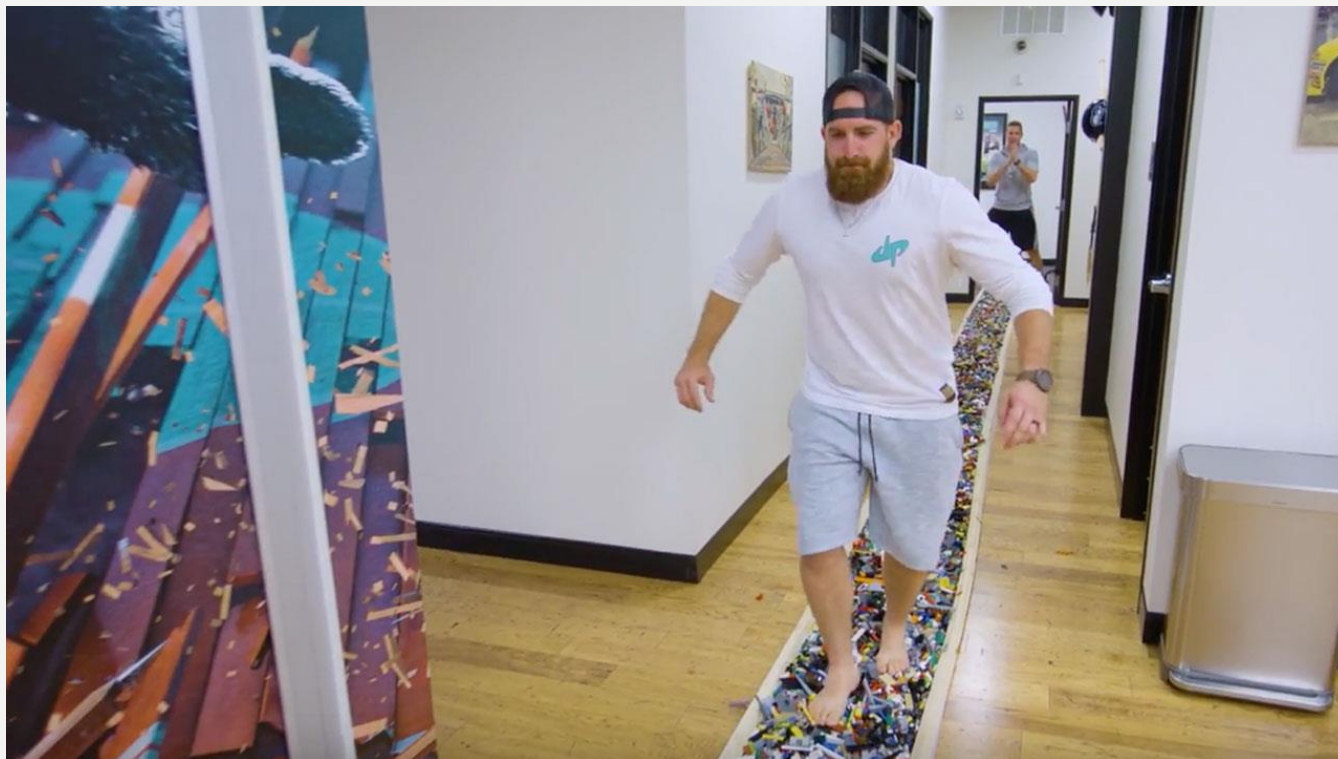


"I have no special talents, I am only passionately curious."

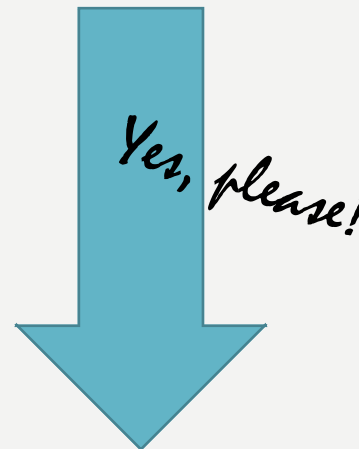
ALBERT EINSTEIN

- What's their story? The early story... the first 1000 days of life story...?
- Do they have connections? Meaningful & safe relationships?
- Is there chaos and trauma in their home or their history?
- Where are the developmental gaps?
- Are we expecting more from their brain than it is capable or wired to give right now?
- What are their skills, interests, gifts, passions, strengths?
- Does the thing you think is a problem, serve as a solution for this person?
- Can you offer grace? Grace defined as **undeserved kindness**.

BE A BUFFER



*No Dude Perfect,
but thank you!*





**HOW TO TAKE
ACTION**

ARKANSAS

aware.

ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION

AWARE ADVANCEMENT MINI GRANTS



ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION

MENTAL HEALTH FIRST AID



MENTAL HEALTH FIRST AID



**CHECK OUT OUR
PODCAST!
SEARCH:
ARKANSAS AWARE**



A R K A N S A S

AWARD

**ADVANCING WELLNESS AND
RESILIENCY IN EDUCATION**

Nicole Fairchild, MA, LPC

Project Site Manager

OUR Educational Cooperative

nfairchild@oursc.k12.ar.us

Betsy Kindall, Ed.D.

State Project Coordinator

Arkansas Department of Education

elizabeth.kindall@arkansas.gov