





# Informational Webinar 2019

#### **PRESENTERS:**

Elizabeth Langteau, CESA 7 elangteau@cesa7.org

Lisa Lesselyong, CESA 6 llesselyong@cesa6.org



# Objectives



- Overview the Allies in Mental Health Education (AMHE) model
- Discuss metrics
- Discuss team selection guidelines
- Clarify what participation looks like for a district (time, resources)
- Outline next steps/timeline



# AMHE Mission



Allies in Mental Health Education (AMHE) is committed to the development of sustainable school systems that support the **health** and **well being** of all members of school communities through a collaborative, integrative model that includes *learner*, school, family, and community by increasing awareness and capacity to collaborate, plan, and implement equitable multi-level systems of support (promotion, prevention, and response).



# **AMHE Vision**



Learners and school communities will be

supported in their SEL development to improve

educational outcomes

and promote lifelong health and

wellness for ALL, with focused and

responsive access for those with

increasing mental health needs



among learners receiving comprehensive social and emotional learning instruction

www.casel.org



# Outcomes



**Outcome 1**: Promote districts' capacity to understand, respond to, and support their school community with mental health needs through training and on-site coaching.

**Outcome 2**: Equip school-based teams with an implementation model addressing mental health promotion, prevention, and response through an equitable multi-level system of support to maximize learner participation and wellness.

**Outcome 3**: Improve communication and collaboration (school, family, and community) that impact learners' overall wellness and access to education.

**Outcome 4**: Promote use of program effectiveness metrics to measure the impact of and sustainability of an equitable multi-level system of supports designed to support learner wellness and learning.



### **DPI School Mental Health Framework**



- A framework
- A guide on how to evaluate and assess current supports to determine needs
- An "outline" with details meant to be "filled in" by local innovation in order to implement an equitable multi level system of support

### Allies in Mental Health Education

**HOW** are we

going to do it?

PREVENTION

PROMOTION

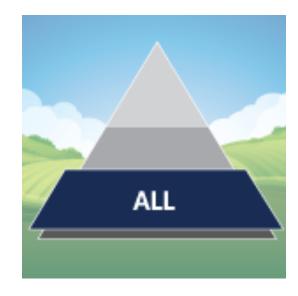
- An implementation model
- Professional Development
- An action plan, a way of "coloring in" the lines

Bringing the "Framework" to life

### Goal: LEVEL 1

**ALL** members of a school community WILL INCREASE THEIR MENTAL HEALTH AND WELLNESS CAPACITIES THROUGH THE USE OF SCHOOL & DISTRICT WIDE SUPPORTS:

- Establish positive school and classroom environments
- •Establish positive collaborative school-family-community relationships
- Integrated SEL, mental and physical health wellness and resiliency curricula
- •Trauma and culturally sensitive practices







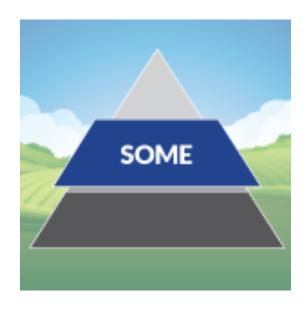


### Goal: LEVEL 2

**SOME** members of a school community WHO MAY NEED ADDITIONAL MENTAL HEALTH SUPPORTS IN A LIMITED OR TEMPORARY CAPACITY WILL INCREASE THEIR ACCESS TO NECESSARY INTERVENTIONS

- Implement procedures for school communities to identify learner and establish process for referral
- Establish progress monitoring to measure effectiveness of interventions
- Create learner wellness plans and use of co-planned collaborative strategies to include the youth and family voice and input from all systems of care (family, school, community as needed)





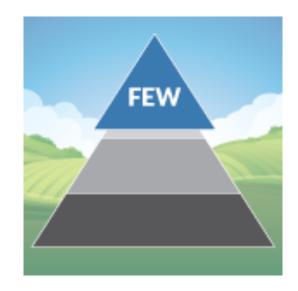




### Goal: LEVEL 3

FEW members of a school community WHO MAY NEED ADDITIONAL MENTAL HEALTH SUPPORTS IN AN INTENSIVE OR ONGOING CAPACITY WILL INCREASE THEIR ACCESS TO NECESSARY INTERVENTIONS USING AN INTEGRATED SYSTEM OF CARE MODEL

- System of Care Approach (collaboration, communication and confidentiality between all systems family, community and school)
- •Limit/Reduce barriers to learners requiring skilled therapeutic interventions
- WrapAround Counseling and Support Teams



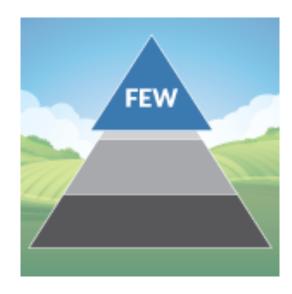




RESPONSE for FEW

# Three Models of Implementation Tier 3

- Mental Health Services Delivered by Pupil Services
   Providers with Referral to Community-Based Providers
- Pupil Services Providers with Community Mental and Behavioral Health Providers Co-Located in Schools
- Community Mental Health Service Providers as Full Collaborative Partners with Pupil Services Providers







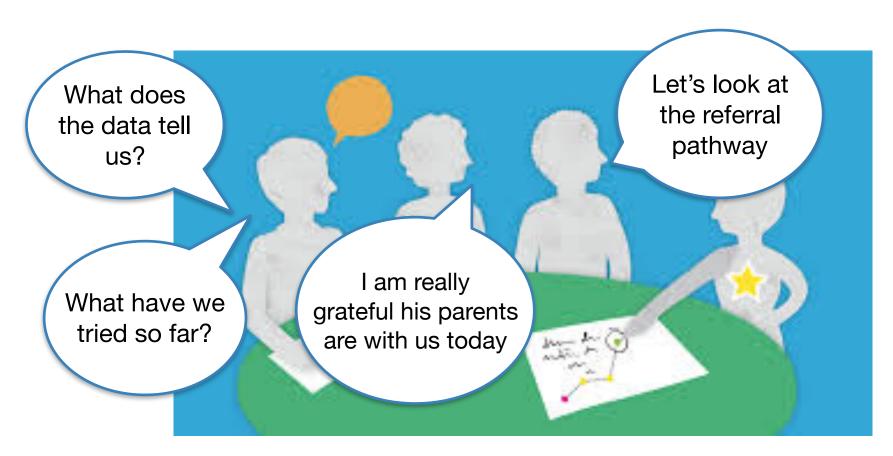
### In a nutshell...teams are charged to build/ grow a school mental health *system* by

1. Selecting and implementing evidence-based strategies for all age levels (Tier 1 universal supports)





2. Establishing an internal referral pathway inclusive of a systemized team approach to individual student/family needs (may or may not be inclusive of community partners at this point - flexible implementation)



3. That team will understand it's capacity to meet students' and families'

needs.....



4. and know when and how to connect students and families with community resources and supports/partner with community providers (external referral

pathway)

5. While being mindful and strategic about plans to support ourselves and each other as we tackle this challenging work.

Resilience is based on compassion for ourselves as well as compassion for others

Shaon Sabberg

PICTUREQU®TES





The Shape System is hosted by the Center for School Mental Health at the University of Maryland School of Medicine

HEAR I

A variety of assessments are available to support short and long-term planning of School Mental Health Initiatives.





Complete the "Mental Health Profile" and at least ONE of these 4 assessments prior to Summer Academy:



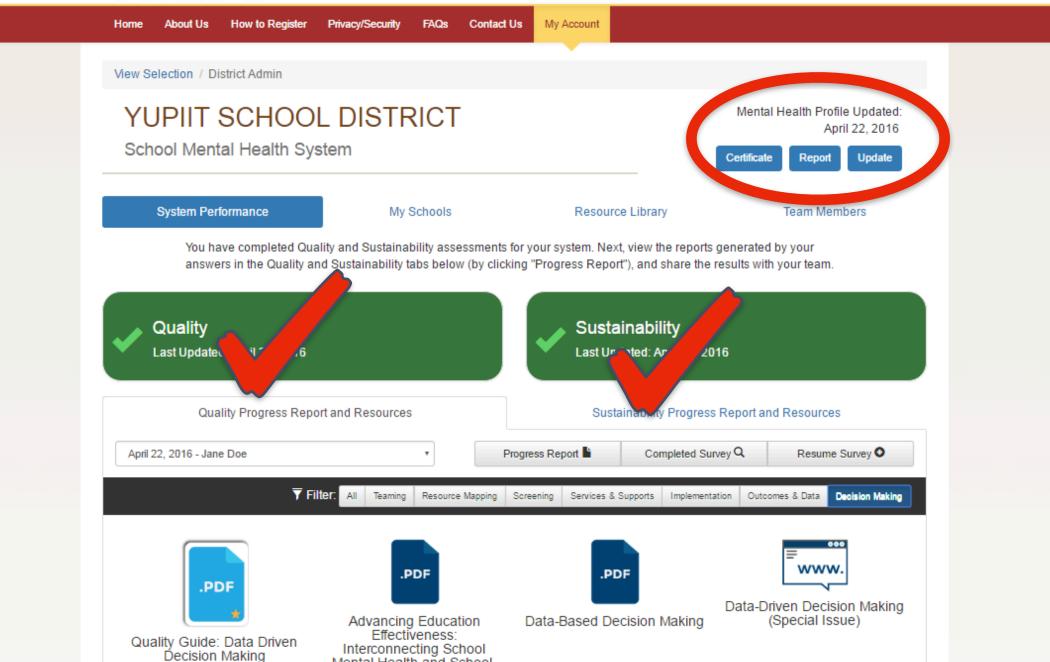


5. "Trauma Responsiveness" assessment is also available



#### School Health Assessment and Performance **Evaluation System**

Elizabeth Connors -



Mental Health and School-

### Your school district provided services and support to address the following student concerns at each tier: Tier 3: Indicated services and supports Tier 2: Selective services and supports Tier 1: Mental health promotion services and supports : Referrals to community providers not in the school building Anxiety/Nervousness/Phobias Attention/Concentration/Hyperactivity Problems Bullying Depression/Sadness/Suicide **Disordered Eating** Environmental Stressors (housing, food, parental employment, access to health care, etc.) Grief/Loss/Bereavement Oppositional or conduct problems/Anger management Psychosis (hallucinations, delusions) Relationship issues/Conflict (family, peer, teacher) Social and emotional skills/Problem solving/Character development/Self-esteem



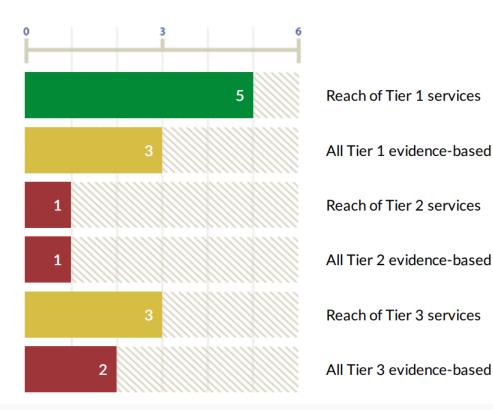
#### QUALITY DOMAIN Evidence-Based Services and Supports

Report Time Frame: 9/1/2017-6/1/2018

Date of Report: 6/13/2018



#### OVERALL COMPOSITE SCORE: 2.50



#### **QUALITY DOMAINS**

#### **MASTERY**

Composite Score

#### — PROGRESSING

Composite Score

#### **EMERGING**

Composite Score

2.50 Evidence-Based Services and Supports

1.00 Data Driven Decision Making

1.00 Evidence-Based Implementation

1.00 Teaming

1.00 Needs Assessment/Resource Mapping

#### OTHER PERFORMANCE DOMAINS

Overall Score

○% • Students Screened

\* Received School Mental Health Services

\* indicates data were not reported



# District Commitments W



Time out of district Onsite coaching (commitment of staff time) Cost of project



#### \$12,500 Annual tuition for TWO years for CESA 6/7 districts

Includes 6 PD days for entire team EACH year and (8) 6 hour on-site coaching in BOTH years

Costs for districts outside of CESA 6 and 7 currently being determined/negotiated. We are happy to schedule follow up conversations about this.

**\$2,000 downpayment** due with Participation Agreement/Commitment (to secure a spot). Deducted from first year tuition.

#### **Grant funding options:**

- Title IVa grant funds (can use 17-18 title IVa funds to secure your spot)
- Community Grants
- Flow Through Funds
- <u>School-Based Mental Health Services Grant</u> beginning in the fiscal year 2019

#### What will WE do?

Teach the model and support its implementation

Facilitate 3 day summer academies/3 annual cohort meetings

Provide monthly onsite coaching focused on implementation, 6 hours onsite/8 months in both years

Provide flexible implementation options

#### What will YOU do?

Form an <u>internal team</u> of about 7-9 team members who will commit to a two year PD cycle (optional 10th admin team member)

Participate in (2) 3 day summer academies

Participate in (3) cohort days in each participation year

Support time for team meetings throughout the school year

#### Wisconsin Department of Health Services



### Meta-analysis of training

Training Component	Learning Outcomes		
	Knowledge of Content	Skillful Practice (Fidelity)	Integration into Practice
Presentation & Lecture	10%	5%	0%
+ Demonstration	30%	20%	0%
+ Practice	60%	60%	5%
+ Coaching (after training)	95%	95%	95%

Joyce & Showers (2002).

# What Does a Coaching Visit Look Like?

- working on strategic plans to grow work in specific domains/overall school mental health practices
- collecting and reviewing data
- building connections with community partners
- planning professional development/community outreach experiences surrounding mental health
- updating administration
- aligning work with other school teams
- •researching and selecting evidence-based practices to address needs of ALL students at each grade level
- agendas and activities are TEAM driven



# Team Selection Guidelines

- •This is a *systems team*: consider personal & professional attributes such as staff who are influential, relational, passionate and collegial; staff who possess a growth mindset and are passionate about mental health
- Systems teams MUST have strong administrative support in order to do the work
- Consider existing teams who are working to implement an equitable MLSS
- Pupil Services Staff, Administrators, Teachers, Mental Health Service Provider, Nurse, Social Worker, OTs, SROs, Board members



## Next Steps



Application (open (starting)

https://docs.google.com/document/d/ 1P7fR0dwqhHadZ5tjj5eWh6BfFi3DKY oPouj2Xpbaw1Y/edit change link to updated participation agreement up interviews

Participation Agree secure spot)

All teams secured by April 2019

nent (deposit to





### Summer Academy 2019



- Goal is to add 20 teams for cohort 2
- Anticipated attendance at Summer Academy 375-400
- •June 24-26, 2019 (potential for a preconference)
- Ross Szabo Keynote
- Held in Green Bay





# Cohort Days 2019-2020



Oct 10, 2019 (Thursday)
January 14, 2020 (Tuesday)
April 9, 2020 (Thursday)





### Resources



(<u>FAQ</u>)--(questions are generated before and during webinar) to be shared after the webinar

<u>Link to website</u> (including links to application, team make up guidelines, linked materials, and all other AMHE documents)

Team selection guidelines

**AMHE Linked Materials and Additional Details** 

School-based mental health services grant program (Wi Department of Instruction)

Potential local/community funding sources



# Thank You!

