The Four Pillars of Effective In-School Mental Health Programs

A Blueprint for Successful Student Outcomes

ESS
EFFECTIVE
SCHOOL
SOLUTIONS

With an increasingly acute mental health crisis in public schools, many educators and administrators have turned to in-school embedded clinical models to deliver the level of care and attention that many students need.

Not only can these programs deliver effective results, they can be far less costly (and burdensome on families) than the alternative:

out-of-district placements.

Table of Contents

A Blueprint for
Successful Student Outcomes

Kids, incapacitated by anxiety, hiding out in guidance offices all day. Kids, hood up and headphones on, ignoring the teacher and just staring straight ahead. Kids refusing to come to school altogether. Kids threatening to harm themselves or others. Crisis evaluations doubling, even tripling, from one year to the next.

These scenarios are increasingly playing out in K-12 schools across the country, as the number of students struggling with mental health challenges explodes. According to the National Alliance on Mental Illness, one in five students ages 13-18 has or will have a serious mental illness.

About 11 percent of kids have a mood disorder, and 10 percent have a behavior disorder.

"The challenge with mental health is that it's not your typical student with learning disabilities or student on the autism spectrum," says Nick Norcia, superintendent of Fair Lawn Public Schools in New Jersey. "It's not just a special education initiative. It's an all-education initiative."

The root causes can be debated, but the moral imperative is clear: **Today, educating the whole child requires strong mental health services.** And according to the Association for Children's Mental Health, fewer than half of students with mental health disorders graduate high school.

Only 40 percent of students with mental health disorders graduate from high school, far behind the national rate of 76 percent.

Schools are simply not built to handle a mental health crisis of this magnitude. Teachers and guidance counselors are overwhelmed as students with behavioral and emotional challenges consume an outside portion of time and attention. Piecemeal approaches without a comprehensive plan, such as simply adding a social worker, barely make a dent.

Sending students off to specialized, therapeutic schools outside the district is a common response, but these out-of-district placements (ODPs) are often less than ideal.

- They separate students from friends, extracurricular activities and social supports.

- Students may have to travel over an hour each way.

- With the focus necessarily on stabilizing students, academics can suffer. For students looking ahead to college, this can be a source of great anxiety.

- The cost to home districts is staggering: as much as $100,000 per student per year.

School officials often face a decision between two poor choices:
Keep students in district with subpar clinical outcomes or send them away at great financial and academic cost.

However,
There is Hope.

In recent years school districts across the country have found success with **intensive clinical programs embedded in the school day.** Operated by expert outside providers in full partnership with host schools, these programs give educators a place to turn—right in their own buildings—for kids who need the most help.

The results are promising. Students stay where they are, enjoying everything their home districts offer, while benefiting from extensive wraparound therapeutic services. Attendance and grades go up; disciplinary events go down. Social workers can better manage their caseloads, while teachers regain countless hours.

At the same time, kids are able to return from out-of-district placements or avoid them the first place, greatly defraying or fully covering operational costs. Done properly, embedded clinical programs offered within the school building provide a comprehensive blueprint for mental health success.

For the past decade, Effective School Solutions has been at the forefront of research and development for these comprehensive programs. ESS clinical staff has identified four pillars that together form a blueprint for effective treatment.

Let's discuss 4 best practices for implementing a best in class embedded mental health program in your school district.

01 Avoid "Random Acts of Treatment"

Many schools take a scattershot, "rent-a-therapist" approach to mental health efforts, as opposed to a coordinated effort.

Mental health care should be delivered through a structured program of research-backed protocols and best practices. Outside providers of embedded clinical services bring a depth of expertise and experience, ready from day one to treat students within a framework of proven methods, centered on core precepts.

Multiple
Daily Touchpoints

In a typical embedded program, clinicians see students multiple times a day, while disrupting class as little as possible.

Each day starts with group therapy. At lunch, students and clinicians eat together. And each student gets individual therapy at least once a week to focus on that student's particular issue: anxiety, depression, attention disorder, self harm, etc. There's no one-size-fits-all approach to mental health treatment, which is why the individual therapy component is so critical. When extra support is necessary, clinicians may sit in on classes with students or even make home visits.

These multiple touchpoints provide the structure and support needed for at-risk students to be successful in school.

Specific Approaches to Dealing with Trauma

High-risk students who consistently "act out" create major challenges in classrooms. Exposed to society's worst problems—poverty, racism, violence, addiction, unstable homes—these students see the world as filled with threats to their physical and emotional safety. Their sense of constant peril severely diminishes their ability to trust, relax, focus, and learn. That's why focused approaches to deal with the specific challenges of trauma are vital.

For example, the Trauma-Attuned Model™ (TAM)

an approached pioneered by ESS, recognizes kids' disruptive actions as survival skills developed to cope with stress.

TAM teaches students how to regulate their emotions and learn new strategies to feel secure in their school environments.

TAM also draws on The Nurtured Heart Approach® . This practice, created by Howard Glasser, the Executive Director of the Children's Success Foundation, energizes good behavior rather than bad behavior, i.e. **"I see you're not wearing your hat in class today"** instead of **"How many times have I told you to take off your hat in class?"** It assumes that everyone has the capacity to learn and grow.

Specialized Protocols
for School Avoidance

Students avoid school because of anxiety, emotional fragility, bullying or other reasons. In the most severe cases, students receive instruction at home. It's a growing problem that causes family conflict and saps school resources.

In high-quality embedded clinical programs, clinicians visit the home to gain a deeper understanding of why the student is avoiding school and to coach parents on techniques to help get their kids out the door on school days. Clinicians follow up with morning phone calls to further encourage students to come to school that day.

With this kind of "whatever it takes" approach, districts can see a 42% increase in attendance and a retention rate of 85% for students returned from home instruction.

Family Involvement

Strong in-school clinical programs, incorporate individual family therapy at least every other week and group therapy at least once a month. This is a time for families to come together, support each other, and learn how to support their kids. Sessions take place at times most convenient for families, whether during the day or in the evening.

Working with families is indispensable to students' school success. Families love having comprehensive programs available to them, at no cost, right at their children's schools, especially in areas where mental health services may be thin or non-existent.

02 Experience Matters

When it comes to the needs of vulnerable students, the right skill set is key.

To be truly effective, wraparound in-school programs require experienced clinicians, administrators, and evaluators. The ideal provider does not send interns or recent grads into the field to confront the complex issues articulated above. Instead, they should recruit from psychiatric settings.

Here's the anatomy of a typical high-performing team

Skilled Clinicians

Embedded clinical programs employ licensed mental health professionals—it's vital that these individuals be experienced, with at least three years of clinical experience in a psychiatric setting. Each clinician must have specific expertise in working with youths who have significant emotional and behavioral challenges.

Quality Management Professionals

In order to be effective, clinicians need the support of a quality manager and a clinical director. These roles ensure that clinicians follow protocols and provide students with the best treatment. The clinical director should regularly review students' charts to spot red flags and doublecheck everything. Districts need to be assured that the clinicians are not left to fend for themselves

Objective Data

Team members at all levels must track student progress, measure outcomes, and demonstrate the program's overall impact. This gives districts objective, accurate, real-time data on students' progress.

67%

Fewer Disciplinary Incidents

ESS developed the Trauma Attuned Model, which integrates several therapies, to help students better manage their problem behaviors and regulate their emotions.

03 CREATE A TEAM APPROACH

In high-performing embedded clinical programs, partnership is key.

This means that team members work in cooperation with, not in place of teachers and staff. Two-way, ongoing communication builds trust between clinicians, educators, and administrators. Schools always know what's going on with their kids, and team members seek input from administrators.

Communication & Collaboration

At the start of a typical partnership, the district appoints a gatekeeper, who determines which kids should join the program. Every week, the gatekeeper, school administrators, clinicians and regional director meet to discuss anything that bears on the students' well-being: Has there been a divorce? An imprisoned parent? Is the student ready to step down?

So that nothing goes unsaid, the clinical provider supervising staff and the school principal also meet regularly in private meetings. These meetings give the principal an opportunity to raise concerns about a clinician's job performance or any other sensitive matters.

04 Reach More Kids Through District-Wide Professional Development

It's not always obvious which students have, or will have, mental health challenges.

In addition to support for students with acute needs, it's critical to pursue a whole-school approach towards mental health. Providers should train and equip all teachers with the knowledge they need to identify and support students with mental health issues.

Sharing Expertise
Benefits Everyone

By spreading the wealth of knowledge to all teachers throughout the district, professional development helps teachers reach kids who may be struggling emotionally but whose needs may not require a full, intensive program.

A great partner will provide this professional development component. Examples might include live on-site training sessions, an established library of presentations, collaboration with clinicians to create new material, and a regular newsletter. Providing educators with regular training and updates on the latest mental health issues helps to ensure that fewer kids fall through the cracks.

As social-emotional learning has grown to be seen as a crucial component of education, these professional development opportunities help to foster a nurturing school climate throughout a district.

42%

Reduction in student absences

School avoidance is a significant problem in school districts. Our specialized protocols incorporate several therapeutic approaches, and work closely with families.

One Administrator's Story

Nick Norcia, superintendent of Fair Lawn Public Schools in New Jersey, has worked in special education his entire career. He has no doubt that there's a mental health crisis in public education.

"It's here on a daily basis," says Norcia. "It's only getting worse, and it's not going away. If you want to bury yourself in the sand and not roll up your sleeves and do something about it, you're doing a disservice."

Before joining Fair Lawn, Norcia was director of student services in the Morris Hills School District in New Jersey. He had learned about in-school therapeutic programs offered by Effective School Solutions, then in its early days. He leaped at the opportunity. Keeping kids in district? Family and daily group therapy? Yes, and yes. Determined to provide quality mental health services, he successfully lobbied for ESS. Even before the first day of the school year, ESS impressed him.

They held several meetings to gather all stakeholders at the table: principals, union reps, case managers.

"The time you spend up front pays big dividends in the program." Norcia says. "Teachers and staff wanted reassurance that they weren't going to lose their jobs, that's never the case. ESS tells them: we're here to make your jobs easier."

After ESS came into Morris Hills, the results were notable. School attendance increased. Grades improved. Fewer students were getting in trouble, and many fewer students were being sent out of district. Word got out among parents about the remarkable improvement they were seeing in their kids.

"I've had parents cry at board meetings about how great this program is," Norcia says. At the conclusion of the 2017–2018 school year, strong performance data supported these perceptions:

ESS students at Morris Hills saw a 76% decrease in disciplinary incidents, a 66% decrease in absences, and an 11% increase in GPA.

Two years ago, Norcia became assistant superintendent of Fair Lawn Public Schools. One of his first actions: bring in ESS. Some saw that as a huge gamble for a new administrator, but Norcia knew from his years at Morris Hills what a difference in-school clinical programs could make. "We have to get students in the right frame of mind, and then education is going to come next," he says. "If you can't do that, you can throw any lessons you're trying to teach out the window, because the kids won't be able to grasp them." The ESS program at Fairlawn has served 42 students to date. Of that number, only one was discharged to an out-of-district placement. None have required home instruction.

Having now worked with ESS in two districts, he's learned that the first year is the hardest. There will be a learning curve, as everyone adjusts to the relationship. "Year Two is so much easier. Once you get through the bumps, ESS become an ingrained parts of the staff." he says.

When he talks with other educators about in-school therapeutic services, money naturally comes up. "Every year, my (special education) budget goes down. The way I look at it is, I assume it's because we're not sending as many kids out because we have Effective School Solutions."

Now superintendent of Fair Lawn, he intends for mental health to be central to the Fair Lawn curriculum. For example, Fair Lawn has a districtwide peer mental health program. As Norcia knows all too well, emotional stability is the foundation for learning. "Our ultimate goal is to educate students and prepare them for the real world," he says. "Education will be secondary if we can't get to the root of the problem of why they're feeling how they're feeling."

> "
> I've had parents cry at board meetings about how great this program is.
>
> **Nick Norcia**
> **Superintendent**
> **Fair Lawn Public Schools**

Effective School Solutions

Since 2009, Effective School Solutions has been a leader in youth mental health. ESS partners with 87 schools in 47 districts in New Jersey, Pennsylvania and Connecticut to provide intensive, cost-effective clinical programs to the most at-risk students, both classified and non-classified.

ESS programs are based on a decade of research toward measurable student outcomes. Grade point averages in ESS districts increased, on average, 28 percent from pre-ESS levels.

Absences went down by 42 percent, and disciplinary incidents dropped by 67 percent. As of the 2017-2018 school year, only 2 percent of 1,508 students that ESS has served required an out-of-district placement.

Contact ESS to learn how to implement these proven mental health programs in your district.

**info@effectiveschoolsolutions.com
(973) 299-9954**

98%	28%	42%	67%
RETENTION OF STUDENTS IN-DISTRICT	**INCREASE OF GRADE POINT AVERAGES**	**REDUCTION IN STUDENT ABSENCES**	**FEWER DISCIPLINARY INCIDENTS**