School-Based Behavioral Health

- Data
- Misconceptions
- Promises
- Successes (Improvement Movement)
- Challenges

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Student Behavioral Health Data

• **14 percent of children** with behavioral health issues receive mostly Ds and Fs on school work (*Blackorby, Cohorst, Garza, and Guzman*)

• On average, children with behavioral health issues miss as many as **18 to 22 days of school** (*Blackorby*)

• The consequences of **untreated language problems** are significant and result in behavior problems, reading difficulties, grade retention, and high school dropout (*Sices, et al*)

• Children with untreated tooth decay have trouble sleeping and eating, increased school absences, difficulty paying attention in school, difficulty keeping up with peers academically, **difficulty self-regulating behavior**, and are more likely to report feeling worthless, shy, and unhappy than their peers (*Children's Health Fund*)
Misconceptions

- Not all student behavioral issues are due to mental health issues
- Not all student behavioral issues should be referred for therapy
- Not all student behavioral issues should be referred for Special Education
- Not all student behavioral issues should be referred for out-of-school suspension
- Not all student behavioral issues are attributable to the student
  - Physical health factors
  - Adult factors
  - Situational factors
  - School climate factors
Promise of School-Based Behavioral Health Services

• School-based behavioral health services offer the promise of improving access for children to services/interventions to meet their needs as early as possible.

• School-based behavior health services SHOULD NOT focus only on access to therapy, because other factors influence behavior.

• School-based behavior health services:
  ❖ Should incorporate physical and behavioral health screening (including language)
  ❖ Should include physical and behavioral health awareness training for all school personnel
  ❖ Should be linked to the Multi-Tiered Systems of Support (MTSS)
  ❖ Should become part of the framework for improving school climate
Promise of School-Based Behavioral Health Services

• School climate affects not only students’ motivation and school satisfaction, but their lifestyles, health, mental health, and quality of life, as well (Vieno, Santinello, Galbiati, and Mirandola)

• School climate is directly related to conditions that can impact students’ ability and capability of dealing effectively with behavioral health and physical issues (Porteous and Kelleher)

• A positive school climate increases the psychological well-being of students (Ruus)

• An unstable/unhealthy, non-supportive, non-responsive school climate can exacerbate the conditions of students with behavioral health issues (Sugai)
Improvement Movement

- **PBIS** is a proactive systems approach to establishing the behavioral health supports and is a framework for changing school climate to be more positive, supportive, safe, and secure (*Sugai*)
  - **1,307 schools** are implementing PBIS
    - *Improved school climate rating, improved attendance, improved graduation rate, decreased out-of-school suspension (25%)*
- **Behavioral health awareness** (NAMI and GaDOE)
  - Over 9,000 educators have been trained since October 2018 and another 6,000 will be trained before September 2019 (choice of 18 training modules)
  - Over 400 SROs have received CPI training and another 200 are scheduled for training
- **Power Up for 30** (GaDOE and GaDPH)
  - 1,000 elementary schools participate
Improvement Movement

- **Suicide prevention training** (GaDOE and partners)
  - Over 1,000 educators have been trained on suicide prevention
- **APEX School-Based Therapy**
  - Over 400 schools have APEX therapists
- **Title IV Part A Federal Funding** is more flexible
  - Behavioral health services
  - Re-entry program for justice-involved youth
  - Drug and alcohol prevention/intervention
  - Trauma-informed training
- **School-Justice Coordination**
  - School Climate and Attendance Committee
  - Cross-training of schools and juvenile courts, which includes school climate and attribution
Improvement Movement

• Prevention, Intervention, and **Innovation**
  ❖ Innovation:
    ✓ Sources of Strength
    ✓ Handle with Care
    ✓ LPCs in schools
    ✓ Expanding Medicaid for school nursing services
    ✓ Remodeling MTSS
    ✓ Importance of language (research, screening, practices)
  ❖ Misdiagnosis/Attribution
    ❖ *Research into the prevalence of speech, language, and communication difficulties among youth in secured detention found that more than two-thirds had below average language skills.* Yet, most of the time their behavior was *attributed to disrespect for others (Snow 2016).*
Improvement Movement Challenges

- Legal issues
- Access issues
  - Awareness
  - Affordable
  - Available
  - Accommodating
  - Acceptable
- Workforce issues
- Attitudes and beliefs about behavioral health
- Financial issues
- Limited conceptualization of school behavioral health services (*It’s not just mental health*)