
School-Based Mental Health Brief

Response Efforts Focused on Students' Socio-Emotional Learning Needs Upon
Resumption of School in Fall, 2020

A School-Community Collaborative, Multi-Tiered Systems of Support Approach

August 28, 2020

Introduction

Over decades, increasing rates of mental health crisis in youth have necessitated the development of a school-based mental health service model. In 2017, Livingston Public Schools launched a school / community Collective Impact effort, which includes an action coalition entitled, "[The LiveWELL49 Resilience Project](#)," that works specifically to improve socio-emotional wellness across Park County. Numerous partners from area schools, organizations, philanthropy, agencies, churches and businesses have met regularly for over three years to expand community response and to develop a joint approach to prevention, screening, intervention, and referral to mental health services.

Thus, socio-emotional learning and response to mental health needs is not brand new in Livingston schools. However, with the arrival of the Novel Coronavirus to Montana and Park County came the abrupt and unprecedented closure of Livingston school buildings, and, a call to shutter businesses, isolate, stay home, physically distance, and, eventually, to wear masks. These measures appear to have achieved the intended goal to provide the schools and community an opportunity to prepare for a means to live with Coronavirus without first having overwhelmed county healthcare and emergency systems with a large number of cases, and, now, it appears that school buildings can re-open, gradually, under schedules and procedures modified to reduce risk of viral transmission.

Nonetheless, the very measures that have protected physical health may have, in some cases, taken a toll on student and family mental health. Livingston Public Schools and our community mental health partners are prepared, dedicated and committed to help students and families to resolve the socio-emotional issues that may have arisen over the period of school building closure or that may arise during re-opening. This letter is intended as a brief overview of the anticipated issues students and families may face, and, how the schools and our partners may assist.

As is typical for a school system, the Livingston Public Schools approach will include re-kindling and establishment of productive interpersonal relationships, screening and diagnostic assessment, direct instruction of healthy mindsets and habits, and additional, more intensive, interventions for those who need extra help. Those familiar with it will recognize this as the Multi-Tiered Systems of Support (MTSS) approach to meeting the needs of all students.

The group of school counselors, teachers, administrators, mental health professional partners, parents and para-educators who participate in the MTSS approach to socio-emotional learning within the school could be referred to as a, “school-based mental health team.” An aim of this team is to prevent students who have socio-emotional or behavioral needs from going unnoticed, and, to align effective intervention supports with the needs as reported, observed, or, identified by screening and evaluation.

The MTSS Process

Five essential questions drive the MTSS process.

1. What do students need to know and be able to do? These are the behaviors and attitudes that maximize student wellness.
2. How do we teach it? These are the curricula and instructional strategies educators utilize to help students to learn and practice healthy behaviors and attitudes. Used with all students, educators refer to this as Tier I instruction.
3. How do we know if they know and can do (learned) it? This is the most crucial question of MTSS, answered by validated screening and diagnostic tools and observation methods.
4. What do we do if they can't do it? Some students will need additional and more intensive, higher adult-to-student ratio, supports in order to be able to meet mental wellness goals. Educators refer to these as Tier II, Tier III, and Special Education supports.
5. What do we do if they already can do it? Some students are extra-talented or gifted in the domain of socio-emotional learning, and, may require accelerated Tier II or III opportunities, or, may be of special assistance to their peers.

Anticipated Student and Family Needs – What are Students Likely to Need to Know and Be Able to Do in Order to be Resilient to the Challenges of COVID 19?

Not all student socio-emotional needs stem from COVID, and, the measures listed herein are intended to meet the socio-emotional needs of any student. However, a number of students may have experienced socio-emotional or physical trauma related to the COVID 19 pandemic. Following are some challenges that Livingston Public Schools and our community and agency partners anticipate.

The Montana Student Wellness Advisory Committee, working closely with the Collaborative for Academic, Social, and Emotional Learning, has provided some research-based recommendations to schools regarding the needs of students and families in times of crisis, such as a natural disaster or pandemic. Livingston's Director of School-Based Mental Health sits on the advisory committee and has discussed the recommendations with local mental health provider partners, as well. While unforeseen things happen in unforeseen times, there do appear to be some consistent and predictable patterns that may help inform anticipated needs and response.

In times of crisis such as COVID 19, fears of personal and friend and family member safety and security increase. Children and adults alike may be concerned that they or a family member might contract the virus, and, they may fear dying or the death of a loved one.

Yet, crisis also tends to cause people to band together and to focus on the immediate need to stay safe, which carries with it a measurable reduction in some behaviors that can adversely affect mental and physical health. Ironically, it can be just as the crisis begins to lapse that communities see a surge in risk behavior related to anxiety and depression.

Some students and their families have been directly affected by COVID 19, others have felt the economic impact of job loss and closed businesses. Some simply have suffered the loss of regular interaction with friends and family.

One anticipated challenge relates to the way school schedules and procedures modified for safety may impact the effective work administrators, teachers, and school psychologists have done with behavior plans for students who have traditionally struggled to be at school. Typically, to send a school-avoidant student home for unwanted behavior such as physical aggression or, “faking,” an illness only rewards the behavior and causes more of it. In such cases, the students are usually held at school and taught replacement behaviors that help them to fulfill their needs.

However, under COVID safety protocols, physical distances must be maintained, and, students must be sent home who exhibit COVID symptoms, some of which symptoms cannot be verified or observed. Thus, there may be instances in which school-avoidant children are sent home and rewarded for unwanted behavior, requiring a new approach. It should also be noted here that a small number of students were *more* successful at engaging school under the off-site model than they had been previously, also requiring some re-thinking of approaches to their service plans.

School employees are mandatory reporters of abuse and neglect to the Child and Family Services Division (CFS) of the Montana Department of Public Health and Human Services (DPHHS). During the school building closure, the number of calls to CFS reduced dramatically, yet, the number of partner and family violence calls to local law enforcement increased. Thus, an unknown is how many students and family members may have experienced some trauma during the time of the school building closures, which trauma may require some supportive intervention.

Many of the needs students have may be intertwined in interaction with, family members, and, may not be treatable by working with the student, alone. [Family Trauma](#) can happen when a child or other family member experiences unhealed trauma, which can cause other family members to experience simultaneous, second-hand, exposure, or interfamily trauma. Treating just the child, individually, may result in relapse in such situations, thus, a family systems approach to treatment may be most helpful in such instances.

Screening for Student Needs – How We Know if They Know and Can Practice Productive Attitudes and Behaviors

Some student anxiety, depression, or intentionality toward unhealthy or self-harming behavior has no outward sign, yet, most crucially, schools need to know if students are well. Fortunately, it appears possible to screen students to monitor their mental wellness.

For grades 6-12, [MERET Solutions](#) has worked pro bono with Livingston Schools to develop a first-of-its-kind, branching-survey format, electronic screening for resilience and risk. The tool will combine four validated screening tools: the [Patient Health Questionnaire for Adolescents](#) (PHQ-A), the [Columbia Suicide Severity Rating Scale](#) (CSSRS), the [General Anxiety Disorder-7](#) (GAD-7), and the [Connor-Davidson Resilience Scale](#) (CD-RISC).

As depression, anxiety, and suicidality tend to spike among the school-aged population in October and in February, the screening is planned for September and January. It is a hope that the tool can be used by

students both on-site and off-site. The screener will be piloted first with freshmen, with hopes for immediate success that allows for scaling to all grades 6-12. School nurses will be reaching out to families to obtain active consent, as they do for some other health screenings. [L'esprit mental health center](#) employees will assist with proctoring and with response. In the global population, a 5% positive for immediate intervention as determined by these comprehensive, validated tools, is typical, with an additional 15% benefitting from services that begin within a month or so. It is estimated that students will require 15 minutes on average to complete the screening, and, results will be immediately available. School counselors will play a special role in the scheduling of the screener and in analysis of the results, but, most intensive interventions will be determined and provided via a flow chart process that may result in referral of students to mental health professionals co-located at the school, e.g., the licensed clinical social worker or the clinical psychologist.

For grades PK-5, a different tool is needed. Children under age 12 are less able than older students to self-report their mental wellness, thus, a teacher or other adult observation process will be required. School counselors will play a special role with teachers, administrators, and mental health partners in vetting and adopting the process. There are many validated, free screening options available, and, to speed analysis and reporting, a screener could be mounted as a survey with results immediately available. This will also provide possibility to conduct pre-test / post-test observation as the screener is repeated.

The viability of a screener vs. teacher recommendation is currently under analysis, and training in criteria checklists is under consideration. The importance of training in the utilization of any screening or observation process cannot be overstated, and, will be a key aspect of implementation.

An overall goal of screening and/or observation-based recommendation is that the MTSS process be highly accessible to all teachers, in order that they may best support their students.

Programming for All Students – Tier I Instruction in Mental Wellness and Resilience

While a relatively small percentage of students are likely to have urgent need for referral to treatment for mental health needs, all students can benefit from direct instruction in positive, productive, behaviors and thoughts. Counselors PK-5 deliver to all students the [Second Step](#) socio-emotional learning program. Additionally, for implementation in the general classroom, the District has adopted [MindUP!](#) PK-12 as a socio-emotional learning program. The core of the MindUP! curriculum is controlled breathing exercise and direct instruction of brain physiology and function. The practices in MindUP! are consistent with breathing exercises recommended by local physicians to reduce stress and improve focus. Livingston is poised to have 20 individuals trained as MindUP! trainers and coaches, this, as soon as possible under COVID 19 restrictions. Those individuals will then be able to train and support any new staff in the schools, including our L'esprit partners providing [Comprehensive School and Community Therapy](#) (CSCT).

[Conscious Discipline](#), a program most commonly used by Pre-K and Kindergarten teachers, but, intended for and applicable to all grades, is also undergoing pilot implementation and is recommended for wider implementation K-5. It reframes the teacher-student dialogue by providing teachers with strategies for authentic, effort-related, non-generic praise for having met achievement objectives. It also encourages development and utilization of an accurate vocabulary for what students and teachers are feeling and experiencing.

Additionally, partners at the [Getting Better Foundation](#) have created a production-quality, highly-rated film regarding truth in media literacy that will be available to our schools free for private screening. The film features top researchers such as Harvard psychologist Steven Pinker, who make the case for thoughtful media consumption in times where misinformation spreads rapidly on social media. Keeping anxiety at bay by teaching students how to take in information from a wide array of sources, including social media, will likely be helpful during uncertain times. Sleeping Giant Middle School and Park High School staffs will have opportunity to preview the offering and to determine if and how it can be used to best advantage for students.

Middle school students will continue to receive the [Signs of Suicide](#) (SOS) program, and, high school students will experience the Youth Aware of Mental Health program.

Under consideration 9-12 are implementation of the [JED Foundation](#) program, which consists of a survey tool and programming specific to suicide prevention, and, [Youth Mental Health First Aid](#), a program that has support via [Big Brothers and Big Sisters of Big Sky Country](#). [AMB West Philanthropies](#) is underwriting aspects of both programs. Also, an adolescent model of the [THRIVE](#) online mental health self-care module is currently undergoing validation study and may be available for use by the general population soon. Students at Park High School and Sleeping Giant Middle School may be involved in some fashion in the pilot, either via a class, through association with L'esprit, or, simply by volunteering.

When a Student Doesn't Know or Can't do It – The Tier II and III Response for Students with Identified Needs

Some students will self-report or will screen positive for further evaluation and socio-emotional support. Please note that any student who presents with high risk of suicidality will be immediately referred to a crisis response team, which includes the school counselors and mental health professionals from RIZE / L'esprit, and Livingston Health Care. A trauma-informed law enforcement unit may be called to assist, as well.

For students struggling with socio-emotional behavioral issues, but, in less need of immediate crisis response, supports will include the following interventions, services and programs, organized here more or less in order of least to most intensive care:

- School counselors for students pre-K through 5 utilize a menu of supplemental supports with individual students or small groups drawn from programs including [MindUP!](#), [PATHS](#), [Check-In / Check-Out](#), [Second Step](#), and [ZONES of Regulation](#). In collaboration with consultants from the [Mountain Plains Mental Health Technology Transfer Center](#) (MP-MHTTC), the counselors have developed and are fine tuning an MTSS approach to the utilization of these programs, matching interventions with needs that have been determined by observation, and, that will be determined by the screening and/or observation process that will be adopted in the near future.
- School counselors at the 6-12 level are also working to adopt an MTSS approach to interventions and can offer students a wide variety of coping strategies for socio-emotional needs that will be identified by observation, self-reporting, and screening. However, socio-emotional needs at the upper grade levels often may require the assistance of mental health professionals.
- Livingston Public Schools Student Support Services division handles all matters related to special education, and, has over the past two years redoubled efforts to provide effective socio-emotional supports to students.

- Provided with assistance from AMB West Philanthropies, Community Health Partners, and thrive, [Parent Liaisons](#) will reach out to, and, are available to, all families grades PK-5. The liaisons can help families to understand the school schedule and services, including all the recent modifications to the calendar, schedule and array of services that have been developed in response to the novel coronavirus. This could be considered an entry level, preventative level of care and support for all; however, in some cases, the liaisons will also support students and families through more intensive needs.
- At the 6-12 grade levels, with support from AMB West Philanthropies, L'esprit Mental Health Center will provide a case manager to support students and families. This will be an entry level of care; however, this individual will also be trained in crisis response, thus, in certain cases, the case manager will also support students and families through more intensive needs.
- Thanks to the generosity of an anonymous western Montana family, Livingston Schools will receive six [Verilux HappyLights](#) that can help prevent Seasonal Affective Disorder. These lights will be apportioned out to each building and can be used with students by school counselors and mental health professional partners.
- The school-based mental health team may make a recommendation that the family consider Youth Case Management (YCM), which is available to all students grades PK-12. This is the most basic level of mental health professional assistance, wherein students work with a mentor trained in behavioral and emotional support for a couple of hours a day. Numerous providers offer the service, including [Yellowstone Boys and Girls Ranch](#), [Youth Dynamics International](#), [Gallatin Mental Health Care Center](#), and [L'esprit Mental Health Center](#).
- In instances in which students need more intensive supports, Livingston school psychologists may conduct a Functional Behavior Assessment and develop a Behavior Intervention Plan.
- Private practice counseling services are widely available in the community, and, the school-based mental health team may recommend that the family seek such services for their student. Livingston has become a place of strong school-community collaboration, and, school professionals now work very closely with private practice mental health providers to develop a joint approach to serving the socio-emotional needs of students, for example, as may have arisen related to COVID 19. Options range from individual counseling for a particular student to family systems therapy, which may involve the family and all relevant caregivers.
- New this year, L'esprit Mental Health Center will provide a Licensed Clinical Social Worker (LCSW) to grades 6-12. The LCSW will operate out of Ranger Clinic and will be available for School-Based Outpatient Therapy (SBOT).
- The school-based mental health team may recommend that the student participate in [Comprehensive School and Community Therapy](#) (CSCT). CSCT could be considered to be a higher level of care than YCM, as the student would meet regularly at school with a licensed clinical therapist and would also receive support from a behavioral support specialist. The family also receives therapy. The District contracts with L'esprit to provide all CSCT services within the school.
- By special arrangement with [Livingston HealthCare](#), with funding support from AMB West Philanthropies, this year, a school-based clinical psychologist will provide services through Ranger Clinic to students grades 6-12. The school-based mental health team received professional assistance in the creation of a flow chart for referral to the psychologist, starting from the point of knowledge of a need to the various options to consider leading to referral.
- A most intensive level of care available via the school system is [Youth Day Treatment](#) (YDT). For a very small number (typically, less than .5%) of students under unique circumstances, the school-based mental health team may recommend that a student attend school full time at the

L'esprit Youth Day Treatment Center. The aim of the YDT program is to help students to overcome obstacles to their attendance among their peers at school.

For Those Students Who Can Already Do It – Working With Students Showing Talent and Giftedness in Resilience and Social Skill

Some students will present with uncommon skill and knowledge in the social domain, or, may exhibit great resilience in the face of adversity. While these attributes are to be celebrated, such students also need access to challenges that allow them to grow. School staff and members of the school-based mental health team may assist these students in identifying challenges such as leadership or research opportunities that can help them to realize their potential. Students with lived experience of having faced and overcome adversity can play a special role in helping their peers to maintain a positive and productive mindset during difficult times.

Conclusion

While this document is intended to be comprehensive, left out are the significant measures that the schools and community have undertaken to attempt to provide all students with the most basic socio-emotional protective factors, including access to meals, childcare, health care, and regular physical activity. Partners such as [Farm to School of Park County](#), [LINKS for Learning](#), the [Park County Community Foundation](#), the [Park County Health Department](#), the [City of Livingston Parks and Recreation Department](#), Park County Pre-K and childcare providers, [Greater Gallatin United Way](#), [Big Brothers and Big Sisters of Big Sky Country](#), the [Livingston Food Resource Center](#), the [Rotary Club of Livingston](#), and, countless other individuals, organizations, agencies and philanthropic donors all play significant roles in the effort to assure our kids experience socio-emotional wellness. Pulling together, Livingston Schools and the community are better prepared than ever to respond to student socio-emotional learning needs.