

LOCAL OPPORTUNITIES TO SUPPORT SCHOOL-BASED BEHAVIORAL HEALTH: EVERY STUDENT SUCCEEDS ACT (ESSA)

BY MAGGIE TUREK

In Summer 2016, Health Care Foundation of Greater Kansas City hosted Maggie Turek, a third-year law student as our Summer Health Law Fellow. Ms. Turek was invited to research local policies that could advance health. This is one such research piece. It is our hope that sharing this document will provide local nonprofits, public health entities, and lawmakers with creative options to advance health in our community.

Introduction

School health services play a critical role in ensuring that children and youth have access to high-quality, affordable health care. By providing physical health, mental health, oral health, and youth development services on school campuses, school-based health centers (SBHCs) and other school health providers positively impact students' health and learning. They address a wide variety of health needs, from asthma management to flu vaccination to teen pregnancy prevention. At the same time, SBHC staff and other school health personnel can act as key partners in efforts to address chronic absenteeism and promote a positive school climate.

In celebrating our 10th anniversary, HCF has looked back at our grantmaking over the years. We are proud to have supported more than \$5 million in grants for school-based health services, particularly mental health services. Children who are well are more likely to succeed in school and life. For children without convenient access to health services, particularly those in rural areas, school-based services offer access that wouldn't otherwise be available. Schools are an ideal setting for health service provision, as the context allows participation by parents, students, and teachers together.



Every Student Succeeds Act (ESSA)

ESSA was signed by President Obama in December 2015. It went into effect July 1, 2016, and its provisions will take full effect during the 2017-2018 school year.

ESSA is a reauthorization of the Elementary and Secondary Education Act (ESEA), which was signed in 1965 by President Johnson as part of the War on Poverty and Civil Rights initiatives. Previous reauthorizations include President Clinton's Improving America's Schools Act and President Bush's No Child Left Behind (NCLB). Three important legislative consequences stemmed from ESEA, which had lasting impacts: the switch from general funding to categorical aid to align with national policy agendas, such as poverty; provisions of federal aid to poor students, regardless whether the school they attend is public or private; and increased state power and expanded state bureaucracies and administration.

Overall, ESSA shifted school accountability and oversight away from the federal government and to the states. ESSA abandons the 'one size fits all' approach from NCLB, instead allowing states and school districts to set goals, evaluate teachers, and intervene in low performing schools. ESSA provides an opportunity to do what NCLB didn't—to address the underlying problems behind some of the poor scores and the underperforming schools. NCLB mandated top-down intervention for struggling schools, but ESSA provides flexibility for schools to implement evidence-based, locally designed solutions.



Trauma and Mental Health

Student Support and Academic Enrichment Grant

ESSA created a new block grant, the Student Support and Academic Enrichment (SSAE) grant, by combining dozens of federal grants and programs. Money from the SSAE grant can be funneled into three categories:

- Efforts to offer **well-rounded educational opportunities** (no less than 20% of funds) – science, technology, education and math (STEM) courses, music and the arts, accelerated programs, American history and civics, foreign language instruction, environmental education, and other courses, activities, and programs that contribute to a well-rounded education
- Effective use of **technology** (no minimum spending provision, but no more than 15% may be spent on purchasing technology infrastructure) – personalized learning opportunities through various tools and devices, developing curriculum, providing professional development in the use of technology, providing students in rural and underserved areas with access to digital learning experiences and access to online programs
- **Safe and healthy students** (no less than 20% of funds) – may include:
 - School-based mental health services, including early identification of drug use and violence and appropriate referrals to counseling services, and school-based mental health services partnership programs that provide comprehensive mental health services and supports
 - Staff development for school and community personnel working in the school, based on trauma-informed practices
 - Evidence-based drug and violence prevention programs
 - Programs that promote health and safety, help prevent bullying and harassment, activities that help develop relationship-building skills and improve safety through the recognition and prevention of coercion, violence, or abuse, including teen and dating violence, stalking, domestic and sexual abuse or harassment
 - Training for school personnel related to suicide prevention, human trafficking, violence and harassment prevention strategies, and trauma-informed practices for the classroom
 - Designing and implementing a locally-tailored plan to reduce exclusionary discipline that is aligned with the long-term goal of prison reduction through opportunities, mentoring, intervention, support, and other education services
 - Hiring and training a social worker or school counselor

Three Categorical Uses for SSAE Grant Money



The SSAE grant is seen as much more flexible than much of the previous funding sources. To receive funding, states submit applications to the Department of Education, then distribute the at least 95% of the funds to local school districts after they submit applications to the state. The remaining 5% can be used by the state for state activities, such as providing training and technical assistance and identifying and eliminating barriers to the integration of programs and funding streams. However, no more than 1% of the state's allocation may be used to cover administrative costs

Accountability System

The new accountability system is another opportunity for states to put students' mental health and trauma-informed, evidence based practices at the forefront.

Before NCLB, school success was based on a variety of factors, including the age or appearance of the building, size of the library, number of volunteers, etc. This system was criticized, which led to NCLB's evaluation being based solely on academic performance on standardized tests. ESSA swung the pendulum back slightly, as it evaluates schools based on a variety of academic factors, which includes test results as well as other academic indicators, plus a non-academic factor relating to school climate, safety, or non-academic indicator of success. Note that the states have flexibility in picking the indicator, and that the indicator must be statewide in order to properly compare and evaluate schools.

This non-academic indicator is an opportunity for schools to implement new programs or activities that can produce measurable results.

Examples and ideas for the non-academic indicator:

- Student and educator engagement
- Access to or completion of advanced coursework
- Post-secondary readiness
- Access to professional development/training/workshops for teachers and other staff members
- Parent satisfaction survey
- Chronic absenteeism
- Suspension or expulsion rates
- Programs that develop or measure social and emotional skills



Adverse Childhood Experiences (ACEs)

Researchers have demonstrated a link between adverse childhood experiences (ACEs) of abuse, neglect and family dysfunction and health status later in life. More and more research shows direct links between ACE scores and onset of chronic disease, mental illness, and violence. ACEs occur across racial and ethnic groups and socioeconomic status groups. However, students who grow up around urban poverty are more likely to experience family chaos, violence, incarceration, death of a family member, and abuse or neglect.¹

Education reforms are less likely to have an impact if schools don't address what sorts of trauma students are dealing with outside of class. School districts and states have a real opportunity with ESSA to make positive changes for students. However, if they do not take advantage of the flexibility, additional funding, and resources provided by ESSA, students who need help and intervention the most will not receive it. School districts and states need to take advantage of the opportunities ESSA presents to have trauma-informed, student-focused schools.

While ESSA does not specifically mention ACEs, it does reference childhood trauma and trauma-informed schools. Because ESSA provides the funding and motivation for schools to implement innovative programs, it is the perfect time for school and community leaders to learn about ACE scores and what could help high-risk students succeed, despite their past.

ESSA provides an opportunity to learn about and implement trauma-informed practices. Adverse Childhood Experiences (ACE) test scores and strategies are being used to identify at-risk students and to inform teachers and school professionals on different approaches to schooling and discipline. For example, some schools with a 'trauma-informed mindset' have started to rethink discipline. Rather than being suspended or expelled for behavior, which forces students out of the classroom, schools have been coming up with alternatives. These alternative practices vary between schools, ages, and ability to control the situation, but include mentor programs, attendance-focused practices, 'cooling off' periods, etc.

For example, instead of suspension for behavioral problems, students can be given a chore that relates to their behavior, such as cleaning up after lunch or helping in a classroom. Students may be allowed to take short walks at a time of day that typically makes them overwhelmed. Students can be given a mentor, either an adult volunteer, teacher or staff member, or an older student.



At-Risk Groups

ESSA supports or expands a number of current programs aimed at at-risk populations. It upholds previous support programs and grants to at risk groups such as American Indian, Alaska Native, and Native Hawaiian students. ESSA updates the Impact Aid program, which provides funding and assistance to school districts in areas that are on federal property or have been directly impacted by federal actions, including reservations, federal lands, and military bases. It also provides support for homeless students to enroll and stay in schools, and requires school districts to have homeless students as one of their reported subgroups.

Students in foster care and homeless students are emerging priority groups under ESSA. Districts and states must report on the performance of students in foster care. Schools now must work with child welfare agencies to make sure that students can stay in their current schools, even if they move, if that is the most beneficial for the student. If the school and child welfare agency determine that switching schools is best, the receiving school must allow immediate enrollment, even if the required paperwork cannot be immediately produced, which often happens to students who are in foster care or are periodically searching for places to sleep at night.

Suicide Prevention Policy

Because of the opportunity for new programs and grant money, ESSA is providing states and school districts with the opportunity to implement new programs and policies, such as a suicide prevention policy.

A majority of school districts across the country do not have a suicide prevention policy in place. Suicide is the third leading cause of death for adolescents and young adults (ages 15-24). In Kansas and Missouri though, it is the second leading cause of death in that age bracket [jumping homicide deaths]. 14% (1 in 7) of students in high school surveyed reported considering suicide, and 1 in 9 reported making a plan. Male suicide rates climb 5 times higher than females between the ages of 13 and 22. Approximately 12 people self-harm for every reported death by suicide.

Suicides in ages 15-24, by ethnicity (per 100,000)

- **American Indian/Alaskan Native: 20.9**
- **White: 11.4**
- **Asian/Pacific Islander: 7.3**
- **Black: 6.6**
- **Hispanic: 4.7**

The Trevor Project has a model school district policy available that can be adapted as needed.ⁱⁱ The policy should include prevention (suicide prevention coordinators, professional development and suicide prevention training, training or employment of mental health professionals, developmentally appropriate content for students as a part of their health curriculum); intervention (identifying at-risk youth, guidelines for initiating parental involvement, re-entry procedure for students returning from a mental health crisis); post-vention (procedures following a suicide death, including planning memorials, communicating with students and families/parents, and responsible communication with media); Resources and training (including programming, crisis services, media, relevant research, and a student handbook).

ⁱ Children's Law Center, Addressing Childhood Trauma in Schools; Kiser Family Foundation, Protecting Children from the Dangers of Urban Poverty.

ⁱⁱ See <http://www.thetrevorproject.org/pages/modelschoolpolicy>