January 2020

CENTERING MENTAL & BEHAVIORAL HEALTH

A RESOURCE IN SUPPORT OF OREGON'S STUDENT SUCCESS ACT

The purpose of this document is to support schools and districts to take steps to improve systems that support student behavioral and mental health in order to achieve the academic improvements described in the Student Success Act.

OREGON DEPARTMENT OF EDUCATION
Oregon achieves . . . together!

Oregon Health Authority

Table of Contents

Introduction: Centering Student Health and Well-Being 1

Purpose Statement 1

Definitions 3

- Addictive Behavior 3
- Behavior 3
- Behavioral Health 3
- Mental Health 3
- Substance Use 3
- Substance Misuse 3
- Trauma 4
- Trauma-Informed Practices 4

Equity Lens 4

- ODE Education Equity 4
- OHA Health Equity 4

What is a Comprehensive School Behavioral and Mental Health System? 5

- The Important Role of District and School Staff 5
- Seven Best Practices for Comprehensive School Behavioral and Mental Health 7

Youth Engagement 8

Selecting Student Behavioral and Mental Health Supports to Accelerate and Amplify Academic Outcomes for your SIA Investment 10

- Getting Started 10
- Context and Grounding 10
- Phase One: Assess What you Already Have in Place 10
- Phase Two: Select Measure(s) and Optional Metrics that you want to Track 12
- Phase Three: Identify Supports 13

Appendix: 15

- Multi-Tiered System of Support 15
- Additional Resources: 15
- Table: Potential MTSS Supports Available in Oregon 15

Introduction: Centering Student Health and Well-Being

The Student Success Act (SSA) is rooted in the learning and listening done by the Joint Committee on Student Success as it traveled the State of Oregon. The Oregon Health Authority (OHA) and the Oregon Department of Education (ODE) have collaborated to offer succinct support for district and charter school planning for Student Investment Account (SIA) funds.

This document is a resource (not formal guidance) to center your planning as you focus on helping meet students' mental or behavioral health needs.

The Student Success Act was built on a wide set of concerns raised both by educators, as well as by families and students who interact daily with schools.[1] At the heart of the SIA, (detailed in Section 13 of the Act) is the purpose of the grant funds, to:

1. Meet students' mental or behavioral health needs; and
2. Increase academic achievement for students, including reducing academic disparities for the focal student populations.

The SIA creates an opportunity to amplify and accelerate progress in educational outcomes by taking intentional steps to build out multi-tiered systems of support for student mental and behavioral health. We know education and health are integrally linked. Educational attainment is associated with better lifelong health, and health contributes to a readiness to learn and educational achievement.

Both OHA and ODE are also mindful that supporting student health and well-being is a shared focus that might look different based on the needs, assets, strengths, and size of a district and school community and the individuals and families it serves. Some of the insights presented within may be addressed by small districts through conversations of alignment, determining how to best utilize formal and informal supports, and cross-training amidst personnel that are less than a handful of people. That is essential work and we hope we've found a balance in sharing ideas and inputs of different sizes and scale.

Purpose Statement

The purpose of this document is to support schools and districts to take steps to improve systems that support student behavioral and mental health in order to achieve the academic improvements described in the SSA. During this first year of disbursement of SIA funds, schools are in a unique position to assess and plan for broader system changes and lay the groundwork for creating school behavioral and mental health systems that support student achievement over the long term.

[1] https://olis.leg.state.or.us/liz/2019R1/Measures/Overview/HB3427; *A Crisis of Disrupted Learning: Conditions in Our Schools and Recommended Solutions*; Oregon Education Association; 2019 https://www.oregonlive.com/opinion/2019/05/opinion-student-success-act-a-light-at-the-end-of-the-tunnel-for-oregons-students.html

The information in this document aligns with the *Guidance for Eligible Applicants* released by ODE in December, 2019. It seeks to help schools explore how improvements in school behavioral mental health systems can support the outcomes schools have identified for their SIA funds.

This resource acknowledges each school and each district has foundational building blocks in place to support student behavioral mental health. The document seeks to support schools to build on what is already working, identify gaps, and foster further improvements in student behavioral and mental health

This resource is offered as a support and opportunity for reflection on the role that trauma plays in the lives of students, educators and support staff, administrators and families who are interacting in the school environment. Our children experience a wide variety of trauma that can come in many forms including the acute traumas such as the loss of a parent, toxic stressors like neglect, or the oppression and marginalization of experiencing generational racism. Beginning awareness of trauma and how it impacts learning and social interaction are pivotal for school environments that will support Student Success.

DISCLAIMER: Nothing in this document supersedes requirements set forth in the federal Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act of 1973. IDEA Child Find requires school districts to have a process for identifying and evaluating children who may need special education and related services.

Definitions

Addictive Behavior

Any activity, substance, object or behaviors that becomes the major focus of a person's life to the exclusion of other activities, or that has begun to harm the individual or others physically, mentally, or socially.

Behavior

The way in which someone conducts oneself or behaves. Classroom behavior is a phrase used to describe the ways in which students conduct themselves in the classroom. Classroom behavior is influenced by teacher readiness, school climate and culture, classroom structure or environment, and the individual ages and developmental stages of students in the classroom as well as their social, emotional and regulatory capacity.

Behavioral Health

The promotion of mental health, resilience and wellbeing; the treatment of mental health challenges and addictive behaviors (e.g., substance use disorders, gambling disorder); and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. A state of mental/emotional being and/or choices and actions that effect wellness.

The words "behavior" and "behavioral health" are likely to mean different things to classroom educators than to health professionals. The SIA offers allowable uses to address both. We've taken the time to sharpen and share definitions in hopes that districts, communities and health partners might also be able to actively discuss what is needed to address challenges related to addiction and to the conditions which need to be addressed to have healthy and well-functioning classroom learning environments.

Mental Health

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. Mental health is protective against the development of mental illness and addictive behaviors (such as gambling disorder and substance use disorder). It is also protective against the development of physical illness. Mental health is more than the absence of mental illness or a substance abuse disorder and is not a synonym for mental illness.

Substance Use

Refers to the use of drugs or alcohol, and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants and solvents.

Substance Misuse

Is the harmful or inappropriate use of substances like alcohol or drugs. The term "substance misuse" often refers to illegal drugs, however, legal substances can also be misused.

Trauma

Trauma results from an event, series of events, or set of circumstances that is experienced by a community or individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being.[2] Trauma has the capacity to alter a child's brain and thus, their ability to learn and process information.

Trauma-Informed Practices

A trauma-informed approach to education is designed to be a community response to support students and their families. This includes policies and practices that create safe school environments and professional learning that assists with realizing and recognizing the signs and symptoms of trauma, promoting resiliency and wellness among students, their families, and staff, and resisting re-traumatization.

Equity Lens

ODE's focus on equity and OHA's vision share the common characteristics of **recognition of the role of historical and contemporary oppression and structural barriers facing Oregon communities**, and **calling for the system changes** that result in all individuals being able to reach their full potential – whether in education or in health.

In fact, we know education and health are integrally linked. Educational attainment is associated with better lifelong health, and health contributes to educational achievement.

ODE Education Equity

Education equity is the equitable implementation of policy, practices, procedures, and legislation that translates into resource allocation, education rigor, and opportunities for historically and currently marginalized youth, students, and families including civil rights protected classes. This means the restructuring and dismantling of systems and institutions that create the dichotomy of beneficiaries and the oppressed and marginalized.

OHA Health Equity

The Oregon Health Authority envisions an Oregon with an established health system that creates health equity such that all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

[2] Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices.

IDEA/504/FAPE: These and other laws protect student civil rights and support equity for students who experience disability due to health needs.

Applying a meaningful equity lens to education and health is an ongoing process.

What is a Comprehensive School Behavioral and Mental Health System?[3]

A comprehensive school mental health system provides a full array of culturally responsive supports and services that promote positive school climate, social emotional learning, mental health, and well-being, while reducing the prevalence and severity of mental illness. Comprehensive school mental health systems include district-community partnerships that provide a continuum of mental health services and supports for students, families, educators, and the school community.

Adverse childhood experiences (ACEs) have an enormous effect on the health, learning and lives of individuals. Addressing trauma early in life through trauma informed practices can improve outcomes for individuals. Schools can foster resilience for their students through adoption of culturally responsive trauma informed approaches to education. Allowing for empowerment, voice and choice are fundamental to building resiliency. Trauma-informed schools understand the impacts of trauma on students, family and staff and become welcoming, safe, supportive environments where all members of the school community have positive connections and can focus on skills necessary to improve learning.

Schools should consider their use of physical space, the school bell/passing period schedule, and have systems in place that support human needs. Thoughtful consideration of classroom tasks and activities such as drawing a family tree or writing about a best memory from childhood can affect individuals differently.

The Important Role of District and School Staff

A comprehensive school behavioral and mental health system is:

- Built on a strong foundation of district and school professionals, infrastructure, culture, partnerships with community organizations and health care providers, as well as an intentional approach to culturally responsive trauma informed practice and the ongoing social emotional learning and health of all students and staff. Success requires including administrators and educators, specialized instructional support personnel (e.g., equity

[3] National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Participant manual, National School Mental Health Curriculum.* Palo Alto, CA: MHTTC Network Coordinating Office.

leaders, school psychologists, school social workers, school counselors, school nurses, mental health specialists, social skill builders, and all other service providers within the educational setting);

- Aligns and complements established IDEA and 504 practices and processes that support student mental and behavioral health to ensure a student's access to Free and Appropriate Public Education regardless of disability;
- Is implemented in strategic partnership with students, families, and community health and mental health partners. All school service providers have a key role in a comprehensive school behavioral and mental health system. A comprehensive school mental health system can be part of a school's overall student and employee health and wellness effort;
- Is student-centered and builds on restorative practices that include student problem-solving, resiliency-building, and self-efficacy skills; and
- Expands a school's overall student and employee health and wellness efforts.

Trauma-informed principles that are applicable in school settings include: Safety (both physical and psychological), building and maintaining trust through as much transparency as possible, peer support and mutual self-help (i.e. student engagement), collaboration and mutuality (everyone has a role to play in a trauma-informed approach), empowerment, voice and choice (especially youth engagement) using a strength-based approach that is individualized and does not overemphasize deficits; and assuring that cultural, historical trauma and gender inequity issues are addressed. (Taken from SAMHSA's Concept of Trauma and Guidance for a Trauma Informed Approach, 2014)

The past decade has documented the beneficial impact of mental health and evidence-based prevention programming on both long-term psychosocial outcomes and academic performance.[4] [5] [6]

[4] National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. htpps://doi.org/10.17226/12480.

[5] Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child Development, 82(1), 405-432.

[6] Sklad, M., Diekstra, R., Ritter, M. D., Ben, J., & Gravesteijn, C. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? Psychology in the Schools, 49(9), 892-909

Seven Best Practices for Comprehensive School Behavioral and Mental Health

A comprehensive school behavioral and mental health system incorporates the concepts of the WSCC model with the understanding that mental health and behavioral health are components of the health of the whole child. Health and education are inextricably linked. This model requires examination of the environment, the classrooms' ambience, available licensed services, and school climate. Modules six and seven are specifically targeted to assessing mental and behavioral health supports, services and policies. Every component of the WSCC model factors into student behavioral health.

Effective partnerships: Meaningful, authentic, and culturally responsive collaboration between students, families, schools, and community agencies, tribal governments and communities, and other stakeholders. Engagement should aim to avoid isolation, build trust, and improve changes in practices, leading to the co-creation and implementation of a shared vision for improving mental health outcomes for students. Effective partnerships include a shared vision of safety, trust, collaboration, empowerment, youth engagement, and cultural responsiveness and clear understanding of roles and responsibilities.

Multi-tiered systems of support: Providing services across the three tiers (or universal, selected and targeted supports) helps to ensure that all students have supports that are aligned matched to their strengths and needs. All schools need a climate that is cognizant of the impact of trauma on individuals, taking steps to create awareness, restore power, and build self-worth of individuals.

Needs assessment and resource mapping: Identifying existing school district and community behavioral and mental health providers, partners and programs currently in place for students, schools and communities as well as determining where the gaps are in needed mental health services.

Empirically supported treatments: Evidence-based and/or field-tested school behavioral and mental health preventions and supports rooted in culturally specific practices.

In family-school-community teaming: Collaboration between school staff, educators, families, and communities to promote a supportive school-wide mental health environment with specific consideration given to the impact of historical trauma and oppression. School environments are trauma aware and take into consideration the impact of historical trauma and oppression. [7]

Data collection, analysis, utilization, and reporting: Collecting critical data to utilize in making data-informed decisions at every level.

Funding stream diversity: A best practice for program stability and sustainability.

Youth Engagement

The voices and input of young people are essential to ensuring a comprehensive school mental health system is responsive to youth's needs, accessible by the most vulnerable, or meaningful to improve youth's mental health. Youth play a critical role in strengthening programs and improving youth outcomes. Students should be involved in health and education system and policy changes that affect them. When youth are encouraged to deal with specific issues through peer led group engagement, they become experts in their field, learn powerful communication skills, bolster self-worth, instill hope, teach self-reflection and break down stigma. Empowering students with these responsibilities has the potential to increase services by allowing professionals to focus on more complex needs.

There are options for simple ways to engage students that don't require much pre-planning. For example, school staff could visit and gather responses to a proposed plan or key question in a health class, leadership class, advisory/homeroom class, etc. Then, staff can use those responses to inform the school's next step.

More intensive and systematic engagement might include structured conversations with:

- Tribal youth councils
- Youth Advisory Councils
- Student Government
- Peer Group Student Educators
- Oregon Student Voice
- Students who experience disability and/or health barriers including mental and behavioral health

> Oregon's nine federally recognized tribes have health and education programs that are grounded in tribal culture. You can learn more by reaching out to tribes in your area and exploring the opportunity to partner and share resources.

[7] https://traumainformedoregon.org/

The following resources can be helpful in considering how to engage youth voice generally and by grade level:

- ODE's community engagement toolkit
- Harvard Graduate School of Education: Giving Students a Voice
- Washington Youth Voice Handbook
- Youth Participatory Action Research Curriculum

Grade Level	Tactics/suggestions
Elementary	• Responsive Classroom • Provide skills and leadership development training to youth who regularly provide feedback
Middle/High	• Provide skills and leadership development training to youth who regularly provide feedback • Give youth information about the meeting topic, purpose, and agenda ahead of the meeting times so that they can come prepared • Modify meeting practices to include more youth-friendly (see first resource below for concrete examples) • Consider creatives ways to include youth voice (i.e. focus groups, youth panels, adults going into classrooms or attending youth meetings) • Consider stipends or other incentives for youth participation (such as letters of recommendation) • Consider meetings times and locations in terms of accessibility for youth Resources: • Youth Voice on Committees and Councils • Harts Ladder for Youth Participation • Example of a Youth Engagement strategy • Ready, Set, Engage!

Selecting Student Behavioral and Mental Health Supports to Accelerate and Amplify Academic Outcomes for your SIA Investment

Getting Started

Each school or district has a set of supports, initiatives and plans in place for student success. Based on what makes most sense given a district's context, a district may start thinking about how to build a comprehensive school mental health system with any of the phases below. Eventually, districts will likely make use of each phase multiple times. However, for this initial year of SIA roll out, deciding where to start and establishing a realistic plan will benefit from flexibility as to starting point. Some examples are included.

Context and Grounding

Plans and initial steps towards development of a comprehensive school mental health system should accelerate and amplify achievement of the education outcomes that a district selected through SIA planning. The SIA plan is based on a review of district data, community engagement, formal public input at a school board meeting, analysis with an equity tool, and the district's continuous improvement needs assessment and plan.

Phase One: Assess What you Already Have in Place

Districts may approach assessing what is already in place in several ways. Drawing on existing assessments of school health or school mental health systems and services is a meaningful starting point. Many schools use the School Health Index and the Whole School, Whole Child, Whole Community model to build systems and capacity in school health. Habits and practices related to health and safety are influenced by the entire school environment. The Whole School, Whole Community, Whole Child (WSCC) model emphasizes a school-wide approach to student health. The expanded model incorporates the components of coordinated school health and the tenets of the whole child approach, focusing its attention on the youth in order to support a collaborative approach to learning and health.

Consider reviewing the various and ongoing health related responsibilities of districts as they've been curated in this document by the Multnomah County ESD and double-check your SIA planning work.

The School Health Index (SHI) Self-Assessment and Planning Guide is a self-evaluation and planning tool for schools. The SHI is built on the Centers for Disease Control and Prevention's research-based guidelines for school health programs that identify the policies and practices most likely to support health behaviors in youth. Of particular use at this phase are models six and seven of the School Health Index.

School Health Index Module Six: School Counseling, Psychological and Social Services

Module Six focuses on school counseling, psychological, and social services. These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

School Health Index Module Seven: Social and Emotional Climate

Module Seven focuses on social and emotional climate. Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. By providing a learning environment that ensures each student is emotionally and physically healthy, safe, actively engaged, supported, and challenged, the WSCC model presents a framework for school systems to evaluate, streamline, implement, and sustain policies, processes, and practices.

- Description of positions from Colorado
- School-Based Health Services: Medicaid Billing Manual

In order to support a statewide understanding of Oregon's mental and behavioral health supports in schools, districts are strongly encouraged to consider and address the following information within their SIA planning:

1. What environmental/school climate plans and strategies are already in place?
2. What mental health services are already in place?
3. Who is providing these services?
4. Who is paying for these services?

In addition to a formal assessment, consider reviewing the various and ongoing health related responsibilities of districts as they've been curated in this document by the Multnomah County ESD and double-check your SIA planning work. This document captures the existing obligations within Oregon's education system for programs, policies and infrastructure to promote student health and wellness, and organizes these obligations to align with Modules six and seven of the School Health Index. Areas where Modules six and seven show opportunity for system strengthening as well as unmet existing obligations are ripe for attention as you think about interventions to accelerate and amplify your identified education outcomes.

Phase Two: Select Measure(s) and Optional Metrics that you want to Track

OHA supported measures

Oregon's student survey infrastructure implemented by OHA in collaboration with ODE and other partners. It is a useful tool for development of an evaluation framework and longitudinal performance growth targets that assess both strengths and risks. In addition, school districts can compare their results to the statewide results. The student survey provides data on strength-based, risk-based and environmental measures, including: positive youth development, mental and emotional health, substance use and student perceptions of school climate.

Positive Youth Development (PYD)

In 2006, a statewide benchmark of positive youth development was established. High levels of positive youth development are strongly associated with health behaviors and student success. The benchmark provides an assessment of six components: emotional and mental health, physical health, feelings of competence, self-confidence, support of a caring adult in school and service to the community. Students that answer at least five of the six PYD questions in a positive manner are considered to have strong positive youth development.

Mental and Emotional Health

The student survey asks questions about emotional and mental health, depression, suicide thoughts and suicide attempts. It also includes a series of five questions known as the Mental Health Inventory (MHI-5). When responses to all five are considered together, the result is an estimate of the level of psychological distress that youth are experiencing. MHI-5 scores range from five to 30. Scores of 21 or higher are an indication that youth may be experiencing a mental health concern that requires further assessment.

Substance Use

Early initiation of alcohol or other substance use has been linked to risk-taking behavior and more intense and problematic levels of use in adolescence and increased risk of substance use disorders in adulthood. The student survey provides data on alcohol, marijuana and illicit drug use in the past month; students who drove or rode with a person who had been drinking or using marijuana.

School climate

The school environment directly impacts students' academic, social, emotional and mental states. Respectful, supportive relationships among students, teachers and parents are fundamental. When students are attached to school and to teachers and prosocial peers, they are more likely to behave in prosocial ways themselves and to avoid engaging in high-risk behaviors.

Classroom and school interventions that make the learning environment safer, more caring, better managed and highly participatory and that enhance students' social competence have been shown to increase student attachment to school. The student survey provides data from students about attachment to school, supportive atmosphere from teachers and fellow

students, how much students value school work and the level that parents hold them accountable.

Details, survey questions, and past data for Oregon's student survey is available on the OHA website.

District Specific Measures

Also consider any unique data collected by your school or district, and how those data may be helpful for development of an evaluation framework and longitudinal performance growth targets that assess both strengths and risks. Utilizing measures that your district has tracked over time may support understanding student mental and behavioral health trends over time or may allow you to understand and track process and system changes that are incremental over time and accumulate into improved systems.

Where Can I Find Ideas for Supports to Put into Place?

What Works Clearinghouse

Substance Abuse and Mental Health Services Administration Resource Center

Social and Emotional Learning Resources

Mental Health Evidence-Based Practices for American Indian/Alaska Native Schools and Communities

Oregon Educator Network

National Center for School Mental Health

School-Based Health Alliance

Trauma Informed Oregon

Phase Three: Identify Supports

Once you know what is in place, have found your strengths and have identified gaps, it is time to generate ideas to improve student mental and behavioral health in your district. You may want to begin by summarizing the results, reflecting on your school's strengths and identifying and discussing areas that need improvement. It can be helpful to brainstorm thoughts and ideas on improvements, and then evaluate each one against common criteria.

Selecting supports is a good time to bring your use of an equity lens to the forefront of your thinking and planning. Referring back to your district's equity lens, or the Oregon Equity Lens if that is what you're using, and developing criteria to evaluate and rank supports may be useful. In addition, below we've suggested some criteria for consideration when selecting supports. These criteria may also help you bring an equity lens into decision making.

- How well does the support you are considering address culture? How well does this support respond to culture?
- How does the support you are considering address trauma?
- How will the support you are considering benefit historically and currently marginalized youth, students, and families including civil rights protected classes?
- How will the support you are considering address or correct historical and contemporary oppression and structural barriers facing Oregon communities?
- Does the support you are considering have practice based, best practice or research evidence to support its potential to accelerate and amplify the education outcomes to which you've committed?

Other criteria to consider as you move from a final set of interventions into planning are:

- What can we succeed at first, with little effort? These kinds of quick wins are encouraging to everyone and build a sense of competence and success for staff, students and community.
- What needs to happen first, because other support you're considering depend on these things? This will help you sequence your interventions over time.
- What interventions will accelerate and amplify multiple outcomes from our plan?

Oregon Resources for Health:

Rural Health for Oregon

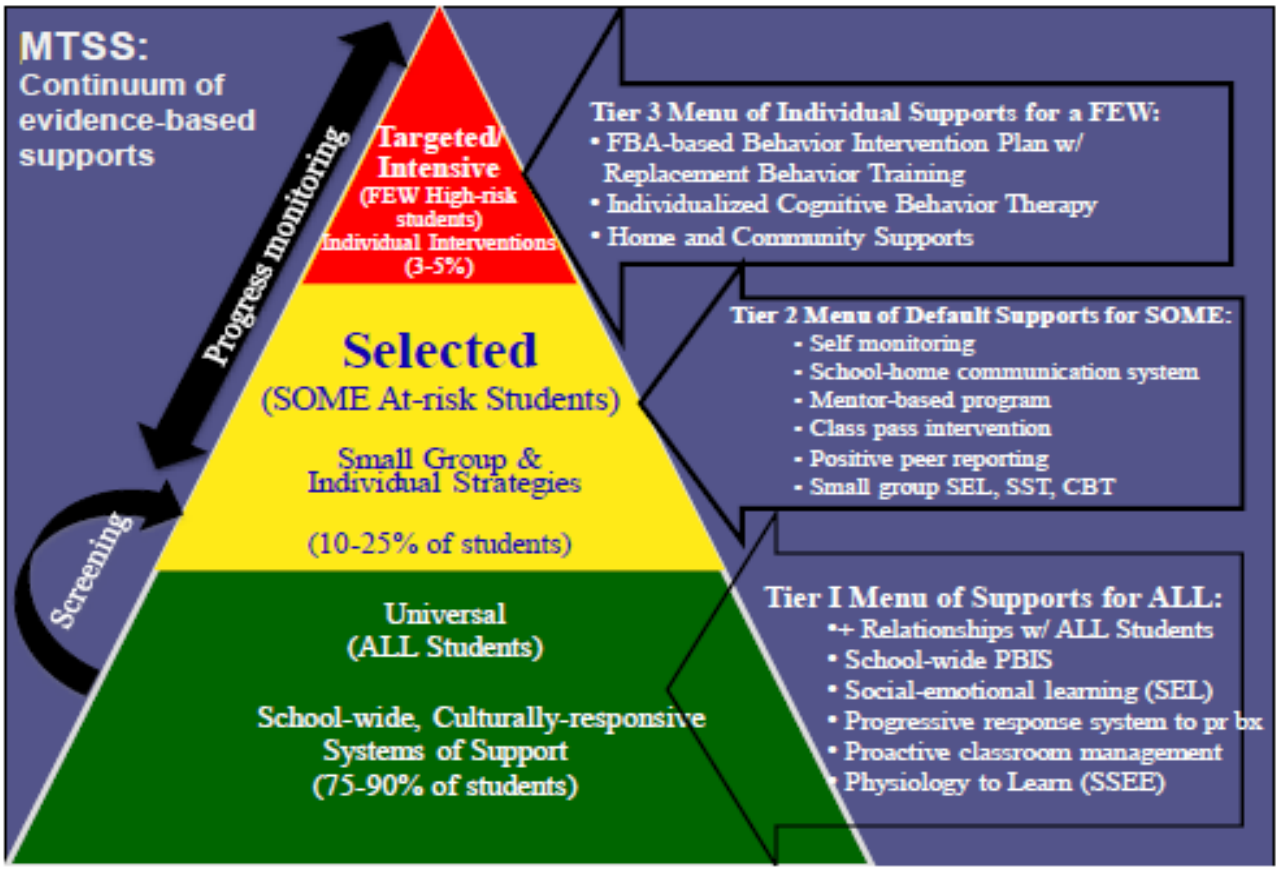
Community Mental Health Programs

Local Public Health Authority Directory

Appendix:

This appendix seeks to offer information on child and family behavioral and mental health programs, interventions and supports that the Oregon Health Authority funds around the state. You are welcome to contact the Child and Family Behavioral Health Unit with questions or to learn more about local resources around any of these supports. These are resources that may be available in your community.

Multi-Tiered System of Support



Additional Resources:

- Heal Safely videos– Oregon Health Authority Public Health Division
- Change My Mind Campaign
  - Young adult
  - Youth

Table: Potential MTSS Supports Available in Oregon

Support	MTSS Tier	Recommended Duration / Age	Purpose of Intervention	Oregon Health Plan Covered*
Parent-Child Interaction Therapy (PCIT)	Targeted	2-6 years typically 12-24 months and 7-9 years/ 16-24 weeks	Parent-Child Relationship Chronic Neglect/Abuse Disruptive/Defiance Hyperactivity Anxiety/Depression	Yes
Collaborative Problem-Solving (MHPP)	Targeted	3 through 17 years	Trauma Specific Symptoms (PTSD, Anxiety, Depression, Behavioral disruption, Shame, Distorted Beliefs)	Yes
Wraparound (Care Coordination)	Targeted	0-19 years	Kids with complex needs involved in two or more agencies	Yes
School Based Mental Health Services	ALL	School age	School age children and family	Yes – do not need insurance
Oregon Healthy Transitions Lane & Douglas	Targeted	16-25 years	Youth w/ serious Mental Illness, improves access to treatment	
Early Assessment and Support (EASA)	Targeted	15-25 years	Provide rapid identification, support, assessment and treatment for youth who are experiencing the early signs of psychosis	Yes
Mental Health Promotion & Prevention (20 projects)	Each site varies ALL	17-25 years	Train the trainer, school-based services, youth, parents, peer to peer, skill development, QPR, MHFA, summer programs, food security, tutoring, immigrant- refugee services	Varies
Young Adults in Transition Treatment Homes (7 locations)	ALL	17-25 years	Crisis stabilization, med management, skill development, community resources, supported ed-workforce	No
Child Parent Psychotherapy	Targeted	birth-6 years	Parent-Child Relationship Trauma Depression/Anxiety	Yes
Oregon Family Support Network	Targeted		Supports family's w/child - complex MH/BH needs	Yes

Generation PMTO Parent Management Training Model OHA	ALL	2-17 years	Behavioral problems, anxiety, depression, substance use, child welfare involvement	Yes
Trauma Focused Child Behavior Therapy (CBT)	Targeted Best Practice	7+ years	Child /family result of PTSD Reframe identify emotional reactions and behavior reactions to negative experiences	Yes
Attachment and Biobehavioral Catch-Up (ABC)	Selected/ Targeted Best Practice	6 months – 2 years	Attachment; parent /child	Yes - treatment
Incredible Years	ALL Best Practice	4-8 years	Improve parent child interactions, classroom management, conduct problems, emotional problems	Yes – treatment
Level 4 Positive Parenting	Targeted Best Practice	0-12 years	Social Competency, self-regulation, Behavioral Problems	Yes- treatment
Theraplay	Targeted Promising Practice	0-18 years	Wide range of internalizing and externalizing problems	Yes
Child and Parent Relationship Therapy (CPRT), also known as Filial Therapy	Targeted Promising Practice	2-10 years	Social emotional and behavioral problems	Yes
Applied Behavior Analysis (ABA)	Targeted	1-12 years	Autism	Yes, with OHA authorization Considered Behavior Modification/ Rehabilitation, separate from MH/BH services

** Schools may be able to bill to the Oregon Health Plan for indicated supports. Please consult the Child and Family Behavioral Health Unit and ODE's Medicaid in Education web page to learn more.*