Welcome to Partner Build Grow: Sustainability Approaches for Wellness Programming

June 27, 2018
Questions?

- Please use “chat” box and select “all panelists” to submit questions
- All lines are muted
- The webinar is being recorded and will be on our website and sent to everyone who registered.
Meet the speakers

Olga Acosta Price, PhD
Director
The Center for Health and Health Care in Schools
Associate Professor, Milken Institute School of Public Health, The George Washington University

Linda Sheriff, MEd
Deputy Director
The Center for Health & Health Care in Schools
Milken Institute School of Public Health, The George Washington University
Meet the speakers

Jake Troja
Director of School Climate Transformation
Des Moines Public Schools
Des Moines, IA

Monica Battle
Principal
College Hill Fundamental Academy
Cincinnati, OH
Agenda

• The *Who, What, Why* behind the development of Partner Build Grow
• Overview of Partner Build Grow and what’s new
• Examples from the Field – *Des Moines, Iowa* and *Cincinnati, Ohio*
Why We Developed the Action Guide

No one can do it alone

Connecting scant resources

Community solutions will differ, but often rely on similar principles

System approach targeting processes and procedures

Full array of supports, including prevention

Sustainability

Schools and communities want practical advice
TIER I
School wide PROGRAMS for all

TIER II
Targeted INTERVENTIONS for some

TIER III
Treatment SERVICES for few

School Resources

Community Resources

People

Policies

Practices
**WHO was Consulted to Develop the Approach**

- Review of empirical evidence and other literature
- 44 key informant interviews across 9 states
- Community conversations in 4 communities
- Experience working with both schools and state and local legislatures
- Engagement with education advisors
- Early feedback from subject matter experts
The WHAT

- Build Action Team
- Map Assets
- Connect to Policy Environment
- Communicate With Target Audiences
An online Action Guide to help stakeholders develop and strengthen community and school-connected programs that will prepare children for academic success while supporting their social, emotional, and physical wellbeing.

Four-pronged strategy → Key Steps, guidelines & tools

The Action Guide
About the Action Guide, definitions, and how to get started

Building an Action Team
Creating a strong network of partners and allies

Mapping Assets
Assessing and mapping your programmatic and human resources/assets

Policy Environment
Sustaining your efforts long-term through finance and system innovations

Communications
Communicating and messaging the importance of a multidisciplinary solution

The Center for Health and Health Care in Schools

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY
Action Guide Section

• Using the Guide
• Definitions and Concepts
• Getting Started
• Evaluation
Getting Started

- Start to Build Your Action Team and a Stronger Coalition
- Frame Issues, Challenges, and Shared Vocabulary
- Create a Cross-Sector Vision
- Understand Your Context
- Devise an Initial Strategy with Goals and Objectives
- Collect results to adjust strategies as necessary
Building an Action Team and Broadening Your Network

- Create an Action Team of allies
- Identify additional partners and collaborators
- Determine their potential roles, skill sets, and connections
- Continue to grow and revise your list of partners
Mapping Assets

• Work with partners to identify sources and determine data points
• Collect information on demographics and existing resources, as well as community assets
• Create a visual map so you can see overlaps and gaps to guide decision-making
Mapping Assets: Community Perspective

Where resources and well-being vary in DC

DC Action for Children designed the interactive maps to bring to life our data on the well-being of children and families, neighborhood by neighborhood. The indicators and measures reflect DC KIDS COUNT’s neighborhood-centered analytical frame. Nearly all DC KIDS COUNT indicators and measures are calculated at the neighborhood level, which allows us to evaluate the assets and needs of neighborhoods where DC’s children live, play and learn. We invite you to use them to learn what you want to know about the health, safety and future success of children, families and neighborhoods in DC.

Number of Grocery Stores

<table>
<thead>
<tr>
<th>Washington, DC</th>
<th>Population (total)</th>
<th>619,371</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population (under 18)</td>
<td>105,291</td>
</tr>
<tr>
<td></td>
<td>Single mother families</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>Children in poverty</td>
<td>29%</td>
</tr>
</tbody>
</table>

Demographic Breakdown

<table>
<thead>
<tr>
<th>Under 18</th>
<th>Over 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% white</td>
<td>80% white</td>
</tr>
<tr>
<td>7% Hispanic</td>
<td>7% Hispanic</td>
</tr>
<tr>
<td>10% Asian</td>
<td>10% Asian</td>
</tr>
<tr>
<td>3% Black</td>
<td>3% Black</td>
</tr>
</tbody>
</table>

Sources
DC Office of Planning, 2012

Credits & acknowledgements | Data & Methodology | Revisit version 2012

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Connecting to Policies and Procedures

- Determine where your initiative fits in the policy environment
- Identify which committees or policy issues may have impact on your goal
- Build relationships with key decision-makers and staff and learn how become a part of policy conversations
Connecting to the Policy Environment: Defining Targets

- **Legislation**: a law or set of laws made by government
- **Policy**: a course or principle of action adopted or proposed by an entity
- **Regulation**: a rule or directive made and maintained by an authority
- **Procedure**: an established or official way of doing something
Communicate with Target Audiences

• Develop support from different constituents and audiences
• Adapt your message and your communication platform to resonate with each target audience
• Use multiple communication methods
• Listen to constituents, address concerns, and adjust strategies when necessary
• Create strengths-based, positive messaging
### Communication Roadmap

This is an abbreviated version of a communication action plan and an example of some of the things to think about when creating your plan. Other, larger, plans may have subsets of goals (objectives) and list the specific steps and activities required to reach each one, including the person responsible for that step and a due date. Note that the strategy, message, actions, and asks are aligned with the goal of getting school board endorsement, which ultimately supports the goal of sustainability. You may want to leave a plan for each of your goals.

#### Overall Goal: Sustainability of SEL and mental health promotion programs.

<table>
<thead>
<tr>
<th>Goal 1: Get School Board to Endorse SEL</th>
<th>Audience</th>
<th>Information about audience</th>
<th>Strategy</th>
<th>Possible Messages</th>
<th>Actions</th>
<th>Asks</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Board</td>
<td>School Board</td>
<td>Meet weekly</td>
<td>Tie message to top priority</td>
<td>Attend meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• are influenced by public opinion, civic leaders, and county staff</td>
<td>• Get support of school board members who have voiced an interest in SEL</td>
<td>Meet with individual members who have already expressed interest in SEL to learn more about board and gain their support</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X sets the agenda</td>
<td>Demonstrate that public opinion leaders instead support the initiative</td>
<td>Meet with those who influence school board</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The following have already voiced interest in SEL</td>
<td>Demonstrate that it can help close</td>
<td>Have lunch with scheduler and provide with materials about our initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Are elected, all but one works full time</td>
<td>Top priority is to close the achievement gap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meetings are open to the public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Identifying Audiences: Step 1

**Starting Communications Plan**

**Directions:** Use this worksheet to identify your audiences and start to your communications plan. Box 1 is the goal of your initiative or your mission. Box 2 is your intermediary objectives. You will probably have several and need a communications plan for each one. Boxes 3 and 4 will help you prioritize your audiences for each objective. Think as narrow or broad as you think will be most effective. As you choose your objectives, choose those audiences that will have the most impact on your goal. Do not limit yourself to the size and shape of the boxes.

**Box 1.** Your goal for the initiative. What do you want to achieve?

**Box 2.** What will help you advance your goal? What steps do you need to take?

**Box 3.** Audience brainstorm – Who do you need to reach to advance your goal and reach your objectives?

**Box 4.** Why do you want to reach them? What do you want them to know or do?
Driving State Systems Change

Jake Troja
Director of School Climate Transformation
Des Moines Public Schools
Demographics of Des Moines, Iowa

34,219 Students

STUDENT DEMOGRAPHICS

- White: 39%
- Hispanic: 26%
- African-American: 19%
- Asian: 8%
- Multi-Racial: 6%
- Native American: 1%
- Pacific Islander: 1%
- Native American: 1%
- Pacific Islander: 1%
Programs/Schools

Programs

Free and Reduced Lunch – 73.1%
English Language Learners – 20.7%
Special Education – 14.5%

<table>
<thead>
<tr>
<th>Schools/Programs</th>
<th>Elementary Schools</th>
<th>Middle Schools</th>
<th>High Schools</th>
<th>Special Schools/Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools</td>
<td>38</td>
<td>11</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

Schools= 64
About Des Moines

Des Moines
• 34,219 students
• 39% - White
• 73% - Free-Reduced Lunch
• 84% - Graduation rate

Iowa
• 483,451 students
• 78% - White
• 40.5% - Free-Reduced Lunch
• 90.8% Graduation rate

http://townmapsusa.com/d/map-of-des-moines-iowa-ia/des_moines_ia
Priorities and/or goals

- School Climate -> Whole Child Health (WSCC)
  - Monitored = Graduation rate, drop-out rate, referrals, suspension, credit acquisition, expulsions, drug use, etc.

Multi-Tier System of Supports
Building an Action Team

- School Counseling
- Student Behavior Supports
- Case Management/Social Workers
- Community in Schools
- Before and After School
- Alternative pathways
- Behavioral Health
- Department of Human Services/Justice System
- Homelessness
Story
Asset Mapping

Who are we trying to help?

How are our resources aligned?

Who can help us improve our outcomes?

What are our limitations?
Asset Mapping

In Iowa.....

Drop-out Prevention Funding

**Defined:** Modified allowable growth and supplementary weighted dollars designed for returning dropouts, dropout prevention programing and students who need additional support to meet expected goals.
Policies and Procedures

• Limitations within the funding (Drop-out)
• Identification of “at-risk” students was outlined by the state
• Staffing for prevention vs. reengagement (program design and approvals)
Action

• Focused efforts on working with the Iowa Department of Education
• Worked with local lobbyists to help change/amend Iowa Code
DIVISION II
AT-RISK AND DROPOUT PREVENTION

Sec. 4. Section 257.11, subsection 4, paragraph d, Code 2017, is amended to read as follows:

d. Up to five percent of the total amount amounts that a
school district receives as supplementary weighting pursuant

to this subsection or as a modified supplemental amount

received under section 257.41 may be used in the budget year

for purposes of providing district-wide, or building-wide,
or grade-specific at-risk and dropout prevention programming

targeted to pupils who are not deemed at risk.

Sec. 5. Section 257.41, subsection 2, paragraphs a and b,
Code 2017, are amended to read as follows:

a. Salary and benefits for instructional staff,

instructional support staff, guidance counselors, and

school-based youth services staff who are working with

students who are participating in at-risk or dropout prevention

programs, alternative programs, and alternative schools, in a
NEW PARAGRAPH. d. Costs incurred for a program intended to address high rates of absenteeism, truancy, or frequent tardiness.

NEW SUBSECTION. 13. Deference to school districts.

a. When exercising authority to carry out an agency action, as defined in section 17A.2, or to perform an activity or make a decision specified in section 17A.2, subsection 11, paragraphs “a” through “l”, if applicable, related to the provisions of subsections 9, 10, and 11, including the expenditure of funds received by school districts under subsections 9, 10, and 11, the department of education, the director of the department of education, and the state board of education shall carry out, perform, or make such agency action, activity, or decision in a manner that gives deference to decisions of school districts’ boards of directors, promotes flexibility for school districts, and minimizes intrusions into school district operations and decision making by boards of directors.
Results

• Increase / maintain counseling support
  – Provider/Student Ratios: 1/750 to 1/425 (67 – 85)

• Increased community collaboration
Results

• Simplified identification of students

• Prioritized prevention

• Leading indicators showing positive results
School – Community Collaboration to Support Students

Monica Battle
Principal
College Hill Fundamental Academy, Cincinnati, OH
Why Focus on Trauma and Mental Health?

Because we have to be more responsive to the changing needs of our student population. Ohio Every Student Succeeds Act (ESSA) requires us to develop a systemic approach to address all conditions for learning, including:

- Safe and supportive school climate
- Social and Emotional Learning (SEL)
- Family, school, and community partnerships
- Positive Behavioral Supports
Adverse Childhood Experiences Among Cincinnati & Ohio's Children

Adverse childhood experiences (ACEs) have been found to have a direct and synergistic impact on the healthy development and lifelong health of individuals. ACEs evaluated in prominent studies include experiences ranging from extreme poverty, family problems, to experiencing violence, abuse, and discrimination.

Table 1. Local, State and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs.

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences (ACEs) Items</th>
<th>Cincinnati</th>
<th>Ohio</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent served time in jail</td>
<td>15.4%</td>
<td>10.1%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>3.7%</td>
<td>3.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Extreme economic hardship</td>
<td>30.4%</td>
<td>26.7%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Has been a victim/witness of neighborhood violence</td>
<td>20.7%</td>
<td>12.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Witnessed domestic violence in the home</td>
<td>11.4%</td>
<td>8.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Has lived with someone who was mentally ill/suicidal</td>
<td>11.1%</td>
<td>10.6%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Family disorder leading to divorce/divorce/parent</td>
<td>20.4%</td>
<td>22.8%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Death of parent</td>
<td>7.2%</td>
<td>4.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Has lived with someone who had an alcohol/drug problem</td>
<td>11.9%</td>
<td>11.9%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Child had &gt;1 ACEs (1 or more of above items)</td>
<td>60.5%</td>
<td>50.9%</td>
<td>47.9%</td>
</tr>
</tbody>
</table>

Even decades after ACEs have occurred, studies demonstrate a strong dose-response effect between the experience of ACEs and adult health. Burgeoning neuroscience, biologic, epigenetic and social psychology studies reveal potential mechanisms for this enduring impact. Promising methods to promote resilience and prevent or ameliorate the impact of ACEs are also evolving rapidly and focus on developing resilience and safe, stable, nurturing relationships in the home and community.

Many studies on ACEs have been retrospective in nature, asking adults to recall their childhood experiences and then examining the prevalence of various chronic conditions and economic outcomes. The recent 2011/12 National Survey of Children’s Health (NSCH) now provides a first ever profile of ACEs among US children ages 0-17 years (Table 1).
Cincinnati ACEs Profile
For Children 0-17 years old

Data from National Survey of Children’s Health 2011-2012 (www.nscsdata.org)

What Matters and What Can We Do?

<table>
<thead>
<tr>
<th>Cincinnati, OH</th>
<th>Boone County, KY</th>
<th>Hamilton County, OH</th>
<th>Ohio State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe:</td>
<td>Supportive:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>77.2%</td>
<td>71.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged in school:</td>
<td>Repeated a grade:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65.5%</td>
<td>15.1%</td>
<td>81.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Improve the % of kids who have an adequate Medical Home:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50.9%</td>
<td>61.4%</td>
<td>56.6%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Improve the system of care for kids with...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic conditions:</td>
<td>Chronic mental health problems:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.7%</td>
<td>11.1%</td>
<td>24.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>24.9%</td>
<td>9.4%</td>
<td>10.4%</td>
<td></td>
</tr>
<tr>
<td>Cultivate positive traits - like kids who show resilience (6-17 yrs):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56.3%</td>
<td>69.2%</td>
<td>62.8%</td>
<td>64.3%</td>
</tr>
</tbody>
</table>

Measures for kids 0-17 yrs. old:
- Community is usually/always safe.
- Lives in a supportive neighborhood.
- Child has a Medical Home defined as comprehensive, coordinated, family-centered care.
- Child has a special health care need lasting 12 months or longer (shown as "chronic conditions").
- Child has an emotional/behavioral/developmental problem lasting 12 months or longer (shown as "chronic mental health problems").

Measures for kids 6-17 yrs. old:
- Child is usually/always engaged in school.
- Child has repeated a grade.
- Child usually/always stays calm in control when faced with a challenge (shown as "resilience").

Building resilience and safe, stable, nurturing relationships is key!

History is not Destiny
This involves all of us...

Fact #1
Among children with any ACE, those who witnessed neighborhood violence were least likely to have a protective home environment, an adequate medical home, and to be engaged in school.

Fact #2
Among kids with ACEs, those who do not have a family-centered medical home are 41% less likely to be engaged in school, 55% more likely to repeat a grade, and are 41% less likely to exhibit resilience.

Fact #3
School performance goes hand-in-hand with ACEs. Compared to school-aged kids with 2+ ACEs, those with no ACEs are 3.3 times more likely to be engaged in school & 3 times less likely to repeat a grade.

Fact #4
Resilience can be learned and buffers the negative impacts of ACEs. Among kids with 2+ ACEs, those who show resilience are much more likely to be engaged in school & less likely to repeat a grade.

Fact #5
Kids with ACEs are more likely to have chronic health problems & to have parents with poor health. For instance, those with 2 or more ACEs are 2 times more likely to have chronic conditions, and 5 times less likely to have a mother in good health.
Cincinnati’s reality: Children and Youth with 2+ adverse childhood experiences

- National: 22.6%
- Ohio: 25.8%
- Hamilton County: 25.8%
- Cincinnati: 31.1%
COMMUNITY LEARNING CENTERS PROVIDE MUCH NEEDED WRAP AROUND SERVICES
Resource Coordinators – 43
School-based dental clinics – 2
School-based health clinics – 24
School-based vision clinics – 1

MAKING GAINS IN EARLY LITERACY – (2016) 97% proficient  (2017) 98% proficient
This represents a 29% increase in the number of 3rd graders who achieved the states proficiency rate

PREPARING STUDENTS FOR COLLEGE AND CAREERS
96% of 2017 graduates have been accepted into a college program, enlisted in the military or entered the workforce (from 92% in 2016)
College Hill Demographics

- PreK-6th grade ES - Enrollment 461
- 95% Economically disadvantaged - Cincinnati ranks 4th among US cities in childhood poverty
  - 24% Students with Disabilities
    - 96% African American
- 81 students receive counseling @ school
The Task: Support teachers with the change process of becoming a trauma responsive school

• Not making classroom teachers counselors or therapists BUT
  – partners in sensitizing their perceptions to wounded students’ needs

• Not making teachers community activists BUT
  – advocating for trauma sensitive school support for themselves and their students

• Not making teachers add more to their lesson plans BUT
  – embedding social – emotional literacy into the overall school curriculum and classroom management techniques or school processes

HOWEVER, BE AWARE OF “COMPASSION FATIGUE”
“It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change.” Charles Darwin
Goal: To Create a School Where

• Greater academic achievement for all students including wounded students
• More class time spent on instruction and learning activities
• Reduced disciplinary interruptions, referrals, and incidents
• Improved relationships with peers and adults through connections
• More supportive and supported teaching in the classroom
The Process

Mapping Assets
- Cinti Health Department
- Mind Peace
- Greater Cinti Behavioral Health
- The Mayerson Center – Cinti Children’s Hospital
- RTI data
- Evaluation measures

Building an Action Team
- PBIS school team
- Student Action Team
- Instructional leadership team
- Local School decision making team – parents/community
- Trauma focused action team-teachers
- Mayerson Center
- School based resource coordinator

Policy and Finance
- Connect with district initiatives
- Funding - grants
- Connect with State Policy
- Advocacy
Messaging: What and how are we communicating it to target audiences

Safe zones - Mindfulness - restorative practices

Ongoing education and professional development

Therapeutic spaces indoor and outdoors. Living room/take 5/therapy rooms

Crew/ Advisory

Reset Room
Key Learning

“If you can’t reach them - you can’t teach them...”

Moral purpose: acting with the intentions of making a positive difference in the lives of your students, school, and community.

“Michael Fullan”

A “community of learners” approach will drive this cultural change. None of us is as smart as all of us.
We would love to hear from you

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