



Mental Health First Aid Launch FACT SHEET

Who: A coalition of Brooks Rehabilitation, Baptist Health, Mayo Clinic, St. Vincent's HealthCare and UF Health Jacksonville

What: The hospitals have joined forces for a first-of-its-kind campaign to bring free adult Mental Health First Aid training to North Florida.

When: 10,000 residents will be trained in Mental Health First Aid by 2019.

The Program: Mental Health First Aid is a free, eight-hour course that teaches everyday citizens how to identify, understand, and respond to signs of mental illness and behavioral health issues. All course training fees have been paid by the non-profit hospitals for the three year period. The health care leaders have committed to fund the training so residents can recognize signs of mental illness and intervene appropriately, much like CPR.

Who Can Participate: The course is open to anyone, but first responders have been among the first to step up for the training locally. More than 500 JSO officers have already completed the training, with 3,000 to be trained in all.

Why It Was Created: Mental health issues in the community have been a top priority for Jacksonville's health institutions since the 2016 release of the Community Health Needs Assessment. Each of our organizations offers mental health services and recognized the need for intervention to occur much earlier for patients.

Supporting Data: Northeast Florida ranks as second-lowest in the state for mental health funding

In the U.S., approximately 1 in 5 adults experiences mental illness in a given year. *

Approximately 1 in 25 adults in the U.S, experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.*

Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.*

To enroll in training: Go to jaxmentalhealth.org.

For more info: www.jaxmentalhealth.org

*Source: National Alliance of Mental Alliance on Mental Illness



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Supporting Data:	<p>Northeast Florida ranks as second-lowest in the state for mental health funding</p> <p>In the U.S., approximately 1 in 5 adults experiences mental illness in a given year. *</p> <p>Approximately 1 in 25 adults in the U.S, experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.*</p> <p>Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.*</p>
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Health Care
for Good.®

NEWS RELEASE

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Baptist Health, Delores Barr Weaver Fund join forces to serve mental health needs in the region

\$2.2 million earmarked for The Partnership for Mental Health

Jacksonville, Fla., Dec. 6, 2018 – In a quest to find new and more meaningful ways to address mental health needs in our region, Baptist Health and the Delores Barr Weaver Fund at The Community Foundation for Northeast Florida today announced the creation of The Partnership for Mental Health.

The intention of this innovative project, which was recommended by Delores Barr Weaver to encourage joint learning and grant-making, is to make strategic grants to improve access and strengthen the system that provides mental and behavioral health care for all citizens of Northeast Florida.

By learning together about assets and gaps in how people are served, The Partnership for Mental Health will activate responsive grant-making and support.

“The challenge of providing a fully responsive mental health ecosystem in our community calls for new levels of ingenuity,” noted Delores Barr Weaver. “This partnership is also a way to bring new awareness to issues, which will help eliminate the stigma around mental illness and signal that many entities care deeply about the well-being of citizens in Northeast Florida.”

A \$2.2 million donor-advised fund at The Community Foundation for Northeast Florida has been created to make grants across the mental health spectrum, including direct service, advocacy, awareness, training, and more. The Partnership

for Mental Health Fund has been capitalized by the Delores Barr Weaver Fund and Baptist Health.

“Mental health and well-being are fundamental to a healthy community, and by investing in this partnership model, we believe we will be able to have more impact in improving lives,” said Hugh Greene, President and CEO of Baptist Health.

For more information about The Partnership for Mental Health, contact Melanie Patz, vice president of Community Investment and Impact for Baptist Health and Amy Crane, senior program director for The Community Foundation.

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About Baptist Health

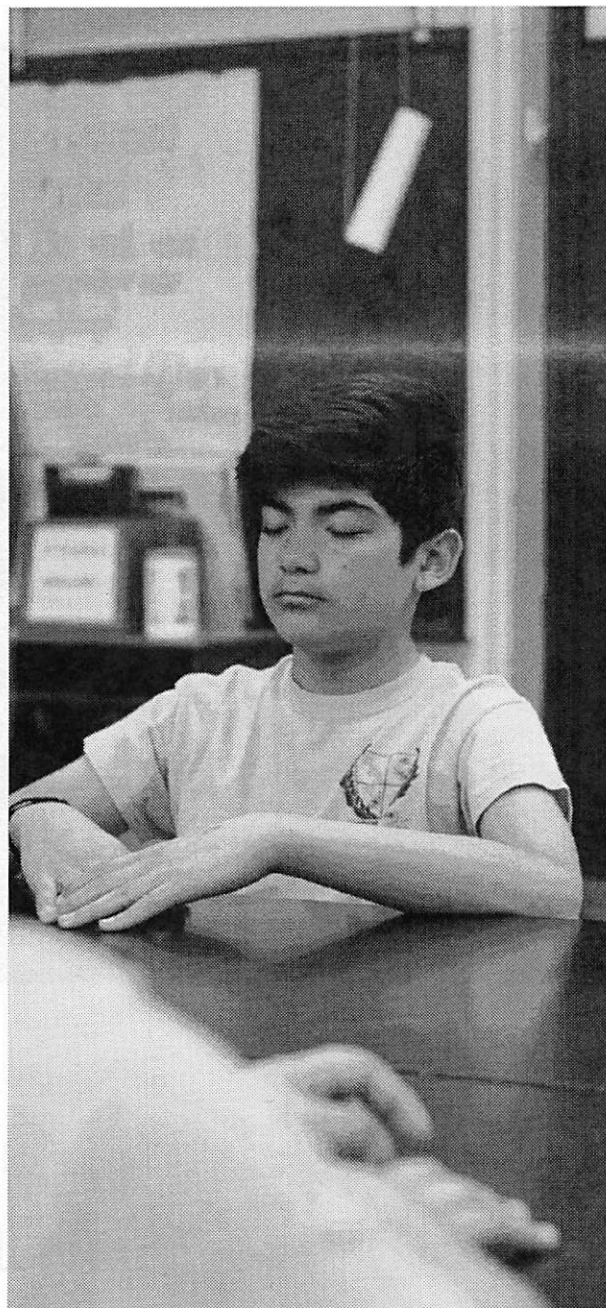
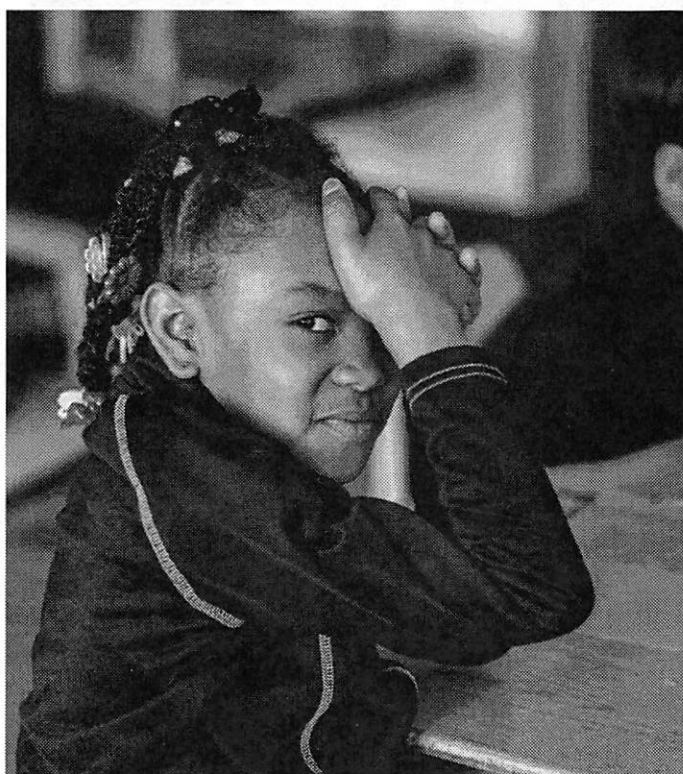
Baptist Health is a faith-based, mission-driven system in Northeast Florida comprised of Baptist Medical Center Jacksonville; Baptist Medical Center Beaches; Baptist Medical Center Nassau; Baptist Medical Center South; Baptist Clay Medical Campus and Wolfson Children's Hospital – the region's only children's hospital. All Baptist Health hospitals, along with Baptist Home Health Care, have achieved Magnet™ status for excellence in patient care. Baptist Health is part of Coastal Community Health, a regional affiliation between Baptist Health, Flagler Hospital and Southeast Georgia Health System forming a highly integrated hospital network focused on significant initiatives designed to enhance the quality and value of care provided to our contiguous communities. Baptist Health has the area's only dedicated heart hospital; orthopedic institute; women's services; neurological institute, including comprehensive neurosurgical services, a comprehensive stroke center and three primary stroke centers; a Bariatric Center of Excellence; a full range of psychology and psychiatry services; urgent care services; and primary and specialty care physicians' offices throughout Northeast Florida. Baptist MD Anderson Cancer Center is a regional destination for multidisciplinary cancer care which is clinically integrated with MD Anderson Cancer Center, the internationally renowned cancer treatment and research institution in Houston. For more details, visit baptistjax.com.

About the Delores Barr Weaver Fund

Delores Barr Weaver established this Fund at The Community Foundation for Northeast Florida in 2012 to provide grants to nonprofit organizations that do work she has supported over many years and to encourage others to do so as well. Mrs. Weaver has an extraordinary legacy of philanthropy, and she has provided transformative support to dozens of nonprofit organizations that uplift, enlighten and advance our community. Her establishment of the Delores Barr Weaver Fund (\$50 million) in 2012 was the largest gift in The Community Foundation's history.

About The Community Foundation for Northeast Florida

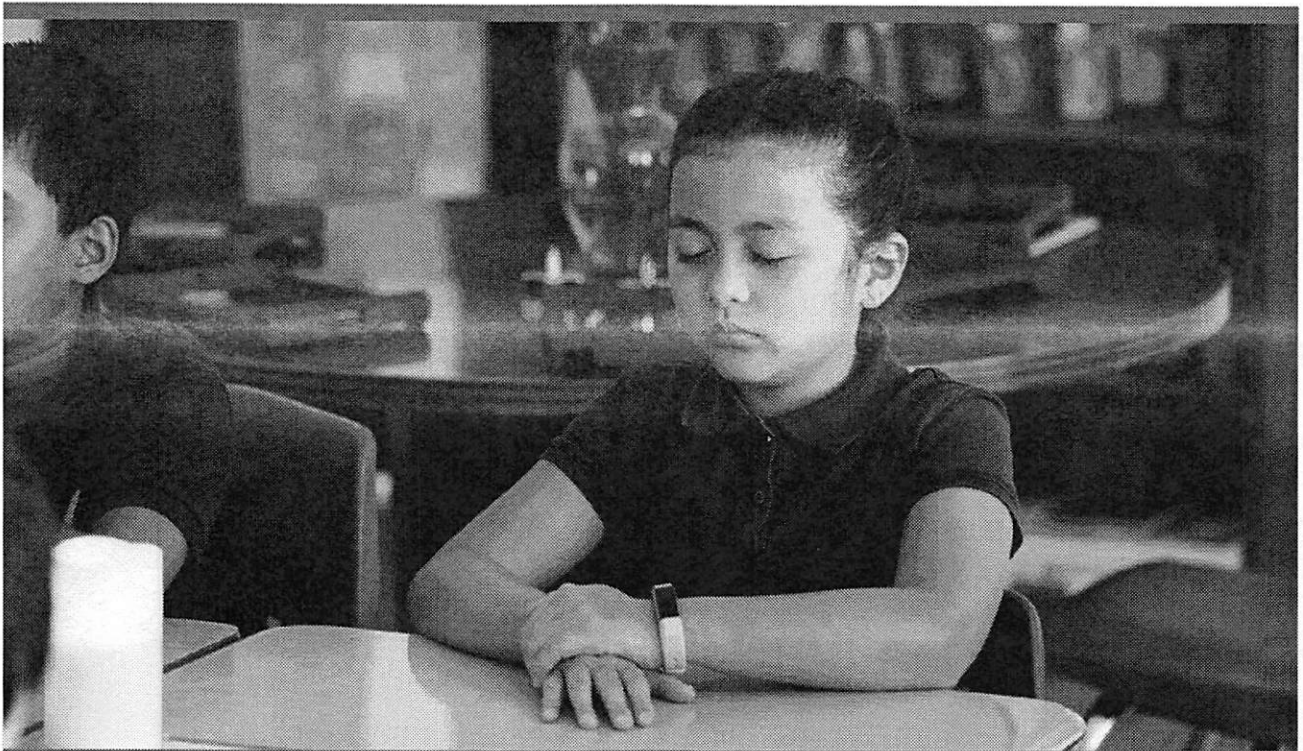
The Community Foundation for Northeast Florida (www.jaxcf.org), Florida's oldest and largest community foundation, works to stimulate philanthropy to build a better community. The Foundation helps donors invest their philanthropic gifts wisely, helps nonprofits serve the region effectively, and helps people come together to make the community a better place. Now in its 54th year, the Foundation has assets of more than \$398 million and has made nearly \$450 million in grants since 1964.



Transforming Schools,
CHANGING LIVES



www.calmclassroom.com



Transforming Schools, **CHANGING LIVES**



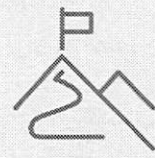
OUR VISION

A world in which all people are supported in developing greater self-awareness, emotional resilience and inner peace, therefore building a healthier, more kind and caring society.



OUR MISSION

Calm Classroom transforms lives by empowering individuals to consistently practice mindfulness skills that develop self-awareness, focus, inner calm, kindness, and emotional resilience.



OUR STRATEGY

Our mindfulness-based curriculum and professional development training provide Pre-K through 12th grade students, their teachers, and their families with universal social and emotional life skills that can be used in and out of the classroom.

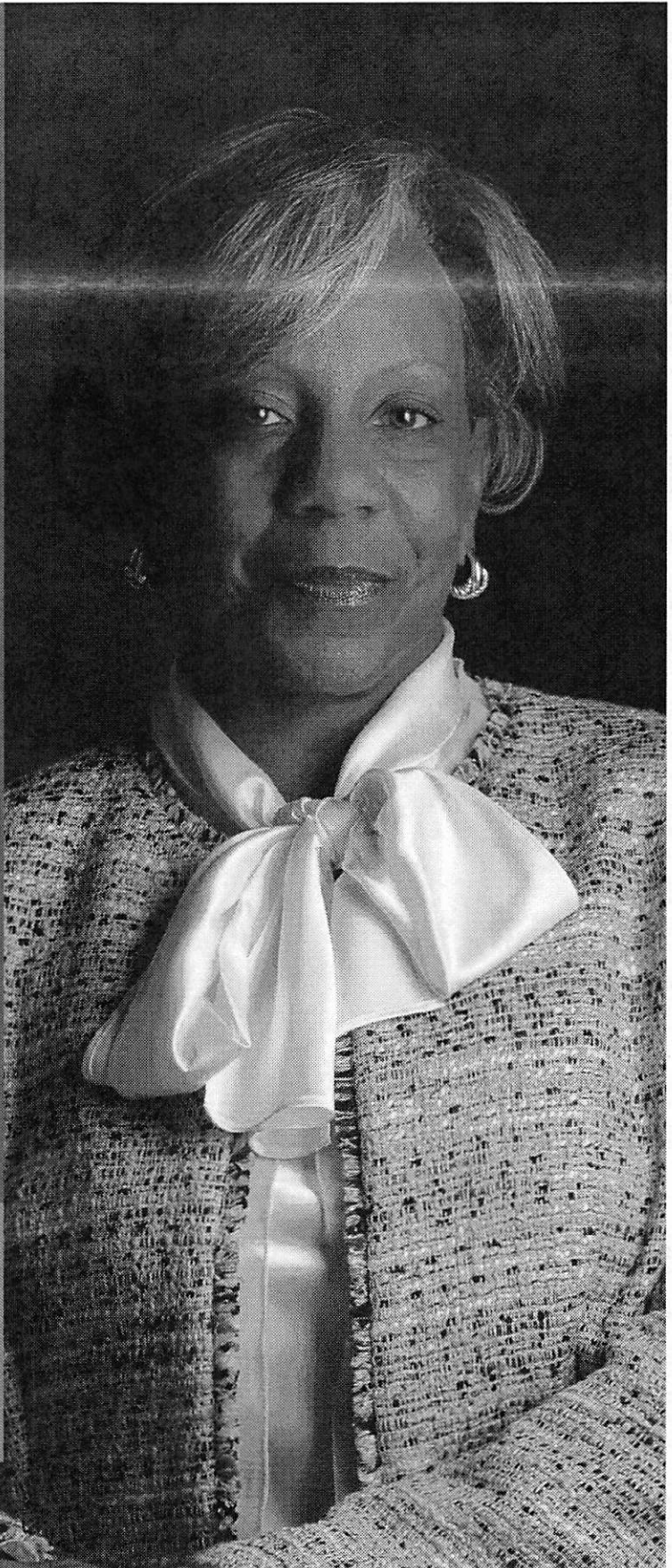
“

Calm Classroom came to us at a time when we had exhausted all other means of establishing order. It was a very new concept, but we took a chance and over the years, it has made a great impact upon our school culture. Calm Classroom techniques are used to begin every day of the school year. They are used intermittently throughout the school day. Students are required to use them before behavior conferences are held in order to begin at a place of peace.

We are truly grateful to the Luster Learning Institute!

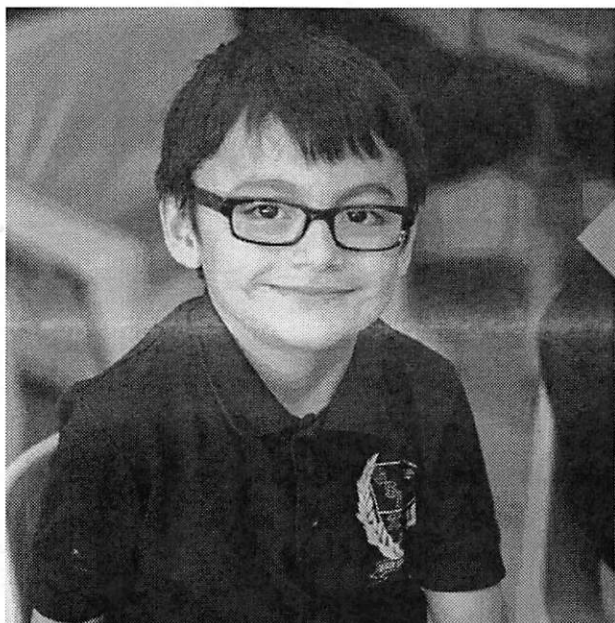
**MELODY SEATON,
PRINCIPAL**

Owens Elementary School
Chicago, IL



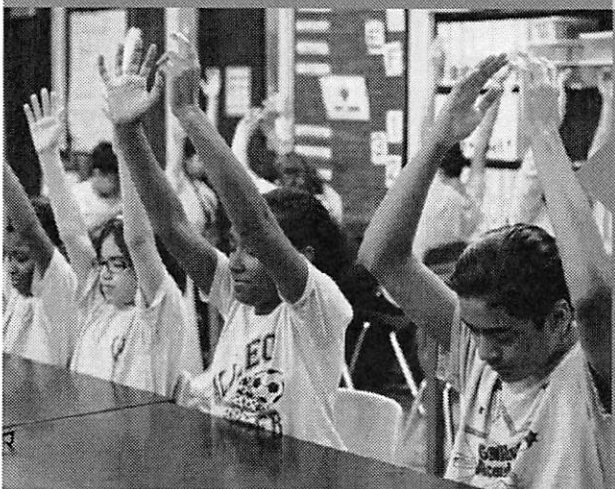
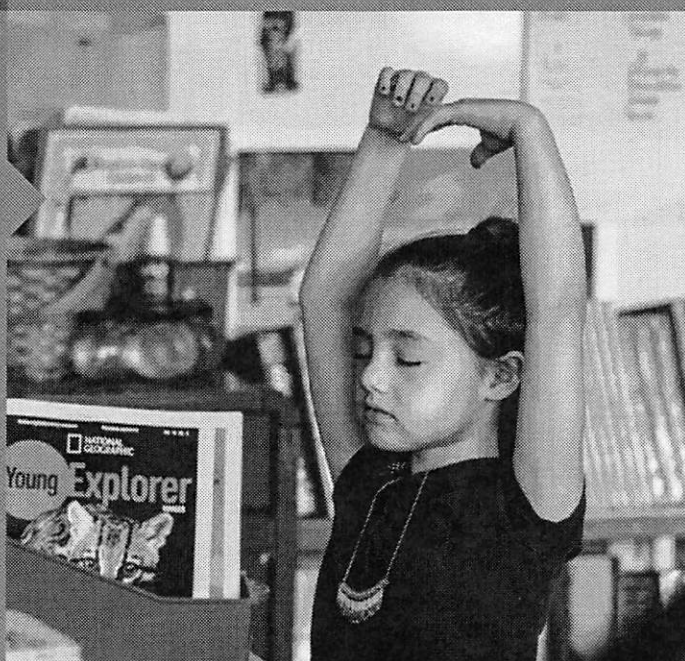
Calm Classroom Students Are
Empowered To Overcome...

- ▶ **Difficulty Learning
in School**
- ▶ **Anxiety and Stress**
- ▶ **Unkind Behavior
Towards Oneself and
Others**



HE WILL HAVE **MENTAL
FOCUS AND ACADEMIC
SUCCESS** IN SCHOOL.

SHE WILL BE **RESILIENT
IN THE FACE OF** STRESS
AND ANXIETY.



THEY WILL BE **SELF-AWARE,
CARING AND RESPECTFUL**
TOWARDS THEMSELVES
AND OTHERS.



Transforming Schools, **CHANGING LIVES**

The Calm Classroom Approach

Calm Classroom trains educators to lead students through 3-minute scripted mindfulness techniques daily.

A sustainable program based on: **simplicity** of implementation, **quality** training, long-term **support**, third party **research** and ongoing evidence of **positive outcomes**.

THE CALM CLASSROOM APPROACH:

Teachers and students practice breathing, stretching, relaxation, and focusing techniques three times daily in the classroom.

Teachers begin staff meetings with a Calm Classroom practice and receive special self-care training to enrich their personal use of mindfulness to manage stress and anxiety in and outside of school.

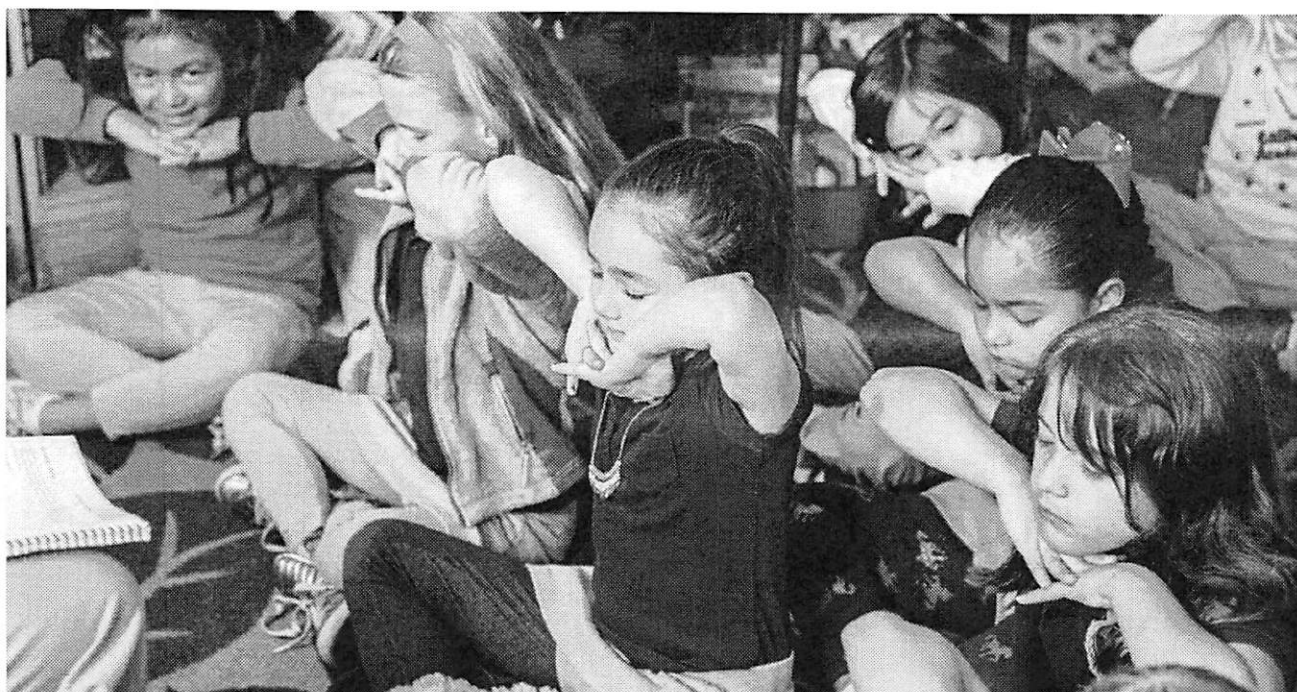
School counselors, social workers, deans, and administrators use Calm Classroom techniques when meeting one-on-one or in small groups with students.



“

I think it calms me down a lot. It's great for kids because it helps them not get stressed out. It's not good for kids to be stressed.

2ND GRADE STUDENT
Lowell Elementary School | Chicago, IL



CASE STUDY:

WENDELL SMITH ELEMENTARY SCHOOL

Wendell Smith Elementary School is a Pre-K through 8th grade
Chicago Public School.

To help **create a more positive** school climate in
which **quality learning** could occur, **Calm Classroom** was
implemented during the 2015-2016 school year.

Comparing the 2014-2015 to the 2015-2016 academic year,
Wendell Smith Elementary School witnessed:

▶ **69%**

DECREASE in students
disrupting classroom instruction

▶ **91%**

DECREASE in running or excessive
noise in the hallways

▶ **72%**

DECREASE in fighting, bullying,
and disruptive behavior



WHAT TEACHERS ARE SAYING ABOUT CALM CLASSROOM

TEACHER EVALUATIONS: Calm Classroom School-Wide Program*

PERCENTAGE THAT AGREED WITH THE FOLLOWING STATEMENTS:

- ▶ **72%** | My students are more focused and ready to learn after we practice Calm Classroom.
- ▶ **81%** | My students seem calmer and more peaceful after we practice Calm Classroom.
- ▶ **62%** | I can think of specific students whose engagement in school has improved due to Calm Classroom.
- ▶ **41%** | I can think of specific students whose academic performance has improved due to Calm Classroom.
- ▶ **71%** | When I get nervous, frustrated or angry, practicing Calm Classroom techniques helps me calm down and relax.

*1,318 teacher surveys collected from September 2011 to June of 2016 by the Luster Learning Institute, NEP



“

Calm Classroom has been a nice addition to our existing school-wide Social Emotional curriculum. During times when emotions are heightened by staff and students alike, the breathing techniques are effective in calming situations. As a result of partnering with Luster Learning, Smith has seen an overall decline in discipline data. Moreover, the learning environment has a higher level of student engagement.

TIFFANY D. BROWN, PRINCIPAL

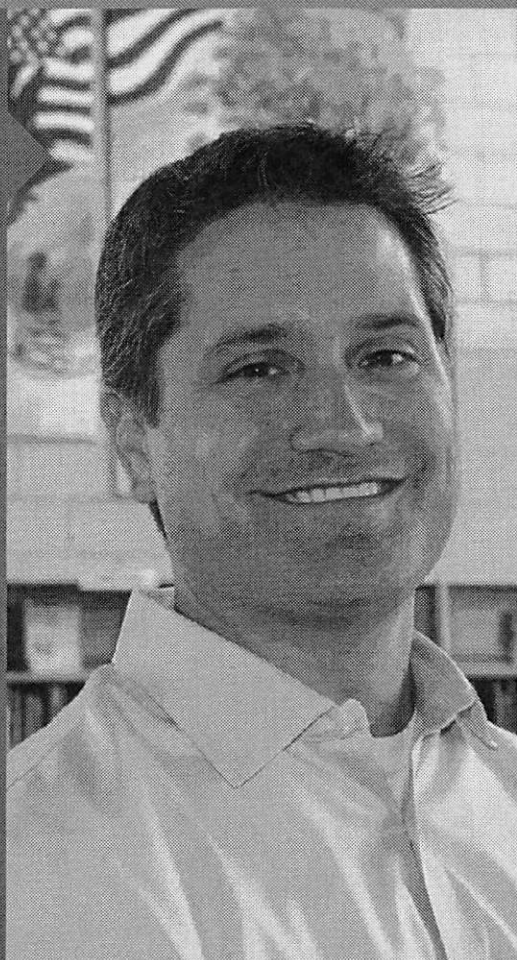
Wendell Smith Elementary School | Chicago, IL

“

Students come to school with enthusiasm and excitement, while at the same time managing worries and pressures from daily concerns. Calm Classroom provides our students and teachers with a positive, proactive approach to addressing both the youthful energy and stressful anxiety that students regularly encounter. The many techniques become a menu of strategies students use to create peace and calm, address stress and anxiety, gain self-awareness and better understand their emotions. Luster Learning has been a phenomenal partner in support of our students.

PETER AUFFANT, PRINCIPAL

Shields Middle School | Chicago, IL





www.calmclassroom.com

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Transforming Schools, **CHANGING LIVES**

Education Brief: ACEs for Educators and Stakeholders

The Illinois ACEs Response Collaborative

Introduction

Adverse childhood experiences (ACEs) of abuse, neglect and family dysfunction between birth and age 18 can disrupt brain development and limit social, emotional and cognitive functioning.¹ ACEs are the root cause of many serious academic, social and behavioral problems that have the potential to prevent a child from receiving the full benefits of education.² Experiences of poverty, extreme discrimination and community violence as well as other traumatic experiences can also impair the development of the growing brain and body.

Trauma changes the architecture of a developing child's brain and physiology. **These changes impair academic efforts. They affect children's memory systems, their ability to think, to organize multiple priorities (executive function)—in other words their ability to learn, particularly literacy skills.** Furthermore, changes in a child's neurobiology often result in a student having difficulty in regulating his/her emotions and reading social cues, which in turn compromise their ability to pay attention, follow directions, work with teachers and make friends with other students.³

ACEs are often the root cause of serious learning disabilities, health problems, social challenges and behavioral problems that impact a child's ability to learn. For educators, students who have experienced multiple adversities (20%-50% of all students) can be more difficult to engage consistently, require additional supports and often need more attention thus reducing instructional time for other students. With many students and their families experiencing adversity, schools may face an uphill challenge in addressing them without local partner services and supports from the larger community and other systems.⁴ Caring relationships and safe and supportive environments help prevent and mitigate the consequences of ACEs.

What are ACEs?

The Centers for Disease Control and Prevention's landmark 1998 study on Adverse Childhood Experiences (ACEs) demonstrated that traumatic childhood experiences are a root cause of many social, emotional and cognitive impairments that lead to an increase in health risk behaviors, and increased risk of violence or revictimization, disease, disability and premature mortality. Understanding the impact of ACEs on health and well-being can inform efforts to prevent trauma but can also support systems and institutions that serve people with a history of ACEs so that the cycle of trauma can be halted.

The Illinois ACEs Response Collaborative

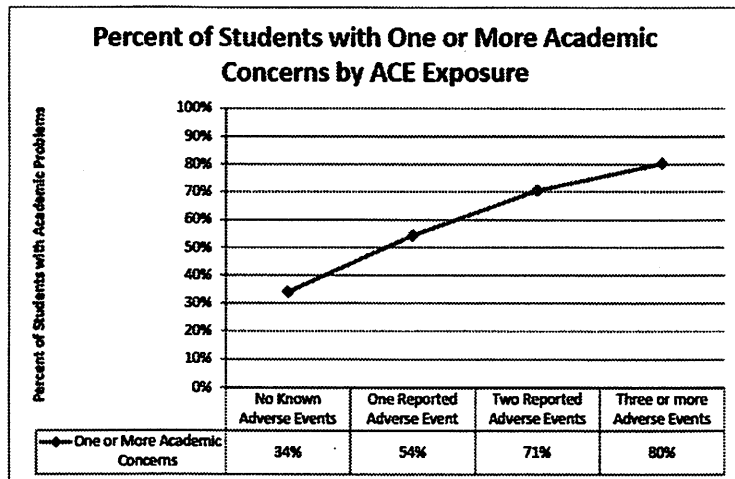
Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and adverse childhood experiences (ACEs) on the health and well-being of Illinois children and their communities.

The Collaborative works to develop education, policies and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as the reduction of intergenerational transmission of ACEs. Health & Medicine Policy Research Group, a Chicago-based non-profit with a mission to challenge inequities in health and health care, serves as the lead convener for the Collaborative.

The Impact of ACEs on Education

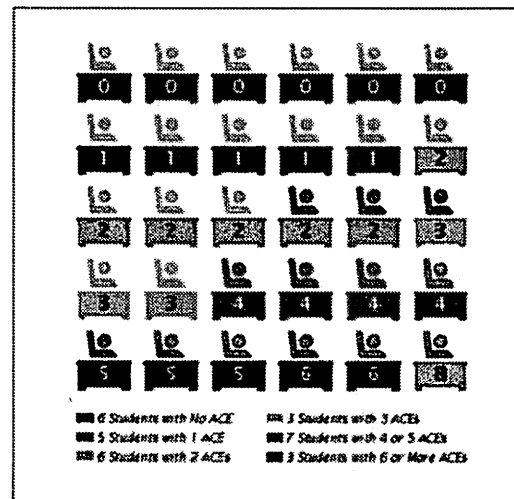
ACEs are the root cause of many of society's most pressing health problems that contribute to the astronomical and rising costs of health care as well as tremendous social costs in morbidity, mortality and quality of life. An ACE score greater than or equal to six can shorten an individual's lifespan by as much as 20 years. Below are common education challenges that have some of their roots in childhood adversity.

- **Students with three or more ACEs are 2.5 times more likely to fail a grade.⁵**
- **Students with three or more ACEs are significantly more likely to be unable to perform at grade level, be labeled as special education, be suspended, be expelled or drop out of school.⁶** Students not reading proficiently by third grade are four times more likely to fail to graduate from high school.⁷



Source: Area Health Education Center of Eastern Washington at Washington State University

- **In 2009, research demonstrated that students who dropped out of high school were 63 times more likely to be incarcerated than college-graduates.⁸ Research strongly links suspension and other school discipline to failure to graduate.⁹**
- **There are racial/ethnic disparities in the number and severity of school punishments delivered, even when controlling for the type of offense.¹⁰ LGBT youth are up to three times more likely to experience harsh disciplinary treatment than their heterosexual peers.^{11, 12, 13, 14} Twenty percent of secondary school students with disabilities were suspended in a single school year, compared to fewer than 10% of their peers without disabilities.¹⁵**
- **The impact of ACEs on school performance has a ripple effect on lifetime achievements. For high school dropouts, the national unemployment rate is at 12%.¹⁶ Young adult high school dropouts were more than twice as likely as college graduates to live in poverty according to the Department of Education.¹⁷**



Source: Washington State Family Policy Council

ACEs in Illinois

The Collaborative successfully petitioned the Illinois Department of Public Health to include an ACE module in the State's 2013 Behavioral Risk Factor Surveillance System (BRFSS)—a CDC-developed survey that collects information on health risk behaviors, chronic diseases, use of preventive health practices and health access. The BRFSS contains data from a sample of Illinois adults 18 years old and older. The findings below summarize how the adults who took part in the survey describe themselves and their health. Wherever possible, ACE correlations are shown, but in some cases, the BRFSS sample size was insufficient to draw conclusions, so we present the available health condition data. In Illinois, ACEs are also the root cause of many chronic diseases, health risk behaviors and violence.¹⁸

- Approximately one in five individuals who did not finish high school reported four or more ACEs, while only one in ten individuals with a post high school degree reported four or more ACEs.
- In 2013, more than 50,000 Chicago Public Schools (CPS) students—13% of the district's population—received out-of-school suspensions. Illinois students lost 1,117,453 days in the 2010-11 school year because of exclusionary discipline for minor offenses. The district's therapeutic day schools, which serve students with the most severe behavior problems, gave out-of-school suspensions to large percentages of their students in 2013, with one school suspending 100% of the students enrolled.
- In Illinois, employment rates in 2010 were as low as 50% for adults who had dropped out of high school (aged 18-64), compared to 79% for those who obtained an Associate's degree. In Chicago, the gap is even larger—44% of those who dropped out of high school were employed versus 73% of Associate degree holders.

Notable Programs and Promising Practices

Fortunately, by using the right approaches—ones that harness neuroplasticity, or the brain's inherent capacity to change—we can support healing of the brain and body as well as build resilience, which can prevent and treat the consequences of adversity. Yet, no one intervention alone can prevent or ameliorate childhood adversity. To address ACEs, we need a strong foundation that includes supportive families and prepared communities and schools, all of which require investment from each of us. Our systems work best when they work together.¹⁹ The following are programs and promising practices that can help ameliorate the effects of childhood adversity. Outcomes for the programs described below have been included where available, however many of these are new and emerging practices that have not been formally evaluated but hold promise for those looking to address ACEs and expand trauma-informed practices

Parent Organizing

Community Organizing and Family Issues (COFI)

Community Organizing and Family Issues's (COFI's) mission is to strengthen the power and voice of low-income and working families at all levels of civic life—from local institutions and communities to local, state and federal policy arenas. COFI has trained and organized thousands of parents in some of the toughest neighborhoods anywhere. COFI-trained parents have participated in many organizations. For example, **United Parent Leaders of Pilsen and Little Village** have been working to get more

resources put into restorative justice in their communities and increase support for families dealing with the Early Intervention system. **The Southside Parents United Roundtable in Chicago** worked with the Family Resource Center on Disabilities to be trained as advocates for students and families navigating the special education system, so that they can help other parents stay strong as they try to get their children's needs met. In Elgin, **Padres con Poder/Parents with Power** partnered with the Elgin Partnership for Early Learning (EPEL), to go door-to-door to spread the word about the importance of early learning. Since 2005, **POWER-PAC** has been organizing to stop out-of-school-suspensions resulting in the reduction of **thousands of days of such suspensions**. It also created the "Parent to Parent Guide: Restorative Justice in Chicago Public Schools—Stopping the School-to-Prison Pipeline" (included in Toolkits section below).

Parent leaders have:

- Knocked on 112,045 doors to reach out about early childhood education
- Provided 15,289 families with information about Summer Meal Programs,
- Reached 4,118 students through eight Peace Centers in Chicago Public Schools
- Referred 10,445 children to Head Start
- Walked 12,547 miles as preschool walking bus conductors to get preschoolers to school²⁰

Parent Engagement Institute, Logan Square Neighborhood Association

The goal of the Parent Mentor Program is to build leaders in the home, the school and the community. Since 1995, the Institute has trained 2,000 parents. Logan Square has seen an initial dramatic rise in test scores followed by steady annual increases. Other evidence of its enormous impact includes:

- Increased focus—92% of teachers and 90% of principals report that the Parent Mentor Program helps students improve in Reading and/or Math
- Increased teacher capacity—58% of teachers increased the number of students they worked with one-on-one after having a parent mentor in the classroom
- Improved graduation rates—The drop-out rate decreased from 23% to 9%
- Parent empowerment—82% of parents have completed or improved performance on their personal goals such as gaining employment, learning English, going to college or getting a GED
- Increased success for kids of parent mentors—92% of children of parent mentors have graduated from high school and 87% enrolled in college. Nearly all are still attending or have graduated
- Increased social capital in the community—The number of parents who talked to other parents five days a week grew from 8.2% to 43.2%, an increase of more than five times²¹

Parenting Fundamentals, Metropolitan Family Services, Chicago, Illinois

Parenting Fundamentals gives parents tools to help their children live fulfilling, productive lives. This evidence-based course with comprehensive support empowers parents to prevent child abuse, improve school performance and strengthen their families. Parenting Fundamentals has reached **7,000 parents and 21,000 kids**. It is included in the **National Registry of Evidence-based Programs and Practices maintained by the Substance Abuse and Mental Health Services Administration**.²²

School-Located Self-Regulation Skill-Building for Students and Teachers

Calm Classroom, Mindful Practices and the David Lynch Foundation's Quiet Time

MindBody practices like meditation, breath work and yoga can restore a sense of wellbeing and safety while helping with attention and behavior. **Calm Classroom**, which teaches mindfulness meditation in the classroom, has been proven to increase student engagement, improve attendance and academic performance and decrease suspensions and behavioral referrals in the following Chicago Public Schools:

Samuel Gompers Elementary and Middle School, Sullivan High School and Wendell Smith Elementary and Middle School. Results from these schools include:

- 21% overall improvement in standardized test scores; 75% decline in school violence; 73% decrease in school suspensions; 10% increase in attendance; 65% of teachers surveyed report feeling less personal stress on the job as a result of Calm Classroom
- 100% of teachers surveyed report: students are more focused and ready to learn after practicing Calm Classroom; students seem calmer and more peaceful after practicing Calm Classroom. Ninety-four percent of teachers surveyed report specific students whose engagement in school seems to have improved due to Calm Classroom²³

To address ACEs, we need a strong foundation that includes supportive families and prepared communities and schools, all of which require the investment from all of us. Our systems work best when they work together.

Mindful Practices, which teaches yoga and social/emotional skill-building, helped schools achieve an 8-22% reduction in disciplinary referrals. When these schools lost funding to continue the curriculum, disciplinary referrals and suspensions in the same schools increased by 500% or more.²⁴

Quiet Time, a Transcendental Meditation training program for schools, has helped schools achieve:

- A 10% improvement in test scores and a narrowing of the achievement gap
- An 86% reduction in suspensions over two years
- A 40% reduction in psychological distress including stress, anxiety and depression
- A 65% decrease in violent conflict over two years
- Improved teacher retention and decrease teacher burnout²⁵

Trauma-Sensitive Teacher and Professional Training

The Illinois Education Association (IEA), Illinois State Board of Education (ISBE) and Center for Childhood Resilience, Lurie Children's Hospital (CCR) are training teachers, school-based mental health clinicians and other professionals about trauma and resilience. After developing a facilitator's guide, IEA hosted more than 50 screenings and panels discussions of *Paper Tigers*, a documentary about trauma-sensitive school transformation, for Illinois teachers. **Using a curriculum it developed within a "train-the-trainer" model, IEA has trained more than 100 teachers in Illinois in trauma-sensitive practices for the classroom.**

In collaboration with the Child Trauma Academy, Illinois State University, the Illinois Multi-Tiered Systems of Support Network and SASS-connected Community Mental Health providers, **ISBE** has created a learning collaborative to train teachers and mental health clinicians in trauma-sensitive education and therapeutics in 10 areas of the state. The educator trainer trainings were completed in 2015 and regional trainings commenced in 2016. Clinician trainer trainings will finish in spring of 2017 and regional trainings will begin in Fall 2017.

CCR provides trauma-specific services, in-person trauma training to individual school staff and clinicians and on-site coaching as well as creates Trauma Training Cadres in school networks and districts to build capacity.

Trauma-Sensitive Schools—Policy and Practice

Safe and Supportive Schools Commission, Massachusetts

In 2014, a law titled “The Safe and Supportive Schools Framework” was enacted in Massachusetts.²⁶ In 2016, the budget signed by Massachusetts Governor Charlie Baker included an allocation of \$400,000 to assign a full-time staff person in the Department of Elementary and Secondary Education to carry out provisions of the Safe and Supportive Schools Framework Law, which **creates conditions for schools to adopt trauma-sensitive policies and approaches in their classrooms throughout the entire state.**²⁷ The approach guidelines follow those found in the Trauma and Learning Policy Initiative’s (TLPI) Guide to Creating Trauma-Sensitive Schools.²⁸

Lincoln High School, Walla Walla, Washington

In 2013-14, an evaluation was conducted of outcomes of changes in pedagogy and milieu at Lincoln High (an alternative high school in Walla Walla, Washington), which had introduced trauma-sensitive practices between 2009 and 2013. These changes were a result of community capacity efforts and were made in collaboration with the Children’s Resilience Initiative and the Health Center, a hospital-funded initiative that provides free mental and physical health services to any Lincoln High School student.²¹

The outcomes of this approach are fewer absences, higher grades and better standardized test scores.²⁹

In 30 seconds to 3 minutes, simple breathing, stretching, focusing and relaxation techniques teach self-awareness, inner calm and peaceful interactions leading to school-wide outcomes. Schools implementing the Calm Classroom mind body skill-building program saw:

- 21% overall improvement in standardized test scores
- 75% decline in school violence
- 73% decrease in school suspensions

Trauma Smart, a Program of Crittenton Children’s Center, Kansas City, Missouri

“Trauma Smart is an innovative practice model designed to address the high incidence of complex trauma that negatively impacts children’s lives. The model is currently provided in Head Start preschool programs in 26 counties in the Kansas City metro area and across Missouri, and includes around 3,200 children annually. **Trauma Smart helps preschool children, and the adults who care for them, calmly navigate difficult life challenges.**” Results include:

- 100% of the students enrolled in Trauma Smart benefitted from interventions
- Trauma Smart students have significantly improved class assessment scores (CLASS) and symptom inventory scores, putting them in the normal range by kindergarten
- Parents and teachers improved self-care and developed lifelong skills to manage stress³⁰

The Unconditional Education Program, Seneca Family of Agencies, California

The Unconditional Education program was born out of a desire to work with public schools to create a sustainable whole-school approach to trauma that could become part of the school culture. The goal is to train teachers and administrators in a clinical understanding of trauma and help them develop individual interventions to keep students learning.³¹ An independent evaluation by SRI of five Oakland Schools participating in the Unconditional Education program demonstrated:

- Higher scores in English Language Arts achievement
- Higher scores in Mathematics achievement
- Better attendance
- Lower suspension/expulsion rates^{32,33}

Health and Education Partnerships

Partnership for Resilience

The mission of the Partnership for Resilience is to transform and integrate education, health care and community organizations to create a trauma-informed, family-focused system that measurably improves academic, health and social outcomes for children. As part of this process, "Resilience Teams" are being piloted in Calumet Park, Illinois schools as a step toward creating trauma-sensitive schools. In addition, plans are in process to bring additional staff development and counseling resources to the schools in partnership with Governors State University and leading behavioral health agencies.

A Health Care Team is working to bring additional health care resources to the three school districts who are part of the Partnership and to increase access to existing health care options such as Cook County Health and Hospital System clinics. The long-term goal of this team is to increase the number of Southland families who have "medical homes" where they can receive consistent, high-quality health care.

As one of its goals, Partnership for Resilience is **working to create better trauma-informed neighborhoods and improve childhood wellness through increased access to care and increased collaboration between schools and medical homes**. The health work has three key areas of focus:

1. Providing direct school-based services to meet identified needs while still promoting the connection to a patient-centered medical home
2. Encouraging schools and health systems to work together and use metrics to drive program development
3. Spreading ACEs awareness among local medical providers

ACE and Trauma Screening

School health centers in high schools in Washington, Oregon and California have started offering ACE screening to students. **Elsie Allen Health Center** in California has modified the original ACE questionnaire to include six additional questions. In 2014, the clinic screened 200 students for ACEs using the new questionnaire. As a result:

- The staff completed their own screens and talk more about how to handle secondary trauma
- The staff is more understanding about the behavior of students
- Staff is beginning to educate teachers about ACEs
- There is more honesty and improved connection with the students
- The health center is staffing a lounge for the 100 students who visit the clinic each day so they'll have a place to talk, get free condoms, eat a piece of fruit or share their experiences³⁴

Policy Recommendations

Policy change at all levels of government and within multiple public agencies, private and public health systems, community organizations, educational systems, social services and philanthropy, can prevent and mitigate the impact of ACEs, trauma and toxic stress to create healthier communities. The following recommendations reflect an understanding of ACEs and trauma which requires multiple levels of policy change. To effectively address ACEs and trauma, we must look at the context in which they occur — within families, communities and society.

Small “p” policy changes within local systems and agencies can have an important impact on the people served, but large “P” policy at the federal, state and local levels will build the foundation for preventing and addressing ACEs in a systematic, lasting, comprehensive and upstream approach so that we may ultimately be less reliant on programs which focus on individuals and families who are already experiencing problems (“downstream”) because there will be fewer of them.

Rethink discipline and encourage strategies that keep kids in school.

- **End zero-tolerance policies** that result in suspensions and expulsion. Zero-tolerance policies have led to larger numbers of youths being “pushed out” (suspended or expelled) with no evidence of positive impact on school safety.³⁵ Students who are suspended even once are more likely to drop out.
- **Provide implicit bias training to school personnel to mitigate the racial disparities in discipline and expulsion.**
- **Keeps kids in school by all means necessary** and utilize best practices for in-school suspensions to address the underlying behavioral and academic challenges that have caused disruption in the classroom.³⁶
- **Stop the practice of removing recess time as a punishment.**³⁷
- **Implement Restorative Justice approaches to discipline**, including: restorative conversations, peer conferences, peace circles and group conferencing.
- **Utilize trauma-informed security personnel instead of law enforcement in schools to stop contributing to the school-to-prison pipeline and to start limiting unnecessary justice involvement for youth.**³⁸

Support teachers with professional development, in-classroom supports and social emotional learning techniques.

- **Reduce teacher stress by implementing organizational and individual policies.** Interventions on the organizational or individual level (or those that reach both) can help reduce teacher stress by changing the culture and approach to teaching. Programs for mentoring, workplace wellness, social emotional learning and mindfulness are all proven to improve teacher well-being and student outcomes.³⁹
- **Include ACEs education in all teacher training curriculums.** Provide intensive training on how trauma impacts classroom behavior with specific strategies to increase students’ self-

regulation and incorporate social-emotional learning in the classroom. Identify and train teachers on age-specific and developmentally-appropriate strategies so the entire educational spectrum, from Early Childhood Education to college, is improved and can help to build resilience.

- **Put mental health professionals/social emotional learning consultants in each classroom** several hours per week to help train and develop teachers' skills. These professionals can identify needed interventions earlier and model appropriate techniques that teachers can use with students with similar behaviors.

Prepare youth to be successful in school by building coordinated supports for youth and families starting prenatally and continuing throughout the lifespan.

- **Implement early interventions** by putting in place in-home pregnancy and parenting support as well as health education for all pregnant women and families with young children by expanding Illinois' home visiting network.
- **Adequately fund early interventions** to promote the healthy development of babies and toddlers.
- **Encourage collaboration among programs** across child and family-oriented state systems—education, public health, child welfare—to develop policies that improve social, health and wellbeing outcomes, including blending funding streams.
- **Utilize the Community Schools model** to provide essential wrap-around supports to whole families interacting with the school system including mental health services onsite, parental engagement, a continuum of care and coordination of services that link the school with community organizations.

Increase parent engagement.

- **Include parents in mindfulness practices and events.** Parents can gain the same benefits as students from meditation and yoga and can reinforce those techniques with their children to self-regulate when monitoring homework and at bedtime.
- **Teach parents about ACEs** and the ways that trauma can be passed down inter-generationally. Provide opportunities for parents to learn about social-emotional learning and ways to encourage self-regulation, problem solving and social skills that can be replicated at home.
- **Create parent peer support groups.**

Build and support self-regulation skills.

- **Incorporate meditation into the classroom**, using approaches similar to "Calm Classroom."⁴⁰
- **Offer self-regulation skill building** experiences to parents, guardians and teachers.

Change policy to support safe and trauma-sensitive classrooms to make schools safe places for children to increase resilience and achieve their potential across the lifespan.

- **Develop a common definition of a “safe classroom”** by helping children identify their emotions and practicing conflict resolution skills; create a “peace corner” where students struggling with self-regulation can regroup if needed, preventing the need for disciplinary measures.⁴¹
- **Create laws** that require safe and supportive schools and **include funding for the systems changes required to be trauma-informed.**
- **Make helping traumatized children learn a major focus of education reform**, which includes a **system-wide approach and investment from all stakeholders**—students, teachers, families, communities, administrators, etc.
- **Ensure teacher curricula and accreditations include training on ACEs**, toxic stress and building resiliency with an emphasis on developmentally-appropriate social-emotional learning techniques.

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Visit us online at:

<http://www.hmprg.org/Programs/IL+ACE+Response+Collaborative>
<http://marc.healthfederation.org/communities/illinois>

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Health & Medicine
POLICY RESEARCH GROUP

Jacksonville Hospital Partnership

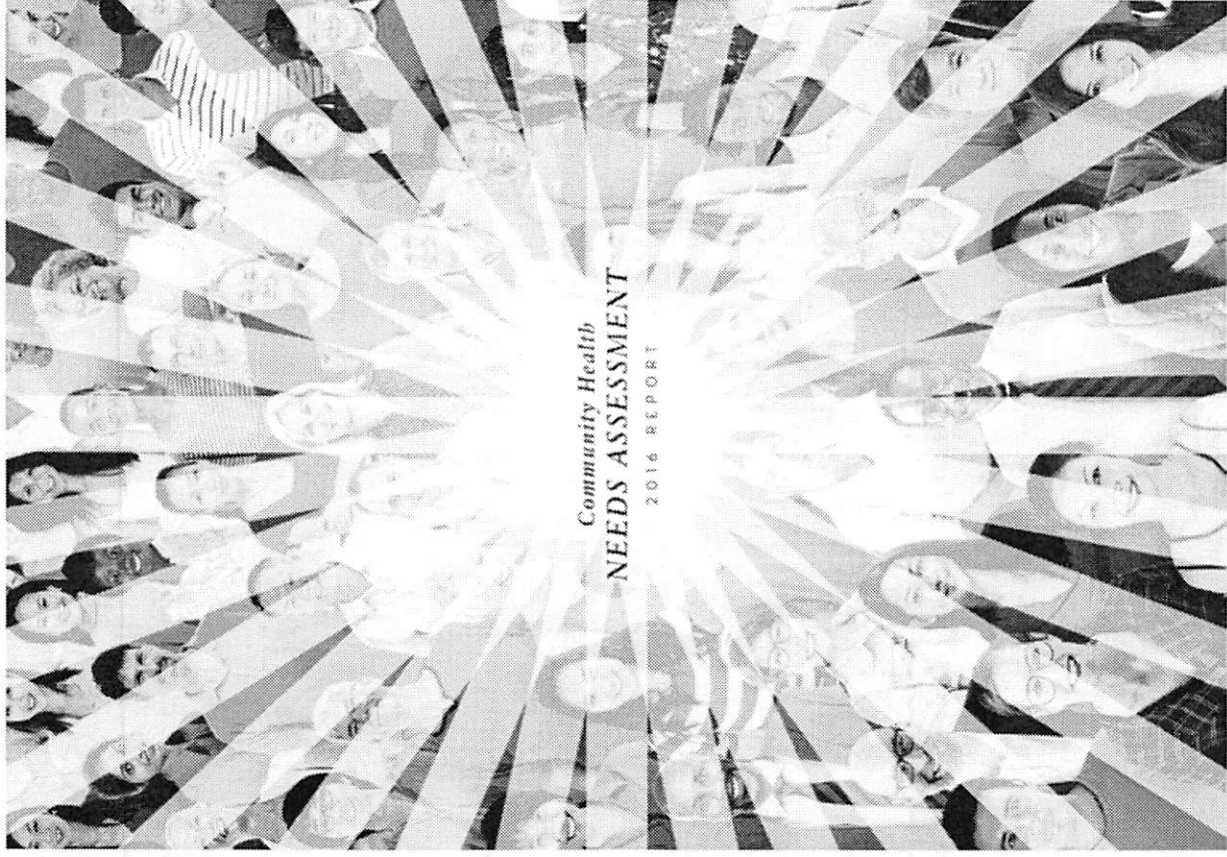
The Partnership's vision is to improve population health in the region by addressing gaps that prevent access to quality, integrated healthcare and improving access to resources that support a healthy lifestyle.

Baptist Health
Brooks Rehabilitation
Mayo Clinic Florida
St. Vincent's Healthcare
UF Health Jacksonville

COMMUNITY HEALTH NEEDS ASSESSMENT

2015


JACKSONVILLE METROPOLITAN COMMUNITY BENEFIT PARTNERSHIP



BAPTIST HEALTH | BROOKS REHABILITATION | MAYO CLINIC | UF HEALTH | ST. VINCENT'S HEALTHCARE | WOLFSON CHILDREN'S HOSPITAL


2015 COMMUNITY HEALTH NEEDS ASSESSMENT

JACKSONVILLE HOSPITAL PARTNERSHIP COLLABORATION



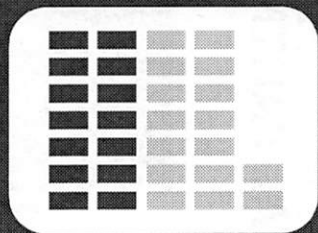
49th

Florida's rank among states in mental health funding, which was stagnant for the last 20 years

High 

Suicide Rates

Northeast Florida counties above the state average



Unhealthy Days

Residents reported 14 or more poor behavioral health days in past 30 days

THE WHY - COLLABORATION

JACKSONVILLE HOSPITAL PARTNERSHIP COLLABORATION



Mental Health	
Baptist Beaches	●
Baptist Jax	●
Baptist Nassau	●
Baptist South	●
Brooks Rehab	●
Mayo Clinic Jax	●
St. Vincent's Clay	
St. Vincent's RS	●
St. Vincent's SS	●
UF Health Jax	●
Wolfson Children's	●

Northeast Florida
counties above
the state average

Why Days

ted 14 or more poor
h days in past 30 days



MENTAL HEALTH FIRST AID TRAINING

MENTAL HEALTH FIRST AID: WHAT IS IT?

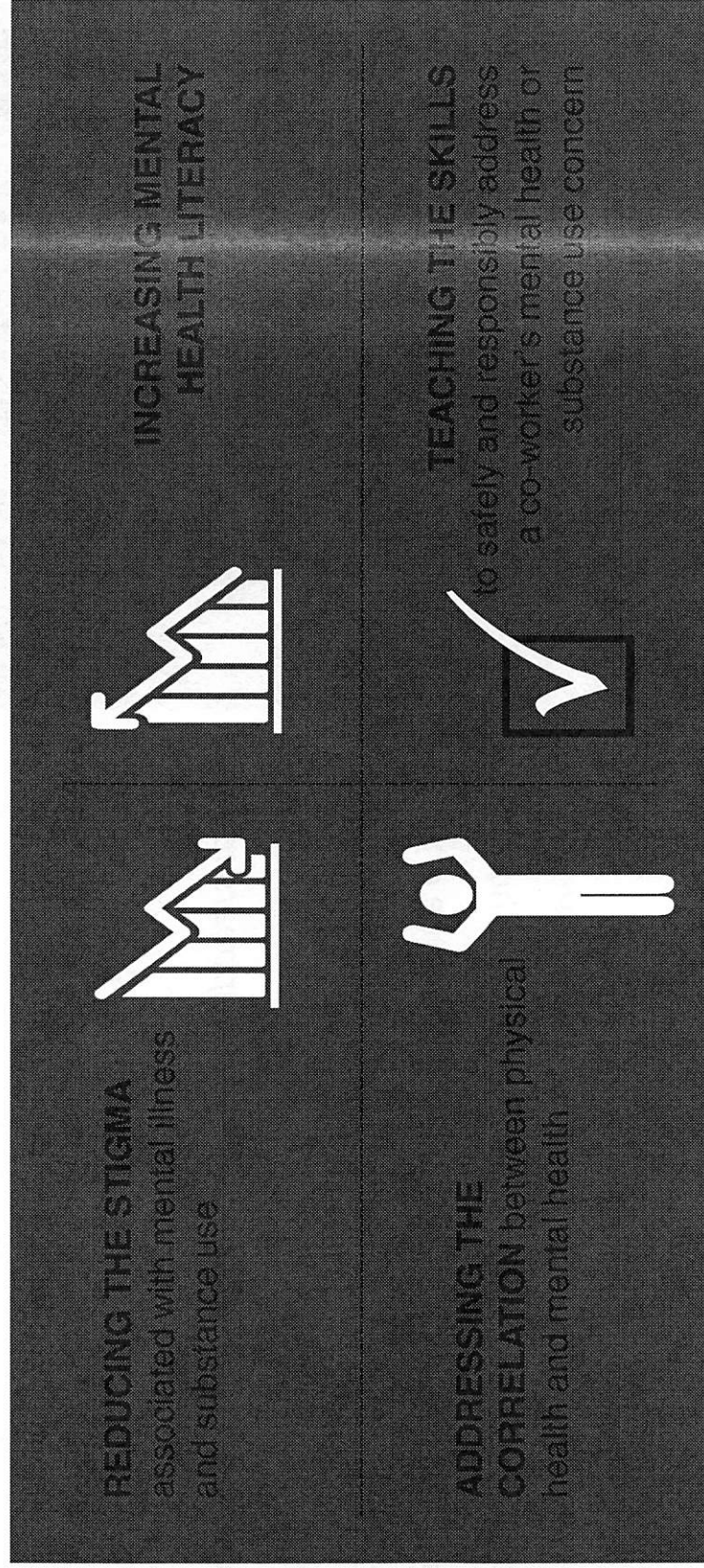
NATIONAL COUNCIL ON BEHAVIORAL HEALTH PROGRAM

Initial help offered to a person developing a mental health or substance use problem, or experiencing a mental health crisis.

The “first aid” is given until appropriate treatment and support are received or until the crisis resolves.

Eight hour course focusing on depression, anxiety, psychosis and substance abuse.

WHAT DREW US TO THIS EFFORT?



**COMMUNITY HEALTH
NEEDS ASSESSMENT**

Need

**NATIONAL COUNCIL ON
BEHAVIORAL HEALTH**

Best practice

**COMMUNITY
EMPOWERMENT**

Broad reaching tool

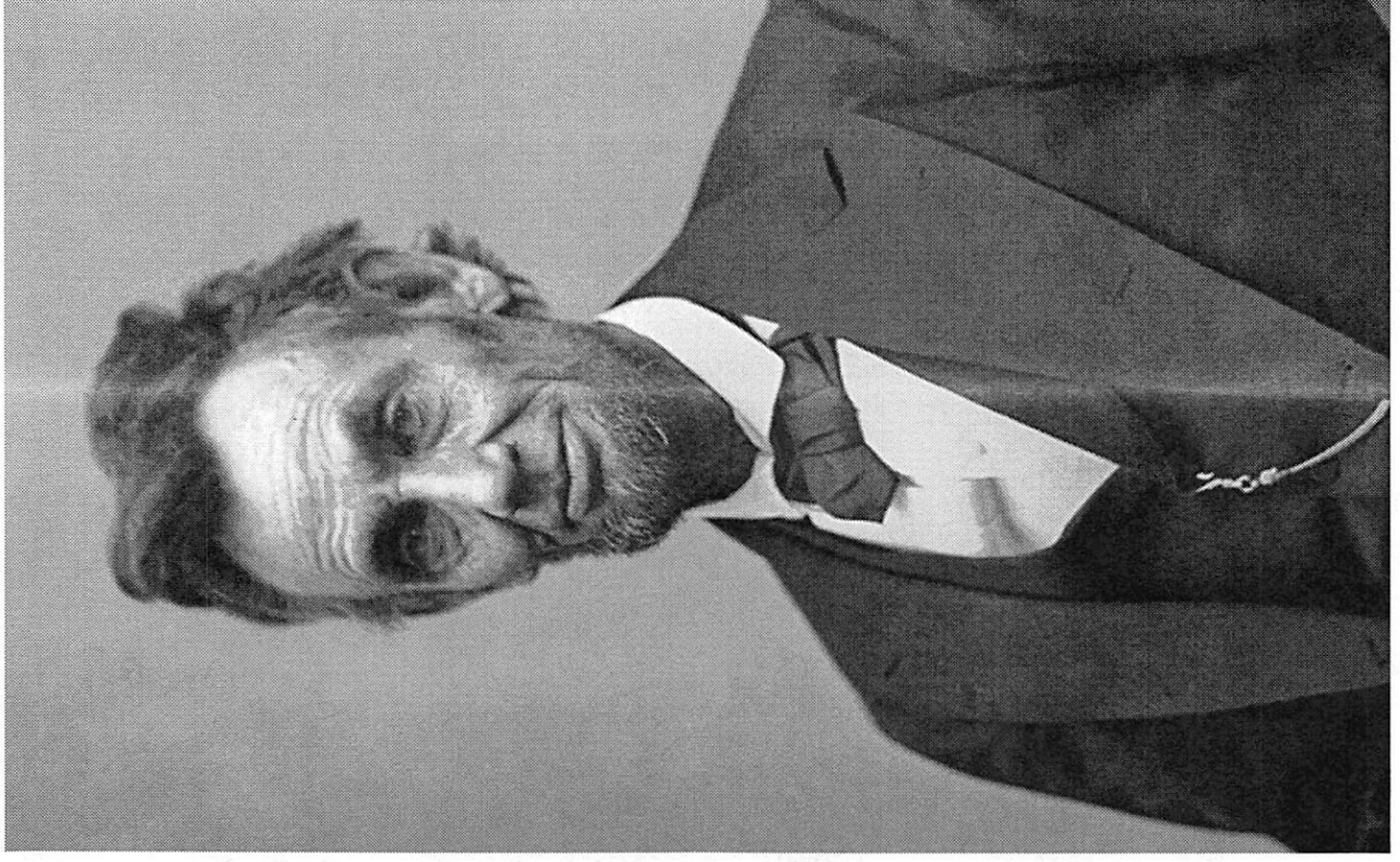
DEPRESSION

January 23rd, 1841
Springfield, Ill.

Dear Stuart:

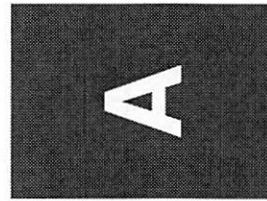
".....I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I can not tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me."

— A. Lincoln

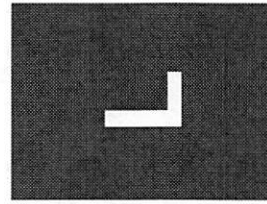


ALGEE DEFINED

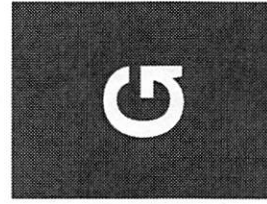
ALGEE is the mnemonic for the **MENTAL HEALTH FIRST AID'S 5-STEP ACTION PLAN** and is used to assist someone needing help



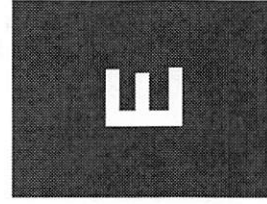
ASSESS
for risk of
suicide
or harm



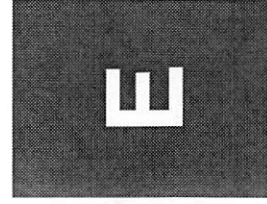
LISTEN
non-
judgmentally



GIVE
reassurance
and
information



ENCOURAGE
appropriate
professional
help



ENCOURAGE
self-help and
other support
strategies

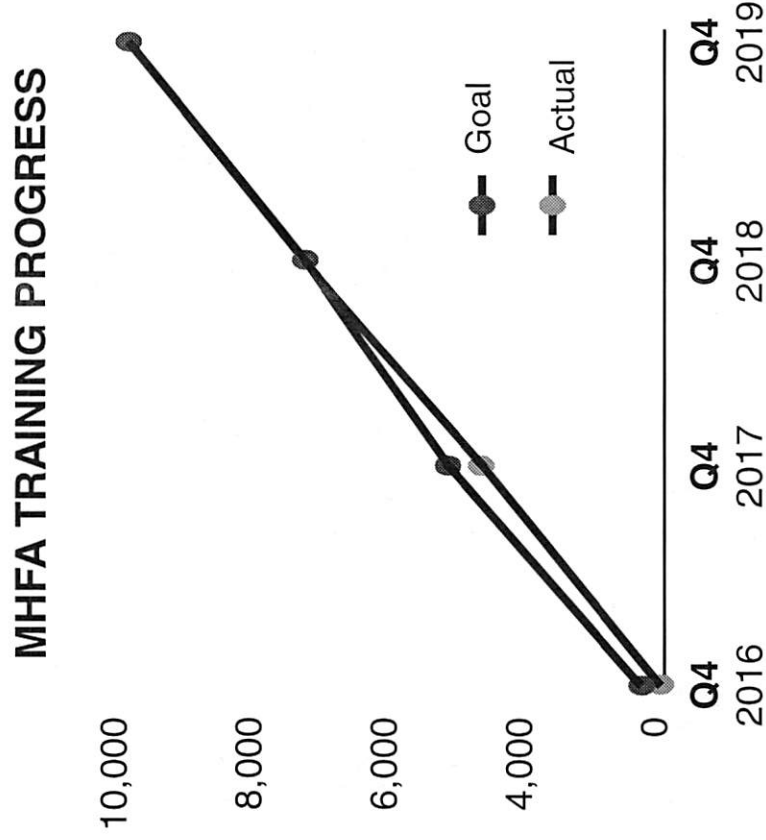


WHAT AND HOW ARE WE DOING?

THE STRUCTURE

- **CITYWIDE EFFORT** to train 10,000 citizens
- **FACILITATORS** – 60+ deployed citywide
- **PARTICIPANTS** – corporations, government, colleges/universities, faith-based institutions, parents, neighbors and ANYONE!
- **COST** – No cost to the community!

THE PROGRESS



Youth Mental Health First Aid

Youth Mental Health First Aid® is the help offered to a young person experiencing a mental health challenge, mental disorder or a mental health crisis. The first aid is given until appropriate help is received or until the crisis resolves.

Mental Health First Aid® does not teach people to diagnose or to provide treatment.

PREVENTION

One-half of all lifetime cases of mental illness begin by age 14; three-fourths by age 24.

Earlier you receive help the more likely you are to have a positive outcome.

Aid

- Youth Mental Health First

Curriculum Highlights

- Review typical adolescent development
- Learn about prevalence of mental illness and dispel myths
- Identify common mental health challenges for youth including anxiety, depression, eating disorders and substance abuse
- Explore disruptive behavior disorders and psychosis
- Use a 5 step action plan to recognize symptoms of mental health issues
- Learn effective ways to provide initial help and guidance

Evidence and Effectiveness

A 2018 study by Georgetown University:

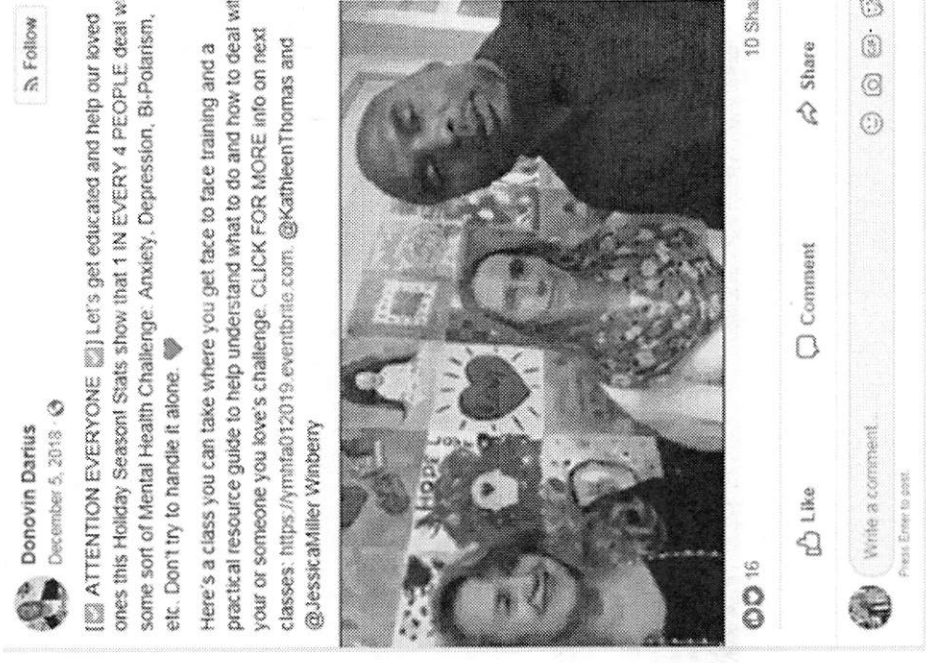
- Learn the signs and symptoms of mental health and substance use problems.
- Know how to respond appropriately.
- Have the confidence to intervene.
- Take action when they encounter someone in distress.

2018 University of Central Florida study of teachers:

- Increased mental health literacy.
- A reduction in negative attitudes toward youth with mental health problems.
- Increased confidence in their ability to identify and respond to students with mental health problems.
- Increased intentions to engage in help-seeking behavior with high risk students.

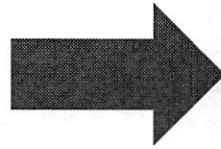
Implementation

- 3 team members participated in 3 day training
(Community educator, Behavioral health nurse, LCSW)
- Partner with schools, YMCA summer
Counselors and youth serving
agencies, Faith based partners
- Local and National Resource List
- Role playing scenarios
- Today: Word of Mouth



WHAT CAN YOU DO?

- ✓ Take the class
(Flyers on your table)
- ✓ Arrange a class for your
team and encourage
others in your circle to
take the class
- ✓ Watch closely for
changes in behavior



Home » Take A Course » Find a Mental Health First Aid Course

Find a Mental Health First Aid Course

Mental Health First Aid is an 8-hour course that teaches you how to help someone who may be experiencing a mental health or substance use challenge. The training helps you identify, understand and respond to signs of addictions and mental illnesses. Find a Mental Health First Aid course near you using the search tool below.

[LAW ENFORCEMENT: If you took the One Mind Pledge, CLICK HERE to schedule a training for your agency.]

Browse First Aider Courses

Search for Courses

FIND BY LOCATION

Enter Your City and State (eg. Arlington, Texas)

DISTANCE FROM ME

25 miles

FIND COURSES

Find courses by instructor name

To Find A Class: www.mentalhealthfirstaid.org
Search for the course type: enter City/State or Zip Code

Calm Classroom is a Trauma Informed Mindfulness Intervention

**Promotes a culture of safety,
individual empowerment, mental
stability and health**

Students are Empowered To Overcome...

Difficulty Learning In School

Anxiety, Toxic Stress and Trauma

Violence Toward Oneself and Others

Teachers are Empowered To Overcome...

Stress and Anxiety

Impatience toward students and peers

Stress-related physical health problems

Luster Learning Institute, NFP

Founded in 2007 – Chicago

**Design and Implement School-Wide Mindfulness
Training Programs**

**Reached over 1 million students and 45,000 teachers
in 1000+ schools**

<https://www.youtube.com/watch?v=w6T02g5hnT4>

Calm Classroom in Duval County Public Schools

LAKE FOREST ELEM

NORTHWESTERN MS

RAMONA ELEM

WILLIAM M. RAINES HS

CARTER G. WOODSON ELEM.

JEAN RIBAULT HS

**MARTIN LUTHER KING, JR.
ELEM**

NORMANDY VILLAGE ELEM

RUFUS E. PAYNE ELEM

SALLYE B. MATHIS ELEM

RUTLEDGE H. PEARSON ELEM

S. A. HULL ELEM

ST. CLAIR EVANS ACADEMY

JEAN RIBAULT MS