Assessing Schoolwide Capacity to Implement a Comprehensive School Mental Health System

Annual Conference on Advancing School Mental Health
Austin, TX
November 8, 2019
Agenda

• DC Child Mental Health Landscape
• DC School Mental Health Strategy
• Deep Dive into Needs Assessment at the School Level
Who Are We?

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DC Child Mental Health
50% of children in Wards 7 and 8 live in poverty – over double the rate in DC and more than double the rate in United States, which contributes to:

- Children under 5 in DC have greater developmental delays compared to US
- Rate of children in foster care in DC 4x the national average
- Children in residential placements in DC double the number in US
- Wards 7 and 8 report the lowest rates of high school graduation

Sources: DC Kids Count (2017)
How Poverty Feels to Children

- Worried about parents
  - Unhappy
  - Frustrated
  - Anxious

- Few opportunities
  - Worthless
  - Hopeless
  - Social Insecurity

- Aspirations, hopes and dreams
  - Resilience

- Insecure, overcrowded homes
  - No place for homework or play

- Excluded, constrained, conflicted, embarrassed

- Important
  - Bullied & judged
  - Teachers don’t understand
  - No school trips
Our Approach
## Lessons Learned from the Scan

### Strengths/Opportunities

- Commitment from school leaders and DC Council
- Innovative partnerships being piloted by hospitals, providers and schools
- The field is at a “tipping point” and are eager to partner to disseminate best practices

### Challenges/Barriers

- Schools emphasize Tier 3 interventions over Tiers 1 and 2
- High levels of traumatic stress and burnout among teachers
- Service gaps due to limited number, capacity and collaboration
- School staff have little/no training in mental health
- School readiness for strengthening services varies between schools
- Models are not well-developed
- Limited “real time” data to inform decision-making
How we applying the Lessons:
DC School Mental Health Initiative

School Community of Practice
Stakeholder Learning Community
National Knowledge Building

Increase the availability of quality and coordinated school mental health services and supports locally and nationally.
Technical Assistance and Community of Practice

Multi-Tiered System of Supports

Data-Based Decision-Making

Service Coordination With Families & Community

Validated screening and assessment measures and implementation protocols
### Partner School Selection

<table>
<thead>
<tr>
<th>School</th>
<th>PreK3-8 Seats</th>
<th>5-8 Seats</th>
<th>PreK3-8 Seats</th>
<th>PreK3-3 Seats</th>
</tr>
</thead>
<tbody>
<tr>
<td>DC PREP</td>
<td>1,405</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monument Academy</td>
<td>76</td>
<td>505</td>
<td></td>
<td>734</td>
</tr>
<tr>
<td>DC Scholars PUB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eagle Academy</td>
<td></td>
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</tr>
</tbody>
</table>

#### Key Statistics

- **Economically Disadvantaged**: >60%
- **Special Education**:
  - DC PREP: 9.6%
  - Monument Academy: 52.6%
  - DC Scholars PUB: 15.6%
  - Eagle Academy: 18.1%
- **At-Risk Population**:
  - DC PREP: 59.5%
  - Monument Academy: 86.8%
  - DC Scholars PUB: 59.8%
  - Eagle Academy: 71.4%
Needs Assessment to Technical Assistance Plans

- **April 2018 – January 2019:** Needs Assessment Plan
- **January 2019:** Practice Improvement Plan
- **February – April 2019:** Technical Assistance Plan
- **Ongoing:** Implementation of Plan
Why a Needs Assessment?
Sustainability

…the continued use of program components and activities for the continued achievement of desirable program and population outcomes.

Data Triangulation

Document Review

Interviews

Observations
School Mental Health Needs Assessment

Collect Documents – August/September 2018

Document Review – October 2018

Observations – November 2018

Interviews – December 2018

Recommendations Report – January 2019
Document Review

- Policies, Protocols, Practices
- Family and Community Engagement
- Personnel & PD
- Background and Summary Data Reports

Documents Informing SMH
Observations

Team Functioning Scale (TFS): Validated measure of functioning of school teams during implementation of a school improvement process

Figure 1: Team Functioning Scale

<table>
<thead>
<tr>
<th>Meeting roles unassigned</th>
<th>1 2 3 4 5</th>
<th>Multiple meeting roles assigned prior to the meeting (e.g., facilitator, note-taker)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever-changing start and stop times (e.g., members struggle in, waiting for leadership, meetings sometimes cancelled)</td>
<td>1 2 3 4 5</td>
<td>Meeting starts and ends on time as scheduled</td>
</tr>
<tr>
<td>Irregular attendance by team members</td>
<td>1 2 3 4 5</td>
<td>Nearly all team members attend regularly</td>
</tr>
<tr>
<td>Nonexistent or limited use of agendas</td>
<td>1 2 3 4 5</td>
<td>Agenda developed and available prior to meetings</td>
</tr>
<tr>
<td>Nonexistent or limited use of meeting minutes/notes</td>
<td>1 2 3 4 5</td>
<td>Minutes/notes taken during meeting and distributed to all team members after the meeting</td>
</tr>
<tr>
<td>Minimal team member engagement (e.g., members off-task, distracted)</td>
<td>1 2 3 4 5</td>
<td>High level of engagement from all team members (e.g., verbal input, attention, willingness to complete tasks)</td>
</tr>
<tr>
<td>Discussions disjointed (e.g., numerous interruptions, sidebar conversations)</td>
<td>1 2 3 4 5</td>
<td>Discussions stay on track; no sidebar conversations</td>
</tr>
<tr>
<td>Poor team member communication (e.g., aggressive tones, lack of listening, disrespect)</td>
<td>1 2 3 4 5</td>
<td>Team members communicate effectively (e.g., speak directly, ask questions, express support, restate ideas)</td>
</tr>
<tr>
<td>Disagreements/conflicts aren’t addressed (e.g., disgruntled team members, talking behind backs)</td>
<td>1 2 3 4 5</td>
<td>Disagreements/conflicts are addressed (e.g., problem solving, respect, listening)</td>
</tr>
<tr>
<td>Some members are not valued as important to the team</td>
<td></td>
<td>Members value each other’s roles and contributions</td>
</tr>
<tr>
<td>Members are not provided time/forum to share viewpoints; limited discussion time before a decision is made</td>
<td>1 2 3 4 5</td>
<td>All viewpoints shared and given adequate time prior to decision-making (e.g., discussion of options and consequences)</td>
</tr>
<tr>
<td>Final decision made with limited input by team (e.g., one person makes decision, limited influence, no voting)</td>
<td>1 2 3 4 5</td>
<td>Shared decision-making with balanced influence of team members (e.g., voting on decisions, discussion of options)</td>
</tr>
<tr>
<td>Lack of meeting purpose (e.g., meeting “for the sake of meeting”)</td>
<td>1 2 3 4 5</td>
<td>Meeting has clear purpose, which is communicated in advance</td>
</tr>
<tr>
<td>Data does not drive decision-making</td>
<td>1 2 3 4 5</td>
<td>Data drives decision-making (i.e., relevant data is reviewed and discussed; decisions clearly influenced by data)</td>
</tr>
<tr>
<td>No reference to past goals/action items</td>
<td>1 2 3 4 5</td>
<td>Status of action items from last meeting is reviewed</td>
</tr>
</tbody>
</table>

## Interviews

<table>
<thead>
<tr>
<th>Psychological</th>
<th>Organizational</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td><strong>School believes in, and is committed to providing a continuum of evidence-based, quality mental health supports, including universal prevention and health promotion strategies, group interventions, and intensive student and family support.</strong></td>
</tr>
<tr>
<td><strong>Staff view student mental health as essential to learning, and understand the importance of making available school-wide mental health supports.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Structural</strong></td>
<td><strong>School resources support a comprehensive school mental health system, including designated staff, materials, and time.</strong></td>
</tr>
<tr>
<td><strong>Staff have knowledge and skills from training and coaching to understand students’ mental health needs, and understand school-wide processes to support students.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Scanning Best Practices

Memoranda of Understanding (MOU)

Once collaborators have agreed upon the nature of the collaboration, it is important to further stipulate and clarify the roles of each agency, a process that is typically codified by a memorandum of understanding (MOU). An MOU should include the purpose of the program or partnership, the roles and responsibilities, requirements for information sharing, and relevant procedures (U.S. Department of Justice, Office of Community Oriented Policing Services, 2010). An MOU is commonly required when partners receive grant funding. An MOU can also be a policy instrument within the context of disparate data and technical cases, as partners should sign and abide by the MOU (U.S. Department of Justice, Office of Community Oriented Policing Services, 2010).

Toolbox 2.2: MOU Checklist

1. Parties to the collaboration
   - Education partner name
   - Community partner name (police department, mental health services, etc.)

2. Purpose for the Collaboration
   - Include goals and objectives

3. Collaborative Functions
   - Assessment (initial screening, diagnosis, and intervention planning)
   - Interventions: small, medium, or large
   - Services provided to the school district (e.g., prevention, early intervention, mental health services, etc.)
   - Reimbursement
   - Indirect services (consultation, supervision, in-service instruction)

4. Roles and Responsibilities of Mental Health Clinicians
   - Prevention, early intervention, treatment, and assessment services to young people in the school
   - Individual/group therapy
   - Social skills training or coaching
   - Family therapy
   - Behavior change strategies
   - Prevention education
   - Consultation, training, and support to teachers, administrators, and other school staff
   - Collect data in order to train school staff, individuals, or other organizations related to a student's intervention
   - Provide an appropriate release of information signed by the student or parent
   - Involves students' teachers or community agencies (permission not needed from the school

School Mental Health Referral Pathways Toolkit
Best Practices Indicator Tool

Four Domains (74 items)

1. Multi-Tiered System of Supports
2. Data-Driven Decision Making
3. Family Engagement
4. Community Engagement
# Examples of Best Practices

<table>
<thead>
<tr>
<th>Multi-Tiered System of Supports</th>
<th>Data-Driven Decision-Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student support team is established and has well-defined roles and processes.</td>
<td>The school data team uses clear, documented decision rules.</td>
</tr>
<tr>
<td>PD related to student health and wellbeing is comprehensive and available to all staff.</td>
<td>The school schedules time to engage in data collection and use.</td>
</tr>
</tbody>
</table>

**Family Engagement**

- The school reduces barriers to family participation in events.
- The school communicates with families in culturally and linguistically appropriate ways.

**Community Engagement**

- The school is aware of available and appropriate community resources.
- The school collaborates with community organizations to link students and families with appropriate services and resources.
Observations Completed: 4
Interviews Conducted: 12
Documents Reviewed: 487

Brief Needs Assessment Report
Meetings with School Teams
Individualized Technical Assistance Plan
Continuous Quality Improvement

Review Against National Best Practices
Process Common Themes with COP

August – December 2018
January 2019
Common Themes: Strengths

**Leadership**
- Leader buy-in and organizational commitment to SEL considered central to schools’ mission

**Readiness**
- Schools express desire to engage in continuous quality improvement to support student wellbeing and academic success

**Teaming Structures**
- Teams are established, organized, meet regularly, with fairly well-defined roles for multidisciplinary members

**Progress Monitoring**
- Data is valued and significant amount of information is collected to document changes or improvements
Common Themes: Areas for Growth

Organizational
- Challenges with recruitment and retention of high-quality teachers and staff hinder multi-year progress
- Teacher/staff stress and burnout contribute to attrition

MTSS
- Inconsistent implementation of classroom and schoolwide universal strategies compromise fidelity
- Inter-team communication and coordination a challenge

Data-Driven Decision Making
- Multiple data platforms/systems result in lack of information integration across student domains
- Limited capacity to interpret data to inform actions

Family & Community Engagement
- Few opportunities for family input
- Community partners with inconsistent access to teachers/staff and limited bilateral communication
The benefits of a Needs Assessment include:

• Needs assessment reports were relevant
• Provided confirmation of anecdotal information
• Identified “blind spots”
• Helped in obtaining buy-in from key leaders
• Easier to prioritize and determine next steps
## Using the School Mental Health Needs Assessment Planning Tool

| MTSS 23: The school has a written and rehearsed mental health crisis preparedness and response plan. |
|---|---|---|---|
| 3 | The school has a written mental health crisis plan that includes all of the following:  - Information on preparedness, response, recovery, and reentry post crisis  - Steps for ensuring adequate care and student and staff safety  - Clear instructions on contacting emergency service providers and guidance on transporting students to emergency care  - Systems for contacting families and relevant staff members, including managing appropriate information-sharing  - Is practiced at least every school year, reviewed annually and updated as necessary | The school has a written mental health crisis plan that includes some of the following:  - Information on preparedness, response, recovery, and reentry post crisis  - Steps for ensuring adequate care and student and staff safety  - Clear instructions on contacting emergency service providers and guidance on transporting students to emergency care  - Systems for contacting families and relevant staff members, including managing appropriate information-sharing  - Is practiced at least every school year, reviewed annually and updated as necessary | The school does not have a written mental health crisis plan. |

The Center for Health and Health Care in Schools
Final Thoughts and Discussion
Contact Information

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