Navigating the Implementation of a Successful Behavioral Health Team

Joliet Township High School District 204
Natalie Eich, Jacquelyn Fitzgerald, Megan Gunier, Rebecca Lara
Acknowledgments

These slides were prepared in collaboration with Joliet Township High School District 204 and consultants from the Center for Childhood Resilience in the Department of Child and Adolescent Psychiatry at Ann & Robert H. Lurie Children’s Hospital of Chicago

Do not replicate or disseminate without permission from the Center for Childhood Resilience at Ann & Robert H. Lurie Children’s Hospital of Chicago and Joliet Township High School District 204
Agenda

- What is the purpose of a BHT?
- Why do you need one?
- What are the main components?
- What does it look like?
- What are possible barriers to implementation?
What is the purpose of a BHT?
The Behavioral Health Team (BHT) is a multi-disciplinary team of school and community-based professionals who engage in collaborative problem solving to support students with social, emotional and behavioral concerns.

At each campus, the Behavioral Health Team (BHT) consists of 2-3 school counselors, a social worker, dean, PPS administrator, SAP Coordinator, and school psychologist. The team meets weekly to discuss referrals and intervention assignments.
Why do you need a BHT?
Mental Health Needs

7.5 Million US Children with unmet mental health needs

On average, only $\frac{1}{4}$ of children in need of mental health, get the help they need

Of those receiving mental health treatment, 70-80% receive that treatment in the school setting

Research suggests that that schools may function as the de facto mental health system for children and adolescents
MTSS for Social Emotional Needs
What does this look like in a school setting?
“I need help with a student”

- He won’t sit still.
- He’s so disrespectful.
- They won’t put their cell phone away.
- She has her head on the desk the entire period.
- He’s failing all of his classes.
- I could tell she’s been crying.
- Mom is concerned.
- I don’t know where the family is staying.
- Something is wrong.
Discipline Data

- Reported incidents decreased for students of all races between the policy change in 2015-2016 and last school year, 2018-2019.

- The number of reported incidents decreased from 2015-2016 to 2018-2019 for every demographic subgroup in our dataset, except for students with free or reduced-price lunch and students in special education.

- The rates for many types of infractions and actions have fallen from 2017-2018 to 2018-2019, regardless of severity.

- The rates of in-school suspension, out-of-school suspension, and expulsion decreased for almost every demographic subgroup in our dataset from 2015-2016 to 2018-2019. The decrease is observed across all segments of gender, rec/ethnicity, native language, ESL status and FRI status.
Our Story - JTHS

2 main campuses with

- 9 counselors
- 3 social workers
- 1 student assistance coordinator
- 5 deans
Lurie CCR’s Hard Hitting Questions

- Our school regularly allocates time on the staff professional development calendar for training on behavioral health supports.

- Our school has structures in place for Tier One school-wide supports (e.g., Foundations, PBIS) that promote a positive and safe learning climate.

- Our school has structured meetings (e.g., grade level teams) with dedicated time for behavioral health staff and school staff to engage in student-level discussions about students’ social, emotional, behavioral and academic progress.

- Student discussions are data driven and structured around the problem solving process, with a clear plan of action as the intended outcome for each meeting.
Lurie CCR’s Hard Hitting Questions

- Our school has a team that coordinates services so that students who need services receive them and to ensure that services are not duplicated.

- Our school has procedures for communicating to school staff regarding the status of students referred.

- Our school has a process for the monitoring and tracking of students referred to behavioral health services.

- Our school has staff trained on Tier Two behavioral health group interventions that address high-risk students’ needs (e.g., anger, trauma, behavior).
A difficult reflection...

- Student Conference, sometimes?
- Parent Phone call ... if they answer
- Email to student assistance coordinator to refer to group.... if available
  - Anger Management?
  - Empower Me?
  - COA?
  - Individual counseling?
- Regular Check in with counselor or social worker...if things didn’t get too crazy
What are the main components?
BHT Roles and Responsibilities

01 Social Emotional Learning Leader
- Facilitates student discussion and case assignments to ensure appropriate match to interventions
- Guides team in interpreting screening data
- Supports implementation of Tier 2/3 interventions

02 Internal Administrative Leader
- Schedules & facilitates meetings
- Prepares agendas and sends minutes
- Reviews action items at each meeting to ensure tasks from previous week were followed up on
- Assigns meeting roles to other team members as needed to ensure productive meetings (note taker, timekeeper)
- Ensures active and equal participation of all team members

03 Liaison with Administration, Deans, Attendance
- Provides updates re BHT processes, students referred, and status of interventions
- Communicates updates and challenges to school or network administrators as needed
- Uses open meeting structure or other means to collaborate with related stakeholders
- Ensures alignment of BHT to larger MTSS process (i.e. coordination with ILT and Tier 1 structures, BHT metrics support school goals, etc)
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liaison with Teachers</strong>&lt;br&gt;04</td>
<td>- Facilitates integration of BHT into grade level teams (or comparable T1 structure), including: scheduling PD on interventions, coordinating feedback on students, and structuring discussions to include behavioral health issues in student discussions.</td>
</tr>
</tbody>
</table>
| **Data Coordination**<br>05 | - Monitors and/or maintains data from MTSS Logging Tool, Logger, student tracker, etc.  
- Incorporates data from MTSS Logging Tool, Logger, and other data sources into meeting rhythm for reflection on student progress and quality improvement. |
| **Community Partner Liaison**<br>06 | - Coordinates participation of Community Partners’ participation in BHT meetings.  
- Coordinates and monitors service delivery in conjunction with school administration. |
What does a BHT look like?
Referral Process

1. Request for Assistance is Submitted
2. Strengths and Difficulties Questionnaire
3. Student Screening
Request for Assistance (RFA)

- RFAs can be submitted by any staff member
- Contains demographic information, presenting problems, and interventions already attempted
- Parent contact must be made/attempted in order to complete RFA

https://forms.gle/U7BjgZaLcJX2z5no7
Strengths and Difficulties Questionnaire

- Teacher - SDQ is collected from one teacher
- Information helps determine if social/emotional concerns are negatively impacting classroom performance
- After intervention is complete, same teacher completed SDQ to determine impact
Student Screening Process

- Counselor/social worker meets with students referred to BHT
- Complete the Traumatic Events Screening Inventory (TESI) and Child PTSD Symptom Scale (CPSS)
- Brief assessment of student to determine type of intervention needed
- Evaluate grades, attendance, and discipline
Underlying social/emotional concerns

Screening often reveals underlying traumas:

- Domestic Violence
- Incarcerations of family members
- Loss of family members
- Sexual abuse/assault
- Home life stressors
- Community violence
- Lack of resources/needs
- Ongoing mental health concerns
- Homelessness or lack of stable housing
Student-Centered Discussion

- Two hour weekly meeting with counselor, dean, social workers, and administrator
- Once all components are gathered, student is discussed during BHT meeting to determine appropriate intervention
School Communication/Data Tracking

- Teachers are notified of students who will be receiving intervention (confidentiality maintained)
- Intervention assignment and pre/post data stored in tracking document
Student/Family Contact

- Student’s counselor/social worker notifies student and family of intervention assignment and anticipated start date
- Any additional consent forms are collected at this time
Community Partners

- Reach out to established local agencies.
- Have one school staff member be the point person for community partners to provide consistent information and oversight.
- Ensure the community partners are provided information on daily school activities, processes and procedures as well as a consistent space to provide services.
- Communicate during the summer months and provide scheduled contact times throughout the school year to discuss progress.
- Utilize administration to outline procedure for all contracts - all services shall have an memorandum of understanding written with district administration and approved by the board of education.
Community Partners Examples

Examples:
- Local Community Health Clinic
- Guardian Angel Services
- Local Youth Agency
- Community Hospice
Current Interventions

- **Individual Counseling**
  - Local Health Clinic
  - Sexual Assault Service
  - Youth Crisis Agency
  - Hospice
  - Spanish

- **Support Groups**
  - Hospice - Grief/Loss
  - Sexual Assault Survivors
  - Transgender Support

- **Evidence Based Intervention**
  - SPARCCS
  - CBITS
  - Think First

- **Other Groups**
  - Stress and Coping
  - Anxiety
  - A Call to Men
  - Restorative Practices
## Referrals

<table>
<thead>
<tr>
<th></th>
<th>2017-18 SY</th>
<th>2018-19 SY</th>
<th>2019-20 SY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>222</td>
<td>297</td>
<td>103*</td>
</tr>
<tr>
<td>West</td>
<td>229</td>
<td>256</td>
<td>96*</td>
</tr>
</tbody>
</table>
Data

- SDQ- T
- TESI
- CPSS
- Behavior/Attendance/Grades
Possible Barriers to Implementation

- Staff-to-Student ratio
- Buy-in from staff
- Support from administration
- Ongoing support throughout the year
- Tier One Interventions
- Space within building
- Finding quality community partnerships
What BHT has done for JT

- Develop a RtI structure for student’s social emotional needs
- Provide PPS with data to assist with delivery of meaningful interventions
- Establish a collaborative problem solving process
- Increase communication with staff regarding student interventions
- Minimize overlapping of services
- Increase communication with community partners