Bridging Research, Practice, Policy and Philanthropy to Build the Capacity of School-Based Mental Health Initiatives

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Who Are We?

Nisha Sachdev, DrPh, PsyD
Senior Director, Evaluation
Bainum Family Foundation

Noel Bravo
Senior Director, Program Development
Bainum Family Foundation

Olga Acosta Price, PhD
Director
Center for Health and Health Care in Schools
The George Washington University
Today’s Discussion

Background on DC

Our Strategy

Key Take-aways
Children are developmentally on target academically, socially, and emotionally → How are we going to get there

- FY16-17 Learning Phase
- FY17-20 Implementation
- FY18-20 Evaluation

Children are developmentally on target academically, socially, and emotionally → How are we going to get there

SOCIAL EMOTIONAL
The diagram illustrates the Partnership Informing Strategy Development framework, focusing on School-Based Mental Health. It highlights the integration of various stakeholders including Schools, Policy, Practice, Research, Philanthropy, and Local Leadership/Policy Makers (Agencies) through Expert/TA Provider (GWU CHHCS). The outcome is a School Community of Practice + DC-Wide Stakeholder Learning Community.
Background on DC

- Population in DC under 18 years of age: 111,000
- Youth population – Wards 7 and 8: Over 41,000
- DC Student Mental Health Status:
  - 29% HS report they currently use marijuana
  - 25% HS report feeling sad or hopeless
  - 13% HS attempted suicide in last year
  - 25% MS girls seriously thought about hurting self
  - 15% MS girls tried to kill themselves
  - About 65% said they had an adult in school to talk to
- School Behavioral Health Program
  - Established in 2000
  - ~ 65 Department of Behavioral Health BH clinicians employed in 68 schools

Sources: DC Kids Count and 2015 YRBS
Setting the Stage

MTSS Under the Umbrella

Tier III - intensive
Tier II - targeted
Tier I - core

RtI

School & Community Collaboration
Parental Action
Curriculum Design

UDL

Professional Development
Teamwork

PBIS

Positive Behavior Intervention & Support
Learning Phase: Systematic Gap and Resource Assessment

- 20 key informant interviews
  - Notes coded and themes identified
- Reviewed numerous reports and articles on SMH
- Site visits conducted at two public schools
- Mapping of Assets
  - School-based mental health evidence-based Programs
  - Community-based providers and partners
  - Supportive policies
A. School Community of Practice (4 schools)

Multi-Tiered System of Support (MTSS)
- Focus on Universal Prevention
- Tailored evidence-based interventions

Data-Based Decision-Making
- Collect/use data to conduct quality assessments and ensure fidelity to evidence-based models
- Track/assess early identification of at-risk students, identify supports that might benefit them and responsiveness to services, and evaluate student and school outcomes

Service Coordination With Families, Schools and Community
- Improve coordinated systems of care within the school and with community partnerships
- Engage families, including linking families to resources and supports to reduce stressors

Validated screening and assessment measures and implementation protocols
B. DC-Wide Stakeholder Learning Community

- Researchers
- Policy Makers
- School Administrator
- Community Based Organizations
- Community Members
- Practitioners

Build city-wide capacity, collaborate and leverage resources
Funding Model

$20,000 + $55,000 in TA

Expert Consultant/TA Provider (National + Local)

$7,500 per stakeholder

Stakeholder Learning Community
Five Key Take-Aways

1. **Focus on the fundamentals**
   - Multi-Tiered System of Support (MTSS)
   - Data-Based Decision-Making
   - Service Coordination Within Families, Schools and With Community

2. **Ensure key roles are covered**
   - Neutral convener
   - Innovative schools
   - Multi-sector service providers
   - Policy makers
   - Funders

3. **Frame / label your efforts strategically**
   - Social-emotional learning
   - Positive youth development
   - Prevention

4. **Think systematically**
   - Schools
   - Health / Mental / Behavioral Health
   - Community Providers

5. **Start at the right scale, then expand**
   - Demonstration project approach
   - Continuous improvement
Final Thoughts and Discussion

Nisha Sachdev, DrPh, PsyD – Senior Director, Evaluation
Bainum Family Foundation
nsachdev@bainumfdn.org

Noel Bravo – Senior Director, Program Development
Bainum Family Foundation
nbravo@bainumfdn.org

Olga Acosta Price, PhD – Director
Center for Health and Health Care in Schools
The George Washington University
oaprice@gwu.edu