Behavioral Health Team Collaborative Case Studies: 3 District Dissemination Models

Center for Childhood Resilience Team:
Colleen Cicchetti, Ph.D.
Tara Gill, Ph.D.
Carmen Holley, L.C.S.W.

District Partners
Mashana Smith, Ph.D., Chicago Public Schools, #299
Nia Abdullah, Ed.D., Proviso West Township District #209
Iman Ellis-Bowen, Joliet Township District #204
District Partners

Mashana L. Smith, Ph.D.
Office of Social and Emotional Learning, Manager
Chicago Public School District # 299

Nia Abdullah, Ed.D.
Proviso West High School, Principal
Proviso West Township School District #209

Iman Ellis-Bowen
Director of Student Services
Joliet Township School District #204
The Center for Childhood Resilience (CCR) is focused on building the resiliency of all children and youth by leading innovative, sustainable and evidence-based strategies that engage youth-serving organizations in a public health approach to addressing the impact of trauma and promoting mental health and wellness.

For over ten years, CCR’s multidisciplinary team of mental health professionals share insights and best practices through trainings, consultation, advocacy and research to advance mental health services and build strong communities.

CCR collaborates with educators, community agencies, civic and government leaders, parent organizations, and philanthropic groups who work with and advocate for children.
Center for Childhood Resilience Collaboration with Schools

• Provide school consultation to communities throughout the state (suburban, urban, and rural) via professional development for staff & strategic planning with administration

• Trauma training & development of trauma-informed schools

• Training and supported implementation for evidence based interventions
What’s Unique about the State of Illinois?

• Social and Emotional Learning Standards
  – 1st in country
  – Adoption of evidenced based interventions
• Many different school districts in the state (over 800)
• Senate Bill 100
  – Restorative Justice emphasis
  – Strengthening strategies before out of school disciplinary action
• Beginning to track racial disparities in discipline
• High need and high responsive schools
• Policymakers engaged at highest levels
  – Trauma Informed Bill proposed by Senator Durbin – not passed
  – 6 key provisions included in Opioid Recovery Act (Senate & House versions-Reconciliation)
Five Core Competencies

- Self-Awareness
- Self-Management
- Social Awareness
- Relationship Skills
- Responsible Decision-Making

IL Learning Standards for SEL

<table>
<thead>
<tr>
<th>Self</th>
<th>Goal 1: Develop self-awareness and self-management skills to achieve school and life success.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others</td>
<td>Goal 2: Use social-awareness and interpersonal skills to establish and maintain positive relationships.</td>
</tr>
<tr>
<td>Decision-Making</td>
<td>Goal 3: Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts.</td>
</tr>
</tbody>
</table>
On average, only 1/4 of children in need of mental health get the help they need.

Of those receiving mental health treatment, 70-80% receive treatment in a school setting.

Research suggests that schools may function as the de facto mental health system for children and adolescents.

7.5 Million U.S. Children with Unmet Mental Health Needs

(Center for Health and Behavioral Health in Schools, 2012)
Trauma Related Mental Health Problems Among Chicago Public School Students

35% of CPS HS students report feeling sad or hopeless almost every day for more than 2 weeks in a row

18% of CPS HS students seriously considered suicide

15% of CPS students attempted suicide (1+ times in the 12 months before the survey)

10% of CPS students did not go to school because they felt unsafe at school, on their way to, or from school (at least 1/30 days)

Centers for Disease Control Youth Risk Behavior Survey, 2017
CREATE POSITIVE LEARNING CLIMATE

School climates with positive relationships, clear expectations, and collective responsibility establish appropriate behaviors as the norm. Respectful, learning-focused, participatory classroom environments with well-managed procedures and behaviors maximize learning time.

TEACH SOCIAL AND EMOTIONAL SKILLS

Explicit curricula, along with integrated instructional practices that promote social and emotional development, teach students how to form positive relationships, make responsible decisions, and set goals. These are critical skills for college and career success.

TARGETED SUPPORTS

For at-risk students, classroom-based responses can help de-escalate behavior problems, clinical group interventions address anger, trauma, and violence; and restorative practices provide students with strategies to resolve conflicts.

INDIVIDUALIZED INTERVENTIONS

For students with the highest levels of need, highly-targeted and individualized behavior strategies provide more intensive intervention and monitoring.
How Data is Useful in MTSS

Data-informed decision making
- Determines level of support that student needs
- Keeps discussion focused on measurable aspects of students need

Tracking students and interventions
- Increases accountability and avoids duplication/gaps in service

Progress Monitoring
- Measures progress during intervention and where additional supports or changes are needed

Quality Improvement
- Indicates whether processes are effective and what adjustments are necessary

Evaluation
- Measures *scope*—# students receiving services
- Measures *impact* of services on students
The Behavioral Health Team (BHT) is a school-based, multidisciplinary group of behavioral health staff that addresses the needs of a school’s at-risk students.

BHT:

- **Coordinates** services so that students are appropriately matched to services
- Develops a system of **accountability** to ensure follow-through with service delivery
- Builds on and maximizes existing **resources**
- **Evaluates** the effectiveness of interventions and determines the need to reassess
Behavioral Health Team: Best Practices

- Uses a **multi-tiered system of supports**
- **Builds on capacity** and **address needs** of the individual school
- **Identify strengths and weaknesses** through *Key Components* self-assessment per school
- Uses **referral and screening protocols** to match students to appropriate intervention(s)
- Provides **evidence-based interventions** that address students’ social, emotional, and behavioral needs.
- Collaborates with school personnel and community-based organizations to **provide and/or coordinate services** and form a web of support
- Collects, interprets, and reports on **data** to improve quality of services.
Establishment of Behavioral Health Teams within Chicago Public Schools (CPS)

Beginning in 2013, CPS supported the development of BHTs through:

- Cohort-specific trainings
- District-wide Professional Learning Communities

Few schools take on the initiative of establishing a BHT without district support.
Expansion of BHTs in CPS over time

Number of Schools with Behavioral Health Teams

SY14 – Network SEL Position Established

SY18 - Expansion of BHT Training to All District Schools who Applied
### CPS Impact Data from BHT Implementation in Schools

<table>
<thead>
<tr>
<th>Readiness Component</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our school has an established administrator to oversee our multi-tiered system of supports.</td>
<td>25</td>
<td>36</td>
</tr>
<tr>
<td>Our school has structures in place for Tier One school-wide supports that promote a positive and safe learning climate.</td>
<td>22</td>
<td>36</td>
</tr>
<tr>
<td>Our school has in place a classroom-based SEL curriculum that teaches social and emotional skills to all students, (e.g., Calm Classroom, PATHS Advisory Curriculum).</td>
<td>15</td>
<td>31</td>
</tr>
<tr>
<td>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.</td>
<td>28</td>
<td>37</td>
</tr>
<tr>
<td>Our school has dedicated time to provide teachers and school staff with ongoing professional development on strategies that address students’ social, emotional and behavioral needs.</td>
<td>20</td>
<td>36</td>
</tr>
<tr>
<td>Our school has standardized behavioral health policies and procedures for referral and screening of students exhibiting social, emotional, or behavioral issues.</td>
<td>21</td>
<td>36</td>
</tr>
<tr>
<td>Our school has a team of internal staff members, such as the BHT team, (e.g., counselors, social worker, psychologist, special education case manager) who meet regularly to discuss student referrals and match students to appropriate interventions. (Discussions include all students, rather than just students with IEPs.)</td>
<td>21</td>
<td>35</td>
</tr>
</tbody>
</table>
## CPS Impact Data from BHT Implementation in Schools

<table>
<thead>
<tr>
<th>BHT Elements</th>
<th>Pre</th>
<th>Pre Percent</th>
<th>Post</th>
<th>Post Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our school has a process for the monitoring and/or tracking of students referred to behavioral health services.</td>
<td>23</td>
<td>74%</td>
<td>31</td>
<td>84%</td>
</tr>
<tr>
<td>Our school offers Tier Two behavioral health evidence-based group interventions that address high-risk students' needs (e.g., anger, trauma, behavior).</td>
<td>29</td>
<td>94%</td>
<td>37</td>
<td>100%</td>
</tr>
<tr>
<td>Our school offers Tier Three individual counseling for students requiring intensive interventions</td>
<td>29</td>
<td>94%</td>
<td>34</td>
<td>92%</td>
</tr>
<tr>
<td>Our behavioral health personnel refers and links students/families to external services (e.g., health, mental health, substance abuse, social services)</td>
<td>27</td>
<td>90%</td>
<td>33</td>
<td>89%</td>
</tr>
<tr>
<td>Our school has policies and procedures for handling students' mental health crises (e.g., abuse/neglect, suicidal ideation).</td>
<td>24</td>
<td>80%</td>
<td>36</td>
<td>97%</td>
</tr>
<tr>
<td>Our school has policies and procedures for handling school wide crises (e.g., school shooting)</td>
<td>24</td>
<td>83%</td>
<td>33</td>
<td>89%</td>
</tr>
<tr>
<td>Our school has successfully formed partnerships with community agencies to provide on-site behavioral health and/or social supports by establishing an MOU or linkage agreement</td>
<td>27</td>
<td>87%</td>
<td>34</td>
<td>92%</td>
</tr>
</tbody>
</table>
Locations of BHTs within Chicago Public Schools

Image 1: Total Crime Index in Chicago (2018)

Image 2: Schools with BHTs and Total Crime Index in Chicago (2018)
### Overview of CPS Schools with BHTs

<table>
<thead>
<tr>
<th>SQRP Rating SY18</th>
<th>Schools with BHTs</th>
<th>CPS District Schools Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1+</td>
<td>25% (39)</td>
<td>33% (170)</td>
</tr>
<tr>
<td>Level 1</td>
<td>30% (46)</td>
<td>27% (141)</td>
</tr>
<tr>
<td>Level 2+</td>
<td>20% (31)</td>
<td>18% (94)</td>
</tr>
<tr>
<td>Level 2</td>
<td>23% (36)</td>
<td>18% (91)</td>
</tr>
<tr>
<td>Level 3</td>
<td>1% (2)</td>
<td>1% (6)</td>
</tr>
<tr>
<td>Inability to Rate</td>
<td>0% (1)</td>
<td>3% (15)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100% (155)</td>
<td>100% (517)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSC Rating SY18</th>
<th>Schools with BHTs</th>
<th>CPS District Schools Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exemplary</td>
<td>19% (29)</td>
<td>12% (62)</td>
</tr>
<tr>
<td>Established</td>
<td>30% (47)</td>
<td>24% (126)</td>
</tr>
<tr>
<td>Emerging</td>
<td>37% (57)</td>
<td>46% (238)</td>
</tr>
<tr>
<td>No Rating</td>
<td>14% (22)</td>
<td>18% (91)</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100% (155)</td>
<td>100% (517)</td>
</tr>
</tbody>
</table>

*Schools with different levels of academic achievement, organization, and SEL integration can still establish BHTs to help improve SEL supports.*
Students reached by BHTs

- In SY18, on average, a school with a BHT gave interventions to about **34 students**, while a school without a BHT gave interventions to about **9 students**.

- For the 45 schools that established BHTs for the first time in SY18, on average, they reached **7 more students in SY18 than SY17**.
**Descriptive Statistics**

Schools with BHTs are more likely to...

**Have higher:**
- Average absences
- Average number of ISS and OSS
- Average failure rates
- Proportion of students eligible for free/reduced lunch
- Proportion of students receiving interventions

**Have lower:**
- Average GPA

### Table 6. Characteristics of BHT schools compared to other schools (1617-1718)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All</th>
<th>No BHT</th>
<th>BHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools (n)</td>
<td>538</td>
<td>362</td>
<td>155</td>
</tr>
<tr>
<td>Absent</td>
<td>12.51</td>
<td>10.89</td>
<td>12.92***</td>
</tr>
<tr>
<td>Out of School Suspension</td>
<td>0.03</td>
<td>0.02</td>
<td>0.03***</td>
</tr>
<tr>
<td>In School Suspension</td>
<td>0.02</td>
<td>0.02</td>
<td>0.03**</td>
</tr>
<tr>
<td>GPA</td>
<td>3.04</td>
<td>3.1</td>
<td>3.01**</td>
</tr>
<tr>
<td>Failures</td>
<td>0.54</td>
<td>0.36</td>
<td>0.64***</td>
</tr>
<tr>
<td>Black</td>
<td>0.47</td>
<td>0.49</td>
<td>0.42*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.38</td>
<td>0.37</td>
<td>0.43</td>
</tr>
<tr>
<td>White</td>
<td>0.09</td>
<td>0.1</td>
<td>0.09</td>
</tr>
<tr>
<td>Sped</td>
<td>0.17</td>
<td>0.17</td>
<td>0.17</td>
</tr>
<tr>
<td>Male</td>
<td>0.51</td>
<td>0.51</td>
<td>0.51</td>
</tr>
<tr>
<td>Free/Reduced Lunch</td>
<td>0.84</td>
<td>0.82</td>
<td>0.86**</td>
</tr>
<tr>
<td>EL</td>
<td>0.16</td>
<td>0.16</td>
<td>0.19*</td>
</tr>
<tr>
<td>STLS</td>
<td>0.06</td>
<td>0.05</td>
<td>0.06</td>
</tr>
<tr>
<td>Received Intervention</td>
<td>0.03</td>
<td>0.02</td>
<td>0.05***</td>
</tr>
</tbody>
</table>

Note: Statistics based on school-year within which BHT existed. p-values based on linear regression
* p<0.10, ** p<0.05, *** p<0.01.

**Key Takeaway:** Schools with BHTs are more likely to have a higher proportion of students receiving interventions. On average, schools with BHTs had 5% of their students receive interventions, while schools without BHTs had 2% of their students receive interventions.
# Healing Trauma Together

## Purpose

Create 10 trauma-sensitive high school communities that **promote student resiliency** through:

- **Promoting awareness** and trauma-sensitive strategies
- Developing a **central coordinating structure** for trauma-focused (and other Tier 2 and 3) social, emotional and behavioral health services
- Establishing **community partnerships** to support the promotion of SEL and/or mental health service delivery
- Connecting students to appropriate **evidence-based interventions**
- Collecting, interpreting, reporting on relevant **student data** to improve service quality

## Core Components

<table>
<thead>
<tr>
<th>Professional Development: Trauma Training Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Trauma-Sensitive Schools</td>
</tr>
<tr>
<td>✓ Child-Adult Relationship Enhancement (CARE)</td>
</tr>
<tr>
<td>✓ Safety Care</td>
</tr>
<tr>
<td>✓ Discipline in the Secondary Classroom</td>
</tr>
<tr>
<td>✓ Youth Mental Health First Aid (YMHFA)</td>
</tr>
<tr>
<td>✓ Community Resilience</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma-Informed Systems, Structures and Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Behavioral Health Team</td>
</tr>
<tr>
<td>✓ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School-Community Mental Health Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Youth Guidance</td>
</tr>
<tr>
<td>✓ DePaul Family and Community Services</td>
</tr>
<tr>
<td>✓ Healing, Empowering and Learning Professionals</td>
</tr>
</tbody>
</table>
HTT Program Outcomes

**How Many Students Received Services?**

Total 563 students in 2017-18:
- 170 students in group interventions
- 393 students in 1:1 counseling

Total 216 students in 2016-17:
- 136 students in group interventions
- 80 students in 1:1 counseling

**How Many People Received Training?**

- Total 62 trainings across 10 schools to 1548 attendees

**Trauma-Sensitive School Model Within a Multi-Tiered Systems of Support (MTSS) Framework**

- Tier 3: Individual mental health services
- Tier 2: Targeted services for some students exposed to trauma and at risk for further impact
- Tier 1: School-wide strategies informed by an understanding of trauma and designed to build resilience, mitigate impact, support healing and minimize trauma

**Individual Counselling Services**
- by DePaul, HELP, and Youth Guidance

**Behavior Health Teams (BHT) Workshops**
- by Lurie Children’s Hospital

**Structured Psychotherapy for Adolescents**
- Responding to Chronic Stress (SPARCS) Group Intervention Services
- by Chaddock, DePaul, HELP, & Youth Guidance

**Trauma Training Series**

- Trauma-Sensitive Schools
- Child-Adult Relationship Enhancement
- Safety Care, Youth Mental Health First Aid
- Discipline in the Secondary Classroom
- Community Resilience Trainings

**by the Chicago Dept. of Public Health**
Participant ratings of the extent to which BHT workshops were useful across training objectives.
## HTT Schools and SPARCS Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Number of Schools implementing SPARCS</th>
<th>Number of Students Receiving SPARCS</th>
<th>Average Number of Students Receiving SPARCS by School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools with HTT</td>
<td>8</td>
<td>85</td>
<td>10.6</td>
</tr>
<tr>
<td>Schools without HTT</td>
<td>7</td>
<td>30</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Note: There were 10 schools with HTT, but only 8 of the schools logged data into the MTSS logging tool with their students.
## HTT Schools and SPARCS Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Average Number of Exposures</th>
<th>Average Symptomatology: TSI Pre</th>
<th>Average Symptomatology: TSI Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools with HTT</td>
<td>11.69</td>
<td>24.9</td>
<td>18.9</td>
</tr>
<tr>
<td>Schools without HTT</td>
<td>9.86</td>
<td>26.6</td>
<td>20.7</td>
</tr>
</tbody>
</table>

Note: There were 10 schools with HTT, but only 8 of the schools logged data into the MTSS logging tool with their students.
PROVISO WEST HS: SY18 DEMOGRAPHICS

- 1850 Students
- 118 Teachers
  - 68% White
  - 20% Black
  - 7% Hispanic
- 5th Principal in 9 Years
- Minimal Teacher-Principal Trust (5 Essentials)

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Student Data Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>47%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44%</td>
</tr>
<tr>
<td>Low-Income</td>
<td>25%</td>
</tr>
<tr>
<td>Diverse Learners</td>
<td>14%</td>
</tr>
<tr>
<td>English Learners</td>
<td>12%</td>
</tr>
<tr>
<td>Attendance</td>
<td>81%</td>
</tr>
<tr>
<td>SAT Average</td>
<td>876</td>
</tr>
<tr>
<td>Freshmen on Track</td>
<td>67%</td>
</tr>
</tbody>
</table>

Illinois Report Card, Illinois State Board of Education
NEW PRINCIPAL’S ENTRY PLAN OBJECTIVES

• Develop a process for learning about Proviso West and its school community
• Build relationships with Proviso Township stakeholders
• Understand the community’s vision for improving Proviso West
• Cultivate collective ownership of Proviso West’s School Improvement Plan
• Set the foundation for a continuous improvement approach to school reform
PWHS Improvement Plan

- Parent, Student, Community Input
- Faculty Input
- Trust-Building
- Research to Understand Findings
- Organize for the Work
- Classroom & Common Area Observations
- Data Analysis

PWHS Improvement Plan
Continuous Improvement Cycles of Inquiry help faculty teams collect, interpret, and impact leading and lagging data:

- Problem Identification
- Research
- Strategic Planning & Goal Setting
- Implementation
- Implementation Evaluation
- Repeat
Our School: A Slew of Services!
<table>
<thead>
<tr>
<th>Descriptor</th>
<th># of Students</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need Help Reducing Test Anxiety</td>
<td>480</td>
<td>44%</td>
</tr>
<tr>
<td>Need Help with Feeling Stressed</td>
<td>397</td>
<td>37%</td>
</tr>
<tr>
<td>Need Help with Gaining More Self-Confidence</td>
<td>314</td>
<td>29%</td>
</tr>
<tr>
<td>Need Help with Feeling Anxious</td>
<td>304</td>
<td>28%</td>
</tr>
<tr>
<td>Need Help Dealing with Anger</td>
<td>277</td>
<td>26%</td>
</tr>
<tr>
<td>Need Help Making Better Decisions</td>
<td>276</td>
<td>25%</td>
</tr>
<tr>
<td>Need Help Resolving Conflict</td>
<td>199</td>
<td>18%</td>
</tr>
<tr>
<td>Need Help with Feeling Sad or Depressed</td>
<td>147</td>
<td>14%</td>
</tr>
<tr>
<td>Need Help with Grief Over Loss of Loved One</td>
<td>121</td>
<td>11%</td>
</tr>
</tbody>
</table>
Safety Problem
- Incoherent or inconsistent procedures for addressing climate concerns
- No mechanism to determine the root cause of chronic misbehavior

### SY16 5Essentials Survey Results: Safety

<table>
<thead>
<tr>
<th></th>
<th>Bathrooms</th>
<th>Halls</th>
<th>Classrooms</th>
<th>Traveling Between Home and School</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-40% Not Safe/</td>
<td>49%</td>
<td>55%</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>Somewhat Safe</td>
<td>52%</td>
<td>45%</td>
<td>67%</td>
<td>68%</td>
</tr>
<tr>
<td>50-100% Mostly Safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# AFTER DATA REVIEW, NOW WHAT?

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Began Principalship</td>
<td>June 2017</td>
</tr>
<tr>
<td>Introduced CARE/BHT Model to PWHS Clinicians</td>
<td>August 2017</td>
</tr>
<tr>
<td>Began Planning with Center for Childhood Resilience</td>
<td>Sept 2017</td>
</tr>
<tr>
<td>Initial Think First Training Dates (Rescheduled)</td>
<td>November 2017</td>
</tr>
<tr>
<td>Presentation to Board of Education on Benefits of Think First</td>
<td>December 2017</td>
</tr>
<tr>
<td>Rescheduled Think First Training</td>
<td>Dec 2017 &amp; Jan 2018</td>
</tr>
<tr>
<td>Think First Pilot Groups</td>
<td>Jan – May 2018</td>
</tr>
<tr>
<td>CBITS Approved by Board of Education</td>
<td>August 2018</td>
</tr>
<tr>
<td>CBITS Training</td>
<td>Sept 2018</td>
</tr>
</tbody>
</table>
Teachers completed an assessment of two types of anger for each Think First participant. TF curriculum concepts address behaviors consistent with Reactive Aggression. Those with very high Proactive Aggression (more consistent with bully behavior) are not a good fit for TF and screened out of TF selection. *Teacher ratings indicate a reduction in Reactive Anger. Statistical significance at the p < .05 level. (p = xx).*
Think First Intervention: Student Outcome Results

Teachers completed an assessment of strengths and difficulties of Think First students. TF curriculum concepts address behaviors that reflect anger. This 25-item questionnaire has subcategories and Total problem rating. Teacher ratings indicate a reduction in Total Difficulties (Statistical significance at the p < .05 level, (p = xx), and in the majority of subcategories).
Students completed a self-report measure on anger problems. **Student ratings indicate a reduction in self-reported Anger. Statistical significance at the p < .05 level. (p = xx).**
Vision for PWHS with a Behavioral Health Team: Cohesive Services!

Next Steps

- Improve team’s capacity to collect and interpret data on an ongoing basis
- Strengthen referral process
- Increase number and quality of external service providers
- Add academic component to our RtI/MTSS model
Joliet Township
School District #204

JTAS
District 204
Our BHT Journey

Joliet Township High School District
204
Who are We

Quick Facts

6,462 Students
Hispanic 48.3%
White 26.1%
Black 21.5%
Two or more races 2.8%
Asian 0.9%
American Indian 0.3%

81% Graduation Rate

Enrollment
Central: 3,116
West: 3,269

30 Dual Credit Courses
20 Advanced Placement Courses
22 Blended Learning Courses
5 Project Lead the Way (PLTW) Courses

District of the Year 2017
#AP4EveryStudent

98.9% Devices Distributed
2gb Internet Connection
3% Homeless Students
63% Low Income Students
90% Average Daily Attendance

$7 Million+ Scholarships Offered to Seniors
600+ Community Partners

918 Employees
37 Administrators
404 Instruction
67 Clerical
65 Buildings and Grounds
13 Technology
147 Transportation
82 Paraprofessional
31 Security
44 Food Services
28 Other

8 Sender School Districts
- Joliet Public School District 86
- Troy 30-C
- Elwood
- Laraway
- Rockdale
- Liberty
- Union
- Minooka

 JTIS
District 204

Updated August 2018 using District & Illinois School Report Card Data
What Led us to BHT?

Three Year Trend for Requests for Initial Eligibility Services

<table>
<thead>
<tr>
<th>Year</th>
<th>Central</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expulsions

<table>
<thead>
<tr>
<th>Year</th>
<th>Central</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17-18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What Led us to BHT?

- Increase of behaviors and/or students needs that in some cases required hospitalizations or connections to outside services
  - Physical Aggression/Anger Management
  - Anxiety
  - School Refusal
  - Substance Abuse
  - Mental Illness (Bi-polar, depression, mood disorder, psychosis)
  - Sexual Identity
  - Bullying
  - Increase in Ann Marie Reporting

### Three Year Trend for Suspensions by Buildings

<table>
<thead>
<tr>
<th>Year</th>
<th>Central</th>
<th>West</th>
<th>Alternate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>272</td>
<td>288</td>
<td>137</td>
</tr>
<tr>
<td>2016-17</td>
<td>169</td>
<td>324</td>
<td>103</td>
</tr>
<tr>
<td>2017-18</td>
<td>274</td>
<td>374</td>
<td>100</td>
</tr>
</tbody>
</table>
Services within our District
The Process

May 2017: Conversation started at the West campus; principal recommended the BHT program for the district

June 2017: West principal brought recommendation to the Principals/Superintendents meeting

June 2017: Director of Special Services was charged to work with the Lurie/CCR team to develop a proposal of services, training and professional development for related service staff as well as administration

June/August 2017: BHT training for individuals chosen to implement BHT for the upcoming school year

July 2017: Funded out of IDEA

September 2017: BHT Kick off presentation and trauma presentation with staff and Lurie/CCR team for the district

September 2017: Implementation of BHT the week after kick off

May 2018: Updates of BHT and CBITS (trauma intervention group) provided to administrative council
BHT at JTHS

• Central Campus
  • 222 referrals
  • 217 students (Total)
  • 80 referrals for Persistent Sad Mood
  • 62 referrals for Change in Mood
  • 50 referrals for Attendance

• Other areas addressed were
  • Performance Not Commensurate
  • Failure to complete work
  • Poor relations with peers
  • Poor relations with adults
  • Substance Abuse
  • Not following directions
  • Fighting
  • Exposure to Trauma
  • Grief and Loss
BHT at JTHS

- **West Campus**
  - 229 referrals
  - 229 students (Total)
  - 75 referrals for Family Concerns
  - 57 referrals for Change in Mood
  - 42 referrals for Grief/Loss
  - 40 Persistent Sad Mood

- **Other areas addressed were**
  - Attendance
  - Failure to complete work
  - Poor relations with peers
  - Poor relations with adults
  - Substance Abuse
  - Not following directions
  - Exposure to Trauma
  - Exposure to Community Violence
After our first year of implementing the BHT structure:

- 62.1% stated that they understood the interventions that the Behavioral Health Team offered
- 66.4% stated that they understood how to refer a student to the Behavioral Health Team
- 28.4% Referred a student to the Behavioral Health Team
**BHT Key Components Feedback: Joliet West (PRE/POST)**

<table>
<thead>
<tr>
<th>KEY COMPONENT status</th>
<th>Percentage Fall 2017</th>
<th>Percentage Spring 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES Components are in place</td>
<td>32.2</td>
<td>54.8</td>
</tr>
<tr>
<td>NO Components not in place</td>
<td>45.2</td>
<td>9.6</td>
</tr>
<tr>
<td>PARTLY Partly in place</td>
<td>22.6</td>
<td>35.5</td>
</tr>
</tbody>
</table>

**Areas of Strength**
- Tier III Interventions
- Crisis Procedures
- Collaboration with Community Partners

**Mild-Strength**
- Collaboration with School Staff
- Tier II Interventions

**Areas of Weakness**
- Tier I Supports
- Team Meetings among Behavioral Health Staff
### BHT Key Components Feedback: Joliet Central (PRE/POST)

#### Areas of Strength
- Collaboration with Community Partners (outreach & linkage)

#### Mild-Strength
- Crisis Procedures
- Tier II Interventions

#### Areas of Weakness
- Tier I Supports
- Referral and Screening Procedures
- Data and Evaluation
- Administrative Leadership and Prioritization of Behavioral Health
- Collaboration with School Staff

<table>
<thead>
<tr>
<th>KEY COMPONENT status</th>
<th>Percentage Fall 2017</th>
<th>Percentage Spring 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>3.2</td>
<td>22.5</td>
</tr>
<tr>
<td>NO</td>
<td>54.8</td>
<td>32.2</td>
</tr>
<tr>
<td>PARTLY</td>
<td>38.7</td>
<td>45.2</td>
</tr>
</tbody>
</table>
Where do we go from here?

• Although the data was not what we anticipated, it provided the team with a blueprint for providing services to students for the upcoming school year

• The team will focus on the following during the 18-19 school year:
  • Building and strengthening partnerships with community services
  • Increase communication within the buildings
  • Continue to implement more proactive interventions for students
3 District BHT Implementation: Lessons Learned

• Need administrative leadership to be effective
  – Baseline data collection can be critical for establishing need and alignment with district or school-level goals
  – Strategic planning must engage the leadership to broaden school-wide interest and insure training, planning and implementation are prioritized (no cancelled meetings!)

• Across districts teaming structure improve the number of students receiving services

• Tiered II interventions (delivered with fidelity) provide clinically significant symptom reduction
3 District BHT Implementation: Lessons Learned

- Critical to sustainability is investment in training district staff and community partners to deliver interventions.

- Initial investment is a “heavy lift” of time and staff resources (planning, training and implementing); but the investment has long term ROI because it is self-sustaining.

- Having an external consultant or partner can be useful for driving sustained investment and accountability for school staff that are often pulled in many directions.

- Unexpected “aha” moments as you think through systems and structures.
BHT Toolkit

- A BHT Toolkit will be published to make tools and resources available to support Behavioral Health Team work
- Contact the Center for Childhood Resilience for more details
Center for Childhood Resilience

For more information:
Email: ccr@luriechildrens.org
Visit: www.childhoodresilience.org