Agenda

• Boston Public Schools
• Training and Access Project (TAP)
  – Description
  – Needs Assessment
  – Goal Setting
  – Progress Monitoring
  – Evaluation
• Next Steps & “Take Aways”
Boston Public Schools

- **125 schools** and **53,263** students enrolled
  - **56%** are identified as “economically disadvantaged” by MDESE
  - **48%** come from families where English is not the primary language spoken at home; 31% are English Language Learners (ELL)
  - **1 in 5** students receive Special Education services

(MDESE, 2017)
Behavioral Health Department

- **BPS Staffing**
  - *61 school* psychologists for 125 schools
  - *1 school psychologist* for about every 1,000 students
  - *6 pupil adjustment counselors*
  - Guidance counselors for upper grades
  - Limited supports for elementary and K-8

- *60+ critical crisis* situations each school year

- 30% of BPS schools have **no behavioral health partnership**
- 30% have a clinician on-site **20 hours** or less
- 16% have clinicians on-site **80+ hours** weekly
Boston Children’s Neighborhood Partnerships

- Increase access to high quality, culturally relevant behavioral health services for children
- Promote children’s healthy social-emotional development
- Build sustainable behavioral health capacity of partner organizations
- Promote systemic change in behavioral health service delivery
- Provide services that achieve a high rate of satisfaction with all stakeholders
Multi-tiered Systems of Supports (MTSS)
TAP’s 10 Partnering K-5/K-8 Schools
TAP Schools

- **10 schools** and **4,217** students enrolled
  - **69%** are identified as “economically disadvantaged” by MDESE
  - **29%** are English Language Learners (ELL)
  - **16%** receive **Special Education** services

[Pie chart showing racial distribution: Latino 43%, African American 42%, White 7%, Multi-Race, Non-Hispanic 4%, Asian 3%, Other 1%]
School-Based Team

• Each partnering school is assigned a BCHNP social worker as their “consultant” across their 2 year partnership

• Each school identifies an internal school-based team of 3-6 school staff
  – Administrators, teachers, nurses, social workers, psychologists, support staff, specialists, community partners
Training and Access Project (TAP) Components

The school-based team participates in....

1. Learning Collaborative Professional Development Workshops
   • Social, emotional, and behavioral health related topics
   • 10 Trainings over two years

2. Consultation
   • Support building the capacity of the school to better address behavioral health
   • 120 hours over two years
   • On site consultation
What is Data-Based Decision Making?

• The process of continuously using data to inform services (Sander, Everts, & Johnson, 2011)

• Why?
  – Identify needs (Needs Assessment)
  – Tailor interventions to these needs (Goal Setting)
  – Make changes if needs aren’t being met (Progress Monitoring)
What are the Components of a Functional Decision Support Data System?

• Fidelity to Process
• Outcomes
• Quality Assurance

Data Need to Be…

- Reliable
- Reported frequently
- Timely
- Accessible
- Used to make decisions
- Built into daily routines

The frequency of sharing data with school staff → most significant factor related to sustainability of evidence-based practices

(McIntosh et al., 2015)

Where do we even begin?!

Logic models as a roadmap
Assumptions
- Knowledge alone is not enough to change behavior. Ongoing support and consultation is needed in identifying, implementing, adapting, and sustaining effective practice changes in schools.
- Collaborative relationships with behavioral health consultants and colleagues facing similar challenges will facilitate the problem solving process.

External Factors
- Leadership changes
- Staff turnover
- Behavioral health staff shortage
- Community violence and stressors
- Poverty
Theory of Change

- Change in adult knowledge, skills, self-efficacy
- Change in adult behavior
- Improved systems for students
- Improved student outcomes
Evaluation Questions

**FIDELITY TO PROCESS QUESTIONS**
How many students, parents, teachers are being reached?
With what interventions?

**OUTCOMES QUESTIONS**
Are participants demonstrating increased knowledge, self-efficacy, and changes in their behaviors at their schools?
Are participant changes translating to change in school systems?
Are students benefiting from systems changes?

**QUALITY ASSURANCE QUESTIONS**
Do participants believe their needs are being met?
Do participants enjoy working with consultants?
Decision Support Data Systems:

Needs Assessment Process
Needs Assessment Data

• Observation & informal discussions
• School Partnership Survey
  – Perceived student behavioral health concerns
  – Staff awareness, knowledge, and skills
  – School readiness for change
  – PD topic interests
  – Systems and protocols
    • School Mental Health Capacity Instrument
      (Feigenberg, Watts, & Buckner, 2010)
How did we develop the items?

• What do we need to know in order to develop useful trainings?

• What changes are we expecting to see as a result of trainings and consultation?
  – Align with training topics
  – Align with training objectives
    – Awareness?
    – Knowledge?
    – Skill development?
  – Align with consultation objectives
School Mental Health Capacity Instrument (SMHCI)

- Assesses the policies, systems, and activities a school has in place to address students’ mental health needs
- Developed based on public health model
  - Tertiary, selective, and universal intervention
- Recommended for use by researchers and consultants

Feigenberg, Watts, & Buckner, 2010
Content of SMHCI

• Three subscales, 9 items each
  1. Intervention
    • Assesses spectrum of policies or protocols a school may have in place to recognize, respond to, and follow-up when urgent mental health problems arise
  2. Early recognition and referral
    • Assesses the spectrum of policies or protocols a school may have in place to recognize students in need of mental health services early on and subsequently refer them for appropriate supports and services
  3. Prevention and promotion
    • Assesses the spectrum of policies or protocols a school may have in place to build on students’ strength and resilience, and to proactively address early warning signs of mental health concerns

• Total capacity score also calculated

Feigenberg, Watts, & Buckner, 2010
Sample Items

Please rate the extent to which your school currently does or has each of the following.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little bit</th>
<th>To some extent</th>
<th>To a great extent</th>
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<tbody>
<tr>
<td>1) Our school has a clear definition about what kinds of situations are defined as a behavioral health emergency.</td>
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<td>2) Staff has been trained in ways to appropriately respond to students who experience urgent behavioral health problems.</td>
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- Each item scored 0-4
- Sum items by subscale scores and overall
- Take average across all respondents in a school
- Subscale scores range from 0-27
- Total score ranges from 0-81

Feigenberg, Watts, & Buckner, 2010
Psychometric Properties

• Reliability
  – Cronbach’s alpha = .95
  – Test-retest $r = .77$

• Validity
  – Criterion-related

Feigenberg, Watts, & Buckner, 2010
SMHCI Total Score for BCHNP and TAP School Partners

- BCHNP: 57.7
- TAP: 33.9
Goal Setting

• Report presented to school by each school’s consultant

• Consultants are trained to explore the data with school-based consultation teams

• Guiding questions:
  – In each subscale/category...
    • What are your school’s strengths?
    • What are your school’s growth areas?
    • Does this seem consistent with what you know about your school? What surprises you?
Goal Setting

• 1-2 areas of focus established
Decision Support Data Systems:

Progress Monitoring Process
Team Reflection Sheet

• Completed at each training
• Solution-focused model
  – Scale 1-10
  – Action steps to move up the scale
Training & Access Project- Team Reflection Parts 1 and 2

*Please use a new form for each of your team’s goals*

Today's Date: ___________________  Staff Present: ___________________

School Name: ___________________  ___________________

Part 1: Goal and Action Step Ratings

Area of Focus:  

In the previous meeting, your team decided on the following goal for this area of focus:

(Enter Goal)

<table>
<thead>
<tr>
<th>In the previous meeting, your team decided on the following action steps for this area of focus:</th>
<th>Did our team meet these action steps?</th>
<th>If partially/no, what got in the way?</th>
<th>How will your team address what got in the way?</th>
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<tbody>
<tr>
<td>(Enter Action Step)</td>
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<td>☐</td>
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<td>(Enter Action Step)</td>
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<tr>
<td>(Enter Action Step)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Your team rated this goal [Previous rating] on [Date].
Where would your team rate this goal today? (Please answer this question even if your goal has changed.)

<table>
<thead>
<tr>
<th>1 No previous planning/action on this goal</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 Goal has been met (e.g., all components are consistently implemented)</th>
</tr>
</thead>
</table>

Has your team changed this goal? ☐ Yes (stop here, pick up “Part 3: Setting a Modified Goal” Worksheet)
☐ No (continue to “Part 2: Setting an Action Plan”)
**Part 2: Setting an Action Plan**

Think about what would it take to move just one number up the scale you just used to rate your goal. With this in mind, define one or more action steps our team will complete by the next meeting:

<table>
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<tr>
<th>Action Step</th>
<th>Who will complete this action step?</th>
<th>When will this action step be complete? (By the next meeting, prior to the meeting, immediately, etc.)</th>
<th>What might get in the way? How will you address this barrier?</th>
</tr>
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At which meeting will these action steps be reviewed?: ______________________  Date: __________

*If you have other team goals, or you have added a goal, please complete a separate rating sheet*
Training & Access Project- Team Reflection Parts 3 and 4
*Please use a new form for each of your team’s goals*

Today’s Date: ___________________ Staff Present: ______________________________________

School Name: ___________________ ___________________________ _______________________

Part 3: Setting A Modified Goal

Area of Focus: ________________________________________________________________

Why has your team changed its goal?

☐ Previous goal was met
☐ Discussion with administrators and/or team members not present at previous meeting yielded higher priority goals
☐ Further thought/discussion amongst team yielded higher priority goals
☐ More preparation/discussion is needed to be ready to address the old goal
☐ Other, Please describe:

What is your team’s new goal?

How will you know that this goal has been met? What will be different?

Where would your team rate this goal today?

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No previous planning/action on this goal</td>
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<td></td>
<td></td>
<td></td>
<td>Goal has been met (e.g., all components are consistently implemented)</td>
</tr>
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Page 1
**Part 4: Setting an Action Plan for Your Team's Modified Goal**

Think about what would it take to move just one number up the scale you just used to rate your goal. With this in mind, define one or more action steps our team will complete by the next meeting:

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</table>

At which meeting will these action steps be reviewed?: __________________________ Date: __________
Consultation Goal Examples

• CPT support in each grade level
• Tier 3 Systems and Supports
• Teachers are following crisis policies and procedures consistently
• SEL Training for our entire school
• Create crisis plan and re-entry plan
• Use Bucket Filler Drops with fidelity
Action Step Examples

• Clearly communicate crisis policies to all staff
• Deliver PD on trauma in January
• Determine topic of upcoming PD that will be focused on Tier 1/2 behavior supports
• Complete 1st SST meeting with new model
Case Example:

Needs Assessment, Goal Setting, and Progress Monitoring
School A
School B
Decision Support Data Systems:

Program Evaluation Process
Program Evaluation: PROCESS Questions

Who are consultants consulting to?

- Teacher: 205 hours
- Administrator: 143 hours
- Full TAP Consultation: 111 hours
- Behavioral Health: 101 hours
- Student Support Team: 42 hours
- Family/Caregiver: 4 hours
- Other: 4 hours
What are consultants consulting about?

2016-17 Foundation Year Schools

(N = 410 Hours)

- Behavior Support Plans/Protocols: 33%
- School Climate: 22%
- Team Infrastructures: 11%
- Professional Development: 7%
- Programming/Curricula: 9%
- Social/Emotional Development: 5%
- Crisis Response/Protocols: 7%
- Behavioral Health Symptoms: 3%
- Other: 4%
- Behavioral Health Symptoms: 3%
- Other: 4%

School Climate: 22%

Team Infrastructures: 11%

Professional Development: 7%

Programming/Curricula: 9%

Social/Emotional Development: 5%

Crisis Response/Protocols: 7%

Behavioral Health Symptoms: 3%

Other: 4%
What are consultants consulting about?
2016-17 Year 2 Schools
(N = 199 Hours)

- Team Infrastructures: 29%
- School Climate: 29%
- Professional Development: 16%
- Behavior Support Plans/Protocols: 13%
- Crisis Response/Protocols: 5%
- Community Partnerships: 4%
- Other: 3%
- Other: 3%
Program Evaluation: QUALITY ASSURANCE Questions

• Workshop Satisfaction Survey
• Consultation Satisfaction Survey
• Post Survey
  – Training rankings
  – Materials rankings
  – Facilitator satisfaction
• Qualitative Feedback on ALL surveys
  – What is working well?
  – How will you use this information in your work?
  – What could be improved?
  – What barriers are you facing and how can TAP help you address these barriers?
Satisfaction with Professional Development Workshops

- 99% Contributed to my understanding of the topic
- 98% Contributed to my knowledge of strategies to implement in my work with students related to the topic
- 94% Contributed to my knowledge of resources related to the topic
- 94% Helped me better understand my school's strengths/areas of improvement with regard to the topic
- 96% I feel confident in my ability to implement ideas and/or strategies presented during this workshop
- 98% I am going to do at least one thing different in my work as a result of this workshop
Ongoing School-Based Team Satisfaction with Consultation

100% agree:
- My TAP consultant has been accessible and responsive
- Meetings at my school with my TAP consultant have focused on important topics relevant to my school's specific behavioral health needs
- Meetings at my school with my TAP consultant have been useful in helping my team address my school's behavioral health needs
- My team is making good progress towards its goals
End of Year School-Based Team Satisfaction with Consultation

Percent of Participants Who Agree

- 96% Helped my school find new ways to address behavioral health needs in our school
- 100% Helped my school address issues important to the academic success of our students
- 96% Helped my school's team find ways to apply the content of trainings to specific situations
- 96% Helped my team develop an action plan that reflected my school's needs
- 100% Understands my school's culture and the needs of my school's community
- 100% I trust my TAP consultant with information about my school
End of Year School-Based Team Satisfaction with Consultation

<table>
<thead>
<tr>
<th>Percent of Participants Who Agree</th>
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</thead>
<tbody>
<tr>
<td>96%</td>
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</tbody>
</table>

- Our TAP consultant helped our school better address behavioral health issues.
- Our TAP consultant explained behavioral health related issues in a way that was easy for me to understand.
- Our TAP consultant listened carefully to my perspective.
- Our TAP consultant showed respect for my role in the school.
- Our TAP consultant was collaborative and easy to work with.
Program Evaluation: OUTCOMES Questions

- Change in adult knowledge, skills, self-efficacy
- Change in adult behavior
- Improved systems for students
- Improved student outcomes

End of Year Satisfaction Surveys:
Perceived improvements attributed to TAP
School-Based Team Member Knowledge

- 100%: Able to better identify students with behavioral health problems
- 100%: Able to better understand the ways in which trauma exposure impacts learning needs
- 100%: Able to better understand the role of culture in the social/emotional development of my students
- 100%: Able to better identify systems that support a positive school climate
- 96%: Able to better identify characteristics of effective school-wide teams
- 96%: Able to better identify practices that help sustain school-wide initiatives over time
- 96%: Able to better identify my own self-care needs as a school professional
School-Based Team Member Skills & Self-Efficacy

- 100% of participants agree that they can better support the social/emotional development of their students.
- 100% of participants agree that they can make more appropriate referrals for students with behavioral health problems.
- 100% of participants agree that they can more effectively manage behavioral health problems in their classroom.
- 92% of participants agree that they can more effectively manage behavioral health crises.
- 92% of participants agree that they can better support the behavioral health-related professional development needs of staff at their school.
- 92% of participants agree that they are confident that the work started through TAP will be sustained over time.
I can recognize students who may be experiencing difficulty because of behavioral health related issues

I know how to address behavioral health related issues when they arise in my work

School-Based Team Member Self-Efficacy Pre/Post Matched Surveys (N= 7 Staff Members)

Pre
Post

5.29  5.57

4.71  5.14
Program Evaluation: Outcomes Questions

- Change in adult knowledge, skills, self-efficacy
- Change in adult behavior
- Improved systems for students
- Improved student outcomes

- Team Reflection Sheets: Goals and Action Steps
- End of Year Satisfaction Surveys: “Change 1 thing”
Consultation Goal Ratings Over Time:
2016-17 Year 2 Schools

Average Initial Rating: 4.6
Average Final Rating: 6.0
Consultation Goal Ratings Over Time: 2016-17 Foundation Year Schools

Average Initial Rating: 3.6
Average Final Rating: 6.5
Action Steps Met Across 2016-17 Foundation Year and Year 2 Schools (N = 51 Action Steps)
I am going to do at least one thing different in my work at my school (N = 24 Participants)

What will you do differently?

- Think more about the functions of/reasons for student behavior
- Implement SEL strategies more consistently
- Implement new planning and sustainability strategies
Program Evaluation: Outcomes Questions

- Change in adult knowledge, skills, self-efficacy
- Change in adult behavior
- Improved systems for students
- Improved student outcomes

SMHCI: Changes in Tier 1, 2, and 3 systems
SMHCl: School-Based Team Member Pre/Post Matched Surveys Cohort 1 (N = 7)
Program Evaluation: Outcomes Questions

- Change in adult knowledge, skills, self-efficacy
- Change in adult behavior
- Improved systems for students
- Improved student outcomes

Next Steps / Future Directions:
- Social Competence Scale
- MCAS, OSS, ISS, etc...
Next Steps

• 1 year follow up
• How do results vary by...
  – Various school characteristics
  – Various teacher characteristics
  – Level/stage/type of school-based implementation
• Matching whole school SMHCI pre/post data
• Self-efficacy items – action-oriented wording
• Online training evaluation
Organize and write it down.

*Logic model*  
*Indicators*

Be flexible... but not too flexible.  

*Make changes that improve*

Share your data.  

*Frequency of Sharing Data*  

*Sustainability*  

McIntosh et al. 2014

Develop systems for exploring it together.

*Guiding Questions*  
*Report Templates*
Resource Links

• Free Online Training:
  Overview of Social-Emotional Development: What to Expect in the Classroom?
  http://www.openpediatrics.org/curriculum/training-and-access-project-online-training-overview-social-emotional-development-what

• Trailer Video:
  https://youtu.be/EevcsDox6A0

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References


