Using CoIIN to Enhance Resource Mapping & Interdisciplinary Collaboration within a Medium-Sized Suburban School District

Deb Miles, MS  
*Fairport Central School District*

Melissa Heatly, Ph.D.  
*University of Rochester Medical Center*
Objectives

Discuss how SHAPE and the Collaborative Innovation and Improvement Network (CoIIN) has enhanced our School Mental Health System’s ability to systematically collaborate, map, and team with a comprehensive array of behavioral health supports available both in- and outside of our suburban school district.
Fairport Central School District

- FCSD serves 5,960 K - 12 students across 8 schools including four elementary schools, two middle schools, one 9th grade-school, and one high-school.

- Approximately 20% of students receive free/reduced lunch; 1% are Native American, 3% Asian, 5% Black, 3% Hispanic and 88% Caucasian

- The district employs 526 teachers and 548 ‘other’ staff, including 10 Social Workers, 15 School Counselors, and 15 School Psychologists. UR Medicine supplements this with 3 part-time doctoral-level Psychologists, two LCSWs, and a community-resource specialist.
FairStart:
A District-Community Partnership

- Proactive approach to bring URMC resources into the district.
- District’s mental health staff were referring students and families to URMC for crisis intervention resulting in inpatient and outpatient services.
- The goal for the partnership was to further strengthen the resources in district and to streamline the process for families to access mental health services.
- Data to support this initiative was realized through our annual YRBS, an increase in families with lower SES, and an increase in students displaying behavioral challenges.
The FairStart CSMHS

Mission: Promote the socioemotional health, wellbeing, and academic success of Fairport’s youth and families through prevention programming, training & collaboration with educators, and comprehensive child clinical services in a school setting.
FairStart and CoIIN

Collaborative Improvement and Innovation Network

- Learn from each other and experts to collectively make improvements

- Innovative, multi-faceted learning framework to rapidly translate expert knowledge and best practices to practical program change
CoIIN Participants

FairSTART CSMHS

Deb Miles, Director of Student Services at FCSD
Erin Moretter, Asst. Principal of Northside School at FCSD
Tori Lammerhirt, District Behavior Specialist at FCSD
Nancy Loughran, Parent & Community Advocate

Melissa Heatly, CoIIN Team Leader Clinical Psychologist at UR Medicine
Linda Alpert-Gillis, Director of Pediatric Behavioral Health Outpatient Services at UR Medicine
Rich Worden, Community Education Liaison at UR Medicine
CoIIN Methods

- **Step 1:** Conduct a detailed qualitative and quantitative needs assessment, with the assistance of the School Health Assessment and Performance Evaluation System (SHAPE System)

- **Step 2:** Extensive training and technical assistance from the Center for School Mental Health & National Experts
  - In-person and virtual learning sessions
  - Technical assistance and coaching
  - Selection and implementation of change packages
CoIIN Methods

- **Step 3:** Plan-Do-Study-Act Cycles that include small tests of change, to build incremental momentum.
Step 1: Conduct Needs Assessment

QUALITY DOMAIN | Needs Assessment/Resource Mapping

OVERALL COMPOSITE SCORE: 3.75

- Conduct needs assessment: 4
- Use needs assessment: 4
- Conduct resource mapping: 5
- Use resource mapping: 2

QUALITY DOMAIN | Teaming

OVERALL COMPOSITE SCORE: 4.60

- Have multidisciplinary team: 5
- Promote efficiency: 3
- Use meeting best practices: 6
- Promote data sharing: 4
- Connect to community resources: 5
Step 2: Resource Mapping

- Resource map contains 12 sections detailing resources both within the community and across the school district.
  - Mental health resources, emergency mental health, parent resources, regional wraparound services, services for persons with developmental disabilities
  - Incorporates district-based resources as well
  - Also includes services identified within 7 outlying counties that youth either move to or from.
- Rolled out in a workshop-based training to school mental health staff
Step 3: Training in Resource Mapping

- A series of workshops were conducted in which we explicitly reviewed the resource map, and used it in a series of vignettes designed to provide a cross-walk of the different sections of the map.

- Partners at UR Medicine also engaged in ongoing consultation for school mental health staff on how to utilize this map effectively, and navigate changing community resources.
Assessing Change Over Time

Resource Mapping

- Conduct Needs Assessment
- Use Needs Assessment
- Conduct Resource Mapping
- Use Resource Mapping

Proficiency

Pre-Assessment
Post-Assessment
Assessing Change over Time

Change in Quality Indicators as a Function of PDSA Cycles

SHAPE System Composite Score

- Teaming
- Resource Mapping

proficiency
Discussion

- Educators and psychologists increasingly coordinate evidence-based mental health services and programming with school staff and across educational systems.

- Training school mental health professionals how to negotiate the needs of multiple systems and professions is necessary to overcome barriers and gaps in service.
Discussion

- Resource mapping offers a strategy that can help identify a larger array of supports and resources that are available to students and families.

- Resource Mapping also facilitates more effective teaming across school and community behavioral health and support agencies.
Practical Tips in Making Change

- **Tip #1:** Small steps add up to mountains of progress. But still, start with something manageable!

- **Tip #2:** Steal shamelessly, share seamlessly

- **Tip #3:** **Plan** for success, and remember…
  - Some is not a number
  - Soon is not a time
  - Hope is not a plan
Thank you!

Deb Miles, MS  dmiles@fairport.org
Fairport Central School District

Melissa Heatly, Ph.D.  Melissa_Heatly@URMC.rochester.edu
University of Rochester Medical Center
SAU 7
OFFICE OF STUDENT WELLNESS

JENNIFER NOYES
AMY CARON
BARRIERS DUE TO BEING A RURAL COMMUNITY

• Access to providers, options
• Waiting lists
• Transportation, travel
• Lack of specialists locally
• Time
• Difficulty with objective treatment
• Funding, medicaid etc.
• Small schools
HOW COIIN WORKS IN THE SAU

• School behavioral health program established SAU wide
• One team for the whole SAU, but with PDSAs we often focused smaller
• Team had members of staff that worked with all schools, two local mental health programs, and a parent
• Struggle with meeting regularly as everyone wears many hats
• Lots of work done through emails and using a Google Doc
HOW DID COIIN/SHAPE HELP US IN DEVELOPING PROGRAM

• We were able to have data on what we did that was working and what areas we needed to improve upon
• We knew what to track and were able to develop a system for this
• We were able to learn and become familiar with the PDSA cycle and small change tests
• Progress monitored regularly
MAJOR ACCOMPLISHMENTS THROUGH COIIN

- Universal screening
- Tier 2 training and meeting protocol
- Progress monitoring tool
- Schoolwide behavioral health services tracking system developed
- We have begun the exploration of system for tracking student data for tiers 2 and 3
PDSA FOR UNIVERSAL SCREENING

**PDSA WORKSHEET**

<table>
<thead>
<tr>
<th>Full facility name: SAU 7 Project Aware</th>
<th>Date of test: ended 9/28/2016</th>
<th>Test Completion Date: 9/28/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which change idea does this test?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a protocol for teachers to complete a mental health screening tool will improve screening data collection for students enrolled in school/served by our mental health providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Which driver is this test related? SCREENER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLAN**

What questions do you want this test to answer?
- Is the protocol developed easily followed and feasible?

Briefly describe the test:
- One teacher complete the screener for one student following the protocol

What do you predict will happen?
- We will get feedback that will help us to improve the protocol

<table>
<thead>
<tr>
<th>List the tasks necessary to complete this test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have an initial meeting to discuss this whole psda and begin developing protocol</td>
<td>Team, Jen N will schedule</td>
<td>Beginning of week of Sept 19th, 2 meetings that week</td>
<td>CES</td>
</tr>
<tr>
<td>2. Follow the protocol as developed in training and giving staff the instructions</td>
<td>One team member (will be chosen during 1st meeting)</td>
<td>September 26th</td>
<td>CES</td>
</tr>
<tr>
<td>3. One person completed the screening on one student.</td>
<td>Staff chosen</td>
<td>September 27th</td>
<td>CES</td>
</tr>
<tr>
<td>4. Interview the one person, collecting feedback</td>
<td>Same person who completed protocol</td>
<td>September 28th</td>
<td>CES</td>
</tr>
</tbody>
</table>

How will you know that the change is an improvement? Plan for collection of data:
- Teacher interview, reviewing results and check that it was completed correctly

**DO:**

Test the changes.
- Was the cycle carried out as planned? Yes No
- Record data and observations.
- Teacher reported the information was useful, took about 10 minutes, she felt bullying defiance and listening skills were missing, she felt giving teachers time during the school day to complete would be helpful

What did you observe that was not part of our plan?
- Took longer than we expected to complete for 1 student, some areas the teacher felt were missing

**STUDY:**

Did the results match your predictions? Yes No

Compare the result of your test to your previous performance:
- This was our first time running this type of test

What did you learn?
- Teachers would appreciate time during the day to complete, up to 10 minutes per student, teachers want to give more data on bullying, defiance, and listenig skills. Directions and process worked, no problem with the teacher not understanding or seeing the importance

**ACT:**

- Decide to Abandon, Adapt, Adopt
  - Abandon: Discard this change idea and try a different one.
  - Adapt: Improve the change and continue testing. Describe what you will change in your next PDSA
  - Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

  We will set aside more time to complete, give teachers time away from students to complete during the day. Add a piece where teachers can add notes or additional information they want to share. We will now have one teacher conduct the screener on a whole class. Test length per student once again.
# PDSA FOR UNIVERSAL SCREENING

## Plan

### Question:
What questions do you want this test to answer?
Is the SAEBRS screener feasible and useful for teachers and staff?

### Description:
One teacher complete the SAEBRS screener for the 5 students in their class

### Prediction:
Teachers will report the protocol was effective and the screening was feasible

## Do

**Do:** Test the changes.

<table>
<thead>
<tr>
<th>Was the cycle carried out as planned?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Record data and observations:**

The teacher felt it was good to sit down and think about these qualities in her students, she reported that it took 2-3 minutes per child, was easy to follow, requested that key be placed on back of screener so teacher doesn’t have to turn page around when looking for the key to answer questions, she felt she has had enough time to get to know the students and felt this screener is important. The teacher felt there was more data she wanted us to know such as parent participation.

**What did you observe that was not part of our plan? Key on back of screener an issue**

**STUDY:**

<table>
<thead>
<tr>
<th>Did the results match your predictions?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Compare the result of your test to your previous performance:**

This teacher reported that the screener took less time, this teacher and the initial teacher who tested both had positive responses and feel data is important, both felt staff would appreciate and score more accurately if time is given

### What did you learn?

Screener is feasible, staff would like extra time to do the screener, place key on the back to make easier for teachers, there is additional data teachers would like to know related to social emotional academic skills... we will explore what this data is and how this can be gathered and utilized

## Act

**Act:** Decide to Abandon, Adapt, Adopt

- **Abandon:** Discard this change idea and try a different one.
- **Adapt:** Improve the change and continue testing. Describe what you will change in your next PDSA
- **Adopt:** Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability. **Staff will be given time in December to complete screener without students in their room**
PDSA WORKSHEET

Full facility name: SAU 7 Project aware
Date of test: 11/30/16
Test Completion Date: 11/30/16

Which change idea does this test? Using a universal screener with a tested protocol will improve data collection for all students in the school

Which driver is this test related? SCREENER

DO: Test the changes.
Was the cycle carried out as planned? Yes No
Record data and observations.
The teacher reported the test was easy to complete, took about 15 minutes for 15 students, it was helpful to be given time to reflect on each student, that she felt it was important to complete, and that she knew her students well enough at this point to complete. The SBH staff reported that it took between 20 and 25 minutes to score and that this was not difficult.

What did you observe that was not part of our plan?
Nothing

STUDY:
Did the results match your predictions? Yes No

Compare the result of your test to your previous performance: Results were the same, the teacher did report after doing a few each screener went faster

What did you learn? The protocol developed for the screener is feasible and can be completed for the whole class easily.

ACT: Decide to Abandon, Adapt, Adopt!
- Abandon: Discard this change idea and try a different one.
- Adapt: Improve the change and continue testing. Describe what you will change in your next PDSA
- Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Dec. 21st, all teachers in grades k-5 will be given time to complete the screener on their whole class.

PLAN
What questions do you want this test to answer? Is the protocol feasible for use with a whole class (for both the teacher completing the screener and the School Behavioral Health (SBH) Staff scoring and inputting data)?

Briefly describe the test: One teacher will complete the screener on one class and the SBH staff member then score. Both will be asked questions.

What do you predict will happen? The screening protocol will be feasible and the SBH staff will not have any difficulty scoring.

<table>
<thead>
<tr>
<th>List the tasks necessary to complete this test (what)</th>
<th>Person responsible (who)</th>
<th>When</th>
<th>Where</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify one teacher to screen their whole class</td>
<td>Team</td>
<td>11/11/16</td>
<td>CES</td>
</tr>
<tr>
<td>2. Go through the protocol with the teacher, then give them time to complete the screener on their class</td>
<td>Jen N. and Val R.</td>
<td>11/16/2016</td>
<td>CES</td>
</tr>
<tr>
<td>3. SBH staff will gather date from the teacher</td>
<td>Jen N.</td>
<td>11/16/2016</td>
<td>CES</td>
</tr>
<tr>
<td>4. SBH staff will score the screeners and will complete questions relating to the feasibility of this</td>
<td>Jen N. and Val R.</td>
<td>11/17/2016</td>
<td>CES</td>
</tr>
</tbody>
</table>

How will you know that the change is an improvement? Plan for collection of data: The teacher and the SBH staff will both answer predeveloped questions.
TIER 2 PROTOCOL

SAU #7 Tier 2 Meeting Protocol

Team members: principal or representative for principal, guidance, SAP, nurse, Therapist and Case Manager from Northern Human Services, PBIS coach, Project Aware Project Manager
-Special Ed. Teachers may be invited to some meetings if a child they work with is being discussed and they stay just for those students
-Teams should meet at least once a month

First Meeting
Develop mission and norms
Decide on roles for meeting (timekeeper, notetaker, who will run the meetings)
Decide on who will bring what data
ODRs, attendance, academic, nursing, teacher referrals, SAEBRS (universal screening)
Develop set meeting schedule (example- every third Tuesday of the month at 9 am)

**PRIOR TO EACH CONSECUTIVE MEETING, THE PERSON WHO HAS BEEN DECIDED WILL RUN THE MEETING WITH REVIEW DATA AND DEVELOP A LIST OF STUDENTS TO DISCUSS (BETWEEN 5 AND 10 DEPENDING ON SIZE OF SCHOOL. THEY WILL DEVELOP THE AGENDA WITH THESE NAMES AND SHARE WITH THE REST OF THE TEAM. MEMBERS OF THE TEAM WHO HAVE BEEN ASSIGNED TO BRING DATA WILL GATHER THIS DATA ON THESE STUDENTS AND HAVE IT READY DURING THE MEETING.

All other Meetings
Review norms and mission
Review roles
Begin discussing students on the agenda (students who are already seen in groups may be on the agenda to check on progress, but this will mostly be new students each meeting)
For each student
- discuss each piece of data
- decide on function of behavior?
- what skills is the child lacking?
- Looking at intervention list make decisions about what program we can assign the students and who will work with the child (schedules will be done at a different time)

wrap up by reviewing groups developed, program, and who will run the groups
HOW WILL WE CONTINUE OUR WORK

• WE WILL CONTINUE TO WORK WITH THIS TEAM, BUT COMBINE WITH ANOTHER SCHOOL TEAM TO SHARE WORK

• WE WILL CONTINUE PDSAs

• SHAPE WILL BE USED REGULARLY TO MONITOR WORK
Using COIIN to Improve School-Wide Mental Health Screening

CSMH Conference on Advancing School Mental Health
Washington, D.C.
October 20th, 2017

Sean Murphy
Emily S Marsh LCSW CA26725
Intro to Social Emotional Screener

Scaled, simple 10 item screener for teachers
PDSA Cycles: Improving How We Use and Share SES Data

- **Act**
  - Sent email to whole program with SES instructions, lessons learned from last year, and “tips & tricks.”

- **Plan**
  - Followed up with clinician to see if email was helpful. (It wasn’t.)

- **Act**
  - Met in-person with site clinical team - learned of additional challenges.

- **Plan**
  - Sent survey to whole program on implementation - lots of lessons learned.
Starting small...

scary stuff :( → definitely do-able!
Current work / roll out
“I plan to continue working with the Toolbox [SEL Curriculum] in my class and checking in with students around applying these tools at home to help them work through any traumas they experience there.”

“I'm going to use the grade summary from the SEL screener to better respond to particular students.”

“I appreciate that Lazear is making SEL and trauma-informed education a priority.”

“I will think more specifically about my extra challenging students I have this year who also happen to be high scorers on the SES survey.”

“Hearing about ACE scores was really interesting and impactful.”