Customization in implementing school-based programming: An adaptive decision-making process for Mental Health Consultation

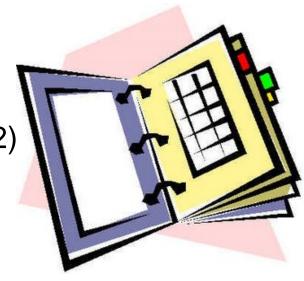
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Agenda

- What is ECMHC?
- Partnerships
- Review of 2016-17 Pilot (year 1)
- Implementation of 2017-18 Pilot (year 2)
 - Adaptation and Changes
- Preview of 2018-2019 (year 3)
- Discussion Questions



Overview of ECIN

EARLY CHILDHOOD INNOVATION **NETWORK**

























Early Childhood

Focus on pregnancy through age 5, with a particular emphasis on families from underserved communities in Washington, DC



Innovation

Focus on new, promising, cutting-edge interventions to promote adults' capacities to nurture the development of young children



Network

Focus on working with communities and high-quality organizations in health care, education, and social services



Prenatal Care

The Mothers-Babies Program will support the mental health of high-risk pregnant women during their prenatal visits.

400 pregnant women to be screened and 60 pregnant women will be provided direct service in 2018.



Pediatric Primary Care

HealthySteps is providing parenting and mental health support to families with young children.

400 families served by end of 2017 and 600 families served in 2018.



Early Childhood Education

We provide mindfulness training for parents and training in social-emotional learning for teachers.

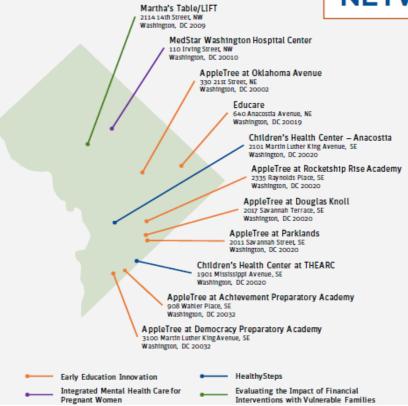
40 parents will have participated in mindfulness training by end of 2017. 50 children attend class with ECINtrained teachers and over 500 children learn in classrooms with mental health consultation in school year 2017-18.

Overview of ECIN

ECIN's initial pilot projects are located in a diversity of settings across neighborhoods where interventions can provide support to families and children.

INNOVATION NETWORK

ECIN strengthens a citywide movement to promote healthy families and children through a multi-generational, science-based approach guided by community and families. In addition to innovations across health and education settings, ECIN is:





Advocating for Policy Change

ECIN participates in policy networks, learns from partner organizations, and focuses on targeted policy issues. ECIN works closely with city government and agency leaders to ensure that law, policy, and financing optimally support young children and their families.



Strengthening Social Services

ECIN is working with Martha's Table and LIFT to evaluate and track the impact of financial interventions on the emotional stress and executive functioning of parents, with a goal of understanding how improving financial stability may directly impact family wellness.



Leveraging Technology

ECIN is creating an app for parents participating in our various pilot projects to strengthen connections between parents, grassroots leaders, and resources in their communities.



Connecting with Neighborhood Resources

Recently awarded a Place-Based Grant from the DC Department of Health, ECIN will work to facilitate social networking within four neighborhoods in Ward 8, helping families connect to resources and community providers in the social services, workforce development, and healthcare networks.

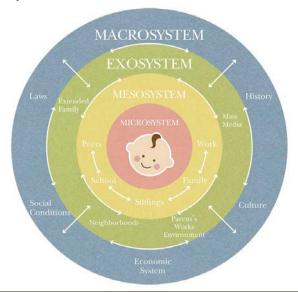
ECIN Framework Includes Features of the IDEAS Impact Framework





Early Child Mental Health Consultation

 An integrated, school-based, developmentally-aligned approach to prevention and early intervention for child social, emotional, and behavioral wellbeing





WISE Center Overview:

- Merged entity between DC-based school mental health non-profit (InSite Solutions) and MedStar Georgetown Department of Psychiatry
- Housed within the Division of Child Psychiatry; independent cost center, staff, and budget
- Combined expertise in research, design, implementation, and program evaluation to maximize impact









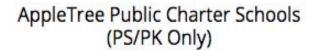


WISE's ECMHC Model



Three models of delivery:







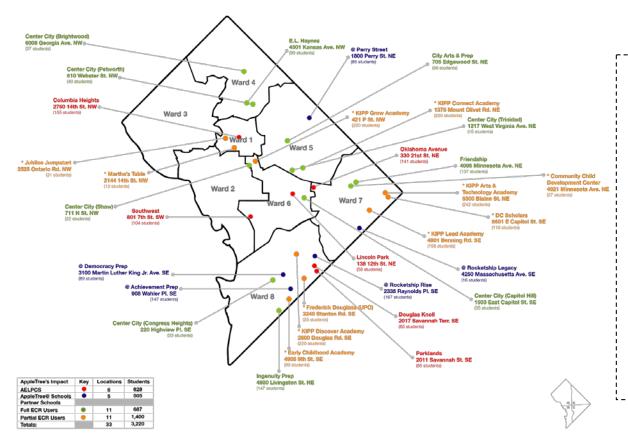








Partner Schools, AppleTree@ & AELPCS



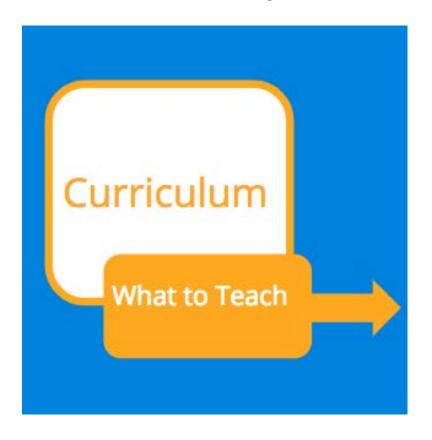
Total Enrollment SY17-18: **1,168**

At-Risk % SY17-18: **56%**

ECMHC Enrollment SY17-18
777

ECMHC At-Risk % SY17-18: **60%**

Every Child Ready Curriculum



- 12 thematic units
- Book-based program
- Differentiated for three- and four-year olds
- Two-year, week-by-week scope/sequence
- Response to Intervention model
- Balance of instruction types throughout the day (whole group, small group, centers)
- Social Emotional Development lessons embedded into curriculum

Overview of 2016-17 Pilot

Implemented in 2 AT schools

Third school used as a comparison school

 Data on school climate and teacher efficacy collected at the beginning and end of the school year

 Used existing AT data collection for classroom observation (e.g. the CLASS) and student behavior (e.g. the Universal Screener)

Overview of 2016-17 Pilot



- This pilot year indicated proof of concept for the program to expand to other schools
- Expand evaluation efforts
- Initial findings from this year showed improvement in classroom climate and child behavior in consultation classrooms

Planning for Expansion

- Secured 2-year grant to expand to 5 school sites
- Pilot schools and instructional coaching feedback:
 - Classroom-level focus (spread impact)
 - Trauma-informed strategies and practices
 - Consistent implementation of SED lessons
 - How should it be emphasized throughout the day?
 - Child-focused consultation when appropriate in conjunction with Rtl process

2017-18 Evaluation Model

- Measures collected beginning of school year and end of school year
 - Teacher's sense of self-efficacy
 - School Level Environment Questionnaire
 - Faculty Trust Survey
 - Maslach Burnout measures (emotional exhaustion subscale)
- Observation measures
 - Preschool Mental Health Climate Scale (Gilliam, 2008)
 - Preschool Observation of Social Emotional Teaching (POST; Mathis & Hartz)
- Process measures
 - Teacher's openness to consultation;
 - Teacher and consultant ratings of the consultative alliance

2017-18 Observation Measures

Classroom Cohort Selection (3 weeks at beginning of year, 2 weeks in between cycles)

Classroom Observations

- Consultant observes all classrooms
- Collect data: mental health climate, classroom practices supporting children's socialemotional development

Review Data

- InSite/Georgetown team reviews observation data
- Identify classrooms in need of support based on data
- Select 3 classrooms per school per cohort

Meet with School Team

- Share data with school team and classrooms selected for cohort
- Plan for consultation in identified classrooms

Inform Teachers

Inform teachers if they are or are not selected to participate in the cohort of consultation

School Team Meetings

Regular meetings between consultant and school team to share progress on classroom goals and outcomes of consultation throughout each phase of cohort selection and consultation

Classroom Observations

- Consultant observes classrooms in cohort
- Data informs whether classrooms participate in additional consultation cycles

Ending Consultation

- When goals are met
- **Review progress**
- Plan for sustainability and maintaining progress
- Classrooms may participate in more than 1 cycle of consultation to reach goals

Middle of Consultation

- Develop and agree on plan with teacher to address goals
- Support teachers to implement plan and approach Update goals and plan as
- needed, determine if working

Beginning Consultation

- Establish expectations and align philosophy
- Explore teacher concerns, goals, priorities
- Collaboratively establish goals
- Reflection on observation data (non-evaluative)

Classroom Consultation (10 week cycles) – 3 cycles across the school year

A word on Analyses

- Innovation
 - Teacher and principal satisfaction questionnaires
 - Informal feedback
- Analyzing data between each cycle for the purpose of determining efficacy of new innovations
- Able to look at dosage of the intervention
- Will analyze whole school year together for publication



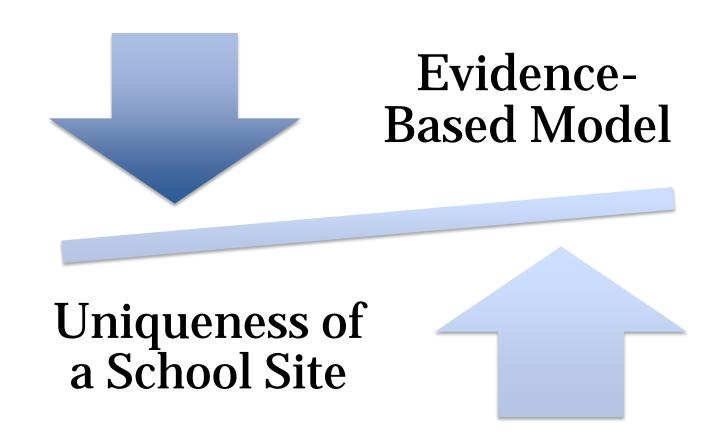
Implementation Flexibility

- Bi-weekly Implementation and Data Meetings
 - Feedback
 - Problem solving
 - Attendees:
 - AppleTree Positive Behavior Support Manager
 - AppleTree Director of Research and Evaluation
 - ECIN Director of Research and Innovation
 - ECIN Assistant Director of Research and Innovation
 - InSite/WISE Co-Executive Director
- Monthly ECMHC Consultant/AppleTree Check-Ins
 - "Boots on the Ground"

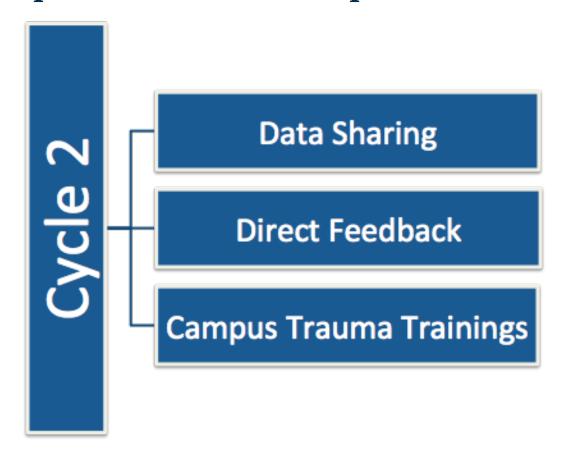
Implementation Flexibility

Why so many meetings?

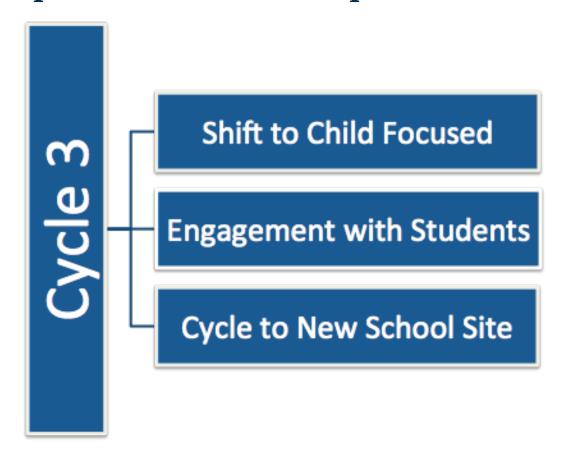
- Feedback from the field
 - School buy-in
 - Consultant and school staff experience
 - Overall school, family, student impact
 - Is it working in its current form?
- Do we need to adjust for data and research purposes?



Implementation Adaptation Areas

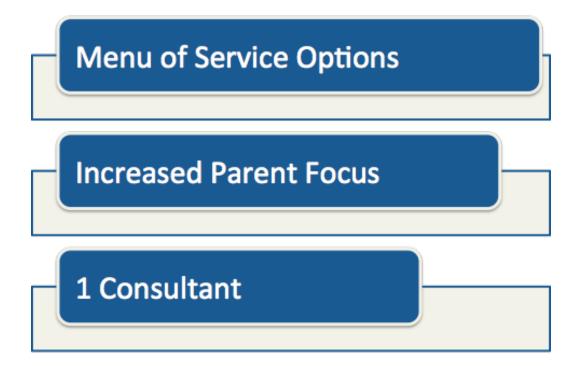


Implementation Adaptation Areas



Implementation Adaptation Areas

Planning for 2018-2019 - 1 network → 5 schools



2018-19 Data Collection

- Beginning and end of year survey will be the same
- Observation and process measures will be the same
 - no longer on a cycle schedule
- Building out AT capacity for individual child assessment: Tier 1 student



2018-19 School Year Timeline

Initial
Classroom and
Student
Observations
and Needs
Assessment
Up to the first
3 weeks of the
school year

Initial Meeting with School Team to Discuss Classrooms and/or Student (obtain parental consent for student)

(Week 1 of Consultation)

Student and/or Classroom Observation & Initial Plan Development with Teacher(s)

(Week 1 of Consultation)

Classroom and/or Student Consultation & Observations (Weeks 2-3

Minimum)

Continue as long as needed

Wrap Up for Student and/or Classroom

Identify next student or classroom need

Add-in additional student any time as needed Add-in classroom consultation any time as needed

Discussion Questions

- What has been your experience balancing implementing evidence-based interventions with practical implementation? What are the challenges?
- How do you use data to evaluate programing? Do you use it as a feed back loop?
- What have you tried to get leadership and/or teacher buyin for new programing? What worked? What didn't work? How to you balance the goals of everyone? Principals? Teachers?
- Do you think your school has the capacity for addressing mental health issues in schools? What you like to change or add to your programming? What issues have come up?

Thank you!



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