The Mental Health Initiative in Methuen, MA:

Advancing the Quality and Sustainability of the Methuen Mental Health System

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Presentation Materials

Presentation slides and hand-outs can be accessed on the Methuen Public Schools website:

- Go to www.methuen.k12.ma.us
- Under “Departments,” select “Guidance”
- On the left side of the page under “Recent Presentations” you can access the slides and hand-outs

Demographics

City of Methuen, Massachusetts

- 27 miles North of Boston
- Approximately 48,000 residents

School District

- 4 Grammar Schools PK-8 (approximately 1500 students per school)
- 1 High School (approximately 2000 students)
- Approximately 7000 students
    - 24.6% First Language not English
    - 8% ELL
    - 15.6% Students with disabilities
    - 44.8% High Needs
    - 30.2% Economically Disadvantaged
    - 1.3% Dropout

What About Methuen?: Geographic Risk Factors

- Low SES population
  - One of the most replicated findings regarding mental health shows that low SES populations are at an increased risk for developing mental health problems
  - Decreased access to community mental health
- Higher than average rate of DCF-involved youth
  - Exposure to trauma
  - Insufficient support networks
  - High rate of transition between placements
- High mobility rate
  - Higher than average rate of students who require acclimation and need to reestablish a support network, sometimes while contending with ESL challenges.
- Below average educational attainment per capita
  - Parental educational attainment impacts children’s emotional and cognitive development

What About Methuen?: Geographic Risk Factors

- Proximity to communities with a high-incidence of opiate use.

“Some of the biggest fentanyl busts have occurred in and around Lawrence, an old mill town 30 miles north of Boston, near New Hampshire; it has long served as a major drug hub.”

-New York Times: Heroin Epidemic Is Yielding to a Deadlier Cousin: Fentanyl (March 25, 2016)

- Methuen YRBS data
  - 15% of high school students engage in self-harm
  - ~14% of students have thought about suicide
  - ~10% created a plan to commit suicide
  - 6.4% attempted to commit suicide

Costs of Failing to Provide Mental Health Services

- Poor academic performance
- Increased rate of crisis
- Decreased rate of attendance
- Increased behavioral concerns, potentially leading to suspension, expulsion, or juvenile justice
- Increased rate of substance use
- Increased rate of incarceration
- Increased healthcare costs
- Decreased productivity for all school staff

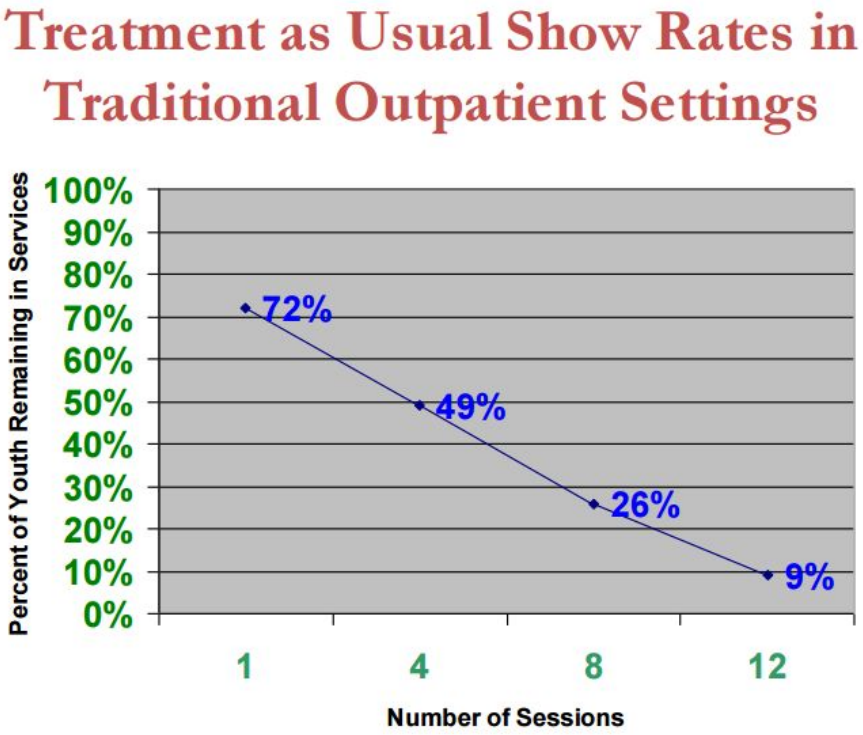
Barriers to Community Mental Health Services

- Financial/Insurance
- Time out of work for students and parents
- Childcare
- Transportation
- Mistrust/Stigma
- Negative Past Experiences
- Waiting list/Intake Process
- Anxiety of starting something new
- Unfamiliarity with service providers

Mental Health Services in the Community

- Students who are able to bypass the barriers to receiving mental health services in the community show extraordinarily low rates of Persistence in treatment.
- Attrition rates increase drastically after each session.

What does this mean for school mental health providers?



(McKay, et al, 2005)

Justifying School Mental Health

High incidence of mental health concerns with children and adolescents

+

Barriers to securing mental health services in the community

+

Advantages of utilizing school-based mental health staff

+

High cost of doing nothing to support students' mental health needs

= **Schools are the de facto mental health service providers for youth.**

From Reflection to Action

- Identifying the mental health needs of the students in Methuen
  - Needs assessment
- Identifying targeted areas for improvement
  - Staff readiness
  - Infrastructure considerations
  - Changing the school and larger community perspective
- Understanding the services and systems we had in place
- Establishing a vision for the system our students need

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

What is a CoIIN?

Collaborative **I**mprovement and **I**nnovation **N**etwork

- **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**

Collaborative for Improvement and Innovation Networks (CoIIN)

Goals:

1) Test practices that result in increased quality and sustainability
2) To help guide CSMHS to think creatively and strategically to increase quality and sustainability in their system
3) Disseminate promising practices and lessons learned in the field

Cohort 1: August 2015- November 2016
Cohort 2: August 2016- November 2017

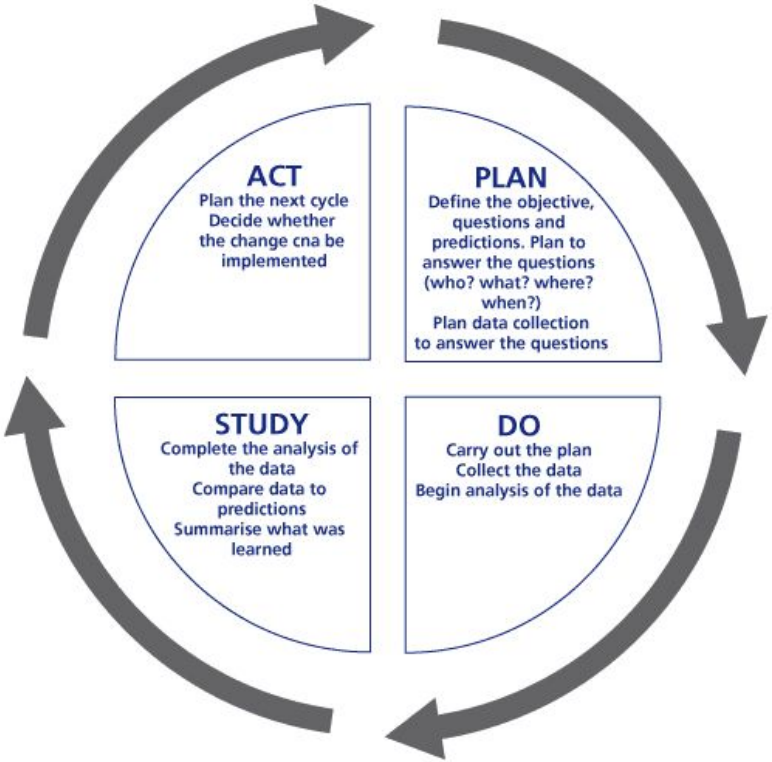
Comprehensive School Mental Health System (CSMHS)

“Comprehensive School Mental Health System (CSMHS) is defined as school-district-community-family partnerships that provide a continuum of evidence-based mental health services to support students, families and the school community.”

- Provides a full array of tiered mental health services
- Includes a variety of collaborative partnerships
- Uses evidence-based services and supports

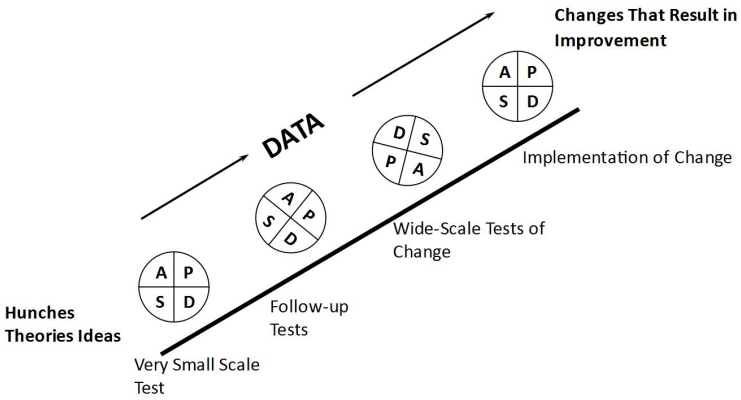
PDSA Cycles

- **Plan**
  - Define the objective, questions, and predictions
  - Plan for data collection
- **Do**
  - Carry out the plan
  - Collect and analyze data
- **Study**
  - Complete the analysis of the data and compare the results to the predictions
  - Summarize what was learned
- **Act**
  - Determine whether the change will be abandoned, adapted, or adopted



Quality Improvement

Repeated Uses of PDSA Cycle



Adapted from the Institute for Healthcare Improvement Breakthrough Series College.

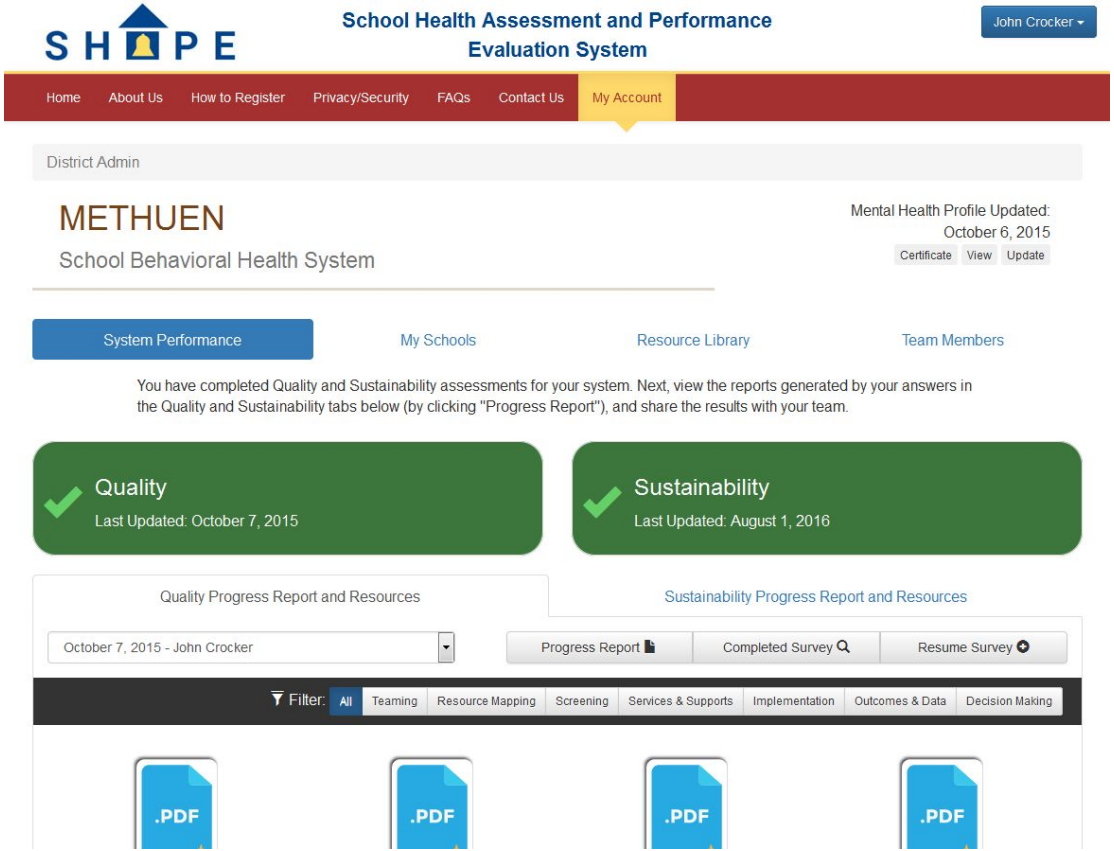
Current Situation		Resistant	Indifferent	Ready
Low confidence that current change idea will lead to improvement	Cost of failure **large**	Very small scale test	Very small scale test	Very small scale test
	Cost of failure **small**	Very small scale test	Very small scale test	Small scale test
High confidence that current change idea will lead to improvement	Cost of failure **large**	Very small scale test	Small scale test	Large scale test
	Cost of failure **small**	Small scale test	Large scale test	Implement

What is the question that we are seeking to answer by testing this change?

How will we know this change is an improvement?

What data will we gather to assess the change?

The SHAPE System



SHAPE is used to:

- Monitor a school's or district's progress toward achieving the National Performance Measures
- Provide resources and action planning guides for each domain
- Gather data to inform the national census to understand school mental health nationally

October Progress Report

SCHOOL MENTAL HEALTH
SUSTAINABILITY PROGRESS REPORT | METHUEN

Report Time Frame: 2014-2015
Date of Report: 10-6-2015

Understanding this Summary.

This report is generated based on the information you provided for the sustainability survey. The composite score for each domain is the average of your ratings for every item within the domain.

Composite scores of 1.0-2.9 are classified as "**Emerging**" areas, 3.0-4.9 are classified as "**Progressing**" areas, and 5.0-6.0 are classified as areas of "**Mastery**."

SUSTAINABILITY DOMAINS

MASTERY
Composite Score

PROGRESSING
Composite Score

EMERGING
Composite Score

2.00	System Quality
1.25	Funding and Resources
1.00	System Marketing and Promotion
1.00	Documenting and Reporting of Impact
1.00	Resource Utilization

August Progress Report

SCHOOL MENTAL HEALTH
SUSTAINABILITY PROGRESS REPORT | METHUEN

Report Time Frame: 2016/07/01-2016/07/31
Date of Report: 8-1-2016

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SUSTAINABILITY DOMAINS

MASTERY
Composite Score

5.50	Funding and Resources
5.33	Resource Utilization
5.00	System Marketing and Promotion
5.00	System Quality

PROGRESSING
Composite Score

4.50	Documenting and Reporting of Impact

EMERGING
Composite Score

Establishing a CSMHS in Methuen

Improving Quality

- Screening
- Evidence-based Services and Supports
- Teaming
- Data-driven Decision Making

Improving Sustainability

- Resource Utilization
- Marketing and Promoting the CSMHS
- Funding and Resources
- Documentation and Reporting of Impact

Mental Health Staff Readiness

- Defining and promoting a consistent view of mental health staff (traditional vs. modern view)
- Provision of professional development that directly relates to mental health services and supports
- Representation from all schools on district-wide teams to promote the fidelity of implementation
- Increased collaboration and consultation regarding the implementation of new practices and policies
- Focusing on the collection of data to assess the effectiveness of interventions and the impact of mental health staff on students' academic and psychosocial progress

Teaming: Mental Health Initiative Teams

- **Methuen CSMHS CoIIN Team** is responsible for:
  - Planning and assessing the progress of the mental health initiative
  - Selecting, testing, and analyzing data related to new practices/policies
  - Communicating and collaborating with the University of Maryland CSMH team
  - Submitting PDSA cycles and monthly run charts to the University of Maryland CSMH team
  - Attending required trainings

- **Mental Health Initiative Committee** is responsible for:
  - Monitoring the district-wide implementation of practices as they are brought to scale
  - Assisting in identifying test sites to pilot new practices
  - Collecting and reporting out data related to the implementation of new practices/policies
  - Assisting in the identification and resolution of site-specific problems related to implementation

Professional Development

- Northeastern University: Daily Report Cards
- Salem State University: Cognitive Behavioral Therapy
- Inservice days:
  - Models of Case Consultancy
  - Suicide Risk Assessment
  - Intervention Planning and Progress Monitoring
  - Using Psychosocial and Educational Data to Assess and Monitor Interventions
  - SBIRT
  - Resource Mapping
- Implementing PBIS: Tier I and Tier II trainings

Needs Assessments: Working Smarter

SEL Needs Assessment

- Used to design a SEL curriculum by identifying the critical areas of need reported by the student population

EBP Needs Assessment

- What evidence-based therapeutic practices and programs were being implemented?
- How did the staff rate their readiness to provide services to address the range of problems faced by our students?
- What did staff see as the critical areas of professional development that they needed?

Presenting Problems Needs Assessment

- What are the most prevalent presenting problems that mental health staff are addressing across all tiers?

Resource Allocation and Resource Mapping

Realignment of caseloads

- Assigning caseloads with consistency
- Decreasing the number of transitions between mental health staff; increasing the length of time each student is serviced by the same mental health staff member
- Aligning practices across the district (SEL, screening, management of 504, etc.)

Resource mapping

- What do we have, where do we have it, and how can we use it better?

Mental Health Screening: Questions to Consider

Where do we start?

Which students should we screen?

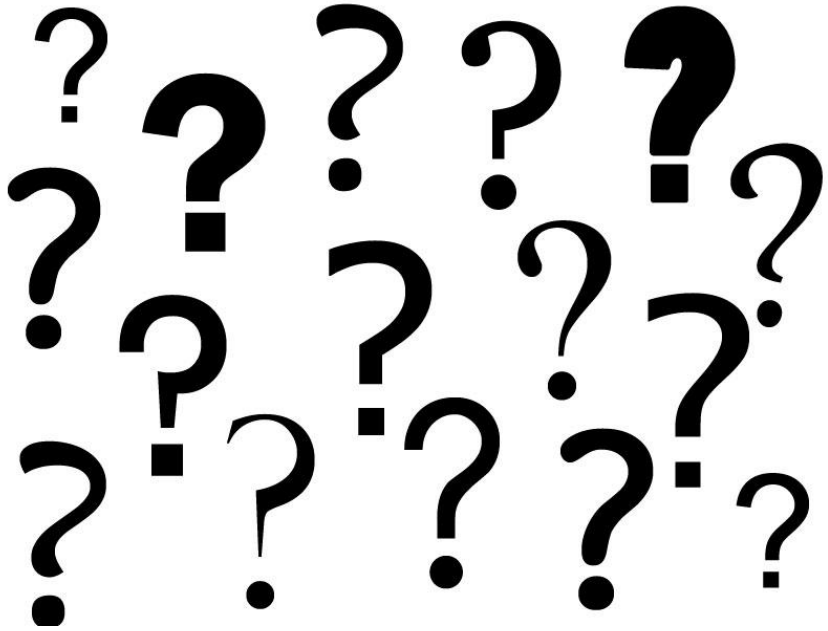
How do we choose our screening tools?

What about consent?

What about staff readiness?

What will the parent population say?

How are we going to pay for this?



Mental Health Screening: Starting Small

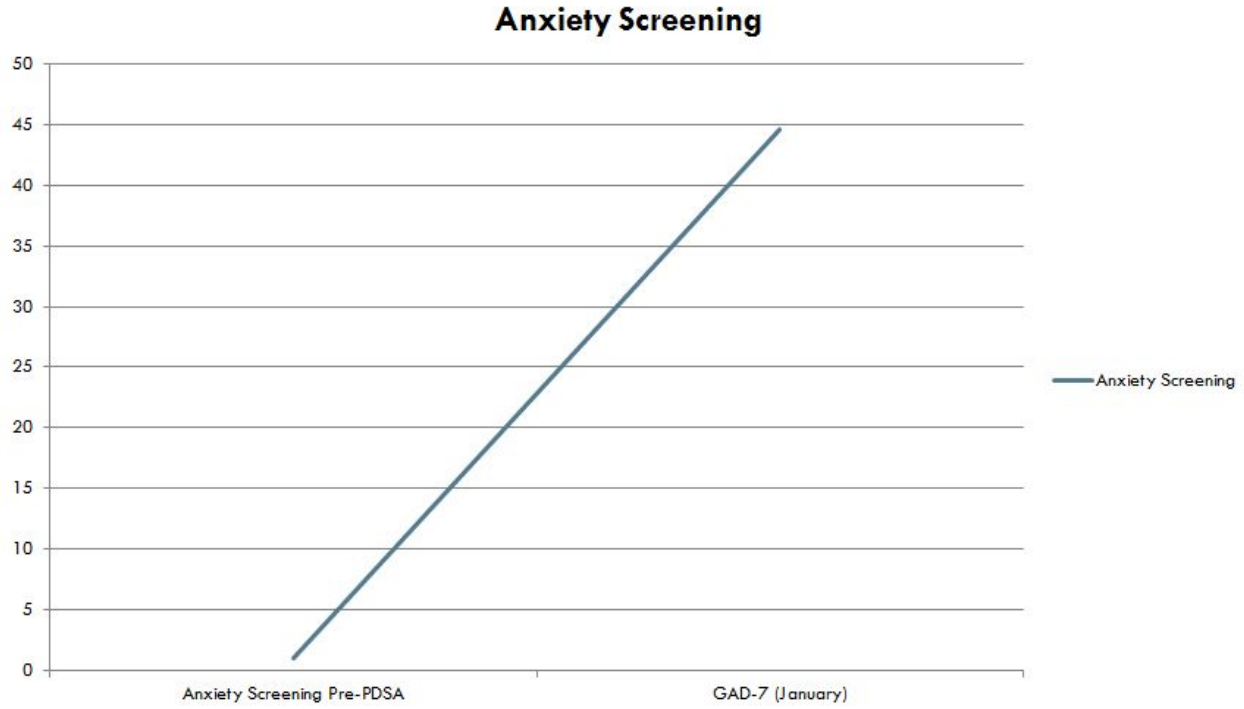
- Ad hoc screening with individual students
- Active consent
- Rapidly testing at the micro level

Mental Health Screening: Scaling Up

- Using specific screeners to match our population's needs
- Electronic screening using Google forms
- Parent notification and opt-out process established in advance of the screenings to secure passive consent.
- Administration during the school's advisory block.
- Two large scale screenings at Methuen High School
  - GAD-7 anxiety screener (January)
  - PHQ-9 depression screener (April)

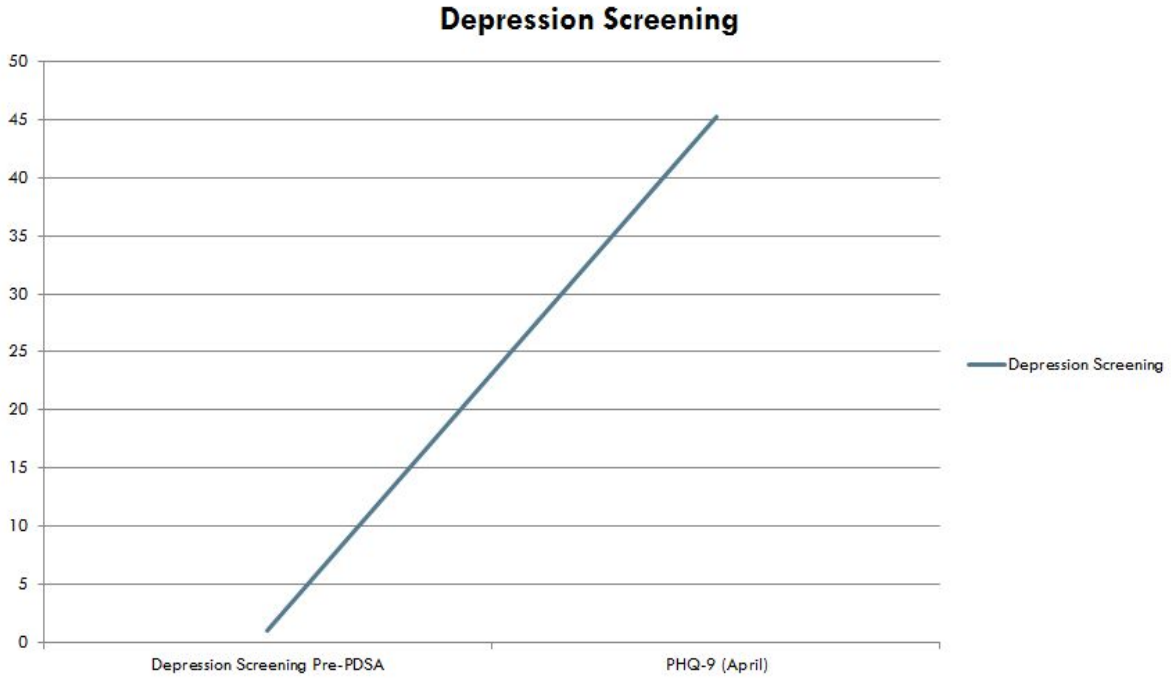
Screening for Anxiety (January 2016)

- GAD-7 administered electronically
- 840 responses (approx. 45% of the high school pop.)
- 85 students scored in the severe range (10.1% of respondents)
- 104 students scored in the moderate range (12.4% of respondents)



Screening for Depression (April 2016)

- PHQ-9 administered electronically
- 853 responses (approx. 45% of the high school pop.)
- 69 students scored in the severe range (8.1% of respondents)
- 102 students scored in the moderate range (12.0% of respondents)

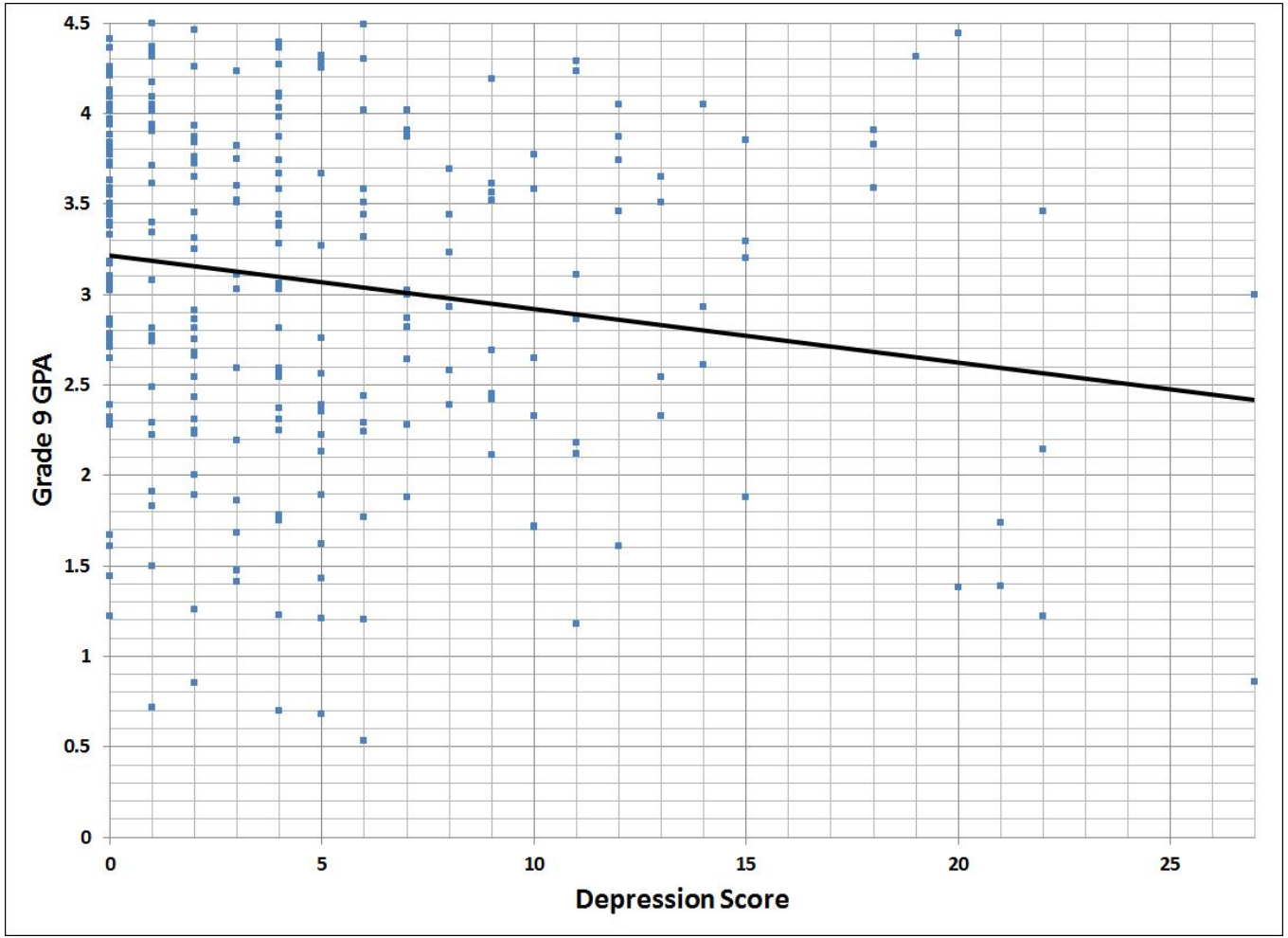


Mental Health Screening: Follow-up and Data Analysis

- Data review and coordinated follow-up planned for both screenings.
- 100% of students who required follow-up received it within 7 days of the screening.
- 8.1% of students scored in the moderate or severe range on both screeners
- 2.3% of students scored in the severe range on both screeners

Screening: Connecting Psychosocial Functioning to Academic Outcomes

- Of the students currently enrolled at MHS, those falling in either the severe anxiety or severe depression range were absent 65% more often than those who scored lower on the screeners.
- GPA is consistently lower across all screened grade levels for students who scored in the severe range for anxiety or depression.
- Students who scored in the moderate range for depression and/or anxiety were also reported to have increased absenteeism and decreased GPA compared to the average.
- This is particularly concerning because of those students screened, 20-22 percent scored in the moderate to severe range for depression, anxiety, or both.
- This is not a small-scale issue isolated to a select population.



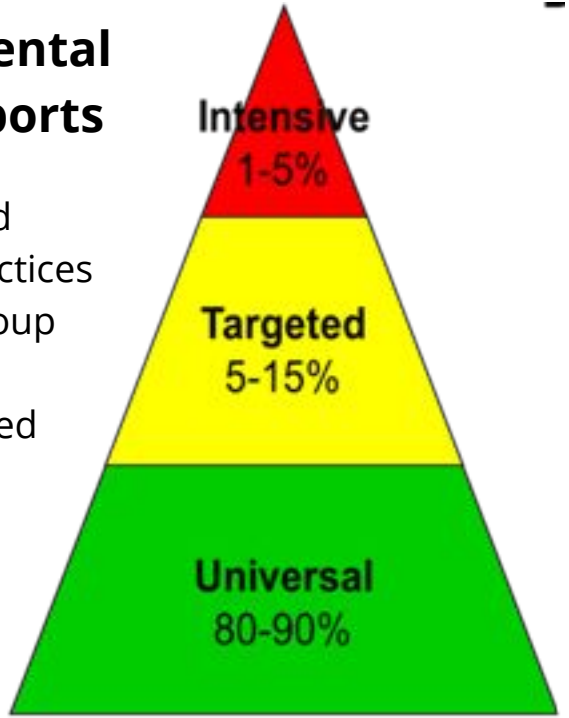
Grade 9 GPA and Depression

- Grade 9 students who scored in the severe range for depression had an average GPA of 2.18
- All other grade 9 students had an average GPA of 3.11

Evidence-Based Services and Supports

Multi-tiered System of Mental Health Services and Supports

- Tier I - Universal Supports and Interventions; Prevention Practices
- Tier II - Targeted/Selected/Group Supports and Interventions
- Tier III - Intensive/Individualized Supports and Interventions



Where are we focused?

- CBT
- SBIRT
- SEL
- PBIS
- Improving Tier II

Intervention Planning and Progress Monitoring

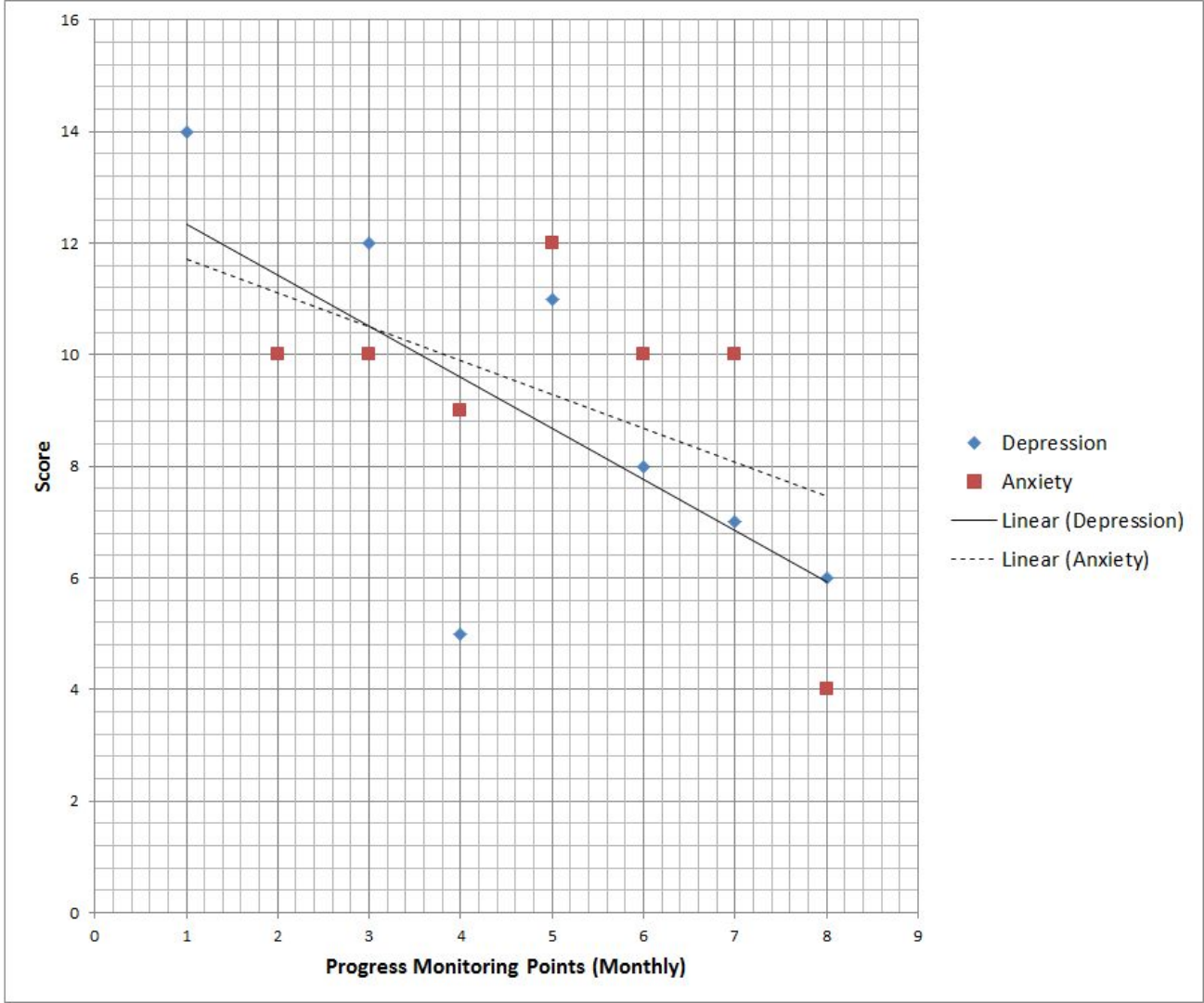
Intervention plans will be implemented for approximately 5% of the student population in the 16-17 school year. Intervention plans consist of:

- Documentation of the presenting problem
- An articulated treatment plan using evidence-based services and supports to directly address the presenting problem
- A data collection plan that outline the frequency of data collection and the type of data to be collected related to the presenting problem

Use of intervention plans has supported:

- Measurement of individual student growth after the start of services
- Assessment of the efficacy of implemented services and supports
- Self-reflection and adjustment to practice
- Accountability for individual staff members and the larger CSMHS

- Individual student run charts are used for students receiving Tier III services.
- Use of both psychosocial and academic data is encouraged to improve our understanding of the impact of mental health services on academic outcomes.
- This method of data collection represents a shift away from a reliance on strictly qualitative measures of the effectiveness of mental health services and supports.



Leveraging the Support of Community Partners

Creation of a MOU designed to guide partnerships with community-based mental health agencies

- **What we requested:**
  - Consultation and collaboration with in-house staff
  - Use of evidence-based practices
  - Sharing data to aid in progress monitoring and documenting the impact of the CSMHS
- **What we offered:**
  - Time
  - Space
  - Referrals

How has this impacted service delivery?

- 15% increase in mental health staff available to students
- Increased follow through for referrals
- Increased show rates for sessions
- Collaborative case management and consultation with partner agencies
- Increased services during school breaks and over the summer

Leveraging the Support of Community Partners

- **Partnered with local mental health providers, colleges/universities, and other school districts**
  - University of Maryland - Center for School Mental Health
  - Salem State University
  - Merrimack College
  - Rivier University
  - Northeastern University
  - Lahey Health and Behavioral Services
  - Children’s Friends and Family Services
  - Family Services of the Merrimack Valley
  - North Shore Community Mediation Center
  - Consortium of multiple local public school districts

Marketing and Promotion of the CSMHS

Openly discussing and sharing information about the mental health initiative with district and community stakeholders has increased the understanding of and support for the goals set forth by the committee.

- Legislative funding
- Local news
- Community mental health agency roundtable meetings
- Parent and student advisory council
- Administrative professional development
- Potential partners (school districts, universities, and community agencies)

What's Next?

- Documenting and reporting on the impact of the CSMHS
- Expansion of the Mental Health Parent and Student Advisory Council
- Expansion of screening
- Leveraging supervision hours from our community partners to increase the quality of our evidence-based services and supports and serve as an incentive for staff
- SEL curriculum development and delivery across all grade levels
- Increased professional development
- Continued work to establish an Interconnected Systems Framework
- Increasing our capacity at Tier I with all staff (trauma-informed practices and PBIS)

QUESTIONS?