



**21st Annual Conference on
Advancing School Mental Health (ASMH)**
*Shape the Future of School Mental Health:
Advancing Quality and Sustainability*

September 29, 2016

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STUDENT • SCHOOL • PARENT • COMMUNITY



**SCHOOL
MENTAL
HEALTH**

—  —
INITIATIVE

Objectives

1. Define the concept of family-school-community **partnership** and be able to identify three action steps to building a shared agenda.
2. List at least three strategies to build **policy support** for school mental health at the local, state, and/or federal level.
3. List three **challenges** to implementing evidence-based practice and programs in school mental health and identify at least three **strategies** to overcome them.

Family-School-Community **Partnership:** NCSMHI Definition

Multi-disciplinary, diverse group:

- Parents
- Public school representatives (LEA and SEA)
- State agency officials (DHHS, DPS, DPI)
- Community-based mental health providers
- Attorneys and advocates
- Third-party payors
- University faculty
- Professional associations
- Other interagency collaboratives



Whole School, Whole Community, Whole Child Model

10 Components:

- Health Education
- Physical Education & Physical Activity
- Nutrition & Environment Services
- Health Services
- Counseling, Psychological, & Social Services
- Social & Emotional Climate
- Physical Environment
- Family Engagement
- Community Involvement
- Employee Wellness



Family-School-Community **Partnership**

ACTION STEP 1 – Use analytic and operational frameworks with trained facilitators

**Implementation
Science**

- Project Management Continuum

**Leading by
Convening
Framework**

- Rules and Reasons for Engagement

**Communication &
Facilitation Tools**

- Talent/Resource Mining



Implementation Science Frameworks

- Usable Interventions
- Implementation Cycles
- Implementation Teams
- **Implementation Stages**
- Implementation Drivers



State Implementation and Scaling-up of Evidence-based Practices Center (SISEP);
National Implementation Research Network (NIRN), 2013

Implementation Science - Stages



NC SMHI

Exploration



Installation



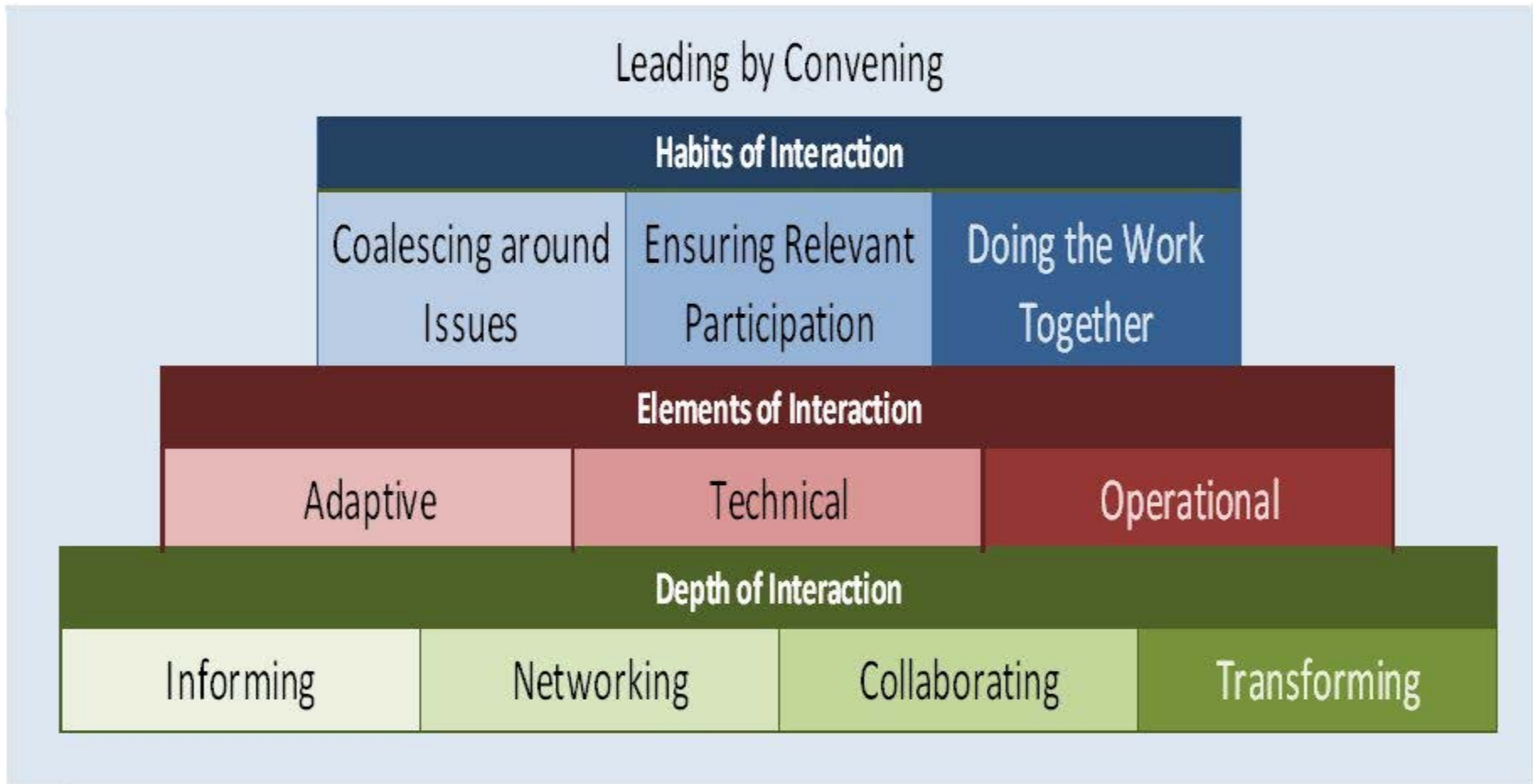
Initial
Implementation



Full
Implementation

2 - 4 YEARS

Leading By Convening



Facilitation Tools

- Situation Appraisal (*TregoEd*)
- Problem Analysis (*TregoEd*)
- Group facilitation strategies (*TregoEd, Facilitative Leadership*)



Communication Protocols: Modified Consensus

“I can live with this and publicly support it.”



Communication Protocols: Completing Work Between Meetings



Central Communication Hub: Wiki

Public Schools of North Carolina
State Board of Education
Department of Public Instruction

home

- Wiki Home
- Projects +
- Recent Changes
- Pages and Files +
- Members +
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- edit navigation

SCHOOL MENTAL HEALTH INITIATIVE

- [About the School Mental Health Initiative](#)
- [Agendas and Notes](#)
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- [Work Plans and Timelines](#)
- [Resources](#)



Work Facilitation Tools: Electronic Agendas

School-Based Mental Health
Alliance Meeting
State Board of Education Room
Agenda: <https://goo.gl/YTAZNB>
12/16/15

Mission Statement: It is the mission of this partnership to develop recommendations for policy and/or legislative change to ensure that public school students in North Carolina have equitable access to a full continuum of high-quality and well-coordinated socio-emotional/behavioral health services.

10:00-10:15	Welcome, introductions, review of Mission Statement
10:15-10:45	Updates <ul style="list-style-type: none">• Revisions to surveys<ul style="list-style-type: none">◦ Long Version◦ Single Source• Workgroup Teams<ul style="list-style-type: none">◦ Membership◦ Summary of next steps determined in October Meeting
10:45-11:30	Branding <ul style="list-style-type: none">• Name?• Logo?• Wiki?• What information should be shared publicly?
11:30-12:15	Lunch

Notes from Previous Meetings:

[Notes from 6.9.15](#) [Notes from 8.19.15](#) [Notes from 10.16.15](#)



Work Facilitation Tools: Electronic Agendas

School-Based Mental Health
Alliance Meeting
State Board of Education Room
Agenda: <https://goo.gl/YTAZNb>
12/16/15

<p>12:15 - 3:00</p> <p>Breakout Rooms:</p> <p>693 641</p>	<p>Workgroups</p> <ul style="list-style-type: none"> • All Teams <ul style="list-style-type: none"> ○ Nominate 1 or 2 individuals to begin meeting with legislators ○ Identify potential contacts in house and senate • Distribution Team <ul style="list-style-type: none"> ○ Develop distribution strategy for long and short versions of survey data ○ Develop communication protocols to ensure effective feedback loops between teams and stakeholders ○ Determine points of confusion and develop common language to be utilized by the team • Evaluation Team <ul style="list-style-type: none"> ○ Develop usability testing / validation plan ○ Develop plan for analyzing and reporting results ○ Research policy / legislation in other states • Focus Groups Team <ul style="list-style-type: none"> ○ Generate sample of participants ○ Generate focus group questions ○ Develop logistics for conducting focus groups ○ Compile focus group results and send to evaluation team ○ Develop plan for capturing qualitative data and sharing
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Notes from Previous Meetings:

[Notes from 6.9.15](#) [Notes from 8.19.15](#) [Notes from 10.16.15](#)

School-Based Mental Health
Alliance Meeting
State Board of Education Room
Agenda: <https://goo.gl/YTAZNb>
12/16/15

	<p>with Evaluation team for incorporation in reports</p> <ul style="list-style-type: none"> • Survey Revision Team <ul style="list-style-type: none"> ○ Revise the draft forms of the surveys ○ Ensure common language throughout survey ○ Ensure user friendly language
<p>3:00-4:00</p>	<p>Team Sharing and Evolution of Work Group Teams</p> <ul style="list-style-type: none"> • Future work of teams

*Please bring a laptop or other wireless device to review an online s

Notes from Previous Meetings:

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Work Facilitation Tools: Recommendation Review Tool

Practice Profile: Developing and Reviewing Subcommittee Recommendations

This document was generated based on recommendations of bill writers from the NC General Assembly. The tool can be utilized as guidance in drafting and reviewing recommendations as a subcommittee. Recommendations containing the critical components below will be the most actionable and will have the highest probability of translating into potential legislation. Please note, it is **not expected** that the first draft of recommendations will consistently fall within the "Ideal" column. In addition, the critical components should be contained within the scope of each subcommittee's recommendations as they will not likely be collectively contained within each individual recommendation.

CRITICAL COMPONENT	IDEAL	DEVELOPING	REQUIRES MODIFICATION
Recommendations clearly describe who will be involved with the work. (Who?)	Recommendations name specific positions (e.g., school psychologists, community-based clinicians, IHE faculty, etc.).	Recommendations name potential positions that could play a role in implementing the recommendations.	Recommendations do not name positions that will be involved in implementing the recommendations or ways in which the positions and agencies would interact.
Recommendations clearly describe what we are asking for. (What?)	Recommendations clearly and specifically describe what we are proposing to accomplish (e.g., recommendations describe the essential components of a continuum of mental health services). The recommendations describe what new or different work positions and / or agencies will be involved with.	Recommendations describe broad strategies for what we are proposing but do not describe new or different work.	Recommendations do not describe <i>what</i> we want to occur as a result of policy and/or legislative changes.

Work Facilitation Tools: Recommendation Review Tool

CRITICAL COMPONENT	IDEAL	DEVELOPING	REQUIRES MODIFICATION
<p>Recommendations are written in a logical sequence. (When?)</p>	<p>Recommendations are written in a logical sequence. The sequence of recommendations reflects the following:</p> <ul style="list-style-type: none"> • Timeline by which legislation would need to be considered /passed • Priority of the recommendation • Stages of implementation* 	<p>Recommendations are written in a logical sequence. The sequence of recommendations reflect that some recommendations will need to be implemented prior to others.</p>	<p>Recommendations are not written in a sequential order.</p>
<p>Recommendations clearly describe the bodies/agencies/offices that will house the work. (Where?)</p>	<p>Recommendations name specific bodies/agencies/offices and the role each will play in implementing the recommendations. In addition, recommendations describe teaming structures among agencies (e.g., what agencies would have to consistently collaborate from the state to district levels in order to organize the work)</p>	<p>Recommendations name potential bodies/agencies/offices that could play a role in implementing the recommendations and broad organizational strategies for the work.</p>	<p>Recommendations do not reference bodies/agencies/offices that will be involved in implementing the recommendations.</p>

Work Facilitation Tools: Subcommittee Review

Create Effective Stakeholder Engagement and Collaboration (Family, Student, Schools, and Agency)

Recommendations clearly describe what we are asking for (WHAT).

1 2 3 4 5

Strongly Disagree Strongly Agree

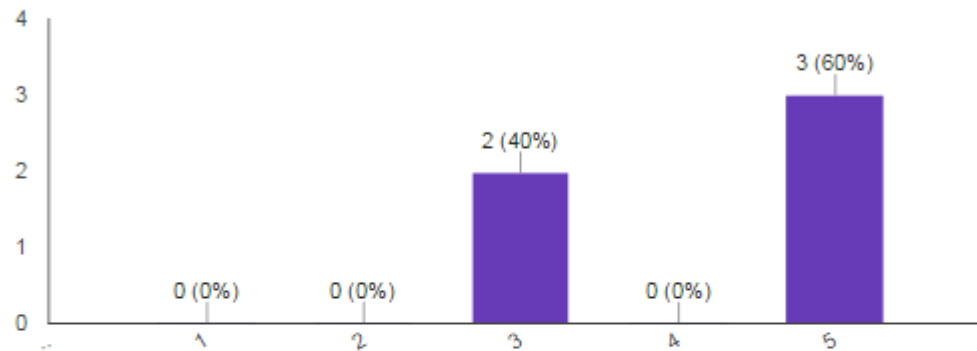
Please specifically describe any recommended additions or modifications related to the description of what we are asking for.

Long answer text

Work Facilitation Tools: Subcommittee Review

Recommendations clearly describe what we are asking for (WHAT).

(5 responses)



Please specifically describe any recommended additions or modifications related to the description of what we are asking for.

(2 responses)

'meet' 'support' 'advocate' are all a bit vague. Can engagement be defined? Operationalize, please? Is there a standard mental health needs assessment for a school? Provide example(s), please? Some overlap with Continuum of MHS subcommittee in plan development

Some of the language seem idealism rather than reality

Family-School-Community Partnership

ACTION STEP 2 – Create and stick with a mission statement:

It is the mission of this partnership to develop recommendations for policy and/or legislative change to ensure that public school students in North Carolina have equitable access to a full continuum of high-quality and well-coordinated socio-emotional/behavioral health services.



Family-School-Community Partnership

ACTION STEP 3 - Focused tasks on which
EVERYONE works:

Statewide
Environmental
Scan

Recommendations
for Empowering
Legislation and
Policy



Overview of Work - I

- **June 2015:** Initial Meeting / Situation Appraisal
- **August 2015:** Developed mission statement, initial items, and distribution strategies for environmental scan
- **October 2015:** Developed work groups: Survey Revision, Focus Groups, Distribution, Research and Evaluation
- **December 2015:** Reviewed and revised surveys, developed logo, developed work plan to distribute survey and complete focus groups in February/March
- **January-March 2016:** 6 focus groups conducted (126 participants); 2 surveys distributed (2465 + 69 responses)

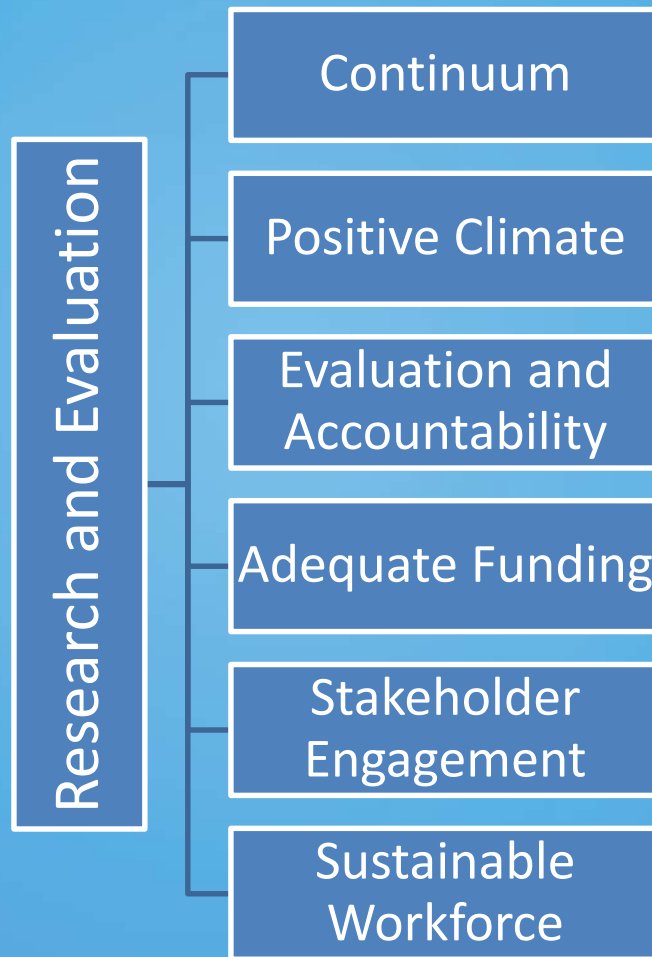


Overview of Work - II

- **February 2016:** Development of initial domains under which to develop recommendations
- **March-April 2016:** Synthesize focus group, survey, and literature review data
- **May 2016:** Refinement of domains and drafting of recommendations
- **September, 2016:** Complete NC SMHI report
- **November, 2016 -** Present report/plan to NC State Board of Education
- **January, 2017 -** Introduce proposed legislation to NCGA



Sample Work Group Structure



Strategies for Building **Policy Support**

Start at
a ripe
time
with a
strong
cause

Provide
project
infra-
structure

Meet
regularly
...and
flexibly

Use tech
to
facilitate
communi-
cation and
workflow

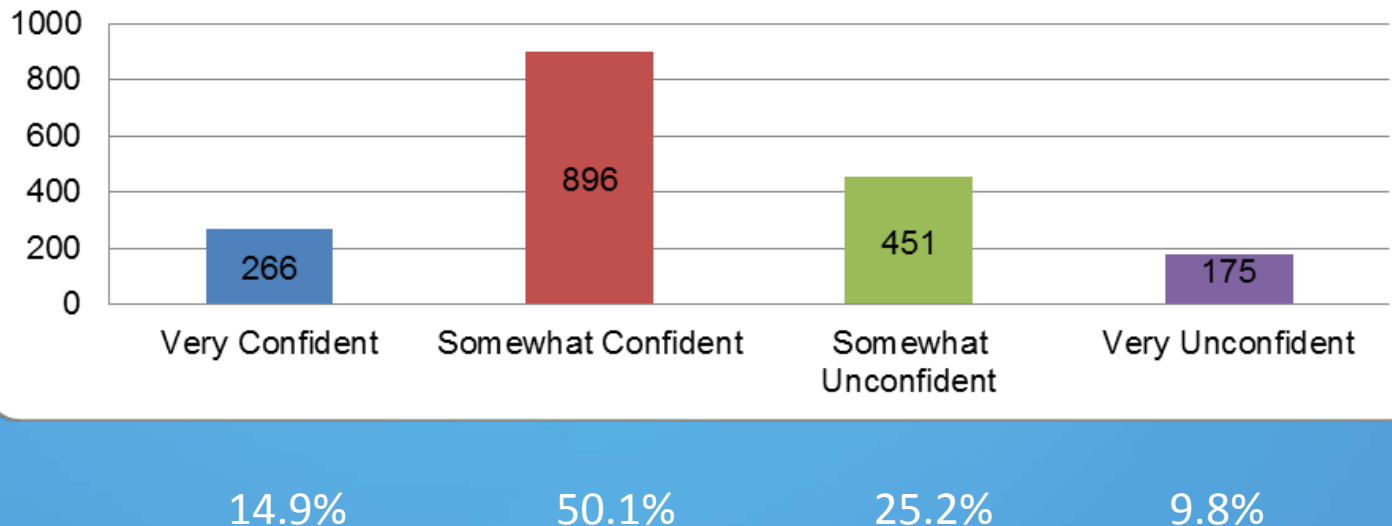
Work
from a
strong
data set

Challenge 1 – Schools lack infrastructure to meet students mental health needs.



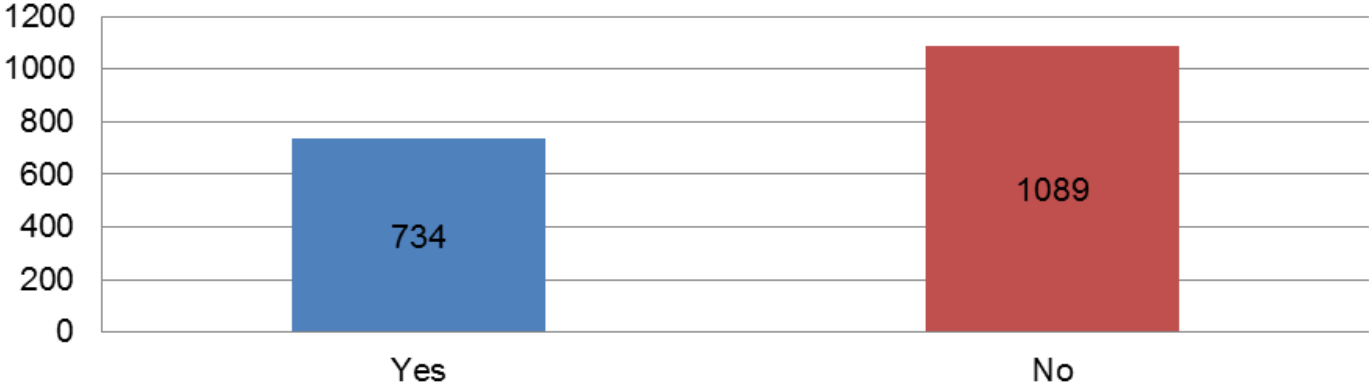
Confidence

If a staff person has a concern about the social and emotional health of a student in your LEA or school, how confident are you that the student would receive the necessary support?



Access

Do you believe that some students in your LEA or school have greater access to school-based services supporting social and emotional well-being than others?



40.3%

59.7%



Challenge 1 – Schools lack infrastructure to meet students mental health needs.

Develop a Continuum of Mental Health Services / Supports for Students, including Universal Positive Mental Health and School Climate

- a. Universal
 - a. Education for all stakeholders (families, students, staff, leaders)
 - b. LEA self-assessment
 - c. Universal mental health screening within MTSS framework
- b. Supplemental
 - a. Targeted risk assessment and data analysis
 - b. Intervention matrix
 - c. Collaboration with families and community providers
- c. Intensive
 - a. Direct therapeutic services
 - b. Crisis intervention and postvention
 - c. Infrastructure for transitioning between school and community placements

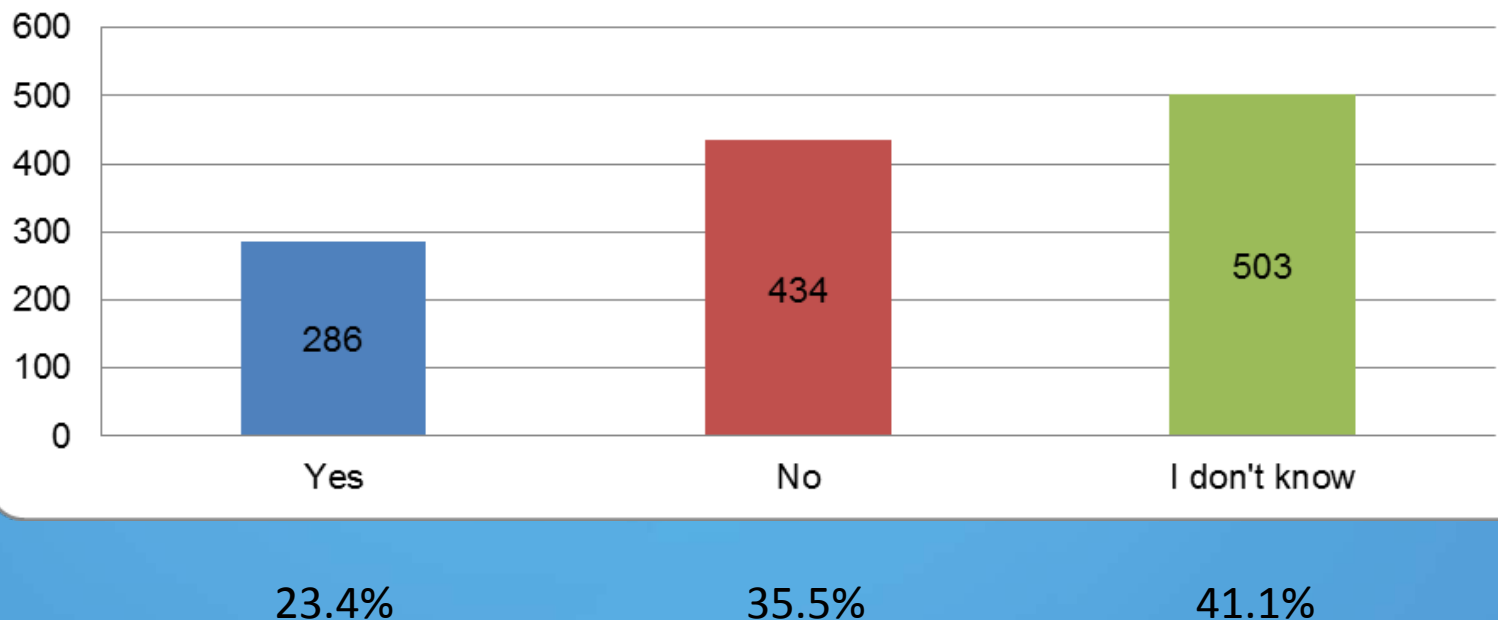


Challenge 2 – Schools are not held accountable for meeting students mental health needs.



Those Who Provide Supports...

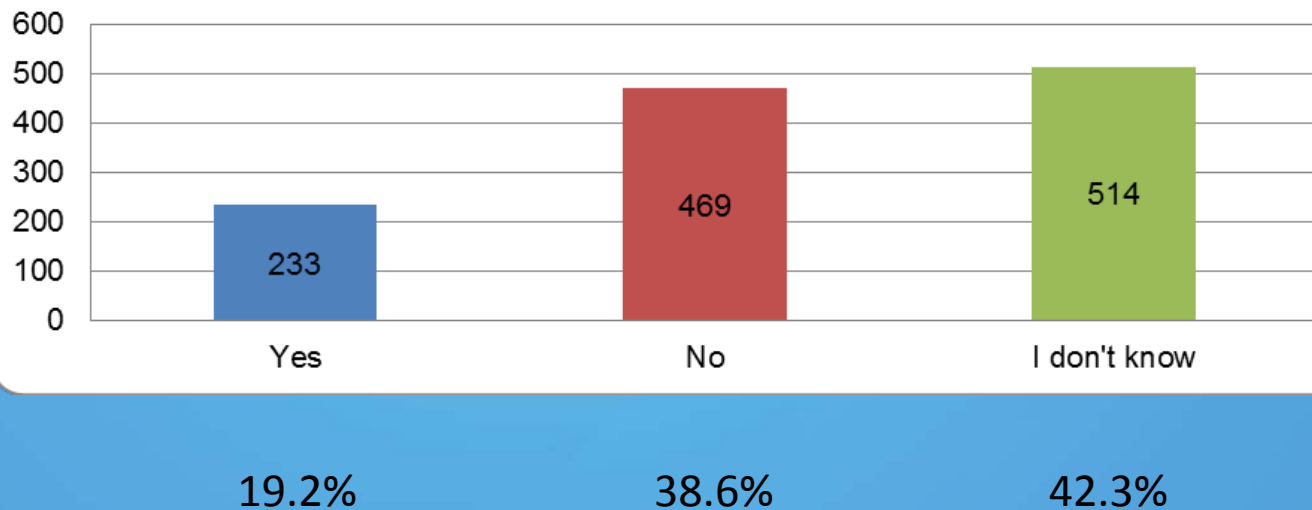
Does your LEA or school formally evaluate the quality of services supporting social and emotional well-being?



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Those Who Provide Supports...

Does your LEA or school formally evaluate student outcomes in response to services supporting social and emotional well-being provided by the schools?



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Challenge 2 – Schools are not held accountable for meeting students mental health needs.

Create a Comprehensive Evaluation and Accountability System of Mental Health Services

- a. Measure fidelity and quality of mental health services provided in schools, as well as student outcomes (academic and behavioral)
- b. Create a data system readily accessible by multiple users across agencies
- c. Allocate LEA FTE for mental health data tracking and communication

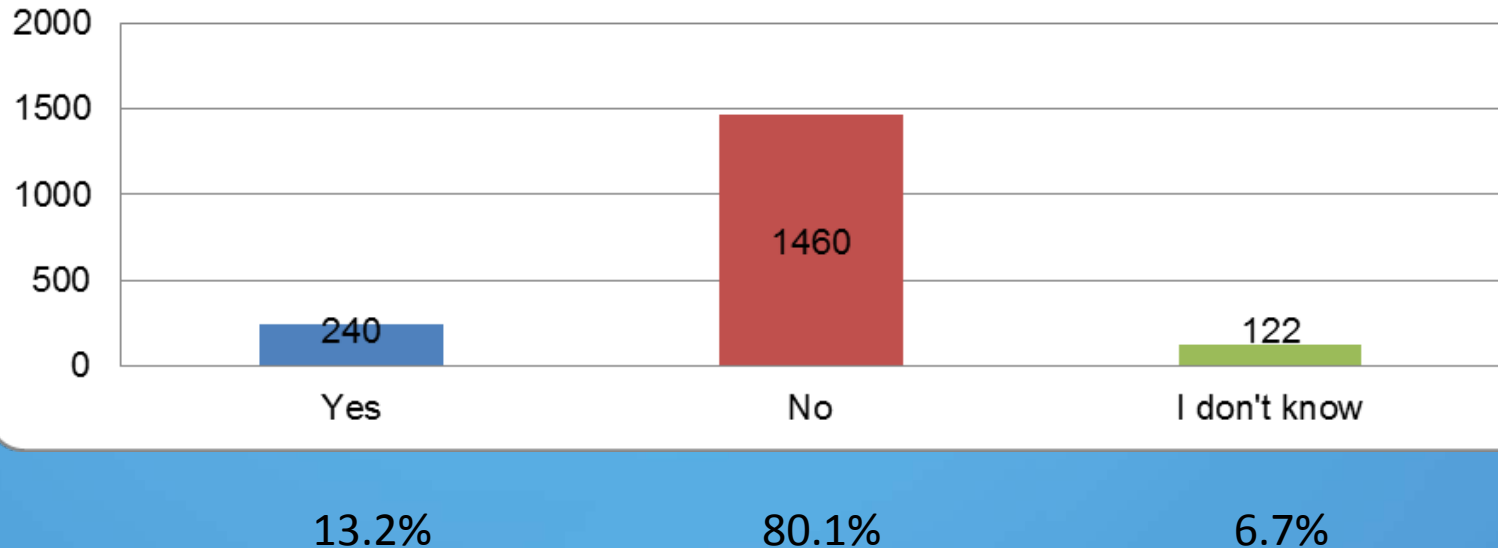


Challenge 3 – Schools lack *human* and fiscal resources to meet students mental health needs.



Personnel

From your perspective, does your LEA or school possess adequate personnel to effectively provide a full range of services supporting the social and emotional well-being needs of...



Challenge 3 – Schools lack *human* and fiscal resources to meet students mental health needs.

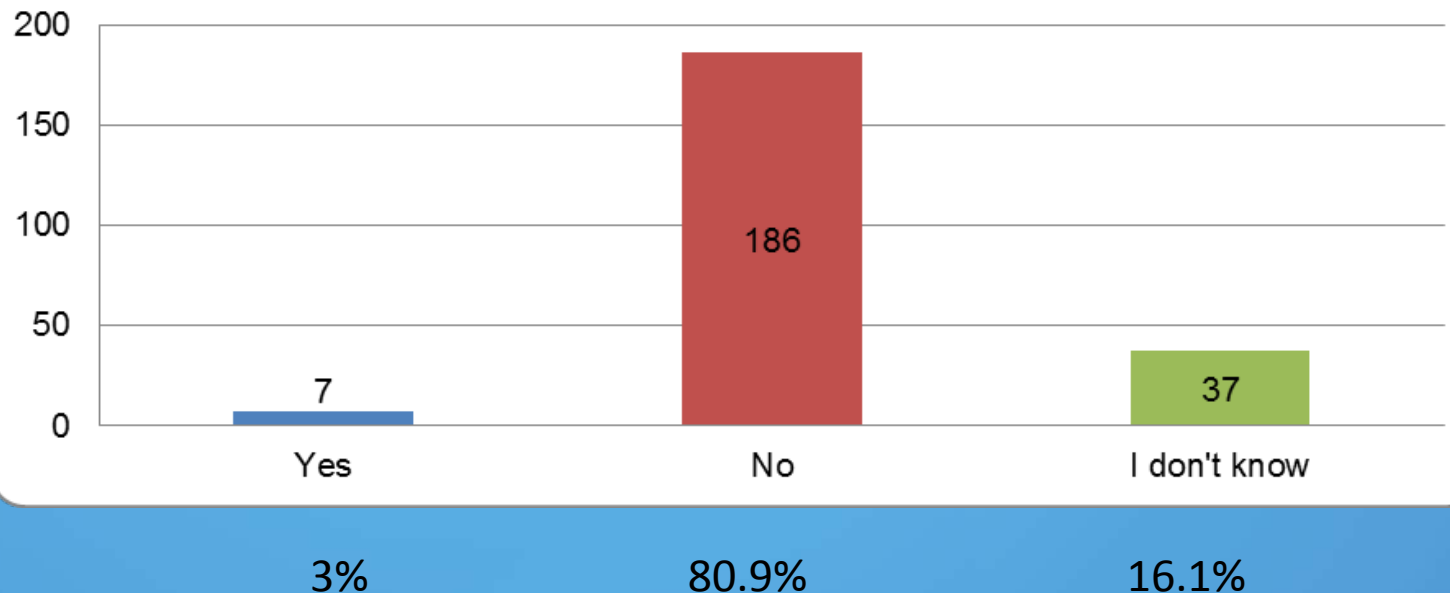
A. Develop a Sustainable Workforce of Services and Supports within School and Community Providers

- a. Align Specialized Instructional Support Personnel (SISP) at state level (licensure, staffing ratios, professional standards via job descriptions and performance evaluations)
- b. Require ongoing professional development related to SMH for leaders, administrators, boards of education, school resources officers, SISP, and teachers
- c. Clarify process for community providers delivering services at school



School Funding

In your opinion, does your child's school have enough funding to effectively help students with social and emotional health needs?



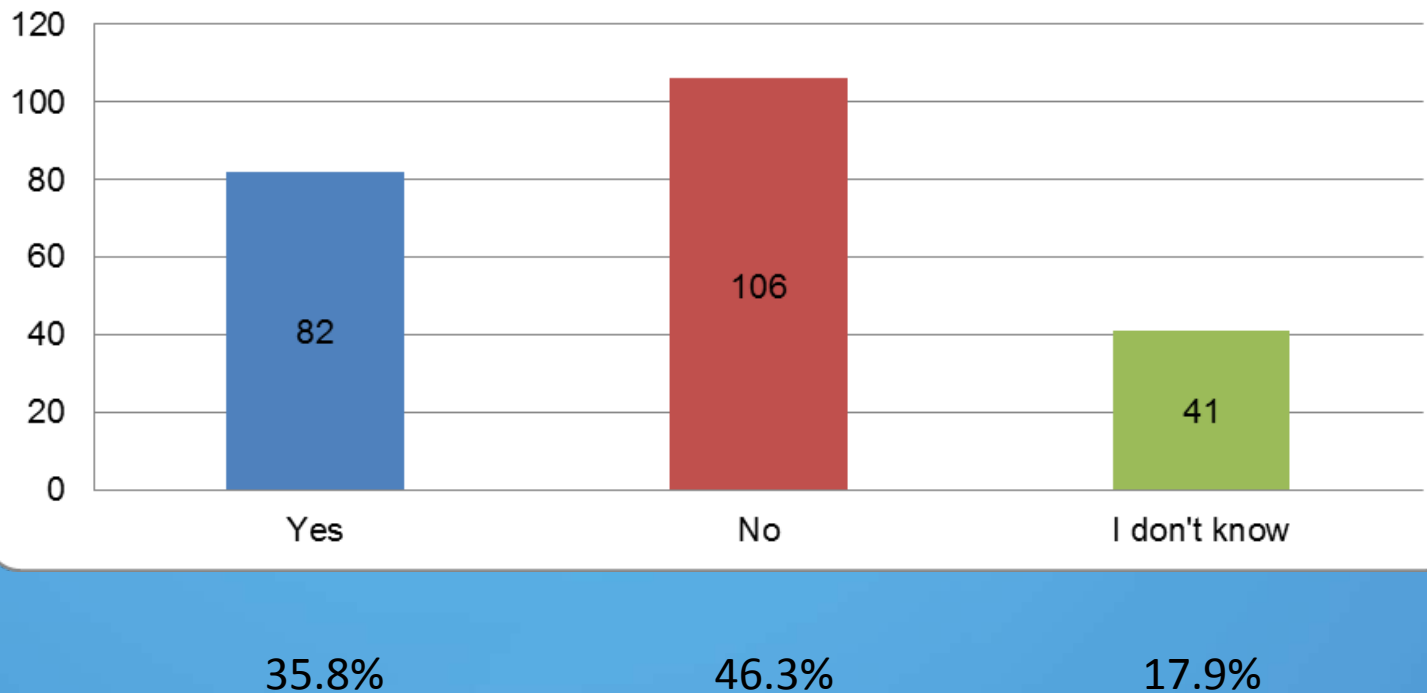
Challenge 3 – Schools lack human and *fiscal* resources to meet students mental health needs.

- B.** Establish Adequate and Sustained Funding, Including Private Insurance Coverage
 - a. Allow access for all provider types (LME-MCOs, LEAs, residential facilities, private practitioners) to reimbursement from all payor sources for appropriate mental health services
 - b. Maximize utilization of federal Medicaid funds to meet student mental health needs
 - c. Facilitate creation of formal agreements between provider types to pool funding



Effective Partnership

Does your child's school effectively partner with you to support your child's social and emotional health?



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Challenge 4 – Families, students, schools, and community providers are disconnected.

Create Effective Stakeholder Engagement and Collaboration (Family, Students, Schools, Agencies)

- a. Establish local goals for and track progress on stakeholder engagement re: school mental health
- b. Establish and/or strengthen school participation in local collaboratives via designated LEA FTE
- c. Map and distribute local mental health resources, processes, and policies



Discussion/Questions



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