Bridging Research, Practice, Policy and Philanthropy to Build the Capacity of School-Based Mental Health Initiatives



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### Who Are We?



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### **Today's Discussion**



**Background** on DC Our **Strategy** Key Take-aways Children are developmentally on target academically, socially, and emotionally → How are we going to get there







SOCIAL

EMOTIONAL

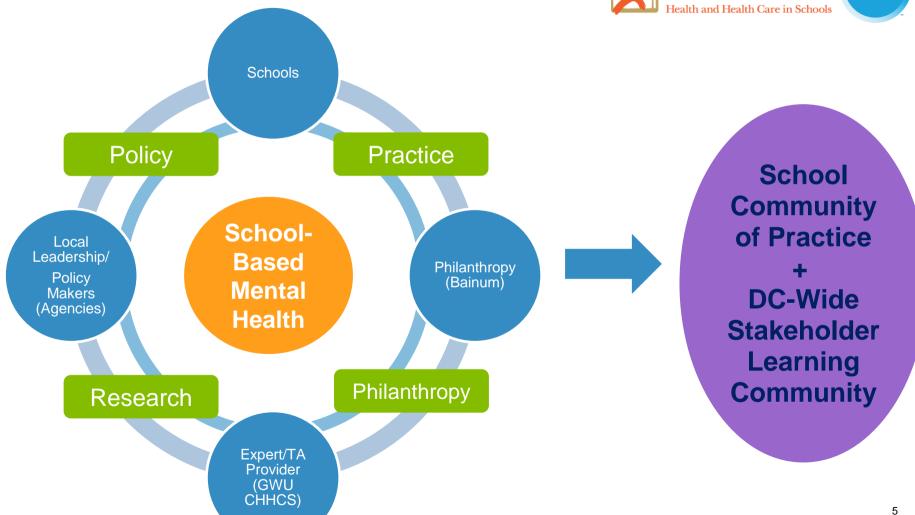
FY17-20 Implementation FY18-20 Evaluation

FY16-17 Learning Phase

### **Partnership Informing Strategy Development**







# **Background on DC**

- The Center for Health and Health Care in Schools
- Population in DC under 18 years of age: 111,000
- Youth population Wards 7 and 8: Over 41,000
- DC Student Mental Health Status:
  - 29% HS report they currently use marijuana
  - 25% HS report feeling sad or hopeless
  - 13% HS attempted suicide in last year
  - 25% MS girls seriously thought about hurting self
  - 15% MS girls tried to kill themselves
  - About 65% said they had an adult in school to talk to
- School Behavioral Health Program
  - Established in 2000
  - ~ 65 Department of Behavioral Health BH clinicians employed in 68 schools





# **Setting the Stage**





# Learning Phase: Systematic Gap and Resource Assessment



- 20 key informant interviews
  - Notes coded and themes identified
- Reviewed numerous reports and articles on SMH
- Site visits conducted at two public schools
- Mapping of Assets
  - School-based mental health evidence-based Programs
  - Community-based providers and partners
  - Supportive policies



# A. School Community of Practice (4 schools)





# Multi-Tiered System of Support (MTSS)

- Focus on Universal Prevention
- Tailored evidence-based interventions

### Data-Based Decision-Making

- Collect/use data to conduct quality assessments and ensure fidelity to evidence-based models
- Track/assess early identification of at-risk students, identify supports that might benefit them and responsiveness to services, and evaluate student and school outcomes

# Service Coordination With Families, Schools and Community

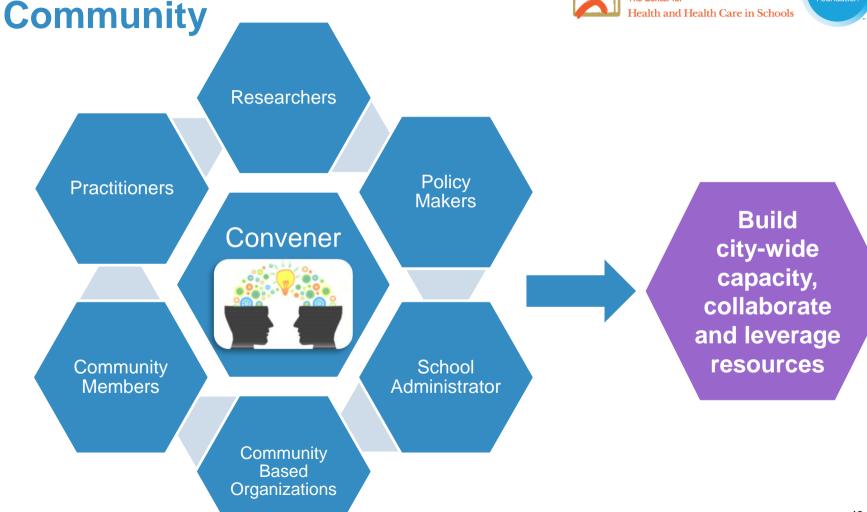
- Improve coordinated systems of care within the school and with community partnerships
- Engage families, including linking families to resources and supports to reduce stressors

Validated screening and assessment measures and implementation protocols

B. DC-Wide Stakeholder Learning Community







# **Funding Model**







Expert Consultant/
TA Provider
(National + Local)

\$20,000 + \$55,000 in TA



# **Five Key Take-Aways**



#### 1. Focus on the fundamentals

- Multi-Tiered System of Support (MTSS)
- Data-Based Decision-Making
- Service Coordination Within Families, Schools and With Community

### 2. Ensure key roles are covered

- Neutral convener
- Innovative schools
- Multi-sector service providers
- Policy makers
- Funders

### 3. Frame / label your efforts strategically

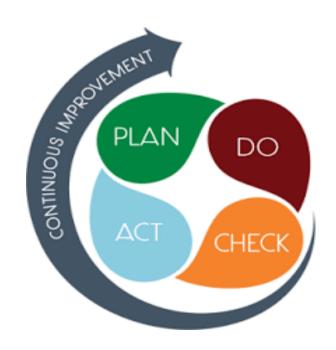
- Social-emotional learning
- Positive youth development
- Prevention

### 4. Think systematically

- Schools
- Health / Mental / Behavioral Health
- Community Providers

### 5. Start at the right scale, then expand

- Demonstration project approach
- Continuous improvement





# **Final Thoughts and Discussion**



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