From Start to Finish: Supporting a Holistic School Mental Health Program as a Community Partner.

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Session Objectives

- **Objective One: Participants will list three strategies to obtain quality data from school partners to engage in data-driven decision-making processes in support of successful mental health implementation.**
- **Objective Two: Participants will learn how to use data to guide targeted mental health program development and implementation as well as ongoing quality improvement.**
- **Objective Three: Participants will develop an understanding of how to train a leadership team that can replicate effective programs and support schools on a larger scale.**

Relationship Building is KEY!

- **Engage in productive dialogue with schools regarding mental health integration.**
  - Initial school contacts
  - Frequent and informative meetings with school administrators
  - Creating a common language
  - Relationships, Relationships, Relationships

Data Collection Uses and Implementation

- **Collect informative data efficiently regarding individual school needs.**

    o **School data survey**

- **Data measures that assist with determining effectiveness of programs.**

    o **Utilizing universal screening tools**

2015-2016 School Data Survey

	Gender	GPA	Total Excused Absences	Total Unexcused Absences	Total Number of Disciplina	GPA	Total Excused Absences	Total Unexcused Absences	Total Number of Disciplinary Infractions WITHOUT	Primary Diagnosis	PSC Score 1	PSC Score 2	PSC Score 3	PSC Score 4	PSC Score 5
			Fall 2015 Data				**Spring 2016 Data**			**Four County Specific Data**					
3	M	6.4	1	0	10	5.8	1	0	2	Major depressive disorder	8	11	10	8	6
4	F	6.8	2	0	3	8.2	5	3	3	Generalized anxiety disorder	28	17			
5	F	6.33	3	0	4	6.5	1	1	7	ODD	24	31	16	13	16
6	F	n/a	3	0	0	n/a	2	2	0	ADHD	38	41	39	40	10
7	F	8.87	7	0	2	6	2	1	3	ADHD	26	20	15	4	
8	F	n/a	3	0	1	n/a	6	1	0	ODD	44	17	18		
9	F	6.25	1	0	0	5.25	2	0	0	Generalized anxiety disorder	11				
10	F	6.5	3	0	0	4.6	3	1	0	ADHD	38	23	28	26	
11	F	N/A	3	0	0	N/A	4	2	0	ADHD	24				
12	F	4.6	2	1	4	4.8	2	0	1	ADHD	28	22	40		
13	F	N/A	4	0	0	N/A	3	0	0	ADHD	15	7	15	18	22
14	M	5.5	0	0	9	3.3	5	2	12	ADHD	24	15	14	16	3
15	M	4.83	1	0	12	2.66	4	3	15	ADHD	27	26			
16	M	3.5	1	10	21	0.5	5	10	15	ADHD	48				
17	M	5.3	12	0	5	5.83	4	1	1	ADHD	26	20	15	6	4
18	M	N/A	40(10 hb)	0	6	N/A	11	0	1	ADHD	39	23	25	28	
19	M	6.1	2	0	14	4.75	2	3	10	ADHD	31	20	24		
20	M	5.8	4	0	10	6	4	4	6	ADHD	15	16	13	15	17
21	M	N/A	14	1	0	N/A	14	2	0	Generalized anxiety disorder	28	17	21	24	
22	M	9	2	0	3	6	1	0	0	ADHD	31				
23	M	N/A	3	0	2	N/A	8	3	0	ADHD	6	5	6	3	7
24	M		4	1	5		6	1	15	ADHD	25	34	32	31	41
25	M	6.75	3	0	5	4	5	0	5	Major depressive disorder	42				

PSC and GPA Averages

Average PSC Score

	1	2	3	4	5
Series1	22.95	19.87	21.74	24.49	19.16

Average GPA

	Spring 2015	Spring 2016
Series1	4.67	5.02
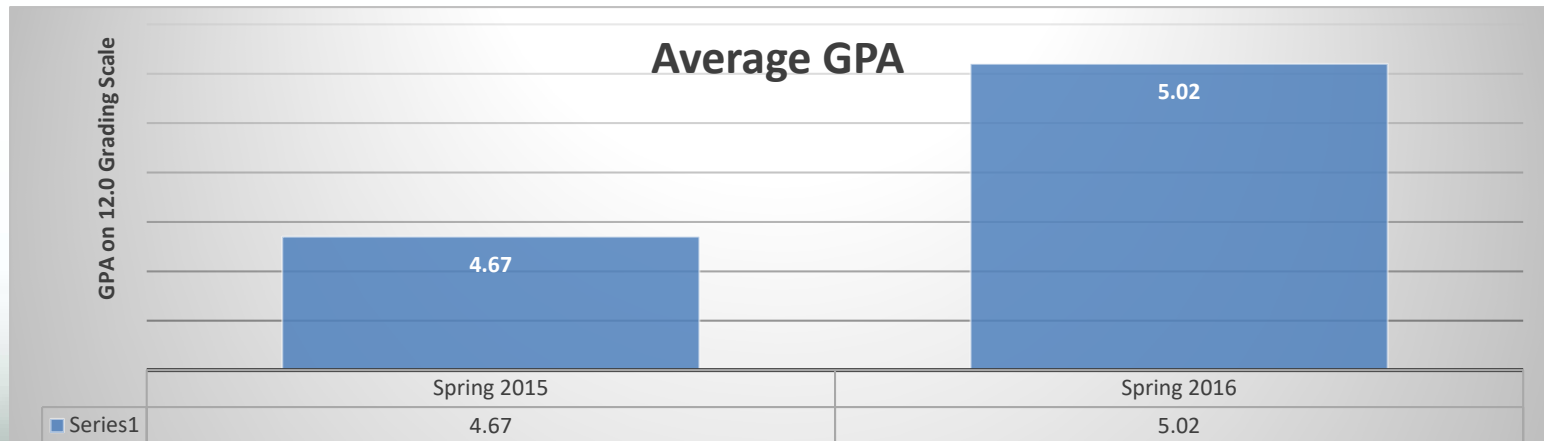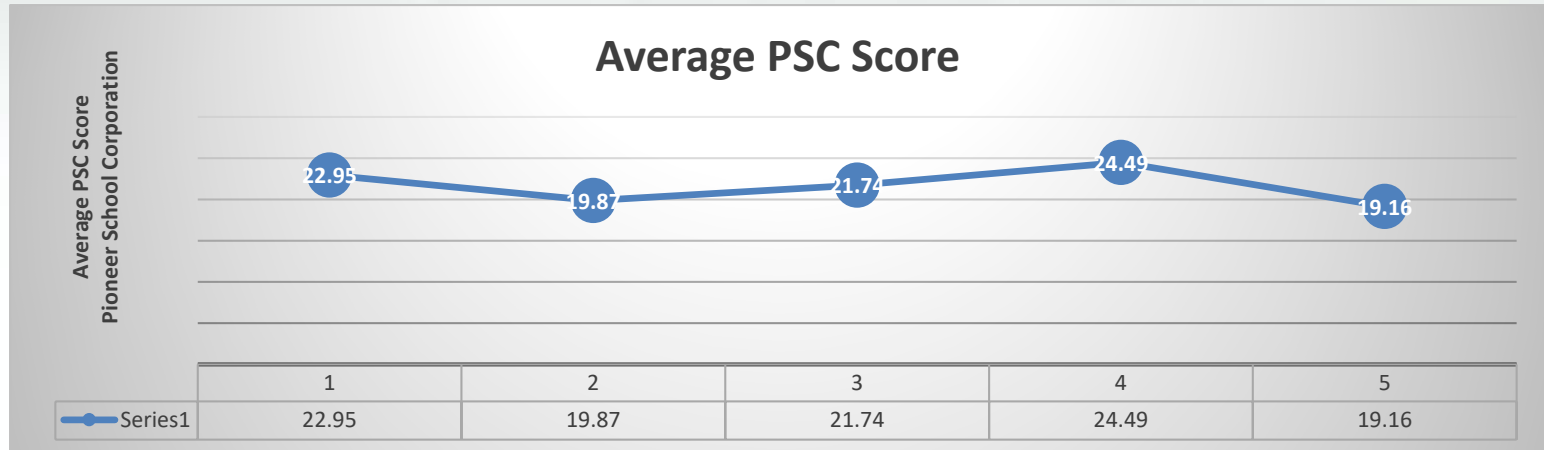
PSC and GPA Averages

Average Absences

	Spring 2015	Spring 2016
■ Excused Absences	3.68	6.13
■ Unexcused Absences	2.82	1.74

Disciplinary Infractions

	Spring 2015	Spring 2016
■ Series1	5.18	3.33
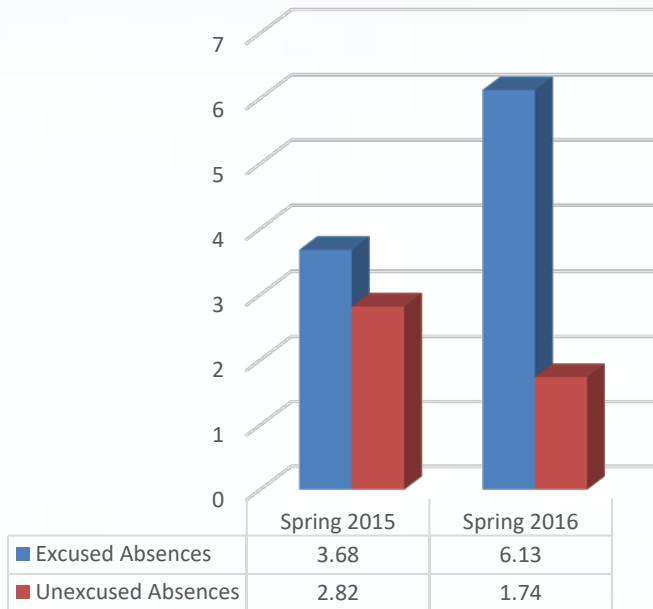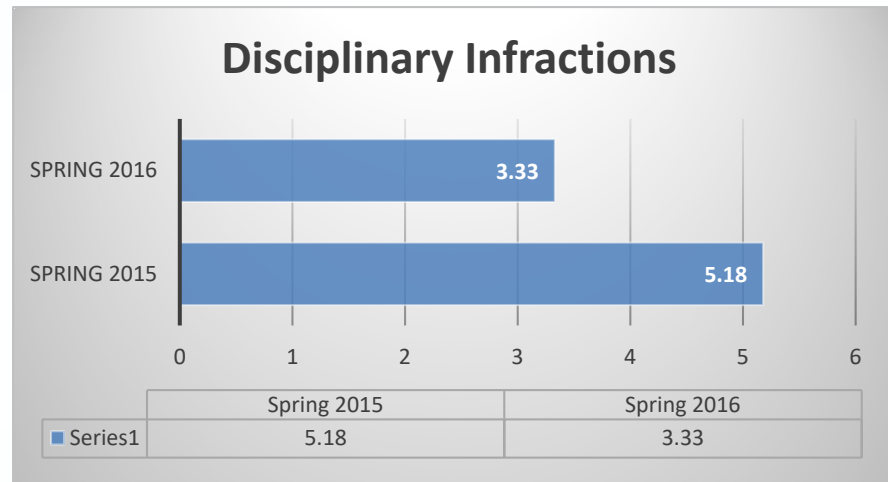
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Results have shown

- Reported psychosocial stressors decreased
- GPA's Increased
- Discipline Infractions decreased

- **Share those results!!**

Case Example

- **Pride Program**
    - **-Success stories**

- **Success Classroom**
    - **-success stories**

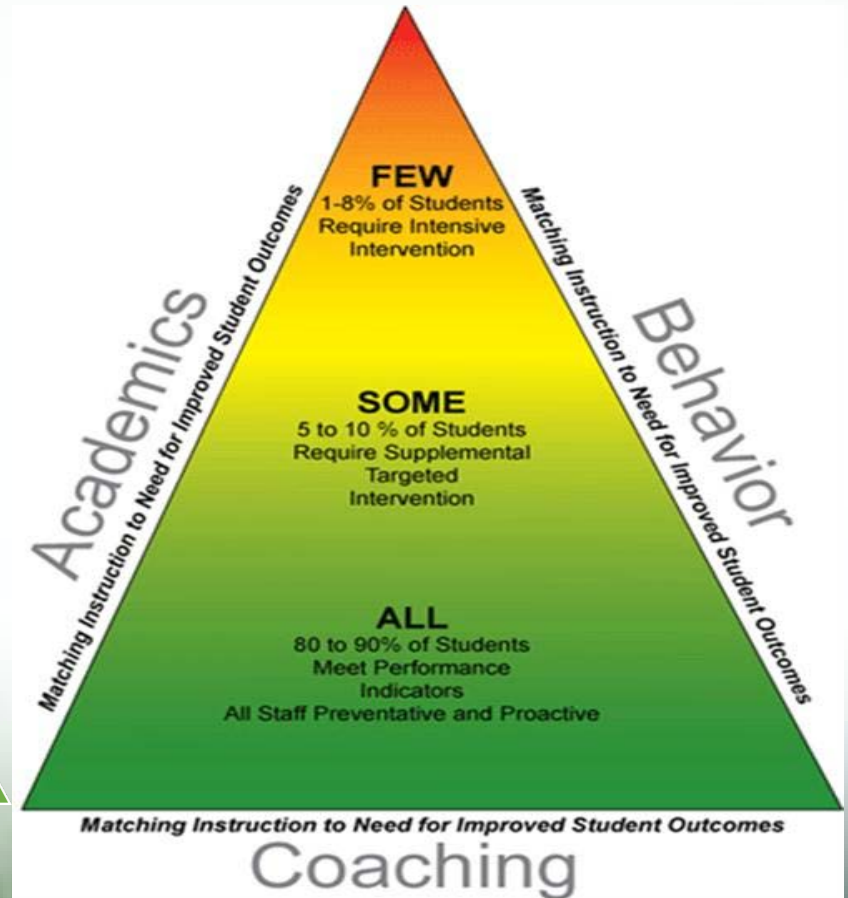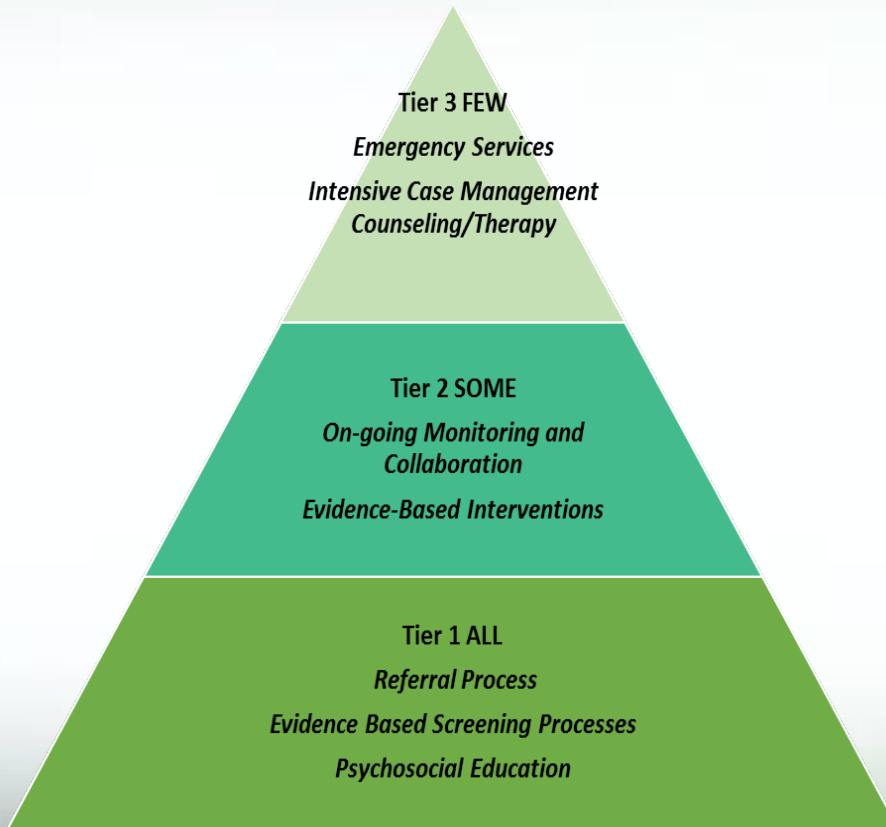# Training Opportunities for Mental Health Associates and Schools

- **Ongoing training and support for Case Managers**
    - **Case Manager Academy (CMA)**
    - **School Based Orientation**
    - **Life Skills Training (LST)**
    - **Community Health Worker Training**
    - **Question, Persuade, Refer (QPR)**

- **Professional Development/Supports for Schools**
    - **Sources of Strength (SOS)**
    - **Suicide Prevention Training**
    - **Trauma Informed Care for the Classroom**
    - **Classroom Management**
    - **Special Requests (Crisis Support)**

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CMHC Triangle and PBIS Triangle
Relationship building and enhanced services leads to support on all three tiers.

Questions?