Behavioral Health Team Collaborative Case Studies: 3 District Dissemination Models

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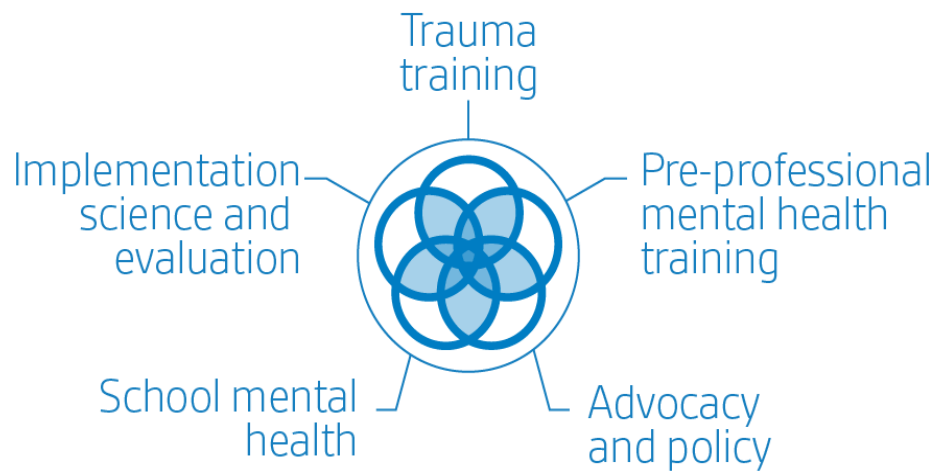Chicago Public School District # 299

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The Center for Childhood Resilience (CCR) is focused on building the resiliency of all children and youth by leading innovative, sustainable and evidence-based strategies that engage youth-serving organizations in a public health approach to addressing the impact of trauma and promoting mental health and wellness.

Trauma training

Pre-professional mental health training

Implementation science and evaluation

School mental health

Advocacy and policy

For over ten years, CCR's multidisciplinary team of mental health professionals share insights and best practices through trainings, consultation, advocacy and research to advance mental health services and build strong communities.

CCR collaborates with educators, community agencies, civic and government leaders, parent organizations, and philanthropic groups who work with and advocate for children.

www.childhoodresilience.org

Center for Childhood Resilience Collaboration with Schools

- Provide school consultation to communities throughout the state (suburban, urban, and rural) via professional development for staff & strategic planning with administration

- Trauma training & development of trauma-informed schools

- Training and supported implementation for evidence based interventions
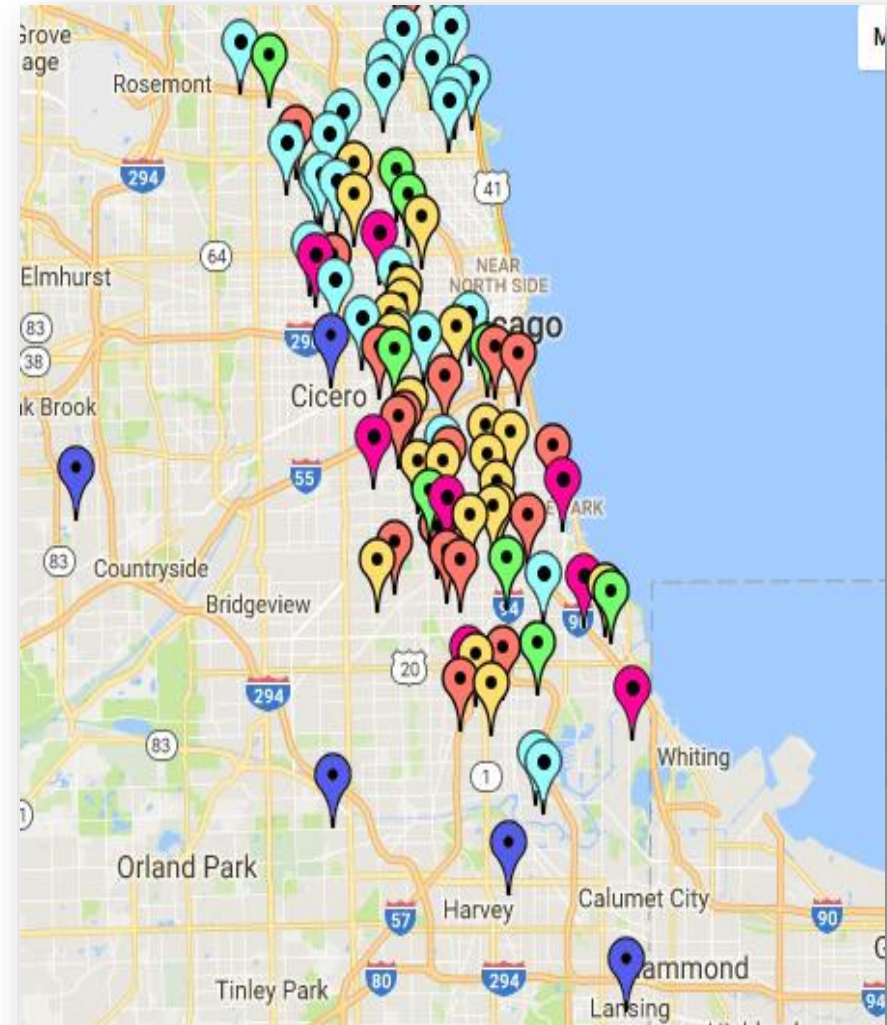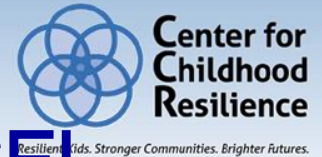
What's Unique about the State of Illinois?

- Social and Emotional Learning Standards
  - 1st in country
  - Adoption of evidenced based interventions
- Many different school districts in the state (over 800)
- Senate Bill 100
  - Restorative Justice emphasis
  - Strengthening strategies before out of school disciplinary action
- Beginning to track racial disparities in discipline
- High need and high responsive schools
- Policymakers engaged at highest levels
  - Trauma Informed Bill proposed by Senator Durbin – not passed
  - 6 key provisions included in Opioid Recovery Act (Senate & House versions-Reconciliation)

Five Core Competencies

Self-Awareness

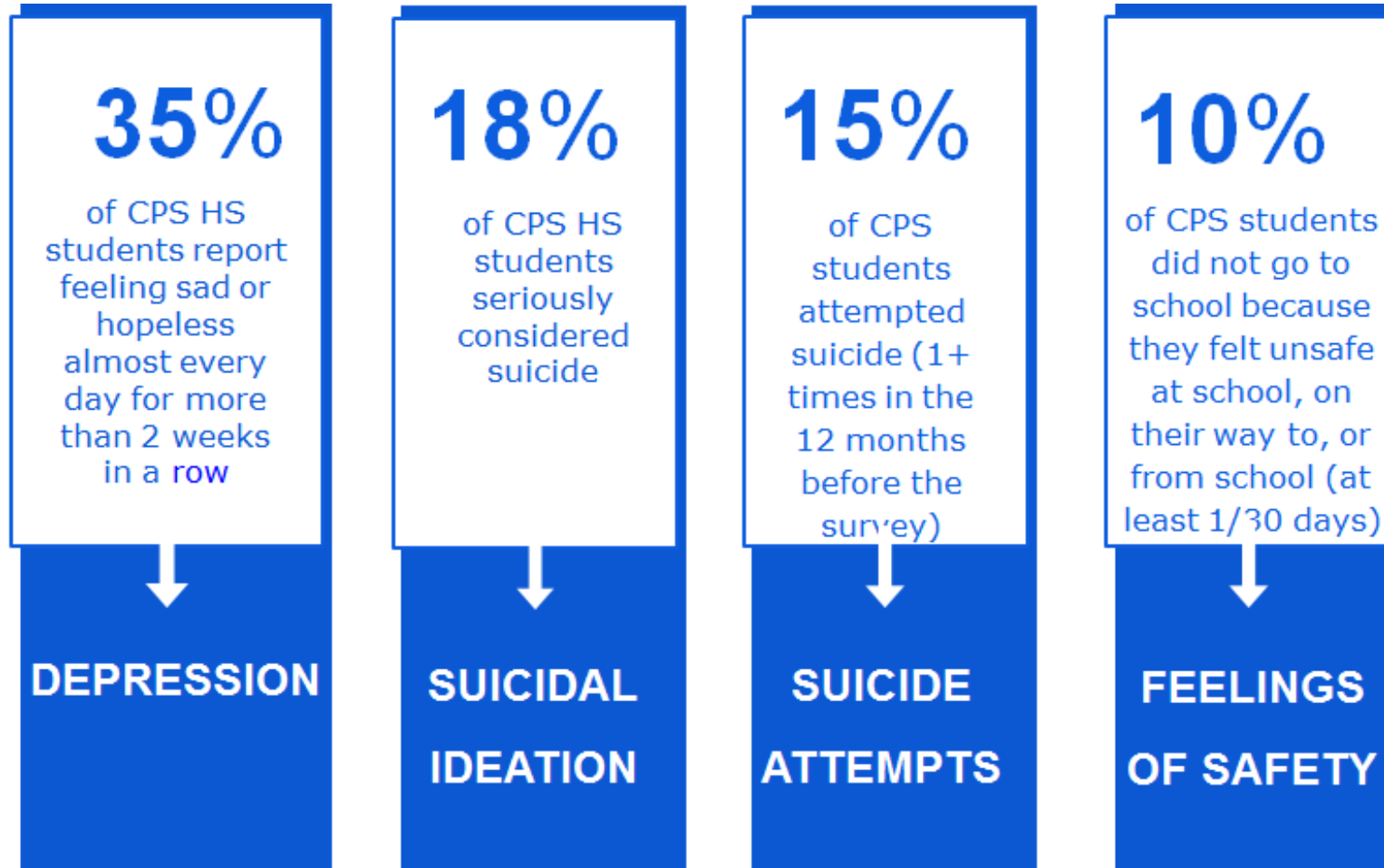Self-Management

Social Awareness

Relationship Skills

Responsible Decision-Making

IL Learning Standards for SEL

Center for Childhood Resilience

Resilient Kids. Stronger Communities. Brighter Futures.

Self	Goal 1: Develop **self-awareness** and **self- management** skills to achieve school and life success.
Others	Goal 2: Use **social- awareness and interpersonal skills** to establish and maintain positive relationships.
Decision-Making	Goal 3: Demonstrate **decision-making** skills and **responsible behaviors** in personal, school, and community contexts.

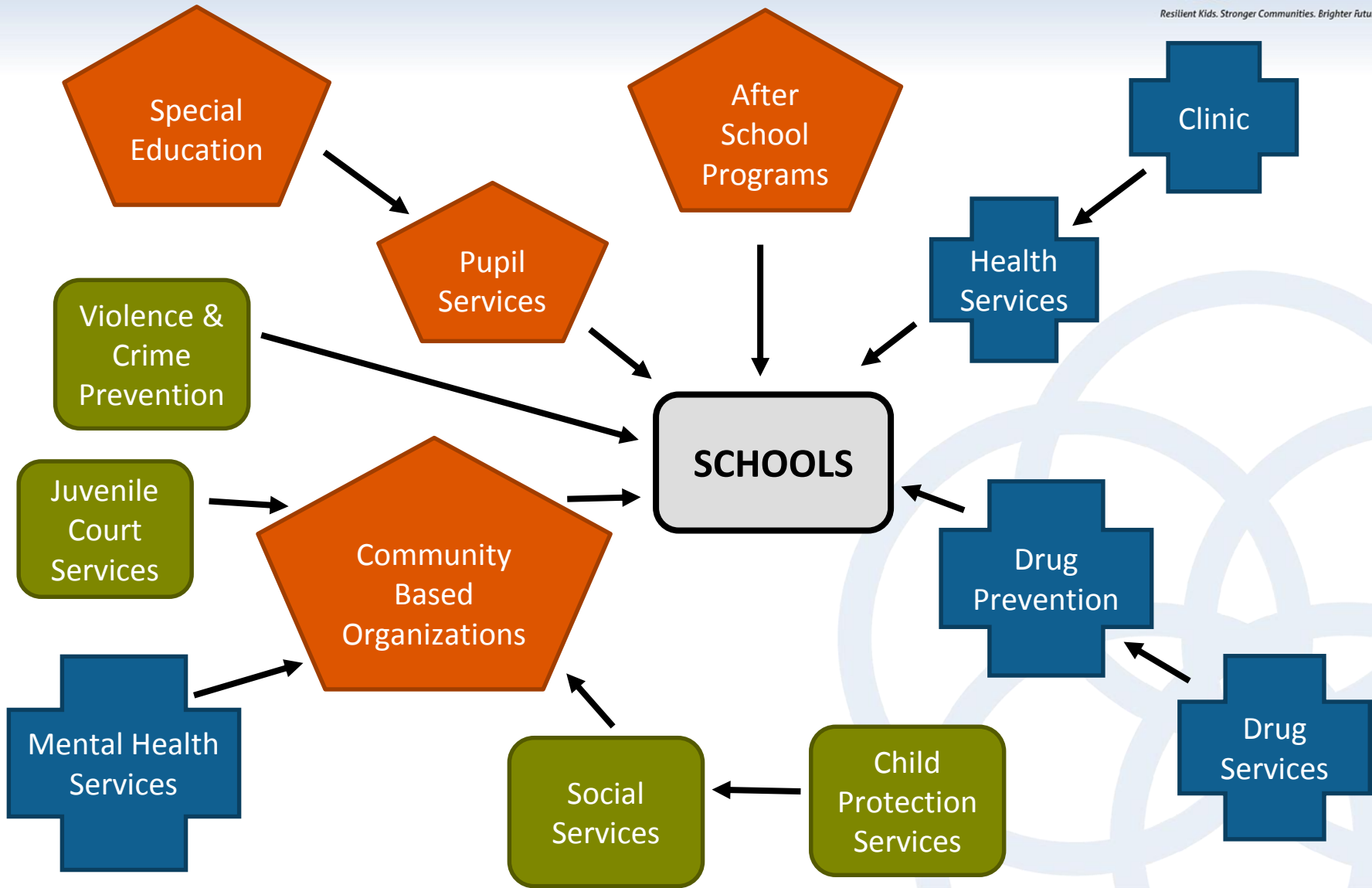# 7.5 Million U.S. Children with Unmet Mental Health Needs

- On average, only 1/4 of children in need of mental health get the help they need

- Of those receiving mental health treatment, **70-80%** receive treatment in a school setting

- Research suggests that schools may function as the <u>de facto mental health system</u> for children and adolescents

(Center for Health and Behavioral Health in Schools, 2012)

Trauma Related Mental Health Problems Among Chicago Public School Students

35% of CPS HS students report feeling sad or hopeless almost every day for more than 2 weeks in a row

↓

DEPRESSION

18% of CPS HS students seriously considered suicide

↓

SUICIDAL IDEATION

15% of CPS students attempted suicide (1+ times in the 12 months before the survey)

↓

SUICIDE ATTEMPTS

10% of CPS students did not go to school because they felt unsafe at school, on their way to, or from school (at least 1/30 days)

↓

FEELINGS OF SAFETY

Centers for Disease Control Youth Risk Behavior Survey, 2017

Fragmented Policy ⟷ Fragmented Practices

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- Special Education
- After School Programs
- Clinic
- Pupil Services
- Health Services
- Violence & Crime Prevention
- **SCHOOLS**
- Juvenile Court Services
- Community Based Organizations
- Drug Prevention
- Mental Health Services
- Social Services
- Child Protection Services
- Drug Services

Multi-Tiered System of Support for Social & Emotional Learning

Chicago Public Schools

Center for Childhood Resilience
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ALL STUDENTS
(Ex: PBIS or Foundations, Second Step, Restorative Conversations, Talking Circles)

CREATE POSITIVE LEARNING CLIMATE

School climates with positive relationships, clear expectations, and collective responsibility establish appropriate behaviors as the norm. Respectful, learning-focused, participatory **classroom environments** with well-managed procedures and behaviors maximize learning time

TEACH SOCIAL AND EMOTIONAL SKILLS

Explicit curricula, along with integrated instructional practices that promote social and emotional development, teach students how to form positive relationships, make responsible decisions, and set goals. These are critical skills for college and career success.

SOME
(Ex: Peace Circles, Check In/Check Out BAM/WOW, CBITS, Anger Coping, Think First

TARGETED SUPPORTS

For at-risk students, classroom-based responses can help de-escalate behavior problems, clinical group interventions address anger, trauma, and violence; and restorative practices provide students with strategies to resolve conflicts

FEW
(Ex. Individualized Counseling)

INDIVIDUALIZED INTERVENTIONS

For students with the highest levels of need, highly-targeted and individualized behavior strategies provide more intensive intervention and monitoring.

16

How Data is Useful in MTSS

Data-informed decision making

- Determines level of support that student needs
- Keeps discussion focused on measurable aspects of students need

Tracking students and interventions

- Increases accountability and avoids duplication/gaps in service

Progress Monitoring

- Measures progress during intervention and where additional supports or changes are needed

Quality Improvement

- Indicates whether processes are effective and what adjustments are necessary

Evaluation

- Measures *scope*-# students receiving services
- Measures *impact* of services on students

Behavioral Health Team: Definition and Mission

The Behavioral Health Team (BHT) is a school-based, multidisciplinary group of behavioral health staff that addresses the needs of a school's at-risk students.

BHT:

- **Coordinates** services so that students are appropriately matched to services

- Develops a system of **accountability** to ensure follow-through with service delivery

- Builds on and maximizes existing **resources**

- **Evaluates** the effectiveness of interventions and determines the need to reassess

Behavioral Health Team: Best Practices

- Uses a **multi-tiered system of supports**

- **Builds on capacity** and **address needs** of the individual school

- **Identify strengths and weaknesses** through *Key Components* self-assessment per school

- Uses **referral and screening protocols** to match students to appropriate intervention(s)

- Provides **evidence-based interventions** that address students' social, emotional, and behavioral needs.

- Collaborates with school personnel and community-based organizations to **provide and/or coordinate services** and form a web of support

- Collects, interprets, and reports on **data** to improve quality of services.
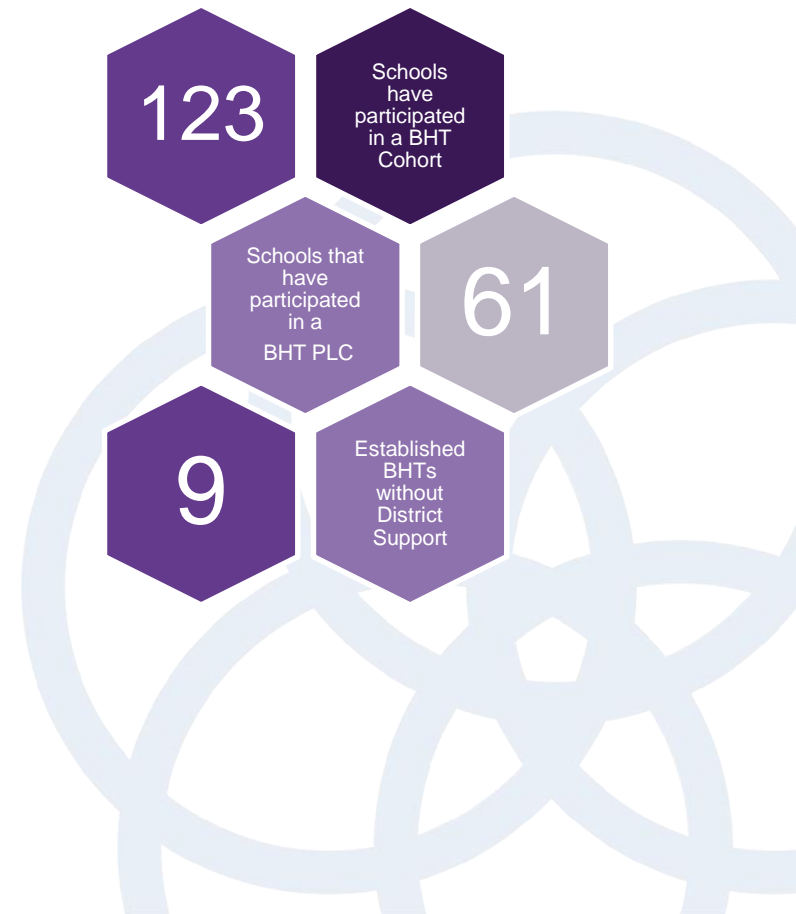
Chicago Public Schools

Establishment of Behavioral Health Teams within Chicago Public Schools (CPS)

Beginning in 2013, CPS supported the development of BHTs through:
- Cohort-specific trainings
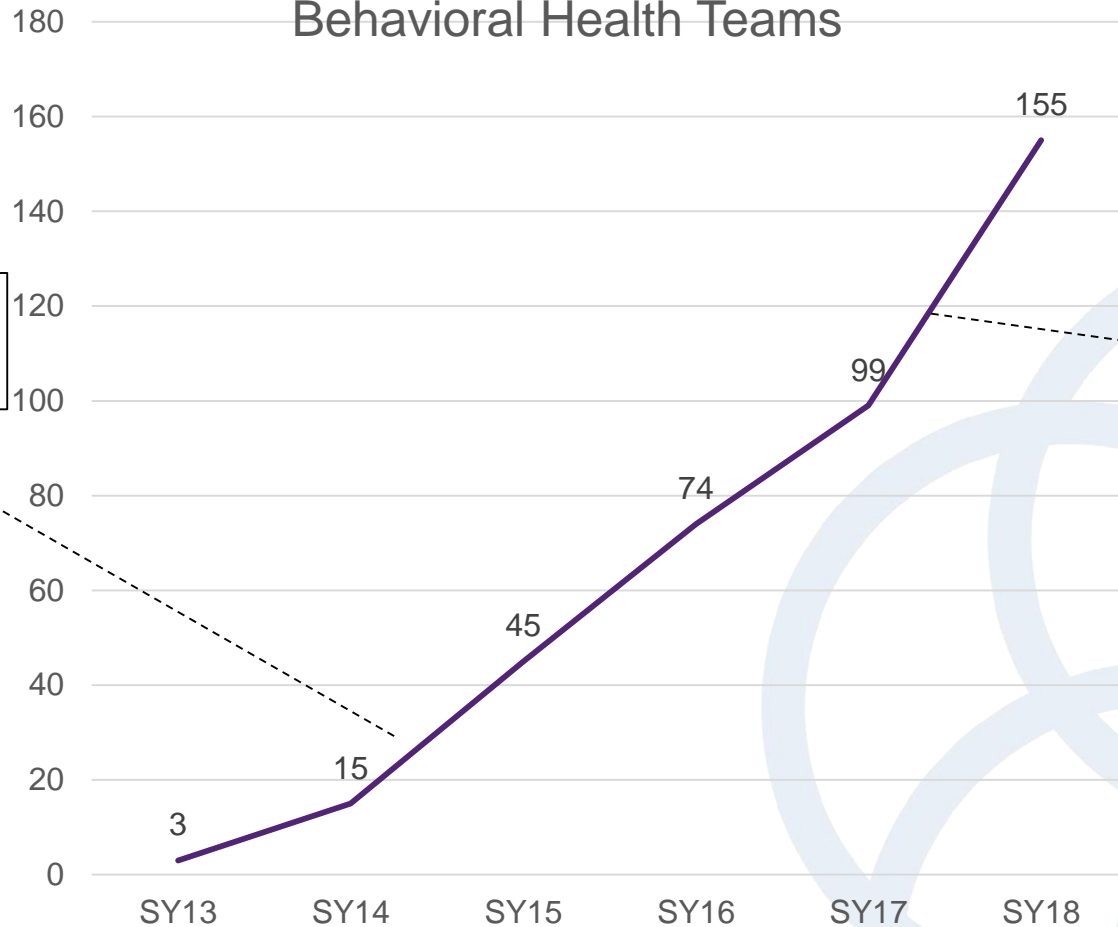- District-wide Professional Learning Communities

Few schools take on the initiative of establishing a BHT without district support

123 Schools have participated in a BHT Cohort

Schools that have participated in a BHT PLC

61

9 Established BHTs without District Support

Expansion of BHTs in CPS over time

Number of Schools with Behavioral Health Teams

SY14 – Network SEL Position Established

SY18 - Expansion of BHT Training to All District Schools who Applied

Data points: SY13: 3, SY14: 15, SY15: 45, SY16: 74, SY17: 99, SY18: 155

— Number of Schools with BHTs

CPS Impact Data from BHT Implementation in Schools

Readiness Component	Yes			
	Pre		Post	
	Number	Percent	Number	Percent
Our school has an established administrator to oversee our multi-tiered system of supports.	25	78%	36	97%
Our school has structures in place for Tier One school-wide supports that promote a positive and safe learning climate.	22	71%	36	97%
Our school has in place a classroom-based SEL curriculum that teaches social and emotional skills to all students, (e.g., Calm Classroom, PATHS Advisory Curriculum).	15	50%	31	84%
Our school has structured meetings (e.g., grade level teams) with dedicated time for behavioral health staff and school staff to engage in student-level discussions about students' social, emotional, behavioral and academic progress.	28	97%	37	100%
Our school has dedicated time to provide teachers and school staff with ongoing professional development on strategies that address students' social, emotional and behavioral needs.	20	69%	36	97%
Our school has standardized behavioral health policies and procedures for referral and screening of students exhibiting social, emotional, or behavioral issues.	21	70%	36	97%
Our school has a team of internal staff members, such as the BHT team, (e.g., counselors, social worker, psychologist, special education case manager) who meet regularly to discuss student referrals and match students to appropriate interventions. (Discussions include all students, rather than just students with IEPs.)	21	75%	35	95%

CPS Impact Data from BHT Implementation in Schools

| BHT Elements	Yes			
	Pre		Post	
	Number	Percent	Number	Percent
Our school has a process for the monitoring and/or tracking of students referred to behavioral health services.	23	74%	31	84%
Our school offers Tier Two behavioral health evidence-based group interventions that address high-risk students' needs (e.g., anger, trauma, behavior).	29	94%	37	100%
Our school offers Tier Three individual counseling for students requiring intensive interventions	29	94%	34	92%
Our behavioral health personnel refers and links students/families to external services (e.g., health, mental health, substance abuse, social services)	27	90%	33	89%
Our school has policies and procedures for handling students' mental health crises (e.g., abuse/neglect, suicidal ideation).	24	80%	36	97%
Our school has policies and procedures for handling school wide crises (e.g., school shooting)	24	83%	33	89%
Our school has successfully formed partnerships with community agencies to provide on-site behavioral health and/or social supports by establishing an MOU or linkage agreement	27	87%	34	92%

Locations of BHTs within Chicago Public Schools
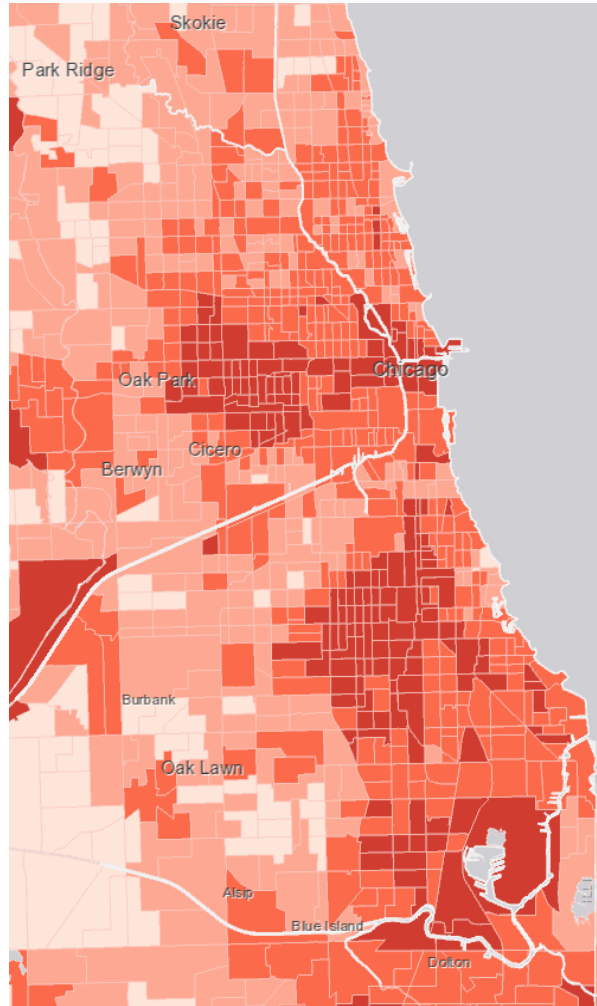
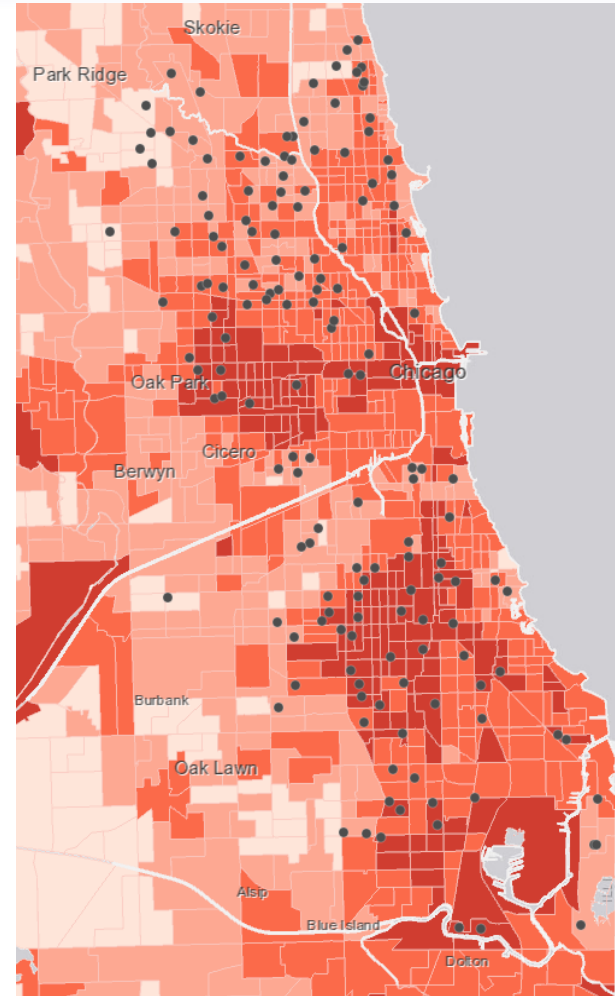Image 1: Total Crime Index in Chicago (2018)

Image 2: Schools with BHTs and Total Crime Index in Chicago (2018)

Overview of CPS Schools with BHTs

SQRP Rating SY18	Schools with BHTs	CPS District Schools Overall
Level 1+	25% (39)	33% (170)
Level 1	30% (46)	27% (141)
Level 2+	20% (31)	18% (94)
Level 2	23% (36)	18% (91)
Level 3	1% (2)	1% (6)
Inability to Rate	0% (1)	3% (15)
Grand Total	**100% (155)**	**100% (517)**

SSC Rating SY18	Schools with BHTs	CPS District Schools Overall
Exemplary	19% (29)	12% (62)
Established	30% (47)	24% (126)
Emerging	37% (57)	46% (238)
No Rating	14% (22)	18% (91)
Grand Total	**100% (155)**	**100% (517)**

Schools with different levels of academic achievement, organization, and SEL integration can still establish BHTs to help improve SEL supports

Students reached by BHTs

- In SY18, on average, a school with a BHT gave interventions to about **34 students**, while a school without a BHT gave interventions to about **9 students**.

- For the 45 schools that established BHTs for the first time in SY18, on average, they reached **7 more students in SY18 than SY17**.

Descriptive Statistics

Schools with BHTs are more likely to…

Have higher:

- Average absences
- Average number of ISS and OSS
- Average failure rates
- Proportion of students eligible for free/reduced lunch
- Proportion of students receiving interventions

Have lower:

- Average GPA

Table 6. Characteristics of BHT schools compared to other schools (1617-1718)

Characteristics	All	No BHT	BHT
Schools (n)	538	362	155
Absent	12.51	10.89	12.92***
Out of School Suspension	0.03	0.02	0.03***
In School Suspension	0.02	0.02	0.03**
GPA	3.04	3.1	3.01**
Failures	0.54	0.36	0.64***
Black	0.47	0.49	0.42*
Hispanic	0.38	0.37	0.43
White	0.09	0.1	0.09
Sped	0.17	0.17	0.17
Male	0.51	0.51	0.51
Free/Reduced Lunch	0.84	0.82	0.86**
EL	0.16	0.16	0.19*
STLS	0.06	0.05	0.06
Received Intervention	0.03	0.02	0.05***

Note: Statistics based on school-year within which BHT existed.

p-values based on linear regression

 * $p<0.10$, ** $p<0.05$, *** $p<0.01$.

Key Takeaway: Schools with BHTs are more likely to have a higher proportion of students receiving interventions. On average, schools with BHTs had 5% of their students receive interventions, while schools without BHTs had 2% of their students receive interventions.

Healing Trauma Together

Center for Childhood

Purpose

Create 10 trauma-sensitive high school communities that **promote student resiliency** through:

- **Promoting awareness** and trauma-sensitive strategies
- Developing a **central coordinating structure** for trauma-focused (and other Tier 2 and 3) social, emotional and behavioral health services
- Establishing **community partnerships** to support the promotion of SEL and/or mental health service delivery
- Connecting students to appropriate **evidence-based interventions**
- Collecting, interpreting, reporting on relevant **student data** to improve service quality

Core Components

Professional Development: Trauma Training Series

✓ Trauma-Sensitive Schools

✓ Child-Adult Relationship Enhancement (CARE)

✓ Safety Care

✓ Discipline in the Secondary Classroom

✓ Youth Mental Health First Aid (YMHFA)

✓ Community Resilience

Trauma-Informed Systems, Structures and Interventions

✓ Behavioral Health Team

✓ Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

School-Community Mental Health Partnerships

✓ Youth Guidance

✓ DePaul Family and Community Services

✓ Healing, Empowering and Learning Professionals

CCS — Office of COLLEGE AND CAREER SUCCESS

HTT Program Outcomes

HOW MANY STUDENTS RECEIVED SERVICES?

Total 563 students in 2017-18:
- 170 students in group interventions
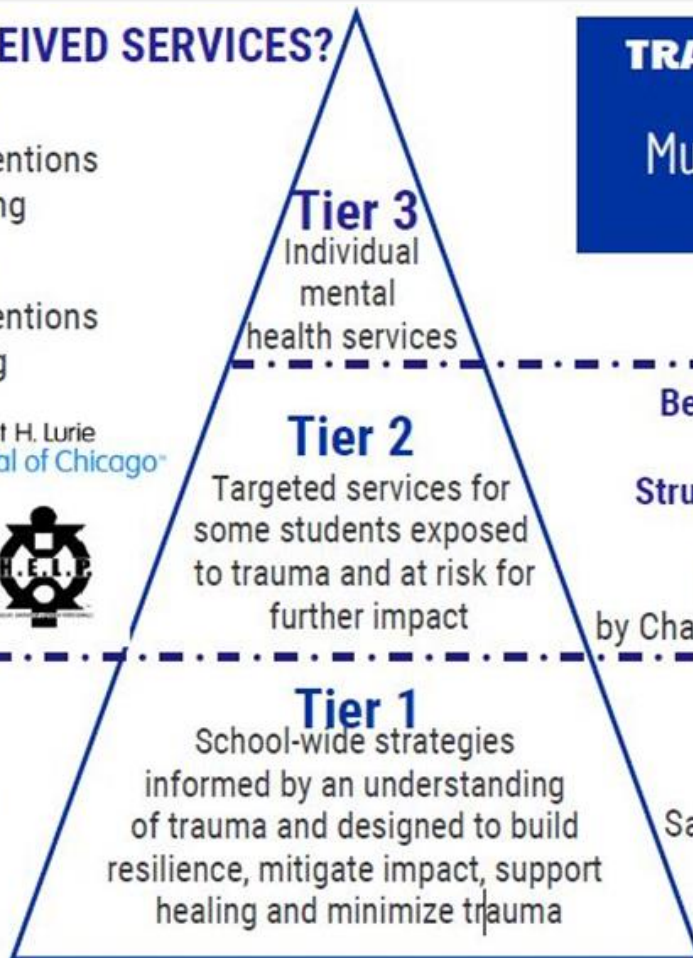- 393 students in 1:1 counseling

Total 216 students in 2016-17:
- 136 students in group interventions
- 80 students in 1:1 counseling

Chaddock — Every Child Deserves a Chance

Ann & Robert H. Lurie Children's Hospital of Chicago

DePaul University

YOUTH GUIDANCE — GUIDING KIDS TO BRIGHT FUTURES

H.E.L.P.

HOW MANY PEOPLE RECEIVED TRAINING?

- Total 62 trainings across 10 schools to **1548 attendees**

HEALTHY CHICAGO — CHICAGO DEPARTMENT OF PUBLIC HEALTH

CHICAGO PUBLIC SCHOOLS | CPS

Tier 3
Individual mental health services

Tier 2
Targeted services for some students exposed to trauma and at risk for further impact

Tier 1
School-wide strategies informed by an understanding of trauma and designed to build resilience, mitigate impact, support healing and minimize trauma

TRAUMA-SENSITIVE SCHOOL MODEL WITHIN A Multi-Tiered Systems of Support (MTSS) Framework

Individual Counselling Services
by DePaul, HELP, and Youth Guidance

Behavior Health Teams (BHT) Workshops
by Lurie Children's Hospital

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Group Intervention Services
by Chaddock, DePaul, HELP, & Youth Guidance

Trauma Training Series
Trauma-Sensitive Schools
Child-Adult Relationship Enhancement
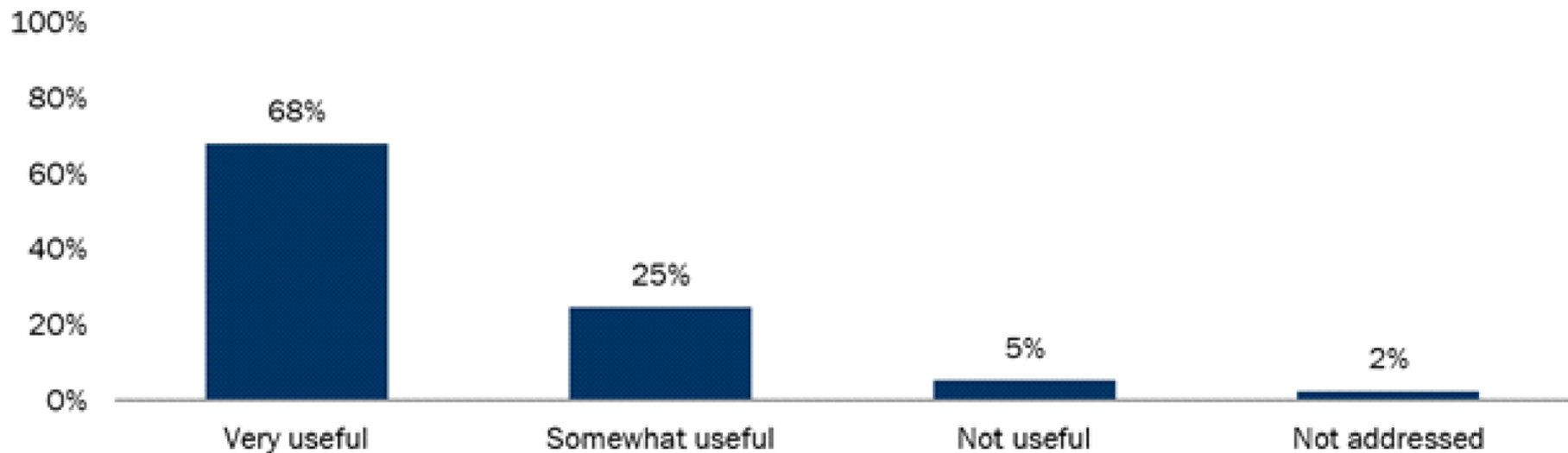Safety Care, Youth Mental Health First Aid
Discipline in the Secondary Classroom

Community Resilience Trainings
by the Chicago Dept. of Public Health

BHT Training:
Workshop Satisfaction at HTT schools

Participant ratings of the extent to which BHT workshops were useful across training objectives.

HTT Schools and SPARCS Outcomes

	Number of Schools implementing SPARCS	Number of Students Receiving SPARCS	Average Number of Students Receiving SPARCS by School
Schools with HTT	8	85	10.6
Schools without HTT	7	30	4.3

Note: There were 10 schools with HTT, but only 8 of the schools logged data into the MTSS logging tool with their students.

HTT Schools and SPARCS Outcomes

	Average Number of Exposures	Average Symptomatology: TSI Pre	Average Symptomatology: TSI Post
Schools with HTT	11.69	24.9	18.9
Schools without HTT	9.86	26.6	20.7

Note: There were 10 schools with HTT, but only 8 of the schools logged data into the MTSS logging tool with their students.

Proviso West Township School District #209

- 1850 Students

- 118 Teachers
  - 68% White
  - 20% Black
  - 7% Hispanic

- 5th Principal in 9 Years

- Minimal Teacher-Principal Trust (5 Essentials)

Descriptor	Student Data Point
African American	47%
Hispanic	44%
Low-Income	25%
Diverse Learners	14%
English Learners	12%
Attendance	81%
SAT Average	876
Freshmen on Track	67%

Illinois Report Card, Illinois State Board of Education

NEW PRINCIPAL'S ENTRY PLAN OBJECTIVES

- Develop a process for learning about Proviso West and its school community

- Build relationships with Proviso Township stakeholders

- Understand the community's vision for improving Proviso West

- Cultivate collective ownership of Proviso West's School Improvement Plan

- Set the foundation for a continuous improvement approach to school reform

PWHS Improvement Plan
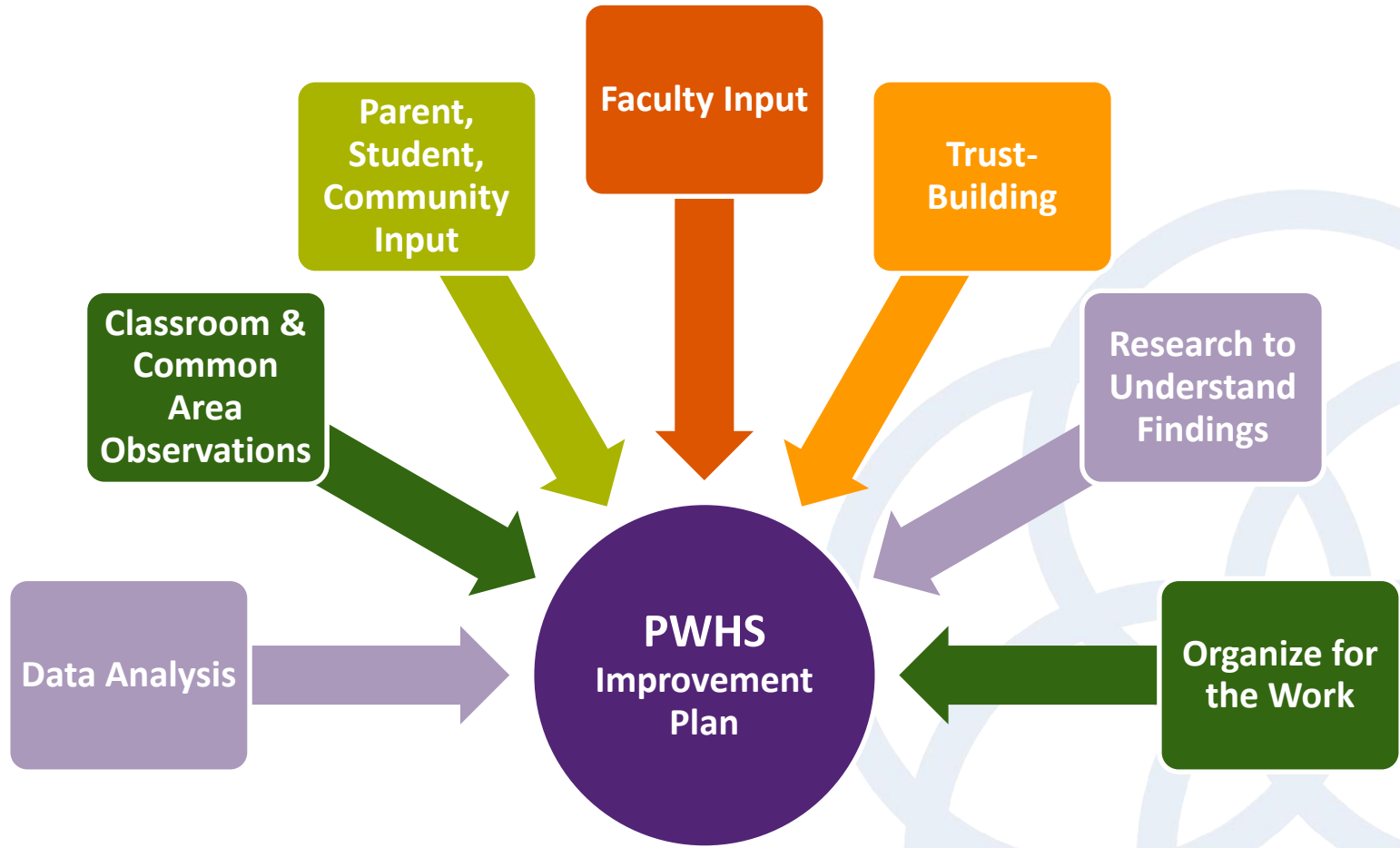
PWHS Continuous Improvement Plan

Continuous Improvement Cycles of Inquiry help faculty teams collect, interpret, and impact leading and lagging data:

- Problem Identification
- Research
- Strategic Planning & Goal Setting
- Implementation
- Implementation Evaluation
- **Repeat**

Collect data to support root cause analysis

Research problem and select improvement strategy

Develop strategic work plan & set improvement goals

Implement strategic work plan

Collect data to evaluate plan implementation and make adjustments
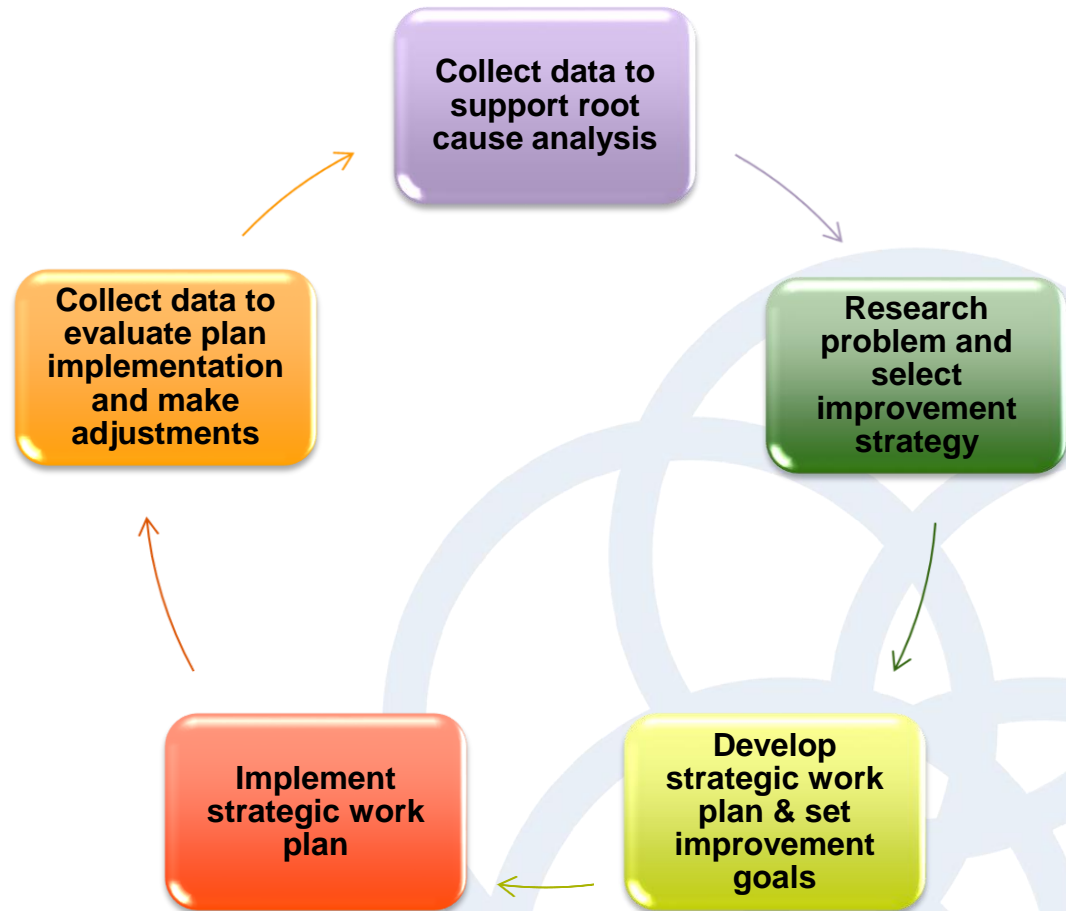
PWHS: A Slew of Services

Our School:

A Slew of Services!

CLUBS AND ACTIVITIES

SCHOOL SOCIAL WORKERS & PSYCHS

COMMUNITY MENTAL HEALTH AGENCIES

EL TEAM

IEP Team

HEALTH SERVICES

STUDENT SERVICES

RE-ENTRY SUPPORT

DEANS OFFICE

SUPPORT GROUPS

ALOP

RESTORATIVE PRACTICES
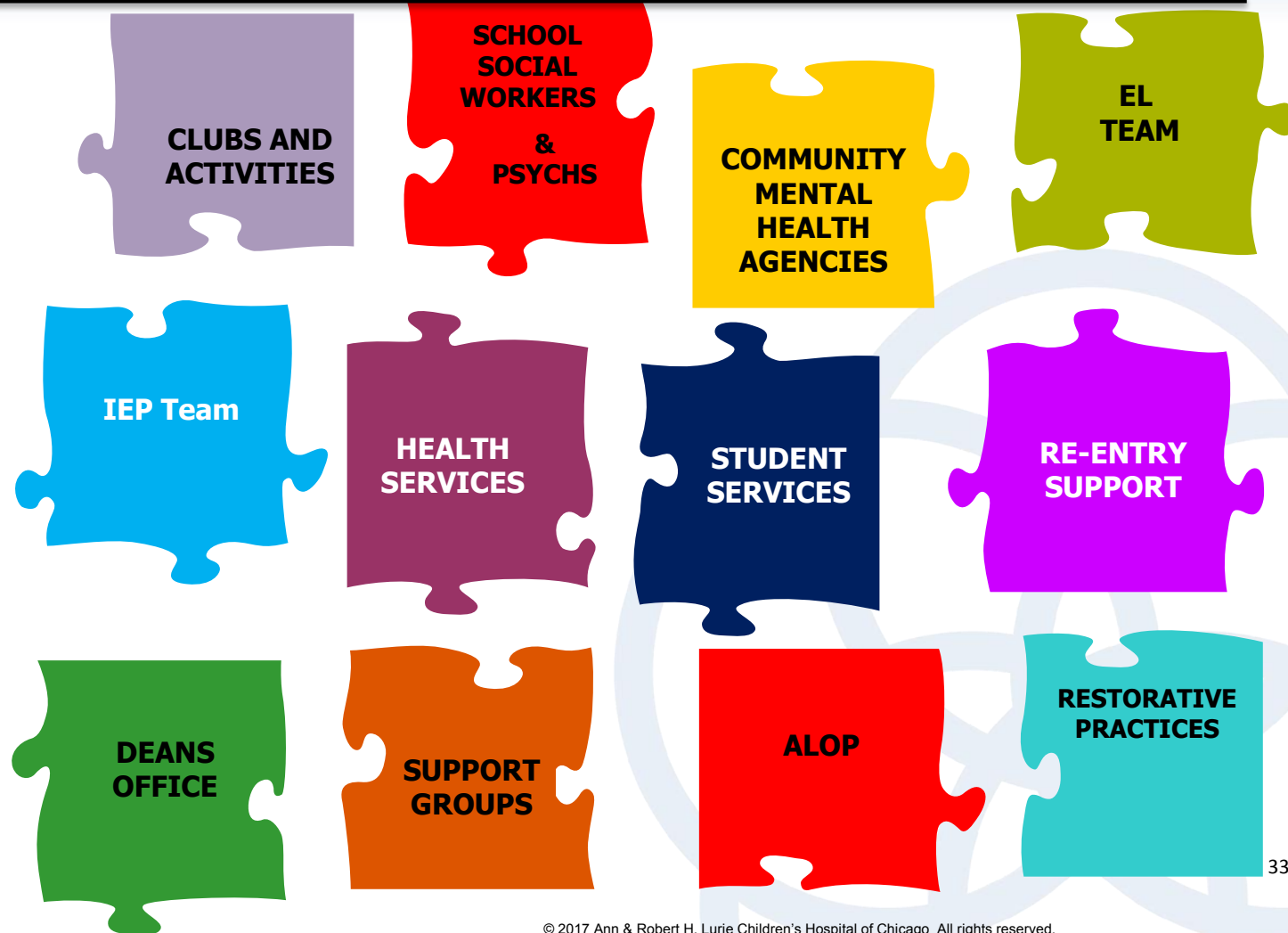
STUDENT SURVEY: 1086 RESPONSES

Descriptor	# of Students	Percentage
Need Help Reducing Test Anxiety	480	44%
Need Help with Feeling Stressed	397	37%
Need Help with Gaining More Self-Confidence	314	29%
Need Help with Feeling Anxious	304	28%
Need Help Dealing with Anger	277	26%
Need Help Making Better Decisions	276	25%
Need Help Resolving Conflict	199	18%
Need Help with Feeling Sad or Depressed	147	14%
Need Help with Grief Over Loss of Loved One	121	11%

Proviso West High School

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Safety Problem

- Incoherent or inconsistent procedures for addressing climate concerns
- No mechanism to determine the root cause of chronic misbehavior

SY16 5Essentials Survey Results: Safety

	Bathrooms	Halls	Classrooms	Traveling Between Home and School
■ Not Safe/Somewhat Safe	49%	55%	33%	32%
■ Mostly Safe/Very Safe	52%	45%	67%	68%

Illinois Report Card, Illinois State Board of Education
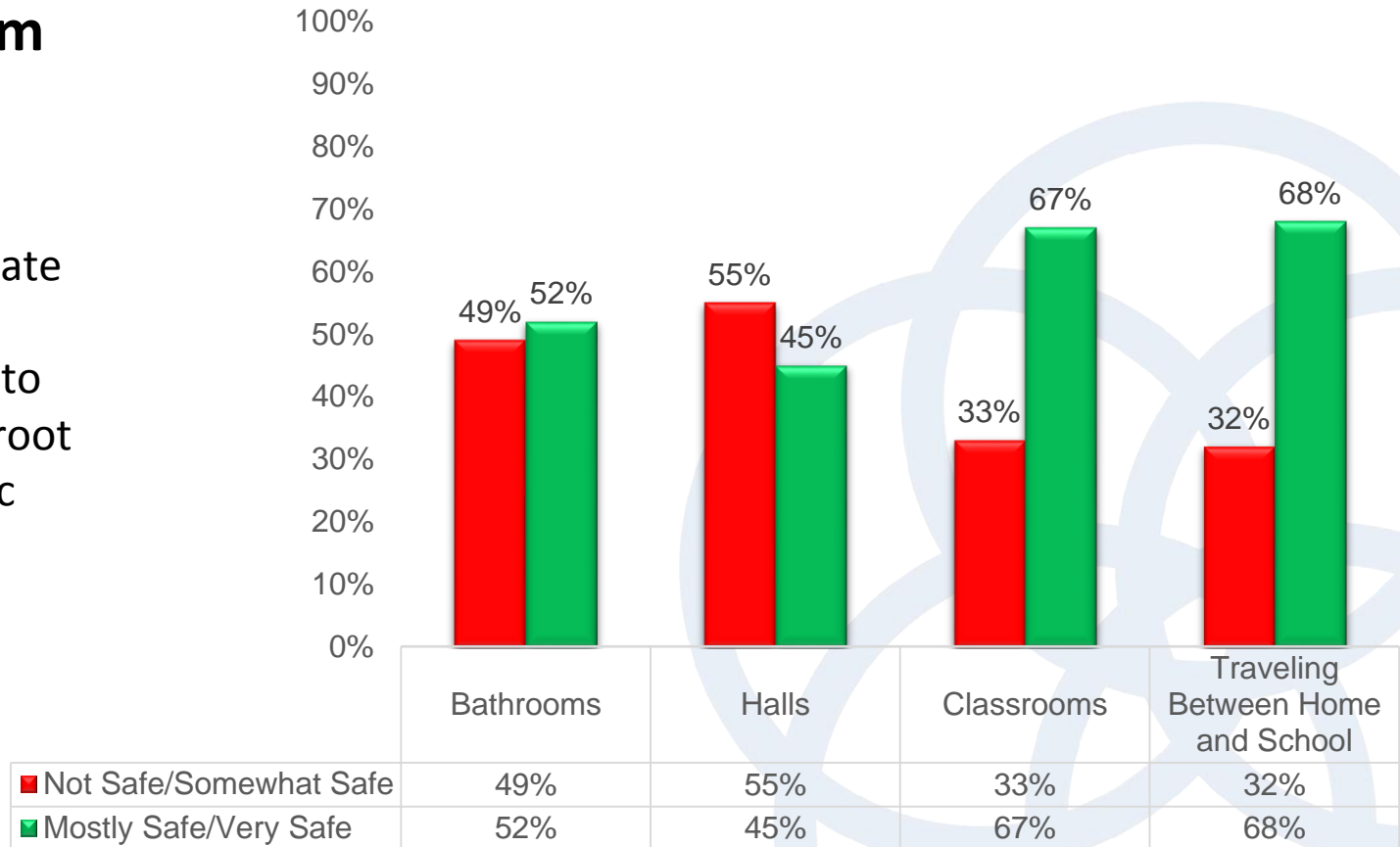
AFTER DATA REVIEW, NOW WHAT?

Activities	Timeline
Began Principalship	June 2017
Introduced CARE/BHT Model to PWHS Clinicians	August 2017
Began Planning with Center for Childhood Resilience	Sept 2017
Initial Think First Training Dates (Rescheduled)	November 2017
Presentation to Board of Education on Benefits of Think First	December 2017
Rescheduled Think First Training	Dec 2017 & Jan 2018
Think First Pilot Groups	Jan – May 2018
CBITS Approved by Board of Education	August 2018
CBITS Training	Sept 2018

Think First Intervention: Student Outcome Results

Teacher Report of Reactive and Proactive Behavior
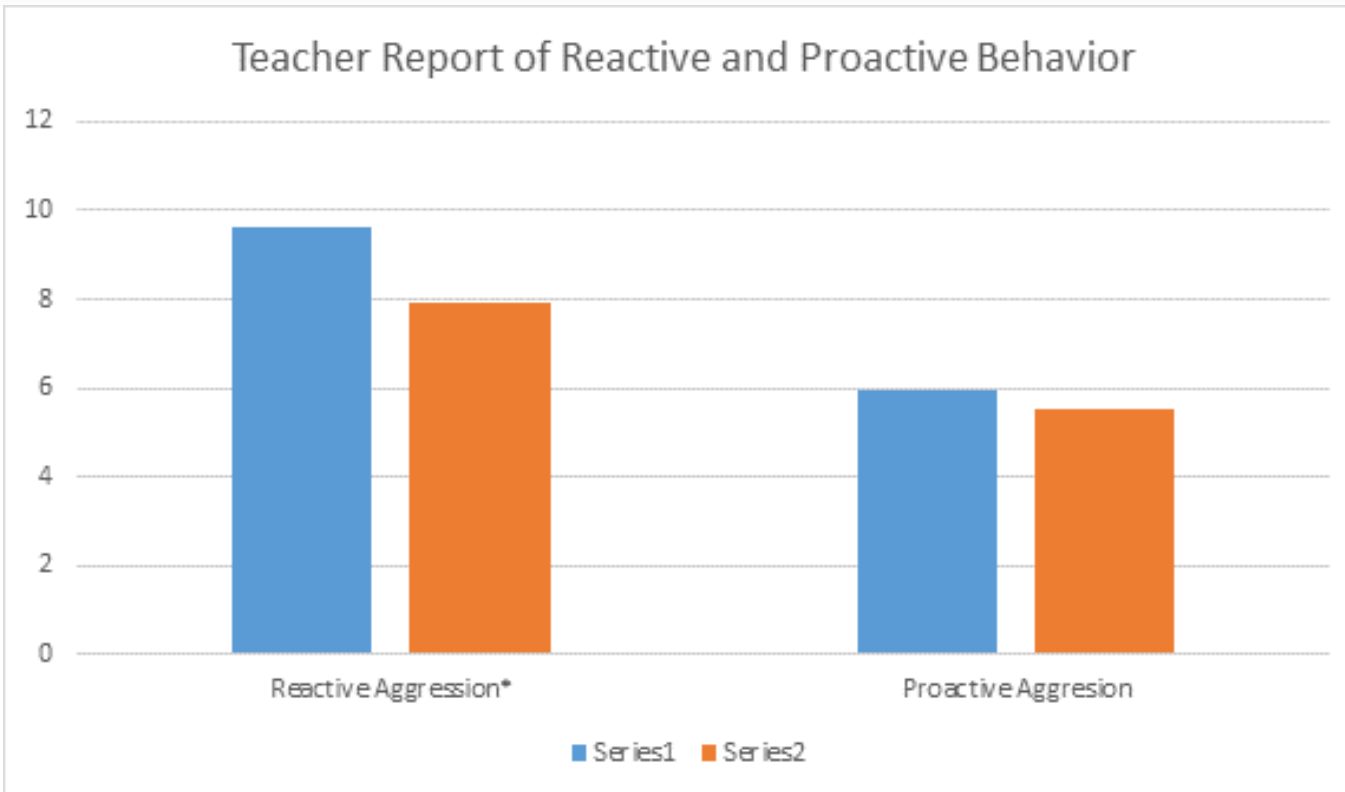
Teachers completed an assessment of two types of anger for each Think First participant. TF curriculum concepts address behaviors consistent with Reactive Aggression. Those with very high Proactive Aggression (more consistent with bully behavior) are not a good fit for TF and screened out of TF selection. *Teacher ratings indicate a reduction in Reactive Anger. Statistical significance at the p <.05 level. (p = xx).*

Think First Intervention: Student Outcome Results
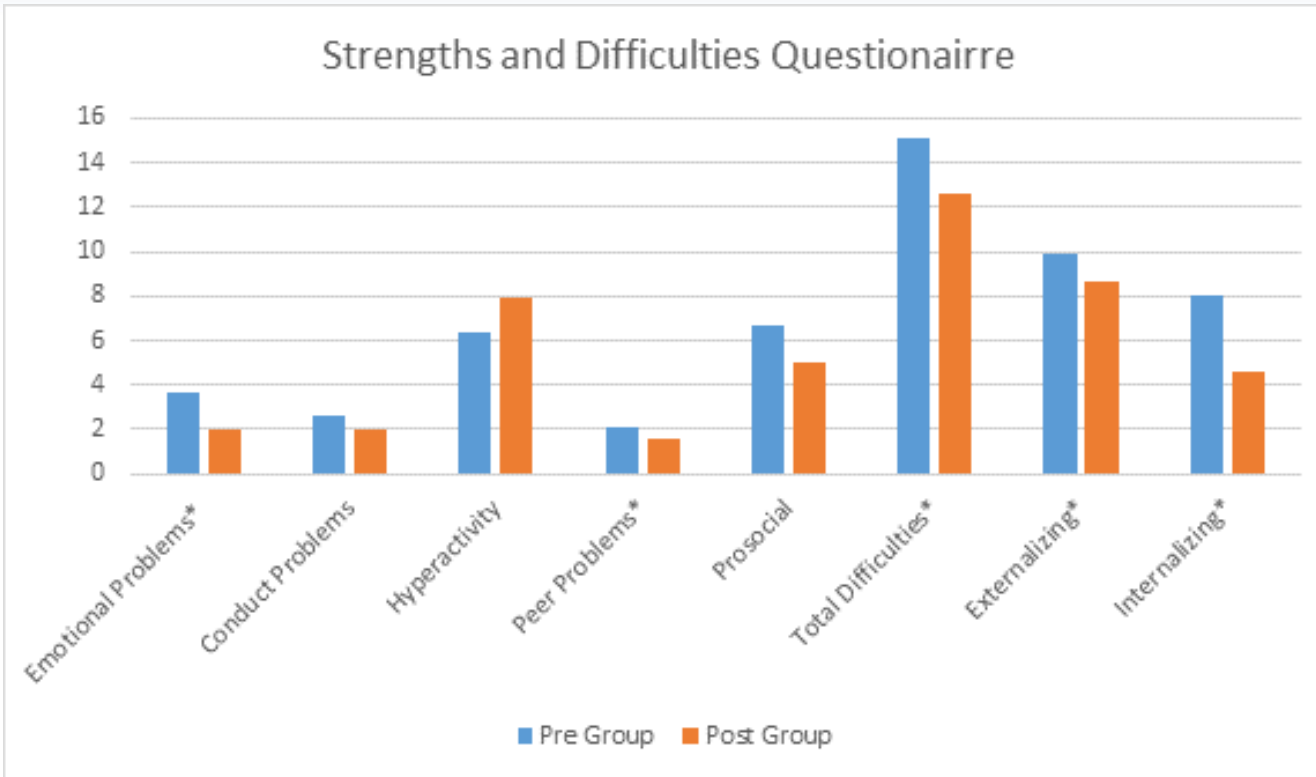
Teachers completed an assessment of strengths and difficulties of Think First students. TF curriculum concepts address behaviors that reflect anger. This 25-item questionnaire has subcategories and Total problem rating.
Teacher ratings indicate a reduction in Total Difficulties (Statistical significance at the p <.05 level. (p = xx). and in the majority of subcategories).

Think First Intervention: Student Outcome Results

Multidimensional Student Anger Inventory - MSAI

Total*

■ Pre Group ■ Post Group
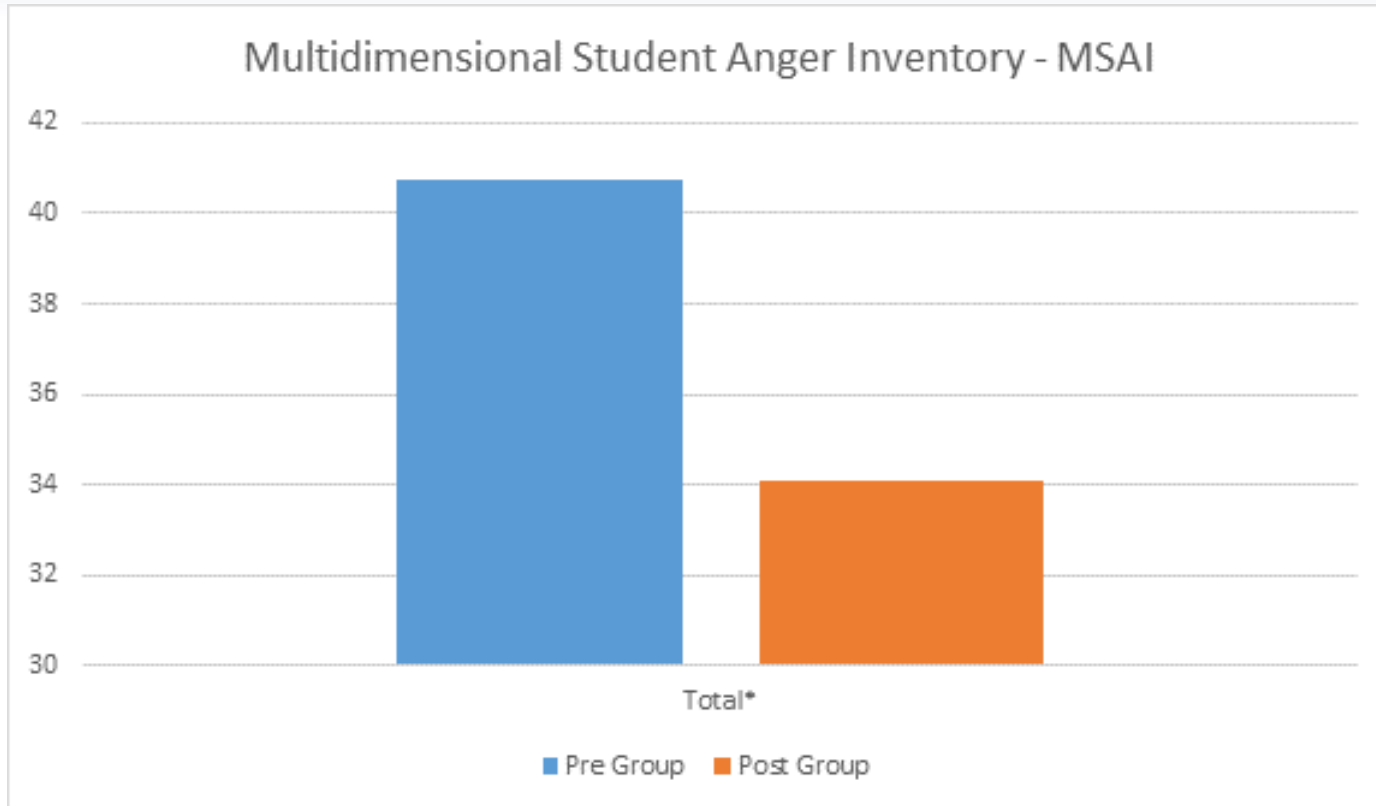
Students completed a self-report measure on anger problems. *Student ratings indicate a reduction in self-reported Anger. Statistical significance at the p <.05 level. (p = xx).*

Vision for PWHS with a Behavioral Health Team: Cohesive Services!

Next Steps

- Improve team's capacity to collect and interpret data on an ongoing basis

- Strengthen referral process

- Increase number and quality of external service providers

- Add academic component to our RtI/MTSS model

Puzzle pieces: CLUBS AND ACTIVITIES | PBIS TEAM | ACADEMIES | STUDENT SERVICES | HEALTH SERVICES | IEP TEAM | EL TEAM | RESTORATIVE PRACTICES | COMMUNITY MENTAL HEALTH AGENCIES | SUPPORT GROUPS | RE-ENTRY SUPPORT | ALOP
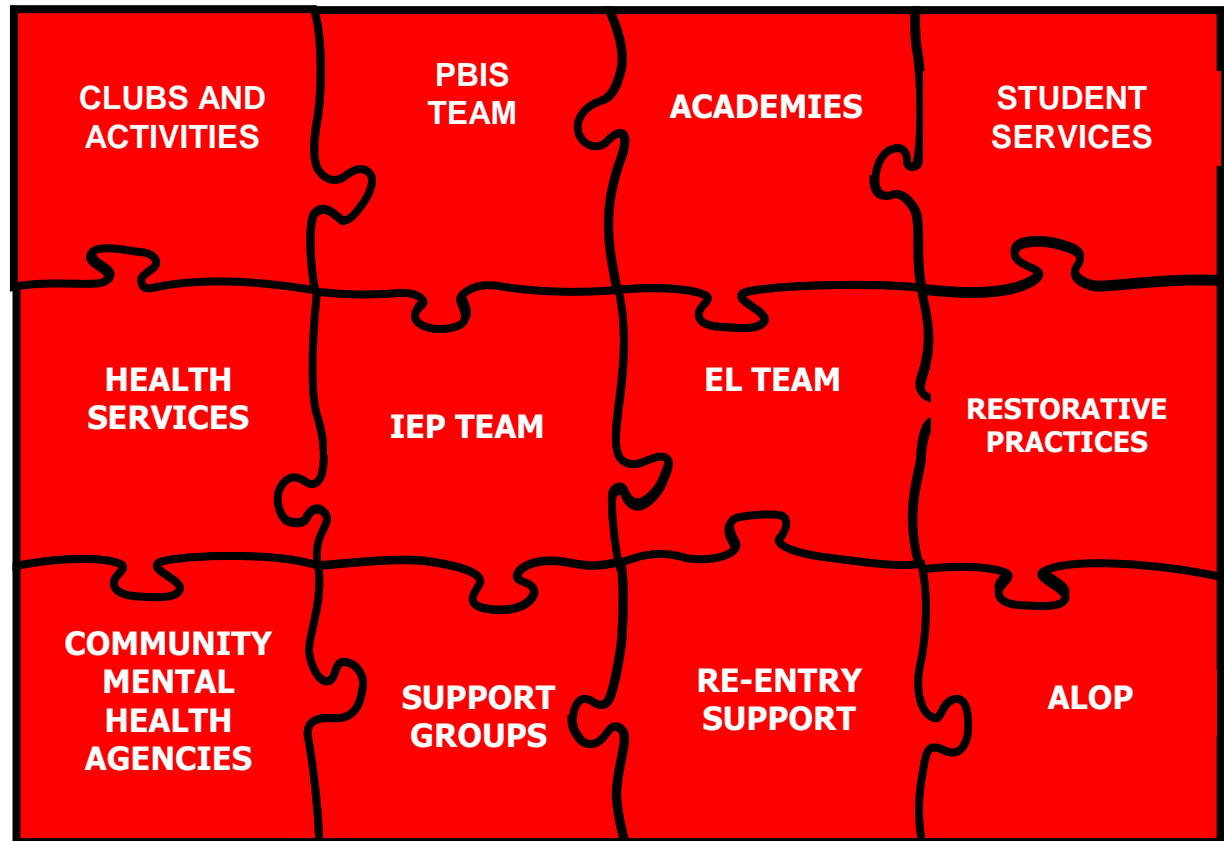
Joliet Township

School District #204

Our BHT Journey

Joliet Township High School District 204

Who are We

Quick Facts — Joliet Township High School

6,462 Students
- Hispanic 48.3%
- White 26.1%
- Black 21.5%
- Two or more races 2.8%
- Asian 0.9%
- American Indian 0.3%

81% Graduation Rate

Enrollment
Central: 3,116
West: 3,269

30 Dual Credit Courses
Advanced Placement Courses **20**
22 Blended Learning Courses
Project Lead the Way (PLTW) Courses **5**

98.9%	Devices Distributed
2gb	Internet Connection
3%	Homeless Students
63%	Low Income Students
90%	Average Daily Attendance

District of the Year 2017
#AP4EveryStudent

$7 Million+ Scholarships Offered to Seniors
600+ Community Partners

918 Employees
- 37 Administrators
- 404 Instruction
- 67 Clerical
- 65 Buildings and Grounds
- 13 Technology
- 147 Transportation
- 82 Paraprofessional
- 31 Security
- 44 Food Services
- 28 Other

8 Sender School Districts
- Joliet Public School District 86
- Troy 30-C
- Elwood
- Laraway
- Rockdale
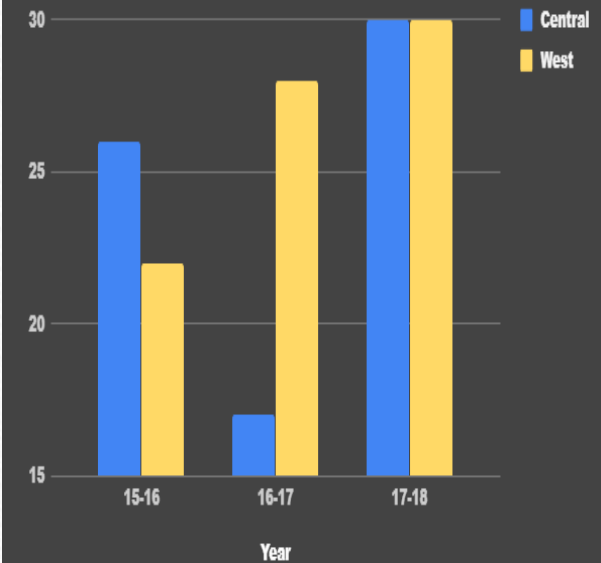- Liberty
- Union
- Minooka

JTHS District 204

Updated August 2018 using District & Illinois School Report Card Data

What Led us to BHT?

Three Year Trend for Requests for Initial Eligibility Services
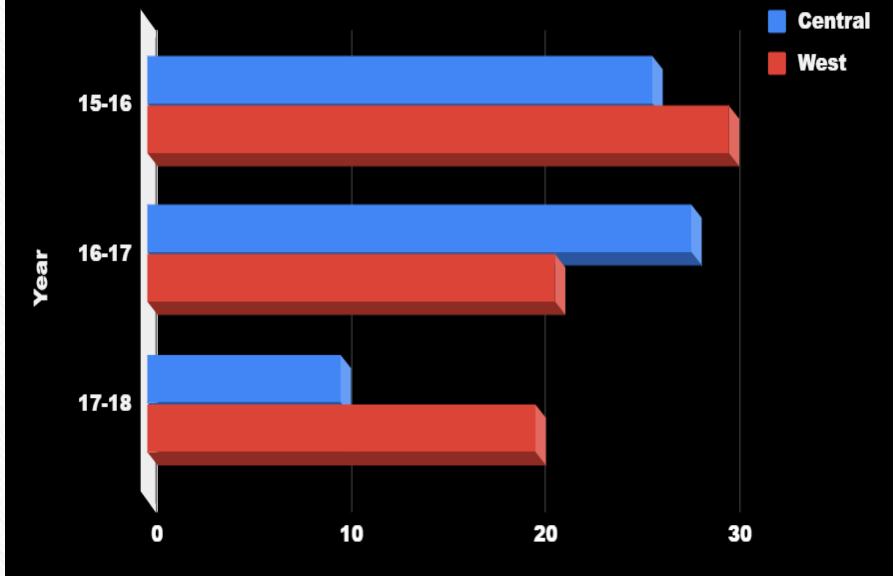
Expulsions

Three Year Trend for Suspensions by Buildings

Year	Central	West	Alternate
2015-16	272	288	137
2016-17	169	324	103
2017-18	274	374	100

What Led us to BHT?

- **Increase of behaviors and/or students needs that in some cases required hospitalizations or connections to outside services**
  - Physical Aggression/Anger Management
  - Anxiety
  - School Refusal
  - Substance Abuse
  - Mental Illness (Bi-polar, depression, mood disorder, psychosis
  - Sexual Identity
  - Bullying
  - Increase in Ann Marie Reporting
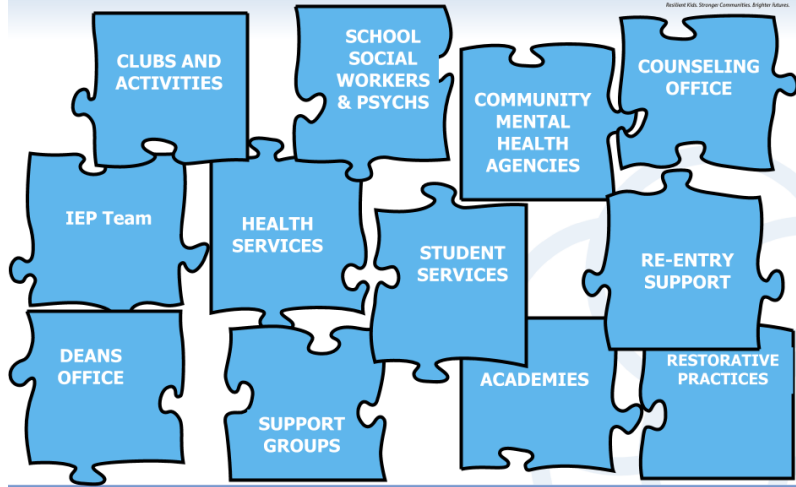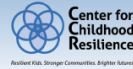
Services within our District

The Process

May 2017: Conversation started at the West campus; principal recommended the BHT program for the district

June 2017: West principal brought recommendation to the Principals/Superintendents meeting

June 2017: Director of Special Services was charged to work with the Lurie/CCR team to develop a proposal of services, training and professional development for related service staff as well as administration

June/August 2017: BHT training for individuals chosen to implement BHT for the upcoming school year

July 2017 : Funded out of IDEA

September 2017: BHT Kick off presentation and trauma presentation with staff and Lurie/CCR team for the district

September 2017: Implementation of BHT the week after kick off

May 2018: Updates of BHT and CBITS (trauma intervention group) provided to administrative council

BHT at JTHS

- Central Campus
  - 222 referrals
  - 217 students (Total)
  - 80 referrals for Persistent Sad Mood
  - 62 referrals for Change in Mood
  - 50 referrals for Attendance

- Other areas addressed were
  - Performance Not Commensurate
  - Failure to complete work
  - Poor relations with peers
  - Poor relations with adults
  - Substance Abuse
  - Not following directions
  - Fighting
  - Exposure to Trauma
  - Grief and Loss

BHT at JTHS

- **West Campus**
  - 229 referrals
  - 229 students (Total)
  - 75 referrals for Family Concerns
  - 57 referrals for Change in Mood
  - 42 referrals for Grief/Loss
  - 40 Persistent Sad Mood

- **Other areas addressed were**
  - Attendance
  - Failure to complete work
  - Poor relations with peers
  - Poor relations with adults
  - Substance Abuse
  - Not following directions
  - Exposure to Trauma
  - Exposure to Community Violence

Staff Feedback

- **After our first year of implementing the BHT structure:**

  - 62.1% stated that they understood the interventions that the Behavioral Health Team offered

  - 66.4% stated that they understood how to refer a student to the Behavioral Health Team

  - 28.4% Referred a student to the Behavioral Health Team

BHT Key Components Feedback: *Joliet West (PRE/POST)*

KEY COMPONENT status	Percentage Fall 2017	Percentage Spring 2018
YES Components are in place	32.2	54.8
NO Components not in place	45.2	9.6
PARTLY Partly in place	22.6	35.5

Areas of Strength
- Tier III Interventions
- Crisis Procedures
- Collaboration with Community Partners

Mild-Strength
- Collaboration with School Staff ⬆
- Tier II Interventions

Areas of Weakness
- Tier I Supports
- Team Meetings among Behavioral Health Staff ⬆

BHT Key Components Feedback: *Joliet Central (PRE/POST)*

KEY COMPONENT status	Percentage Fall 2017	Percentage Spring 2018
YES Components are in place	3.2	22.5
NO Components not in place	54.8	32.2
PARTLY Partly in place	38.7	45.2

<u>Areas of Strength</u>
- Collaboration with Community Partners (outreach & linkage)

<u>Mild-Strength</u>
- Crisis Procedures
- Tier II Interventions

<u>Areas of Weakness</u>
- Tier I Supports
- Referral and Screening Procedures
- Data and Evaluation
- Administrative Leadership and Prioritization of Behavioral Health
- Collaboration with School Staff

Where do we go from here?

- **Although the data was not what we anticipated, it provided the team with a blueprint for providing services to students for the upcoming school year**

- The team will focus on the following during the 18-19 school year:

  - Building and strengthening partnerships with community services

  - Increase communication within the buildings

  - Continue to implement more proactive interventions for students

3 District BHT Implementation: Lessons Learned

- Need administrative leadership to be effective
  - Baseline data collection can be critical for establishing need and alignment with district or school-level goals
  - Strategic planning must engage the leadership to broaden school-wide interest and insure training, planning and implementation are prioritized (no cancelled meetings!)

- Across districts teaming structure improve the number of students receiving services

- Tiered II interventions (delivered with fidelity) provide clinically significant symptom reduction

3 District BHT Implementation: Lessons Learned

- Critical to sustainability is investment in training district staff and community partners to deliver interventions

- Initial investment is a "heavy lift" of time and staff resources (planning, training and implementing); but the investment has long term ROI because it is self-sustaining

- Having an external consultant or partner can be useful for driving sustained investment and accountability for school staff that are often pulled in many directions

- Unexpected "aha" moments as you think through systems and structures

BHT Toolkit

- A BHT Toolkit will be published to make tools and resources available to support Behavioral Health Team work

- Available in late Spring 2019.

- Contact the Center for Childhood Resilience for more details

Center for Childhood Resilience

For more information:

Email: ccr@luriechildrens.org

Visit: www.childhoodresilience.org