Implementing a High Quality Comprehensive School Mental Health System: Lessons Learned from participating in the CSMH CoIIN project

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Learning Objectives

1. Be able to list the specific components of a high quality, comprehensive school mental health system at the district level

2. Be able to describe the PDSA method and at least one way to track PDSA outcomes (i.e., The SHAPE System) in order to implement improvements to their own school mental health program.

3. Be able to identify rigorous, team-based strategies for developing self-assessment and performance/progress monitoring tools for school mental health.

MPS School Mental Health Program

- Expanded School Mental Health Framework (M. Weist and CSMH)

- Community Mental Health Agency provides full time mental health professional at each school

- SMH clinician partners with student support staff

- Augment the work done by student support staff to achieve a broad continuum of services and supports – from mental health promotion through diagnosis and treatment

- Direct child and family services as well as school-wide services, including assessment and treatment, teacher consultation, care coordination, classroom presentations, school-wide trainings; 65% clinical and 35% ancillary and supportive services

MPS ESMH Vision Statement

- Form public/private partnerships to deliver a broad continuum of high quality mental health services to the students and families of Minneapolis Public Schools that are <u>universally accessible, culturally competent, effective, compliant with data privacy requirements and sustainable</u>

- We sought to align current efforts, services and supports to avoid creating a duplicate children mental health delivery system

Brief History of SMH in MPS and HC

- MPS Program began in Winter 2005 (with planning in 2004)

- Started in 5 schools with 2 different agencies

- Currently in 48 schools with 7 different mental health agencies (~$4.2 million per year) serving about 1600-1800 students

  - City Health Department; Washburn Center for Children; Watercourse Counseling (formerly Mental Health Collective); GAP; NorthPoint; Canvas Health

- Across Hennepin County – about 158 schools with ~108 FTEs of mental health professionals ($8 - 9 million per year), ~4500 students

Good news….Not so Good News

- With increased state, philanthropic and school district investment, school mental health programs have grown significantly across the MPS, Hennepin County and the state

- In MPS in 12 years, we have grown from being in 5 schools to now being in 47.

Not so good news…

- There are still schools across MPS, Hennepin County and the state that don't have school mental health services

- How do we maintain high quality school mental health programming that serves the needs of students, families, schools and the school district?

School Health Services
NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health

What is the NQI?

The National Quality Initiative (NQI) is an effort to advance accountability, excellence, and sustainability for school health services nationwide by establishing and implementing an online census and national performance measures for school-based health centers and comprehensive school mental health systems

# National School Mental Health Collaborative Improvement and Innovation Network (CoIIN)

- Learning Community based on the Breakthrough Series Model (Institute of Healthcare Improvement) for school districts nationwide
- Focus on school mental health quality improvement
- Plan-Do-Study-Act (PDSA) Cycles to support improvement
- Use of www.theSHAPEsystem.com to track improvement
- Support from School Mental Health Expert Faculty and fellow districts in cohort

School Health Services
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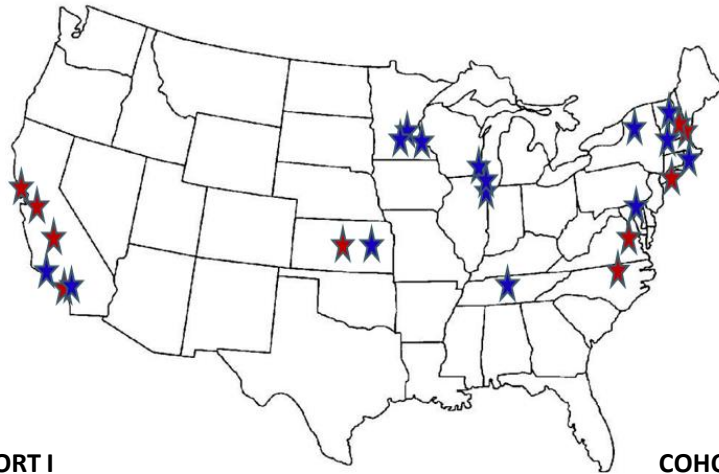
COHORT I
(October 2015-December 2016)

7 Quality CoIIN Teams:
Baltimore City Public Schools, Baltimore, MD
Chicago Public Schools, Chicago, IL
Mental Health Center of East Central Kansas, Emporia, KS
Metropolitan Nashville Public Schools, Nashville, TN
Minneapolis Public Schools, Minneapolis, MN
Proviso East High School, Maywood, IL
Racine Unified School District, Racine, WI
5 Sustainability CoIIN Teams:
Lindsay Unified School District, Lindsay, CA
Methuen Public Schools, Methuen, Massachusetts
Newport-Mesa Unified School District, Costa Mesa, CA
Novato Unified School District, Novato, CA
Stamford Public Schools, Stamford, CT

COHORT II
(September 2016-November 2017)

8 Quality CoIIN Teams:
Anaheim Union High School District, Orange County, CA
Fairport Central School District, Rochester, NY
New Richland Hartland Ellendale Geneva, Southern, MN
Newport School District, Newport, NH
Pelham School District, Manchester, NH
Providence Public School District, Providence, RI
Santa Monica/Malibu Unified School District, SM/M, CA
Winona Area Public Schools, Winona, MN
5 Quality Plus Sustainability CoIIN Teams:
Chapel Hill Carrboro City Schools, Chapel Hill, NC
District of Columbia Public Schools, Washington, DC
Mental Health Center of East Central Kansas, Emporia, KS
Oakland Unified/Seneca Family of Agencies, Oakland, CA
SAU #7, Colebrook, Pittsburg, & Stewartstown, NH

SHAPE

School Health Assessment and Performance Evaluation System

Join Us!

When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!

Join Now

Schools and school districts can use SHAPE to:

- **Be counted** in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System

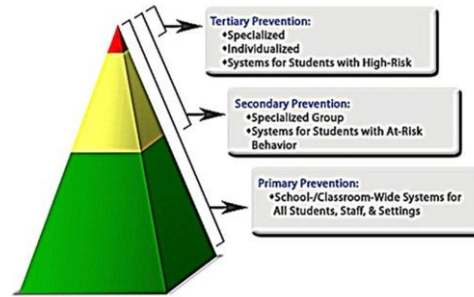**Free Custom Reports**   **Strategic Team Planning**   **Free Resources**   **Be Counted**

High quality, comprehensive school mental health systems provide:

1. A full array of <u>tiered services</u>

2. Collaborative <u>school-community-family partnerships to address to address barriers to learning</u>

3. <u>Evidence-based practices</u> and <u>address quality improvement</u>

(Health Resources and Services Administration, 2014)

Elements of School Mental Health Quality

- ✓ **Screening**
- ✓ **Teaming**
- ✓ **Needs Assessment / Resource Mapping**
- ✓ **Evidence-Based Services and   Supports**
- ✓ **Evidence-Based Implementation**
- ✓ **Data Driven Decision Making**

Teaming Indicators

☐ Have multidisciplinary team

To what extent was your District's school mental health system team(s) **multidisciplinary** *(diverse professional and non-professional team members included based on who was on the team)?*

☐ Promote efficiency

To what extent did your District's school mental health system team(s) **avoid duplication and promote efficiency?** *For example, consistent communication and coordination among various teams could be one strategy in place to avoid duplication of services.*

☐ Use meeting best practices

To what extent did your District's teams employ **best practices for meeting structure and process** *(e.g., team met regularly, had and used an agenda, actionable items, consistent attendance)?*

☐ Promote data sharing

To what extent did your District have systems in place to **promote data sharing** *among school mental health team members (e.g., protocols, routines, or a central data system or protocol for tracking and sharing information; sharing data across school employed and school-based community providers; data collection strategies in place that yielded student data that could be shared at team meetings to facilitate decision making about students served and/or services provided)?*

☐ Connect to community resources

To what extent were students in your District whose mental health needs could not be met in the school referred or connected to **community resources***?*

Avoid Duplication and Promote Efficiency

To what extent did your district's school mental health system team(s) avoid duplication and promote efficiency? For example, consistent communication and coordination among various teams could be one strategy in place to avoid duplication of services.

Best practices in our district for team efficiency include:
- ✓ Well-defined roles and responsibilities of teams and team members, with structures in place to avoid duplication of efforts
- ✓ System to evaluate existing team structures, with existing team continuation and new establishment only as necessary
- ✓ Overarching CSMHS shared purpose and shared goals ACROSS teams
- ✓ Unique goals for distinct teams
- ✓ Teams and team members understand and support each other's purpose and work
- ✓ Teams and team members have a process/procedure to ensure frequent and consistent communication
- ✓ Teams and team members address any confidentiality barriers to facilitate regular information sharing across and within teams

- ○ 1: Not in place: Our district team did not use best practices to avoid duplication and promote efficiency.
- ○ 2: Our district rarely used best practices to avoid duplication and promote efficiency.
- ○ 3: Our district sometimes used best practices to avoid duplication and promote efficiency.
- ○ 4: Our district often used best practices to avoid duplication and promote efficiency.
- ○ 5: Our district almost always used best practices to avoid duplication and promote efficiency.
- ○ 6: Fully in place: Our district team always used best practices to avoid duplication and promote efficiency.

Teaming Progress Report

Steps to Success in
School Mental Health Quality Improvement

1. Outline your specific aim(s)

2. Start small

3. Engage your stakeholders early on

4. Ask yourself:

    1. What is being changed here?

    2. How will this result in improvement?

5. Use DATA to track your improvement

Why Start Small?
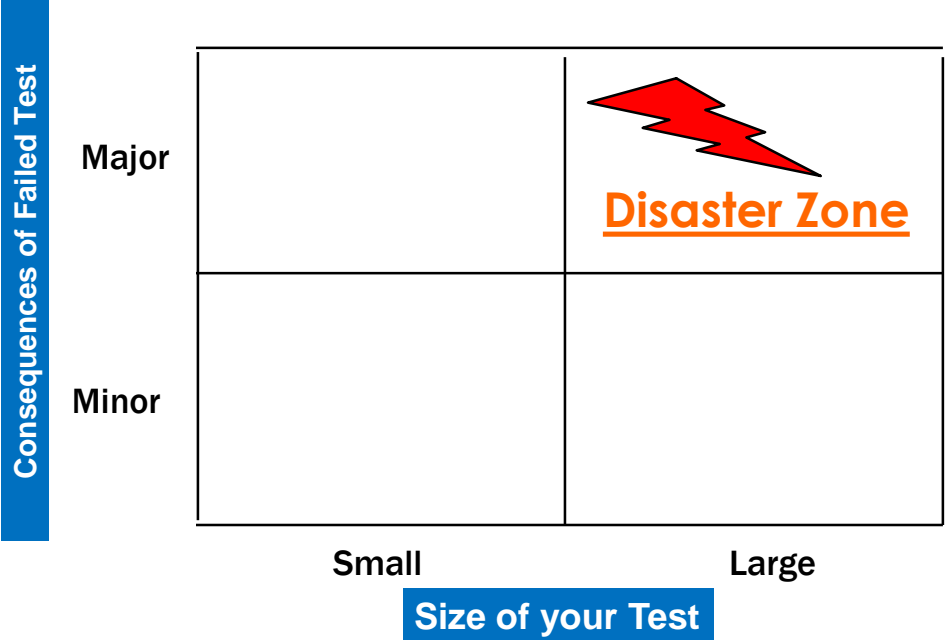
Why start with small tests?

- Forces us to think small (practical and manageable)
- Predict how much improvement can be expected from the change – and confirm or abandon your prediction
- Opportunity for learning without impacting performance
- Learn how to adapt the change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation
- Localize a good idea to your school/community setting
- See how to adapt and make changes before implementing
- Increase your belief that the change will result in improvement
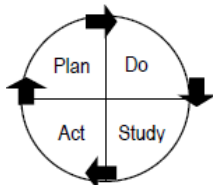- Provides a history for how you came to your end result

MN Specific Aims

1. Clarify roles and responsibilities of all schools staff in MH supports for all students;

2. Articulate a full continuum of MH services and supports through a MTSS framework;

3. Develop a process to assess what are the barriers to access to MH through an equity lens.

MN Example #1 of Starting Small

PDSA WORKSHEET

Full facility name: *Minneapolis Public Schools*	Date of test: *6/23/2016*	Test Completion Date: *6/29/2016*

AIM: Clarify roles and responsibilities of all schools staff in MH supports for all students

What is the objective of the test? "Test" our first draft of roles and responsibilities by collecting feedback from stakeholders in order to inform iterative changes.

PLAN

What questions do you want this test to answer? How will staff respond to our first draft of roles and responsibilities? What questions/changes will they bring up?

Briefly describe the test: *We have completed our first draft of roles and responsibilities. We had 180 staff members of the district review sections of the roles and responsibilities. They gave us both written and verbal feedback.*

What do you predict will happen? Staff might have different ideas about their roles. They may think that their role has too much work and other roles need to step up more. They may be concerned about whether they have the staffing resources needed in their school.

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Split up the roles and responsibilities into sections for review.	*Mark Sander*	*June 22*	Davis Center
2. Present the activity during our presentation at the Positive School Wide Engagement Institute.	*Rochelle Cox Mark Sander*	*June 23/24*	North High School
3. Gather written and verbal feedback from staff who attended each of our six sessions.	*Rochelle Cox Mark Sander*	*June 23/24*	North High School
4. Review feedback with the CoIIN team and make revisions to our document.	*Whole CoIIN Team*	*June 28*	Davis Center
5.			

How will you know that the change is an improvement? Plan for collection of data:
Written comments will be collected from staff and reviewed by the CoIIN team.

DO: Test the changes.
Was the cycle carried out as planned? [X] Yes ☐ No
Record data and observations.
We received over 100 responses and edits to our document. Observations included:
Staff were worried about the staffing resources at schools
We did not include an administrative role.
People had different views about the role that families play in the process.
Many comments about the nurse and social worker role.
What did you observe that was not part of our plan?
Not much comment about the community providers role – do our schools really understand the role or not at all?
Special education assistants did not clearly understand the concept or their role.

STUDY:
Did the results match your predictions? [▾] Yes ☐ No

Compare the result of your test to your previous performance:
The feedback we received will greatly enhance our document.

What did you learn?
That staff are worried that we will use this document as a way to role out a new initiative and to tell them what they have to do. We want to roll this out as a discussion tool for teams. It will be important that we frame it in the correct manner.

ACT: Decide to Abandon, Adapt, Adopt
[ ] Abandon: Discard this change idea and try a different one.

[X] Adapt: Improve the change and continue testing.
Describe what you will change in your next PDSA
We should try to use the tool during a discussion with school as a trial.

[ ] Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

Resulting Product:

https://docs.google.com/a/umn.edu/document/d/122Utp_1owzlBU-BZeP31U0oytGooZ35i1QTYEgI2DuY/edit?usp=sharing

Additional tool to clarify roles/ responsibilities and collaboration early and often

MPS Expanded School Based Mental Collaboration Agreement
(September 1, 2017- June 30, 2018)

This agreement between Minneapolis Public Schools - [school name] and [agency's name] aims to strengthen our long-term partnership to ensure a focus on supporting students and families within the school. The purpose of this document is to outline a supportive collaboration framework built on trust and shared agreement.

Activity	Recommended Frequency	Agreed Frequency	Actual Meeting Date/s
Establishing School-Agency Norms: • Collaboratively developing agreed upon clear role definitions • Mutual Understanding of Tier I and II SEL/MH interventions • Clarify communication process • Information Sharing with Staff and Families • Procedures for sick/training days, etc. • Space needs	1-2 meeting (s) at beginning of year		
School Mental Health Overview Presentation: Building Administration and/or a school district representative will share about MPS School Based Mental Health Program at a staff meeting the beginning of school year (and throughout the year as needed)	1-3 times per year		
Weekly Mental Health Team meetings with: • building (social workers, psychologist and others as named by school administration) • School Based Supervisor • On-site Clinician	2-4 times per month		
Administrative Meetings with School including: • A building administrator • At least one member of the schools Mental Health Team • a district representative (invited) • Agency supervisor	2 times per year - Oct/Nov and Feb/Mar; (quarterly or more if site experiences challenges)		

Please email form to Mark Sander (mark.sander@hennepin.us) or Rochelle Cox (rochelle.cox@mpls.k12.mn.us) when completed or for any questions.

MN Stakeholder Engagement Processes

Roles/responsibilities development procedures

Talking with staff

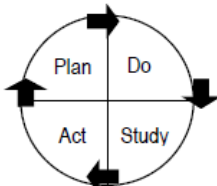Surveys for data collection

Reassuring them of the purpose

Checking back to see if the team "got it right"

Involving families in the universal mental health screening discussion

District-level team coordination and collaboration to inform building-level supports

MN Example #2 of Starting Small

PDSA WORKSHEET

Full facility name: *Minneapolis Public Schools*	Date of test: *2.22.2016*	Test Completion Date: 3.2.2016

AIM:
Articulate a full continuum of MH services and supports through a MTSS framework

What is the objective of the test?
Determine current triage process at school for moving students to tier 3 ESMH service to inform development of ideal triage process within MTSS.

PLAN:

Briefly describe the test:

Work with a school team to determine their current triage process and decision making steps in deciding to move/offer a student/family Tier 3 Expanded School Mental Health (ESMH) Service

How will you know that the change is an improvement?
The school team and the CoIIN team will have a clear, comprehensive decision making guide regarding offering Tier 3 ESMH service that we can test at other schools

What do you predict will happen?
School and CoIIN team will better understand how schools make the decision to triage/connect students with Tier 3 ESMH services and have a tool that can be used at other schools.

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1. Develop questions for school MH teams	*MPS SMH Admin Team*	*2/18/2016*	
2. Select school(s) to administer test	*MPS SMH Admin Team*	*2/18/2016*	
3. Meet with School Team ask responds to questions	*School MH Team*	*2/25/2016*	
4. Reflect on meeting and decide if triage tool needs to be improved	*CoINN team*	*3/1/2016*	
5.			

Plan for collection of data: Ask school team directly about their process

DO: Test the changes.
Was the cycle carried out as planned? [X] Yes ☐ No
Record data and observations

School:
Bryn Mawr School
Who Refers:
School Social Worker, Teachers, Administration, Parents,
How:
Written, Oral
Who Decides:
School Social Worker , School Psychologist
Decision Points:
Areas of concern, History of services, School interventions, Attendance, Family Engagement Family Reports, Mental Health Screening through special education evaluation process

What did you observe that was not part of our plan?
We had reports that there is a lack of Tier II and III interventions at some schools.

STUDY:
Did the results match your predictions? [X] Yes ☐ No
Compare the result of your test to your previous performance:
This was our first attempt at gathering this information. We will be able to compare this data as we expand our survey to other sites.
What did you learn?
Concerns about who is making decisions
Wide range of referral sources – is this good?
Lack of interventions
Team has a lot of data
How are they documenting this process?

ACT: Decide to Abandon, Adapt, Adopt

☐ Abandon: Discard this change idea and try a different one.

[X] Adapt: Improve the change and continue testing.
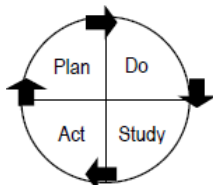Describe what you will change in your next PDSA

☐ Adopt: Select changes to implement on a larger scale

MTSS SEL Web-based tool

https://360.articulate.com/review/content/6d119623-fca0-4711-8c91-90cb28397b45/review

MN Example #3 of Starting Small

PDSA WORKSHEET

Full facility name: *Minneapolis Public Schools*	Date of test: *10/7/16*	Test Completion Date: *10/8/16*
Overall organization/project AIM: *Develop a process to assess what are the barriers to access to MH through an equity lens.*		
What is the objective of the test? *Identify current screening processes and procedures being used to move students between behavioral tiers. And, engage families and communities to assist in an investigation of implicit bias in the tools.*		

PLAN:

Briefly describe the test:
Engage families and community partners to identify potential biases in these tools and processes.

How will you know that the change is an improvement?
We could have a clearer understanding and data of these screening tools so that we can establish a systematic, data-driven, culturally responsive process that can be supported by the Central Office.

What do you predict will happen?
We increase our clarity in the screening process. We could find areas of biases and subjectivity. We will identify places where there is no systematic process. This will lead to future changes focused on tightening the system.

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
Organize a family/community group to review screeners	*Sarah Washington*	*10/1/16*	Davis Center
2. Screeners collected and chosen from various areas	*Cathy Dalnes Matthew Lau Rochelle Cox*	*10/2/16*	Davis Center
3. Meet with families/community members to review screeners	*Rochelle Cox Sarah Washington Matthew Lau Mark Sander*	*10/7/16*	Davis Center
4. Review Feedback from family/community and build out themes.	*Rochelle Cox*	*9/9/16*	Davis Center
5. Sarah will organize our parent/community	*Sarah & Rochelle*	*9/20/16*	Dave Center

Plan for collection of data: Integrate the data grid in the Roles and Responsibilities Document.

DO: Test the changes.
Was the cycle carried out as planned? [X] Yes ☐ No
Record data and observations.

What did you observe that was not part of our plan?

STUDY:
Did the results match your predictions? [ ] Yes No

Compare the result of your test to your previous performance:
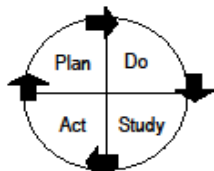
What did you learn?

ACT: Decide to Abandon, Adapt, Adopt
[ ] Abandon: Discard this change idea and try a different one.

[ ] Adapt: Improve the change and continue testing. Describe what you will change in your next PDSA

[ ] Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

MN Example #3 of Starting Small

PDSA WORKSHEET

Full facility name: **Minneapolis Public Schools**	Date of test: **10/7/16**	Test Completion Date: **10/8/16**

Overall organization/project AIM: *Develop a process to assess what are the barriers to access to MH through an equity lens.*

What is the objective of the test? *Identify current screening processes and procedures being used to move students between behavioral tiers. And, engage families and communities to assist in an investigation of implicit bias in the tools.*

PLAN:

Briefly describe the test:
Engage families and community partners to identify potential biases in these tools and processes.

How will you know that the change is an improvement?
We could have a clearer understanding and data of these screening tools so that we can establish a systematic, data-driven, culturally responsive process that can be supported by the Central Office.

What do you predict will happen?
We increase our clarity in the screening process. We could find areas of biases and subjectivity. We will identify places where there is no systematic process. This will lead to future changes focused on tightening the system.

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4. Review Feedback from family/community and build out themes.	*Rochelle Cox*	*9/9/16*	*Davis Center*
5. Sarah will organize our parent/community	*Sarah & Rochelle*	*9/20/16*	*Dave Center*

Plan for collection of data: Integrate the data grid in the Roles and Responsibilities Document.

DO: Test the changes.

Was the cycle carried out as planned? [X] Yes ☐ No
Record data and observations.

What did you observe that was not part of our plan?
The community members and parents that review the measures did have concerns about bias and also about "who" was completing the assessment/screening.

STUDY:

Did the results match your predictions? [Yes] No

Compare the result of your test to your previous performance:

What did you learn?
The parents and community did not find any of the screeners that showed them acceptable for a number of different concerns.

ACT: Decide to Abandon, Adapt, Adopt

☐ Abandon: Discard this change idea and try a different one.

[X] Adapt: Improve the change and continue testing. Describe what you will change in your next PDSA

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability

MN Improvements Resulting from Small Tests of Change

Discussion/Feedback

Contact Information

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