Strategies for Progress Monitoring and Evaluating Systems Change in Schools

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Agenda

- Boston Public Schools
- Training and Access Project (TAP)
  - Description
  - Needs Assessment
  - Goal Setting
  - Progress Monitoring
  - Evaluation
- Next Steps & "Take Aways"

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Boston Public Schools

- **125 schools** and **53,263** students enrolled

  - **56%** are identified as **"economically disadvantaged"** by MDESE

  - **48%** come from families where **English is not the primary language** spoken at home; 31% are English Language Learners (ELL)

  - **1 in 5** students receive **Special Education** services

(MDESE, 2017)

Pie chart — racial/ethnic distribution:
- Hispanic 41%
- African American 32%
- White 14%
- Asian 9%
- Multi-Race, Non-Hispanic 3%
- Other 1%

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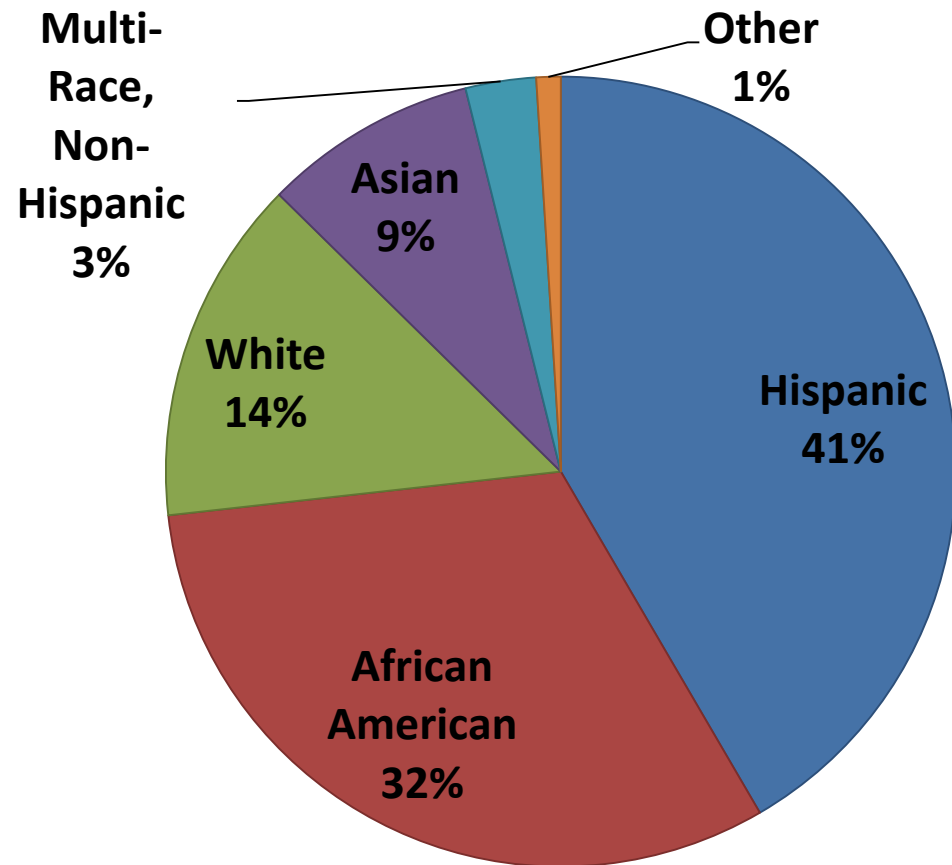
Behavioral Health Department

- BPS Staffing
  - **61 school** psychologists for 125 schools
  - **1 school psychologist** for about every 1,000 students
  - **6 pupil adjustment counselors**
  - Guidance counselors for upper grades
  - Limited supports for elementary and K-8

- **60+ critical crisis** situations each school year

- **30%** of BPS schools have **no behavioral health partnership**
- **30%** have a clinician on-site **20 hours** or less
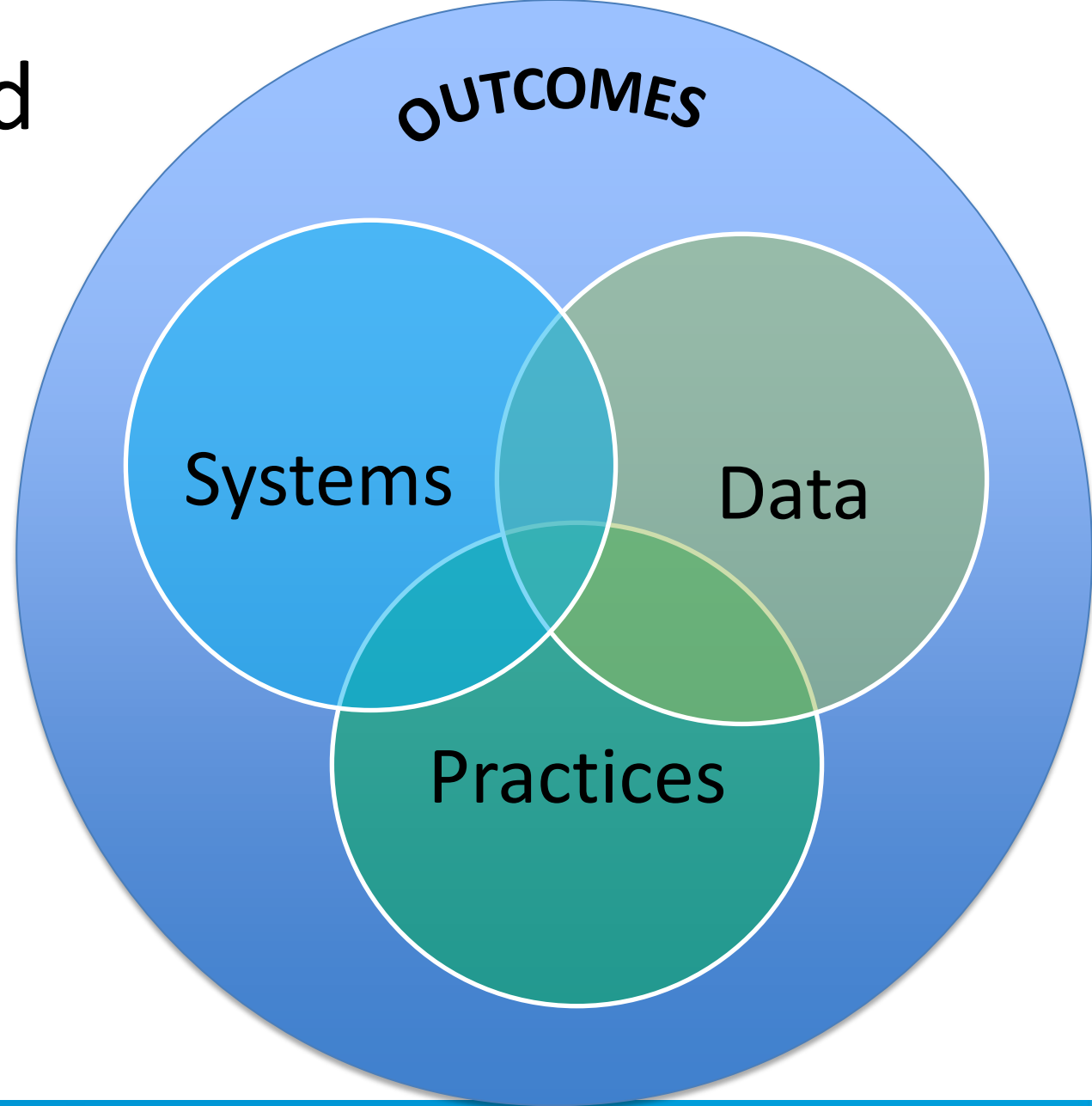- **16%** have clinicians on-site **80+ hours** weekly
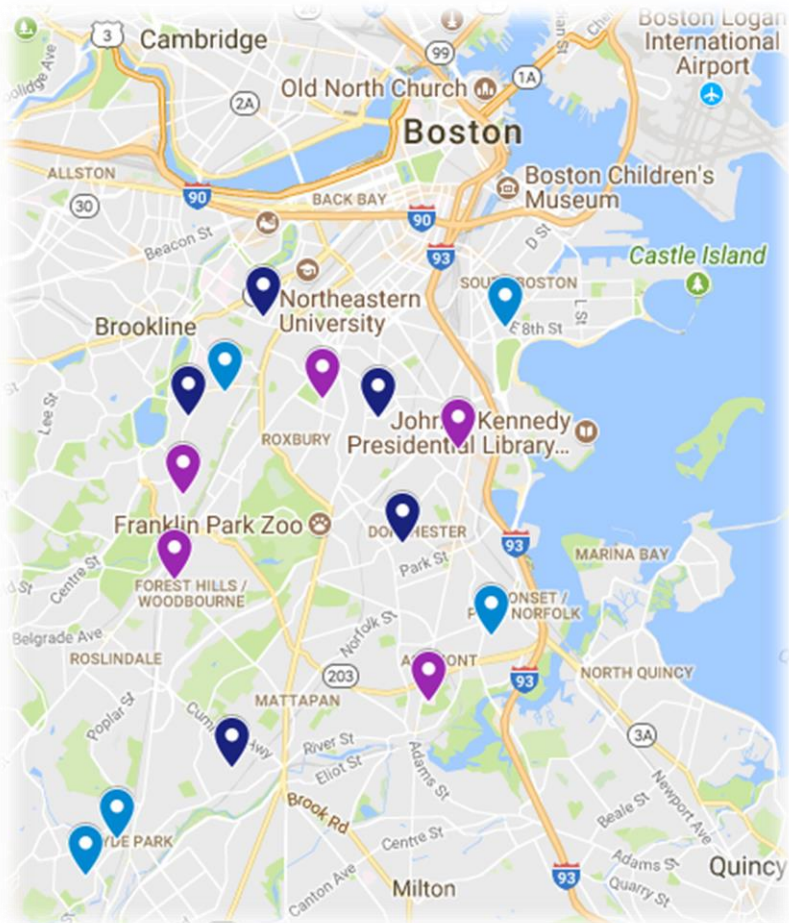
Boston Children's Neighborhood Partnerships

- Increase access to high quality, culturally relevant behavioral health services for children

- Promote children's healthy social-emotional development

- Build sustainable behavioral health capacity of partner organizations

- Promote systemic change in behavioral health service delivery

- Provide services that achieve a high rate of satisfaction with all stakeholders

Research and Evaluation Initiatives

School Based Program

Community Health Centers

Training and Access Project (TAP)

Prevention Initiatives and Curricula

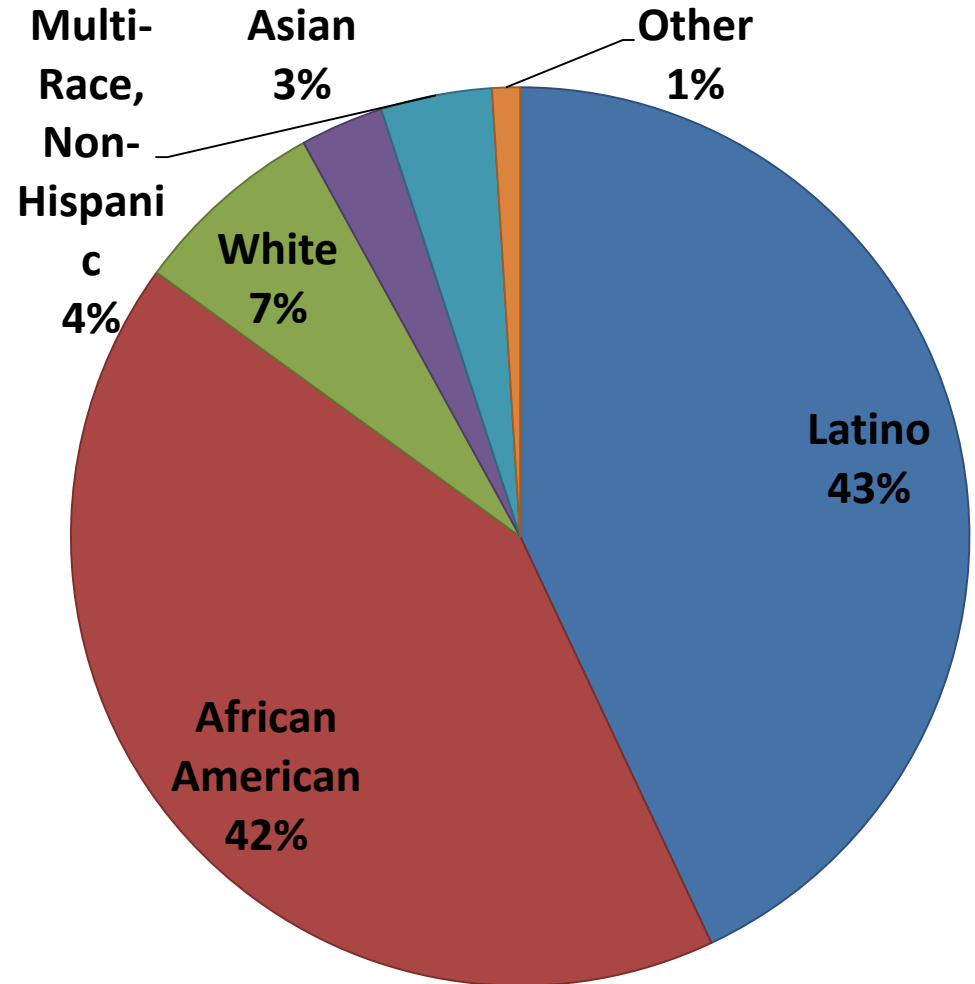# Multi-tiered Systems of Supports (MTSS)

TAP's 10 Partnering K-5/K-8 Schools

TAP Schools

- **10 schools** and **4,217** students enrolled
  - **69%** are identified as **"economically disadvantaged"** by MDESE
  - **29%** are English Language Learners (ELL)
  - **16%** receive **Special Education** services

Pie chart:
- Latino 43%
- African American 42%
- White 7%
- Multi-Race, Non-Hispanic 4%
- Asian 3%
- Other 1%

School-Based Team

- Each partnering school is assigned a BCHNP social worker as their "consultant" across their 2 year partnership
- Each school identifies an internal school-based team of 3-6 school staff
  - Administrators, teachers, nurses, social workers, psychologists, support staff, specialists, community partners

Training and Access Project (TAP) Components

The school-based team participates in….

1. **Learning Collaborative Professional Development Workshops**
   - Social, emotional, and behavioral health related topics
   - 10 Trainings over two years

2. **Consultation**
   - Support building the capacity of the school to better address behavioral health
   - 120 hours over two years
   - On site consultation
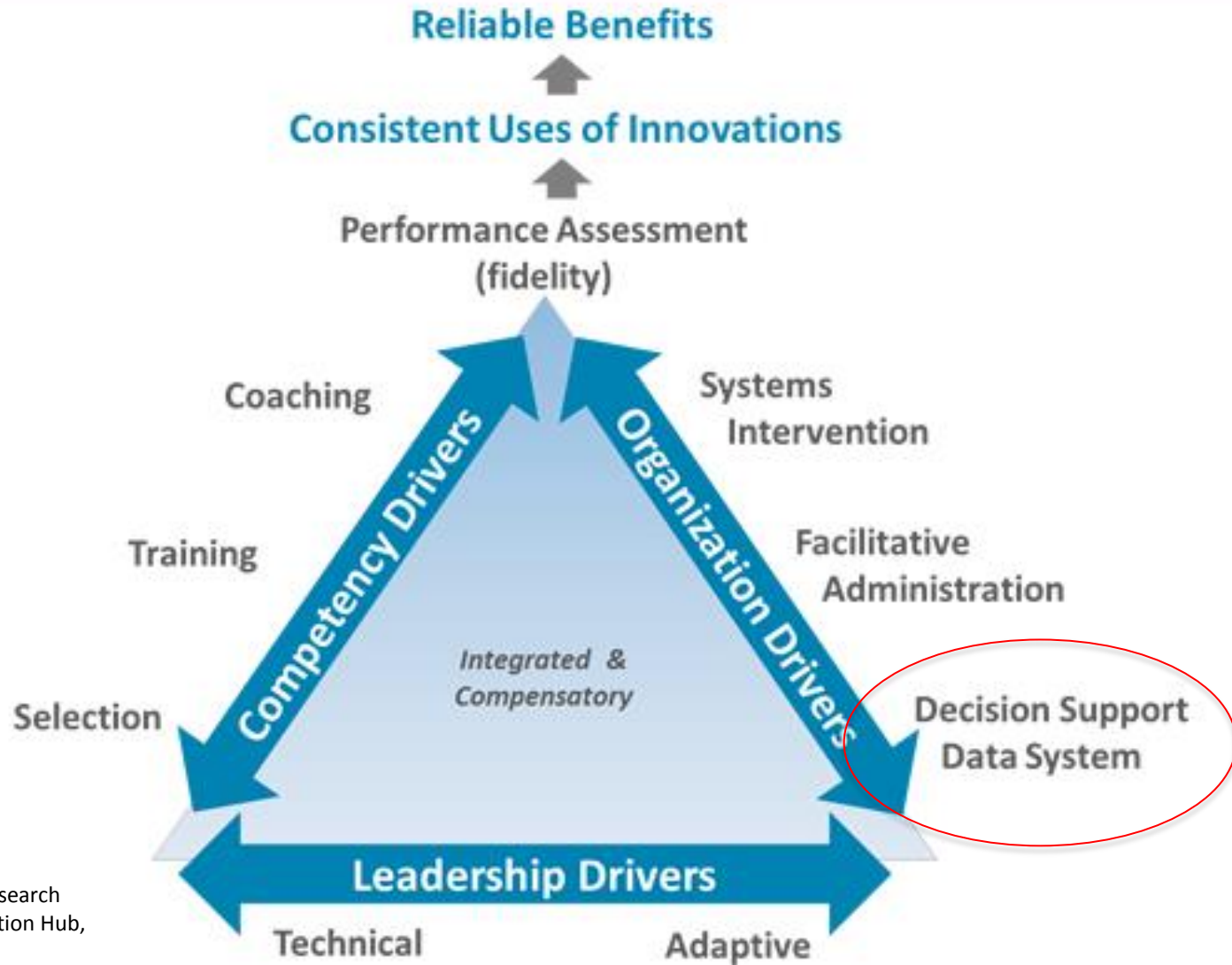
What is
Data-Based Decision Making?

- The process of continuously using data to inform services (Sander, Everts, & Johnson, 2011)

- Why?
  - Identify needs (Needs Assessment)
  - Tailor interventions to these needs (Goal Setting)
  - Make changes if needs aren't being met (Progress Monitoring)

National Implementation Research Network Active Implementation Hub, Retrieved October 2017.

What are the Components of a Functional Decision Support Data System?

- Fidelity to Process

- Outcomes

- Quality Assurance

National Implementation Research Network Active Implementation Hub, Retrieved October 2017.

Data Need to Be...

- Reliable
- Reported frequently
- Timely
- Accessible
- Used to make decisions
- Built into daily routines

The frequency of sharing data with school staff → most significant factor related to sustainability of evidence-based practices (McIntosh et al., 2015)
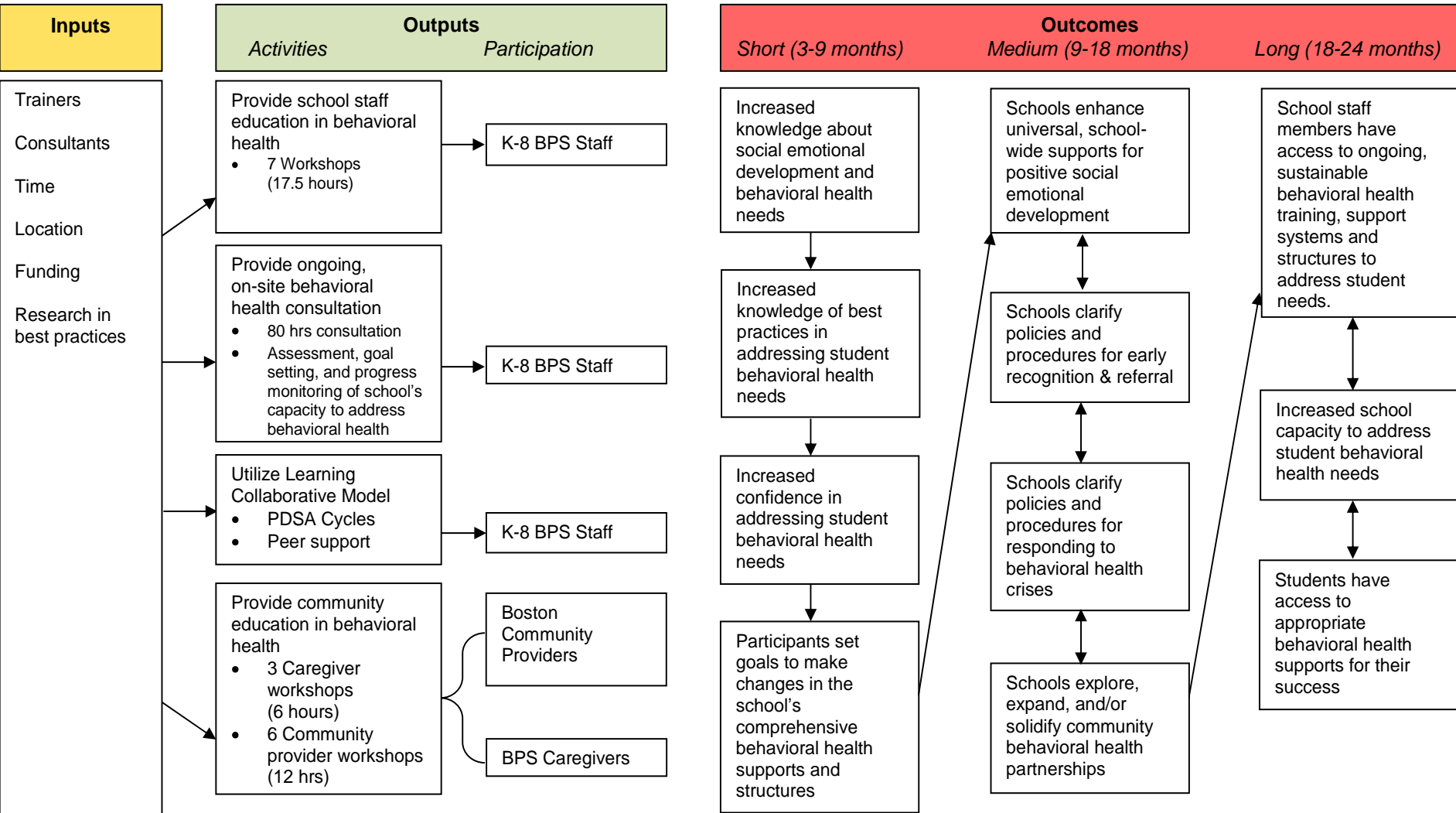
National Implementation Research Network Active Implementation Hub, Retrieved October 2017.

Where do we even begin?!

Logic models as a roadmap

Inputs	Outputs		Outcomes		
	Activities	*Participation*	*Short (3-9 months)*	*Medium (9-18 months)*	*Long (18-24 months)*

Inputs

Trainers

Consultants

Time

Location

Funding

Research in best practices

Outputs — Activities / Participation

Provide school staff education in behavioral health
- 7 Workshops (17.5 hours)

→ K-8 BPS Staff

Provide ongoing, on-site behavioral health consultation
- 80 hrs consultation
- Assessment, goal setting, and progress monitoring of school's capacity to address behavioral health

→ K-8 BPS Staff

Utilize Learning Collaborative Model
- PDSA Cycles
- Peer support

→ K-8 BPS Staff

Provide community education in behavioral health
- 3 Caregiver workshops (6 hours)
- 6 Community provider workshops (12 hrs)

Boston Community Providers

BPS Caregivers

Outcomes — Short (3-9 months)

Increased knowledge about social emotional development and behavioral health needs

Increased knowledge of best practices in addressing student behavioral health needs

Increased confidence in addressing student behavioral health needs

Participants set goals to make changes in the school's comprehensive behavioral health supports and structures

Outcomes — Medium (9-18 months)

Schools enhance universal, school-wide supports for positive social emotional development

Schools clarify policies and procedures for early recognition & referral

Schools clarify policies and procedures for responding to behavioral health crises

Schools explore, expand, and/or solidify community behavioral health partnerships

Outcomes — Long (18-24 months)

School staff members have access to ongoing, sustainable behavioral health training, support systems and structures to address student needs.

Increased school capacity to address student behavioral health needs

Students have access to appropriate behavioral health supports for their success

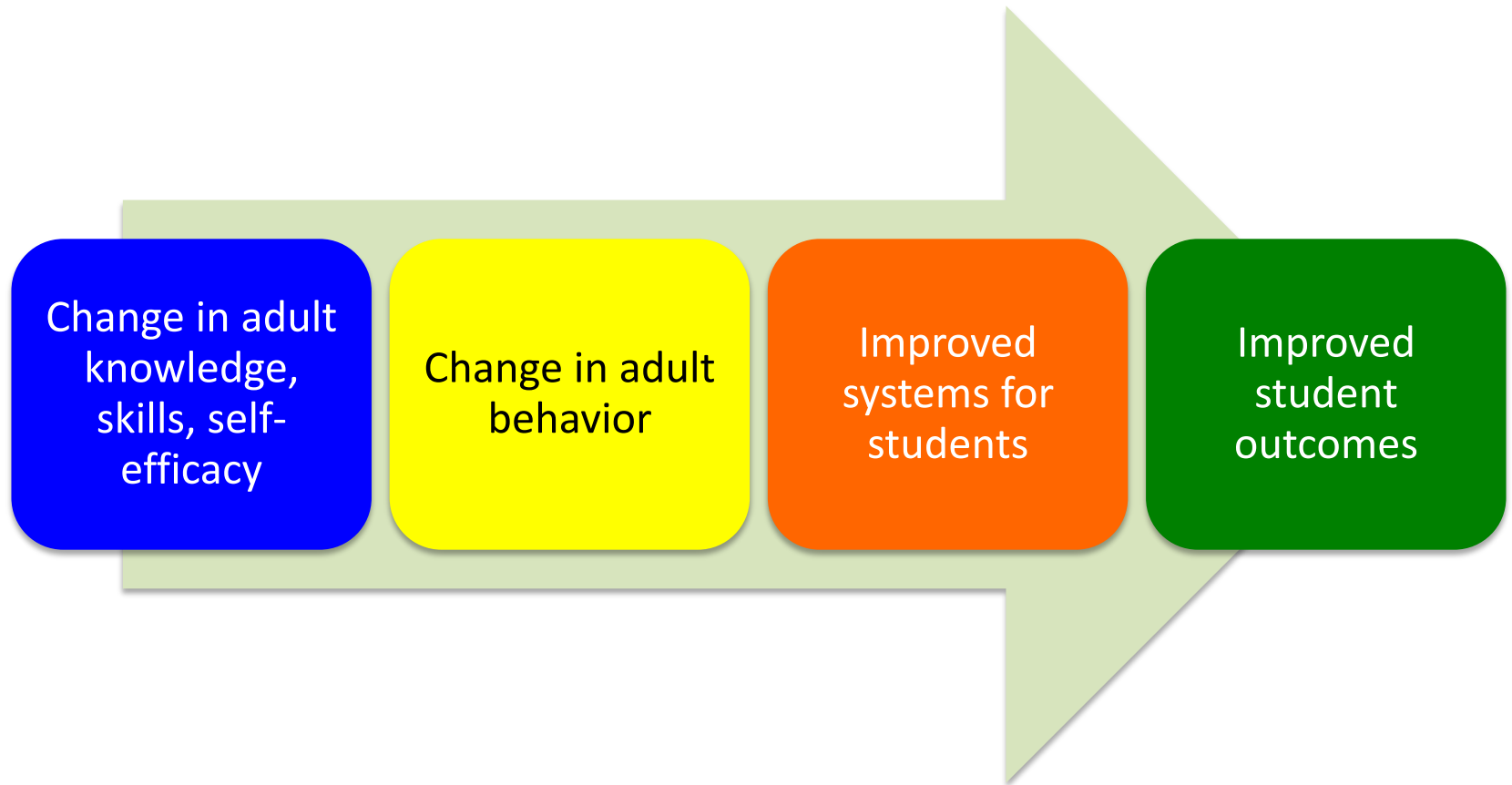**Assumptions**
- Knowledge alone is not enough to change behavior. Ongoing support and consultation is needed in identifying, implementing, adapting, and sustaining effective practice changes in schools.
- Collaborative relationships with behavioral health consultants and colleagues facing similar challenges will facilitate the problem solving process.

External Factors
- Leadership changes
- Staff turnover
- Behavioral health staff shortage
- Community violence and stressors
- Poverty

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Theory of Change

Change in adult knowledge, skills, self-efficacy → Change in adult behavior → Improved systems for students → Improved student outcomes

Evaluation Questions

FIDELITY TO PROCESS QUESTIONS
How many students, parents, teachers are being reached?
With what interventions?

OUTCOMES QUESTIONS
Are participants demonstrating increased knowledge, self-efficacy, and changes in their behaviors at their schools?
Are participant changes translating to change in school systems?
Are students benefiting from systems changes?

QUALITY ASSURANCE QUESTIONS
Do participants believe their needs are being met?
Do participants enjoy working with consultants?

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Decision Support Data Systems:

Needs Assessment Process

Needs Assessment Data

- Observation & informal discussions
- School Partnership Survey
  - Perceived student behavioral health concerns
  - Staff awareness, knowledge, and skills
  - School readiness for change
  - PD topic interests
  - Systems and protocols
    - School Mental Health Capacity Instrument
    (Feigenberg, Watts, & Buckner, 2010)

How did we develop the items?

- What do we need to *know* in order to *develop* useful trainings?

- What *changes* are we *expecting* to see as a result of trainings and consultation?
  - Align with training *topics*
  - Align with *training objectives*
    - Awareness?
    - Knowledge?
    - Skill development?
  - Align with *consultation objectives*

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School Mental Health Capacity Instrument (SMHCI)

- Assesses the policies, systems, and activities a school has in place to address students' mental health needs

- Developed based on public health model
  - Tertiary, selective, and universal intervention

- Recommended for use by researchers and consultants

Feigenberg, Watts, & Buckner, 2010

Content of SMHCI

- Three subscales, 9 items each
  1. Intervention
     - Assesses spectrum of policies or protocols a school may have in place to recognize, respond to, and follow-up when urgent mental health problems arise
  2. Early recognition and referral
     - Assesses the spectrum of policies or protocols a school may have in place to recognize students in need of mental health services early on and subsequently refer them for appropriate supports and services
  3. Prevention and promotion
     - Assesses the spectrum of policies or protocols a school may have in place to build on students' strength and resilience, and to proactively address early warning signs of mental health concerns
- Total capacity score also calculated

Feigenberg, Watts, & Buckner, 2010

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Sample Items

Please rate the extent to which your school currently does or has each of the following.	Not at all	A little bit	To some extent	To a great extent
1) Our school has a clear definition about what kinds of situations are defined as a behavioral health emergency.	☐	☐	☐	☐
2) Staff has been trained in ways to appropriately respond to students who experience urgent behavioral health problems.	☐	☐	☐	☐

- Each item scored 0-4

- Sum items by subscale scores and overall

- Take average across all respondents in a school

- Subscale scores range from 0-27

- Total score ranges from 0-81

Feigenberg, Watts, & Buckner, 2010

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Psychometric Properties

- Reliability
  - Cronbach's alpha = .95
  - Test-retest $r = .77$

- Validity
  - Criterion-related
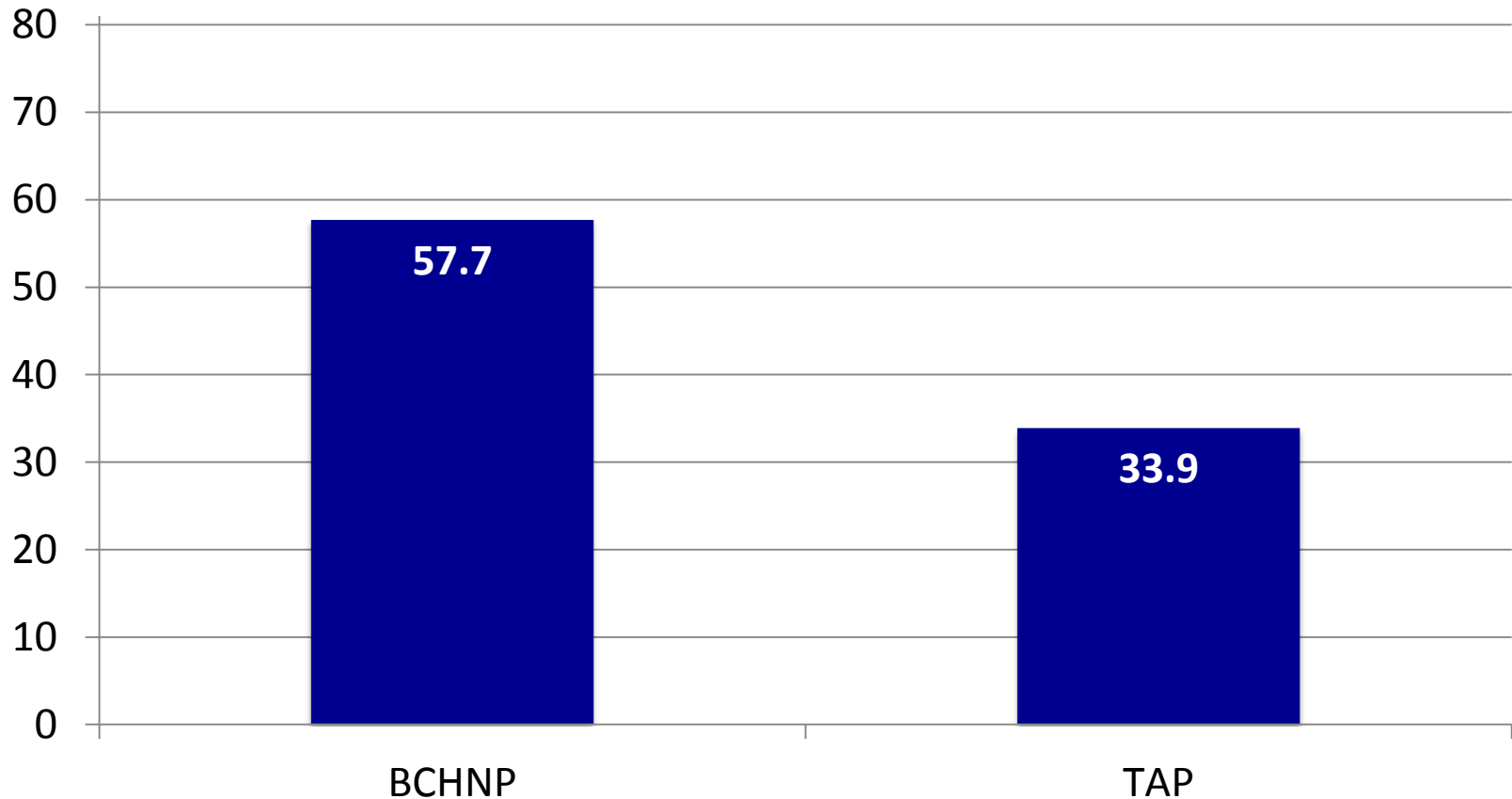
Feigenberg, Watts, & Buckner, 2010

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SMHCI Total Score for BCHNP and TAP School Partners

Goal Setting

- Report presented to school by each school's consultant

- Consultants are trained to explore the data with school-based consultation teams

- Guiding questions:
  - In each subscale/category…
    - What are your school's strengths?
    - What are your school's growth areas?
    - Does this seem consistent with what you know about your school? What surprises you?

Goal Setting

- 1-2 areas of focus established

Decision Support Data Systems:

Progress Monitoring Process

Team Reflection Sheet

- Completed at each training

- Solution-focused model
  - Scale 1-10
  - Action steps to move up the scale

Training & Access Project- Team Reflection Parts 1 and 2

Please use a new form for each of your team's goals

Today's Date: _____   Staff Present: _____

School Name: _____   _____

Part 1: Goal and Action Step Ratings

Area of Focus: _____

In the previous meeting, your team decided on the following goal for this area of focus:
(Enter Goal)

In the previous meeting, your team decided on the following action steps for this area of focus:	Did our team meet these action steps?			*If partially/no*, what got in the way?	How will your team address what got in the way?
(Enter Action Step)	☐ Yes	☐ Partially	☐ No		
(Enter Action Step)	☐ Yes	☐ Partially	☐ No		
(Enter Action Step)	☐ Yes	☐ Partially	☐ No		

Your team rated this goal **(Previous rating)** on **(Date)**.
Where would your team rate this goal <u>today</u>? (*Please answer this question even if your goal has changed.)*

1 No previous planning/action on this goal	2	3	4	5	6	7	8	9	10 Goal has been met (e.g., all components are consistently implemented)

Has your team changed this goal?   ☐ Yes (*<u>stop here</u>, pick up "Part 3: Setting a Modified Goal" Worksheet*)

☐ No (*continue to "Part 2: Setting an Action Plan"*)

Part 2: Setting an Action Plan

Think about what would it take to move just one number up the scale you just used to rate your goal. With this in mind, define one or more action steps our team will complete by the next meeting:

Action Step	Who will complete this action step?	When will this action step be complete? (By the next meeting, prior to the meeting, immediately, etc.)	What might get in the way? How will you address this barrier?

At which meeting will these action steps be reviewed?: _____   Date: _____

If you have other team goals, or you have added a goal, please complete a separate rating sheet

Training & Access Project- Team Reflection Parts 3 and 4

Please use a new form for each of your team's goals

Today's Date: _____   **Staff Present:** _____

School Name: _____   _____

Part 3: Setting A Modified Goal

Area of Focus: _____

Why has your team changed its goal?

☐ **Previous goal was met**
☐ **Discussion with administrators and/or team members not present at previous meeting yielded higher priority goals**
☐ **Further thought/discussion amongst team yielded higher priority goals**
☐ **More preparation is needed to be ready to address the old goal**
☐ **Other, *Please describe*:**

What is your team's new goal?

How will you know that this goal has been met? What will be different?

Where would your team rate this goal today?

1 No previous planning/action on this goal	2	3	4	5	6	7	8	9	10 Goal has been met (e.g., all components are consistently implemented)

Part 4: Setting an Action Plan for Your Team's Modified Goal

Think about what would it take to move just one number up the scale you just used to rate your goal. With this in mind, define one or more action steps our team will complete by the next meeting:

Action Step	Who will complete this action step?	When will this action step be complete? (By the next meeting, prior to the meeting, immediately, etc.)	What might get in the way? How will you address this barrier?

At which meeting will these action steps be reviewed?: _____   Date: _____

Consultation Goal Examples

- CPT support in each grade level

- Tier 3 Systems and Supports

- Teachers are following crisis policies and procedures consistently

- SEL Training for our entire school

- Create crisis plan and re-entry plan

- Use Bucket Filler Drops with fidelity

Action Step Examples

- Clearly communicate crisis policies to all staff

- Deliver PD on trauma in January

- Determine topic of upcoming PD that will be

  focused on Tier 1/2 behavior supports

- Complete 1st SST meeting with new model

Case Example:

Needs Assessment, Goal Setting, and Progress Monitoring
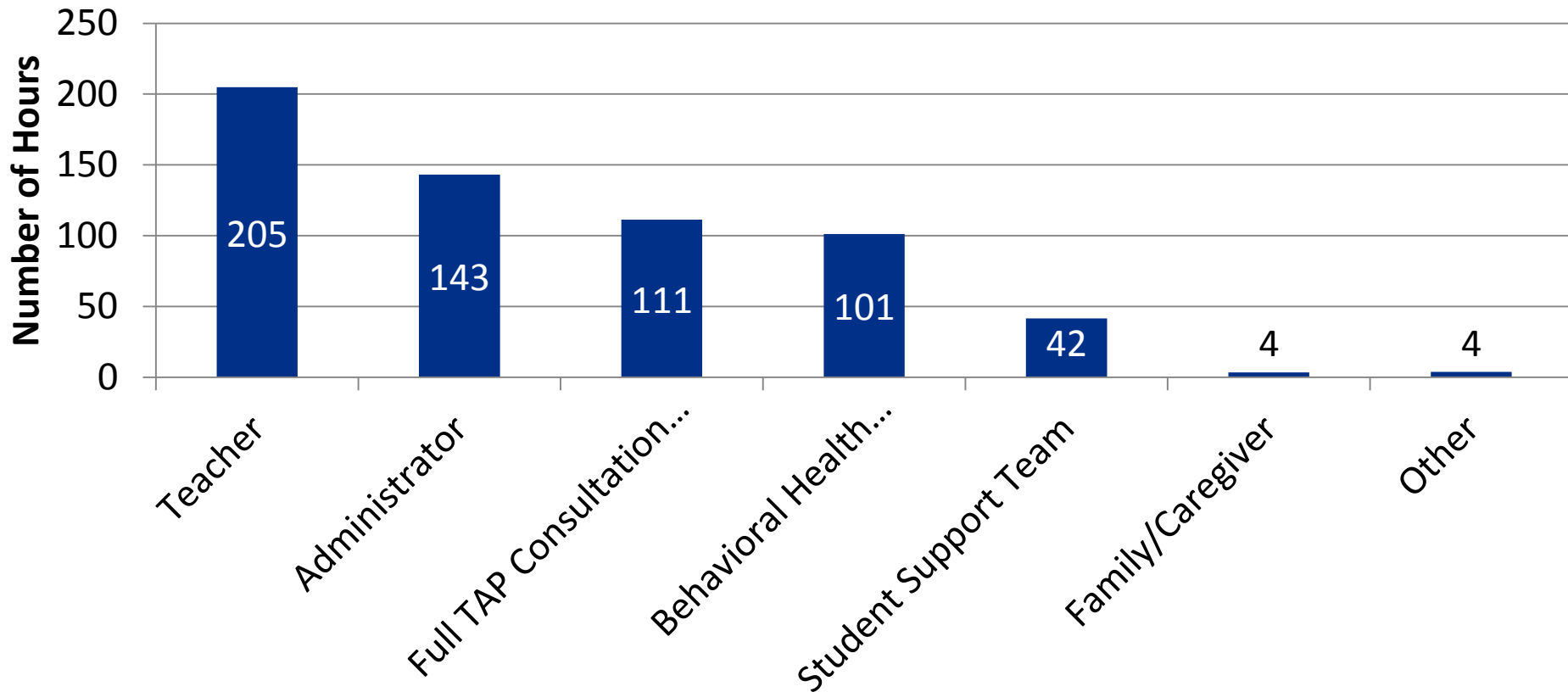
School A

School B

Decision Support Data Systems:

Program Evaluation Process
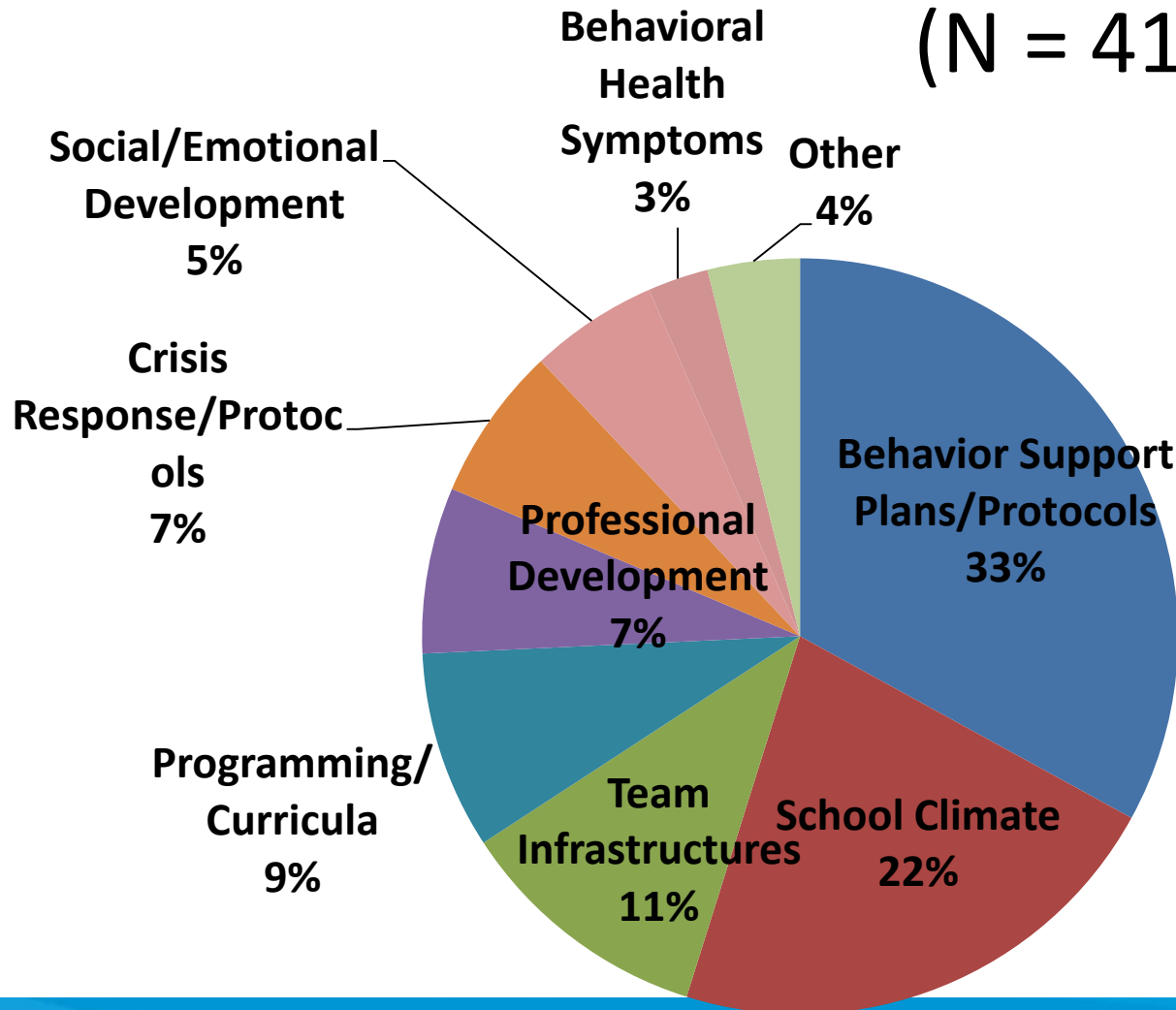
Program Evaluation:
PROCESS Questions
Who are consultants consulting to?

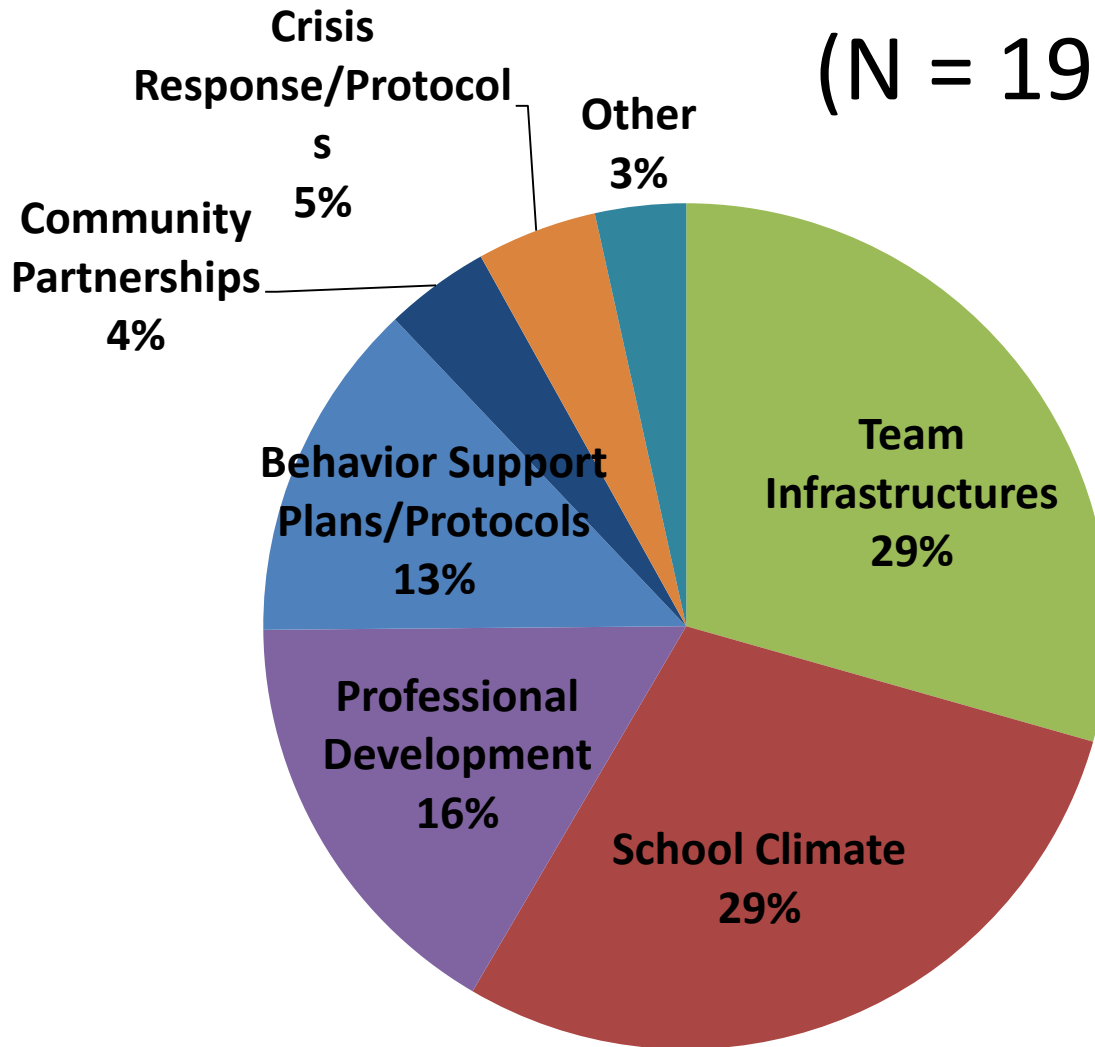# What are consultants consulting about? 2016-17 Foundation Year Schools (N = 410 Hours)

- Behavioral Health Symptoms 3%
- Other 4%
- Social/Emotional Development 5%
- Crisis Response/Protocols 7%
- Professional Development 7%
- Behavior Support Plans/Protocols 33%
- Programming/Curricula 9%
- Team Infrastructures 11%
- School Climate 22%

What are consultants consulting about? 2016-17 Year 2 Schools (N = 199 Hours)

Pie chart showing:
- Team Infrastructures 29%
- School Climate 29%
- Professional Development 16%
- Behavior Support Plans/Protocols 13%
- Crisis Response/Protocols 5%
- Community Partnerships 4%
- Other 3%

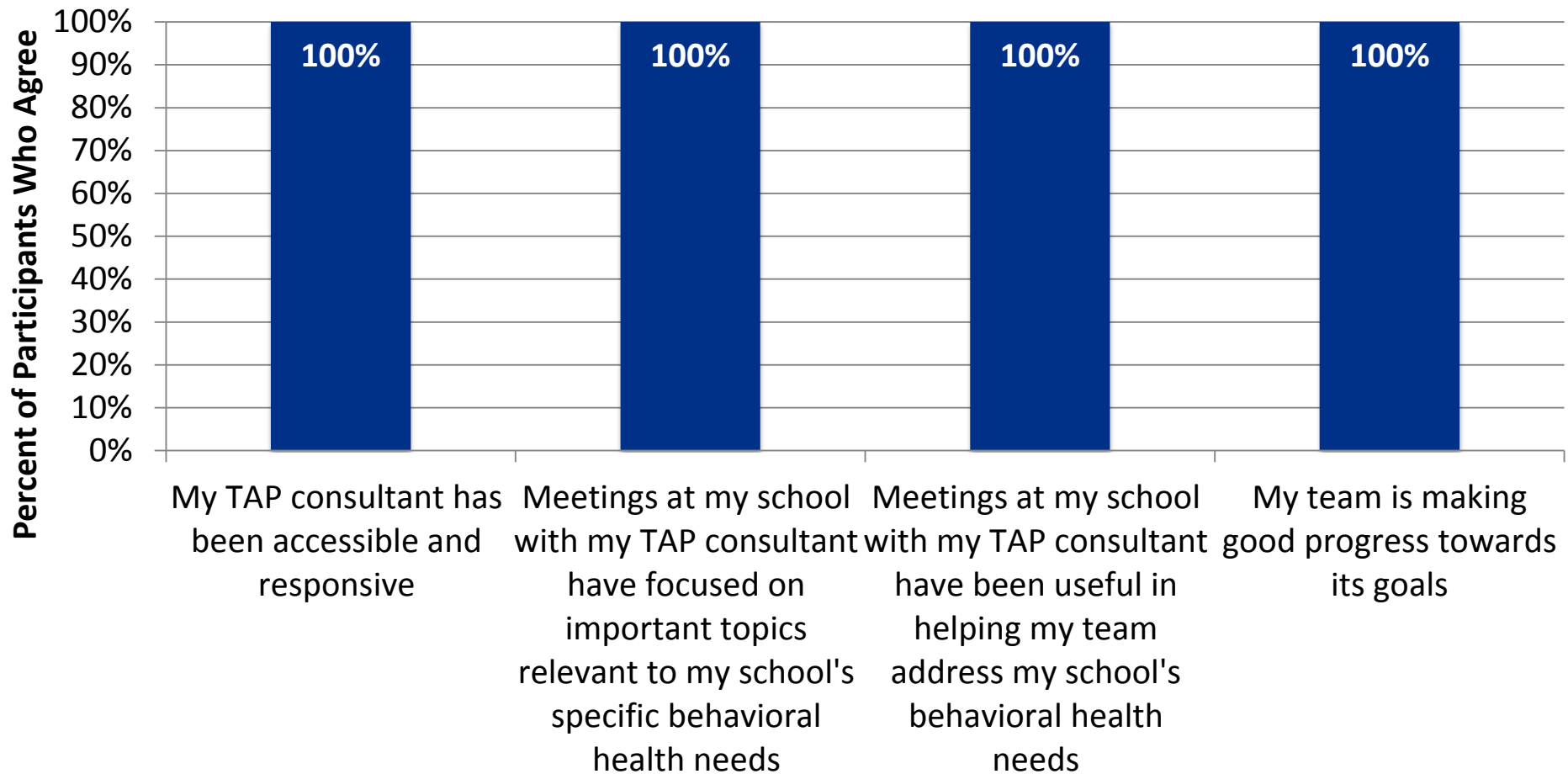# Program Evaluation: QUALITY ASSURANCE Questions

- Workshop Satisfaction Survey

- Consultation Satisfaction Survey

- Post Survey
  - Training rankings
  - Materials rankings
  - Facilitator satisfaction

- Qualitative Feedback on ALL surveys
  - What is working well?
  - How will you use this information in your work?
  - What could be improved?
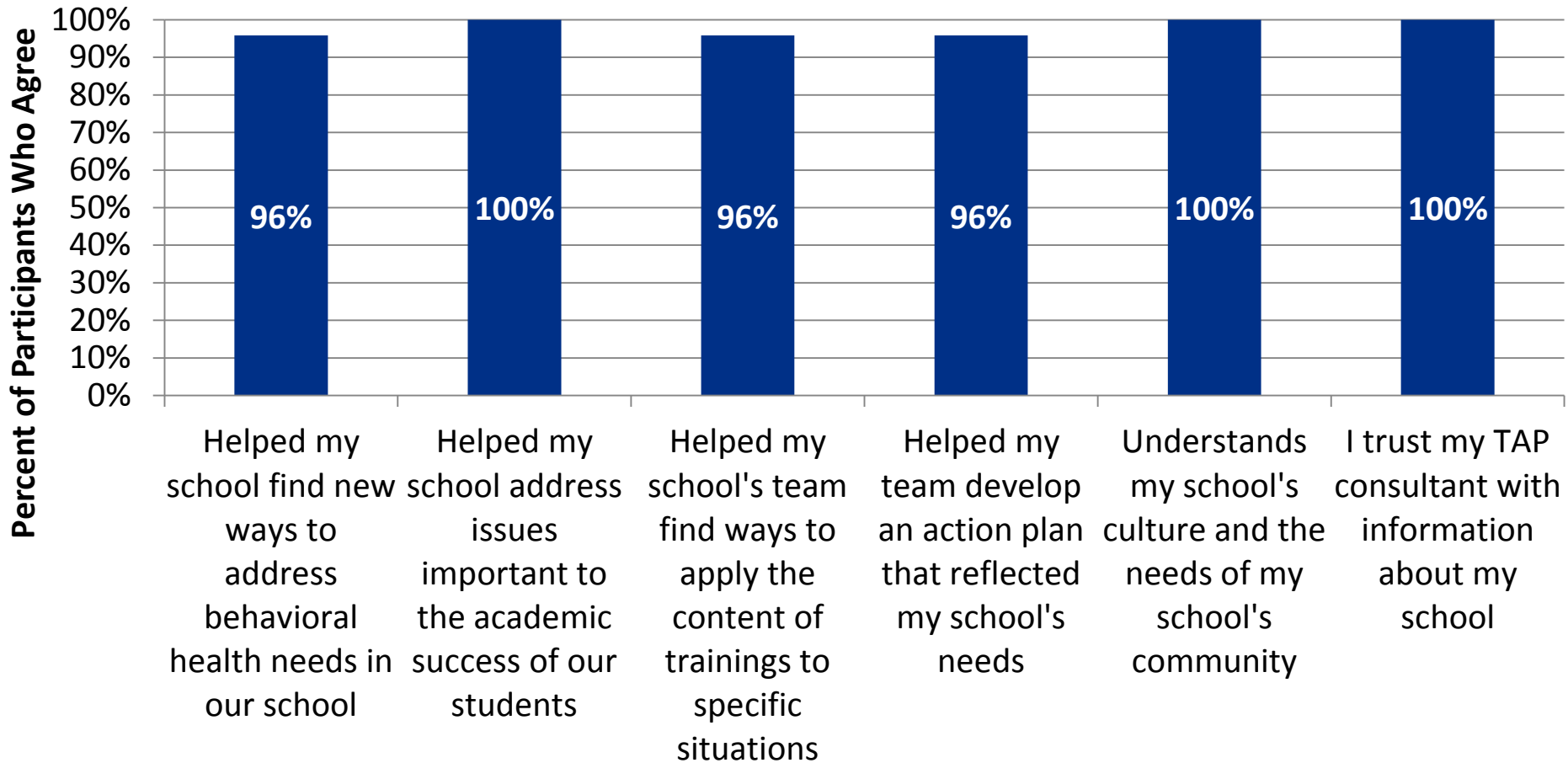 - What barriers are you facing and how can TAP help you address these barriers?

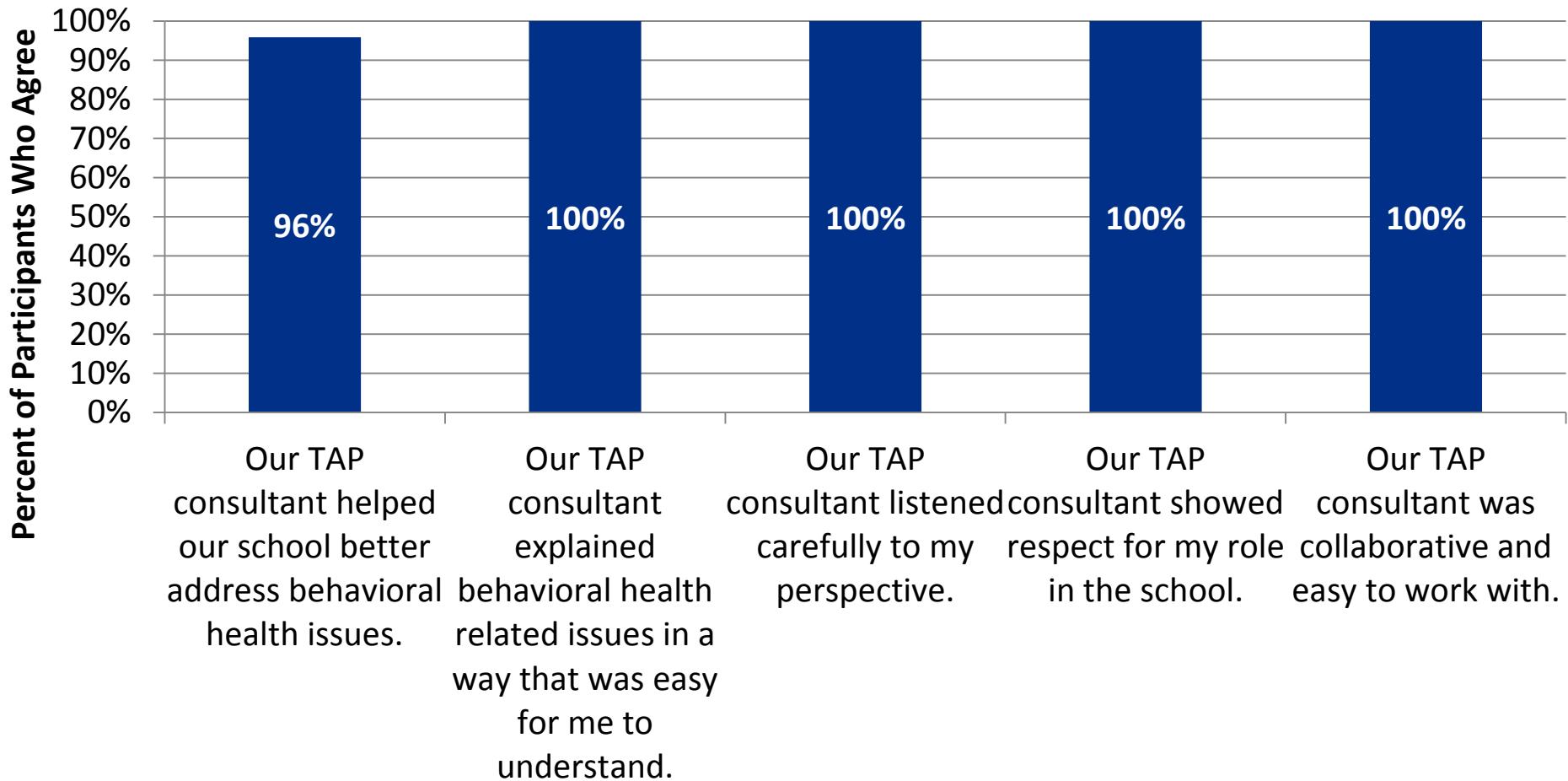# Satisfaction with Professional Development Workshops
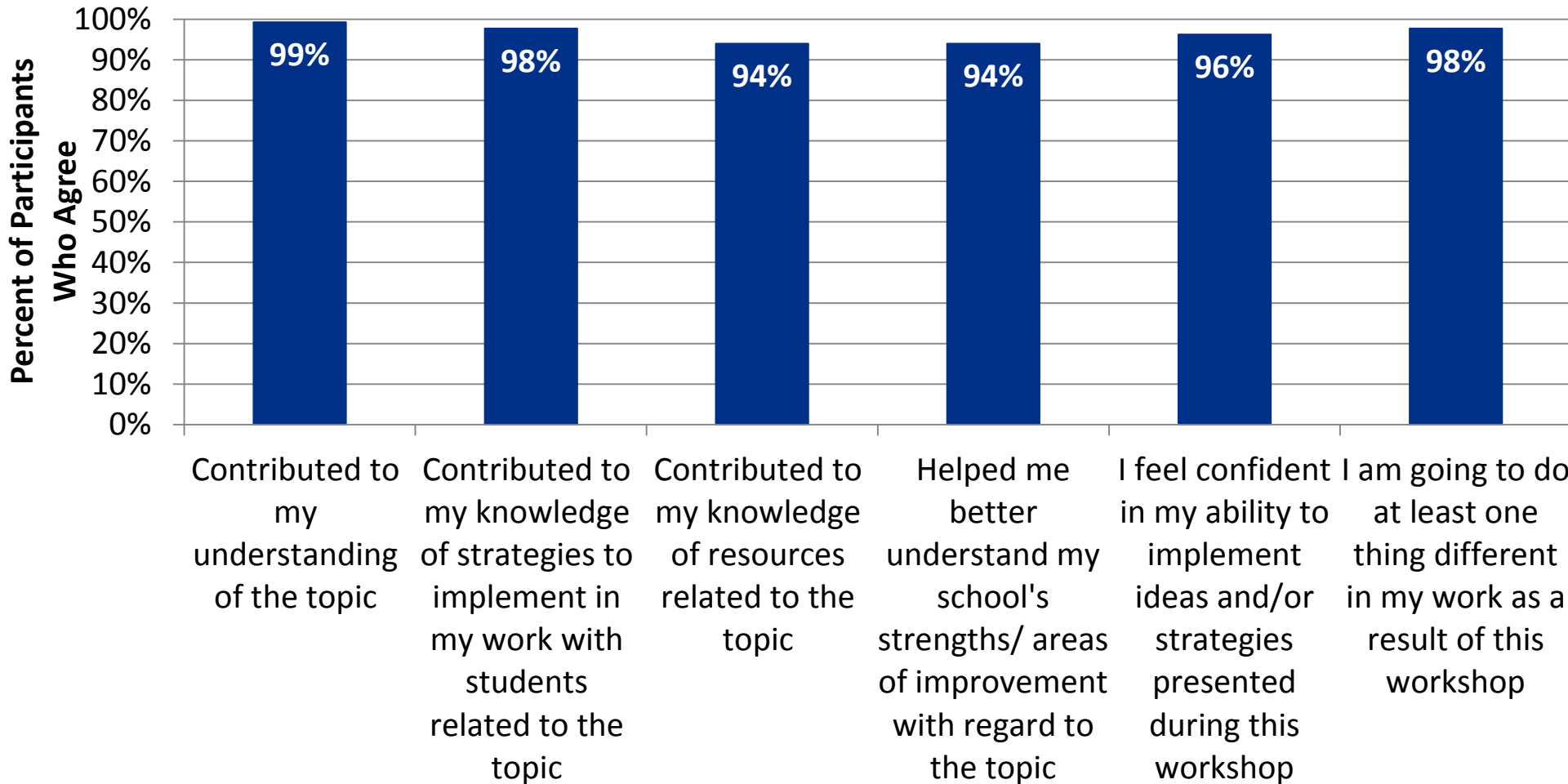
Ongoing School-Based Team Satisfaction with Consultation

End of Year School-Based Team Satisfaction with Consultation

Percent of Participants Who Agree

- Helped my school find new ways to address behavioral health needs in our school: **96%**
- Helped my school address issues important to the academic success of our students: **100%**
- Helped my school's team find ways to apply the content of trainings to specific situations: **96%**
- Helped my team develop an action plan that reflected my school's needs: **96%**
- Understands my school's culture and the needs of my school's community: **100%**
- I trust my TAP consultant with information about my school: **100%**

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End of Year School-Based Team Satisfaction with Consultation

Program Evaluation: OUTCOMES Questions

Change in adult knowledge, skills, self-efficacy
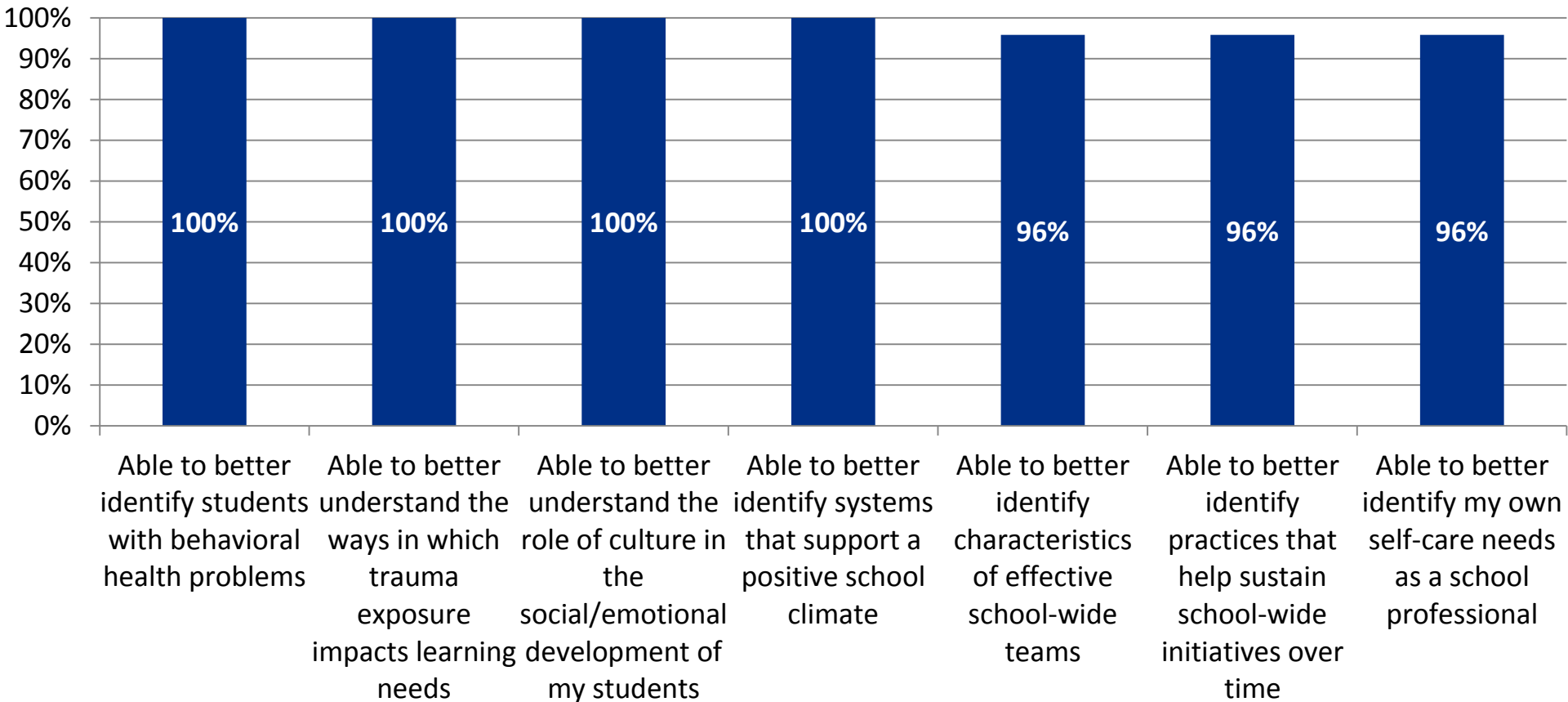
Change in adult behavior

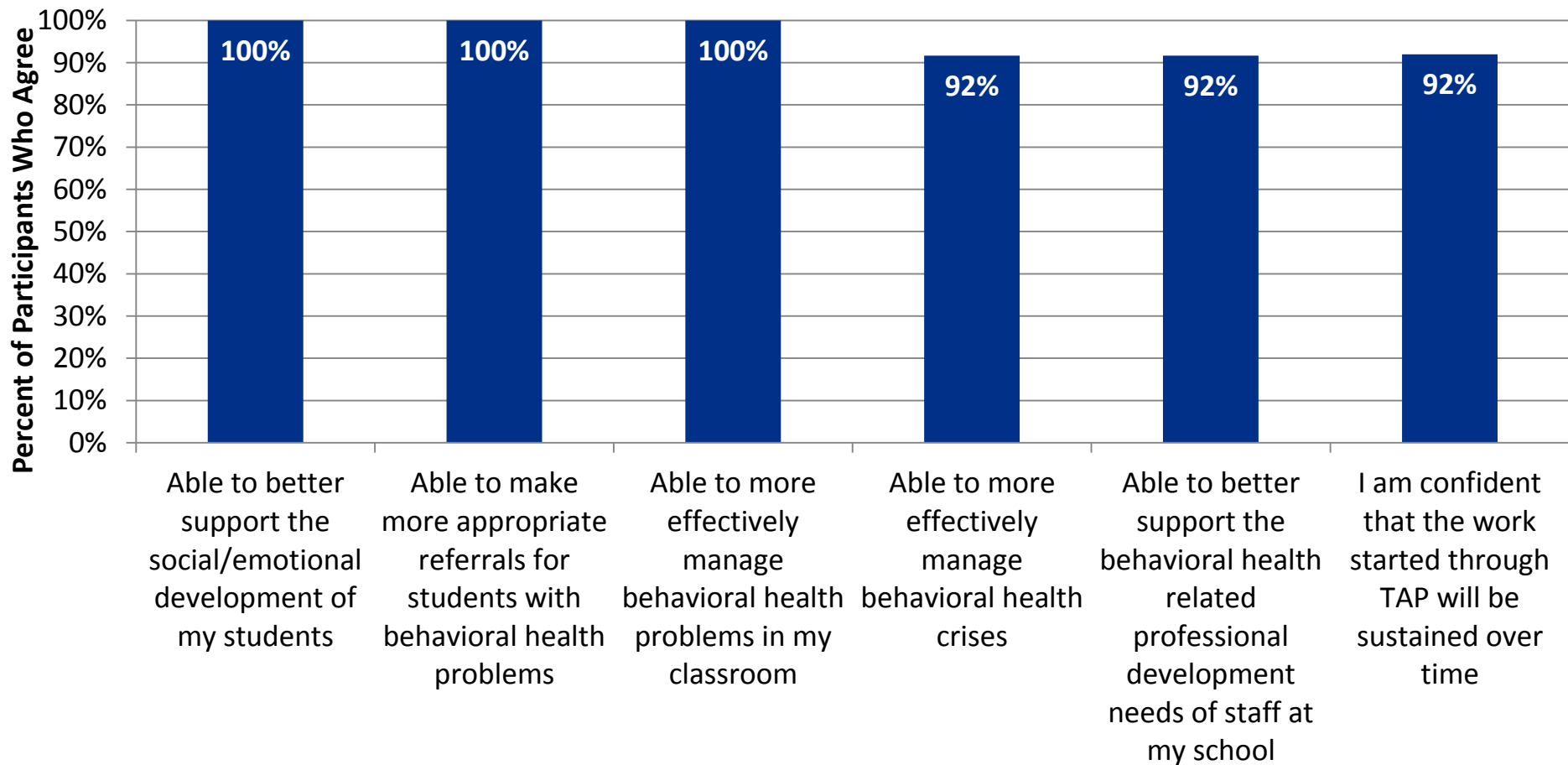Improved systems for students

Improved student outcomes

End of Year Satisfaction Surveys:
**Perceived improvements attributed to TAP**

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School-Based Team Member Knowledge

	Able to better identify students with behavioral health problems	Able to better understand the ways in which trauma exposure impacts learning needs	Able to better understand the role of culture in the social/emotional development of my students	Able to better identify systems that support a positive school climate	Able to better identify characteristics of effective school-wide teams	Able to better identify practices that help sustain school-wide initiatives over time	Able to better identify my own self-care needs as a school professional
	100%	100%	100%	100%	96%	96%	96%

School-Based Team Member Skills & Self-Efficacy

Bar chart. Y-axis: Percent of Participants Who Agree (0% to 100%).

| Category	Percent
Able to better support the social/emotional development of my students	100%
Able to make more appropriate referrals for students with behavioral health problems	100%
Able to more effectively manage behavioral health problems in my classroom	100%
Able to more effectively manage behavioral health crises	92%
Able to better support the behavioral health related professional development needs of staff at my school	92%
I am confident that the work started through TAP will be sustained over time	92%

School-Based Team Member Self-Efficacy
Pre/Post Matched Surveys
(N= 7 Staff Members)

Program Evaluation: Outcomes Questions

| Change in adult knowledge, skills, self-efficacy | Change in adult behavior | Improved systems for students | Improved student outcomes |

- **Team Reflection Sheets: Goals and Action Steps**
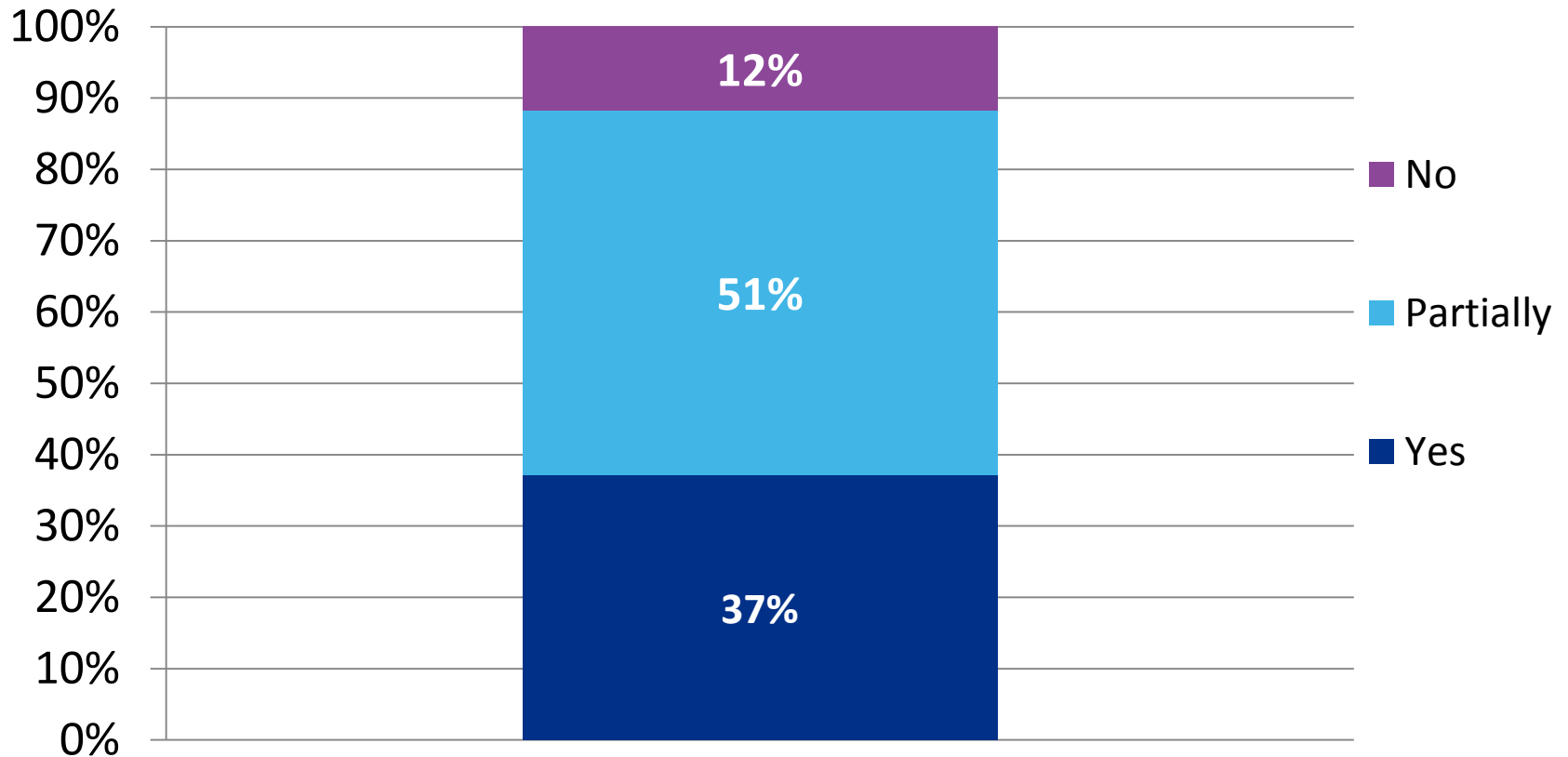- **End of Year Satisfaction Surveys: "Change 1 thing"**
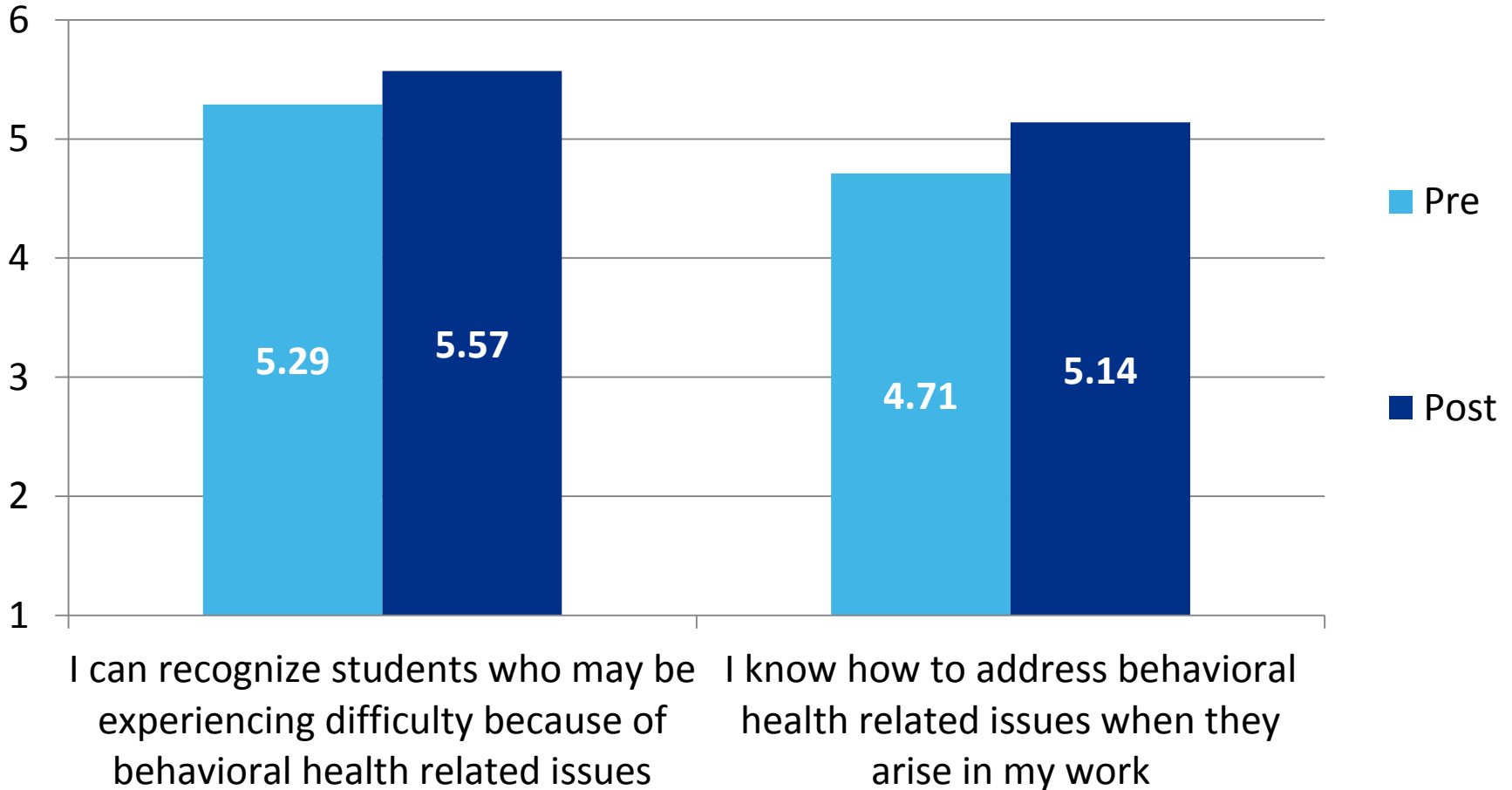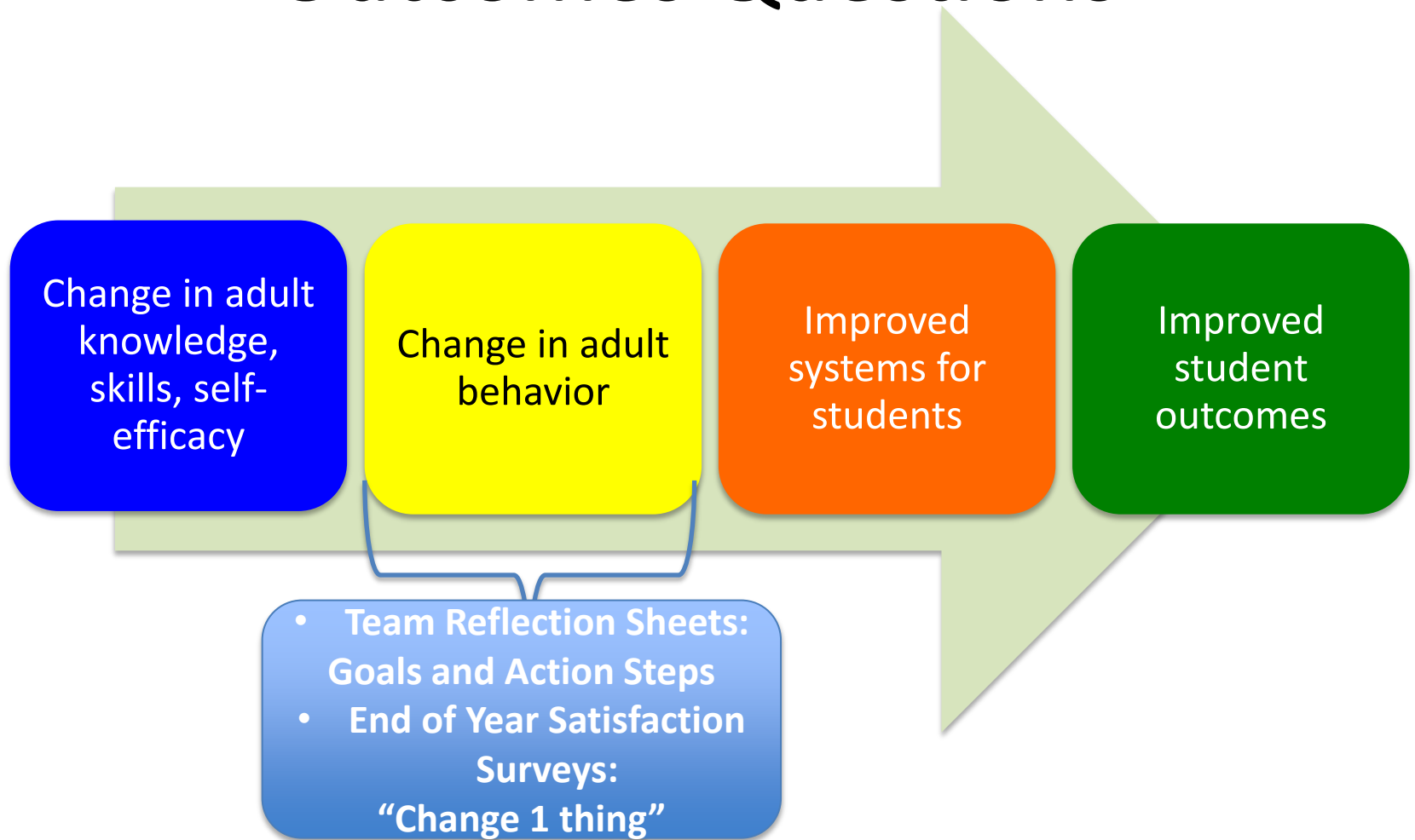
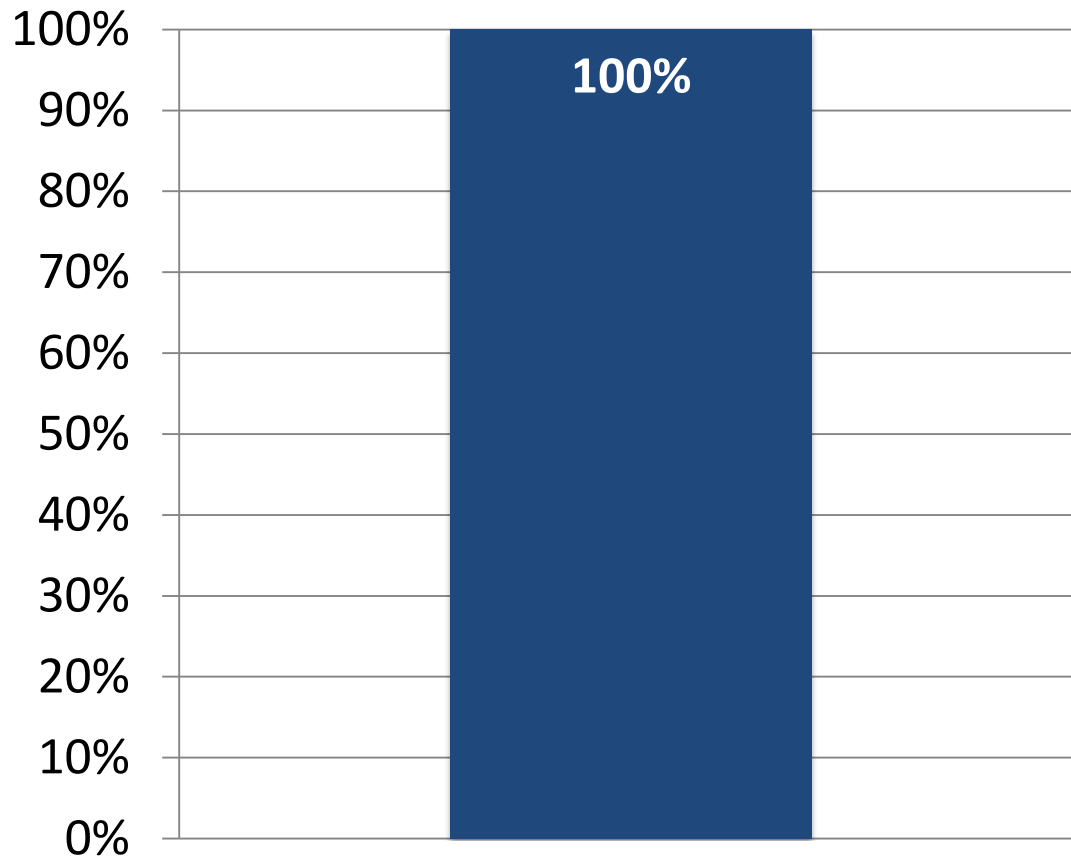Consultation Goal Ratings Over Time: 2016-17 Year 2 Schools
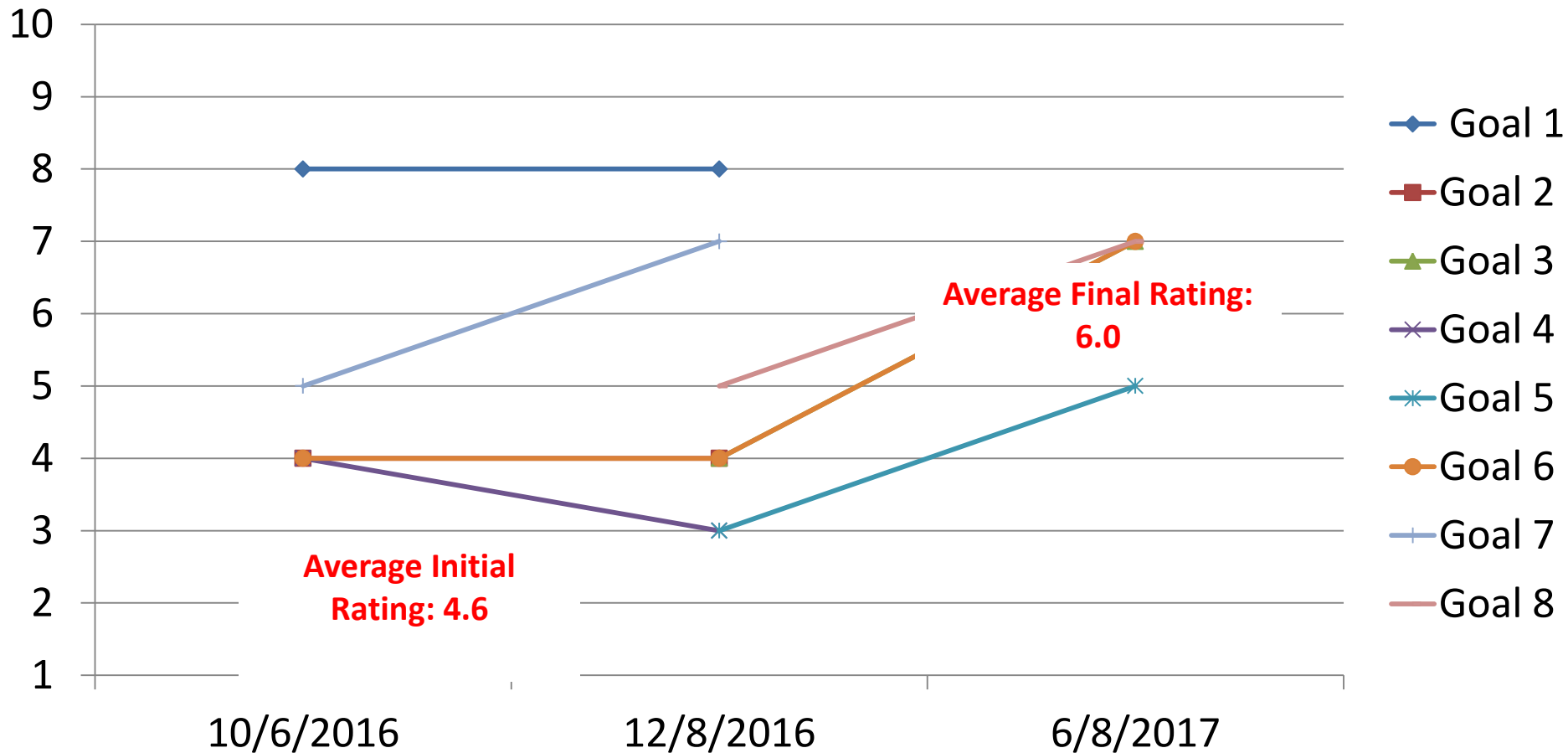
Consultation Goal Ratings Over Time: 2016-17 Foundation Year Schools
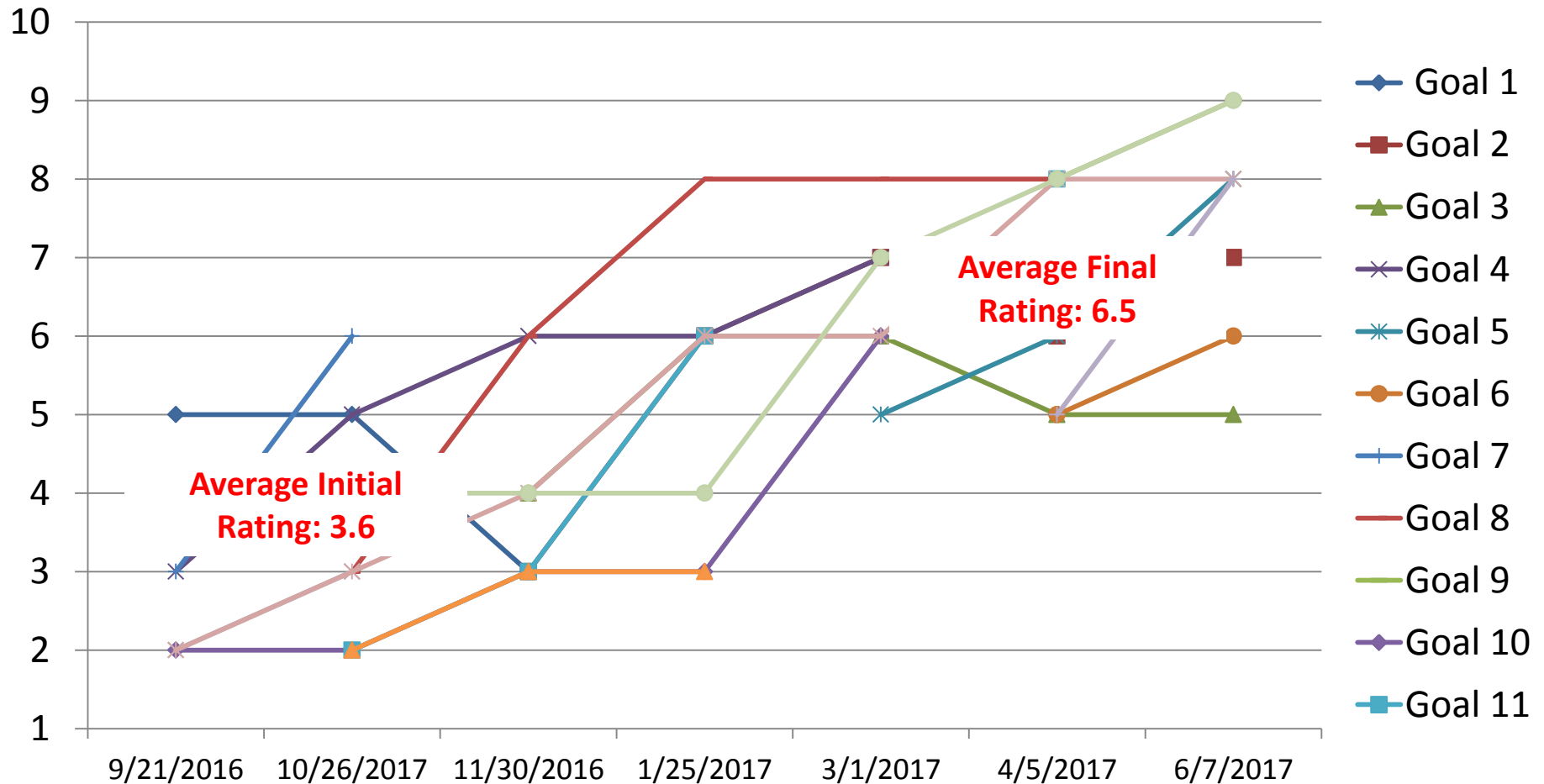
Action Steps Met Across
2016-17 Foundation Year and Year 2 Schools
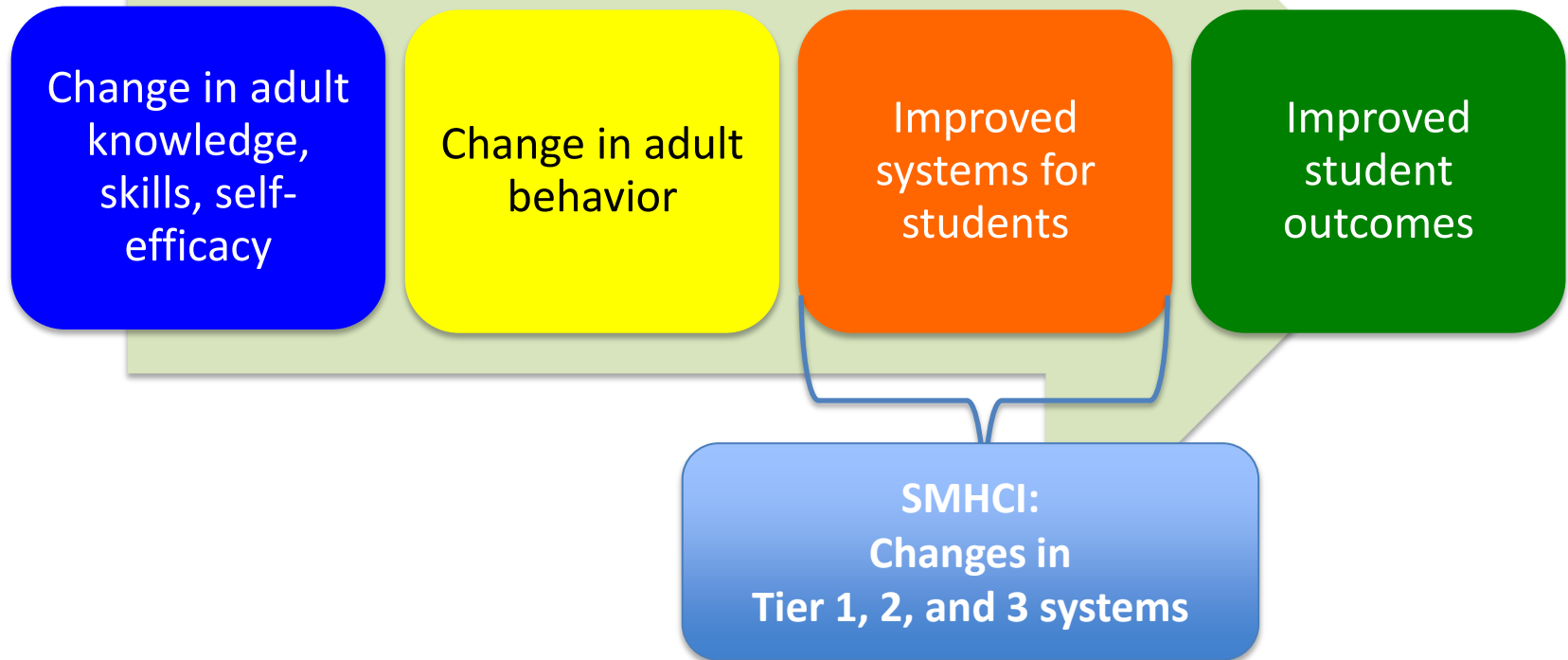# (N = 51 Action Steps)

I am going to do at least one thing different in my work at my school (N = 24 Participants)
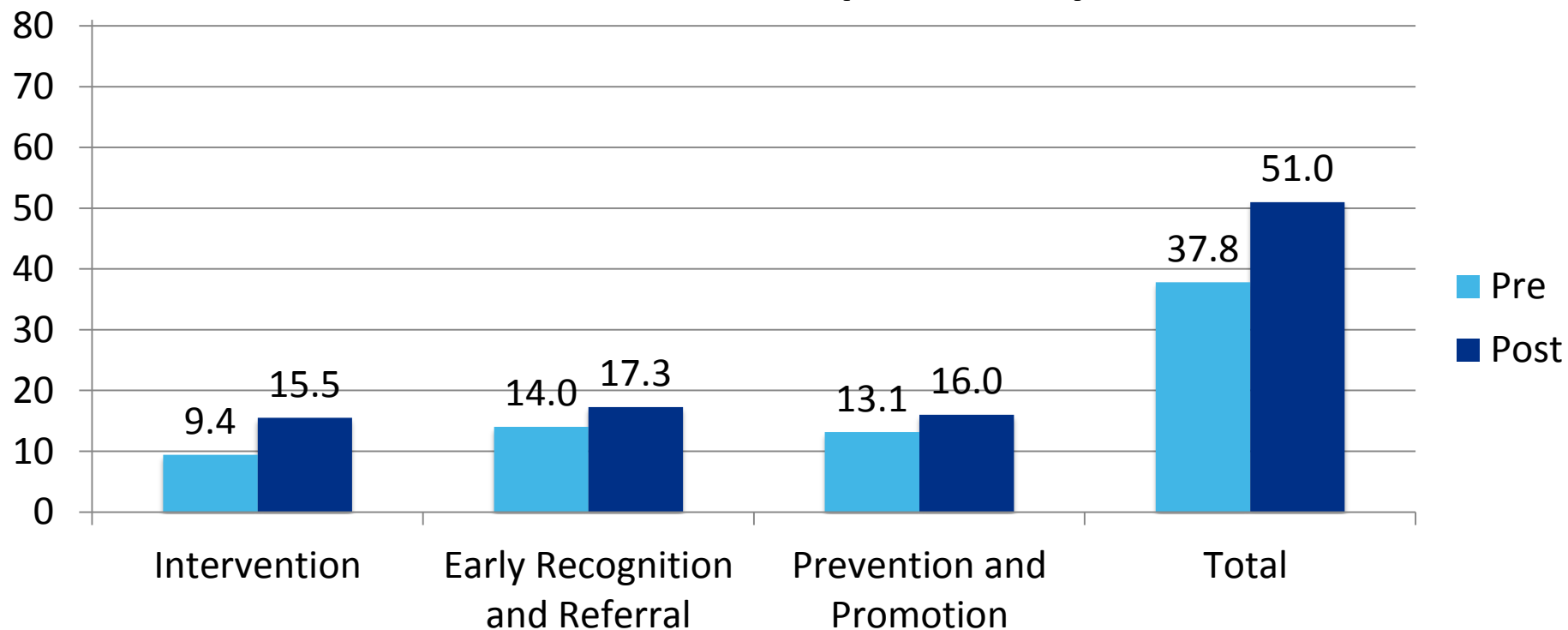

What will you do differently?

- Think more about the functions of/reasons for student behavior
- Implement SEL strategies more consistently
- Implement new planning and sustainability strategies

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Program Evaluation: Outcomes Questions

| Change in adult knowledge, skills, self-efficacy | Change in adult behavior | Improved systems for students | Improved student outcomes |

SMHCI:
Changes in
Tier 1, 2, and 3 systems

SMHCI:
School-Based Team Member Pre/Post Matched Surveys Cohort 1 (N = 7)

Program Evaluation: Outcomes Questions

Change in adult knowledge, skills, self-efficacy

Change in adult behavior

Improved systems for students

Improved student outcomes

Next Steps / Future Directions:
- **Social Competence Scale**
- **MCAS, OSS, ISS, etc...**

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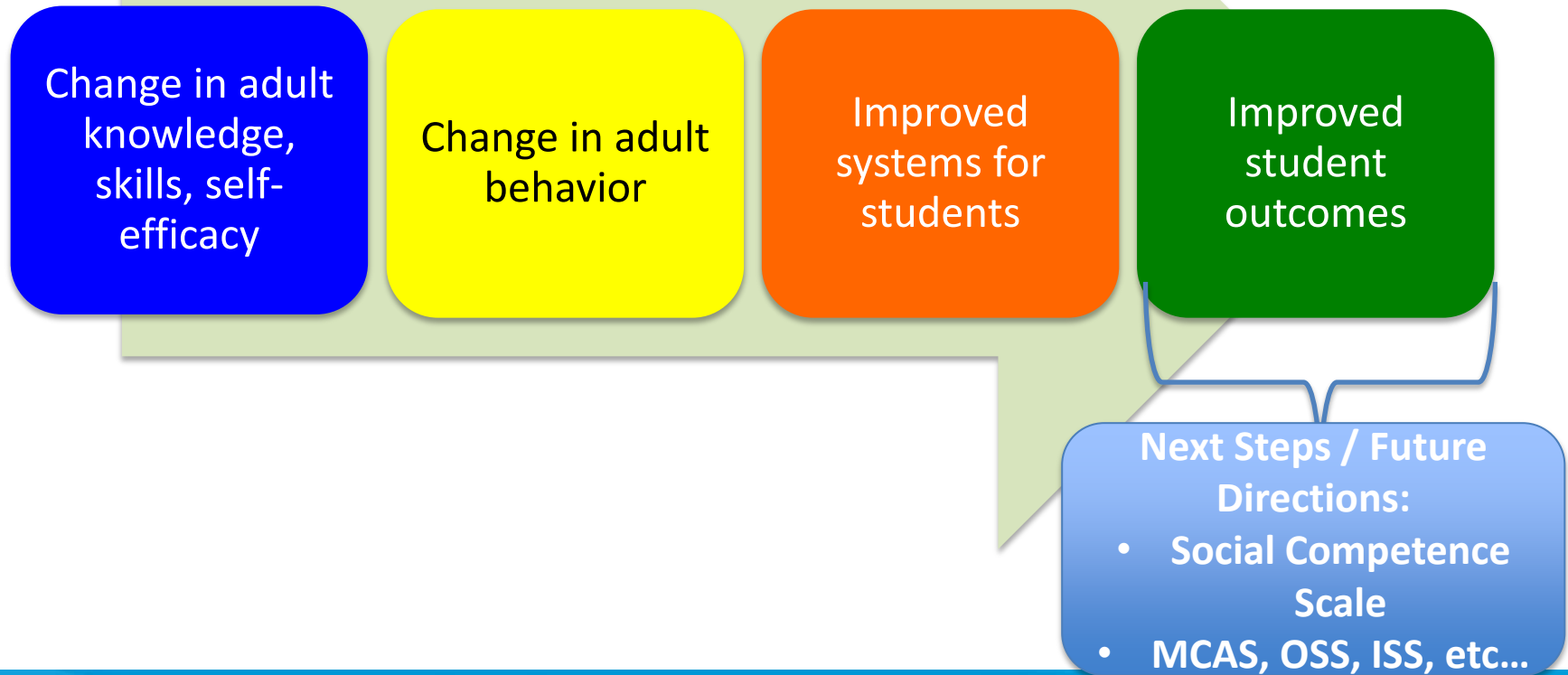
Next Steps

- 1 year follow up
- How do results vary by...
  - Various school characteristics
  - Various teacher characteristics
  - Level/stage/type of school-based implementation
- Matching whole school SMHCI pre/post data
- Self-efficacy items – action-oriented wording
- Online training evaluation

Summary

| Organize and write it down.

Logic model

Indicators | Be flexible… but not *too* flexible.

Make changes that improve | Share your data.

Frequency of Sharing Data

⇩

Sustainability

McIntosh et al. 2014 | Develop systems for exploring it together.

Guiding Questions

Report Templates |

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Resource Links

- Free Online Training:

  Overview of Social-Emotional Development: What to Expect in the Classroom? http://www.openpediatrics.org/curriculum/training-and-access-project-online-training-overview-social-emotional-development-what

- Trailer Video:

  https://youtu.be/EevcsDox6A0

Contact: amy.kaye@childrens.harvard.edu

References

- Boston Children's Hospital Neighborhood Partnerships (2017). *BCHNP Annual Report*. Boston Children's Hospital.

- Feigenberg, L. F., Watts, C. L., & Buckner, J. C. (2010). The School Mental Health Capacity Instrument: Development of an assessment and consultation tool. *School Mental Health, 2,* 142-154.

- McIntosh, K., Kim, J., Mercer, S.H., Stickland-Cohen, M.K., & Horner, R.H. (2015). Variables associated with enhanced sustainability of school-wide positive behavioral interventions and supports. *Assessment for Effective Intervention, 40*(3), 184-191.

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