Assessing Schoolwide Capacity to Implement a Comprehensive School Mental Health System

Annual Conference on Advancing School Mental Health
Austin, TX
November 8, 2019

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Agenda

- DC Child Mental Health Landscape
- DC School Mental Health Strategy
- Deep Dive into Needs Assessment at the School Level

Who Are We?

Noel Bravo, MPP
Senior Director, Strategic Research & Partnerships
Bainum Family Foundation

Rachel Sadlon, MPH
Assistant Director, Research and Evaluation

Olga Acosta Price, PhD
Director

Linda Sheriff, MEd
Deputy Director
The Center for Health and Heath Care in Schools
The George Washington University

DC Child Mental Health

50% of children in Wards 7 and 8 live in poverty – **over double** the rate in DC and **more than double** the rate in United States, which contributes to:

Children under 5 in DC have **greater** developmental delays compared to US

Rate of children in foster care in DC **4x** the national average

Children in residential placements in DC **double** the number in US

Wards 7 and 8 report **the lowest rates** of high school graduation

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HOW POVERTY FEELS TO CHILDREN

WORRIED ABOUT PARENTS
UNHAPPY
FRUSTRATED
ANXIOUS

FEW OPPORTUNITIES
WORTHLESS
HOPELESS
SOCIAL INSECURITY

EXCLUDED
CONSTRAINED
CONFLICTED
EMBARRASSED

ASPIRATIONS
HOPES AND DREAMS
RESILIENCE

INSECURE, OVERCROWDED HOMES
NO PLACE FOR HOMEWORK OR PLAY

IMPORTANT
BULLIED & JUDGED
TEACHERS DON'T UNDERSTAND
NO SCHOOL TRIPS

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Our Approach

From Strategy to Action

Learning and Environmental Scan

Implementation and Outcome Evaluation
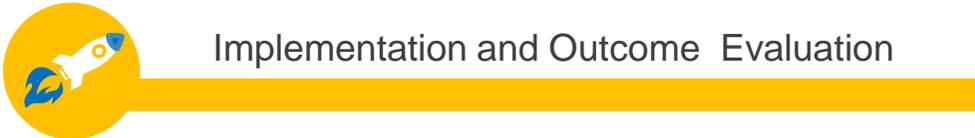
2015 — **2016** — **2017** — **2018** — **2019** — **2020** — **2021** →

Strategy Development and Evaluation Planning

MEASURE WHAT MATTERS

IDENTIFY BEST PRACTICES

SPREAD WHAT WORKS

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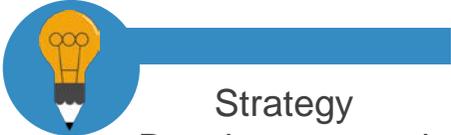
Lessons Learned from the Scan

Strengths/Opportunities

- Commitment from school leaders and DC Council

- Innovative partnerships being piloted by hospitals, providers and schools

- The field is at a "tipping point" and are eager to partner to disseminate best practices

Challenges/Barriers

- Schools emphasize Tier 3 interventions over Tiers 1 and 2

- High levels of traumatic stress and burnout among teachers

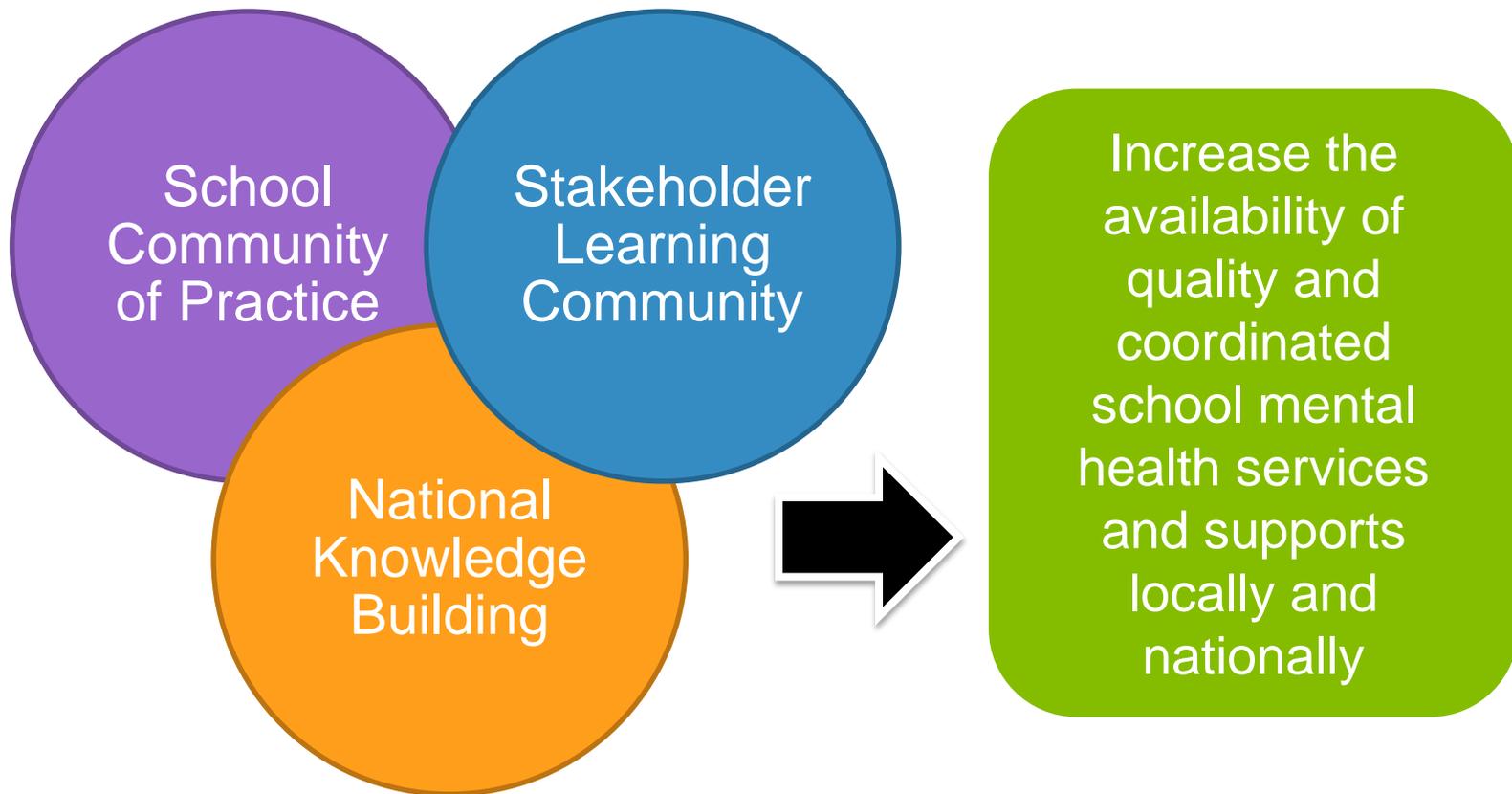- Service gaps due to limited number, capacity and collaboration

- School staff have little/no training in mental health

- School readiness for strengthening services varies between schools

- Models are not well-developed

- Limited "real time" data to inform decision-making

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How we applying the Lessons:
DC School Mental Health Initiative

School Community of Practice

Stakeholder Learning Community

National Knowledge Building

Increase the availability of quality and coordinated school mental health services and supports locally and nationally

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Technical Assistance and Community of Practice

Multi-Tiered System of Supports

Data-Based Decision-Making

Service Coordination With Families & Community

Validated screening and assessment measures and implementation protocols

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Partner School Selection

DC PREP — Learning has no limits.

1,405
PreK3-8 seats

Economically Disadvantaged
>60%*

Special Education
9.6%

At-Risk Population
59.5%

MONUMENT ACADEMY — BUILDING OUR FUTURE

76
5-8 seats

Economically Disadvantaged
>60%*

Special Education
52.6%

At-Risk Population
86.8%

DC SCHOLARS PUBLIC CHARTER SCHOOL

505
PreK3-8 seats

Economically Disadvantaged
>60%*

Special Education
15.6%

At-Risk Population
59.8%

EAGLE ACADEMY PUBLIC CHARTER SCHOOL

734
PreK3-3 seats

Economically Disadvantaged
>60%*

Special Education
18.1%

At-Risk Population
71.4%

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Needs Assessment to Technical Assistance Plans

April 2018 – January 2019

Needs Assessment

January 2019

Practice Improvement Plan

February – April 2019

Technical Assistance Plan

Ongoing

Implementation of Plan

Why a Needs Assessment?

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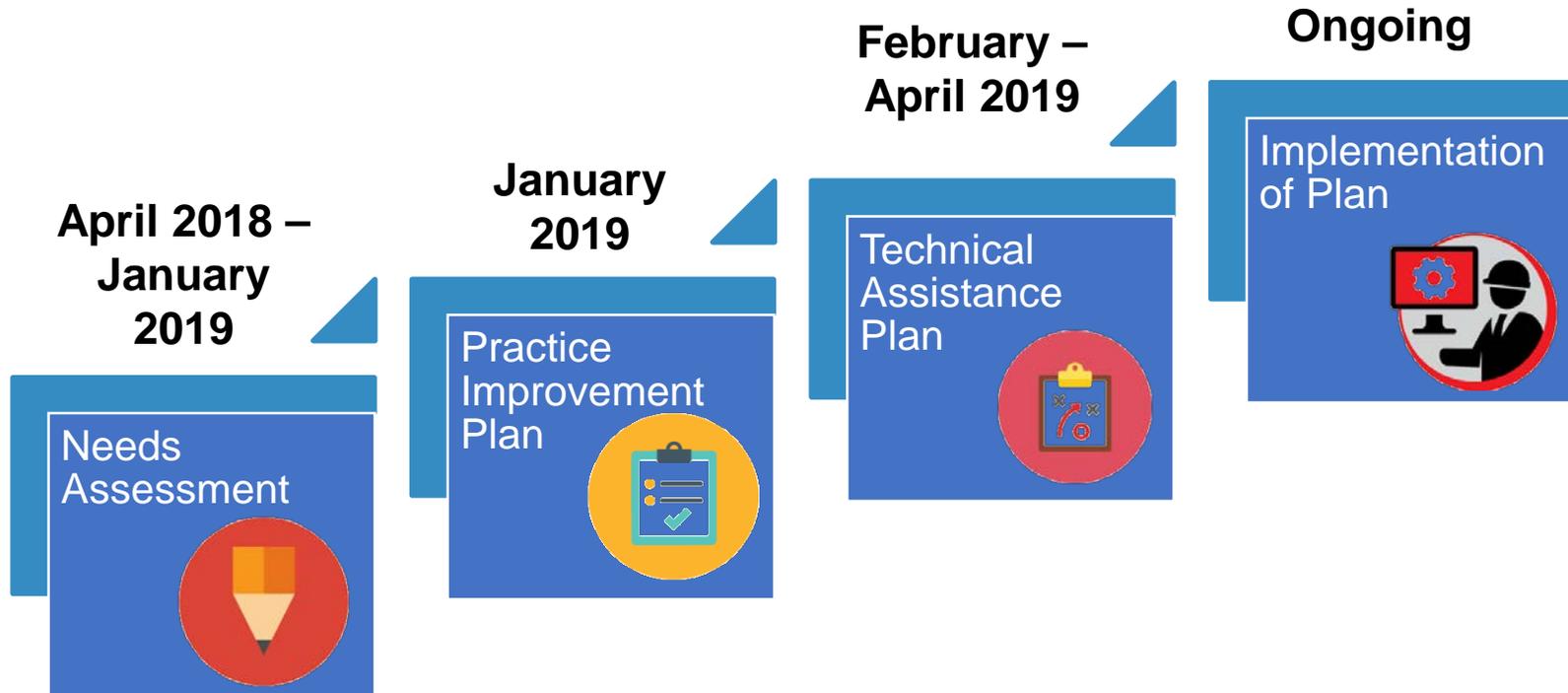
Sustainability

…the continued use of program components and activities for the continued achievement of desirable program and population outcomes.

Scheirer, M.A., & Dearing, J.W. (2011). An Agenda for Research on the Sustainability of Public Health Programs. American Journal of Public Health, 101 (11).

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Data Triangulation

School Mental Health Needs Assessment

 Collect Documents – August/September 2018

 Document Review – October 2018

 Observations – November 2018

 Interviews – December 2018

 Recommendations Report – January 2019

Document Review
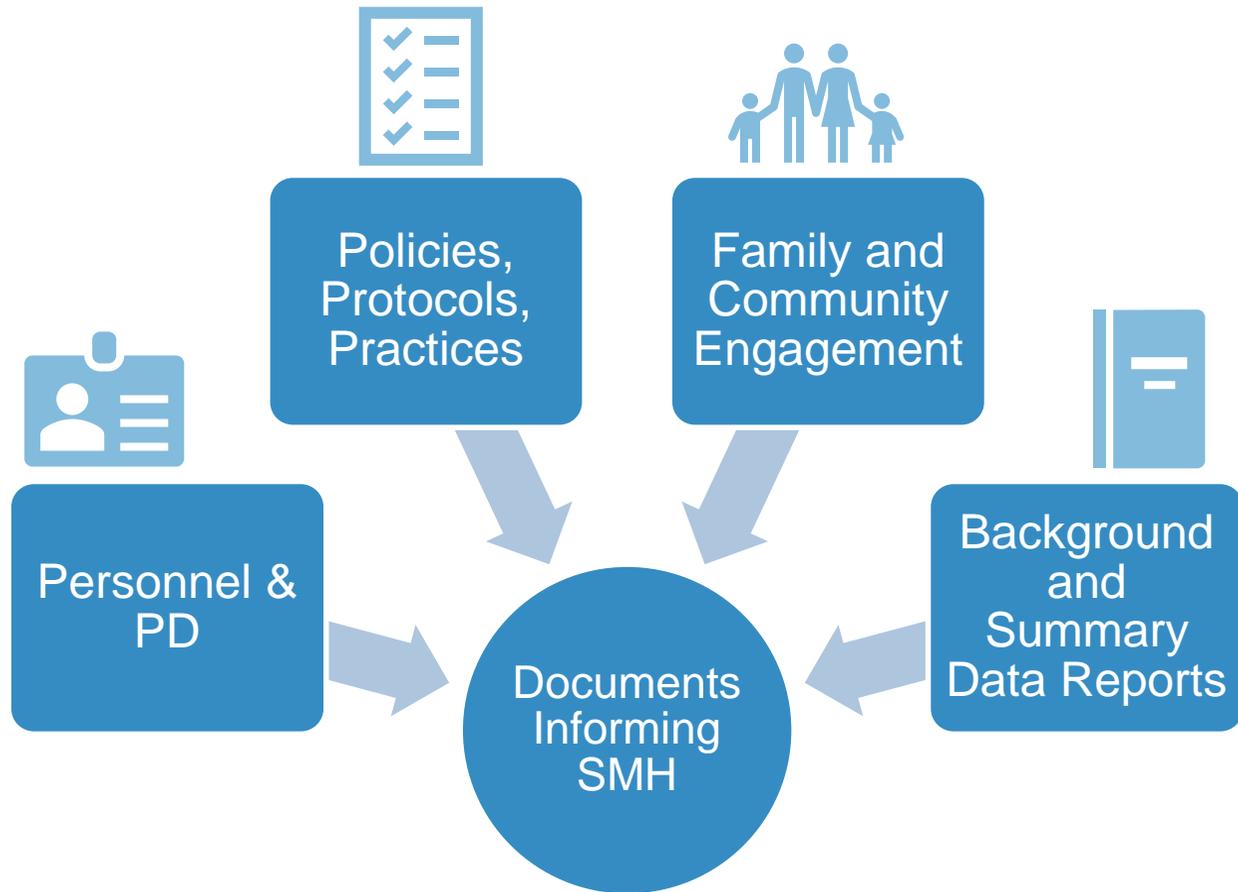
Observations

Team Functioning Scale (TFS): Validated measure of functioning of school teams during implementation of a school improvement process

Figure 1: Team Functioning Scale

Meeting roles unassigned	1 2 3 4 5	Multiple meeting roles assigned prior to the meeting (e.g., facilitator, note-taker)
Ever-changing start and stop times (e.g., members straggle in, waiting for leadership, meetings sometimes cancelled)	1 2 3 4 5	Meeting starts and ends on time as scheduled
Irregular attendance by team members	1 2 3 4 5	Nearly all team members attend regularly
Nonexistent or limited use of agendas	1 2 3 4 5	Agenda developed and available prior to meetings
Nonexistent or limited use of meeting minutes/notes	1 2 3 4 5	Minutes/notes taken during meeting and distributed to all team members after the meeting
Minimal team member engagement (e.g. members off-task, distracted)	1 2 3 4 5	High level of engagement from all team members (e.g., verbal input, attention, willingness to complete tasks)
Discussions disjointed (e.g., numerous interruptions, sidebar conversations)	1 2 3 4 5	Discussions stay on track; no sidebar conversations
Poor team member communication (e.g., aggressive tones, lack of listening, disrespect)	1 2 3 4 5	Team members communicate effectively (e.g., speak directly, ask questions, express support, restate ideas)
Disagreements/conflicts aren't addressed (e.g., disgruntled team members, talking behind backs)	1 2 3 4 5	Disagreements/conflicts are addressed (e.g., problem solving, respect, listening)
Some members are not valued as important to the team		Members value each other's roles and contributions
Members are not provided time/forum to share viewpoints; limited discussion time before a decision is made	1 2 3 4 5	All viewpoints shared and given adequate time prior to decision-making (e.g., discussion of options and consequences)
Final decision made with limited input by team (e.g., one person makes decision, limited influence, no voting)	1 2 3 4 5	Shared decision-making with balanced influence of team members (e.g., voting on decisions, discussion of options)
Lack of meeting purpose (e.g., meeting "for the sake of meeting")	1 2 3 4 5	Meeting has clear purpose, which is communicated in advance
Data does not drive decision-making	1 2 3 4 5	Data drives decision-making (i.e., relevant data is reviewed and discussed; decisions clearly influenced by data)
No reference to past goals/action items	1 2 3 4 5	Status of action items from last meeting is reviewed

Erickson, A. G., Noonan, P., Carter, K. S., McGurn, L., & Purifoy, E., (2015). The Team Functioning Scale: evaluating and improving effectiveness of school teams. *International Journal of Educational Research, 69*, 1-11.
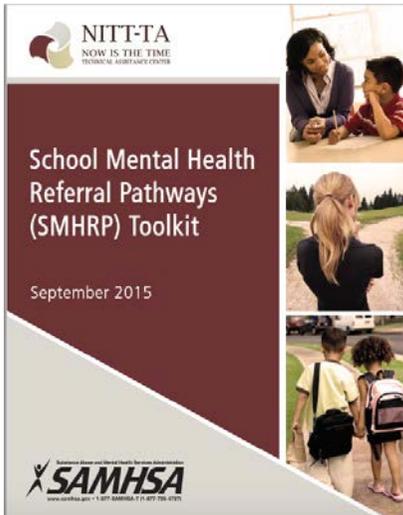
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Interviews

	Individual	**Organizational**
Psychological	Staff view student mental health as essential to learning, and understand the importance of making available school-wide mental health supports.	School believes in, and is committed to providing a continuum of evidence-based, quality mental health supports, including universal prevention and health promotion strategies, group interventions, and intensive student and family support.
Structural	Staff have knowledge and skills from training and coaching to understand students' mental health needs, and understand school-wide processes to support students.	School resources support a comprehensive school mental health system, including designated staff, materials, and time.

Timmings, C., Khan, S., Moore, J. E., Marquez, C., Pyka, K., & Straus, S. E. (2016). Ready, Set, Change! Development and usability testing of an online readiness for change decision support tool for healthcare organizations. *BMC medical informatics and decision making, 16*(1), 24.

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Scanning Best Practices

Best Practices Indicator Tool

Four Domains (74 items)

1. **Multi-Tiered System of Supports**

2. **Data-Driven Decision Making**

3. **Family Engagement**

4. **Community Engagement**

Multi-Tiered System of Supports

MTSS 1: The school has a strategic plan about its multi-tiered supports that is aligned with the school improvement plan.

3	2	1	0	Notes/Comments
The school has a strategic plan about its multi-tiered supports that is explicitly aligned with the school improvement plan and includes all of the following components: - A continuum of academic and behavioral tiered supports - Assessment of the match between intensity of intervention to severity of student need - Evaluation of the quality and breadth of programs or resources to determine whether to continue them - Awareness of student diversity to identify appropriate strategies	The school has a strategic plan about its multi-tiered supports that is not explicitly aligned with the school improvement plan and does not address all of the components: - A continuum of academic and behavioral tiered supports - Assessment of the match between intensity of intervention to severity of student need - Evaluation of the quality and breadth of programs or resources to determine whether to continue them - Awareness of student diversity to identify appropriate strategies	The school has a strategic plan about its multi-tiered supports that is not explicitly aligned with the school improvement plan and does not address any of the components.	The school does not have a strategic plan about its multi-tiered supports.	

MTSS 2: The school has adequate staff to provide counseling, social work, and psychological services to students.

3	2	1	0	Notes/Comments
All of the following staffing ratios are met: - At least one school counselor for every 250 students - At least one school social worker for every 250 general education	The school has access to all three staff roles (school counselor, school social worker, and school psychologist), but does not meet all staffing ratios.	The school has access to all three staff roles (school counselor, school social worker, and school psychologist), but does not meet staffing ratios for any of the staff roles.	The school does not have access to all three staff roles.	

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Examples of Best Practices

Multi-Tiered System of Supports	Data-Driven Decision-Making
A student support team is established and has well-defined roles and processes. PD related to student health and wellbeing is comprehensive and available to all staff.	The school data team uses clear, documented decision rules. The school schedules time to engage in data collection and use.
Family Engagement	**Community Engagement**
The school reduces barriers to family participation in events. The school communicates with families in culturally and linguistically appropriate ways.	The school is aware of available and appropriate community resources. The school collaborates with community organizations to link students and families with appropriate services and resources.

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12 Interviews Conducted

487 Documents Reviewed

4 Observations Completed

August – December 2018

Review Against National Best Practices

Process Common Themes with COP

January 2019

Brief Needs Assessment Report → Meetings with School Teams → Individualized Technical Assistance Plan → Continuous Quality Improvement

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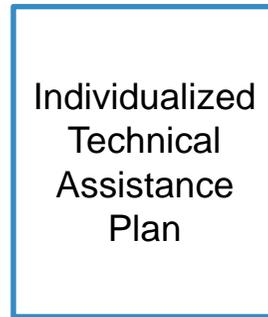
Common Themes: Strengths

Leadership
- Leader buy-in and organizational commitment to SEL considered central to schools' mission

Readiness
- Schools express desire to engage in continuous quality improvement to support student wellbeing and academic success

Teaming Structures
- Teams are established, organized, meet regularly, with fairly well-defined roles for multidisciplinary members

Progress Monitoring
- Data is valued and significant amount of information is collected to document changes or improvements

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Common Themes: Areas for Growth

Organizational
- Challenges with recruitment and retention of high-quality teachers and staff hinder multi-year progress
- Teacher/staff stress and burnout contribute to attrition

MTSS
- Inconsistent implementation of classroom and schoolwide universal strategies compromise fidelity
- Inter-team communication and coordination a challenge

Data-Driven Decision Making
- Multiple data platforms/systems result in lack of information integration across student domains
- Limited capacity to interpret data to inform actions

Family & Community Engagement
- Few opportunities for family input
- Community partners with inconsistent access to teachers/staff and limited bilateral communication

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Value and Benefit to a Needs Assessment

- Needs assessment reports were relevant

- Provided confirmation of anecdotal information

- Identified "blind spots"

- Helped in obtaining buy-in from key leaders

- Easier to prioritize and determine next steps

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Using the School Mental Health Needs Assessment Planning Tool

considerations of families.			
MTSS 23: The school has a written and rehearsed mental health crisis preparedness and response plan.			
3	**2**	**1**	**0**
The school has a written mental health crisis plan that includes <u>all</u> of the following: - Information on preparedness, response, recovery, and reentry post crisis - Steps for ensuring adequate care and student and staff safety - Clear instructions on contacting emergency service providers and guidance on transporting students to emergency care - Systems for contacting families and relevant staff members, including managing appropriate information-sharing - Is practiced at least every school year, reviewed annually and updated as necessary	The school has a written mental health crisis plan that includes <u>some</u> of the following: - information on preparedness, response, recovery, and reentry post crisis - steps for ensuring adequate care and student and staff safety - Clear instructions on contacting emergency service providers and guidance on transporting students to emergency care - Systems for contacting families and relevant staff members, including managing appropriate information-sharing - Is practiced at least every school year, reviewed annually and updated as necessary	The school has a written mental health crisis plan that includes some elements of preparedness and response <u>but</u> does not address recovery or reentry after a personal crisis. The plan mentions a need to contact families and relevant staff members <u>but</u> no clear guidance is offered and the plan is not practiced, reviewed, or updated annually.	The school <u>does not</u> have a written mental health crisis plan.

Final Thoughts and Discussion

Contact Information

Noel Bravo, MPP
Senior Director
Bainum Family Foundation
nbravo@bainumfdn.org

Rachel Sadlon, MPH
Assistant Director, Research and Evaluation
Center for Health and Health Care in Schools
The George Washington University
rachelsadlon@gwu.edu