



PEE DEE
RESILIENCY
PROJECT

Schools & Communities
Working Together
to Support
Student Well-Being

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Learning Objectives

Participants will be able to:

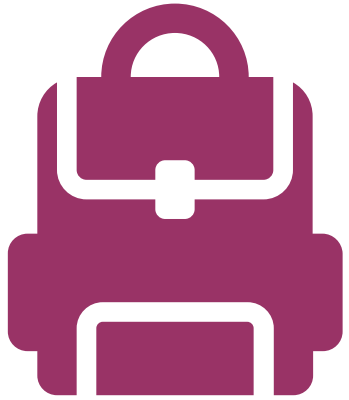
- Describe the opportunities and challenges associated with cross-sector, community-based collaborations to build resilience and improve mental health for all students and their families.
- Identify key evaluation components to assess a multi-component, community-based project.
- List three essential strategies for promoting successful implementation of a multi-agency community-based project.

PDRP Background



Purpose

The Pee Dee Resiliency Project works to prevent the long-term impact of poverty, mental health challenges and adverse childhood experiences (ACEs) by using schools as a resource and support for families.



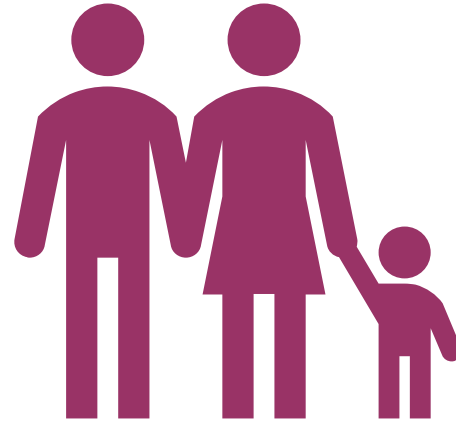
8

**elementary
schools**



8

**mental health
clinicians**



1

**family engagement
specialist**



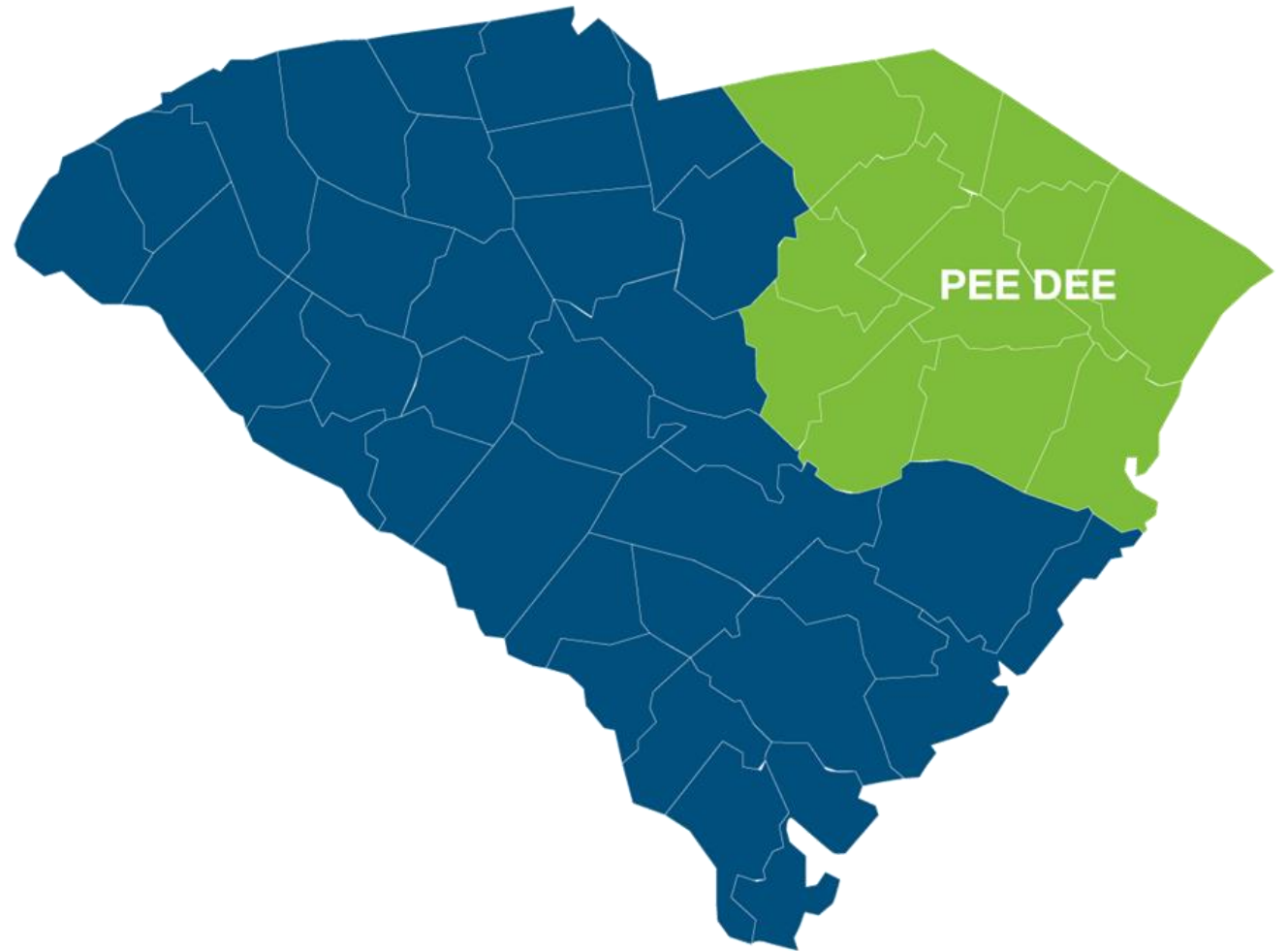
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partners



Who are the key players?

- 8 elementary schools in Pee Dee, SC Region
- South Carolina Department of Mental Health school mental health clinicians
- Family Engagement Specialist
- Steering Team
- Community Partners (Community Action Team, school staff, Pee Dee area businesses)



A Multi-Agency Effort

Funder:

- BlueCross BlueShield of South Carolina

Project Management and Implementation:

- South Carolina Department of Mental Health
- Pee Dee Mental Health Center

Project Evaluation:

- University of South Carolina School Behavioral Health Team

Community Training and Engagement:

- Children's Trust of South Carolina



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SOUTH CAROLINA



Noteworthy Goals

- Increased well-being of children and families
- Increased consistency and quality of caregiving practices
- Community-informed and data-driven policy recommendations will be developed
- Reduction in public costs and demonstrate a return on investment

“Adverse childhood experiences (ACEs) are traumatic events that occur in a child’s life prior to the age of 18. This adversity can harm a child’s brain and its development, which can result in long-term negative health and social outcomes.

ACEs include emotional, physical and sexual abuse; domestic violence; substance use and mental illness of someone in the household; being separated from parents, including incarceration and divorce; food insecurity; and homelessness.”

Why the Pee Dee?

ACEs

- 57-60% of adults report ACEs

Academics

- 62-82% of 3rd graders testing below state standards in English/Language Arts

Household Resources

- 28-39% of children 0-17 live in households with incomes below the poverty level

SMH Workforce Development & Clinical Services

Goals

Provide training in evidence-based practices to PDRP clinicians

PDRP clinicians will contribute to prevention and early intervention efforts at tiers 1 and 2

PDRP clinicians will participate in systems-level meetings (e.g., MTSS or SST meetings)

PDRP clinicians will integrate into school functioning through participation in school events and activities

Clinical Services

- 8 School Mental Health (SMH) clinicians in 8 schools Pee Dee
 - One-to-One Model
- Clinicians are all Masters-level
 - Supervisors are licensed in SC
- Clinicians part of the community
 - All clinicians live within the region
 - Have familiarity with the region, the culture, and the challenges

Clinical Services: Typical vs PDRP

Typical

- SMH clinicians work in 2+ schools
- Individual therapy for students
 - Occasionally provides family services, but not often
- Spends most time in the office
 - Integration with school staff not emphasized
 - Not involved in MTSS, SST, or other school meetings

PDRP

- PDRP clinicians work in 1 school full-time
- In addition to typical services, engages in school-wide activities
 - Tier 1
 - Increasing visibility by helping with bus lines and visiting with classes/teachers
 - Tier 2
 - Engaging with parents/families
 - Group therapies
 - Social and emotional skill groups
- Attends MTSS/SST meetings
- Participates in schoolwide events, mental health promotion

Clinical Trainings



Clinical Skills

Trauma-Focused Cognitive Behavioral Therapy
(SC DMH)

Zero Suicide (SAMHSA)

Managing and Adapting Practice (MAP) Direct
Services Training Workshop (PracticeWise)



Prevention and Promotion

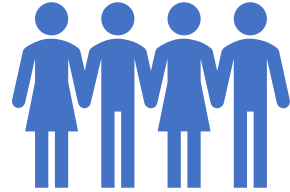
Protective Factors (SC DMH)

PBIS (SC DMH) and MTSS (School Behavioral
Health Team-USC)

Compassionate Schools (USC Upstate Child
Protection Training Center)

ROLES Training (Community Resilience Initiative)

Clinical Trainings (cont.)

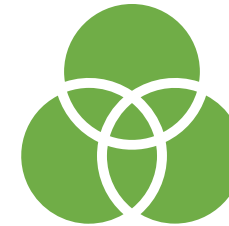


Family Engagement

Family Engagement (Kim Becker-USC)

Positive Parenting Practices (USC, Institute for Families in Society)

Integrated Child and Family Care (National Council for Behavioral Health)



Cultural/Trauma Awareness

Race Matters (Children's Trust)

ACEs (Children's Trust)

Significant others in women's recovery (SAMSHA)

Motherhood (SAMSHA)

Health Equity in Action (Children's Trust)

Professional Development

Conferences Attended

- Prevention Conference (Children's Trust)
- SC DMH Mental Health Symposium
- Southeastern School Behavioral Health Conference 2018, 2019
- SCDMH SMH Training Summit 2017, 2018, 2019

Interconnected Systems Framework (ISF)

- The ISF is a framework which integrates Positive Behavioral Interventions and Supports (PBIS) and School Mental Health
- PDRP did not have the resources for full-scale implementation of ISF
- PDRP practices however align with ISF model
 - Inclusion of SMH clinician in school team meetings (MTSS/SST meetings)
 - Increase visibility of SMH clinician to promote availability
 - SMH clinician participates in prevention and promotion activities
 - In addition to tier 3 services, Clinicians provided some tiers 1 and 2 services



PEE DEE RESILIENCY PROJECT

Evaluation Plan: 2017-2020

Measuring how strategic collaboration and a focus on multi-tiered systems of support, prevention, and empowering community voice builds resiliency and improves well-being for students, families, and communities in the Pee Dee region of South Carolina.

USC School Behavioral Health Team

Evaluation Themes

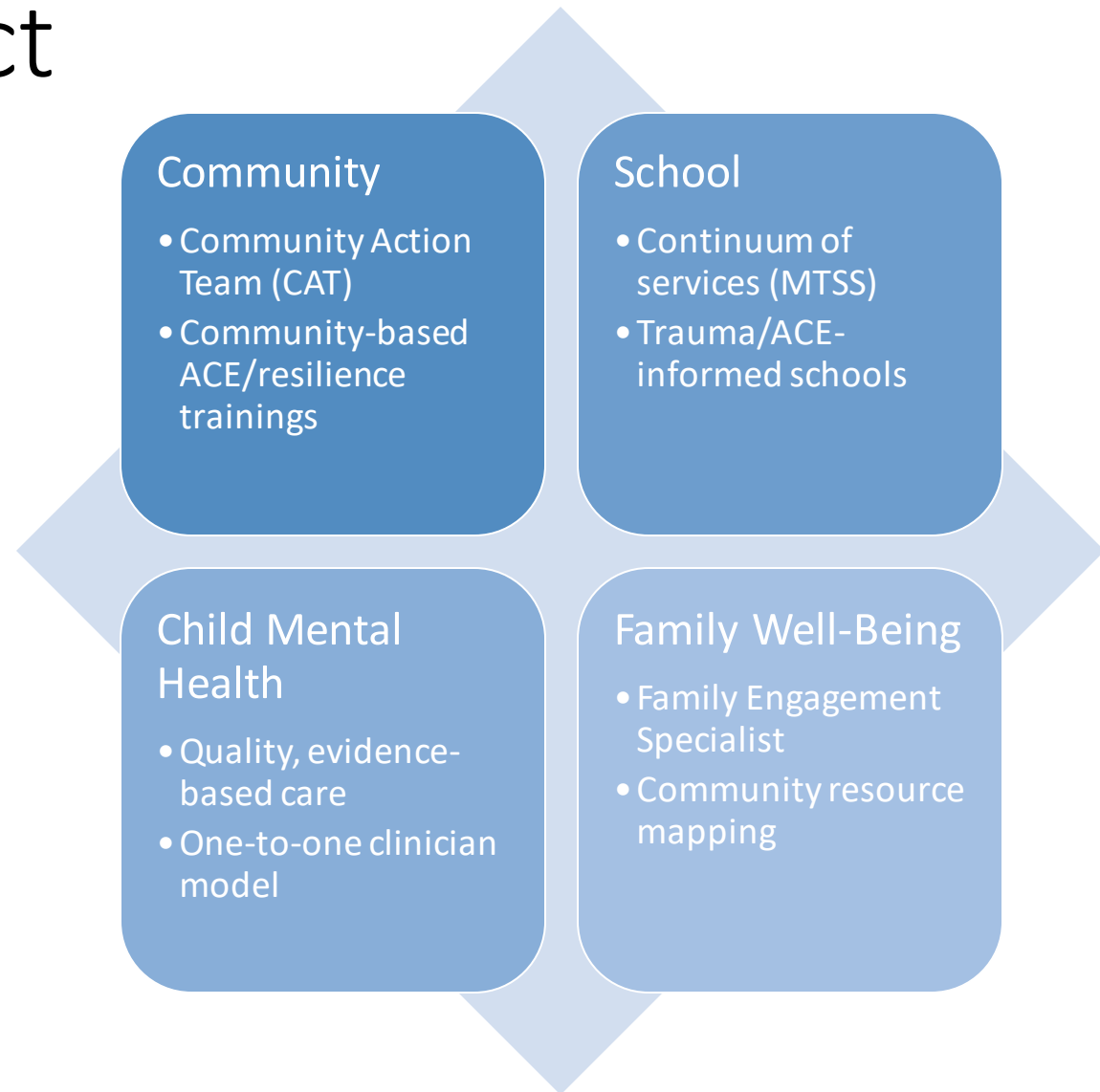
Translate	Translate broad aims into thematic goals & measurable desired outcomes
Reduce	Reduce measurement burden
Monitor	Monitor progress on milestones
Provide	Provide actionable progress data
Focus	Focus on opportunities for CQI

Data Collection Strategy

- Quantitative data:
 - REDCap quantitative (email surveys, database forms)
 - HIPPA and FERPA compliant
 - Accessible through many universities
- Qualitative data collection:
 - Focus group and semi-structured interviews
 - Sought out feedback from parents, clinicians & school administrators
 - Recorded & transcribed for formal qualitative analyses
- Data collection challenges to consider:
 - MH system record system not built for extracting data -- clinicians not used to extra step of entering data into REDCap to evaluate clinical outcomes
 - Lack of parent engagement → incomplete data for parent-completed measures



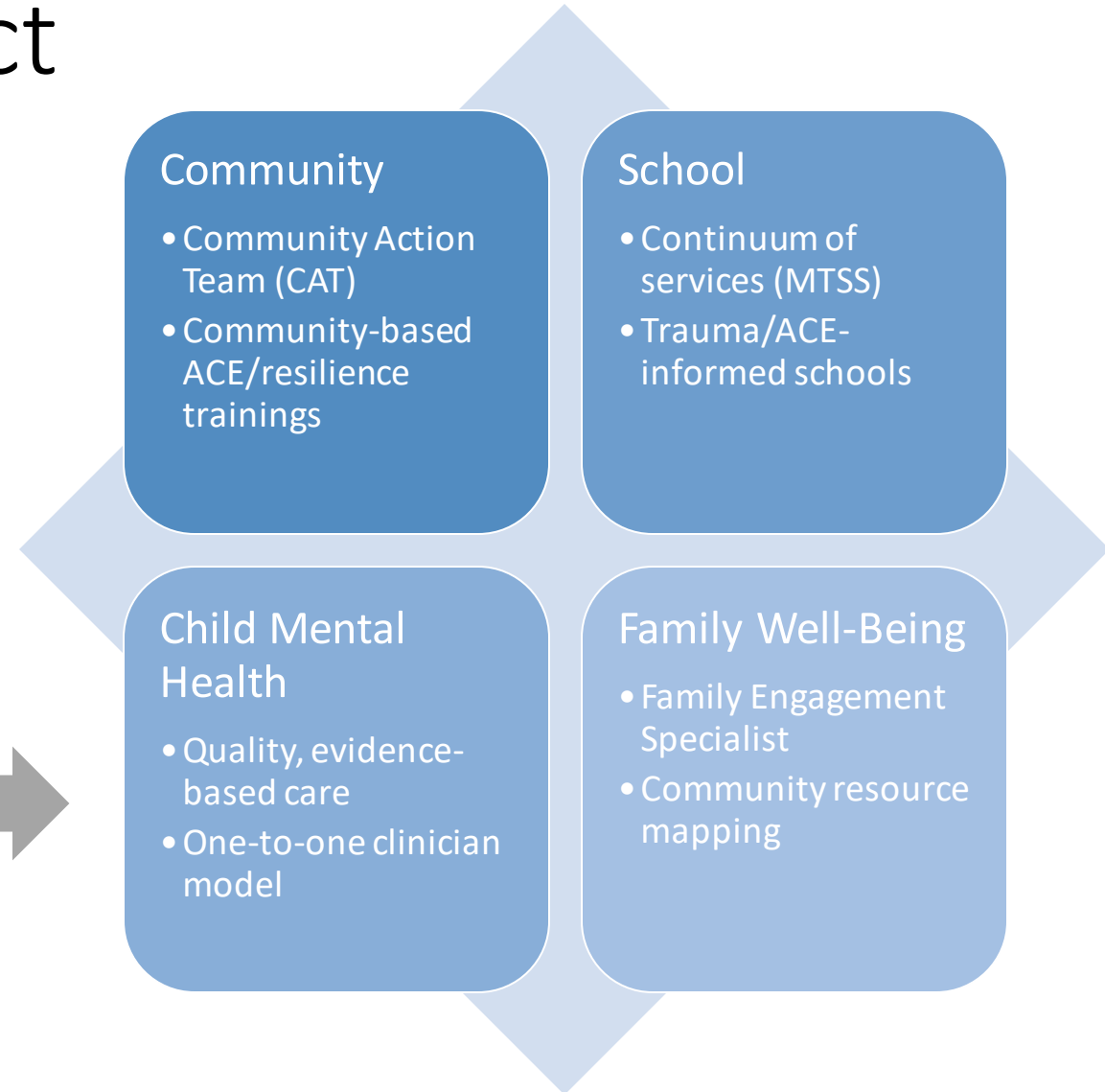
PDRP Areas of Impact



PDRP Areas of Impact

Focus today on:

- Child mental health
- Family well-being



Goal: Improve Child Well-Being & Functioning

1. Fewer students will receive office discipline referrals from PDRP schools.
2. Fewer students will be suspended or expelled from PDRP schools.
3. Students at PDRP schools will have fewer unexcused absences and tardies.
4. Student academic achievement will increase, as measured by GPA.
5. Fewer students will fail to matriculate to the next grade in PDRP schools.
6. Fewer students will be referred to more intensive mental health services (e.g., inpatient setting).
7. Students receiving mental health services will demonstrate symptom improvement, as measured by the Pediatric Symptom Checklist (PSC).
8. Students receiving mental health services will report an increase in resiliency, as measured by the Child and Youth Resilience Measure-12 (CYRM-12).
9. Students receiving mental health services will achieve a majority of their treatment goals by case closure.
10. Students receiving mental health services will demonstrate more positive behaviors at home as indicated by parent report at case closure.

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Measures: Child Well-Being

Pediatric Symptoms Checklist (PSC; Jellinek et al., 1988)

Child Youth and Resiliency Measure (CYRM-12; Liebenberg, Ungar, & LeBlanc, 2013)

Additional items for clinicians to complete at intake/case close:

- Intake:
 - Referral source
 - Previous treatment for emotional/behavioral concerns
- Case Close:
 - Number of treatment goals established and met
 - Types of EBPs used (e.g., PracticeWise, TF-CBT, psychoeducation, parenting, etc.)
 - Reason for case closure

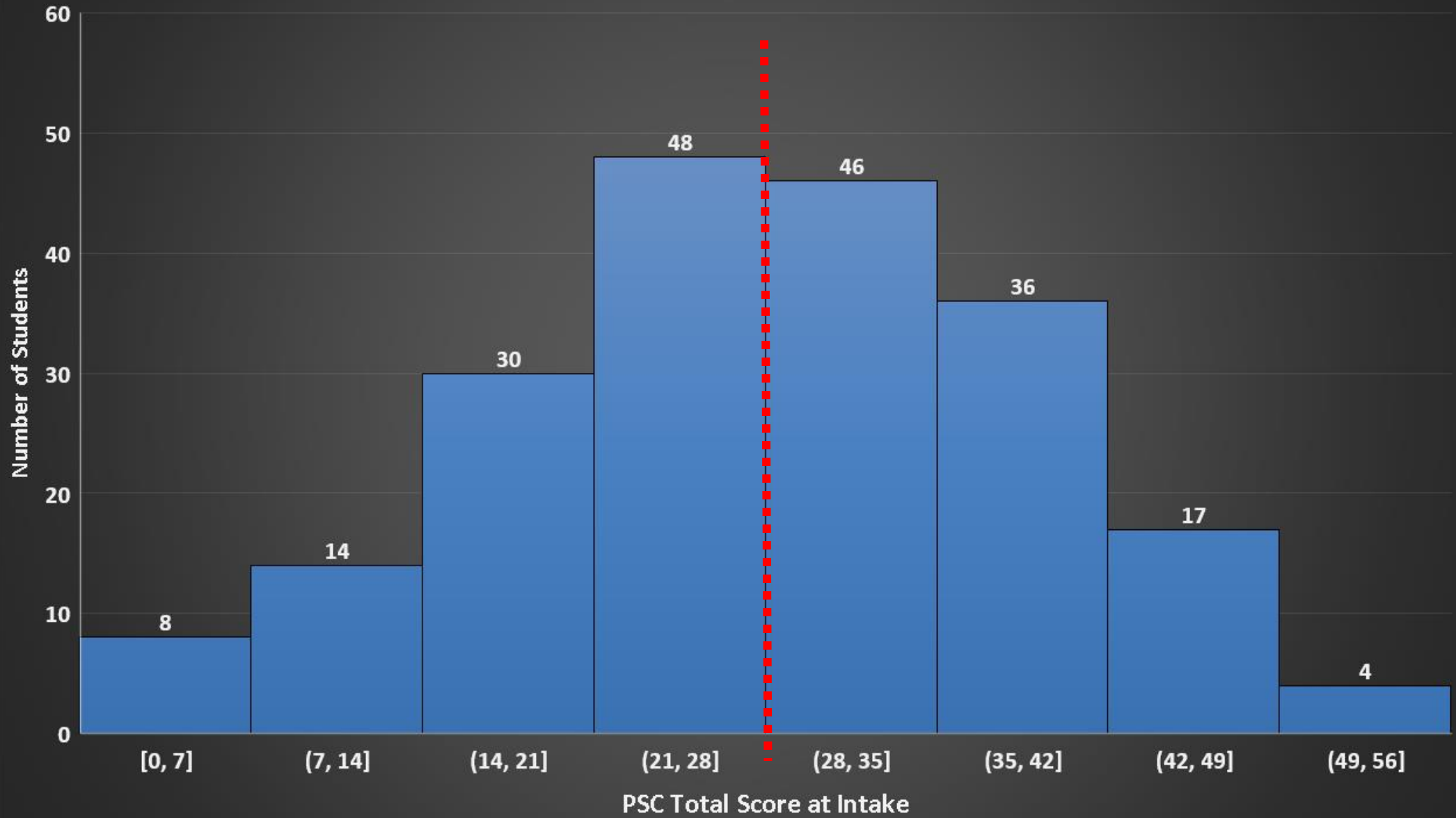
Outcomes: Child Well-Being

- Goal: Symptoms improved, as measured by the Pediatric Symptom Checklist (PSC). **GOAL MET**
 - Pre-Post Paired sample t-test $t(202)=3.7, p<.001, d= .27$
 - Pretreatment Mean: 28.5
 - Posttreatment Mean: 25.2
- Goal: Resiliency increased, as measured by the Child and Youth Resilience Measure-12 (CYRM-12). **GOAL MET**
 - Pre-Post paired sample t-test, $t(202)=-4.97, p<.001, d= .31$
 - Pretreatment Mean: 30.4
 - Posttreatment Mean: 31.7

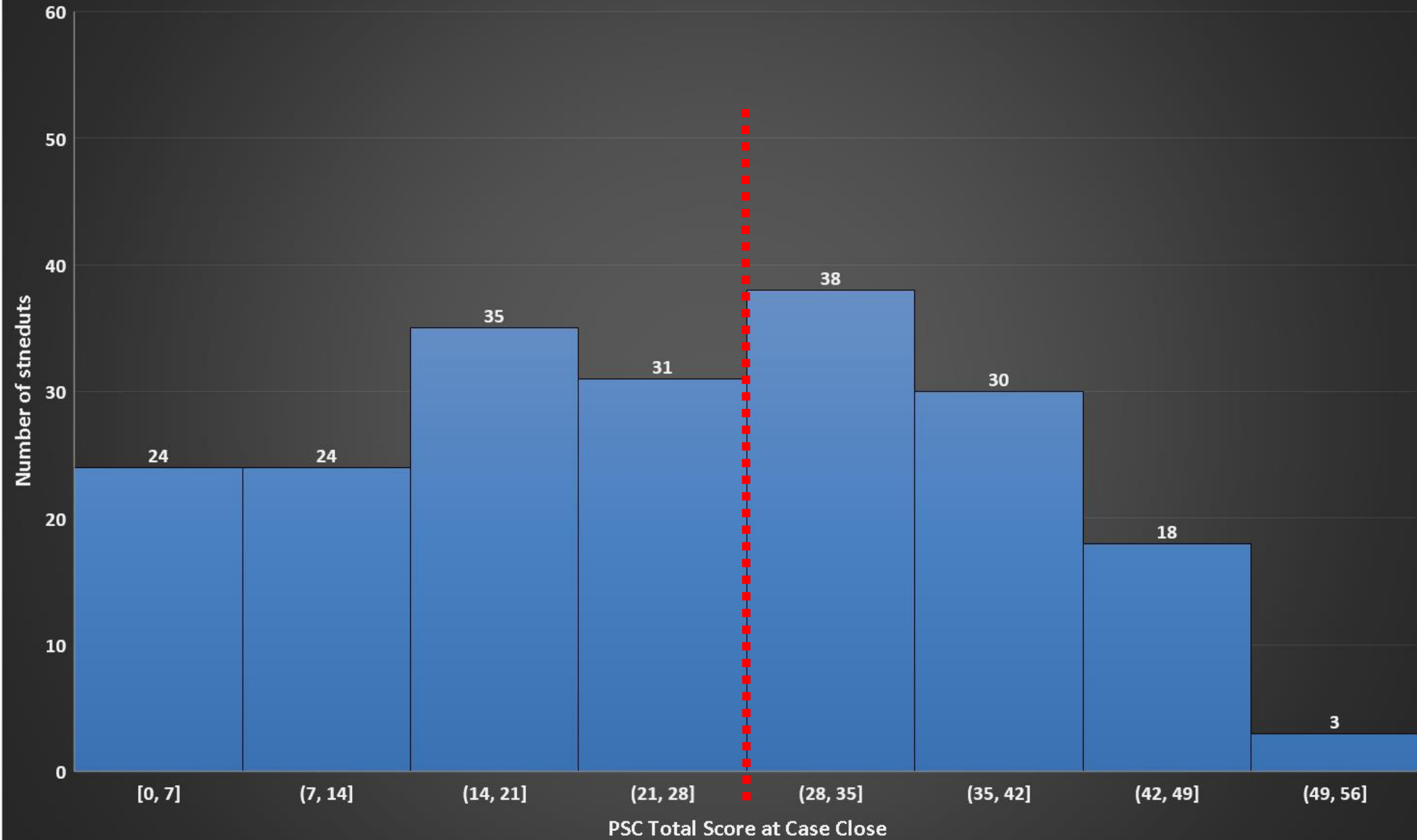
Outcomes: Child Well-Being

- Goal: Students receiving mental health services will achieve a majority of their treatment goals by case closure. **NOT MET**
 - 46 of 262 (17.6%) cases achieved all of their treatment goals
 - 77 of 262 (29.4%) cases achieved at least half of their treatment goals
 - 139 of 262 (53%) cases achieved none of their treatment goals
- Goal: Students receiving mental health services will demonstrate more positive behaviors at home as indicated by parent report at case closure. **GOAL MET**
 - 150 of 207 (72.4%) parents who responded reported improved home behavior at case closure

PSC Intake Total Scores



PSC Close Total Scores



Clinical Outcomes (Post Hoc)

- Paired sample t-test on selected cases in the "at risk" or above range for general emotional/behavior risk (28 or more total score), on PSC-17
- Students who were at risk at intake **showed moderate to large symptom improvement**
 - $t(109) = 5.95, p < .001, d = .75$
 - Pretreatment Mean: 36.8
 - Posttreatment Mean: 29.7



**WHEN THE EFFECT SIZE
IS LARGER THAN YOU
COULD HAVE POSSIBLY IMAGINED**



Clinical Outcomes Among At Risk Students (Post Hoc)

- **Large reductions in problems with inattention**
 - $t(105) = 6.85, p < .001, d = .86$
 - Pretreatment Mean: 32.4
 - Posttreatment Mean: 27.3
- **Huge reductions in internalizing problems**
 - $t(42) = 26.83, p < .001, d = 5.44$
 - Pretreatment Mean: 6.56
 - Posttreatment Mean: 0.3
- **Moderate reductions in externalizing problems**
 - $t(108) = 5.76, p < .001, d = .65$
 - Pretreatment Mean: 9.4
 - Posttreatment Mean: 7.5



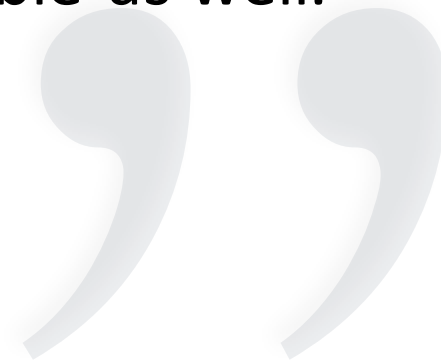
We [parent and clinician] talked to teachers together. She was at all the IEP meetings. **I requested that she be there because she's a part of his life and knows a lot about him.**



Parent Feedback on PDRP Clinician



He's very open to come back and discuss like the therapist tells me explain this to your momma, explain that to your mom, and he's very open to talk about it. And **he's excited with what he has learned** as far as techniques to stay out of trouble as well.



Parent Feedback on Child's Experience with SMH



I think...just that **the benefits of having that person on-site** and being able to work with the students in a school setting. That kind of **takes away from** some of the things that would be **barriers** or would be an issue for the parents.



School Administrator on One-to-One Model

Understanding Lower than Expected Tx Outcomes: Reasons for Case Closure

Reason for Case Closure	Number of Cases	Percent of Closures
No longer needs treatment (e.g., symptom, impairment reduction)	34	14.2%
Promoted to next grade at new school	32	13.3%
Receiving treatment from community provider	18	7.5%
Parent no longer consents to treatment	35	14.6%
Insufficient family engagement in treatment (e.g., appointments missed, unable to contact)	47	19.6%
Referred to more intensive services (e.g., inpatient care, day program)	5	2.1%
No longer attending school-related to conduct	3	1.3%
No longer attending school-related to DSS involvement	20	8.3%
No longer attending school-family moved	32	13.3%
Other	14	5.8%

Goal: Improve Family Well-Being

1. Students and families will receive assistance accessing community-based services and supports that address issues that impact school functioning and performance, as measured by number of Family Engagement Specialist (FES) referrals.
2. Students and families will receive community-based services and supports, as measured by the number of resource referrals given by the FES and confirmation of supports received at follow-up.
3. For a majority of students and families, the community-based services and supports they receive will adequately meet their needs.
4. Receiving community-based services and supports will reduce stress for a majority of the families referred to the FES.

Measure: FES Database

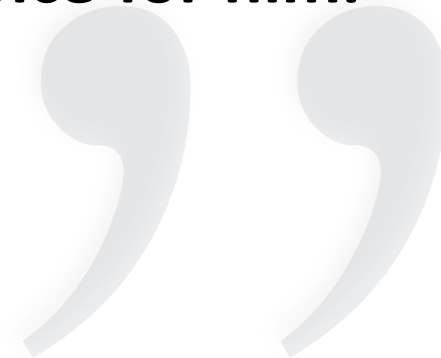
- Developed on REDCap as an integrated record/data collection system for FES position
 - Allows selective access to designated fields
- Forms for Referral, Intake, Service Provision, Follow-Up
 - Reason for Referral/Referral Source
 - Needs Assessment
 - Resources FES provided
 - Follow-up questions
 - Resources family accessed
 - Parent satisfaction with FES services (e.g., were your needs met, reduced stress)

Outcomes: Family Well-Being


- Goal: Families will receive assistance accessing community-based services and supports. **GOAL MET**
 - There were 363 cases referred to the Family Engagement Specialist.
- Families will receive community-based services and supports. **GOAL PARTIALLY MET**
 - 58 cases (51%) confirmed at follow-up that they had accessed the referred resource.
- Community-based services and supports they receive will adequately meet their needs. **GOAL PARTIALLY MET**
 - 32 cases (29%) reported that the services and supports they received adequately met their needs.
- Receiving community-based services and supports will reduce stress for families **GOAL MET**
 - 53 families (80%) reported a reduction in stress.




At first, I didn't know about it. And then, once it became available at the school, that's when I became more interested in it...**I didn't really want him to deal with it for my personal reasons of thinking. But I was wrong, and it was a good choice for him.**



Parent Feedback on FES Services



We definitely need so much more family training and family support. I would love to see families come in and be involved in an activity. **Learning strategies to support their kids at home,** like where they're coming in and they're having workshops with their kids.



Need for Expanded Services (Admin Feedback)

Overall Reflections & Strategies for Success in Your Community

Overall Successes

Statistically significant increase in student resiliency and reduction in clinical symptoms

72% of students receiving services demonstrated more positive behaviors at home, per parent report

79% of families who received FES supports indicated that those supports reduced stress for their family

94% of individuals attending PDRP training events indicated that they will use what they learned to better provide consistent and quality caregiving

81% of individuals attending PDRP training events indicated that they will use what they learned to increase the safety and supportiveness of neighborhoods

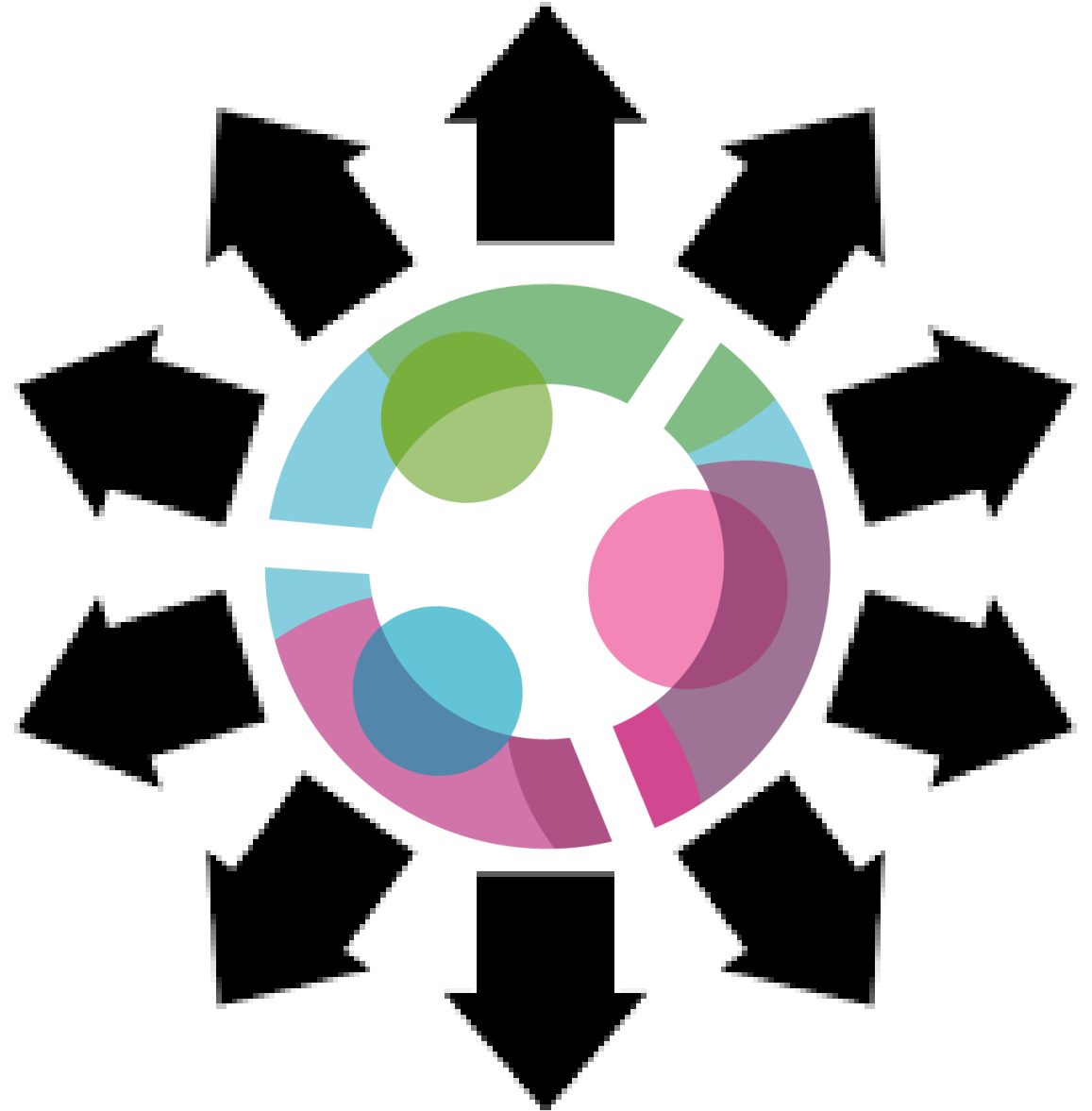
Challenges and Opportunities We Faced

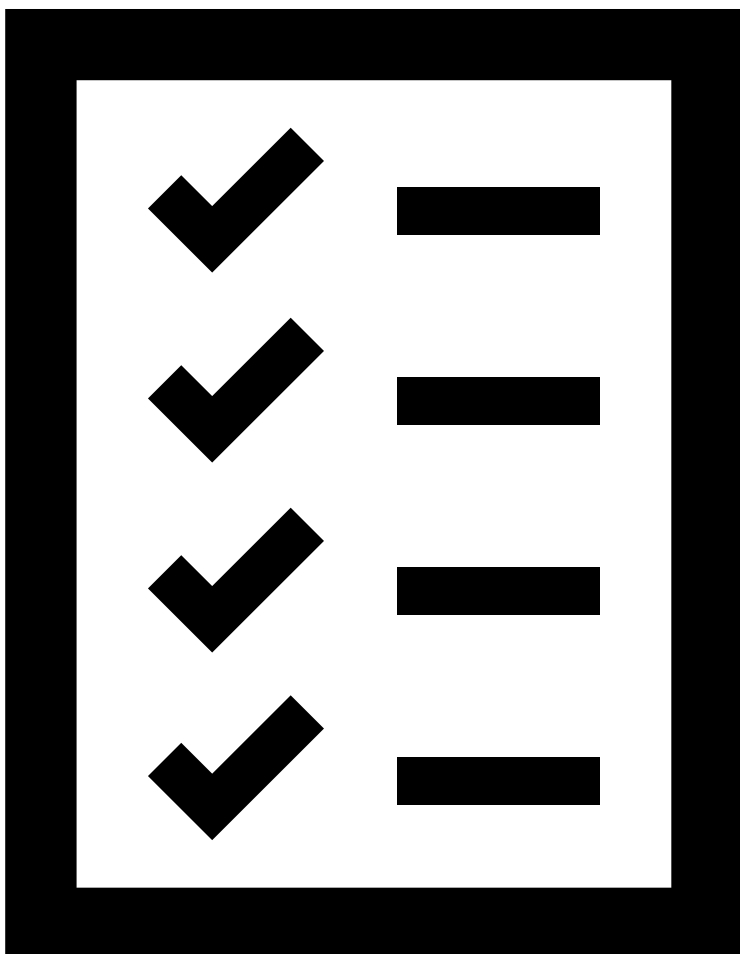
- Consistent community involvement/incentive
- Family presence in SSTs
- No MOAs/MOUs in place, keeping schools engaged and moving toward MTSS
- Building to sustainability
- Staff turnover



Strategies for Success in Your Community

1. Concentrate, then disseminate
 - Start in one district, one agency
 - Difficult to build a culture of resilience when sites are widely dispersed
 - Challenging for district or agency leadership to consistently support when policies/resources don't apply to all staff.





Strategies for Success in Your Community

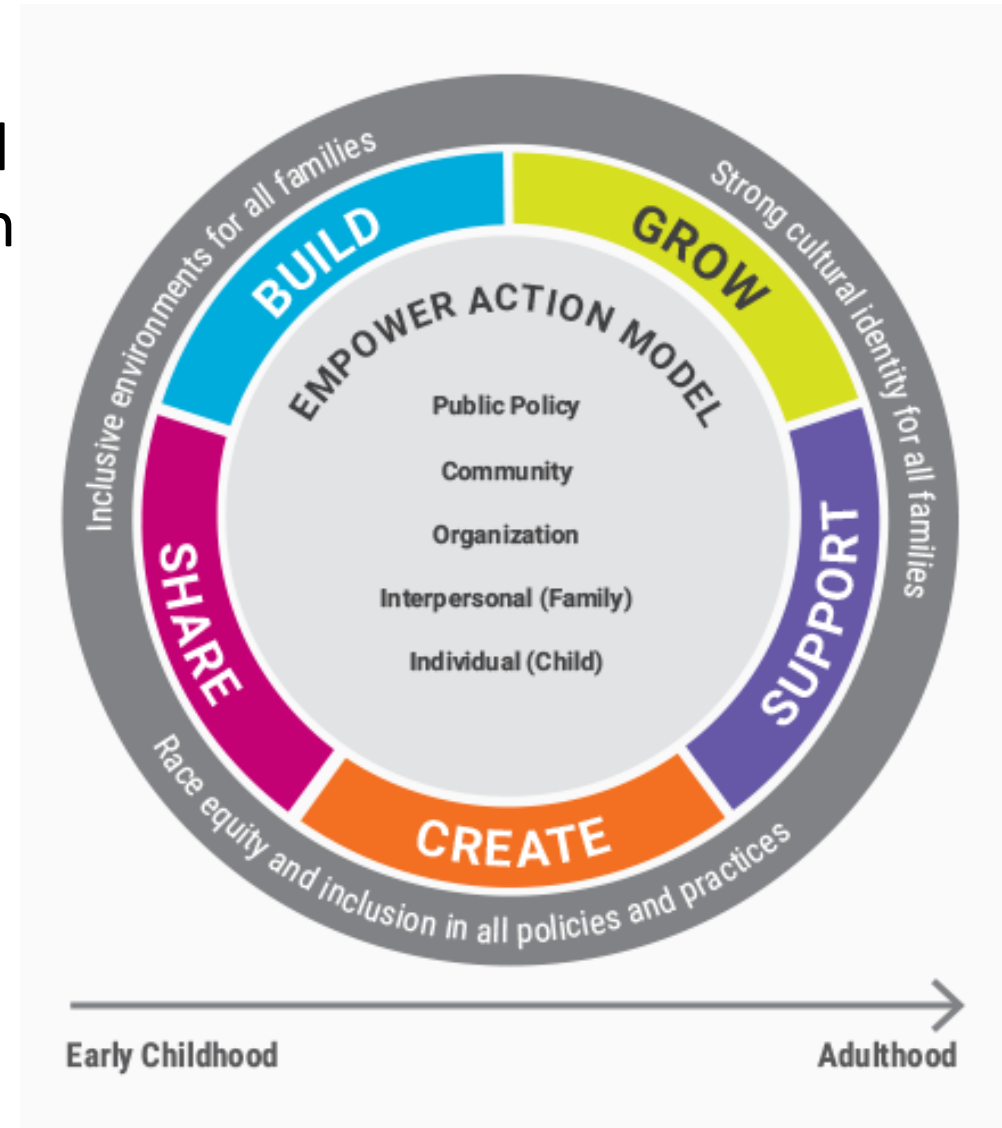
2. Clear, consistent expectations: not just for PBIS kids!

- Establish MOU/MOAs with schools
- Clinician contracts should be specific to project expectations
- Create clear, detailed descriptions of tasks, responsibilities, and *expected weekly time commitment* for project members within team

Strategies for Success in Your Community

3. Community members are experts in local needs, resources, and culture...not coalition mechanics.

- Channel good intentions with a structure for creating impact.
- Examples:
 - Practical empowerment evaluation
 - Fetterman 3 step method
 - Getting to Outcomes
 - Empower Action Model



Strategies for Success in Your Community

4. Change takes time: manage expectations & check-in frequently to document and share "small wins"

- This is where qualitative feedback & progress data can be most powerful
- Sustain motivation by being specific about goals – make sure everyone knows how to “win” each step of the way
- Make sure valued actions are reinforced

Pee Dee Resiliency Project
Annual Update for Brockington Elementary

Safety and Support Teams: Coordinating Supports at Multiple Levels

7 of 9 SST meetings held for PDRP Year 1

86% of SST meetings discussed multiple tiers
80% of SST meetings discussed interventions for all students (Tier 1)
71% of SST meetings discussed interventions for some students (Tier 2)
88% of SST meetings discussed interventions for individual students (Tier 3)

0% included a parent or caregiver

17 students were referred for additional support

PDRP Progress & Next Steps for Your School

Year 1 in Review:
With your support, in Year 1 we accomplished the BES, establishment of a Safety and Support Team, and an Adverse Childhood Experiences training.

Looking Ahead to Year 2:
During the 2018-2019 school year, our goals were:

1. Conduct monthly SST meetings
2. Include a parent/caregiver or paraprofessional in SST meetings
3. Discuss interventions for all (Tier 1, 2, 3)
4. Improve FES utilization through training
5. Participate in Compassionate Connections

Pee Dee Resiliency Project
peedeeresiliency.org

Pee Dee Resiliency Project
Annual Update for Brockington Elementary

Schools and communities working together to build healthy children and families

The Pee Dee Resiliency Project is a community-based partnership utilizing schools as the gateway to community support and services. The project focuses on increasing understanding of adversity, updating school policies to better support students and their families, and improving school connections to community resources.

Each PDRP school includes: A full-time clinician to make it easier for students who need mental health services to receive them; A Family Engagement Specialist to help connect students and their families to community-based supports (e.g., clothing, food, positive activities, etc.); Coordination of a full continuum of services to promote social and emotional well-being.

Mental Health Matters

38 students have benefited from school mental health services through PDRP

Of those students, 82% at risk for attention problems and anxiety, 27% at risk for issues like depression and anxiety, 64% at risk for disruptive behavior problems

Most referrals come from parents and school administrators.

Teacher	4%
School Admin	19%
Parent	50%
School Counselor/Other School Staff	10%
Other	7%

After their child received treatment, 63% of parents noticed improved behavior at home, 100% of parents found it more convenient for their child to receive mental health care at school and would recommend it to another parent

Family Engagement: Addressing All Needs

22 families have been referred to PDRP's Family Engagement Specialist

Families most often needed:

- Financial assistance
- Other

A referral to the Family Engagement Specialist reduced stress for 78% of families.

Pee Dee Resiliency Project
peedeeresiliency.org

Contact Information
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Strategies for Success in Your Community

Project Management Tips:

1. Turnover happens. Prepare for it.

- Create a manual with data collection guides & on-boarding materials for project and school-based staff (e.g., data request emails, instructions for data checks)

2. Build in time for data checks and follow-up.

- Semi-frequent data checks & follow-up to missing data emails help acquire data while it's still possible
- Absolutely necessary for close-to-complete data sets!
- PDRP checked clinician data every 2 months



References

Children's Trust of South Carolina (2019). Providing resources. Retrieved from: <https://scchildren.org/resources/>

Clinical Outcome Measures:

- Jellinek, M. S., Murphy, J. M., Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). Pediatric Symptom Checklist: screening school-age children for psychosocial dysfunction. *The Journal of pediatrics*, 112(2), 201-209.
- Liebenberg, L., Ungar, M., & LeBlanc, J. C. (2013). The CYRM-12: A brief measure of resilience. *Canadian Journal of Public Health*, 104(2), e131-e135.

Coalition/Empowerment Evaluation Resources:

- https://www.betterevaluation.org/en/plan/approach/empowerment_evaluation
- <https://scchildren.org/resources/empower-action/>