



Promoting School Safety through an Emotional and Behavioral Health Crisis Response and Prevention Model: Research Findings



The 22nd Annual Conference on
Advancing School Mental Health
Friday, October 20, 2017
9:30-10:30 am





Promoting School Safety through an Emotional and Behavioral Health Crisis Response and Prevention Model: Research Findings

Baltimore County Public Schools

April K. Lewis, MEd	Principal Investigator
Cindy Nguyen, MSW LCSW-C	Project Coordinator
Torie Townsend, MSW LCSW-C	Crisis Facilitator
Lisa Friedman, MSW LCSW-C	Crisis Facilitator

University of Maryland Center for School Mental Health

Sharon Hoover, PhD	Principal Investigator
Jill H. Bohnenkamp, PhD	Co-Investigator
Cindy Schaeffer, PhD	Co-Investigator
Rachel Siegal, BS	Research Assistant





Acknowledgements

Department of Justice, Office of Justice Programs (OJP), National Institute of Justice (NIJ), Comprehensive School Safety Initiative – Developing Knowledge About What Works to Make Schools Safe, Grant #2014-CK-BX-0021.



Objectives



- Provide background on emotional and behavioral health crises and the impact on school safety and prevention and intervention needs both within BCPS and nationally
- Provide in-depth description of a comprehensive emotional and behavioral crisis response and prevention model
- Report Year 1 results from a multi-year randomized controlled trial of the EBH-CRP intervention



Background

Concern over growing number of student emotional and behavioral health crises that cannot be quickly diffused, modified, or resolved and represent a significant risk to school safety.





Purpose of the Project

Implement a comprehensive emotional and behavioral health crisis response and prevention model and assess its impact on school safety.

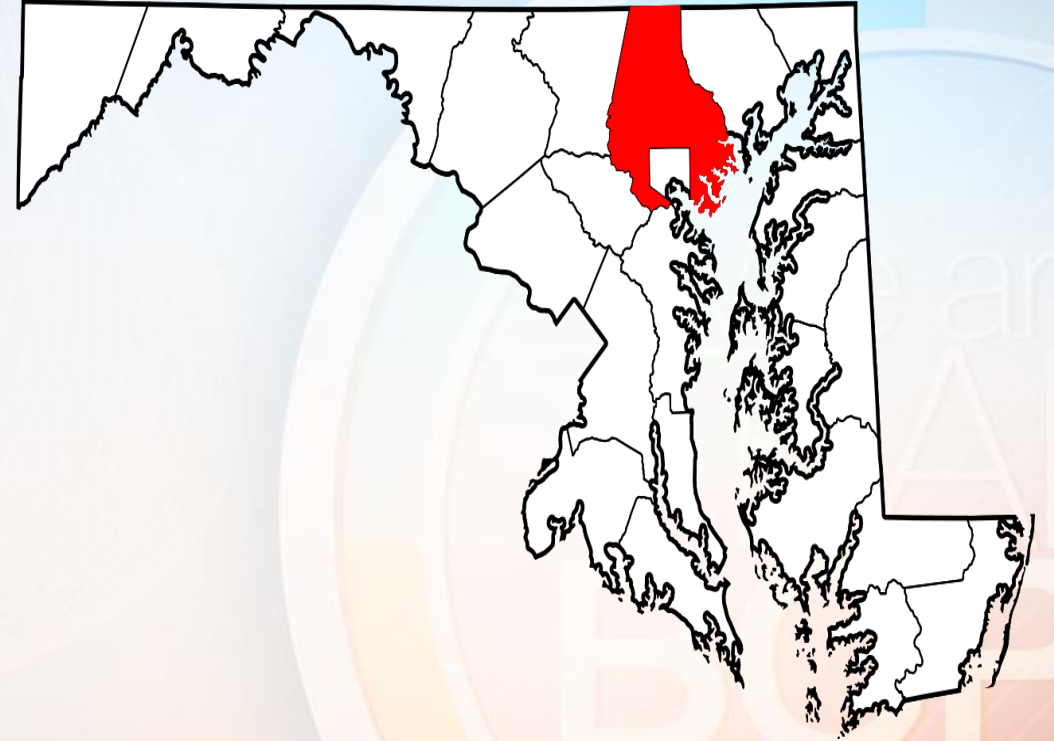


Baltimore County Public Schools



- Baltimore County Public Schools is the 25th largest school district in the U.S.
- 3rd largest school district in Maryland
- 173 schools, programs and centers
- The district covers 612 square miles including urban, suburban, and rural areas

BALTIMORE COUNTY, MARYLAND





Research Questions

Primary: What is the impact of the EBH-CRP intervention on school safety outcomes?

Secondary: What is the impact of the EBH-CRP intervention on service utilization outcomes?

Secondary: What is the impact of the EBH-CRP intervention on EBH service quality outcomes?

Secondary: What is the impact of the EBH-CRP intervention on stakeholder knowledge and preparedness to address EBH crises in the school environment?

Secondary: Cost-benefit analysis: To assess the net benefits (i.e. dollar benefits minus costs) of the EBH-CRP intervention during the project period.





Study Design

- 20 Intervention schools
 - 13 Elementary Schools, 5 Middle Schools, 2 High Schools
- 20 Comparison schools
 - 14 Elementary Schools, 4 Middle Schools, 2 High Schools
- 2 “feeder patterns” in each condition matched on key demographic and EBH variables
- Baseline year
 - Year 0: 2014-2015 school year
- 2 intervention years
 - Year 1: 2015-2016 school year
 - Year 2: 2016-2017 school year





Tier 1: Universal Prevention



- Safe School Ambassador Program
- Enhanced Positive Behavioral Supports (PBS)

Tier 2: Early Identification



- Kognito At-Risk online mental health training for educators and staff

Tier 3: Assessment and Service Linkage



- Mapping existing school/community EBH supports
- Streamlining referral and assessment process
- Creating EBH Coordination Team comprised of school and community EBH partners

Tier 4: Crisis Response



- Develop Standardized EBH Crisis Response Protocol
- Life Space Crisis Intervention training for educators and staff

Tier 5: Post-Crisis Relapse Prevention



- Process for Crisis Assessment and Relapse Prevention (P-CARP)



Outcome Measures



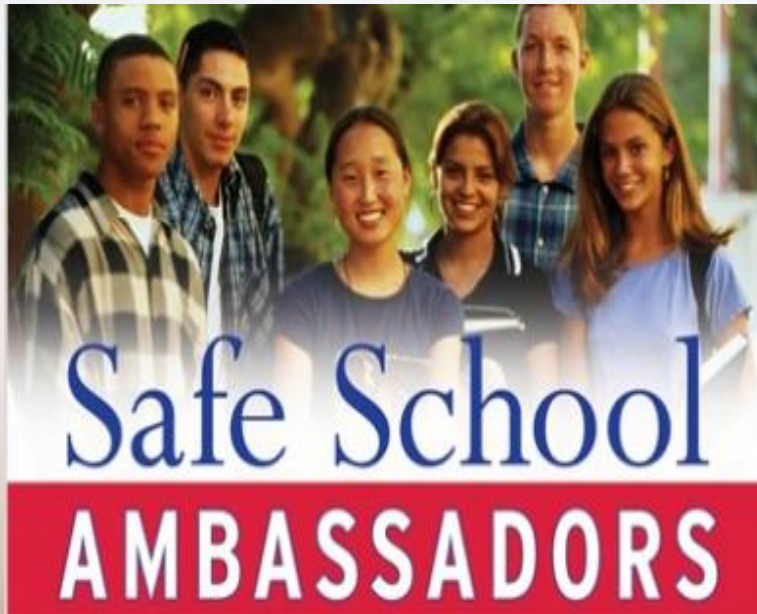
- School-wide primary outcomes
 - EBH crises, injuries, assaults and violent crimes, suspensions and expulsions, in-school arrests, juvenile justice referrals
- School-wide secondary outcomes
 - Community mobile crisis usage, psychiatric hospitalizations, EBH service usage, EBH knowledge and preparedness
 - Cost-benefit analysis
- Intervention specific outcome measures
 - SSA- pre, post and year end training surveys, intervention implementation
 - Kognito pre and post training surveys
 - EBH intervention logs and structured interviews
 - LSCI pre and post training surveys
 - P-CARP intervention logs





Tier 1: Universal Prevention

Safe School Ambassadors
(Bullying Prevention)



Enhanced Positive Behavioral
Supports (PBS)

School Wide
Positive
Behavior Support





Tier 1: Universal Prevention

Safe School Ambassadors (SSA) Program

- Grades 4-12
- Anti-bullying, school violence reduction program
 - Addresses school violence using an inside out approach
 - Works with opinion leaders representing the diverse age, interests, ethnic, and social groups within the school
- Student-centered
 - Identifies and trains students to intervene, prevent, and stop bullying
 - Students often know first





Tier 1: Universal Prevention

Safe School Ambassadors (SSA) Program



- Cohorts of students in each grade trained to be Safe School Ambassadors and intervene, prevent and stop mistreatment
- Students met with school staff trained in SSA 2x per month through out the school year to:
 - discuss mistreatment noticed in their schools
 - actions they took to assist with decreasing the mistreatment
 - Review 6 different types of actions to use on 5 identified types of mistreatment
- Year 1: 642 students, 108 staff
- Year 2: 811 students, 118 staff

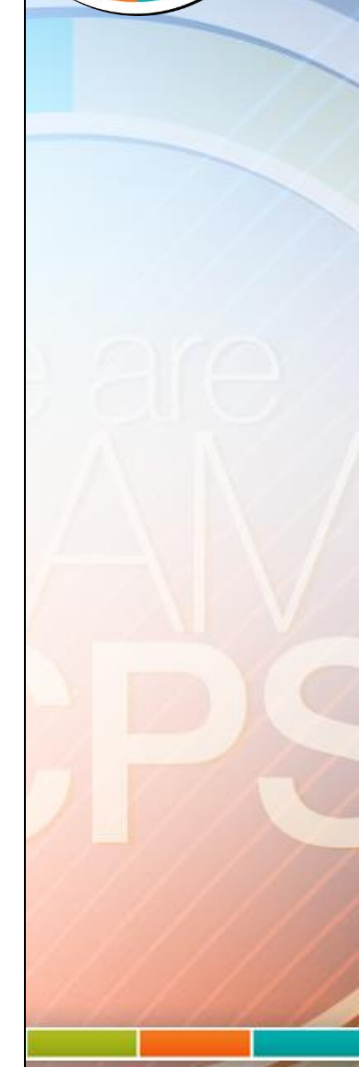
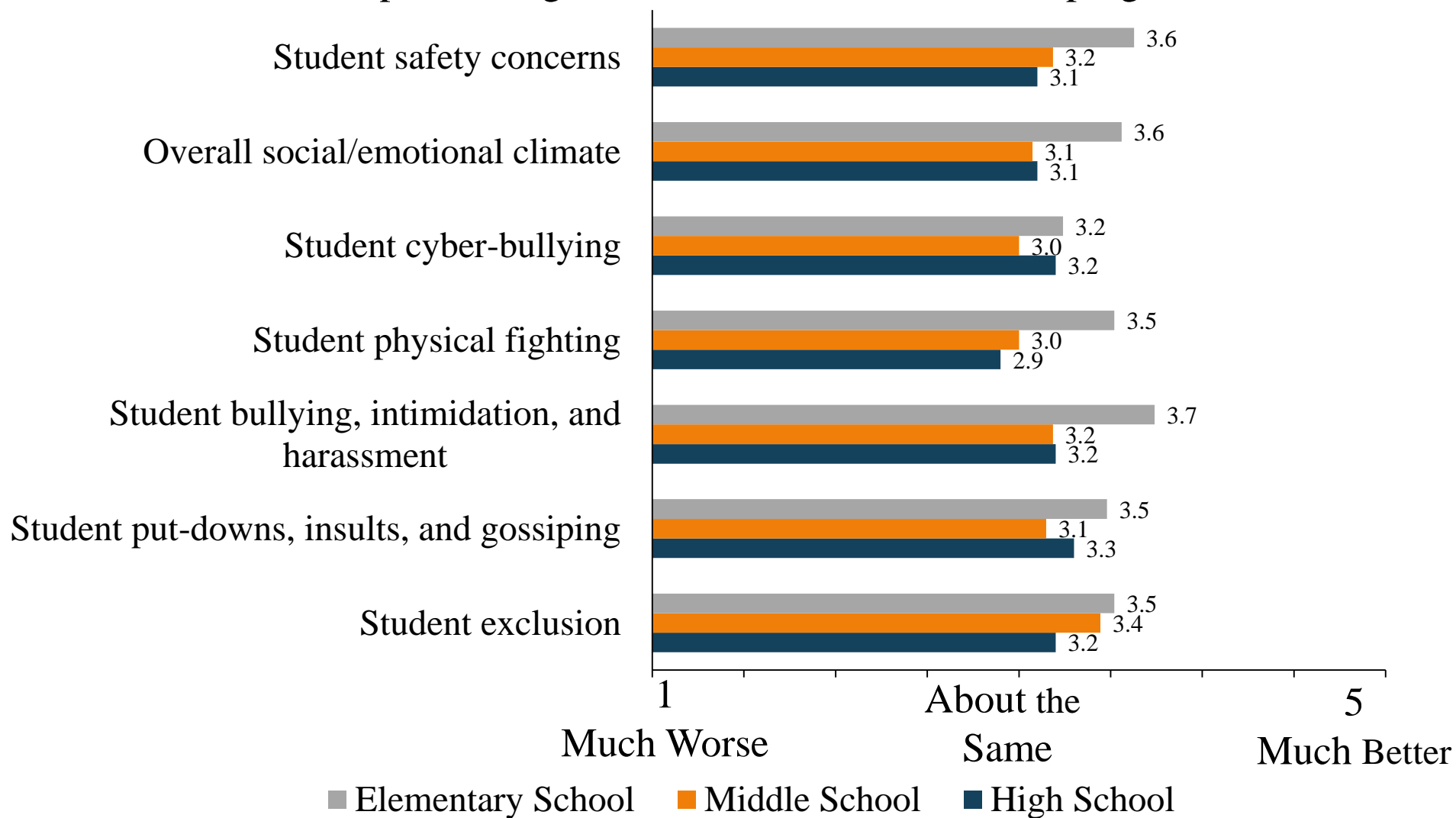


Adult End of SY 1 Survey Results

Prompt: How much, if at all, have the following things changed in your school ?

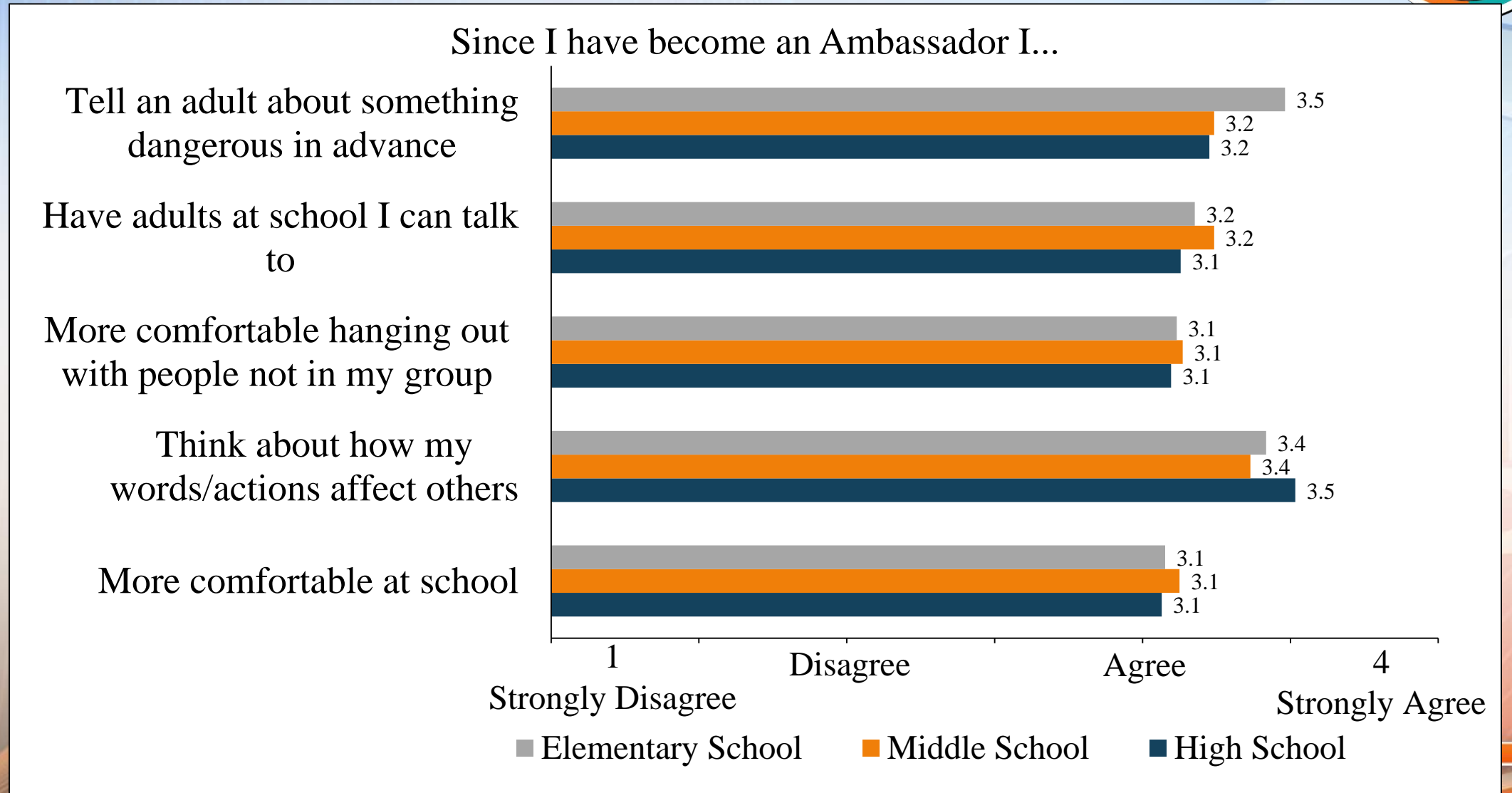


Since implementing the Safe School Ambassadors program...



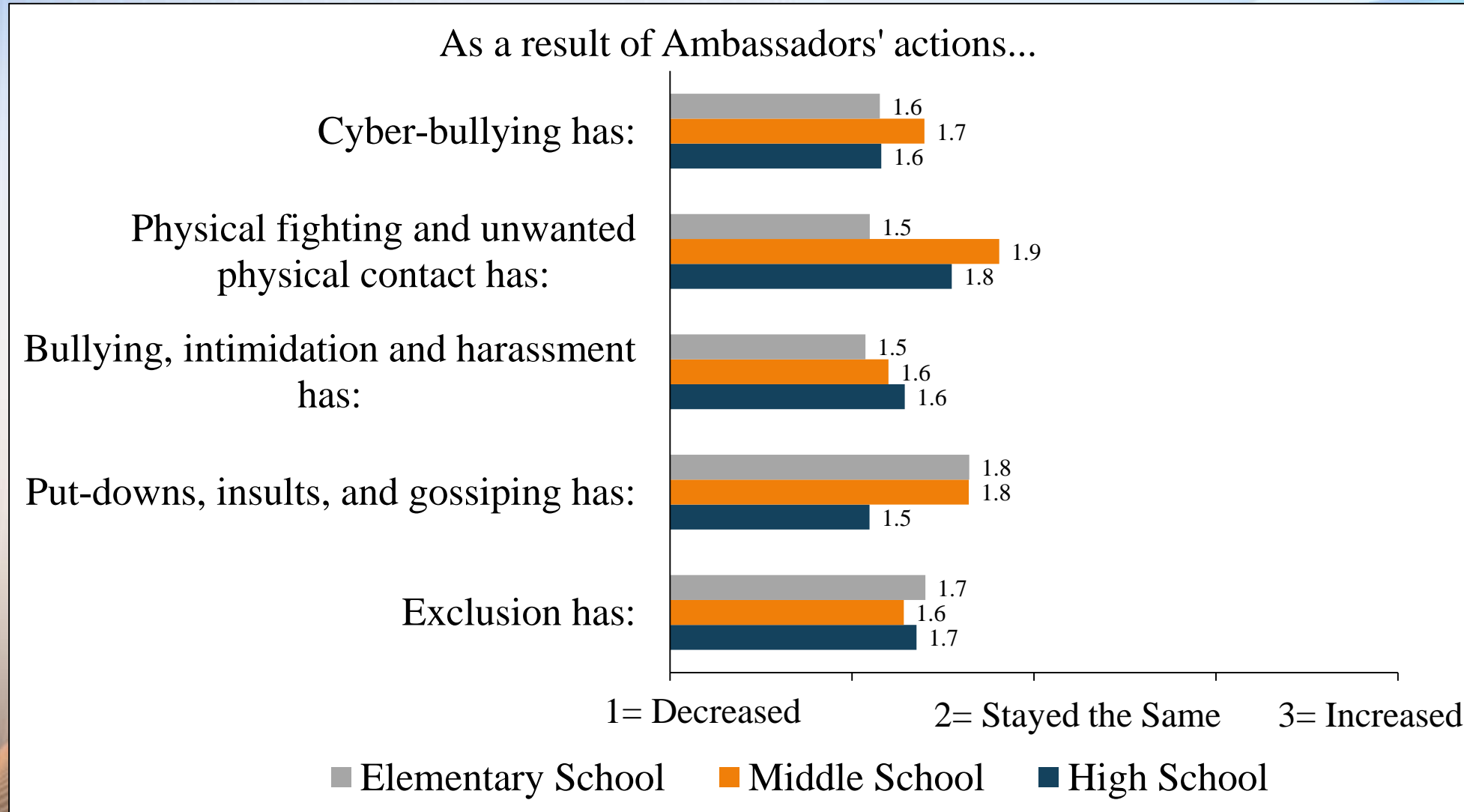
Ambassador End of SY 1 Survey Results

Prompt: Think about how you were before you became a Safe School Ambassador, and how you are now. How much do you agree or disagree with the statements below?



Ambassador End of SY 1 Survey Results

Prompt: Think about the effects of Ambassadors on campus this school year. In your opinion, have Ambassadors had any impact on the way students treat each other?



are
AM
PS

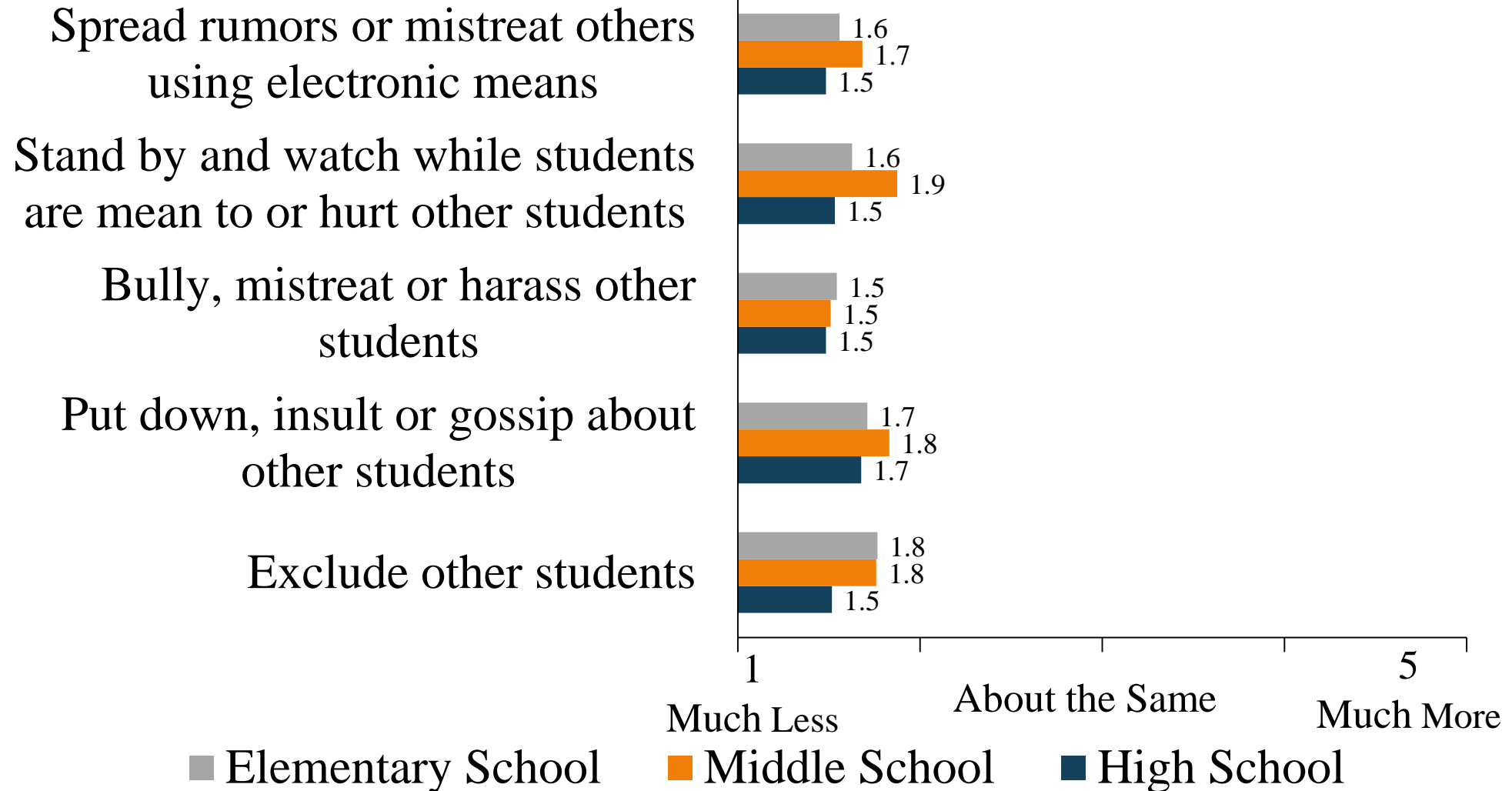


Ambassador End of SY 1 Survey Results

Prompt: We are interested in how you have changed since becoming an Ambassador



Since becoming an Ambassador I...



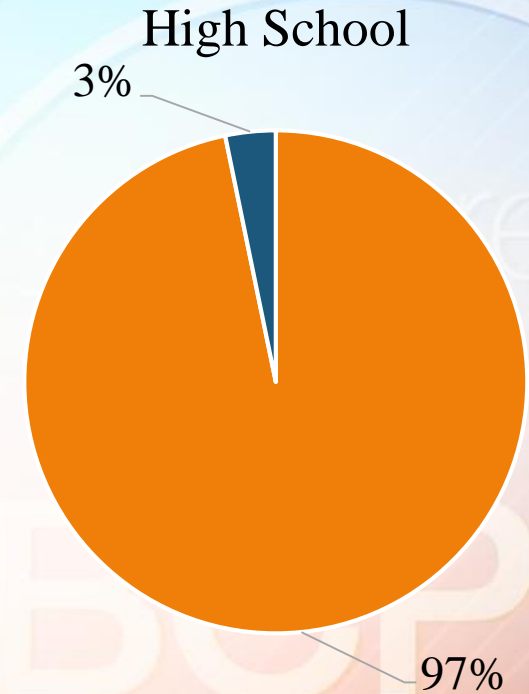
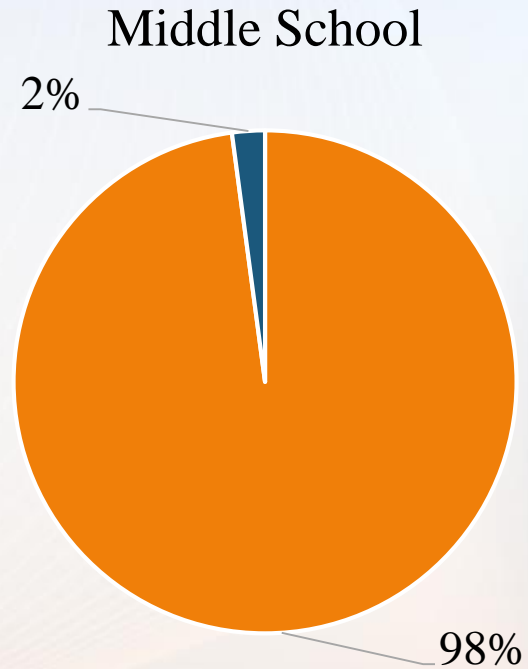
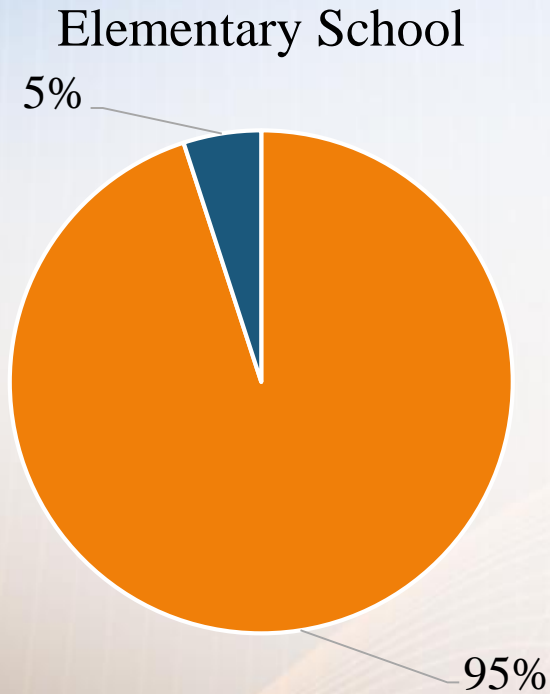
are
AM
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Ambassador End of SY 1 Survey Results



Prompt: Would you choose to be an Ambassador again?



Ambassador End of SY 1 Survey Results



What the Ambassadors said:

“There is less bullying and much more friendly acts”

“...more people are opening up about their problems and many Ambassadors are taking action during drama.”

“Ambassadors has given students more of a voice to get help; ambassadors helped students communicate with teachers.”

“Stopped calling other people rude names. The rumors have been stopped too.”

“Make the school environment safer for students”

“I don't watch a student get bullied, I try to help.”





Tier 1: Universal Prevention

Positive Behavioral Supports (PBS)

- Ability to adapt to individual schools' needs
 - PBIS, PBS, other character education programs
- Many BCPS already participating in PBIS programs
- Professional Development



Tier 2: Early Identification

Kognito



- Online mental health training for educators and staff
- Interactive role play simulation for educators to:
 - Build awareness, knowledge and skills to identify at-risk students
 - Approach students and parents to bring up concerns
 - Connect students to resources for help
- Conversation simulations offering real-time user metrics
- Reduce stigma, promote safe and supportive schools





Tier 2: Early Identification Kognito



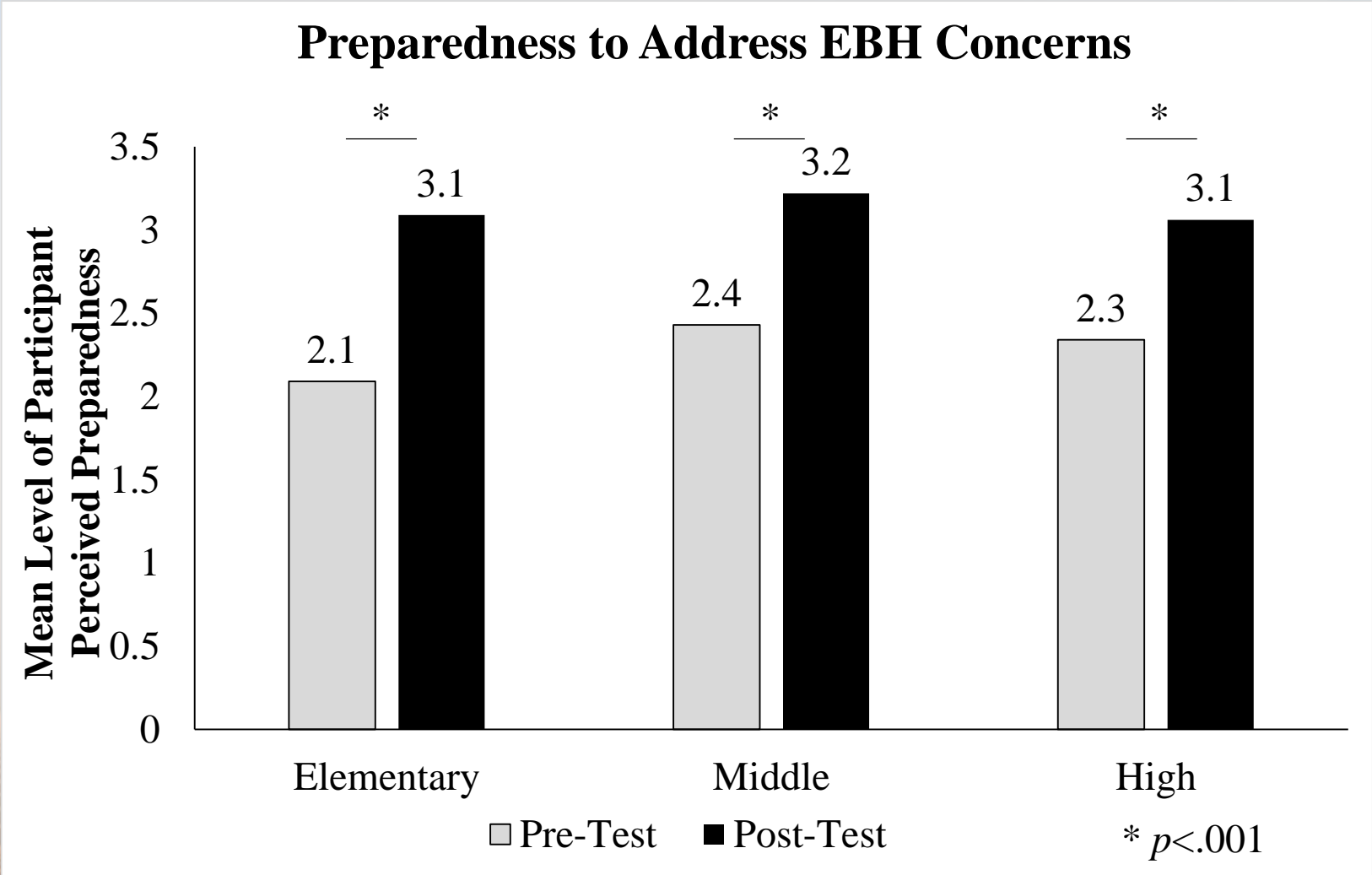
- BCPS built in workable opportunities to increase completion of Kognito training in schools
 - Provide training time during professional development
 - PD Stipend for completion
- **80% of all intervention school staff members trained**
 - compared to 8% trained in comparison schools





Tier 2: Early Identification

Kognito Training Year 1 Results





Tier 3: Assessment and Service Linkage

- Mapping existing school/community EBH supports
- Streamlining referral and assessment process
- Creating EBH Coordination team comprised of school and community EBH partners





Tier 3: Assessment and Service Linkage Resource Map

- School Mental Health Personnel
- Student Support Team
- Community Partnered Mental Health Personnel
 - how are referrals determined
 - What students qualify (Medicaid, private insurance)
 - types of services
- School Climate and Concerns for Emotional and Behavioral Health:
 - EBH concerns (e.g., Peer aggression; classroom disruption; threats against students; threats against self; substance use/abuse; verbal aggression towards staff; suicidal ideation; homicidal ideation)
 - EBH interventions
 - Most significant reason for office referrals or suspensions in your school
 - Use of County Mobile Crisis services



Tier 3: Assessment and Service Linkage Resource List

1. **Psychiatric Hospitals:**

- Name, Location, Phone
- Day Hospital (Y/N), Inpatient (Y/N), Direct admit (Y/N), ER (Y/N), Age

2. **Hotlines:**

- Name, Location, Phone, Hours

3. **Legal:**

- Name, Location, Phone, Hours

4. **County Departments:**

- Name, Location, Phone, Hours

5. **Mental Health Services:**

- Name, Location, Phone, Hours
- Community Partner (Y/N), Private Insurance (Y/N), MA (Y/N), Ages





Name	Location	Phone	Day Hospital	Inpatient	Direct Admit	ER	Age
Johns Hopkins Hospital	1800 Orleans St. Baltimore, MD 21287	410-955-5100 (Main) 410-955-5335 (Admission)	Y	Y	Y	Y	5-16
Northwest Hospital	5401 Old Court Rd Baltimore MD 21133	410-521-2200				Y	
Sheppard Pratt Hospital	6501 N. Charles St. Towson, MD 21204 4100 College Ave Ellicott City, MD 21401	410-933-3000 410-938-3000	Y Y	Y Y	Crisis Clinic 6501 N. Charles	No-Crisis Clinic	5-21
St. Joseph's Medical Center	7601 Osler Drive Towson, MD 21204	410-337-1226	N	N	N	Y	5-21
University Of Maryland Medical Center	22 S. Greene Street Baltimore, MD 21201	410-328-6231	Y	Y	N	Y	5-12
Franklin Square Hospital	9000 Franklin Square Drive, Rosedale, MD 21237	443-777-8444	Y	Y	N	Y	12 +
The Anxiety Disorders Clinic at Johns Hopkins	Johns Hopkin Hospital	410-955-5212	N	Y	Y		





Name	Location	Phone	Community Partner	Private Insurance	MA	Ages	Hours
Jill Pieri, LCSW-C Yellow Wood Counseling	8370 Court Avenue Ellicott City, MD 21043	410-442-6065	N				
Aspen Health Services	1634 Sulphur Spring Rd. Halethorpe, MD 21227	410-242-0920	N	N	Y		M-F 9-5
Balance Point Wellness	5820 York Rd. Suite T-300 Towson, MD 21212	410-989-3899	N	Y	Y		
Bay Life Counseling Center	9100 Franklin Square Dr. Baltimore, MD 21237	443-777-2200	Y	Y	Y		M-F 9-5
Brief Strategic Family Therapy	Mobile	410-706-4712					
Dionne Aldridge LCSW-C		443-416-5833 Dionne.Aldridge@gmail.com					





Tier 4: Crisis Response

Develop a Standardized EBH Crisis Response

Emotional and behavioral health (EBH) crisis defined:

Marked and ongoing aggression, impulsivity, erratic actions, irritability, anger, anxiety, sadness, and or bizarre actions or statements in which student is unable and/or unwilling to respond to school routines and interventions as normally provided.



Tier 4: Crisis Response



Procedure:

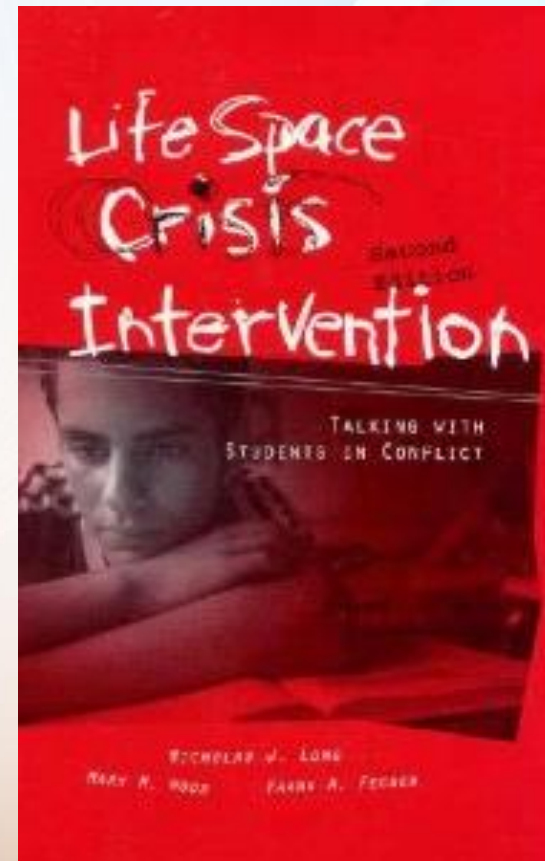
- Administrators follow BCPS policies and procedures
- When a crisis escalates to the level of needing immediate mobile crisis response, EBH intervention schools can use the enhanced levels of support and consultative services of our Mobile Crisis Facilitators.
- Crisis Facilitators
 - Collaborate with internal school team
 - Work with student/family in crisis
 - Allow school staff to return to other responsibilities
- EBH Incident Report





Tier 4: Crisis Response

Life Space Crisis Intervention



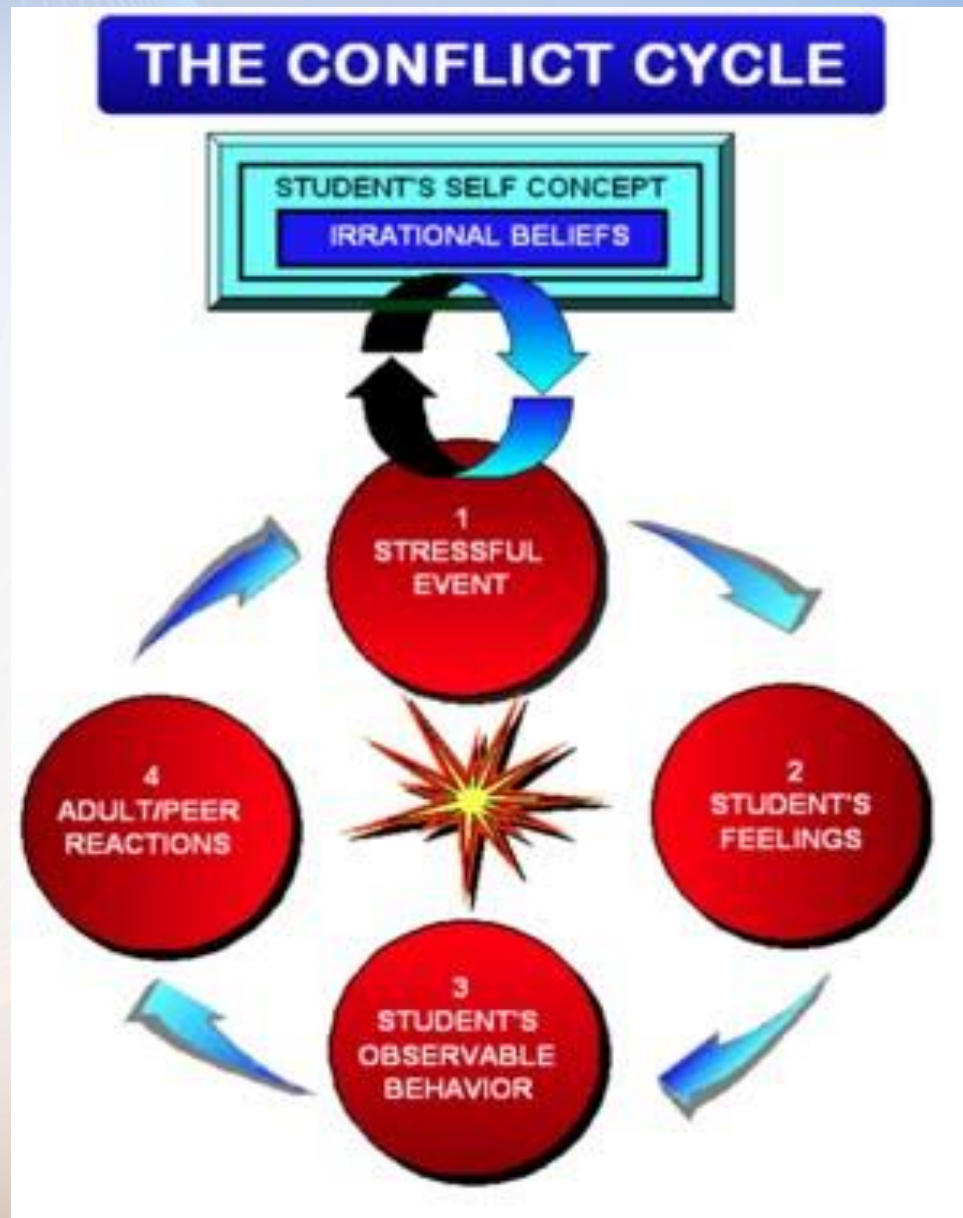
We are
TEAM
BCPS



Tier 4: Crisis Response Life Space Crisis Intervention

LSCI training was provided in all intervention schools

- EBH team received **4 days** of training
- Teachers and administrations received **2 days** of training
- School Social Workers, School Psychologists and School Counselors received **1 day** of training



Tier 4: Crisis Response

Life Space Crisis Intervention



- 150 staff members trained in LSCI
- 3 staff trained as trainers in LSCI to build capacity

LSCI

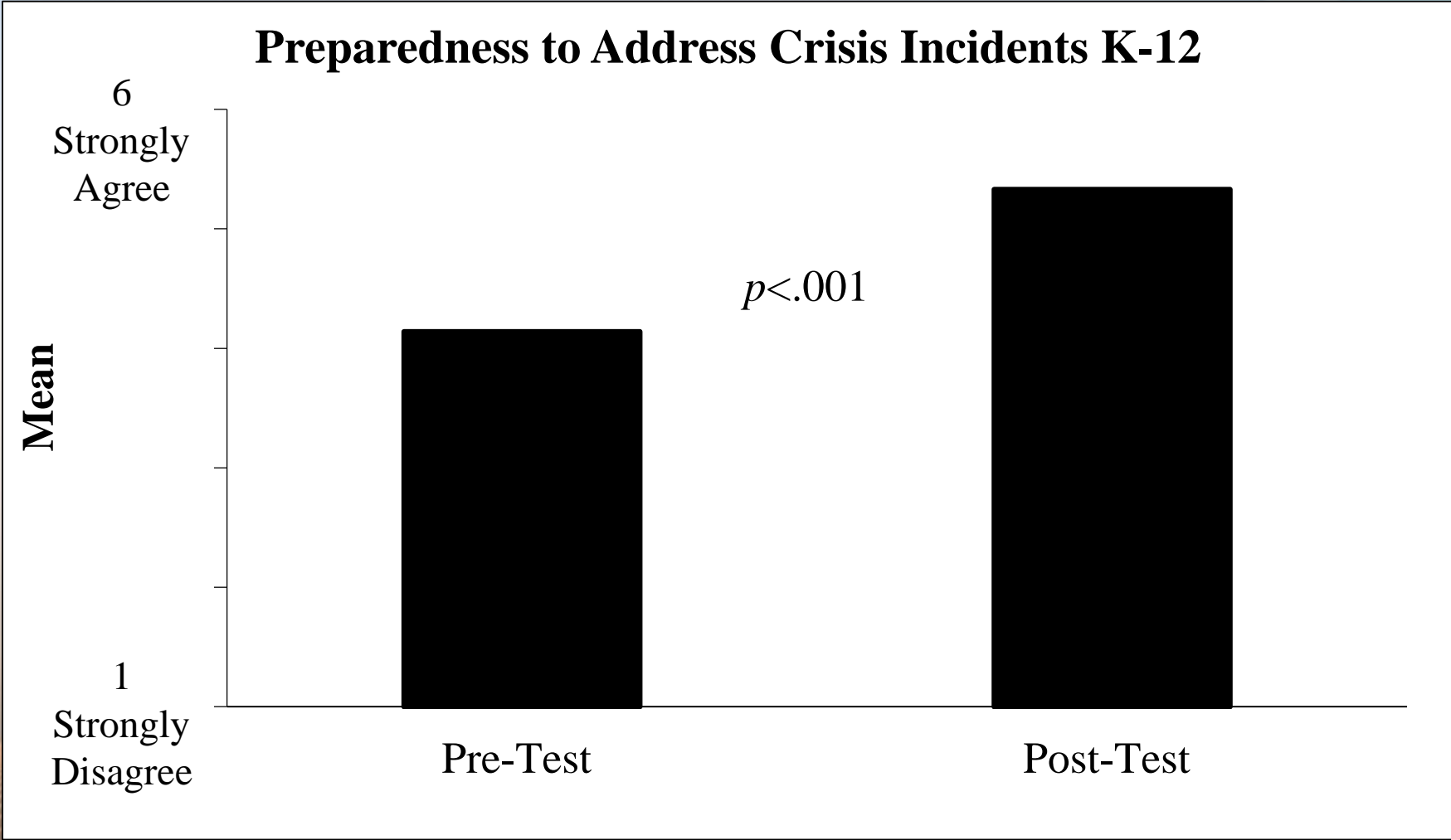
- Used during a crisis response by the Crisis Facilitators when called to a school to assist a student
- Used by trained BCPS staff to deescalate students in the classroom, hallways and any other school event where a student is showing signs of an EBH crisis





Tier 4: Crisis Response

LSCI Training Year 1



Tier 4: Crisis Response

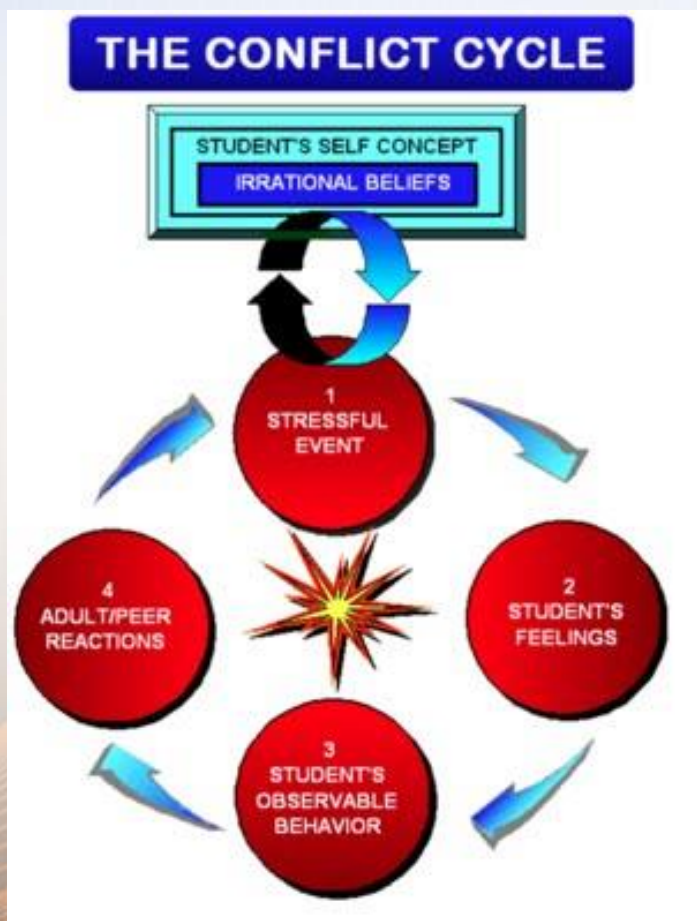


- BCPS Crisis Facilitators responded to 217 immediate crises varying in severity and threat level.
- BCPS Crisis Facilitators responded to 219 non-crises.



Tier 5: Post-Crisis Relapse Prevention

Develop a relapse prevention monitoring system for tracking and allocation of prevention supports



P-CARP



Tier 5: Post Crisis Relapse Prevention

Process for Crisis Response and Relapse Prevention (P-CARP)

- Helps Crisis Facilitator evaluate why a particular EBH Crisis incident occurred
- Plan what post-crisis response to follow to help prevent a similar crisis from re-occurring with the student
- Needs Assessment
 - Similar to a 'treatment plan' in a therapy setting





Section I. Emotional and Behavioral Health Crisis Incident Assessment (CIA)

*INSTRUCTIONS: The CIA will be completed within **1 week** of every BCPS Level II or III crisis incident **in which the Crisis Facilitator was directly involved**. The CIA **can** also be completed for other students (e.g., Level II or III crises for which the Facilitator was NOT involved, students with multiple Level I crises, etc.) as warranted.*

Student:	Date and Time of Initial Consultation:
DOB:	Crisis Location:
School and Grade:	Family Contact (s):
Date of P-CARP (sections I-III):	
Brief description of crisis and behaviors specifically seen (OR - if this CIA is NOT related to a crisis, explain here why it is being completed):	

A. Relevant Background / Contextual Information *List any student background or contextual factors that may have contributed to this crisis incident – e.g., stressor in student’s life, mental health diagnosis, has an IEP, etc.*

Individual Student Factors and Strengths	School Factors
Family Factors	Peer Factors
Neighborhood/Community Factors	

B. Antecedents (Timeline) to the Crisis *List the events immediately leading up to (same day as) the crisis incident from both the student’s and school personnel’s perspectives.*

Student Perspective	School Personnel’s Perspective
Family’s Perspective	Outside Provider/Other Professional’s Perspective

C. Narrative Summary / Conflict Cycle *Using the information outlined above and your clinical judgment, provide a brief narrative outlining **why** you think this crisis occurred and anything learned from the crisis itself.*

--



Section II. Needs Assessment

A. Rate the crisis incident on the following dimensions (see Guidelines for the Post-Crisis Response):

Student Current Behavioral Health Needs		
0 Low Need Mild oppositional behavior or distress that is not indicative of a broader mental health or behavioral issue, OR student has a more serious mental health concern that is being managed by current resources	1 Moderate Need Student has some need for emotional, behavioral, mental health, or substance abuse resources	2 High Need Student has serious emotional, behavioral, mental health or substance abuse issues and a high need for more or different services
Characteristics of the Crisis Incident		
0 Minor Incident Very little risk of injury/property damage; threat vague and undefined	1 Moderate Incident Some risk of injury/property damage; threat somewhat articulated/targeted	2 Severe Incident Incident did or could have resulted in serious injury/property damage; threat clearly articulated / clear target
Risk for Subsequent Crises		
0 Low Risk Crisis appears to be an isolated incident	1 Moderate Risk Student shows some signs of a pattern of this type of crisis behavior	2 High Risk Student has had multiple similar incidents
School Needs		
0 Low Need School is fully capable of meeting this student's post-crisis needs	1 Moderate Need School needs some additional support to meet this student's need	2 High Need School lacks resources or ability to provide necessary post-crisis services and supports to this student
Family Needs and Preferences		
0 Low need Family has adequate supports in place	1 Moderate Need Family has few supports	2 High Need Family has no supports or there are other extenuating circumstances

A. **TOTAL Needs Assessment Score (tally ratings above):** _____

0 – 4: Engage in Menu A *time-limited* interventions only (for up to 30 days post-crisis)

5+: Engage in Menu A AND Menu B *more intensive* interventions (for up to 60 days post-crisis)



Tier 5: Post Crisis Relapse Prevention



- BCPS Crisis Facilitators engaged in 498 post crisis response interventions.





EBH-CRP Year 1 Results



Outcome Measures



- School-wide primary outcomes
 - **EBH crises**, injuries, **assaults** and violent crimes, **suspensions** and expulsions, **in-school arrests**, juvenile justice referrals
- School-wide secondary outcomes
 - Community mobile crisis usage, psychiatric hospitalizations, EBH service usage, **EBH knowledge and preparedness**
 - Cost-benefit analysis
- **Intervention specific outcome measures**
 - SSA- pre, post and year end training surveys, intervention implementation
 - Kognito pre and post training surveys
 - EBH intervention logs and structured interviews
 - LSCI pre and post training surveys
 - P-CARP intervention logs



School Staff EBH Preparedness and Knowledge

- 9 item scale
- Likert style questions: 1=Strongly Disagree, 2= Disagree, 3=Somewhat Disagree, 4= Somewhat Agree, 5= Agree
- Examples:
 - “I know what steps to take in an EBH crisis situation”
 - “I know who to contact if I have a concern about a student’s emotional or behavioral well-being”
 - “Staff at my school know how to respond to mild/moderate EBH concerns” (also severe)



School Staff EBH Preparedness and Knowledge

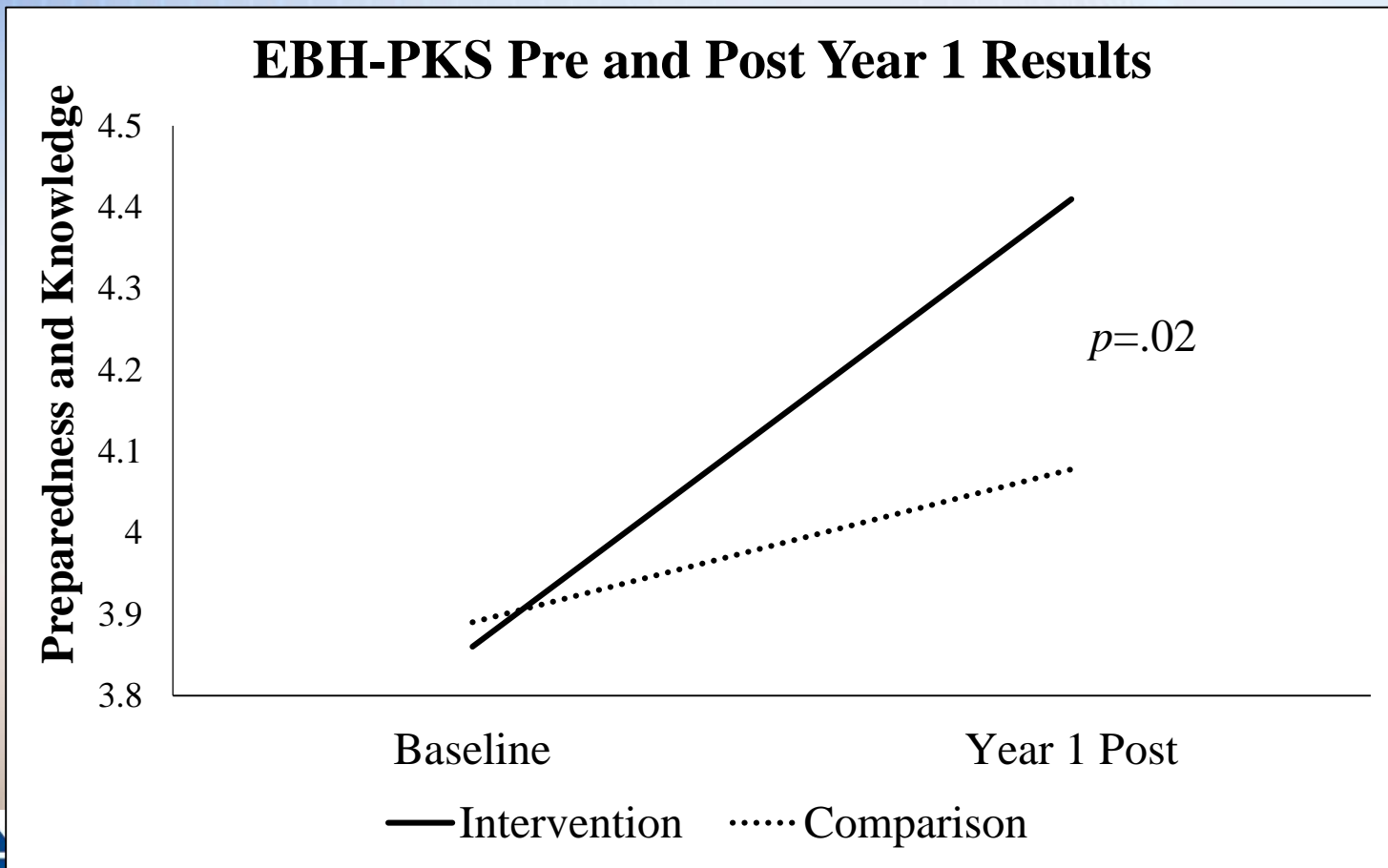


Variable	Intervention	Comparison
Female	86.3%	86.8%
African American	3.1%	3.6%
Caucasian	67.5%	71.4%
Other	3.3%	4.6%
Hispanic/Latino	2.4%	2.3%
Elementary	38.6%	42.3%
Middle	26.2%	22.2%
High	8.5%	14.8%
EBH professional	8.7%	7.4%
Other school staff	91.3%	92.6%





EBH Preparedness and Knowledge Scale



	Baseline	Year 1 POST
Intervention	M=3.86, SD=1.08	M=4.41, SD=.94
Comparison	M=3.89, SD=1.08	M=4.08, SD=1.06



School Safety Outcomes



Year 1

Student Arrests

- Intervention schools were significantly less likely to have student arrests than comparison schools, $p < .001$

Student Fights

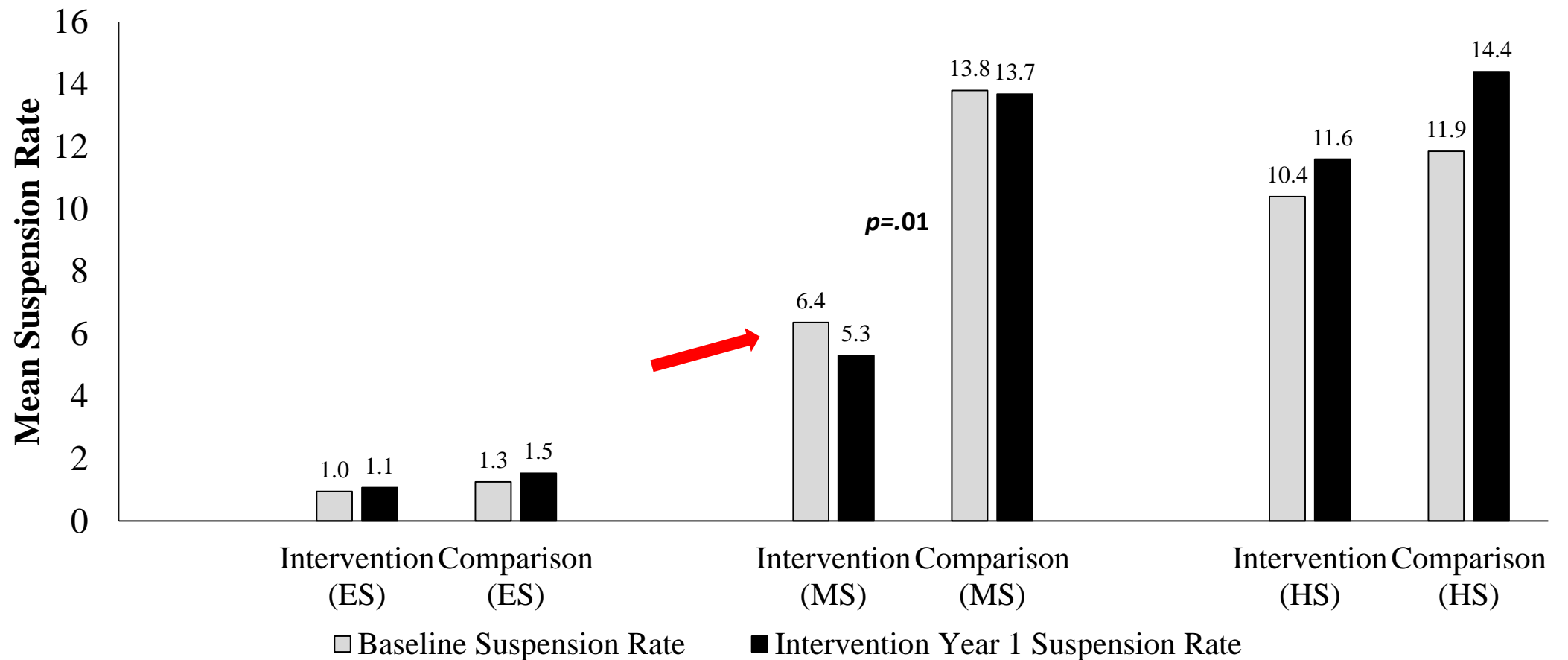
- Intervention schools were significantly less likely to have student fights result in assault charges than comparison schools, $p < .001$



Suspensions



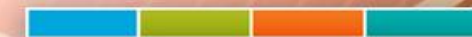
Change in Mean Suspension Rate between Baseline Year and Intervention Year 1



Discussion



- Multi-component EBH-CRP intervention implementation in 20 schools
- Uniform crisis response and post-crisis relapse prevention procedures
- Increase in school staff knowledge and preparedness to address EBH issues across the continuum
- Increase in student actions and behaviors to prevent mistreatment and improve school climate
- Lower frequency of in-school arrests
- Lower frequency of in-school assaults
- Decreased suspension rate





Next Steps



- Year 1 Advanced Analyses
- Year 2 Analyses
- Cost-Benefit Analysis
- Broad Dissemination of Tools and Findings
- Sustainability





Questions?

Cindy Nguyen MSW LCSW-C

Emotional and Behavioral Health Grant: Crisis
Response and Relapse Prevention

Baltimore County Public Schools

Office of School Safety

cnguyen@bcps.org

Jill Bohnenkamp, PhD

Center for School Mental Health

Division of Child and Adolescent Psychiatry

University of Maryland School of Medicine

jbohenk@som.umaryland.edu

<http://csmh.umaryland.edu>

