Achieving School Mental Health Quality and Sustainability: A Team-Based Approach Using National Performance Measures

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Agenda

I. National Center for School Mental Health

II. Comprehensive School Mental Health

III. School Health Services National Quality Initiative

IV. The School Health Assessment and Performance Evaluation Systems (www.theSHAPEsystem.com)

V. Strategies to Improve your Collaborative Teaming

NATIONAL CENTER FOR SCHOOL MENTAL HEALTH
Center for School Mental Health

MISSION
To strengthen the policies and programs in school mental health to improve learning and promote success for America’s youth

- Established in 1995, Federal funding from the Health Resources and services Administration.
- Focus on advancing school mental health policy, research, practice, and training.
- Shared family-schools-community agenda.
- Co-Directors: Sharon Hoover, Ph.D. & Nancy Lever, Ph.D.
  http://csmh.umaryland.edu, (410) 706-0980

CSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore
- 1997 New Orleans
- 1998 Virginia Beach
- 1999 Denver
- 2000 Atlanta
- 2002 Philadelphia
- 2003 Portland, OR
- 2004 Dallas*
  * Launch of National Community of Practice on School Behavioral Health
- 2005 Cleveland
- 2006 Baltimore
- 2007 Orlando
- 2008 Phoenix
- 2009 Minneapolis
- 2010 Albuquerque
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh
- 2015 New Orleans, LA
- 2016 San Diego, CA
- October 19-21, 2017
  Washington DC
WHAT IS COMPREHENSIVE SCHOOL MENTAL HEALTH?

A partnership between schools and community health and behavioral health organizations...

Guided by youth and families.
Partners build on existing school programs, services, and strategies.

Focuses on all students...

...in both general and special education

Includes a full array of programs, services, and strategies
Natural Supports in schools

A Shared Agenda –
Role of community mental health professionals:

- Provide a broad continuum of services to supplement school-employed staff services.
- Reduce unnecessary, expensive services (ER visits, crises, etc.) by:
  - providing preventive care (screening, identification, brief intervention) and tertiary care (intensive treatments for student disorders/problems)
  - facilitating connections/referral pathways to community providers
  - assisting with transition back to school from more restrictive psychiatric placements

Schools are Only One Part of an Integrated System of Care

Slide used with permission from Kathy Short, Director
School Mental Health ASSIST
WHAT’S HAPPENING ON THE FRONT LINES OF SCHOOL MENTAL HEALTH?

**Successes**

- Increasing emphasis on:
  - School-community partnerships
  - Evidence-based (research-supported) Practice (EBP)
  - Consideration of cultural context in development, implementation and evaluation of EBP
  - Meaningful partnership with families
  - Workforce training for mental health providers and educators
  - Outcomes

- Pockets of funding to support school mental health
  - Increased federal investments
  - Creative funding streams at local/state levels

**Effective School Mental Health Interventions are:**
- incomplete
- short in sustainability
- limited in outcome durability
- narrow in spread

“Despite the promise of the evidence-base for mental health promotion and intervention in schools, there is, at best, inconsistent and generally limited implementation of empirically-supported practices within school districts in North America”

(Sugai & Stephan, 2013)

“...good ideas, enthusiasm, and a list of evidence-based practices have proven to be insufficient to deliver on the promise and potential”

(Barrett & Weist, 2013)
Challenges

- Lack of census or standardized performance metrics
- Poor system integration (Mental Health-Education)
- Gaps in training, particularly related to working schools, engaging families, evidence-based practice
  “C.O.W. Therapy” — Crisis of the Week
- Poor implementation support
- Limited accountability of providers and services provided
- Lack of Data Infrastructure
- Limited, variable funding

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.
2017 Southeastern School Behavioral Health Conference

CSMHS Quality Driver Diagram

Quality Performance Areas in School Mental Health

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

Mission

School districts aim to improve school mental health services and supports so that each child receives appropriate evidence-based supports and services to best maximize their psychosocial and academic functioning.

CSMHS Sustainability Driver Diagram

Sustainability Performance Areas in School Mental Health

- Funding and Resources
- Resource Utilization
- System Quality
- Documentation and Reporting Impact
- System Marketing and Promotion

Mission

School districts aim to optimize the financial and non-financial dimensions of maintaining a self-sustaining CSMHS.

Collaborative Improvement and Innovation Network (CoIN)

Test and refine innovative improvements to school mental health quality and sustainability
The School Health Assessment and Performance Evaluation (SHAPE) System

- The School Health Assessment and Performance Evaluation (SHAPE) System is a free, interactive system designed to improve school mental health accountability, excellence, and sustainability.
- SHAPE is the web-based portal by which comprehensive school mental health systems can access the National School Mental Health Census and Performance Measures.
- SHAPE is hosted by the Center for School Mental Health and funded in part by the US Department of Health and Human Services.

www.theshapesystem.co
Schools and School Districts Can Use SHAPE To:

Document your service array and multi-tiered services and supports

www.theshapesystem.com

Schools and School Districts Can Use SHAPE To:

Advance a data-driven mental health team process for the school or district

– Strategic Team Planning
– Free Custom Reports

www.theshapesystem.com

View, print, share and review the SMH Profile and Quality and Sustainability Assessments anytime by visiting SHAPE home page
Schools and School Districts Can Use SHAPE To:

Access targeted resources to help advance your school mental health quality and sustainability.
Schools and School Districts Can Use SHAPE To:

- Achieve SHAPE Recognition to increase opportunities for federal, state and local funding

CSMH, 2016
Coming Soon to SHAPE

SHAPE - Trauma-Responsive Schools (TRS)
- Developed by the NCTSN, Treatment and Services Adaptation Center for Resiliency, Hope and Wellness in Schools (www.traumaawareschools.org), in collaboration with the CSMH

Domains:
- School-wide Safety (e.g., predictable routines, physical safety)
- School-wide Programming (e.g., restorative justice, culturally responsive teaching)
- Staff Trauma Knowledge (e.g., school/classroom impact of trauma, neurological impact)
- Staff Trauma Skills (e.g., trauma-informed communication, de-escalation)
- Early Intervention Activities (e.g., trauma screening, early intervention evidence-based trauma practices)
- Targeted Intervention Activities (e.g., School-based Trauma Treatments, Referrals)
- Staff Wellness/Burnout/Secondary Traumatic Stress (e.g., Staff Assessment, Staff Supports)

All items are on a 6-point Likert scale reflecting degree of implementation.
School districts aim to improve school mental health services and supports so that each child receives appropriate evidence-based supports and services to best maximize their psychosocial and academic functioning.
**Strategy - School Behavioral Health Teaming**

A team of family, school and community stakeholders that meet regularly and use data-based decision making to support student behavioral health, including:

- addressing individual student needs
- promoting student well-being
- improving general school climate

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**Why Partnerships Are Needed**

- School is “defacto” MH provider
- JJ system is next level of system default
- Factors that impact mental health occur “around the clock”
- It is challenging for educators to address the factors beyond school
- It is challenging for community providers to address the factors in school
- Potential partners must come together in a comprehensive system
Partnerships Demand Attention to Both Services and Service Providers

Potential partners have:
- Different vocabulary
- Different training traditions
- Experience delivering service in different settings
- Unique perspectives
- Unique ability to deliver some services
- Shared capability to deliver specific services

Potential partners need:
- Authentic engagement in planning and delivering a comprehensive system
- A framework for planning and delivery

TEAMING
Appreciating strengths of all partners

How about your mental health team(s)?
- What is your school/district doing well in terms of teaming for school mental health?
- What could your school/district improve upon in terms of teaming?
- In terms of school mental health teaming, what is one thing you'd like to improve this (or next) year?
- Where would you start to achieve your goals?
Teaming Progress Report

Teaming Indicators

☐ Have multidisciplinary team
To what extent did your District’s school mental health system team(s) include 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 practice for meeting structure and process (e.g., team met regularly, had and used an agenda, accountable time, recorded attendance)?

☐ Promote data sharing
To what extent did your District’s teams 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 from 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?

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)?

Stakeholder groups represented in school mental health system teams may include:

- School health and behavioral health staff
- Teachers
- School administrators
- Youth/Students/Parents/Families
- Community health and behavioral health providers
- Community leaders
- Child welfare
- Juvenile justice
- Community leaders

- Our district team included 1 stakeholder group.
- Our district team included 2 different stakeholder groups.
- Our district team included 3 different stakeholder groups.
- Our district team included 4 different stakeholder groups.
- Our district team included 5 different stakeholder groups.
- Our district team included 6 different stakeholder groups.

1. Not in place: Our district didn’t have multidisciplinary representation on our school mental health teams. Teams were made up of individuals representing only 1 stakeholder group (e.g., teachers, mental health providers, administrators, youth & families).
2. Our district team included 2 different stakeholder groups.
3. Our district team included 3 different stakeholder groups.
4. Our district team included 4 different stakeholder groups.
5. Our district team included 5 different stakeholder groups.
6. Fully in place: Our district team consistently included at least 6 different stakeholder groups, including representation of youth, families, school & community-employed health and mental health providers, community leaders, teachers, and school staff.
Multidisciplinary Team

**ACTION STEPS:**
- Build upon an existing team when possible.
- Recruit new members or restructure as a subcommittee of an existing team if needed.
- Include students and family partners. They are critical stakeholder groups to engage in the school mental health team and are the primary consumers, beneficiaries, and advocates for mental health programs and services in schools.
- Parents and other family members are experts on their own children and should be encouraged to participate when there is a team meeting about their child.
- Involve family organizations. They bring knowledge and passion based on practical, real-life experiences. Such organizations are often expert in navigating varied systems.

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.

**ACTION STEPS:**
- Consider the number of teams needed for your school system. Some schools prefer to have one universal team and one combined Tier 2 and Tier 3 team, and others may only have one team to address all three tiers.
- Communicate across teams to ensure purposes are complimentary, not duplicative, and streamlined if needed (collapse or divide teams).
- Collaboratively determine the purpose, target goals, activities, and processes of the team.
Best Practices for Structure and Process

To what extent did your district’s teams employ best practices for meeting structure and process?

Best practices for meeting structure and process include:
- Regular team meetings
- Consistent attendance
- Routine schedule process
- Having and using an agenda
- Accountable decisions

1. Not in place: Our district team did not use best practices for meeting structure and process.
2. Our district team rarely used best practices for meeting structure and process.
3. Our district team sometimes used best practices for meeting structure and process.
4. Our district team often used best practices for meeting structure and process.
5. Our district team almost always used best practices for meeting structure and process.
6. Fully in place: Our district team always used best practices for meeting structure and process.

ACTION STEPS:
- Appoint a school mental health team leader. This person should possess excellent group facilitation skills (e.g., keeping participants on task, making them feel valued), excellent listening skills (e.g., refrain from imposing his or her own opinions), and be respected by all participants.
- Establish a regularly scheduled time and frequency for meetings and agree to hold each other accountable for regular attendance and active participation.

Promote Data Sharing

To what extent did your district have systems in place to promote data sharing among school mental health team members?

Best practices in systems and strategies to promote data sharing include:
- Aligned data definitions
- Protocols or routines for high quality data collection
- Protocols or routines for tracking information
- Protocols or routines for data sharing, including addressing confidentiality considerations
- Data system that allows for easy and seamless data sharing
- Data sharing to inform services and monitor progress and outcomes

1. Not in place: Our district did not use best practices to promote data sharing.
2. Our district rarely used best practices to promote data sharing.
3. Our district sometimes used best practices to promote data sharing.
4. Our district often used best practices to promote data sharing.
5. Our district almost always used best practices to promote data sharing.
6. Fully in place: Our district always used best practices to promote data sharing among school mental health team members.
**Promote Data Sharing**

**ACTION STEPS:**
- Ensure your target goals are clear and measurable. Then, identify data collection sources and processes to track and review progress toward action items.
- Identify issues related to data sharing such as HIPAA and FERPA issues up front.
- Give careful consideration to securing consents and releases of information to allow data sharing across system partners in an effort to have a more comprehensive picture of student progress across educational and social-emotional-behavioral domains.

**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?**

Best practices to ensure coordinated linkage with community resources include:
- Up-to-date resource map with community resource information
- Clear and consistent referral process to community providers to promote successful linkage
- Referral consultation meeting with student and family to review needs, options and complete any releases of info
- Direct contact with community provider to confirm referral, service availability, & facilitate a “warm hand-off”
- Clear referral instructions for student and family (name of person to contact and best way to reach them)
- Review of potential barriers to following through with referral and how to overcome them
- Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers

1. Not in place: For students whose mental health needs could not be met, our district did not use best practices to refer to community resources.
2. Our district rarely used best practices to facilitate referral to community resources.
3. Our district sometimes used best practices to facilitate referral to community resources.
4. Our district often used best practices to facilitate referral to community resources.
5. Our district almost always used best practices to facilitate referral to community resources.
6. Fully in place: For students whose mental health needs could not be met, our district always used best practices to facilitate referral to community resources.

**Connect to Community Resources**

**ACTION STEPS:**
- Seek, establish, and maintain positive working relationships with community mental health resources.
- Determine policies and procedures to refer, connect, and coordinate services with providers for students whose needs cannot be fully met in school.
- Collaborate across systems in your local, regional, and state networks to establish multilevel strategies to effectively support the whole child, the family, and the school.
Teaming Examples

- **Minneapolis**
  - Survey to determine roles and responsibilities of school and community team members
  - Process for teams to map roles/responsibilities across MTSS (Who does what at Tier 1? Tier 2? Tier 3?)

- **Baltimore City**
  - Developed Model for School Mental Health Collaboration
  - Procedures to facilitate school- and community-provider collaboration

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To Be Considered a **PDSA Cycle**

1. **The test or observation was Planned**
   - **Always includes a prediction about how the change will result in an improvement**
   - **Includes a plan for running the test and collecting data to study**

2. **The plan was attempted (Do the plan)**

3. **Time was set aside to analyze the data and Study the results.**
   - Did my prediction hold?
   - What assumptions need revision?

4. **Action was rationally based on what was learned**
   - Adapt
   - Adopt
   - Abandon
Why Small Tests?

### Why test?
- Forces us to think small (small tests are 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
The Steps To Change

Confidence (Red - change occurred)

Prerequisites for change

Not under a variety of conditions to ID weaknesses

Implement a change

Prototype a change

Embedded in daily operations

System (District) changes that will result in improvement

Develop a change

A
P
D
S
A
P
D
S
A
P
D
S

Prerequisites for change

Confidence that change is effective

Baltimore City (MD)

Emporia (KS)

Proviso East HS (IL)

Chicago (IL)

Minneapolis (MN)

QUALITY DRIVER/DOMAIN: Teaming

Speed bumps to Effective Teaming

- New administrators
- New team members
- New schools
- New community partners
- Changes in funding
- Changes in staffing
- Changes in local school/district climate
- School/district crises
- Shifting focus on improvement goals
- Different values/focus on quality improvement or sustainability planning
Tips for keeping the momentum up

- If your team time is limited:
  - Avoid long, in-person meetings
  - Stay action oriented
  - Keep your tests of change SMALL
  - Study what you do
  - Go back to the data (SHAPE, etc.) periodically to monitor impact of your improvements
  - Select 1-2 areas of school mental health performance to reassess closely each month based on your PDSAs
- Remember that improvement is a team sport

Take Away Messages

✓ Strategically use school and community partners to support student mental health

✓ School teams should drive school mental health quality improvement efforts (work “smart” and use data to “check in” on progress)

✓ There’s always room for improvement, and we can start small

Join SHAPE Today!

Answer 11 easy questions on your mobile device or complete the postcard to stay updated on SHAPE news and be counted in the National SMH Census
SSBHC Learning Objectives

1. Describe the development of the SMH Census and Performance Measures, including 12 domains of SMH quality and sustainability
2. Sign on to The SHAPE System and be counted in the national SMH Census and/or register their school or district
3. Identify at least 2 advantages of collaborative team-based quality improvement approaches using SHAPE and/or small tests of change