Equitable, Comprehensive School Mental Health: The Importance of School-Family-Community Partnerships

Presented at:

Child & Adolescent Quality, Access, and Policy Subcommittee Meeting

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Presenters

Jeana Bracey, Ph.D.
Associate Vice President for School and Community Initiatives
bracey@uchc.edu

Jamie LoCurto, Ph.D.
Senior Associate
locurto@uchc.edu

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MentiMeter Poll

Question – What role can districts play in helping students and their families access behavioral health services?

Go to www.menti.com and type in code: **5814 2972**

Or, scan this QR Code with your cell phone:

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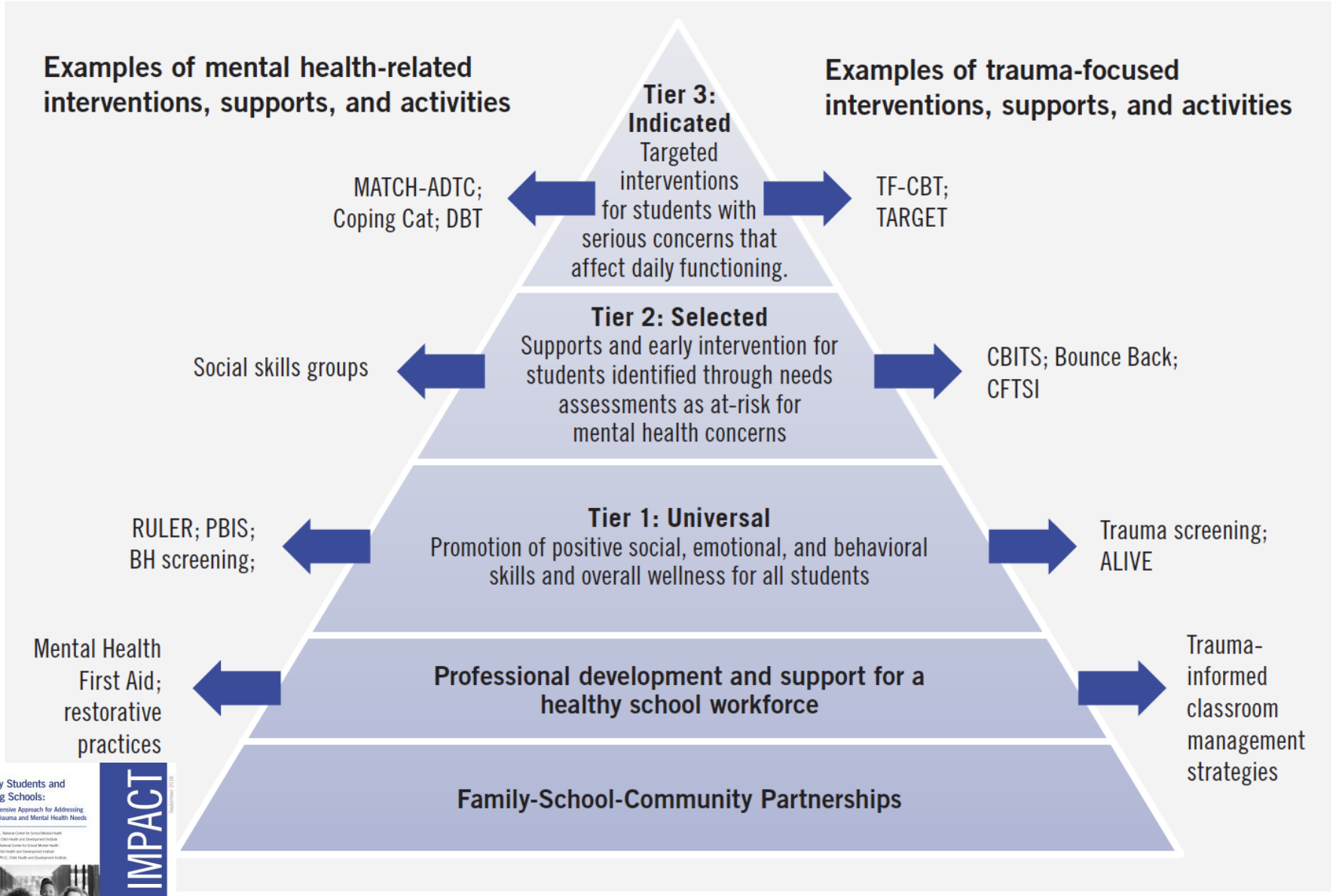
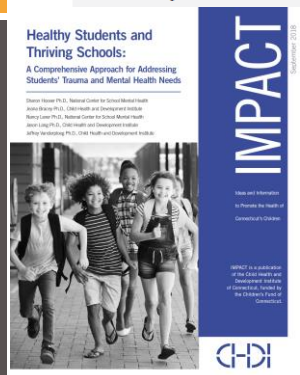
Figure 1: Trauma-Informed Multi-Tiered System of Supports for School Mental Health





Source: Hoover, S., Bracey, J., Lever, N., Lang, J., & Vanderploeg, J. (2018)

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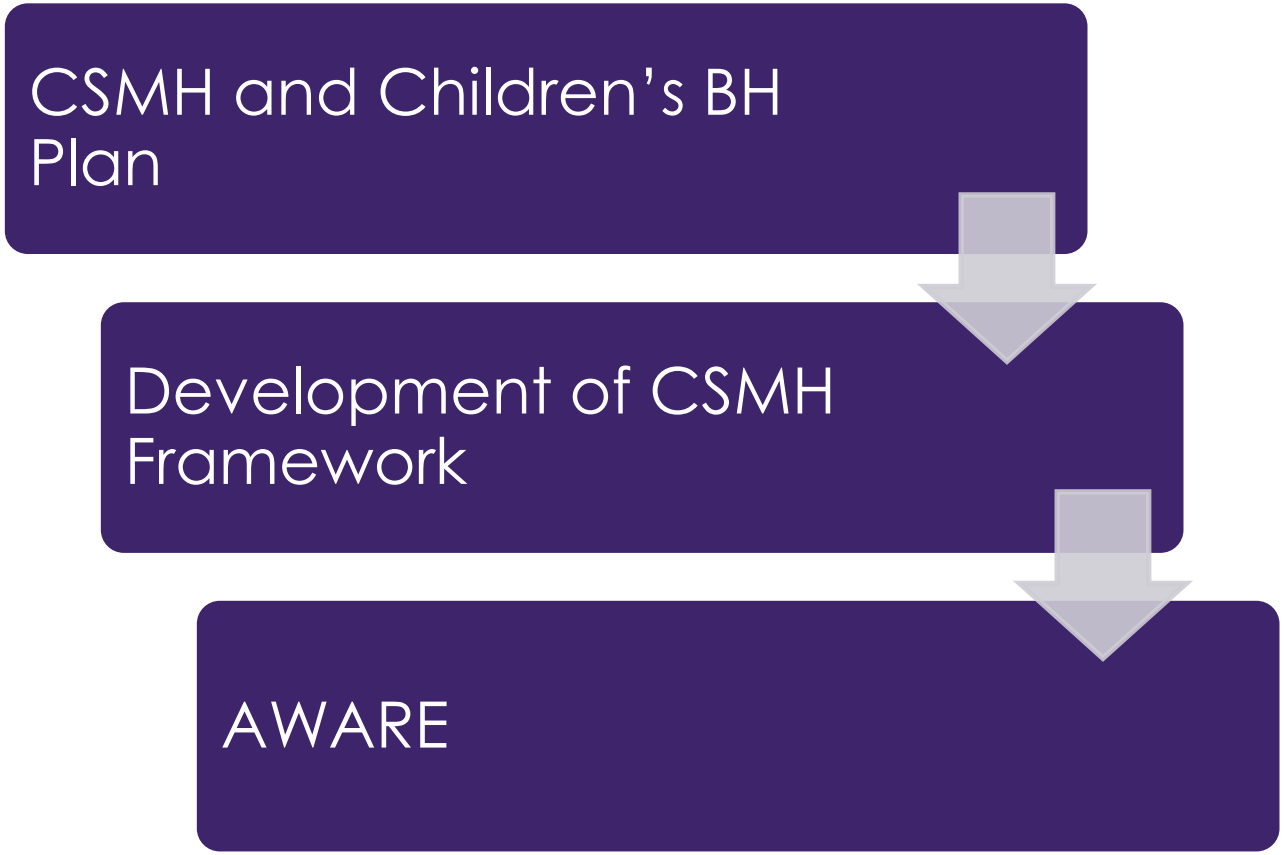
CSMH and the Children's BH System



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Project AWARE CT

- Advancing Wellness and Resilience in Education
- 5 years, SAMHSA-funded
- Awarded to SDE, in partnership with DCF, CHDI
- Middletown, Naugatuck, Windham school districts

CT Project AWARE
Advancing Wellness and Resilience in Education

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AWARE/Comprehensive SMH

Six overarching goals:

1. Improve staff knowledge on behavioral health, trauma and crisis response;
2. Assess schools' capacity and resources to develop comprehensive mental health;
3. Implement screening for behavioral health and trauma;

AWARE/Comprehensive SMH

Six overarching goals:

4. Integrate social-emotional learning in the classroom to improve behavior;
5. Improve outcomes for students with behavioral health and trauma symptoms;
6. Improve access to students in crisis or other behavioral health concerns.

AWARE/Comprehensive SMH

Phase 1
- Selection Process
  - Interest, Need, Capacity

Phase 2
- Create buy-in and Assess Resources
  - Meet with key staff, complete needs assessment

Phase 3
- Train, Implement, Assess (TIA)
  - Workforce development, serve students, engage in QI

Phase 4
- Sustainability and Expansion
  - Invest in infrastructure and expand to other districts

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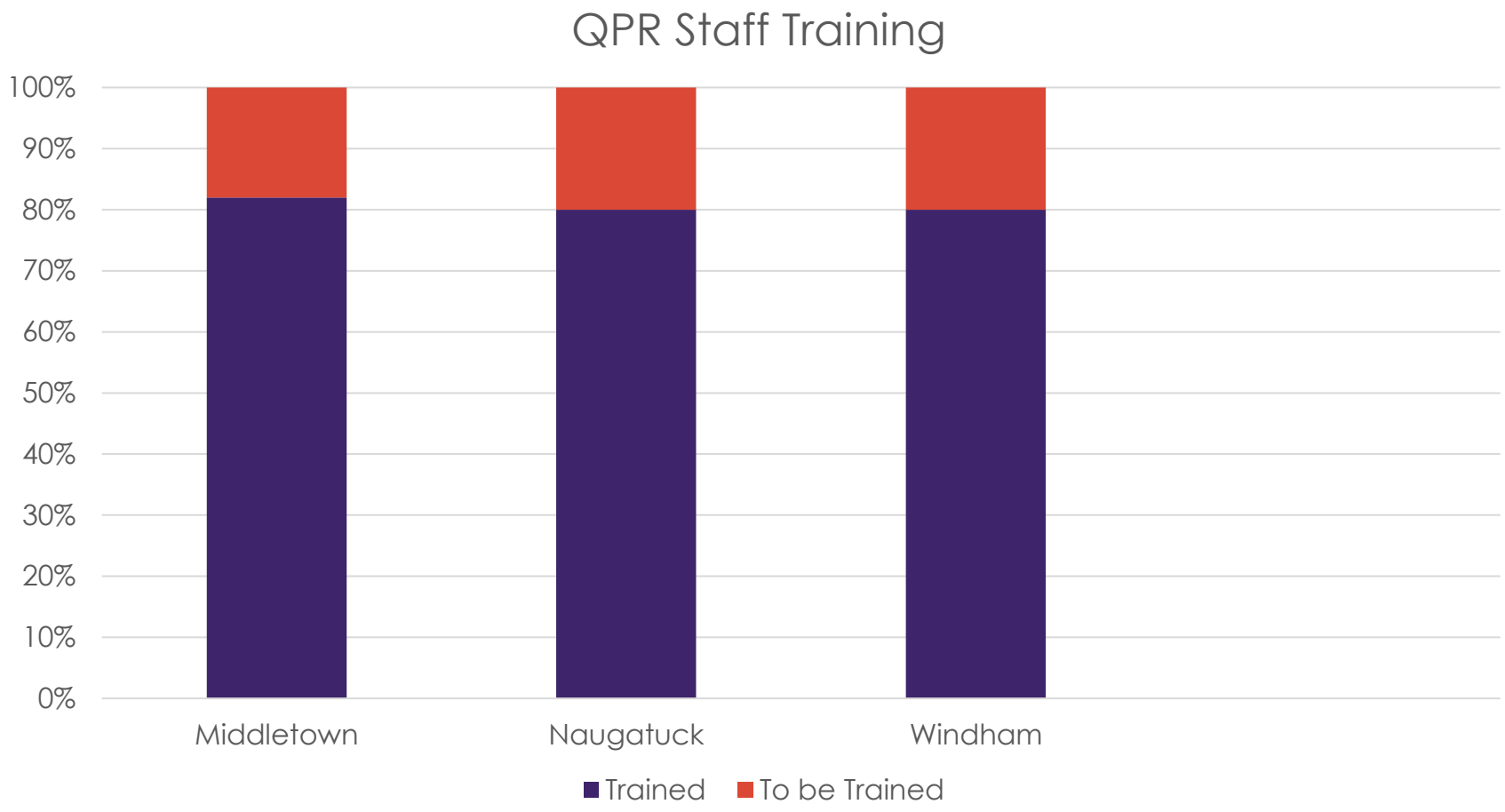
Goal 1: Improve staff knowledge on behavioral health, trauma and crisis response



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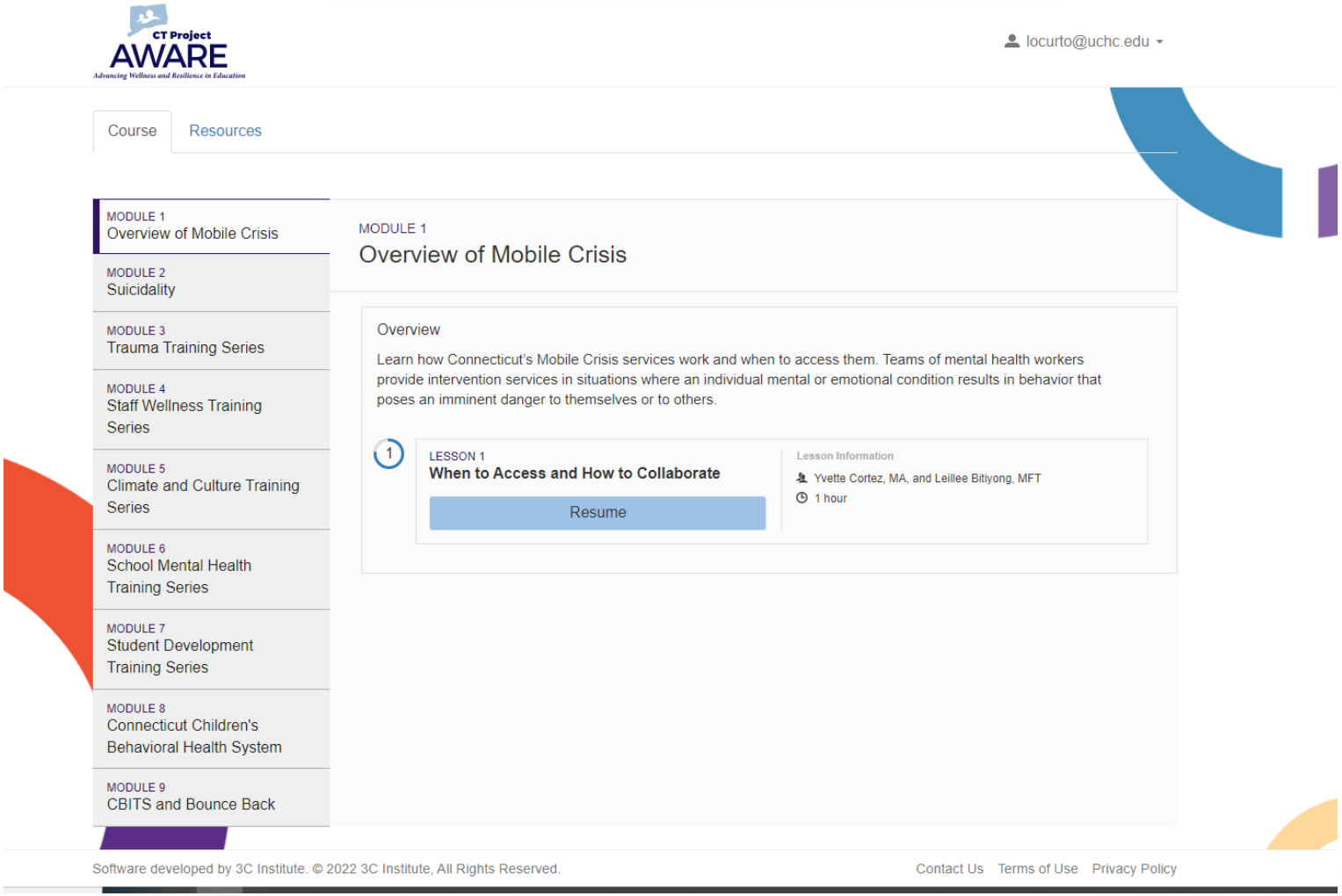
Goal 1: Continued



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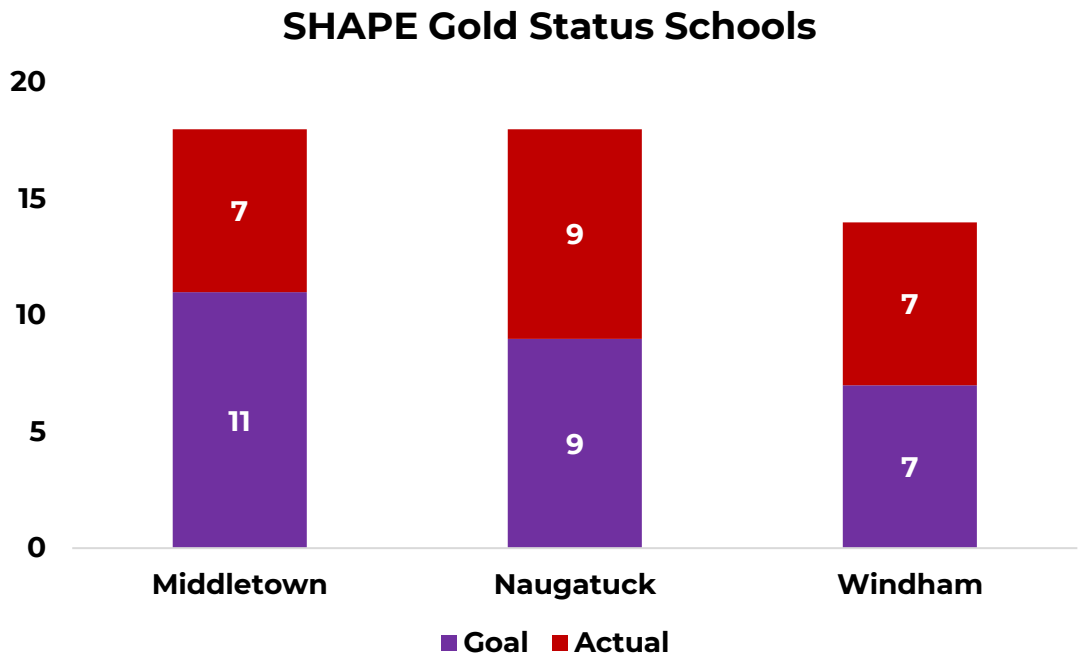
Goal 2: Assess schools' capacity and resources to develop comprehensive mental health



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Goal 3: Implement screening for behavioral health and trauma

13 mental health staff have been trained to use the Ohio, CTS, and

A-SBIRT as a screening tool

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Goal 3: Continued

171 students have been screened

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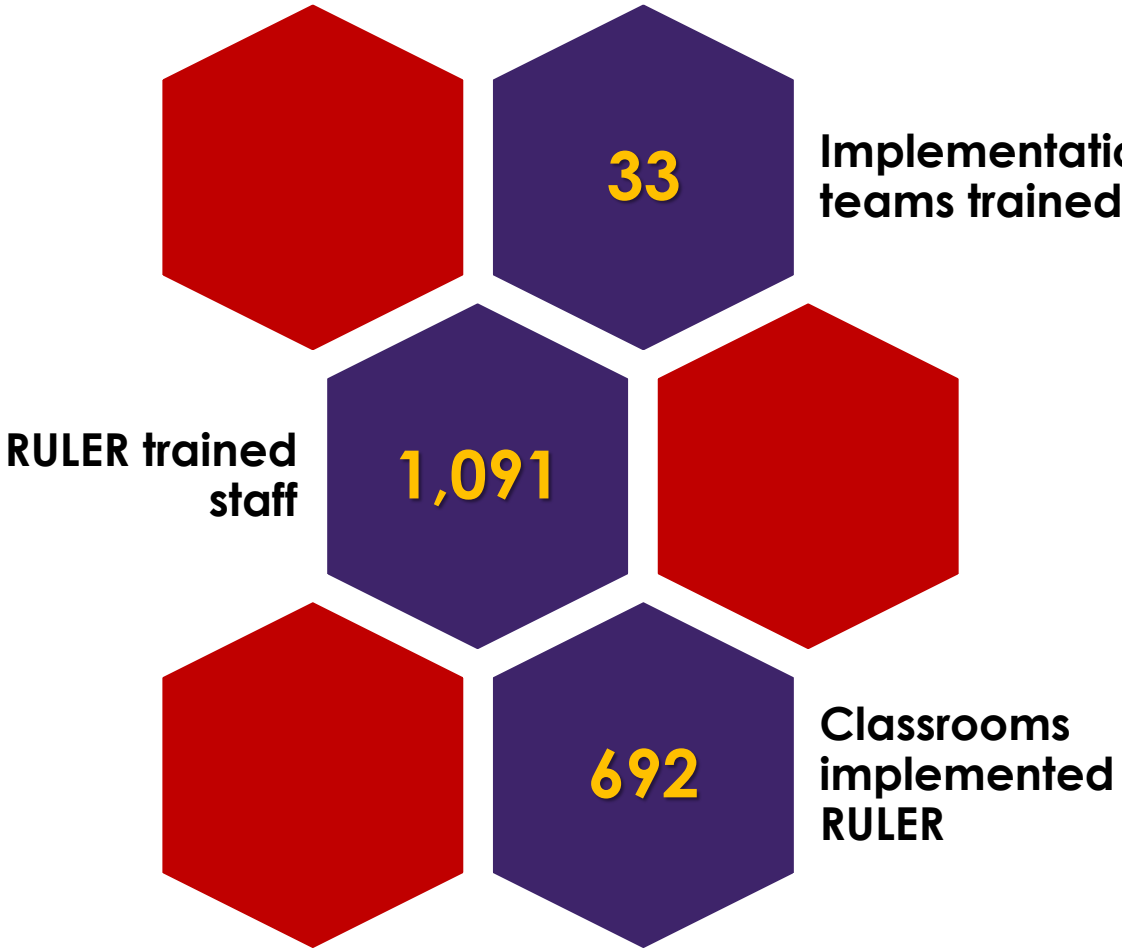
Goal 4: Integrate social-emotional learning in the classroom to improve behavior



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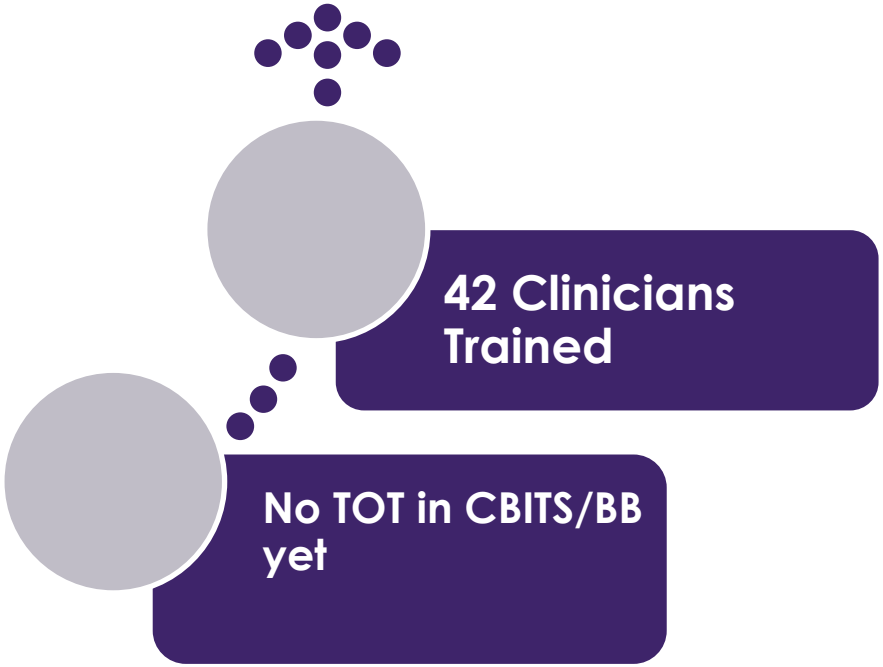
Goal 5: Improve outcomes for students with behavioral health and trauma symptoms



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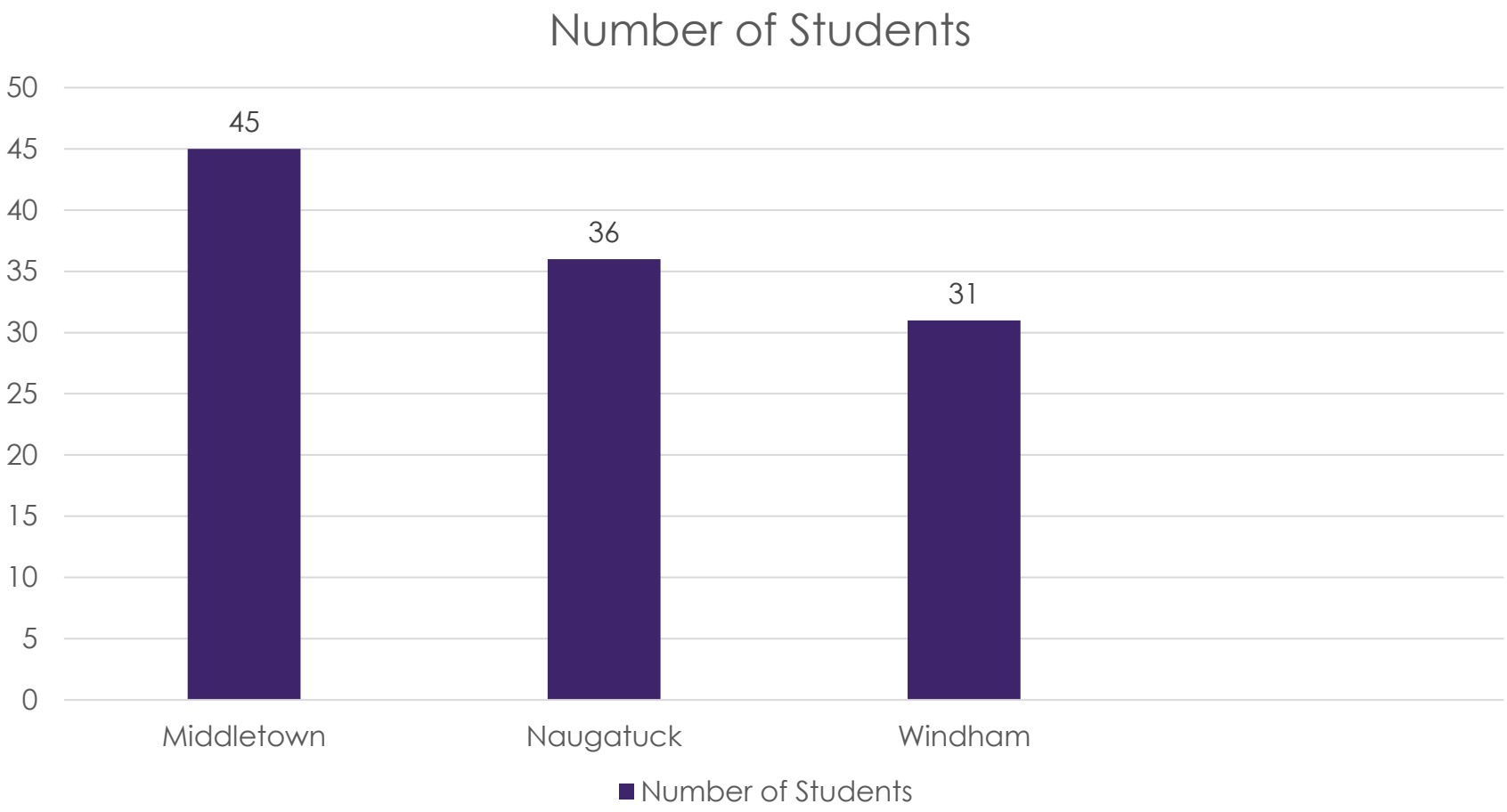
Goal 5: Continued



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Goal 6: Improve access to students in crisis or other behavioral health concerns

68 On-site Clinicians Identified

MOA between all districts and Mobile Crisis

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Goal 6: Continued

71% of students are being referred

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Results Summary

- Strengths
  - Internally, districts are very good at training and implementation.
  - Having a project manager/team that is/are internal to the district increases buy-in.
- Growth
  - Early buy-in/collaboration with other agencies/organizations is needed.
  - In order to effectively engage in QI, districts need a BH portal that mimics academic systems.

Recommended Next Steps

1. Quality:
   a. Development of a K-12, SEL/BH dashboard to examine delivery of interventions, monitor measurable outcomes, and assess disparities.
2. Access:
   a. Establish and/or maintain school/family/community partnerships to ensure continuity of care.
3. Policy:
   a. Small p: MOAs to establish general guidelines.
   b. Big P: Workforce development; funding supports

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Thank You!

Questions?

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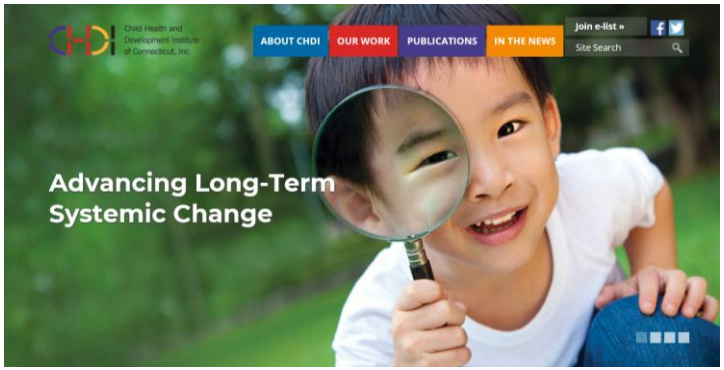
Where to find us



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