



Boone County Schools Mental Health Coalition

Accomplishments

January 2017

The Boone County Schools Mental Health Coalition is a multidisciplinary collaborative among Boone County's six independent school districts, the University of Missouri, College of Education (COE), Department of Educational School and Counseling Psychology (ESCP), the Missouri Prevention Center (MPC), and the School of Social Work (SSW).

Mission Statement: To promote a coordinated, multidisciplinary, collaborative initiative through: (a) implementation of a scientifically-based model of prevention and intervention, (b) reduce contextual risk factors and promote existing protective factors, and (b) provide access for in-risk youth and their families to comprehensive mental health assessment and wrap-around case management services.

The project initiatives include the following:

- Develop and implement a county-wide ecological assessment system to gather data on risk and protective factors that are predictive of poor school, mental, and life course outcomes;
- Provide professional development to school personnel in Boone County in evidence-based practices shown to improve school climate and individual student and family functioning.
- Support school-based teams to implement evidence-based programs with at-risk and in-risk youth, and use data to monitor progress of student outcomes;
- Improve the coordination of information and services for at-risk youth and their families;
- Develop and implement a child-centered and family based wrap-around service plans for in-risk youth.

Basic Overview:

Since the Coalition was funded in January of 2015, this partnership between County schools and the University of Missouri has resulted in a fully enacted coordinated system of prevention and intervention. Each year, schools in Boone County and one private school conduct universal screening using both teacher (K-12) and student report (3-12), occurring three times per year. These data are disseminated to schools through a fully functional web-based clinical dashboard system which provides schools reports showing the number of students reported to have each risk indicator. Using a public health model of risk to provide schools feedback on areas of need for universal prevention efforts, school reports indicating areas of high risk (i.e., 20% or more of students were reported to have this risk indicator) are represented in red, areas with some risk (15-19% of students are reported to have the risk indicator) are represented in yellow, and areas with low risk (less than 15% of students are reported to have the risk indicator) are represented in green. These data can then be used by school level problem solving teams to assess areas of concern at the school and grade levels and determine if and what universal prevention efforts can be put into place. In addition, individual student reports are generated using a similar red, yellow, and green system to indicate students who in comparison to their peers are at risk across the various risk constructs. These reports can be used to determine the appropriate next steps toward supporting those students at greatest risk (e.g., develop individualized behavior support plan, small group counseling, etc). Each school administrator and their problem solving teams have access to this dashboard through a secure server.

Boone County Schools Mental Health Coalition

In addition, a regional coordinator, school-based mental health clinicians with advanced degrees and experiences in working with youth with mental health problems, are placed with each building. These regional coordinators provide support in administration of the tri-annual screener, support in interpreting the data, consultation with problem solving teams in determining universal, targeted, and individualized supports for students, and support through implementing direct services to youth in school buildings. The table below indicates where regional coordinators are placed across districts.



*Boone County Schools Mental Health Coalition:
2016 – 2017 Regional Coordinator Assignments*

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Cedar Ridge Elementary School	*Sturgeon School District	Beulah Ralph Elementary School
Derby Ridge Elementary School	Battle Elementary School	Gentry Middle School
New Haven Elementary School	Battle High School	Paxton Keeley Elementary School
Oakland Middle School		Ridgeway Elementary School
Two Mile Prairie Elementary School		West Elementary School
		West Middle School
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Benton Elementary School	*Harrisburg School District	*Southern Boone School District
Fairview Elementary School	Blue Ridge Elementary School	Mill Creek Elementary School
Grant Elementary School	CORE	Shepard Elementary School
Hickman High School	Douglass High School	Rock Bridge Elementary School
Jefferson Middle School	Lange Middle School	Rock Bridge High School
Lee Elementary School	Midway Elementary School	
Smithton Middle School	Parkade Elementary School	
	Russell Blvd Elementary School	
Shannon Holmes- Alpha Hart Elementary & Benton Elementary		

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The following provides a summary of activities for a series of goals for this school year. The current report provides information on work completed since July 2016 to January 2017.

Goal 1: Screen all students Kindergarten to 12th grade using teacher report three time per school year.

The first round of teacher checklist data were gathered between September and October of this school year. Teachers reported on students grades K to 12 on indicators related to academic competence, attention, peer relationships, social skills, internalizing problems, externalizing and self-regulation problems, and high risk indicators such as bullying and suicidal ideation. **A total of 22,935 students were screened.** These data were then immediately available to schools to use toward guiding interventions via the clinical dashboard system. The second round of screening is underway and will be finalized by the end of February.

Goal 2: Screen all students Kindergarten 3rd to 12th grade using student report three time per school year.

The student checklist was finalized and this is the first year of implementation. The student checklist was completed with all students' grades 3 to 12. The administration occurred at the same time as the teacher checklist in each school building. The student checklist was administered by regional coordinators, counselors, and teachers. A script was developed and administrators read the script as students complete the assessment. Each question is read aloud, with definitions for items needing additional explanation. On average the student assessment takes between 7 and 15 minutes. Feedback indicates that students seem to understand the items and feel comfortable answering the items.

A total of 16,172 students in grades 3 to 12 completed the student checklist. These data have been provided back to the schools to guide interventions. The second administration of the student checklist is currently underway and will be finalized soon.

County-wide Data:

Data were provided for a 22,935 students, 53 schools, and 6 school districts and one private school. The Coalition clinical dashboard provides reports of data at each round at the county level (as well as district level, school level, grade level, and student level). The reports have been compiled for county level data and provide in Appendix A. Reports are organized by 1a) teacher report, 1b) by risk domain, 1c) by K-5, 6-8, and 9-12th grades and 2a) student report, 2b) by risk domain, and 2c) by 3-5, 6-8, and 9-12th grades.

Summary of County-level Data (teacher report):

Attention and Academic Competence. Similar to findings in the prior year, teachers report that students across grade levels struggle in the area of attention and academic competence. The greatest area of risk identified by the first round of teacher checklist data was attention and academic competence. Across grade levels this area reported the highest numbers of youth with risk on these indicators. This is an important findings because youth who struggle with attention problems and poor organization and planning (poor executive functioning skills) often fall behind in schools. *The link between attention and academic competence and mental health issues cannot be overstated.* Attention problems and poor executive functioning are risk factors for depression due to the links of this risk with persistent academic failure over time (Herman, Lambert, Reinke, & Jalongo, 2008). Further, school failure leads to a cascade of problems including disengagement in school, conduct problems, affiliation with deviant peers, and school drop-out (Reid, Patterson, & Snyder, 2002). Thus,

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Boone County Schools Mental Health Coalition

training school personnel in how to promote executive functioning skills to prevent school failure in youth across all grade levels can prevent depression and disruptive behaviors in our youth. Further, the co-occurrence of academic and social behavior problems have been documented (Reinke, Herman, Petras, & Jalongo, 2008) and catching these early can prevent a host of negative outcomes, including depression, substance use, conduct disorder, drop-out, and arrest (Darney, Reinke, Herman, Stormont, & Jalongo, 2013).

For elementary age youth, teacher report a high number (over 20% across grades K-5) as being easily distracted. In fact all grade levels, K-12 indicated that large number of students were easily distracted (e.g., 44% were reported to be easily distracted in 8th grade). In addition, grades 6-12 several additional indicators of risk in the attention and academic competence domain were reported as an area of need for possible universal supports, including poor organization skills and not completing assignments. These county findings are similar to building level findings and as a result many school building have been implementing universal organization systems to support students.

Peer Relations and Social Skills. Poor social skills, particularly for students in grades 6 through 9 were slightly elevated. Although early adolescence is a period in which many youth seem socially awkward, issues with social competence are related to both depression (Cole, 1990) and disruptive behavior problems (Cole & Carpentieri, 1990). Further the co-occurrence of social behavior problems and depression have been documented to lead to other negative outcomes, including substance use and arrest (Reinke, Eddy, Dishon, & Reid, 2012). Therefore attending to teaching social skills and expressing and understanding emotions are important life skills that can help to prevent later mental health problems in youth.

Internalizing Problems. Teacher report of internalization problems and externalizing problems were generally overall not indicative of demonstrating universal risk. One exception was challenges with thinking before acting (self-regulation) among seventh grade students.

Summary of County-level Data (student report):

Bullying. Students in grades 3 through 12 were asked to self-report on risk indicators related to bullying behaviors, externalizing behaviors (e.g., getting into fights, disrupting class), internalizing problems (e.g., feeling worried, feeling lonely), peer relations and social skills (e.g., working well with other, having friends to talk to), self-regulation, and school engagement.

Self-report of being bullied by others was generally low, with 3rd grade students (15%) having the highest number reporting being bullied. In relation to externalizing problems. This is a promising finding, indicating that bullying is not a large issue for most students in our county schools. Although, this does not mean that particular schools may struggle more or less with this issue. Building, grade, and student level reports generated from these data can help counselors and administrator determine when supports are needed.

Attention, Peer Relations, & Self-Regulation. Over 15% of students in grades 9 through 12 across the county reported having trouble paying attention. Additionally, over 15% of students in grades 9 through 12 reported not working well with classmates. Over 15% of students in grades 9 through 12 also report they are easily irritated.

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Boone County Schools Mental Health Coalition

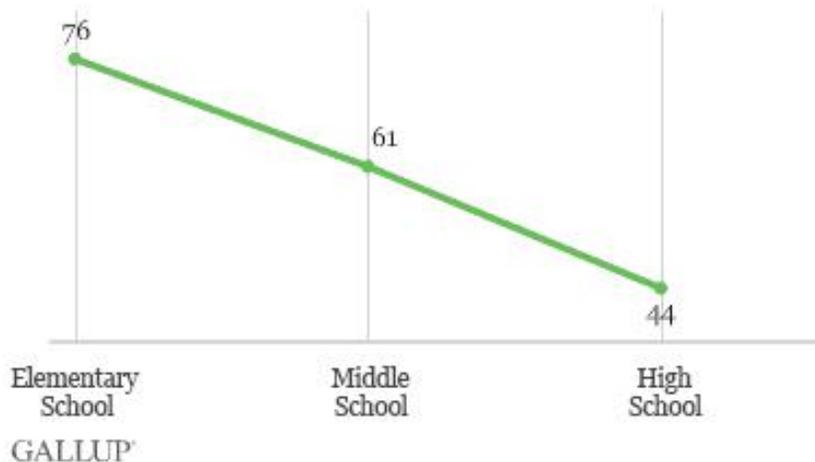
Internalizing Problems. With regard to internalizing problems, across grades students report they have a hard time asking for help. This may be area which school counselors work into universal curriculum to support the process of knowing when and how to ask for help. In addition, high school students, particularly grades 10 through 12 (over 20%) reported feeling worried and feeling sad in the past month. In addition, 20% or more of students' grades 9 through 12, reported not liking themselves.

School Engagement. Lastly, school engagement was assessed. While the majority of students indicated they try hard to earn grades, large numbers of students reported not looking forward to learning new things in school and that school was not fun. Well over 20% of students across grades reported that school was never or only sometimes fun, with the largest number at 70% of 11th grade student indicating this response. In addition, starting in 5th grades over 20% of students report that they do not look forward to learning new things at school with nearly 50% of 11th grades students indicating this response. These findings are not unusual. A recent Gallup Student Poll surveyed nearly 500,000 students in grades five through 12. They found that nearly eight in 10 elementary students who participated in the poll were engaged with school. By middle school that falls to about six in 10 students. And by high school, only four in 10 students qualify as engaged. Thus, this is a national trend (Gallop, 2013). However, this does not mean that we cannot increase engagement among students. Students feel connected to school when they experience interpersonal connectedness with school staff and peers, have an engaging environment that is physically and emotionally safe, and receive supports to reach their personal best with flexible and relevant instruction (see http://urbanhealth.jhu.edu/media/best_practices/effective_schools.pdf for specific ideas and strategies).

The School Cliff: Students' Engagement Drops Over Time

The Gallup Student Poll

■ % Engaged



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Boone County Schools Mental Health Coalition

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Additional Analysis and Resulting Products:

University partners will be conducting a series of validation studies on both the student and teacher checklist. These analysis will look at developmental differences across the age range, confirm the factor structure of the checklist constructs, and evaluate the concurrent and predictive validity of the measures. The findings will inform future administration of the checklist (e.g., possible removal of items). A series of manuscripts will be developed and submitted for publication. All manuscripts submitted are in full partnership with the Coalition, in that the “*County Coalition for School Mental Health*” will be listed as an author on all publications and acknowledgement of funding support through the Boone County Children Services fund. These manuscripts will help to disseminate the innovative work of the Coalition.

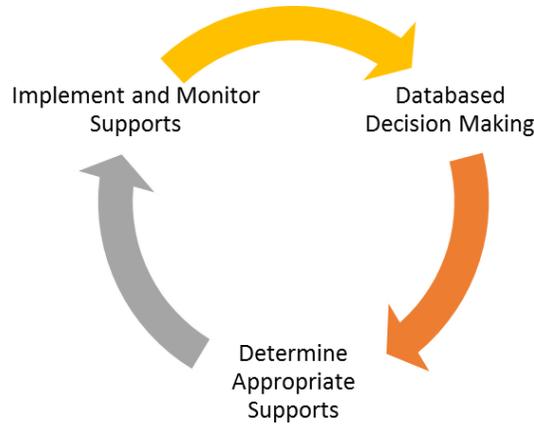
Use of Data in Schools:

The teacher and student checklist data were shared with school administrators and school-based problem solving teams. From these data building identified interventions to help support students individually, in small groups, or on a larger scale such as school-wide, class-wide, and grade-wide. In some cases this may have included referral to an outside agency. Regional coordinators worked with the school-based teams to help with data-based decision making, selection of interventions, support with implementing the interventions, monitoring progress of interventions, and coordinating services with outside agencies. See Figure 2 for the steps in the problem solving and early identification process.

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Figure 1. Problem Solving and Early Identification System Process



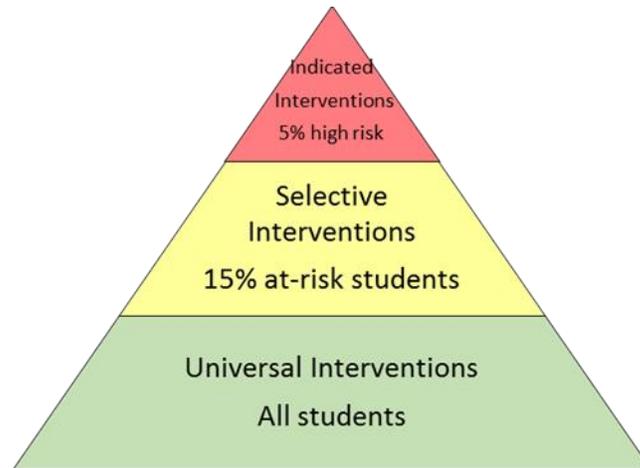
Intervention Services Provided:

As a result of the checklist data **at least 5,579 youth have received an intervention to support their social behavioral or emotional health.** This is a conservative estimate as we are still working to adequately document the services provided within Coalition schools that occur as a result of the teacher and student checklist data. While our regional coordinators are involved in many of the interventions, particularly supporting development of universal supports and individualized more intensive supports for students, many times school counselors are using these data to inform their guidance curriculum or form small groups. Our current data do not adequately track how our school counselors may be using the data. This is an area of improvement that we plan to focus on across the coming months. Below, we provide summaries of the number of youth across the 53 school buildings in the Coalition who received or are receiving an evidence-based intervention based on data from the teacher or student checklist. The numbers are broken down by elementary, middle, and high school. In addition, the target area of the intervention is provided. Lastly, the level of the intervention for students within each target area is provided. Universal indicates that a school-wide, class-wide, or grade-level intervention was provided. Selective interventions are more intensive and occur with a smaller group of students. Indicated interventions are the most intensive and are at the individual level.

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Figure 2. Public Health Approach to School-based Mental Health Supports



Note: The interventions were directly linked to data provided by the fall administration of the teacher and student checklist. The following provides detailed information about the purpose and skills targeted by each intervention focus area.

Focus Areas:

Attention and Academic Competence interventions focus on increasing executive functioning, on-task behavior, planning, and organizational skills in youth.

Peer Relations and Social Skills interventions focus on increasing relationship, communication, and problem solving skills in youth.

Internalizing Problems interventions focus on using cognitive behavioral strategies for decreasing anxiety and/ or depressive symptoms in youth as well as improving self-esteem.

Self-regulation and Externalizing interventions focus on impulse control, goal setting, problem solving, emotion recognition, and anger control strategies to decrease disruptive, impulsive, and aggressive behaviors in youth.

School Engagement interventions focus on building relationships with adults, supporting student motivation to be successful in school, and making school and course content meaningful and relevant.

**Note: The Coalition has worked toward manualizing evidence-based strategies and interventions that can be feasibly implemented in school settings. The manual provides a menu of options for universal, selective, and indicated interventions from which schools can choose to select and implement in their schools. This manual will be available on the Coalition website before the end of the school year.*

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Goal 3: Provide universal (school-wide or class-wide) interventions based off of screening data.

We have provided universal interventions formulated **from the fall screening data for 4,824 students**. School are adopting new universal prevention interventions, such as homework organization and planning systems, classroom level interventions, and school-wide self-regulation interventions based on the data. In addition, regional coordinators support the use of data with ongoing school-wide interventions such as Positive Behavior Interventions and Supports (PBIS). We plan to work with schools to expand the use of second round data to inform exiting universal interventions as well as to identify additional needs for universal supports within schools.

Table 1. Number of Students Receiving Universal Supports

Intervention Level	Focus of Intervention	Student Age Level	Number Students Served
Universal	Attention and Academic Competence	Elementary	383
		Middle	708
Universal	Peer Relations and Social Skills	Elementary	410
Universal	Self-Regulation & Externalizing Problems	Elementary	3,323
Total Since August, 2016			4,824

Determining Effectiveness: We will utilize spring screening data from both the teachers and students to assess change on school level indicators as an evaluation of the impact on students. In addition, we plan to use additional archival school data (e.g., suspensions, attendance) to examine the impact of these interventions on students. These data will be reported following the end of the current school year.

Goal 4: Provide targeted (group-based) interventions to students based on risk identified by screening data.

We have provided targeted interventions based off of the fall screening data to **411 students**. School counselors, particularly with the new student report data, are becoming more active in using these data to form groups and implement groups with students. The data below may not adequately reflect the number of students who are receiving services as a result of the screening data. These data are only those groups for which regional coordinators help to coordinate or implement. We expect many more students will receive services as a result of the second round of screening data. In fact, regional coordinators and counselors are already planning groups based on these data. We also would like to gather more precise data as to the number of students who receive services through school counselors (to which we may be less aware) as a result of these data. We hope to collaborate with counselors to build systems and infrastructure to document how many student receive services through school counselors as a result of these data as well as working to support school counselors in gathering pre-post data on these groups to determine the efficacy of the groups they implement. This is an ongoing area of growth that we are invested in supporting.

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Table 2. Number of Students Receiving Targeted Supports

Intervention Level	Focus of Intervention	Student Age Level	Number Students Served
Targeted	Attention and Academic Competence	Elementary	79
		Middle	33
		High	20
Targeted	Peer Relations and Social Skills	Elementary	56
		Middle	20
Targeted	Internalizing Problems	Elementary	5
		Middle	1
		High	6
Targeted	Self-Regulation & Externalizing Problems	Elementary	168
		Middle	20
Targeted	School Engagement	Elementary	3
Total Since August, 2016			411

Determining Effectiveness: Pre and post assessments specific to the targeted area of concern on completed by teachers and in some instances students. We are using common measures so that student data can be evaluated on a large scale, meaning that while students may be receiving an intervention (e.g., social skills group) in different buildings with different school mental health professionals, the same data are gathered for all these students. This allows us to determine the overall impact of each intervention on the area of risk for students receiving these supports. We look forward to reporting the results at the end of this school year. Pre-assessment data is also given back to school counselors or the individual implementing the targeted intervention so the intervention can target the areas identified in the assessment and support improvement over time.

Goal 5: Provide individualized interventions to students based on risk identified by screening data.

Since August of 2016, we have provided individualized supports to **299 students**. We have a goal of 480 students by the end of the school year. We anticipate that this goal will be met as there are two additional cycles of data to review and supports to be implemented. These interventions typically involve developing individualized behavior support plans to help student exhibiting challenging behaviors, providing individual therapy for depression or anxiety concerns, one on one mentoring with students who are disengaged from school or struggling, or working individually with a student to support the development of social skills.

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Table 3. Number of Students Receiving Indicated or Individualized Supports

Intervention Level	Focus of Intervention	Student Age Level	Number Students Served
Individual	Peer Relations and Social Skills	Elementary	16
		Middle	9
		High	4
Individual	Internalizing Problems	Elementary	23
		Middle	6
		High	5
Individual	Self-Regulation & Externalizing Problems	Elementary	106
		Middle	22
		High	37
Individual	School Engagement	Elementary	5
		High	12
Total Since August, 2016			299

Determining Effectiveness: Pre and post assessments specific to the targeted area of concern are completed by teachers and in some instances students. In addition to pre-post assessments we will use information with regard to student attendance, suspensions, and grades when available to determine impact of interventions over time. We look forward to reporting the results at the end of this school year.

***Highlighted Program using Individualized Supports:** One particular program that has been developed and grown as a result of the work of the Coalition is a school-wide mentor program for students placed at the Center of Responsive Education (CORE), the alternative placement school in Columbia Public. Laurent Henry, a doctoral student in school psychology created a universal screening tool for the youth in this building to help identify areas of strength and growth for each student. These data are gathered at the start of the year, data are provided back to teachers, and students are placed with MU graduate student mentors who are trained in Motivational Interviewing, a technique used to improve motivation to change.

High-risk Assessment System Linked to Services and Mentoring:

Youth in Boone County placed in alternative settings do not benefit from the teacher and student checklist developed for the larger population because the checklist would provide little additional information to help support these youth. As a result, Lauren Henry, a doctoral student in school psychology developed an assessment system for student placed at CORE,

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Boone County Schools Mental Health Coalition

Columbia Publics alternative school setting. Both teachers and students complete the assessment. The assessment provides information across the following constructs: 1) Respect for authority, 2) Emotional regulation, 3) Goal-focused orientation, 4) Academic engagement, 5) Positive relationships with peers and adults, 6) Communication, 7) Conflict resolution skills, and 8) Life satisfaction. Data from these assessments are then used to guide a tiered model of interventions within the building. School level and student level reports are used to determine appropriate interventions to support these students across important indicators of successful transition back into standard educational settings. The resulting interventions include receiving universal social skills for all students. In addition, small groups for student with anger control and depression were formed based on these data. Lastly, all students (n= 39) received an MU graduate student mentor who meets with them either once or twice weekly. The mentors meet with students to review how the student is doing behaviorally and academically in the school, to set goals, and to build a positive adult relationship. Mentors use a goal setting and self-monitoring intervention infused with Motivational Interviewing to support students and work on skills related to the identified areas of need by the assessments. The assessment will be completed again at the end of the year.

Since August 2016, 29 graduate mentors have worked with 39 students at CORE, providing 446 hours of volunteer service.

CORE Mentoring Program Case Study:

The following provides a case example of the impact of the CORE Mentoring program on a male high school student who meets weekly with his MU mentor. Since starting in the mentor program, this student's challenging behaviors have improved dramatically. Given his success he will likely be transitioned from CORE to his home high school. The table below provides data on the number of office referrals and arrests for this student prior and after this individualized mentoring intervention.

Table 4. Case Example of Core Mentoring Program Office Discipline Referral and Arrests

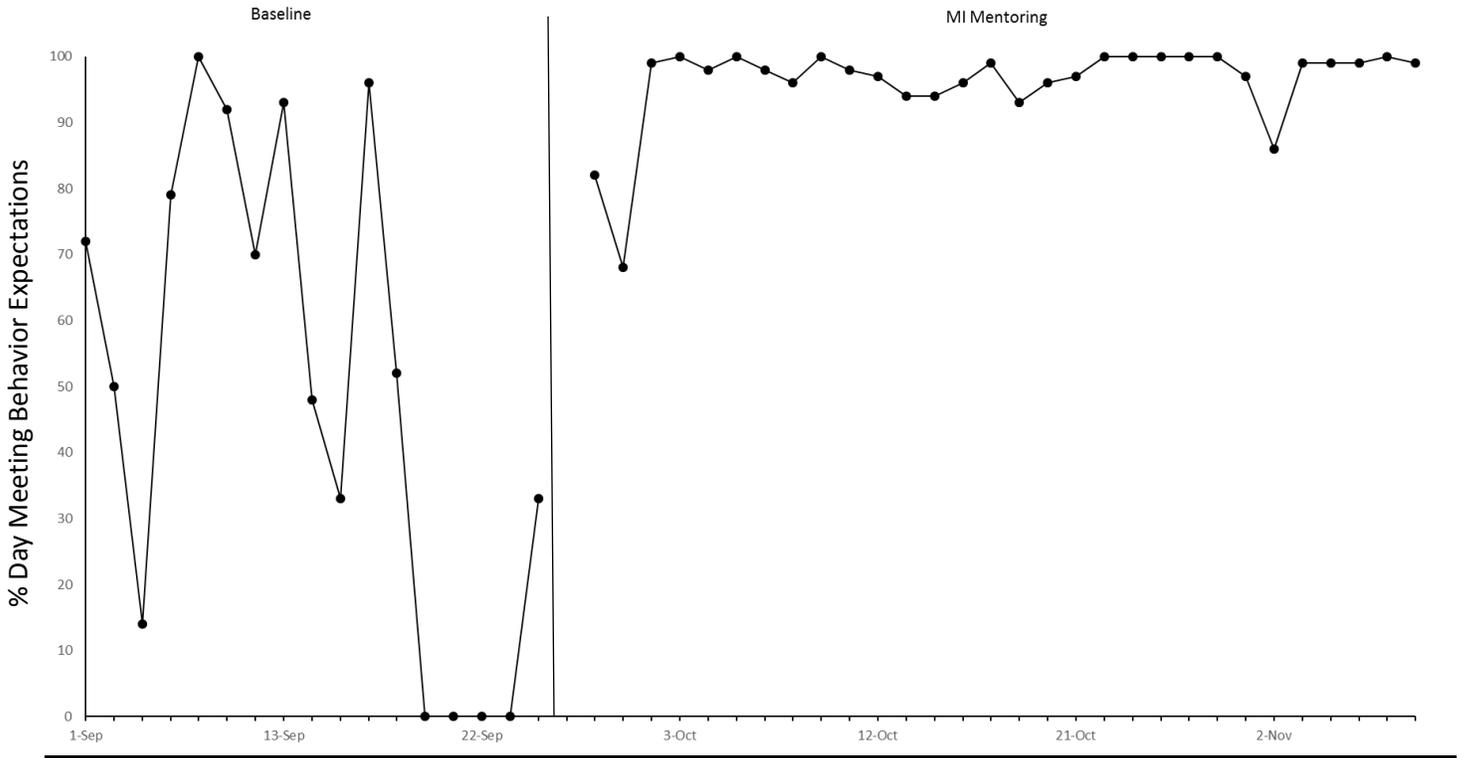
Office Referrals & Arrests	
Baseline	Post Intervention
Majors: 4	Majors: 1
Minors: 3	Minors: 1
Arrests: 2	Arrests: 0

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In addition, the figure 4 provides data on the percentage of the day that the student met behavior expectations on a daily basis. There is a striking improvement that can clearly be linked to the mentoring program. Ms. Henry plans to continue this program into the coming years in collaboration with CORE administration and faculty. CORE faculty and students find it to be important and meaningful.

Figure 3. Case Example Data of Student Meeting Behavioral Expectations Before and After Intervention



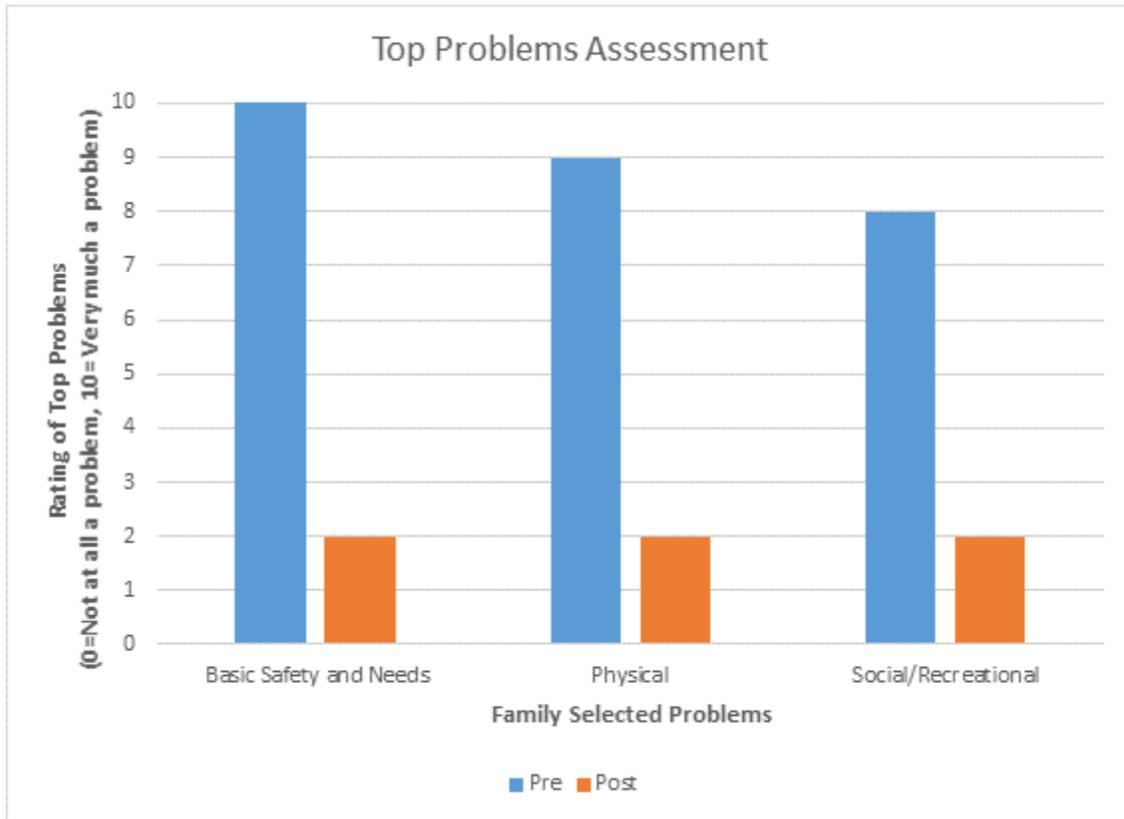
Goal 6: Provide school-based wrap-around services to students with significant risk.

Regional Coordinators supported the **connection of 43 families to outside community services and provided wrap around case management to two youth and their family.** The family met weekly with the regional coordinator and worked closely with a schools team to improve the families identified top problem areas. These included basic safety and need, physical needs, and social/ recreational needs. The regional coordinator worked with the family to establish goals and support access to resources and community services. The family progress was monitored and at the time of termination decided upon mutually between the family and school, the top problems identified were no longer significant issues (see Figure 4).

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Figure 4. Case Example of Top Problems Data for Wrap Around Family



Interagency Work and the Coalition.

We anticipate that in the coming months regional coordinators will be involved with additional families in need of school-based wrap around services. The Coalition has recently taken over the interagency meeting designed to support students and families who are not eligible to receive services through FACE or who are unwilling to seek these services. Regional coordinators will provide wrap-around case management with families who attend interagency meetings in efforts to improve outcomes for these families who are often difficult to engage in services.

*Note: FACE recently opened an office in Centralia. As a sister partner to this program the Coalition will begin to offer interagency meetings at this location to accommodate county schools with students who would benefit from this service. We hope that having a location closer to several of the county schools, including Centralia, Harrisburg, Hallsville, and Sturgeon, this resource will be more feasible for families and youth.

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Goal 7: Provide professional development to school staff based on areas of need identified by the Coalition screener.

Since August 2016 **we have trained 550 school personnel** in our Boone County schools in an array of topics related to areas of need identified by the checklist data or by school professionals. These topics have included 1) Understanding and Managing Disruptive Behavior for Primary and Elementary Teachers, 2) Understanding and Managing Disruptive Behavior for Secondary Teachers, 3) Executive Functioning: for Administrators, 4) Understanding and Managing Anxiety for Primary and Elementary Teachers, 5) Understanding and Managing Anxiety for Secondary Teachers, 6) Managing Stress for Teachers, and 7) Motivational Interviewing for Special Educators. Our goal is to provide professional development on meaningful on meaningful topics to 1,000 teachers and staff by the end of the school year.

*Note: All presentations and materials are available on the Coalition website, <http://bcschoolsmh.org/for-schools/training-resources/>

Following each training we request that staff provide feedback on their satisfaction and perceived improvement in knowledge on the topic. For the trainings conducted so far this year, 80% of staff are highly satisfied with the trainings. Whereas, on average across trainings 63% of staff report an increase in knowledge on the trained topics. This varied by topic and ranged from an increase in 32% to 80% across training topics. Some topics teachers and staff felt they were already fairly knowledgeable. We will continue to work on building PDs to fit areas of need based on the screening data. We have discussed developing more "advanced" PDs and having teachers pass a knowledge test prior to moving upward through the PD topics.

Table 5. Feedback from Professional Development Sessions

Item	Overall	
	Mean	SD
How credible did you find the presenters	4.55	0.67
How well organized and executed do you believe the training to be	4.34	0.77
How satisfied are you with the content of the training and the practices covered	4.10	0.91
How satisfied are you with the complexity of the training and practices covered	4.05	0.89

Note: Higher scores are better. Range for scoring was 1 to 5.

Next steps: Continue to refine the professional development sessions and materials provided to school personnel at the elementary and secondary levels based on feedback and evaluation findings. Continuously provide the opportunity of these trainings to all school personnel in the Boone County schools.

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Boone County Schools Mental Health Coalition

Consumer Feedback:

We requested feedback from our Coalition school administrators, school counselors, social workers, and school psychologists in efforts to refine practices and inform our work. Seventy-two counselors, social workers, and school psychologists replied to the brief survey. Twenty-nine school administrators replied to the survey. The average ratings across consumer satisfaction items are provided below in Table 6.

Table 6. Data from Survey of Administrators and School-based Mental Health Providers

Question:	Average Rating (higher scores are better)	
	Administrators	School Counselors
How important is the work the Coalition has been providing in your school this year so far?	4.03	3.99
Overall how satisfied have you been with the work of the Coalition in your school this year so far?	4.14	3.90

Note: Higher scores are better. Scale was 1 (very unimportant/ satisfied) to 5 (very important/ satisfied).

General Feedback: The survey participants were also allotted the opportunity to provide feedback on what is going well and suggestions for improvement. The responses were overwhelmingly positive with regard to the checklist data and having regional coordinators available in schools to support data collection and consultation with schools on intervention planning. The few comments suggesting areas for improvement focused predominantly on tweaks with data presentation and wanting regional coordinators to provide more direct service in the buildings. A few of the comments from the survey are provided here below.

Things Going Well

Having a coalition member attend our problem solving team meetings has been an excellent resource. She is able to provide additional information and support access to mental health services outside of the school. Additionally, she has been an excellent resource to provide resources and guidance when implementing small-group and whole-group mental health/behavior interventions building wide. The data provided from the Coalition has also been extremely helpful.
They have vastly improved access to community resources for our students and awareness of interventions and steps we can take within the schools. Our BCMHC representatives work hard to be available as resources for all school staff and families.
Partnership to develop preventative plans with teachers that can be easily implemented in the classroom.
Our Coalition representative comes to our Problem Solving Team meetings and provides input on strategies to try with students as well as supporting the teachers in implementing those strategies.

We gratefully acknowledge funding and support from the Boone County Children's Services Fund.



Boone County Schools Mental Health Coalition

Things Going Well (continued)

Having someone to brainstorm interventions with about difficult students.
The teacher checklist data is so valuable to us because we can see our strengths and areas of growth schoolwide as well as catching the individual students who need support. Our regional coordinator helps with problem-solving through situations and provides her time in small groups. The mental health workshops and support through staff meetings is so wonderful as well.
The partnership that is provided with the Coalition is amazing from the work with Mental Health providers such as FACE, and Burrell to their support with the development of Tier 1 supports and small groups--they are responsive--all this and their use of data to drive and support our decisions--they influence EVERY element of the success we are experiencing!
We are using the data from the Coalition to support our work with our School improvement plan.

Suggestions for Improvement

More flexibility with the data. We need an easy way to compare same students year to year and compare the same prompts year to year.
The Coalition needs to take the programs schools need for student success and lead them The schools are shorthanded as it is.
I think just continue the work and include more PD for teachers on the findings.
I wish groups were formed quicker.
More entities need to know about the coalition.
We have worked on building support for organization this year, and have not worked so much on individual students. Keeping focused on students and student follow up. This is a team effort not so much just an effort by the coalition. It is something, as a team, we can improve on.

Coalition Activities:

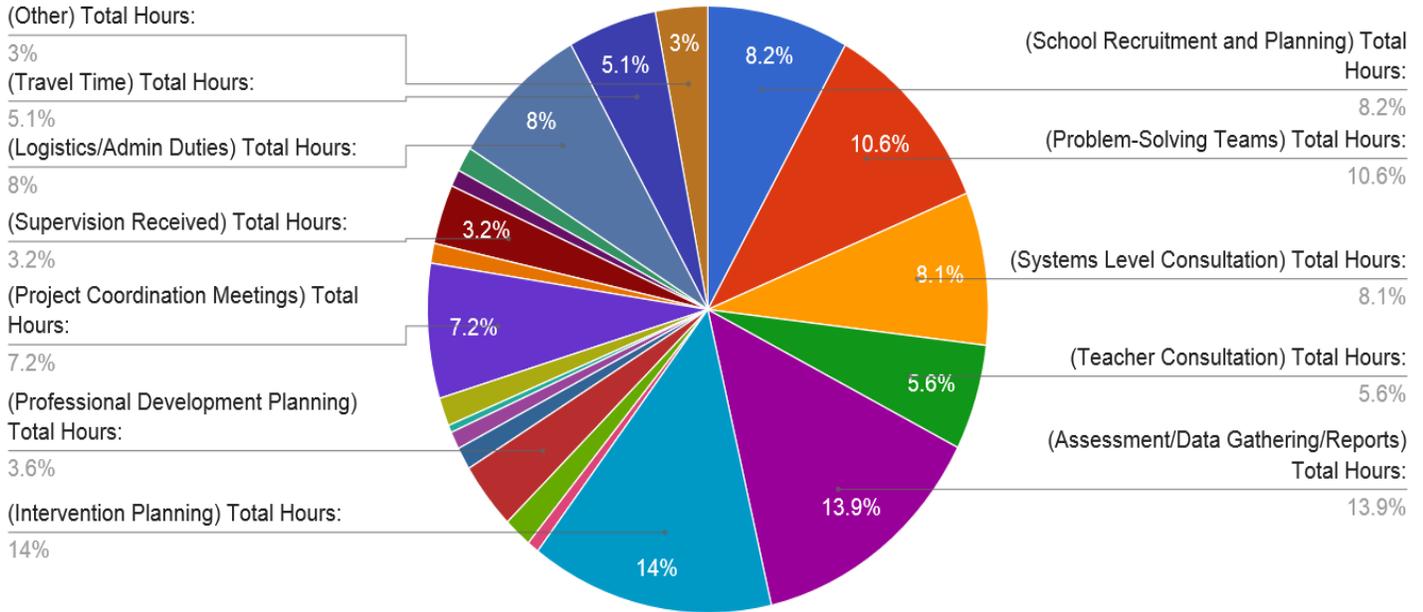
We track how Coalition regional coordinators spend their time in schools to better understand the activities occurring in schools. We also use these data to make determination about how to shift energies as needed based on data and consumer feedback. Our regional coordinators are split between multiple schools with each serving between 6 to 10 schools total. The figure below provides an overview of what types of activities our regional coordinators are doing in our school building on a regular basis.

We gratefully acknowledge funding and support from the Boone County Children's Services Fund.



Figure 5 Pie Chart of Percentage of Categories of Regional Coordinator Time.

Total Hours - August 2016 to January 2017



University of Missouri Partnership:

There is a strong and fruitful partnership between the Coalition and University of Missouri. Graduate students from School Psychology, Social Work, Counseling Psychology, and Special Education are active participants in the Coalition. 29 Graduate student support the CORE mentorship program providing over 400 direct service hours. In addition, two school psychology doctoral students work in the schools on a weekly basis. These graduate students have provided several hundred direct services hours to youth in schools based on the Coalition data, providing group based and individualized services for youth. Further, starting in January we have a school social work student working 40 hours per week in the schools under supervision of our licensed professionals.

In addition, we have one postdoctoral fellow who is funded to work with MU through a fellowship with the Institute of Education Sciences, works 20 hours per week in the Coalition schools (free to the Coalition). These activities are part of her training opportunity and she is earning her licensure hours while working in our schools. Dr. Holmes, brings a host of expertise in school-based consultation and working with children and families with challenging behaviors. She is a great asset to the Coalition. We appreciate her willingness to work with us.

We gratefully acknowledge funding and support from the Boone County Children's Services Fund.



Boone County Schools Mental Health Coalition

Further, the validity and factor analytic structure of the teacher and student checklist data are being conducted by MU faculty. These analysis will help to validate the measures and disseminate the great work of the Coalition funded by the Boone County Children Services fund. Peer reviewed publications will help to disseminate the unique and innovative work going on here in Boone County. All publication will be co-authored with the "County School Mental Health Coalition"- the name chosen in collaboration with the Coalition Board for all publication resulting from the work done in Boone County.

Products

- We have developed the online teacher and student checklists for the early identification system. All reports are automated and available to schools at the time that all student data are finalized (e.g., when the last student or last teacher finishes the checklist).
- We have developed an assessment system for high risk youth in alternative school placements and tailored mentoring intervention.
- We have developed problem solving process forms that school-based teams utilize to document the problems solving process with students in their schools. We are currently working with Columbia Public Schools to use these forms universally across all schools in their district.
- We have developed automated excel files that allow school-based teams to review data and track interventions and assessments of students identified as having risk within the early identification system.
- We have developed forms and procedures for conducting school-based wrap around with youth.
- We are currently finalizing a manual that provides a menu of options for universal, selective, and indicated intervention across the risk domains to support schools in determining appropriate and feasible interventions.
- We have developed professional development sessions on helping students with executive functioning, helping teachers with classroom behavior management, supporting schools in developing behavior support plans, working with students with severe behavior problems, and using Motivational Interviewing with families, youth, and school personnel. All available online at <http://bcschoolsmh.org/for-schools/training-resources/>
- We have developed dissemination brochures for parents and school personnel.
- We have developed a Boone County School Mental Health Coalition website: BCschoolmentalhealth.com
- We resubmitted and are awaiting a decision on funding for a grant proposal to the Institute of Education Sciences (IES) entitled, *Creating a Comprehensive Data-based Coordinated System of Care for School Districts to Promote Youth Academic Success and Social Emotional Development: A Researcher-Practitioner Partnership* to fund a 2 year project and provide \$400,000 in support for development, implementation, and validation of all assessments associated with the early identification system.
- We submitted and are awaiting a decision on funding for a training grant proposal to the US Office of Special Education entitled, *Interdisciplinary Training to Build Capacity to Support Students with EBD*, to train social work and school psychology students in school-based wrap around services with youth.
- We are in the process of conducting analyses of the teacher and student checklist data. These analyses are expected to resulting in a series of publications to disseminate the work of Boone County.
- Two peer reviewed manuscripts on in process to describe the Coalition model in efforts to demonstrate the unique and innovative work being conducted here in Boone County.
- We have presented the Coalition model at national and international conferences.

We gratefully acknowledge funding and support from the Boone County Children's Services Fund.



Appendix A

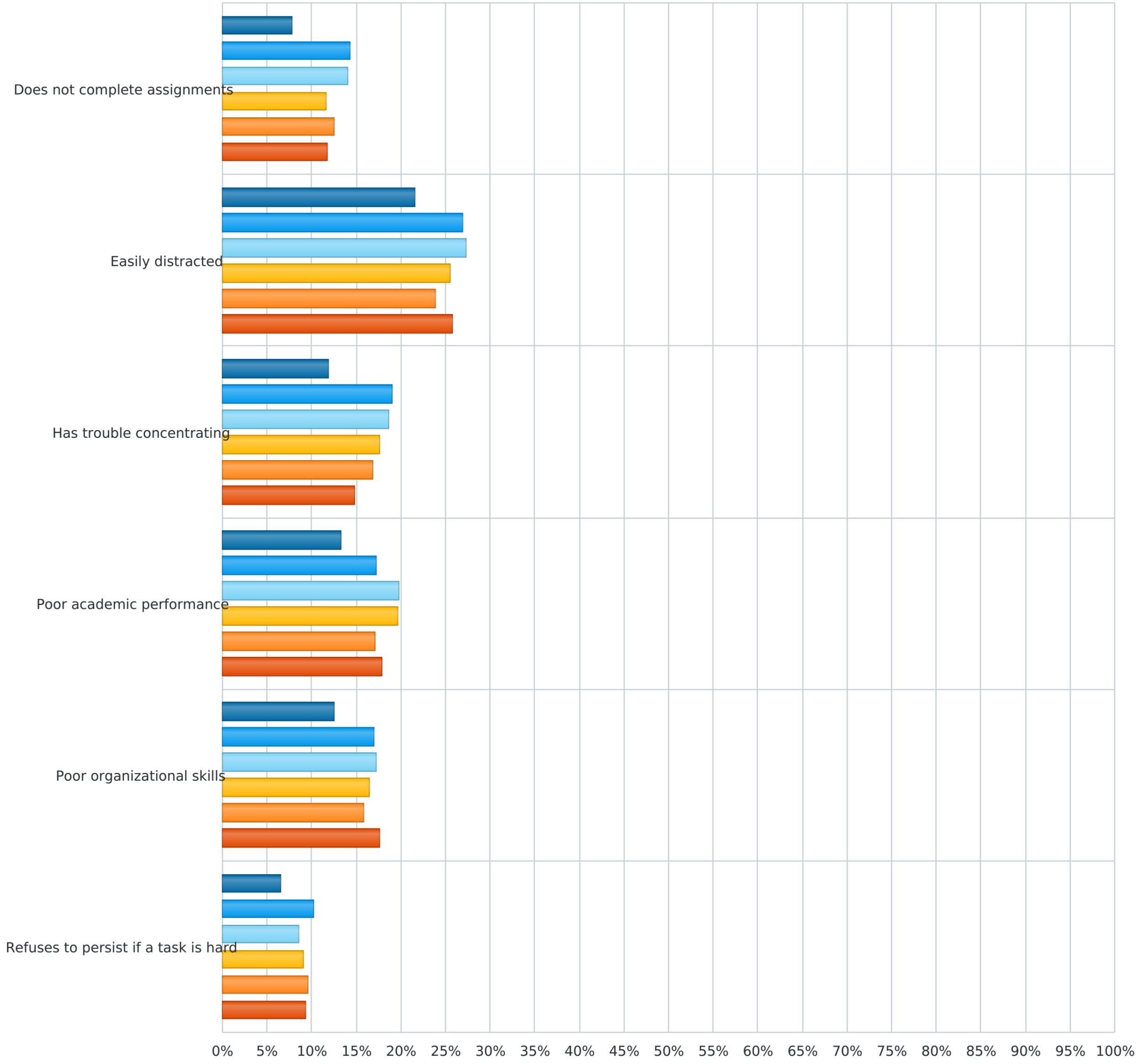
County-wide Data from Fall Administration of Teacher and Student Checklist

We gratefully acknowledge funding and support from the Boone County Children's Services Fund.



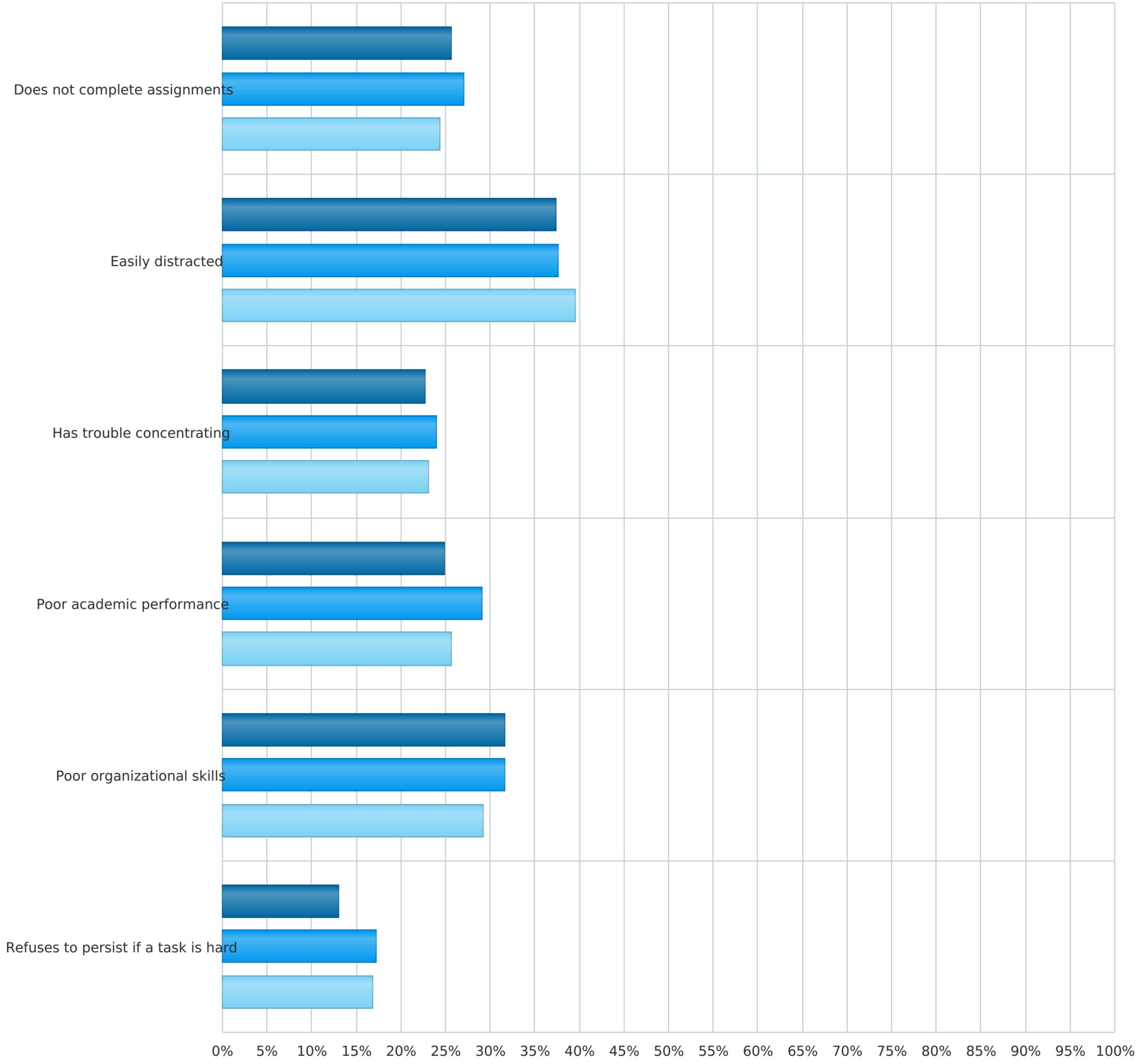
Attention and Academic Competence (Boone County Teacher Checklist - 20162017)

■ K ■ 1 ■ 2 ■ 3 ■ 4 ■ 5



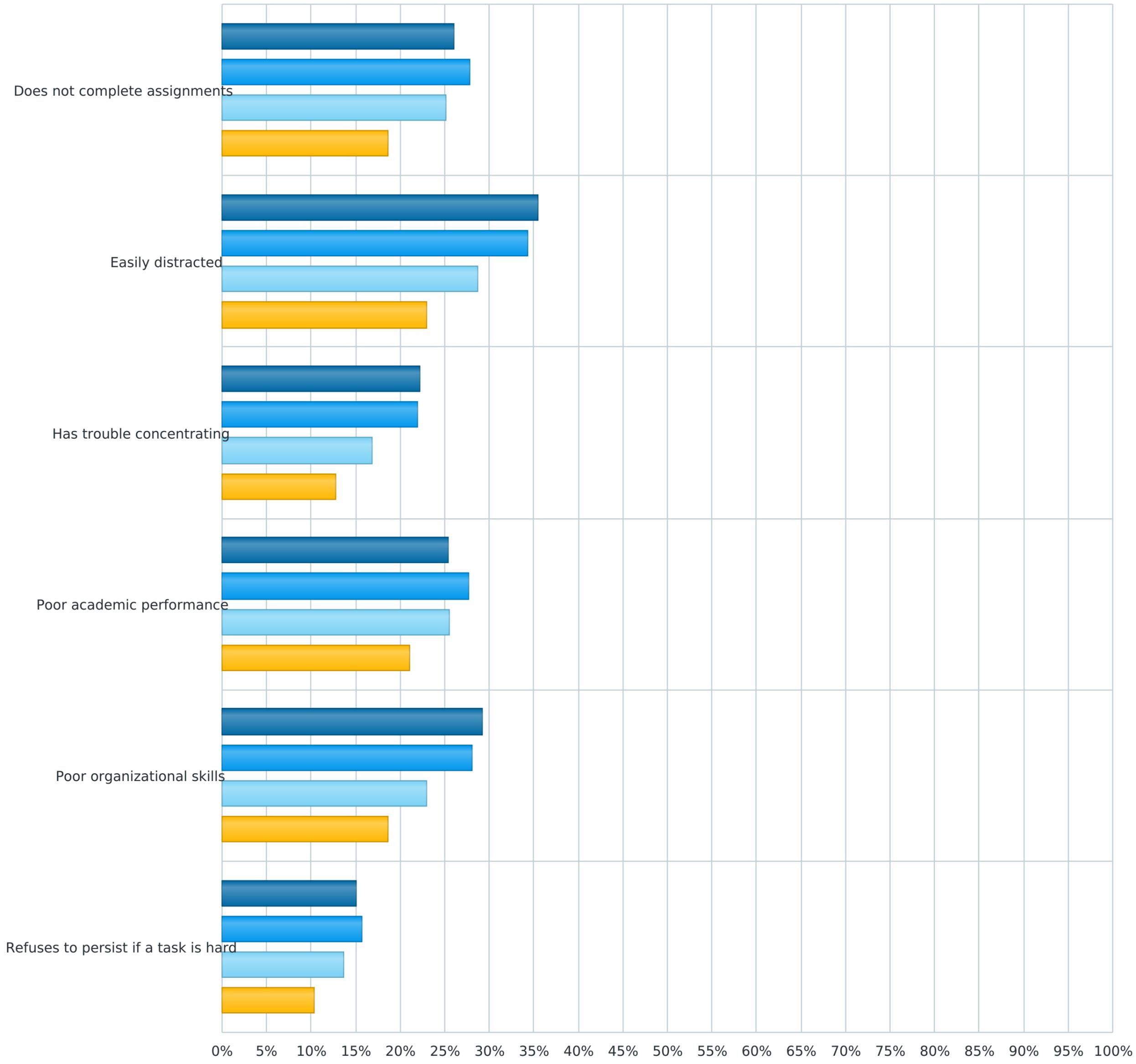
Attention and Academic Competence (Boone County Teacher Checklist - 20162017)

6 7 8



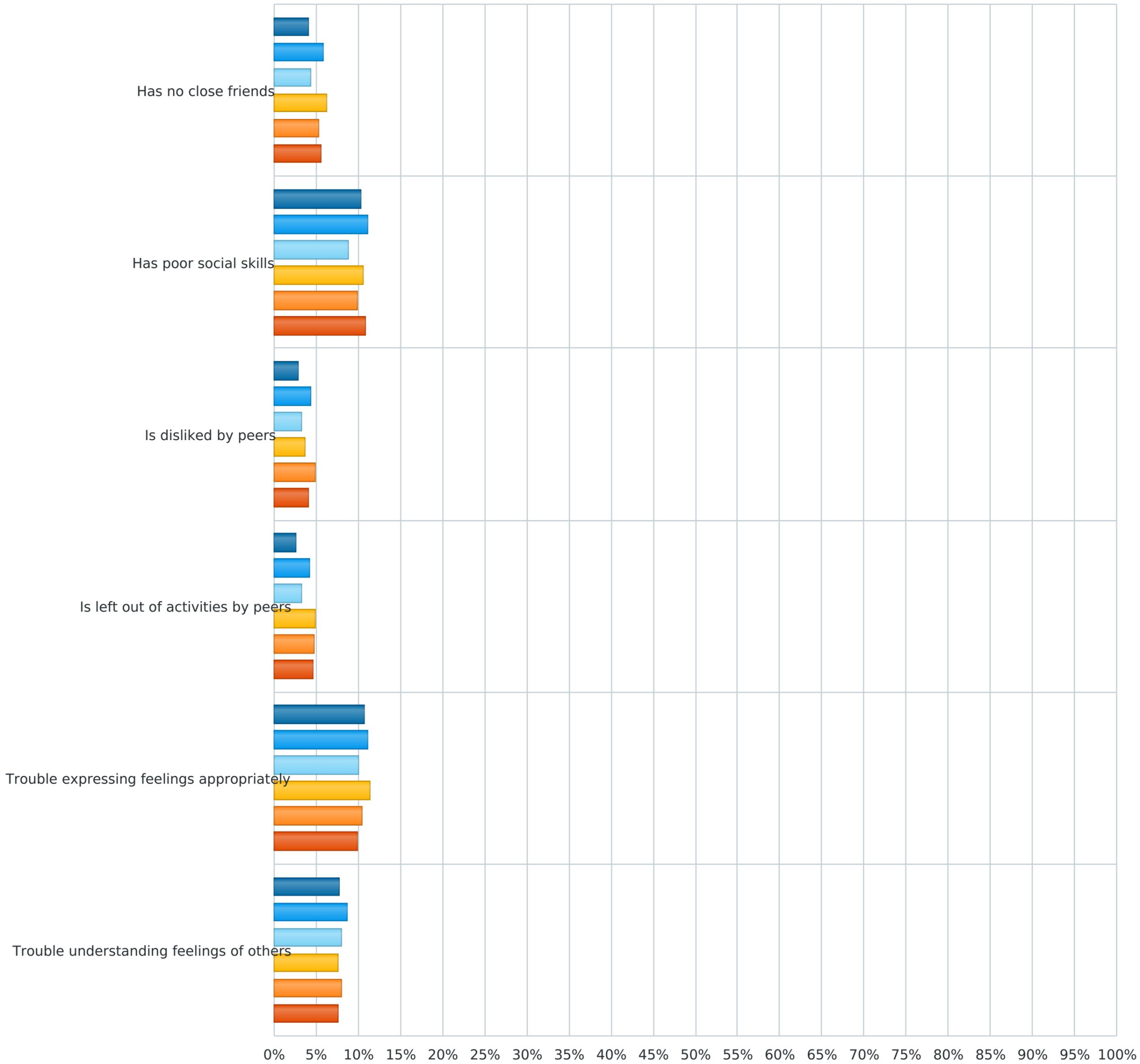
Attention and Academic Competence (Boone County Teacher Checklist - 20162017)

■ 9 ■ 10 ■ 11 ■ 12



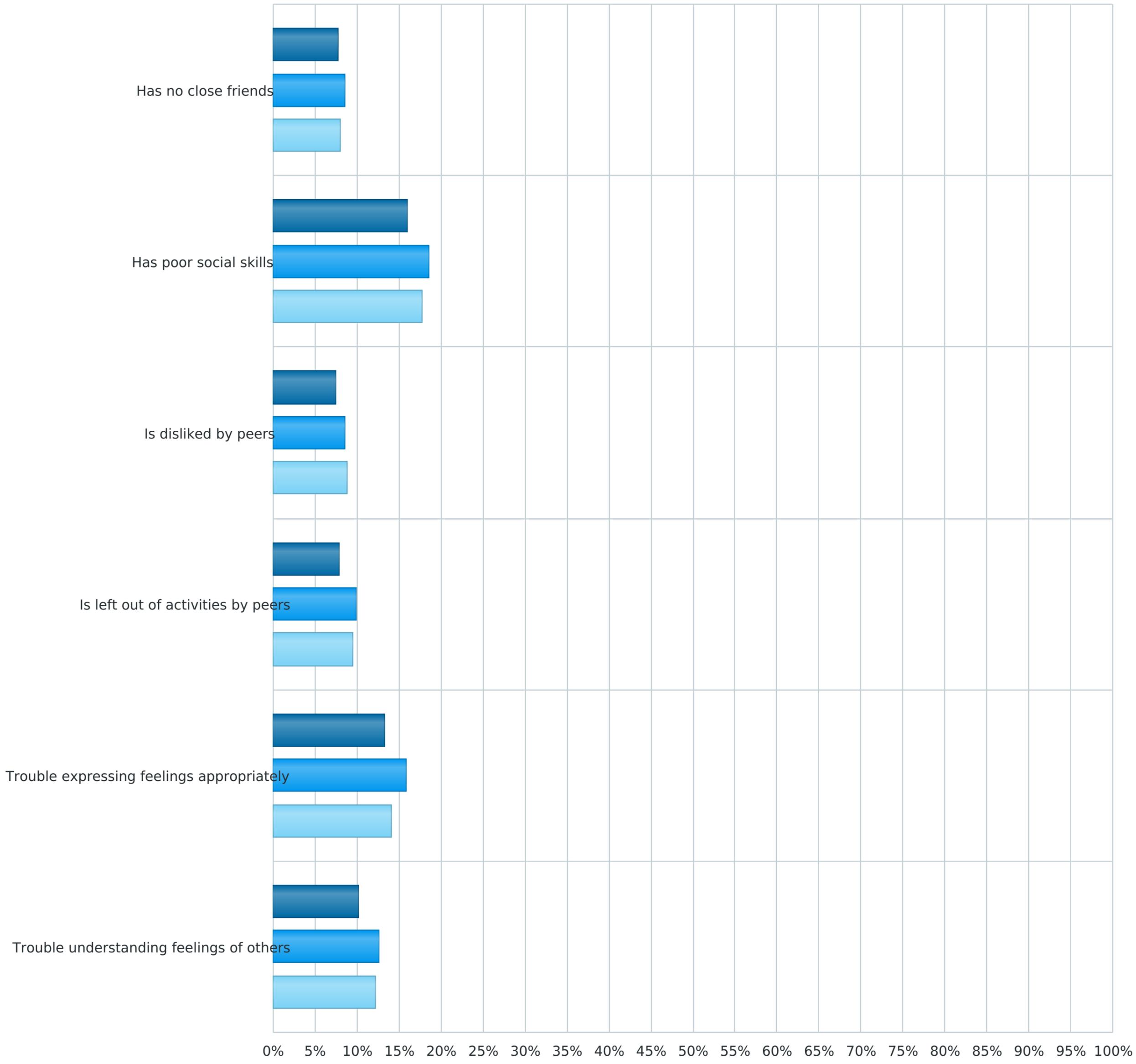
Social Skills and Peer Relations (Boone County Teacher Checklist - 20162017)

■ K ■ 1 ■ 2 ■ 3 ■ 4 ■ 5



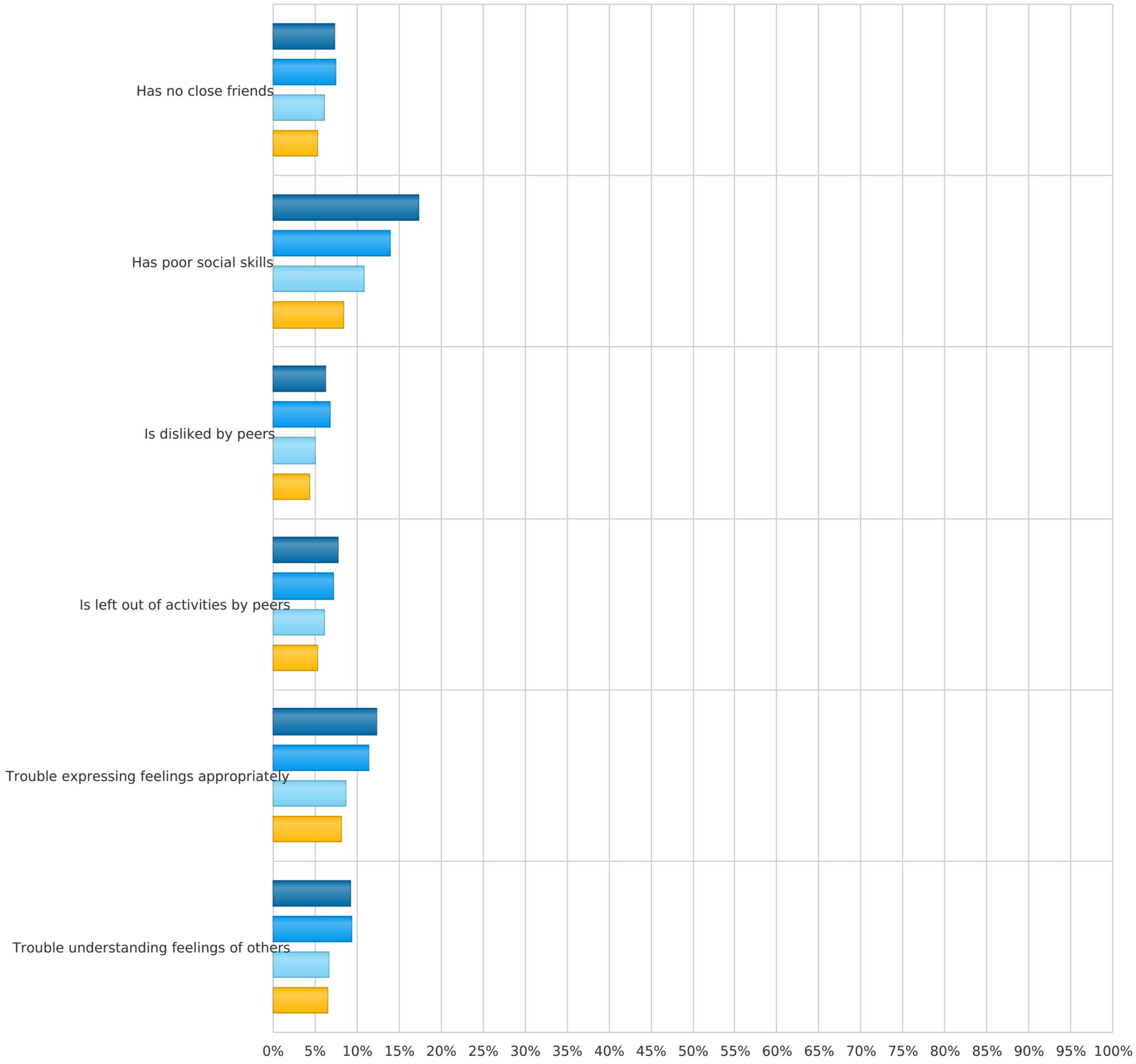
Social Skills and Peer Relations (Boone County Teacher Checklist - 20162017)

6 7 8



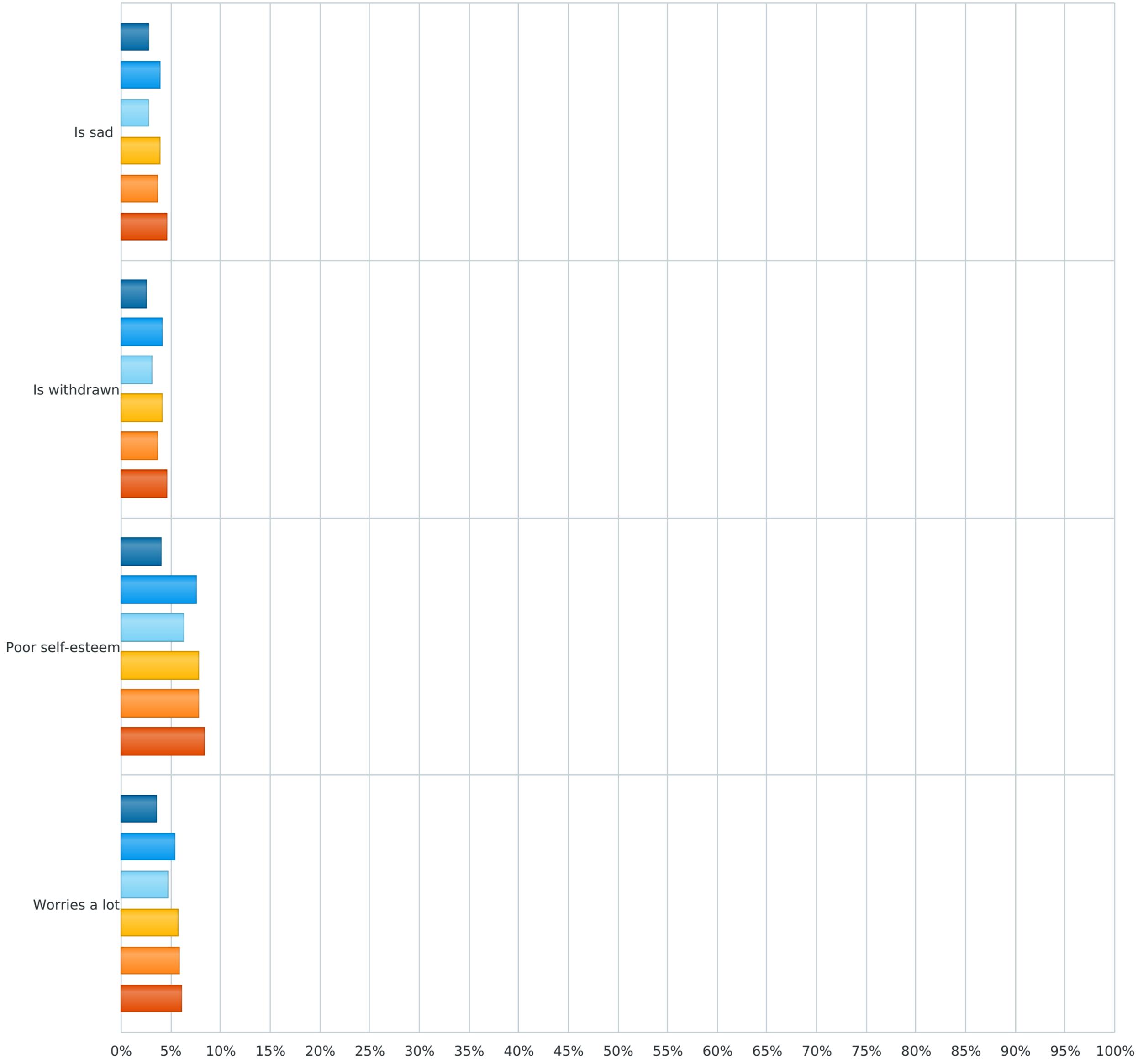
Social Skills and Peer Relations (Boone County Teacher Checklist - 20162017)

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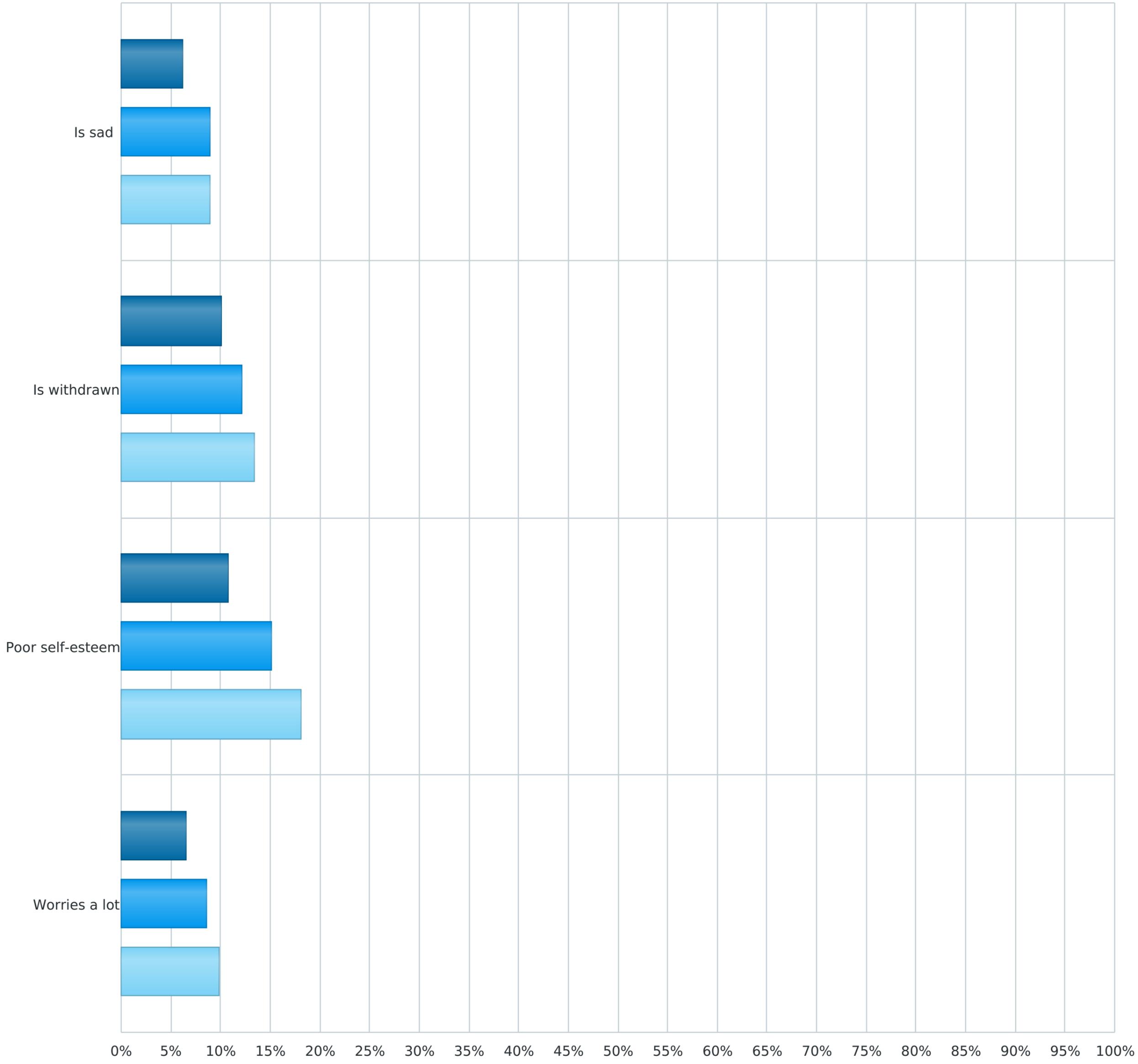
Internalizing Behavior (Boone County Teacher Checklist - 20162017)

■ K ■ 1 ■ 2 ■ 3 ■ 4 ■ 5



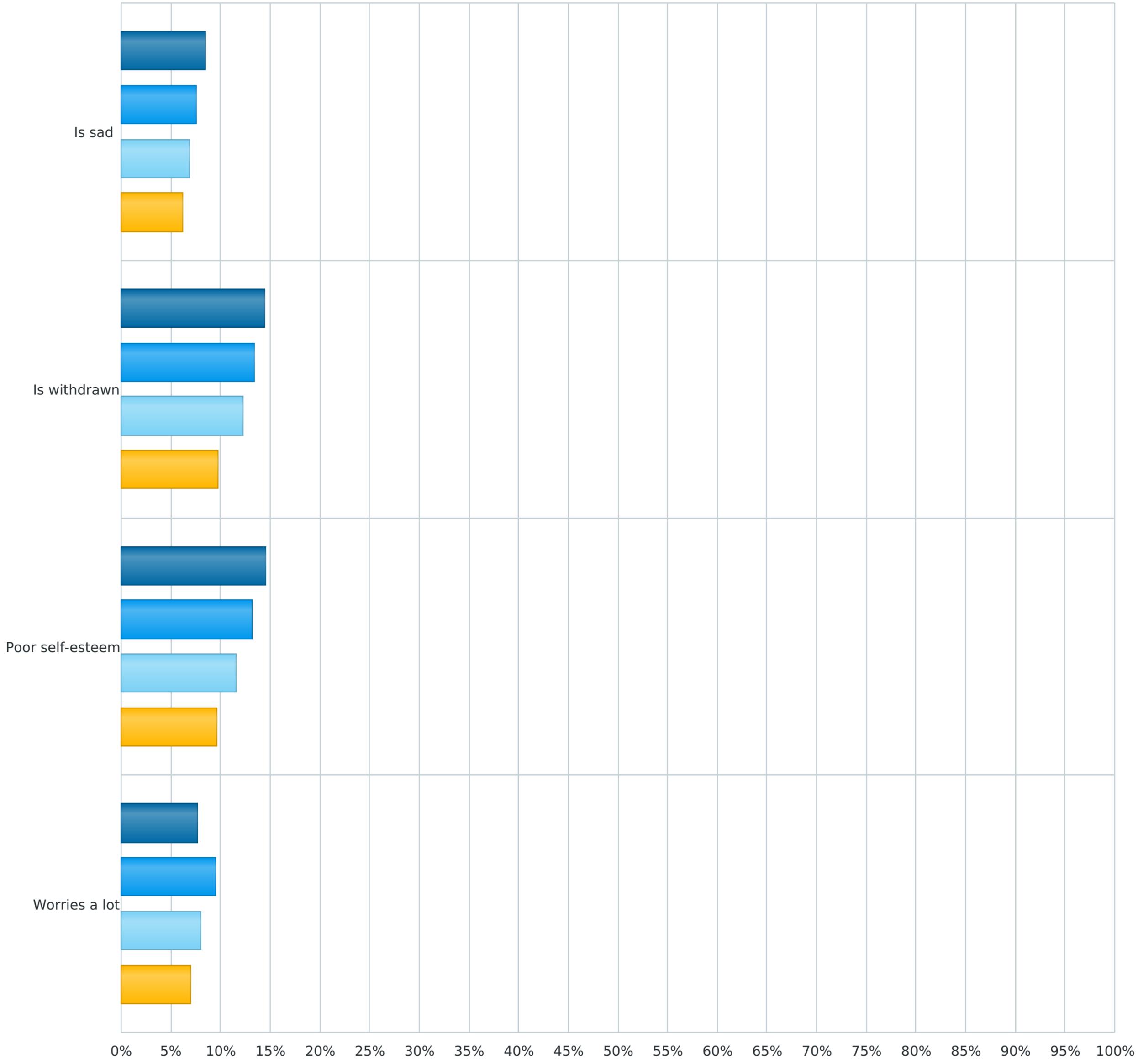
Internalizing Behavior (Boone County Teacher Checklist - 20162017)

6 7 8



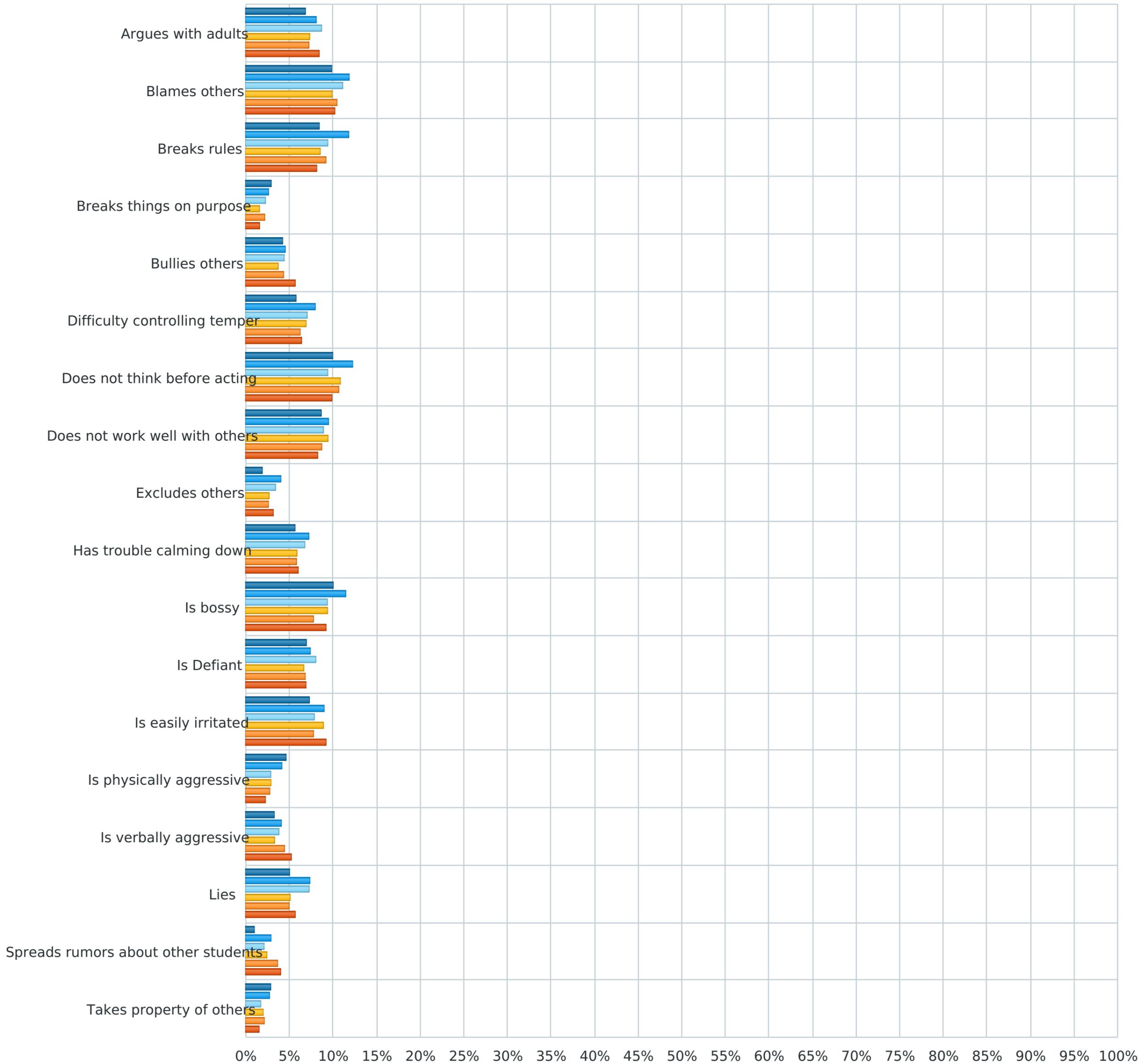
Internalizing Behavior (Boone County Teacher Checklist - 20162017)

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Self-Regulating and Externalizing Behavior (Boone County Teacher Checklist - 20162017)

■ K ■ 1 ■ 2 ■ 3 ■ 4 ■ 5



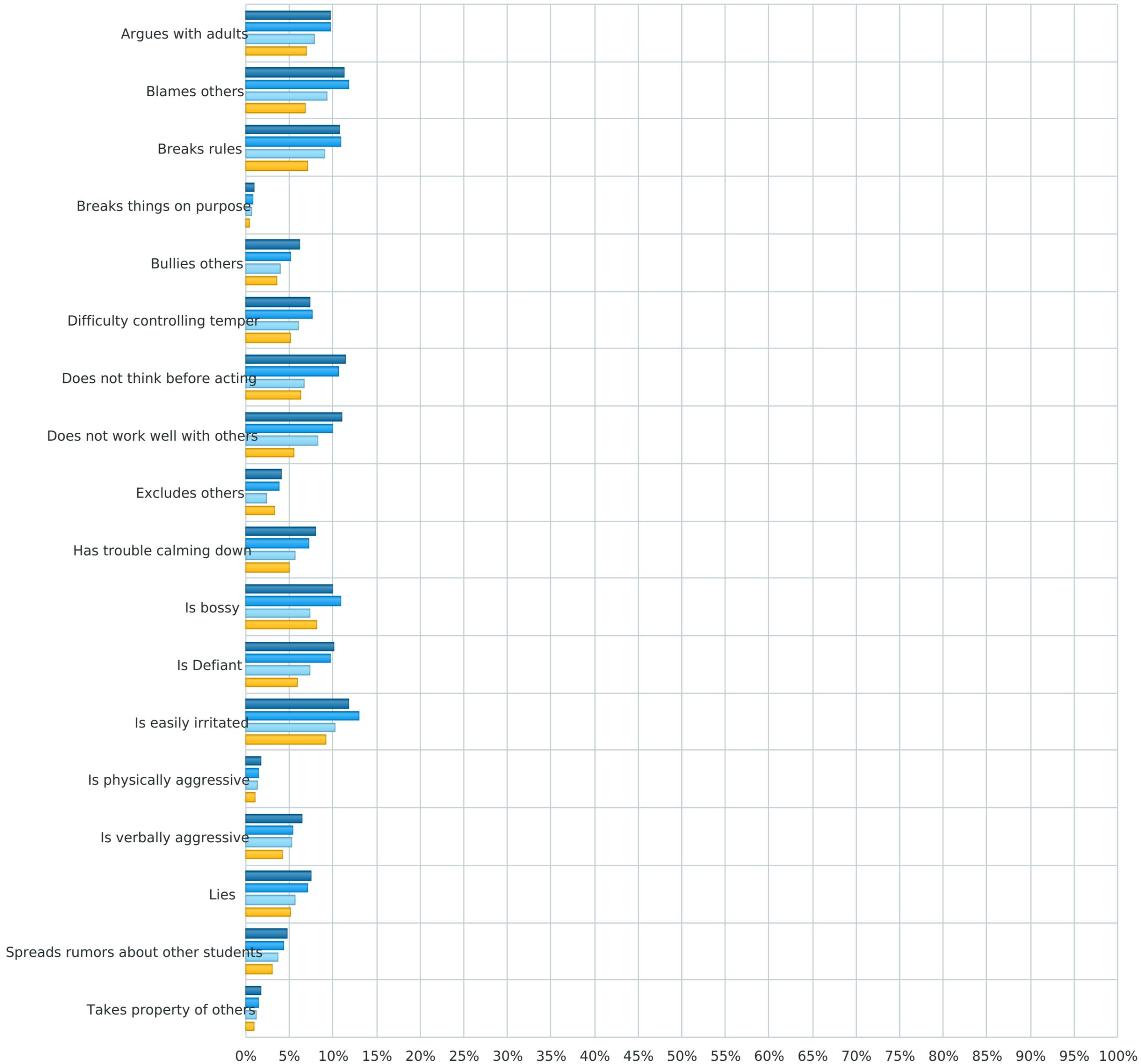
Self-Regulating and Externalizing Behavior (Boone County Teacher Checklist - 20162017)

■ 6 ■ 7 ■ 8



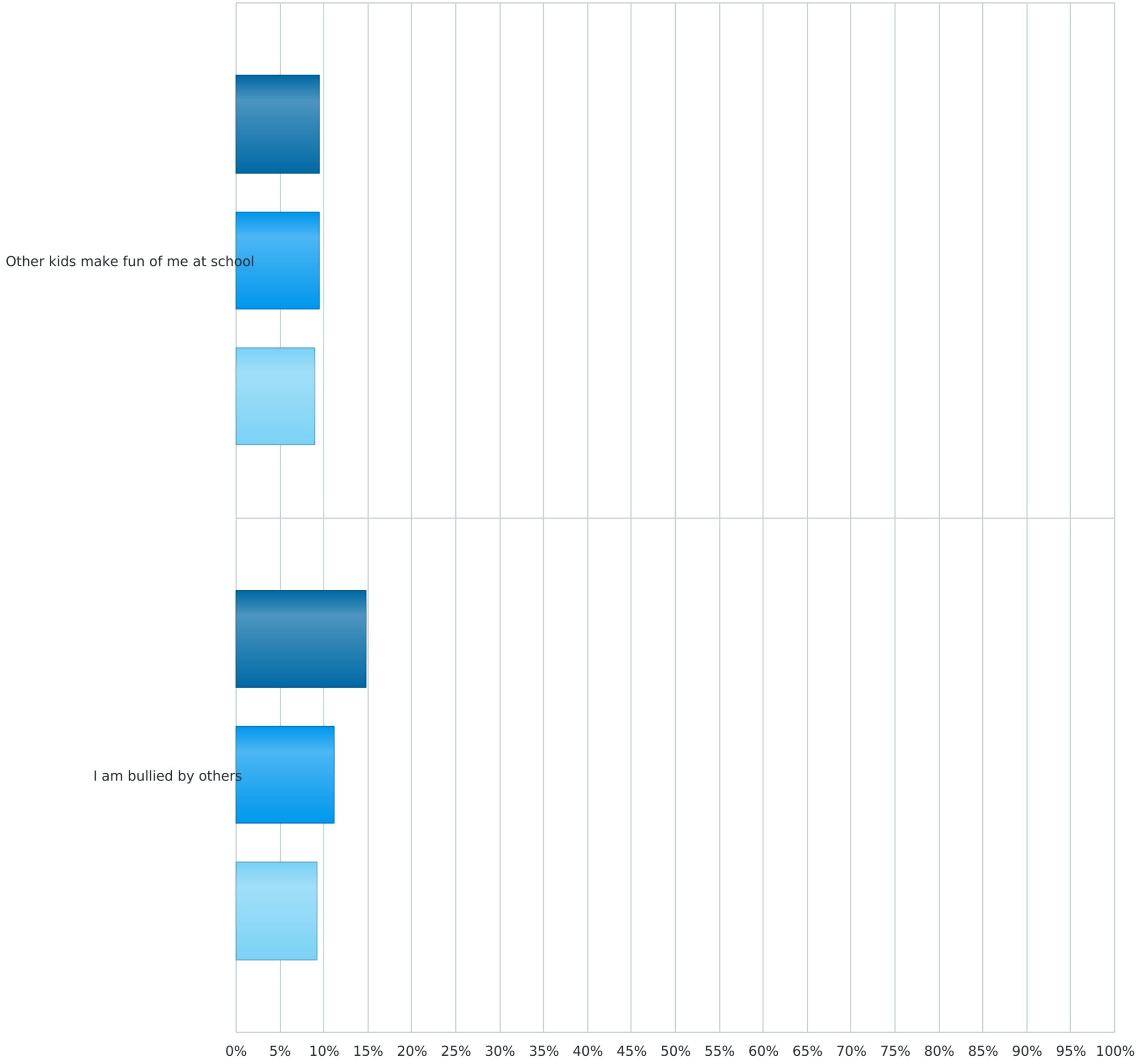
Self-Regulating and Externalizing Behavior (Boone County Teacher Checklist - 20162017)

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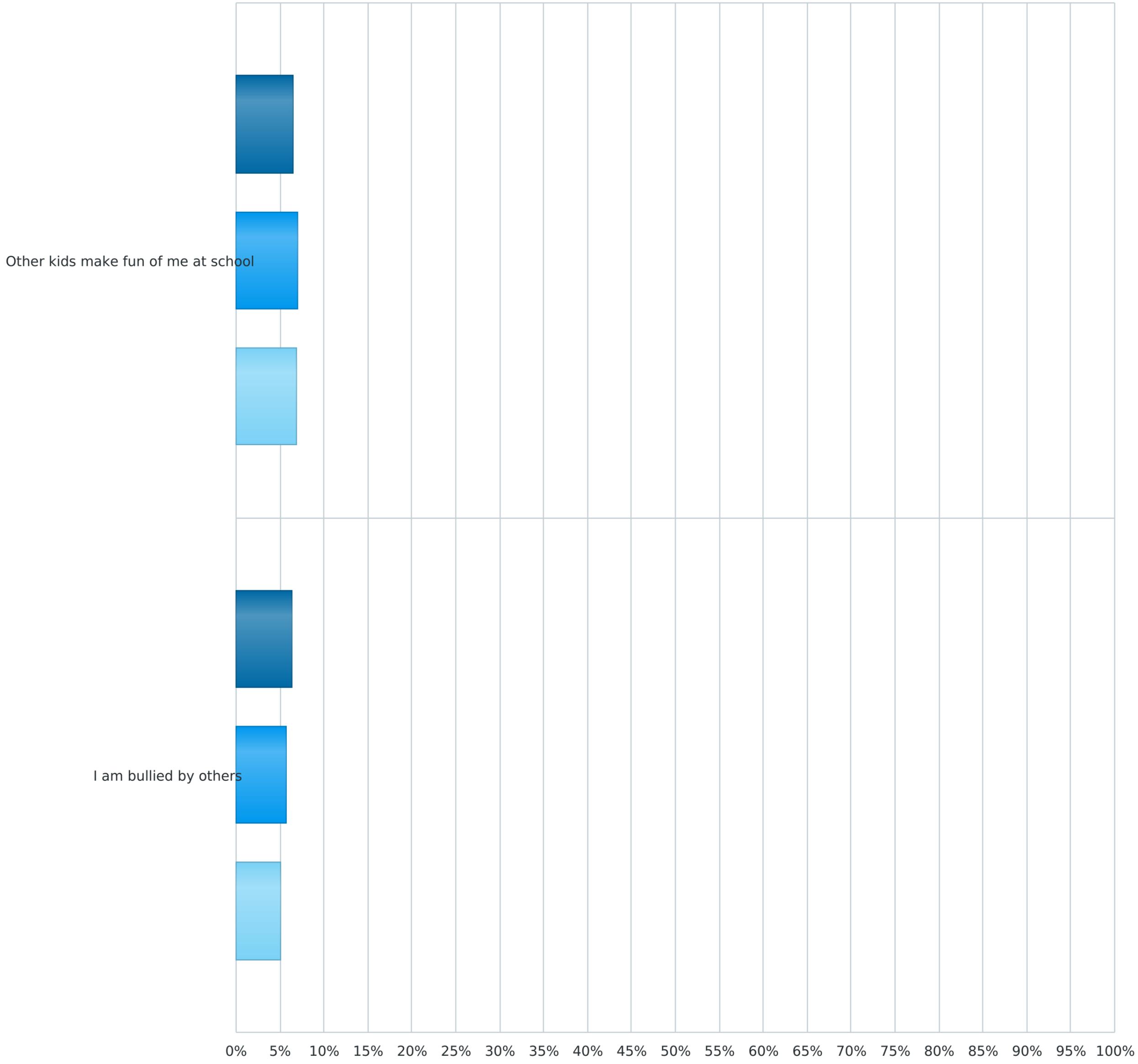
Bullied by others (Boone County Student Checklist - 20162017)

■ 3 ■ 4 ■ 5



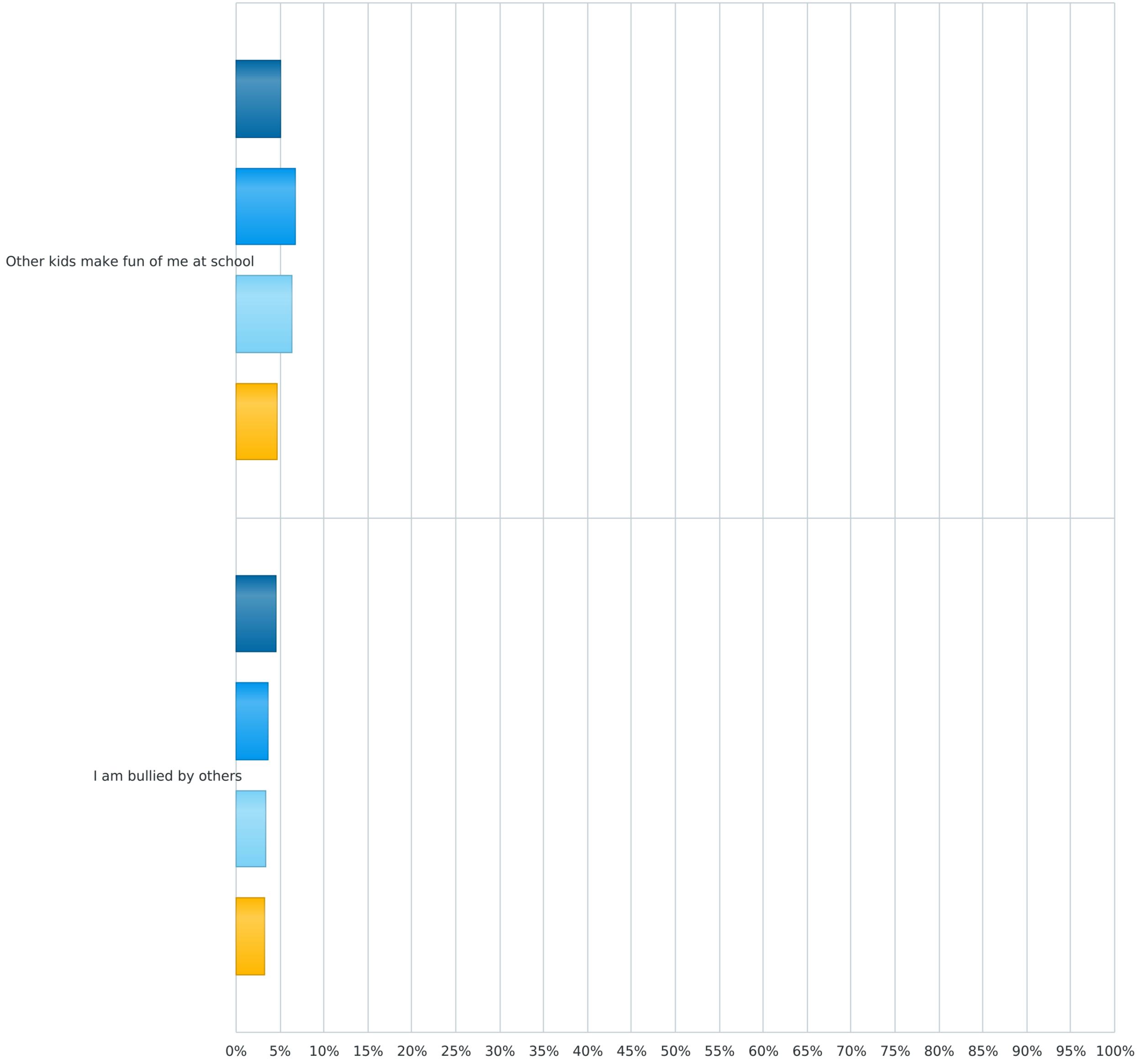
Bullied by others (Boone County Student Checklist - 20162017)

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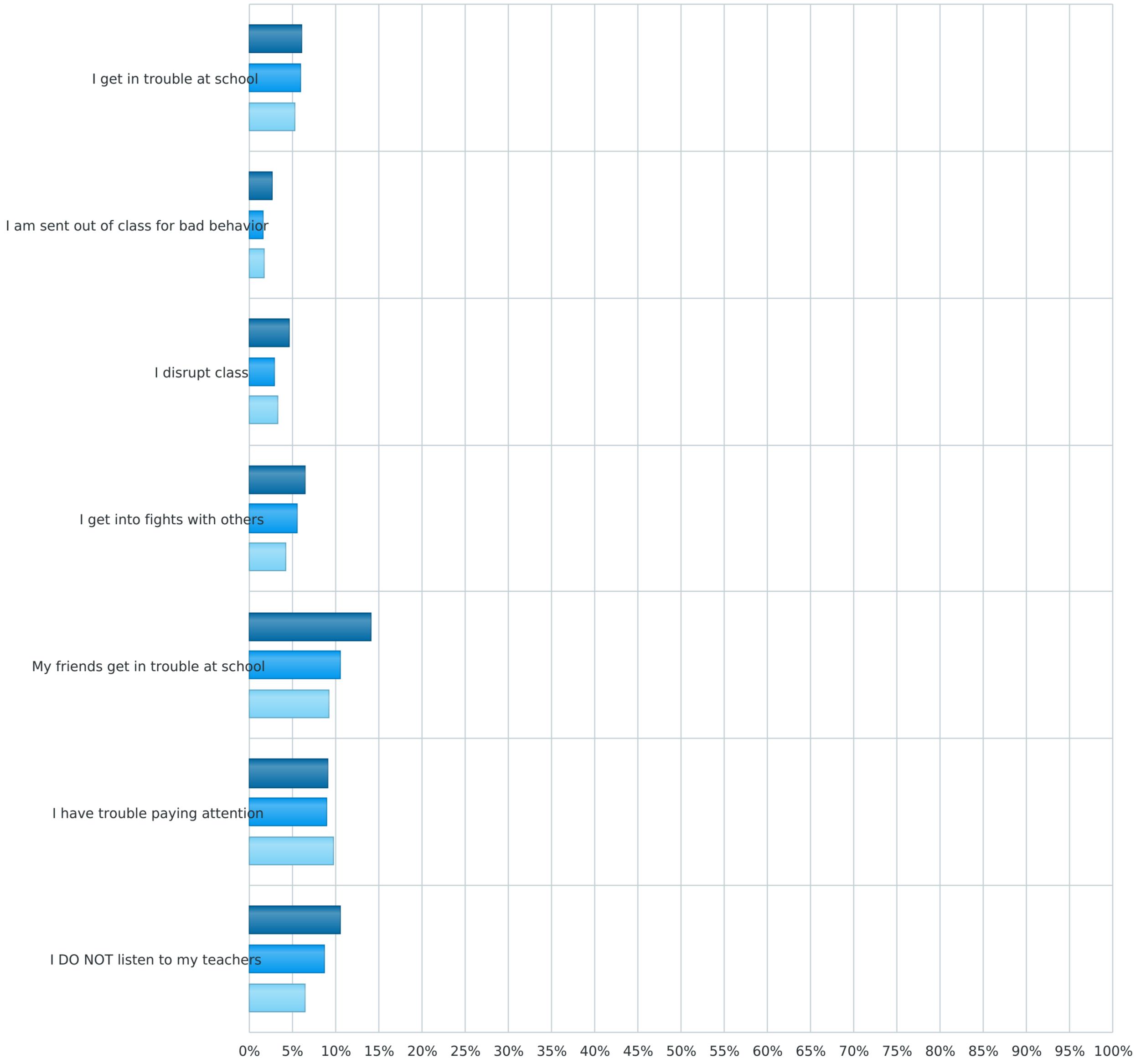
Bullied by others (Boone County Student Checklist - 20162017)

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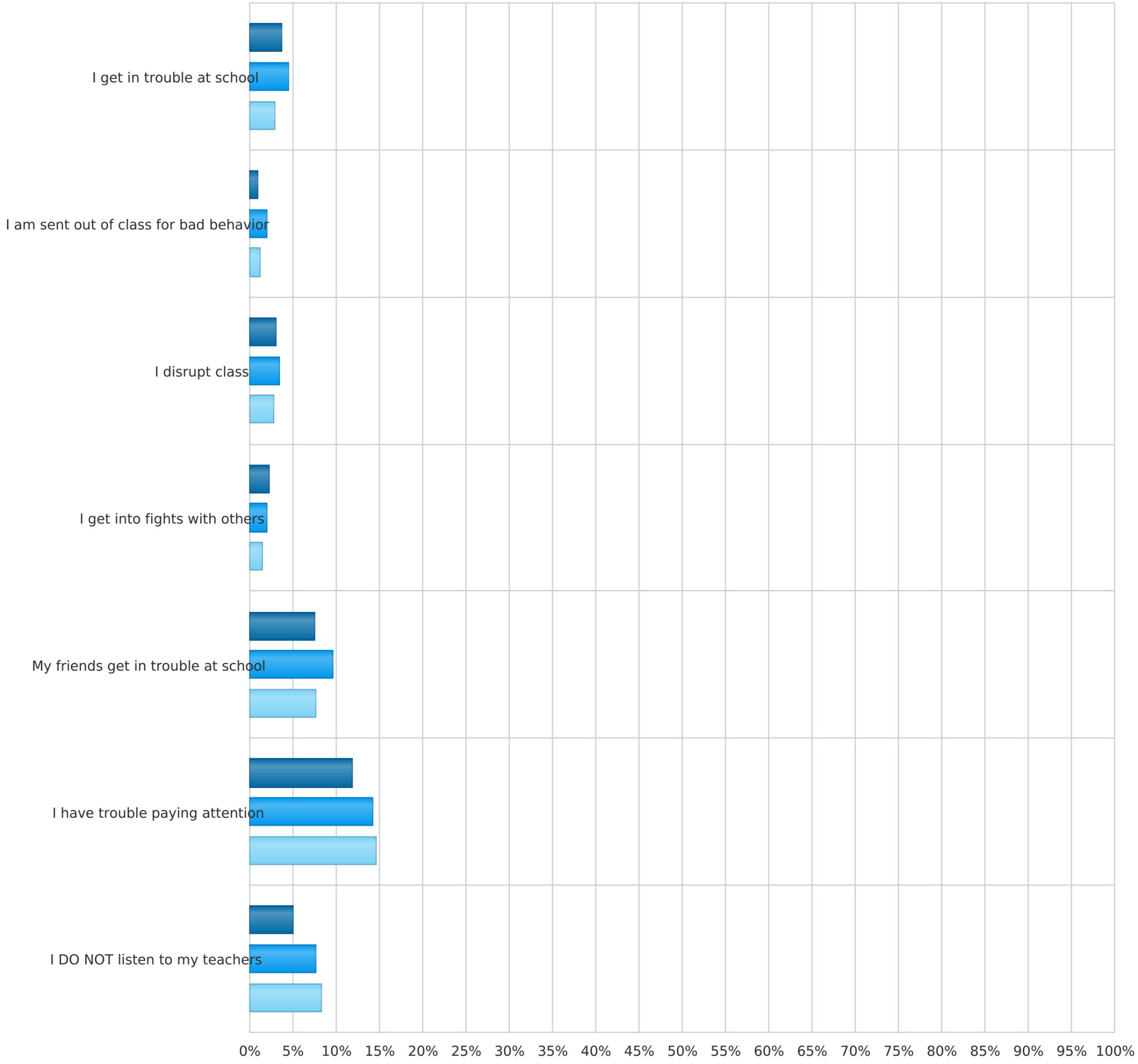
Externalizing Behavior (Boone County Student Checklist - 20162017)

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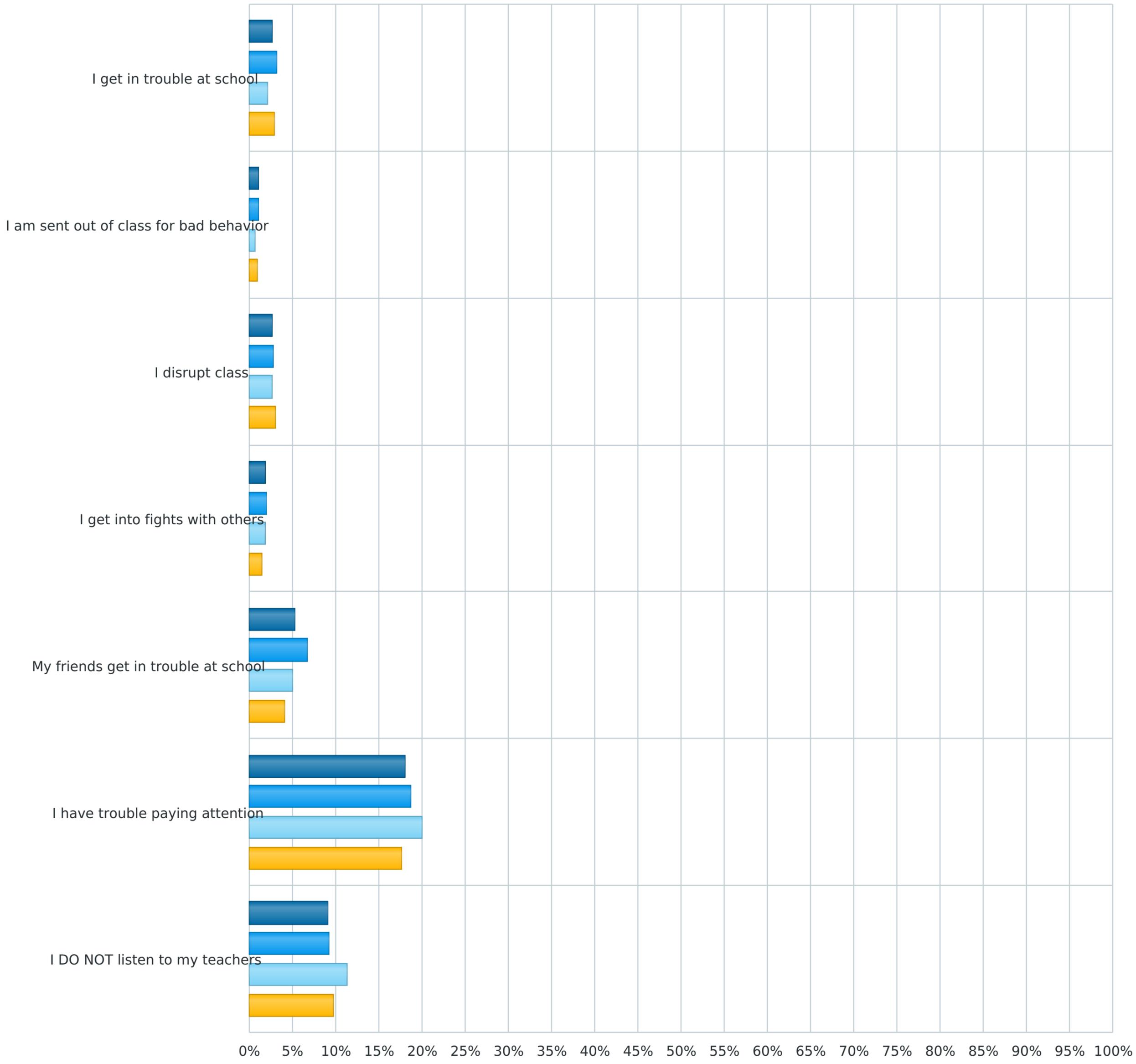
Externalizing Behavior (Boone County Student Checklist - 20162017)

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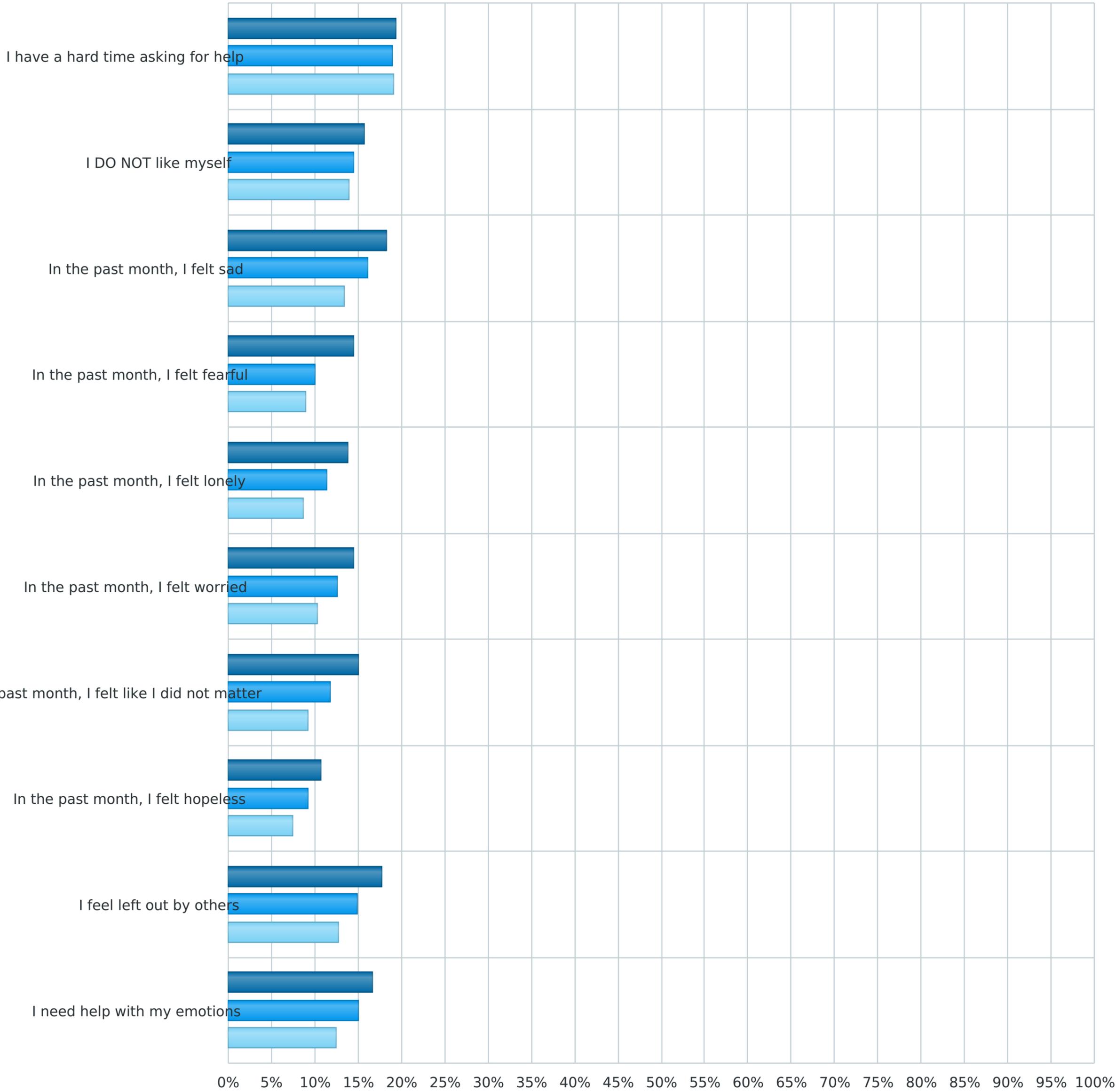
Externalizing Behavior (Boone County Student Checklist - 20162017)

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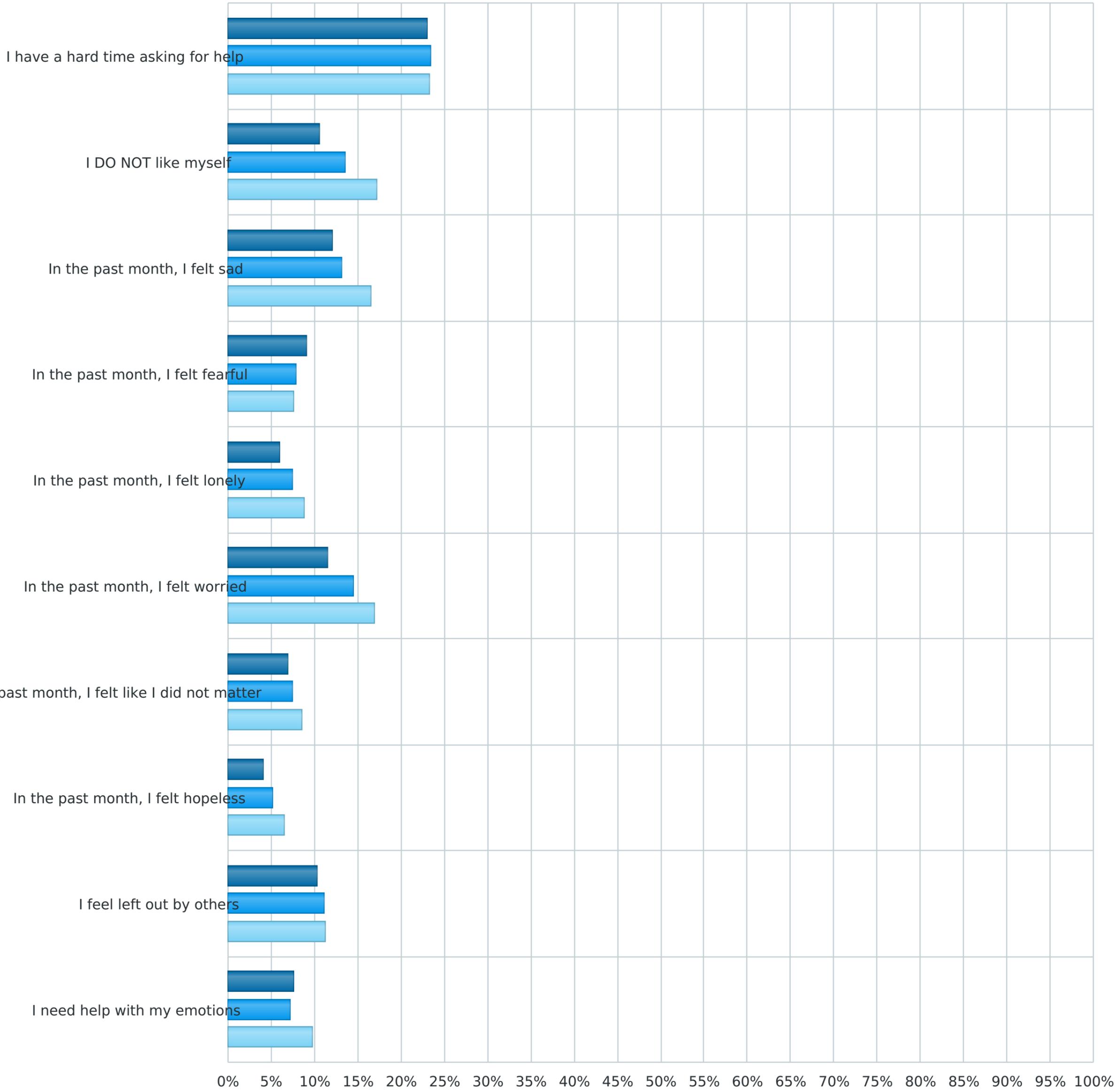
Internalizing Problems (Boone County Student Checklist - 20162017)

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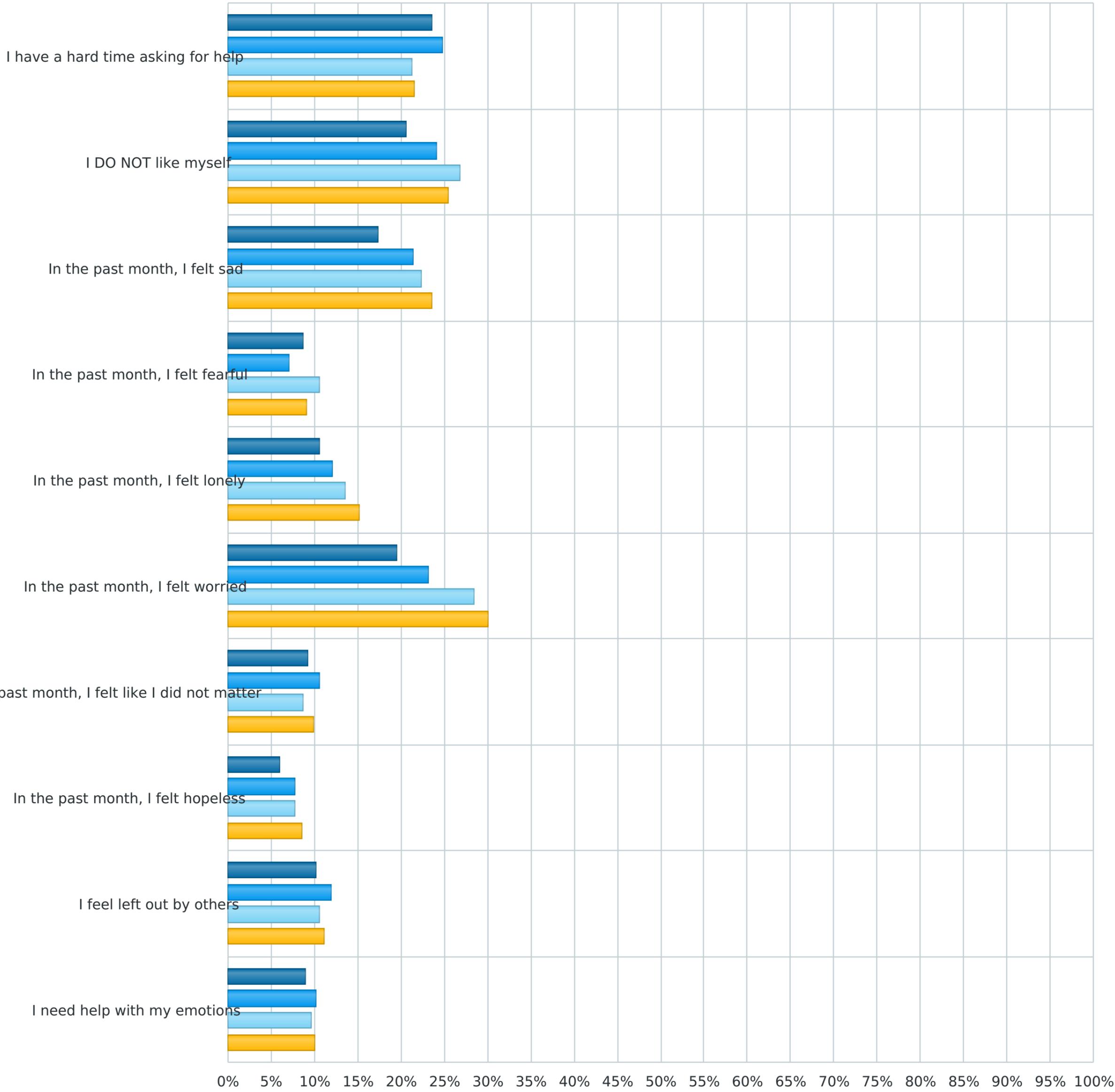
Internalizing Problems (Boone County Student Checklist - 20162017)

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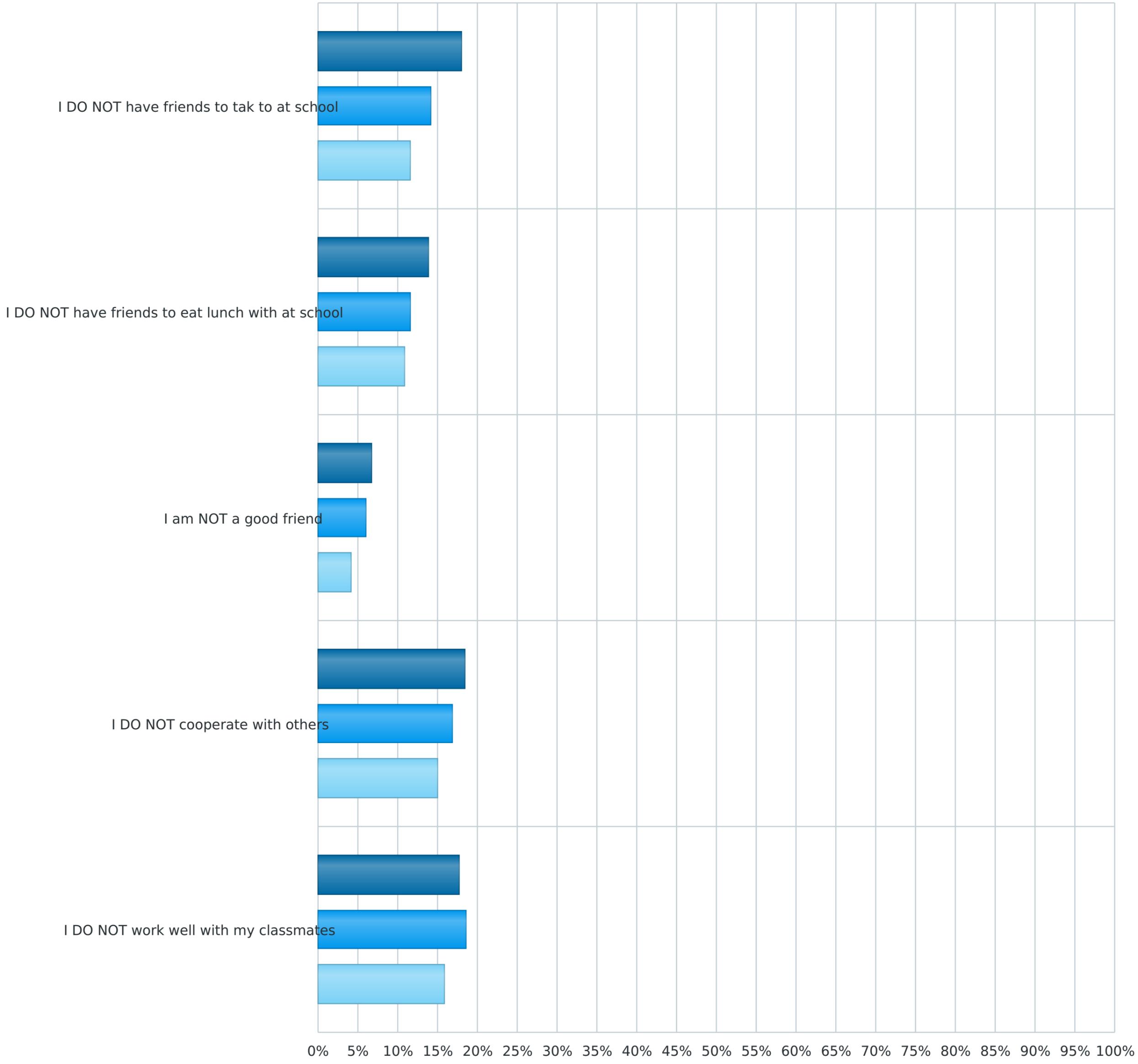
Internalizing Problems (Boone County Student Checklist - 20162017)

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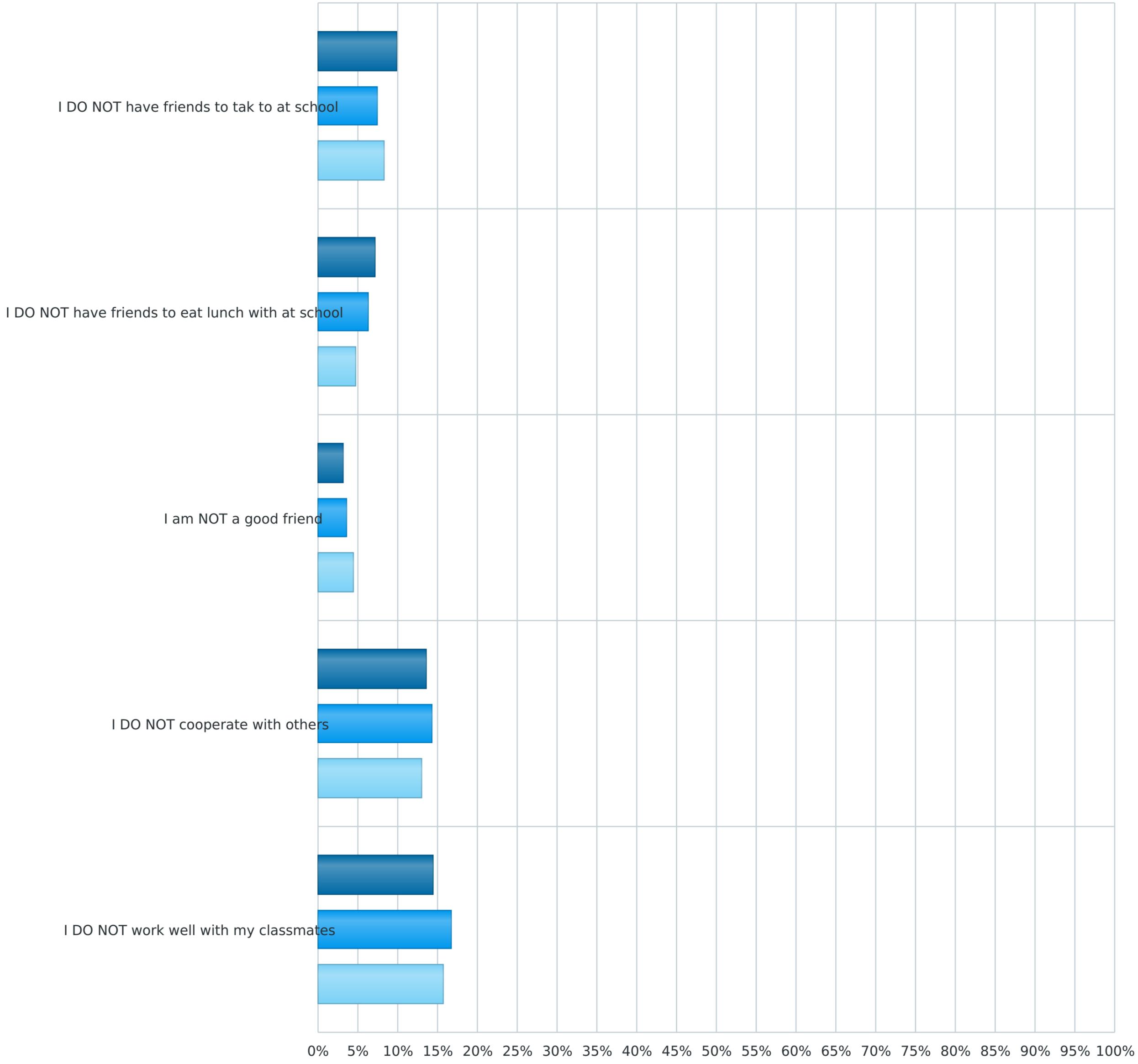
Peer Relations-Social Skills (Boone County Student Checklist - 20162017)

■ 3 ■ 4 ■ 5



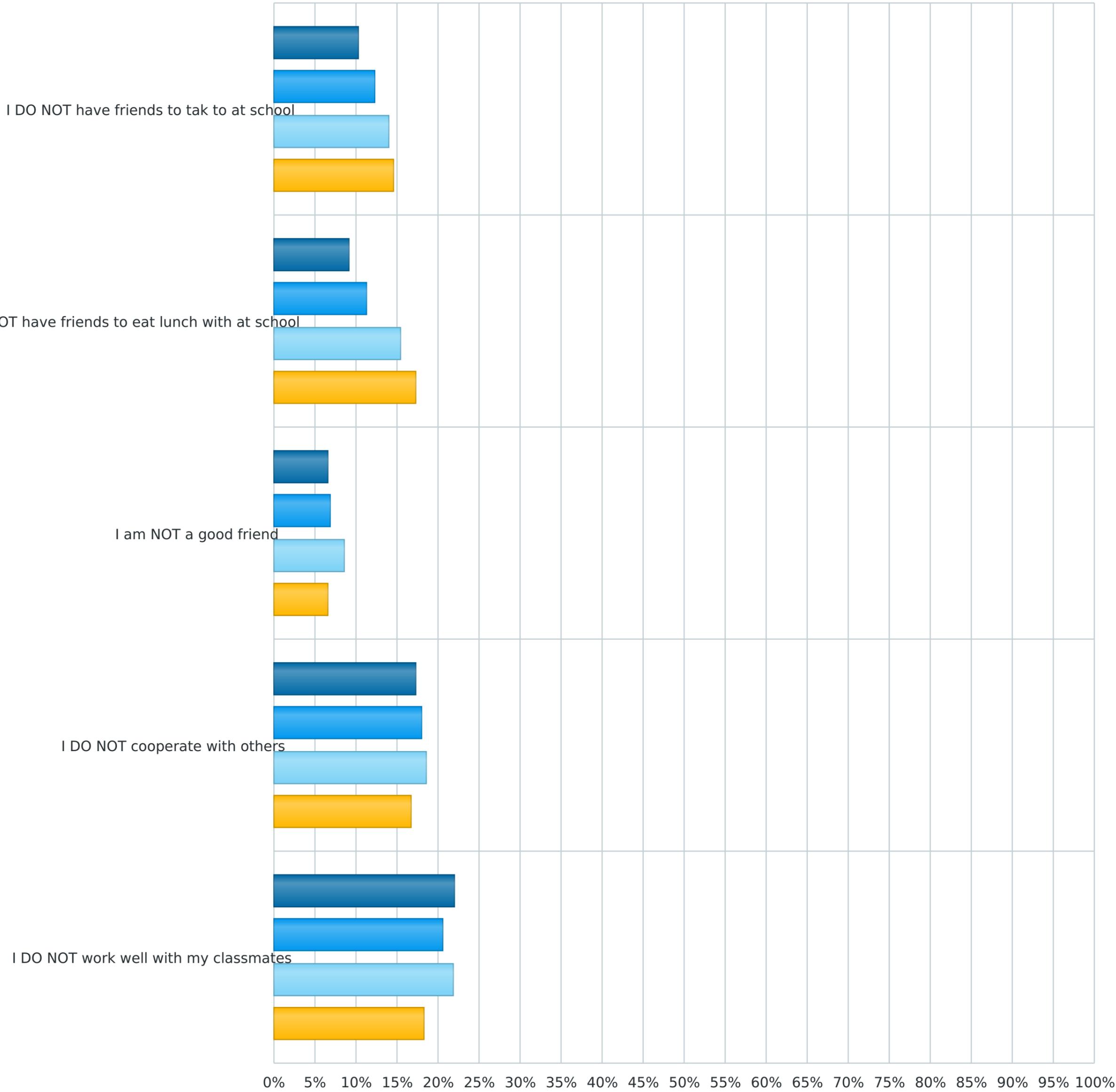
Peer Relations-Social Skills (Boone County Student Checklist - 20162017)

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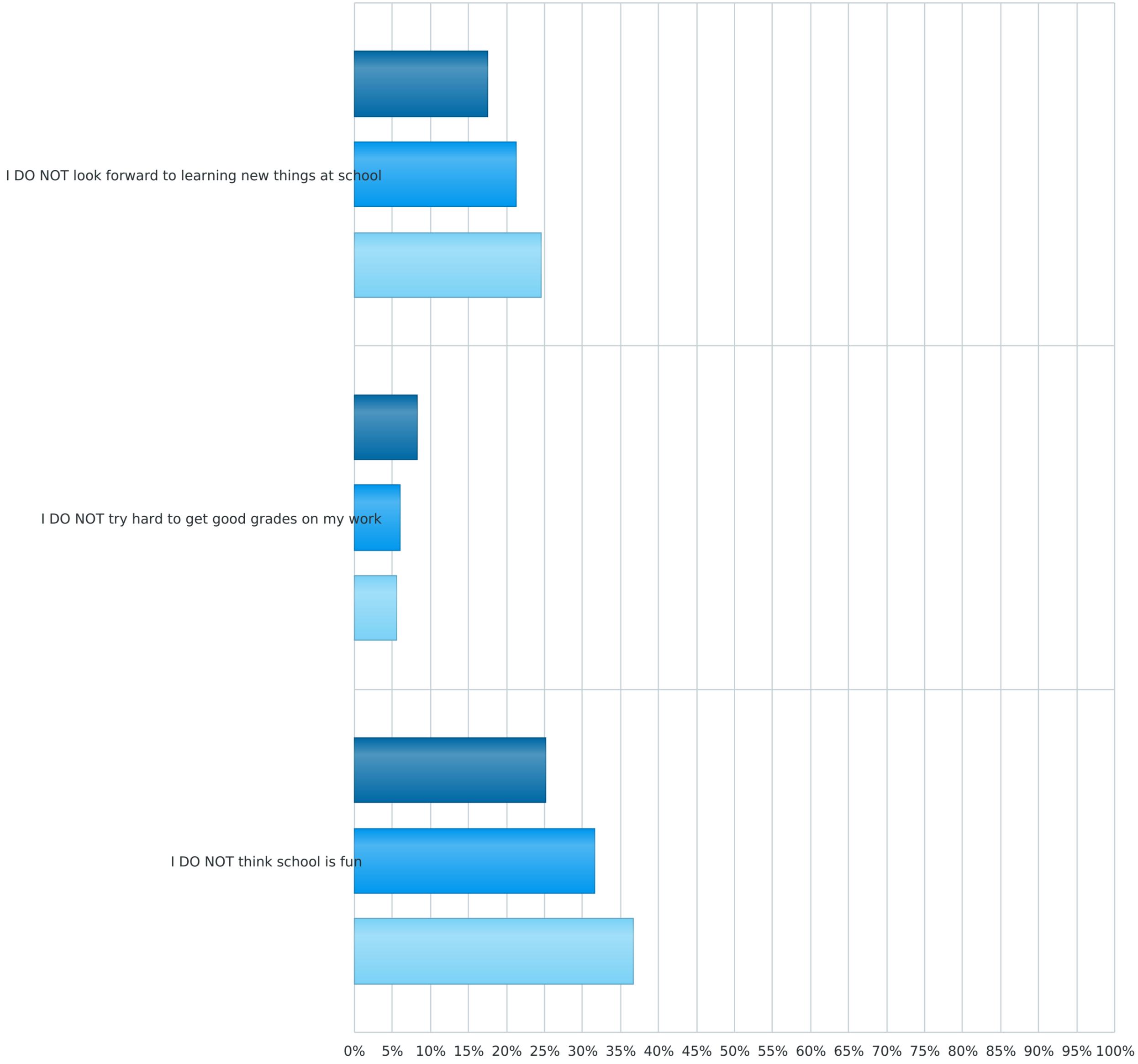
Peer Relations-Social Skills (Boone County Student Checklist - 20162017)

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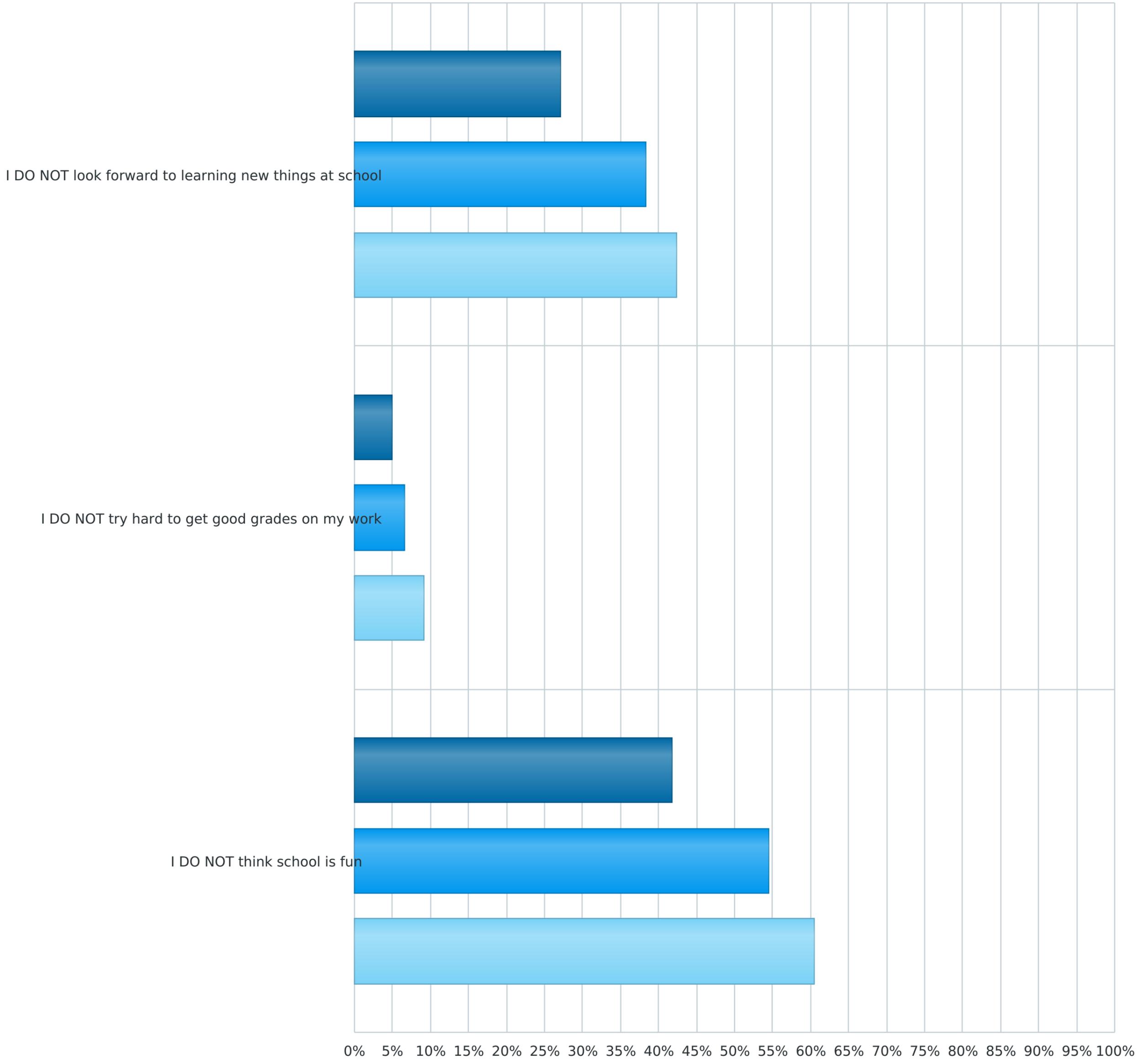
School Engagement (Boone County Student Checklist - 20162017)

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School Engagement (Boone County Student Checklist - 20162017)

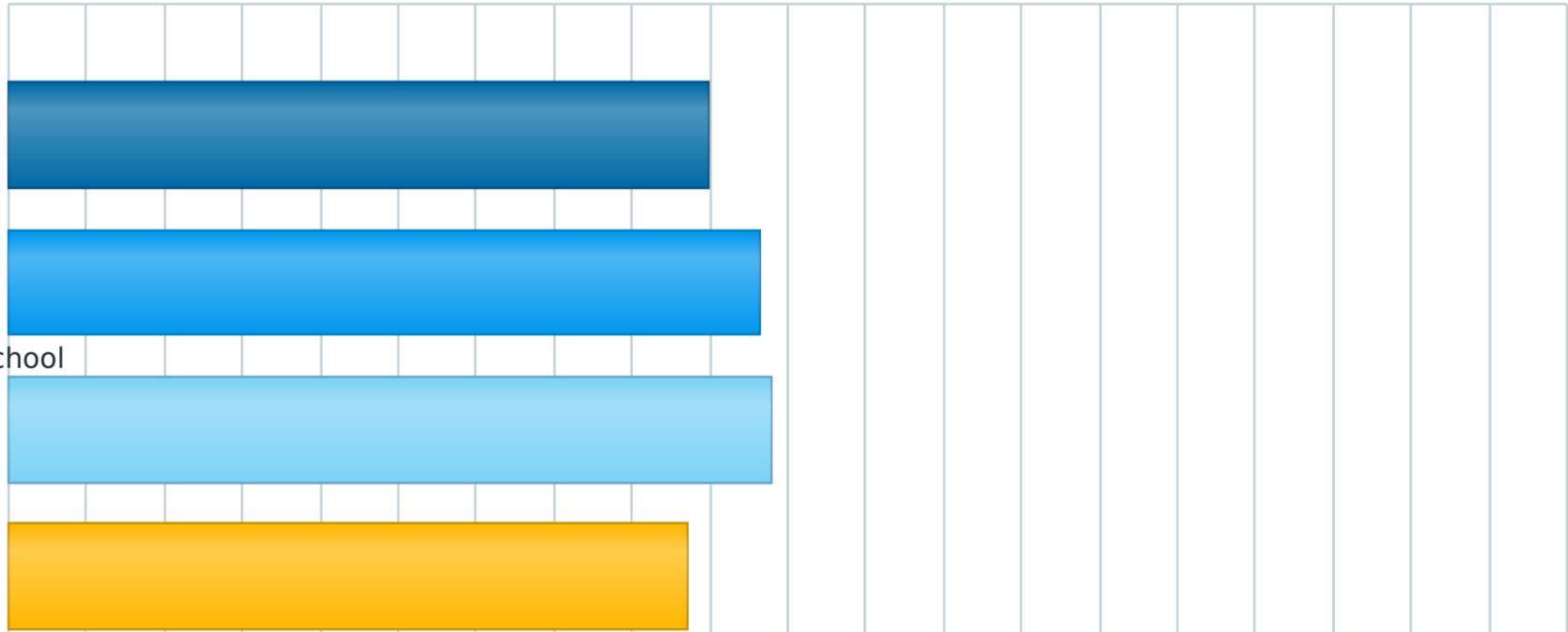
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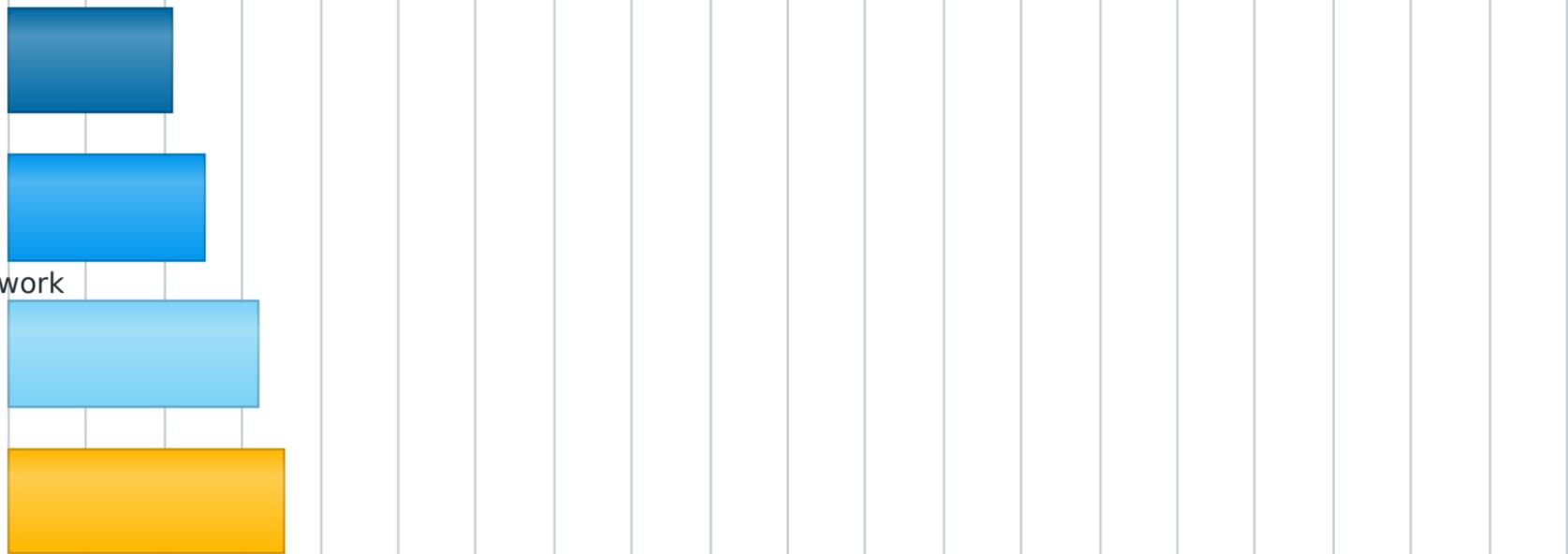
School Engagement (Boone County Student Checklist - 20162017)

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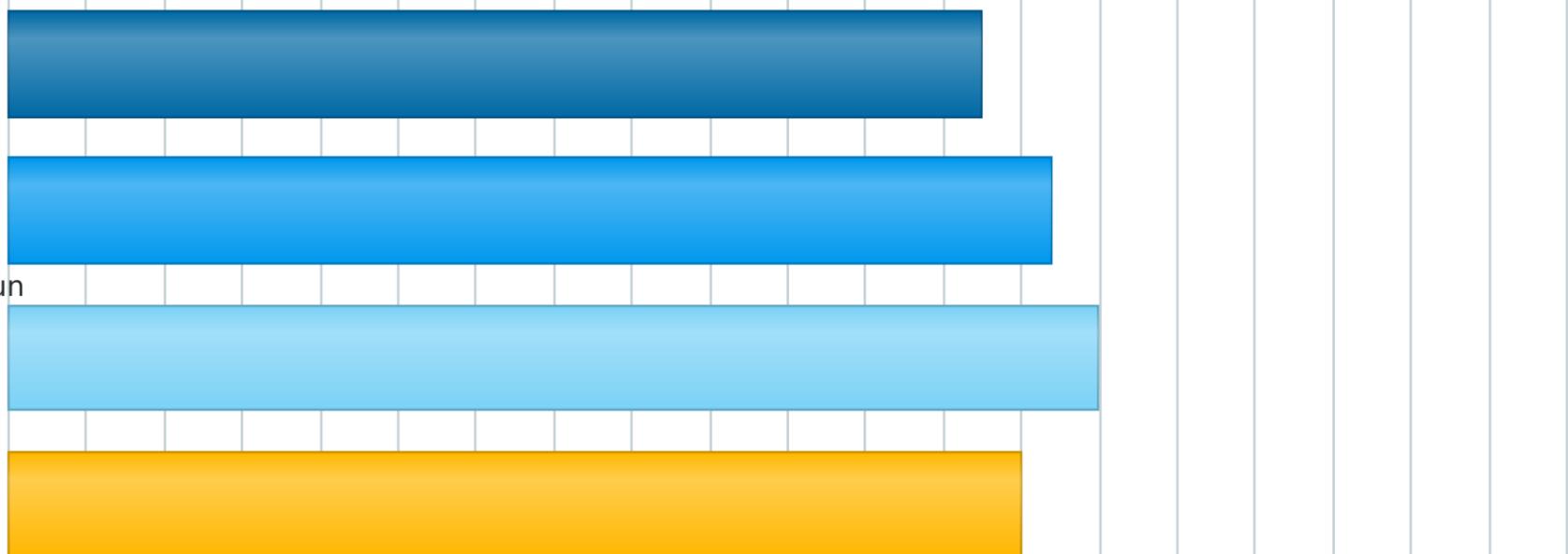
I DO NOT look forward to learning new things at school



I DO NOT try hard to get good grades on my work



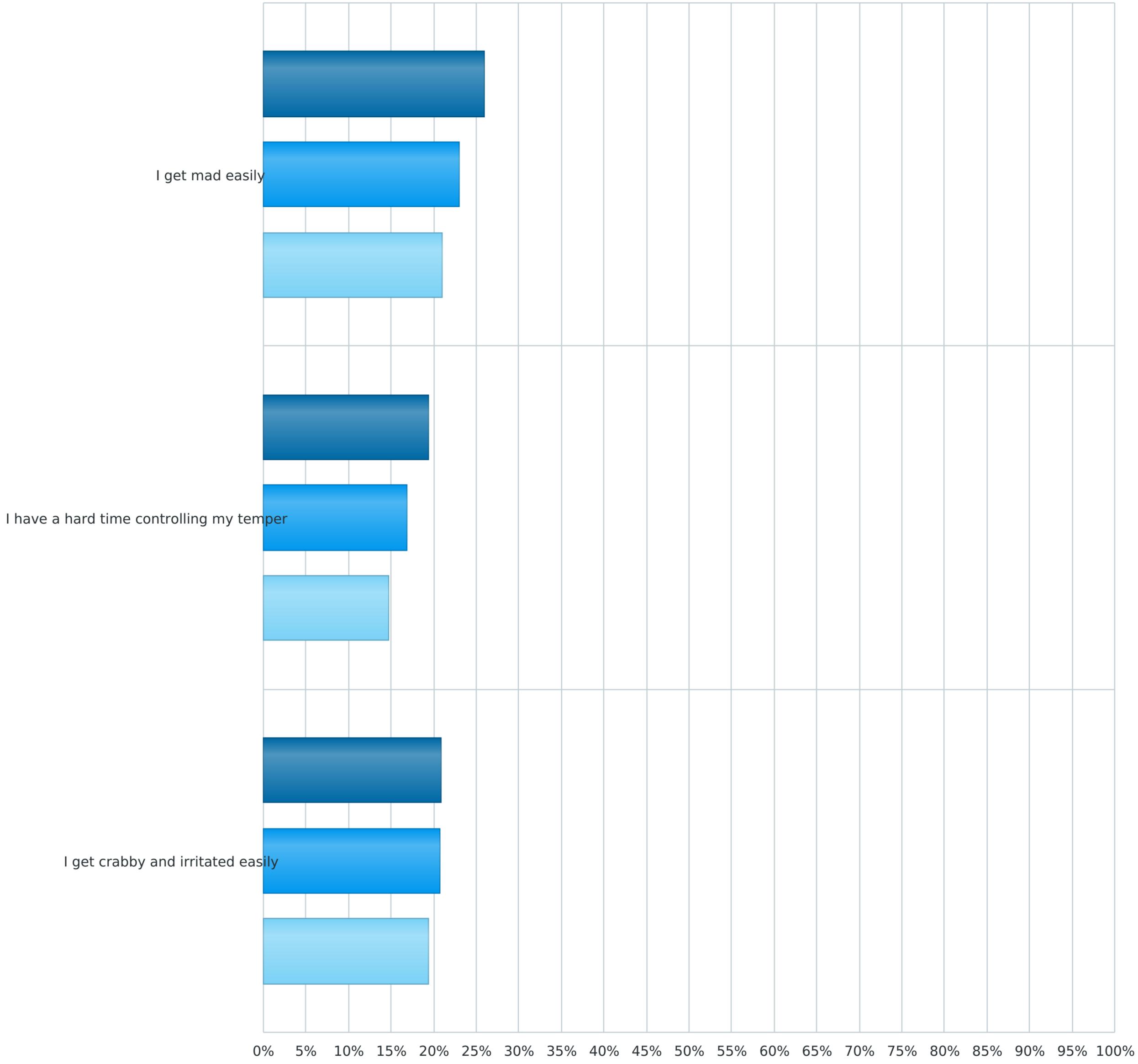
I DO NOT think school is fun



0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

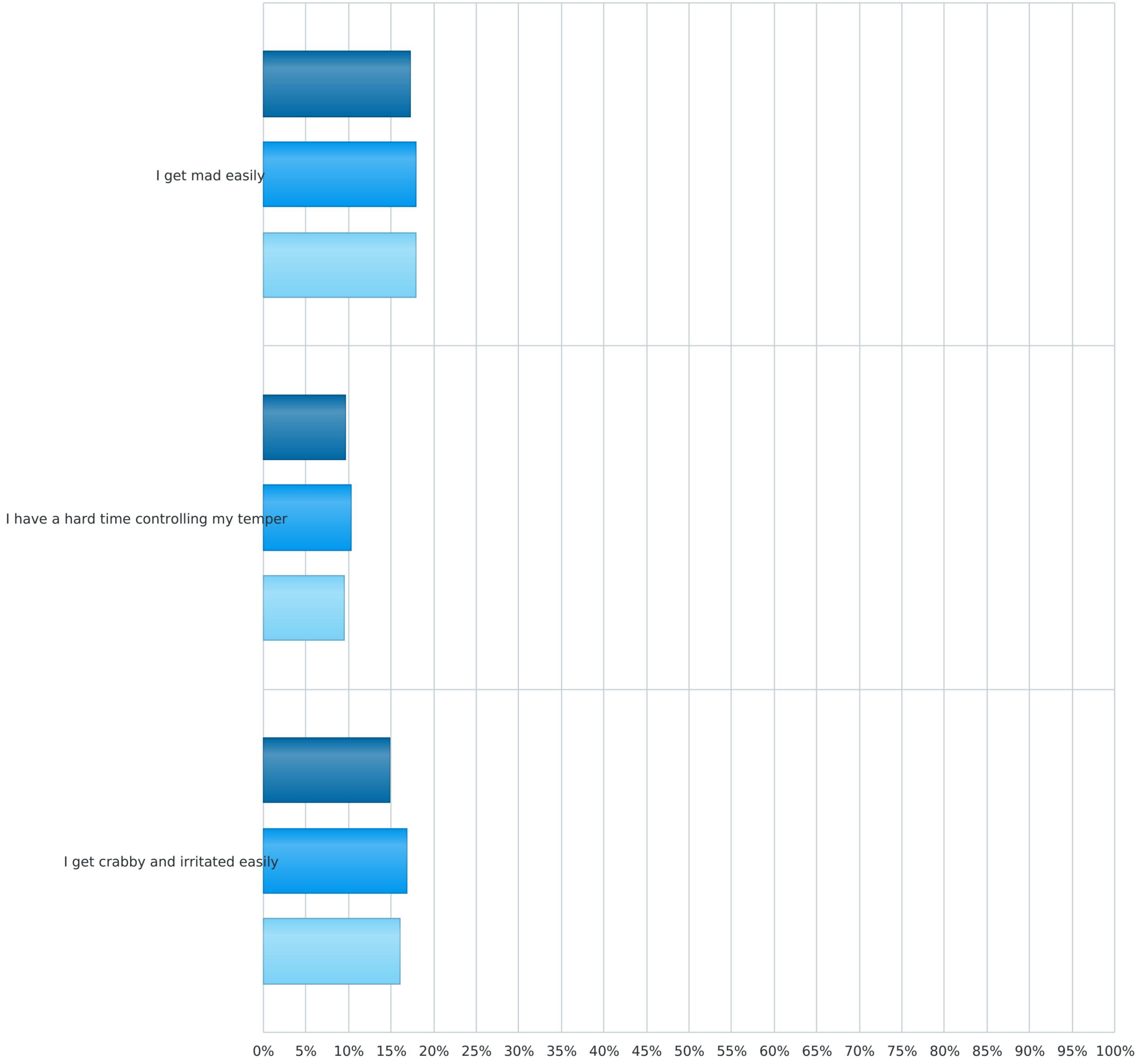
Self-regulation (Boone County Student Checklist - 20162017)

■ 3 ■ 4 ■ 5



Self-regulation (Boone County Student Checklist - 20162017)

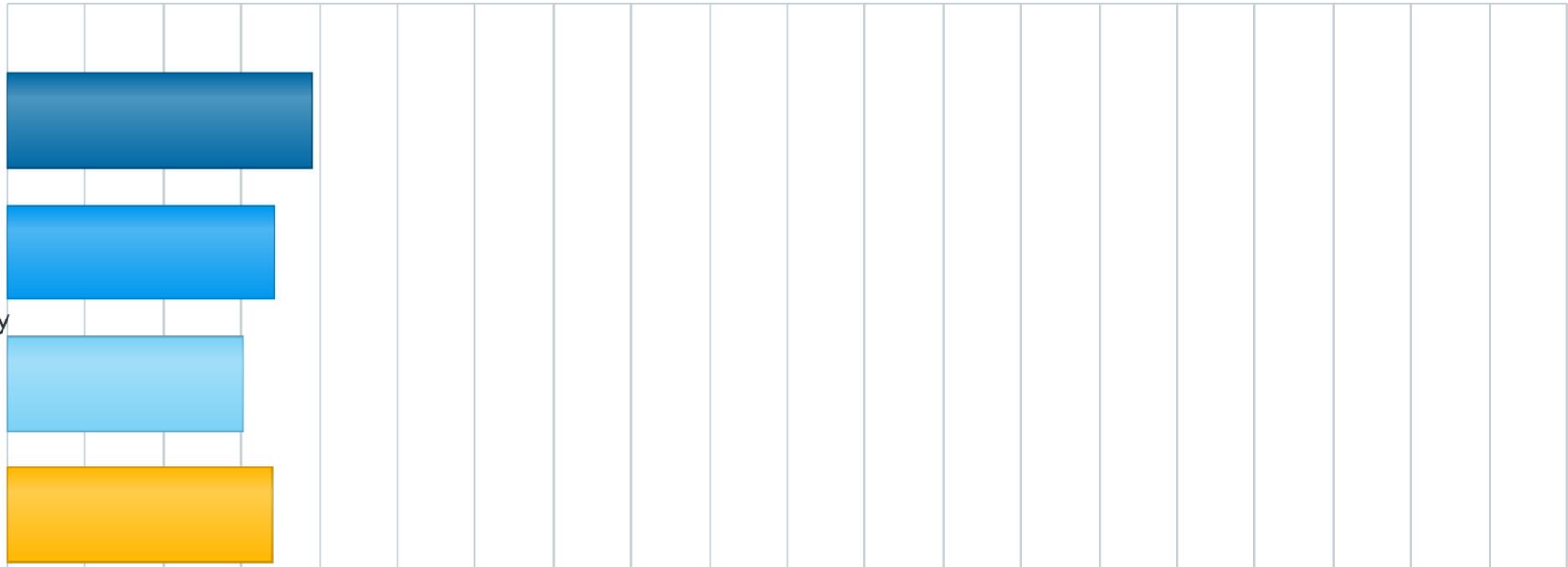
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Self-regulation (Boone County Student Checklist - 20162017)

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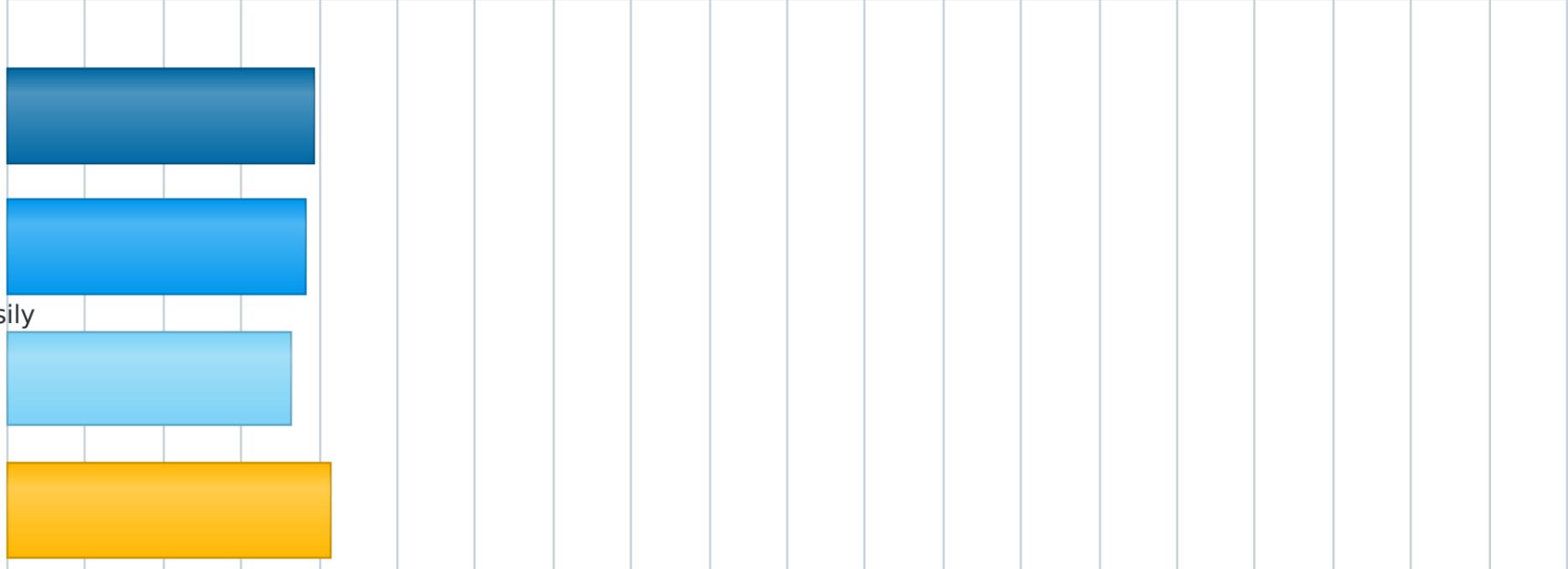
I get mad easily



I have a hard time controlling my temper



I get crabby and irritated easily



0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50% 55% 60% 65% 70% 75% 80% 85% 90% 95% 100%