



## Boone County Schools Mental Health Coalition

### **Summary of Accomplishments August 2018-June 2019**

The Boone County Schools Mental Health Coalition (BCSMHC) 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 case management services.

The project initiatives include the following:

- Implement a county-wide 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

#### **Basic Coalition Overview**

Since the Coalition was funded in January of 2015, this partnership between Boone 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 two private schools 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, 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



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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. In addition, all district administrators have their own unique account to view all building's data through a secure server. This provides district administration with a comprehensive account of risk in their district and across levels.

Services are provided across 8 areas across school buildings, including 1) teacher checklist administration, 2) student checklist administration, 3) professional coaching, 4) universal prevention interventions, 5) group therapy, 6) individual therapy, 7) best practices training, and 8) case management through interagency.

Regional coordinators, school-based mental health clinicians with advanced degrees and experiences in working with youth with mental health problems, are placed within each school building. These regional coordinators provide support in administration of the tri-annual teacher and student checklist assessments, support in interpreting the data, consultation with problem solving teams in determining universal, selective, and individualized supports for students, and support through implementing direct services to youth in school buildings.

The visual on the next page indicates where regional coordinators were placed across districts for the 2018-2019 school year. Also displayed is the regional coordinator structure for the upcoming 2019-2020 school year.



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*Boone County Schools Mental Health Coalition:  
2018 – 2019 Regional Coordinator Assignments*

|  |   |   |  |
|--|---|---|--|
| <b>Christa Copeland,<br/>M.Ed., M.A.</b><br><a href="mailto:Cbhgg6@missouri.edu">Cbhgg6@missouri.edu</a>                         | <b>Jessica Burbridge,<br/>M.Ed.</b><br><a href="mailto:bubridgej@missouri.edu">bubridgej@missouri.edu</a>                 | <b>Dennisa Divine,<br/>LMSW</b><br><a href="mailto:divined@missouri.edu">divined@missouri.edu</a> | <b>Tara Collier, MSW</b><br><a href="mailto:Colliertl@missouri.edu">Colliertl@missouri.edu</a> |
| Blue Ridge Elementary  | *Centralia School District  | *Harrisburg School District   | Beulah Ralph Elementary  |
| Derby Ridge Elementary   | *Sturgeon School District   | Two Mile Prairie  | West Elementary  |
| Oakland Middle   | Midway Heights Elementary   | Cedar Ridge   | Paxton Keeley Elementary   |
| Gentry Middle  |   | Fairview Elementary   | West Middle  |
|  |   |   | Battle High  |
| <b>Lindsay Oetker, LCSW</b><br><a href="mailto:Oetkerl@missouri.edu">Oetkerl@missouri.edu</a>                                    | <b>Jenna Strawhun, Ph.D., PLP</b><br><a href="mailto:strawhunj@missouri.edu">strawhunj@missouri.edu</a>                   | <b>Becky Hart, LMSW</b><br><a href="mailto:Hartrl@missouri.edu">Hartrl@missouri.edu</a>           |  |
| Grant Elementary   | *Hallsville School District   | *Southern Boone School District   |  |
| Locus Street Elementary  | Lange Middle School   | Rock Bridge Elementary  |  |
| Mill Creek Elementary  | Douglass High School  | Parkade Elementary  |  |
| Jefferson Middle   | Hickman High  | Rock Bridge High School   |  |
| Smithton Middle  | Russell Boulevard   |   |  |
| Ridgeway Elementary  |   |   |  |
| <b>Shannon Holmes,<br/>Ph.D., PLP</b><br><a href="mailto:holmessr@missouri.edu">holmessr@missouri.edu</a>                        | <b>Tyler Smith, Ph.D.</b><br><a href="mailto:smithtyle@missouri.edu">smithtyle@missouri.edu</a>                           | <b>Chynna McCall, Ph.D.</b><br><a href="mailto:mccallC@missouri.edu">mccallC@missouri.edu</a>     |  |
| Alpha Hart Elementary  | Battle Elementary   | Center on Responsive Education (CORE)   |  |
| Benton Elementary  | New Haven Elementary  |   |  |
|  | Tolton High School  |   |  |
| Shepard Elementary   |   |   |  |
| <b>Lou Ann Tanner-Jones, Ph.D., NCSP</b><br>Director<br><a href="mailto:tannerjonesl@missouri.edu">tannerjonesl@missouri.edu</a> | <b>Sarah Owens, Ph.D., NCSP</b><br>Associate Director<br><a href="mailto:owenssar@missouri.edu">owenssar@missouri.edu</a> |   |  |
| *Private and Parochial Schools   |   |   |  |

Note: \* indicated all schools in district



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*Boone County Schools Mental Health Coalition:  
2019 - 2020 Regional Coordinator Assignments*

| <b>Jessica Burbridge, M.Ed.</b><br><a href="mailto:bubridgej@missouri.edu">bubridgej@missouri.edu</a>    | <b>Tara Collier, MSW</b><br><a href="mailto:colliertl@missouri.edu">colliertl@missouri.edu</a> | <b>Dennisa Divine, LMSW</b><br><a href="mailto:divined@missouri.edu">divined@missouri.edu</a> | <b>Becky Hart, LCSW</b><br><a href="mailto:hartrl@missouri.edu">hartrl@missouri.edu</a> |
|--|--|---|---|
| *Centralia School District   | Beulah Ralph Elementary  | *Harrisburg School District   | *Southern Boone School District   |
| *Sturgeon School District  | West Elementary  | Two Mile Prairie  | Rock Bridge Elementary  |
| Midway Heights Elementary  | Paxton Keeley Elementary   | Cedar Ridge   | Parkade Elementary  |
|  | West Middle  | Fairview Elementary   | Rock Bridge High School   |
|  | Battle High  |   |   |
|  |  |   |   |
| <b>Kayla Kilpatrick, Ph.D.</b><br><a href="mailto:kdkbp7@mail.missouri.edu">kdkbp7@mail.missouri.edu</a> | <b>Sandy Miller, LCSW, MAT</b><br><a href="mailto:sdmbcv@missouri.edu">sdmbcv@missouri.edu</a> | <b>Lindsay Oetker, LCSW</b><br><a href="mailto:Oetkerl@missouri.edu">Oetkerl@missouri.edu</a> |   |
| Alpha Hart Elementary  | New Haven Elementary   | Grant Elementary  |   |
| Russell Boulevard  | Shepard Elementary   | Locus Street Elementary   |   |
| Benton Elementary  | Battle Elementary  | Mill Creek Elementary   |   |
| Blue Ridge Elementary  | Gentry Middle  | Jefferson Middle  |   |
| Lange Middle School  | Smithton Middle  | Ridgeway Elementary   |   |
| Hickman High School  |  |   |   |



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|--|--|---|
| <b>Christa Copeland, Ph.D.</b><br><a href="mailto:cbhgg6@missouri.edu">cbhgg6@missouri.edu</a> | <b>Jenna Strawhun, Ph.D.</b><br><a href="mailto:strawhunj@missouri.edu">strawhunj@missouri.edu</a> | <b>Chynna McCall, Ph.D.</b><br><a href="mailto:mccallc@missouri.edu">mccallc@missouri.edu</a> |
| Oakland Middle<br>Derby Ridge Elementary   | *Hallsville School District  | CORE<br>Douglas High  |

|   |  |
|---|--|
| <b>Lou Ann Tanner-Jones, Ph.D., NCSP</b><br><b>Director</b><br><a href="mailto:tannerjonesl@missouri.edu">tannerjonesl@missouri.edu</a> | <b>Sarah Owens, Ph.D., NCSP</b><br><b>Associate Director</b><br><a href="mailto:owenssar@missouri.edu">owenssar@missouri.edu</a> |
| *Private and Parochial Schools  | Early Childhood Education  |

In August 2018, we hired three full-time regional coordinators to join our team.

- **Christa Copeland, Ph.D.** was a doctoral student in the School Psychology program at the University of Missouri. She worked as a full time coordinator during her internship, completing her final requirements for her doctoral degree. Christa came to the team with experience in working in mental health organizations such as the Family Access Center of Excellence (FACE) and the Center for Evidence-Based Youth Mental Health at the University of Missouri. In addition, Christa is a former special education teacher. She will continue working with us part-time as she completes her postdoctoral training with the Missouri Prevention Science Institute at MU.
- **Jessica Burbridge, M.Ed.**, is a former school counselor. Jessica has been a strong school partner for the Coalition as she previously worked as a school counselor in our participating Harrisburg School District. Jessica brings a wealth of experience working in the schools. Prior to working as a school counselor, Jessica coordinated the Parents as Teachers program in Harrisburg.
- **Dennisa Divine, MSW** brings experience working in at-risk buildings in the Columbia Public Schools. As a former Coalition practicum student, we are excited to bring Dennisa back to the team.

Beginning in July 2019, we added two new full-time regional coronations to our team, as well.

- **Kayla Kilpatrick, Ph.D.**, is a recent graduate of the School Psychology doctoral program at the University of Missouri. Her training includes a history of working in rural schools



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within Boone County as a trainee, working at Cypress-Fairbanks school district in Texas providing social, emotional, and academic supports as a school psychology intern. Given Kayla's experience working as a trainee with the Coalition in past years, she will be an immediate asset to our team.

- **Sandy Miller, LCSW, MAT** joins the BCSMHC as a Regional Coordinator this year. Sandy is a licensed Clinical Social Worker (LCSW) most recently served as the Lead Outreach Counselor with the Columbia Public Schools. She has over thirty years of experience as a clinical social worker and has worked in a variety of employment settings, holding Master's Degrees both in Social Work and in Teaching (Special Education).

In addition, in August 2018, a new Institute of Education Sciences (IES) funded postdoctoral fellow joined our team. **Dr. Chynna McCall** has her doctorate in school psychology. Prior to MU, she was working as a school psychologist at an alternative school in Colorado. For the 2018-2019 school year, she worked with BCSMHC at CORE as a coordinator and continuing our strong partnership with the Motivational Interviewing with At-risk Students (MARS) program that has been successfully implemented at CORE across the tenure of the BCSMHC. The MARS program started in 2016 and has served students at CORE each year since. Each student receives a graduate student mentor who works with them weekly. Dr. McCall will continue to work with the BCSMHC for the 2019-2020 school year. **Dr. Tyler Smith**, also funded by the IES postdoctoral training grant continued his work through the 2018-2019 school year with the Coalition.

### **New School to Coalition:**

#### ***Father Tolton High School***

In August 2018, Coalition staff approached the newly appointed head of school of Columbia's Fr. Tolton Catholic High School, Mrs. Gwendolyn Roche, and introduced the work of the BCSMHC. Mrs. Roche and her staff were immediately interested in joining the Coalition, in conducting student and teacher checklists to determine staff and student needs and wished to obtain the support of Regional Coordinators in implementing evidence-based interventions along with receiving professional development. The Tolton community also benefitted from Coalition staff providing linkages to a wide variety of community resources such as the MU Bridge Program, Burrell Behavioral Health Services and the Family Access Center of Excellence (FACE) of Boone County, to name a few. Our work in Tolton started right away and they have become a strong Coalition partner.



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In addition to Tolton, at the end of 2018, the Director contacted the administrator of Christian Fellowship School, Mr. Scott Williams, to offer a re-introduction to the Coalition (first introduced in summer of 2015) and to review the supports available through a partnership with us. The introduction meeting with staff has occurred and progress will be reported in the next project report. As of recent, the Coalition has also had correspondence and interest from City Garden school and has provided an overview of the potential collaboration.

**In addition to Father Tolton High School, two additional private/parochial schools have expressed interest in collaboration with the Coalition model. In the 2019-2020, directors will meet with school administration and begin our work with two new buildings. We are eager to report progress in our next report.**

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The following provides a summary of activities for a series of goals for the past school year. The current report provides information on work for the full 2018-2019 school year.

### **Program Service Area: Boone County Schools Mental Health Coalition (BCSMHC)- Teacher Checklist**

Teacher checklist data were gathered three times this academic school year at all schools. Data are presented for the three administrations that occurred within the window of this funding cycle. 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.

Given the funding for the Coalition is not aligned with the academic school year, two rounds of checklist data occurred prior to summer break. In January 2018 a total of **23,409** students were assessed. In April 2018, a total of **25,093** students were assessed.

When students returned for the fall semester, the checklist was administered. In September 2018, a total of **23,937** students were assessed. In January 2019, a total of **24,516** students were assessed. In April 2019, a total of **23,817** were assessed.

These data were immediately available after each round to schools for use toward guiding interventions via the clinical dashboard system. All schools in the county completed the teacher checklist three times across the academic year.



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### Program Service Area:

### Boone County Schools Mental Health Coalition (BCSMHC)-Student Checklist

The student checklist was completed with all students' in grades 3 to 12. The administration occurred at the same time as the teacher checklist in each school building. Regional coordinators, counselors, and teachers administered the student checklist to all students. Administration protocols and scripts were read as students complete the assessment to ensure standard administration to all students. Each question was read aloud, with definitions for items needing additional explanation. On average the student assessment takes between 7 and 15 minutes to complete. Feedback indicates that students seem to understand the items and feel comfortable answering the items.

In January 2018, **15,355** students in grades 3 to 12 completed the student checklist. In April of 2018, **14,917** students completed the checklist. These data were provided back to the schools to guide interventions.

In the fall when student returned from summer break, a total of **16,354** students completed the Student Checklist. In January 2019, a total of **15,645** students completed the checklist and in April 2019, **15,675** students completed the checklist. A total of 14,012 students completed the checklist three times during the 2018-2019 school year. This is a very high number of students with complete student report data.

**Quality Improvement:** The Coalition worked with school administrators to set specific dates for administration (September, January, and April) to ensure school were aware of the timing of checklist administration and to avoid the checklist being conducted too close to the end of the year. These data collection points were very thoughtfully determined as the second and third administration occur after students have been on break and during times of the year when students often present increased risk.

**Effectiveness of Solutions:** The most recent administration of the Student Checklist and use of proposed solutions appears to have had a positive impact on the overall number of completed checklists as the total student checklists complete is the highest, of any cycle across the past 3.5 years. These numbers continue to improve, and specifically in the last administration of the checklist. This administration presents the most barriers in participation.

**Quality Improvement:** An additional observation of feedback received from key stakeholders is that students, particularly secondary students, may have less interest in completing the student checklist as the school year progressed.



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**Solutions:** In 2017, Dr. Reinke attended a meeting with Dr. Stiepleman and his high school advisory committee made up of high school students from every building in Columbia Public Schools. During the meeting Dr. Reinke ask the students about concerns, questions, or suggestions they had regarding the about the checklist. During the discussion the students brought up that they had never received a specific explanation of the purpose or use of the checklist data. As a result, a written explanation to students was included in January 2018 administration of the student checklist. In addition, there was discussion of finding ways for high school student groups to use the aggregated data to inform student initiatives around improving student mental health. As such, we have worked to have student groups receive and review the data in our high school buildings to better include them in the process.

In the current 2018-2019 academic year, Coalition staff has continued to partner with schools to engage students in increasing their understanding of what the checklist is, how it can be used, and how they may benefit from participating in the Checklist. Below are examples of how our school staff and Coalition have successfully engaged students in this feat:

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### Case Example #1: Sharing Data with Hickman High School

On January 9<sup>th</sup> and 10<sup>th</sup>, 2018, Dr. Jenna Strawhun and several other BCSMHC regional coordinators presented building-level student checklist data to **approximately 900 students** at Hickman High School. The regional coordinators also had a discussion with these 9<sup>th</sup> and 10<sup>th</sup> grade students regarding the history and purpose of the checklist, as well as interventions that the checklist data is currently informing at Hickman. These interventions include identifying students for the Check and Connect program, identifying students for small group counseling, and developing building-level interventions to target attention and executive functioning. Students were also asked to give feedback on the use of checklist data at Hickman. Several students reported that teachers should be made more aware of the data and its uses throughout the building. Other students suggested including more mental health awareness presentations or speakers on mental health issues into the assembly schedule. Students also recommended sharing the building-level data with parents via the school website or a newsletter. Finally, some students reported wanting more of an opportunity to include open-ended comments on the checklist through the use of a comment box or open-ended response box. Dr. Strawhun has a plan to meet with the director of counseling at Hickman to review these recommendations and determine feasible next steps.

Coalition staff offered students an opportunity to provide anecdotal feedback on the Checklist system. Below is a selection of comments that encompass positive praise, in addition to, feedback for areas of improvement.



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### Praise from Students

"Your job is appreciated. Thank you for helping us!"

"Help students understand the importance of the survey. Some students don't seem to care about the survey despite its helpfulness"

"I like what you guys are doing because it helps people but teens don't like sharing so try to be more helpful with that."

"You guys are doing awesome things for us!!"

"Keep on, keepin' on, thanks for all the work you do!"

"I think you are doing well"

### Feedback for Improvement from Students

"Try and make the survey more engaging, not like robot questions"

"Try to get rid of the negative stigma around the checklist. Try to make sure that people who answer truthfully about mental health don't get in trouble."

"Add a place at the end of the survey for students to explain why they may not like school or themselves so the problem can be found out."

"Can you offer a mental health first aid course to teachers?"

"There is a lot of stress when you are dragged to guidance. Better approach for asking about mental health is appreciated."

"Start some all-school motivation talks, like TED talks or talks from successful alumni to help with motivation."

"Don't make kids who have already been called down to the counselor for the test go again. Raise the criteria for what you deem 'unhealthy'"

"Ask questions about where most of the bullying occurs (e.g., bathroom, hallway, lunch, class)"

"Have a section where students can add sentences about their own concerns."

"Have a focus group"

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### Case Example #2: Rock Bridge High School Newspaper Student

The Rock Bridge High School regional coordinator met with a senior to review checklist data. This meeting came about after this student wrote an article for her school newspaper discussing the checklist. The article titled "Coalition Checklist offers meaning, could employ revisions", talked about how the checklist could allow students to give more specific answers to express their mental health concerns. The regional coordinator set up a meeting with this student to discuss the checklist results and ask for suggestion regarding sharing the data with other students and providing interventions. The student stated that she has heard peers in the



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classroom stating that the checklist is “dumb” or that they are not going to fill it out honestly. However, when showing the student, the building and grade level data from the student report, she was surprised that there was risk reported by students across several domain. Student stated that this information would be helpful to share with other students as it shows that people experiencing risk are not alone. The student did not have specific suggestions regarding how to share this data, or how to offer interventions to students who reported risk.

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### **Case Example #3: Sturgeon High School Student Data Discussions**

Regional Coordinator, Jessica Burbridge, and the school counselor at Sturgeon High School, Matt Boyer, shared building level and grade level student checklist data with all students. Jessica and Matt met with each grade level separately to facilitate discussions about the checklist, the use of data, and generate feedback from students. Students asked questions and shared feedback during the presentations. The counselor also sent out a follow up survey to give students an opportunity to provide feedback in that way as well. The counselor and regional coordinator used the checklist data and feedback from students to inform discussions with teachers and administrators, make decisions, and design lessons for students.

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### **Case Example #4: Battle High School Students- Development of Policy**

In the second semester, high school students were invited to a board meeting to be recognized for their consideration of the Checklist administration in their school through a school assignment. The assignment invited students to select a relevant issue and develop a policy to support the issue or cause. High school students, supervised by general education teachers, developed a policy proposing that the Student Checklist Administration be mandatory for all students in the state. At the board meeting, students shared the importance of the school’s ability to identify youth in need of support and provide that support both for individual students and for overall school climate improvement. While the policy was a pseudo policy, these students were recognized for the attention to an important issue and for sharing feedback on student perspectives about the checklist. Overwhelming students shared with superintendents that it is critical that the checklist be administered no less than three times a year to be effective in addressing student needs. Each student was presented with a certification of recognition for their contribution.

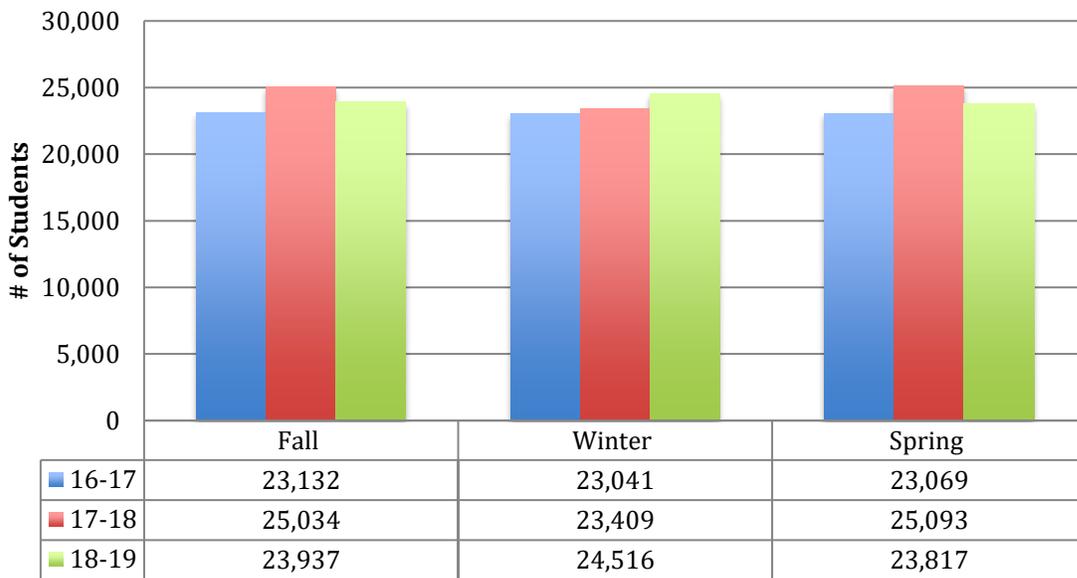


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**Overall Effectiveness of Solutions:**

Figures 1 and 2 demonstrates an increase of teacher and student checklists completed across the 2016-2017, 2017-2018, and current school years. Each administration demonstrates an increase in the total number of students screened by each checklist indicating the solutions implemented are effective in ensuring maximum participation across schools.

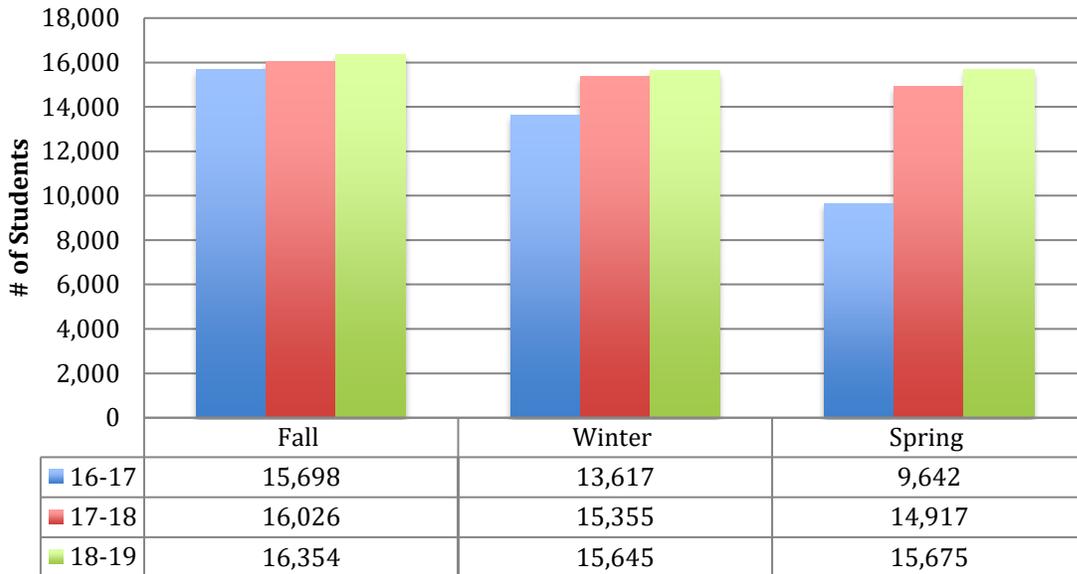
**Figure 1. Teacher Checklist by Year and Cycle**





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**Figure 2. Student Checklist by Year and Cycle**



In addition to successfully screening students via the Teacher and Student Checklist, it is imperative that the checklist data is a) shared, b) reviewed, and c) utilized to implement appropriate interventions to address identified risk. Below, progress towards these three goals is detailed for the current funding cycle. In order to evaluate school use of the data, the Coalition completes a brief ‘Fidelity to the BCSMHC Model’ rating for each school. Items on the Fidelity measure assess critical components listed above, among others. In addition to Coalition completion of the Fidelity measure, we have begun to provide feedback to school partners on progress of implement core components of the model and have piloted the completion of the fidelity tool with key stakeholders at each school.

**Target: Schools will screen students in their buildings using the Boone County Schools Mental Health Coalition Checklist**

- **Goal:** 100% of teachers will complete the checklist three times per year.
  - **100%** of schools completed the teacher checklist and all students were screened by at least one teacher. We continue to demonstrate growth in the completion rates by teacher. Schools make determinations on how many core and non-core teachers participate in the checklist



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**Target: School problem solving teams and school counselors will review the data after each cycle**

- **Goal:** 100% of school problem solving teams and counselor will review the data after each cycle.
  - **100% (52/52)** of schools and coordinators reported reviewing the checklist data during the Fall 2018 checklist
  - **98% (51/52)** of schools and coordinators reported reviewing the checklist

**Quality Improvement:** As noted above, some schools and/or school professionals are reported to not partake in the review of data. In particular, principals and problem-solving teams have lower rates of reviewing the checklist data. It should be noted that some schools do not currently have problem solving teams. For example, a survey of Columbia Public Schools (CPS) indicated that 10 elementary schools do not have problem solving teams that meet regularly. Further, principals continue to utilize or review the checklist data less frequently than counselors or coordinators.

**Solutions:** One step towards increasing the utilization and review of checklist data by principals and administrators, particularly in CPS where these rates are lowest, have been established through the integration of checklist data into CPS systems data servers. The Coalition has worked with Dr. Dave Wilson, Director of Assessment, Intervention, and Data to incorporate the checklist data into an already existing data dashboard that will be disseminated to principals and administrators in the 2018-2019 school year. In particular, we hope this will increase the likelihood that principals can not only review the data within their current systems, but also consider the data in context of other individual and building level data. We are hopeful that this step will increase accessibility and likelihood of use in the upcoming school year for administrators. A sample of Coalition data's integration in the CPS Tableau server is provided in the Figure below.



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Figure 3. Coalition Checklist Data Via Tableau

### Coalition Checklist

District Cluster compares students to all students across district at school level (elementary, middle high).  
 School Cluster compares only to students at same school.

#### Clusters

|                       |                          |       |
|-----------------------|--------------------------|-------|
| <b>District</b>       | Peer Relations-District  | 2.40  |
|                       | Bullied by Others-Dist.. | 1.58  |
|                       | Internalizing-District   | 2.60  |
|                       | Externalizing-District   | -0.14 |
|                       | Self Regulation-District | 1.97  |
|                       | School Engagement-Di..   | -1.02 |
|                       | School Other-District    | 1.35  |
| <b>School</b>         | Mean to Others-District  | 1.72  |
|                       | Peer Relations-Social .. | 2.70  |
|                       | Bullied by others-Scho.. | 1.52  |
|                       | Internalizing Problem..  | 2.57  |
|                       | Externalizing Behavio..  | -0.22 |
|                       | Self-regulation-School   | 2.38  |
|                       | School Engagement-S..    | -1.42 |
| School Other-School   | 1.57                     |       |
| Mean to Others-School | 1.99                     |       |

#### Individual Questions

|                                       |  |       |
|---------------------------------------|--|-------|
| <b>Peer Relations-District</b>        | 3 I am a good friend                             | 2.000 |
|                                       | 3 I cooperate with others                        | 1.000 |
|                                       | 3 I have friends to eat lunch with at school     | 3.000 |
|                                       | 3 I have friends to talk to at school            | 2.000 |
|                                       | 3 I work well with my classmates                 | 1.000 |
| <b>Bullied by Others-Dist..</b>       | 7 I am bullied by others                         | 2.000 |
|                                       | 7 Other kids make fun of me at school            | 1.000 |
| <b>Internalizin..</b>                 | 5 I feel left out by others                      | 3.000 |
|                                       | 5 I have a hard time asking for help             | 3.000 |
|                                       | 5 I like myself                                  | 1.000 |
|                                       | 5 I need help with my emotions                   | 1.000 |
|                                       | 5 In the past month I felt fearful               | 2.000 |
|                                       | 5 In the past month I felt hopeless              | 2.000 |
|                                       | 5 In the past month I felt like I did not matter | 3.000 |
|                                       | 5 In the past month I felt lonely                | 3.000 |
| <b>Externalizil..</b>                 | 5 In the past month I felt sad                   | 1.000 |
|                                       | 5 In the past month I felt worried               | 2.000 |
|                                       | 6 I am sent out of class for bad behavior        | 0.000 |
|                                       | 6 I disrupt class                                | 1.000 |
|                                       | 6 I get in trouble at school                     | 0.000 |
|                                       | 6 I get into fights with others                  | 0.000 |
|                                       | 6 I have trouble paying attention                | 1.000 |
|                                       | 6 I listen to my teachers                        | 0.000 |
| 6 My friends get in trouble at school | 1.000  |       |
| <b>Self Regulation-District</b>       | 1 I get crabby and irritated easily              | 1.000 |
|                                       | 1 I get mad easily                               | 3.000 |
| <b>School Engagement-District</b>     | 1 I have a hard time controlling my temper       | 3.000 |
|                                       | 2 I look forward to learning new things at sc..  | 0.000 |
| <b>School Other-Distr..</b>           | 2 I try hard to get good grades on my work       | 0.000 |
|                                       | 2 I enjoy coming to school                       | 1.000 |
| <b>Mean to Others-District</b>        | 9 I am late to school                            | 1.000 |
|                                       | 9 I complete my school work on time              | 2.000 |
|                                       | 4 I blame others for my mistakes                 | 1.000 |
|                                       | 4 I make fun of others                           | 1.000 |
|                                       | 4 I talk about people behind their back          | 1.000 |

#### Teacher-Individual Report

|                 |                            |       |
|-----------------|----------------------------|-------|
| <b>District</b> | Attention & Academic ..    | -0.66 |
|                 | Social Skills & Peer Rel.. | -0.41 |
|                 | Internalizing Behavior..   | -0.38 |
|                 | Self-Regulation & Exte..   | -0.44 |
|                 | General Risk-District      | -0.38 |
| <b>School</b>   | Attention and Academ..     | -0.60 |
|                 | Social Skills and Peer ..  | -0.33 |
|                 | Internalizing Behavior     | -0.34 |
|                 | Self-Regulating and Ex..   | -0.33 |
|                 | General Risk               | -0.31 |



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In addition, the Coalition has partnered with the Regular Education Behavior Support Specialists in CPS to collaborate and align practices. We meet monthly with leaders from this team and have invited special education members to discuss common barriers and solutions. The most recent meeting resulted in surveying stakeholders on each school's problem-solving team process and gathering a common list to be shared and communicated to key administration. It is critical that schools utilize the checklist data, and other available data, in a problem-solving process/team to put interventions into place and monitor interventions already in process, if we are to achieve positive student outcomes.

For the upcoming 2018-2019 school year, we have initiated and scheduled meetings that highlight the collaboration amongst all professionals supporting youth mental health and behavioral needs in CPS with administrators. Beyond this, a collaborative document demonstrating how each system works alongside the school and in collaboration has been developed and will be shared with administrators at the start of school. This presents an opportunity for administrators to understand the intersection of our work with partners and clarify understanding of Coalition's model, role, and work.

**Target:** Students who are at-risk or in-risk will be identified by the Boone County Schools Mental Health Coalition Checklist

- **Goal:** 80% of students in need of supports will be referred for services or receive a school-based intervention
- One of the primary goals of the Coalition's work with schools is to ensure that all students identified as at-risk or in-risk are provided support via targeted or individualized interventions that match their identified need and level of risk. This is achieved through small group interventions, problem solving team plans, collaboration with schools and families to link students to outside resources, and other activities. Coalition coordinators have worked with a subset of schools to comprehensively track and document school-based services and referrals for students identified as at or in-risk by the checklists. Coordinators strive to meet regularly and collaboratively document these services in a manner that is feasible for schools. Coordinators were successful in documenting provided services with their schools for all identified students at 44 of the county's schools. Of the 44 schools, a total of **2,388** students were identified as in-risk by the student checklist. Of the **2,388** identified, **1,236**, **52%** received services appropriate for their given level of risk. The number of schools documenting provided services has drastically improved since our last report. Coordinators will continue to work with staff on accurately documenting services and also refusal of services.



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**Quality Improvement:** While regional coordinators are integral in provision of services to at-risk students, they are not the only mental health providers in schools. Thus, they are not always aware of all the services provided to students in school buildings. We have been working to increase awareness and documentation of services provided to students in the schools.

**Solutions:** We continue to collaborate with school counselors and administrators, share the results of this process, and plan for continued use to bring more representation of and valid data. The data collected this year represents a vast improvement in working with schools to identify the number of youth identified as at risk and receiving services. This highlights improved collaboration with schools. We increased the number of schools in which information is presented and reported to 44 schools. In the prior year, we had a smaller subset of school reporting. Our hope is that this continues to grow and represent all schools in the upcoming school year.

**Target:** Schools will share their data with teachers in the building

- **Goal:** 80% of schools will share the data with their teachers
  - According to the coordinators, **96% (50/52)** of schools shared checklist data with teachers.

**Quality Improvement:** Rates reported by school partners indicated higher levels of dissemination of checklist data to teachers. Despite this, consumer satisfaction surveys (below) still indicate many teachers report never seeing checklist data.

**Solutions:** It is imperative that teachers and school staff both have the chance to review and use the checklist data. The Coalition received extensive training this summer in sharing both checklist data and the results of implemented interventions with relevant school staff to improve the feedback loop of collected data. Additionally, we will provide feedback to superintendents of reported fidelity and brainstorm potential solutions. **See more solutions below in the consumer satisfaction section of the report.**

**In addition to previously employed strategies, we plan to share consumer satisfaction results from both school staff surveys at district meetings with administrators and regularly at our board meeting to generate collaborative solutions.**

### Program Service Area: Professional Coaching

The BCSMHC provides professional coaching to school staff through systems level consultation, teacher consultation, data reviews, and problem-solving teams. System level consultation consists of consulting with school staff to improve school practices addressing a specific risk



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area through the implementation of an intervention or planning of intervention(s) (e.g., PBIS meetings, planning school wide intervention, consulting about universal interventions in place). Teacher consultation consists of consulting with teachers on how to support students or how to improve their classroom (e.g., consulting about classroom component of a behavior plan, discussing the use of classroom management practices, and implementing the Classroom Check-up, a consultation model to support teachers in use of effective classroom management practices). Problem Solving Team consultation consists of participating in problem solving team meetings within school buildings to support student social, emotional, behavioral, and/or academic needs.

### Determining Effectiveness

**Target:** Schools who utilize professional coaching will implement at least one evidenced base intervention for students at at-risk

- Goal: 80% of schools who use consultation will implement one or more evidence-based intervention for targeted areas of risk identified by the BCSMHC checklist.
- According to school report, **100% of schools indicate implementing an evidence-based universal, selected, or indicated intervention.**

**Target:** School staff will receive support developing and implementing behavior support plans to students at/in risk.

- Goal: 70% of students with behavior support plans will demonstrate a decrease in behavior problems.
- **73% (148/204)** of students with behavior support plans that were monitored using data demonstrated a decrease in behavior problems or an increase in desired behaviors. A total of 342 behavior support plans were developed by school problem solving teams, however, 138 behavior support plans were not monitored using data. This is an area of improvement as we continue to help our schools build capacity in the ability to monitor behavior plans with data and to make decisions based on these data.

**Determining Effectiveness:** Progress monitoring data was used to evaluate the effectiveness of individualized behavior supports for students. Specifically, a Direct Behavior Rating (DBR) as a method to capture progress across three global areas of student behavior: Respectful Behavior, Disruptive Behavior, and Academic Engagement. The DBR asks teachers to provide a rating of the estimation of time students engaged in each of three behaviors. The DBR is a strong choice for progress monitoring due to its high level of technical adequacy, ability to monitor progress across a variety of behaviors with no manipulation of response type, and high level of ease and completion and acceptability by teachers. In particular, progress monitoring can occur daily or



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weekly. Research indicates there is difficulty in engaging teachers in regular completion of progress monitoring without intensive support. Thus, our ability to engage teachers in the completion of the DBR is promising. Without completion of progress monitoring measurement, effectiveness of student's most intensive interventions are not properly monitored and therefore will be unlikely to maximize benefits and progress.

### **Progress Monitoring of Individualized Function-based Interventions**

Individualized supports in the form of daily, function-based interventions account for the majority of individualized supports. To evaluate intensive function-based interventions, each student's teacher completed a DBR daily. Visual examination of the data, including trend, level, and immediacy of change were regularly monitored and examined to determine if students were making adequate progress towards individualized goals or if there is a need to change the plan.

A total of **204** students received intensive individualized behavior interventions that were adequately progress monitored using DBRs, **73% (148/204) of the students demonstrated improvements** based on teacher report of DBR data as evidenced by an increase in academic engagement and respectful behavior and/or a reduction in disruptive behavior. Of the students that demonstrated stagnant progress, all interventions have continued to be modified as a result of slow progress or declines. An example of progress monitoring of an individualized support is provided below in Figure 4.

Progress monitoring is a time and resource intensive process that requires school staff to rate students daily and teams to monitor and review staff ratings in a systematic format regularly (e.g., daily or weekly). The intention of progress monitoring is to monitor intervention effectiveness in a manner that allows for ongoing decision-making quickly and efficiently. The total number of students monitored represent an increase from previous reporting cycles. In particular, our team has used a new system to increase the number of staff ratings in a feasible manner. Using this system, data presentation during problem-solving team meetings is non-intrusive and efficient. We are eager to see student improvements as a result of the continued use of these systems in the upcoming school year.



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**Figure 4. Progress Monitoring Effectiveness Example**



Professional coaching was provided to a total of **812 unique individuals across the 2018-2019 school year**. These individuals included a range of school staff including, administrators, counselors, general and special educators, and support staff. Professional coaching often occurs in problems solving teams which include six or more school personnel.

### Intervention Services Provided

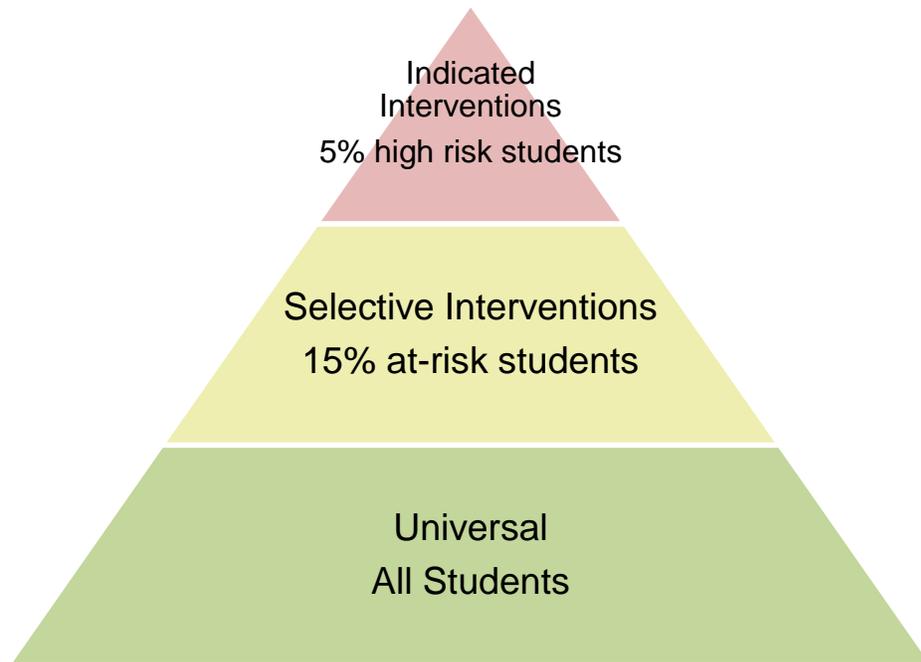
As a result of the checklist data approximately **5,900 youth received an intervention** to support their social behavioral or emotional health during the 2018-2019 school year. Below, we provide summaries of the number of youths across the 52 school buildings in the Coalition who received an evidence-based intervention or were connected to appropriate outside resources 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 5. Public Health Approach to School-based Mental Health Supports**



*Note:* The interventions were directly linked to data gathered from the teacher and student checklists. 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 and reducing bullying behaviors among 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.



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- **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 manualized 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. All regional coordinators have access to the manual and evidence-based interventions recommended in the manual.

### Program Service Area: Universal Intervention

During checklist reviews, regional coordinators utilize school level data to determine if the level of risk in a school building or classroom would best be addressed by a universal intervention. Through a universal intervention, school staff members are trained in the chosen intervention. Regional coordinators provide continuous consultation throughout intervention implementation regarding scheduling, materials, fidelity to the intervention, as well as measurement of effectiveness of the intervention.

Across the county, **4,495 students** have received at least one universal intervention through the supports of regional coordinators. Throughout this last year, the BCSMHC has help several school buildings and classrooms implement universal interventions. One example is *Second Step*. *Second Step* is a manualized evidence-based social skills curriculum that can be taught by classroom teachers. Through the 25 lessons, *Second Step* strengthens a student's social-emotional skills by in-classroom lessons taught once a week in addition to daily activities. This universal intervention works on helping students to better manage their emotions while also learning how to properly control their reactions. By improving upon students' social-emotional skills, students begin to be aware of others' feelings and better their problem-solving and decision-making skills. For more information on Second Step, visit (<https://www.secondstep.org>).

An added benefit to the implementation of *Second Step* in schools is the newly embraced *Second Step Bully Prevention* curriculum that can stand alone or supplement the core curriculum. Recently, CPS, elementary counselors, have begun implementing this Bully Prevention curriculum, district wide. The match of materials ultimately benefits students as they are exposed to the same terminology and principles. Beyond this, CPS elementary



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counselors continue to use the *Second Step Child Abuse and Neglect Prevention* package. Together, the three curriculums provide a well-rounded prevention-based intervention that should yield strong results in future years. We continue to gather information about what schools utilize curriculums and are eager to evaluate long-term impact of these interventions across future school years.

### **Universal Intervention Example: Classroom Check-Up**

Our staff has continued training in the implementation of a universal consultation support for classroom management, the Classroom Check-up (Reinke, Herman, & Sprick, 2011). The Classroom Check-Up (CCU) is a consultation method for supporting teachers in the improvement and use of evidence-based classroom management techniques to improve overall student engagement and academic achievement in the classroom. Coalition coordinators have worked with teachers to assess their classroom and develop plans/interventions to implement that benefit all students via teacher implementation of behavior management strategies and effective instruction. Some schools have utilized grade level checklist data to identify grade levels that demonstrate a need for improved classroom management and provided CCU support to these teachers. Some schools have elected to provide CCU in a rotating basis to all first-year teachers, teachers that have requests for behavior management support, or those identified by administrators as a teacher that may benefit. As a result, interventions have been implemented including: The Good Behavior Game, an evidence-based intervention for increasing classroom based self-regulation, interventions to implement new class wide-routines, and strategies to improve overall classroom engagement. Coordinators and school personnel who have been trained in the use of the CCU consultation model, utilize the [www.ClassroomCheckUp.org/](http://www.ClassroomCheckUp.org/) website as a coach that provides resources, training videos, and materials to support teachers. More information about the CCU can be accessed through an overview brief on the Evidence Based Interventions (EBI) Network site: <http://ebi.missouri.edu/wp-content/uploads/2016/06/CCU-Brief.pdf>

### **Determining Effectiveness**

**Target:** Schools implementing universal interventions in their building will demonstrate a decrease in the percentage of students who exhibit risk indicators in the targeted domains.

- **Goal:** Students who do not have risk in the targeted domain will continue to show no risk and 10% of students who have risk in the targeted domain will no longer be at risk post intervention.



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The universal interventions implemented focused mostly on improving student attention, self-regulation, social skills, and reducing externalizing problems. Thus, these areas were of focus for these analyses. Table 1 demonstrates changes in risk across these domains from fall checklist administration to end of year checklist administration.

Overall, some students who started as having risk had no risk at the end of the year (range 29-62%), whereas low percentages of students who had no risk at the start of the year demonstrated risk at the end of the year (range 3-6%). Table 1 provides a summary of the percentages of students who improved versus those who developed risk by teacher and student report between fall and spring checklist data. There were a relatively large changes in percentage of students who improved over the course of the school year versus those that developed risk.

**Table 1. Changes in Risk across Schools Implementing Universal Interventions 2018-2019 School Year.**

| Risk Area                              | Students Improved | Students who Develop Risk |
|--|-------------------|---------------------------|
| Teacher Report: Attention Problems     | 62%               | 6%                        |
| Teacher Report: Social Skills Problems | 39%               | 3%                        |
| Teacher Report: Externalizing Problems | 57%               | 4%                        |
| Student Report: Externalizing Problems | 29%               | 3%                        |
| Student Report: Social Skills          | 33%               | 3%                        |
| Student Report: Self-Regulation        | 47%               | 4%                        |

**Table 2. Universal Interventions by Domain**

| Focus of Intervention                    | Level      | # of Students |
|--|------------|---------------|
| Attention & Academic Competence          | Elementary | 209           |
|  | Middle     | 1039          |
|  | High       | 186           |
| Peer Relations & Social Skills           | Elementary | 1032          |
|  | Middle     | 0             |
|  | High       | 0             |
| Internalizing Problems                   | Elementary | 40            |
|  | Middle     | 31            |
|  | High       | 96            |
| Self-Regulation & Externalizing Problems | Elementary | 1833          |
|  | Middle     | 23            |
|  | High       | 6             |



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|                             |            |              |
|-----------------------------|------------|--------------|
| <b>School Engagement</b>    | Elementary | 0            |
|                             | Middle     | 0            |
|                             | High       | 0            |
| <b>Total 2018-2019 year</b> |            | <b>4,495</b> |

**Program Service Area: Group Therapy Child**

BCSMHC regional coordinators provide group therapy to students by utilizing evidence-based curriculums and interventions. Students are selected to receive an intervention based on risk level as assessed by the teacher and/or student checklist data. Groups target areas of risk (self-regulation, social skills, etc.). We have provided selective interventions based on the screening data to **360 students** during the 2018-2019 school year. 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. **100% of counselors indicated they have reviewed the checklist data and many groups implemented were selected collaboratively between regional coordinators and counselors.**

These data are only those groups for which regional coordinators helped to coordinate or implement. We expect many more students have received services as a result of screening data. We continue to collaborate with counselors to build systems and infrastructure to document how many students 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.

**Table 3. Tier 2 Interventions Provided by Domain**

| Focus of Intervention                               | Level      | # of Students |
|---|------------|---------------|
| <b>Attention &amp; Academic Competence</b>          | Elementary | 3             |
|   | Middle     | 1             |
|   | High       | 0             |
| <b>Peer Relations &amp; Social Skills</b>           | Elementary | 123           |
|   | Middle     | 17            |
|   | High       | 0             |
| <b>Internalizing Problems</b>                       | Elementary | 36            |
|   | Middle     | 39            |
|   | High       | 12            |
| <b>Self-Regulation &amp; Externalizing Problems</b> | Elementary | 78            |



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|                             |            |            |
|-----------------------------|------------|------------|
|                             | Middle     | 35         |
|                             | High       | 2          |
| School Engagement           | Elementary | 0          |
|                             | Middle     | 0          |
|                             | High       | 14         |
| <b>Total 2018-2019 year</b> |            | <b>360</b> |

### Determining Effectiveness

Pre and post assessments were conducted for students who received a group intervention. The summary of these findings is provided below. In general many students demonstrated some benefits based on the data with between 50% to 89% of students showing improvements.

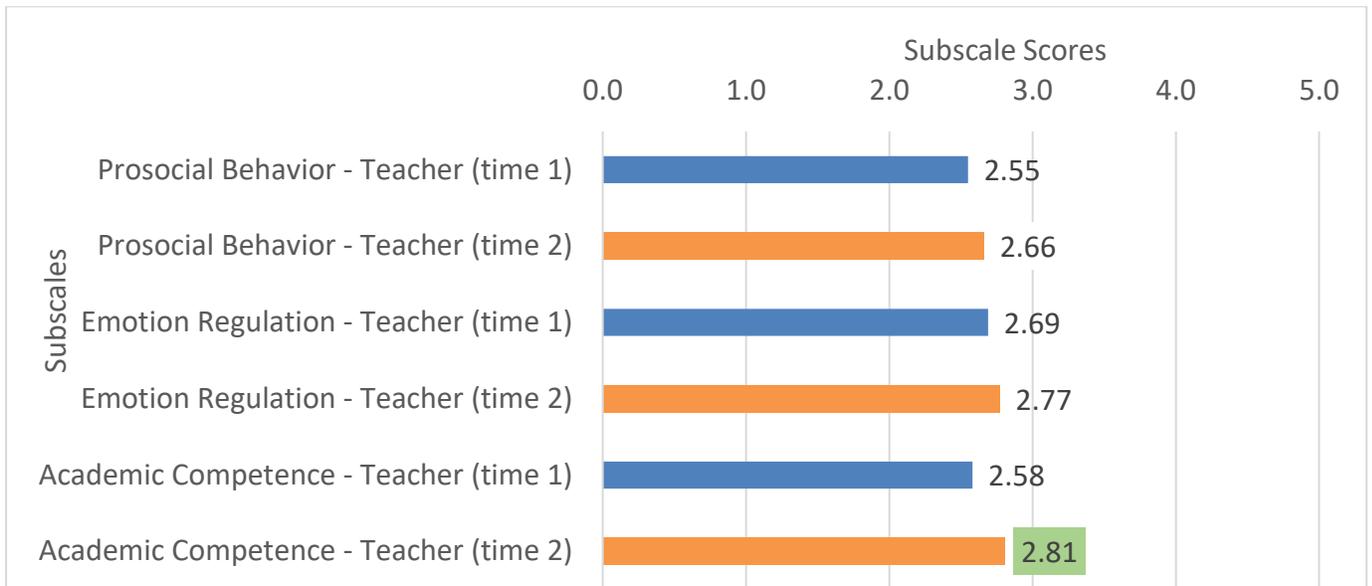
#### Peer Relations and Social Skills Group Intervention Results

**Teacher Report.** During the 2018-2019 school year, teachers provided information on 108 of the students who received a peer relations and social skills intervention based on the Winter 2018 administration of the teacher and student checklist. In order to evaluate the impact of the intervention on student outcomes, teacher surveys were administered before and after the delivery of the intervention. Blue bars indicate pre intervention scores and orange bars indicate post intervention scores. Average score values contained within a green box indicate statistically significant improvements. Results of paired samples t-tests between pre and post measures indicated that there was a significant difference between pre and post measures of **Academic Competence**  $t(107)=-3.31, p = 0.01$ . Overall, **57% (61/108) of students demonstrated improvements** in Prosocial Behavior, Emotion Regulation, or Academic Competence.



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**Figure 6. Teacher Report on Student Prosocial Behavior, Emotion Regulation, and Academic Competence Before and After Intervention.**



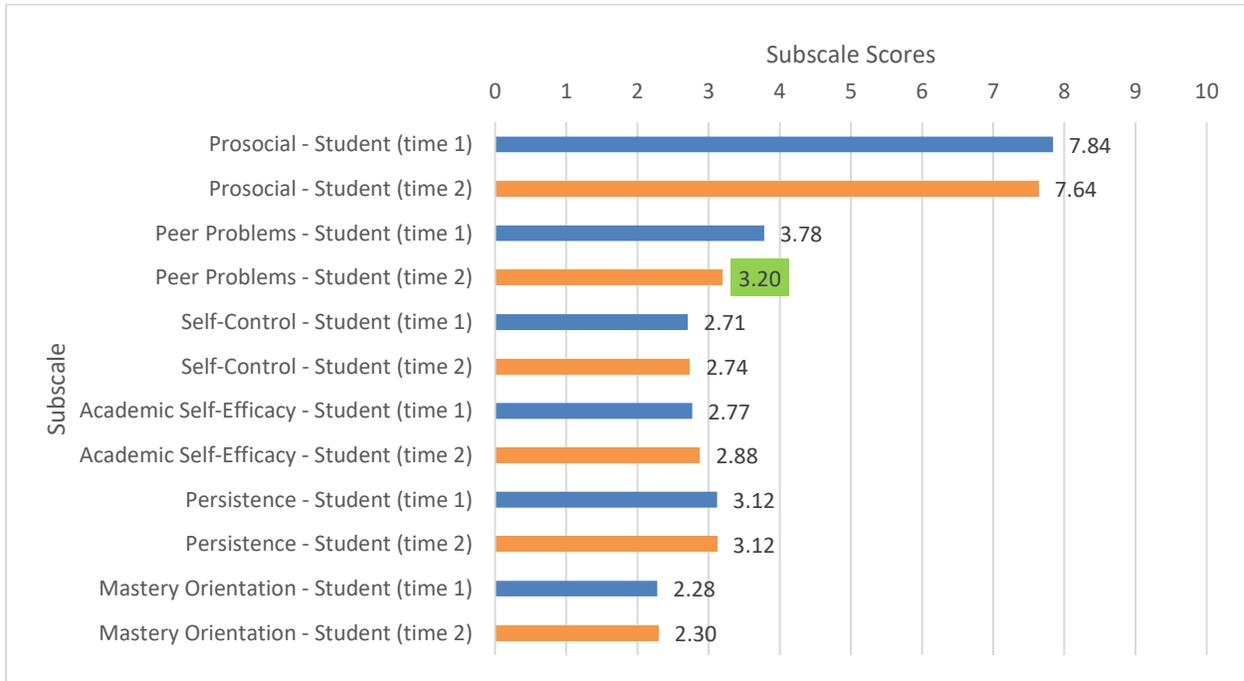
Subscale Notes: Prosocial Behavior, Emotion Regulation, and Academic Competence: range 0-5, higher scores are better.

**Elementary Student Self-Report.** During the 2018-2019 school year, students in elementary school who received a peer relations and social skills intervention based on the teacher and student. In order to evaluate the impact of the intervention on student outcomes, student surveys were administered before and after the delivery of the intervention. A total of 59 students provided these data. Blue bars indicate pre intervention scores and orange bars indicate post intervention scores. Average score values contained within a green box indicate statistically significant improvements. Results of paired samples t-tests between pre and post measures indicated that was a significant difference between pre and post measures of **Peer Problems**  $t(58)=2.81, p = 0.007$ . Overall, **78% (46/59) of students demonstrated improvements** in Prosocial, Peer Problems, Self-Control, Academic Self-Efficacy, Persistence, or Mastery Orientation.



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**Figure 7. Elementary Student Self-Report on Prosocial Behavior, Peer Problems, Self-Control, Academic Self-Efficacy, Persistence, or Mastery Orientation Before and After Intervention.**



Subscale Notes: Prosocial: range 0-10, higher scores are better; Peer Problems, range 0-10, lower scores are better; Self-Control, Academic Self-Efficacy, Persistence, and Mastery Orientation: range 1-4, higher scores are better; Prosocial Behavior, Emotion Regulation, and Academic Competence: range 0-5, higher scores are better.

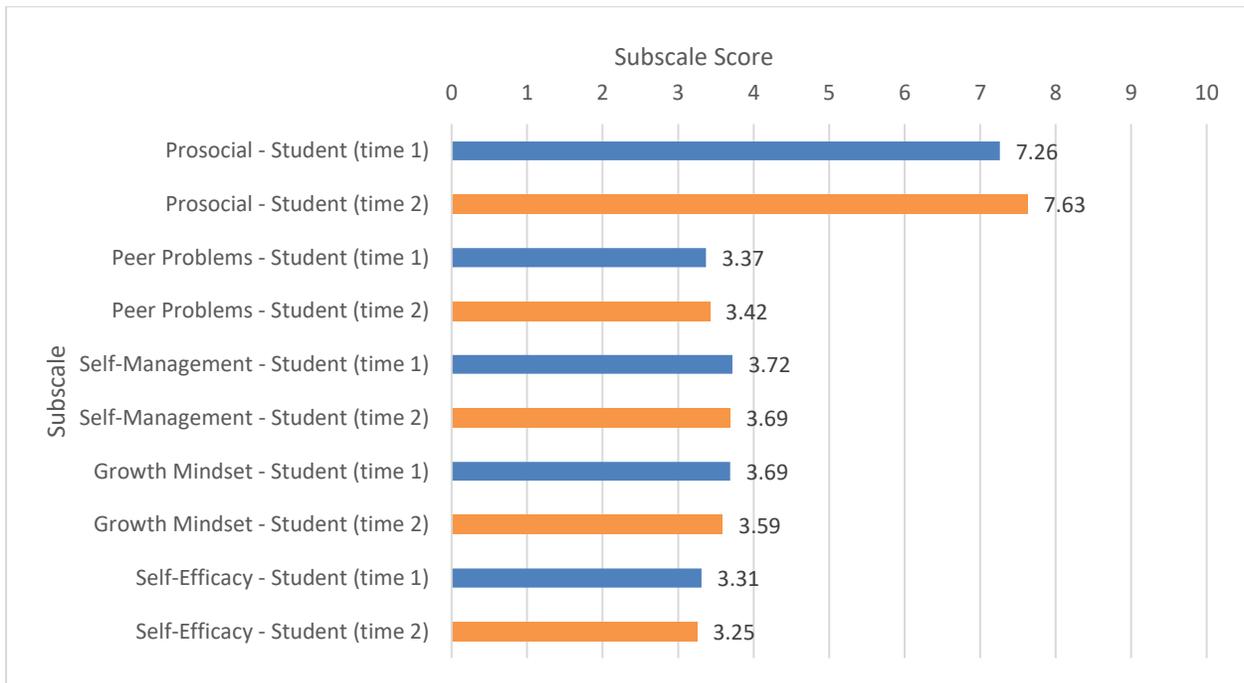
**Secondary Student Self-Report.** During the 2018-2019 school year, secondary students received a peer relations and social skills intervention based on the teacher and student checklist. In order to evaluate the impact of the intervention on student outcomes, student surveys were administered before and after the delivery of the intervention. A total of 35 students provided these data. Blue bars indicate pre intervention scores and orange bars indicate post intervention scores. Results of paired samples t-tests between pre and post measures indicated that there was no significant difference between pre and post measures.

**Overall, 89% (31/35) of students demonstrated improvements in Prosocial, Peer Problems, Self-Management, and Self-Efficacy.**



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**Figure 8. Secondary Student Self-Report on Prosocial Behavior, Peer Problems, Self-Management, and Self-Efficacy Before and After Intervention.**



Subscale Notes: Prosocial: range 0-10, higher scores are better; Peer Problems, range 0-10, lower scores are better; Self-Management, Growth Mindset, and Self-Efficacy: range 1-5, higher scores are better.

**Externalizing and Self-Regulation Group Intervention Results**

**Teacher Report.** During the 2018-2019 school year, students received self-regulation and externalizing problems intervention based on administration of the teacher and student checklist. In order to evaluate the impact of the intervention on student outcomes, teacher surveys were administered before and after the delivery of the intervention. Teachers provided these data for 18 students. Blue bars indicate pre intervention scores and orange bars indicate post intervention scores. Average score values contained within a green box indicate statistically significant improvements. Results of paired samples t-tests between pre and post measures indicated no significant difference between pre and post measures. Overall, **50% (9/18) of students demonstrated improvements** in Conduct Problems, Disruptive Behavior, or Emotion Dysregulation.



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**Figure 9. Teacher Report of Conduct Problems, Disruptive Behavior, or Emotion Dysregulation Before and After Intervention.**



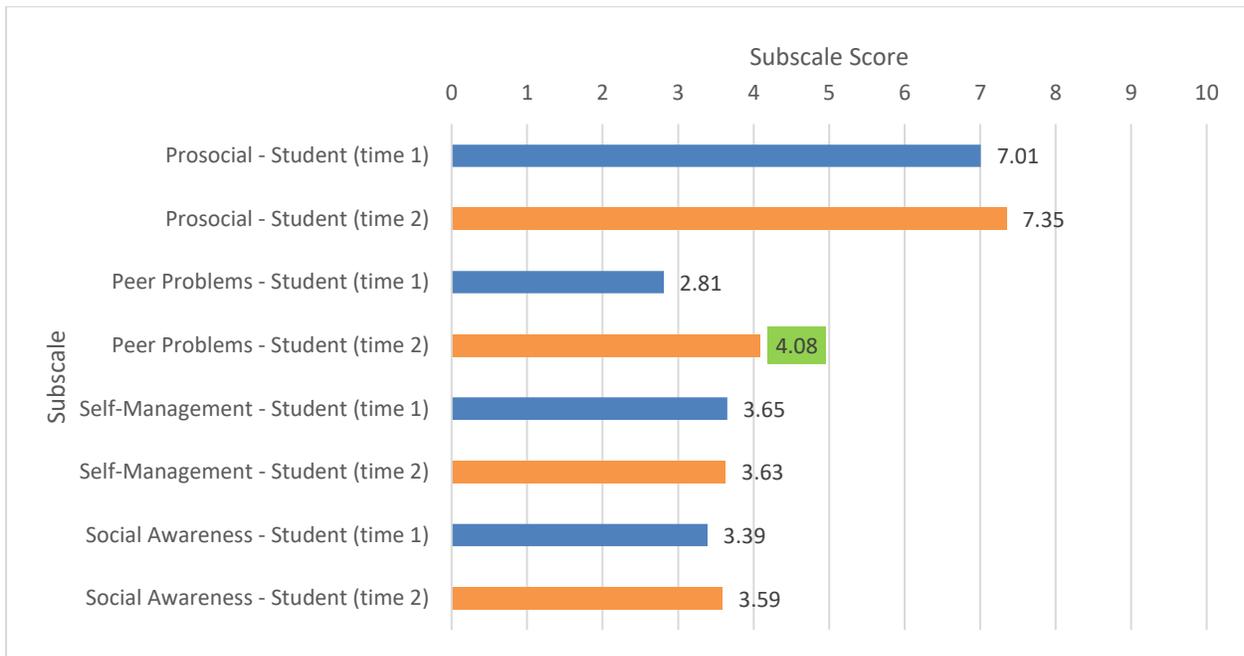
Subscale Notes: Conduct Problems: range 0-3, lower scores are better; Disruptive Behavior and Emotion Dysregulation: range 1-6, lower scores are better.

**Student Self-Report.** During the 2018-2019 school year, secondary students received a self-regulation and externalizing problems intervention based on the teacher and student checklist. In order to evaluate the impact of the intervention on student outcomes, student surveys were administered before and after the delivery of the intervention. A total of 26 students provided these data. Blue bars indicate pre intervention scores and orange bars indicate post intervention scores. Results of paired samples t-tests between pre and post measures indicated that there was an increase in peer relations problems (in the wrong direction) for students receiving the intervention between pre and post measures. **Overall, 85% (22/26) of students demonstrated improvements** in Prosocial, Peer Problems, Self-Management, and Social Awareness.



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**Figure 10. Student Self-Report on Prosocial Behavior, Peer Problems, Self-Management, and Social Awareness Before and After the Intervention.**



Subscale Notes: Prosocial: range 0-10, higher scores are better; Peer Problems, range 0-10, lower scores are better; Self-Management and Social Awareness: range 1-5, higher scores are better.

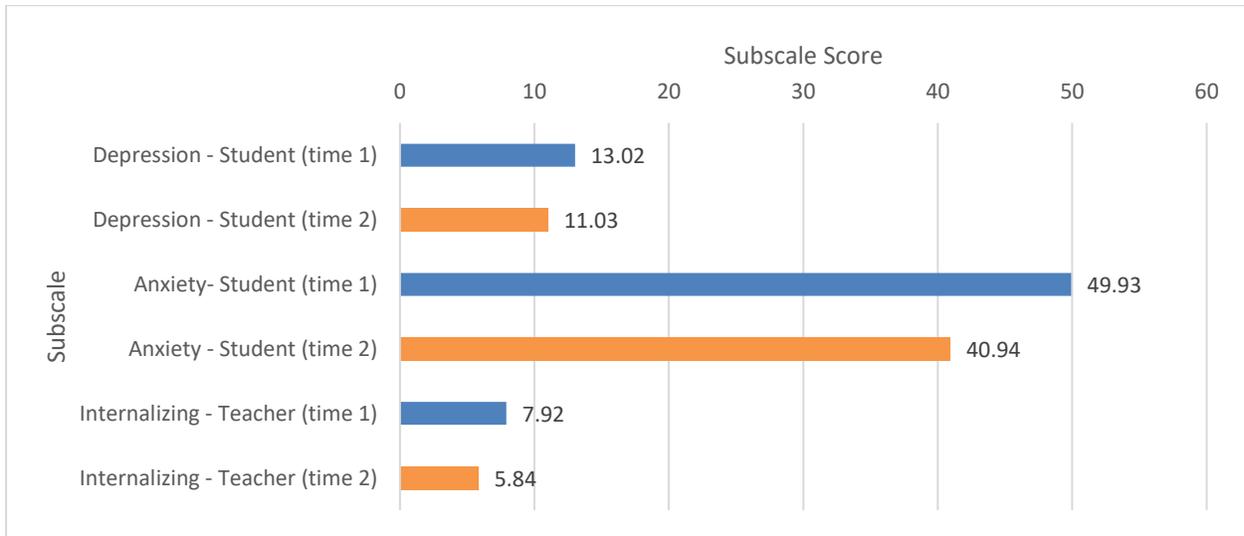
**Internalizing Problems**

During the 2018-2019 school year, students received an internalizing intervention based on the teacher and student checklist. In order to evaluate the impact of the intervention on student outcomes, student and teacher surveys were administered before and after the delivery of the intervention. A total of 64 students provided self-report data. In addition, teacher provided these data for 33 students. Blue bars indicate pre intervention scores and orange bars indicate post intervention scores. Results of paired samples t-tests indicated that **there were significant difference between pre and post measures on student reported Depression,  $t(63)=2.83, p = 0.006$  and Anxiety,  $t(63)=3.99, p = 0.001$ .** Teacher report also indicated **significant improvement in internalizing problems for students receiving the intervention,  $t(32)=2.95, p = 0.006$**  Overall, **72% (46/64) of students demonstrated improvements in Depression or Anxiety, and 58% (19/33) demonstrated improvements in Internalizing problems by teacher report.**



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**Figure 11. Teacher and Student Report on Internalizing Problems Before and After Intervention.**



Subscale Notes: Across all domains, lower scores are better.

**Fidelity of Implementation**

Fidelity is defined as the degree to which interventions are implemented as intended and is considered important and necessary. If an intervention is not implemented with fidelity and we find no effects, the lack of impact may be because the intervention was not actually implemented (not because the intervention did not work). Thus, levels of fidelity influence the effectiveness of interventions. The Coalition has begun use of a universal fidelity tool, the U-FIT, co-developed by Drs. Sarah Owens, Wendy Reinke, and Shannon Holmes, to measure and provide meaningful feedback to consumers about intervention implementation.

Since January 2018, we have refined our system based on user feedback. A specific feature that has been added to our system is a performance feedback mechanism for implementers. Specifically, fidelity scores can be entered into a system that provides immediate feedback to implementers with suggestions for improvements and student attendance and engagement data. This information is valuable in improving delivery of curriculum content in manners that we know, based on literature and research, is effective. For example, for skill-based interventions, it is optimal for implementers to provide a) Instruction in the new skill; b)



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Appropriate models of the skill being used; c) Opportunities to practice the skill in multiple settings, and; d) Feedback on the use of the skill. If one of these components is missing or underutilized, our system will provide suggestions for ensuring its delivery as intended by skill-based intervention manuals. See Figure 12 below for a visual example of the feedback provided by the system. Furthermore, Dr. Holmes received continued funding to support work around this tool, which is further detailed in the Products section of this report.

This is especially important for service areas #3 and #4 as lack of fidelity can often result in poor student outcomes. Many times, fidelity of implementation or student outcomes are not evaluated until the end of an intervention, thereby limiting the ability of an implementer to change delivery methods or intervention techniques throughout the course of the intervention. **Therefore, this method of feedback offers the ability for implementers to maximize student outcomes during the intervention, increasing cost effectiveness and, ultimately, positive student outcomes.**

**Figure 12. Example Fidelity Feedback**

| Fidelity Dimension                                   | Critical Component   | Ave Rating | Recommendations   |
|--|----------------------|------------|---|
| Engagement   | Engagement           | 3          | If rating is in the red or yellow, try: asking more questions of students related to content, increase use of praise to students who are engaged, catch students not engaged and praise them when they participate. |
| Adherence  | Skill introduction   | 3          | If rating is in the red or yellow, try:   |
|  | Skill promotion      | 4          | If rating is in the red or yellow, try:   |
| Quality of delivery of skill introduction components | Explicit instruction | 3          | If rating is in the red or yellow, try:   |
|  | Modeling             | 4          | If rating is in the red or yellow, try:   |
|  | Practice             | 4          | If rating is in the red or yellow, try:   |
|  | Feedback             | 3          | If rating is in the red or yellow, try:   |
|  | Goals                | 5          | If rating is in the red or yellow, try:   |



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|   |                |   |  |
|---|----------------|---|--|
| Quality of delivery of skill promotion components | Practice       | 1 | If rating is in the red or yellow, try: set aside time during group to practice, use role-play to practice.  |
|   | Feedback       | 1 | If rating is in the red or yellow, try: be sure to give positive feedback and discuss areas for improvement following each practice opportunity, ask students what they felt went well and what could be improved. |
|   | Skill transfer | 1 | If rating is in the red or yellow, try: set aside a time for students to practice in authentic settings, provide teachers and parents with handout to monitor skills in classroom and at home.                     |

**Program Service Area: Individual Therapy Child**

BCSMHC regional coordinators provide individual therapy to students by utilizing evidence-based curriculums and interventions. Students are chosen based on risk level as assessed by the teacher and/or student checklist data. The evidence-based intervention is determined by areas of risk (internalizing problems, etc.). Since January 2018, coordinators have worked with school staff to provide **533 individual students** with individual therapy or appropriate tier 3 supports via function-based interventions, the use of internalizing protocols, referrals to outside agencies, or use of suicide risk assessments and intervention procedures, when appropriate. **105 of these students received Individual Therapy.** In the previous academic year, limited effectiveness data was able to be completed to evaluate impact of interventions. In the current year, individual therapy effectiveness was tracked using the Tracker system, developed by Dr. Kristin Hawley, and the Coalition pre and post assessments. These systems monitor improvement in Top Problems identified by the student and family, and changes in behavior and mood functioning in an ongoing manner throughout individual sessions. Examples of both reports are provided below. Furthermore, student reports are combined with fidelity data to help make decisions based on implementation and appropriate next steps based on findings.



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**Table 4. Tier 3 Interventions Provided by Domain**

| Focus of Intervention                    | Level      | # of Students |
|--|------------|---------------|
| Attention & Academic Competence          | Elementary | 95            |
|  | Middle     | 0             |
|  | High       | 4             |
| Peer Relations & Social Skills           | Elementary | 13            |
|  | Middle     | 2             |
|  | High       | 0             |
| Internalizing Problems                   | Elementary | 75            |
|  | Middle     | 119           |
|  | High       | 90            |
| Self-Regulation & Externalizing Problems | Elementary | 95            |
|  | Middle     | 20            |
|  | High       | 8             |
| School Engagement                        | Elementary | 4             |
|  | Middle     | 0             |
|  | High       | 8             |
| <b>Total Since July 2018</b>             |            | <b>533</b>    |

**Determining Effectiveness:**

Assessments were administered before and after individual therapy. As a result, a total of 67 students provided pre and post assessment data. Results of paired samples t-tests indicated that **there were significant difference between pre and post measures on student reported Depression,  $t(66)=4.28, p = 0.001$  and Anxiety,  $t(66)=5.56, p = 0.001$ . 82% (55/67) demonstrated improvements on either depression or anxiety symptoms.** Teachers provided data for 39 students. **These data also indicated significant improvement in internalizing problems for students receiving the intervention,  $t(38)=2.52, p = 0.01$  with 59% (23/39) demonstrating improvements in internalizing problems.**

**Case Example: Show-Me FIRST Implementation**

Following the Fall completion of the checklist, the coalition began piloting the implementation of an evidence-based intervention for middle school youth identified as at-risk for internalizing problems. FIRST is a flexible intervention appropriate for youth with a wide range of concerns. Students receive support practicing problem-solving, understanding emotions, relaxing their mind and body, challenging negative thoughts, and trying new or difficult things. Together, these skills compose a toolkit of coping strategies for student to use to manage their emotions and thoughts before, during, and after difficult situations.



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In October 2018, Coalition staff were trained by Dr. Kristin Hawley and her team in the implementation of this intervention with youth in school. Since October, Coalition staff have collaborated with school staff to identify students that may benefit from the intervention in middle school. In particular, the Coalition staff identified students that were at-risk or in-risk in the Internalizing domain of the Student Checklist. Staff utilized a protocol to assess the level of risk the student had, supports students already had in place, and solicit student interest in receiving brief, individualized supports at school.

A total of 37 students participated in the FIRST intervention. To evaluate the effectiveness of providing this intervention to students at school in a brief, individualized format, each student completed a standardized pre and post assessment. **Results indicated that students demonstrated a significant decrease in their report top problems with the student reported mean score of 7.79 (out of 10) on the pre-assessment and a mean score of 5.07 on post assessment.**

### Program Service Area: Case Management

From July 1, 2018 to June 30, 2019, **56 families** (an unduplicated count) **attended an interagency meeting**. Several families had multiple meetings throughout the year, reaching a level that can be described as “system of care”. These families/students received case management until they linked to community providers or received additional supports from agencies with which they had ongoing relationships. Several cases will continue into the next school year.

### Effectiveness of Case Management

- Of these families, **88% (49/56)** reported high levels of **satisfaction** with interagency meetings while only 12% (7/56) rated their experiences as neutral or unsatisfactory. Families reported that they appreciated the personal attention and goal setting provided prior to meetings so that they might better communicate their needs, be more comfortable and achieve their desired outcomes in the interagency setting.
- **61% (34/56)** of families reported that their originally identified **problems reduced** as a result of this process, 11% (6/56) reported no reduction and 29% (16/56) of families were unable to be reached or did not provide ratings in this area.
- **50% (28/56)** of families reported a **reduction in stress** related to their identified problems 16% (9/56) no reduction and 34% (19/56) were unable to be reached or did not provide ratings.



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- **52%** (29/56) of families reported an **improvement in their ability to cope** with their concerns. 12% (7/56) reported no improvement and 37% (20/56) were unable to be reached or did not provide ratings.
- **92%** (52/56) of families linked, received more/different services or had some service related change as a result of an Interagency meeting.

**33 families were referred but did not attend interagency meetings** and instead benefited from professional coaching activities, consultation about how they might support their students and/or had recommendations provided to their school administration, counseling, outreach staff and problem-solving teams. Several these cases are ongoing. Many of these families plan to attend formal Interagency meetings as the next year begins.

Given the time required to effectively provide case management services, successfully redirecting families through professional coaching within the school and/or to problem-solving teams is a cost-effective strategy that demonstrates our ability to provide appropriate intensity of services.

Overall, the primary services accessed by families were (number of linkages provided): Burrell Behavioral Health (30), Great Circle campuses (12), and Boone County Family Resources/Central MO Regional Office (10), Juvenile Office supports (14) and supports through Children's Division (12). Other child and family serving agencies accessed by families as a result of this committee's work were: Compass Health/Pathways/Family Counseling Center, Love Inc., Consumer Credit Counseling, Columbia Housing Authority, Boone county schools (added services as appropriate), Family Access Center for Excellence (FACE), Missouri Psychiatric Center (MUPC), MU Bridge Program, Centerpointe Hospital, Royal Oaks, Mid-Mo Legal Aid, Private Practices, and related providers, the Bureau of Special Health Care Needs, the Thompson Center, Heartland Hospital, and Boone Hospital. Many families had already established linkages and supports via school teams or agency referrals prior to attendance at an Interagency meeting, so the majority of the meetings this year were held to coordinate care among the various agencies already involved with the family.

### **Areas for improvement:**

Many families stated or engaged in behavior that indicated they disliked conversation to collect data on their levels of stress, coping and top problems. In several cases we were unable to engage the family past the initial interagency meeting, so information about engagement (link to, or attend first session or receive more services) was obtained through interagency release of information with schools or agencies. For this same reason, gaining information and ratings related to stress reduction and increased coping was difficult.



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The Coalition has consulted with agencies such as the Family Access Center for Excellence (FACE) and with the MU Psychological Services Clinic to explore mechanisms for collecting ratings in a non-aversive manner. Text messaging was requested by several families in this reporting period, in order for conversations to be quick, less detrimental to adults in employment situations and easy to do after-hours. Maintaining contact with families is crucial to effective case management; this is an area that warrants continued attention. Investigation of parent-friendly, confidential and acceptable ways to determine program effectiveness remains a top priority.

Some no/neutral ratings or missing ratings are thought to be due to high levels of life stressors/difficult circumstances that coincided with top problems and families did not or could not separate these. For example, two mothers reported that they live with aggressive cancer and experience high stress with no meaningful relief in any area of life, no matter what intervention is provided. Two refugee/immigrant families reported high stress and fear in all areas of life and though they each indicated this committee was a helpful action, they still had high levels of stress and concern associated with their top problems.

For this coming school year and the during the next reporting period the following actions will be taken to increase communication with parents, specifically to address agencies linkages and satisfaction with resources:

- In addition to electronic communication to parents used in previous years, brochures will be used to assist with clear communication prior to meetings regarding all aspects of this interagency process and to emphasize the importance of follow up communication.
- In addition to the electronic communication as above, a parent resource folder with individualized written information will be provided at each meeting with “to-do” lists and personalized agency contact information.
- A predetermined time to contact families for follow up will be agreed upon at the time of departure from the meeting.
- A secure Qualtrics survey is under construction to provide a way to collect information via a text to families, if they agree to this method of communication. This survey mechanism may help determine if texting is a more convenient way to communicate and for parents to provide feedback and assessments of top problems.
- For some families who do not wish to have a call or text, we are considering the use of a post card to gain feedback.



## Boone County Schools Mental Health Coalition

### Program Service Area: Best Practices Training

Since July 2018, we have trained approximately **718 individuals** 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 training on specific interventions/curriculum including: 1) Second Step, 2) Check and Connect, and 3) Zones of Regulation, in addition to training on specialized topics such as: 1) Anxiety and Depression in Youth, 2). Making Use of Checklist Data, 3). Using a Suicide Risk Assessment, and 4). Student Success Teams.

Of those trained, approximately **60 students** in topics of Self Care related to mental health. Results from this training are highlighted below in Table 6.

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

### Determining Effectiveness

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 academic year **98% (210/214) of reporting staff were moderately to extremely satisfied with the trainings**. On average across trainings, **49% (106/215) of staff providing data reported an increase in knowledge on the trained topics**. Some topics teachers and staff felt they were already fairly knowledgeable. This may be a result of staff receiving trainings on previously implemented interventions. This occurs regularly at the beginning of the school year to ensure that teachers are up to date and remember how to use curriculum in which they were previously trained, therefore, large increases in knowledge may not be observed. For example, a portion of individuals trained indicated they had received previous training in the particular content area. 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.

In addition to surveying staff regarding their post training knowledge, we also follow-up with participants to ascertain how they are currently using and/or benefiting from the trainings received. All participants were emailed regarding current use of best practice trainings. Of the total staff, a total of 55 respondents provided feedback. According to our follow up survey, **47/55 or 85% respondents indicated currently using skills or information they were trained to use or implement**. Furthermore, **71% (39/55) indicate that the skills they were trained to use are helping their students**.



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**Table 5. Feedback from Best Practice Training -School Personnel Attendees from July 2018– June 2019**

| Items  | Overall (n = 215 ) |      |
|--|--------------------|------|
|  | Mean               | SD   |
| To what extent are you satisfied with the training you received and the practices covered?                   | 4.24               | 0.81 |
| How credible did you find the presenters?  | 4.62               | 0.59 |
| How satisfied are you with the content of the training and the practices covered?                            | 4.32               | 0.79 |
| How familiar/knowledgeable were you of the skills trained today BEFORE the professional development session? | 3.48               | 1.13 |
| How familiar/knowledgeable were you of the skills trained today AFTER the professional development session?  | 4.18               | 0.82 |

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

**Table 6. Feedback from Best Practice Training- Student Attendees from July – June 2019**

| Items  | Overall (n = 60) |      |
|--|------------------|------|
|  | Mean             | SD   |
| How familiar were you of the information today BEFORE the lesson was taught? | 3.26             | 0.89 |
| How familiar were you of the information today AFTER the lesson was taught?  | 4.13             | 0.67 |

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

**Consumer Feedback**

Consumer Feedback is collected through including our regular bi-annual survey. In addition, this school year, we administered a survey as a part of our funded project validating the Checklist system, therefore, two sets of consumer feedback are described below. In addition, we provide student testimonials collected over the course of the school year.

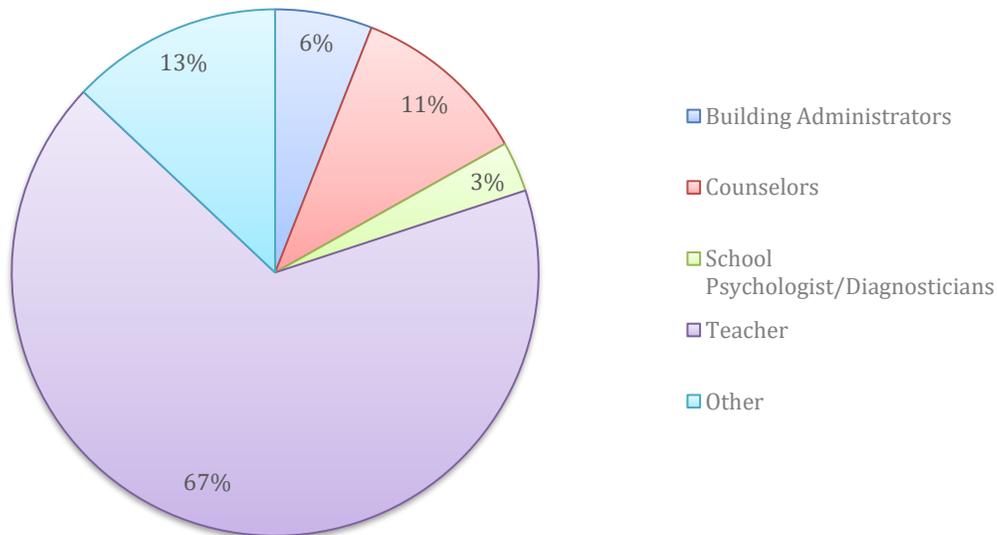


## Boone County Schools Mental Health Coalition

### Bi Annual Consumer Feedback Survey

We continue to gather biannual feedback from our Coalition school administrators, school counselors, social workers, and school psychologists, and other school staff (e.g., superintendents, district administrators, home school communicators) in efforts to refine practices and inform our work. A total of **486** individuals replied to a brief survey at the end of the school year, providing feedback regarding: 1) Importance of our work; 2) Satisfaction of work; 3) Satisfaction of the collaboration/partnership; and 4) school's use of the data. The following pie chart depicts the percentage of individuals in participating roles that completed the satisfaction survey:

**Figure 13. Roles of Staff Who Completed Satisfaction Survey**



The average ratings and standard deviations across consumer satisfaction items are provided below in Table 7.



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**Table 7. Consumer Satisfaction Survey Results July 2018 – June 2019**

| Questions:  | Administrators<br>(n = 29) | Counselors<br>(n = 53) | School Psychs<br>(n = 15) | Teachers<br>(n=326) | ALL<br>(n = 486) |
|---|----------------------------|------------------------|---------------------------|---------------------|------------------|
| <i>How important is the work the Coalition has been providing in your school(s)?</i>                            | 4.14<br>(0.92)             | 3.79<br>(0.60)         | 4.13<br>(0.52)            | 3.77<br>(0.87)      | 3.85<br>(0.85)   |
| <i>How important is the work you and the Coalition are doing together?</i>                                      | 4.14<br>(0.92)             | 3.91<br>(0.60)         | 4.07<br>(0.59)            | 3.64<br>(0.89)      | 3.75<br>(0.88)   |
| <i>Overall, how satisfied have you been with the work of the Coalition in your school(s)?</i>                   | 4.18<br>(0.86)             | 3.64<br>(0.83)         | 4.27<br>(1.0)             | 3.48<br>(0.99)      | 3.64<br>(1.00)   |
| <i>How satisfied have you been with communication and collaboration among coalition staff and school staff?</i> | 4.07<br>(0.92)             | 3.92<br>(0.85)         | 4.33<br>(1.0)             | 3.32<br>(1.0)       | 3.56<br>(1.06)   |
| <i>How satisfied have you been with your partnership with the coalition?</i>                                    | 4.28<br>(0.75)             | 3.68<br>(0.87)         | 4.33<br>(0.90)            | 3.45<br>(0.96)      | 3.63<br>(0.98)   |

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

In addition, consumers were asked about their involvement with checklist data and if appropriate for their position, if they shared the data with their teachers or staff.

- **151/327 or 46.5%** reported they were involved in the use of the checklist data.
- **88/131 or 67.2%** indicated they shared checklist information with teacher or staff.

*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 problem solving team implementation. A common theme for suggestions or areas for improvement were voiced by teachers. Specifically comments from teachers expressed the desire to see checklist data more often than current. Many teachers indicated they had never seen the checklist. Anecdotal comments revealed common themes of barriers and solutions. Based on the responses, themes that emerged included: a). Teacher’s Lack of Familiarity with Data Reports, b). Need for Clarity of Purpose and Role, and c). Collaboration through Problem Solving Teams



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### **Barrier #1: Teacher's Lack of Familiarity with Data Reports**

"I would like to see the results more often over our surveys. I would also like to see more school wide intervention for at risk students; strategies to help students, targeted material or curriculum."

--TEACHER ELEMENTARY

"I believe if we are having students take the checklist it is important to see the results of our students. I know that the high-risk students get placed in a small group outside of the classroom, but it would be highly beneficial to be able to recognize other students as well who may be struggling in an area. Classroom teachers could easily change/implement a thing or two to help meet those needs of other students not in the high-risk category."

--TEACHER ELEMENTARY

"I think the surveys are very important--however, I'm not sure what is being done with our high flyers. Our counselor has been in to discuss some of the students who were flagged, but I still would like to know what, if anything, the Mental Health Coalition is doing to help these kids be more successful and overcome their obstacles."

--TEACHER SECONDARY

"I have never met our coalition liaison. Our counselor and administrator make all decisions based on the surveys, to my knowledge. Teachers are not included on any decision-making with the surveys."

--TEACHER ELEMENTARY

"I don't hear a lot of communication with regards to how this data is being used to help students or student/staff relationships. For example: I fill out the data form on my students and don't see any results or ways this data is used."

--TEACHER ELEMENTARY

"I also wish our administration would do a better job of looking at the data and thinking of school wide interventions. I just think our administration is reluctant to take anything on."

- OUTREACH COUNSELLOR, SECONDARY SCHOOL

"While I have access to the data, the general faculty/staff do not. The principal does not share out this information on a regular basis. I am not sure what this is not done. I know the value of the information; I am not sure that the building principal sees the value of the information going out to staff"

--DISTRICT LEVEL ADMINISTRATOR

"My son is a current fourth grader and was red flagged on the survey. His teacher had no idea until I discussed it with her. It would be helpful for her to know where the concerns lie."

--TEACHER ELEMENTARY

"Please communicate with teachers what programs/services have been implemented as a result of the data collection and which of our students, if any, are participating."

--TEACHER, SECONDARY

"Let teachers know that the data is being used."

--TEACHER, SECONDARY



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"More communication, especially with results and what the coalition is doing with students based on the results." -  
--TEACHER, ELEMENTARY

"Help teachers understand why we are doing this work and what we can do to support students in need."  
--TEACHER, SECONDARY

### **Barrier #2: Need for Clarity of Purpose and Role**

"What data can and cannot be shared. Want to share everything if possible and discuss students openly. Is this in or can it be in a MOU?"  
--ASSISTANT PRINCIPAL, SECONDARY

"What concrete services and assistance can you provide to help in the now?"  
--ASSISTANT PRINCIPAL, SECONDARY

"What is exactly done with all this data? Are parents informed of the results or do parents even know teachers are answering these questions about their child? Do parents know students are answering these questions about themselves?"  
--TEACHER, SECONDARY

"I think it would be helpful to hear individual, group, and building case studies of interventions and supports that have been put in place and how they've benefitted buildings at large."  
--ASSISTANT PRINCIPAL, ELLEMENTARY

"Develop a program to inform parents of all you do in the schools. Let them know the funding source."  
--ADMINISTRATOR, K-8

### **Strengths: Collaboration through Problem Solving Teams**

"Have coalition members more regularly attend building staff meetings or grade-level data team meetings to review checklist and/or DBR data with teachers and to discuss and set-up specific supports on a more individual and on-going basis (in partnership with the school psych, counselor, or other relevant staff members)."  
--EDUCATIONAL DIAGNOSTICIAN

"At my elementary building, we have worked with our coalition person to get our problem-solving team up and running and she has been so helpful."  
--SCHOOL PSYCHOLOGIST

"The Coalition helped us set up a productive PST team and we visit data on students we are working with to have better personal and school relationships."  
--EDUCATIONAL DIAGNOSTICIAN

"I feel like we have a great partnership with our regional coordinator. She's very knowledgeable and willing to collaborate. She has provided feedback to us as we use data to develop Tier 2 interventions. I love that she serves on our building's problem-solving team!"  
--SCHOOL PSYCHOLOGIST



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"Our liaison does a wonderful job with moving our problem-solving teams along and helping consider other ideas for student supports in the classroom."

--SCHOOL PSYCHOLOGIST

### Other Praises

"As we've gotten farther into our partnership with the Coalition, we have had more buy-in from staff. The only real barriers we have met are from individual staff who are in denial of the need for mental health education and intervention in the schools, or staff whose personal organization systems need to be fixed in order to accommodate accumulating data on students. The support we have seen from our representative, coupled with her proactive nature has met these barriers with grace."

"Honestly, time. Finding the time in meetings to present the data - we've done it but that is just difficult with everything else we are doing. However, it HAS to be done!"

"I wish we had more time to do more interventions. They always prove to be great at addressing the kids' needs. I am always glad for their help - and they are always helpful, professional, and caring."

"Our partnership with the Boone County Mental Health Coalition has been extremely beneficial for our entire school community! Starting with the checklist data, we have been able to identify children needing individual and group counseling. Communicating these needs to parents and teachers is a wonderful place to start. Now in year four, we have continued to build on the information gathered and have found new ways to support all our kids and families. We have accessed a great number of services from outside help with counseling groups to grade level curriculum to address specific needs. Lou Ann is there to provide support for anything we need and is constantly stepping up to help us problem solve and find ways to meet the needs of our students and families. We can't even begin to express our gratitude for all the coalition does for OLLIS and look forward to continuing this relationship in the future!"

--Amy Kaiser, OLLIS

See appendix for an additional testimonial on the Benefits of the Coalition

--Ann Baker, Outreach Counselors

### Quality Improvement & Solutions:

Many of the suggestions for improvement supplied by teachers indicate a desire to see the checklist data and use the checklist data more frequently. We have begun to brainstorm methods for addressing key issues above. First and foremost, we will share this information with our board and gather their input. Secondly, we hope to communicate teacher feedback directly to administrators and derive solutions via administrators as they are often the decision makers in schools in how the data is used and disseminated. It is critical that we develop solutions that involve teacher input, benefit teachers, but protect the privacy of students and result in solutions that are rooted in best practices in sharing and using assessment data. **As such, solutions must involve sharing student data in a manner that supports teachers**



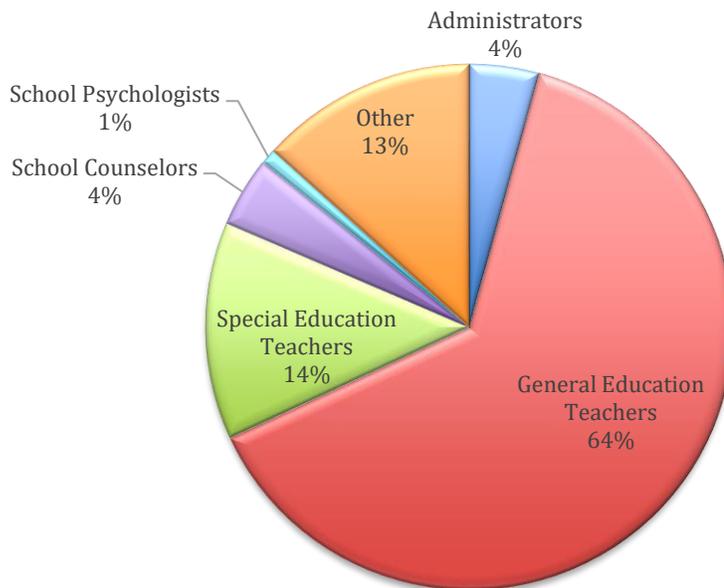
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**understanding and interpretation of the information in a valid manner so appropriate actions can be taken in response to the data.** Some solutions discussed include methods for sharing checklist data, ultimately, with parents, via teachers. Similar cautions must be used and considered with parents, we must develop innovative solutions for sharing sensitive student data with parents in a manner that can be understood and acted up on in a manner that supports and is in the best interest of all students. We are eager to explore solutions with our board members and key stakeholders.

### Partnership Survey- Consumer Feedback

Additional consumer satisfaction was collected through a survey as a part of the Institute of Education Sciences, Partnership grant supporting the validation of the Teacher and Student Checklist system. The survey was distributed to a randomly selected and representative sample of schools across school levels (e.g., elementary and secondary). The purpose of the survey was to evaluate the acceptability of the Teacher and Student Checklists, the Coalition model, and the overall use of the checklist data and model in schools. A total of **209 participants** completed the survey.

**Figure 14. Role of Participants Who Completed the Partnership Survey.**





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The number of years working in the field of education of survey participants ranged from 1-40 with an average of 13.48 (SD = 8.52)

### Acceptability of Coalition Model

The Coalition Model was defined to survey participants as: *“the data gathered, the use of the data to guide interventions, and the implementation of interventions in your school.”*

The following information describes acceptability of the Coalition Model as indicated by participants.

- **66.1%** (82/124) agree that the Coalition model is **effective in addressing social emotional and behavioral problems.**
- **97.6%** (83/85) agree that the Coalition model is **a good use of resources**
- **91.8%** (78/85) agree that the Coalition model is **consistent with mission of school**
- **88.2%** (75/85) agree the total **time required to implement Coalition model is manageable**
- **87.1%** (74/85) agree that implementation of the Coalition model is **well matched to what is expected of their job**

### Acceptability of the Teacher and Student Checklists

**On average how long does it take to complete the checklist for students in your classroom**

- 22.5% or 38/169 = less than 10 minutes
- 65.6% 111/169 = 10-30 minutes
- 11.83% 20/169 longer than 30 minutes

**84.7%** (166/196) say the data is effective in guiding support or intervention

*Acceptability of Teacher Checklist*

- **75.2%** (152/202) find the information gathered by the teacher checklist **moderately to extremely useful.**



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- **92.6%** (188/203) indicated they believe the data provided by the teacher checklist to be **moderately to extremely important.**

### *Acceptability of Student Checklist*

- **92%** (184/200) indicated they believe the data provided by the student checklist **as moderately to extremely important.**
- **80.9%** (161/199) find the information gathered by the student checklist **moderately to extremely useful**

### **Survey Participants Involvement in Use of the Data**

The following results represent participant's understanding of the use of the checklist data in their building.

**57.92%** (117/202) were able to review the data gathered by the teacher checklist

**64.2%** (129/201) indicate they were able to review the data gathered by the student checklist

**47.4%** (99/209) indicate they know their school uses the data because they are **shared with teachers**

Survey participants indicated that common methods for reviewing the data included, during faculty meetings, regular grade level team meetings, or when a counselor contacts them about an at-risk students identified on the checklist.

When asked about participant's knowledge of how their building utilizes the data in their building:

- **74.2%** (155/209) indicate they know their school uses the data through **school counselor's review** or use of data
- **53.1%** (111/209) indicate they know their school uses the data to identify students in need of **individualized supports**



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- **50.7%** (106/209) indicate they know their school uses the data to select students for **social or emotional skills groups**
- **48.8%** (102/209) indicate they know their school uses the data through a **problem-solving team/process**
- **29.7%** (62/209) indicate they know the data is used because they are used to plan **school-wide interventions**
- **15.8%** (33/209) indicate they know the data is used because they are used to guide **classroom interventions**

### **Summary:**

These results indicate the most commonly understood use of the data is through the school counselor's use of the data to form groups and initiate individualized supports.

One of the most important and intended venues for reviewing, using, and planning based on the use of data is problem solving teams. Problem solving teams (PST) are intended to use existing data sources to identify at-risk youth or school needs to: define and analyze student or school needs, develop intervention plans, and monitor and evaluate the effectiveness of those plans. PSTs are utilized to support a range of student and school needs within multi-tiered frameworks such as the model of the Coalition. Given this is an activity that Regional Coordinator's spend the greatest portion of their time participating in to develop interventions with schools, the indication that 50% of participants are aware that their PSTs use Coalition data suggests a need for education.

Beyond this, it is clear that participants are aware of data is utilized for high risk youth identified on the checklist, via counselor review and intervention, however, many are less aware of how schools are using data to support universal needs (e.g., universal supports and classroom interventions).

### **Student Testimonials**

In addition to gathering consumer satisfaction from staff and school personnel, we gathered feedback from students that were directly involved in group or individual therapy services. The following student feedback has been de-identified to protect privacy and confidentiality. Our students are our ultimate beneficiaries of services; therefore, we highly value the feedback and testimonials provided.



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### Student Testimonials from Group Therapy Participants

"The breathing exercises help me be a better listener."

--2<sup>nd</sup> grade, Strong Start intervention participant

"My favorite was reading the books. I especially like the book with the frog where the book was not being very nice to the frog. (*The Happiest Book Ever* by Bob Shea)

--2<sup>nd</sup> grade, Strong Start intervention participant

The breathing exercises help me at home when I am mad.

--2<sup>nd</sup> grade, Strong Start intervention participant

"I like the books and I never want to leave Mrs. Burbridge."

--2<sup>nd</sup> grade, Strong Start intervention participant

"I like having nice friends in the group"

--1<sup>st</sup> grade, Group therapy intervention participant

"The group helped me be a better friend."

--1<sup>st</sup> grade, Group therapy intervention participant

"I like coming here to talk about my feelings"

--3<sup>rd</sup> grade, Group Therapy participant

"It is fun to come here and be in the group together"

--3<sup>rd</sup> grade, Group Therapy participant

### 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. Twenty-one graduate students support the Motivational Interviewing with At-Risk Students (MARS) Mentoring program at a local alternative school, **providing over 500 direct service hours.**



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In addition, three school psychology doctoral students worked in the schools on a weekly basis. **These graduate students provided several hundred direct services hours to youth in schools based on the Coalition data**, providing group based and individualized services for youth. Two of the three students are returning students with a strong background in our work and collaboration with schools.

In the 2019-2020 school year, we have five school psychology doctoral students, one clinical psychology doctoral student, and one counseling psychology doctoral student slated to be trained alongside Coalition staff. All students have extensive training in psychological practices and will bring advanced training to the provided services of the Coalition.

In addition, we have two postdoctoral fellows who are funded to work with MU through a postdoctoral fellowship with the Institute of Education Sciences. Both work 20 hours per week in the Coalition schools (free to the Coalition). These activities are part of their training opportunity and both are earning their licensure hours while working in our schools.

### Resulting Products

- **Early Identification System:** We developed and have validated 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).
- **Alternative School Risk Assessment:** We have developed an assessment system for high-risk youth in alternative school placements and tailored mentoring intervention.
- **Problem Solving Team Forms:** We have developed problem solving process forms that school-based teams utilize to document the problems solving process with students in their schools. These forms have been adapted by Columbia Public Schools to use these forms universally across all schools in their district.
- **Automation of Checklist Data:** 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.



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- **Intervention Manual:** We have finalized 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. More details and the manual can be viewed below as they have been disseminated via a shared Google Drive developed and created in direct result of counselor and stakeholder feedback.
- **Best Practices Trainings:** 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/>
- **Dissemination:** We have developed dissemination brochures for parents and school personnel. These will be included within our manual and available on our website for support to school and parents
- **Website:** We developed and maintain the Boone County School Mental Health Coalition website: <http://bcschoolsmh.org>
- **Twitter:** The BCSMHC uses the social media platform, Twitter, to engage with the community and promote topics surrounding social and emotional health. @BCschoolsMH currently has 274 followers with a total of 3,269 “retweets” and 4,357 “likes”. Between January 2018-December 201, the BCSMHC’s Twitter had 47.1k impressions, which means that one or more of our tweets reached over 47,000 twitter users’ feed. One tweet with the highest level of engagement from followers addressed the hot topic regarding the Netflix Show: 13 Reasons Why and highlighting the Center for Disease Control’s report on increase in national suicide risk. The tweet sought to raise awareness and bring attention to common warning signs and support for risk. This tweet targeted parents and educators. The Coalition recognizes the utility in engaging consumers and county residents in informed messages and stigma reducing content and will continue to utilize twitter, and other social media sources, as a platform for advocacy for mental health support and prevention of long-term problems.
- **Universal Fidelity Measure:** We have developed a universal fidelity measure (U-FIT) that can be used to measure implementation of any skill-based intervention across all



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domains and levels (universal, selective, intensive). We began administration of this measure to supplemental evaluation of effectiveness and provide feedback to implementers or evidence-based curriculum.

- See above for preliminary data results for our small group implementation
- **Cross Program Collaboration Training:** We collaborated with Dr. Kristen Hawley, Susan Perkins (CPS), and Betsy Jones (CPS) to develop a professional development for social services agencies. The title of the workshop is: *“Coordinating Youth Mental Health Care Effectively with the School System”*. This 4-hour workshop provided youth mental healthcare participants with information and strategies to coordinate youth mental health care effectively with the school system. Participant feedback is summarized above.
- **Suicide Prevention and Intervention Protocol:** We have developed a model suicide prevention and intervention protocol for some participating districts to adopt into policy, at their request. This model provides guidelines for both preventative activities, but also for completing a suicide risk assessment and appropriate actions as a result of the assessment.
- **Executive Functioning Curriculum:** We have been collaborating Columbia Public Schools Data and Intervention Services to develop a universal model curriculum for promoting executive functioning skills such as: organization, planning, time management, and other related skills that support academic success. The curriculum is intended to be delivered in middle schools for all students in the upcoming 2018-2019 academic year. The development of this model curriculum is a result of identified risk across districts and counties in the area of **Attention and Academic Competence** on the Teacher Checklist.
- **Fidelity to Model:** To better understand our schools’ use of the model of prevention and intervention utilized and promoted through the Coalition’s work, we have developed a fidelity measure to assess use of Teacher and Student Checklist data within each school. The regional coordinators complete this tool three times per year to reflect the use of data after checklist administrations. In addition to coordinator completion, the fidelity tool was also completed in collaboration with school teams (e.g., administrators, counselors, etc). The information collected will better allow us to identify barriers and



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goals within our collaboration for each school. This year, the results of the data were shared with superintendents to help address large scale barriers and share successes across our three-year collaboration thus far.

- **Shared Google Drive:** As a result of continued feedback from our stakeholders, Coalition staff has partnered with counselors to engage in collaborative monthly meetings to discuss best practices in using checklist data and sharing cross county and school ideas for use of data. As a result of continued discussions, county counselors developed the concept of a shared location for resources, interventions, and materials to mutually share across schools. As such, a shared Google Drive has been developed to include counselor identified resources that mutually benefit schools. This Google Drive includes:
  - Checklist supporting documents (e.g. Student Checklist Administration Script, FAQs for Checklist completion, etc)
  - The Coalition Manual and Intervention Menu of Options (attached)
  - Reference Guides for Parents and Stakeholders
  - Results of the Institute of Education Sciences (IES) Validity student (see below for overview of findings)

We are excited about the colocated resources and opportunity to continue our collaboration amongst schools. Counselors determined a mechanism for adding information to the Google Drive that ensures materials are vetted and appropriately shared. We are eager to see this resource grow!

- **Institute of Education Sciences (IES) Study Findings:** A validation of the checklist assessment was conducted and results were shared with school partners.

### ***Other Products***

#### ***Funding***

- We were **awarded 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 **\$397,211** in support for development, implementation, and validation of all assessments associated with the early identification system. See the following link for full announcement:



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<https://ies.ed.gov/funding/grantsearch/details.asp?ID=1981>. Funding for this project was approved for one additional year (2019-2020 school year).

- Dr. Holmes received an Early Career Research Award from the *Society for the Study of School Psychology (SSSP)* to develop and test a system to provide teachers and school counselors with feedback on their selection and implementation of evidence-based interventions. Part of the project will focus on validating the U-FIT measure that Drs. Owens, Holmes, and Reinke developed for the coalition to assess the fidelity with which interventions are being implemented. This research will help develop a tool that can be integrated into the coalition's practice and used by schools to ensure that they are maximizing the effects of the interventions they are implementing.

### *Manuscripts & Publications*

**The following manuscripts were accepted in peer-reviewed journals in efforts to disseminate the Coalition model:**

- Huang, F. L., Reinke, W. M., Thompson, A., Herman, K. C. & the County Schools Mental Health Coalition, (2018). An investigation of the psychometric properties of the early identification system-student report. *Journal of Psychoeducational Assessment*. doi: <https://doi.org/10.1177/0734282918758791>
- Reinke, W.M., Thompson, A. Herman, K.C., Holmes, S., Owens, S., Cohen, D. Tanner-Jones, L., Henry, L., Green, A., Copeland, C., & County Schools Mental Health Coalition (2018). The County Schools Mental Health Coalition: A model for community level impact. *School Mental Health, 10*, 173-180.
- Thompson, A. M., Reinke, W. M., Holmes, S., Danforth, L., Herman, K. C., & the County School Mental Health Coalition. (2017). The County School Mental Health Coalition: A model for a systematic approach to supporting youth. *Children & Schools, 209-218*.

### *Presentations*

**We have presented the Coalition model at national and international conferences to support dissemination of the model. The following are presentations that have been presented, accepted or submitted for future presentation in the current funding cycle:**



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- Brown, J., Clark, C., Jones, G., Lenger, S., Parker, T., Schimidt, J., Shinn, K. (2018, March). Engaging and empowering students, staff, and communities: Working together to improve academically emotionally and socially. Professional collaboration presented at Missouri Association of Elementary School Principals (MAESP) Annual Conference, Osage Beach, MO.
- Owens, S. A., Williams, R., & Jones, B. (2017, March). *A Prevention Based Model of Systemic Mental Health Care and Collaboration with Schools*. Professional collaboration presented at Collaborative Conference on Evidence-Based Practices, Osage Beach, MO.
- Holmes, S. R., Owens, S., & Reinke, W. M. (2018, February). Maximizing measurement: A universal and multidimensional approach to fidelity. Paper to be presented at the annual conference of the National Association of School Psychologists, Chicago, IL.
- Holmes, S.R., Owens, S., & Reinke, W. M. (2018, March). *The universal fidelity tool: An efficient and practical approach to assessing fidelity*. Paper to be presented at the 15th International Conference on Positive Behavior Support, San Diego, CA.
- Cohen, D. R., Reinke, W. M., Thompson, A., Herman, K. C., Owens, S., & Tanner-Jones, L. A. (2018, August). *School mental health service utilization in a county-wide program*. Poster to be presented at the American Psychological Association Annual Convention, San Francisco, CA.
- Thompson, A., Tanner-Jones, L., & Oetker, L. (October, 2018). Data Driven Social, Emotional, and Behavioral Support: The Boone County Schools Mental Health Coalition's Model of Assessment and Prevention Presentation presented at the Annual Midwest School Social Work Conference, St Louis, MO.
- Owens, S. A., Holmes, S., & Copeland, C. (2019, February). Implementation outcomes of a public health prevention and intervention model. Paper to be presented at the National Association of School Psychologist (NASP) Annual Convention in Atlanta, GA.
- Hodgson, C., Owens, S., & Reinke, W. (2019, February). Behavior screening in the wild: Leveraging data to optimize outcomes. Paper to be presented at National Association of School Psychologists Annual Convention, Atlanta, GA.
- Holmes, S. & Owens, S. A. (2019, February). Making it fit with UFIT: Implementing interventions with fidelity. Paper to be presented at the National Association of School Psychologist (NASP) Annual Convention in Atlanta, GA.
- Strawhun, J., Cho, E., Hawley, K., Owens, S., Reinke, W., & Smith, T. (2019, August). The FIRST intervention: A school-based randomized controlled trial for internalizing concerns. Poster accepted to the annual convention of the American Psychological Association, Chicago, IL.