



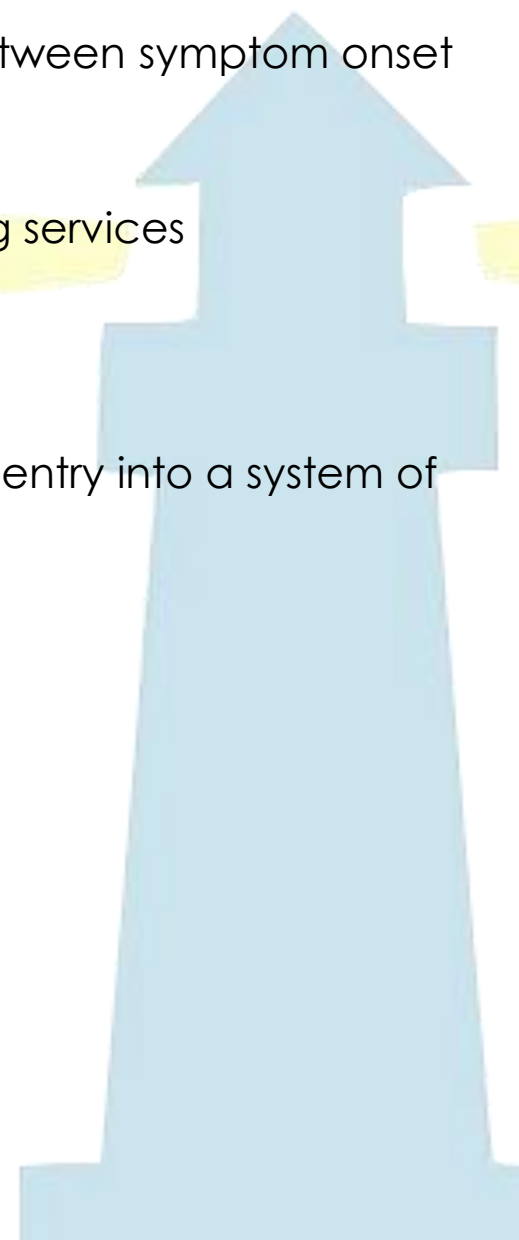
# BEHAVIORAL HEALTH AND SCHOOLS

Impact on Student  
Outcomes Over Time



# Why Focus on Schools?

- 8-10 year is average delay in behavioral health treatment between symptom onset and intervention
- Approximately 70% of youth who need care are not receiving services
- Opportunity to expand services and supports for all children
- Student often are first identified at schools for needing help – entry into a system of care starts here
- Reduction of stigma
  - The role of school in the lives of families
  - Approach can be inclusive – preventative – integrated
  - Social emotional learning in all classrooms
- While waiting for services, youth are with us in schools
- Impact on academic performance and life success



# Educators

*Teachers are often the first person children turn to when they are in crisis, and yet they are, as a profession, woefully unprepared to identify students' behavioral health issues and connect them with the service they need – even when those services are provided at school.*

(Lahey, 2016)



# Boston Children's Hospital

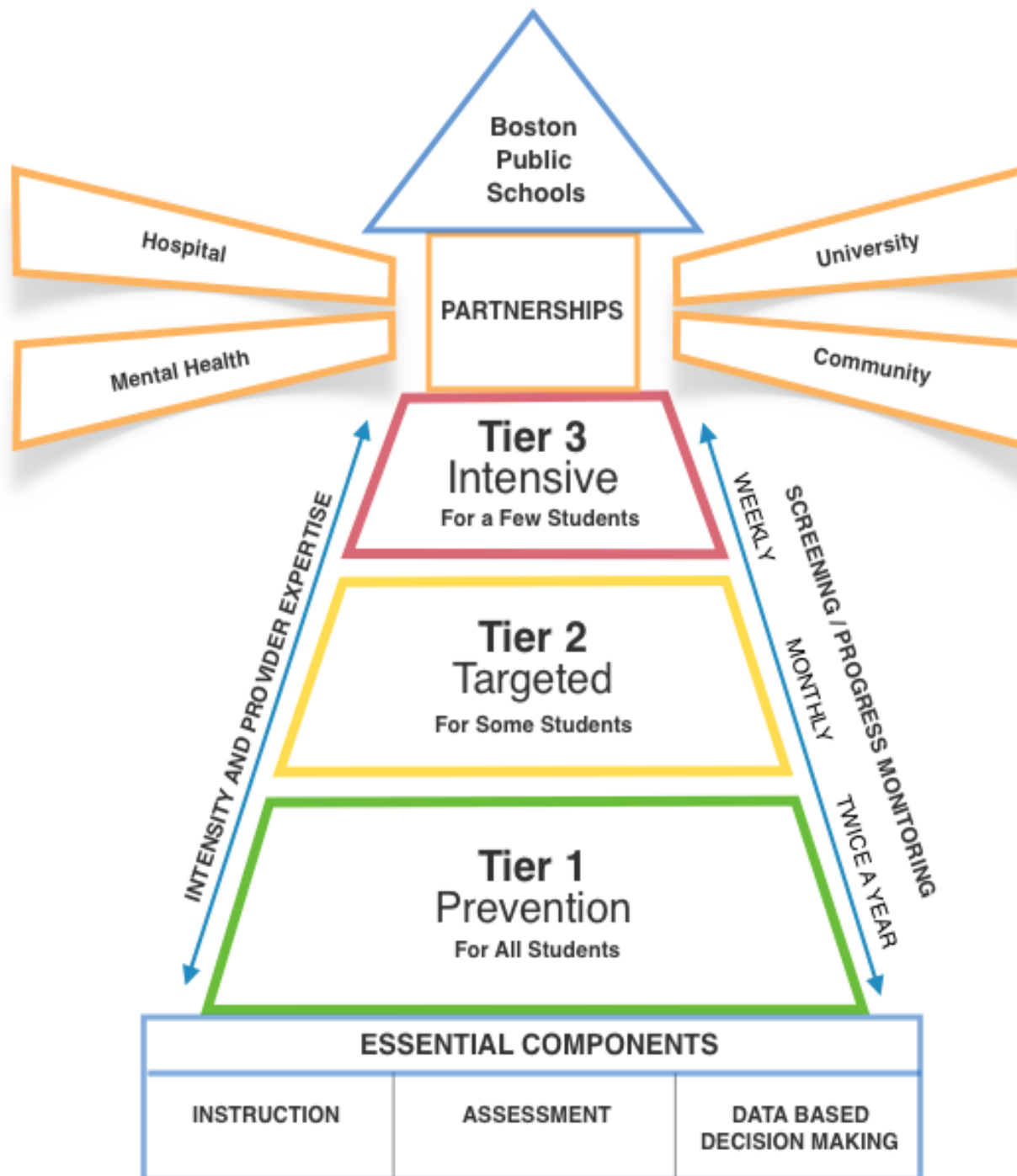
## Neighborhood Partnerships

- Community behavioral health program in the Department of Psychiatry at Boston Children's Hospital
- Began in **2002**
- Team of **22 staff members** (social workers, psychologists, psychiatrists)
- Partnering with **17 schools** and **3 community health centers** in urban Boston
- Leading partner with Boston Public Schools in developing and implementing a Comprehensive Behavioral Health Model (CBHM) – now in **60 schools**
- Providing depression awareness curriculum to high schools **across the nation**

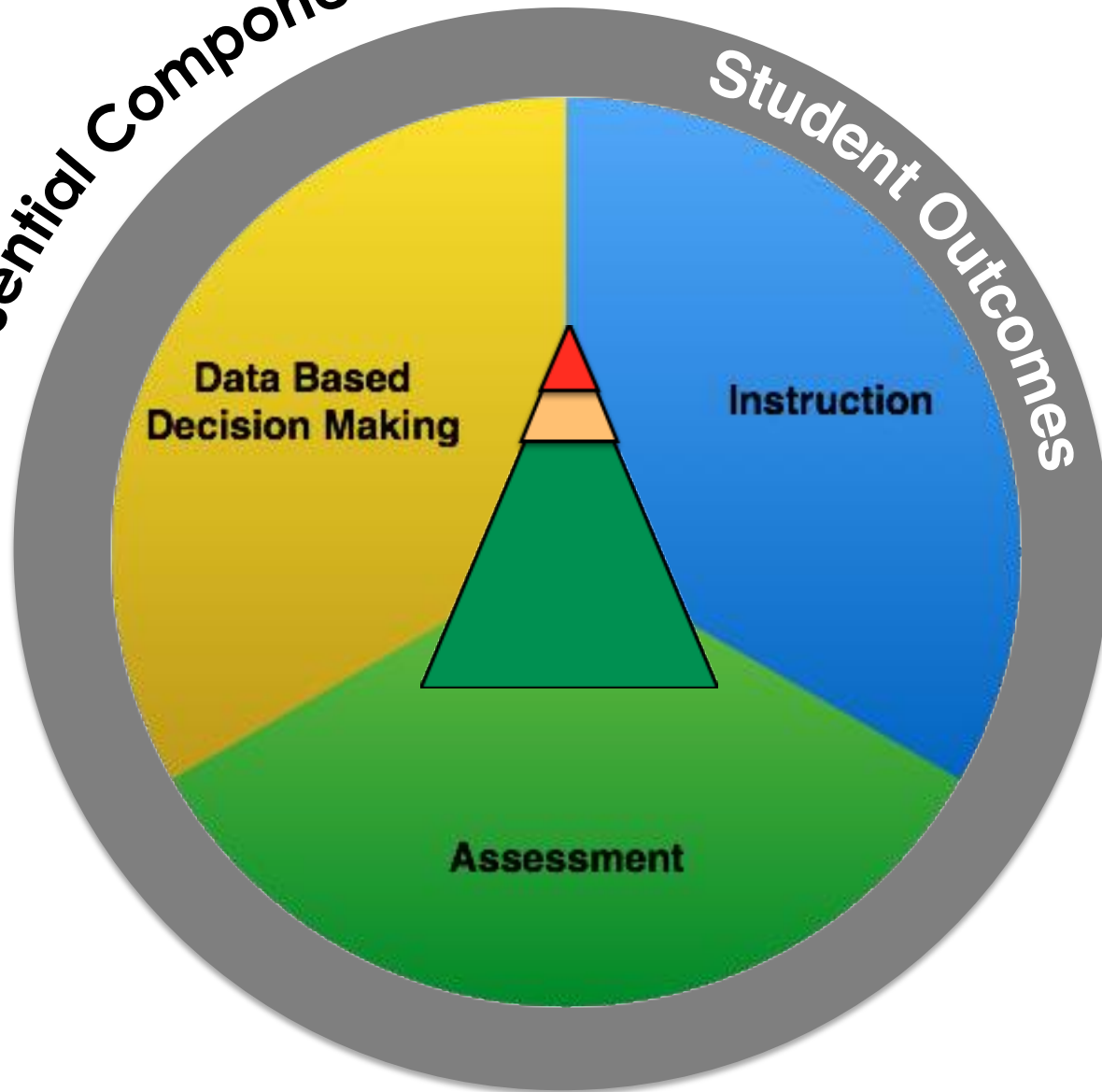
School-Based Behavioral Health Program	Training and Access Project (TAP)	Break Free From Depression (BFFD)	Community Health Centers
<b>7</b> Boston Public Schools	<b>10</b> Boston Public Schools	<b>560</b> Schools Nationally	<b>3</b> Boston Community Health Centers
<b>1,400 students</b> annually	<b>24 workshops</b> and <b>260 hours</b> of consultation services	<b>30,000 students</b> in 38 states	<b>185 students</b> annually
K-5, K-8, Middle & High Schools	K-5 & K-8 Schools	Middle & High Schools	Jamaica Plain & Roxbury
Comprehensive behavioral health services for students, families, educators, and school communities	Professional development and consultation for educators in the area of social, emotional and behavioral health	70 train-the-trainer workshops training 1,200 school professionals on depression awareness curriculum	Places BCH child and adolescent psychiatrists in urban health centers to provide high quality care and capacity building services

# Every Child Deserves a Safe & Supportive School

- Preventative model to build capacity within BPS to meet the **behavioral health & social emotional** needs of all students.
- Builds capacity within BPS schools to **provide instruction and intervention supports** along a continuum of student need (e.g. universal, targeted, intensive).
- Incorporates use of a **universal screener** to identify students at risk for social, emotional and/or behavioral health concerns early, and monitor student progress throughout intervention services.
- Implementation began in 10 schools during the 2012-13 School Year.
- Currently being implemented in **60 BPS schools**, serving **over 26,000** students.



# Essential Components of MTSS

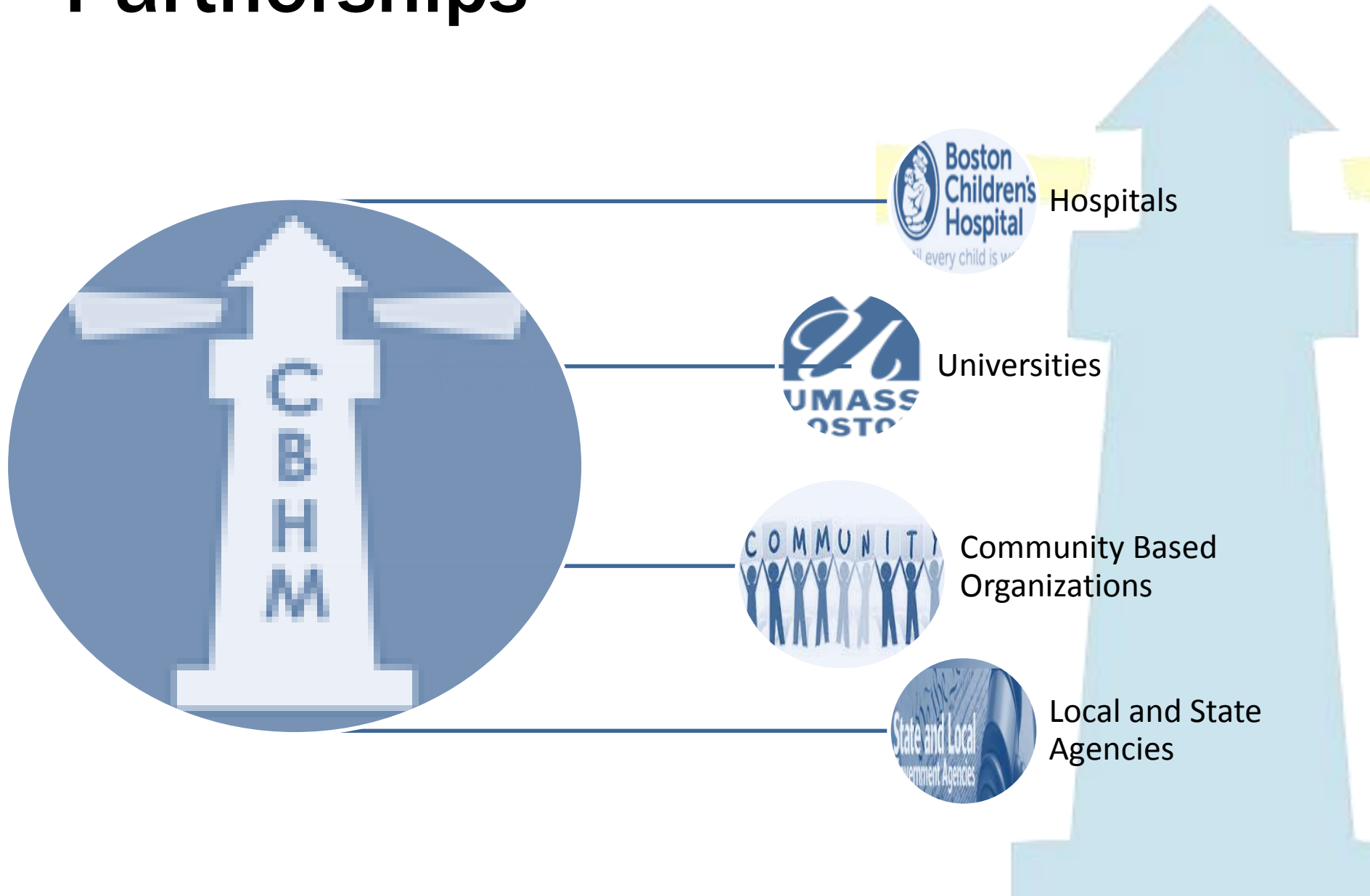




# CBHM at Tier 1

	WHAT	WHY	HOW
INSTRUCTION	<ul style="list-style-type: none"> <li>School Wide Positive Behavioral Interventions and Supports (SWPBIS)</li> </ul>	Students need to know behavioral expectations throughout the school building in order to be successful in the school environment	Organize the school environment to prevent problem behaviors and reinforce positive behaviors
	<ul style="list-style-type: none"> <li>Social Emotional Learning (SEL) Curricula</li> </ul>	Students need social and emotional skills to successfully navigate interactions with peers and adults	Instruction in fundamental social skills, such as empathy, relationship building, and conflict management
ASSESSMENT	<ul style="list-style-type: none"> <li>Universal Screening</li> </ul>	Schools need universal data from all students to understand the strengths of instructional programming, as well as areas of need.	Collect objective information that can be used to guide instruction at multiple levels (e.g. school, grade, class, and individual student)
DATA BASED DECISION MAKING	<ul style="list-style-type: none"> <li>Problem Solving Teams &amp; Data Based Decision Making</li> </ul>	School teams need to understand how to use universal assessment data to make systemic decisions about instruction	School teams are effectively organized to promote efficient data-based decision making.

# Partnerships



# What Makes a Great Partnership?



Building  
Capacity

Co-location  
vs.  
Collaboration

Expanded  
Services

# CBHM Partnerships

## Local

- Boston Public Health Commission
- Defending Childhood Initiative
- Boston School Based Mental Health Collaborative
- Boston Police Department

## State

- MA DESE Safe and Supportive Schools Commission
- Children Mental Health Act campaign
- Massachusetts School Psychologist Association (MSPA)
- Testified at Statehouse

## National

- Department of Justice Grant
- National Association of School of School Psychologist
- U.S Attorney General's Office
- Advocated on Capital Hill



# Behavioral Health Partnerships

Enhancement of collaborative relationships between the school district and behavioral health partners

- Over 20 School Based Behavioral Health Programs at over 90 BPS Schools
- 61 School Based (District Employed) Behavioral Health Providers
- 223 MH Partner Clinicians (105 FTE) providing behavioral health services in BPS Schools



# True Partnerships

Current efforts being made to collaborate with behavioral health providers

- Leadership at the School Based Behavioral Health Collaborative
- Trainings with the support of Boston Children's Hospital
- Partner Breakfasts
- Collaborative Consultations on individual students or schools

Efforts towards cohesive and consistent behavioral health service provision

- Provider contracts
- Identification of evidence based practices
- Resource mapping with the support of Boston Children's Hospital
- Crisis intervention
- Annual conference



# Service Delivery Impact

Efforts towards cohesive and consistent behavioral health service provision

- Review of existing service delivery models
- Development of new service delivery models
- Identification of evidence based practices
- Efforts to find joint funding





# **BCHNP Program Example: Clough Foundation Training and Access Project (TAP)**

## **Program Components for Boston Schools**

- Professional development on social, emotional, and behavioral health related topics
  - Teams of 4-5 representatives from each school
  - Learning Collaborative Model
  - 11 trainings over two years
- Consultation to help build the capacity of the school to better address behavioral health

# Professional Development

## Year 1

TOPICS BY MONTH	
September	An Overview of Social Emotional Development: What Can We Expect in the Classroom?
October	Strategies for Supporting Students in the Classroom
November	What is Behavioral Health? Symptoms and Systems
January	Tips and Tools for Crisis Intervention and Management
March	Stress Management and Self Care for the Educator
April	Understanding Trauma and the Impact on Learning
June	Developing Dissemination Strategies for Addressing Social Emotional and Behavioral Health



## TRAINING AND ACCESS PROJECT ONLINE TRAINING: AN OVERVIEW OF SOCIAL- EMOTIONAL DEVELOPMENT: WHAT CAN WE EXPECT IN THE CLASSROOM?

[Enroll](#)

The Clough Foundation Training and Access Project (TAP) is a part of the Boston Children's Hospital Neighborhood Partnerships Program (BCHNP) in the Department of Psychiatry at Boston Children's Hospital. TAP offers high-quality professional development and consultation services to Boston schools to help build capacity to address students' social, emotional, and behavioral health needs. The project has partnered with 10 Boston Public Schools and will expand to 25 schools by 2021.

In order to reach more schools beyond Boston, TAP is developing a series of free online trainings for educators and school communities everywhere. The online trainings cover a variety of topics related to social, emotional, and behavioral health in schools and are adapted from a series of live trainings facilitated in partnership with the Boston Public Schools.

Since 2015, TAP has facilitated a Learning Collaborative with Boston schools. The Learning Collaborative brings together teams from participating schools for a series of professional development workshops. Participants include administrators, teachers, nurses, social workers, psychologists, support staff, and specialists. The Collaborative is based on the concept that knowledge is gained through people actively interacting and sharing experiences. Facilitators and participants have had both overlapping and unique experiences and participants can capitalize on one another's resources and skills. This model of learning engages participants by utilizing different methods for presenting and discussing material including group activities, small and large group discussion, team reflections, didactic presentations, and opportunities to network with individuals from different schools. The trainings consist of a blend of theory and practice. Over the past two years, TAP has evaluated and enhanced the trainings to prepare them for this video series.

This first online training in the TAP series is called "An Overview of Social Emotional Development: What Can We Expect in the Classroom?" This workshop includes information about social, emotional, and behavioral health in schools and incorporates important concepts such as engaging families, cultural sensitivity, and the impact of social-emotional development in academics and learning. The workshop also highlights strategies and activities that can be easily used in the classroom to promote social-emotional skills. There are additional resources provided upon completion of the workshop.

**Upon successful completion of this training, participants will receive a certificate of completion. To be granted access to the library of resources mentioned in this video, please send this certificate to [BCHNP@childrens.harvard.edu](mailto:BCHNP@childrens.harvard.edu).**

Please visit our website for more information and instructions, or contact us at [BCHNP@childrens.harvard.edu](mailto:BCHNP@childrens.harvard.edu) with questions regarding this training. The BCHNP team is available by email or phone beyond the training for consultation.

### CURRICULUM OUTLINE

- ☐ Pre-Course Survey
- ☐ Chapter 1: Introduction to Overview of Social-Emotional Development: What to Expect in the Classroom?
  - ☐ Chapter 1 - Training Overview
- ☐ Chapter 2: What Do We Know about Social-Emotional Development?
  - ☐ Chapter 2 - Introduction
  - ☐ Chapter 2 - Take-Home Messages
  - ☐ Chapter 2 Post-Survey
- ☐ Chapter 3: Introduction to Social-Emotional Development with Different Age Groups

This Curriculum can only be taken by registered users.

[Please Register](#)

# MEASURING PROGRESS: BIMAS 2.0

Twice a year, teachers complete a brief (34-item) rating scale for each student.



Sample Item:

**In the last week, how often did this student appear comfortable when relating to others?**

never / rarely / sometimes / often / very often

- Based on observable behaviors
- **Not** a diagnostic tool
- Can be completed by students, parents, teachers, or other adults working with a student

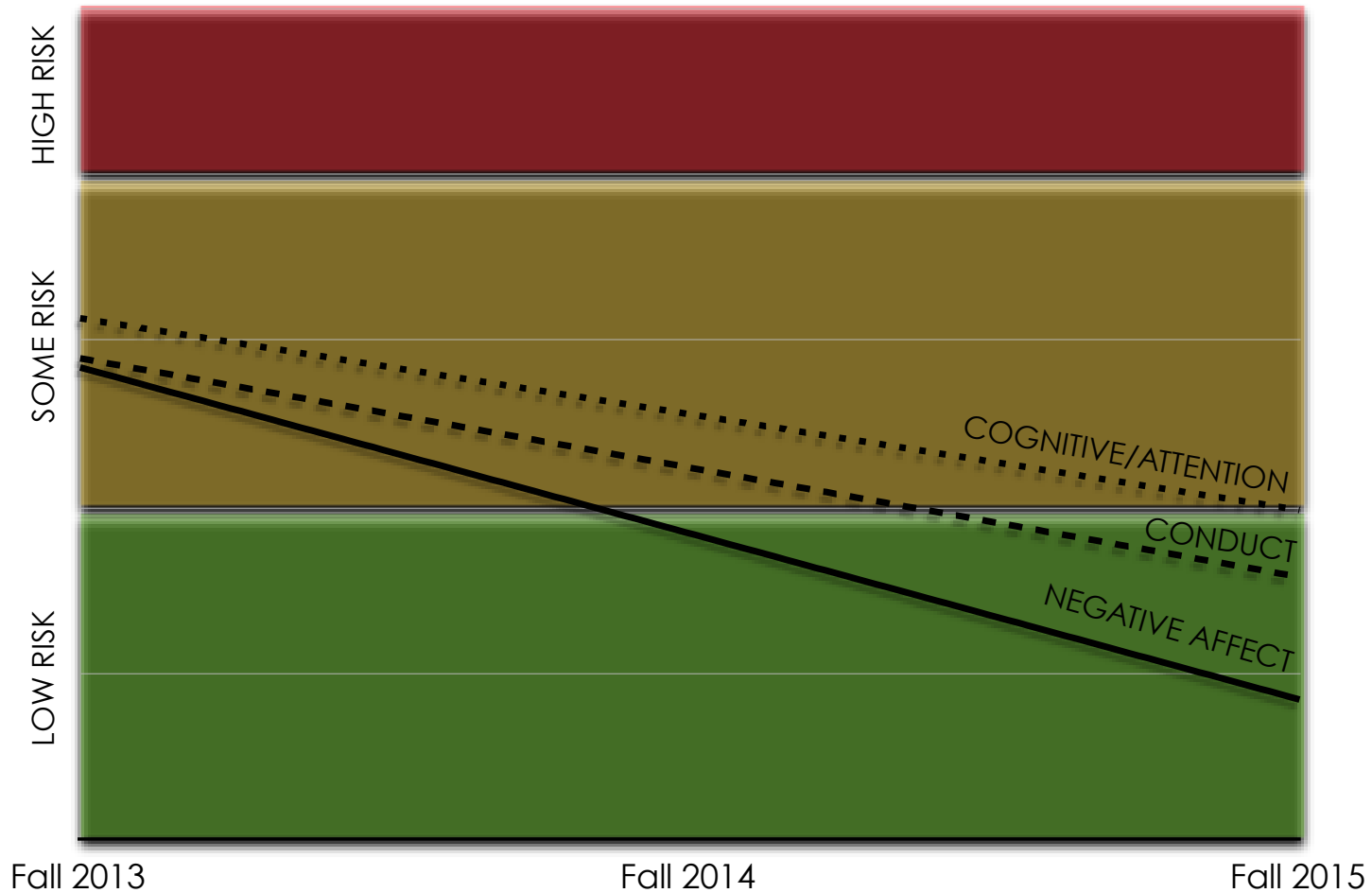
# BEHAVIOR INTERVENTION MONITORING ASSESSMENT SYSTEM (BIMAS)

BIMAS Scale		Measures...
CONCERNS (Identify Risk)	Conduct	Anger management, bullying behaviors, substance abuse
	Negative Affect	Anxiety, depression
	Cognitive/Attention	Attention, focus, organization, planning, memory
ADAPTIVE (Strengths)	Social	Friendship maintenance, communication
	Academic Functioning	Academic performance, attendance, ability to follow directions

**ADDITIONAL INFORMATION:** <http://www.edumetrisis.com/products/282-bimas-2>

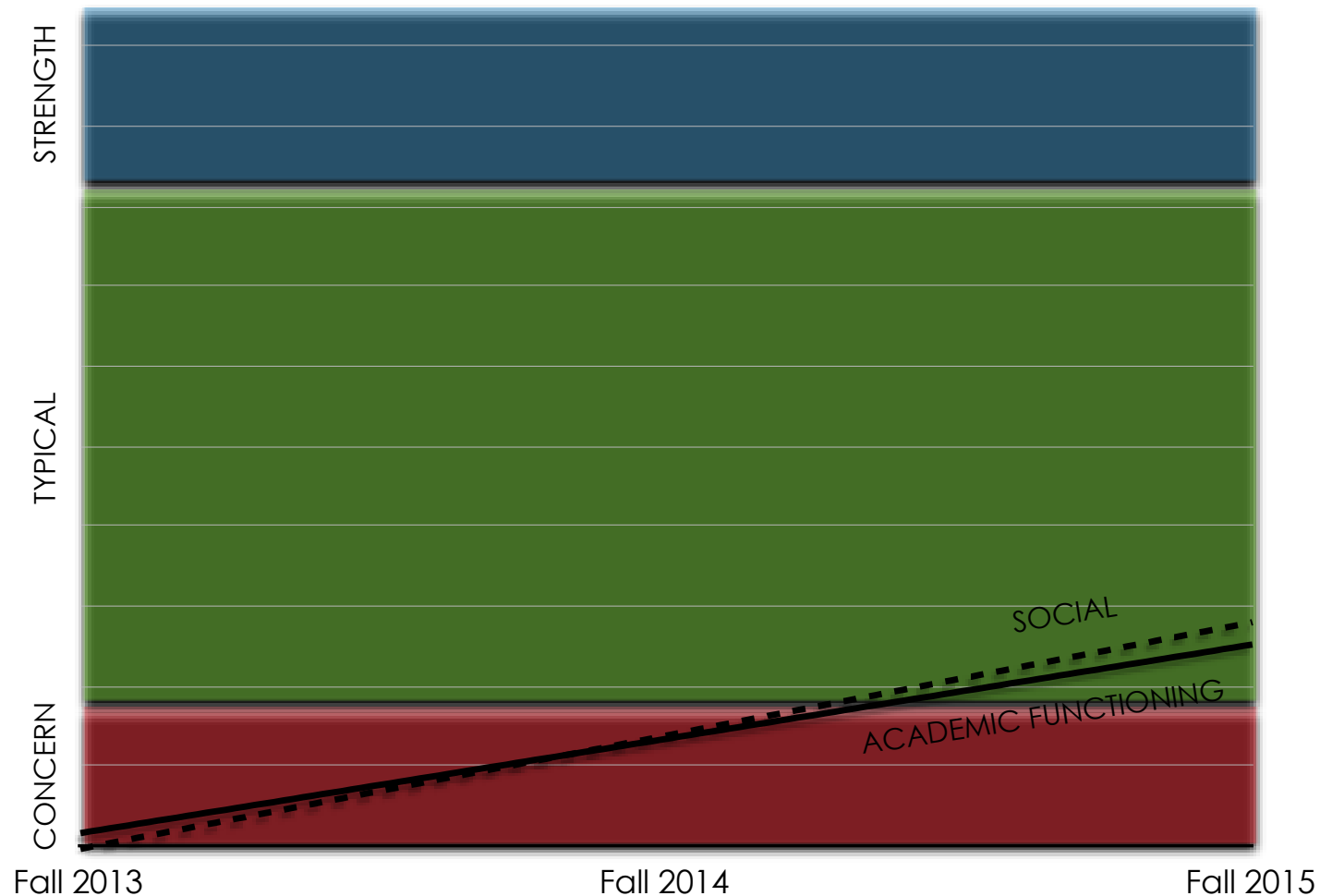
# BIMAS Outcomes Over Time

Trend in Student Outcomes Among Students  
At-Risk For Behavioral Concerns at Onset (Fall 2013)



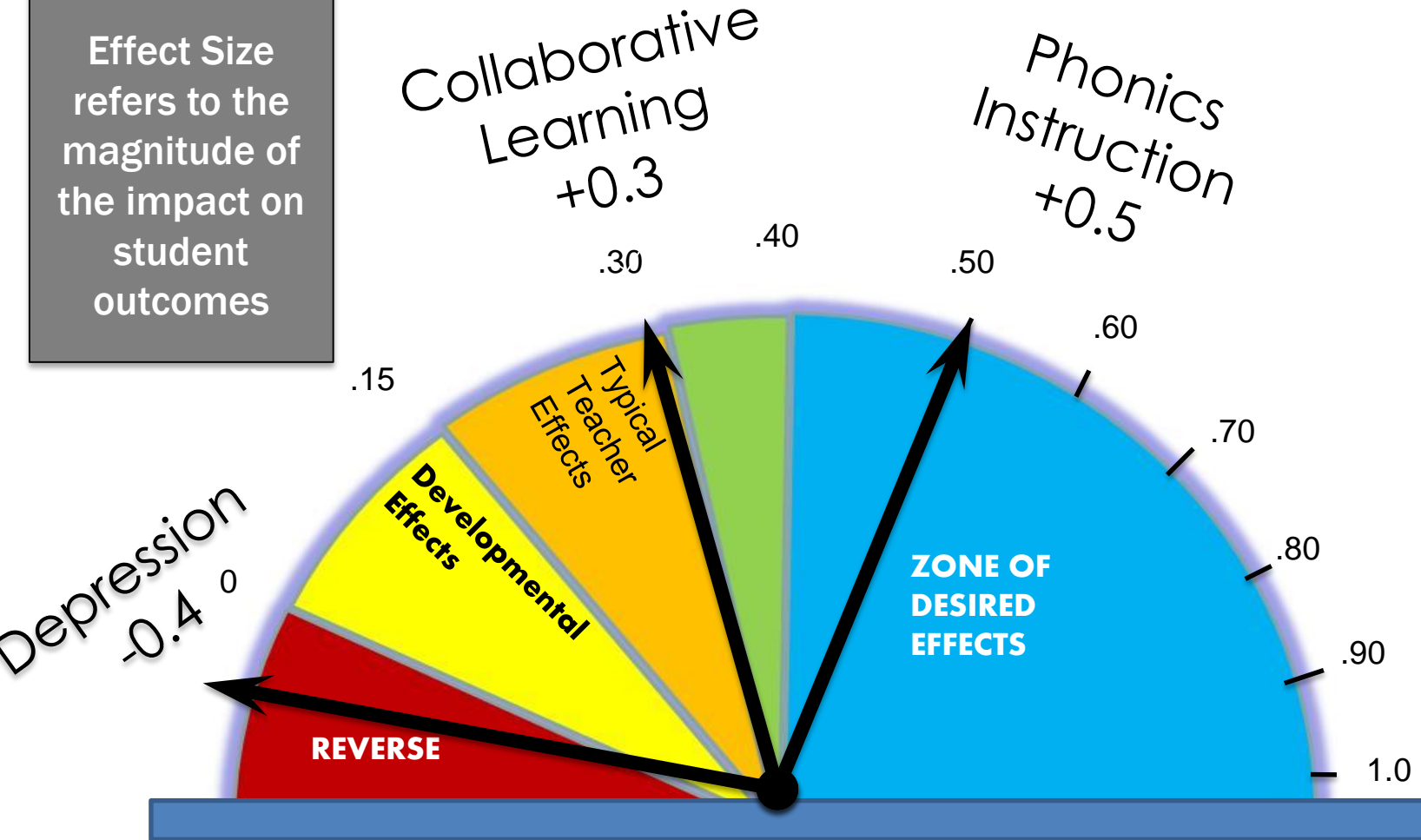
# BIMAS Outcomes Over Time

Trend in Student Outcomes Among Students  
At-Risk For Adaptive Concerns at Onset (Fall 2013)



# Effect Sizes: Impact on Learning

Effect Size refers to the magnitude of the impact on student outcomes



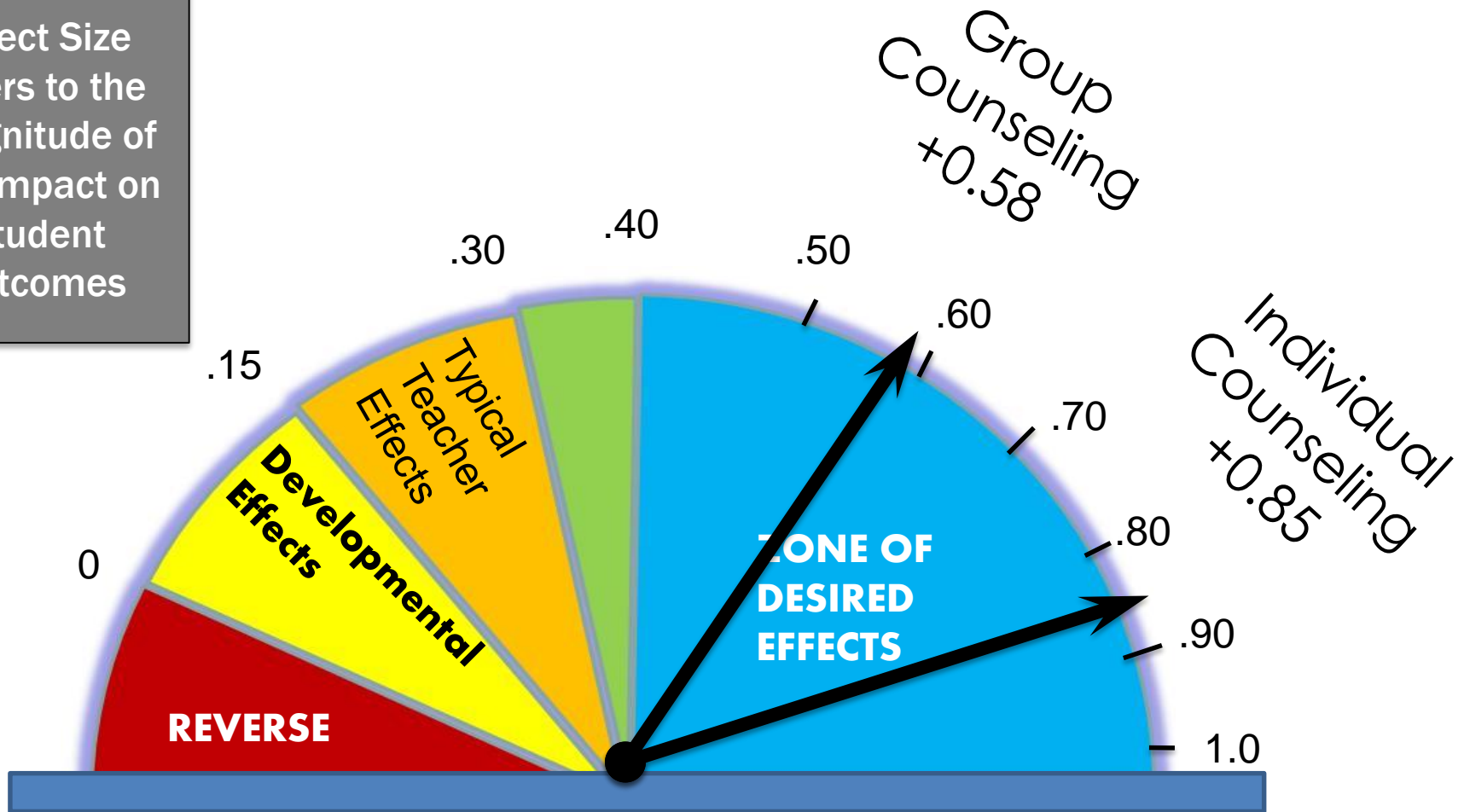
John Hattie, Visible Learning  
<http://visible-learning.org/>





# Effect Sizes: Behavioral Health

Effect Size refers to the magnitude of the impact on student outcomes

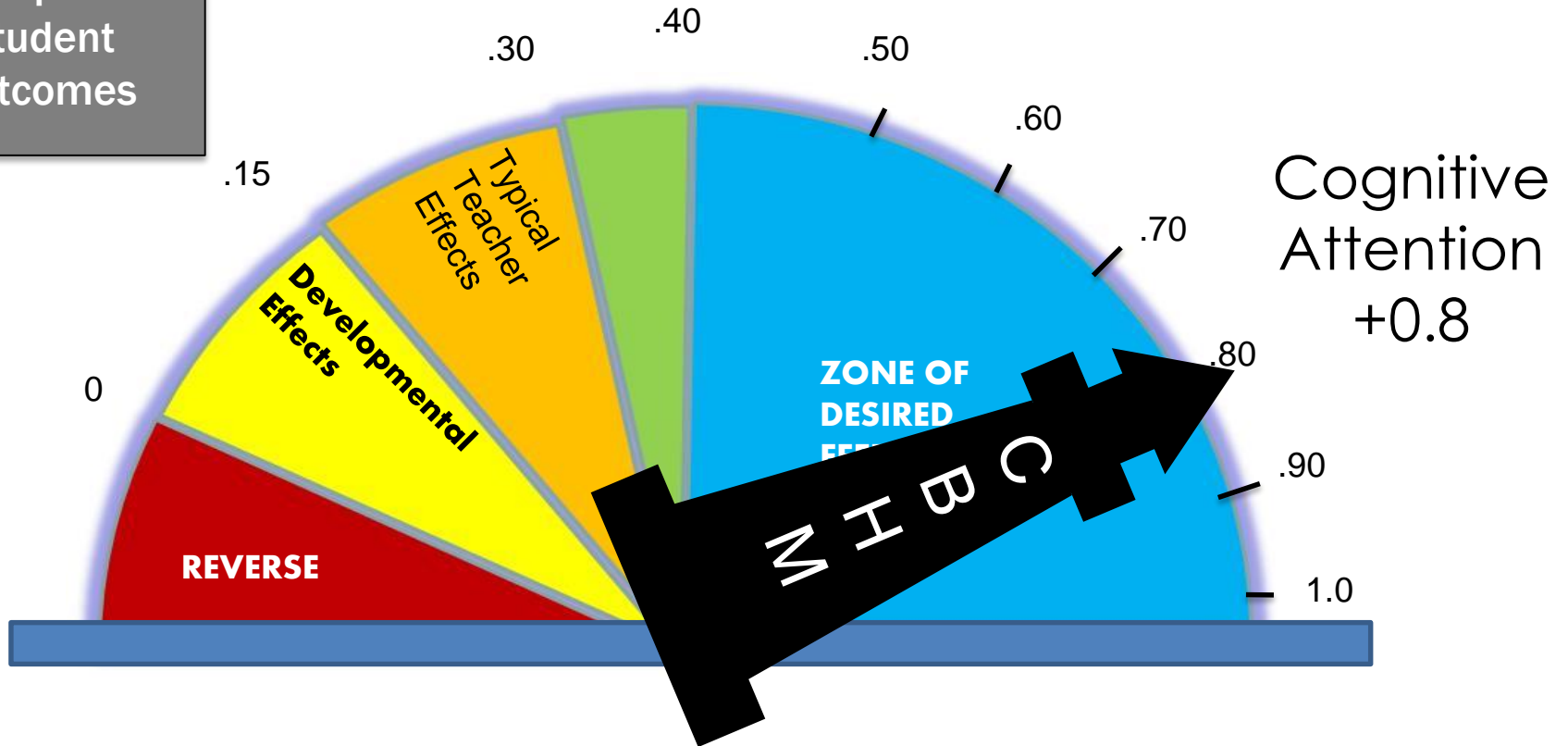


Reynolds, Wilson, & Hooper (2012)



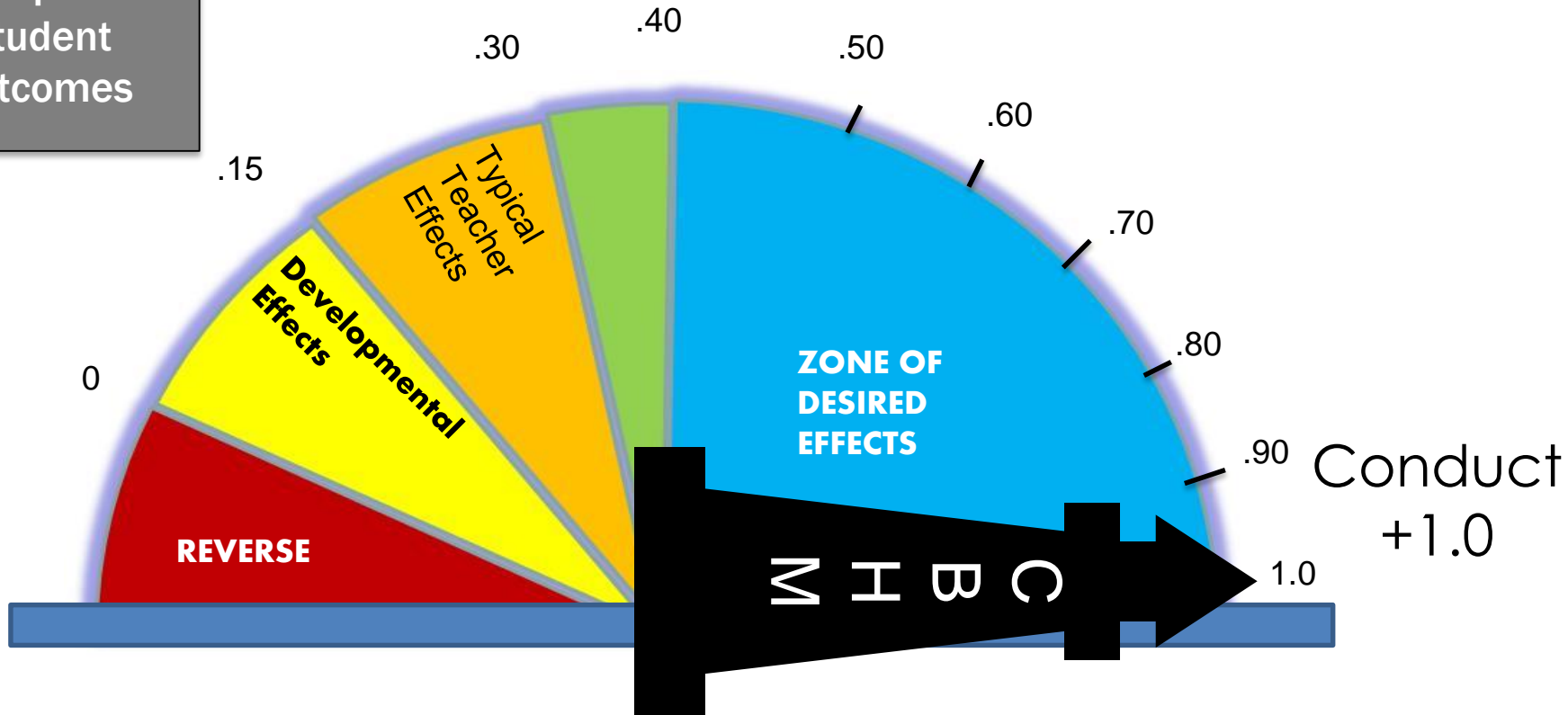
# Effect Sizes: CBHM

Effect Size refers to the magnitude of the impact on student outcomes



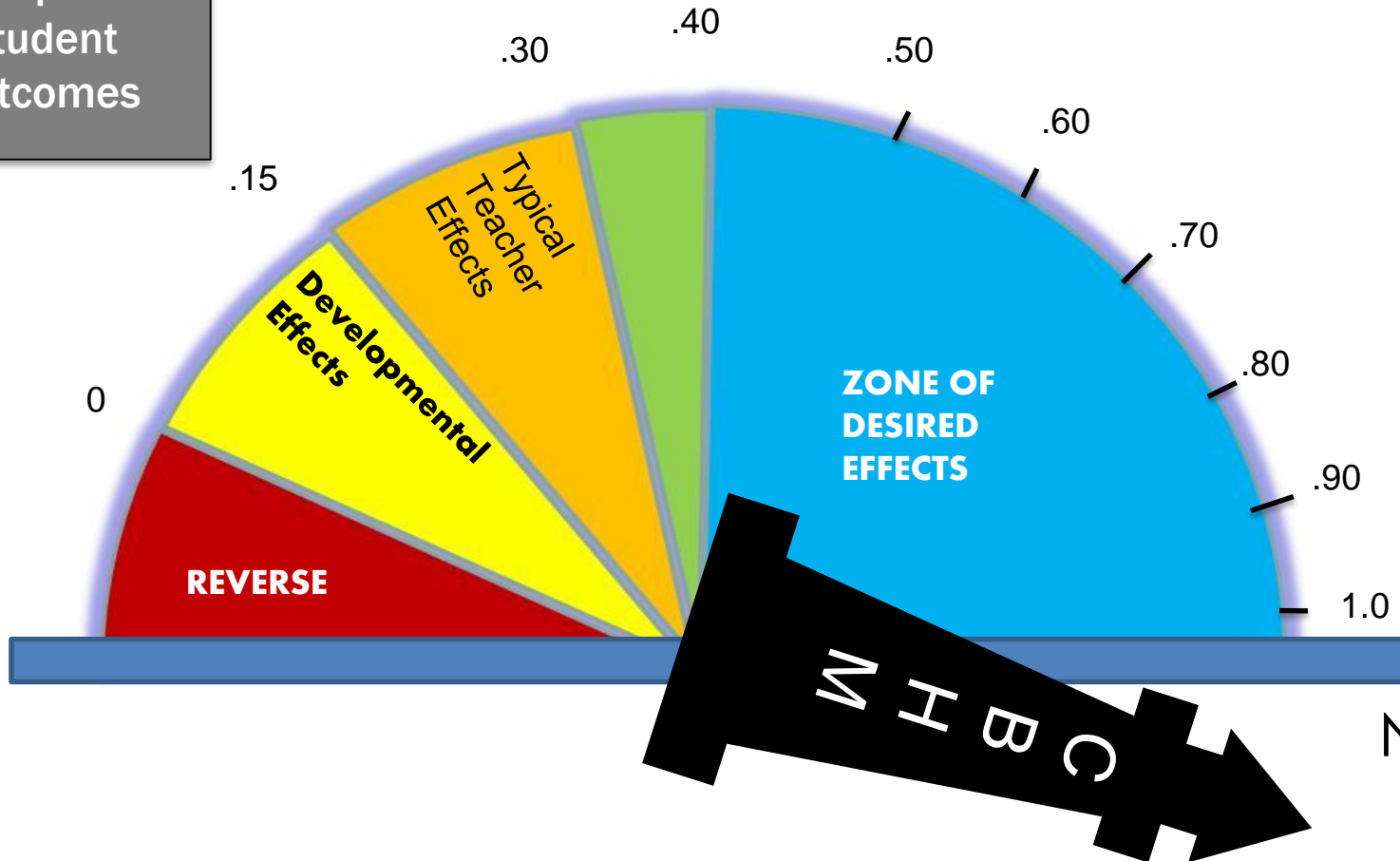
# Effect Sizes: CBHM

Effect Size refers to the magnitude of the impact on student outcomes



# Effect Sizes: CBHM

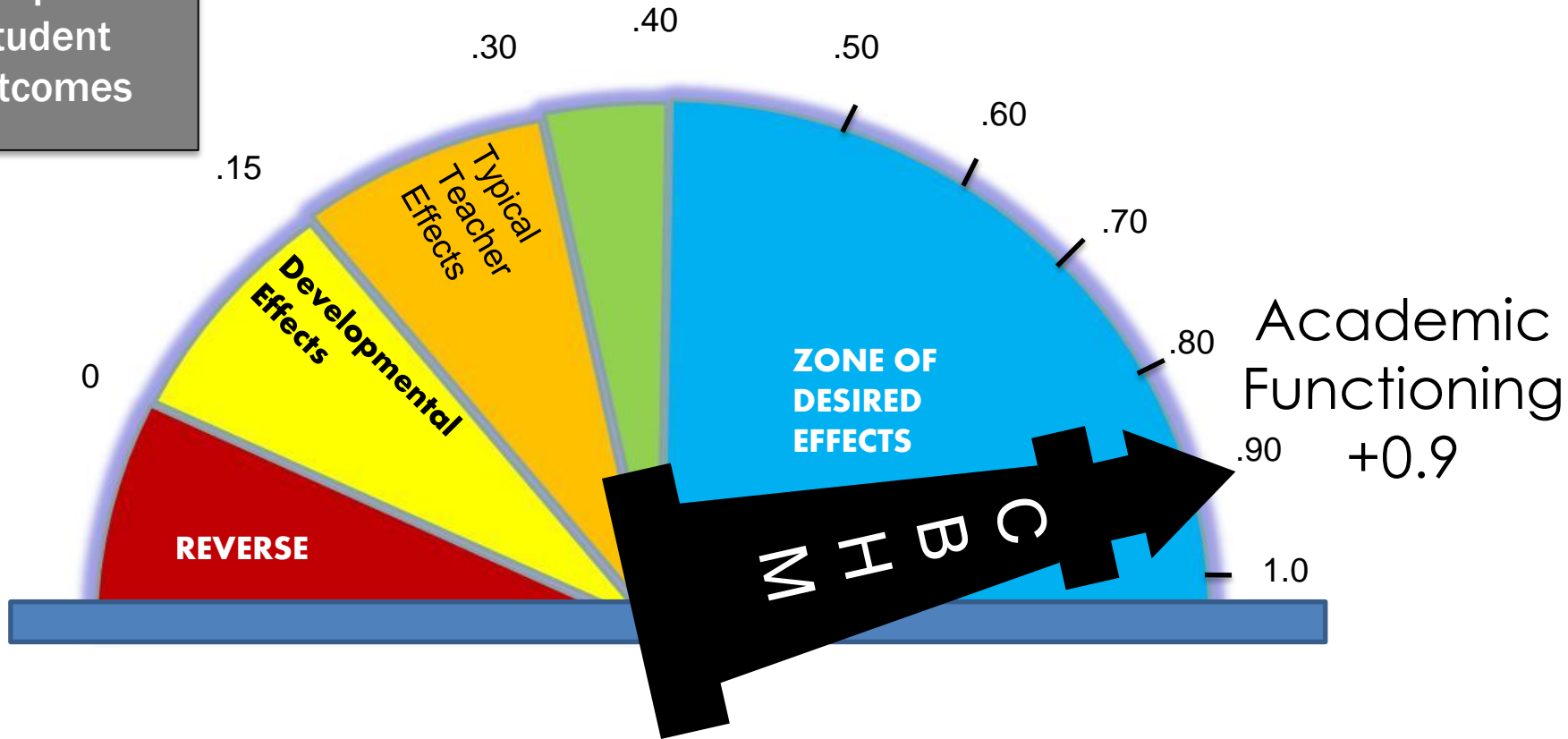
Effect Size refers to the magnitude of the impact on student outcomes



Negative  
Affect  
+1.2

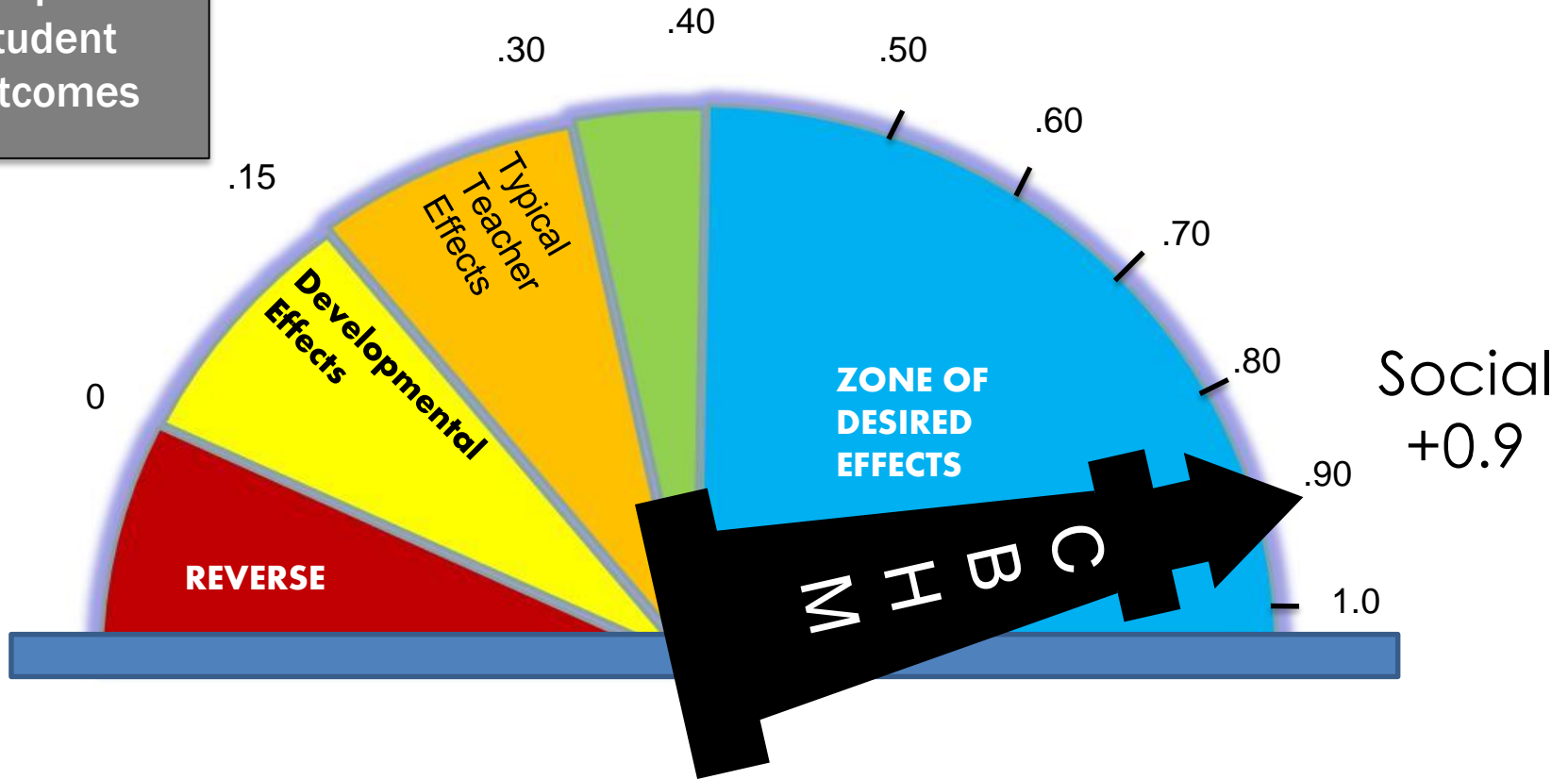
# Effect Sizes: CBHM

Effect Size refers to the magnitude of the impact on student outcomes



# Effect Sizes: CBHM

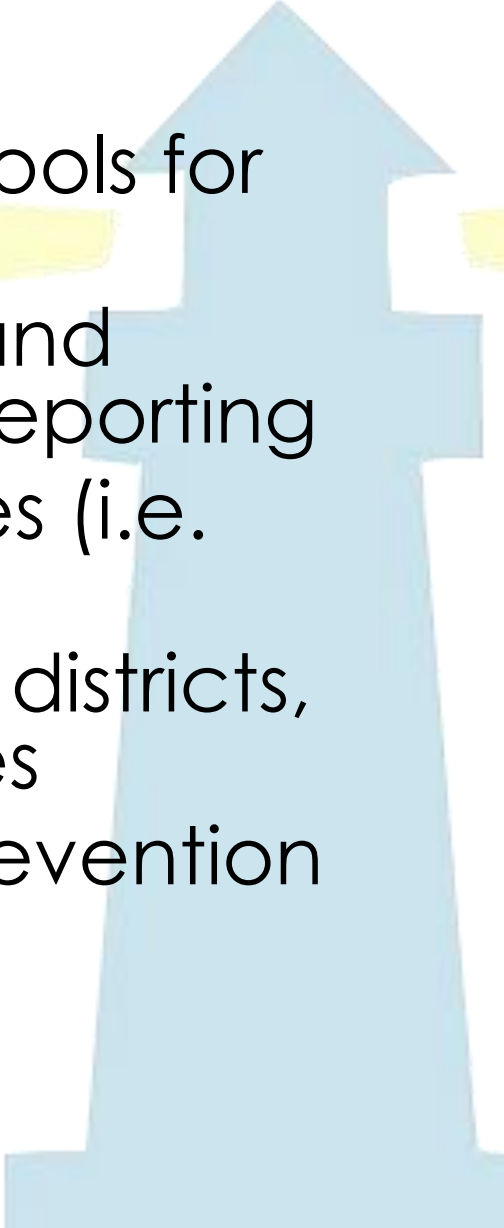
Effect Size refers to the magnitude of the impact on student outcomes



# Recommendations

- Integration of state initiatives through use of MTSS
- Technical assistance to implement frameworks and models
- Equity in staffing and positions in schools and districts across the Commonwealth
  - Example: NASP standards for school psychologist training and recommended ratio
- Teacher training and supports

# Recommendations

- Direct funding from state to schools for behavioral health partnerships
  - Use of universal screening tool and improved data collection and reporting
  - Use of Evidence based practices (i.e. Second Step, SOS, BFFD, DBT)
  - Systems collaboration between districts, DMH, police and allied agencies
  - More designated funding for prevention and promotion services
- 



# Contact Information

**Andria Amador, CAGS, NCSP**

Senior Director

Behavioral Health Services

Office of Social Emotional Learning & Wellness

Boston Public Schools

[aamador@bostonpublicschools.org](mailto:aamador@bostonpublicschools.org)

**Shella Dennerly, PhD, LICSW**

BCHNP Director

Boston Children's Hospital

[shella.dennerly@childrens.harvard.edu](mailto:shella.dennerly@childrens.harvard.edu)

or visit us online at

[www.cbhmboston.com](http://www.cbhmboston.com)

[childrenshospital.org/chnp](http://childrenshospital.org/chnp)

