Boone County Schools Mental Health Coalition

Summary of Accomplishments
January 2019 – December 2019

The Boone County Schools Mental Health Coalition (BCSMHC) is a multidisciplinary collaborative among Boone County's six independent school districts, several private schools, and the Missouri Prevention Science Institute at the University of Missouri.

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:

- Implementation of a county-wide assessment system to gather data on risk factors that are predictive of poor school, mental health, 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 outcomes.
- Support school-based teams to implement evidence-based programs with at-risk and in-risk youth, and use data to monitor the 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 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 conduct universal screening using both teacher (K-12) and student report (3-12), occurring three times per year. These data are disseminated to schools through a fully functional web-based clinical dashboard system, which provides schools reports showing the number of students reported to have each risk indicator.

Using a public health model of risk to provide schools feedback on areas of need for universal prevention efforts, school reports indicating areas of high risk (i.e., 20% or more of students were reported to have this risk indicator) are represented in red, areas with some risk (15-19% of students are reported to have the risk indicator) are represented in yellow, and areas with low risk (less than 15% of students are reported to have the risk indicator) are represented in green. These data can then be used by school level problem solving teams to assess areas of concern at the school and grade levels and determine if and what universal prevention efforts

can be put into place. In addition, individual student reports are generated using a similar red, yellow, and green system to indicate students who in comparison to their peers are at risk across the various risk constructs. These reports can be used to determine the appropriate next steps toward supporting those students at greatest risk (e.g., develop individualized behavior support plan, small group counseling, etc.). Each school administrator and their problem-solving teams have access to this dashboard through a secure server. 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.

New Schools to Coalition:

The Coalition director was invited by **Christian Fellowship** administration to discuss the supports available to their school. The director made a presentation to Scott Williams, head of school, high school principal, Brad Clemons and to Sarah Hixson, guidance counselor, and explained the prevention and intervention work of the Coalition.

The director was invited to speak twice at their parent advisory group and these presentations were very well received. She also presented to the school faculty and discussed the opportunities for support available through the Coalition. The director provided two consultations to provide supports for students with specific and urgent mental health needs. This work was done in 2019 and as a result, the Christian Fellowship decided that their school would join the Coalition. The school administrator and counselor attended a BCSMHC Board meeting and stated their appreciation for the invitation to join the Coalition and learn about resources in the county. They make preparations for a checklist administration with high school teachers and students in January 2020, with additional plans to expand the checklist downward to middle and elementary classes in the fall of 2020.

City Garden school staff discussed Coalition options and supports with the director in late spring of 2019. At the start of the school year, the school began a series of consultations and observations focused on addressing their classroom management questions. Their staff worked with our advanced doctoral student, Mattina Davenport, on classroom management strategies. This work is ongoing.

The following provides a summary of activities for a series of goals for this school year. The current report provides information on work between January 2019 and December 2019.

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

Teacher checklist data were gathered three times between September and May of each 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 attention and academic competence, 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 no aligned with the academic school year, two rounds of checklist data occurred prior to summer break. In January 2019 a total of **24,516** students were assessed. In April 2019, a total of **23,817** students 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. All schools have their own login information, allowing them to review the data. In addition, Regional Coordinators arrange meetings with school teams to review the data within two weeks of when cycles are completed.

When students returned for the fall semester, the checklist was administered. In September 2019, a total of **23,323** students were assessed.

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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. Students understand the items and feel comfortable answering the items.

In January 2019, **15,645** students in grades 3 to 12 completed the student checklist. In April of 2019, **15,675** 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 **16,726** students completed the Student Checklist.

Quality Improvement: School personnel have noted that students, particularly in secondary settings (e.g., high school) are less engaged in completing the student assessment. This may be due to adults in the building not explaining the use of the information, and students not feeling like the information is being used.

Solutions: A written explanation of the purpose of the information is provided to students within the survey itself. 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.

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Case Example: Sharing Data with Hickman High School

On January 9th and 10th, 2019, 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 9th and 10th 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.

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"

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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"

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 the progress of implementation of core components of the model and have complete 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 teachers. Schools make determinations on how many core and non-core teachers participate in the checklist

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

- <u>Goal:</u> 100% of school problem solving teams and school counselors will receive the data after each cycle
    - **100%** of school problem solving teams and school counselors received the data after each cycle

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

- <u>Goal:</u> 100% of school problem solving teams and counselors will review the data after each cycle.
    - **100% (52/52)** of schools and coordinators reported reviewing the checklist data during following the fall 2018 checklist and the winter 2019 checklist.
    - **98% (51/52)** of principals reviewed the data following the fall 2018 checklist and winter 2019 checklist.
    - **75% (39/52)** of schools shared the fall 2018 data with teachers. **68% (35/52)** shared the winter 2019 data with teachers.
    - **85% (44/52)** of schools reported that student level checklist data was utilized during problem solving teams.
    - **14% (4/29)** secondary schools shared data with students or student groups.

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

- <u>Goal:</u> 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. These data will be compiled and provided in the July 2019 mid-year report.

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 area through the implementation of an intervention or planning of intervention(s) (e.g., PBIS

meetings, planning school wide intervention, consulting about universal interventions). Teacher consultation consists of consulting with teachers with 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 to improve universal supports in the classroom, 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.

Professional Coaching was provided to a total of **1051 unduplicated individuals.** These individuals included a range of school staff including: administrators, counselors, general and special educators, support staff, etc. Table 1 depicts the number of staff involved in each type of professional coaching since January 2019.

Table 1. Number of School Staff Receiving Professional Coaching.

Coaching Type	# of Staff
Systems Consultation	308
Teacher Consultation	86
Problem Solving Teams	518
Data Reviews	615

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 a 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

Determining Effectiveness: Progress monitoring data is used to evaluate the effectiveness of individualized behavior supports for students. Specifically, a Direct Behavior Rating (DBR; Chafouleas & Riley-Tillman) 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 weekly and research indicates difficulty-engaging teachers in regular completion of progress monitoring without intensive support. 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. These data will be available for the July 2019 mid-year report as many of the behavior support plans are actively underway throughout the school year.

Intervention Services Provided

As a result of the checklist data approximately since January 2019, **3,890 youth have received an intervention** to support their social behavioral or emotional health. This is a conservative estimate. While our regional coordinators are involved in many of the interventions, many times school counselors are using the checklist data to inform their guidance curriculum or form small groups. Our current data do not adequately track how our school counselors may be using the data. 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.

- 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 1. Public Health Approach to School-based Mental Health Supports

Indicated
Interventions

5% high risk
students

Selective
Interventions

15% at-risk students

Universal
All Students
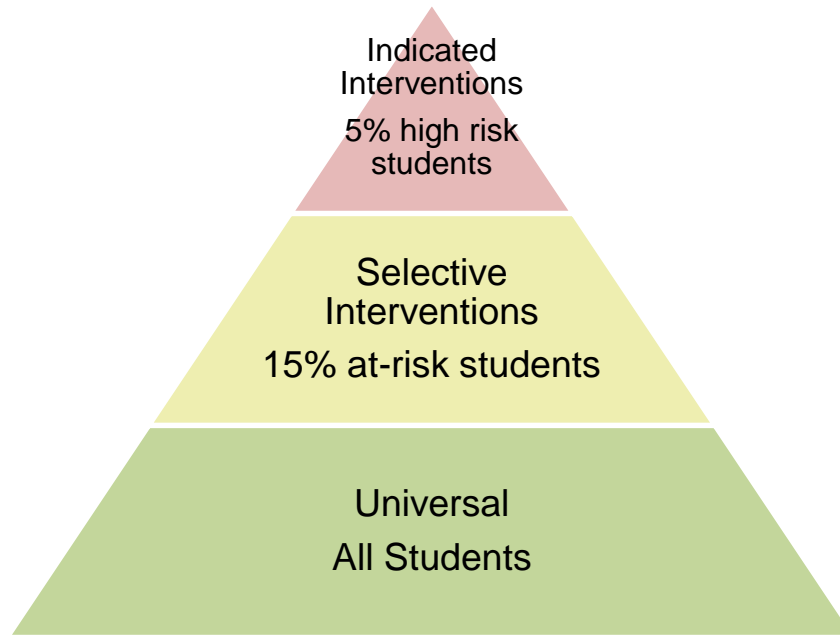
Note: The interventions were directly linked to data gathered from the teacher and student checklists. The following provides detailed information about the purpose and skills targeted by each intervention focus area.

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.
- **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 in their schools. 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 the measurement of the effectiveness of the intervention.

Across the county, between January 2019 and December 2019, **3252 students** have received at least one universal intervention through the support of regional coordinators.

Determining Effectiveness
At this point, universal interventions have begun implementation for the current school year (2019-2020). The prior school year (2018-2019) was reported in the July 2019 summary report. To assess effectiveness, we must utilize future checklist results to monitor growth. We are currently in the midst of our second round of Checklist screening and will gather more results in April. We are eager to evaluate and present the results of 2019-2020 universal interventions at the conclusion of this school year.

Program Service Area: Group Therapy Child

BCSMHC regional coordinators provide group 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. Groups are formed based on areas of risk (self-regulation, social skills, etc.).

We have provided selective interventions based on the screening data to **537 students** since January 2019. 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 reviewed the checklist data and many groups implemented were selected collaboratively between regional coordinators and counselors**.

The data below may not adequately reflect the number of students who are receiving services as a result of the screening data in schools. These data are only those groups for which regional coordinators helped to implement. We expect many more students have received services as a result of screening data.

Determining Effectiveness
Many groups are still in progress and awaiting post data collection. The prior school year (2018-2019) was reported in the July 2019 summary report. Findings for the 2019-2020 school year will be reported in the upcoming July mid-year report.

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 2019, coordinators have worked with school staff to provide **101 individual students** with individual therapy. Individual therapy effectiveness is being 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.

Case Example: Show-Me FIRST Implementation

Since the fall of 2018 the coalition has been implementing 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 the student to use to manage their emotions and thoughts before, during, and after difficult situations.

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 a brief, individualized supports at school. A total of **48 students** have participated in the FIRST intervention since September 2019. Furthermore, staff will continue to use this protocol for selecting students to receive this intervention in the Spring of 2020. To evaluate the effectiveness of providing this intervention to students at school in a brief, individualized format, each student will complete a standardized pre and post assessment. We are eager to present the results of the intervention at the conclusion of the 2019-2020 academic school year. These data will be shared in the July 2019 mid-year report.

Determining Effectiveness:
A comprehensive evaluation of interventions will not be available until the conclusion of the 2019-2020 academic school year. Results for the 2018-2019 school year were shared in the July 2019 mid-year report.

Program Service Area: Case Management

Since January 2019, **51 families** attended interagency meetings and received follow-up case management.

The majority of linkages provided were: Burrell Behavioral Health therapists (41), Great Circle (6), Children's Division (13), Juvenile Office (12), Central Missouri Regional Office/ Boone County Family Recourses (18). Other linkages were to FACE, MUPC, Bridge, Columbia Public Schools (for access to additional/different services), Love Inc., the Voluntary Action Center, the Columbia Housing Authority, Legal aid and private attorneys with free consultation, MU Hospital and Clinics, Bureau of Special Health Care Needs, Thompson Center, Heartland Hospital, Centerpointe Hospital, and Boone Hospital.

74% (38/51) of cases linked to new services or reviewed and suggested services within already existing supports as a result of the interagency committee.

Of note: As many families already receive vital initial linkages and supports from school teams or agency referrals, the majority of Interagency meetings were held to coordinate care versus to create new initial linkages.

Effectiveness of Case Management

Of the 51 families who attended meetings, **84% (43/51) reported satisfaction with the meeting** processes and 16% (8/51) were neutral in their responses. No family reported dissatisfaction with this resource.

Follow up contacts indicated that **63% (32/51) reported reductions in their original top problems**. 9% (5/51) of families reported no reduction in their problems, 8% (4/51) were neutral and 19% (10/51) of families did not provide ratings or could not be reached after the conclusion of the interagency meeting.

59% (30/51) reported less stress after the committee assisted them.

55% (28/51) reported that they were coping better after the Interagency meetings.

Many no, neutral, and/or missing ratings may be due to high levels of life stressors and difficult circumstances that coincide with the family's top problems. This was confirmed through conversation with families at the time of ratings. For example, two mothers reported that they live serious health problems 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 levels of stress and fear in all areas of life, though they each indicated that interagency was helpful, they still had high levels of stress and concern associated with their top problems. Lastly, several families in the first semester did not accept calls or texts to give data after the initial meeting from January-June but this was not seen in second semester (August-December).

Sixteen families/referring parties received coaching/consultation without the need for formal Interagency meetings from January 2019 to December 2019. Often these consultations occurred in family homes or locations deemed comfortable and suggested by the family (e.g, public library, after hours at schools, parks), always with confidentiality in mind. Some families indicated that they will seek interagency meetings and several are scheduled for January 2020.

Program Service Area: Best Practices Training

Since January 2019, we have trained approximately **411 school personnel** in our Boone County schools in an array of topics related to areas of need identified by the checklist data or by school professionals.

Determining Effectiveness
Following each training, we request that staff provide feedback on their satisfaction and perceived improvement in knowledge on the topic. Of the individuals who provided feedback for the trainings provided between January 2019 and December 2019, **95% (286/301) of reporting staff were moderately to extremely satisfied with the trainings**. Across trainings, **40% (118/297) of staff reported an increase in knowledge** on the trained 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 whether students are benefiting from the trainings received. These data will be provided in the July 2019 mid year report.

Table 2. Feedback from Best Practice Training -School Personnel Attendees from January 2019 to December 2019

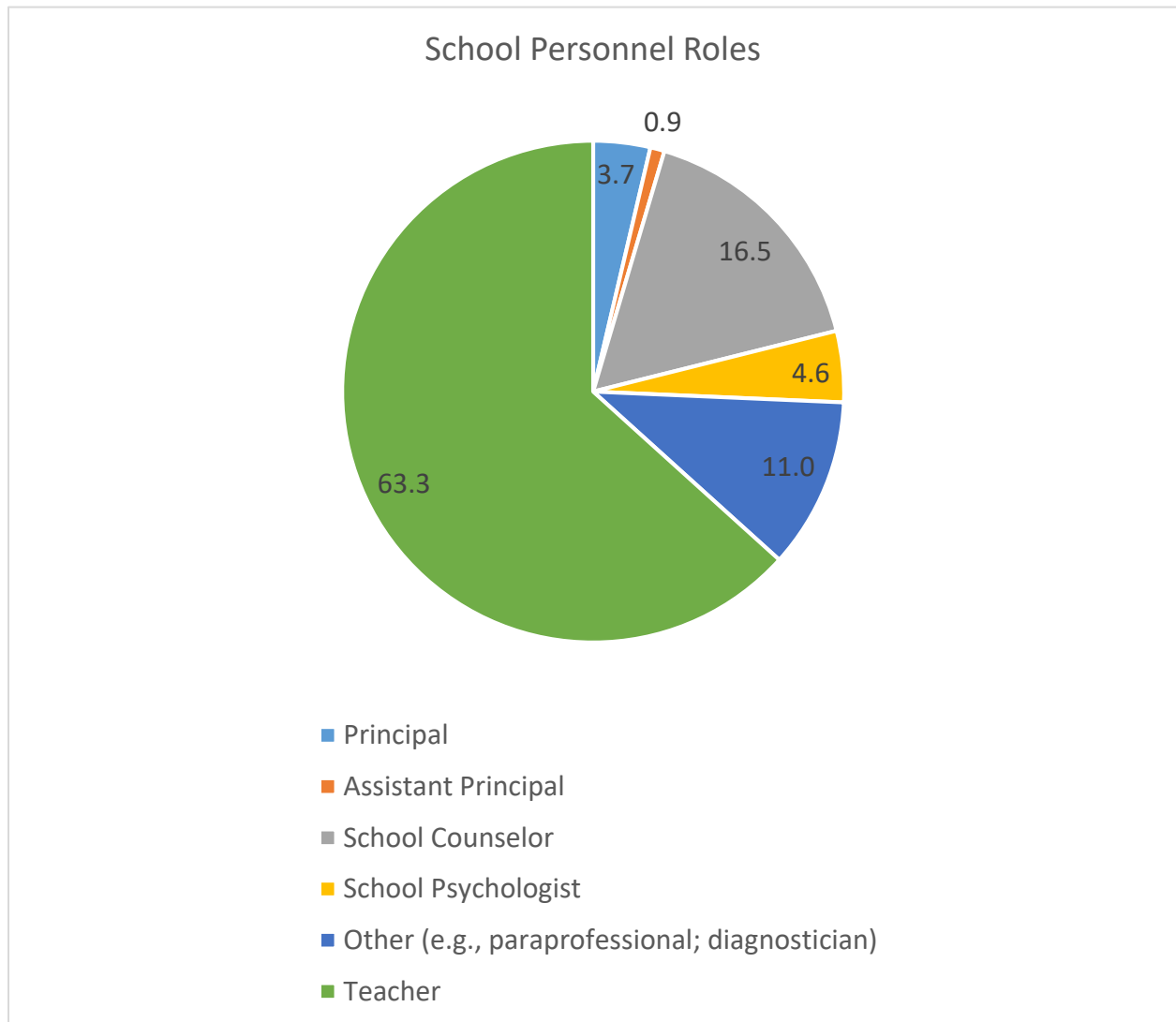| Items	Overall (n = 301)	
	Mean	**SD**
To what extent are you satisfied with the training you received and the practices covered?	4.04	0.94
How credible did you find the presenters?	4.40	0.81
How satisfied are you with the content of the training and the practices covered?	4.13	0.99
How familiar/knowledgeable were you of the skills trained today BEFORE the professional development session?	3.61	1.00
How familiar/knowledgeable were you of the skills trained today AFTER the professional development session?	4.15	0.82

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

Consumer Feedback

We continue to gather biannual feedback from our Coalition school partners in efforts to refine practices and inform our work. A total of **109** (48 from CPS; 61 not CPS) individuals replied to a brief survey in the month of December, providing feedback regarding 1) Importance of our work; 2) Satisfaction of work; 3) Satisfaction of the collaboration/partnership, and 4) and school's use of the data. The following pie chart depicts the percentage of individuals in participating roles that completed the satisfaction survey:

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School Personnel Roles

Legend:
- Principal
- Assistant Principal
- School Counselor
- School Psychologist
- Other (e.g., paraprofessional; diagnostician)
- Teacher

Values shown on chart: 3.7, 0.9, 16.5, 4.6, 11.0, 63.3

The average ratings and standard deviations across consumer satisfaction items are provided below in Table 3.

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Table 3. Consumer Satisfaction Survey Results December 2019

Questions:	CPS (48)	Non-CPS (61)
How important is the work the Coalition has been providing in your school(s)?	3.75 (0.91)	4.03 (0.75)
How important is the work you and the Coalition are doing together?	3.65 (0.89)	3.85 (0.96)
Overall, how satisfied have you been with the work of the Coalition in your school(s)?	3.46 (1.11)	3.97 (0.86)
How satisfied have you been with communication and collaboration among coalition staff and school staff?	3.50 (1.20)	3.84 (0.90)
How satisfied have you been with your partnership with the coalition?	3.42 (1.16)	3.82 (0.85)
Were you involved in the use of coalition data?	77% yes	54% yes
Did you share checklist information with your teachers or staff?	64% yes	49% yes

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

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. When asked what was going well, a large number of participants noted that regional coordinators were very helpful and found their consultation on problem-solving teams useful.

Participants were asked about barriers to using the data and regional coordinators. Themes included lack of communication, need for additional regional coordinators, and lack of understanding of how data are used. We will use this information to continue to improve through reviewing them at monthly Board meetings and within our group of regional coordinators.

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Barriers

I realize there are only so many Regional Coordinators we can afford and employ. I would love to see their case loads reduced so they can dedicate their time in fewer schools. You ALL do a great job and it is a pleasure to work together.

We definitely have the need for each school to have their own coordinator. I know that isn't really feasible, but it would be amazing!

Having enough time with the school's coordinator.

As a teacher I do not have a measurable information on the impact of the Coalition's efforts on my students that I teach. I have no idea the progress of the students helped by the Coalition.

Teachers don't know all of the ways the coalition can help them problem solve. It seems like admin and counseling knows - but lots of teachers don't know all of this.

Teachers are skeptical of how the data is used and what the true purpose is for its collection. They feel like they provide the data year after year and nothing is done with it. They are concerned about providing intimate details about their students to strangers when they don't see any outcomes.

New staff may need more information on what the coalition does.

You view us as a source of data and are not helping beyond the minimum.

The Coalition as a whole can do better communicating with CPS staff with clarity about what they are able to do and not do. For example, my understanding is that they can only work with indiv or groups IF they show up red/high yellow on the checklist. The caveat is left out of the above. Leaving out the details is neither helpful nor conducive to clarity, trust and relationship building. In addition, the checklist is not the only piece of data that informs us on which students have needs. The reliability of the data has yet to be defined and the way in which it is reported is unhelpful for tracking. The higher ups at the Coalition have a long way to go related to a real working partnership.

Strengths

My coordinator is very focused, organized and does her best to work with teachers and students.

Our coordinator is wonderful and she has been instrumental in helping to develop our problem solving team which is helping students in need and allows brainstorming sessions for interventions for teachers.We appreciate the work she does!

The increased collaboration and transparency with coalition and school counseling departments as well as the reintroduction of clearly defined roles/expectation of coalition staff. Coalition members being the vehicle for communication and support for the checklist has been helpful already. I appreciate that my coordinator, still keeps me in the loop on emails and that she is tremendous help to support grade level interventions as well as a regular part of our problem-solving meetings. I have learned so much from her and because of her constant

communication and team player professionalism, I do see her as valuable and vital part of our problem-solving team.

The ability to borrow curriculum, input from the coordinator during problem solving team.

I appreciate all of the level of communication and collaboration. Examples: emailing/calling back and forth about interventions attending problem solving team meetings Providing updates about current situations we are working on at school willing to help contact parents and students regarding the checklist information helping with cool school set up process

Attendance at our Tier 2 meetings are very helpful.

In the Spring our coordinator just stepped right up in the areas that we were needing help. She spotted the holes before we even recognized we needed the support.

Having our Regional Coordinator come out to our building to meet with teams; individual staff members; and whole faculty plus providing support with data/technology/tracking/brainstorming has been priceless. I know we are making school improvements directly related to our partnership with BCSMHC and the talented Reg. Coord. we were given.

I appreciate that there are so many from the outside coming in to help these kids & families.

With lack of specific information about some of the students I teach and how they have improved or not, i am not able to give an objective answer. This for sure I know, I do appreciate your efforts and support for our students. Feeling like a we and not an us vs them.

It is amazing to have additional behavior support at Problem Solving Teams. Even if a coalition staff member is not going to work with a student directly, they provide excellent recommendations and solutions. My coordinator is always solution focused, which I love!

Participation in problem-solving teams.

Problem solving team supports.

Coalition member coming to our Tier II and Tier III meetings. We have an executive functioning training planned this spring and we are excited about that possibility

Having your staff come and share the data collected and looking at trends in the areas in which we need improvement has been informative and helpful.

What has been incredibly helpful and awesome is our regional coordinator working with students one on one to provide counseling services. This has been such a great thing. I also liked how she meets with us on our At Risk Team meetings and student meetings.

The checklist was good, the support from my coordinator was priceless, we ran small group together, we shared data with teachers and students together-a lot of really positive things came from this year so far-and has been so appreciated as a first year counselor.

Boone County Schools Mental Health Coalition

University of Missouri Partnership

The Coalition's unique position within the Missouri Prevention Science Institute allows for close collaboration between the MU Department of Educational, School and Counseling Psychology, Social Work, and Psychology, to train upper level graduate clinicians in our innovative model. Each year doctoral level graduate students from school psychology, social work, clinical psychology, and counseling psychology work alongside regional coordinators provided many needed services to youth in our County.

This year four doctoral students work with the Coalition for 20 hours each week. An additional three doctoral studnets work 10 hours per week. These graduate students provided several hundred direct services hours to youth in schools based on the Coalition data, providing professional coaching, group based and individualized services for youth. This is a valuable resource, particularly to schools not located in CPS. Prior to the Coalition graduate students rarely were placed in out-County schools because no supervisors were available. The Coalition is able to provide on-site supervision, allowing more highly qualified doctoral students to directly work with students across Boone County.

In addition, we have two postdoctoral fellows who are funded to work with MU through a 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 her licensure hours while working in our schools. Drs. McCall and Copeland bring a host of expertise in school-based consultation and working with children and families with challenging behaviors.

Resulting Products

- **Early Identification System:** We have developed the online teacher and student checklists for the early identification system. All reports are automated and available to schools at the time that all student data are finalized (e.g., when the last student or last teacher finishes the checklist).

- **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 adopted by Columbia Public Schools to use 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.

- **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 as a 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.

- **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 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.

- o See above for preliminary data results for our small group implementation

- **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.

- **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 the 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 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:
  - o Checklist supporting documents (e.g. Student Checklist Administration Script, FAQs for Checklist completion, etc)
  - o The Coalition Manual and Intervention Menu of Options (attached)
  - o Reference Guides for Parents and Stakeholders
  - o Results of the Institute of Education Sciences (IES) Validity Study

We are excited about the resources and the 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!

Other Products

Manuscripts & Publications

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

- Reinke, W.M., Herman, K.C., Huang, F., McCall, C., Holmes, S., Thompson, A., & the County Coalition for School Mental Health, (under review). Examining the factor structure and concurrent and predictive validity of the Early Identification System–Student Report in an elementary school sample. *Journal of School Psychology*.
- Herman, K.C., Reinke, W.M., Huang, F., Thompson, A., Doyle-Barker, L. & the County Coalition for School Mental Health, (under review). An investigation of the psychometric properties of the Early Identification System-Student Report in a middle school sample. *School Psychology*.
- Huang, F., Reinke, W.M., Thompson, A., Herman, K.C., & County Schools Mental Health Coalition., (2019). An Investigation of the psychometric properties of the Early Identification System (EIS)-Student Report. Journal of Psychoeducational Assessment, 37, 473-485.
- 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:

Boone County Schools Mental Health Coalition

- 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.