
South Central System of Care Collaborative

Best Practices on Student Behavioral Health
April 8, 2019

Overview of Presentation

- Update:
 - Brief History and Overview of System of Care Collaborative
 - Vision, Mission, and Common Data Terminology
 - Gathering of Baseline Data
- Share Collaborative Framework and Data Definitions
- Review the Data - Shared Patterns and Challenges
- District Response to the Data
- Next Steps as a Collaborative - Short and Long Term

Presenters:

Maura Palmer, Assistant Superintendent - Salem; Margaret Bentley, Director of Student Services - Salem; Dan Black, Assistant Superintendent - Londonderry; Chelsea Hunnewell, Asst. Principal - Londonderry; John Fabrizio, Director of Student Services - Merrimack; Julie DeLuca, Asst. Principal - Merrimack; Rachel Borge, Director of Special Services - Hudson; William Hughen, Director of School Counseling - Hudson

History and Overview

**South Central System of Care Collaborative
(formerly Joint Mental Health Committee)**

Four collaborating districts

Hudson

Londonderry

Merrimack

Salem

Facilitator - Mary Clare Heffernan

Vision & Goals

Vision: Mobilize four South Central districts (Hudson, Londonderry, Merrimack and Salem) in order to create and/or improve our System of Care for all students in grades K-4.

Goals:

- Common data set and common data statements grades K-4
- Shared knowledge of resources, services and practices
- Leverage data to support requests for resources

Process for Initial Data Collection

- Common **Timeline**
- Common **Staff** - School Psychologists, Behavior Specialists, School Counselors, Nurse, Principals/Assistant Principals, Related Services.
- Common **Tool** including definitions

See Handout “South Central System of Care Collaborative - K to 4 Tiered Systems of Social/Emotional Data Tracking”

South Central System of Care Collaborative
K-4 Tiered Systems of Social/Emotional Data Tracking

Time Spent in Service of:

See below for directions on how to track data.

Note- staff will track data based on the level of intervention staff provide (Universal, Targeted or Intensive), NOT on the “level of student.” Students are not “Tier 3 students.” The intervention *any* student requires is what we’re tracking.

Social/Emotional Data Tracker- Tier Breakdown (K-4)

Tier 3- INTENSIVE	Tier 2- TARGETED	Tier 1- UNIVERSAL
Students presenting with HIGH RISK	Students presenting with SOME RISK	All Students
<ul style="list-style-type: none"> ● Crisis requiring immediate attention (drop everything) ● Suicide/Risk Protocol ● Anything requiring CPI response team to be called ● Anything requiring immediate admin. attention due to safety (i.e., fight) ● Anything requiring immediate consultation with support staff (counselors, teachers) due to crisis nature 	<ul style="list-style-type: none"> ● Daily check-in/check-out with targeted students (prevention) ● Social/emotional small groups (grief group, social skills, anger management etc) ● Individual counseling (scheduled, preventative) ● Lunch groups with targeted students ● Targeted Student Study Team meeting (SST, SIT, Intervention Team, etc) 	<ul style="list-style-type: none"> ● Classroom Counseling ● Data Talks ● PLC ● Statewide Assessment System (SAS) ● Recess duty ● Routine support for students experiencing a short term difficulty ● PBIS or all-school universal behavior systems

Collaborative Framework and Data Definitions

Evidence-Based Services and supports for emotional wellness are programs, services, or supports that are based directly on scientific evidence and have been evaluated in large-scale studies and have been shown to reduce symptoms and/or improve functioning.

For instance, evidence-based services and supports are recognized in national evidence-based registries such as *Blueprints for Healthy Development*, *The National Registry of Evidence-based Programs (NREPP)*, and *What Works Clearinghouse*. A full continuum of CSMHS evidence-based services and supports include emotional wellness promotion (Tier 1), selective prevention (Tier 2), and indicated interventions (Tier 3).

Evidence-based services and supports include mental health promotion, selective prevention, and indicated interventions that are based directly on scientific evidence.

Collaborative Framework and Data Definitions

Mental health promotion services and supports (Tier 1)

An intentional culture for students, educators, parents and community which promotes positive social and emotional wellness, behaviors, and Social and Emotional Learning (SEL) competencies. To include universal practices and instruction that can be actively taught and implemented school- and community-wide, with fidelity in all school environments, to promote readiness for learning.

Selective services and supports (Tier 2)

Targeted SEL instruction provided for small groups of students who are identified through a district-defined, data driven process and are not responding to Tier 1 instruction. Students who are participating in Tier 2 instruction receive ongoing monitoring to determine progress in learning and applying social emotional skills in order to determine next steps.

Indicated services and supports (Tier 3)

Intensive and individualized services designed using in-depth information gathered about a student who is not responding to Tier 1 and/or Tier 2 instruction or as a result of a crisis. Students who require Tier 3 interventions display significant functional deficits in social emotional skills.

Data Review: Results from Self Monitoring

District	Time Spent Supporting Tier 1	Time Spent Supporting Tier 2 & Tier 3
Hudson	26%	74%
Londonderry	17%	83%
Merrimack	27%	73%
Salem	15%	85%

Results of self reporting on time spent with students over a day from a mixture of School Counselors, Psychologists, Nurses, Behavior Specialists, and Administration in K to 4 settings.

Despite the fact that we did not use consistent staff, nor consistent grades across the four districts, our patterns of time spent between Tiers 2 & 3 combined, and Tier 1 were more similar than different.

Data Review: Another Upcoming Round of Collection

X - Staff Took Part of Data Collection in each District.					
District	Admin	Counselors	Nurses	Psychologists	ED Teachers/ Behaviorists
Hudson		X		X	X
Londonderry	X	X			X
Merrimack	X	X	X		X
Salem	X	X	X	X	x

- There were different patterns between time spent in Tier 2 versus Tier 3 among the districts. Next time around we want to look more towards characterizing preventative versus reactive services during that time to better understand the differences.

- Intent to be more consistent in the staff engaged in all four districts next time.

District	Tier 2 Time	Tier 3 Time
Hudson	58%	16%
Londonderry	63%	20%
Merrimack	35%	39%
Salem	47%	38%

District Responses to Their Data

Hudson - Collaboration with YMCA providing onsite social and emotional learning in the general education setting. District Mental Behavioral Health Team and will collect ongoing data.

Londonderry - District Mental Health Committee reviewed data and will collect further data. Reviewing individual school data. Offering ongoing parent outreach (Wednesday Wellness Series)

Merrimack - Collected data in 2018 and 2019 - Movement from predominantly tier 3 to balanced supports in tier 1,2,3 with most movement into tier 1. District Mental Health Committee in year 4 implementation and year 3 Project Grow

Salem - District Mental Health Team in place (year 3) - Reviewed data with District team and other teams throughout the District - Currently analyzing second data collection. Strengthened collaboration with Center for Life Management (CLM). Use of Ross Greene's, Collaborative & Proactive Problem Solving.

Next Steps as a Collaborative - Short Term

- **Review possible shared resources through Title IV funding**
- **Expanded partnerships in all four districts with YMCA, Waypoint etc.**
- **Outreach to pediatricians and other community partners**
- **Goal - By summer of 2019, share framework with other Districts**

Next Steps as a Collaborative - Long Term

- **Continue data collection and creation of common data statements**
- **Leverage data for System of Care changes within and throughout four districts**
- **Share framework and findings with other districts**
- **Leverage common data points to partner with NH DOE and other state partnerships for state-level and local impact**
- **Create shared partnerships with local community agencies**
- **Create common set of shared practices, supports and programs**

Questions?