

Children's Hospital Neighborhood Partnerships
Reaching children where they live and learn



Report on CHNP School-Based Services, 2009-2010



Children's Hospital Boston

EXECUTIVE SUMMARY

Every day, children arrive at school with significant mental health problems, including inattention, depression, anxiety and exposure to trauma related to domestic and community violence, that create barriers to learning. The problem is significant: nearly 20% of all students experience undiagnosed mental health disorders. This percentage is higher for children in urban schools where students live in low-income communities with higher rates of exposure to violence, poverty and academic failure. Students struggle to concentrate, to learn, to follow directions, to resolve conflicts peacefully and to succeed in school. The academic success of children depends on schools that are positive learning environments that support the development of the whole child by attending to both the social-emotional and educational context of students.

Children's Hospital Neighborhood Partnerships (CHNP) works to “*reach students where they live and learn*” by providing a range of mental health services onsite in schools, key natural environments in which to address the social-emotional-educational needs of children. Through a partnership of support from Children's Hospital Boston, individual philanthropy, and partner schools, CHNP services are provided free of charge to students and families. CHNP aims to increase access to high-quality, effective mental health services for unserved children and families; to promote positive youth development; and to build the capacity of schools to address the mental health needs of their students.

The 2009-2010 school year marks CHNP's eighth year in operation providing school-based mental health services that have helped improve the capacity of partner schools to address the social-emotional needs of their students. Our partnership network includes 15 Boston area schools (see Appendix A for a list of all CHNP school partners). We collaborated with district and state-level agencies as well as other community school-based providers and several local universities.

This year we reached 2,716 students through our intervention and prevention services. In addition, our program provided over 1300 hours of consultation services and facilitated professional development workshops for 283 school staff. CHNP clinicians handled over 100 crisis cases, seeing students within a mean time of less than 5 minutes preventing costly emergency room/BEST evaluations or disciplinary actions in nearly 50% of these situations. Treatment interventions were rapidly implemented with improvements in student functioning and reductions in classroom difficulties. Prevention activities including the development of innovative psychoeducation curricula moved forward in development. Students, parent, and teachers all highly rated their satisfaction with CHNP intervention and prevention services. CHNP continued to see evidence of increases in the capacity of their partner schools to respond to mental health problems. Efforts to engage families, educate future school mental health clinicians, and advocate for child mental health were again critical components of the program.

This report describes the impact of CHNP in increasing mental health service access, promoting positive youth development, and building school capacity to address mental health needs. It also highlights CHNP efforts in engaging families, in training mental health clinicians for schools, and in promoting child mental health policy and advocacy.

INCREASED ACCESS – CHNP INTERVENTION SERVICES

In 2009-2010, CHNP provided mental health assessments in our partner schools to 825 children. These were divided into those that received crisis/emergency responses, brief mental health intervention, and onsite individual supportive psychotherapy.

Crisis/Emergency Response (n=110 crisis situations)

When students experience emergency situations, CHNP clinicians are onsite in the school to assess the situation, intervene as needed, consult with school staff, and work with parents. Clinicians make referrals to outside services, as needed, and provide ongoing follow up support with students, families and teachers. The following results are noteworthy outcomes:

- CHNP clinicians responded to crisis situations in a mean time of less than 5 minutes, with the large majority of cases being seen immediately. This is a highly significant reduction in wait time compared with services in an emergency room setting, where nearly half of families report waiting for an evaluation for 1-4 hours.¹
- If not for the CHNP clinician, at least 20% of these children would likely have required emergency psychiatric services through either an Emergency Room or the BEST team.
- An additional 25% would likely have been handled as discipline cases, such as a referral to the Principal or the school police.
- Nearly 50% would have received no service at all, instead nearly all (n=96 students) received either brief intervention or supportive psychotherapy from CHNP.

Brief Mental Health Intervention (n=707 students)

Following a screening assessment, brief mental health intervention services include care coordination, case management, assistance accessing resources, consultation with students and families about academic and social/emotional issues, and further assessment and referral for other community-based services. The following results are noted:

- 77% of these students were Black and/or Latino
- Clinicians spent an average of 2 hours working with each student.
- Nearly 65% of these students were referred for community mental health services; another 20% were for social services, including assistance with financial issues, housing or food stamps.

Supportive Psychotherapy (n=118 students)

CHNP provides ongoing individual supportive psychotherapy in the school that aims to improve children's functioning and social-emotional health which can enhance their academic performance. In providing this care, CHNP clinicians always work closely and collaboratively with each student's family and school staff. The following utilization measures are highlighted:

- The majority were Black or Latino (85%), a group frequently underserved by the traditional mental health service delivery model.

¹ Parent Professional Advocacy League, 2007

- The majority faced multiple risk factors, including financial stress, difficulty with peer relationships, and concerns about the health or safety of family members; more than 80% have 5 or more of these risk factors in their lives.
- The main reasons for referral included social/peer-related issues (16%), externalizing behavior (15%), depression (14%), family stress (14%), and coping with loss (12%).
- Department of Child and Family Services was involved in 27% of the students.
- Nearly 80% have at least minimal impairment in their adaptive functioning at the beginning of treatment.

CHNP's school-based model of providing onsite supportive psychotherapy has several advantages over the service delivery in a traditional community-based setting. Being located in our partner schools reduced many barriers to service and shortened the wait-time for routine services, increased the amount of time children stay in treatment, and increased the amount of communication with other providers on behalf of children.

The following outcome measures illustrate the success of providing supportive psychotherapy in the school setting:

- The average wait time to start this treatment was only 13 days compared to community rates of 3-4 weeks for an intake evaluation and another 3 weeks to start treatment.²
- The average length of treatment was 15 sessions compared to community rates where 40-60% terminate treatment after only 1 or two sessions.³ Overall, CHNP clinicians provided 1,778 therapy sessions to students during the 2009-2010 school year.
- 75% of students demonstrated improved adaptive functioning with a marked decrease in disabling mental health symptoms.
- Teachers report that 77% of students who receive CHNP therapy services demonstrate decreased difficulties in the classroom.
- Students and parents reported very high levels of satisfaction with CHNP therapy services (See Appendix B for details).

PROMOTING POSITIVE YOUTH DEVELOPMENT

Besides providing clinical service, CHNP has targeted the promotion of positive youth development as an important goal. Both targeted and universal prevention efforts have used psychoeducation as a means of extending the reach of the program to promote early intervention and prevention. CHNP clinicians facilitated targeted groups and classroom-wide interventions that are designed to support the social-emotional health of students. The most common topics addressed in CHNP prevention activities include emotion awareness, general wellness and support, self-esteem, self-regulation and social ethics.

CHNP sought to develop innovative prevention tools and training uniquely tailored to meet the needs of schools. With support from the Swensrud Foundation, CHNP has developed

² Williams, et al., 2008

³ American Academy of Pediatrics, 2009

Break Free from Depression, a four-session classroom psychoeducation program regarding adolescent depression. An accompanying documentary DVD was shown in the last year to 342 viewers, including students, parents, school personnel, school nurses, and clergy across the state of Massachusetts. The findings across all groups were uniformly positive—the documentary increased viewers’ knowledge and awareness about depression, and increased the likelihood that they would seek help for themselves or others who might be struggling. In the coming school year, the full curriculum will be evaluated in both Boston and suburban high schools (For more information, see <http://www.breakfreefromdepression.com/>)

CHNP has also sought to develop innovative psychoeducation curricula for individual partner schools. Appendix C outlines four different school curricula targeting social-emotional skill development that were piloted in the past year.

In 2009-2010, a total of 1891 students participated in CHNP prevention activities. This included 507 students in small targeted/universal groups and 74 classrooms impacting 1,454 students. Teachers and students who participated in these activities noted the following satisfaction outcomes:

- Teachers report that CHNP prevention activities are helpful for their students:
 - 80% think the topics are important for students’ academic development
 - 70% believe that these activities help them focus more class time on teaching
 - 75% report that these activities contributed to a more positive classroom climate
 - 80% agree that these activities contributed to students’ ability to function in the classroom
 - 100% indicate that the students were engaged in these activities
- Students report a high level of satisfaction with CHNP prevention activities
 - 92% thought the topics were important to them
 - 95% liked the activities
 - 89% learned something new
 - 87% know where to go for more information
 - 84% would like to participate in similar activities in the future

BUILDING CAPACITY – SCHOOL STAFF CONSULTATION & TRAINING

CHNP has prioritized building the capacity of schools to address mental health concerns by providing ongoing consultation and training to teachers and administrators. The goal of these services is to raise awareness of mental health issues and to develop systems and structures to support students. This section outlines: 1) CHNP consultation services, 2) the teacher trainings conducted, 3) the impact on the mental health capacity of partner schools.

School Staff Consultation Services

CHNP clinicians provided 1380 hours of consultation services for an average of 12 full days per school year to each partner school, to administrators, teachers and student support staff. The clinicians frequently were consulted about students who are showing signs of mental health, emotional, or behavioral problems. They work with teachers to identify and

implement appropriate and effective discipline strategies. The clinicians often observe students in the classroom and provide immediate feedback to the teacher.

CHNP clinicians participated in schools' teams to provide consultation around support services, classroom-wide issues, and/or special education. In collaboration with Boston Public Schools staff, they help identify students who may be in need of additional services or further testing. Clinicians frequently assist with referrals to other community organizations, communicate with families and provide on-going monitoring of students.

In addition, CHNP clinicians work with the administrators and student support staff in schools on school-level issues (e.g., student support structures or school climate initiatives). Clinicians frequently help to develop and maintain systems to gather and track referrals for in-school support services, protocols for crisis response, and programs to build community or reduce bullying.

In assessing these consultation services, teachers and administrators found CHNP clinicians to be highly skilled and effective consultants (see Appendix D for school staff comments):

- 95% are satisfied with the quality of CHNP services
- 89% feel CHNP helps the school address mental health concerns
- 88% report that CHNP clinician are strong advocates for students and families
- 87% believe that CHNP contributes to their efforts to build a positive school climate
- 85% think CHNP has a good understanding of the school and its needs

Teacher Workshops

In 2009-2010, 293 school staff participated in CHNP teacher workshops or professional development activities focused on topics such as behavior management, crisis response and mental health awareness. Staff reported a high level of satisfaction with CHNP professional development workshops:

- 100% believe the workshops were clear and informative
- 99% agree that the workshop was relevant to their work as educators
- 99% would like to participate in future workshops
- 97% feel the workshops contributed to their understanding of the topic
- 95% think the workshop introduced strategies they could use in the work with students

School Mental Health Capacity

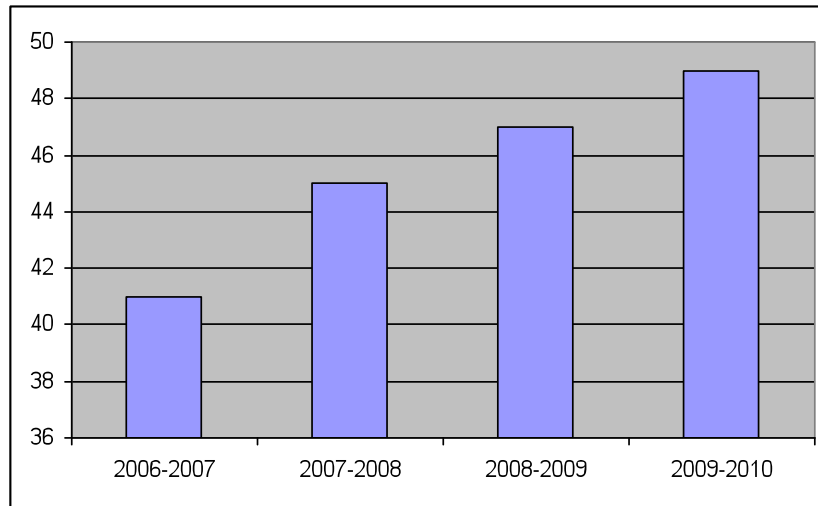
Recognizing the critical need to measure the capacity of schools to address mental health problems, CHNP developed and published a new measure. The School Mental Health Capacity Instrument⁴ collects information each year about the capacity and ability of our partner schools to address the social-emotional needs of their students in a proactive way. This includes the structures, protocols, policies and activities a school has in place to recognize and manage mental health problems when they arise; to identify and refer students

⁴ Feigenberg, L. F., Watts, C. L., & Buckner, J. C. (2010). The school mental health capacity instrument: Development of an assessment and consultation tool. *School Mental Health, 2*(3), 142-154.

who may be developing problems; and to promote wellness and prevent specific mental health related problems.

Schools with greater mental health capacity have more in place in each of these areas and are more proactive in their approach to mental health. CHNP training and consultation services have contributed to our partner schools becoming increasingly able to address the mental health needs of their students over time. Partner schools have steadily moved over the past 4 years toward a more proactive approach regarding their capacity to handle the mental health concerns of their students (see Figure 1).

Figure 1. CHNP Mean Total School Mental Health Capacity Scores



ENGAGING FAMILIES

CHNP recognizes the importance of engaging families through the provision of information relevant to their children’s mental health and the critical need to enhance their connection to the schools attended by their children. CHNP has used parent workshops and school/community events as means to accomplish these goals.

Parent Workshops

In 2009-2010, CHNP conducted parent workshops that reached 200 families. These workshops for parents and families were designed to increase mental health awareness, reduce stigma, and help families identify resources. Topics included talking with children about puberty and body changes, sleep deprivation, choosing a middle school and accessing summer resources.

Parents reported that these workshops were highly beneficial:

- 100% think the workshops are clear and informative
- 100% believe the workshops helped them better understand the topic
- 100% would like to participate in similar workshops in the future
- 96% agree that the workshops were relevant to them as parents
- 94% know where to go for more information

School and Community Events

In 2009-2010, 1156 students, parents, & staff attended several CHNP-facilitated school and community-wide events designed again to promote family engagement and school connectedness. These events included a Peace Night celebration to bring the community together, a screen time awareness campaign with contests and speaker panel, and an author visit to promote literacy and reading.

BUILDING THE WORKFORCE: SCHOOL-BASED TRAINING PROGRAM

There are critical workforce shortages for child mental health clinicians across Massachusetts and the nation. This is even more apparent in the school setting. The CHNP training program offers unique school-based clinical training for master's- and doctoral-level trainees in social work, psychology and child psychiatry. CHNP training aims to prepare aspiring clinicians to provide high-quality mental health services in the community and to increase the capacity for service delivery in greater Boston and Commonwealth.

The training includes bimonthly seminars on topics including working with culturally diverse populations, crisis intervention, short-term counseling and prevention programming. Trainees receive weekly on-site supervision from experienced CHNP staff clinicians. CHNP trainees provide direct school services, including consultation to teachers and school staff, facilitating prevention programs, and student counseling.

In 2009-2010, CHNP had 12 trainees from the Risk and Prevention Program at the Harvard Graduate School of Education, the School Psychology Program at Tufts University, and the Schools of Social Work at Boston University, Boston College, Simmons College, and Wheelock College.

Trainees report very high levels of satisfaction with their training:

- 100% have a good understanding of partnership development
- 100% understand how mental health services are integrated into the school setting
- 100% feel confident in their skills for working in the school context
- 100% are familiar with effective strategies for doing prevention work in schools.
- 100% were satisfied with the quality of supervision they received
- 90% can recognize child and adolescent mental health issues in a school setting
- 90% feel confident in their ability to consult to educators
- 91% felt the CHNP training program helped prepared them for future career goals

POLICY & ADVOCACY EFFORTS

CHNP seeks opportunities to work on efforts that advance policy and advocacy at both the local and state levels. Two examples of this work from the past year are a partnership with the Boston Public Schools and the Children's Mental Health Campaign.

Partnership with Boston Public Schools Department of Extended Learning Time, Afterschool & Services

CHNP partnered with the Department of Extended Learning Time, Afterschool and Services (DELTAS) for the last two school years. The goal has been to build DELTAS capacity to assist Triumph Collaborative sites to strengthen their student support systems. CHNP facilitated a monthly workshop facilitated on issues related to student support and mental health, including bullying, self-care for providers, adult-student relationships, violence prevention efforts, family engagement and racial identity development.

Overall, participants were very satisfied with the sessions and were interested in similar trainings in the future.

- 100% felt that the workshops were clear and informative
- 96% felt the workshops contributed to their understanding of the topic
- 99% of respondents felt that the topics were relevant to their work as an educator
- 90% reported that the workshops introduced practical strategies
- 99% of respondents would like to participate in future workshops

In addition, CHNP facilitated a “Small Learning Community” for the coordinators of the student support team in four schools. The goal was to provide a space for the coordinators to share best practices and provide peer support for their work. CHNP also provided direct technical assistance to these schools as they worked to assess existing student support structures, prioritize areas for growth, and develop a plan for the implementation of new strategies.

Children’s Mental Health Campaign

Influencing public policy to improve the mental health of children and families is an important aspect of the work of CHNP and Children's Hospital Boston. Their leadership efforts in Massachusetts’ Children’s Mental Health Campaign led to the 2008 signing of landmark legislation (Chapter 321) targeting significant change in the state’s child mental health system.

As the campaign enters its third year, work continues to identify gaps in the new law and file additional legislation to address them. One example involves coordination of care for children with chronic mental health needs; the Campaign has filed legislation to establish adequate reimbursement from private payers to mental health clinicians for consultations with others in a child’s life (such as parents, teachers, and pediatricians) who may contribute to a child’s treatment. Another example involves the need for increased attention to mental health services in schools.

Appendix A: CHNP 2009-2010 School Partners

Elementary Schools	K-8 Schools	Middle & High Schools
Charles Sumner Elementary School	Maurice J. Tobin School	Boston Arts Academy
John P. Holland Elementary School	Patrick Lyndon Pilot School	Boston Latin School (7 th -12 th Grades)
John Marshall Elementary School	Richard J. Murphy School	Dorchester Collegiate Academy Charter School (4 th -12 th Grades)
Lee Academy Pilot School	St. Patrick Parochial School	English High School
	Young Achievers Science and Mathematics Pilot K-8 School	Fenway Pilot High School
		Match Charter Public School

Appendix B: Student & Parent Satisfaction with CHNP Treatment

Students report high levels of satisfaction with CHNP therapy services:

- 93% believe counseling helped them with school
- 91% think counseling has helped them with their problems
- 88% report that counseling helped them feel better about themselves
- 84% feel counseling will help them in the future
- 76% say that counseling helped them get along with their family
- 76% indicate that counseling helped them get along with their friends

Parents express high levels of satisfaction with CHNP therapy services:

- 93% believe counseling helped their children with school
- 89% rate CHNP counseling services as good or excellent
- 86% think counseling helped their children with their feelings
- 86% feel counseling helped their children's behavior
- 82% report that CHNP helped them feel more comfortable in the school

Selected comments from parents about CHNP therapy services:

- “We are grateful for these services. They were a huge help, both in school and at home.”
- “My child’s counselor helped ease his anxiety in school, which is a big problem for him.”
- “CHNP has been great with my child. His self image has increased. He now has an ‘I can’ attitude.”
- “The clinician was very understandable. She always had encouraging words, explained my strengths to me, and helped me pursue my goals.”

Appendix C: CHNP School-based Prevention Programs

CHNP clinicians develop innovative prevention programming curricula that target the specific needs and issues facing children in urban schools. They are in the midst of being piloted in our partner schools.

- *“Many Feelings, Many Friends.”* This program teaches elementary school students (grades 2-4) self-regulation and social skills. A clinician teaches a weekly lesson in each classroom, using evidence-based practices to address topics such as emotion identification, empathy, anger management, relaxation methods, bullying, conflict resolution, and problem solving. The program also includes work with teachers, providing consultation on behavior management and ongoing classroom support to help with strategies that can reinforce the skills taught in the weekly lessons.
- *“Understanding Violence.”* This program focuses on violence prevention and peace promotion for upper elementary school students. The program, taught to whole classrooms, gives students an opportunity to discuss the causes and consequences of violence, explore alternative solutions, and express their own hopes for the future. Specific sessions cover topics such as snitching versus truth-telling, understanding the criminal justice system – complete with mock trial – and reasons why kids join gangs. The program is adapted and expanded from a curriculum developed by the Massachusetts Attorney General and the Suffolk County District Attorney’s Office.
- *“9th Grade Triage Program.”* This screening program was developed to help students transition to high school by identifying their specific needs and connecting them with services early on. The program starts with individual student wellness assessments, which are used to group students by risk level (high, medium, or low). Clinicians design individual treatment programs for higher risk students and organize prevention groups – around themes such as social skills or identity – for those with medium or low risk. Regardless of risk level, all students are seen within the first month of school.
- *“Screen Time Awareness Campaign.”* Catalyzed by staff concern about excessive screen usage among the student body at an elementary school, the CHNP clinician facilitated presentations in every classroom across the school to encourage the students to suggest alternatives to television viewing. These presentations raised awareness about the negative effects of excessive television viewing and generated excitement about alternatives to television viewing. Families pledged to remove televisions from their bedrooms and participated in workshops that helped them learn about the importance of play. The campaign culminated in a school-wide event where families learned about the effects of electronic media on academic performance, child development, and family functioning. While children participated in activities with child care providers, parents listened to a panel of experts and asked questions about reducing screen time and promoting play.

Appendix D: 2009-2010 Teachers & Administrators CHNP Feedback

- “CHNP has given students a space to work through the emotional issues that most impede progress at school. Without CHNP, I can think of at least six students that would have been expelled.”
- “I find the CHNP clinicians to be cooperative, knowledgeable, helpful and strong with follow through.”
- “As a new teacher, the CHNP clinician helped me a lot, especially at the beginning of the year. Her presence boosted my confidence and helped me make good choices for my students.”
- “It has been very helpful to work with the CHNP clinician to discuss behavior modifications and strategies I can use in the classroom.”
- “The teachers are supported as much as the students. CHNP has access to resources and information to help families when teachers don’t know what to do.”
- “It has been helpful to have students participate in individual sessions and peer groups. They allow me to continue to monitor students and know that social-emotional concerns are given the additional time necessary above what I am able to address as a teacher.”
- “I appreciate that the clinicians are so ‘hands-on’ with families, staff, and most importantly students. They are able to prevent greater issues from arising because of their expertise.”
- “We could not be more pleased with the current CHNP personnel. The clinicians have become integral components to our student support team and, quite, frankly, I don't know what we would do without them.”

ACKNOWLEDGMENTS

Children's Hospital's Neighborhood Partnerships was created as an innovative community mental health program that would *reach out to children where they live and learn*. We are indebted to countless individuals and partnerships both within and outside Children's Hospital Boston for contributing to the success of CHNP.

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Shella Dennery, LICSW
Director, CHNP
Children's Hospital Boston

David R. DeMaso, MD
Psychiatrist-in-Chief and Chairman
Children's Hospital Boston