Topic: Universal Screenings
Date: February 16, 2023
Grantees and Partner Participants:
- Advocates: Ann Pruszynski from Advocates
- Aspire: Abby Foley and Kristen Woodbury from Aspire, Kimberly Duane from Randolph Schools and Brynn Cooper from Weymouth Schools
- BHN: Sarah Manseau and Dawn King from BHN
- CHA: Nicholas Carson from CHA
- Eliot: Elizabeth Lineweaver from Eliot and Taiany Goulert from Everett Schools
- Riverside: Jillian Erlich from Riverside and Bill Chaplin from Milford HS
- MAMH: Joan Mikula, Jenifer Urff, Lina Stolyar

Welcome and Housekeeping

Introduction of CHA (Cambridge Health Alliance)

- We have a new grantee joining our cohort. Cambridge Health Alliance is partnering with Somerville High School and three Somerville teen centers to implement this model.

Implementation Updates from Each Grantee

- More grantees have hired someone. Other grantees are still working on hiring.
- Grantees discussed the importance of principal commitment.
- One grantee discussed how useful having weekly meetings with their school partner, clinician, and CBHC site was. It allowed everyone to get on board and has made the roles clearer.
- Some grantees mentioned that they are working on setting up their data collection systems.

Presentation from John Crocker

- John is the Director of School Mental Health & Behavioral Services at Methuen Public Schools and the Founder and Director of the Massachusetts School Mental Health Consortium. He reviewed your applications, so he is familiar with the urgent care model, and he is familiar with your proposed implementation plans.
- Can join MASMHC. It is free and offers resources.
- Critical components of Universal MH Screenings:
    o Team
    o Buy-in at the school
    o PD and TA to ensure MH staff is ready
    o Selection of the population to screen
    o Selection of a screening measure
    o Design and adoption of consent
    o Planning for the administration of screening
    o Data collection, analysis and where to house
    o Conducting follow-ups to address the needs of identified students
- Components of a screening system:
    o Do K-12 screenings multiple times per year
    o Rely on student self report

- o Passive consent with opt-out procedure
  - ▪ Not seeing a lot of people opt out
  - o Screening is administered using a web-tool where data is stored securely
  - o School-based MH do this (not contracting with outside partners)
- Why screen?
  - o National average wait time to receive services after the onset of symptoms: 8 – 10 years
    - ▪ We are sensitive to diagnosis and crisis. Not sensitive to smaller concerns, things that look like a behavior that has an underlying MH part.
  - o Schools are uniquely positioned to engage in this work and other agencies are not necessary able to do this work.
- SHAPE system (School Health Assessment and Performance Evaluation System):
  - o Can use this system to figure out which measures to use based on your criteria.
  - o Can be used a professional development system.
  - o Get an account and it is free!
  - o Use problem specific measures to understand the nuance of children. If use a broad measure can figure out that kids are "at risk" but for what?
- Follow-up:
  - o Should happen before seven days. SI should be same day.
- Where to start?
  - o Start small: one student, one measure, one day.
  - o Start with a child who is already getting services.
  - o Early goal is to practice screenings.
- Action Planning:
  - o Use this method to adjust as you practice.
    - ▪ Ex: started with active consent but shifted to passive consent with opt-out when scale went up.
  - o First large scale test was in January 2016.
    - ▪ Power in local data to help advocate for needs of the community.
    - ▪ Now do more screenings that differ by grade.
- Impact of COVID:
  - o 2 – 3 greater rates of anxiety and depression after the pandemic.
  - o To help with this, they doubled down on things they cared about (hired more staff, etc).
  - o Also seeing higher rates of PTSD
- Preparing students and families for screenings:
  - o Need to prepare families for this including how confidentiality works, why you do it, who they can get services from when they want it.
  - o Helping families understand that this is not a diagnostic process.
  - o Goal of screening is to provide an opportunity for a child to talk about the problem they are having and link them with an adult.
- Post-screening follow-up:
  - o Follow-up and ask questions and filter them to appropriate services
  - o Want to leverage community partners as well. It is mutually beneficial too.
  - o Can also help run groups because you can find students with the same level of needs.
  - o Staff need to receive crisis protocols, protocol for managing SI

Logistics

Site Visits

- Hope your schedules will allow for a site visit at the end of March. Please respond to Lina's email to send available times for a 2–3 hour visit.
- We would like to meet the whole team including school partners. If you are currently offering services at the school, we'd love to meet there for at least part of the time.

Sharing Resources

- We would like to help share resources among this community. Therefore, we may contact you to use one of your documents (MOUs, job descriptions, etc.) as a template. If we do so, would it be okay to share with others in this group (removing any identifying materials)?

Post-Zoom Survey

- Please fill out the survey after the meeting that will pop up in your browser. It helps us tailor these meetings. It is brief, each question is optional, and it is anonymous.