

The Mental Health Assistance Team (MHAT) Description

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Introduction

The mission of the Mental Health Assistance Team (MHAT) is to identify students with mental health needs and provide greater access to a full spectrum of evidence-based mental health services, delivered by highly trained and skilled BSD staff, in order to enrich student well-being. The MHAT framework has three main goals which include: 1. Increasing the identification of students with mental health needs, 2. Increasing the service delivery options for students in need, and 3. Increasing the positive outcomes for students who receive mental health services through the use of mental health Evidence-Based Practices.

The MHAT is a district-wide, and multi-phased, initiative. Currently, each high school is assigned two MHAT Counselors and each middle school one MHAT Counselor who will work with school staff to administer a universal screener to identify students with mental health needs. The MHAT Counselor will then provide individual or group counseling services to students who opt in. In the second phase of the MHAT framework, the MHAT Counselors will shift to provide less direct services to students and serve more in a coaching and consultative role to existing school-based mental health providers.

A Summary of the Research to Develop the MHAT Framework

To provide background information about its development, the MHAT process is a service delivery framework based on research from three main lines of inquiry: 1) The level of integration into school settings of School-Employed Mental Health Professionals (SEMHPs) such as counselors, psychologists and social workers versus outside and embedded clinicians; 2) The facilitators and barriers in implementation of Evidence-Based Practices (EBPs) in school settings by SEMHPs; and, 3) The development and efficacy of the use of Technical Assistance Teams.

Research conducted by Feigenberg, Watts, & Buckner (2010), Allison & Ferreira (2017), Langley, Nadeem, Kataoka, Stein, and Jaycox (2010), and Schaeffer et al. (2005) showed SEMHPs have better knowledge of school settings than outside providers and are more integrated into the school culture and climate. To extrapolate from their research, this integration comes in the form of SEMHPs demonstrating more ease and ability to communicate with key school staff to support students with generalization of skills, as well as being able to navigate the school schedules, policies, and procedures. Additionally, SEMHPs operate under the FERPA law whereas outside mental health professionals adhere to HIPAA. This difference has distinct effects on how information is shared between the clinician and school staff. In summary, SEMHPs are well suited to be able to advocate for student needs in a more comprehensive manner. Outside services will always be needed, but distinct advantages exist for schools to directly employ mental health providers.

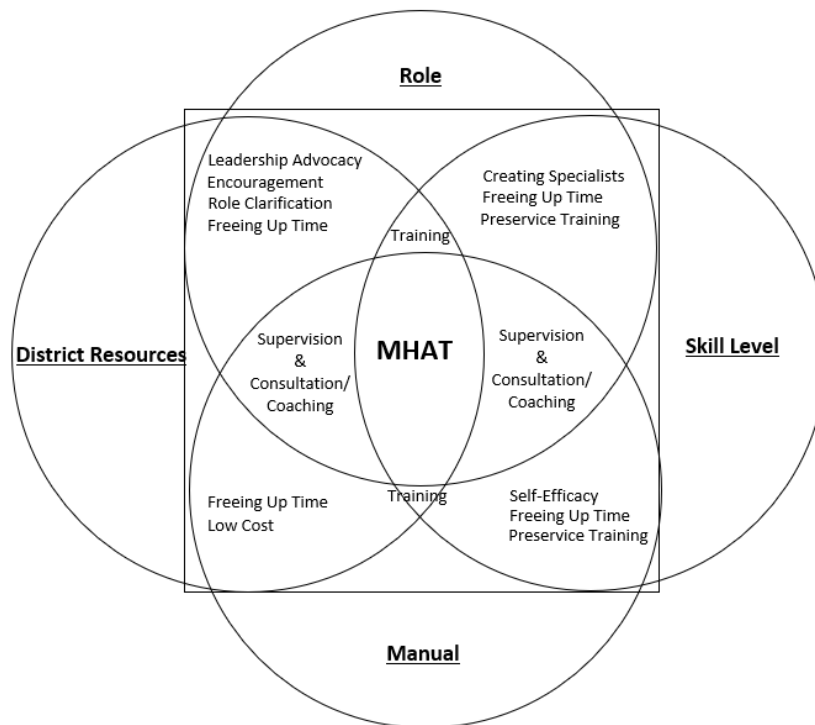
Research by Taylor (2017) on the implementation of Cognitive Behavioral Therapy (CBT) in school settings by SEMHPs, showed that four factors significantly correlated with implementation of an EBP such as CBT. These factors include: 1) The role of the SEMHPs; 2) The availability of a CBT manual onsite; 3) An adequate level of district support and resources; and 4) The skill level the practitioner possesses. In summary of the research, school counselors with a CBT manual, adequate resources and support from school and district-based administration, and with the proper level of training, supervision, consultation, and coaching are more likely to implement an EBP such as CBT. For psychologists, the role

of special education evaluator greatly impinged upon their ability to provide direct mental health services to students.

The last body of research involved in the construction of the MHAT framework and includes the work by McEvoy, Davis, & Reichle (1993) and Chitiyo & Wheeler (2008). The research of McEvoy, Davis, & Reichle (1993) described how a Technical Assistance Team is developed and how it can operate, while the work of Chitiyo & Wheeler (2008) showed that a Technical Assistance Team shows potential for helping teachers reduce challenging behaviors for students. Additionally, the Bellevue School District has employed the use of a Technical Assistance Team to support students with autism for more than ten years and has anecdotally been a successful program, all the while having sustained operation through many leadership and staffing changes.

From the body of research above, the MHAT team sprang into existence (see Figure 1 for a graphic representation of the research) and is currently in the second year of implementation at the high school level.

Figure 1. A summary of the Research Informing the MHAT Development

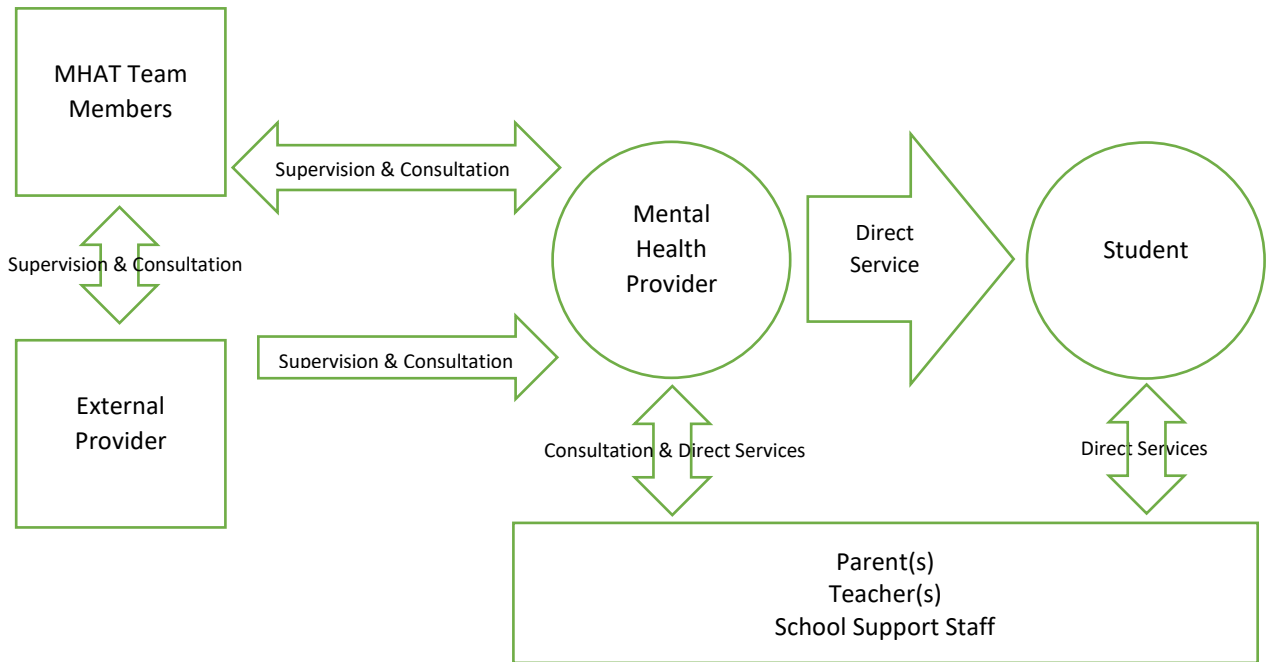


MHAT Theory of Action

The theory of action behind the team involves using the Technical Assistance Team model to eventually serve the supervision, consultation, and coaching needs of SEMHPs in a systematic and sustainable manner (See Figure 2). Installation of the framework involves a minimum of a five-year roll-out where a team of SEMHPs are highly trained in mental health EBPs and supported by outside supervision and consultation to directly serve a high number of students initially through multiple 12-15-week intervention cycles. As this team becomes more skilled and adept with the overall process and use of

EBPs through direct service to students, the team will shift to the role initially provided by the outside consultants- meaning they will work with building-based SEMHPs to train and support them in more widespread use. Their direct service role will diminish. Since this shift is likely an add-on to the responsibilities of the SEMHPs, the goal of the district-level administrators and MHAT counselors in the later phases of the framework implementation will be to examine existing roles and responsibilities of SEMHPs to try to off-set some of the activities that do not require a master’s degree. This may also involve eliminating or modifying practices that are not essential and hinder the ability of SEMHPs to provide direct services to students in need. This is a large systemic change and will require significantly more time to implement than merely setting up a team. The hope is that with proper support and guidance, the maturation of the initiative will achieve the over-arching mission of reaching more students to provide them with high quality services to enhance their well-being and school performance.

Figure 2. MHAT Theory of Action



A History of MHAT in the Bellevue School District

The MHAT first started as a proof-of-concept endeavor at the beginning of the 2018-2019 school year. The team worked through the first part of the year to develop all the detailed procedures and business practices around the implementation. The team determined specific measures to be used for wide-scale screening as well as tools to use for formative assessments that would help the counselors determine which mental health EBPs to use. The team also decided in which mental health EBPs the group needed the most training. The training in these techniques occurred during the first semester in the development of the team. The team settled on using the Behavior Intervention Assessment and Monitoring System 2 (BIMAS2) (McDougal, Bardos, Meier, 2011) for the universal screening and subsequently developed procedures to implement the screening process. The team also decided to use Cognitive Behavior Therapy Plus (CBT+) (Harborview Abuse & Trauma Center, 2020) as the primary mental health EBP. CBT+ is a form of modularized CBT (Chorpita, 2007) that has materials for a variety of common childhood mental health concerns such as anxiety, depression, trauma, and conduct disorders. During this time a partnership was also developed with Dr. Georganna Sedlar at the University of Washington to provide the team with supervision and consultation around CBT+.

After the development of the procedures, business practices, and training the team launched the process first at Sammamish High School with 10th grade students in their Health Classes. This first test showed that the processes were valid and allowed the team to refine their practices and develop or edit more procedures to account for different scenarios. The results around providing counseling services to students also showed initial successes.

During the second year (2019-2020) of the team, the pilot year, several changes to the process occurred based on the district's strategic initiative around Student Well-Being. The district leadership and school board mandated that all 10th grade students be screened for mental health needs. In addition, the MHAT process was combined with the Signs of Suicide (SOS) (Mindwise Innovations, 2020) lesson at the 10th grade level. The SOS lesson and BIMAS2 screening would occur in the 10th grade Health Classes. At least one MHAT Counselor was assigned to every comprehensive high school and their responsibility was to work with the Health Teachers to deliver the BIMAS2 screening right after the SOS lesson. The students took the BIMAS2 survey and the MHAT Counselors reviewed the results immediately after the survey was provided. The BIMAS2 contains a specific question about self-harm that the team can see the results of immediately after administration. Typically, about 15% to 20% of students respond affirmatively to this. The team meets with every one of the students who responds affirmatively to this item. A suicide risk assessment was provided for every student with an affirmative score. The assessment ranged from a few minutes to many hours depending upon the students' responses.

Once the students with more immediate concerns were seen and supported, the MHAT Counselors reviewed the overall data from the BIMAS2 and other early warning indicator data (e.g., attendance, grades, discipline records). The MHAT Counselors then reviewed the student list with the School Counselors at the high school to provide a secondary screening. This secondary screening served to remove students from eligibility who were already seeing a counselor or who may show false positive results. From there the MHAT Counselors met with the students to offer MHAT counseling services. When a student accepted services, the MHAT Counselor met with the student at least weekly and tracked the student's progress using specific tools to measure emotional functioning.

During this pilot year the pandemic hit, and all services became remote. The MHAT Counselors continued to meet with their students who wanted support online. Unfortunately, the screening process stopped, but services continued for the students already receiving support. Despite the pandemic and challenges with online counseling, the services provided by the MHAT Counselors proved effective.

In the first year of full implementation during the 2020-2021 school year the team restarted the screening process using the BIMAS2 and adjusted to the online process. The scope of the team expanded slightly to include the two choice schools. This expansion occurred with the assistance of 4 PH.D. students from the School Psychology program at the University of Washington. The students participated in a practicum with the district during the 2019-2020 school year as well and were able to continue this year to help support the choice schools. Several of the UW students also initiated a district-wide drop-in Resiliency Class, partially based on the DBT Skills in Schools curriculum (Mazza, Mazza-Dexter, Miller, Rathus, & Murphy, 2016). The students provided four courses of this class over the two school years to middle and high school students.

Other than the expansion to the choice schools the team continued to follow the procedures and work with students last year. In subsequent years, the hope is to implement the second phase of the MHAT framework where the goal is to increase the capacity of existing staff to deliver mental health EBPs.

MHAT Results in Bellevue for the 2019-2020 School Year

During the 2019-2020 school year, 1161 10th grade students were screened using the BIMAS2 before the pandemic forced schools to go online and stopped the screening. Of the total number of students, 274 (24%) responded affirmatively to the BIMAS2 question about self-harm. The MHAT Counselors, or School Counselors, met with every one of those students to conduct a risk assessment. Of the 274 students, a total of 34 (3%) of students needed a Safety Plans due to high risk factors, with a handful of students going immediately to the hospital due to imminent risk. These students likely would not have been identified without the screening process.

With respect to emotional distress, a total number 526 (45%) students reported concerns about their emotional functioning. Interestingly, approximately 25% percent of the 526 students would not have been identified by using the typical checking system of examining grades, attendance, and discipline. This means that the BIMAS2 identified a large number of students who may be silently suffering.

From the total number of students surveyed, direct MHAT services, beyond the suicide screening, were offered to 154 students. Of that number 85 accepted services and worked with the MHAT Counselors for at least 12 to 15 weeks. In examining the progress monitoring tools used with the students, almost 60% of the students showed increased emotional functioning from the baseline measure to the final measure. Although a success rate of 100% would be desired, a nearly 60% success rate is amazing for the level of resources allocated to this intervention and the amount of time involved.

MHAT Results in Bellevue for the 2020-2021 School Year

During the 2020-2021 school year the entire SOS and MHAT process occurred online. The 10th grade students received the SOS lesson and BIMAS2 screen. Approximately 1322 students participated in the

lesson and took the BIMAS2 screen. Approximately 40% of the students screened reported symptoms of anxiety and depression. Of the total number of students, 231 (17%) students reported thinking about harming oneself. Everyone of those students received a follow-up suicide risk screen and for 87 students the MHAT Counselor provided a brief intervention for suicidal ideation. The MHAT Counselors created 8 safety plans based on significant concerns for the student.

Out of the total number of students screened, 110 students received CBT+ as an intervention for symptoms of anxiety, depression, and PTSD. At the end of the year, 88% of the students that received CBT+ reported increased coping skills after working with the MHAT Counselor.

Current Year (2021-2022) MHAT Results

After the 2020-2021 school year, the team was significantly expanded to include two MHAT Counselors at each comprehensive high school, one at each choice school, and one at each comprehensive middle school. Additionally, the responsibility to deliver the SOS switched to Science Teachers since health is only offered at two grades. At the time of the creation of this document, the MHAT Counselors have screened 2816 students. Of that total, 961 (34%) have reported symptoms of anxiety and depression, while 563 (20%) reported thinking about self-harm. The MHAT Counselors and School Counselors have met with each of those students to further evaluate suicide risk. Of the 563 students, 61 students showed moderate to high risk for suicide on the Columbia-Suicide Severity Rating Scale (C-SSRS) and required the creation of a safety plan. The process by which staff assessed suicide risk changed right before this year and inclusion of the C-SSRS as a way of standardizing the risk screening process. At this point the high school MHAT Counselors are starting to build caseloads and the middle school MHAT Counselors and Counselors are screening more students.

Novelty of the MHAT Framework

Many aspects of the MHAT framework are not new ideas or concepts. For instance, many districts have a mental health counseling team, use screening tools, and/or provide consultation and coaching to their mental health service delivery staff. To the best of our knowledge, the MHAT process as described in this document is not being implemented anywhere else. The framework is built on a solid research base and examines mental health service delivery through the systematic lens of Implementation Science which aims at finding the keys to unlocking successful implementation. The research behind the MHAT framework attempts to put those findings into practice to create an effective and sustainable service delivery model. More research on the long-term student outcomes and sustainability of the framework is still needed.

Due to the initial successes of the MHAT framework, members of the MHAT have met with other school districts, such as the Richland School District and the Lake Washington School District in Washington state, to advocate for a more systematic delivery of mental health services in schools. As a part of this advocacy, members of the team have also presented at the Washington Association of School Social Workers and the annual Advancing School Mental Health Conference. Public out-reach is a part of the core MHAT mission.

Summary

The Mental Health Assistance Team and framework has shown initial success in the Bellevue School District. The development of the team and framework is based on prior research to help anticipate, and resolve, barriers to the wide-spread use of mental health EBPs. The development of the team and procedures has taken several years, but it is meeting the three primary goals behind the framework of increasing the identification of students, increasing their access to services, and increasing positive outcomes.

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