BEHAVIORAL HEALTH DATA COLLECTION in two Wisconsin school districts
These are your presenters this afternoon!

- Jackie Hartley, Project Coordinator for Racine County
  Improving Children’s Mental Health through School and Community Partnerships
- Hannah Schommer, Project Coordinator for Marathon County
- Aaron Ruff, Project Evaluator for Marathon County

Building a Behavioral Health System to Reduce Reported Depression Among 6th-12th Grade Students

- Jillian Steckloff, Account Manager

Panorama Education
At the end of this session, YOU will be able to...

1. Describe the basic elements of the results-based accountability framework.

2. Understand the social emotional learning domains of the Panorama student survey and how the data is being used in the Racine Unified School District.

3. Describe how Marathon County used the YRBS to determine the need for on-site mental health services and how Marathon County is evaluating the impact of these services on students.

4. Identify opportunities, resources, and barriers to behavioral health data collection within a school/district.
Results Based Accountability Framework
Results Chain

RESULT
INDICATOR
POPULATION
BASELINE
FACTORS
STRATEGIES

Results Description

Long term change
What indicator will tell us that we are achieving the result?
What population will benefit from the work and in what geographic area?
What is the curve?
What will bend the curve up or down?
Ways to address factors that bend the curve
Improving Children’s Mental Health through School and Community Partnerships

- Racine is 1 of 10 funded communities in Wisconsin working to improve behavioral health

- Indicator data from Panorama survey of social emotional learning
  - Emotion Regulation
  - Social Awareness

- 4 targeted strategies to improve social emotional health of RUSD students (4K-5th grade)
85-95% of children in Racine 4K programs typically meet or exceed social and emotional developmental milestones
- Teaching Strategies Gold

Nearly 25% of RUSD 7th graders report feeling sad or hopeless
- Youth Risk Behavior Survey
Taking Action on Social-Emotional Learning Data

June 2018
Session Goals:

Interpret social-emotional learning (SEL) data to surface actionable insights from results at the school and student level.
Reflect:

Think back to your experience as a student in school. What’s the first thing that comes to your mind?
Which of the following best characterizes what came to mind?

- Academic content
- A relationship or social aspect of school
- How school made you feel
- Other
Personal qualities not measured by tests

- Sense of wonder
- Resourcefulness
- Motivation
- Creativity
- Critical thinking
- Self-discipline
- Resilience
- Endurance
- Grit
- Persistence
- Determination
- Curiosity
- Humor
- Question asking
- Humility
- Spontaneity
- Enthusiasm
- Self-awareness
- Empathy
- Compassion
- Reliability
- Courage
- Civic mindedness
- Leadership
<table>
<thead>
<tr>
<th>Academic</th>
<th>Behavior</th>
<th>Attendance</th>
<th>Social-Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
</tbody>
</table>
Data Focus Today:

- Growth Mindset
- Self-Efficacy
- Self-Management
- Social Awareness
Insights Scavenger Hunt

8 Minutes
They understand the expectations and they're able to meet them.

I've explained the expectations before and most students are meeting them.

Some students are talking after instructed to work silently.

They don't respect me or our classroom norms.

I raised my voice and imposed stricter consequences.

They need stricter enforcement of consequences to change their behavior.
Insights Scavenger Hunt

- Access your 2018 SEL survey reports.
- Follow the prompts on Page 2, utilizing report guides that follow if needed.
- When you finish the hunt, discuss and note findings with a colleague.
Let's discuss:

*What did you note as you took your first look through reports?*
Target Population:
6th - 12th grade students in Marathon County (11,140 total students)
Find out what our young people think...
about drugs, alcohol, tobacco, bullying, sex, safety and more.

2015 Marathon County Youth Risk Behavior Survey

Find out what our young people think...
about drugs, alcohol, tobacco, bullying, sex, safety and more.

2017 Marathon County Youth Risk Behavior Survey
Teens Who Reported Feeling Depressed (High School)

Percentage of high school students who felt so sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities during the 12 months before the survey.

County: Marathon

25.2

percent of high school students

Sources: Marathon County Youth Risk Behavior Survey
Measurement period: 2017
Maintained by: Marathon County Health Department
Last update: December 2017

Graph Selections

INDICATOR VALUES

Change over Time

Download Marathon Indicator Data CSV

Data Source
Marathon County Youth Risk Behavior Survey
Maintained By: Marathon County Health Department

Filed under: Health / Mental Health & Mental Disorders, Health / Teen & Adolescent Health, Health Outcomes, Teens
Factor Analysis

Based on your experience and currently available data, what factors bend the curve of your indicator up or down? Balance them.

Factors increasing indicator

• Increase in students in grades 9th-12th who felt so sad or hopeless almost everyday for two or more weeks in a row that they stopped doing some usual activities (YRBS). E
• Increased knowledge or awareness of depression/mental health could result in an increase of students reporting of depression and poor mental health days. M
• Cultural barriers exist and result in a decrease of recognition and disclosure of mental health issues M
• 6 out of 10 students in grades 9th-12th who reported being depressed had poor mental health days (YRBS). E
• Students in grades 9th-12th who reported that they didn’t feel like they belong at school were two more times more likely to report being depressed (YRBS). E
• Students are under an immense amount of stress due to pressures, increasing anxiety and depression. M
• Lack of coping skills. M
• Lack of positive adult role models within the schools. M
• Parental mental health/substance abuse contributes to increased depression in youth (ACE Study). M, E

Factors decreasing the indicator

• If mental health stigma continues to exist, students may not identify with being “depressed” or having “poor mental health days”. They may not want to be categorized in a stigmatized group. This could drive down percentage of students who report depression or poor mental health days on the YRBS. M
• Increase in parental knowledge of the signs, symptoms, and community resources for mental health. M
• Increase in students who receive mental health counseling. M,E
• Increased access to timely and appropriate level care (preventive, outpatient, inpatient). E,M
• Increase in students in grades 9th-12th reporting they feel they belong at school. Students who felt they belong at school were two-and-a-half times less likely to report being depressed (YRBS). E
• Increase in students in grades 9th-12th reporting they had a teacher or other adult in school they can talk to if they had problem. Students who reported have a teacher or adult to talk to in their school were three times more likely to feel they belong at school (YRBS). E
• Students feel connected to their peers. M
• Increase in positive role models within the schools. M
• Decrease Adverse Childhood Experiences (ACE study). E
• Increase in protective factors (i.e. parental support, involvement). E
Driving Factors

Place factors into the four quadrants

Influence Factor has on Indicator

Our Ability to Influence the Factor

*Refer back to factor analysis for in-depth communication*

- Increased depression and poor mental health days (E)
- Decreased feeling of belonging at school increases depression (E)
- Females are more likely to report being depressed (E)
- Non-heterosexual are more likely to report being depressed (E)
- Lack of access to mental health counseling (M,E)
- Increased bullying leads to increased depression (E)
- Students have a teacher or other adult to talk to at school if they have a problem leads to increased belonging at school (E)

- Increase in Adverse Childhood Experiences (E)
- Parental mental health/substance abuse contributes to increased depression in youth (E,M)
- Cultural barriers exist (M)
- Mental health stigma exists (M)
- Increased resilience (M)
- Students feel connected to their peers. (M)
- Students feel stressed (M)
- Lack of knowledge and awareness about mental health issues/ACEs (M)
- Lack of coping skills (M)

- Increased depression and poor mental health days (E)
- Decreased feeling of belonging at school increases depression (E)
- Females are more likely to report being depressed (E)
- Non-heterosexual are more likely to report being depressed (E)
- Lack of access to mental health counseling (M,E)
- Increased bullying leads to increased depression (E)
- Students have a teacher or other adult to talk to at school if they have a problem leads to increased belonging at school (E)

- Increase in Adverse Childhood Experiences (E)
- Parental mental health/substance abuse contributes to increased depression in youth (E,M)
- Cultural barriers exist (M)
- Mental health stigma exists (M)
- Increased resilience (M)
- Students feel connected to their peers. (M)
- Students feel stressed (M)
- Lack of knowledge and awareness about mental health issues/ACEs (M)
- Lack of coping skills (M)
1. Lack of access to onsite mental health counseling services in schools (M,E)
   • There is evidence to support increased access to onsite mental health counseling services in schools (United Way Fox Cities PATH program, E3 – Hortonville School District).
   • We have heard from numerous Marathon County school districts that there is a perceived need for increased onsite mental health counseling services. Currently, there is one school district (Edgar) who has onsite mental health counseling services on a weekly basis, and three other school districts (Colby, Spencer, Stratford) are to begin offering them soon.

1. Increased bullying leads to increased depression (E).
   • The YRBS data clearly indicates the statement above.

1. Students that have a teacher or other adult to talk to at school if they have a problem leads to increased belonging at school (E). Students who reported that they didn’t feel like they belong at school were two more times more likely to report being depressed (E).
   • The YRBS data clearly indicates the statements above.
Strategies

- Increase Accessibility & Utilization of Onsite Mental Health Counseling Services
- Increase Knowledge & Awareness through Data-Sharing
- Utilize Data to Allocate Resources to Improve Behavioral Health Outcomes
How did we get where we are today?

Can we have therapists in 11 districts?

How can this happen?

Mental health clinics

Marathon County School-Based Counseling Consortium

work work work

10
## Consortium Partners

### School Districts
1. Abbotsford  
2. Athens  
3. Colby  
4. DC Everest  
5. Edgar  
6. Marathon  
7. Mosinee  
8. Rosholt  
9. Spencer  
10. Stratford  
11. Wausau

### Mental Health Clinics
1. Achieve Center  
2. Bridge Community Health Clinic  
3. The Caring Tree  
4. The Center for Human Development  
5. The Centre for Wellbeing  
6. Charis Counseling  
7. Child and Adolescent Psychiatry Consulting  
8. Compass Counseling  
9. North Central Health Care  
10. Peaceful Solutions

### Community Organizations
1. United Way of Marathon County  
2. National Alliance on Mental Illness (NAMI)  
3. Wausau Police Department  
4. Marathon County Health Department
How do we know we’re making an impact?

Client Satisfaction Surveys

Strength & Difficulties Questionnaire (SDQ)
### How do we know we’re making an impact?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>85%</strong></td>
<td>85% of students utilizing onsite mental health counseling services reported that they have learned to better communicate their thoughts and feelings.</td>
</tr>
<tr>
<td><strong>83%</strong></td>
<td>83% of students reported that they feel better about their life now than before counseling.</td>
</tr>
<tr>
<td><strong>74%</strong></td>
<td>74% of students reported that counseling is helping them do better in school.</td>
</tr>
<tr>
<td><strong>70%</strong></td>
<td>70% of students reported that counseling is helping them with their family.</td>
</tr>
<tr>
<td><strong>65%</strong></td>
<td>65% of students reported that counseling is helping them with their friends.</td>
</tr>
</tbody>
</table>
What did you find most helpful about counseling services?

“They are there when no one else is, and it gives me something to look forward to.”

“I felt comfortable to open up about my thoughts and feelings. I even felt secure with being able to have someone listen and give good advice and tips back to me to help better my mental stability.”

“Being able to just sit down and talk to someone without judgement.”

“It gave me someone outside of my normal loop of peers to talk to and get some advice that I wasn’t always getting from friends and family.”

“It helped me get back on track in school.”

“Being able to meet in and out of school and more than once a week really helped me.”
Thank you!
1. Describe the basic elements of the results-based accountability framework.

2. Understand the social-emotional learning domains of the Panorama student survey and how the data is being used in the Racine Unified School District.

3. Describe how Marathon County used the YRBS to determine the need for on-site mental health services and how Marathon County is evaluating the impact of these services on students.

4. Identify opportunities, resources, and barriers to behavioral health data collection within a school/district.
Ask us something.