Implementation of Evidence-Based Programs In Community-Based Settings

Diana DiazGranados
Project Evaluator
Better Together
LaCrosse, WI

Wendy Magas
Project Coordinator
Healthy Teen Minds
Appleton, WI

Wendy Neyhard
Retired Director of Student Services,
Hortonville Area School District, WI
A Tale of Two Communities: Working to Reduce Rates of Teen Depression
Sources of Strength

We use the power of peer-led social networks to positively change norms and cultures.

Youth Mental Health First Aid USA
For adults assisting young people

Character Strong
What is Collective Impact?
As defined by FSG (the nonprofit consulting firm that invented the term)

“Collective Impact is the commitment of a group of actors from different sectors to a common agenda for solving a complex social problem.”
Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

- **Common Agenda**
  - Common understanding of the problem
  - Shared vision for change

- **Shared Measurement**
  - Collecting data and measuring results
  - Focus on performance management
  - Shared accountability

- **Mutually Reinforcing Activities**
  - Differentiated approaches
  - Coordination through joint plan of action

- **Continuous Communication**
  - Consistent and open communication
  - Focus on building trust

- **Backbone Support**
  - Separate organization(s) with staff
  - Resources and skills to convene and coordinate participating organizations

Source: Channeling Change: Making Collective Impact Work, 2012; FSG Interviews and Analysis
BEFORE

AFTER
1. Start with ends, work backwards to means

2. Data-driven, transparent decision-making

3. Is designed to work with programs and populations

4. It aligns with any other process, and gives us a common language
FOCUS
Choose which problem(s) to focus on.
Depression is the No.1 risk factor for suicide.

Youth with severe depression:

- Wisconsin: 10.5%
- United States: 7%

Mental health disorders start early:

- 20% of teens will experience depression
- 50% by age 14
- 75% by age 24
TARGET
Identify goals, target population, and desired outcomes.
The Wisconsin Youth Risk Behavior Survey (YRBS) “Sad and Hopeless”:
“During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”

The Wisconsin Youth Risk Behavior Survey (YRBS) Suicided-related behaviors
30. “During the past 12 months, did you ever seriously consider attempting suicide?”
31. “During the past 12 months, did you make a plan about how you would attempt suicide?”
32. “During the past 12 months, how many times did you actually attempt suicide?”
To understand the **story behind the curve**, we looked for relationships in the YRBS data while also looking to peer-reviewed journal articles for proven correlations...
Sad and hopeless correlated with:

- Gender (sub-pop, more girls than boys)
- L,G,B,T,Q (sub-pop)
- Not feeling safe at school
- Self-harm
- Suicide-related behaviors (consider, plan, attempt)
- Being bullied - at school and electronically
- Substance use and abuse
- Risky sexual behavior
- Excessive screen time
- Poor mental health days
- Poor body image (trying to lose weight)
- Lack of physical activity
- Perceived violence at school
- Not having a trusted adult at school
- Not feeling connected at school
- Poor sleep (too little)
- Lack of family support
## Factor Analysis

**What data/research will I need to validate these factors and identify others?**

<table>
<thead>
<tr>
<th>“Risk Factors” – push indicator up</th>
<th>“Protective Factors” – push indicator down</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sexual preference (LGBTQ)</td>
<td>• Adequate amount of sleep</td>
</tr>
<tr>
<td>• Bullying (at school, electronically)</td>
<td>• Regular physical activity</td>
</tr>
<tr>
<td>• Not feeling safe at school</td>
<td>• Self-regulation skills</td>
</tr>
<tr>
<td>• Substance use and abuse</td>
<td>• Loving and engaged caregiver</td>
</tr>
<tr>
<td>• Poor body image</td>
<td>• Atmosphere of school environment:</td>
</tr>
<tr>
<td>• Genetic predisposition</td>
<td>1. Trusted adult at school</td>
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<tr>
<td>• Generational transmission</td>
<td>2. Supportive teacher-student relationships</td>
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<td></td>
<td>3. Sense of belonging at school</td>
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</tbody>
</table>
Influence of Factor on Indicator (depression)

- Our ability to influence this Factor
- LOW
- HIGH

- Influence of Factor on Indicator (depression)
- SCHOOL CLIMATE
- SLEEP
- IDENTIFY UNTREATED DEPRESSION
- SOCIAL CONNECTIONS, COMMUNITY SUPPORT,
- EMOTIONAL REGULATION, HEALTHY COPING SKILLS

- PHYSICAL ACTIVITY
- SLEEP
- SCHOOL CLIMATE

- LOW
- HIGH
Survey Your Community

- What is your community’s mental health literacy?
- What programs are already in place?
- What are other agencies/organizations already doing?
- What is the existing awareness/public will around improving community behavioral health?
Activity:

What is your community’s mental health literacy?
ADOPT
Find existing programs and best practices worth adopting.
Find an Intervention

Enter keyword to search
Go

Select specific criteria for a more detailed search of interventions reviewed by NREPP.

* Criteria applies to newly reviewed programs only.

- Program Type
- Ages
- Outcome Categories *
- Race / Ethnicity
- Special Populations *
- Gender
- Geographic Locations
- Settings *
- Implementation / Dissemination *
- Outcome Rating *
Comprehensive Approach to Mental Health Promotion and Suicide Prevention

- Develop Life Skills
- Promote Social Connectedness
- Identify Students at Risk
- Increase Help-seeking Behavior
- Provide Mental Health Services
- Restrict Access to Potentially Lethal Means
- Follow Crisis Management Procedures
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CRISIS RESPONSE
Tier 1: Universal

Tier 2: At Risk

Tier 3: Targeted
Goal: Reduce rates of teen depression

Driving Factors:

- SOCIAL CONNECTION
- BULLYING
- EMOTIONAL REGULATION
- SLEEP
- UNTREATED DEPRESSION

Strategies:

- School climate & social connectedness
- Universal mental health prevention & promotion
- Early identification, screening, and referral
- Navigation of mental health system and connection to services
Activity: What programs/tactics, strategies exist in your community?
The Hortonville Story

E3: Our District’s Journey to Mental Wellness
Comprehensive, collaborative K-12 program to address mental health challenges and promote mental wellness

- **Prevention/education** (positive student programs around resiliency/grit/coping; positive messaging; parents, and staff training)
- **Identification** (screening, goal is K-12, passive consent, student assent)
- **Intervention** (on site therapy)
Youth Risk Behavior Survey Data: Hortonville Area School District

Youth Risk Behavior Survey- (HHS, 2015) 23% (19.4% in 2018) of students reported feeling sad or hopeless almost every day for two weeks or more in a row; 11.8% (10.2% in 2018) of students reported having a plan about how they would attempt suicide; (HASD Middle Schools, 2015) 21.6% (19.9% Middle Schools, 2018) of our middle school students reported feeling sad or hopeless almost every day for two weeks or more in a row; 3.9% (3.08% Middle Schools, 2018) of middle school students reported they had tried to kill themselves
HHS Positive Data YRBS 2015 and 2018

• Do you agree or disagree that your family loves you and gives you help and support when you need it?
  89% agree (2015)  89.3% agree (2018)

• Do you agree or disagree that teachers really care about you and give you a lot of encouragement?
  92.2% agree (2015)  66.4% agree (2018)

• Do you agree or disagree that you feel like you belong at this school?
  68% agree (2015)  72.3% agree (2018)

• Is there at least one teacher or other adult in this school that you can talk to if you have a problem?
  65.6% agree (2015)  69.7% agree (2018)
Assessment completed with Pupil Services Team/ District Administrative Team

Results identified strengths and gaps in programming:

– School Environment
– Curriculum and Instruction
– Student Programs
– Pupil Services
– Adult Programs
– Family/Community
What could the district do different or better?

– Break down the barriers for mental illness
– Allow all students access to services
– Screen all students (similar to vision/hearing)
– Change student culture: Positive messaging and support to students for resiliency/coping/grit/perseverance through programs and activities
– Provide educational training for our staff, and support for parents
SOURCES OF STRENGTH
- National Best Practices Registry by the Suicide Prevention Resource Center (SPRC) and The American Foundation for Suicide Prevention (AFSP).

- SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP).

(NREPP is SAMHSA’s online registry of interventions that have demonstrated effectiveness in the prevention or treatment of mental health and substance use disorders)
5th Grade Social Network

Isolate

Bridges

Central Members

Peripherals

Group Members
RESOURCES

Assess capacity (staff, financing, etc.) to implement the program.
$15,000 per school
X 24 schools

$360,000
Trained Trainer Model

$7,750 per school
X 24 schools

$186,000
Let’s split the cost!

I'M GOING TO MAKE AN OFFER YOU CAN'T REFUSE

$3,875/$3,875

75% OFF
Find your champions and early adopters!
MONITOR
Track planning and implementation. How did it go?
Monitoring activities:

• Steering committee meetings regularly
• Schools report back on campaigns conducted
• Adult advisor team take survey to assess the strength of their student and staff teams
• Schools receive support from regional and national trainers
• Healthy Teen Minds staff providers logistical report
EVALUATE

Evaluate the program’s success in achieving desired results.
Evaluation:

- Sources of Strength evaluation tools – staff and student surveys
- Key indicator – YRBS sad and hopeless
- Other YRBS data points:
  - Suicide-related behaviors
  - Feeling a sense of belonging at school
  - Feeling that teachers care about you
  - Having a trusted adult at school
SUSTAIN
Consider how to keep the program going if it is successful.
Q&A
Contact Us

Diana DiazGranados
diana@lacrosseconsortium.org

Wendy Magas
wendy@newmentalhealthconnection.com

Wendy Neyhard
wneyhard@samaritan-counseling.com