Possibilities for Change

Implementing School-Wide Screening Across an Entire County

Gaining Insight & Enabling Intervention in Pender County North Carolina

Spotlight on: North Carolina

The Pender Alliance for Teen Health's (PATH) mission is to make healthcare accessible for children and teens in Pender County North Carolina. As Executive Director of PATH, Sandy Rowe oversees the delivery of integrated care – including primary care, mental health care and health education – for students in the Pender County Schools. *"We have two brick and mortar school-based health centers (SBHCs),"* explained Sandy. *"One of them serves an elementary and middle school on the same campus and the other is at a high school. All of the other schools in the county are connected through telehealth."*

Opportunity: *Understanding and Quantifying Youth Risks in Pender County*

"Prior to this initiative our staff included a full-time nurse practitioner (NP), a full-time licensed therapist, and support staff. ***What we were seeing in our SBHCs, with our NP and therapist working closely together, was a need for more mental health services.*** *We were at capacity for what one therapist could provide and have plans to add more therapists. Each of the schools has access to a psychologist that is shared between several schools, which may add up to only one or two days a month per school. Many of the needs we were seeing we couldn't cover with this approach. For example, at just one of the high schools there were 3 suicides in 3 years. So we were pushing for more mental health help.*

RAAPS is a validated risk assessment & coaching system developed to help professionals address the risk behaviors impacting health, well-being, and academic success in 9-24 year-old youth.

RAAPS assessments are tailored to age and screen for exposure to social risk factors (e.g. violence, abuse, and bullying), psychosocial responses to stressors (e.g. depression and anger), and risk behaviors (e.g. suicide ideation or attempts, alcohol and substance abuse, and sexual activity).

Whenever we would seek funding to add mental health resources, we only had anecdotal evidence. *It was difficult for me to back up the passion of PATH's story with hard evidence. I could say that our kids are suffering from depression and our suicide rate was among the highest in the state, but I wasn't able to plug in the numbers for 'how many' there were. But I had long heard from my connections with the National School-Based Health Alliance and the North Carolina School-Based Health Alliance that the Rapid Assessment for Adolescent Preventive Services© (RAAPS) was a fantastic tool to get that kind of important data. After the Parkland tragedy, the North Carolina General Assembly opened up funding in a school safety grant and one of the components was for mental health.* ***PATH applied and one of the first things I included was licensing RAAPS so I could get a true picture of risk across our district.***"

Solution: *Hitting the Ground Running with School-wide Screening*

The PATH team decided the best way to get a picture of the most prevalent risks and needs of youth in Pender schools was to screen students across the entire district. *"We jumped in and decided to survey all 3rd thru 12th grade students in the district so we could get a real-time picture of the services that were needed and how we could address them going forward,"* shared Sandy. *"We decided we would screen one school per week – the high schools in March, middle schools in April, and the elementary schools in May."*

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Step one was detailed planning to ensure at-risk students received appropriate intervention and referral care, simultaneous with the population-level data collection. The PATH team put a series of protocols and processes in place to facilitate the school-per-week schedule. Sandy described the efficient – yet collaborative – Monday to Friday plan for each school:

"Our RAAPS team showed up at each school on Monday morning – this included a licensed therapist, mental health nurse and mental health technician working in partnership with school staff (school nurses, social workers, and guidance counselors).

We set a protocol for youth who flagged positive for suicidal ideation or abuse to ensure they were seen within a day. We accomplished this by dividing surveys between Monday and Wednesday at grade level, allowing Tuesday and Thursday for follow-up within that 24-hour timeframe.

The team worked wonderfully together. As soon as the data came in, they would start the follow-up process with the mental health technician and the guidance counselors working closely together for triage. Some of the youth who flagged for those top two risk factors were previously identified and were receiving services, so the guidance counselors would often handle follow-up. Whereas double red flags – kids that answered positive to both suicidal ideation and abuse – were seen by the licensed therapist or social workers.

Confidentiality was extremely important to us. We let students know that responses would be confidential unless we received information that they were being harmed or harming themselves. For students that did flag positive, we used the PowerSchool software to message teachers and ask them to quietly let students know to check in at the office.

On Fridays the RAAPS team ran the school's population-specific reports (without student identifiers) and shared the data they found directly with the school principal."

The Results: *Comprehensive Identification & Intervention*

In addition to enabling immediate intervention with the highest risk students, RAAPS delivered population-level data on the top risks across the student population of Pender County, including the ability to drill down into the data by segment (by a specific school and differences by gender or age, for example). The data confirmed the PATH team's concerns about mental health related issues among the community's youth.

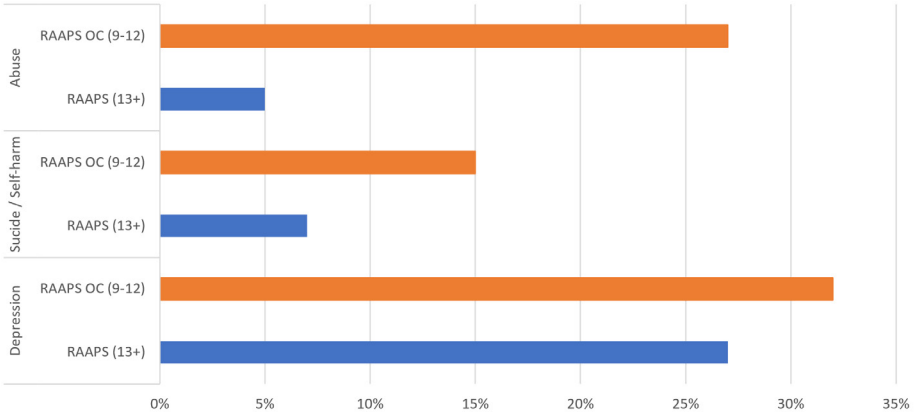
The PATH team surveyed 4,495 students across 18 schools. Among these students 1,309 scored positive for a risk factor of depression. 1,101 were identified as highest risk, receiving immediate intervention:

- 440 at risk of suicide or self-harm
- 661 flagged positive for abuse
- 12 identified positive for both risks

Mental Health Risks by Age

Results from RAAPS - youth 13 yrs & older - 2,802 complete

And RAAPS Older Child (OC) - youth 9-12 - 1,693 complete



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"One of the most alarming things we found is that across the board 30% of our students are flagging positive for depression," shared Sandy. *"One of the guidance counselors spoke to a girl who had flagged for suicidal ideation and was referred for follow-up counseling. She shared she had a plan and thought about it every day. The guidance counselor had been working with this young girl for a long time and she had never said anything about suicide before. When the counselor inquired as to why, the girl responded: 'No one ever asked me the question.'*

I knew we were on the right track. This girl was under the radar. Nobody knew she was thinking about it – no one with the capacity to help her (her parents or her guidance counselor) knew she was at risk. And she was not an isolated incident, of the over 4000 kids we surveyed – 440 flagged for suicidal ideation.

It was a little dire to find out what these kids are living with every day – they are just trying to go to school yet they have this heavy burden—but it was so important that we did this. Having this data will help drive all of our work going forward."

Next Steps

"Now that we can numerically show the need for mental health support in our district, we plan to work with our Mental Health provider, Coastal Horizons, and Pender County Schools to help address these risks—depression in particular—when school begins in Fall 2019. We plan to take a three-pronged approach:

1. *The PATH/Coastal Horizons Integrated Care Coordinator, who is an LCSW, will once again follow-up with those students our team met with in the Spring that pinged for suicidal ideation or abuse on the survey. She will track whether or not they received services and work with the schools to ensure they are being offered the resources they need.*

2. *Coastal Horizons will add a position of a full/time LCSW to work with the 1,300 students who flagged for Depression. The school guidance counselors were involved in conducting the RAAPS Survey and will utilize the features on the RAAPS site to help facilitate follow-up with the students at their schools who answered yes to feeling depressed. With their help we hope to reach out and refer those in need of counseling, while at the same time making plans to address the less concerning students in group settings. Pender County Schools will be integral in making these plans since it will need to occur during the school day.*

3. *We are adding a position to establish pilot programs to put in place preventive measures for our youngest students. Our hope is to work in 3 elementary schools and 3 middle schools teaching kindergarteners and 6th graders alternative methods for handling stress such as mindfulness, breathing and yoga techniques. Ideally, we hope to continue to follow these students through their 3rd grade or Freshman year when they will take the RAAPS Survey and compare the results to the 3rd graders and 9th graders who took it in Spring 2019."*

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Barriers & Best Practices:

School-wide screening is not without its challenges. We asked Sandy about what she learned along the way and what she would recommend to others.

1. **Start with the 3P's: Planning, Processes & Protocols**
   "In some schools we had 60 kids that needed to be seen, in other schools we had 30 – it all depended on the size of school. ***The protocols we put in place fostered a collaborative, confidential approach*** *that ensured we were able to gather the population-level data we needed and still meet quickly with each student at highest risk."*

2. **Find your Champions & Advocates**
   "We were very lucky. We had a lot of very supportive program champions – the Superintendent of Schools, the Director of Special Students, and the principals were all very supportive of the program. Of course, some staff can be a little territorial – it's natural that they have their own way of doing things. ***School by school, every time, I spoke to the guidance counselor groups prior to the survey being given at their school. I explained that we knew this was asking a lot, that we weren't trying to increase their workload but instead provide tools and resources to support them.*** *Finding the right champions depends on your demographics. If you have school nurses, they are on the front line, they get it. But not all students use a school nurse. If you have active parents, go to PTA meetings to engage parent advocates."*

3. **Spread the Word – and Keep it Positive!**
   *"****It's important to do upfront education and help control the narrative. That way the first time parents hear about the project it's in a positive light.*** *We are in a very conservative area of the country. It's very rural and parents (and staff) can be skeptical. I sent out three touch points to parents before the screenings – a phone call from the principal, an email from the district, and an "opt-out" letter sent home with the students – and in it I decided to share my personal cell phone. I wanted to be proactive and help them understand the immense benefits."*

So…would you do it all over again? AND would you recommend it to others?

"I would absolutely recommend school-wide screening. It's an amazing opportunity to get real data for better informed outreach. We know so much more about the mental health needs (depression, anger management, youth who are being bullied) in our community, plus we are able to intervene with kids who need help. I'm looking forward to surveying again next year to measure improvements and our collective impact over time."

Sandy Rowe, Executive Director, PATH

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