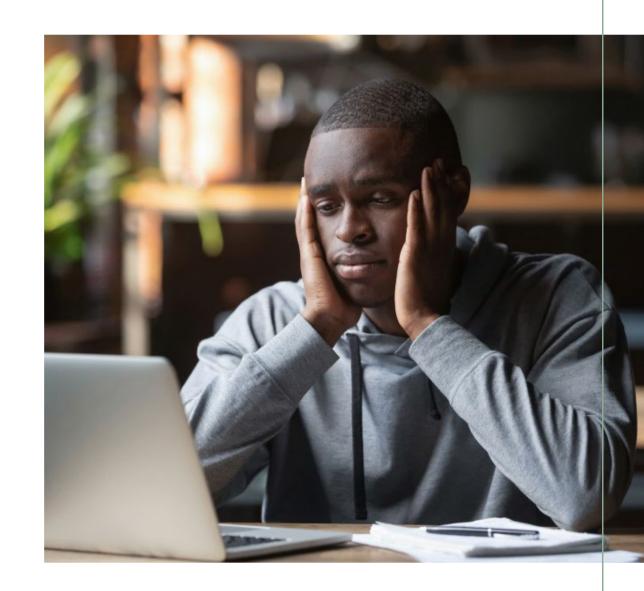


Shayna Greenberg, M.A.

Barriers to Wellness

Everyone feels stressed and cope with a range of temporary and chronic challenges that could benefit from some form of support

- 1 in 2 adolescents (13-17 years) has had a mental health disorder at some point in their lives
- 1 in 6 children (2-8 years) has a diagnosed mental, behavioral, or developmental disorder



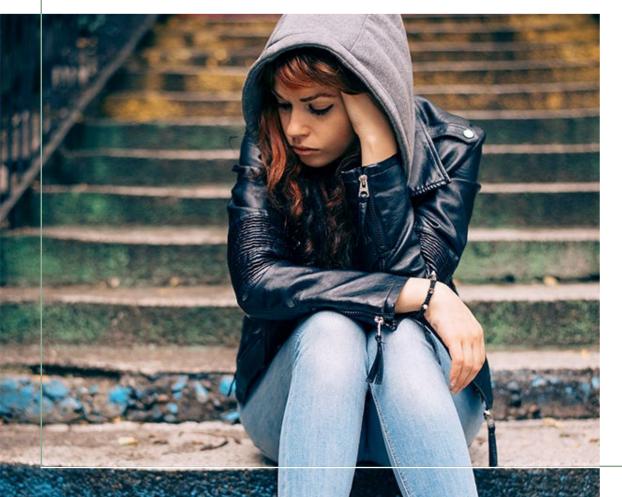
Barriers to Wellness

Approximately 64% of adults in the United States report at least one adverse childhood experiences (ACE) and nearly 1 in 6 adults report 4+ ACEs, such as:

- Physical, emotional, sexual abuse
- Physical, emotional neglect
- Household substance use or mental illness
- Incarcerated household member
- Witness to domestic violence
- Parental separation
- Discrimination



Barriers to Wellness: Some Statistics



- Unstable housing
 - 3% of students in the United States and over 7% (1 in 14) in San Bernardino experience unstable housing
- Food insecurity
 - 20% of Californians have food insecurity
- Child abuse and neglect
 - At least 1 in 7 children were victims of abuse or neglect within the past year
 - Substantiated allegations and entry into foster care systems are greater in San Bernardino Country than California
- Sexual violence
 - 9% physically forced to have sexual intercourse
 - 11% forced to do sexual activities (e.g., kissing, touching)
- Increasing exposure to violence, crime, or abuse
 - 60% of children exposed in home, schools, or communities
 - Nearly 40% of children direct victims of 2 or more violent acts, and 10% were victims of violence 5+ times

Impact on Student Wellbeing

Behavioral Outcomes

- Substance use (e.g., substance misuse)
- Aggression
- Delinquency
- Intimate partner violence
- Teen pregnancy

Physical Outcomes

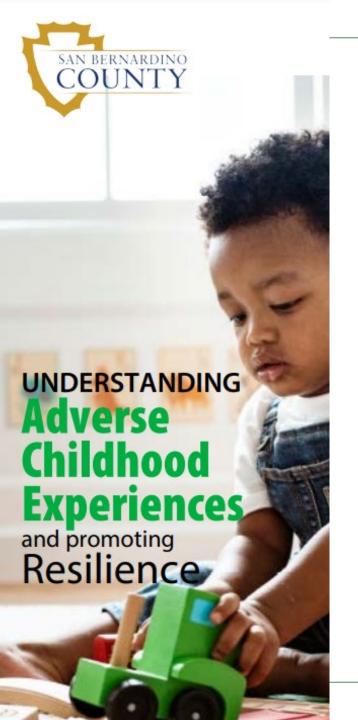
- Cuts, bruises, injuries requiring medical attention, death
- Chronic illness (e.g., diabetes, heart disease, cancer)

Psychological Outcomes

- Low self-esteem
- Isolation, shame, guilt
- Significant mental health challenges
- Posttraumatic stress
- Self-Injury & Suicide attempts

Academic Outcomes

- Attendance barriers and missed work
- Lack of progress in school
- Early withdrawal



Mitigating Risk & Promoting Resilience

- Meeting basic needs and expectations
- Healthy diet and exercise
- Using routine and structure
- Having supportive caregivers and adults
- Establishing secure and nurturing relationships
- Stress management skills
- Mental health services



Schools (& School-Based Health Centers) as the Gateways to Success

- Schools are a critical provider of services that support students':
 - Academic success
 - Socio-emotional development
 - Behavioral health
 - Basic needs



Schools (& School-Based Health Centers) as the Gateways to Success

- Youth spend a significant portion of their daily lives at school, grounding schools as key environments for personal development:
 - Learning, academic achievement, and credentialing
 - Developing cognitive capacities
 - Social emotional learning
 - Building social supports with peers and trustworthy adults

- Avenue for delivering essential services to a broad array of youth and families in a space that is familiar, trusted, and convenient, including:
 - Basic resources and needs (e.g., free or reduced-price meals, healthy eating and exercise guidance, access to resource centers)
 - Safety and support for youth and families (e.g., applying for health insurance)
 - Violence prevention & intervention (e.g., linkage to Partners Against Violence)
 - Disease prevention & diagnostics (e.g., health screenings, vision screening, well-child visits, immunizations)
 - Health improvement and management (e.g., dental services, referrals to specialty care)
 - Reproductive health education and services (e.g., STI screening and treatment, contraceptive management)
 - Behavioral health care (e.g., therapy and assessment, substance use screening and intervention, community referrals, crisis intervention)

Benefits and Barriers in Schools

School-Based Strengths

- Embedded protocol and systems to facilitate referrals for various services (e.g., IEP, school counseling)
- Caregivers can identify concerns in the home and establish communication with school to better understand and inform response to student need
- Teachers and school staff interact with youth regularly and can notice presenting concerns in the classroom and/or campus
- Youth can directly communicate and consult with trusted adults outside of the home

School-Based Struggles

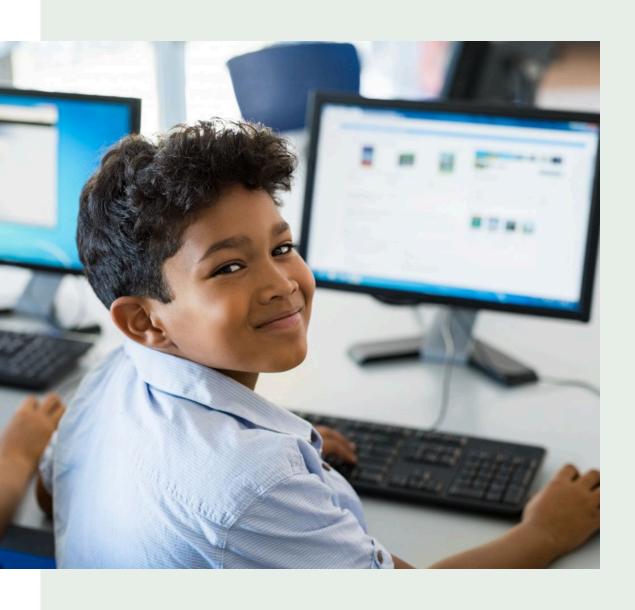
- Caregivers and families face a multitude of barriers to initiating referral to school-based supports (e.g., time, language barriers, insufficient knowledge of symptom presentations, limited awareness of existing services or opportunities for involvement)
- School staff are required to manage competing demands in classrooms and on campus, contributing to significant burden that can interfere with attending to presenting concerns and/or completing linkages
- Many needs and presenting concerns are not observable and/or do not appear to meet traditional thresholds for intervention

One Strategy to Ease Burden: Universal Screening

Universal screening offers one avenue for reducing burden on schools while increasing identification of youth presenting with need and guiding referrals to relevant supports

- Systematic: Enables evaluation, identification, and monitoring of the needs of an entire student population
- Objective & Comprehensive: Complements established procedures with an objective process that aids in reducing false negatives and differentiating students with elevated risk
- Decision Tree: Facilitates linkage and service delivery via data-driven approaches
- Simple Needs Assessment: Serves as basis for comprehensive evaluation of student body and school needs to guide tailored programming





Introducing: Whole Child Assessment

How It Started

- Enhanced partnership Sierra High School and Loma Linda University (LLU) via Psychology Integration in Primary Care for Substance Use Disorders (PIPCS) grant
 - Focuses on increasing access to screening for mental health and related concerns, as well as directing services and referrals to resources
- Opened opportunity to collaborate with the Wellness Center in developing and implementing relevant, feasible, and sustainable strategies for better supporting students, families, and staff, whilst minimizing burden on Sierra's incredibly hardworking team





Brainstorming & Early Development

- Relevant domains to assess
- Brief, psychometrically valid measures
- Ongoing progress tracking at individual and school-wide levels
- Expedited identification and referral to relevant services via automatic scoring and filtering



• Objectives for the screening process

- What is important for us and our school to evaluate and why?
- Who do we want to assess at school and why?

Responding to endorsed items:

- What systems do we have in place that can help to meet youth need? If we screen for [Screening Item] and a student endorses it, will we be able to provide a relevant resource?
- How can we build upon our infrastructure to meet the needs identified by screening items?

Mandated reporting triggers:

• Do we want to include survey items that require risk assessment (e.g., child abuse, harm to self or others)? If these do come up, how will we respond?

Example Key Decisions

Important Domains for Sierra



Original Screening Items

- Academic supports
 - History of IEPs
- Basic needs & status
 - History of foster care
 - Housing status
 - Current probation
 - Student status as pregnant or parent
- Mental health
 - Grief (e.g., recent loss)
 - Depression (e.g., sadness)
 - Drastic changes in behavior, personality, sleep
 - Attention and hyperactivity difficulties
 - Anxiety (e.g., intense worry or fears)
 - Trauma

Standardized & Validated Screeners

Assess need with greater confidence

- Ease decision-making

- Developmentally appropriate tools for student population
- Evaluation of psychometric properties to align with screening intent
 - Ensure validity and reliability of assessed domains
 - Balance breadth and sensitivity
- Identification of measures with standardized language and established scoring protocol to:
 - Explicitly identify or guide the establishment of student-body specific cutoff points for clinical threshold
 - Guide recommendations for intervention

Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name			Male/Femal
Date of birth			
	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others, for example CD's, games, food			
I get very angry and often lose my temper			
I would rather be alone than with people of my age			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, depressed or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often offer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get along better with adults than with people my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

Strengths and Difficulties Questionnaire (SDQ)

- Relatively brief
- Robust, psychometrically sound assessment of various mental health concerns of interest to wellness team
- Cut-off points to guide referrals to different tiers of mental health services
- Multiple versions
 - Collection and comparison of collateral feedback (i.e., teacher and parent report), as indicated
 - Normed across different age groups (i.e., 11-17 years, 18+ years)
 - Follow up measures allow for progress monitoring
 - Also available in Spanish and multiple other languages

Please answer all the questions on this form as best you can. It will help us know how we can help you be healthy.

You may skip any question if you do not know an answer or do not want to answer. You may add comments to explain your answers. We will keep this information confidential, unless there is concern that you are being hurt.

1	Person completing form	□ Self	If patient t □ Parent		o complete, who helped fill out form riend Other (specify)				ms?	
	Do you live with?	☐ Biological Parent(s		arent(s)						
□ Friend(s) □ Other (specify)										
2	What grade are you in so		- 6		8	9	10	11	12	1 1
_	Are you in special ed OR		r average?	No	-	Unst	IIe	+	Yes	Interval
3	Since the last visit, have	•		1,,,					77	History
	Been seen in ano			No No		Unst			Yes Yes	
	Developed a new			No		Unst			Yes	
		Emergency Room?		No		Unst			Yes	
	Been hospitalize			No		Unst			Yes	
4	Had an operation			No	-	Unst			Yes	-
1	Since the last visit, have that were stressful, scary,		or events	INO		Unst	ire.		I es	
5	Do you have any question		our health o	r No		Unst	TTO.		Yes	-
,	development? If yes, plea		our nearm o	1 140		Olisi	me.		165	
	development: 4, yes, pres	iso describe.								
	Girls only- Do you have	any questions or conce	rns about	No	1	Unst	ше		Yes	1
	your periods?									
6	Has a family member or	close contact had tuber	culosis	No		Unst	ure .	\top	Yes	10
	disease during your lifeti									Tuberculosis
7	Were you born in the Un			Yes		Unst		\bot	No	
8	Have you lived or travele	ed outside of the United	l States for	No		Unst	ше		Yes	
	at least a month?					_		4		
9	Do you brush and floss y			Often		Somet		1	Vever	9
10	In the past year, have you			Yes	-	Unst		+	No	Dental
11	How many servings of fr	uit (about the size of y	our fist) do	3+		2			0-1	8
12	you eat each day?			4+	+	2-3	1	+	0-1	Nutrition
12	How many servings of ve		e or your	4-		2-3	,		0-1	
13	fist) do you eat each day How many servings a da		£1-i	3+	+	2		+	0-1	-
13	rich foods, such as milk,								0-1	
14	How many times a day d			0-1	+	2		+	3+	1
14	juice, soda, sports drinks,			•-1					٥.	
	sweetened drinks?	, energy units, OK ou	ner.							
15										
16		do vou eat breakfast?		6-7		3-5	5		0-2	i
		do you eat breakfast? do you eat high-fat for	ods, such as			3-5 2-3		+	0-2 4+	
17	How many times a week	do you eat high-fat foo	ods, such as					+		
	How many times a week fried foods, pizza, OR of	do you eat high-fat foo her fast food?					3	+		
	How many times a week	do you eat high-fat foo her fast food?		0-1		2-3	3		4+	
18	How many times a week fried foods, pizza, OR of How many times a week	do you eat high-fat foo her fast food? do you snack on chips	, pretzels,	0-1		2-3	3		4+	
18	How many times a week fried foods, pizza, OR of How many times a week OR crackers?	do you eat high-fat foo her fast food? do you snack on chips	, pretzels,	0-1		2-3 2-3	3		4+ 4+	

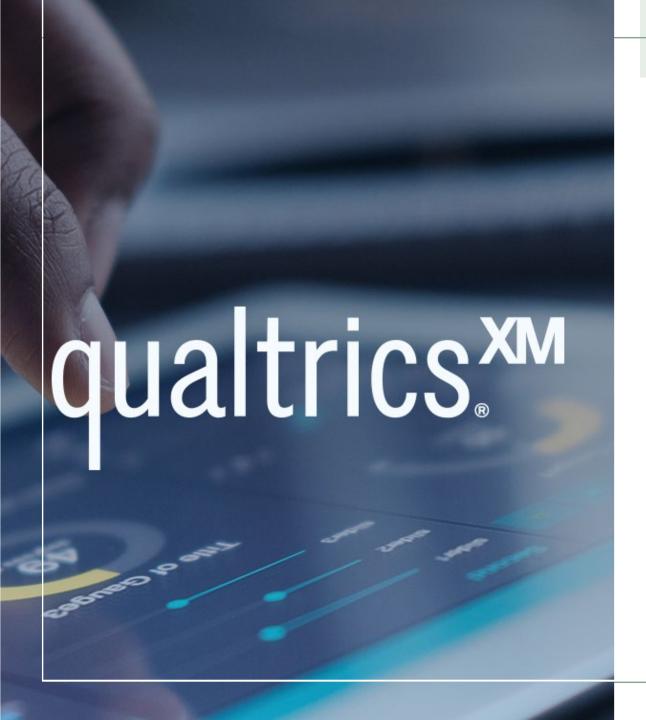
Whole Child Assessment

- Robust measure of functioning across key life domains (e.g., nutrition, dental, family relationships)
 - Expands on original measure
 - Aligns with the priorities of the Department of Education and associated organizations (e.g., Healthier Generations)
 - Assesses for risk and protective factors
 - Evaluated domains map onto resources historically offered at Sierra (e.g., free lunches)
 - Complements SDQ via targeted mental health items
- Multiple versions
 - Multiple versions for different age groups (i.e., 12-17 years, 18-20 years)
 - Also available in Spanish
- Developers affiliated with LLU and pediatric primary care teams

Selecting Systems & Reflecting Rationale

Qualtrics Google Sheets





Qualtrics

- Economically and functionally feasible for a beta effort
- Flexible and adaptable
- Streamline data acquisition
- Effective electronic data collection and management system
- Automate scoring screening measures used to identify at-risk students
- Easy integration with tools known to the wellness team (e.g., Google Suite)



Welcome to Sierra High School!

Please answer all the questions on this form as best you can. It will help us know how we can best support you during your time with us and help you be healthy.

You may skip any question if you do not know an answer or do not want to answer. You may add comments to explain your answers. We will keep this information confidential, unless there is

concern that you are being hurt.

100%

Welcome to Sierra High

Please answer all the questions on this form as best you can. It will help us know how we can best support you during your time with us and help you be

You may skip any question if you do not know an answer or do not want to answer. You may add comments to explain your answers. We will keep this information confidential, unless there is concern that you are

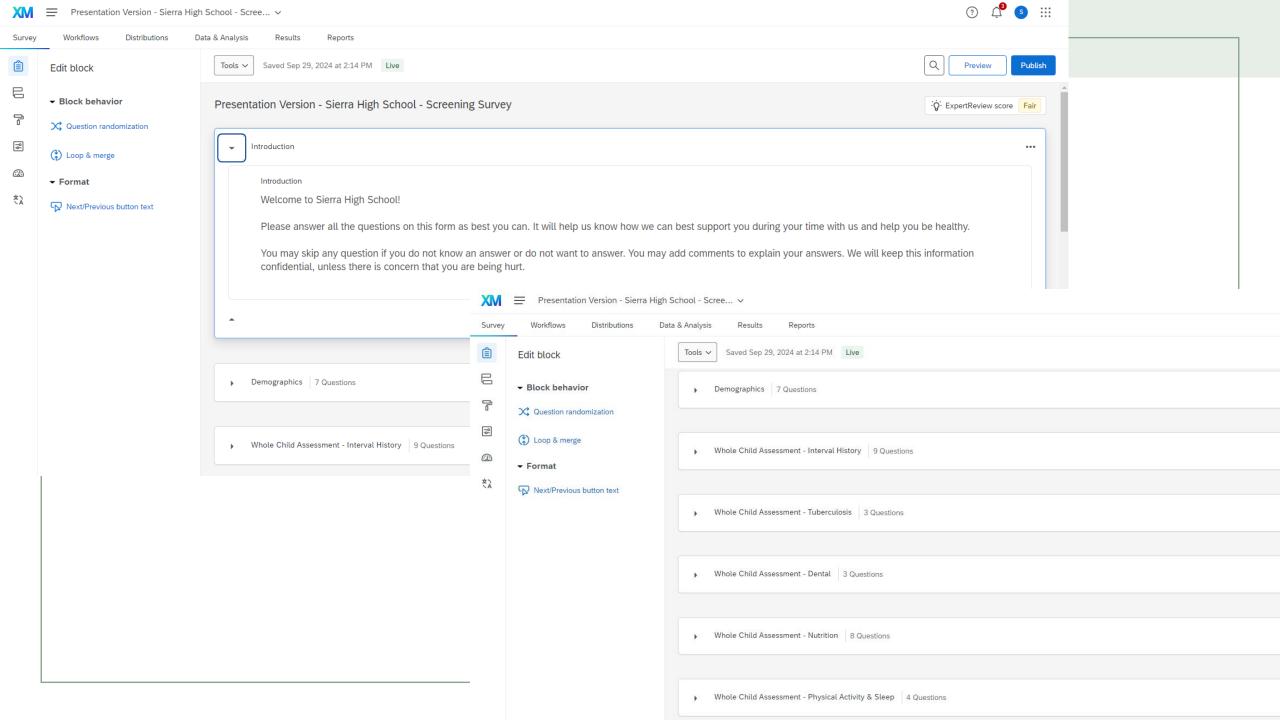
School!

healthy.

Qualtrics: Walkthrough

• https://llu.co1.qualtrics.com/jfe/form/SV-8bTT <u>BlxnuAbUwei</u>





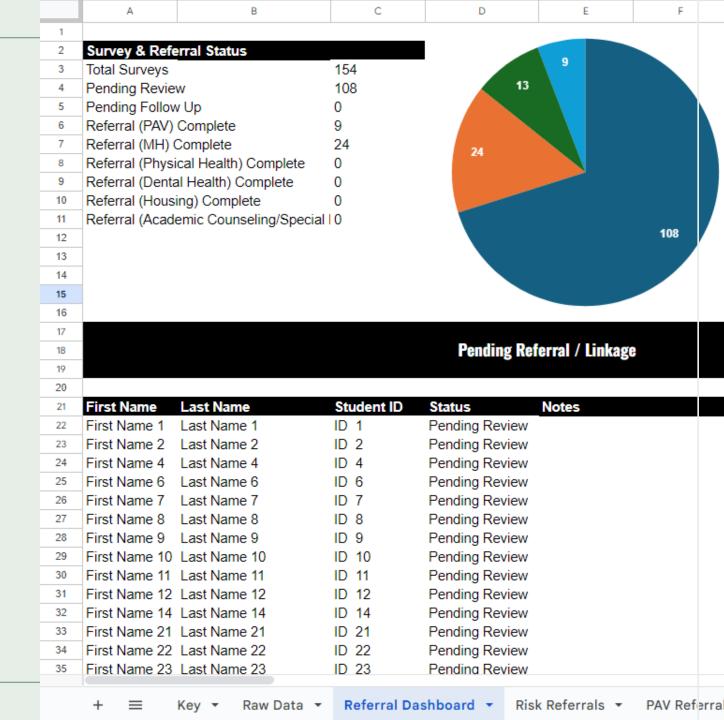
Google Sheets

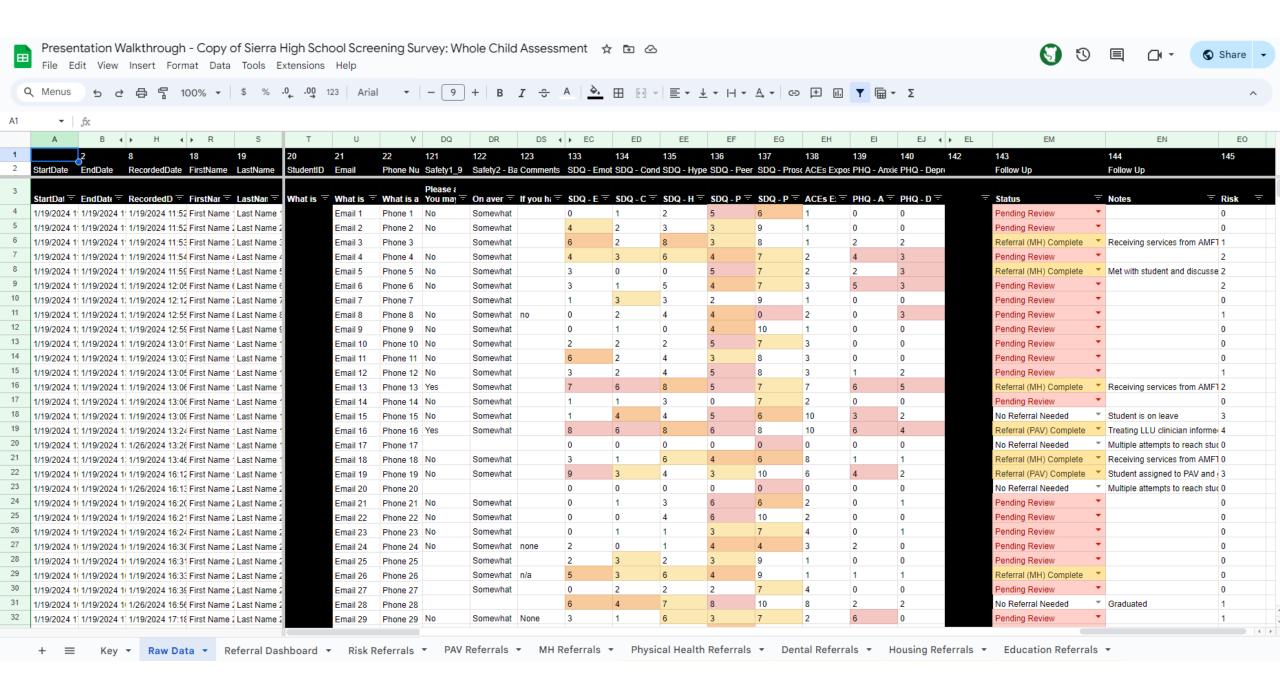
- Cost effective and easily accessible to school staff
- Effective data management
- Efficient data review, analysis, and tracking
- Automate scoring, highlighting, and filtering of responses and relevant items to ease identification of at-risk students
- Customizable to match to unique school and staff needs
- Adaptable, enabling ongoing revisions in anticipation of evolving goals, referral networks and programs, and staff

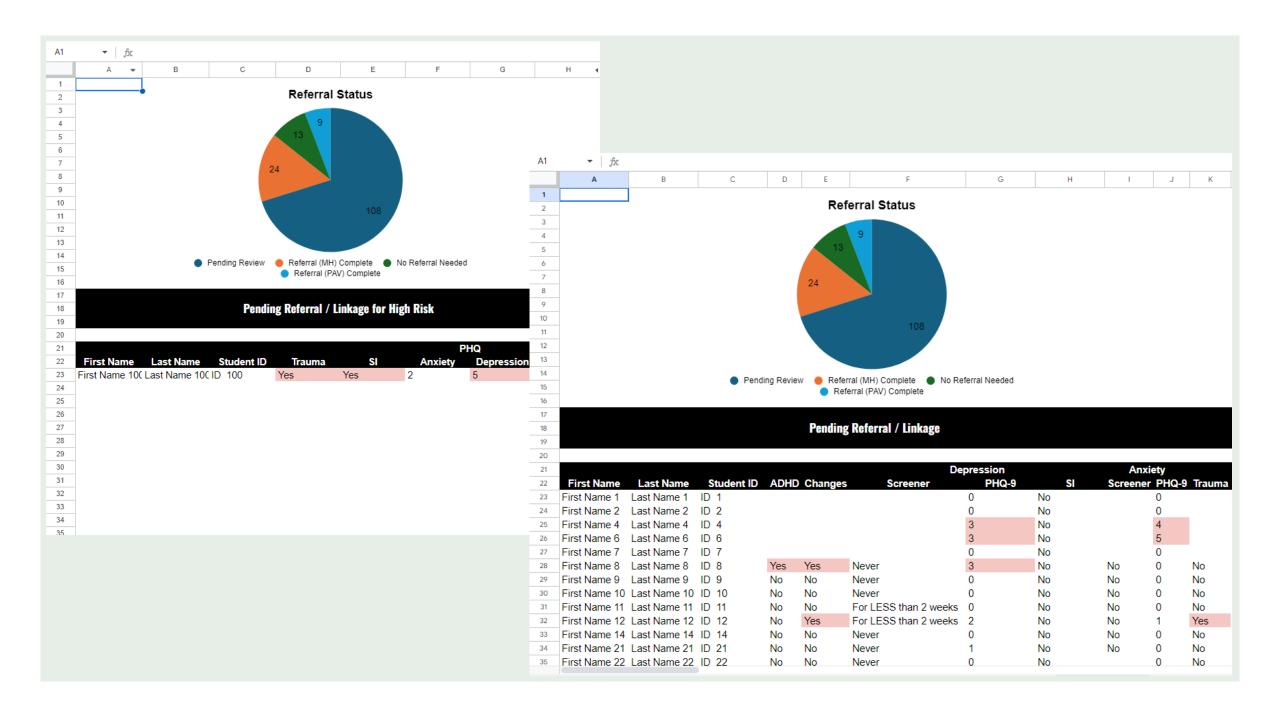


Google Sheets: Walkthrough

 https://docs.google.com/spreadsheets/d/ 1V7cpmQnoMTfiulFH6JkxrRVjtjPOCHiw6W aHHShelMM/edit?usp=sharing





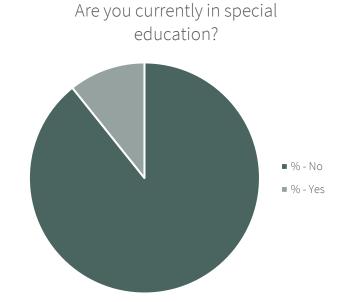


Initial Implementation

- 2023-2024 academic year
 - January 2024 May 2024
- Administered by teacher at the beginning of each new block in the Health and Wellness course, a required course for all students
- Students received course credit for survey completion



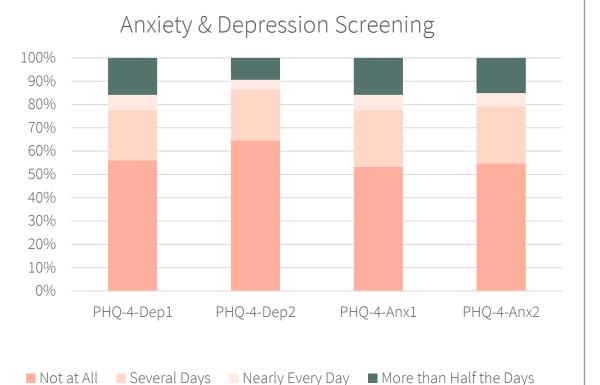
Results & Visualization: Some Binary Outcomes n = 154



Variable	ltem	No	Yes
IH1 - IEP	Have you had an Individualized Education Program (IEP)?	45%	55%
IH2 - Special Ed	Are you currently in special education?	89%	11%
IH3 - Medical Access_1	In the past year, have youbeen seen in a medical/primary care clinic?	51%	49%
IH3 - Medical Access_2	In the past year, have youdeveloped a new illness?	87%	13%
IH3 - Medical Access_3	In the past year, have youbeen seen in the Emergency Room?	69%	31%
IH3 - Medical Access_4	In the past year, have youbeen hospitalized?	84%	16%

Results & Visualization: Some Multiple Response Options

n = 154



Moarky

Morothan

Variable	ltem	Not at All	Several Days	Every Day	Half the Days
PHQ-4-Dep1	Little interest or pleasure in doing things	56%	22%	6%	16%
PHQ-4-Dep2	Feeling down, depressed, or hopeless	64%	22%	4%	9%
PHQ-4-Anx1	Feeling nervous, anxious, or on edge	53%	24%	6%	16%
PHQ-4-Anx2	Not being able to stop or control worrying	55%	24%	6%	15%

Results:		Min	Max	М	SD
Quantitative	SDQ				
n = 154	Emotional Problems	0	9	3.04	2.40
SDQ: Changes over Time	Conduct Problems	0	8	2.07	1.71
9.00 8.00 7.00 6.00 5.00	Hyperactivity Subscale	0	8	3.74	2.40
	Peer Problems	0	8	3.68	1.70
	Prosocial	0	10	6.69	2.39
3.00	WCA				
0.00	ACES Exposures	0	10	3.32	2.62
Baseline Sample Post	Anxiety	0	6	1.39	1.72
Hyperactivity Peer Problems Prosocial	Depression	0	6	1.19	1.59

Conclusion



- Youth and families face a variety of challenges that can impact wellbeing in the short- and longterm
- Schools serve as a convenient venue and crucial provider of supports that can help youth succeed, but there are many barriers to identifying and linking students in need to the resources that will best serve them
- Universal screening is one strategy for mitigating some of these barriers, increasing our ability to aid youth, families, schools and all within them that care about their students
- Development of a beta universal screener suggests that it is feasible, acceptable, and useful to collaborate with schools in developing and delivering universal screeners that align with their unique infrastructure, student body, values, and overarching goals

Thank you! Questions?



