

**Request for Qualifications  
Elementary Social, Emotional, Behavioral and Family Support**

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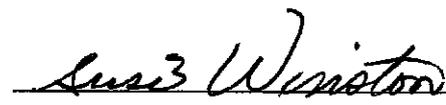
**COVER SHEET**

**Organization Information:**Organization name: Sound Mental HealthOrganization address: 1600 E. Olive Street, Seattle, WA 98122

Describe your legal status and, if applicable, state of incorporation (for example, Washington State non-profit corporation, Washington State partnership, sole proprietorship):

Washington State non-profit corporation**Application Components and Checklist (submit in this order)**

- Cover Sheet
- Key People
- Previous Experience
- Tracking to Success
- Women and Minority Inclusion; Non-discrimination

**Contact Information:**Contact person: Susie Winston(please print clearly)Title: Director, Child and Family ServicesMailing address: 1600 E. Olive Street, Seattle, WA 98122Day/Work phone: (206) 302-2340 or (206) 714-7864 Email address: susiew@smh.orgSignature: Date: 2/14/12Additional information is provided in Attachment 3.

## **Sound Mental Health Elementary Social, Emotional, Behavioral and Family Support RFQ Response**

### **Key People**

1. SMH has had a collaborative working relationship with the Seattle School District since 1986 when we were contracted for services in the EBD classrooms. Since that time we have expanded our services throughout the district and are currently providing service to 11 elementary, 6 middle, 4 K-8 and 8 high schools. Our Child and Family clinicians are highly trained, Master (MA/MSW) level clinicians with many years of experience in the school setting. All clinicians are Washington State Registered Counselors and many are licensed within their discipline (LICSW, LMHC) in addition to being a Child Mental Health Specialist (CMHS). Two of our school serving clinicians are certified Ethnic Minority Mental Health Specialist (EMMHS – African American and Asian/Pacific Islander). Our clinicians have had extensive training and background in milieu treatment, facilitating specialty groups (social skills, anger management, grief and loss, anti-bullying/harassment and substance abuse), behavior management, safety and de-escalation, individual/family/group therapy, parenting skills /education, crisis intervention, case management and wraparound services.

The key SMH clinical staff who will deliver the proposed elementary social, emotional and behavioral support services are: TK Brasted, PsyD, Program Coordinator/Supervisor for SMH Child and Family Services. TK is a clinical psychologist with 9 years experience in the delivery of empirically-supported treatments for a variety of childhood disorders and parenting skills training. He is also experienced in the development of programs that integrate mental/behavioral health services with medical and educational systems; Eun Ku, LICSW, CMHS, EMMHS, Lead clinician for Child and Family Services; Melissa Morrissette, LICSW, CDP, CMHS; Mycah Wittinger, LMHC, CMHS; Glenn King, MA, CMHS; Loretta Baud, MA, CMHS; Jack Shriner, LICSW, CMHS; Todd Sadler, MA.

2. The project will be led by Terry Richardson, MS, LMHC, CMHS, Manager of SMH Child and Family Services. Terry has had over 30 years of experience working with children, youth and families, 21 of those with Sound Mental Health. She has successfully supervised our Early Childhood Preschool Program which was partially funded through Seattle School District, 2 SMH ECEAP classrooms and currently manages our Nesholm Middle School Support Project. She is a member of the Readiness to Learn Consortium and the King County Metro Community Resource Team. For the past ten years, Terry has managed the School Based and Children's Community Support Programs which have recently merged into our current Child and Family Services program. SMH consistently receives positive feedback from the schools we serve. SMH clinical services are effective at reducing barriers to learning and enabling students to make academic gains.

## **Previous Experience**

1. Sound Mental Health Child and Family Services (CFS) provides behavioral health services to multi-cultural students and families living in low income or poverty environments who have high risk, complex needs and multi-system involvement. CFS serves children and youth who are mentally ill, chemically dependent, developmentally disabled, deaf and hard of hearing, physically or sexually abused or neglected, and/or subject to domestic violence. Many are at risk to be homeless, hospitalized, in detention, or have multiple home placements which are barriers to their successful school experience. Many are failing classes, or at high risk to drop out. Most are well below grade level in reading and math (MAP scores). Many of these barriers result in poor attendance and missed learning opportunities/time away from the classroom due to absences, suspensions and exclusions. 2011 SMH demographics show the ethnic breakdown of our client population as: 20% African American; 9% multi-racial; 3% Asian/Pacific Islander, 2% Native American; and 53% Caucasian, including 16% who identify as Hispanic. Clients include refugees and immigrants (non-English speakers).

2. SMH's most relevant experience demonstrating academic outcomes using MAP scores, grades and attendance, is our Middle School Support Project (MSSP). As its name suggests, the MSSP has been implemented and tested exclusively in middle school populations. Regardless, SMH is confident that the success of this program will be replicable when applied in elementary schools. One of the "active ingredients" of MSSP is the wraparound process, which provides a systematic approach to service coordination while simultaneously promoting highly individualized care plans. There is flexibility in this model to select specific treatments that are developmentally appropriate. Our hope in this RFQ process is to bring this effective approach to elementary schools. The goal of MSSP is to provide onsite mental health experts, called "Care Coordinators" in Seattle Schools, to ensure that the mental health needs of students are being addressed in concert with their academic needs. The intent of the MSSP is to address any social and emotional barriers that prevent students from being able to concentrate on academics in the classroom, assist students who present behavioral barriers to learning, contribute to plans that result in attendance at school on a consistent basis. By assessing and addressing social emotional needs of students, we have been able to help students address barriers that have prevented them from accessing education on a regular basis. MSSP students have demonstrated academic achievement reflected in grades and MAP reading and math scores. MSSP is shown to successfully addresses barriers to learning and promote academic success.

SMH behavioral health clinicians are currently providing social emotional services in 11 elementary and four K-8 schools (listed below). Our clinicians collaborate with school staff, counselors, family support workers, teachers, principals, assistant principals to identify students that have significant risks factors or behavior issues that are barriers to their school participation and success. We have specialists that provide treatment for childhood trauma, domestic violence, and a broad range of mental health needs. Clinicians provide assessment, individual and family counseling services, parent education/skill building, behavior management and interventions. Our treatment groups focus on issues that students face frequently such as grief and loss, anti-bullying, anger management, self esteem/ expression and friendship building. Family involvement is

very important to academic/school success as well as treatment success. SMH Behavioral Health Clinicians help parents navigate the school system and learn positive approaches on how to motivate and advocate for their child. School success leads to family success and motivation for continued enrollment in middle, high and college.

In 2010 SMH partnered with Readiness To Learn (RTL), Highland Park Elementary School and SPS Health Education staff to provide Learning Circle Groups. Identified kindergarten students having a difficult time with school readiness and social emotional challenges participated in the group led by a SMH Child and Family clinician along with an Elementary Health Education Specialist and the Family Partnerships Specialist. The group content was based on student needs and was derived from the district adopted Health Education curriculum "The Great Body Shop." Parent involvement was greatly encouraged with staff participating in home visits, visits with parents at pick-up or drops off times and parent group meetings to share group lessons and progress each student had made. RTL results show social emotional improvement is directly associated with increased academic success.

**3. SMH funders and collaborative partners for school based services are listed below:**

**Funders**

Nesholm Family Foundation: Laurel Nesholm 206-324-3339

College Sparks: Rachel Clements 206-461-5480

Medina Foundation: Jennifer Teunon 206-652-8783

Norcliffe Foundation: Arlline Hefferline 206-682-4820

Medicaid: SMH is a KCMHCADSD Contracted Provider

**School District Staff**

Readiness To Learn- Sally Telzrow [stelzrow@seattleschools.org](mailto:stelzrow@seattleschools.org)

Safety and Security SPS- Beryl Miller, Erin Romanuk 206-252-0707

Concord International School- Sharon Baez Family Caseworker 206-252-8100

Emerson Elementary- Kristina McClaine Principal 206-252-7100

Bailey Gatzert Elem- Greg Imel, Principal, Mrs. Dixon, Head Teacher 206-252-2810

Graham Hill Elementary- Sean Rollososon School Counselor 206-252-7140

Highland Park Elementary- Pam Rago Family Support Worker 206-252-8240

John Muir Elementary- Susan Shore Student Support Specialist 206-252-7400

Olympic View Elementary- Margaret Johnson School Nurse 206-252-5500

Roxhill Elementary- Carmela Dellino Principal 206-252-9570

Stevens Elementary- Kelly Archer Principal 206-252-3400

Van Asselt Elementary- Mary Stocking Special Ed Teacher 206-252-7500

Wedgewood Elementary- Chris Cronas Principal 206-252- 5670

Broadview Thomson K-8 - Emma Hong Counselor 206-252-4080

Catherine Blaine, K-8- Mike Anderson, Counselor; Heather Swanson, Principal 206-252-1920

Madrona K-8- Farah Thaxton Principal 206-252-3100

South Shore K-8- Rachel Carrasco Counselor 206-252-7586

**Community Organizations**

Treehouse: Janis Avery – [Janis@treehouseforkids.org](mailto:Janis@treehouseforkids.org)

UW/ Children's Hospital: Elizabeth McCauley 206-987-0000

New Beginnings: Teryn Peroff – [tperoff@newbegin.org](mailto:tperoff@newbegin.org)

Boys & Girls Club  
Big Brothers/Sisters

4. The students intended to be served have a variety of challenges and barriers to successful achievement in school. Many of the students come from families with histories of poverty, drug/alcohol abuse, incarceration and violence. Some of the parents/guardians are unable to provide structure, supervision and consistency needed by youth to succeed in school. Some of the students get very little support to attend school as families struggle to meet basic needs. Many of the focus students live in neighborhoods where violence and gang activity dominate. Refugee and immigrant students have additional challenges trying to learn English, understand school expectations while navigating Western school/peer culture and the values and behaviors expected by their parents. Undocumented families lack funding for health care and social services. SMH utilizes interpreter services to serve non-English speaking clients. SMH Child and Family Services has prioritized the needs of schools and students since 1986, and over time has developed an expertise in the provision of school based mental health services in collaboration with SPS.

SMH has ensured that clinicians are responsive to the many challenges faced by the families we serve. Child and Family clinicians have received training to provide culturally informed and appropriate services that respect the values and unique perspective of each individual and family. SMH strives to assist unfunded clients to access services whenever possible. SMH has managed to effectively access funding (MIDD) for clients who are in serious need of assistance but who do not have Medicaid or other funding. These Levy dollars provide another opportunity for SMH to ensure access to services that will meet the mental health and behavioral needs of students without funding. SMH collaborates with all other child serving systems to develop wraparound style services for complex families so that services are coordinated, effective and meet the identified goals of the client, while honoring the client voice and choice. SMH Child and Family Services has developed and implemented the Children's Domestic Violence Response Team, a collaborative program with the major domestic violence advocacy service providers countywide to meet the needs of children, youth and families impacted by domestic violence. In 2011, this program served more than 500 individuals. SMH has supported this effective program through grant writing (Foundation Grants, Government Grants), that supports the participation of unfunded survivors and their children.

### **Tracking to Success**

1. SMH has systematically tracked a number of indicators to evaluate program effectiveness in the Middle School Support Project (MSSP). As its name suggests, MSSP has been implemented and tested exclusively in middle school populations. Nevertheless, we have chosen to describe it here because we are confident that the success of this program will be replicable when applied in elementary schools. Additionally, MSSP strongly demonstrates SMH's skills at data collection, analysis, and dissemination.

Behavioral rating scales which track mood and functional impairment of participating student, were selected as the primary outcome indicators for MSSP. In the 2009-2010 school year, we also started formally tracking grades, credits earned, attendance,

disciplinary actions, school attachment, school/activity engagement, goals, community connections, and life domains.

In the 2007-2008 and 2008-2009 school years, depression scores in participating students significantly decreased. Improvement in functioning was also observed during both school years. Statistics for the past two school years are not yet available due to an expansion in the evaluation period from one to two school years.

2. The MSSP care coordinators monitor various data points on The Source via the Seattle School District for the purpose of treatment planning. The academic indicators used by care coordinators vary depending on the area of concern for a given student. However, quarterly MAP scores are tracked for all participating students.

Based on the review of MAP reading test for students who have had undisrupted participation in MSSP from 2009-present, a mean improvement in percentile rank of 15% was observed. The mean percentage growth on the RIT score for reading was 8.4%, which is above the typical growth rate (4.2%) for the same time frame presented in the national normative data. On the MAP math test, there was a mean improvement in percentile rank of 12%. The mean percentage growth on the RIT score for math was 8.9%, which also exceeded the typical growth rate (5.8%) in the national normative data.

3. The MSSP care coordinators use various weekly data points on The Source to track treatment objectives. The specific indicators used by care coordinators vary depending on the area of concern for a given student. However, weekly grades are tracked for all participating students.

4. See Attachment A.

### **Woman and Minority Inclusion; Non-discrimination**

1. If selected, SMH will not be subcontracting. Our plan is to utilize our current, experienced clinical team who understand how to work effectively with and at schools, hiring, if necessary, additional staff for the Metro Child and Family program to replace staff needed for this project. SMH values diversity and strives to hire persons of color and/or with diverse cultural experience.

SMH equal employment opportunity (EEO) Policy: "Sound Mental Health will comply with local, state, and federal laws, and executive orders in the implementation of equal employment opportunity policies. SMH Statement of Non-Discrimination Policy: "In regard to matters affecting employment and application of these matters, SMH will provide equal opportunity and advancement to all individuals, regardless of age, sex, race, color, creed, religion, political ideology, national origin, ancestry, sexual orientation, marital status, physical or mental disabilities or sensory impairments. This policy applies to recruitment, hiring, training, promotion, demotion, transfer, layoff, termination, compensation, use of facilities and other agency practices." SMH advertises and recruits via internet and community publications.

# Attachment A – Sample Data Report

## PROGRAM OUTCOMES

Our chief objectives are for children to meet age-level expectation on WaKIDS, as well as on grade-level standards on state tests (math, reading, science, writing).

## INDICATORS

The following indicators were used to track success on program outcomes:

- annual typical growth on reading MAP,
- annual typical growth on math MAP,
- student is passing all courses,
- fewer than 5 absences per semester,
- and sub-clinical scores on measures of depression and externalizing behavior problems.

## DEMOGRAPHIC CHARACTERISTICS

During the 2012-2013 school year, a total of 30 students were enrolled in our care coordination and/or behavior health services. Of the enrolled students, 40% were female and 60% were male. Ten percent were in the 2<sup>nd</sup> grade, 10% were in the 3<sup>rd</sup> grade, 30% were in the 4<sup>th</sup> grade, and 50% were in the 5<sup>th</sup> grade. There were no 1<sup>st</sup> graders enrolled in the program during this academic year. Table 1 shows the breakdown of services received by these students.

TABLE 1  
Children Served by SMH in 2012-2013

Service Type	Intensive Care Coordination	Behavioral Health	Onsite Crisis Services	Referral to other services
Number of students	19	11	13	3

## RESULTS

### Academic Indicators

The growth rate on the reading and math sections of the MAP test were tracked for the 30 students enrolled in our program. The mean RIT scores for the enrolled students on the fall reading MAP were below the national average across all four grade levels (Table 2). Most of the students in the program demonstrated a significant improvement on the reading MAP during the course of the 2012-2013 academic year, as demonstrated by an annual growth rate that far exceeded the national average and mean RIT scores that are on par with the national average for each respective grade (Table 3). Tables 2 and 3 also illustrates similar results on the math MAP.

TABLE 2  
Descriptive Statistics for Fall MAP Across Grade Levels

	Reading MAP					Math Map			
	<i>n</i> (%)	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>National Average</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>National Average</i>
Total	30	194	10.86	171-208	-	196	12.47	164-214	-
2nd grade	3 (10%)	167	3.30	163-171	179.7	166	3.30	164-171	179.5
3rd grade	3 (10%)	186	5.25	179-191	191.6	185	4.08	180-190	192.1
4 <sup>th</sup> grade	9 (30%)	197	4.69	193-203	200.1	198	3.74	190-203	203.0
5 <sup>th</sup> grade	15 (50%)	200	4.76	193-203	206.7	204	5.70	195-214	211.7

TABLE 3  
Descriptive Statistics for Annual Growth on MAP Across Grade Levels

	Reading MAP				Math MAP		
	<i>n</i> (%)	% M Growth	SD (Growth)	Typical Annual Growth	% M Growth	SD (Growth)	Typical Annual Growth
Total	30	6.0%	2.9%	-	8.0%	2.8%	-
2nd grade	3 (10%)	12.8%	1.5%	5.5%	14.7%	1.3%	6.3%
3rd grade	3 (10%)	5.4%	0.6%	3.8%	9.0%	1.3%	5.4%
4 <sup>th</sup> grade	9 (30%)	5.0%	1.9%	2.8%	6.7%	1.3%	4.1%
5 <sup>th</sup> grade	15 (50%)	5.4%	2.0%	2.1%	7.3%	1.8%	3.5%

### Behavioral and Emotional Indicators

Three indicators were used to measure the emotional and behavioral health of students enrolled in our program, the Moods and Feelings Questionnaire (MFQ), the Columbia Impairment Scale – Parent Version (CIS), and the number of school absences per semester. The Moods and Feelings Questionnaire (MFQ) is a 13-item self-report instrument that screens for symptoms of depression. On the MFQ, a score of 11 or higher indicates clinically elevated depression symptoms. Of the 30 students who completed a baseline MFQ, 50% scored 11 or higher. The MFQ was re-administered to the enrolled students after 6 months of treatment to determine whether there had been improvements in depression. Paired t-tests were conducted and it was found that the drop in depression scores reached statistical significance.

The CIS is a 13-item parent-report measure of functional impairment in several domains, including interpersonal relations, broad psychopathological domains, school functioning, and use of leisure time. Higher scores indicate greater impairment in functioning. At the start of services, 60% of the enrolled students were rated as having considerable functional impairment. The CIS was re-administered to

the parents of participants after 6 months of treatment. Paired t-tests were conducted and it was found that there was a statistically significant drop in scores on the CIS, suggesting noteworthy improvements in functioning.

School absenteeism for the enrolled students was assessed at the end of each semester across grades (Table 4). Consistent with research findings (Hansen, Sanders, Massaro et. al, 1998), age seemed to be a predictor of absenteeism, with older students missing more days each semester. Also consistent with the findings from Hansen, Sanders, Massaro et. al, there appeared to be a correlation between absenteeism and impairment in interpersonal relations and use of leisure time. The students who showed the greatest improvements on the CIS also had a reduction in the number of school absences. During the second semester, most of the students achieved the objective of fewer than five absences.

TABLE 4  
Descriptive Statistics for Absenteeism Across Grade Levels

	Semester 1				Semester 2		
	<i>n</i>	<i>M Absences</i>	<i>SD</i>	<i>Range</i>	<i>M Absences</i>	<i>SD</i>	<i>Range</i>
Total	30	4	2.00	1 - 8	2	1.45	0 - 5
Grade 2	3	2	0.47	1 - 2	1	0.70	0 - 1
Grade 3	3	2	1.25	1 - 4	1	1.30	0 - 2
Grade 4	9	3	1.49	1 - 6	2	1.80	0 - 5
Grade 5	15	4	2.17	1 - 8	3	2.50	0 - 5

## CONCLUSIONS

During the 2012-2013 school year, significant improvement has been observed on all of the academic and behavioral indicators for the students enrolled in our program. Because a control group was not tracked, we cannot state with confidence the observed improvements were the direct effect of our program. However, there is anecdotal evidence to suggest that this program served as a catalyst for change to many of the participating students. For example, one student stated, “I felt really sad and tired all the time and you (care coordinator) helped me to feel better.” As this child’s depression improved so did his attention and concentration. He also became more social, participated in more leisure time activities outside of the home, and was sick less often.

Hansen, C., Sanders, S.L., Massaro, S. & Last, C.G. (1998). Predictors of severity of absenteeism in children with anxiety-based school refusal. *Journal of Clinical Child Psychology*, 27(3), 246-254.