

The Winchendon Project 2007-2012

Final Evaluation Report

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Executive Summary

In an effort to address mental health and substance abuse issues among 6th-12th graders (approximately 760 students) attending Murdock Middle High School (MMHS) in Winchendon, MA, The Winchendon Project (TWP) was developed in 2007 and implemented from 2008-2012. TWP seeks to provide prevention and early intervention for youth suffering from behavioral health problems by increasing awareness and providing access to services and programs in school and the community.

Set forth at the beginning of the planning phase in 2007, the key goals of TWP are:

- 1) To increase awareness of adolescent behavioral health related issues and services at MMHS and in the community of Winchendon
- 2) To increase access to behavioral health treatment services for students attending MMHS
- 3) To enhance MMHS students' quality of life and support academic achievement

The project team identified specific activities to accomplish these goals, which include:

- School-based behavioral services for students, consisting of individual and group counseling
- All Stars curriculum designed to reduce or prevent negative behaviors and promote positive behaviors among students
- Learning Supports Facilitator, a role designed to coordinate behavioral health services and connect students with resources
- Social Norming Campaign, which aims to impact student perceptions by promoting the fact that most Murdock students don't drink alcohol and abuse other substances
- Community Mobilizing for Change on Alcohol, an evidence-based model proven to reduce underage drinking
- Advocacy efforts to improve access to behavioral health services for all children

In addition to each of the project components, a number of evaluation activities were built into the project design. These included staff, parent and student surveys, and behavioral health services tracking logs.

Over the course of the project, TWP has experienced a number of accomplishments including:

- Development of systematic processes for coordinating services that move students smoothly through the system from referral to treatment to follow-up in a non-disruptive, highly confidential manner.
- Yearly increases in the amount of behavioral health services provided (increase from 160 individual clinical hours to 589 individual clinical hours)
- Since the 2008/2009 school year, there have been zero students on the waiting list to receive services.
- Integration of behavioral health services into the school-based health center in 2011.

- The All Stars program, an evidenced-based health curriculum, has effectively reached all 7th grade students since the beginning of the 2009/10 school year and all 8th grade students since the start of the 2010/11 school year.
- The Learning Supports Facilitator component has achieved the broad objective for which it was designed- catalyzing a movement toward an academic environment in which risk and protective factors, and strategies to address them, are now at the forefront of educators' minds.

Through development and testing, the social norms campaign has reached a significant proportion of MMHS students and the Social Norm's model has fully transitioned to MMHS staff and administration. More than 20 Winchendon Community Action Team (WCAT) coalition members have been trained by the Youth leadership Institute and are actively engaged in implementing the Communities Mobilizing for Change on Alcohol model. TWP advocacy efforts have been significant, and have included accomplishments such as testifying before the state legislature, affecting policy to increase access to care for children with behavioral health issues, and developing strategic partnerships to advance advocacy efforts. With careful thought to sustainability, school staff have taken ownership of the project and successfully transitioned school-based behavioral health to MMHS leadership and the school-based health center currently administered by Murdock Health Center/Heywood Hospital. Transitioning the administration of the SBHC to Community Health Connections Family Health Centers is currently being explored to enhance sustainability.

Members of the project team have identified a number of factors that are critical to sustaining the systematic processes that have been put into place and the positive outcomes experienced over the past five years. Specifically, MMHS should:

- Acknowledge and sustain efforts required to provide coordinated services
 - Maintain connections with community partners and publicize TWP's ongoing programs and efforts in ways that celebrate its success
 - Continue to implement the organized effort to systematically address school climate in positive ways
- Participate in advocacy efforts for systems level change to promote comprehensive approaches for behavioral health in schools.

Introduction

Mental health problems are a significant community health issue. Approximately 20% of adolescents have a diagnosable mental health disorder.¹ One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.² Unfortunately, less than half of all diagnosed children receive mental health services,³ and if left untreated, children's mental illness can lead to a number of negative outcomes including substance abuse, violence, suicide, failure to complete high school and serious health problems. The Winchendon Project (TWP) was developed to address mental health and substance abuse issues among 7th-12th graders (approximately 760 students) attending Murdock Middle High School (MMHS) in Winchendon, MA. In fall 2009, the 6th grade was added to MMHS. TWP sought to provide prevention and early intervention for youth suffering from behavioral health problems by increasing awareness and providing access to services and programs in school and the community.

This integrated, comprehensive approach provides school-based mental health counseling, evidence-based prevention programming to MMHS students, and links children and families with school and community resources. School-based behavioral health services not only meet student social and emotional needs, but also help increase motivation to do well in school and improve academic achievement. One source found that school-based social and emotional learning programs that include academic achievement as an outcome had students scoring 11 percentile points higher on standardized achievement tests relative to peers not receiving the program.⁴

During the planning phase, key project goals were set, which include:

- a. To increase awareness of adolescent behavioral health related issues and services at MMHS and in the community of Winchendon
- b. To increase access to behavioral health treatment services for students attending MMHS
- c. To enhance MMHS students' quality of life and support academic achievement

The Winchendon Project (TWP) is a joint partnership between the Winchendon Public Schools, the MMHS, The Health Foundation of Central Massachusetts (THFCM) and The Joint Coalition on Health. Funding for TWP was provided largely from The Health Foundation of Central Massachusetts. Additional funding for the school-based behavioral health came from the Heywood Hospital, Kresge Foundation, and the Robinson-Broadhurst Foundation. Additional community partnerships include: Clark Memorial YMCA,

¹ Kessler, R. C.; Berglund, P.; Demler, O.; Jin, R.; Walters, E. E. 2005. Life-time Prevalence and Age-of-onset Distribution of DSM-IV Disorders in the National Co-morbidity Survey Replication. *Archives of General Psychiatry* 62: 593-602.

² Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, & Walters, E., Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Co-morbidity Survey Replication (NCSR). *General Psychiatry*, 62, June 2005, 593-602.

³ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408409, 411.

⁴ 2008 - Positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews (Executive Summary) - Payton, J. W., Weissberg, R. P., Durlak, J.A., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B., & Pachan, M. Retrieved November 21, 2011 from: <http://casel.org/research/publications/?t=briefs-reports>

Community Healthlink, LUK, Inc., YOU Inc., Community Health Connections, MOC, and the Department of Public Health

The chart below shows grant funding awarded by THFCM.

Type of Grant	Year	Grant Amount
Planning Grant	2007	\$106,460
Phase I	2008	\$331,330
Phase II	2009	\$349,429
Phase III	2010	\$376,940
Phase IV	2011	\$247,754
Total		\$1,411,913

The purpose of this report is to provide a comprehensive summary of all TWP activities and demonstrates the impact the project has had over the past five years. Annual evaluation reports have been submitted each year to THFCM on yearly progress, however this report provides a more comprehensive summary from 2007-2011. This report will illustrate the effect of a collaborative-based approach, involving the school, community members, local providers, and an invested steering committee, to addressing mental health and substance abuse issues among MMHS students.

Project Components

This section provides a brief description of each of the TWP project components. A more detailed description of the activities and accomplishments of each project component is presented in a later in this report.

- a) **School-based behavioral health services (SBBHS)** include individualized and group counseling. Counseling, consultation, and evaluations services are provided during the school day as a means to reach youth who otherwise may not have the opportunity to access these services.
- b) **The All Stars program** (Core and Booster) is a nationally recognized curriculum-based, interactive program designed to prevent, reduce or eliminate negative behaviors (such as substance abuse) and promote positive behaviors among students. The Core curriculum is being taught to Grade 7 students in their Wellness classes and the Booster program is a follow-up curriculum delivered the following year to reinforce concepts.
- c) **The Learning Supports Facilitator (LSF)** provides a number of services to MMHS and the Winchendon community, including: 1) connecting students and families with school and community-wide resources, 2) coordinating on-site and community-based mental health services, 3) assisting students struggling with academic and/or behavioral issues, 4) coordinating consultation and training for staff, and 5) identifying resources and gaps in services in the school and community.

- d) **The Social Norming Campaign** aims to positively impact student perceptions and actions by promoting the fact that most Murdock students do not drink alcohol. Campaign messages were developed, tested, and then promoted throughout MMHS.
- e) **Community Mobilizing for Change on Alcohol (CMCA)**, a nationally recognized model that has been proven to reduce underage drinking.⁵ It is a community organizing effort designed to change policies and practices of major community institutions in ways that reduce access to alcohol by teenagers.
- f) **Advocacy efforts** are a crucial part of the work TWP project team perform. Team members have worked closely with the Children’s Mental Health Campaign, the Department of Elementary and Secondary Education Taskforce for Behavioral Health, and the Department of Public Health, to name a few, to advocate for improved access to mental health services for all children in Massachusetts when and where they are needed.

Evaluation Components

To monitor and ensure the success and sustainability of TWP, a number of evaluation activities were built in to the project. Surveys and tracking logs were used to monitor progress towards project goals and to provide a mechanism by which to share project results. This section provides a brief overview of TWP evaluation activities. Full reports are available upon request for many of the evaluation activities described below.

MMHS Tracking logs

- Beginning in 2008 during the pilot or Phase I, all behavioral health service activities at the MMHS were recorded, including behavioral health visits, in addition to the other activities done by the full-time CHL clinician (i.e., staff trainings and consultations, attendance at meetings).

Parent survey

- In 2008, 2009, and 2011 parents of MMHS students were surveyed to learn about their perceptions and knowledge of youth behavioral health issues and services. Approximately 90 parents participated each year (94, 94, and 86 over the three years).

Focus groups and student saturation survey

- At the beginning of the 2009/10 school year, two focus groups were conducted with students in an effort to develop effective materials for the social norms campaign. In the spring of 2009, 2010 & 2011, students in grades 7-11 participated in this survey designed to determine the extent to which students saw social norming materials (frequency and location), as well as their interpretation of the meaning of the materials, and suggestions for improvements.

⁵ Wagenaar, A.C., Murray, D.M., Gehan, J.P., Wolfson, M., Forster, J.L., Toomey, T.L., Perry, C.L., Jones-Webb, R. Communities Mobilizing for Change on Alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol*, 61(1):85-94, 2000.

Additional student surveys

- Students have participated in two different surveys designed to measure the prevalence and frequency of drug and alcohol use, and protective factors related to drug and alcohol use. In 2009 and 2010 MMHS students participated in the Communities that Care Youth Survey (CTC), developed from research funded by the Center for Substance Abuse Prevention of the U.S. Department of Health and Human Services. Then in 2011, MMHS was selected to participate in the Massachusetts Youth Health Survey (YHS), which is the Massachusetts Department of Public Health’s surveillance project conducted by their center for Community Health in collaboration with the Massachusetts Department of Elementary and Secondary Education. In 2009, 293 students in grades 9 through 12 participated in the CTC, in 2010 there were 241 participating students, and in 2011 there were 249 students who completed the YHS.

Staff surveys (all and select)

- All staff survey: Two different staff surveys have been conducted over the course of TWP. From 2008-2011, a survey of all MMHS staff was conducted to assess perceptions and awareness regarding a number of behavioral health issues (such as substance abuse), as well as to evaluate perceived effectiveness of the TWP and access to services. Response rates range from 32% (2010) to 75% (2009) of all staff.
- Select staff survey: The SBBHS survey was intended for those staff who were more directly involved with TWP (nursing, guidance, clinicians, etc.) to gain additional feedback and insights with regards to the progress and successes of the project. This survey was implemented for the first time in 2010 and in 2011 it was modified slightly and re-administered. Both years it was sent to 24 staff members. In 2011, 16 responded (67% response rate). Results from the 2010 survey were not available due to bringing on a new project evaluator.

All Stars pre/post tests

- Students receiving the All Stars curriculum completed a pre-test prior to receiving the curriculum, and a post-test upon completion of the curriculum. Pre and post tests were completed in 2010 and 2011.

Key Project Accomplishments & Outcomes

This section provides a more detailed description of the key activities, accomplishments, and outcomes for each component of TWP.

School-based behavioral health services: The primary goal of TWP is to increase access to behavioral health treatment services for students attending MMHS. Providing school-based services have been shown to reduce barriers to care, provide accurate diagnoses, and monitor treatment progress. TWP SBBHS provides:

1. Direct individual and group mental health substance abuse counseling services for all MMHS students in need;
2. Consultation services and training for school administrators and educators around general and student-specific mental health and substance abuse issues;

3. Care coordination to ensure successful referrals to appropriate school and/or community-based services

Staff closely tracked their daily activities, including monitoring student visits to the health center. One of the greatest project achievements is the 26% increase in the number of students receiving on-site services from 2008 to 2011.

- Jan-May 2008: 46 students received individual services
- Jan-May 2009: 49 students received individual services
- Jan-May 2010: 55 students received individual services
- Jan-May 2011: 58 students received individual services

- From Jan-May 2009, TWP provided 160 individual clinical hours
- From Jan-May 2010, TWP provided 278 individual clinical hours
- From Jan-May 2011, TWP provided 589 individual clinical hours

Another key accomplishment is the decrease in the number of students who need services but are not receiving them. From 2007/08, the school's waiting list for counseling services had eight students. By the fall semester of 2008/09, there were zero students on the waiting list, and there continues to be no waiting list.

Moreover, TWP has developed systematic processes for coordinating services that move students smoothly through the process from referral to treatment to follow-up in a non-disruptive, highly confidential manner. This includes:

- Dedicated, private space for students to receive counseling in a confidential manner
- Provision of high quality services that are responsive to students' needs in a timely fashion
- Addition of a full-time clinician who is expected to remain on staff even when project funding is gone to provide a constant resource for students and staff

A yearly survey of all MMHS staff indicates that SBBHS have successfully been able to increase access to services for MMHS youth. The most recent survey found that almost all staff (96%) believed that if a student needed to talk to a mental health counselor/therapist, he/she could do that at or through MMHS and 71% of staff reported that if a student needed to talk to a substance abuse counselor, it could be done at or through school.

The SBBHS survey done with those staff most closely involved with TWP found that staff are satisfied overall with the referral process (86% satisfied) and felt that it was well known to them (93% of respondents). Ideally the knowledge and satisfaction with the referral process increases the number of staff at MMHS who are able to provide referrals to students in need, thereby helping to increase access to behavioral health treatment services. When staff were given the opportunity to provide qualitative feedback related to the most valuable aspects of school-based behavioral health services, a key theme was increased access to services. Staff noted, "The most valuable factor is that students can receive services that they otherwise would not have received"

and said most valuable was “the fact that the students can remain in-house to get the care they need.”

While school-based behavioral health services have been largely successful, it has not come without challenges. One of the factors contributing to the successful increase in access to behavioral health treatment services for students is the placement of a fulltime therapist at MMHS. However, when the full-time clinician, who was employed throughout 2009 and 2010, began maternity leave in the spring of 2011, a slight decrease in visits was observed. While visits during the remainder of 2011 were provided by 8 part-time clinicians, there was a slight decrease in the number of individual behavioral health visits from 1/10-12/10 (820 visits) to 1/11-10/11 (780 visits), which may be due to the fact that many students who had been receiving treatment from the full-time clinician felt less comfortable seeking care from a new clinician. Additionally, coordinating therapeutic groups at the school has been a challenge. Reimbursement rates and licensing requirements vary greatly among insurance companies. Also, scheduling multiple students simultaneously can be a challenge, thereby making individual services oftentimes an easier alternative to group therapy.

The All Stars program: The All Stars program seeks to enhance MMHS student’s quality of life and support behavioral health and overall healthy decision-making. Two MMHS teachers have been trained to teach the All Stars curriculum. TWP has successfully been able to provide the All Stars curriculum to all 7th grade MMHS students since the 2009/10 academic year. During the 2010/11 year, 8th grade students began receiving the All Stars Booster curriculum. The table below presents the number of students that have received either the All Stars or the All Stars Booster curriculum, by year.

	All Stars (7 th graders)	All Stars Booster (8 th graders)
2009/10	124	--
2010/11	130	120
Fall 2011	123	125

One component of the All Stars program requires parent participation through involvement in homework assignments. The goal of this is to improve parent-child communication. A questionnaire given to students both before and after receiving the All Stars curriculum indicates the program may be effective in reaching this goal. In 2010, there was a 7% increase in the number of students who reported talking with their parents about living a drug-free life and there was an 8% increase in students who reported that their parents talk with them about things that are important to them.

In both the 2010-2011 and 2011-2012 school years, Winchendon was awarded a Positive Behavioral Intervention and Supports (PBIS) grant. With \$10,000 in each year, PBIS addresses behavioral and personal dynamics to achieve better academic outcomes for students by fostering positive school climates and supporting positive behaviors. Having already established the All

Stars program in MMHS made Winchendon well positioned for the PBIS grant as the two models are complementary to one another.

Learning Supports Facilitator (LSF): The role of the LSF has been to serve as a resource to provide physical, social, emotional and intellectual supports intended to address barriers to learning. In this role, the LSF has been charged with educating the entire MMHS school community about the importance of behavioral health, work to build interest and consensus for enhancing efforts to reduce barriers to learning, secure school leadership buy-in, and organize stakeholders and develop relationships with key community organizations. The LSF lead a school-based Resource Team in mapping school, district, and community resources. The resulting database has been published and widely distributed via a brochure, it has been added to the school web site, and has been shared with MASS211 to assist them in updating their Winchendon resource data base.

The 2010 and 2011 SBBHS survey found that most respondents reported having 6 or more interactions with the LSF over the course of the school year, indicating that the LSF is a resource utilized by staff. Moreover, most respondents report their interactions with the LSF as positive. A survey of all MMHS staff further reinforced the value of the LSF position, as 65% of respondents reported having one or more interaction with the LSF during the 2010/11 school year.

Social Norming Campaign: One overarching goal of TWP was to increase the healthy behaviors among students attending Murdock Middle High School. As one strategy to reach this goal, the TWP identified a social norms campaign strategy as an innovative way to address issues that all youth were likely to be facing (universal prevention). As a result, TWP worked with the students to develop, test, and implement a social norms campaign as a potentially useful way to reach students. While the campaign got off to a slower than expected start, the initial work in 2009 involved students in developing the social norms messaging using positive messaging. This initial work began with a teaser campaign, “would’ja have guessed that most MMHS”... that was crafted during a student contest. This campaign, conducted from February 2009- June 2009, included various opportunities for students to see the message and included the messaging logo on banners which were placed throughout the school particularly in places that youth convene (cafeteria). The message was also included on the Project website with the intention of reaching a larger audience including parents. In June 2009, a saturation survey was done to ensure that the students were seeing the message repeatedly, in various places, and understood the message that was being communicated. The campaign resumed in fall 2009 with initial testing of new messages, creation of posters, and additional involvement of school staff. During the 2009-2010 school year, the theme of the campaign centered around optical illusions (things aren’t what they seem) with many of focus groups and testing of the message prior to implementation. Saturation surveys were also completed at the end of the school year to gather data about the success of the campaign.

In summer 2010, two MMHS teachers attended the national Social Norms Conference in Philadelphia, PA. As expected, these teachers shared with school administration, and Project staff and administration, key information and lessons learned from the conferences. At that

point, the teachers became more involved in the development and implementation of the social norms campaign. Since that time, the implementation of the Social Norm's model has fully transitioned to MMHS staff and administration. In fall of 2010 Principal Meyer reorganized and renamed the Resource Team. The new group was named the "School Climate" committee. This has effectively institutionalized the functions of both the resource team and the Social Norm Workgroup.

The messaging, and a process for updating the messaging, has been institutionalized into the school. The major outcomes of this initiative include the training and understanding of social norms as a tool to change youth behavior (at a universal level), the implementation of teams that work on integrating the social norming concepts into their schools/classes (e.g., computer design, youth involvement), and the knowledge and tools that the school has to develop, implement, and evaluate the effectiveness of their campaign on their own. There was also some work done to integrate the messaging into more community-based settings which is likely to continue as the community becomes more involved in the TWP through community action teams, new partnerships, and additional grant opportunities.

Community Mobilizing for Change on Alcohol (CMCA): With the goal of reducing substance abuse among youth, thereby increasing students' quality of life, the CMCA seeks to rally community support for decreasing underage drinking. More than 20 Winchendon Community Action Team (WCAT) coalition members have been trained by the Youth leadership Institute and are actively engaged in implementing the CMCA model. Coalition members include Principal Meyer, the School Resource Officer, School Adjustment Counselor, Lt. Walsh, WPD, the Executive Director of the local YMCA, school nurse, the editor of the local newspaper, a local boy scout leader, Chair of Winchendon Council on Aging, the Director of Winchendon Community Action Council, manager of the Winchendon GFA bank, four MMHS students and several MMHS teachers. The Winchendon Community Action Team continues to meet monthly. Three workgroups have been established and a work plan/timetable has been developed to guide future work. In March 2010, the LSF accompanied 5 MMHS students to the 3rd Annual Underage Drinking Prevention conference presented by District Attorney Early's Office. In 2011, the number of students attending the conference increased to 11, and they were accompanied by the LSF, School Resource Office and School Adjustment Counselor. This group plans to attend the conference for a third consecutive year again in 2012. Prevention programming and training options and opportunities to further engage the WPD at MMHS have been explored.

Additional activities performed by CMCA to discourage underage drinking include:

1. Pre-prom assembly attended by approximately 400 students in May, 2010
2. Social Host Liability information brochures sent out with high school report cards in 2010
3. Stakeholder interviews (over 60 conducted)
4. Underage Drinking Awareness flyers and brochures distributed

Advocacy: In order to achieve the goals set forth at the beginning of the project, a key piece of the work TWP project team engaged in was around advocacy efforts. Through strong leadership

at the school, community, and state level, TWP has positively impacted not only Winchendon, but also Massachusetts. Since the project's inception, TWP team members have participated in a number of key advocacy activities and seen a number of accomplishments due to their advocacy efforts.

TWP team members have made a number of significant presentations related to the importance of behavioral health services including: 1) presenting to the Department of Elementary and Secondary Education's (DESE) Task Force on Behavioral Health and Public Schools including a brief overview of the project, a segment on how the project aligns with Chapter 321's framework, and individual perspectives on successes and challenges; 2) presentations by the project coordinator and an MMHS student at the annual School Based Health Center Awareness event at the State House; 3) MMHS student presentations to their legislators to share how they have benefited from the Health Center; and 4) providing a project overview to the Selectman and School Committee in Spring 2010, which was broadcast to the Winchendon community on cable television.

Additionally, the advocacy work of TWP has helped affect legislative change. For example, TWP and Choices, a program for youth at risk in Webster/Dudley and also funded by THFCM, worked with the Children's Mental Health Campaign throughout 2007-08 to win legislative approval of Massachusetts Chapter 321 of the Acts of 2008 – An Act Relative to Children's Mental Health, which was signed into law on August 20, 2008. In a second example, TWP and Choices testified before the state legislature's Joint Committee on Mental Health and Substance Abuse in support of requiring private insurers to pay for care coordination services (e.g., consultation with parents, teachers, etc). When this legislation was re-filed in spring 2011, the TWP Coordinator once again provided testimony. Finally, the TWP coordinator provided testimony in 2011 in support of House Bill 1962, An Act For Safe and Supportive Schools designed to implement the recommendations contained in the DESE's Task Force's Final Report to improve the way behavioral health supports are provided in Massachusetts schools.

TWP advocacy work also includes attending meetings and participating in various groups related to improving children's behavioral health. For example, TWP was invited to participate in monthly meetings of DESE's Task Force, which included participation in the pilot testing of their draft assessment tool as well as serving as liaison between the Taskforce and participating schools in the Central & Western part of the state. Additionally, TWP regularly attends the Children's Mental Health Campaign Supporter meetings and actively participates in the Campaign's Public School Work Group, which is focused on assessing the capacity of schools to address children's behavioral health needs. Lastly, beginning in spring 2008, TWP has been an active participant helping to plan and coordinate Senator Flanagan's Children's Mental Health Awareness event.

By advocating and promoting the good work TWP has accomplished, other groups have been able to adapt these practices and learn from Winchendon's positive example. For instance, TWP currently serves as a model for the DESE's Behavioral Health Taskforce in their development of recommendations to the legislature about changes in the way behavioral health supports are provided in schools across the state. Specifically, the Taskforce produced a report in 2011 that

included recommendations to create a new position for public schools, a resource coordinator. This position is very similar to TWP's Learning Supports Facilitator role. In the draft, the Winchendon Project is one of three "innovative programs" cited by the Taskforce as models for school-based behavioral health. Furthermore, the recently released (February 2012) Massachusetts Department of Public Health RFR for School Based Health Centers for the first time provides additional funding to health centers that provide mental health services on site. This is a watershed moment for school based health centers as the MDPH is formally recognizing the value of providing behavioral health services within a school setting. That Massachusetts has begun to prioritize the "whole child" approach to improving behavioral health is consistent with the approach TWP has taken.

Sustainability

Though improving student health is not the main objective of the educational system, schools are in a unique position whereby they reach every child for a significant portion of their life. Therefore it is imperative that school-based health programs are sustainable. Since its inception, TWP has reached hundreds of students either directly through provision of behavioral health services or by increasing knowledge of substance abuse and mental health issues through the All Stars curricula or the social norming campaign. School staff is taking ownership of the project and as of January, 2011 have successfully transitioned school-based behavioral health to MMHS leadership and the Murdock Health Center. Administration of grant activities transitioned from MOC, Inc. to the Winchendon Public Schools and coordination of SBBHS transitioned from project staff to the Murdock Health Center. The Principal of MMHS is now the project leader, the Learning Supports Facilitator is now a school employee, and the school-based Murdock Health Center has expanded to integrate behavioral health services for students to support physical, social, and emotional health.

Additionally, a School Wellness Committee has been formed, and is comprised of members from both TWP and the Murdock Health Center Advisory Boards. Teachers have received training on evidence-based social norming models, and lastly, school staff and community members have been trained on how to implement CMCA and are working to create community supports that foster healthy behaviors among Winchendon youth. Through TWP's collaboration with The Heywood Hospital/Murdock Health Center and funding from the Kresge Foundation, the project has successfully been able to create a new administrative position, who effective early 2011, will assist the Health Center to coordinate all SBBH services at the school. While future funding for this position is uncertain, having a staff person devoted to administrative tasks at the Health Center helps ensure systematic processes for coordinating services, therefore transitioning the administration of the SBHC to Community Health Connections Family Health Centers is also currently being explored to enhance sustainability.

As TWP enters its final phase of funding, the comprehensive efforts to improve behavioral health have led to the strengthening of a leadership team within MMHS. A substantial number of staff have been trained in the Masonic Model, an intensive workshop for educators to learn how to identify, intervene with, and create appropriate referrals for at students with behavioural concerns. Awareness regarding availability of services has increased among staff, parents and

students. As of 2012, a new curriculum is being implemented to help sustain efforts to create positive behavioral norms for students at all grade levels. The “Glencoe Teen Health Series and the Glencoe Health and Wellness Text” uses a comprehensive, integrated approach to wellness which incorporates social and emotional learning. The lessons address managing emotions, interacting with peers, communication, and stress management.

Further, to promote sustainability, it is important to continue advocacy efforts to secure a public policy change that will require private health insurance to reimburse behavioral health clinicians for their collateral contacts made on behalf of their students/patients. At present, MassHealth provides for collateral contacts or care coordination, however the goal is to include coverage by private insurers as well.

As a “demonstration project,” TWP has been charged with sharing lessons learned through their experiences with other Massachusetts communities. One way in which this is being accomplished is through the creation of a replicability manual for providing school-based behavioral health services that can be used by other schools. The manual will be posted on the MMHS website as well as that of The Health Foundation of Central Massachusetts. To further work towards a sustainable model, TWP will continue to explore and pursue strategies such as additional funding opportunities, building additional partnerships and strengthening existing ones, as well as building in-house expertise.

Conclusions/Lessons learned

As TWP enters its final year of funding, there is the opportunity to reflect and think through accomplishments, obstacles, and the future direction of the project. A number of conclusions and lessons can be drawn from the experience. Moreover, the evaluation team, in collaboration with the project coordinator, has identified a number of factors that are critical to sustaining the systematic processes that have been put into place and the positive outcomes experienced over the past five years.

- **Partnerships and Collaboration:** This report highlights the critical elements of partnership and collaboration for successful programs/initiatives that include large-scale systems change. Clearly, TWP has benefited from state and community partnerships that have created the conditions in which TWP could develop and sustain itself. As TWP moves forward into a more self-sustaining model of implementation, it will be important to maintain its connections with community partners such as involving partners on committees/boards, becoming more connected with community efforts, and publicizing their ongoing programs and efforts in ways that celebrate their success. This is particularly important in self-contained settings such as schools which can become so busy in day-to-day activities that maintaining linkages to other supportive settings (e.g., communities, businesses, media, etc.) can become difficult.

- **Promoting School Climate Change:** Positive school climate changes are part of larger school-wide efforts that communicate a caring environment for youth to promote success. TWP has shown indications of positive school climate change including an increased knowledge and awareness of the dangers of alcohol and drugs, improved ability to access services when necessary, and increased academic expectations for all students. While positive school changes require a great deal of effort and ongoing momentum to occur, TWP has seen short term changes that have contributed to longer-term outcomes. These positive outcomes are likely to occur as the school continues to implement the organized effort of TWP to systematically address school climate in positive ways such as immediate access to student support services, behavioral interventions, and collaborative problem solving that frequently involve high-level staff coordination.
- **Access to Services:** Over the years, TWP has worked to ensure that students and families are aware of services that are available in the school and can access them in a timely way. Surveys from parents, teachers and students indicate that this goal has been achieved. The data showing number of services hours, students served, and staff knowledge and use of school support services has shown improvements over the years. Decades of research indicates that early and timely interventions in easily accessible environments (e.g., schools) contribute to positive mental health and academic success. The development of TWP in a school setting that serves many grades can serve as a model for schools to integrate using individual, classroom, and group settings. The access and availability of services is likely to be part of a systematic process that can help students move forward to meet certain academic standards by addressing their emotional needs in ways that are coordinated and confidential
- **Sustainability and Advocacy through Leadership:** TWP has advocated for policy change at the state level. Successes have occurred as the result of advocacy at the local and state levels many of which are highlighted in this report. As TWP moves into its final phase of funding from THFCM, it will be important for leadership within the school and the community to continue their efforts for systems level change through advocacy and promotion. There are a variety of success that can be featured and highlighted to help promote additional systems level changes such as those in the Children’s Mental Health Campaign and in school-based mental health services. Leadership and additional capacity building opportunities should be integrated into the schools and the communities to ensure that the accomplishments and related outcomes are sustained and continued even when initial funding has ended.