

A High Functioning Wellness Team Summary of the DC CoP Chat April 29, 2020

Thank you to all of our panelists from Roosevelt High School, Cedar Tree Academy, Sousa Middle School, Powell Elementary School, Mary's Center, One Common Unity, and SMILE Therapy Services for sharing their experiences in building and maintaining high functioning wellness teams. What follows is a summary of the discussion led by the members of the schools' wellness teams as well as the DC CoP. Special thanks to Nailah Cook, Madison Myrick, and Inma Iglesias for helping to finalize this document.

The panel defined a high functioning wellness team as a collaborative team of school-based and community-based practitioners who meet regularly to coordinate services and address the social-emotional needs of students, families, and school staff.

They identified the following successful practices for a high functioning wellness team and describe their application below:

- Active Commitment and Buy-In for the School-Based Behavioral Health Program from the School Partners
- Shared Team Leadership
- Collective Action and Collaboration
- Decision Making Process
- Resilient Partnership
- Identification and Referral

Active Commitment and Buy-In

Who are some of the partners and collaborators that you need to seek buy-in for the school-based behavioral health program?

To establish a school-based behavioral health program, the following steps need to take place. After an initial discussion with the school administrators, a Memorandum of Agreement (MOA) is created where the clinician's role is described and expectations are outlined. This MOA can also summarize any needs assessment data that the school provides to define the strengths and challenges of that school community. Often, a school liaison is identified to assist with communication and coordination, and a space is designated for private therapy sessions to be conducted. Weekly meetings are typically



established to bring an interdisciplinary team to the table to develop action plans for individual students or for the school overall.

School-based partners and collaborators on the wellness team can include school counselors, school social workers, school psychologists, school administrators, the special education coordinator, educators, the family engagement coordinator, Community Based Organization (CBO) clinicians, and Department of Behavioral Health (DBH) Clinical Specialists, among others.

The Roosevelt High School team considers ALL key stakeholders collaborators and partners, including students, families, instructional staff, non-instructional support staff, administrators, the community where Roosevelt is located, and community agencies. Success is measured on the basis of buy-in from ALL stakeholders.

To engage educators specifically, the Mary's Center team hosts workshops for teachers on subjects that address the needs they identify.

Once the school agrees to have a school-based behavioral health program and establishes a team, the team needs to engage families. One school team meets with families at the beginning of the year to ask them what topics parents, guardians, and caregivers want to learn about with regard to behavioral health. Other strategies include hosting monthly coffee hours and hosting office hours dedicated for families. During COVID-19, virtual office hours are still being hosted for families where they are being provided different types of support.

What are some strategies you have successfully tried to increase buy-in for the school-based behavioral health program?

Policies were implemented and infrastructure was developed to introduce new community partner staff to the school staff. Door-to-door introductions facilitated relationship-building and allowed clinicians to describe their role and the services they could provide. Constantly checking in with teachers both old and new is a great way to engage and get buy-in to participate in the multi-tiered system of supports (MTSS) and send referrals to the school wellness team.

Workshops and resources for teachers were created and offered to reduce teacher burnout and address their own wellness (for example, self-care workshops, wellness rooms in school, etc.). Wellness teams can extend this opportunity to their partner organizations to volunteer their expertise and host workshops to increase capacity.

Families can be provided a safe place to connect, vent, and share their experiences through the implementation of Parent Cafés. It is recommended that childcare or supervised activities be provided in another room so family members can actively participate in the cafés.

Shared Leadership

How often are your wellness team meetings and how are they structured?

It is important to meet frequently to connect with team members, get teacher feedback and discuss student needs and school-wide initiatives. Meetings are held regularly and, for many, have moved to weekly contacts. One example includes starting with a check-in with team members and incorporating a relaxation activity. This is followed by an icebreaker and then with the team leader providing updates on school administration, culture and highlights of events happening in the school. Typically, each person shares progress on their caseload, and everyone pitches in how to best approach the case or what support they can provide. New referrals are discussed and assigned to specific team members based on availability or expertise.

It is best practice for wellness teams to meet at least weekly or biweekly to ensure consistency and continuity of care for student and family referrals. It's also essential to make sure the wellness team is on the same page regarding protocol and practices for implementing training and resources for staff and families, as well as effectively managing referrals and follow-up with students and instructional staff. The wellness team consists of at least one or more representatives from key stakeholders in the school (i.e., partnering agencies, students, teachers, non-instructional staff, parents/families, and administrators).

How does your team share leadership?

In most cases there is a designated leader for teams, but each member has an equal role and responsibility to achieve the aims of the team. Some may describe this as more of a circular leadership structure than a pyramid hierarchy. The structure intends to highlight each member's strengths and facilitate action by leveraging those strengths. These teams also offer emotional support for the members themselves that helps deepen the professional relationship. For example, counselors at Powell Elementary School alternate leadership every year. The leading clinician sends an agenda ahead of time, leads the meeting, and takes notes. This structure helps to move the process ahead.

Caseloads can be shared by providing services based on each clinician's strengths. For example, if a counselor or social worker has experience working with individuals in the homeless community or with those who have a specific disability or condition, they may choose to provide support and services to these students and identify other available clinicians to follow up on other referrals.

DCPS wellness teams organize with the leaders of the school's behavioral health team. The school's behavioral health team works in collaboration with partnering agencies to establish the role of its members.

Collective Action and Collaboration

How do you achieve collaboration within teams?

Some teams work together by recognizing each practitioner's strengths and reviewing and understanding the common mission to best serve the student.

Teams can promote a "step up/step back" tactic where reserved members are encouraged to speak up more and individuals who tend to speak up a lot are encouraged to step back and observe in order to allow others to participate.

High functioning teams often recognize that healing is a collective effort. When a child visits a clinician's office, that student may have received services or resources from other practitioners (for example, the school nurse, intervention coach, group therapist, other school staff, etc.). The collaboration between each person along that treatment pathway provides the student with a comprehensive and holistic approach to their wellness.

How do you determine areas of focus?

Collaboration and accountability are achieved through shared leadership from all key stakeholders within the school community. Everyone is held accountable for ensuring that policy, protocol, and procedures are followed within the school community. The areas for focus are determined using a team approach and incorporating "feedback and discussion sessions" during the regular meeting times.

The School Strengthening Tool facilitates understanding and assessment of school behavioral health needs and identifies what supports and services are being provided to meet those needs.

Another strategy involves shifting responsibilities between staff to provide an equitable approach to how much time each person has working with a specific grade or population of students. For example, switching grades for a person's caseload month-to-month, semester-to-semester, or year-to-year.

One wellness team established a teacher wellness survey to inquire about teachers' behavioral health needs and stressors, levels of burnout, what professional development was desired, etc. The results were used to create a 90s-themed Teacher's Wellness Day among other events and resources.

Decision Making Process

What data sources are used to help guide decisions made by the team?

Team members may survey and interview administrators, teachers, and families to identify needs and understand what support gaps are present before creating an action plan for the partnered school.

The wellness team at Roosevelt High School utilizes a variety of sources for decision-making including: team surveys, feedback and discussion sessions, Microsoft Teams groups, and email.

Resilient Partnership

What do you think makes a team resilient?

A resilient team values each stakeholder and reminds everyone that the group is working together to provide students and staff with high quality behavioral health supports and services.

Open communication and a safe space in meetings is needed where a team can share common struggles, problem solve together, and support one another.

This sense of camaraderie can promote continuity of care for each student and facilitate the collaborative achievement of goals.

Effective wellness teams have the ability to adapt under varying circumstances to meet the needs of its constituents. This is done by purposefully engaging the members of the wellness team in meaningful conversations around what is in place that works effectively, what doesn't work effectively, and what can be put into place to meet the needs of key stakeholders under the current situation/circumstances. Wellness team members should have a willingness to be flexible and adapt to necessary change. For example, Roosevelt High School has adapted to massive changes over the years that include: changes in school leadership, turnover of key staff members (including wellness team members), logistical challenges (moving from one building to another building and overcrowding), changes in student demographics, and the recent COVID-19 pandemic.

Identification and Referral

How are students identified?

Referrals are triaged in weekly team meetings. One way to accomplish this is to divide referrals by Tier 2 and Tier 3 supports. A student is referred to CBO partners as needed and the whole team works together in each case to provide the comprehensive and well-rounded care that is needed.

Wellness team members are accountable to ensuring that no student or family is missed through the referral process and to ensure effective wraparound support and service delivery. This is done by adhering to the referral process, protocols, and documentation procedures that are in place to ensure proper warm hand-offs are provided.

Referrals for students obtained from teachers who were new to the school were best collected a few weeks into the teacher's position.

In addition to the best practices for high functioning wellness teams listed above, participants in the chat had questions regarding best ways maintain effective teams during the pandemic. Those questions and answers are below.

Teaming During Distance Learning (COVID-19)

How are practices that characterize high functioning wellness teams translated to remote and virtual school support?

Weekly team meetings have continued virtually, either by holding their own meetings and/or by virtually attending grade level meetings. Wellness teams are still accepting referrals from teachers, and linkages are made to community partners as needed. Teachers have access to clinicians from CBOs to consult on students and to practice self-care tips. Members of the wellness teams attend grade level meetings virtually to continue support.

It is essential for wellness teams to continue in the practice of regularly meeting, especially for larger teams with multiple partnering agencies. Additionally, the practice of adhering to protocols already in place is important for consistency and continuity of care. Roosevelt High School continued the practice of meeting weekly using Microsoft Teams platform as well as email and text exchange. During the weekly team meetings formal agendas are shared and a review of student/family referrals are regularly discussed.

At Powell Elementary School, the school wellness team met after the district decided to close schools to develop criteria on how to operate during COVID-19. This time was also used to encourage open communication and a safe space to meet where members could share common struggles, problem solve together, and support one another through the transition to distance learning.

During the transition to distance learning, what adaptations did you have to make?

Group therapy sessions remained the same, but moved to a virtual platform. New referrals are still being accepted and are assigned to clinicians at wellness team meetings.

Other accommodations include decisions from some counselors to shift core hours and allow sufficient time for kids to get accustomed to telehealth services before addressing treatment goals.

It is important to meet students where they are, in spaces or using activities that allow them to feel safe. For example, when counseling was done in-person, if a student felt safer talking on the basketball court or in the lunchroom, it was recommended they be reached at those locations rather than in the counseling office. The same can hold true for a virtual counseling session, if a student feels more comfortable holding the session in a

particular way, see if you can adjust to them. It is important to fit your services to the student's needs rather than requiring the student to adapt to your strengths and skill sets.

Powell Elementary School posted a resource guide, [Helpful Information During the Coronavirus Crisis](#).

What have you done at different tiers of support?

Tier 1 Supports

To provide advisory groups for students, members of the wellness team are creating pre-recorded lessons and uploading them to the school's Microsoft Teams platform for students to access at their pace.

Instagram pages were created to allow students and families to post supportive messages and resources to cope and navigate COVID-19 challenges.

One school started listening circles with staff last year as a method of promoting staff wellness, and have now transitioned to virtual listening circles on Microsoft Teams to continue the social connection and support.

One school hosts a weekly social-emotional learning (SEL) read-aloud where one person reads a book on SEL online through Instagram or other live platform.

Schools can consider posting a joke of the day or adding humor via social media to help alleviate stress and foster community (for example, see Mrs. Rosenberg on Twitter: @MsMeowsenberg).

Some staff are doing resource drop-offs where they are making COVID-19 home care boxes for families in dire need of support.

Tier 2 & 3 Supports

Students and their families are checked on at least once a week. The school designed a tracking system in Microsoft Teams to collect data on student wellness, efforts to provide families with resources, and parent referrals to services.

Staff referrals are also being provided to appropriate resources and services outside of school for adult members of the school community who need support.

Students receiving regular in-person services may not have been aware that they could receive teletherapy services. These students were sent referrals for therapists in their community that were accepting new referrals for telehealth.