



Mindfulness Matters Partnership December 2023

CMHB Background & Program History

The Community Mental Health Board of Oak Park Township is responsible for planning, developing, coordinating, evaluating, and funding mental health, substance abuse, and developmental disability services in Oak Park Township. In its FY20 Strategic Plan, CMHB identified six priority areas, including addressing the underutilization of existing behavioral health services and addressing the gaps in those areas. In February 2018, CMHB in partnership with District 97 issued a special request for proposals to provide services that address the mental health needs of 6th through 8th grade students and their families in District 97. The goal of this pilot project was to develop a program model that meets the unique needs of 6th - 8th grade students who have complex behavioral health and social needs who require care coordination linking them and their families to appropriate levels of treatment and services.

For the School Year 2023-2024, MMP will cost a total of \$ 415,090.92. CMHB funds provide \$266,772.09. With D97 committing \$56,250 for the school year, this leaves an operating budget gap of \$92,068.83. (Attachment #1 - SY 23-24 Mindfulness Matters Program Budget)

Program Summary

The Mindfulness Matters Program (MMP) creates capacity to address the mental health needs of middle-school-aged students and families and strengthen the caregiving system around them. The program leverages the evidenced-based Multi-Tiered System of Support (MTSS) model that offers universal (Tier I), group (Tier II), and individualized (TIER III) interventions of increasing intensity. MTSS ensures efficient use of limited resources with the idea that many children can be served through universal approaches that teach them and their caregivers about emotional health and those that are at increasing risk or symptom severity will utilize more intensive, individualized service.

- *Tier I (universal)* includes training for D97 staff and parents in skills needed to create responsive and supportive environments for youth who are struggling with mental health concerns. This is achieved by offering D97 middle-schools a menu of workshops geared towards helping to strengthen the care-giving system (staff and

parents/guardians). Workshops are geared towards supporting students who are struggling with anxiety, depression, and executive functioning (ADD/ADHD) difficulties. Workshops that are offered include: Mindfulness Approaches to Managing Emotions, Recognizing and Responding to Youth Mental Health Challenges, Technology and Mental Health/Executive Functioning and Coping with through a pandemic. Tier I trainings occur during the school-day when geared towards school staff or after-school when geared towards parents. Parent-training will also be integrated into family therapy sessions which will occur either at the school or in home settings.

- *Tier II (medium intensity)* features group services designed to provide a higher level of support for those students who are demonstrating clinically significant symptoms of anxiety, depression or inattention. MMP is an adaptable, modular approach to teaching mindfulness to children and teens. The program is designed to be implemented in a variety of settings and schools, and for kids and teens ages 8-18 with a broad range of backgrounds and concerns, including mental health, learning, emotional, and or behavioral issues with which they may be struggling.
- *Tier III (high intensity/individualized)* services include Mindfulness-Based Cognitive Therapy groups and individual and family counseling (that can be provided in school- or home-based settings). The group programming includes 12-week groups using the Mindfulness-Based Cognitive Therapy for Children (MBCT-C) curriculum. The curriculum was originally developed for children struggling with anxiety and depression but has since been adapted to help children who experience difficulty with inattention. The goals of MBCT-C are to enhance emotional resiliency; promote positive changes in how the child relates to their own thoughts and emotions; learn to distinguish thoughts that are judgmental from those that simply describe one's experience; recognize that judgements often escalate mood disturbances which can trigger maladaptive behaviors; cultivate self-acceptance and acceptance of those things that cannot be changes; and expand awareness of personal emotional and behavioral choices. The MBCT-C group curriculum is a blend of psycho-education, experiential learning, parent-interviews, and parent review session(s). Parent review sessions are offered at the school in a group format or individually at home and at convenient after-school and evening hours. Tier III services are geared towards those students and families that need a higher level of individualized care. Treatment is highly individualized but draws upon evidence-based approaches such as cognitive-behavioral therapy, mindfulness-based cognitive therapy, and parent-child therapies.

MMP serves students, families, and school staff from the two Oak Park District 97 Middle Schools. Care coordination services will be provided to D97 families so that families are connected to both school- and community-based supports.

Staffing Structure

D97 funding will support direct clinical services of the MMP.

- *Principal Investigator* – The Director of DePaul University Family and Community Services will provide oversight to the program in its entirety. Will provide 1 hour of clinical supervision and administrative oversight per week, which includes monitoring cases, clinical consultation, and reviewing clinical documentation. In addition, position will oversee the program evaluation.
- *Project Director/Clinician #1* - Will provide supervision to the clinicians and program management and oversight. Will also allocate time administrative tasks and oversee the program evaluation. In addition, will also provide 14 hours per week providing Tier II and Tier III services.
- *Clinicians #2* - Will provide Tier II and Tier III services for this program. Will provide up to 21 hours per week in the middle schools. This will include time to deliver TIER II groups and TIER III individual/family therapy at school during the school day and in homes in the afterschool hours and time to prepare clinical documentation, screenings, assessments, and to deliver staff/community trainings.
- *Care Coordinator #1* – Will coordinate and support behavioral health care, social emotional, and broadly defined wellness supports for students and their families. Will provide linkage, referral, and outreach to community-based service providers, school systems, and other supports to ensure wrap around services that address students’ non-clinical needs. Because one position was eliminated, this position will provide support to both middle schools.
- *Administrative Assistant* – Will provide financial and programmatic reports based on contract expectations.

All of the clinicians will provide community workshops and staff training to D97.

Budget Summary

	Community Mental Health Board	District 97
2019-2020	\$62,830	\$0
2020-2021	\$70,000	\$0
2021-2022	\$228,334	\$0
2022-2023	\$295,533	\$90,000
2023-2024	\$266,772 (proposed)	\$90,000 (Proposed)

In addition to funding the salaries and benefits, the budget also includes modest requests for supplies and travel expenses.

Service Data

Client Overview:	FY20	FY21	FY22	FY23	FY24
Community Talks					
TIER I - Workshops	220	963	650	476	
TIER II -Groups	67	95	111	70	
TIER III - Individual	4	4	10	6	
Care Coordination	0	14	124	71	
Total	291	1076	890	623	

* Data are based on CMHB Fiscal Year (not the school year), which is April 1 – March 31

* Care Coordination was not added until FY21

* FY21 began in April 2020, at the beginning of COVID and remote learning

* The first full year with no remote learning was FY23 (April 1, 2022 – March 30, 2023)

In 2019, the first year of MMP, the emphasis was on hiring staff and embedding the program into D97. The intention was to launch an evaluation of the program efficacy starting in FY21, but due to the COVID-19, pandemic protocols, and remote schooling, priority was placed on the direct services to families and the school district as much as possible. In addition, the evidence-based program model is meant to occur in-person and within school walls, so implementing an evaluation of a never-before remote program was untenable and its results inappropriate to extrapolate to the preferred program model. For this reason, MMP instead continued collecting service data and planned for a later implementation of evaluation until such time it was clear that schooling would return in person.

In addition to the above-listed service data, Attachment #2 includes outcome and impact data collected over the 3.5 years of program operation.

For the School Year 2022-2023 (the first full school year of the program uninterrupted by remote schooling), MMP provided the following services:

- **Community Talks**
 - 476 Total Participants
 - *Community Talks are free and open to anyone in the D97 community. No demographics are captured in an effort to not dissuade individuals from attending.*
- **Individual Therapy**
 - 5 Total Clients
 - Gender
 - Female 40%
 - Male 40%
 - Non-Binary 20%

- Race
 - Caucasian 40%
 - African-American 40%
 - Multi-ethnic/Bi-racial 20%
- **Therapeutic Groups**
 - 97 Total Clients
 - Gender
 - Female 30%
 - Male 64%
 - Non-Binary 6%
 - Race
 - Caucasian 55%
 - African-American 30%
 - Multi-ethnic/Bi-racial 9%
 - Latino 6%
- **Care Coordination (Brooks, Lincoln, Hatch, Whitter, and Holmes)**
 - 82 Total Clients
 - Gender
 - Female 47%
 - Male 53%
 - Race
 - Caucasian 28%
 - African-American 35%
 - Multi-ethnic/Bi-racial 13%
 - Latino 20%
 - Asian-American 4%

Evaluation Plan for SY2023-2024

For SY2023-2024, MMP has launched a thorough evaluation of all tiers of programming to better understand the efficacy of the model as well as inform program development. The outcome indicators to be measured include:

- **Therapeutic Groups**
 - Change in child scores on the anxiety and depression scales
 - Change in symptoms
 - Change in child scores on the Functioning, Hopefulness, Satisfaction, and Problem Severity Scales.
- **Care Coordination**
 - Identifying need of referral
 - Was the referral actualized
 - Was the need met

- **Individualized Therapy**

- Change in symptoms
- Satisfaction with services
- Was the presenting need met through therapy or through a warm handoff to a longer-term therapist

The specific tools that will be used to measure these factors are all evidence-based and include the following:

- Ohio Youth Problem, Functioning and Satisfaction Scale [osyouth-fill-final.pdf](https://www.crcwoodcounty.org/oyouth-fill-final.pdf) ([crcwoodcounty.org](https://www.crcwoodcounty.org))
- Strengths and Difficulties Questionnaire sdqinfo.org/a0.html
- Revised Child Anxiety and Depressive Scale (RCADS) <https://www.childfirst.ucla.edu/wp-content/uploads/sites/163/2018/03/RCADS25-Youth-English-2018.pdf>
- FCS Satisfaction Surveys https://depaul.qualtrics.com/jfe/preview/previewId/8ef92e35-1258-4b42-8cde-35320c8b701e/SV_3F8uKqVTeUAnuJM?Q_CHL=preview

Attachment #1 - SY 23-24

Mindfulness Matters Program Budget

Attachment #2 - CMHB FY 20-22 Mindfulness Matters Outcomes Summary

FY 2020 (April 1, 2019 through March 31, 2020)

Community Talks

- A total of 220 attendees participated in the evening community talks over the 6 month period
 - 93% left the workshops with at least one strategy they will try at home/school settings
 - 88% strongly agree or agree that the workshops were useful and informative
 - 93% strongly agree or agree that the presenter delivered the presentations in a clear and structured manner
- In response to the COVID-19 pandemic, a video-recorded community talk entitled "Mindfully Coping: Strategies for Children and Families During a Pandemic" was developed and widely disseminated
- Qualitative feedback and recommendations for future talks:
 - Parents appreciated the discussion on racial disparities and would like to see more
 - Teacher comment appreciated all the strategies shared and wanted it to be adapted to a teacher institute day
 - Comments stated that teachers really liked the anxiety presentation and found it informative
 - A teacher wanted to know specific phrases they could use when a kid is having a panic attack
 - One comment encouraged that these community talks be provided to the school staff

D97 Staff Professional Development

- 70 school staff members attended workshops on Strategies to Support Youth with Executive Functioning and Anxiety Challenges
 - 98.2% of school staff reported that they learned at least 1 strategy they will apply in the classrooms and/or with students
 - 42% found the presentation extremely helpful, 45% moderately useful, and 11% slightly useful
- Qualitative feedback and recommendations for future talks:
 - Mindfulness, breathing exercises, and positive reinforcement were the strategies that staff found most useful
 - Staff would like more professional development on social-emotional learning strategies to support youth with anxiety, depression, and executive functioning challenges

Individual and Group Services

- Number of students in group services: 67
- Number of students in individual therapy services: 4
- Quantitative feedback from students on 4-week group service curricula
 - 37% of students found the 4-week program "very helpful" and 42% found it "helpful"
 - 88% of students strongly agree or agree with the statement "the 4-week group has been helpful to me"
 - 94% of students strongly agree or agree with recommending the group to a friend

- 72% of students strongly agree or agree that they feel less worried since starting the group
- 67% of students strongly agree or agree that they feel better able to manage anger since starting the group
- 70% of students strongly agree or agree that they have more positive interactions with others since starting the group
- 78% of students strongly agree or agree that they feel more patient in their life since starting the group
- 72% of students strongly agree or agree that the group has helped them in school
- 72% of students strongly agree or agree that the group has helped them at home
- 55% strongly agree and 22% somewhat agree that they plan on continuing to use mindfulness in their life
- Qualitative feedback from students on 4-week group service curricula. The best parts were:
 - “Breathing exercises, making friends, discussing parts of my life that I felt like I couldn't share, learning what mindfulness is”
 - “I love this program but in order to be still calm I need to keep doing this program”
 - “When we do breathing”
 - “How the therapist cares and that we practice”
 - “When I was super mad at a teacher and I went to that class to calm myself down”

Systems and Structure

- The DePaul clinicians report that communication with school staff is going well, clinicians have had success in building rapport and building group cohesion, and the students enjoy activities particularly when tailored to their interests.
- Additional work is being done to improve data sharing between DePaul clinicians and D97.
- The 4-week group has been a beneficial "on-boarding" and assessment period so that the clinicians can better understand the needs of each student. This helps not only the clinicians, but the school team understand the needs of students.
- The schools do not have many other school-based resources to refer students who have other needs that can't be met through the MMP alone. We are working with each school team to understand the nuances of screenings and referring students for various types of services.
- Parent engagement has been challenging in some instances (lack of return phone calls or emails).

Going Forward

- Expand programming to two elementary schools (Irving and Holmes)
- Add Care Coordinator/Community Navigator role to the team to help connect students and families with non-mental health challenges
- Continue to provide 4-week and 12-week individual/family therapy groups virtually through the end of the school year to help manage impact of COVID
- Individual support will be offered to students and families through the summer to ensure continuity of care

FY 2021 (April 1, 2020 through March 31, 2021)

Due to COVID 19 and remote learning protocols, an evaluation to the extent conducted in FY20 was not feasible. Instead, basic service data were collected and a partner survey was conducted with D97 staff and faculty.

December 2021 Survey to D97 Partners

- After the first year of operation, DePaul FCS surveyed community partners to learn about their needs and assess their satisfaction with our services. There were 62 D97 staff and faculty respondents.
 - Our clients/students have better access to mental health care (91%)
 - Our staff are more knowledgeable about the mental health needs of our clients/students (73%)
 - Our community/ system lacks sufficient mental health resources and the partnership with FCS has helped to address the need (64%)
 - How satisfied are you with the FCS staff(s) ability to communicate effectively with your team? 82% Very Satisfied and 18 % Somewhat Satisfied
 - How satisfied are you with the FCS staff(s) ability to integrate/fit-in with your team/organization? 82% Very Satisfied and 18% Somewhat Satisfied
 - If professional development training was provided by FCS staff, how useful was the training to the work that you do? 64% Very Satisfied, 9% Neutral and 25% Not Applicable
 - How satisfied are you with the FCS staff(s) ability to respond to the cultural needs of your organization and population served? 91% Very Satisfied and 9% Somewhat Satisfied
 - Overall, how satisfied are you with your partnership with DePaul Family and Community Services? 91% Very Satisfied and 9% Somewhat Satisfied
- Quotes from School-Based Partners:
 - "Our partnership with DePaul Family and Community Services has been one of the most beneficial and valuable we've had. The therapists and counselors exude care, knowledge, kindness, and skill in addressing the social emotional health needs of our students."
 - "I would highly recommend DePaul Family and Community Service. The services provided have beneficial to our families. The staff clinician is very resourceful and helpful. She is well liked by the students, parents, faculty, and administration."
 - "We've appreciated the collaboration and access to resources as a result of our collaboration – Community Talks as well as Mindful Middle Schoolers 4week and 12 week programs."
 - "In terms of caregiver learning sessions and staff learning sessions, it will be helpful to consider sessions that target LGBTQ+ children and children/families of color."
 - "This is not necessarily an unmet need, but I wonder if how much parents need to fill out for a referral (a BASC and SDQ) might be too much if they're looking for individual counseling. Do parents know to do that if they need it or do they rely on us to tell them?"

FY 2022 (April 1, 2021 through March 31, 2022)

Clinical Services:

Brooks Middle School:

of mindfulness group referrals: **44**
of mindfulness group participants: **23**
of ongoing individual participants: **7**

Julian:

of mindfulness group referrals: **56**
of mindfulness group participants: **32**
of ongoing individual participants: **1**

Irving:

of mindfulness group referrals: **49**
of mindfulness group participants: **33**
of new individual therapy referrals: **0**
of ongoing individual participants: **0**

Holmes:

of mindfulness group referrals: **33**
of mindfulness group participants: **23**
of new individual therapy referrals: **2**
of ongoing individual participants: **0**

Clinical Summer Services:

Brooks:

of new individual therapy referrals: **1**
of ongoing individual participants: **1**

Julian:

of new individual therapy referrals: **2**
of ongoing individual participants: **1**

Irving:

of new individual therapy referrals: **0**
of ongoing individual participants: **0**

Holmes:

of new individual therapy referrals: **0**
of ongoing individual participants: **0**

Non-Grant Therapy Cases:

of non-grant individual therapy cases: **6**

Care Coordination:

Brooks Middle School:

of care coordination referrals: 28

Lincoln:

of care coordination referrals: 16

Hatch:

of care coordination referrals: 6

Holmes:

of care coordination referrals: 19

Whittier:

of care coordination referrals: 35

Julian Middle School:

of care coordination referrals: 14

Mann:

of care coordination referrals: 3

Irving:

of care coordination referrals: 7

Beye:

of care coordination referrals: 1

Longfellow:

of care coordination referrals: 6

OPRFHS:

of care coordination referrals: 8

Summer Care Coordination:

Brooks Middle School:

of care coordination referrals: 9

Lincoln:

of care coordination referrals: 7

Hatch:

of care coordination referrals: 1

Holmes:

of care coordination referrals: 9

Whittier:

of care coordination referrals: 14

Julian Middle School:

of care coordination referrals: 0

Mann:

of care coordination referrals: 0

Irving:

of care coordination referrals: 0

Beye:

of care coordination referrals: 0

Longfellow:

of care coordination referrals: 0

OPRFHS:

of care coordination referrals: 0

Virtual Community Talks:

650 registrants

Summary of Student Feedback for groups (12 Week Groups)

- 42% strongly agree that the groups have been helpful and 42% agree that the groups have been helpful
- 77% of students would strongly agree or agree that they would recommend the group to friends
- 24% strongly agree and 40% agree that they feel less worried since starting the group
- 26% strongly agree and 42% agree that they feel better able to manage their anger since starting the group
- 41% strongly agree and 24% agree that they experience more positive interactions with others since starting the group
- 18% strongly agree and 45% agree that they feel more patient since starting the group
- 24% strongly agree and 45% agree that they feel the group has helped them in school
- 26% strongly agree and 37% agree that they feel the group has helped them at home
- 47% strongly agree and 26% agree that they are interested in continuing to learn about and use mindfulness in their life