

Equitable Decision Making in School Based Mental Health

Miranda Zahn, PhD

April 5, 2023



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

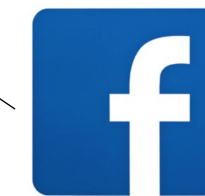
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Stay Connected

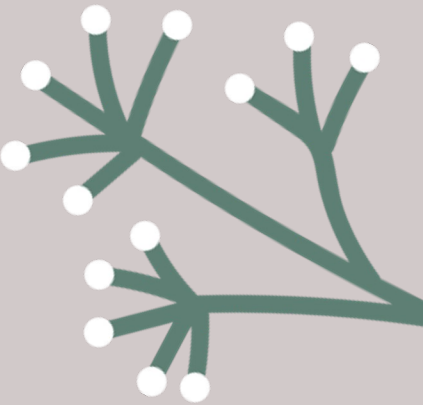
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Dr. Miranda Zahn for the Mountain Plains MHTTC

Equitable Decision Making
For School-Based Mental
Health Services



Trainer

Miranda Zahn, PhD



My Roles

- **Assistant Professor of School Psychology**, University of South Dakota
- **Consultant**, The National Center for School Mental Health
- Background in school psychology

My Lens

- White/Caucasian
- She / her / hers
- Cisgender
- Heterosexual
- Non-religious
- Middle Class
- Non-disabled

In the chat: Name, Role, Organization



Agenda



 Mental Health (in)Equity

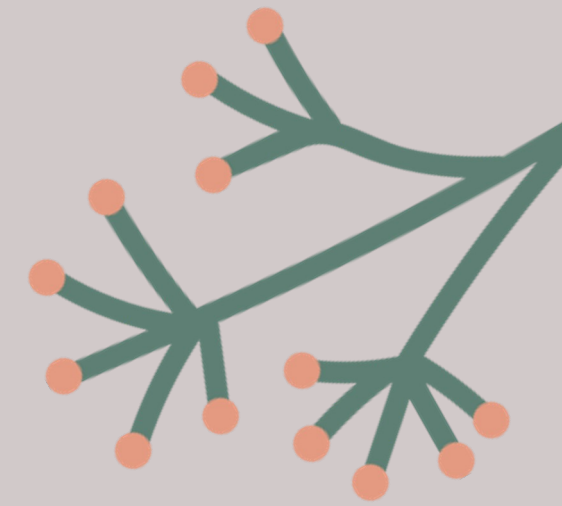
 Disproportionality

 Problem Solving Model

 Root Cause Analysis

 Q & A





Mental Health (in)Equity



Youth Mental Health Prevalence

Twenty-one percent of youth ages 6 to 17 who live in poverty have mental health disorders

Half of all youth in the child welfare system, and nearly 70 percent of youth in the juvenile justice system, have a diagnosable mental health disorder

Children who are living in foster care have a substantially greater risk of experiencing mental health disorders, especially those connected with traumatic stress, such as abuse and neglect





Youth Mental Health Disparity: Gender and Sexuality

Lesbian, gay, bisexual, and transgender (LGBT) youth have higher rates of mental health disorder challenges than other youth

High school students who identify as lesbian, gay, or bisexual are much more likely to think about suicide than those who identify as heterosexual

Female adolescents are more likely than male adolescents to receive mental health services



Youth Mental Health Disparity: Race

Asian adolescents are less likely than adolescents of most other races/ethnicities to receive mental health services

White youth are more likely to receive mental health services compared to youth of color

A higher proportion of Hispanic youth have unmet mental health needs, compared to black and white youth



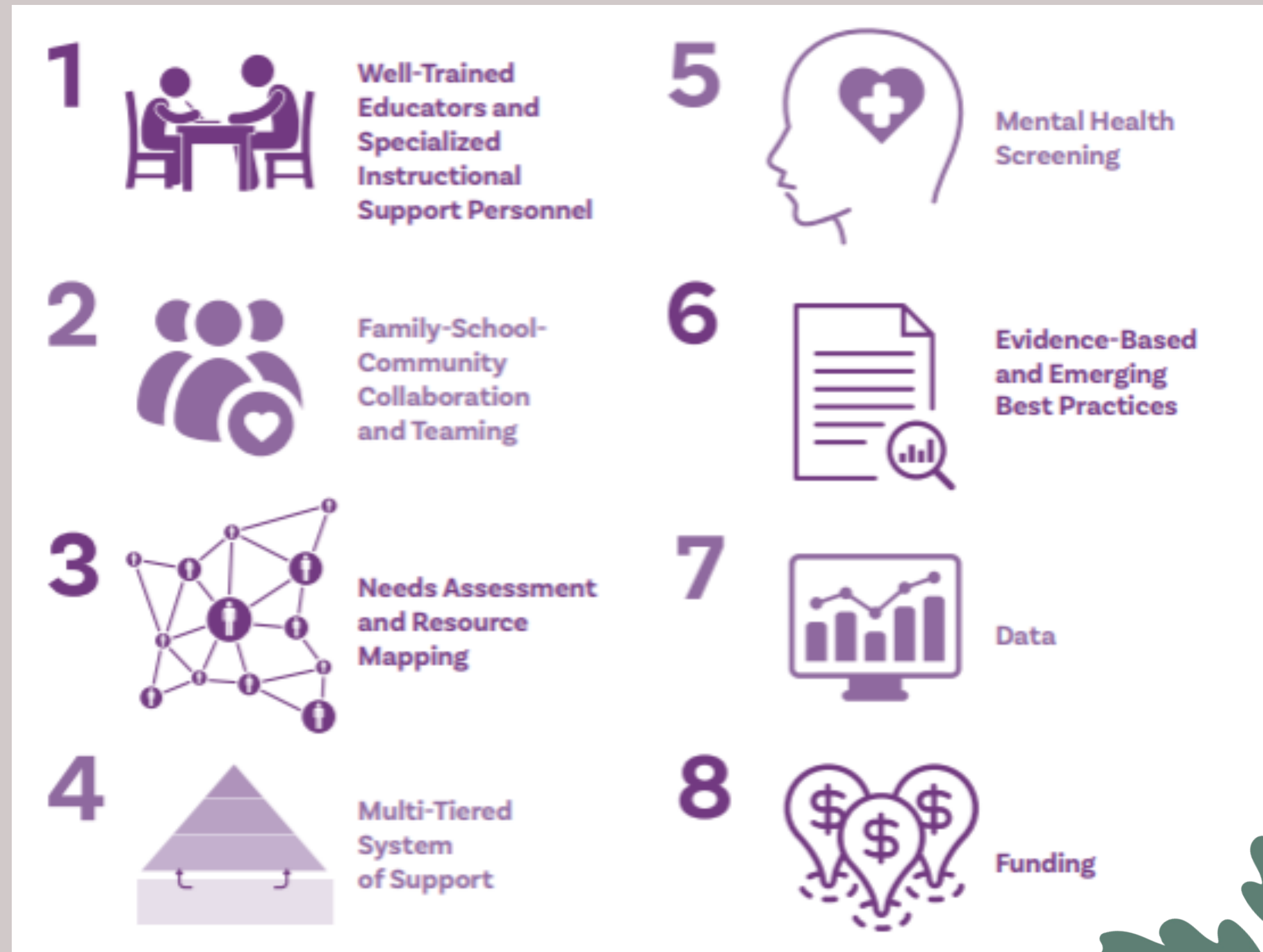
School Mental Health Intervention

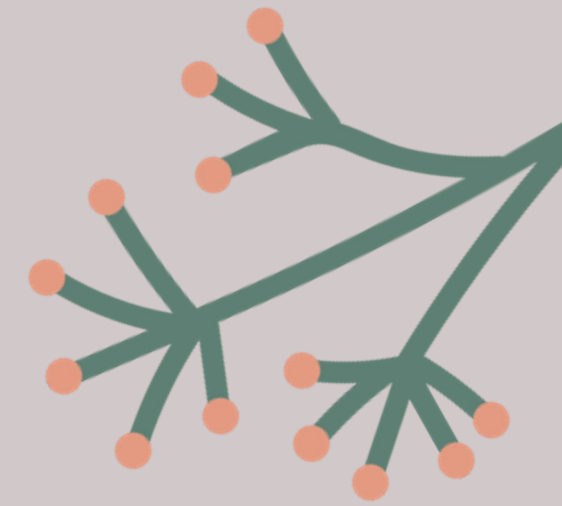
Of children who receive mental health services (about 12% of those in need, 70-80% receive services in schools)

Can be a site to overcome barriers like mistrust, cost, transportation challenges, time

Lead to rapid improvements in mental health, behavior, and academic performance.
Effective in identifying mental health problems as they develop, leading to improvements in social mobility, educational attainment, and career success

Comprehensive School Mental Health Systems





Disproportionality



Defining Disproportionality

In general, disproportionality refers to group differences in a specific outcome or differences in individuals' risk for an outcome due to their group membership (Sullivan & Osher, 2019)


Significant disproportionality in disciplinary practices and special education identification lead to negative behavioral, mental health, and academic outcomes for youth of color



Context for Disproportionality

Since 1997, IDEA has required states and districts to address persistent disparities in the identification, placement, and removal of students of color with disabilities.

IDEA 2004 added a requirement for states to calculate significant disproportionality at the district level, using a standard calculation.



Districts identified with significantly disproportionate data must set aside 15% of federal IDEA funds to provide coordinated early intervening services for the purposes of addressing the discrepant data.

Basic Disproportionality Calculation



Identify Targets

Demographic group
Target outcome



Calculate Risk Index

$$\frac{\text{Demographic group with target outcome}}{\text{Total in demographic group}}$$



Calculate Risk Ratio

$$\frac{\text{Target group risk ratio}}{\text{Comparison group risk ratio}}$$




Full Disproportionality Calculation



Number of students from target group with target outcome
Number of enrolled students from target group

÷



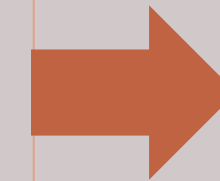
Number of students from comparison group with target outcome
Number of enrolled students from comparison group

Disproportionality Calculation Example



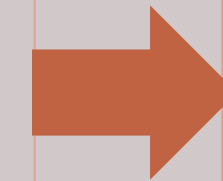
17 students identified as Indigenous with at least 2 OSS
142 total students identified as Indigenous

÷



17
142

÷



.119 or
11.9%

31 students not identified as Indigenous with at least 2 OSS
371 total students not identified as Indigenous


31
371

÷

.083 or
8.3%

$$11.9 \div 8.3 = 1.43$$

In this school, a student identified as indigenous is 1.43x as likely as a non-indigenous peer to receive at least 2 OSSs



Disproportionality Calculation Options



Selecting targets

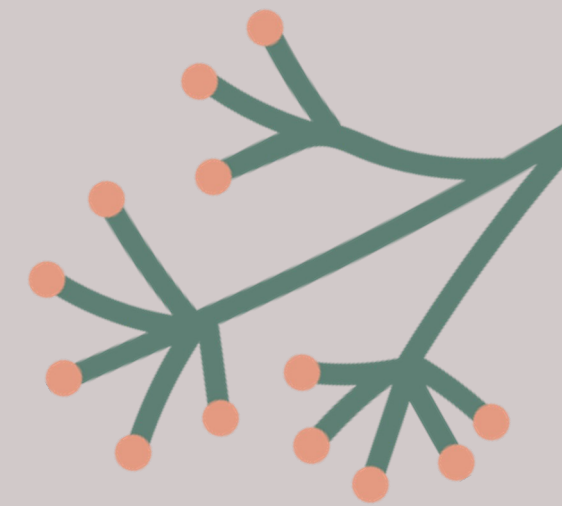
- Service use
- Disciplinary incident count
- Days of instruction missed due to disciplinary incidents



Calculating

- Consider comparison group
 - Group in power?
 - All students?





Problem Solving





Problem Identification



Problem Analysis



Plan Development



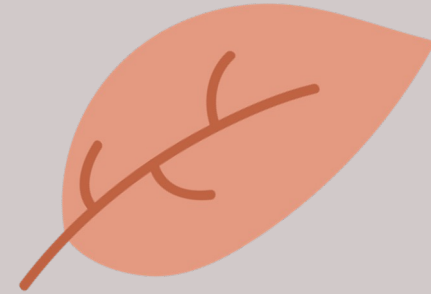
Plan Implementation



Plan Evaluation



Problem Identification



Step 1

- When the problem is first on our radar
- Consensus among invested parties
- Consider varied perspectives

Problem Analysis



Step 2

Collect data to identify:

- Magnitude
- Outcomes
- Predictors
- Affected groups
- Invested parties
- Context over time

Develop a hypothesis

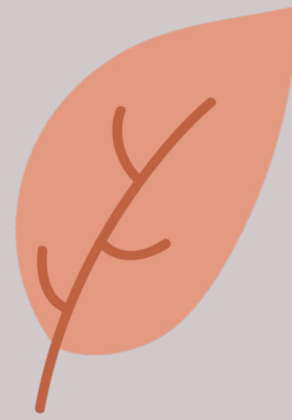
Plan Development



Step 3

- Consider possible plans to address the problem
- Include diverse invested parties (e.g., youth, families, educators, community members)
- Maintain openness to modify the plan

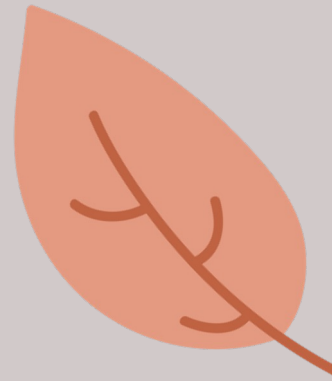
Plan Implementation



Step 4

- Implement in collaboration with invested parties
- Monitor fidelity of implementation
- Track data regarding outcomes, acceptability, feasibility, and perceptions

Plan Evaluation

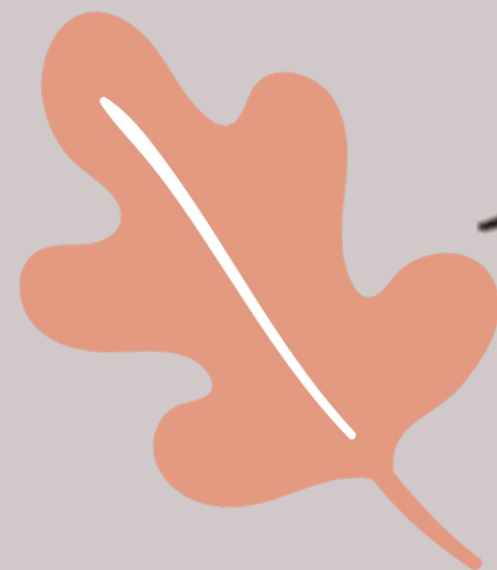


Step 5

- Assess progress monitoring data
- Evaluate progress
- Identify areas for future growth



Root Cause Analysis



Symptoms

Participation
Performance
Persistence

Problems

Motivation
Perception

Causes

Bias & Stereotypes
Culture & Climate
Policies & Procedures



RCA Guiding Questions



- Would the problem have occurred if the cause had not been present?

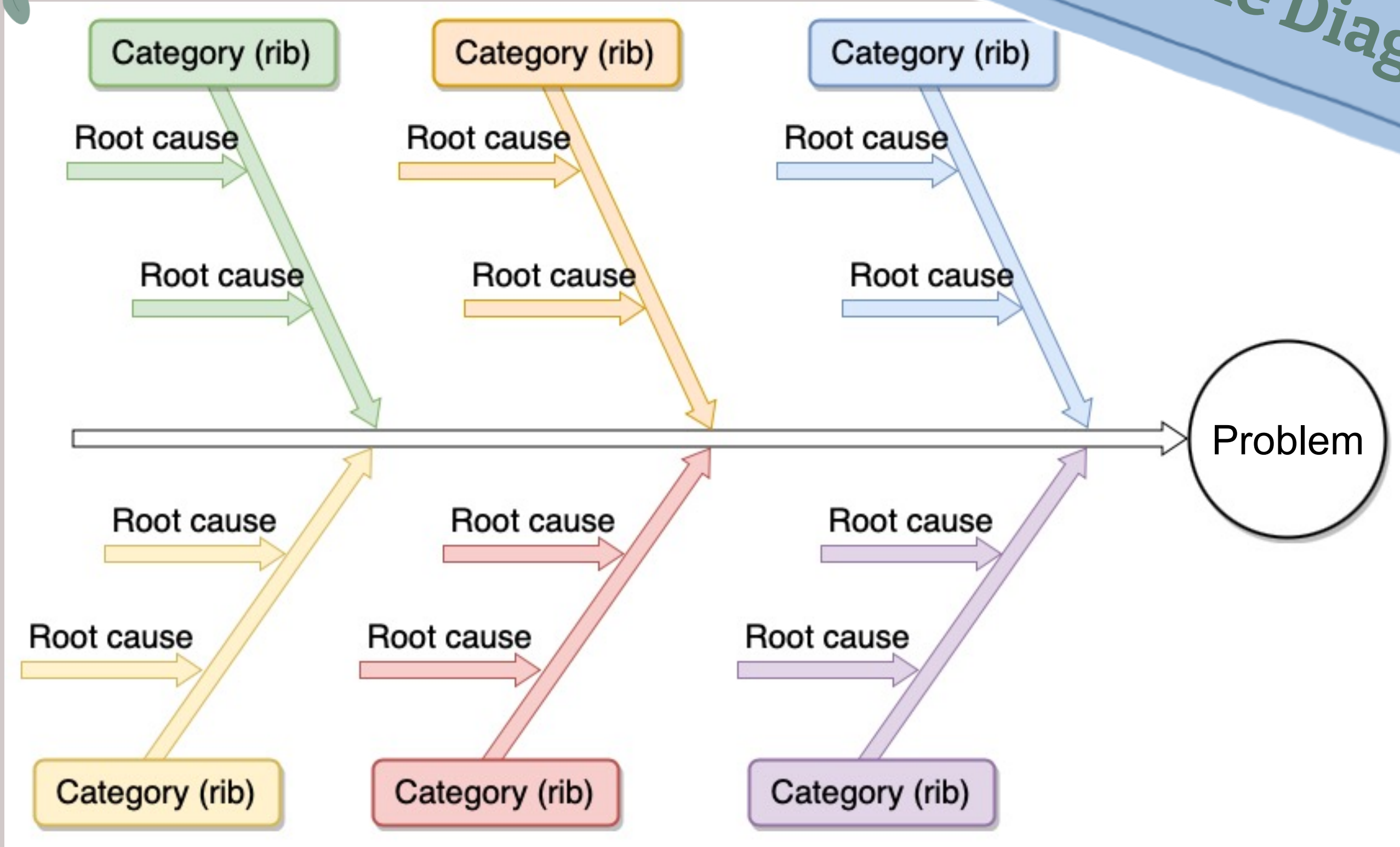
- Will the problem reoccur if the cause is corrected or dissolved?

- Have we run into a dead end asking 'why' about each cause we consider?

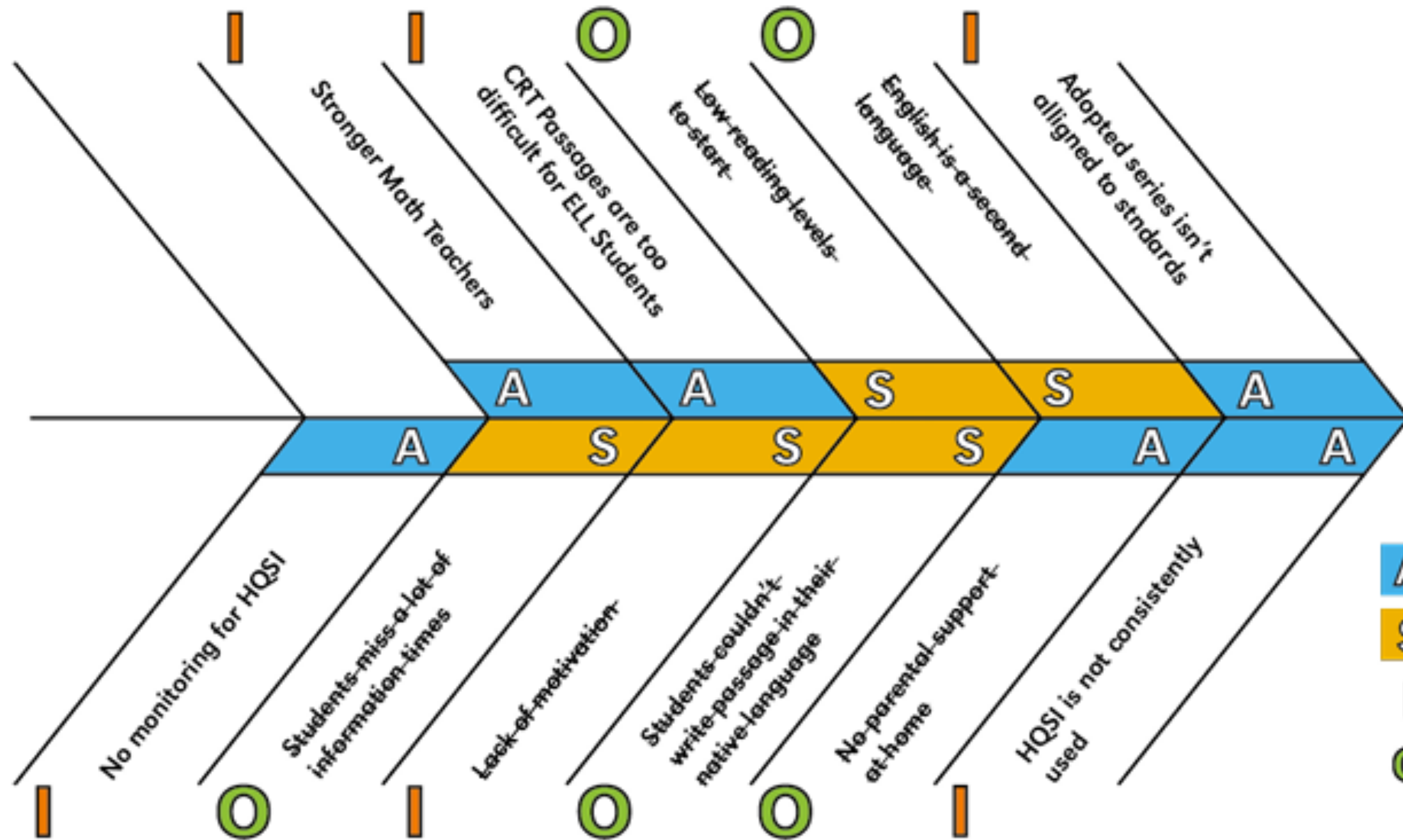
- Is the cause something we can influence and control?



Fishbone Diagram for RCA



Fishbone Example



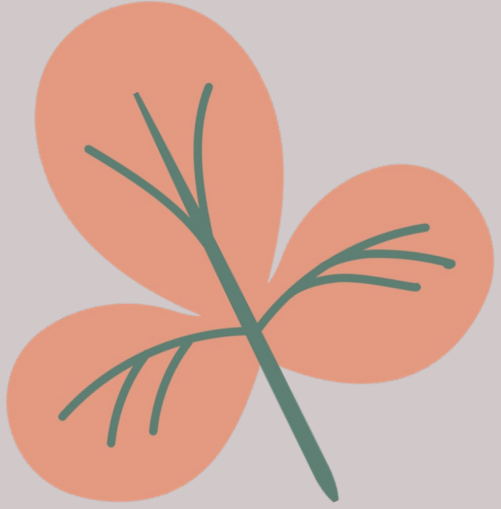
LEP program group decreased to 37.8% proficient in ELA from 42.7% in 08-09.

- A** : Adult-Based
- S** : Student-Based
- I** : In our Control
- O** : Out of our Control





Q & A





Thank you!

miranda.r.zahn@usd.edu

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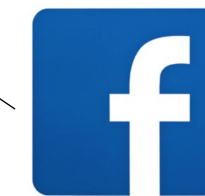
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THANK YOU!



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