

Accessing Behavioral Health Services: School-Based Examples of Research, Policy and Implementation

JONI WILLIAMS SPLETT, PH.D.

UNIVERSITY OF FLORIDA

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Agenda

Introduction

Paper 1: Research Example (Splett, George, Zaheer, Weist, Evans & Kern)

- Clarifying Questions

Paper 2: Policy Example (Chafouleas & Briesch)

- Clarifying Questions

Paper 3: Implementation Example (Reinke, Herman, Thompson, & Tanner-Jones)

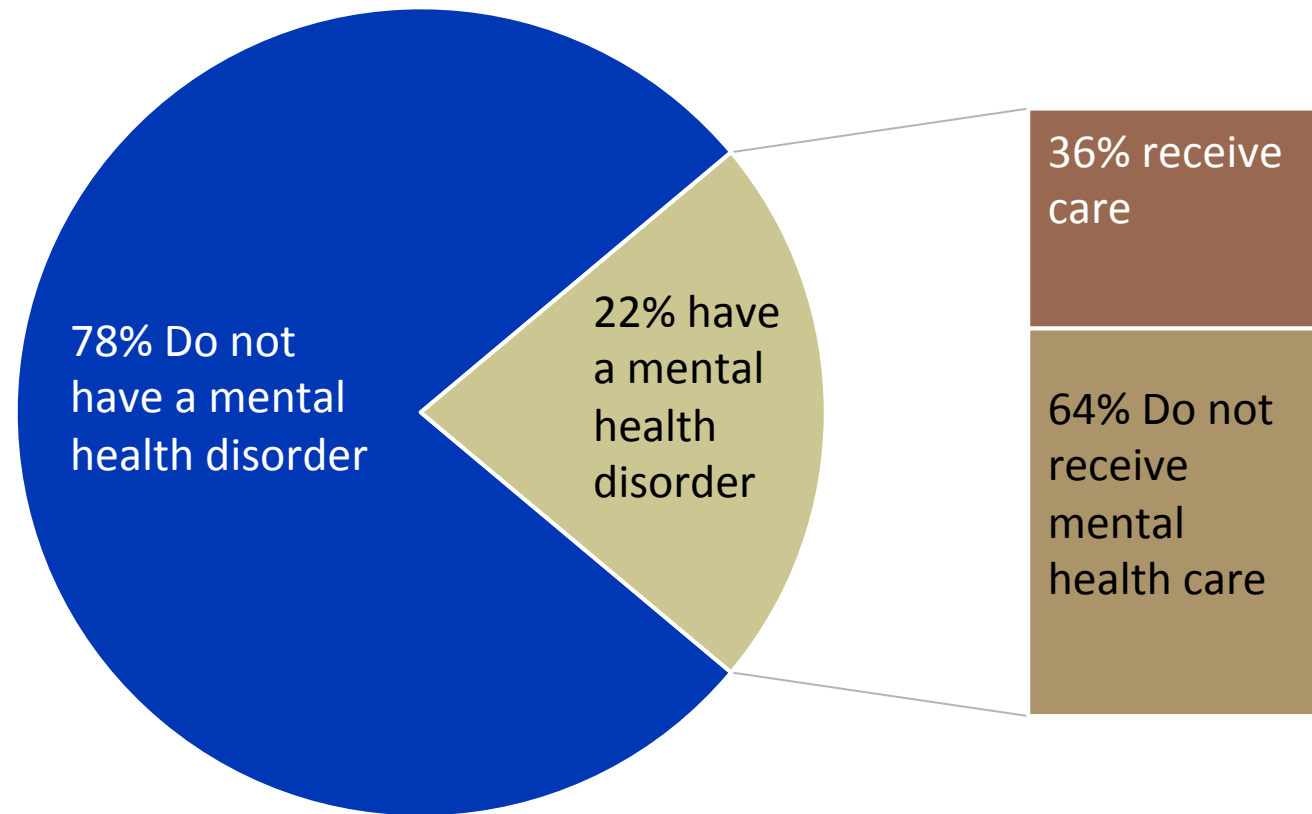
- Clarifying Questions

Discussant

Q&A

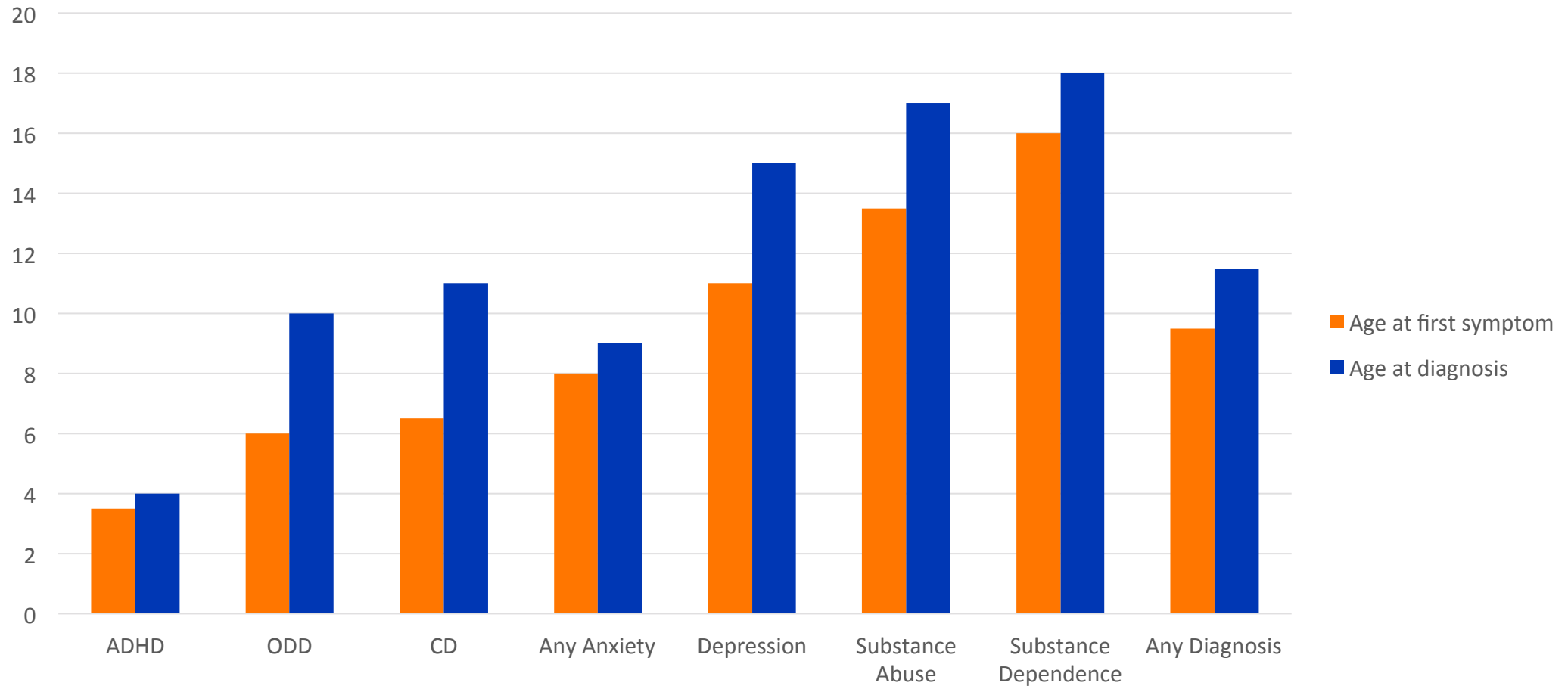
Introduction

Only 1 in 3 Youth in Need Receives Care



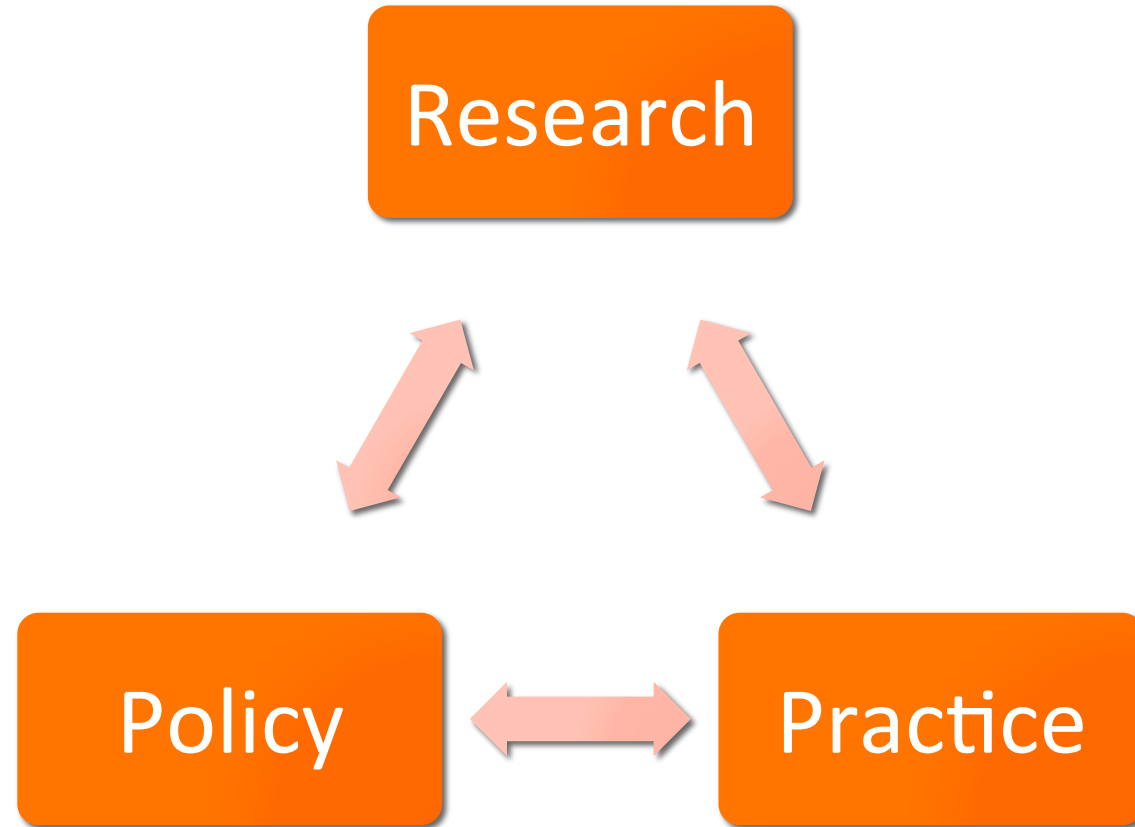
Mental health “Window of Opportunity”

Age Between First Symptom and Initial Diagnosis

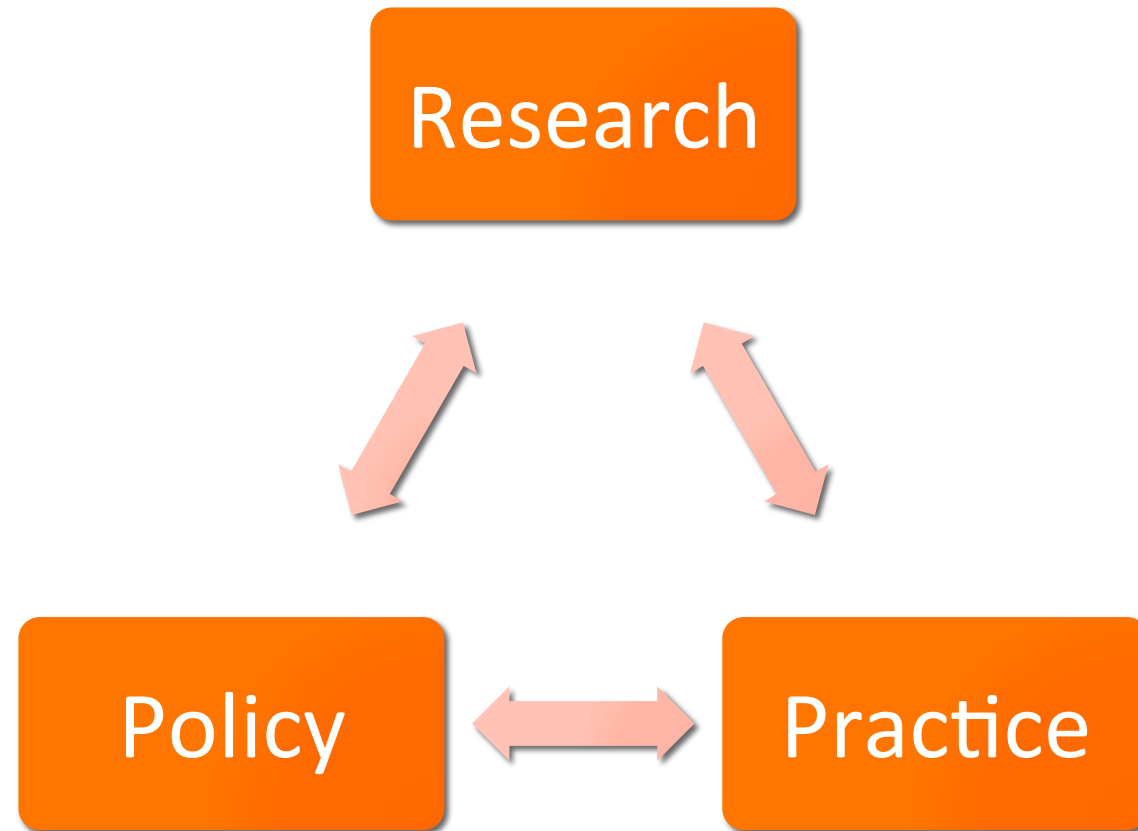




Mutually Dependent Bidirectional Communication



This Symposium



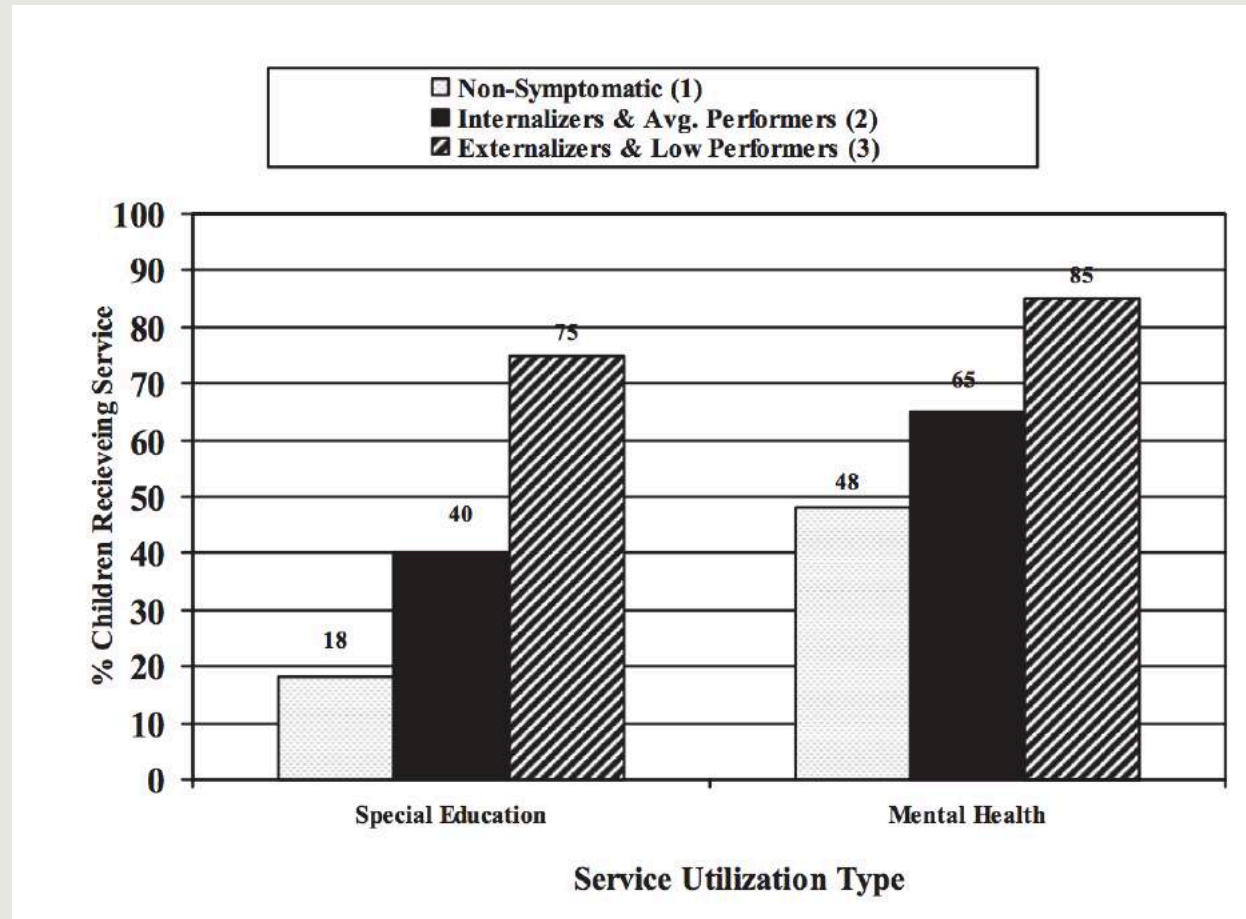
Paper 1: Research Example

JONI W. SPLETT, MELISSA GEORGE, IMAD ZAHEER, MARK D WEIST,
STEVEN EVANS, LEE KERN

Behavioral and Mental Health Service Use among Adolescents at Risk for School Dropout

JONI W. SPLETT, MELISSA GEORGE, IMAD ZAHEER, MARK D WEIST,
STEVEN EVANS, LEE KERN

Squeaky Wheel: Externalizing more likely to receive Special Education and Mental Health Services



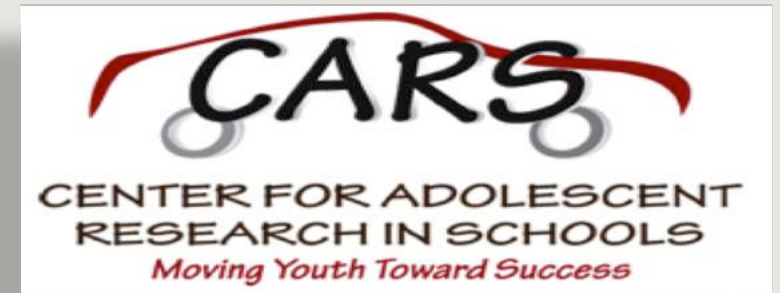
Current study

Among adolescents receiving mental health and classroom interventions for their emotional and behavioral problems and school functioning impairment

- Are there different profiles of emotional and behavioral symptoms that exist? How many? And what are the symptom characteristics that describe them?
- What socio-demographic characteristics increase the likelihood of membership in each class?
- What behavioral and mental health services received differ as a function of class membership?

Method: Sample of adolescents

- Adolescents with severe emotional/behavioral problems and impairment in school functioning identified to receive school mental health & educational interventions to prevent high school dropout
- 5 year grant funded by IES
- RCT with 54 high schools across 5 states



Method: Procedure & Eligibility

1. Schools identified students that exhibited the most severe emotional, behavioral, and school problems
2. Symptom severity: At least at-risk level of emotional or behavioral problems on parent/teacher/self report measures
AND
Functional impairment: At least 2 areas of school impairment based school records: referrals (4+/semester), absences/tardies (5+/month), suspensions (2+/year), failing grades (1+F/semester, 1+Ds/semester)
3. Ineligible if IQ < 70 or developmental disability or autism documented

Method: Participants

- 647 adolescents
- Majority male (66%), 9th/10th grade (80%), low income (71% < \$40,000)
- 49% have a special education classification
- 52% white, 39% black, 5% Hispanic
- 39% suburban, 37% rural, 24% urban

Method: Measures

- Behavior Assessment System for Children, Second Edition (Reynolds & Kamphaus, 2004) Adolescent self report of Depression (14 items) and Anxiety (14 items) scales
- Behavior Assessment System for Children, Second Edition (Reynolds & Kamphaus, 2004) Parent report of Hyperactivity (# items), Aggression (# items), and Conduct problems (# items)
- SACA/SCAPI (Hoagwood et al., 2000; Jensen et al., 2004) Mental Health Service use information collected from two parent-report measures to identify community-based psychosocial, school-based psychosocial, pharmacological, and inpatient services that students had received in their lifetime

Method: Analytic Plan

- Latent Profile Analysis, Mplus 7.31(Muthen & Muthen, 2011)
 - Depression, Anxiety, Hyperactivity, Aggression & Conduct problems
 - Determine number of classes
 - Multiple model fit indices: AIC, BIC, Adj BIC, LMR LRT and Adj LMR LRT
- Multinomial regression to examine the extent to which socio-demographic characteristics (age, gender, race, education status, income) predict likelihood of class membership
- Logistic regression to examine the likelihood of having received certain types of services (community psychosocial, school, inpatient, or pharmacological treatment)

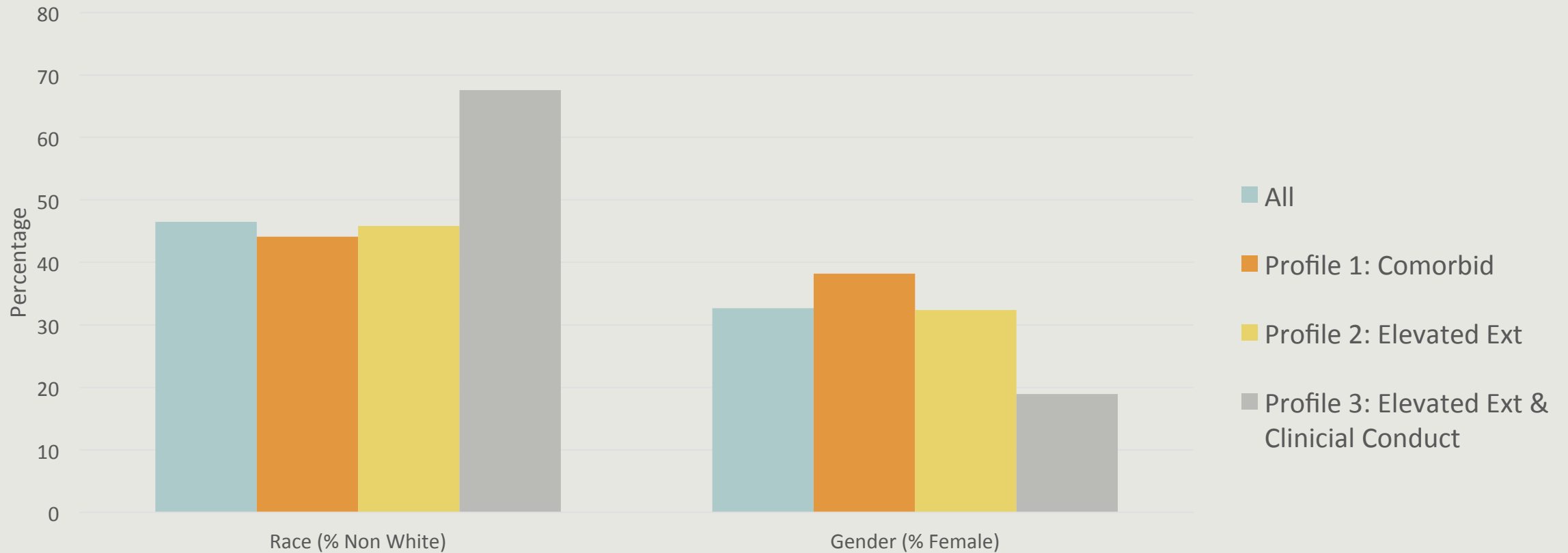
Results: How Many Profiles?

Model	AIC	BIC	ABIC	Entropy	LRT p	ALRT p	Participants per class
1 class	8682.97	8727.67	8695.91	---	---	---	Class 1: 100%
2 class	8295.54	8367.05	8316.25	.873	.000	.000	Class 1: 21.86% Class 2: 78.14 %
3 class	8082.89	8181.21	8111.36	.894	.646	.646	Class 1: 21.09% Class 2: 73.18% Class 3: 5.74%
4 class	7871.15	7996.29	7907.39	.903	.070	.072	Class 1: 67.76% Class 2: 10.85% Class 3: 20.47% Class 4: .93%

Results: Profiles of Adolescents

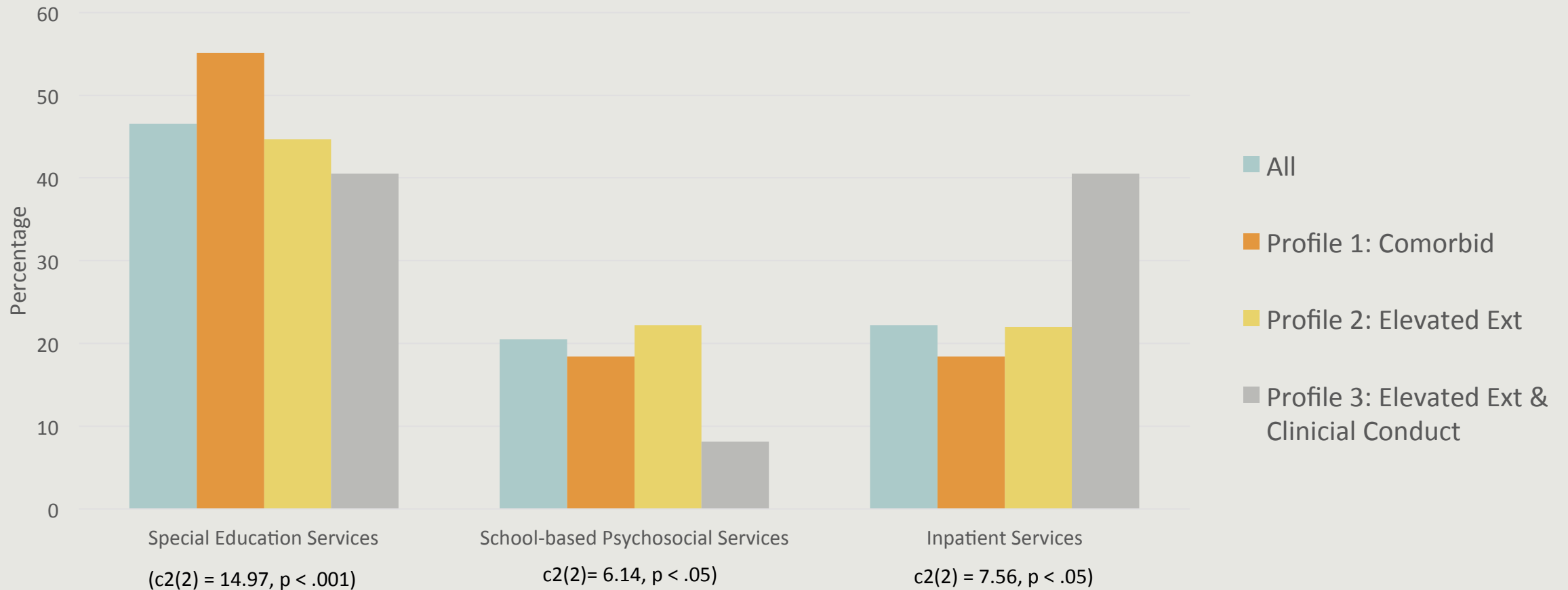
	Profile 1: Comorbid Int/ Ext 21.09% (n = 136)	Profile 2: Elevated Ext 73.18% (n = 472)	Profile 3: Elevated Ext & Clinical Conduct 5.74% (n = 37)
	M (SD)	M (SD)	M (SD)
Anxiety	60.82 (11.11)	46.80 (8.73)	52.61 (11.03)
Depression	73.18 (8.40)	47.49 (6.35)	52.44 (8.70)
Hyperactivity	65.06 (14.50)	66.38 (13.90)	68.17 (12.26)
Aggression	61.40 (13.60)	61.80 (13.08)	63.53 (14.85)
Conduct	64.18 (15.19)	65.27 (15.17)	71.92 (14.94)

Results: Student Demographic Differences



▪($\chi^2(6) = 15.53, p < .05$)

Results: Differences in Behavioral & Mental Health Services



Summary of Research, Policy and Practice Implications

Overrepresentation of minority male students in Profile 3

Possible profile 3 excluded from Special Education services due to pejorative, misinformed and often misapplied social maladjustment policy

Profile 3 most likely to receive inpatient, least likely to receive special education and other school-based services; yet we know creating a continuum of care and wrap around services across youth serving systems is best practice

Clarifying Q&A

Paper 2: Policy Example

SANDRA M. CHAFOULEAS & AMY M. BRIESCH



State-level priorities in school-based policies and initiatives in assessment of behavior

Sandra M. Chafouleas
University of Connecticut

Amy M. Briesch
Northeastern University

*Presentation as part of the symposium titled “Accessing Behavioral Health Services:
School-Based Examples of Research, Policy and Implementation” (Chair: Splett)*

August 2016 APA convention (Denver, CO)

Goal of Today's Presentation

- To review findings from Part 1 of an IES-funded research project exploring *what*, *why*, and *how* related to social, emotional, and behavioral (SEB) screening practices in U.S. schools
- Today, we address search and coding of documents released by state departments of education as related to SEB service delivery for students.
 - Note. Focus is on proactive, not reactive SEB.



Important note before we start...

acknowledgements to the team

- Amy Briesch, Northeastern University
- Sandy Chafouleas, Neag School, UConn
- Jennifer Dineen, Dept of Public Policy, UConn
- Betsy McCoach, Neag School, UConn
- Helene Marcy, Project Manager, UConn
- Austin Johnson, (former) Project Manager @ UConn, now at UC-Riverside
- Many graduate students...



Why is screening important, and why are schools the “right” setting?

- Substantial SEB challenges for children and adolescents exist yet there are **significant unmet needs** or lags in meeting those needs (Levitt et al, 2007; National Mental Health Association, 2005)
- **Schools are settings attended** by the vast majority of children under the age of 10 years (Romer & McIntosh, 2005)
- When schools serve as a setting for service delivery, **typical barriers are greatly reduced** (Masia-Warner et al., 2005; McLoone, Hudson, & Rapee, 2006)
- In reality, **schools already serve as a primary point for family access** to mental health services (Farmer et al, 2003)



What are schools doing with regard to screening?

Romer & McIntosh (2005) survey of school-based mental health professionals in secondary settings

- **Majority** of schools had clearly defined and coordinated process for providing referrals
- **Roughly half** of schools had clear process for diagnosing students
- **Only 2-7%** of schools conducted universal screening



Why is it not being done?

Several potential barriers:

- Teachers' concerns that their discretion will be reduced
- Financial costs
- Availability of trained staff
- Extra work involved
- Potential stigmatization of students who are identified/labeled
- Parental concerns involving consent
- Questions about the validity of discrepant rates of disorders related to gender, race/ethnicity, and economic status
- Ability of schools to provide follow-up services to those identified as in need

(National Research Council and Institute of Medicine, 2009)





Title: Exploring the Status and Impact of School-Based Behavior Screening Practices in a National Sample: Implications for Systems, Policy, and Research

Purpose: The NEEDs2 project aims to understand if and how social, emotional, and behavioral screening assessments are being used in schools, and what factors influence use.

Funder: Institute of Education Sciences (R305A140543), within the social and behavioral context for academic learning portfolio.

Overview of Project: Research Questions

Document Coding

- Nationally, what do state and district-level priorities look like with regard to school-based behavior policy?

Stakeholder Surveys

Nationally, do school districts incorporate behavior screening practices? If so, what do those practices look like at elementary and secondary levels?;

What do key stakeholders perceive as the intended purpose, value, and usability of school-based behavior screening? For those implementing practices, what is the perceived effectiveness?

Structural Equation Modeling

- Does implementation of behavior screening practices predict student behavioral outcomes? If so, do practices serve as a partial mediator and moderator for district characteristics, perceived usability, and behavior curricula practices?



RQ1: Nationally, what do state and district-level priorities look like with regard to school-based behavior policy?

- **Do state-produced documents refer to key aspects** of school-based social, emotional, and behavioral supports (teach, intervene, assess)?
- In state-produced documents, **how often is information provided** regarding key aspects of social, emotional, and behavioral supports (teach, intervene, assess)?
- **What specific practices, strategies, concerns, and priorities** are referred to within state-produced documents relating to social, emotional, and behavioral supports (teach, intervene, assess)?



The SEARCH (conducted May/June 2015)...

Mission
Statements



Policy



Funding Initiatives



Recommendations



Content We Looked For...

- Refer to curriculum, program, or framework for **teaching** SEB skills to all or a majority of students
 - EX. Core behavioral instruction, SEL, Character Development
 - EX. PBS, Safe & Civil Schools, Open Circle
- Refer to **assessment**, testing, or screening in relation to SEB outcomes?
 - Screening, diagnostic, progress monitoring, or summative
- Specify a method or process for **providing SEB support** to specific students who are at-risk for or demonstrating behavioral problems?



Other Criteria For Inclusion

- Defined as “priorities concerns, standards, or practices of any type (assessment, teaching, intervention) relating to student social, behavioral, or emotional outcomes”
 - **NOT** school professional outcomes, academic outcomes
- Document was produced in collaboration with state department of education or for state department of education
 - **NOT** outside agencies with no clear reference to state department of education
- Relevant to PreK-12 grades
 - **NOT** after-school, exclusively 18-21 yr olds, exclusively birth to 3
- References or intended for general or universal student population
 - **NOT** specifically directed to special education populations, ethnic or cultural groups, LGTPQ, ELL, etc...



Preliminary Results of Coding

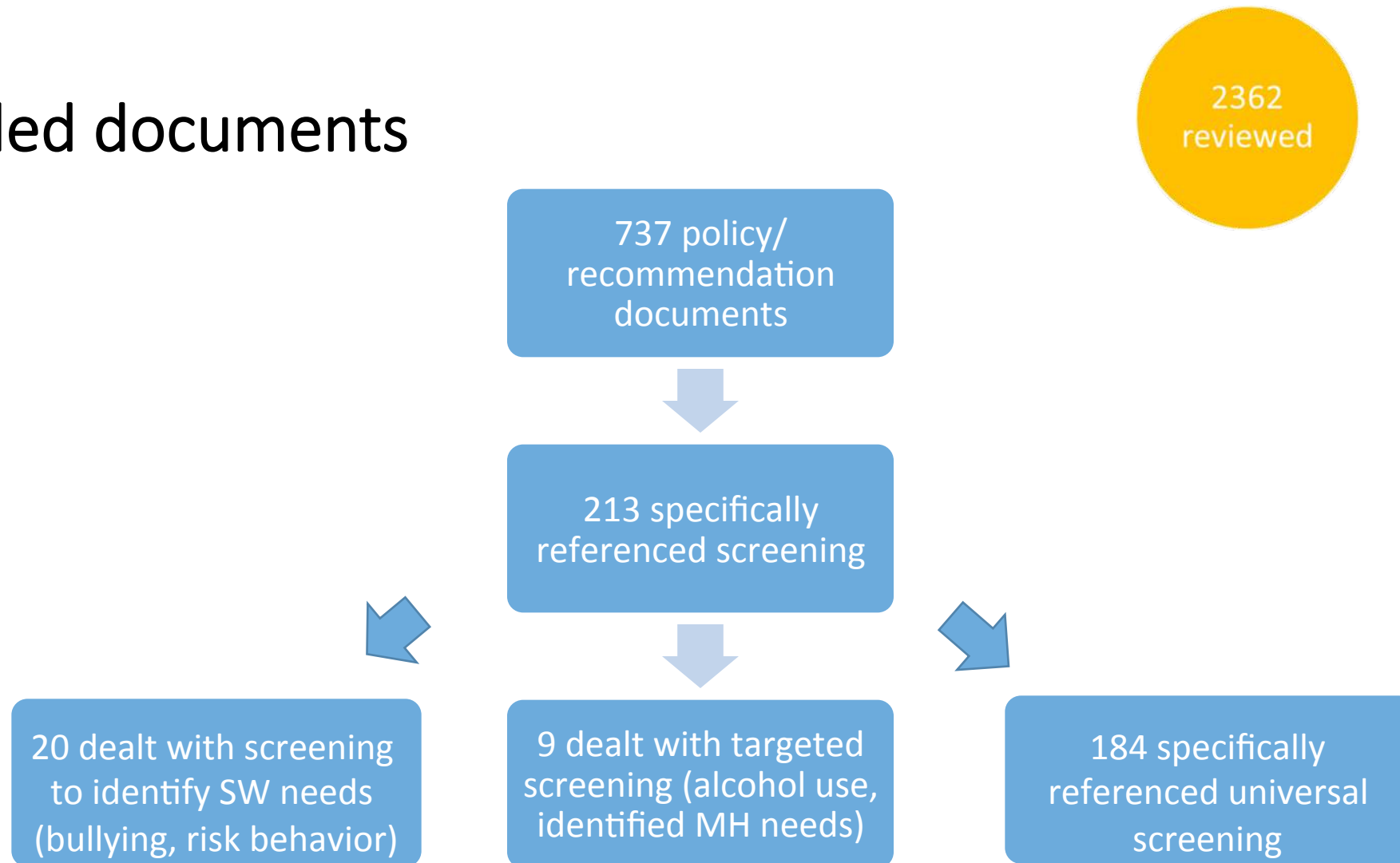
Focus on Screening



What we found overall



Included documents



Overview

- Policy documentation associated with behavior screening practices located for 46/51 states (90%; N/A = DC, IN, NV, TN, TX)
- Only aggregate screening = NE, VT
- Only early educational screening = NC, RI



PreK-K Screening

- Reference to early screening across developmental domains for **17/51** states (33%)
- 64% mandated, 18% recommended, 18% informational
- Most typically annual screening (88%)
- 41% rating scales, 29% not specified, 12% observation
 - Specific assessments infrequently mentioned (EX. KY BRIGANCE Early Childhood Screen)
- Behavioral constructs referenced = self esteem, self regulation, social skills, well-being



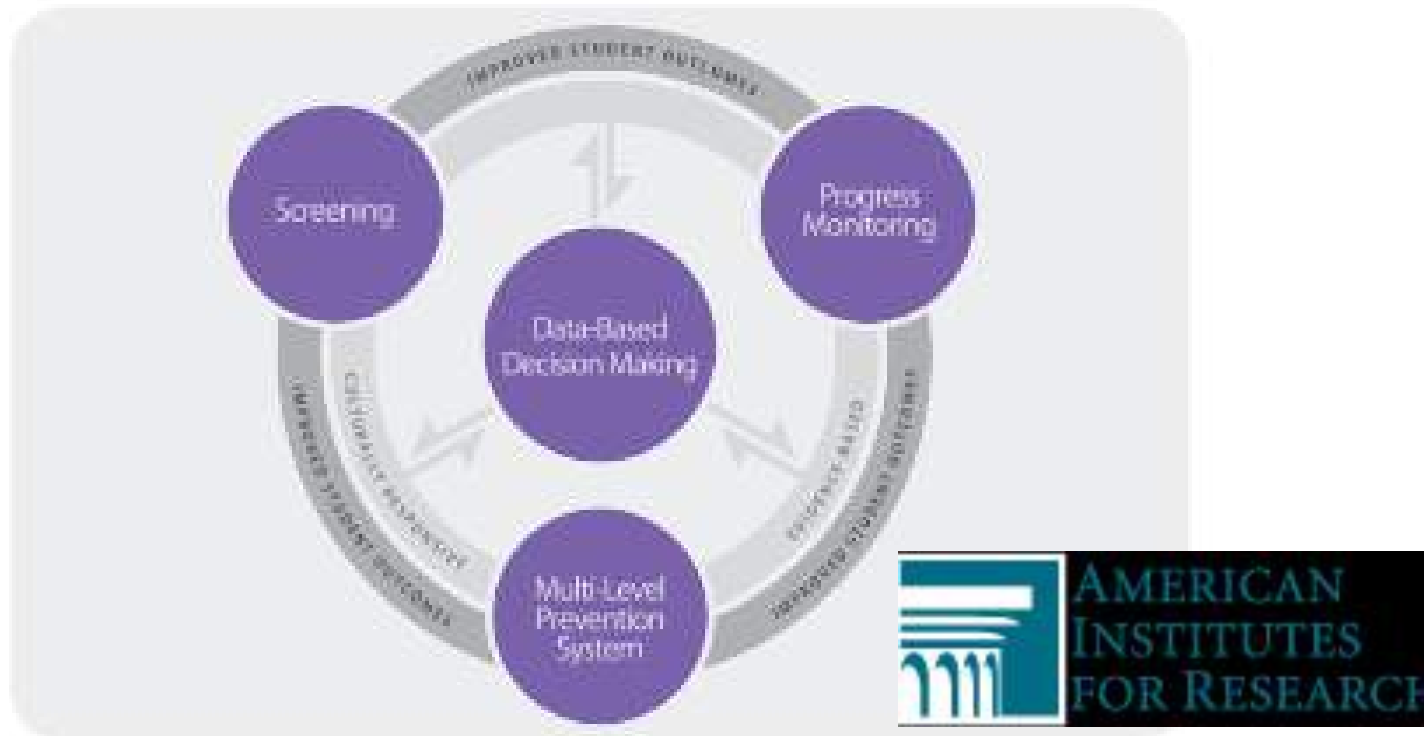
K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)



Screening as a core component

- Consistent with NCRTI guidelines, screening typically noted to be essential component of RTI, MTSS



All too common

- “The RTI framework supports both academic and behavioral support...”

II. SCREENINGS APPLIED TO ALL STUDENTS IN THE CLASS

A school district's process to determine if a student responds to scientific, research-based instruction shall include screenings applied to all students in the class to identify those students who are not making academic progress at expected rates.

[8NYCRR §100.2(ii)(1)(ii)]

SCREENINGS

Screening is an assessment procedure characterized by brief, efficient, repeatable testing of age-appropriate academic skills (e.g., identifying letters of the alphabet or reading a list of high frequency words) or behaviors. Screenings are conducted for the purposes of initially identifying students who are “at-risk” for academic failure and who may require closer monitoring and/or further assessment.

Most authorities recommend the use of *curriculum based measures* (CBMs) in Tier I (Brown-Chidsey & Steege, 2005; Fuchs, 2004; Hosp & Hosp, 2003; McCook, 2006).

K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)
- General information within PBIS document (N = 6)



PBIS

- Generally noted to be component (GA, NJ, OH)
- Describes use rating scales and records to identify behavioral risk (WY)
- Describes use of cutoff scores (NH)
- Recommends screening 3x/yr, identify % of students, review by multi-disciplinary and grade-level teams, use of standard intervention (OR)



K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)
- General information within PBIS document (N = 6)
- Specific information recommended about behavioral screening (N = 14)



Behavior-Specific Guidance (N = 14)

- **AR** DoE initiative recommends SEB screening
- **FL** MTSS document describes nomination form adapted from the SSBD
- **HI** recommends early warning system to identify at-risk students
- RTI/MTSS documents describe screening for social-emotional well-being (**IL, SD, VA**)
- **KS** MTSS document recommends screening to identify behavioral risk
- **KY** document describes GAIN screener developed through statewide initiative
- **LA** Dyslexia Law recommends screening K-3 “for existence of impediments to successful school experience”
- **ME** provides list of tools that can be used for SEB screening at different grades
- **NH** provides decision tree for what to do with behavioral screening data
- **WA** State Early Learning Plan recommends SEB screening birth-3rd grade
- **WV** Expanded SMH document provides recommendations for SEB screening

K-12 Screening

- No information (N = 9)
- Only general information about screening within MTSS/RTI (N = 21)
- General information within PBIS document (N = 6)
- Specific information recommended about behavioral screening (N = 14)
- Behavioral screening mandated (N = 1)



New Mexico (Subsection D of State Rule 6.29.19 NMAC)



In tier 1, the school and district shall ensure that adequate universal screening in the areas of general health and well-being, language proficiency status and academic levels of proficiency has been completed for each student enrolled.

RTI Guide: “Behavior is often screened against local and school norms for behavior rates to determine at-risk status....Ideally, a universal screening committee in each school oversees the screening process...”



Screening Specificity

- Who is responsible for overseeing assessment
- What areas are assessed
- Who is assessed
- Type of measure(s) used (N = 21; 50%)
- Who completes the assessment
 - Teachers/support personnel (N = 9; 21%)
- When assessment occurs (N = 25; 60%)
 - 3x/yr (N = 19)
 - 1x/yr (N = 3)
 - Variable (N = 3)



Screening Specificity

- How often data are reviewed
- Who reviews the data (52%)
 - Multi-disciplinary team (N = 19)
 - Teachers (N = 2)
 - Specialists (N = 1)
- How students are identified (45%)
 - Cutoff scores/percentages (N = 17)
 - Teacher/team judgment (N = 2)
- Training re: screening practices (40%)
 - Generally noted (N = 12)
 - More specific details (N = 5)
- Response to screening data (40%)
 - Standard intervention (N = 6)
 - Specific intervention (N = 7)
 - Additional assessment (N = 4)



Specific types of screening

Reference to specific types of screening made across 5 states

- Notes importance of screening to identify suicide risk (PA)
- **Recommends** screening as part of suicide prevention (ID, IL, WI, WV)
- **Recommends** optional screening for eating disorders (VA)



Implications for research, policy and practice

- Part 1 CAVEAT: We need to continue to examine coding more closely to evaluate quality, but...
- Wide range with regard to clarity and specificity in expectations for screening and how procedures are done
 - Should there be more policy guidance, and if so, who and what?
- Generally, behavior continues to receive less focus than academics...however, our recent conversations indicate behavior is more on the radar
 - Are the conversations evidence-based and/or socially-driven?





www.needs2.org

Thank you, questions, & comments...

sandra.chafouleas@uconn.edu

a.briesch@neu.edu

Clarifying Q&A

Paper 3: Implementation Example

WENDY M. REINKE, KEITH C. HERMAN, AARON THOMPSON, & LOU
ANN TANNER-JONES

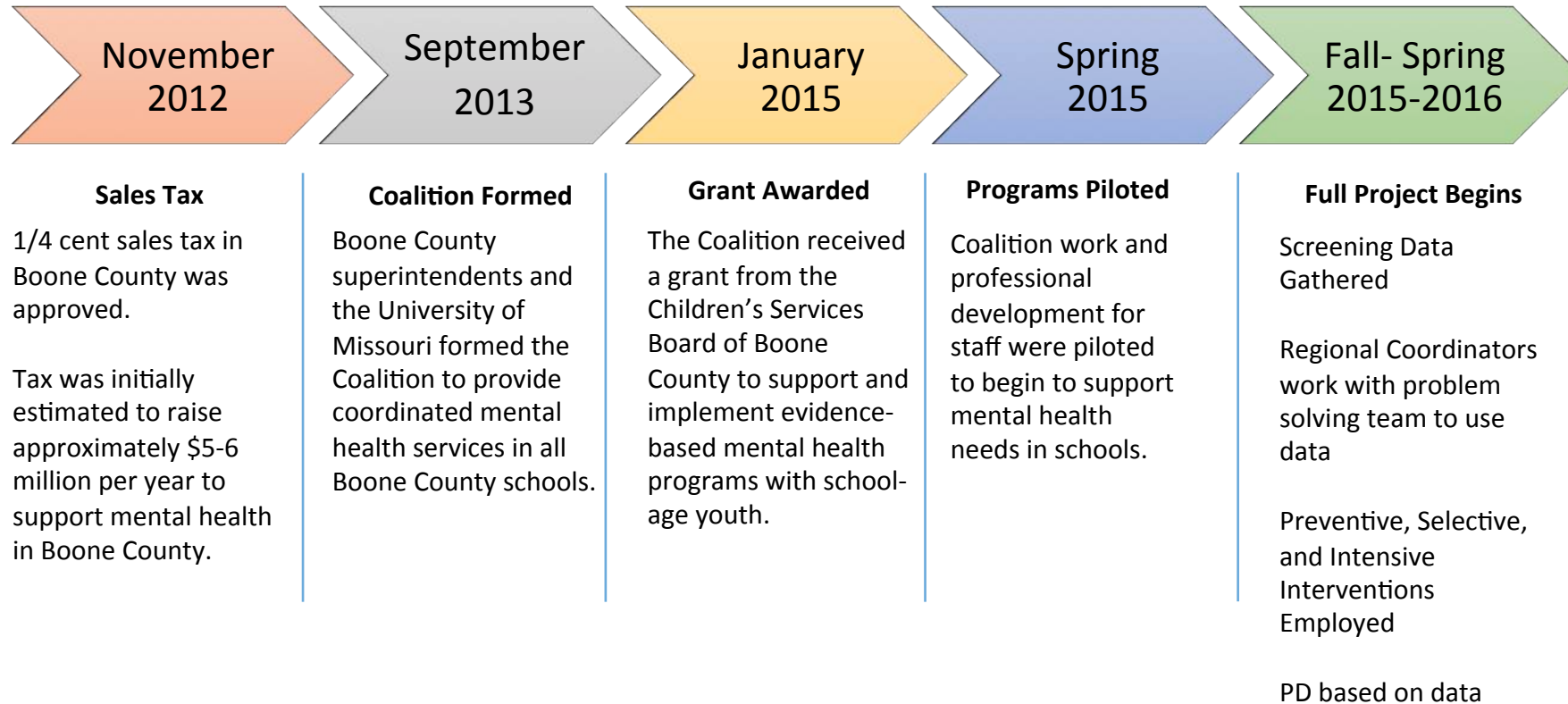
Creating a Comprehensive Data-based Coordinated System to Promote Social Emotional Development

Wendy M. Reinke, Ph.D.
Keith C. Herman, Ph.D.
Aaron Thompson, Ph.D.
Lou Ann Tanner-Jones, Ph.D.

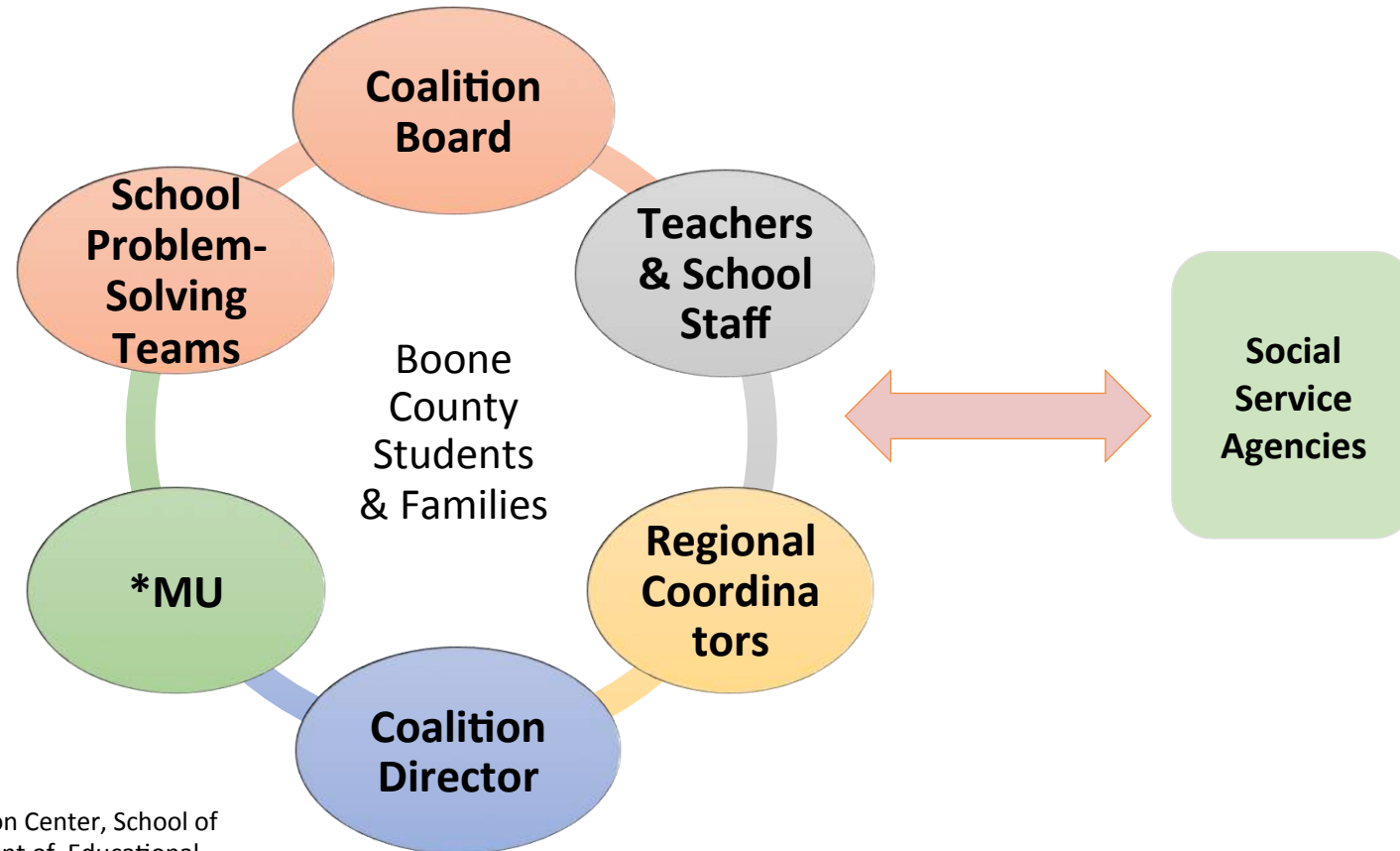
University of Missouri
Missouri Prevention Center
August 4, 2016
American Psychological Association



Boone County Schools Mental Health Coalition Timeline



Coalition Collaboration



* MU Missouri Prevention Center, School of Social Work & Department of Educational, School and Counseling Psychology





County-Wide Assessment System

- Teacher Ratings of Students K-12
 - **Risk Focused on Four Areas**
 - **Attentional Issues and Academic Competence**
 - **Peer Relations and Social Skills**
 - **Internalizing Behaviors**
 - **Self-Regulation and Externalizing Behavior**
 - **Each Risk Indicator within each Area strongly related to Mental Health**
 - **Goal is to Gather Data 3 times per year**
 - **Fall, Winter, & Spring**

Coalition Teacher Checklist

- Teacher Checklists were completed in all Boone County Schools and one private school building.
- Data provided for over 23,000 students.

Educator Input Record

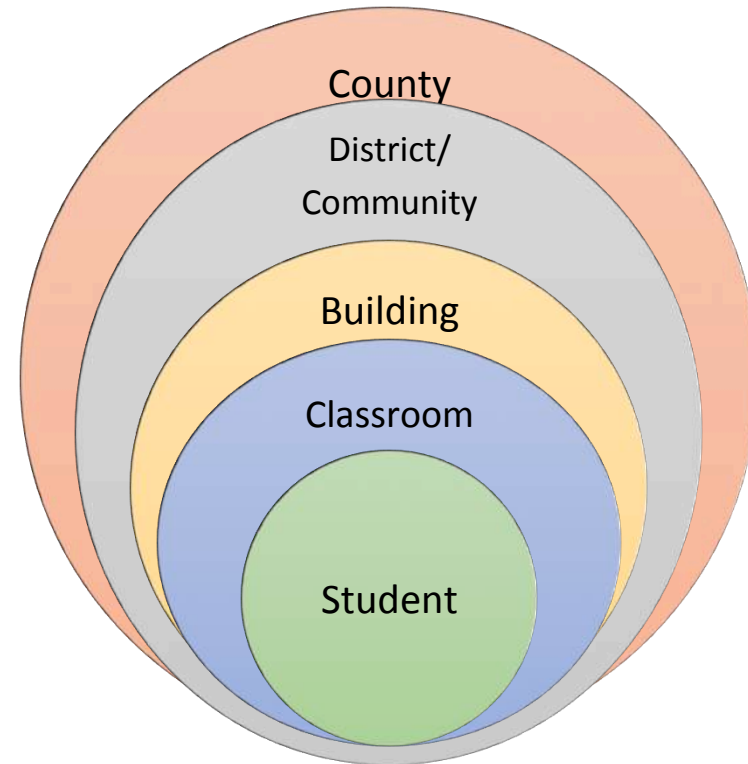
Logout

Behavior Metrics	Dexter Allard	Anika Allison	Lisandra Armstrong	Chasity Beck	Gail Bell	Kylie Bird	Moses Bonner	Mia Cantrell	Yusuf Cotton	Victoria Garcia	Ramona Hyde	Trevor Logan	Ginger Maxwell	Hedda McCall	Lenore Miles	Kelcie Monroe	Hanae Murray	Destinee Nielsen	Whitemaria Olson	Ferris Park	Ethan Richard	Bradley Ruiz	Darius Rison	Kim Ryan	Brittany Sharpe	Burke Shepard	Lawrence Solomon	Dakota Velez	Kells Watson	Yetta Willis
Poor organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Poor academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Is disliked by prosocial peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is left out of activities by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Does not work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Has poor social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is bossy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble expressing feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

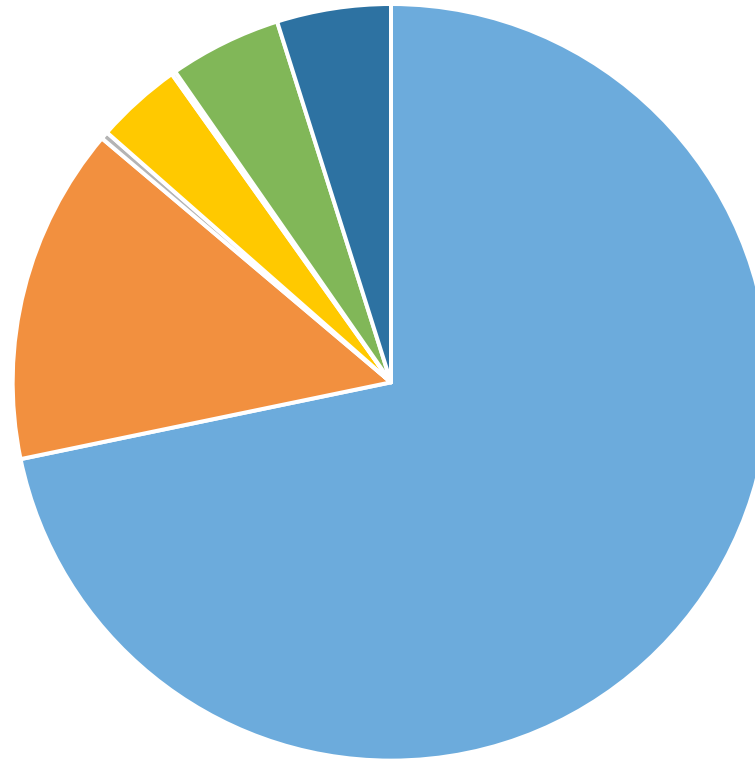
Save Cycle
Page 1

What Data Will This Give Us?


- Gain an understanding of mental health needs at a variety of levels
- Provide direction for use of evidence-based interventions at each of these levels



STUDENTS SERVED



- WHITE
- BLACK/AFRICAN AMERICAN
- NATIVE AMERICAN/ALASKAN NATIVE
- ASIAN
- NATIVE HAWAIIAN/PACIFIC ISLANDER
- HISPANIC



Attention and Academic Competence

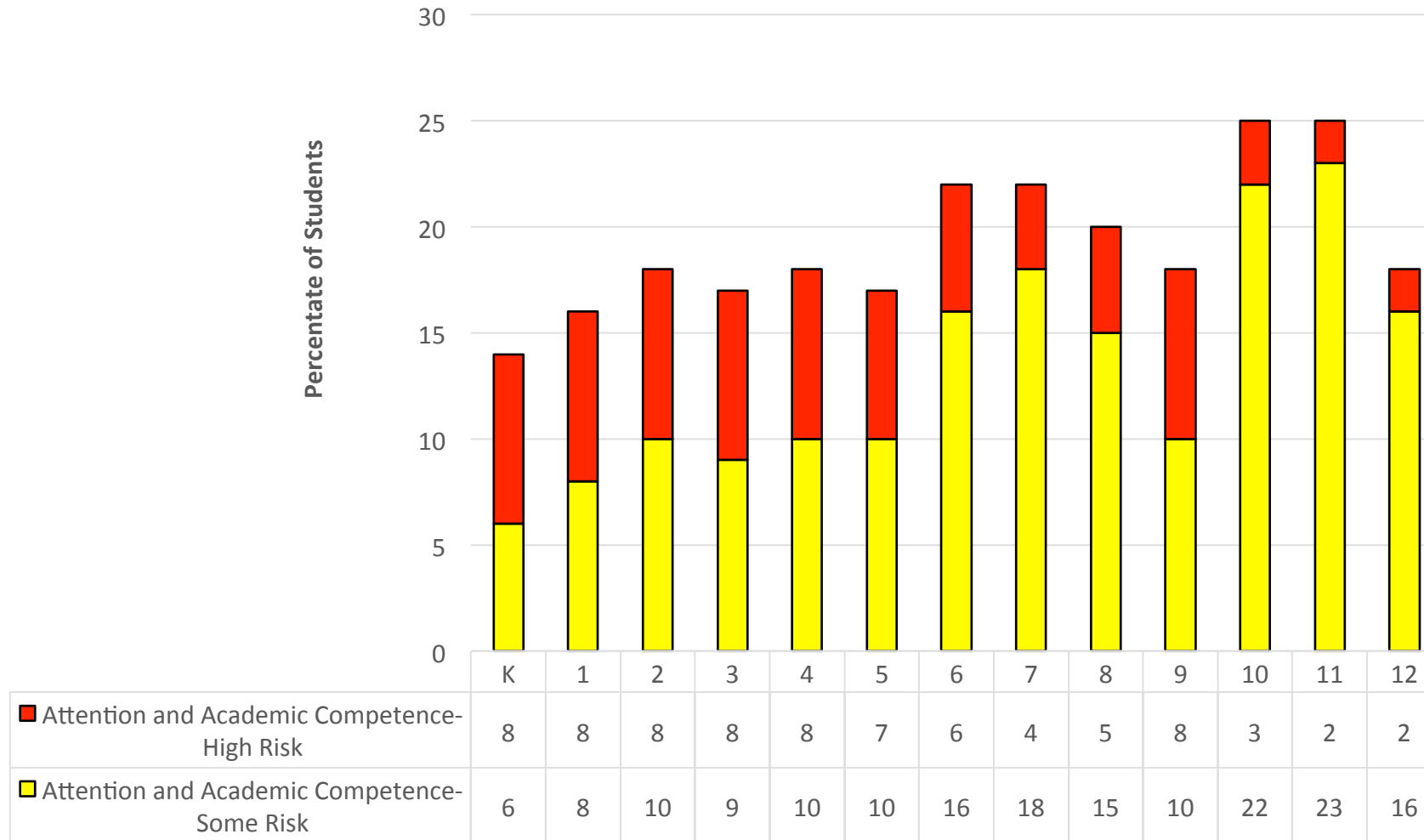
Risk Area



Students At Risk

- High Risk versus Some Risk
 - Local Norming was used: These data compare students within the same school to one another (rather than across all schools).
 - High Risk (Red)= Student risk within the area is in need of attention and is significantly higher than peers in the same school.
 - Some Risk (Yellow)= Student is demonstrating enough risk for concern as compared to peers in the same school.

Attention and Academic Competence Risk Level By Grade



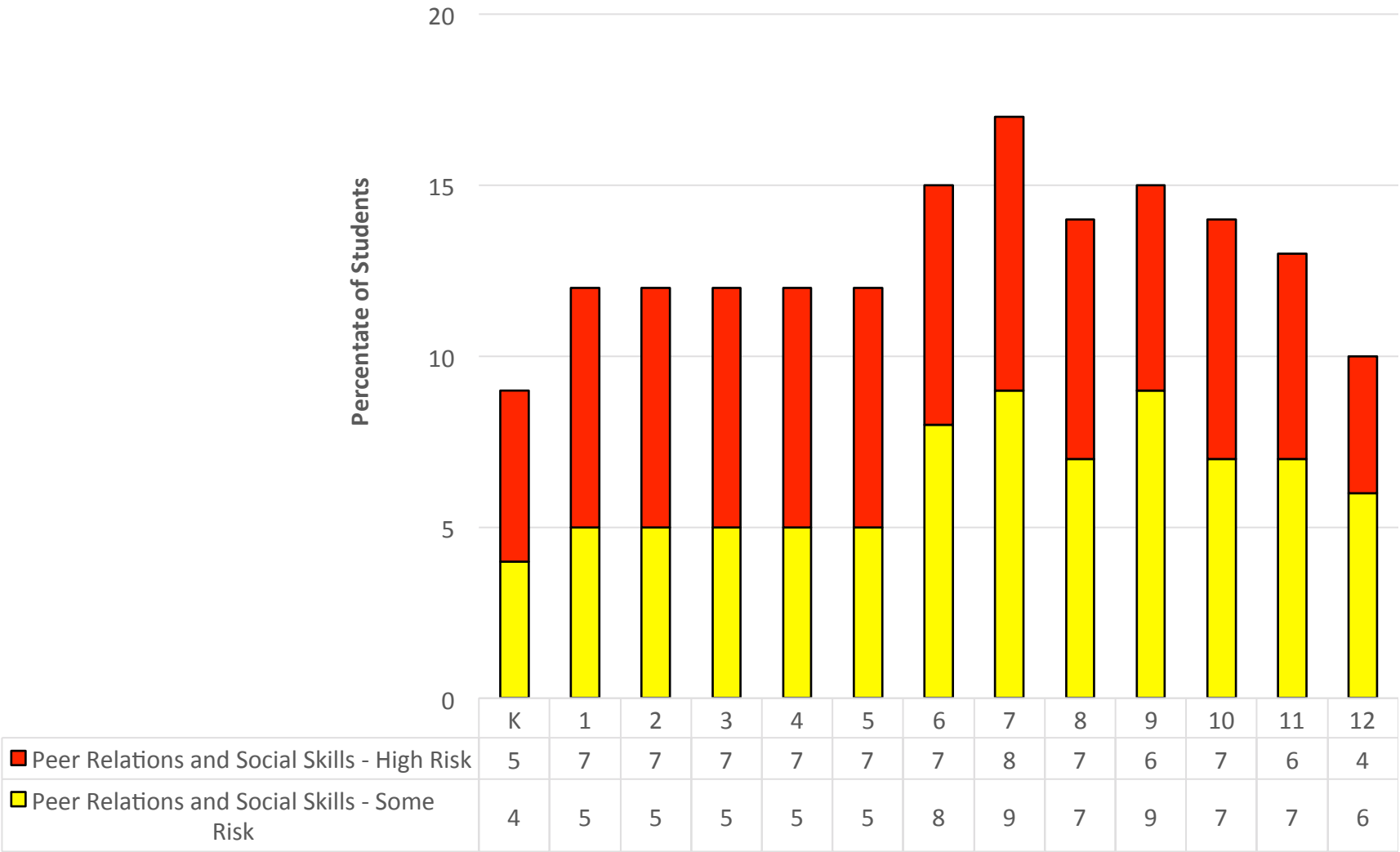
Red indicates the percentage of students in this grade who have significantly higher risk in this area than their peers.
 Yellow indicates the percentage of students in this grade who have some risk in this area as compared to peers.



Peer Relations and Social Skills

Risk Area

Peer Relations and Social Skills Risk Level By Grade



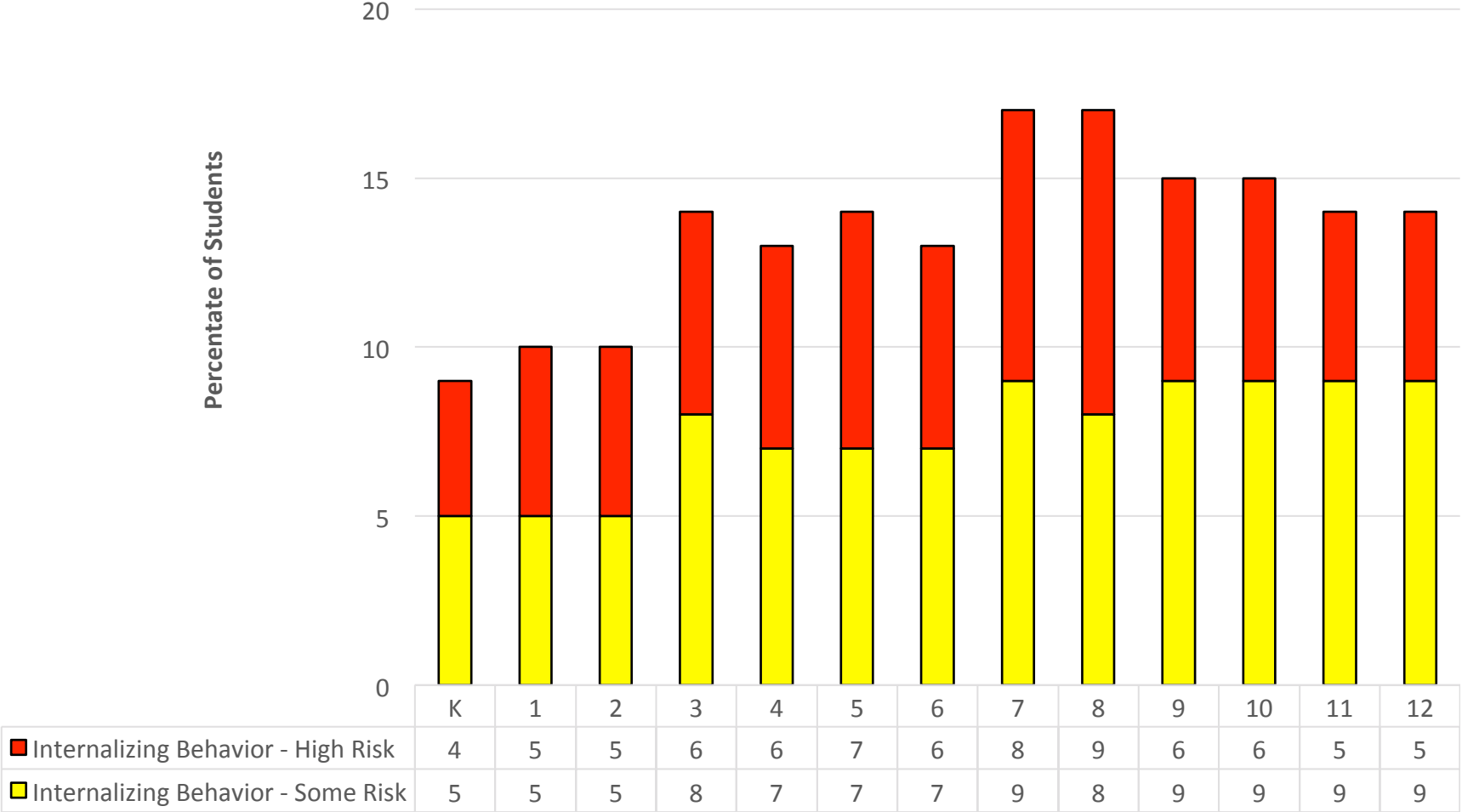
Red indicates the percentage of students in this grade who have significantly higher risk in this area than their peers. Yellow indicates the percentage of students in this grade who have some risk in this area as compared to peers.



Internalizing Behavior

Risk Area

Internalizing Behavior Risk Level By Grade



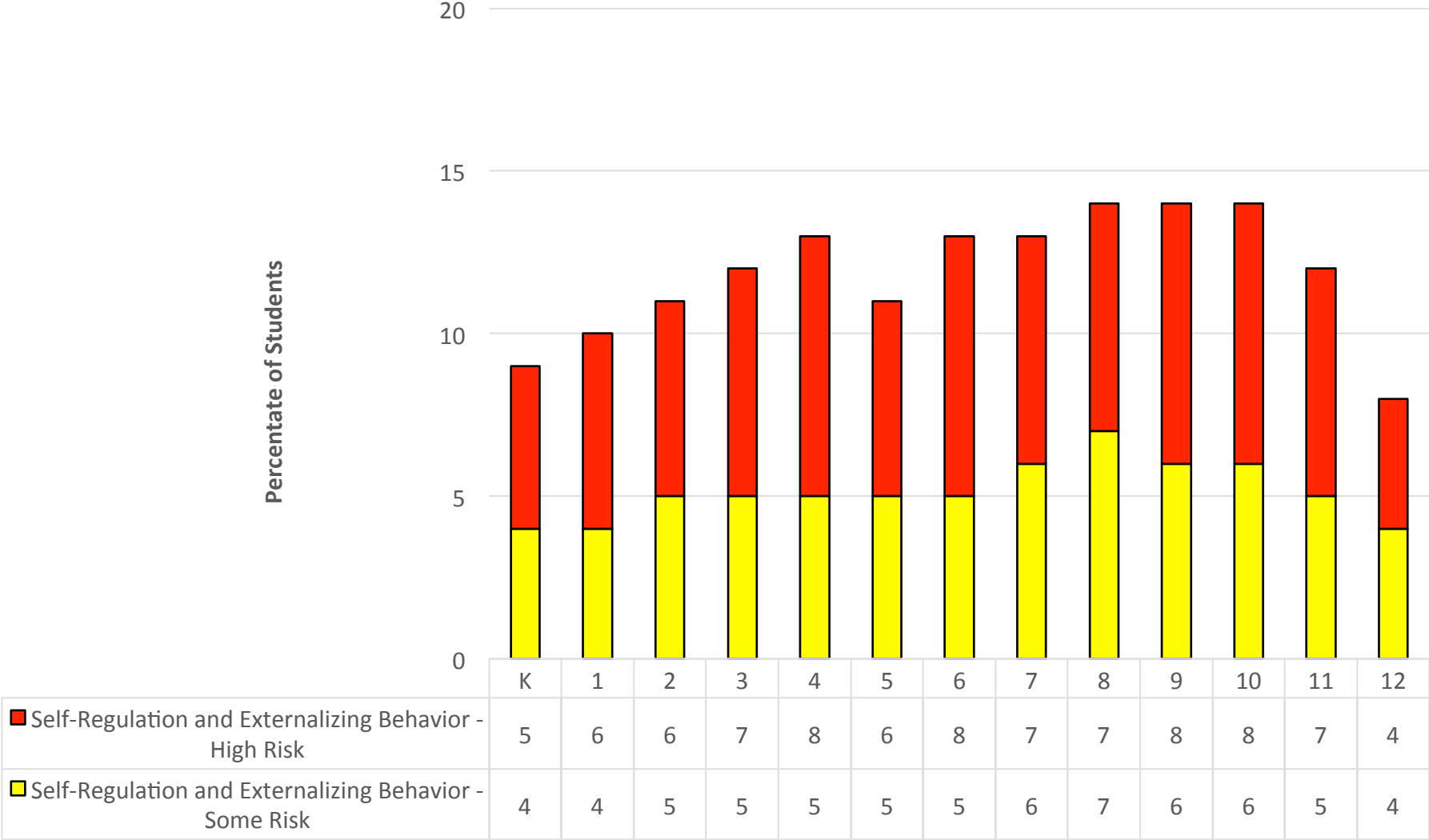
Red indicates the percentage of students in this grade who have significantly higher risk in this area than their peers.
Yellow indicates the percentage of students in this grade who have some risk in this area as compared to peers.



Self-regulation & Externalizing behavior

Risk Area

Self-Regulation and Externalizing Behavior Risk Level By Grade

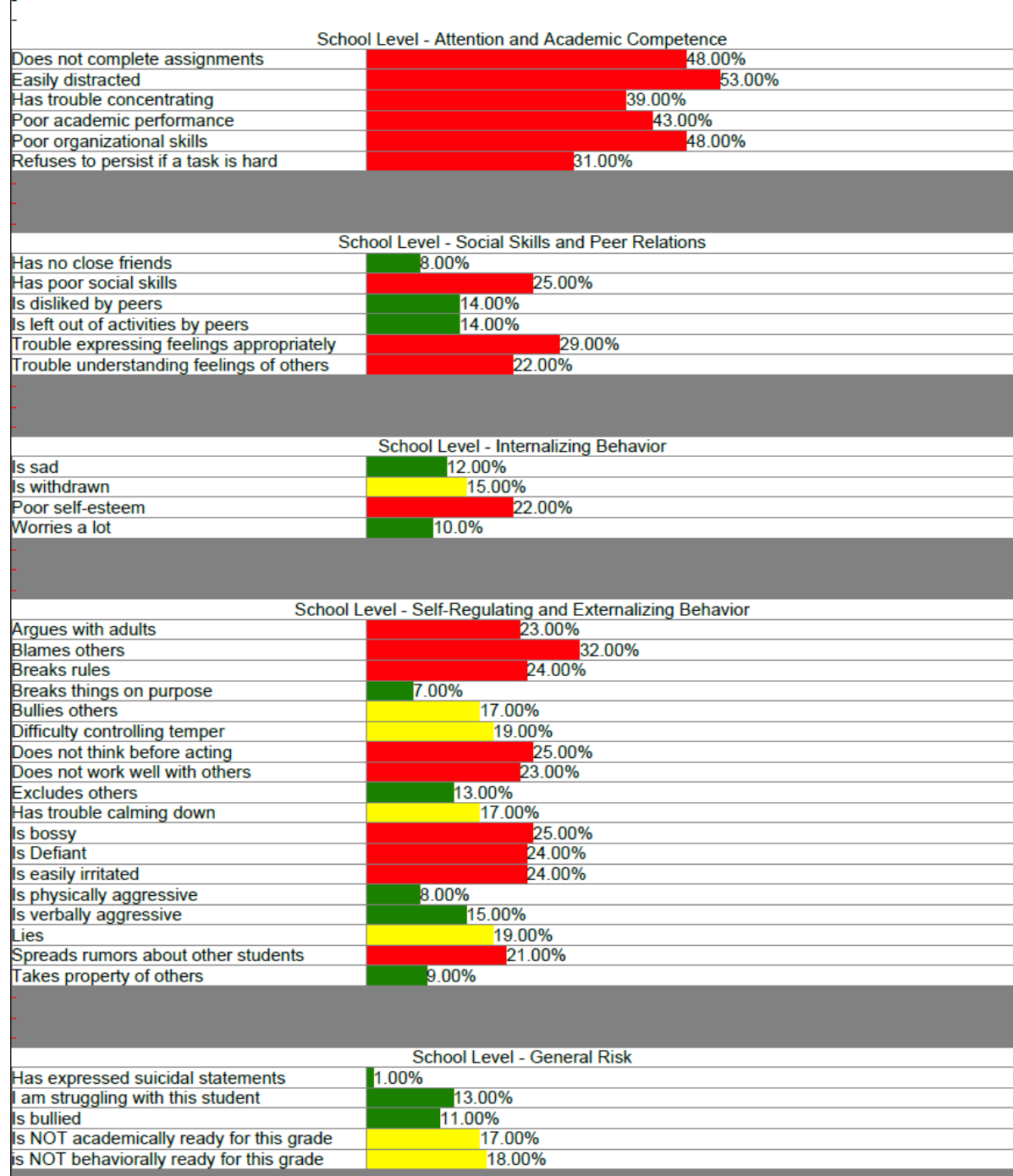


Red indicates the percentage of students in this grade who have significantly higher risk in this area than their peers.
Yellow indicates the percentage of students in this grade who have some risk in this area as compared to peers.



Using these Data in Schools

School and Grade Level Report



Individual Report

Student Name	Aaron Thompson
Grade	9
Age	16
School	Clearfield High School

The following provides a summary of areas in which this student may need additional supports to be successful. Green indicates that the item was not endorsed. Yellow indicates that an item was endorsed and may benefit from attention. Overall areas in yellow indicates that this students overall score was slightly elevated in this area as comparison to peers. Red indicates that the overall area is a concern and needs attention; scores were 2 standard deviation higher than peers.

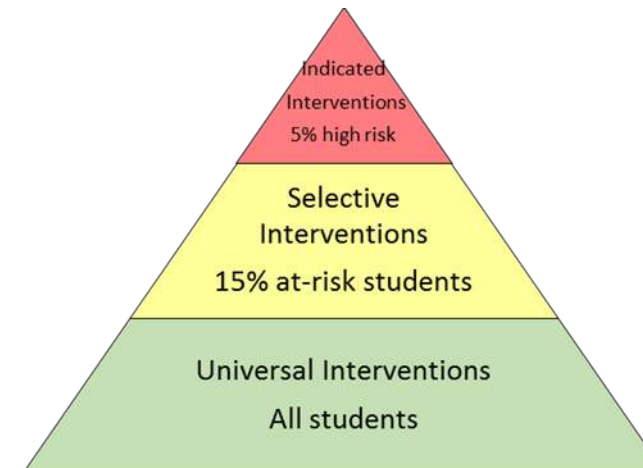
No Risk	Some Risk	Needs Attention
---------	-----------	-----------------

Attention and Academic Competence	
Poor organizational skills	
Poor academic performance	
Easily distracted	
Does not complete assignments	
Refuses to persist if a task is hard	
Has trouble concentrating	

Social Skills and Peer Relations	
Is disliked by peers	
Is left out of activities by peers	
Has no close friends	
Has poor social skills	
Trouble expressing feelings appropriately	
Trouble understanding feelings of others	

Intervention Focus Based on Data

- **Attention and Academic Competence** interventions focus on increasing executive functioning, on-task behavior, planning, and organizational skills in youth.
- **Peer Relations and Social Skills** interventions focus on increasing relationship, communication, and problem solving skills in youth.
- **Internalizing Problems** interventions focus on using cognitive behavioral strategies for decreasing anxiety and/ or depressive symptoms in youth as well as improving self-esteem.
- **Self-regulation and Externalizing** interventions focus on impulse control, goal setting, problem solving, emotion recognition, and anger control strategies to decrease disruptive, impulsive, and aggressive behaviors in youth.



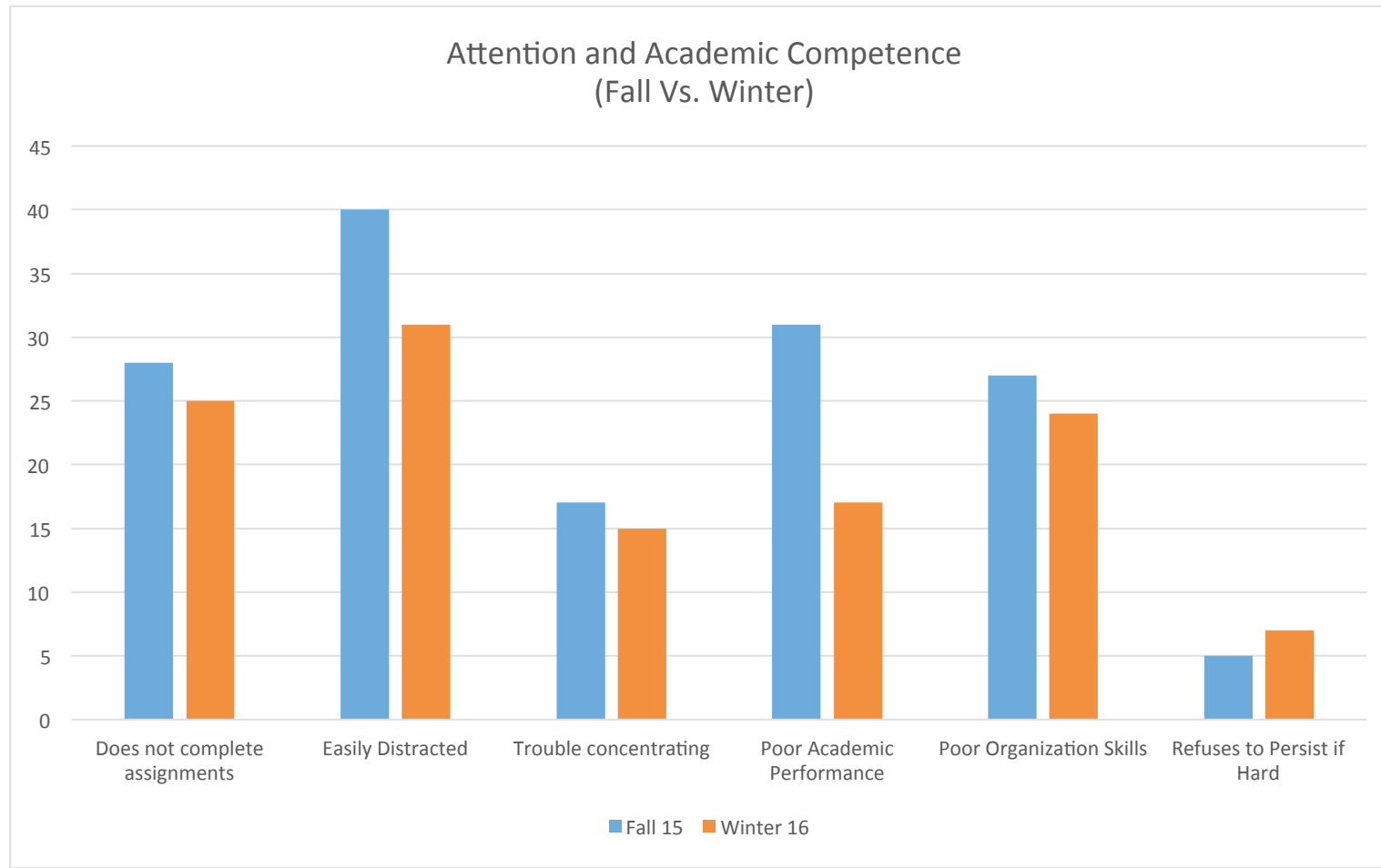
Intervention Level	Focus of Intervention	Student Age Level	Number Students Served
Universal	Attention and Academic Competence	Elementary	280
		Middle	63
		High	166
Selective	Attention and Academic Competence	Elementary	69
		Middle	24
		High	1
Indicated	Attention and Academic Competence	Elementary	6
		Middle	1
		High	1
Selective	Peer Relations and Social Skills	Elementary	136
		Middle	44
		High	15
Indicated	Peer Relations and Social Skills	Elementary	8
		High	2
Selective	Internalizing Problems	Elementary	44
		Middle	19
		High	4
Indicated	Internalizing Problems	Elementary	9
		Middle	23
		High	10
Universal	Self-Regulation & Externalizing Problems	Elementary	572
Selective	Self-Regulation & Externalizing Problems	Elementary	133
		Middle	10
		High	24
Indicated	Self-Regulation & Externalizing Problems	Elementary	89
		Middle	33
		High	42



Examples of Evidence Based Interventions

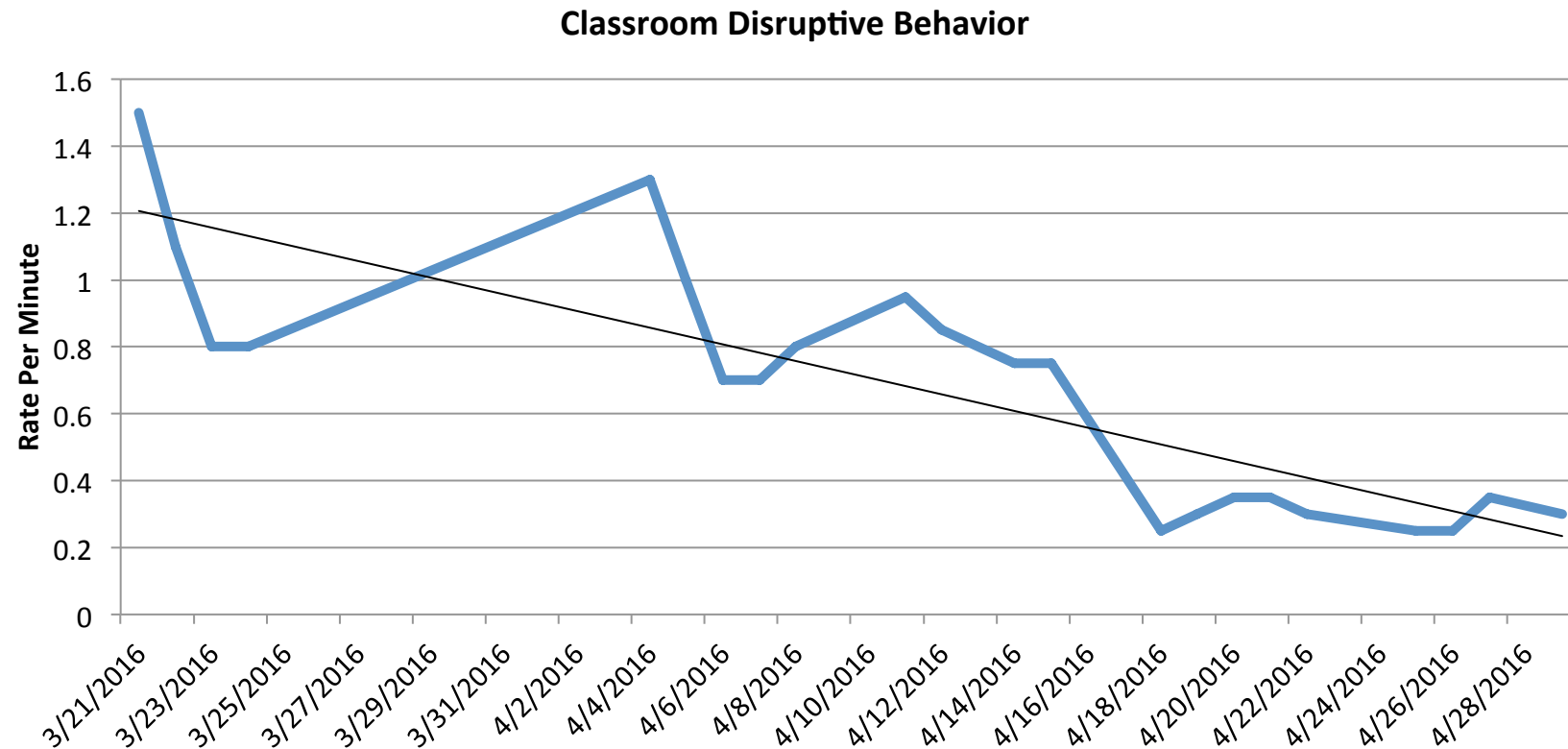
Entire Grade of Middle School Students

- Students were struggling with Attention and Academic Competence
- Selective Intervention: Homework, Organization, Planning Skills



Classroom Teacher in Need of Support

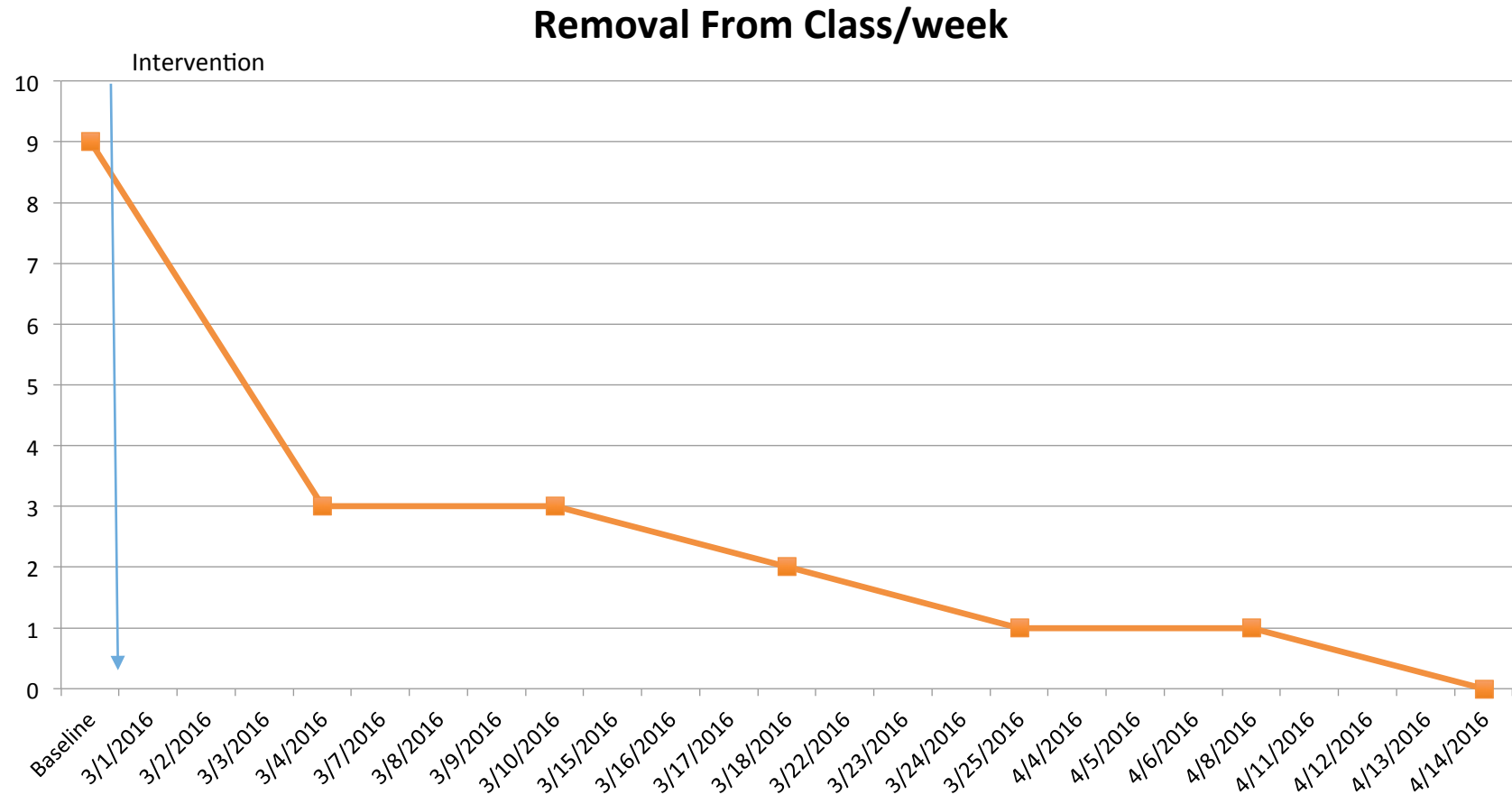
- Classroom with high levels of disruptive behavior
- Consultation with teacher
- Universal Intervention: Good Behavior Game



Student with Aggressive Behavior

*Kindergarten student with aggressive behavior toward peers and teacher

*Indicated Intervention: Daily Behavior Rating Card



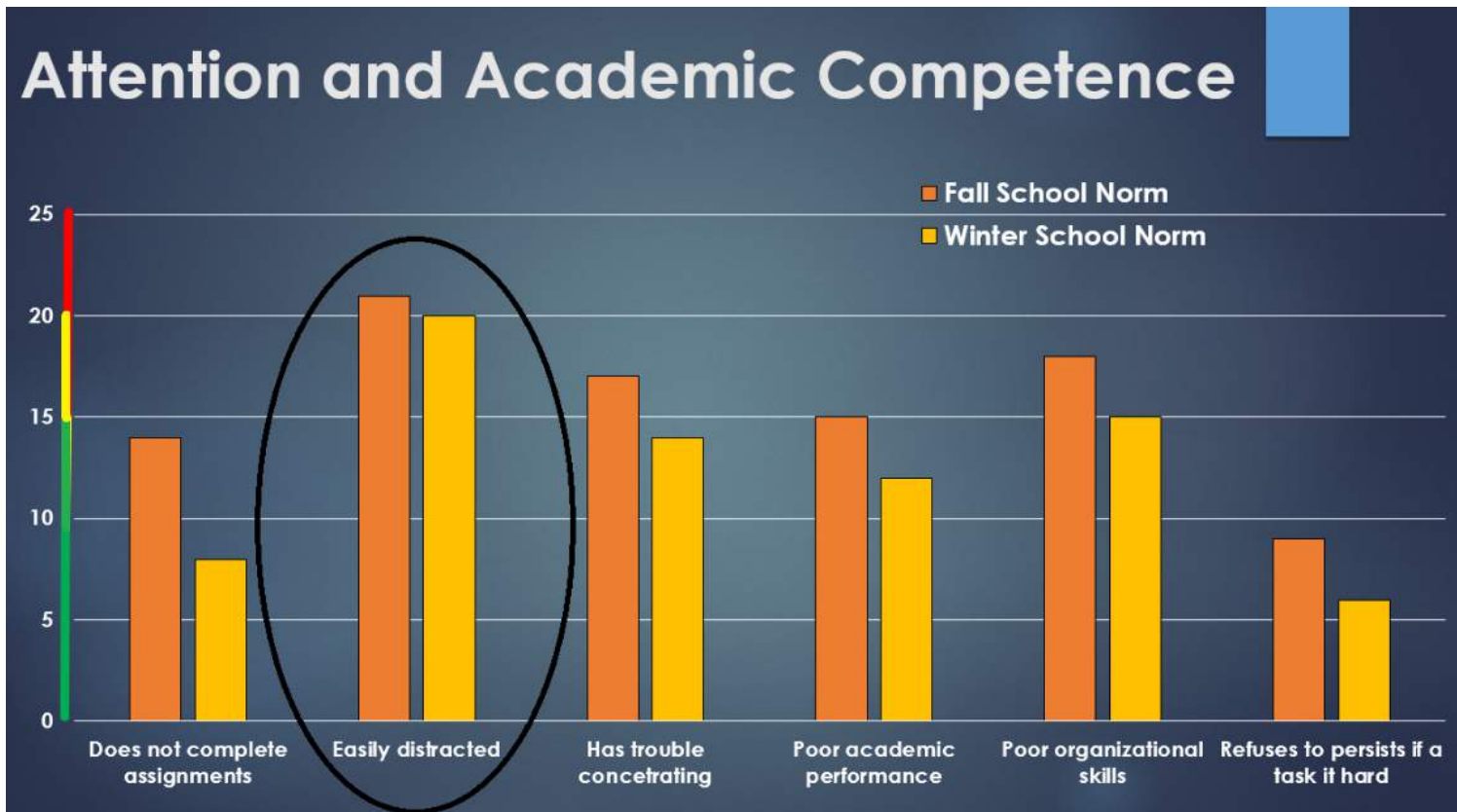


Professional Development for School Personnel

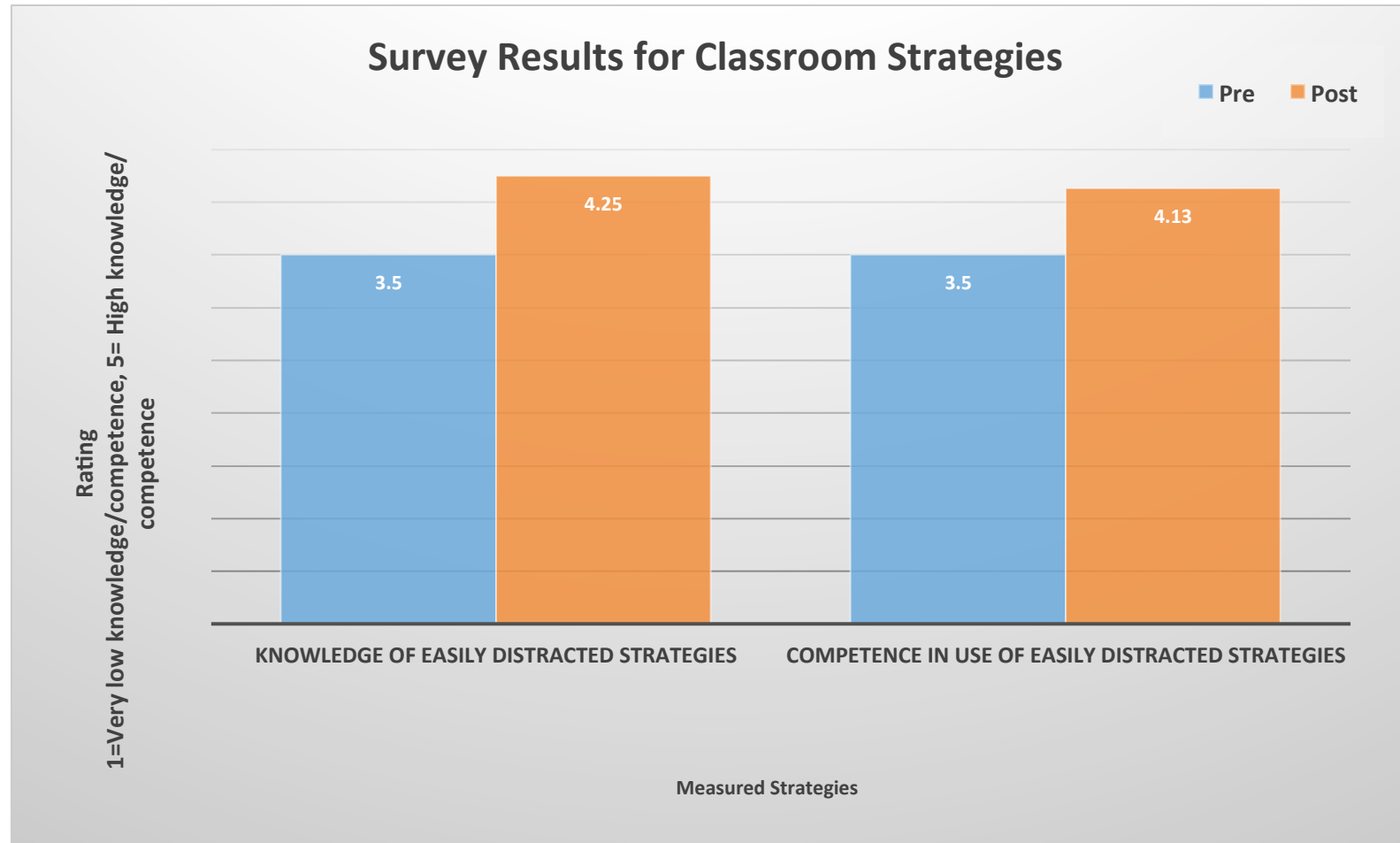
Professional Development

Professional Development Focus	Number of School Personnel Trained
Attention & Academic Competence - Executive Functioning, Planning and Supporting Organization for students	179
Self-regulation and Externalizing Problems – Managing Disruptive Behavior, Classroom Management, and Behavior Support Planning	103
Identifying and Supporting Mental Health Needs in Youth	376
YMHFA – these training were conducted between Jan 2015-June 2015.	292
Motivational Interviewing – Engaging families and youth	90
Total Trained Since August, 2015	1040

Using Data to Determine PD



Gathering Data on PD





University Partnership

- School Psychology Graduate Students
- School of Social Work Graduate Students
- Special Education Graduate Students
- Counseling Psychology Graduate Student
- MU Faculty-delivered Professional Development sessions

Win-Win: over 3500 person hours from practicum students in our schools!



Implications for Research, Policy and Practice

- Uncovering Barriers associated with the development and implementation of a large county-wide ecological assessment system
- Systems Consultation: Understanding the Relationship between school climate, culture, and the development of student support systems
- Monitoring of fidelity in Problem-Solving teams
- Implementing Evidence-based social-emotional curricula, particularly at the secondary level
- Creation of a user-friendly, web-based universal screening and reporting system
- Addressing Barriers associated with Care Linkage



Where to Find More About Us

- Visit us at www.BCschoolsMH.org
- Follow Us @BCschoolsMH



**We gratefully acknowledge the funding
and support from the Boone County
Children's Services Fund**



Clarifying Q&A

Discussant

SHARON HOOVER STEPHAN, PH.D.



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Sharon Hoover Stephan, Ph.D.

Associate Professor, CSMH Co-Director

**NATIONAL CENTER FOR SCHOOL
MENTAL HEALTH**



Center for School Mental Health

MISSION

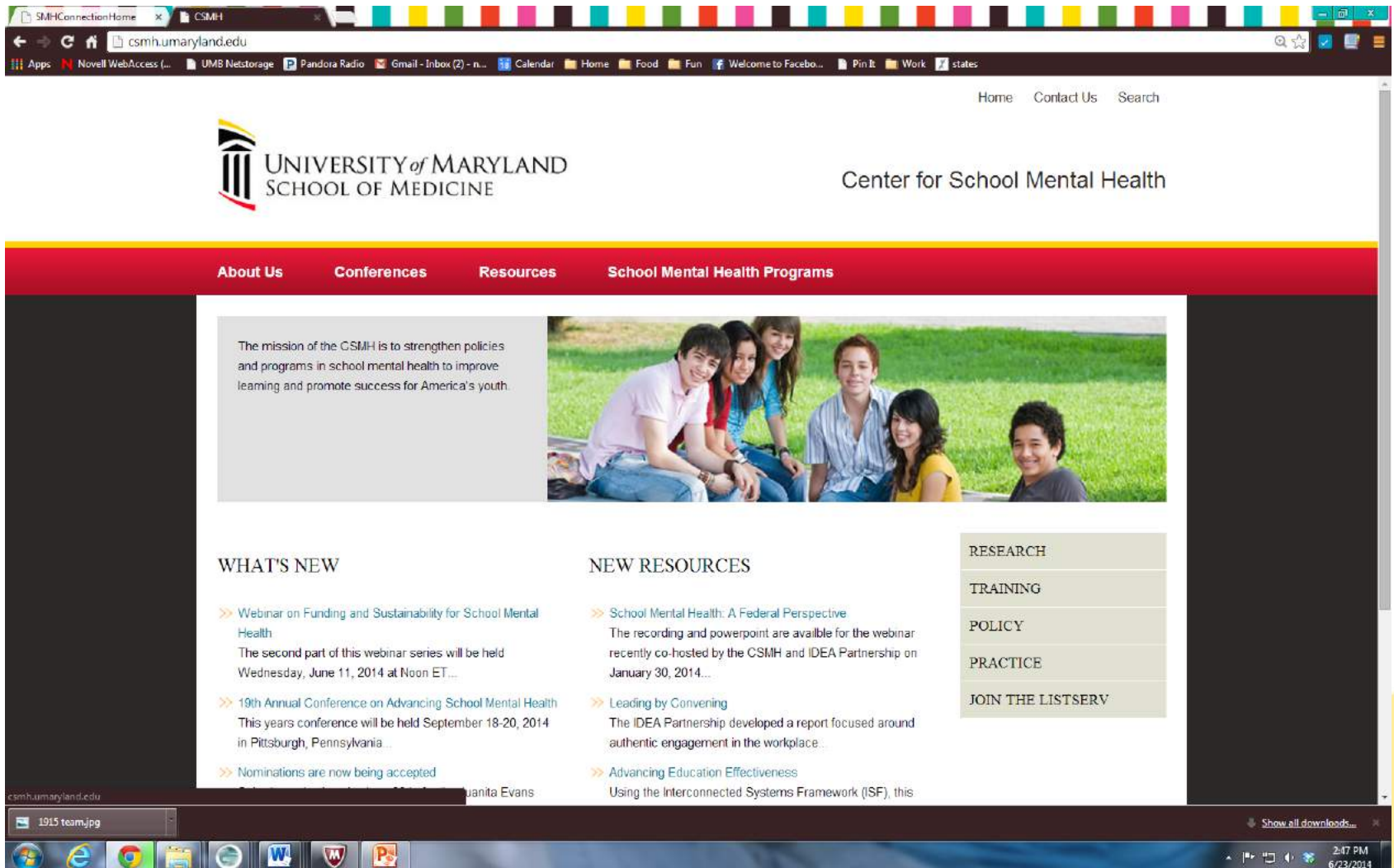
To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

- Established in 1995. Federal funding from the Health Resources and services Administration.
- Focus on advancing school mental health policy, research, practice, and training.
- Shared family-schools-community agenda.
- Co-Directors:
Sharon Stephan, Ph.D. & Nancy Lever, Ph.D.
<http://csmh.umaryland.edu>, (410) 706-0980



Center for School Mental Health

<http://csmh.umaryland.edu/>




The screenshot shows a web browser window displaying the Center for School Mental Health website. The browser's address bar shows the URL csmh.umaryland.edu. The website's header includes the University of Maryland School of Medicine logo and the text "Center for School Mental Health". A navigation bar with a red background contains the following links: "About Us", "Conferences", "Resources", and "School Mental Health Programs". The main content area features a large image of six diverse students sitting in a grassy field. To the left of the image, a text box states: "The mission of the CSMH is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth." Below the image, there are two columns of text. The left column, titled "WHAT'S NEW", lists three items: a webinar on funding and sustainability for school mental health, the 19th Annual Conference on Advancing School Mental Health, and a notice about nominations. The right column, titled "NEW RESOURCES", lists three items: a federal perspective on school mental health, a report on leading by convening, and a report on advancing education effectiveness. On the far right, a vertical sidebar contains a list of links: "RESEARCH", "TRAINING", "POLICY", "PRACTICE", and "JOIN THE LISTSERV". The browser's taskbar at the bottom shows various application icons and the system clock indicating 2:47 PM on 6/23/2014.

SMHConnectionHome x CSMH

csmh.umaryland.edu

Apps Novell WebAccess (...) UMB Netstorage Pandora Radio Gmail - Inbox (2) - n... Calendar Home Food Fun Welcome to Facebo... Pin It Work states


Home Contact Us Search

 UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Center for School Mental Health

About Us Conferences Resources School Mental Health Programs

The mission of the CSMH is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.



WHAT'S NEW

- » Webinar on Funding and Sustainability for School Mental Health
The second part of this webinar series will be held Wednesday, June 11, 2014 at Noon ET...
- » 19th Annual Conference on Advancing School Mental Health
This years conference will be held September 18-20, 2014 in Pittsburgh, Pennsylvania...
- » Nominations are now being accepted

NEW RESOURCES

- » School Mental Health: A Federal Perspective
The recording and powerpoint are available for the webinar recently co-hosted by the CSMH and IDEA Partnership on January 30, 2014...
- » Leading by Convening
The IDEA Partnership developed a report focused around authentic engagement in the workplace...
- » Advancing Education Effectiveness
Using the Interconnected Systems Framework (ISF), this

RESEARCH

TRAINING

POLICY

PRACTICE

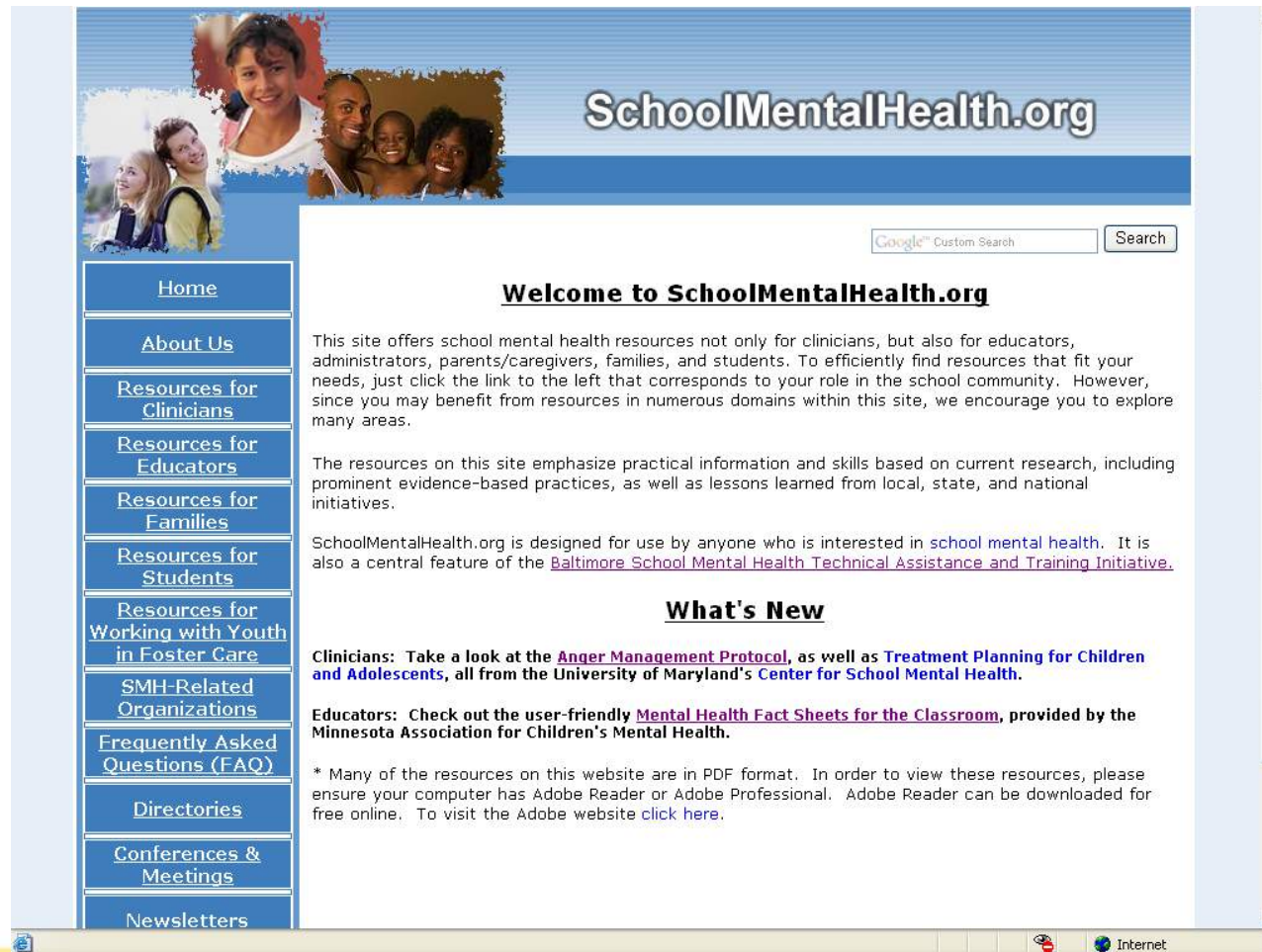
JOIN THE LISTSERV

1915 team.jpg

Show all downloads...

2:47 PM
6/23/2014

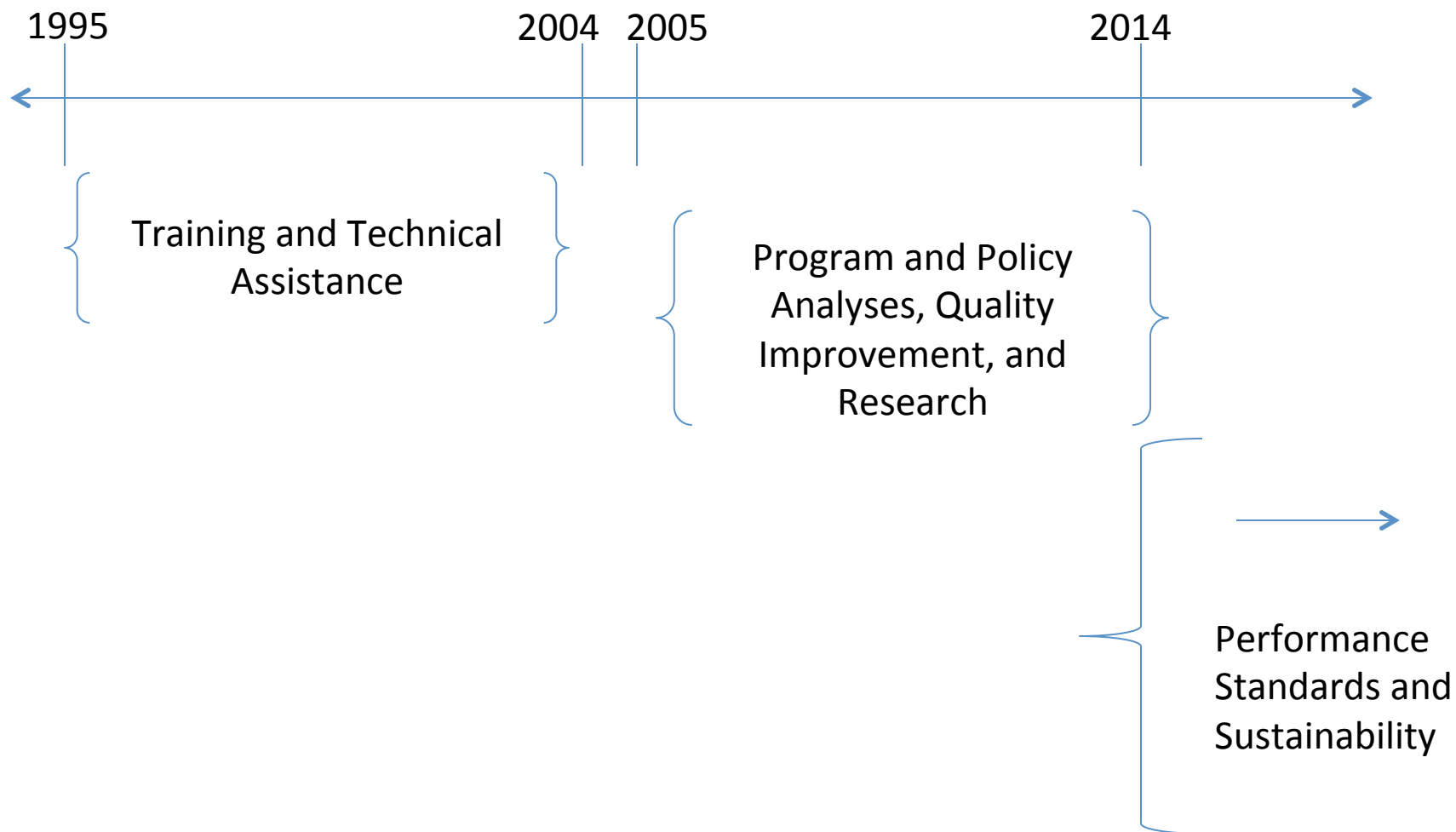
<http://www.schoolmentalhealth.org/>



CSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore
- 1997 New Orleans
- 1998 Virginia Beach
- 1999 Denver
- 2000 Atlanta
- 2002 Philadelphia
- 2003 Portland, OR
- 2004 Dallas*
 - * *Launch of National Community of Practice on School Behavioral Health*
- 2005 Cleveland
- 2006 Baltimore
- 2007 Orlando
- 2008 Phoenix
- 2009 Minneapolis
- 2010 Albuquerque
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh
- 2015 New Orleans, LA
- **September 29—Oct 1, 2016
San Diego, CA**

Timeline of CSMH Focus



ORIGIN
language
either spoken or written
in a structured and
expression or communication
level of communication

WHAT IS COMPREHENSIVE SCHOOL MENTAL HEALTH?

A partnership between schools and community health and behavioral health organizations...



Guided by youth and families.

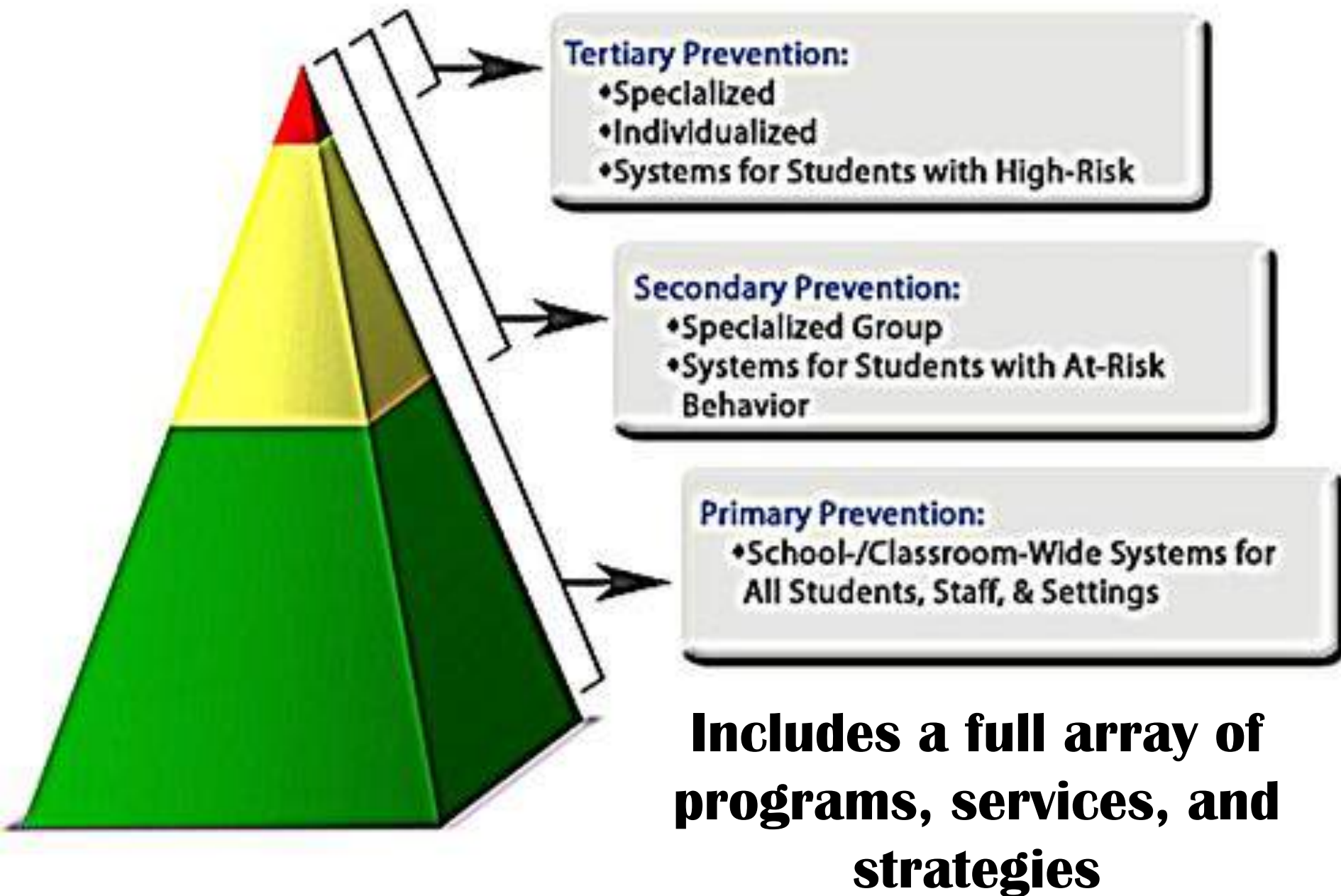
**Partners build on
existing
school programs,
services,
and strategies.**



Focuses on all students...



...in both general and special education



A Shared Agenda –


Role of community mental health professionals:

- **Provide a broad continuum of services** to supplement school-employed staff services.
- **Reduce unnecessary, expensive services** (ER visits, crises, etc.) **by:**
 - providing preventive care (screening, identification, brief intervention) and tertiary care (intensive treatments for student disorders/problems)
 - facilitating connections/referral pathways to community providers
 - assisting with transition back to school from more restrictive psychiatric placements



“Natural” Supports in schools



A photograph of the United States Capitol building in Washington, D.C. The image shows the iconic white dome with its intricate architectural details, including the Statue of Freedom on top. The building is set against a clear, vibrant blue sky. In the foreground, the branches of cherry blossom trees are in full bloom, with delicate pink and white flowers partially obscuring the lower part of the Capitol. To the right of the dome, a portion of the building's facade with columns is visible, and an American flag flies on a tall pole. The overall scene is bright and clear, suggesting a sunny day in spring.

SCHOOL MENTAL HEALTH IN THE UNITED STATES: POLICIES AND FUNDING

The Current Status of SMH in the U.S.

- Federal Policy
 - Health care reform
 - Education reform
- Federal agencies
 - Department of Health and Human Services
 - Maternal and Child Health Bureau (MCHB)
 - Substance Abuse and Mental Health Administration (SAMHSA)
 - Centers for Disease Control and Prevention (CDC)
 - Department of Education
 - National Institute of Justice
- Interagency work
- State and Local Initiatives



What does the research tell us about school mental health outcomes?

- Improvements in social competency, behavioral and emotional functioning
- Improvements in academics (GPA, test scores, attendance, teacher retention)
- Cost savings!
- Increased access to care → Decreased health disparities

Greenberg et al., 2005; Greenberg et al., 2003; Welsh et al., 2001; Zins et al., 2004; Bruns et al., 2004; Lebr et al., 2004; Jennings, Pearson, & Harris, 2000; see Hoagwood, Olin, Kerker, Kratochwill, Crowe, & Saka, 2007 and Wilson & Lipsey, 2007)



SMH milestones

- HRSA funded two TA Centers on School Mental Health (1995)
- Surgeon General's Reports (1999, 2000)
 - Children's mental health needs
 - Identification of schools as primary site for receiving MH services
- New Freedom Commission Report (2003)
 - Recommendation 4.2 – Expand school mental health programs
- SAMHSA report (2005)
 - >75% children's MH services received in schools
- Annapolis Coalition (2007)
 - Workforce development - Mental Health
- Institute of Medicine (2009)
 - *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*

*“Inclinations to intensify security in schools should be reconsidered. We cannot and should not turn our schools into fortresses. Effective prevention cannot wait until there is a gunman in a school parking lot. **We need resources such as mental health supports in every school and community so that people can seek assistance when they recognize that someone is troubled and requires help...** If we can recognize and ameliorate these kinds of situations, then we will be more able to prevent violence.”*

**- December 2012 Connecticut School Shooting Position Statement
Interdisciplinary Group on Preventing School and Community Violence
December 19, 2012**

“Now it the Time”

- Develop universal systems for assessing **school climate**, student mental health and outcomes of comprehensive school mental health efforts
- **Youth Mental Health First Aid for teachers** (Project AWARE)
- School and school district training in school-based **trauma, anxiety, conflict resolution and violence prevention** strategies
- Provide interdisciplinary training to school-employed and school-based community mental health professionals in the delivery of evidence-based **comprehensive school mental health services**

Colorado (1999)

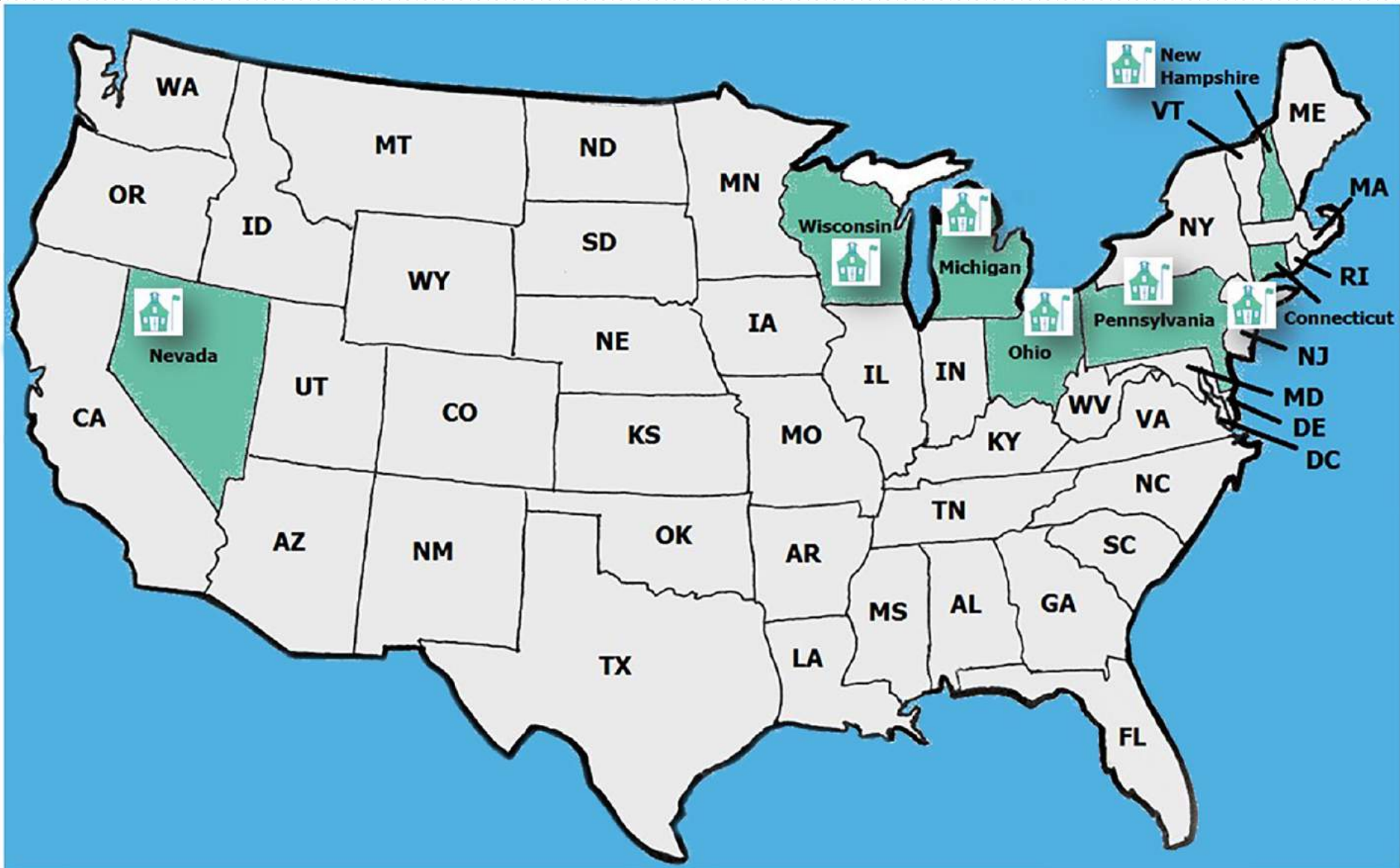


SAFE SCHOOLS/HEALTHY STUDENTS: 1999–2013



13 million youth • 365 communities • 49 states

SAFE SCHOOLS/HEALTHY STUDENTS: 2013+



Current Federal School Mental Health Initiatives

- **U.S. Department of Health and Human Services**

- Health Resources Services Administration
 - School Health Services Collaborative Improvement and Innovation Network (CoIIN)
- Substance Abuse Mental Health Services Administration
 - Safe Schools Healthy Students
 - Project Advancing Wellness and Resilience Education (AWARE)
 - National Child Traumatic Stress Network

- **U.S. Department of Education**

- School Climate Transformation Grants
- Elementary and Secondary School Counseling Grants
- Project PREVENT

- **National Institute of Justice**

- Comprehensive School Safety Grants

School Health Services NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health



Join Us!

When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!

[Join Now](#)

Schools and school districts can use SHAPE to:

- Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports



Strategic Team Planning



Free Resources

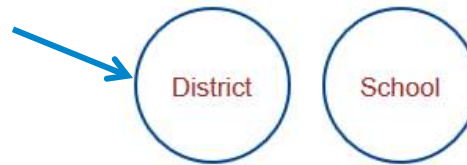


Be Counted

<http://theshapesystem.com/>

School mental health systems can be counted in the Census at the district and/or school level. Are you reporting on a district or individual school?

2/11



Join Now

Districts can use SHAPE to:

School Mental Health Census

- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Resources



Strategic Team Planning



Free Custom Reports



Be Counted

District Admin

YUPIIT SCHOOL DISTRICT

School Behavioral Health System

Registration Updated:

April 22, 2016

[View](#) [Update](#)
System Performance
[My Schools](#)
[Resource Library](#)
[Team Members](#)

Thanks for completing the District Mental Health Profile! To produce customized reports for your district to assist in improving your mental health program, please complete the Quality and Sustainability assessments below.


Quality

Last Updated: April 22, 2016


Sustainability

Assessment Needed

[Complete Assessment](#)

Quality Progress Report and Resources

April 22, 2016 - Jane Doe ▾

[Progress Report](#)
[Completed Survey](#)
[New Survey](#)

Filter:

All
[Teaming](#)
[Resource Mapping](#)
[Screening](#)
[Services & Supports](#)
[Implementation](#)
[Outcomes & Data](#)
[Decision Making](#)


Quality Guide: Teaming


Quality Guide: Needs
Assessment/Resource


Quality Guide: Screening


Quality Guide: Evidence-
Based Services and Supports

SCHOOL MENTAL HEALTH QUALITY PROGRESS REPORT | CRETE MONEE CUSD 201U



Report Time Frame: 2014/08/25-2015/06/09
Date of Report: 12-2-2015

Understanding this Summary.

This report is generated based on the information you provided for the quality survey. The composite score for each domain is the average of your ratings for every item within the domain.

Composite scores of 1.0-2.9 are classified as "**Emerging**" areas, 3.0-4.9 are classified as "**Progressing**" areas, and 5.0-6.0 are classified as areas of "**Mastery**."

QUALITY DOMAINS

MASTERY

Composite Score

5.20 ● Teaming

PROGRESSING

Composite Score

4.00 ● Needs Assessment/Resource Mapping

EMERGING

Composite Score

2.80 ● Data Driven Decision Making
2.67 ● Evidence-Based Services and Supports
1.67 ● Evidence-Based Implementation

OTHER PERFORMANCE DOMAINS

Overall Score

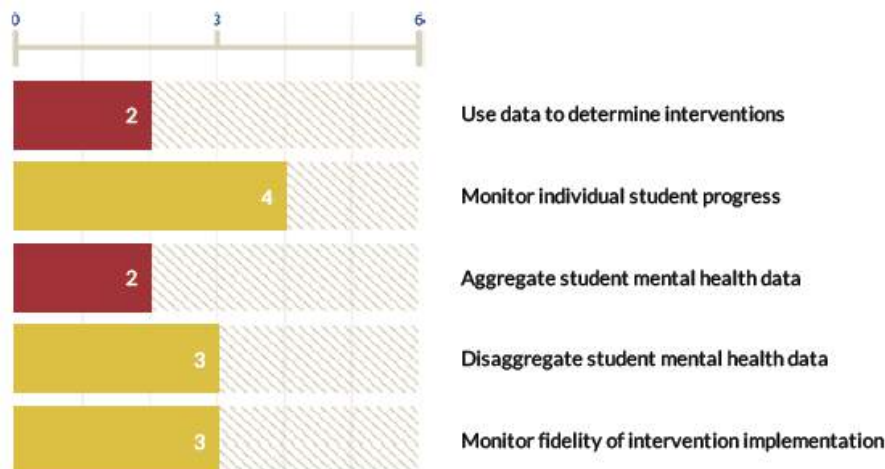
33% ● Students Screened
10% ● Received School Mental Health Services



QUALITY DOMAIN | Data Driven Decision Making



OVERALL COMPOSITE SCORE: 2.80



About Data Driven Decision Making

Data driven decision making (DDDM) is the process of using observations and other relevant data/information to make decisions that are fair and objective. Examples of data include mental health screening, climate surveys, attendance, discipline referrals, and classroom observational data. Your CSMHS team's DDDM self-assessment score comprises your ratings on five indicators: (1) using data to determine mental health interventions needed by students; (2) using a system for monitoring individual student progress; (3) monitoring fidelity of intervention implementation across tiers; (4) using a system for aggregating student mental health service and support data; and (5) using a system for disaggregating student mental health service data. Primary action steps to advance your CSMHS's performance in the area of DDDM include evaluating your current DDDM process and data sources to ensure you are maximizing opportunities to use data to identify, monitor, and evaluate target concerns at the student, classroom, and/or school levels. For more in-depth guidance and specific strategies to advance your CSMHS DDDM processes, please refer to:

Resource Library > Quality Progress Report and Resources >
Quality Guide: Data Driven Decision Making



QUALITY DOMAIN | Strategic Planning Guide

Thank you for completing the *School Mental Health Quality Assessment Survey*. We encourage you to meet with your school mental health team and review your scores on each performance domain provided in this report and engage in a strategic planning process to guide quality improvement. Quality guides are available for each performance domain and indicator with action steps and resources to guide improvement. Consider using these materials and the *Strategic Planning Guide* to create a strategic plan for improving your team's performance in one or more areas.

List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

Domain	Need for change (1-10) 1=no need 10=great need	Desire to change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

Select one domain from the list above that your team wants to improve.

DOMAIN: _____



Quality

Last Updated: April 22, 2016



Sustainability

Assessment Needed

[Complete Assessment](#)

Quality Progress Report and Resources

April 22, 2016 - Jane Doe

[Progress Report](#)

[Completed Survey](#)

[New Survey](#)



Filter:

All

[Teaming](#)

[Resource Mapping](#)

[Screening](#)

[Services & Supports](#)

[Implementation](#)

[Outcomes & Data](#)

[Decision Making](#)



Quality Guide: Teaming



Quality Guide: Needs
Assessment/Resource
Mapping



Quality Guide: Screening



Quality Guide: Evidence-
Based Services and Supports



Quality Guide: Evidence-
Based Implementation



Quality Guide: Student
Outcomes and Data Systems



Quality Guide: Data Driven
Decision Making



211.org



Advancing Education



A Framework for Effectively



A Road Map to Implementing



Blueprints for Healthy
Development

National Resource Center for Mental Health Promotion and Youth Violence Prevention

www.healthysafechildren.org

The screenshot shows the homepage of the National Resource Center for Mental Health Promotion and Youth Violence Prevention. The browser address bar displays the URL www.healthysafechildren.org. The website header features a dark blue banner with the organization's logo on the left, which consists of a stylized star made of colorful arrows. To the right of the logo, the text reads "NATIONAL RESOURCE CENTER FOR MENTAL HEALTH PROMOTION & YOUTH VIOLENCE PREVENTION". Further right, there are social media icons for Twitter and Facebook, a search bar with the word "SEARCH" in an orange button, and a photograph of a person's feet in sneakers walking on grass. Below the banner is a white navigation bar with links: "Project LAUNCH" (with a person icon), "Safe Schools / Healthy Students" (with a school icon), "Resources", "Learning Portal", "Stay Connected", and "About Us". The main content area has a dark blue sidebar on the left titled "Resources for Supporting LGBTQ Youth". Below the title, it states: "The following resources are intended to help identify and implement responsive and inclusive services for youth who are lesbian, gay, bisexual, or transgender (LGBT) or questioning (Q) their sexual orientation or gender identity." To the right of this text is a large photograph of four people (two adults and two youth) walking away from the camera, holding hands in a line on a grassy path. Below the sidebar, there is a "WELCOME" section with a briefcase icon. On the right side of the page, there is a "FEATURED RESOURCE" section with a book icon and the title "Coping with Grief After Community Violence". At the very bottom, a footer bar contains the text "The National Resource Center for Mental Health Promotion and Youth Violence".

www.healthysafechildren.org

NATIONAL RESOURCE CENTER FOR
MENTAL HEALTH PROMOTION &
YOUTH VIOLENCE PREVENTION

Project LAUNCH Safe Schools / Healthy Students Resources Learning Portal Stay Connected About Us

Resources for Supporting LGBTQ Youth

The following resources are intended to help identify and implement responsive and inclusive services for youth who are lesbian, gay, bisexual, or transgender (LGBT) or questioning (Q) their sexual orientation or gender identity.

1 2 3 4

WELCOME

FEATURED RESOURCE

[Coping with Grief After Community Violence](#)


The National Resource Center for Mental Health Promotion and Youth Violence

Now is The Time Technical Assistance Center (NITT-TA)





www.samhsa.gov/nitt-ta

→ ↻ www.samhsa.gov/nitt-ta ☆

Home Newsroom Site Map Contact Us

 Substance Abuse and Mental Health Services Administration


Search SAMHSA.gov

Connect with SAMHSA:    

[Find Help & Treatment](#) [Topics](#) [Programs & Campaigns](#) [Grants](#) [Data](#) [About Us](#) [Publications](#)

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-8255 (TALK)
TTY: 1-800-799-4889

 **Chat with a professional**

Need to talk to someone?
[Learn more about the Suicide Prevention Lifeline.](#)

NATIONAL HELPLINE

1-800-662-4357 (HELP)
TTY: 1-800-487-4889

Seeking treatment options?
[Help is available in both English and Spanish. Learn more about the SAMHSA National Helpline.](#)




Disaster Distress Helpline

1-800-985-5990
TTY: 1-800-846-8517

Experienced a natural or human-caused disaster?
[Learn more about the Disaster Distress Helpline.](#)

Treatment Locators

Find treatment facilities and programs in the United States or U.S. Territories for mental and substance use disorders.

-  [Behavioral Health Treatment Services Locators](#)
-  [Buprenorphine Physician & Treatment Program Locator](#)
-  [Opioid Treatment Program Directory](#)

[View All Helplines and Treatment Locators](#)

Grants & Grantees

The NITT-TA Center supports two [grant programs](#) that address behavioral health issues among young people.

Find more information about the [Healthy Transitions](#) and [Project Advancing Wellness and Resilience Education \(AWARE\)](#) grant programs and grantees.

Training & Technical Assistance (T/TA)

The NITT-TA Center provides a customized approach to T/TA. Read about the [types of T/TA](#) provided and access [past webinars](#).

[Request T/TA.](#)

[SAMHSA National Helpline](#)

- » [Tribal Training and Technical Assistance Center](#)
- » [National Child Traumatic Stress Initiative](#)

Newsletter and Mailing List

Register for the NITT-TA Center newsletter to stay informed of upcoming events or the grantee mailing list to receive program updates by

The Treatment and Services Adaptation (TSA) Center for Resiliency, Hope, and Wellness in Schools

<http://traumaawareschools.org>



The screenshot shows the homepage of the Treatment and Services Adaptation Center (TSA) website. The browser's address bar displays <https://traumaawareschools.org>. The website header features the TSA logo, which consists of a stylized 'TSA' inside a blue and green shield-like shape, followed by the text 'Treatment and Services Adaptation Center' and 'Resiliency, Hope, and Wellness in Schools'. To the right of the header is a photograph of a group of diverse children holding hands and jumping joyfully. Below the header is a green navigation bar with the following links: Home, Trauma-Informed Schools, Interventions, Resources, In a Crisis, About Us, Contact, and Subscribe. The main content area features a large photograph of a teacher interacting with a group of students. Overlaid on this photo is a text box that reads: 'Educators can access information to better support students who have experienced traumatic stress.' Below this photo is a light orange banner with the text: 'Promoting trauma-informed school systems that provide prevention and early intervention strategies to create supportive and nurturing school environments.' At the bottom of the page are three columns, each with a green header and a light blue background. The first column is titled 'Trauma Awareness in Schools' and describes a trauma-informed school as a network of support for students. The second column is titled 'Education Professionals' and describes the role of educators as the first line of defense for students. The third column is titled 'Mental Health Professionals' and describes the role of mental health professionals in supporting students. Each column includes a 'Learn More' link and a 'Resources' link. At the bottom of each column is a logo for a specific program: 'Psychological First Aid Listen, Protect, and Connect', 'Support for Students Exposed to Trauma', and 'Cognitive Behavioral Intervention for Trauma in Schools'.

<https://traumaawareschools.org>

TSA Treatment and Services Adaptation Center
Resiliency, Hope, and Wellness in Schools

Home Trauma-Informed Schools Interventions Resources In a Crisis About Us Contact Subscribe

Educators can access information to better support students who have experienced traumatic stress.

Promoting trauma-informed school systems that provide prevention and early intervention strategies to create supportive and nurturing school environments.

Trauma Awareness in Schools

A trauma-informed school provides a network of support for students experiencing daily stressors or extreme events. Review the key components of a trauma-informed school, including PFA—LPC, a crisis response strategy.

> Learn More
> Trauma Resources

Education Professionals

Educators are often the first line of defense for students coping with traumatic events. Access information to better support students, including SSET, an evidence-based intervention for school staff to help students exposed to traumatic events.

> Learn More
> Education Resources

Mental Health Professionals

Mental health professionals are essential to supporting students exposed to traumatic stress. Access information to help clinicians better support traumatized students, including CBITS, an evidence-based intervention for traumatized students.

> Learn More
> Mental Health Resources

Psychological First Aid
Listen, Protect, and Connect

Support for Students Exposed to Trauma

Cognitive Behavioral Intervention for Trauma in Schools

National Center for Safe and Supportive Learning Environments

<https://safesupportivelearning.ed.gov/>

The screenshot shows the homepage of the National Center for Safe and Supportive Learning Environments. The website has a dark blue header with a search bar and social media links. Below the header is a navigation menu with links to Training and TA, Events, Topics & Research, States and Grantees, Stay Connected, and About. The main content area features a large banner for "ED School Climate Surveys (EDSCLS)" with a graphic of a pencil and checkmarks. To the right of the banner is a section for an "Upcoming Event" titled "Suicide Surveillance Success Stories" scheduled for July 13, 2016. Below the banner is a "TOPICS" section with links to Education Levels (Pre-K/Elementary School, Middle/High School, Higher Education) and Engagement (Cultural & Linguistic Competence, Relationships, School Participation). To the right of the topics is a "Voices From The Field" section with a "TAKE THE POLL!" graphic and a link to "Learn What Experts Think". Below the topics is a "Grantee Highlight" section featuring a graphic of a hand holding a pencil and a link to "Share Your Experiences".

View Resources by Topic **GO** **SEARCH**

Safe Supportive Learning
Engagement | Safety | Environment

Training and TA Events Topics & Research States and Grantees Stay Connected About

ED School Climate Surveys (EDSCLS)

Download the New, Free, High-Quality Suite of School Climate Surveys That Reports Data in Real Time

Upcoming Event

Suicide Surveillance Success Stories
July 13, 2016 - 02:00pm EDT
[Learn More](#)

DO YOU HAVE A QUESTION?

TOPICS

Education Levels
Pre-K/Elementary School
Middle/High School
Higher Education

Engagement
Cultural & Linguistic Competence
Relationships
School Participation

Voices From The Field

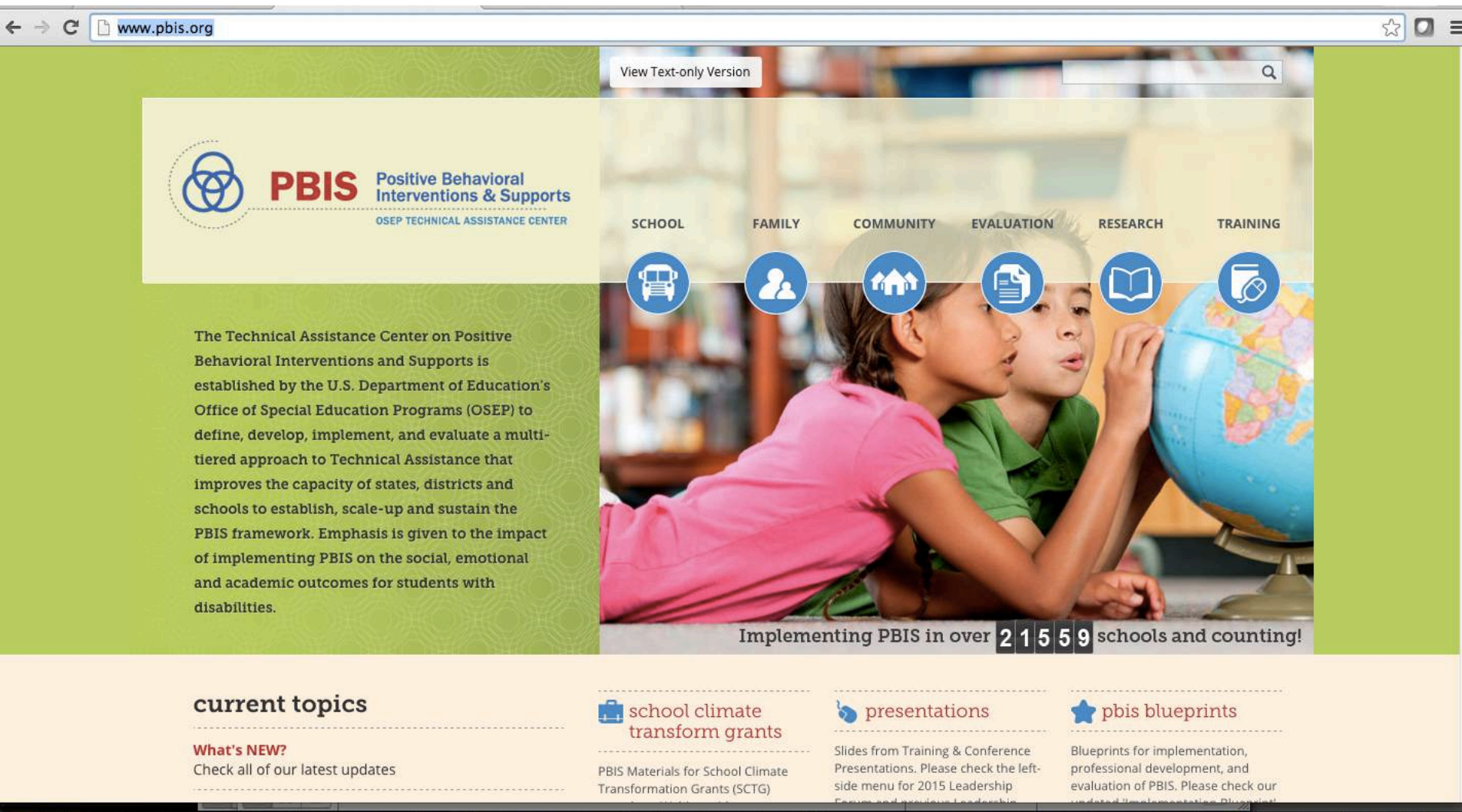
In your opinion, what is the MOST challenging part of measuring school climate? — April 2016
[Learn What Experts Think](#) [Share Your Experiences](#)

Grantee Highlight

Milwaukee Public Schools implement restorative practices in their schools to create a healthy and connected school


Positive Behavioral Interventions and Supports OSEP Technical Assistance Center

www.pbis.org



← → ↻ www.pbis.org ☆ [Menu Icon]

View Text-only Version

 **PBIS** Positive Behavioral Interventions & Supports
OSEP TECHNICAL ASSISTANCE CENTER


The Technical Assistance Center on Positive Behavioral Interventions and Supports is established by the U.S. Department of Education's Office of Special Education Programs (OSEP) to define, develop, implement, and evaluate a multi-tiered approach to Technical Assistance that improves the capacity of states, districts and schools to establish, scale-up and sustain the PBIS framework. Emphasis is given to the impact of implementing PBIS on the social, emotional and academic outcomes for students with disabilities.


SCHOOL FAMILY COMMUNITY EVALUATION RESEARCH TRAINING


Implementing PBIS in over **21,559** schools and counting!

current topics

What's NEW?
Check all of our latest updates

 **school climate transform grants**
PBIS Materials for School Climate Transformation Grants (SCTG)

 **presentations**
Slides from Training & Conference Presentations. Please check the left-side menu for 2015 Leadership Forum and previous Leadership

 **pbis blueprints**
Blueprints for implementation, professional development, and evaluation of PBIS. Please check our updated Implementation Blueprint



Training clinicians to work in schools

www.MDbehavioralhealth.com

The Community-Partnered School Behavioral Health modules

MODULE 1: Community-Partnered School Behavioral Health: An Overview

MODULE 2: Operations: An Overview of Policies, Practices, and Procedures

MODULE 3: Overview of School Language and Policy

MODULE 4: Funding Community-Partnered School Behavioral Health

MODULE 5: Resource Mapping

MODULE 6: Teaming

MODULE 7: Evidence-Based Practices and Programs: Identifying and Selecting EBPs

MODULE 8: Implementation Science: Lessons for School Behavioral Health

MODULE 9: Data Informed Decision Making

MODULE 10: School Behavioral Health Teacher Consultation

MODULE 11: Psychiatry in Schools

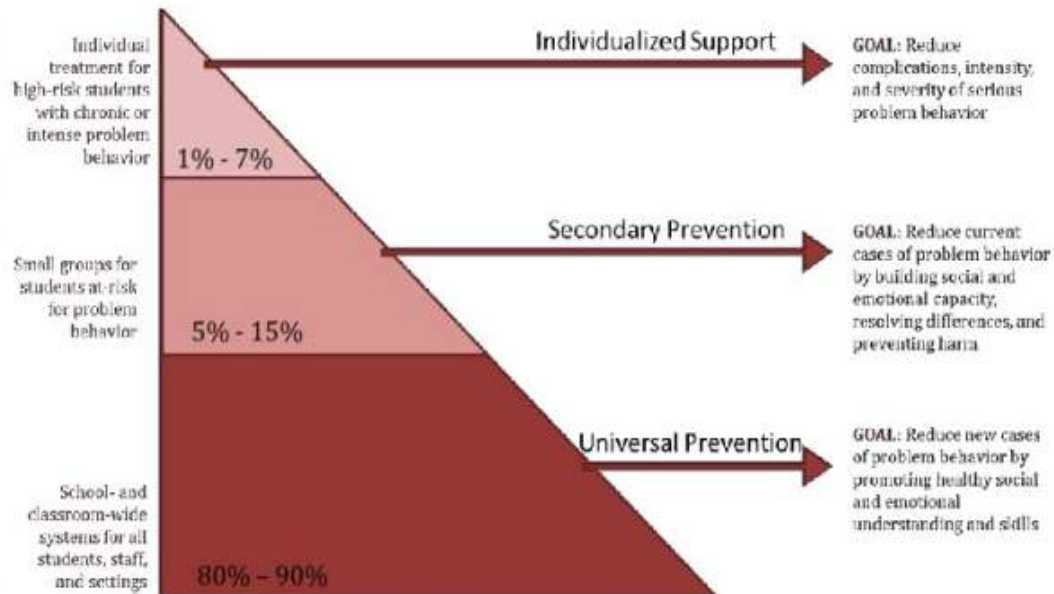
MODULE 12: Starting Early: Supporting Social Emotional Development and School Readiness

MODULE 13: School Behavioral Health Program Evaluation 101

MODULE 14: Ten Critical Factors to Advance State and District School Behavioral Health Objectives

MODULE 15: Working with State Leaders to Scale-Up School Behavioral Health Programming in Your State

Multi-Tiered System of Supports



14:56/29:26

So within those four components, it's very important — those are very relevant when you consider the entire service array of your program. So you want to look at here — what is illustrated is a multi-tiered system of supports model. And you can see how those four components of intended population, intervention target, baseline severity level, and intervention delivery characteristics will vary based on the level of support that you're going to select the EBP for.

So as we can see at the lower level that's indicated where universal prevention, where about 80 to 90 percent of youth are going to fall into that category. So you're going to be able to implement some schoolwide and classroom-wide activities for all staff and students in all settings. And the goal at that universal prevention level, it's really to reduce new cases of problem behavior from recurring, and to promote and sustain existing positive behaviors.

So at that second level of secondary prevention, we're focused on a smaller number of students, usually between about 5 to 15 percent of students who are at risk of a particular problem behavior. And our goal here is to reduce those cases of problem behavior by building specific skills within the students.

And then at the higher tier is really where students, we're going to provide them with more intensive, more individualized support. These are students who are really considered very high risk due to their chronic or intense problem behaviors. And so the goal there, obviously, is to provide more intensive supports to help address whatever existing behaviors or complications might be present.

19 Multi-Tiered System of Supports

20 Intended Population

21 Baseline Severity Level

22 Low Baseline Severity Level

23 Moderate Baseline Severity Level

24 High Baseline Severity

25 Intervention Target Area

[Overview](#)[Training](#)[Implementation Resources](#)[Ask an Expert](#)[Discussion Board](#)[Collaborative Workspace](#)[Introduction](#)[Module Contributors](#)[Final Test](#)[My Modules](#)[Print Friendly](#)

Family Engagement Role Play

Viewing Preference: Video 

Ms. Stevens: Hi, Ms. Jones. My name is Ms. Stevens. We spoke earlier on the phone this week. Thank you so much for taking the time to come in today.


Ms. Jones: Oh, you're welcome. I really appreciate you doing this at the end of the day. My work schedule is so crazy that sometimes it's really hard for me to leave early.

Ms. Stevens: Not a problem. I definitely understand how work and scheduling issues can get in the way. And it's really important that you're here and part of the team because parents truly are the experts on their children. So are you aware of why we asked you to come in today?

Downloads

[!\[\]\(aff7c69c44a5e015f18c35867ef3f5c3_img.jpg\) Download Audio \(MP3\)](#)[!\[\]\(c15650232aa6660c9deb34f3b82dcb72_img.jpg\) Download Audio \(OGG\)](#)

Chapters

[▼ Module 3:
Partnering with
Youth and
Families](#) [Family
Engagement
Role Play](#) [Revisiting the
Role Plays](#) [Final Test](#) [Close All](#)



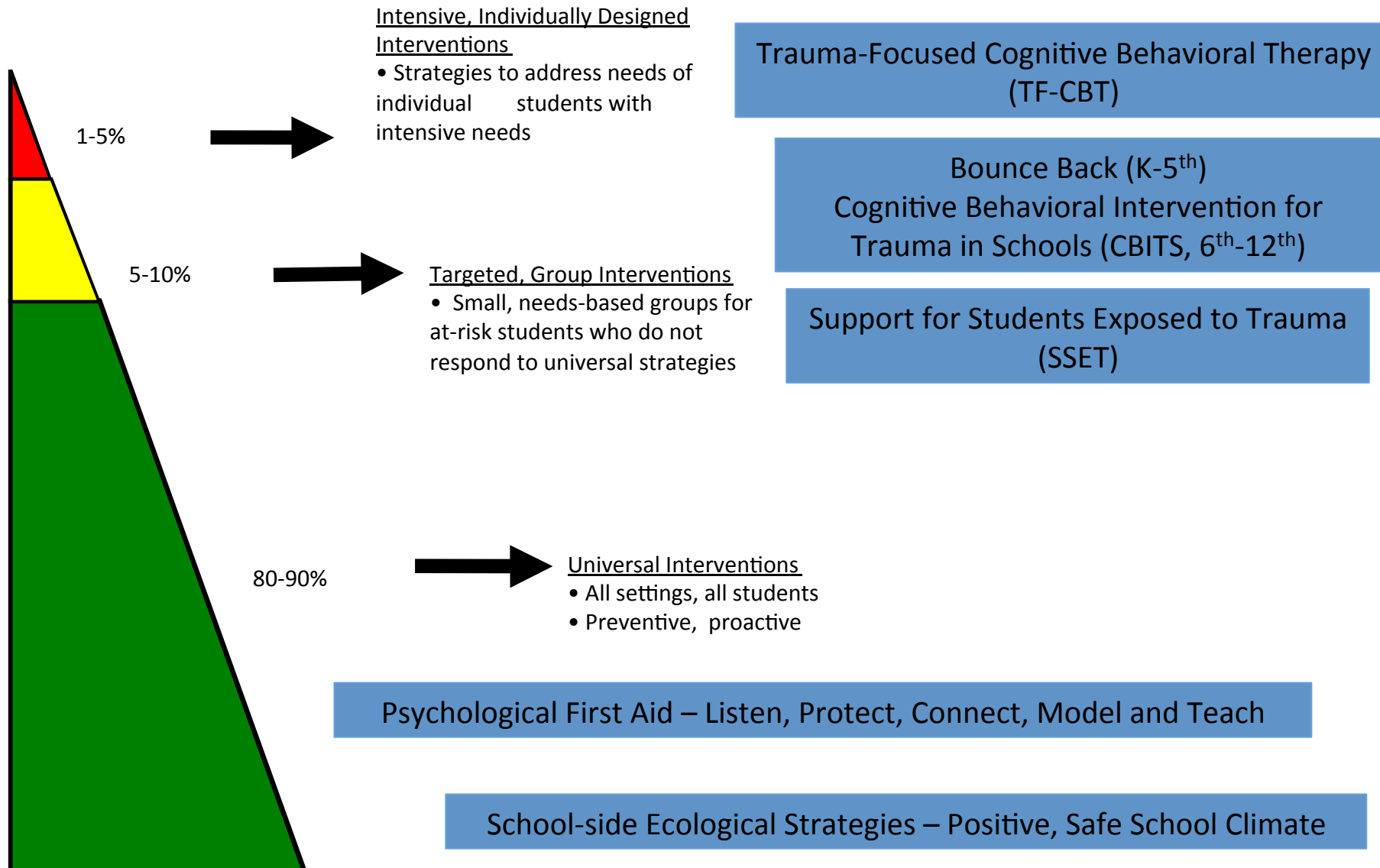
Tier III

Tier II

Tier I

**MULTI-TIERED SYSTEMS OF MENTAL
HEALTH SUPPORT FOR STUDENTS**

Multi-tiered Supports for Trauma-Exposed Youth



Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Tier III: Few Students

Apparent behavioral health needs

When needs are apparent

DIAGNOSIS

Goal: Determine whether student meets criteria for DSM 5 diagnosis and/or disability code

**Bounce Back (K-5th)
Cognitive Behavioral Intervention for Trauma in Schools (6th-12th)**

Tier II: Some Students

At risk for behavioral health concerns

Upon referral/consent

INITIAL ASSESSMENT OF PRESENTING CONCERNS

Goal: Identify nature and severity of presenting concerns. Triage student to Tier II or III, plan for appropriate treatment/intervention.

Support for Students Exposed to Trauma (SSET)

Tier I: All Students

Regardless of behavioral health risk

SCREENING

Goal: Identify those who might benefit from services/supports

Psychological First Aid – Listen, Protect, Connect, Model and Teach

School-side Ecological Strategies – Positive, Safe School Climate

OUTCOME MONITORING AND PROGRAM EVALUATION

Goal: Determine whether students individually, by agency, or entire Network are achieving behavioral health outcomes.

One can aggregate data from all of the above assessment purposes depending on outcome monitoring goals.

PROGRESS MONITORING
Goal: Track student functioning over time to determine progress in services

- These three papers are tremendous contributions to the school mental health field!
- Unique uses of data to understand the landscape of school mental health
- **Are young people receiving the right services, at the right time and by the “right” providers?**
 - **How can we support students, families and schools in this effort?**

Splett, George, et al

- Is it helpful to classify/categorize students by problem type? Is the distinction between internalizing and externalizing helpful?
- How does symptom presentation influence time of services, type of services and provider of services?
- Do we need to better refine our current conceptualization of “emotional disturbance” under federal special education law such that we can more appropriately identify and serve students with a variety of mental health problems?
- Policy question - How can schools and communities partner and leverage each others’ resources such that an appropriate continuum of services is provided to ALL students with a shared responsibility for care and cost of care? – *Brenda – great example of “shared responsibility” with screening by primary care and schools*

Chafouleas, Briesch, et al

- Some of most common questions in last 5-10 years (in addition to how do we fund SMH services)
 - Should we conduct universal mental health screening in schools?
 - How do we screen but not screen too many so that we get overwhelmed?
- There has been a SHIFT toward considering universal screening and assessment for mental, emotional and behavioral concerns in schools
 - SOME policy language reflecting this SHIFT
 - However, very little has actually happened systematically to implement
- **What next??** How do we help move states and local districts FORWARD to move beyond vague statements about screening to actual implementation? Can we use ESSA policy to help drive this effort?

Tanner-Jones, et al

- the creation of a data-based decision making system for supporting a multi-tiered system of mental health supports for students
- Is this the answer? because of the complexities of student mental health and MTSS, it is a step in the right direction but not yet a panacea 😊
- County Tax for mental health, and school mental health – YAY!
- Systematic process to review community partnerships to support student mental health.
 - What we see all too often are schools and principals in the position of having to “consume” mental health services with lack of information of how to do so.
 - MOUs are created with no specificity regarding services to be provided, students to be served, outcomes to be monitored and **how community-partnered services will fit into the existing student support service structure.**

- How did you manage teacher burden? Did you consider ways to obtain multi-informant reports of mental health (particularly student reports for internalizing issues)?
- What data system was used? Who enters the data? How was privacy maintained? Could this be easily adopted by other districts?
 - MU clearly has one of the most solid university partnerships and training programs for school supports in the country
- How were the categories of need/service determined?
- How do schools determine what “counts” as an intervention
 - Sometimes we run into trouble with schools saying, for example, that an assembly on suicide prevention “counts” as universal supports for suicide prevention.



Sharon Hoover Stephan, Ph.D.
sstephan@psych.umaryland.edu
410-706-0941

Center for School Mental Health

University of Maryland, Baltimore

School of Medicine

Division of Child and Adolescent Psychiatry

737 W. Lombard St. 4th floor

Baltimore, Maryland 21201

(<http://csmh.umaryland.edu>)

Email: csmh@psych.umaryland.edu

Phone: (410) 706-0980



Symposium Q&A
