

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

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# Agenda

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## 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

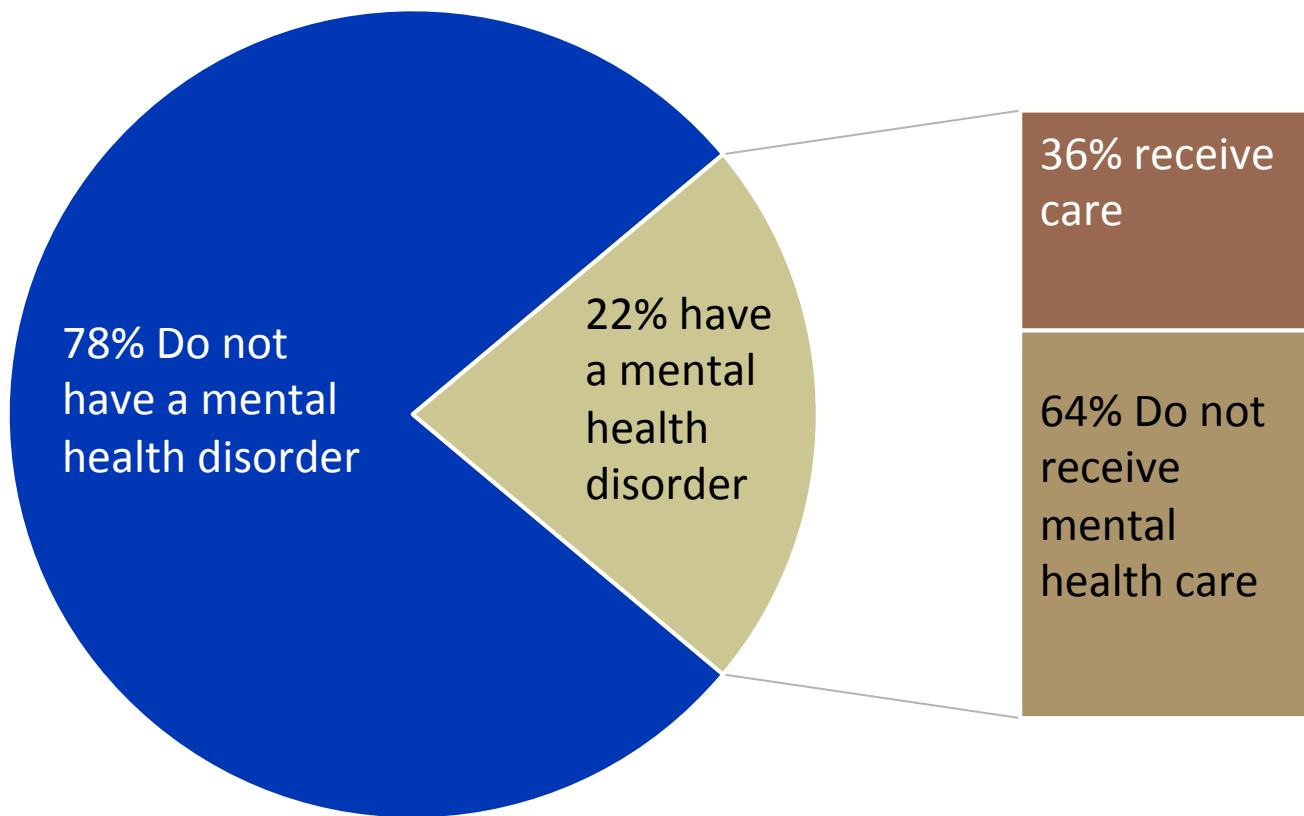
## Q&A

# Introduction

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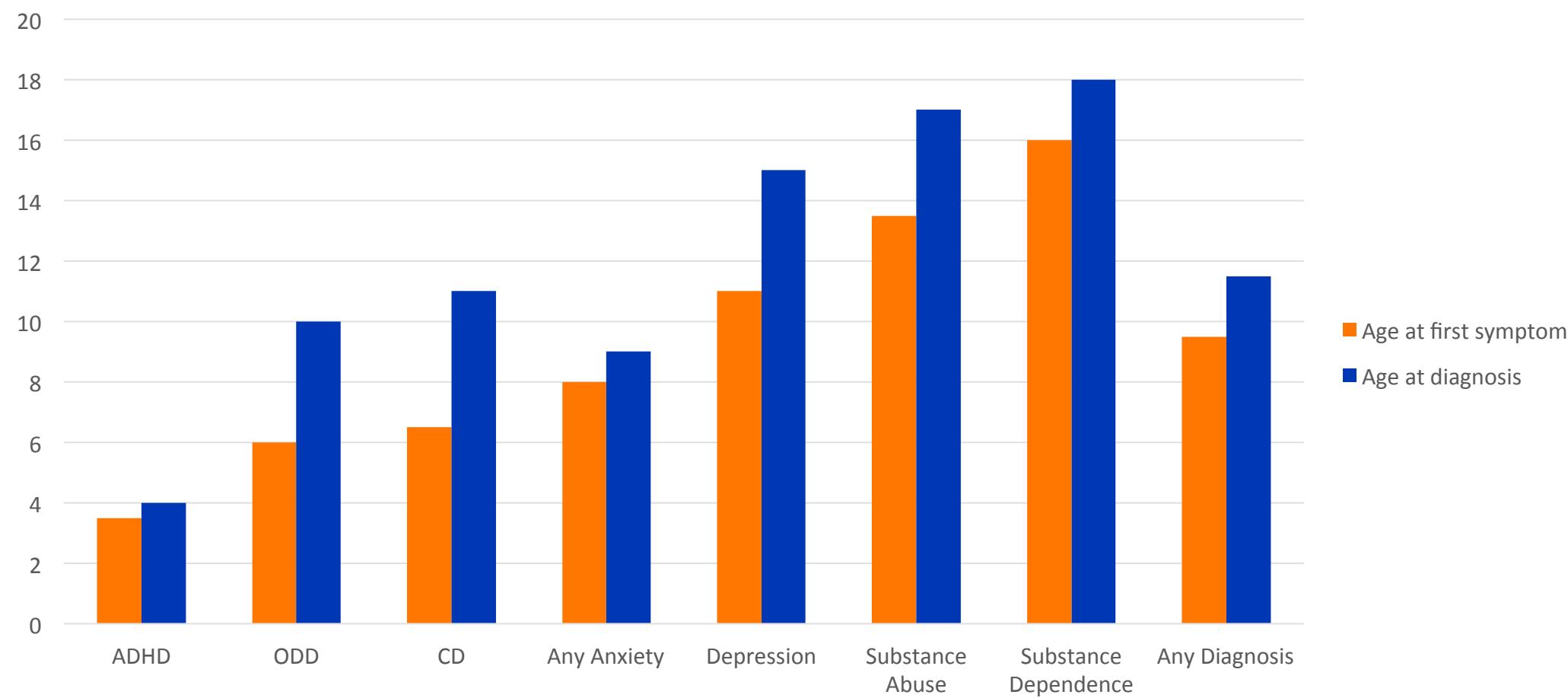
# Only 1 in 3 Youth in Need Receives Care

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# Mental health “Window of Opportunity”

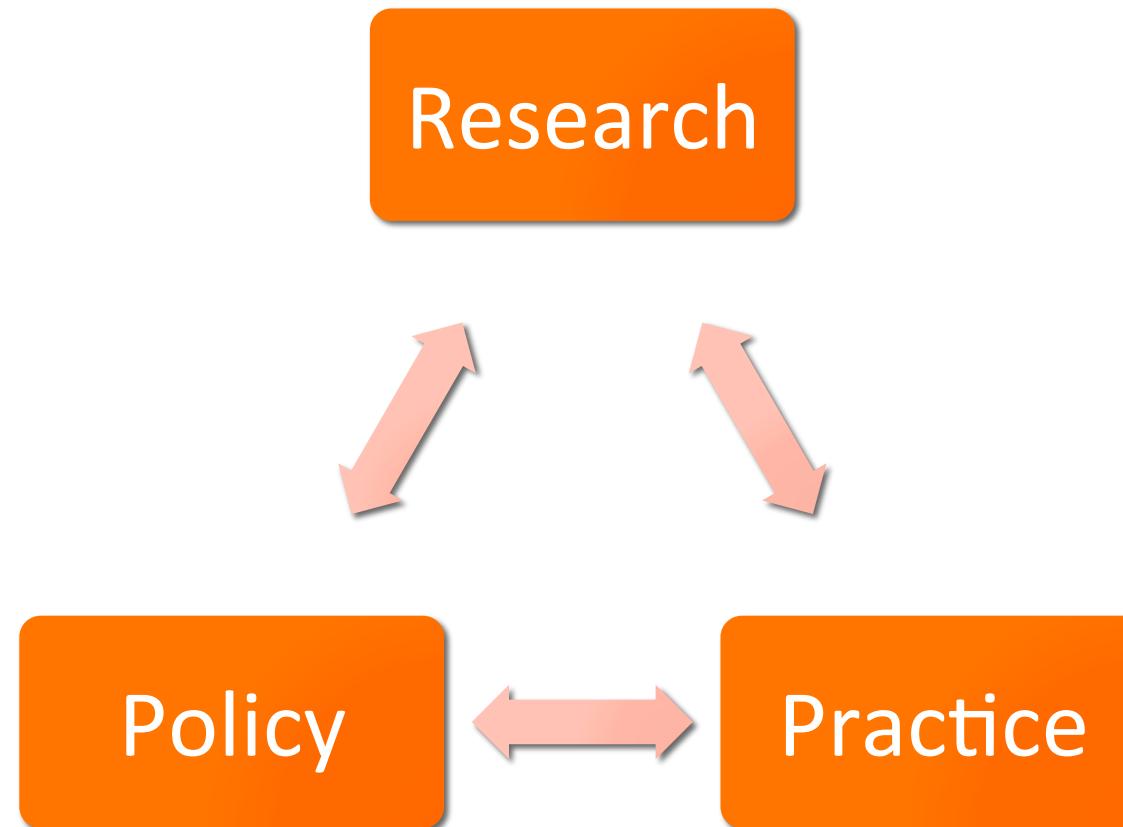
## Age Between First Symptom and Initial Diagnosis





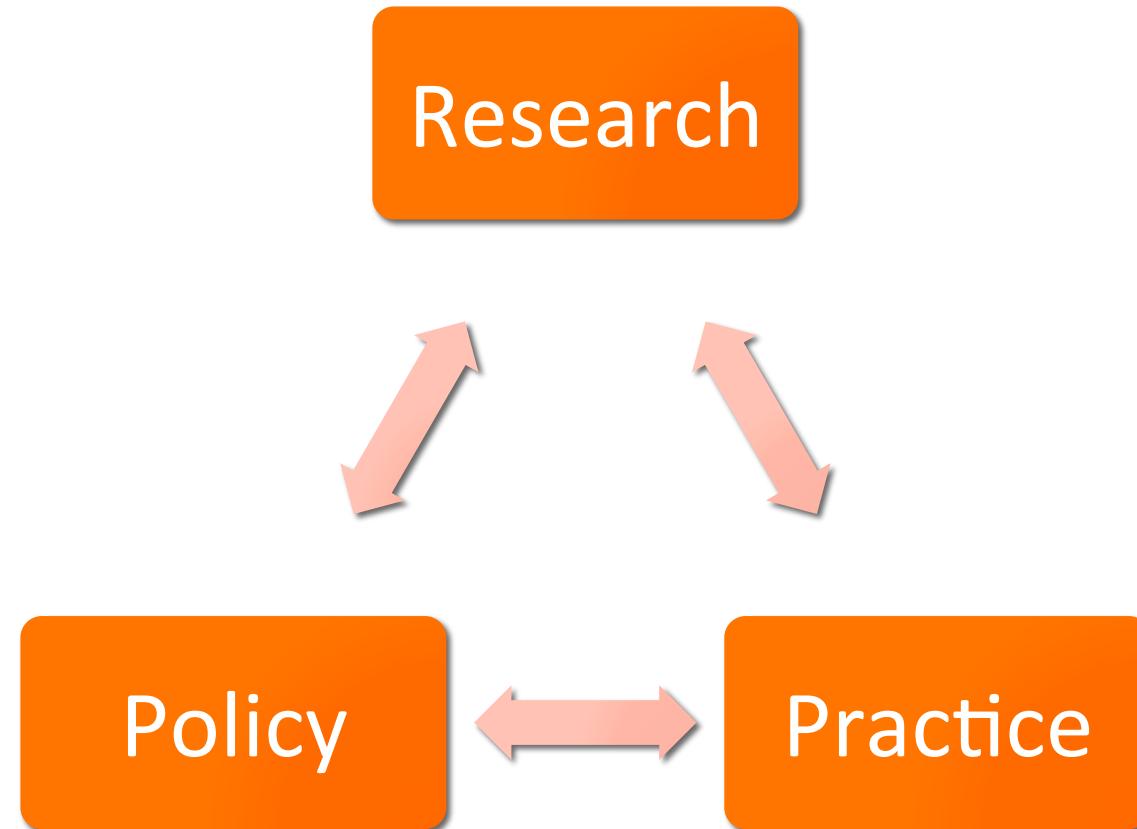
# Mutually Dependent Bidirectional Communication

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# This Symposium

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# Paper 1: Research Example

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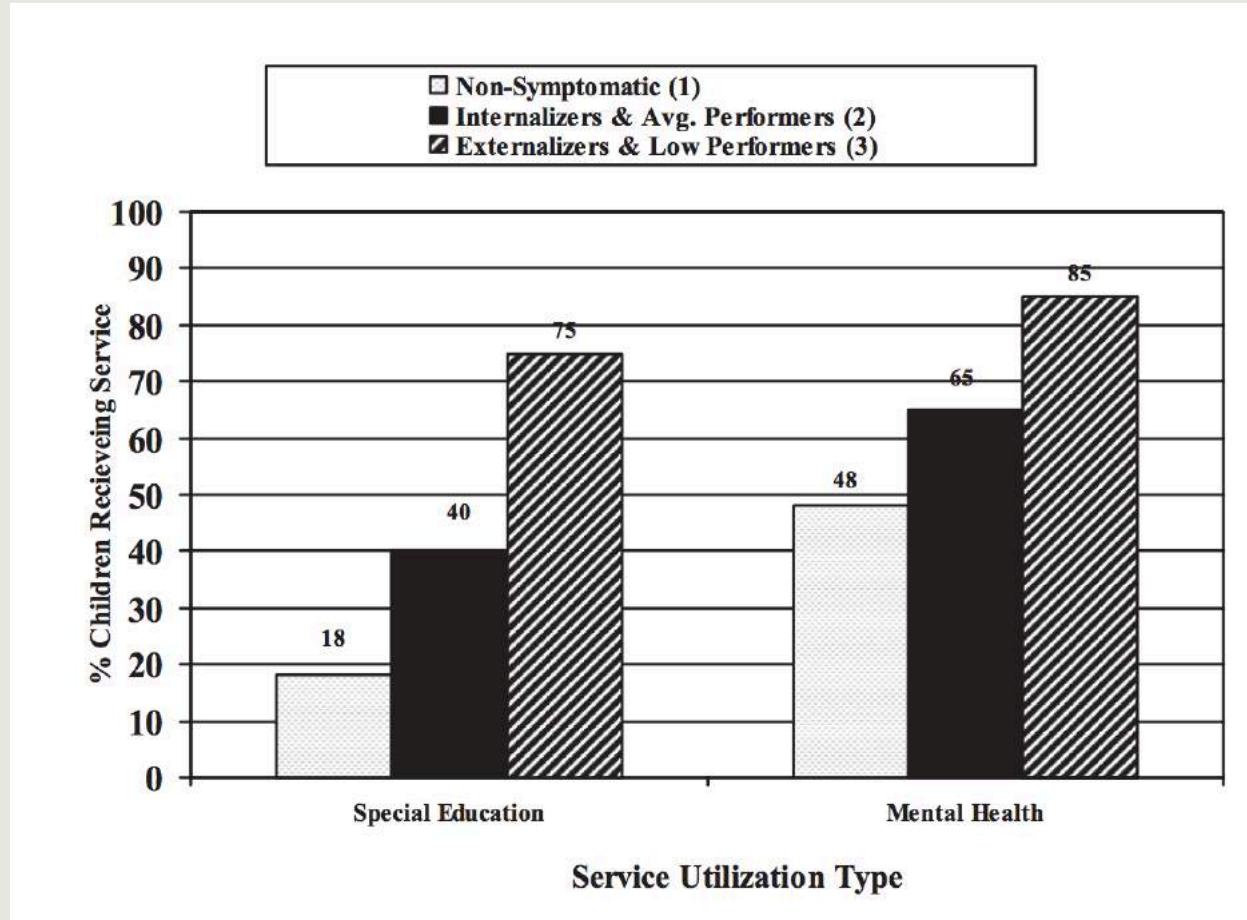
JONI W. SPLETT, MELISSA GEORGE, IMAD ZAHEER, MARK D WEIST,  
STEVEN EVANS, LEE KERN

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

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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

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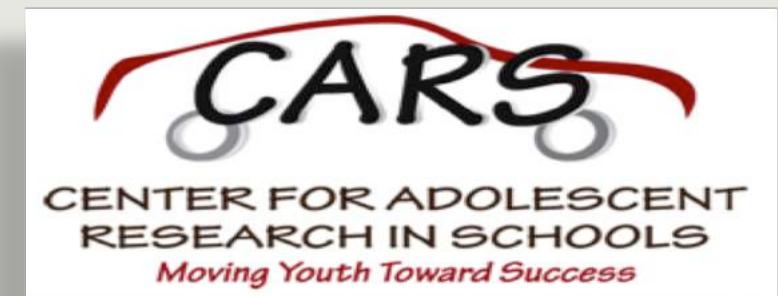
Among adolescents receiving mental health and classroom interventions for their emotional and behavioral problems and school functioning impairment

- 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

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- 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

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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

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- 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

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- 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

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- 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?

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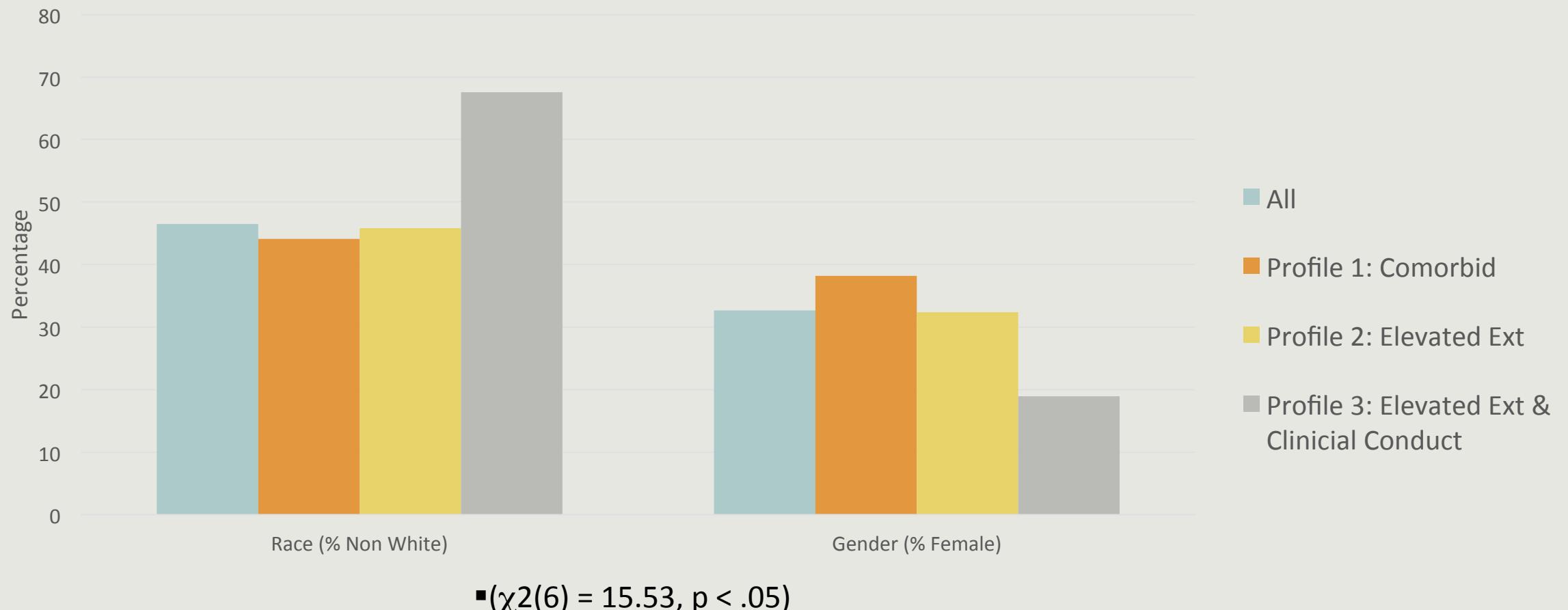
Model	AIC	BIC	ABIC	Entropy	LRT p	ALRT p	Participants per class
1 class	8682.97	8727.67	8695.91	---	---	---	Class 1: 100%
2 class	8295.54	8367.05	8316.25	.873	.000	.000	Class 1: 21.86% Class 2: 78.14 %
3 class	8082.89	8181.21	8111.36	.894	.646	.646	Class 1: 21.09% Class 2: 73.18% Class 3: 5.74%
4 class	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

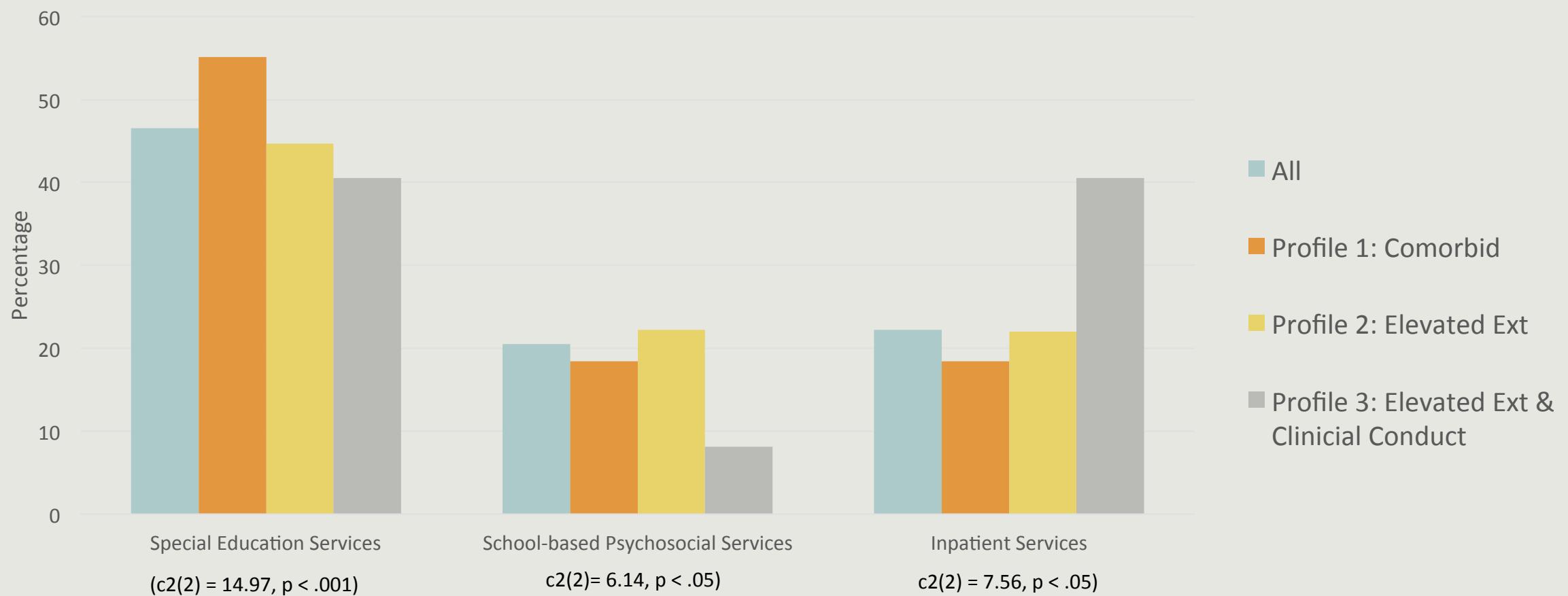
	<b>Profile 1: Comorbid Int/ Ext 21.09% (n = 136)</b>	<b>Profile 2: Elevated Ext 73.18% (n = 472)</b>	<b>Profile 3: Elevated Ext &amp; Clinical Conduct 5.74% (n = 37)</b>
	M (SD)	M (SD)	M (SD)
<b>Anxiety</b>	60.82 (11.11)	46.80 (8.73)	52.61 (11.03)
<b>Depression</b>	73.18 (8.40)	47.49 (6.35)	52.44 (8.70)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

# Results: Student Demographic Differences

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# Results: Differences in Behavioral & Mental Health Services



# Summary of Research, Policy and Practice Implications

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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

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# Paper 2: Policy Example

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SANDRA M. CHAFOULEAS & AMY M. BRIESCH



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

Sandra M. Chaoulesas

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...

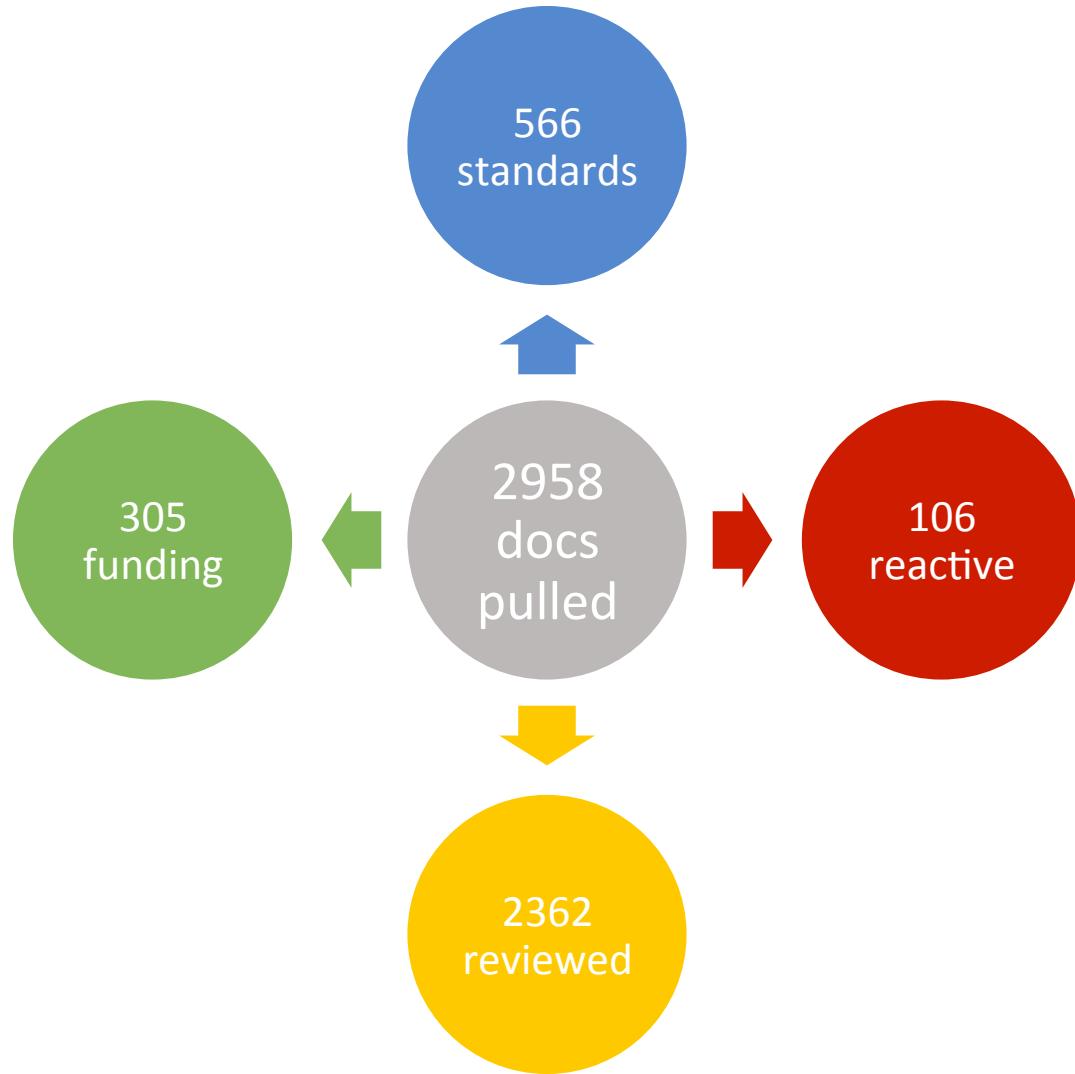


# Preliminary Results of Coding

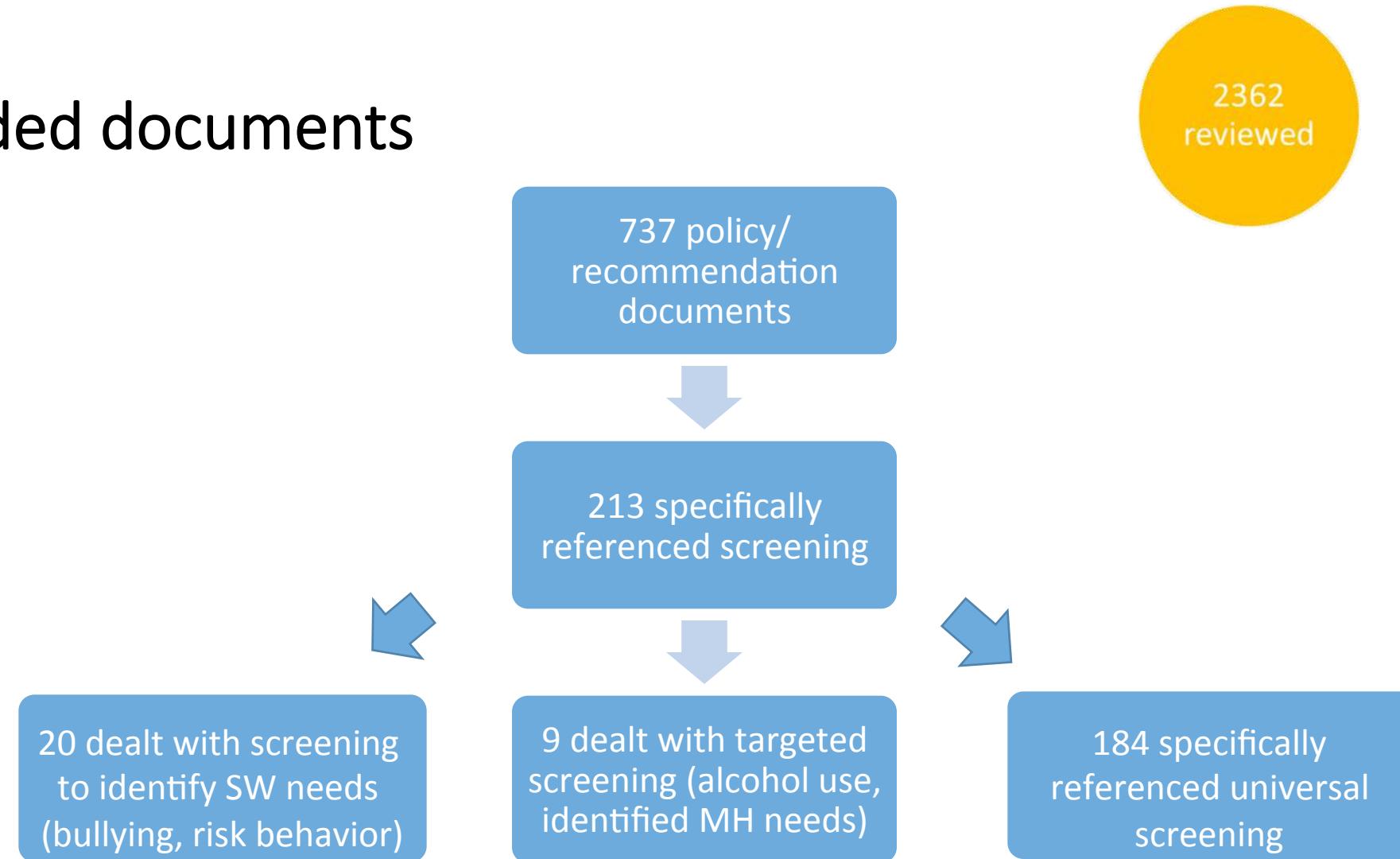
*Focus on Screening*



# 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



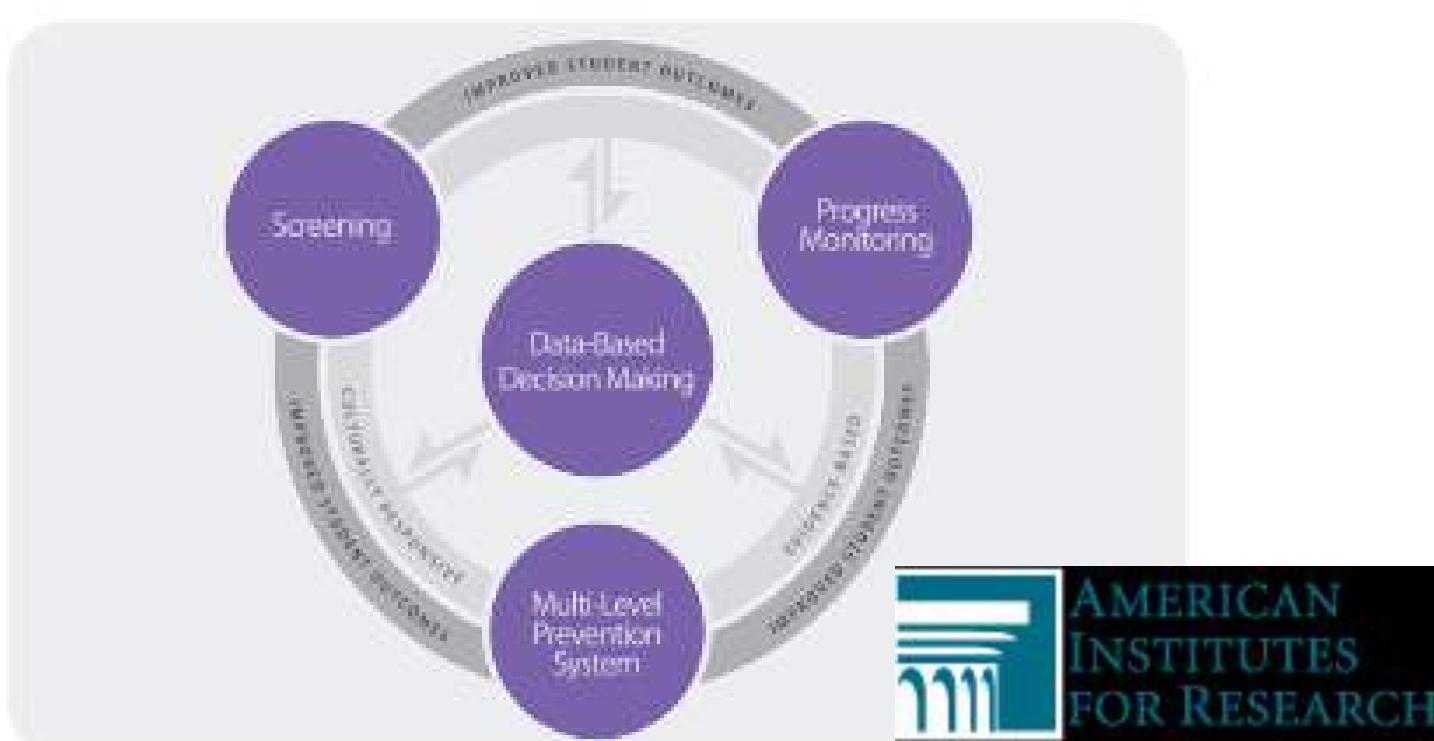
# K-12 Screening

- 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-3<sup>rd</sup> 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](http://www.needs2.org)

Thank you, questions, & comments...

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[a.briesch@neu.edu](mailto:a.briesch@neu.edu)

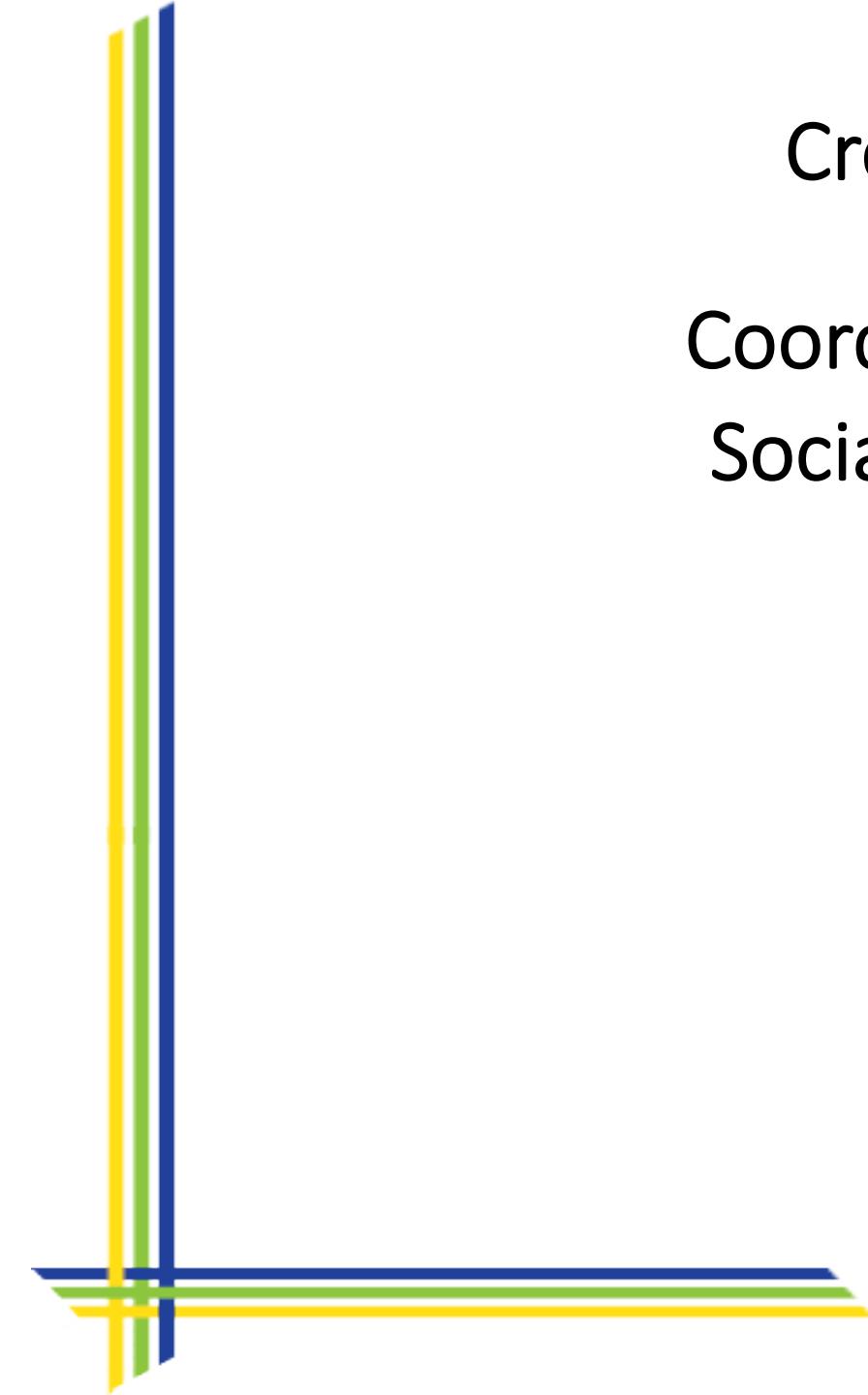
# Clarifying Q&A

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# Paper 3: Implementation Example

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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.

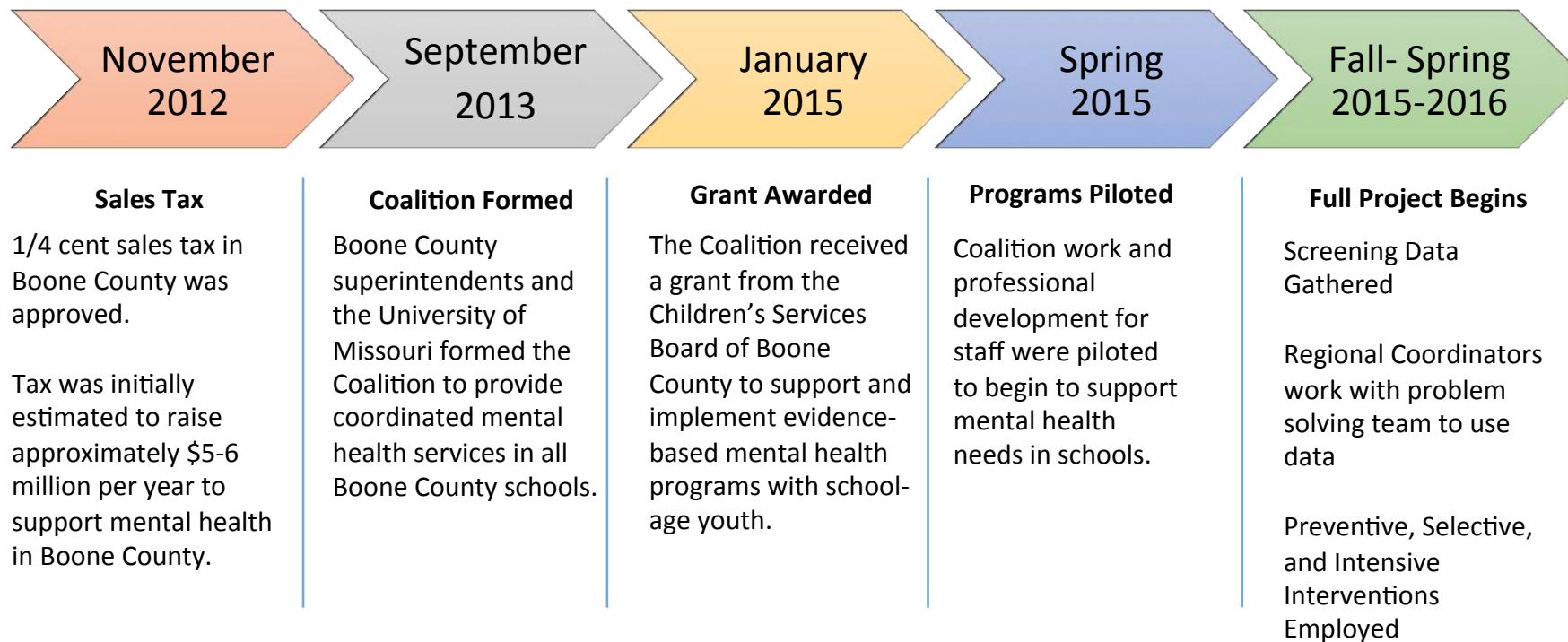
Lou Ann Tanner-Jones, Ph.D.

University of Missouri  
Missouri Prevention Center

August 4, 2016  
American Psychological Association

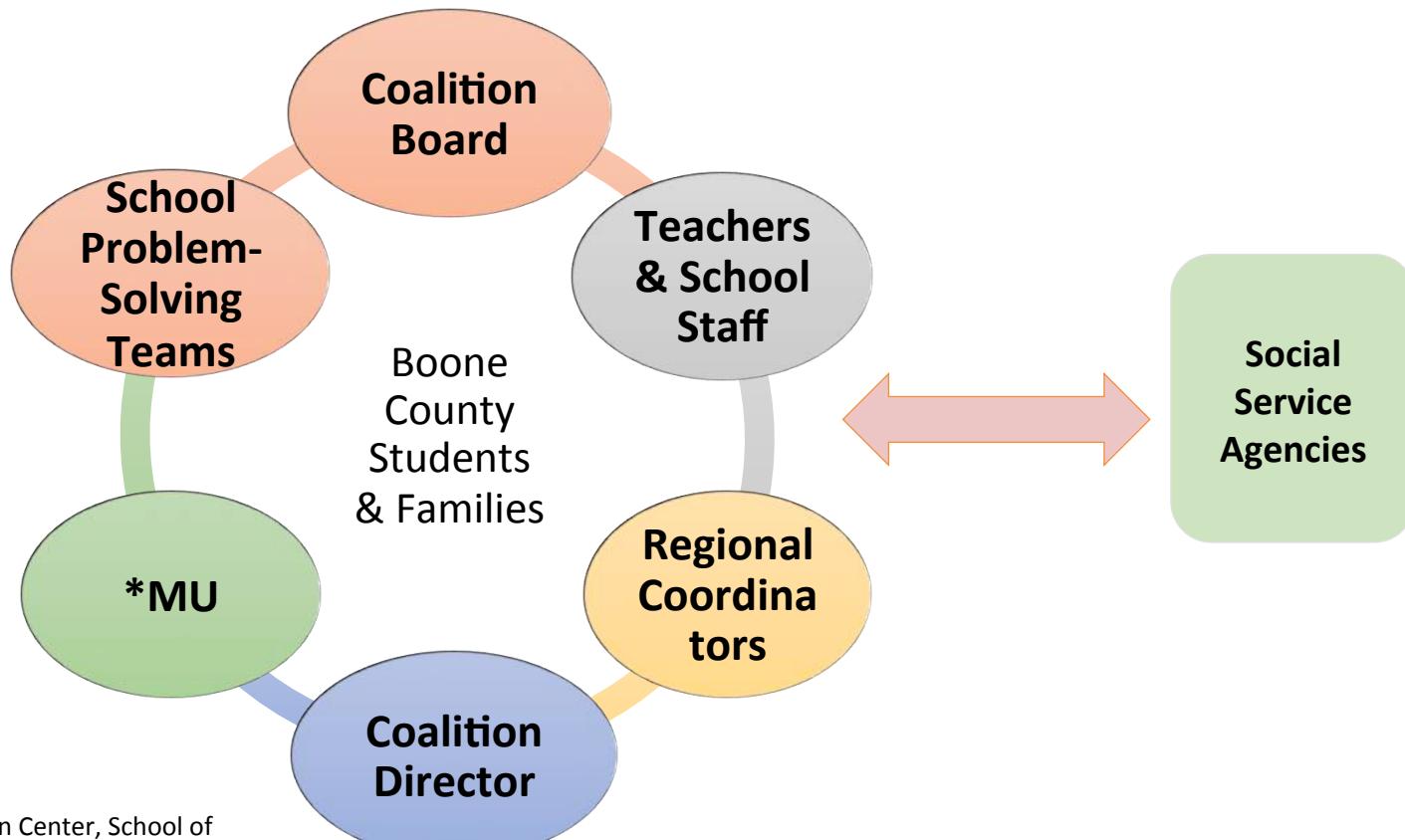


# Boone County Schools Mental Health Coalition Timeline



PD based on data

# 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

[Logon](#)

Behavior Metrics
Dexter Alford

Anika Allison
Lisandra Armstrong

Disney Becki
Gari Bell

Kylie Bird
Moos Bonner

Mia Cantrell
Yasli Cotton

Victoria Czechla
Rashona Hyde

Trevor Leigh
Trevor Leigh

Ginger Maxwell
Hedda McCall

Lenore Miles
Kehinde Moncher

Harale Murray
Destinee Nielsen

Whitemira Olson
Ferris Park

Ferris Park
Effen Richard

Bradley Ruiz
Dariis Russo

Kian Ryan
Brittany Shupre

Burke Shepard
Lawrence Solermen

Dakoda Yelitz
Kohls Walton

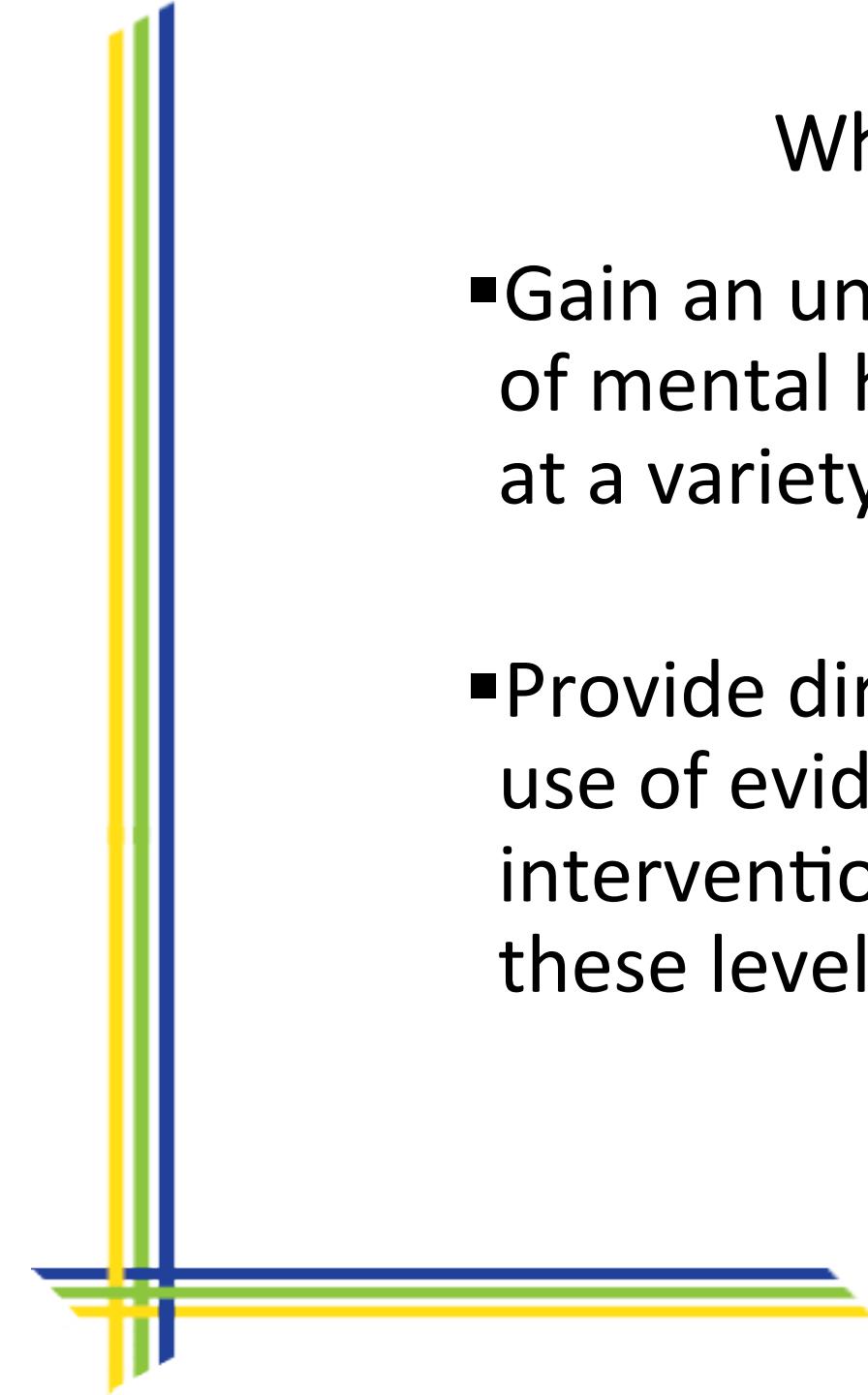
Kohls Walton
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Yetta Willis
✓

Is boosy
Save Cycle

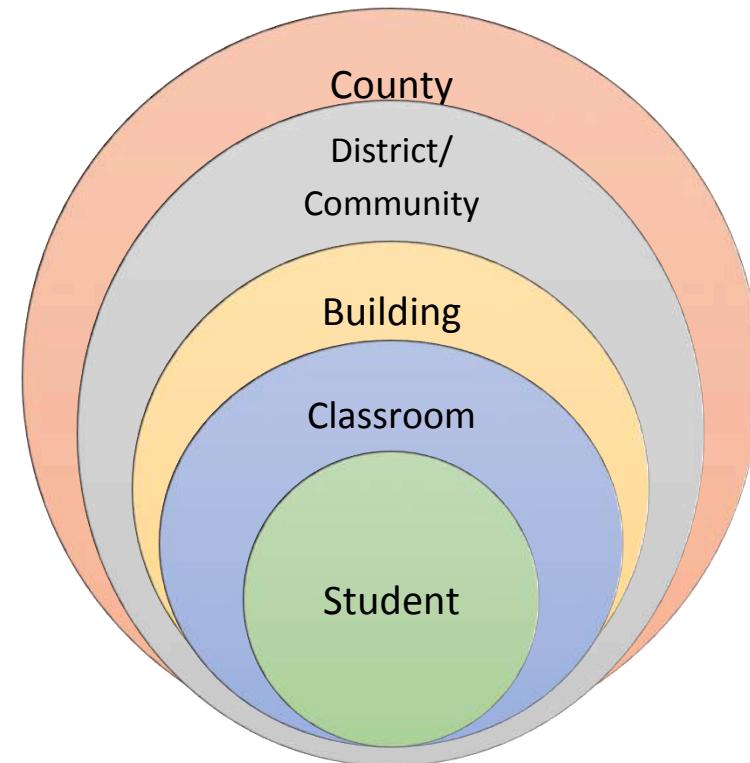
Trouble expressing feelings appropriately
Page

Trouble
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

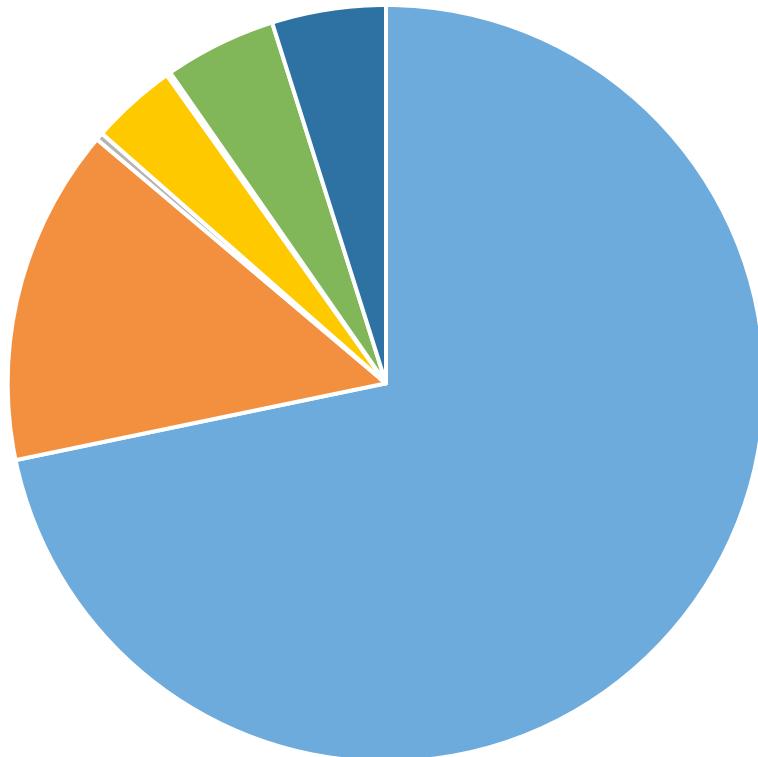


# What Data Will This Give Us?

- 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

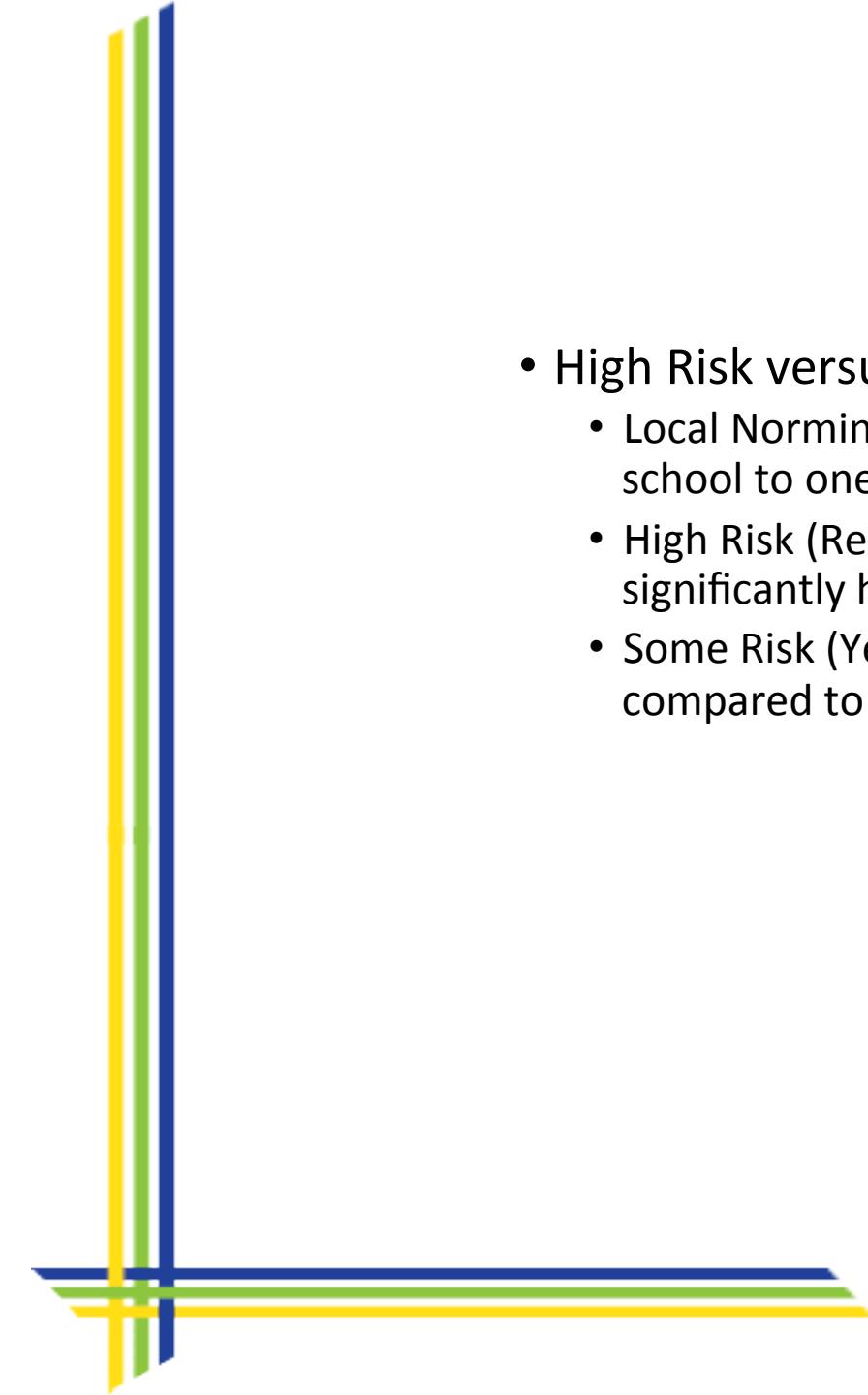


- WHITE
- BLACK/AFRICAN AMERICAN
- NATIVE AMERICAN/ALASKAN NATIVE
- ASIAN
- NATIVE HAWAIIAN/PACIFIC ISLANDER
- HISPANIC



Risk Area

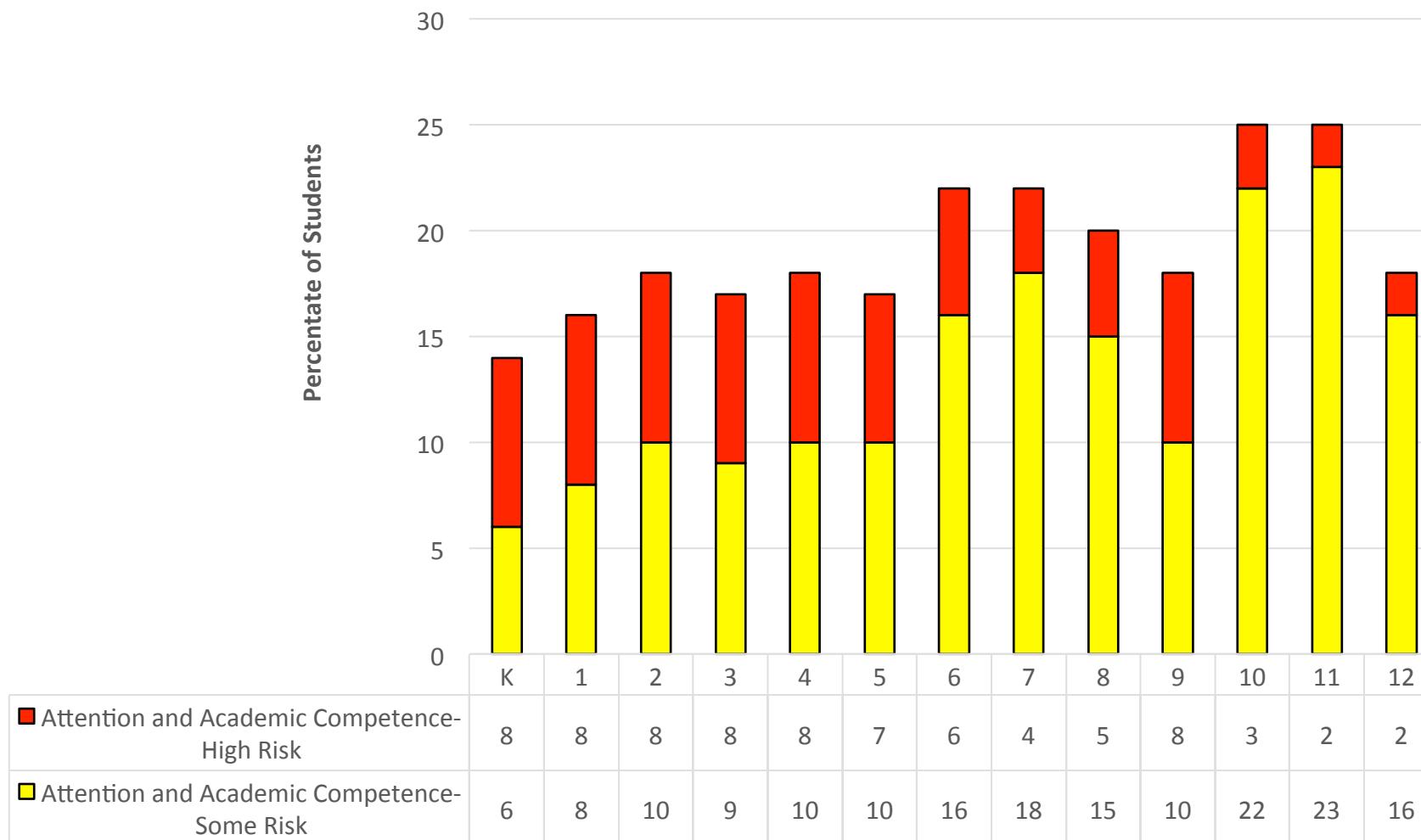
# Attention and Academic Competence



# 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



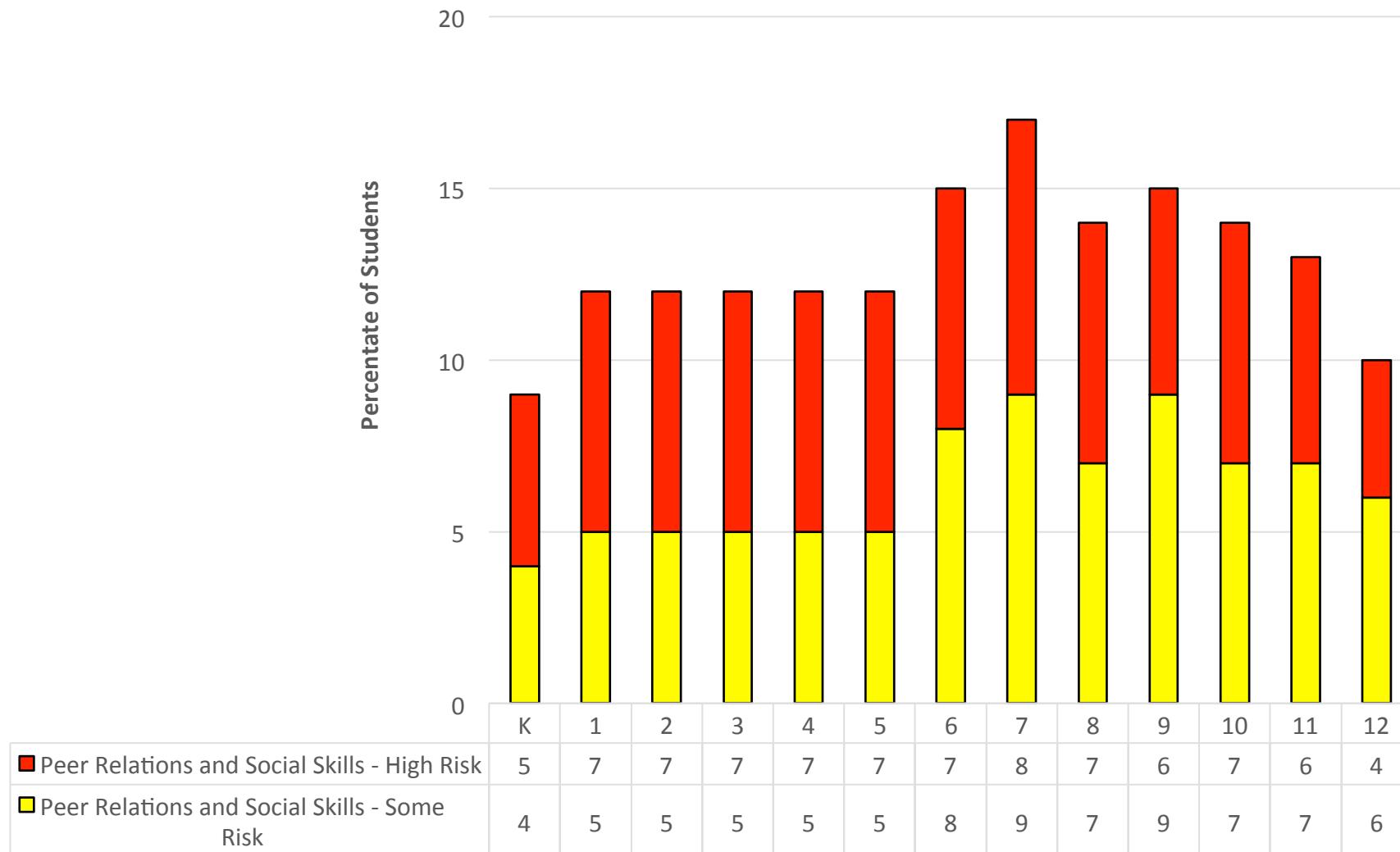
Red indicates the percentage of students in this grade who have significantly higher risk in this area than their peers. Yellow indicates the percentage of students in this grade who have some risk in this area as compared to peers.



Risk Area

# Peer Relations and Social Skills

## Peer Relations and Social Skills Risk Level By Grade



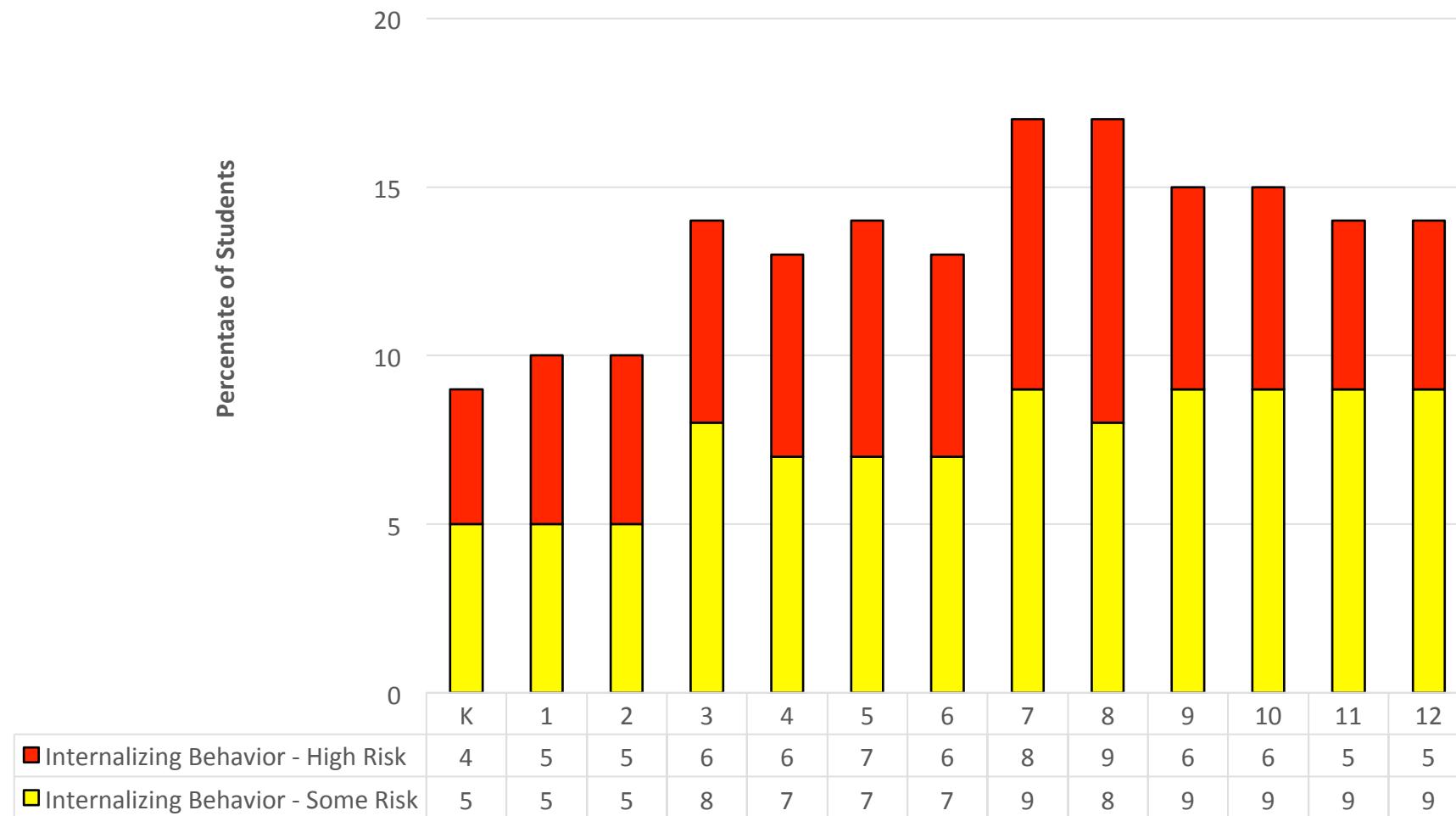
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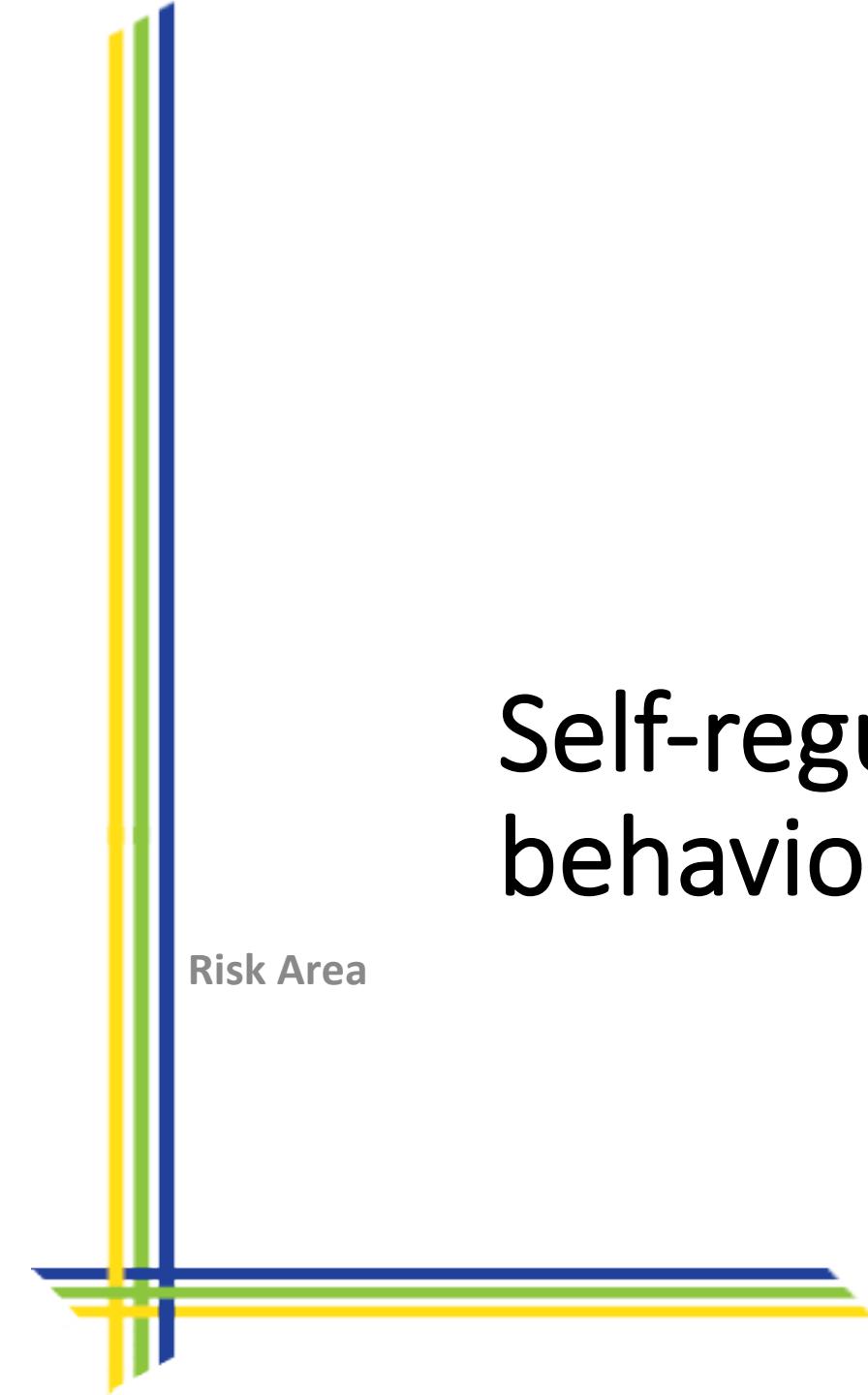
Risk Area

# Internalizing Behavior

## Internalizing Behavior Risk Level By Grade



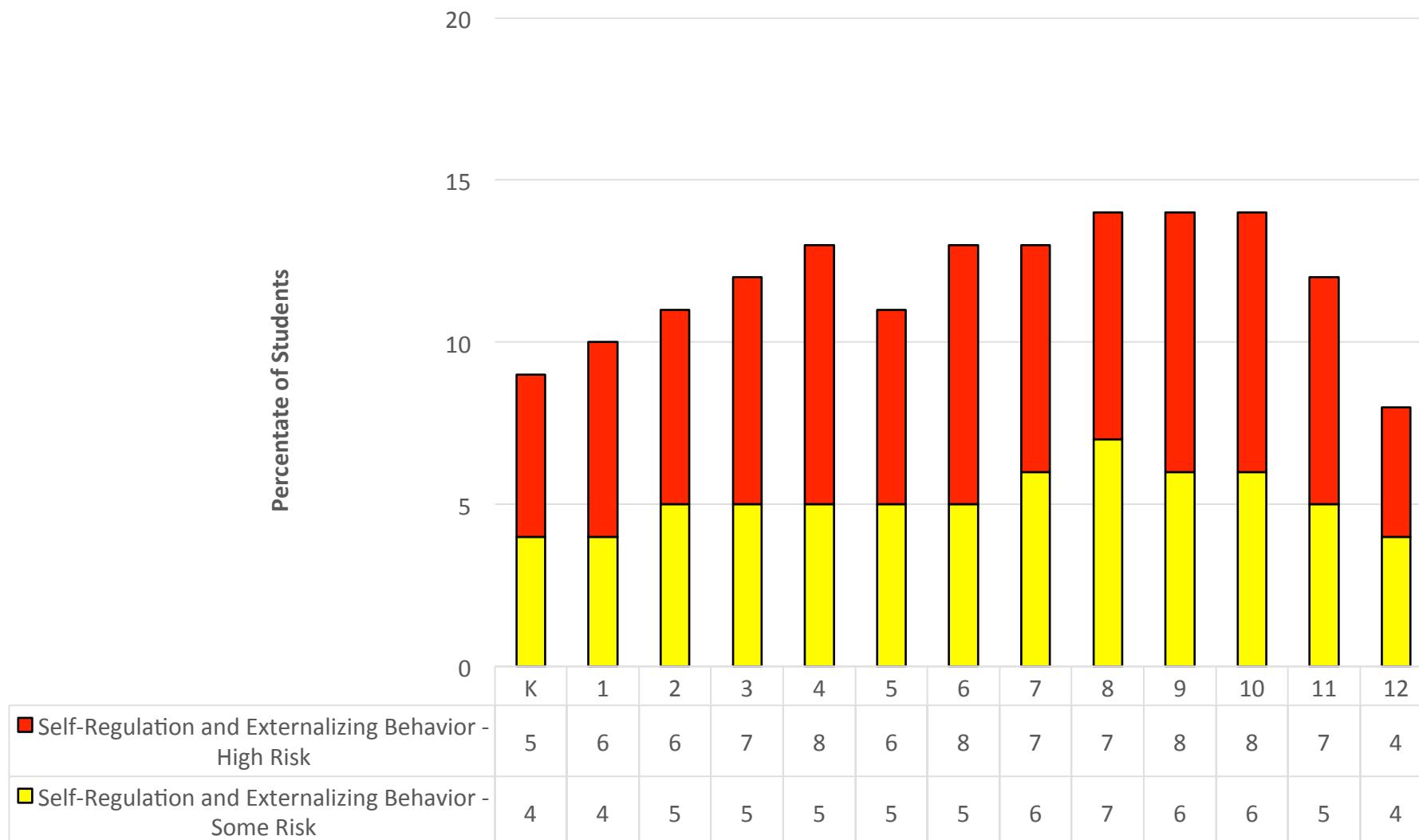
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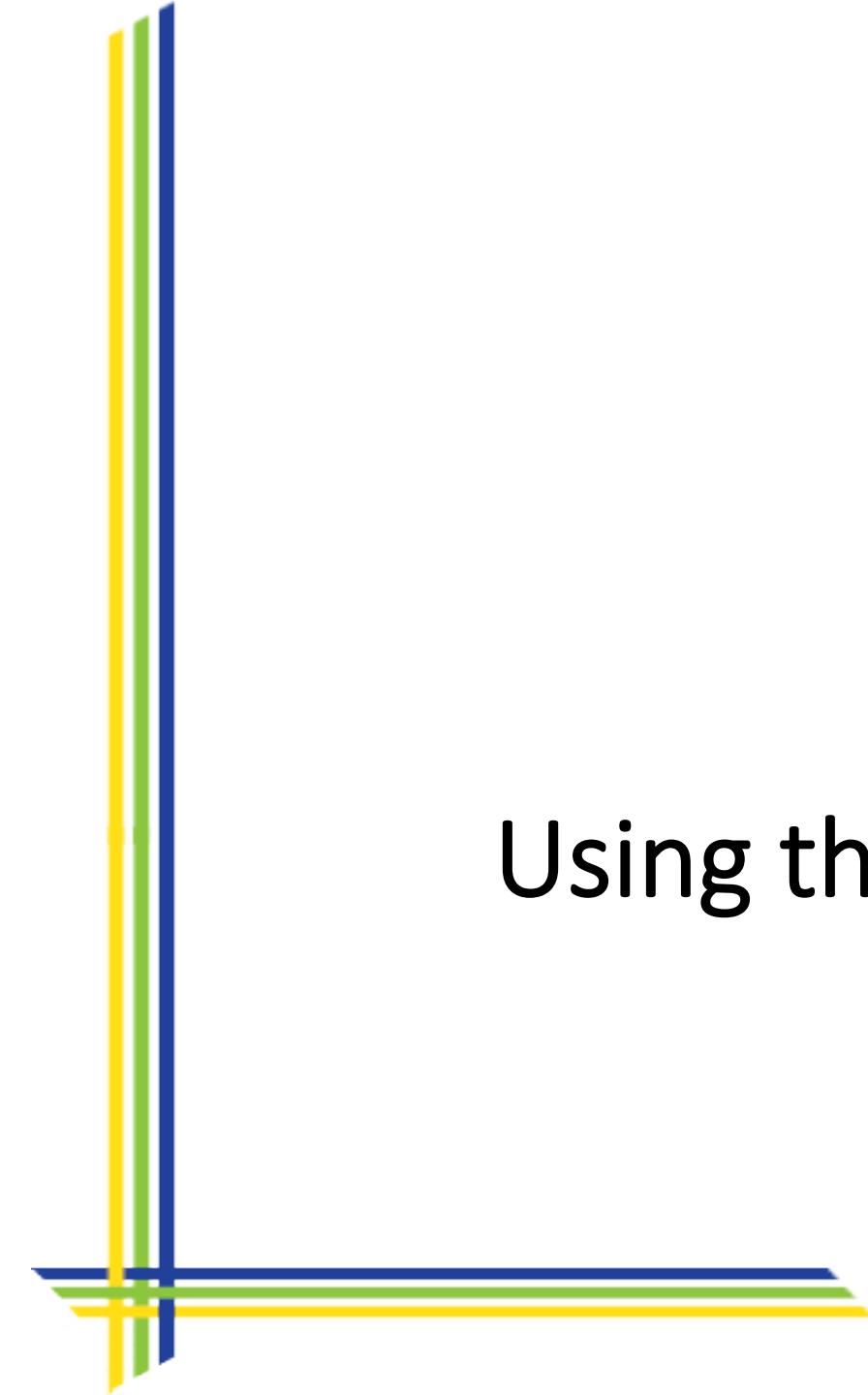
# **Self-regulation & Externalizing behavior**

Risk Area

## Self-Regulation and Externalizing Behavior Risk Level By Grade

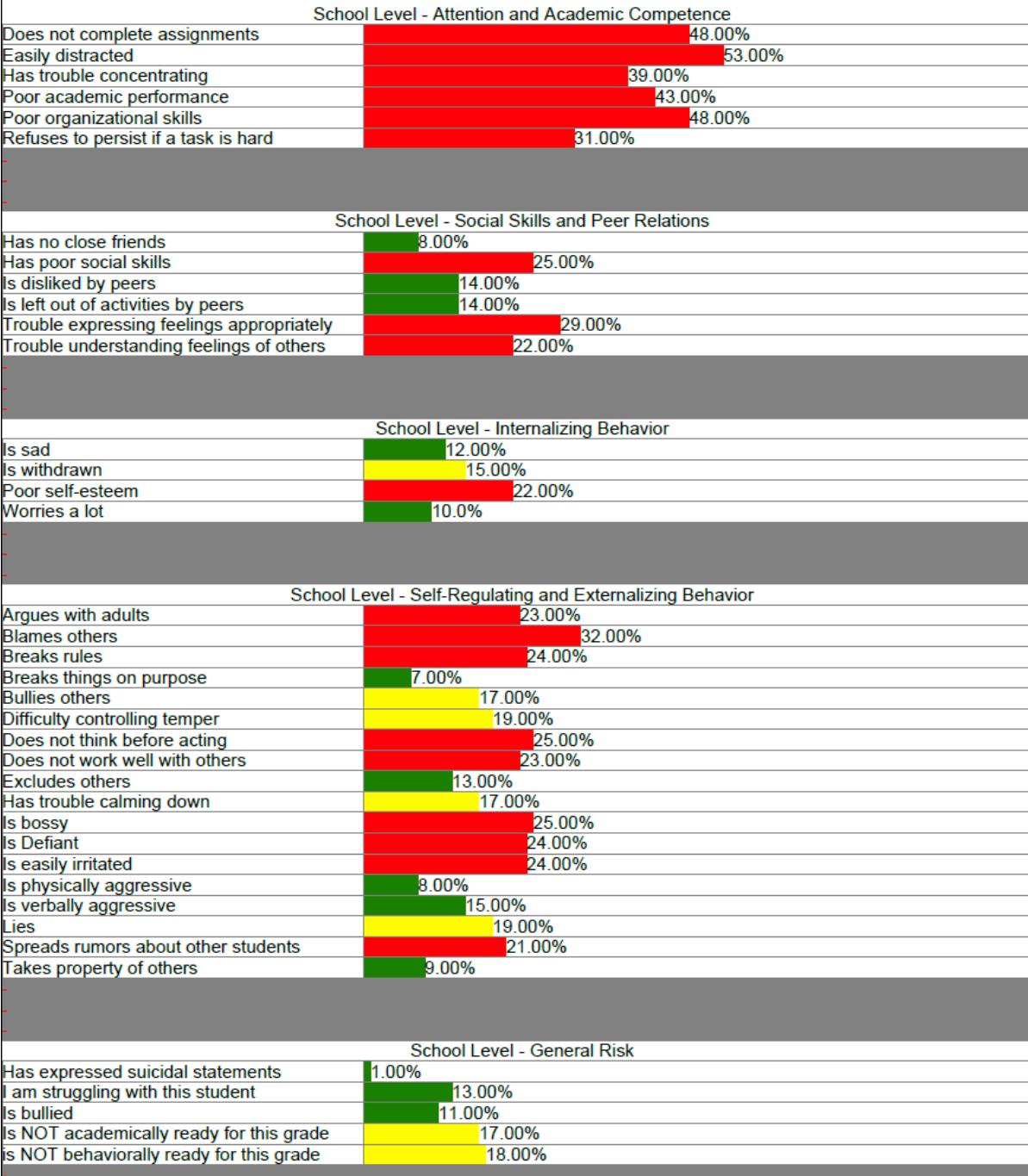


Red indicates the percentage of students in this grade who have significantly higher risk in this area than their peers. Yellow indicates the percentage of students in this grade who have some risk in this area as compared to peers.



# 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 student's 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.

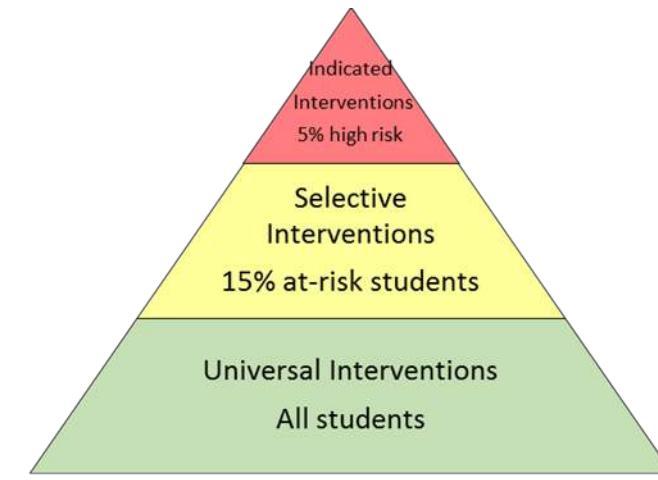
No Risk	Some Risk	Needs Attention
---------	-----------	-----------------

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	

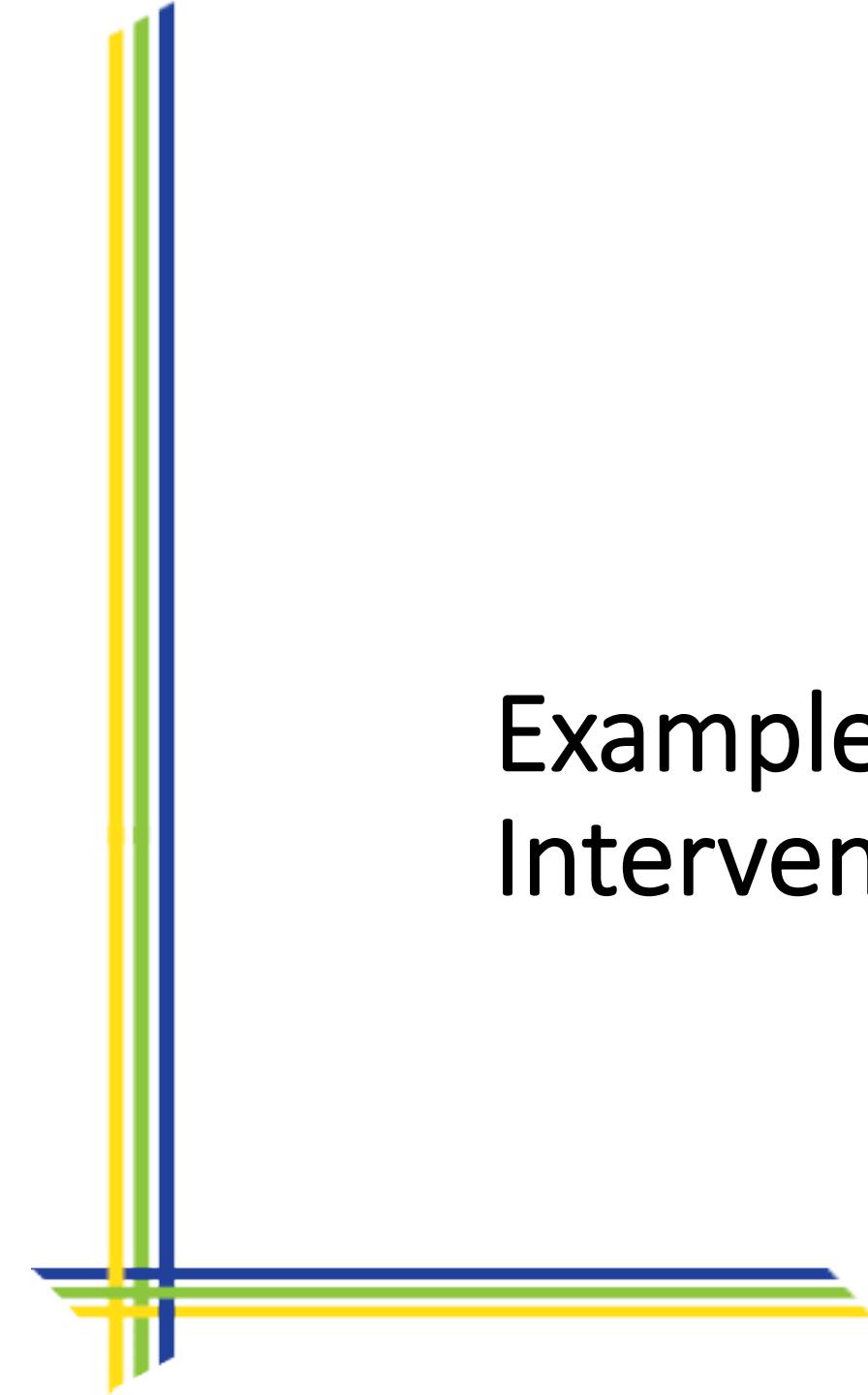
Social Skills and Peer Relations	
Is disliked by peers	
Is left out of activities by peers	
Has no close friends	
Has poor social skills	
Trouble expressing feelings appropriately	
Trouble understanding feelings of others	

# 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.



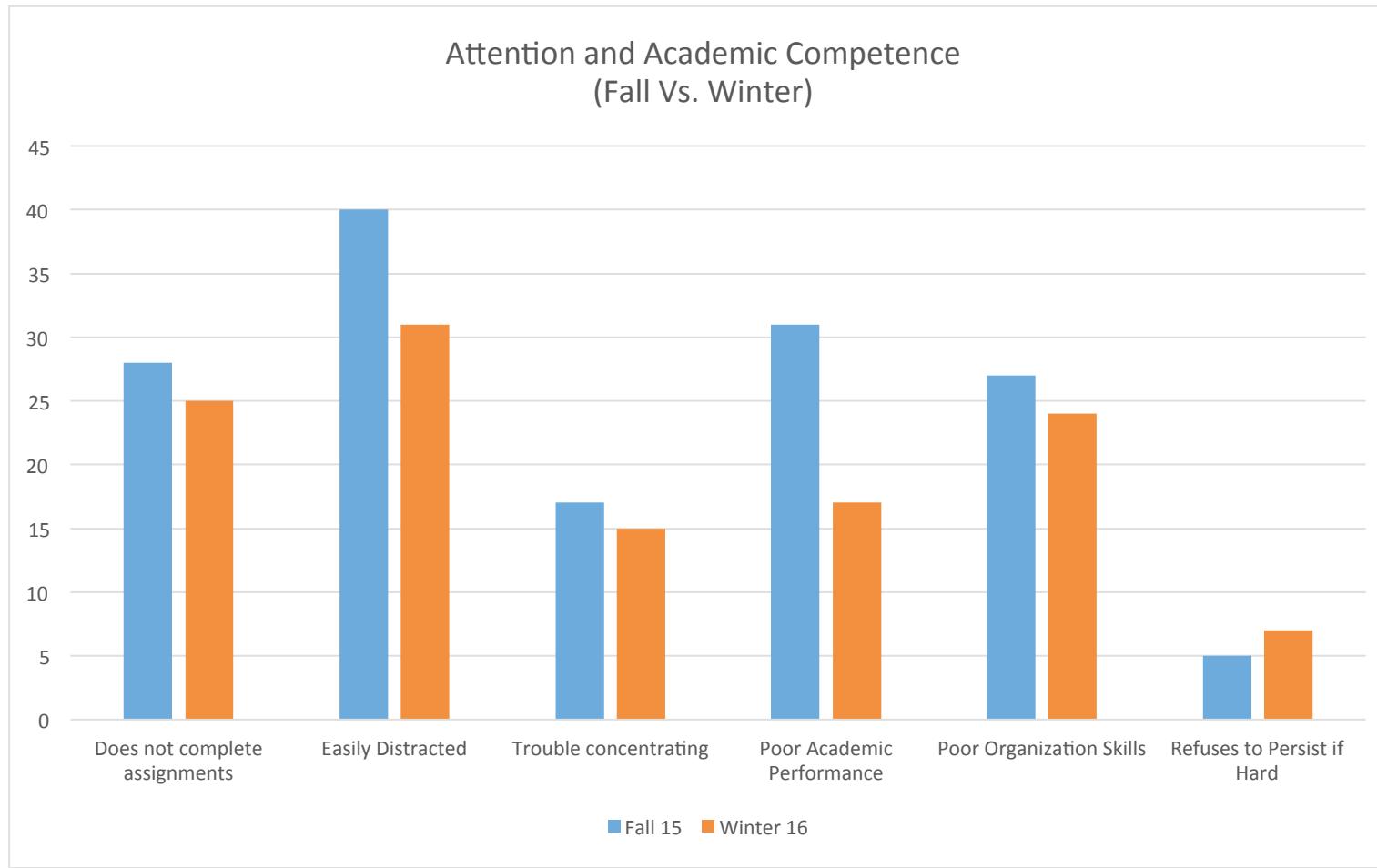
Intervention Level	Focus of Intervention	Student Age Level	Number Students Served
Universal	Attention and Academic Competence	Elementary	280
		Middle	63
		High	166
Selective	Attention and Academic Competence	Elementary	69
		Middle	24
		High	1
Indicated	Attention and Academic Competence	Elementary	6
		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

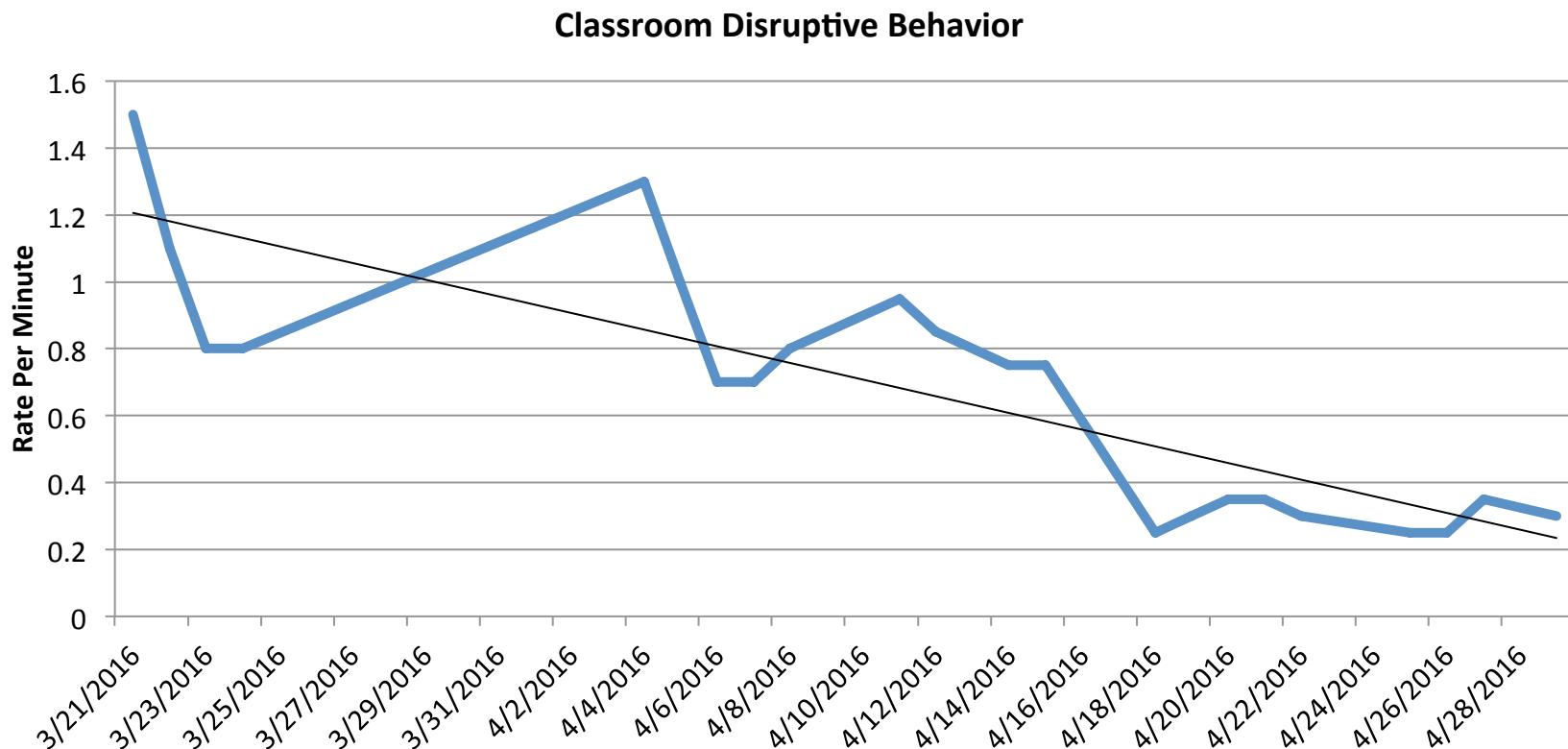
# Entire Grade of Middle School Students

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



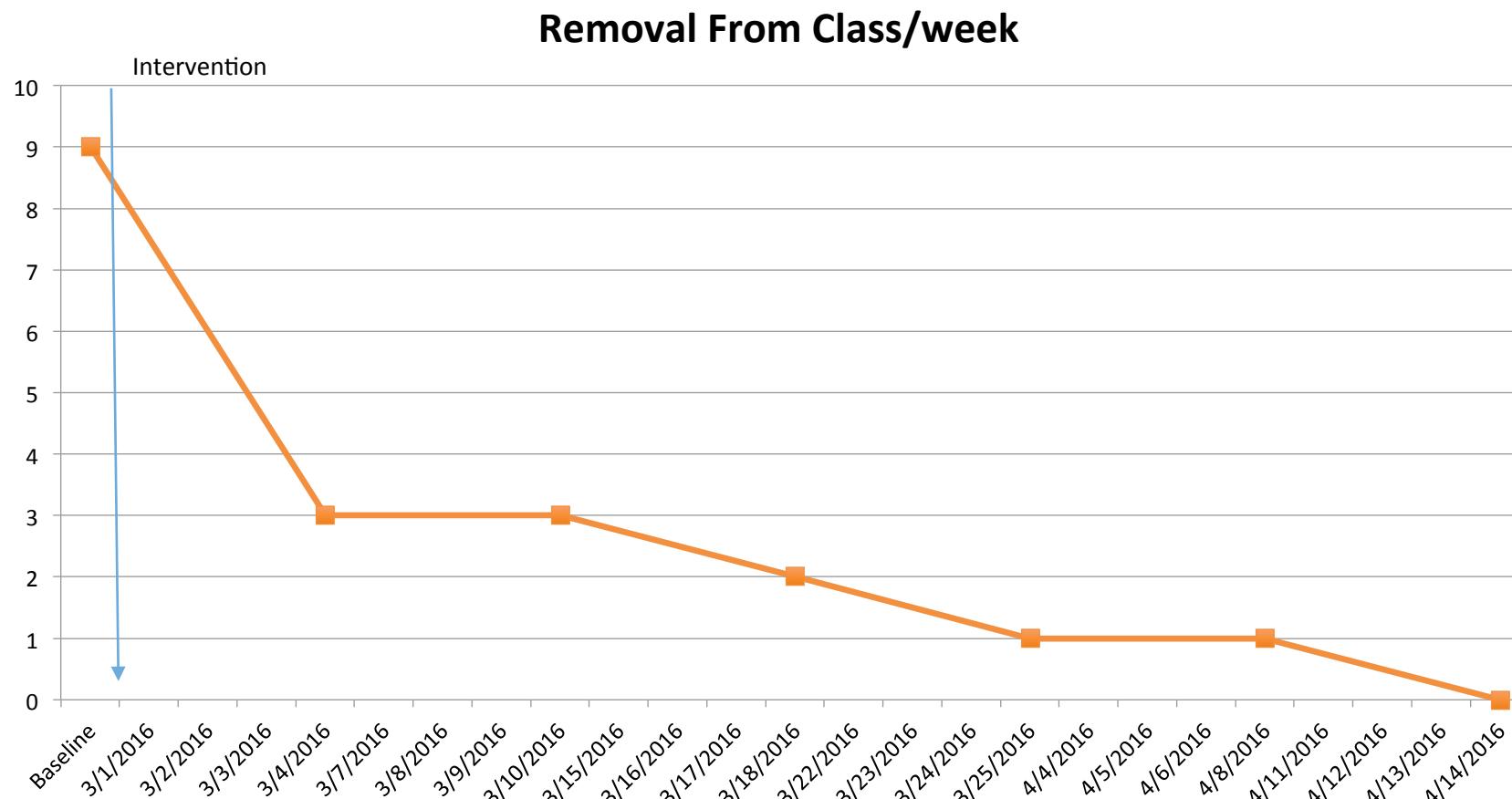
# Classroom Teacher in Need of Support

- 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



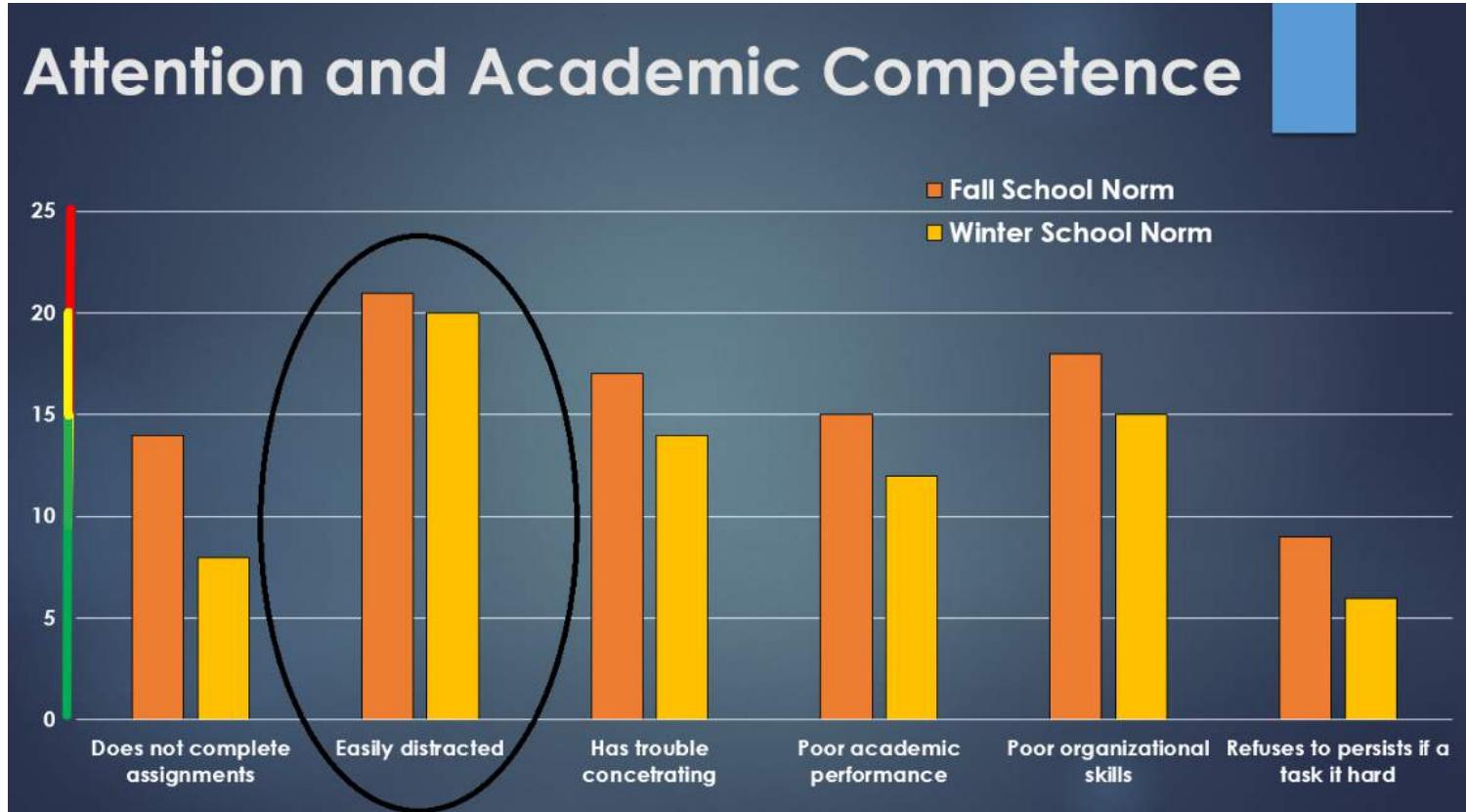


# Professional Development for School Personnel

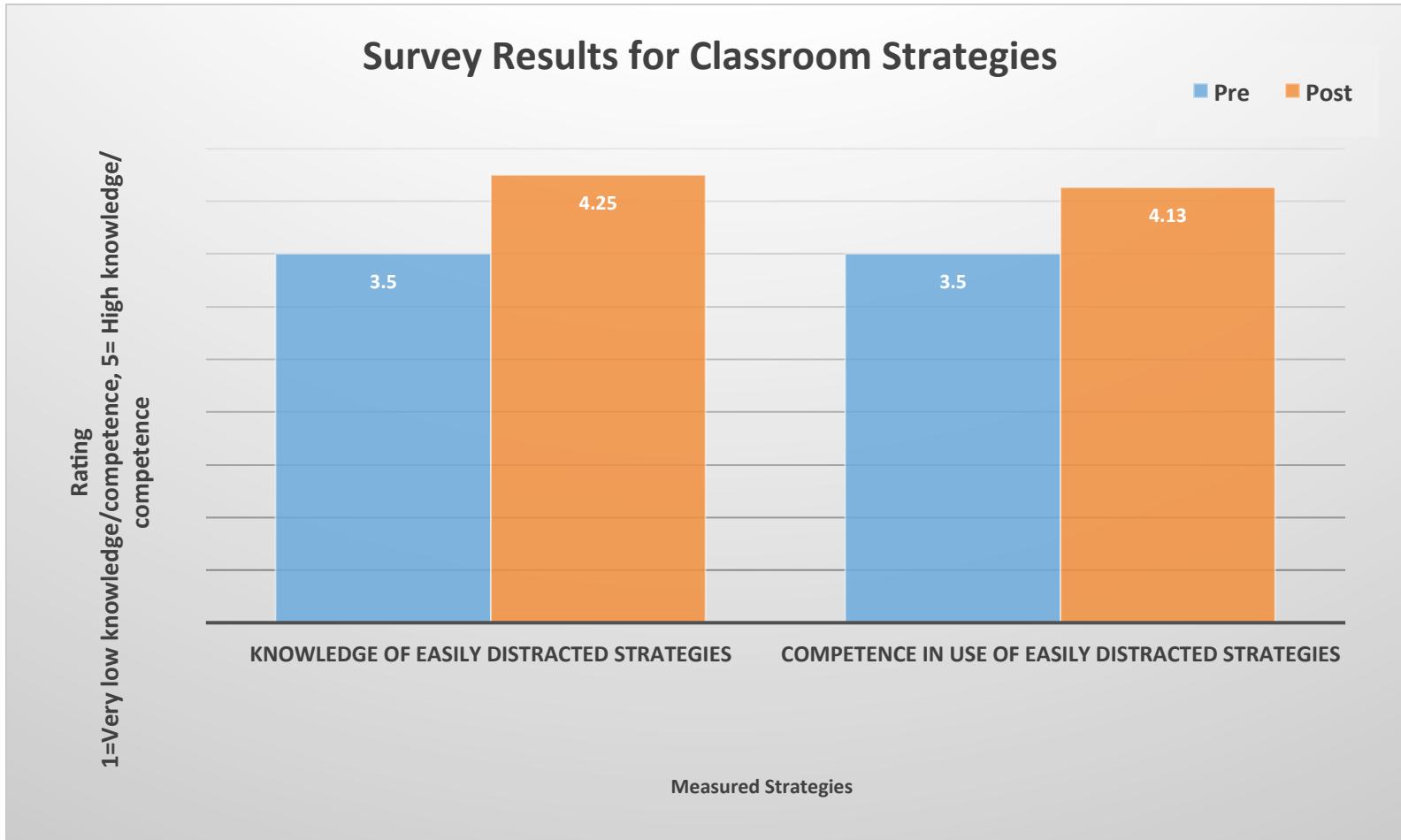
# Professional Development

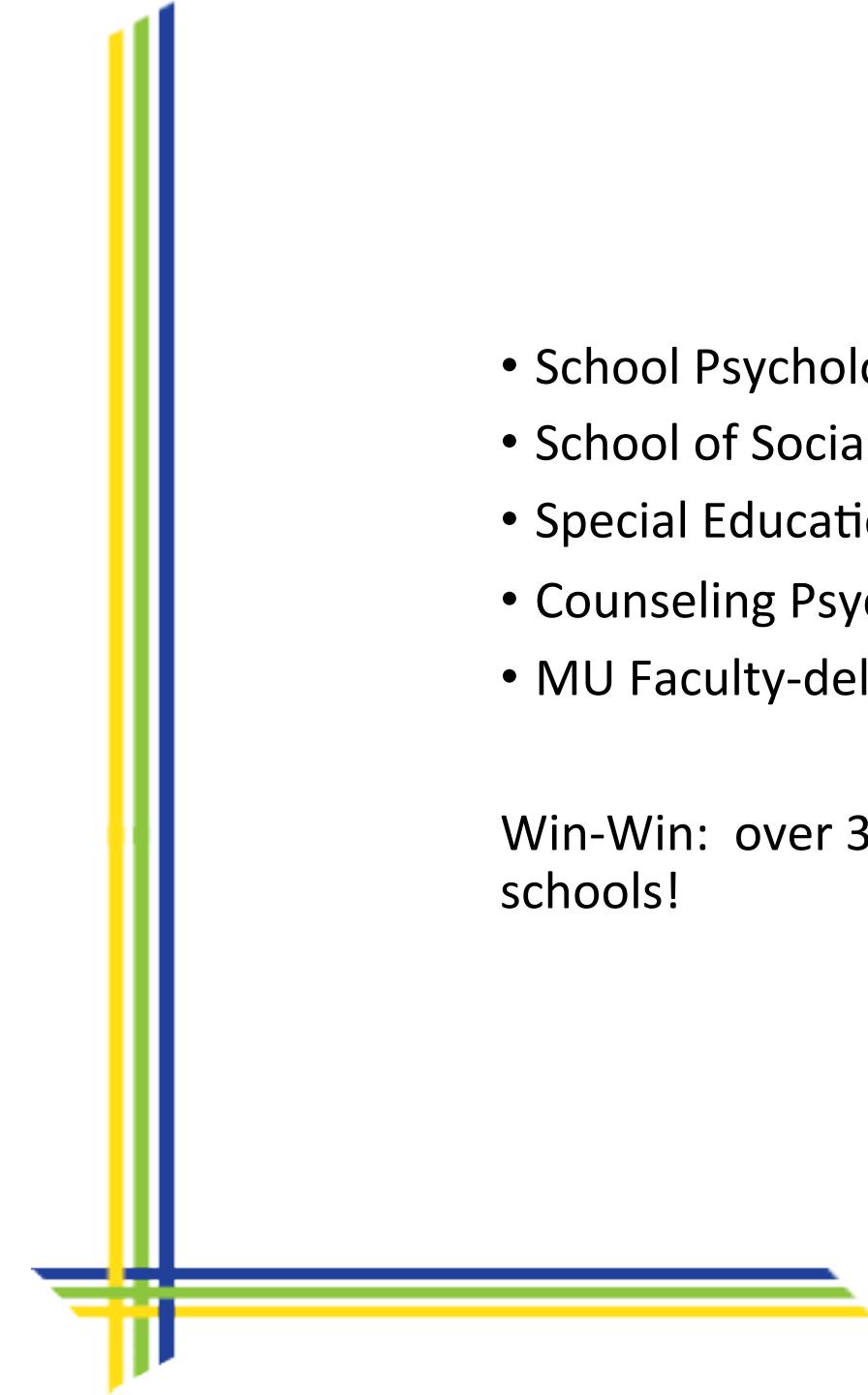
Professional Development Focus	Number of School Personnel Trained
<b>Attention &amp; Academic Competence - Executive Functioning, Planning and Supporting Organization for students</b>	179
<b>Self-regulation and Externalizing Problems – Managing Disruptive Behavior, Classroom Management, and Behavior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

# Using Data to Determine PD



# Gathering Data on PD

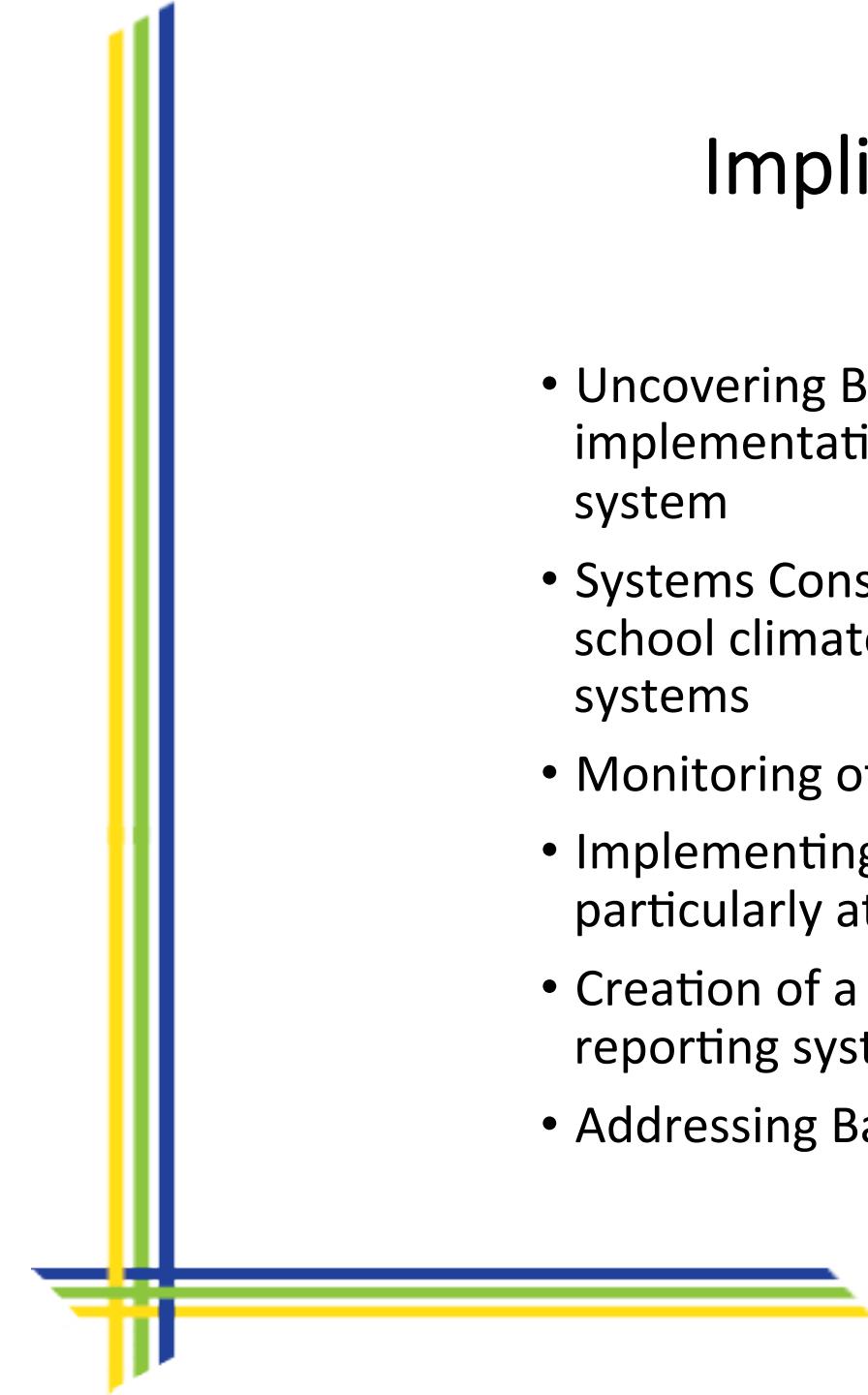




# University Partnership

- 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

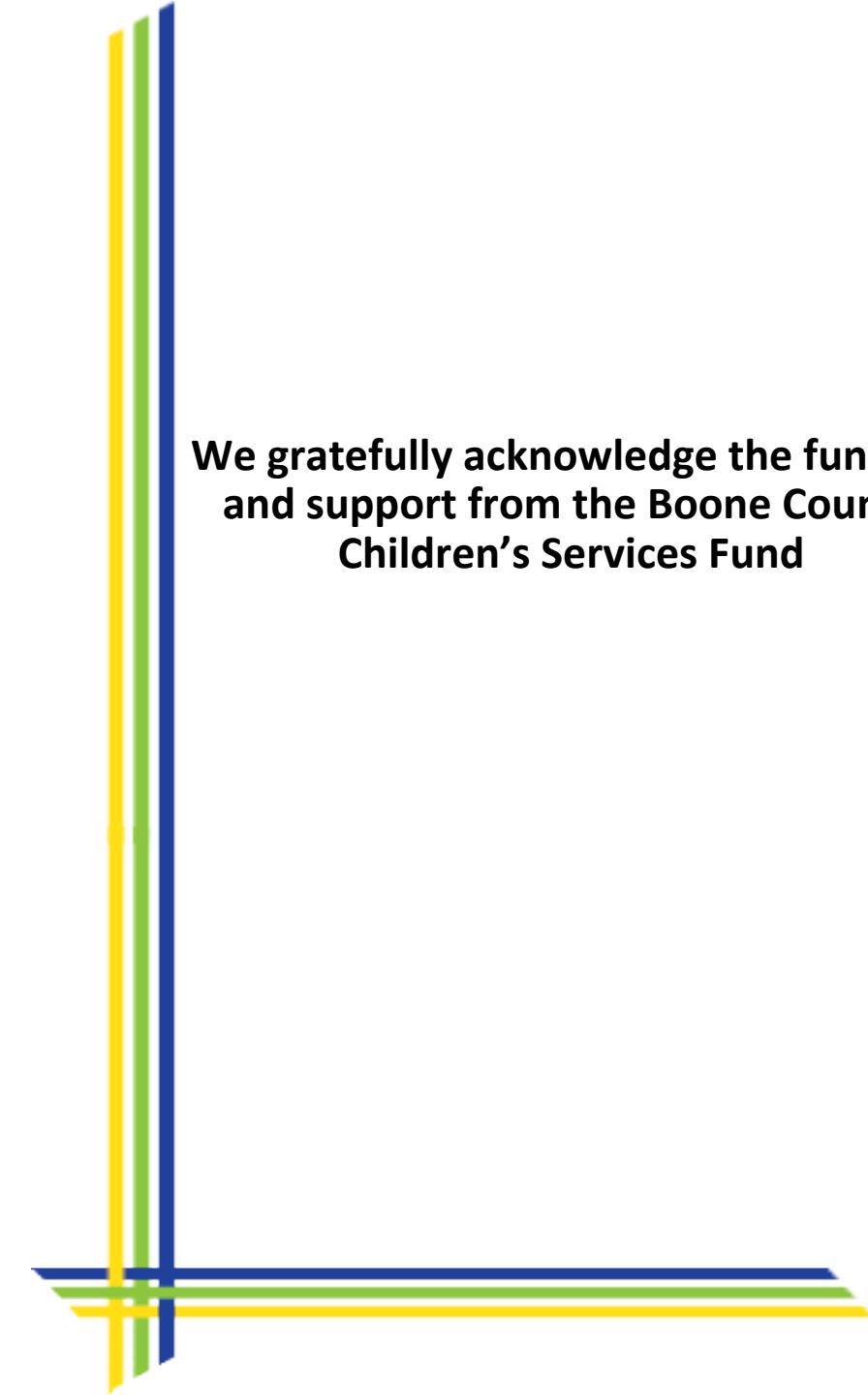
- Uncovering Barriers associated with the development and implementation of a large county-wide ecological assessment system
- Systems Consultation: Understanding the Relationship between school climate, culture, and the development of student support systems
- Monitoring of fidelity in Problem-Solving 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](http://www.BCschoolsMH.org)
- Follow Us [@BCschoolsMH](https://twitter.com/BCschoolsMH)





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



# Clarifying Q&A

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# Discussant

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SHARON HOOVER STEPHAN, PH.D.



**Sharon Hoover Stephan, Ph.D.**

**Associate Professor, CSMH Co-Director**

**NATIONAL CENTER FOR SCHOOL  
MENTAL HEALTH**



# Center for School Mental Health

## MISSION

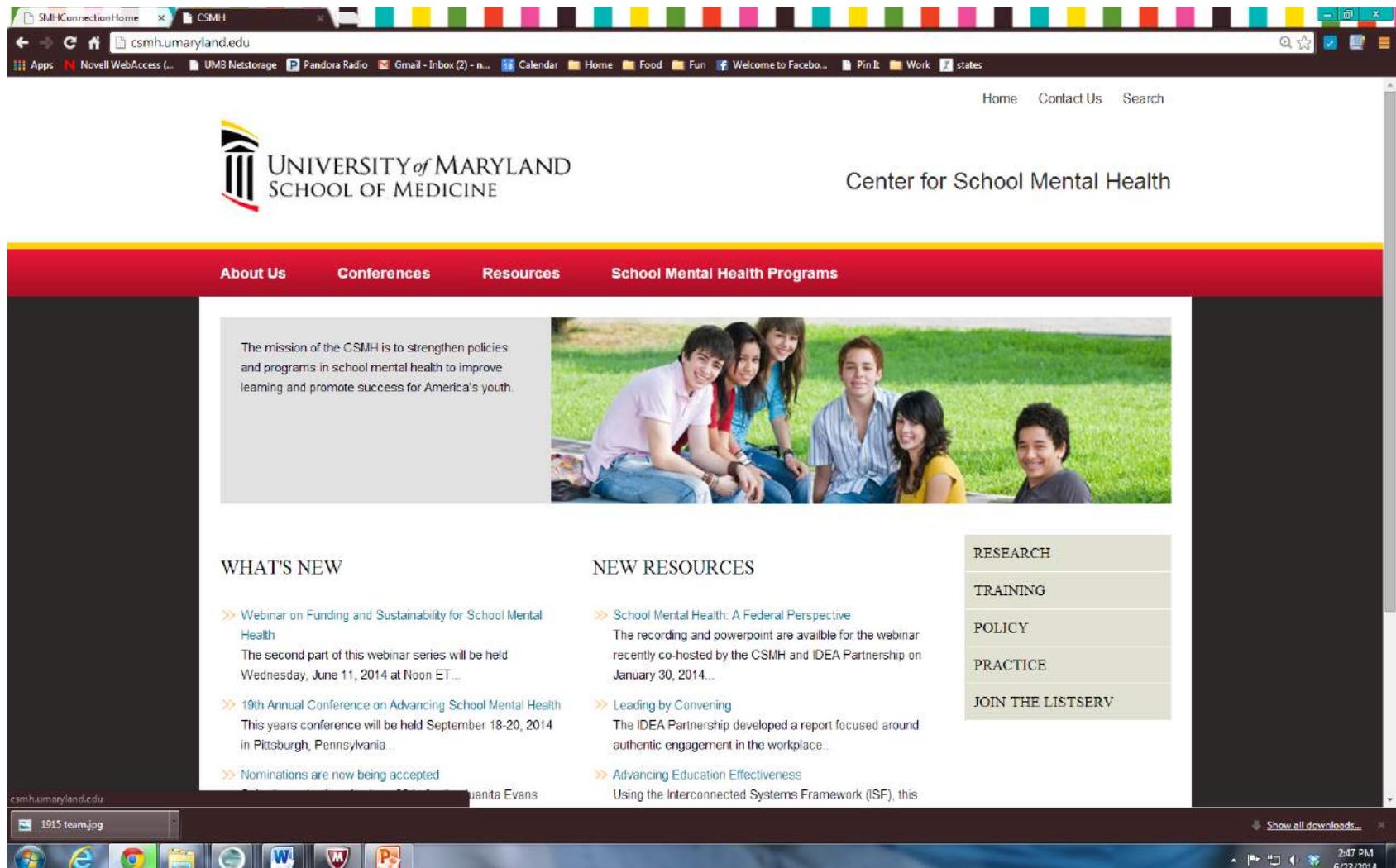
To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

- 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 for the Center for School Mental Health (csmh.umaryland.edu). The page features a red header bar with navigation links: About Us, Conferences, Resources, and School Mental Health Programs. Below the header, a text box states the mission of the CSMH, and to its right is a photo of five diverse teenagers sitting outdoors. To the right of the photo is a sidebar with categories: RESEARCH, TRAINING, POLICY, PRACTICE, and JOIN THE LISTSERV. The bottom of the page includes a navigation bar with links to various software applications and a status bar showing the date and time.

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

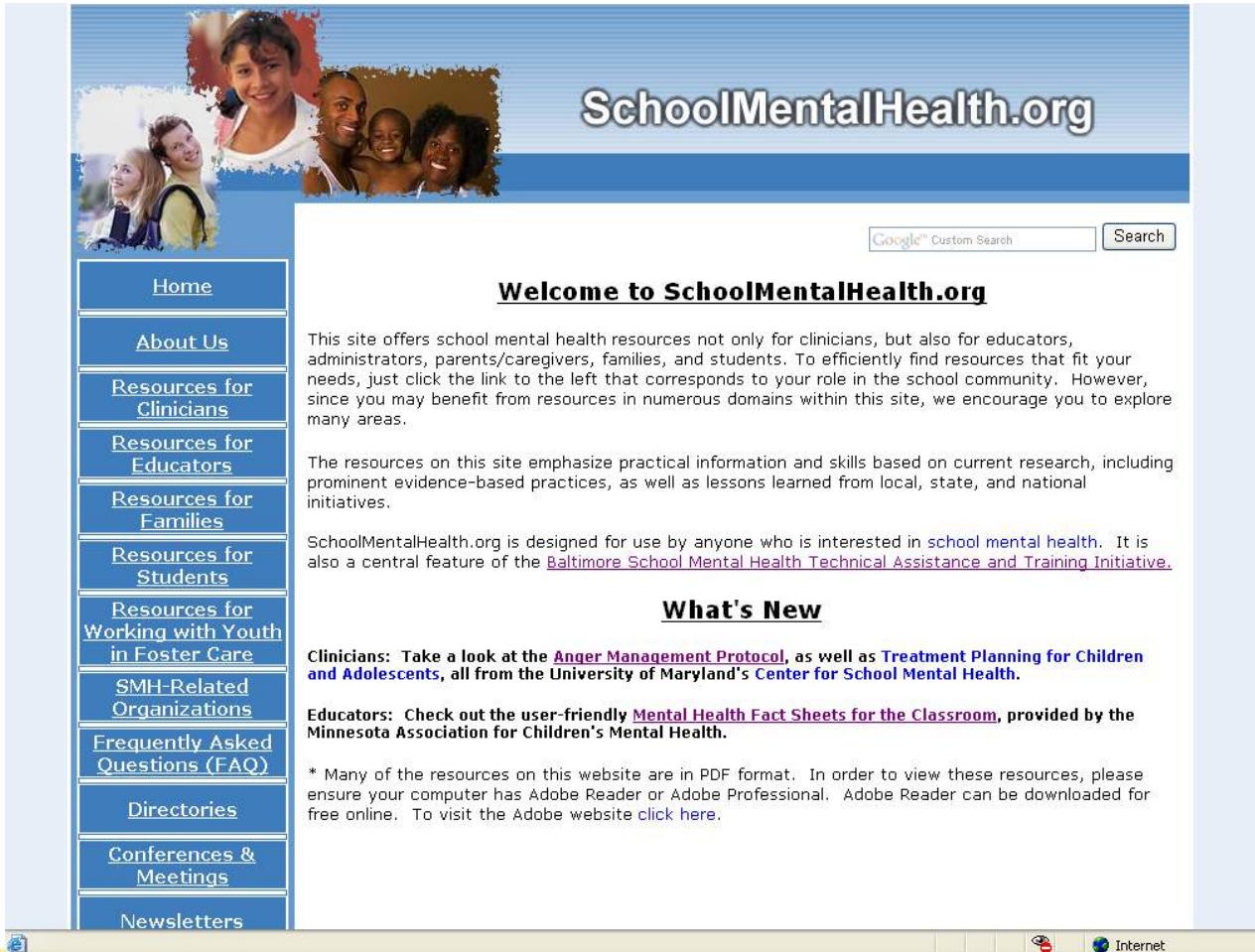
- » [School Mental Health: A Federal Perspective](#)  
The recording and powerpoint are available for the webinar recently co-hosted by the CSMH and IDEA Partnership on January 30, 2014...
- » [Leading by Convening](#)  
The IDEA Partnership developed a report focused around authentic engagement in the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

RESEARCH  
TRAINING  
POLICY  
PRACTICE  
JOIN THE LISTSERV

csmh.umaryland.edu Juanita Evans

1915 team.jpg Show all downloads 2:47 PM 6/23/2014

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



**SchoolMentalHealth.org**

**Welcome to SchoolMentalHealth.org**

This site offers school mental health resources not only for clinicians, but also for educators, administrators, parents/caregivers, families, and students. To efficiently find resources that fit your needs, just click the link to the left that corresponds to your role in the school community. However, since you may benefit from resources in numerous domains within this site, we encourage you to explore many areas.

The resources on this site emphasize practical information and skills based on current research, including prominent evidence-based practices, as well as lessons learned from local, state, and national initiatives.

SchoolMentalHealth.org is designed for use by anyone who is interested in school mental health. It is also a central feature of the [Baltimore School Mental Health Technical Assistance and Training Initiative](#).

**What's New**

**Clinicians:** Take a look at the [Anger Management Protocol](#), as well as [Treatment Planning for Children and Adolescents](#), all from the University of Maryland's [Center for School Mental Health](#).

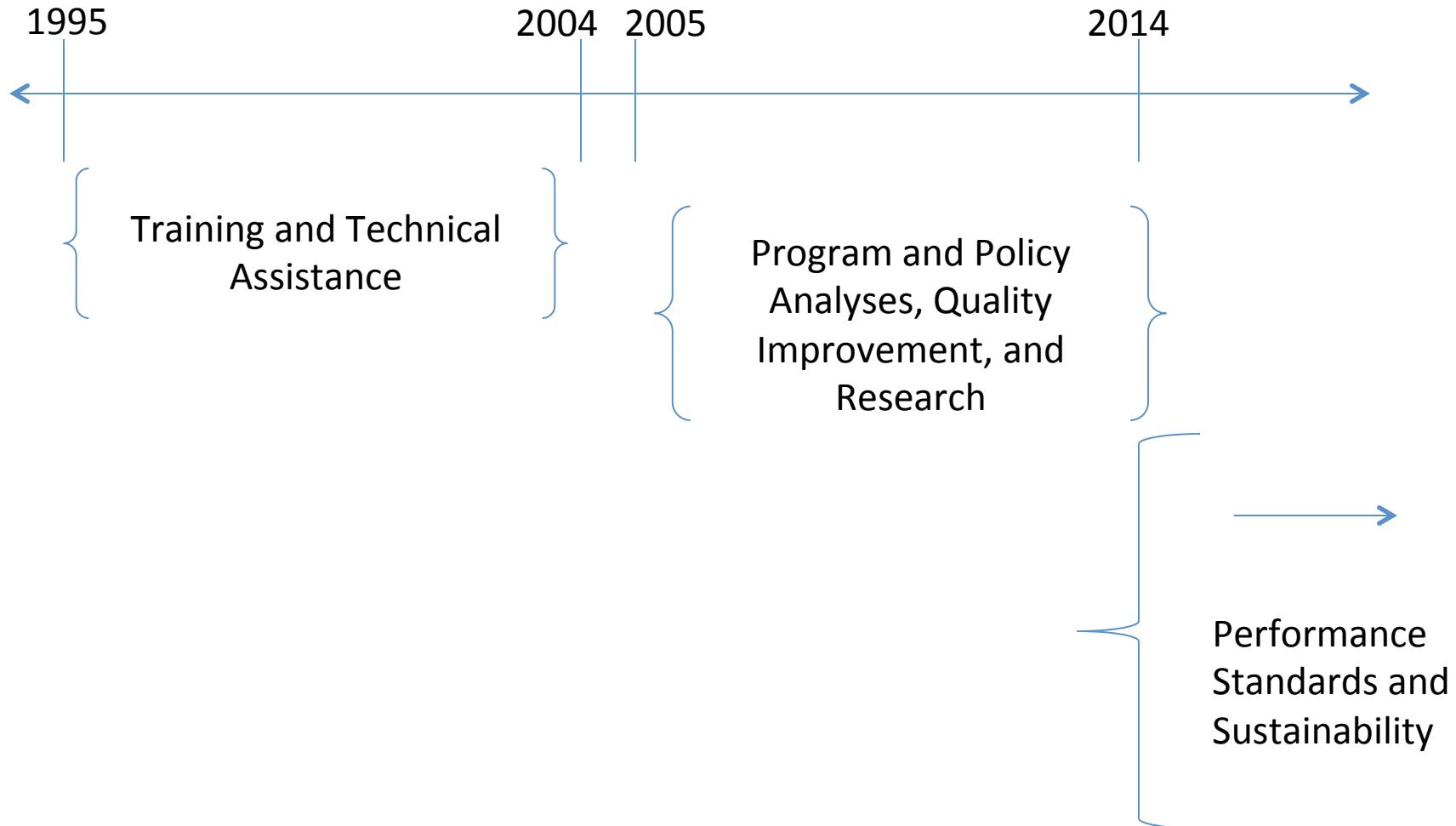
**Educators:** Check out the user-friendly [Mental Health Fact Sheets for the Classroom](#), provided by the Minnesota Association for Children's Mental Health.

\* Many of the resources on this website are in PDF format. In order to view these resources, please ensure your computer has Adobe Reader or Adobe Professional. Adobe Reader can be downloaded for free online. To visit the Adobe website [click here](#).

# 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



**language** either spoken or  
in a structured and  
communicative

# WHAT IS COMPREHENSIVE SCHOOL MENTAL HEALTH?

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



**Guided by youth and families.**

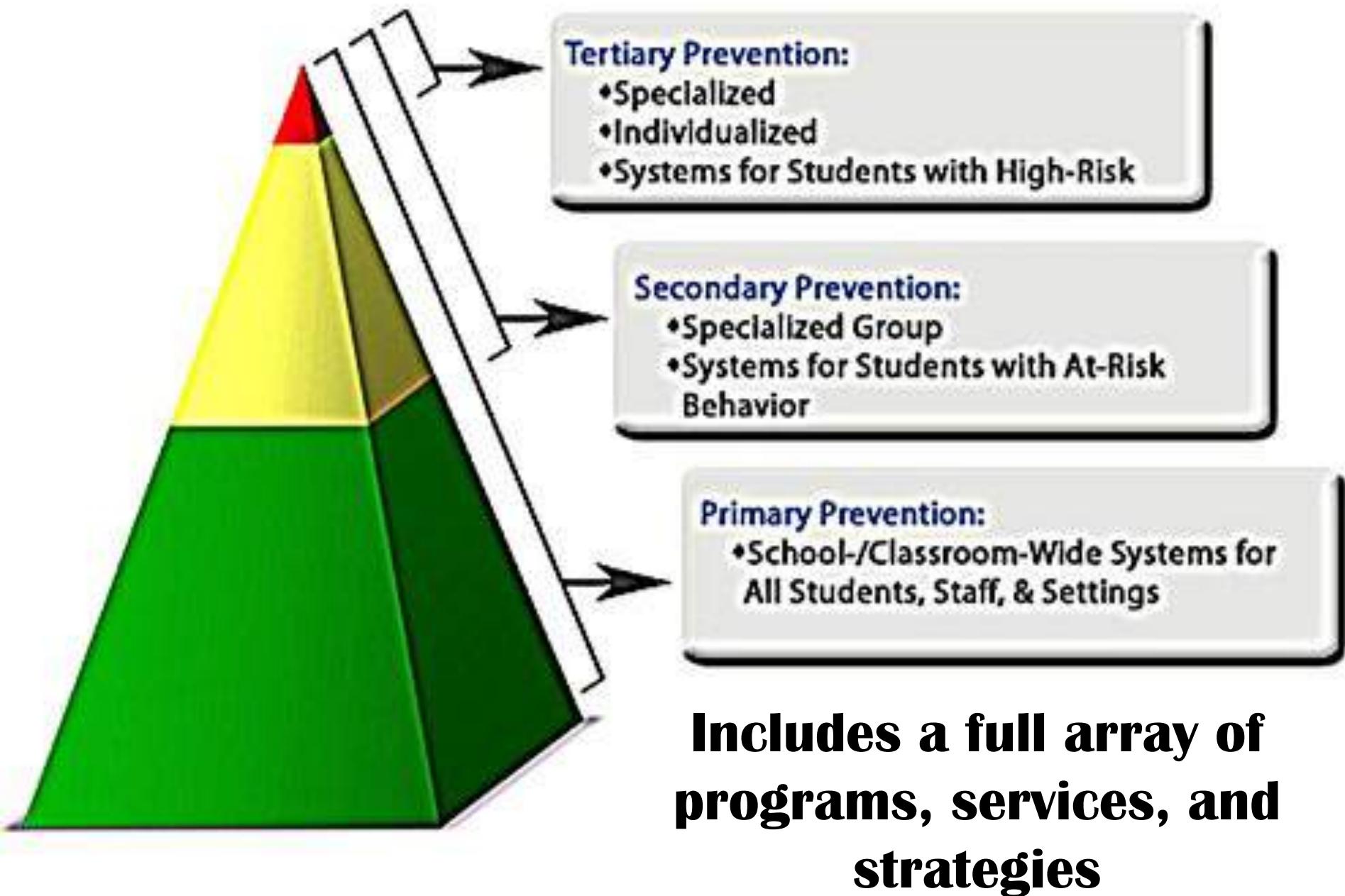
**Partners build on  
*existing*  
school programs,  
services,  
and strategies.**



# **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





# SCHOOL MENTAL HEALTH IN THE UNITED STATES: POLICIES AND FUNDING

# The Current Status of SMH in the U.S.

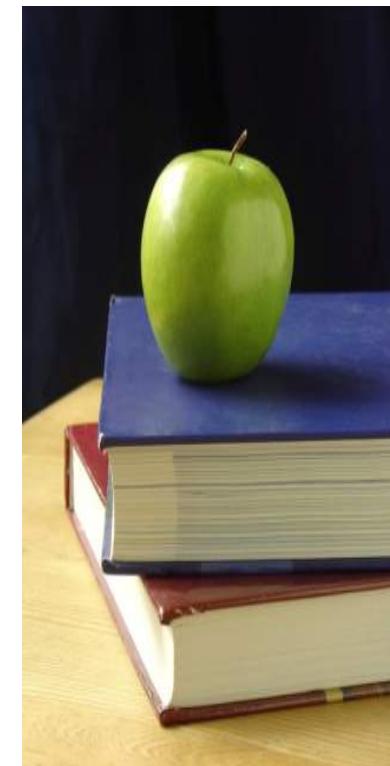
- **Federal Policy**
  - Health care reform
  - Education reform
- **Federal agencies**
  - Department of Health and Human Services
    - Maternal and Child Health Bureau (MCHB)
    - Substance Abuse and Mental Health Administration (SAMHSA)
    - Centers for Disease Control and Prevention (CDC)
  - 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; Lehr 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)

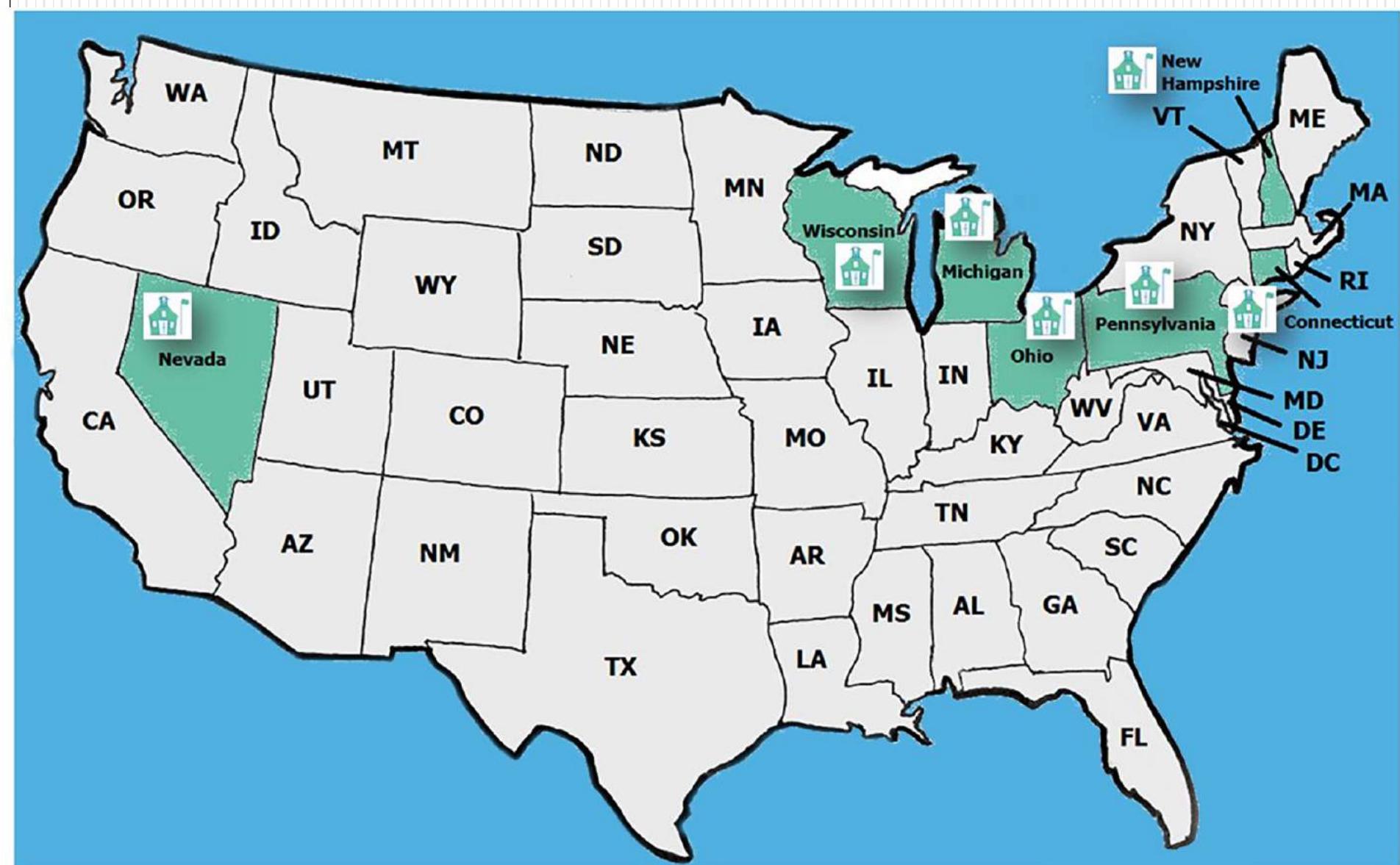


# SAFE SCHOOLS/HEALTHY STUDENTS: 1999–2013



**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-BASED  
HEALTH ALLIANCE  
Redefining Health for Kids and Teens



# 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



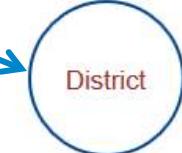
Be Counted

<http://theshapesystem.com/>

[Home](#)[About Us](#)[How to Register](#)

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

 District School[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](#)

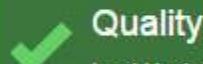
System Performance

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](#)

April 22, 2016 - Jane Doe

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

## Quality Progress Report and Resources



Filter:

All

Teaming

Resource Mapping

Screening

Services &amp; Supports

Implementation

Outcomes &amp; Data

Decision Making



Quality Guide: Teaming

Quality Guide: Needs  
Assessment/Resource

Quality Guide: Screening

Quality Guide: Evidence-  
Based Services and Supports



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

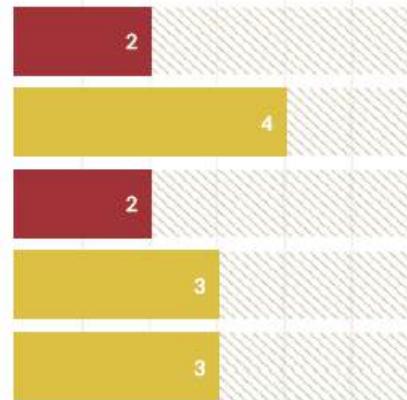


## QUALITY DOMAIN

## Data Driven Decision Making



OVERALL COMPOSITE SCORE: 2.80



Use data to determine interventions

Monitor individual student progress

Aggregate student mental health data

Disaggregate student mental health data

Monitor fidelity of intervention implementation

### 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](#)



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



▼

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](http://www.healthysafechildren.org)

The screenshot shows the homepage of the website. At the top, a navigation bar includes a back button, a search bar with a magnifying glass icon, and social media links for Twitter and Facebook. Below the bar is a large banner featuring a close-up of two pairs of feet in sneakers on a grassy field. The main header features a stylized logo of overlapping arrows in blue, green, and yellow, followed by the text "NATIONAL RESOURCE CENTER FOR MENTAL HEALTH PROMOTION & YOUTH VIOLENCE PREVENTION". The menu bar below the header includes links for "Project LAUNCH" (with a person icon), "Safe Schools / Healthy Students" (with a school icon), "Resources", "Learning Portal", "Stay Connected", and "About Us". A large image of four people holding hands and walking away from the camera in a park setting is the central visual element. On the left side of this image, a sidebar box is titled "Resources for Supporting LGBTQ Youth" and contains text about the resources. At the bottom of the page, there is a footer with a "WELCOME" section and a "FEATURED RESOURCE" section.

www.healthysafechildren.org

SEARCH

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 Prevention

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

[www.samhsa.gov/nitt-ta](http://www.samhsa.gov/nitt-ta)

www.samhsa.gov/nitt-ta

Substance Abuse and Mental Health Services Administration

**SAMHSA**

Home Newsroom Site Map Contact Us

Search SAMHSA.gov

Search

Connect with SAMHSA: [Facebook](#) [Twitter](#) [YouTube](#) [BLOG](#)

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.](#)

[» 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>

https://traumaawareschools.org

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

 Psychological First Aid  
Listen, Protect, and Connect

**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

 Support for Students Exposed to Trauma

**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

 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 Safe Supportive Learning website. The header features the URL <https://safesupportivelearning.ed.gov> in the address bar, a search bar, and social media links for Twitter, Facebook, and LinkedIn. The main navigation menu includes 'View Resources by Topic', 'GO', 'SEARCH', 'Training and TA', 'Events', 'Topics & Research', 'States and Grantees', 'Stay Connected', and 'About'. The main content area features a large image for 'ED School Climate Surveys (EDSCLS)' with a pencil and checkmarks, a section for an 'Upcoming Event' about 'Suicide Surveillance Success Stories' on July 13, 2016, a 'DO YOU HAVE A QUESTION?' section, and a 'Voices From The Field' poll. The 'TOPICS' sidebar lists 'Education Levels' (Pre-K/Elementary School, Middle/High School, Higher Education) and 'Engagement' (Cultural & Linguistic Competence, Relationships, School Participation). The 'Grantee Highlight' section mentions Milwaukee Public Schools. The footer includes the website URL <https://safesupportivelearning.ed.gov> and the page number 35.

# Positive Behavioral Interventions and Supports OSEP Technical Assistance Center

[www.pbis.org](http://www.pbis.org)

View Text-only Version

www.pbis.org

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

SCHOOL FAMILY COMMUNITY EVALUATION RESEARCH TRAINING

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.

Implementing PBIS in over 21559 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 Special Education Leadership

**pbis blueprints**

Blueprints for implementation, professional development, and evaluation of PBIS. Please check our updated [PBIS Implementation Blueprints](#)

## current topics

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# Training clinicians to work in schools

[www.MDbehavioralhealth.com](http://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

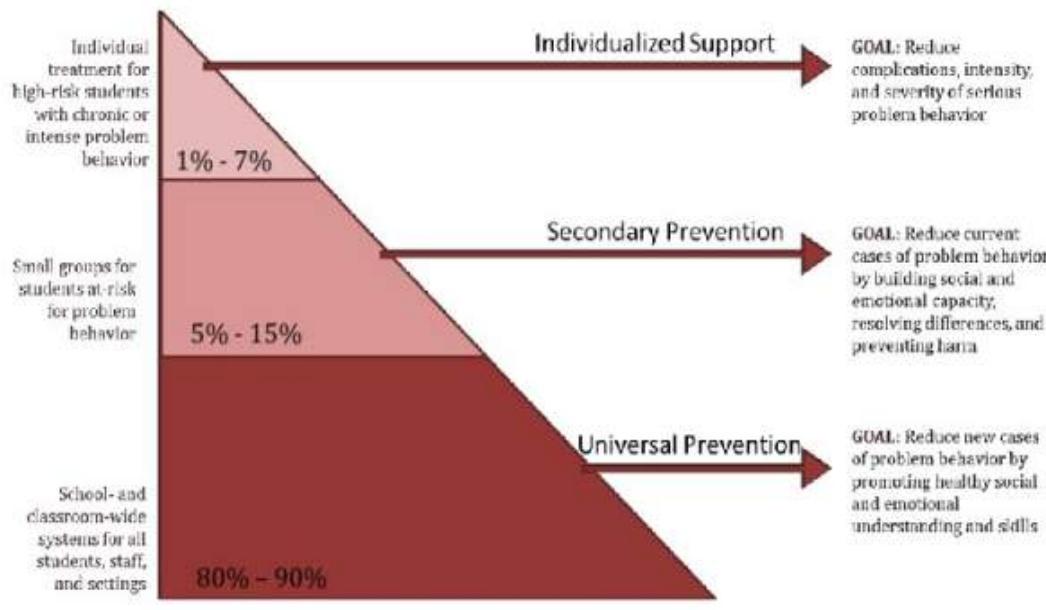
**MODULE 12:** Starting Early: Supporting Social Emotional Development and School Readiness

**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



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Multi-Tiered System of Supports

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Intended Population

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Baseline Severity Level

22

Low Baseline Severity Level

23

Moderate Baseline Severity Level

24

High Baseline Severity

25

Intervention Target Area



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.

Overview

Training

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Ask an Expert

Discussion Board

Collaborative Workspace

Introduction

Module Contributors

Final Test

My Modules

Print Friendly

Viewing Preference:  

## Family Engagement Role Play



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

[Download Audio \(MP3\)](#)

[Download Audio \(OGG\)](#)

### Chapters

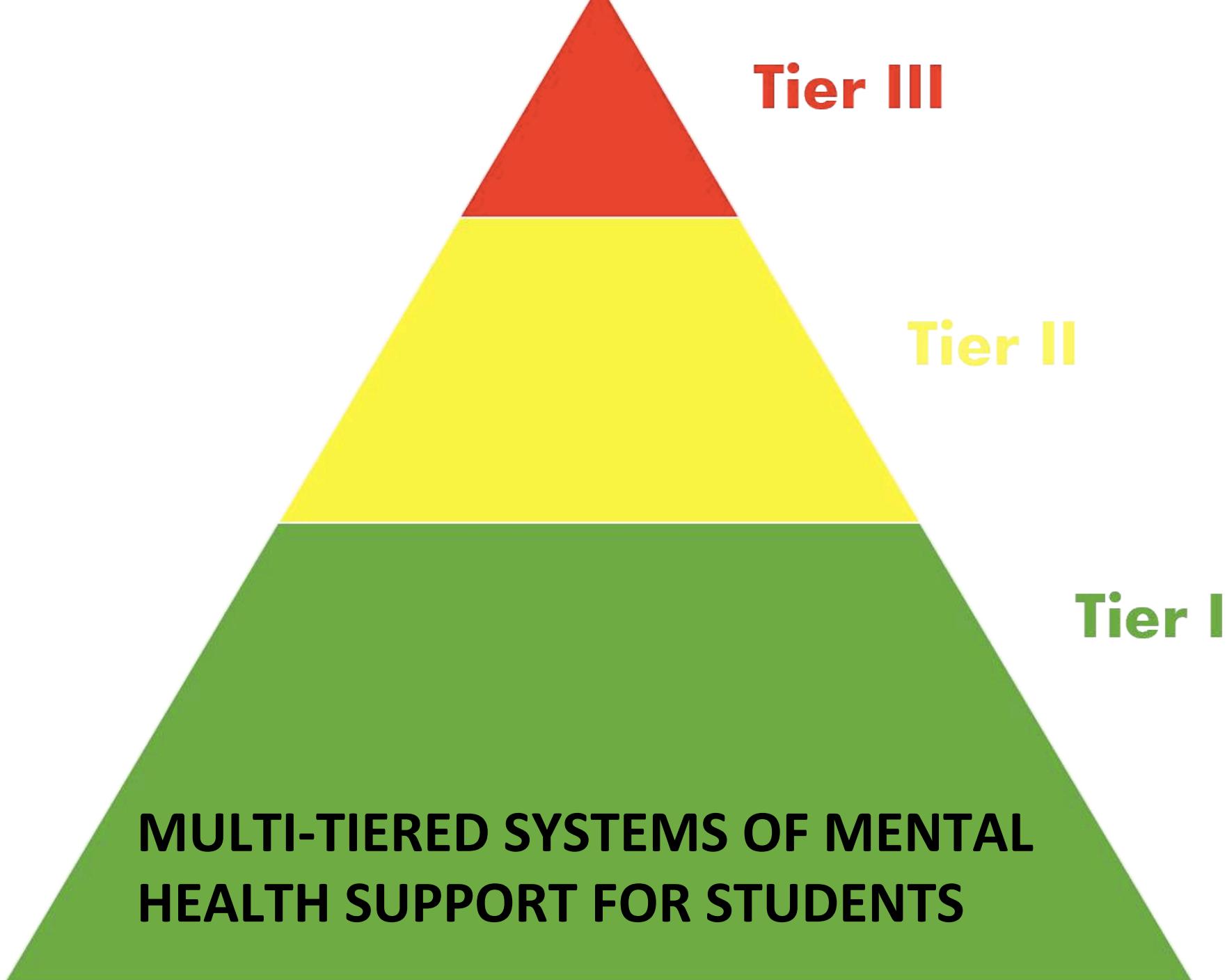
Module 3:  
Partnering with  
Youth and  
Families

Family  
Engagement  
Role Play

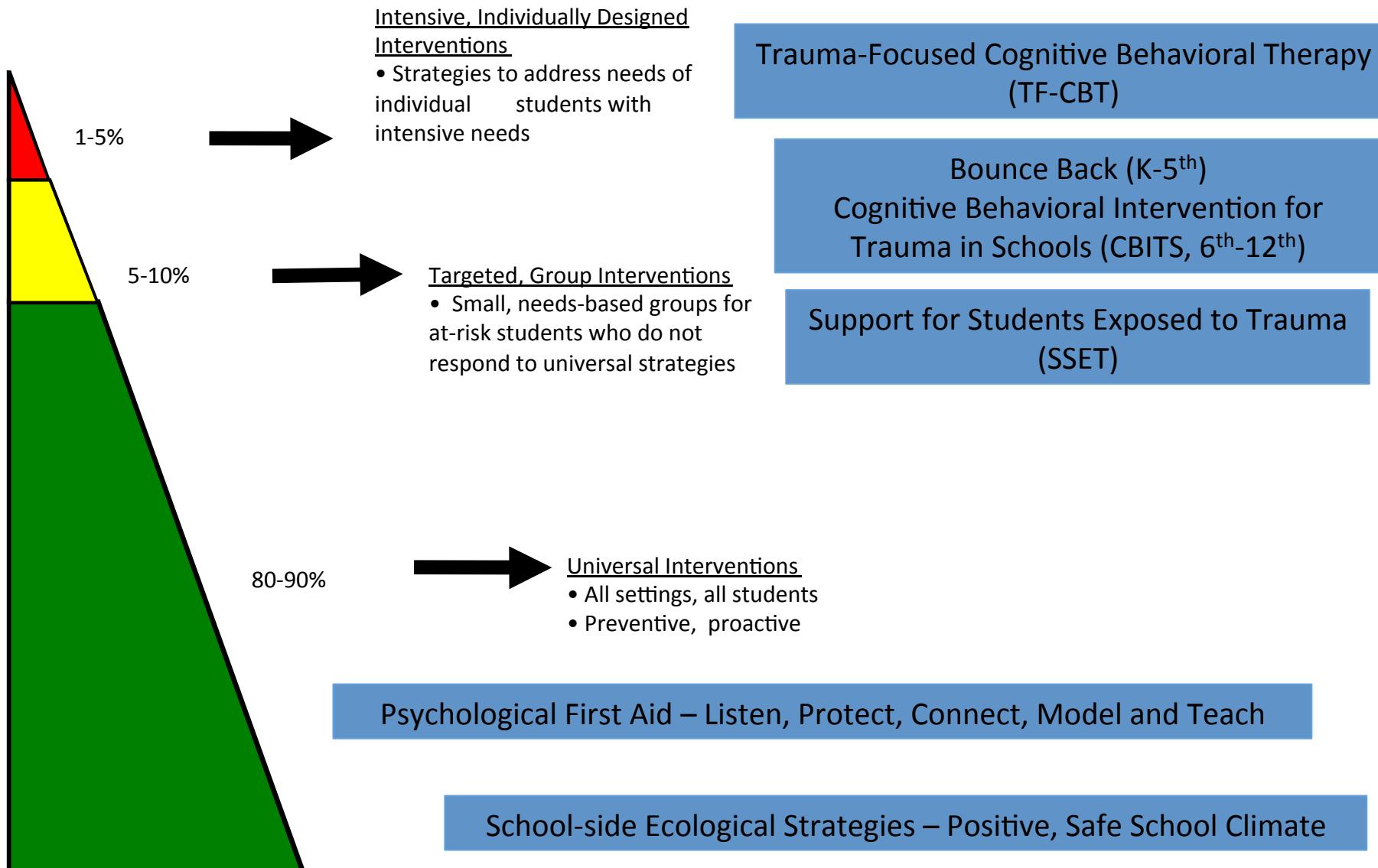
Revisiting the  
Role Plays

Final Test

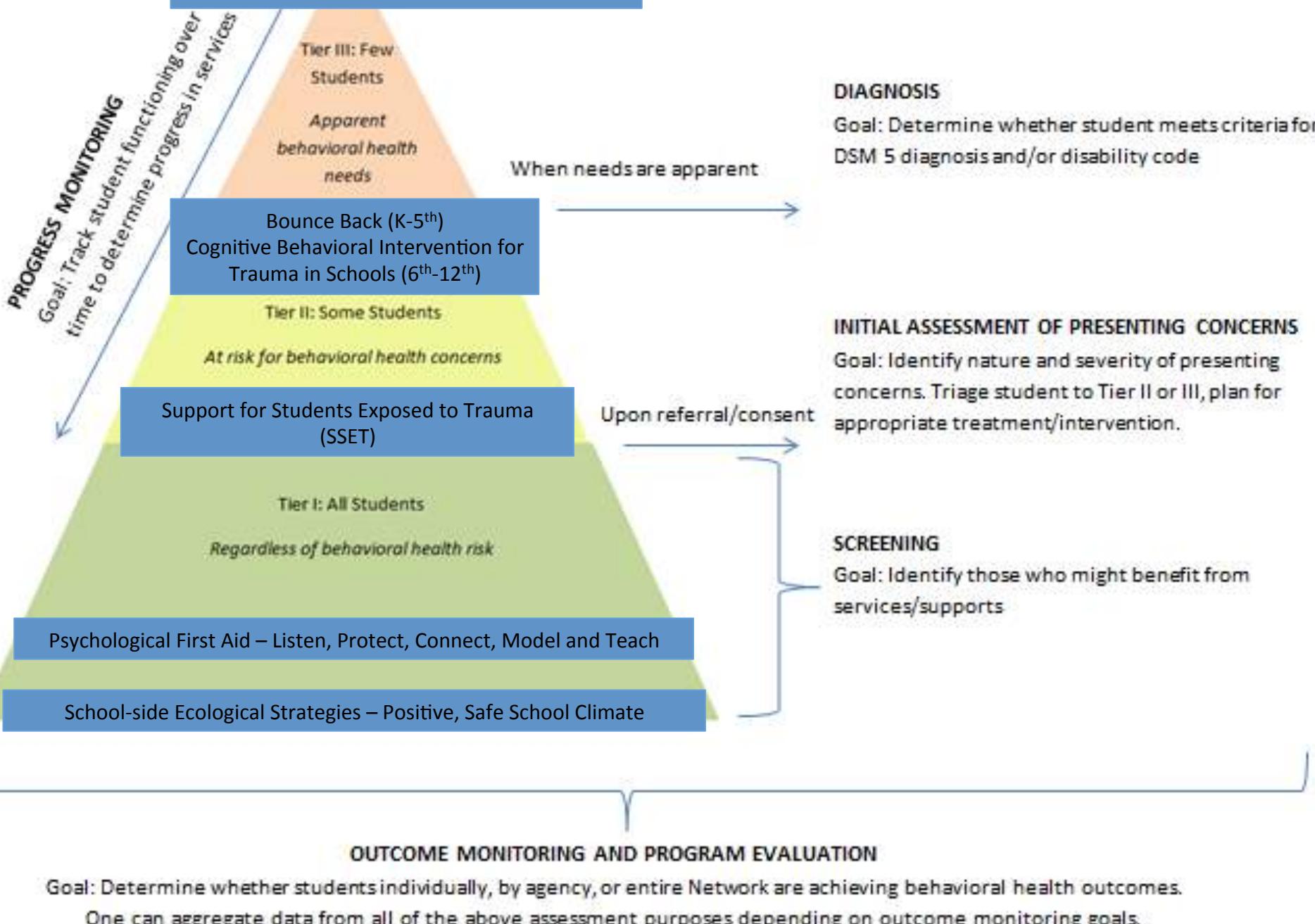
[Close All](#)



# Multi-tiered Supports for Trauma-Exposed Youth



## Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



- 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.



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# Symposium Q&A

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