

Integrating multi-tiered mental health supports into education to promote student success

Sharon Hoover Stephan, Ph.D.

Associate Professor, Division of Child and Adolescent Psychiatry
Co-Director, Center for School Mental Health

Implications for School Mental Health Implementation in Canada

Kathy Short, Ph.D., C.Psych.

Director, School Mental Health ASSIST



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Center for School Mental Health Team



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



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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
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csmh.umaryland.edu

1915 team.jpg

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6/23/2014

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



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SMH-Related Organizations

Frequently Asked Questions (FAQ)

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Newsletters

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](#).

Internet

National Community of Practice on School Behavioral Health

www.sharedwork.org

- CSMH and IDEA Partnership

- 12 practice groups:**

- Connecting School Mental Health and Positive Behavior Supports
 - Connecting School Mental Health with Juvenile Justice and Dropout Prevention
 - Education: An Essential Component of Systems of Care
 - Families in Partnership with Schools and Communities
 - Improving School Mental Health for Youth with Disabilities
 - Learning the Language: Promoting Effective Ways for interdisciplinary Collaboration
 - Psychiatry and Schools
 - Quality and Evidence-Based Practice
 - School Mental Health and Culturally Diverse Youth
 - School Mental Health for Military Families
 - Social, Emotional, and Mental Health in Schools
 - Youth Involvement and Leadership

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
- **Sept 29-Oct 1, 2016 – San Diego, CA**



21st Annual Conference on Advancing School Mental Health



*Shape the Future of School Mental Health:
Advancing Quality and Sustainability*

September 29th – October 1st, 2016

San Diego, CA

Agenda

- I. What is Comprehensive School Mental Health?
- II. Major milestones in School Mental Health in the United States
- III. What's happening “on the front lines” of School Mental Health
- IV. Strategies for Mental Health Integration into Education
- V. National Quality Initiative

ORIGIN
language
either spoken or
in a structured or
expression or comm
of communication

**COMPREHENSIVE SCHOOL
MENTAL HEALTH –
A DEFINITION**

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



Guided by youth and families.

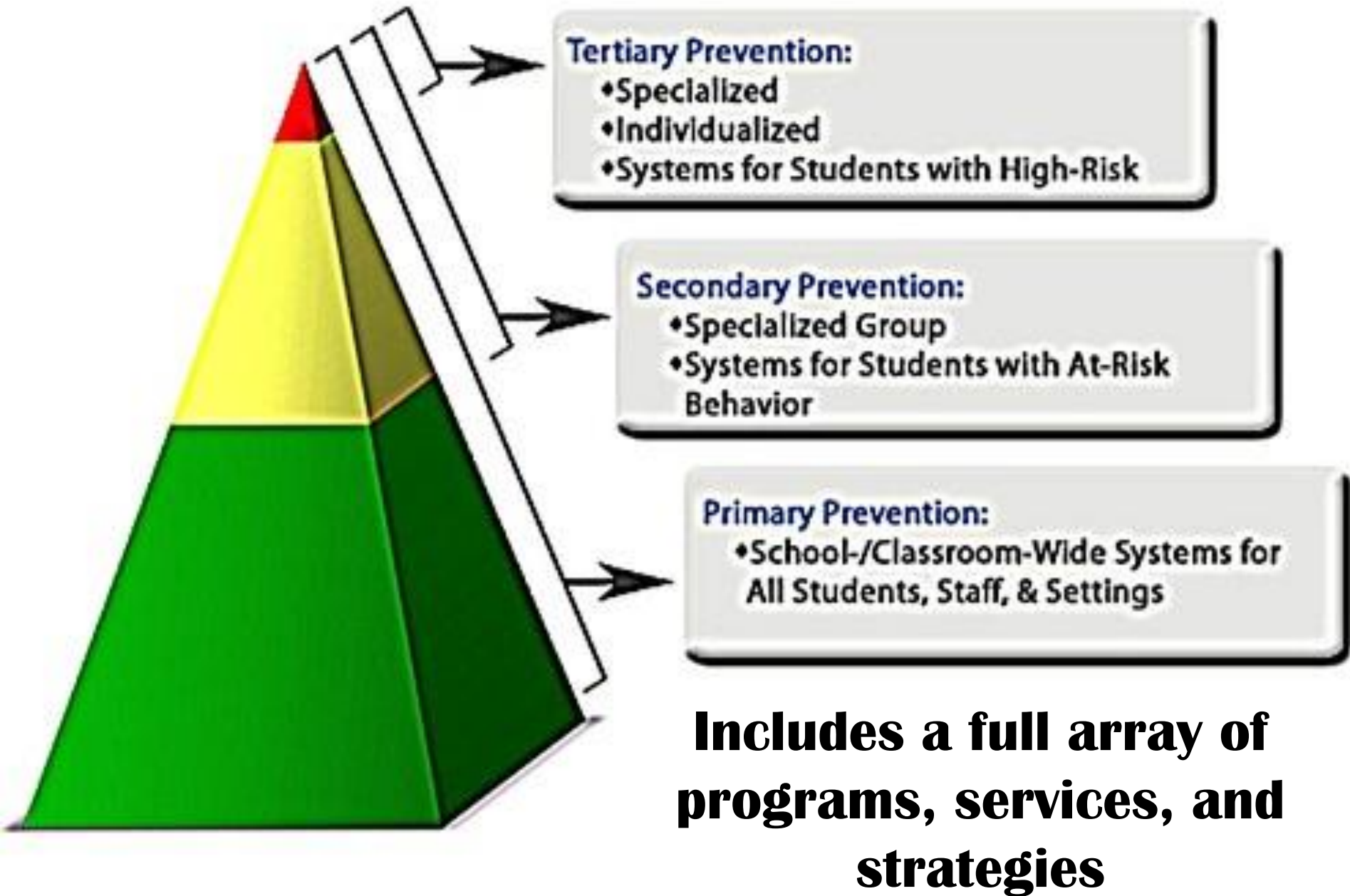
**Partners build on
existing
school programs,
services,
and strategies.**



Focuses on all students...



...in both general and special education



A Shared Agenda –

Role of community mental health professionals:

- **Support a broad continuum of services** by supplementing school-employed staff services.
- **Reduce unnecessary, expensive services** (ER visits, crises, etc.) **by:**
 - **providing preventive care** (screening, identification, brief intervention)
 - **facilitating connections**/referral pathways to community providers
 - **assisting with transition** back to school from more restrictive psychiatric placements



“Natural” Supports in schools





SMH milestones

- DHHS/HRSA/MCHB – investment in SMH Centers (1995)
- Surgeon General's Reports (1999, 2000)
 - Children's mental health needs
 - Identification of schools as primary site for receiving MH services
- Safe Schools/Healthy Students (1999)
- 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*

Current Context

- Federal Policy
 - Health care reform
 - Education reform
- Federal agencies
 - Department of Health and Human Services
 - Health Resources and Services Administration
 - Substance Abuse and Mental Health Administration (SAMHSA)
 - Department of Education
 - Department of Justice
- Interagency work
- State and Local Initiatives



*“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**

“Protect our children and our communities”

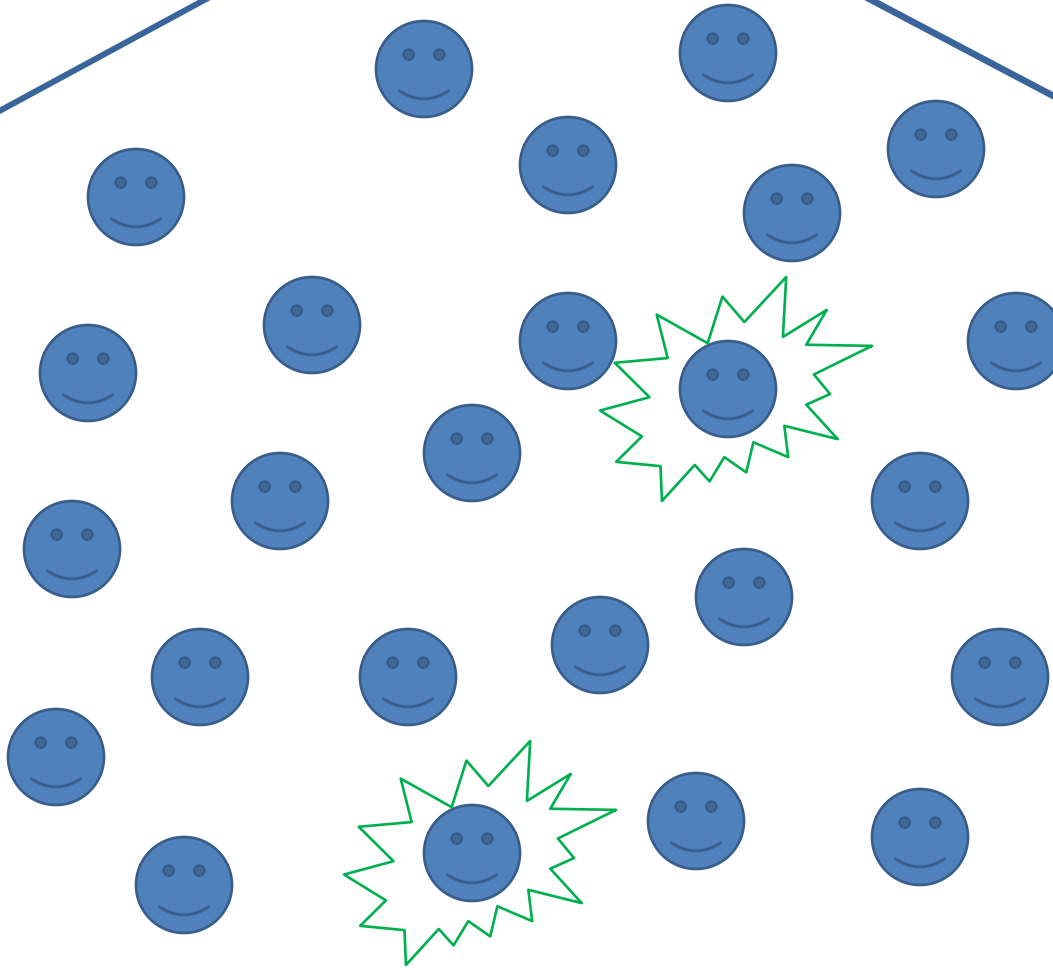
- Develop universal systems for assessing school climate, student mental health and outcomes of comprehensive school mental health efforts
- Youth Mental Health First Aid for teachers
- School and school district training in school-based trauma, anxiety, conflict resolution and violence prevention strategies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

WHY MENTAL HEALTH IN SCHOOLS?



**In a given classroom of
25 students....**

**1 in 5 will
experience
a mental
health
problem of
mild
impairment**



**1 in 10 will
experience
a mental
health
problem of
severe
impairment**

Less than half of those who need it will get services

Of those who DO receive services, over 75% receive those services **in schools**



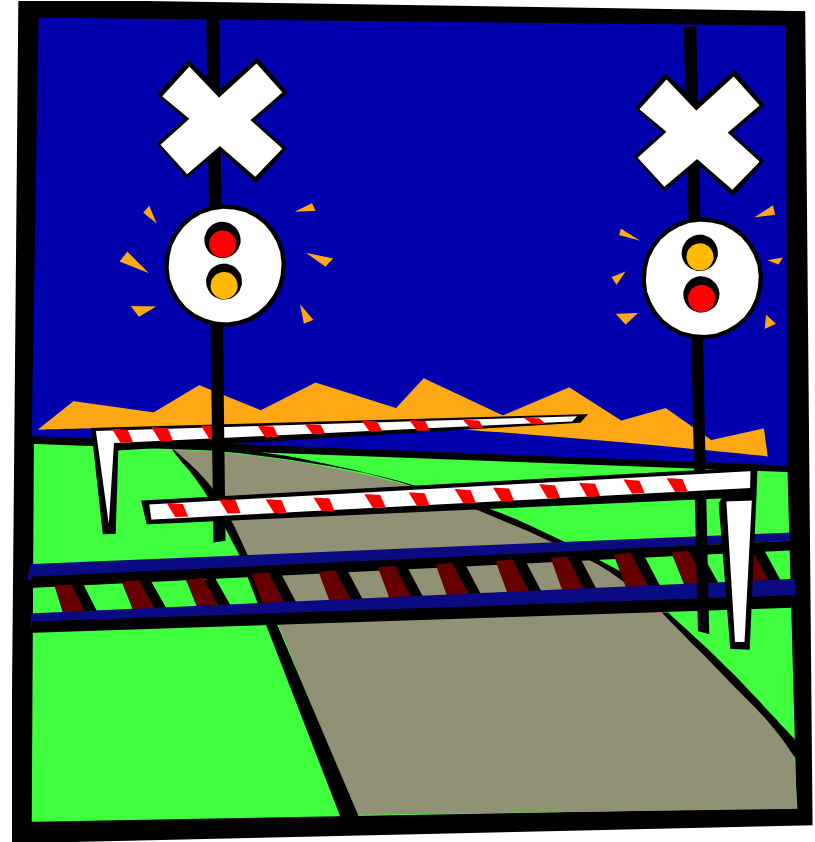
(Duchnowski, Kutash, & Friedman, 2002; Power, Eiraldi, Clarke, Mazzuca & Krain, 2005; Rones & Hoagwood, 2000; Wade, Mansour, & Guo, 2008)

De facto Mental Health System for our Children

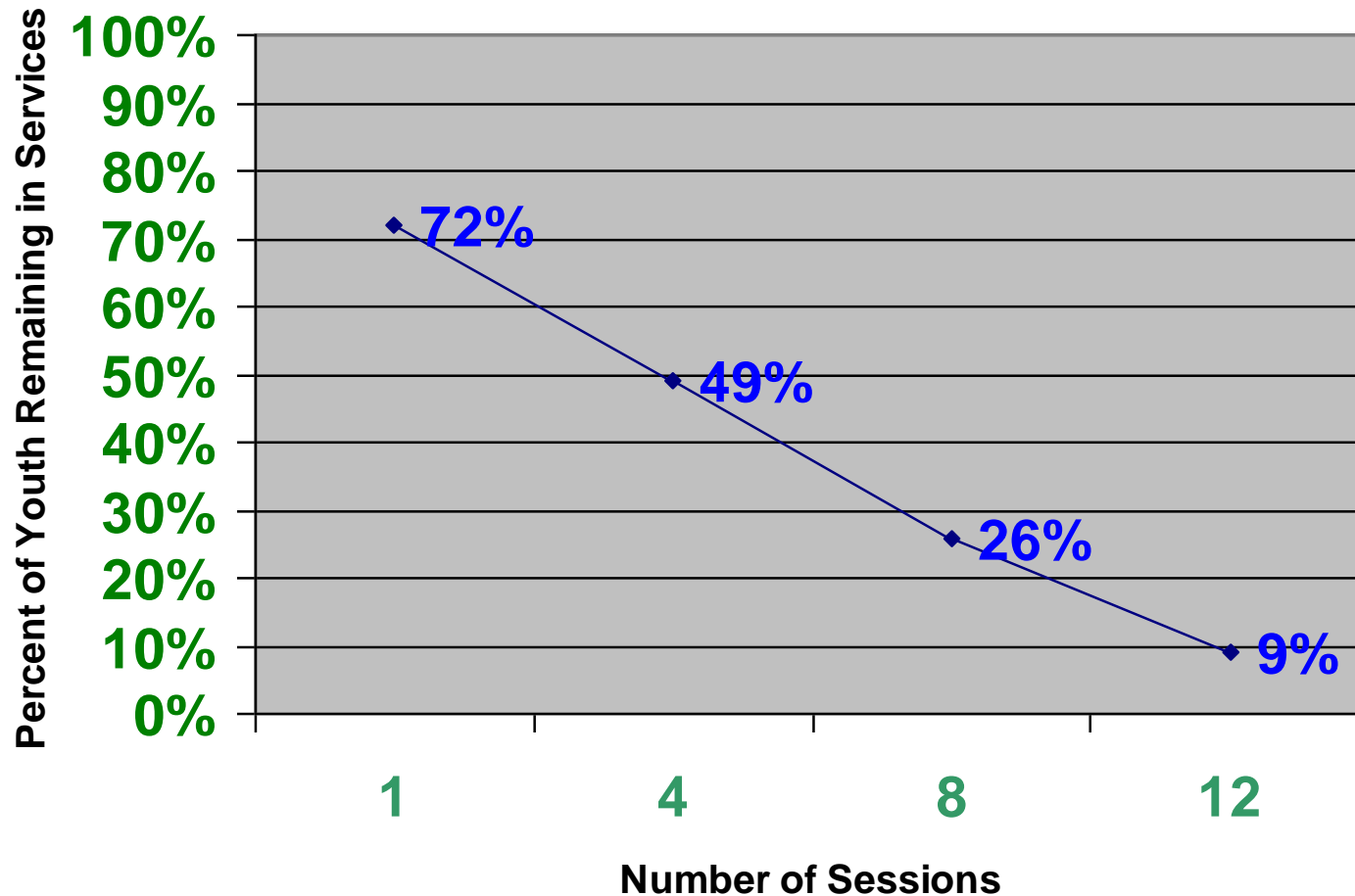


Barriers to Traditional Mental Health Care

- Financial/Insurance
- Childcare
- Transportation
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress



Treatment as Usual Show Rates in Traditional Outpatient Settings



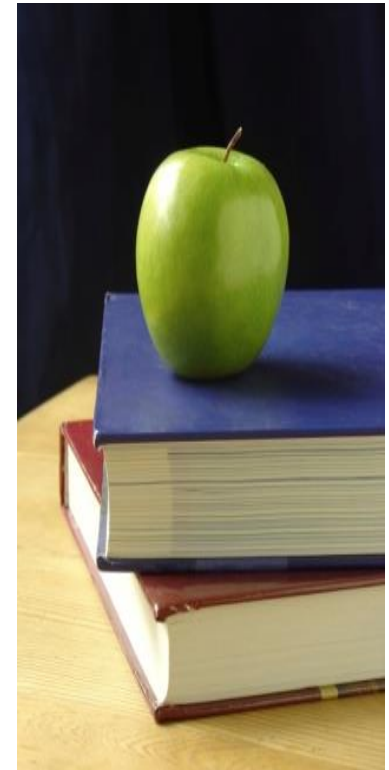
Why Schools?

- **Advantages** of the school setting
 - Less time lost from school and work
 - Greater generalizability of treatment to child's context
 - Less threatening environment
 - Students are in their own social context
 - Clinical efficiency and productivity
 - Outreach to youth with internalizing disturbances
 - Greater access to all youth → mental health promotion/prevention
 - Cost effective
 - Greater potential to impact the learning environment and educational outcomes



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)

Not so fast...

- *“Despite the promise of the evidence-base for mental health promotion and intervention in schools, there is, at best, inconsistent and generally limited implementation of empirically-supported practices within school districts in North America”*

(Eber, Weist & Barrett, 2013)

Research Supported Interventions Involve....

- Strong training
- Fidelity monitoring
- Ongoing technical assistance and coaching
- Administrative support
- Incentives
- Intangibles

Practice in the Trenches?

- Involves NONE of these supports

What's happening on the
“front lines”?

“Some Good Stuff”

- Increasing emphasis on:
 - Evidence-based (research-supported) Practice (EBP)
 - Outcomes
 - Consideration of cultural context in development, implementation and evaluation of EBP
 - Recognition of the importance of meaningfully partnering with families
 - Increased emphasis on workforce development of mental health providers and educators

“Some Not-So-Good Stuff”

- Limited control/accountability of providers and services provided
- Gaps in training, particularly related to schools and evidence-based practice
 - “C.O.W. Therapy” – Crisis of the Week
- Poor system integration (Mental Health-Education)
- Limited Data Infrastructure



The Challenge

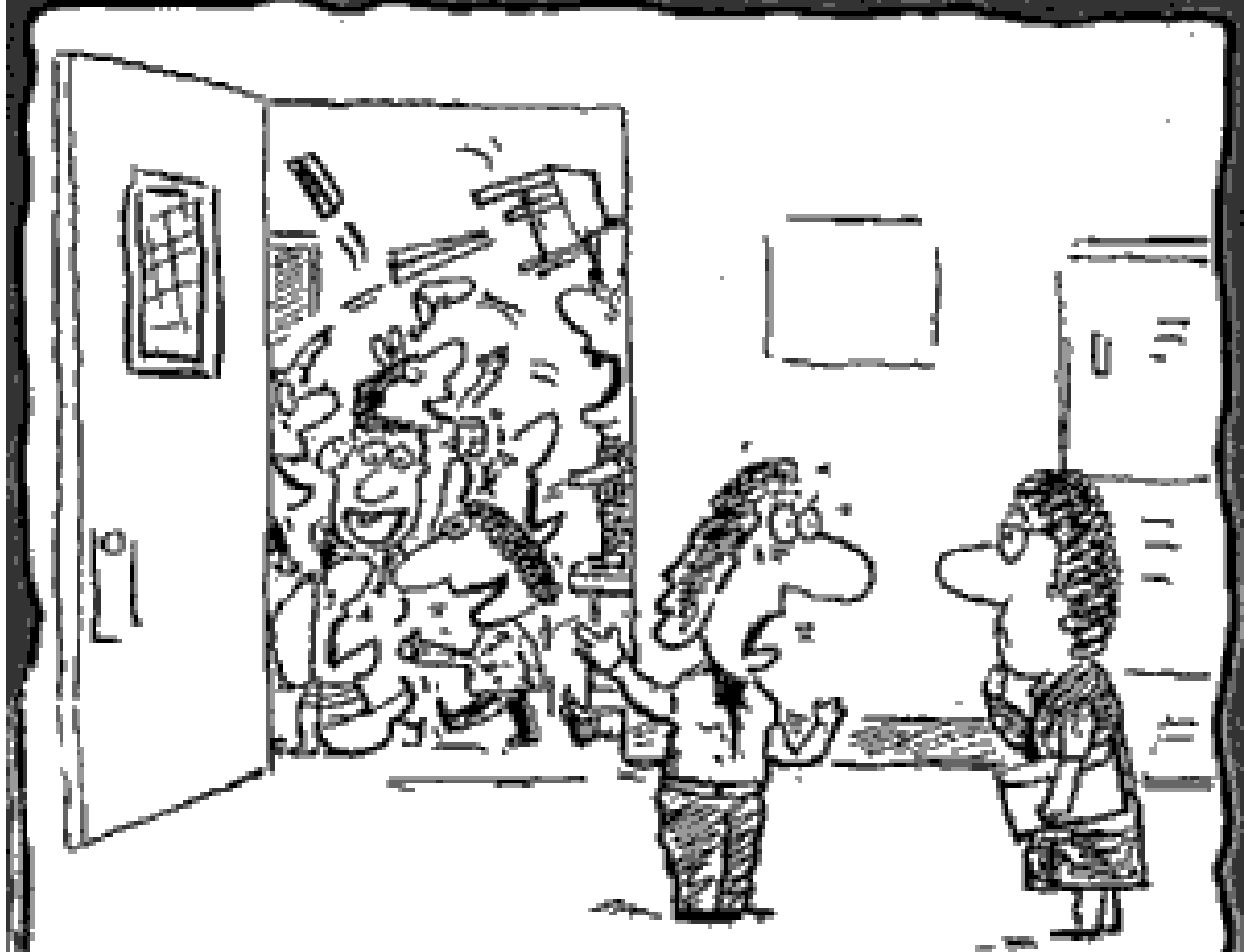
- *“...good ideas, enthusiasm, and a list of evidence-based practices have proven to be insufficient to deliver on the promise and potential”*

(Sugai & Stephan, 2013)

- incomplete
 - short in sustainability
- limited in outcome durability
 - narrow in spread

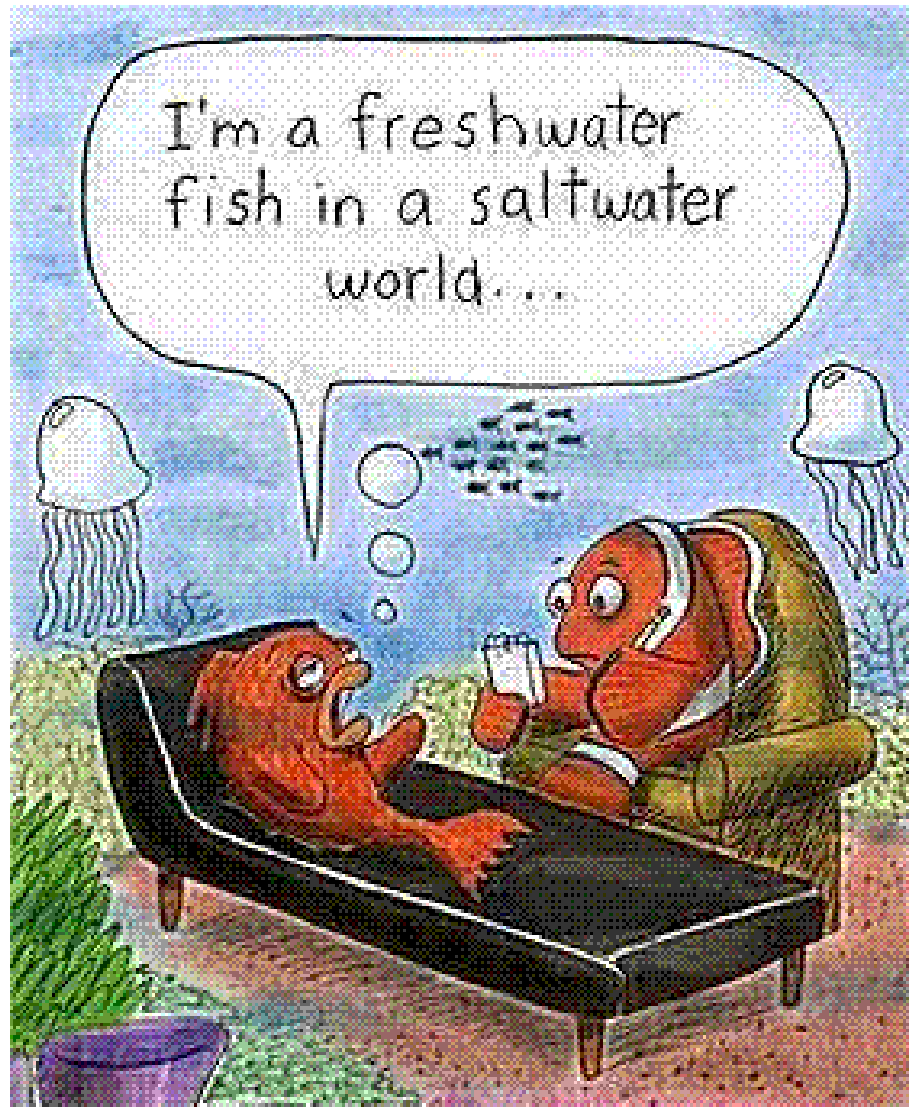
A TALE OF TWO SYSTEMS

SCHOOL MENTAL HEALTH



SIPRESS

Can you help me, Mrs. Martin? This wasn't covered in any of my Mental health courses



**We've have achieved success!
We are "seeing" Johnny for 60 minutes each week.**

© Randy Glasbergen, 1997
E-mail: randyg@norwich.ne



“My therapy is quite simple: I wag my tail and lick your face until you feel good about yourself again.”

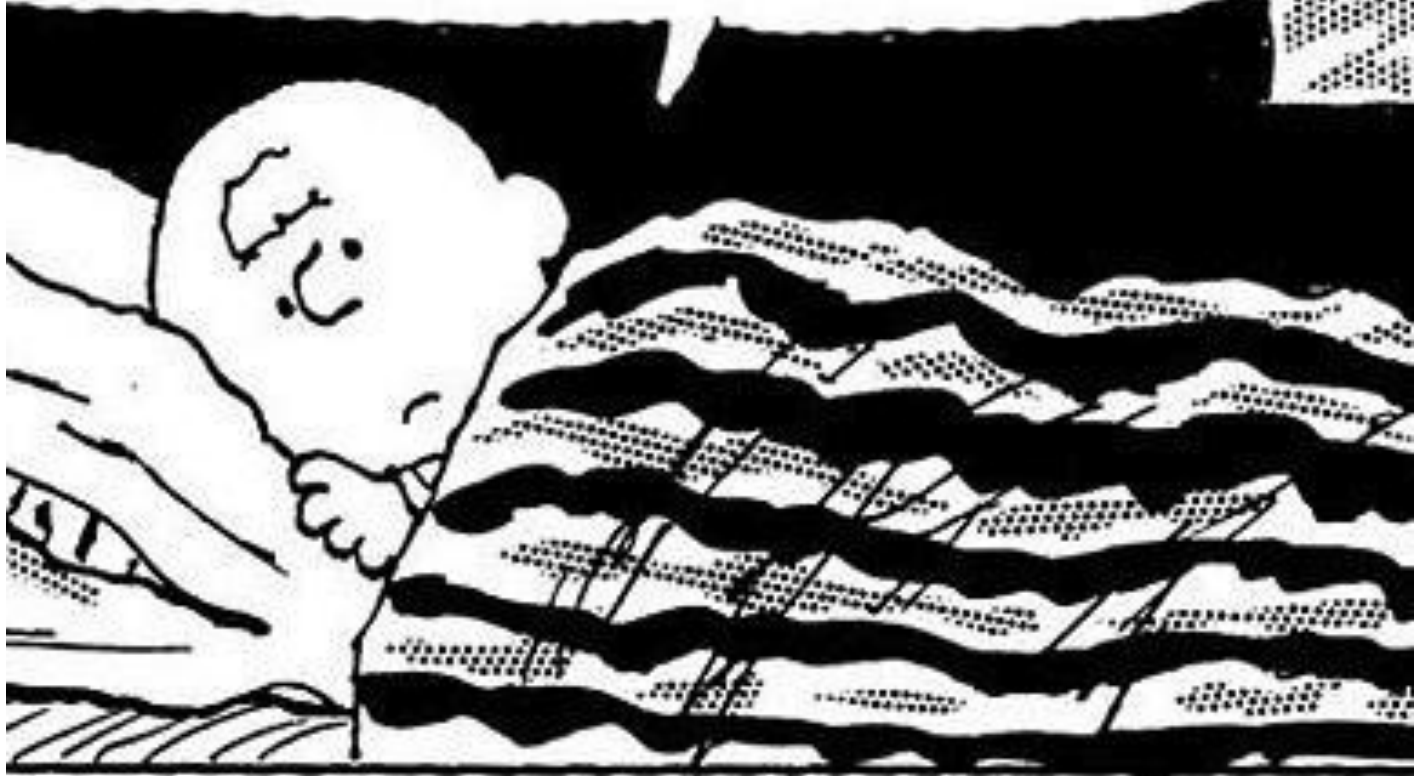
**Why did you choose that mental health intervention?
I’ve heard it works. I learned it last week. I liked the
packaging.**

EDUCATION



We've got this Tier 1 thing down!

SOMETIMES I LIE AWAKE AT NIGHT,
AND I ASK, "WHY AM I HERE?"



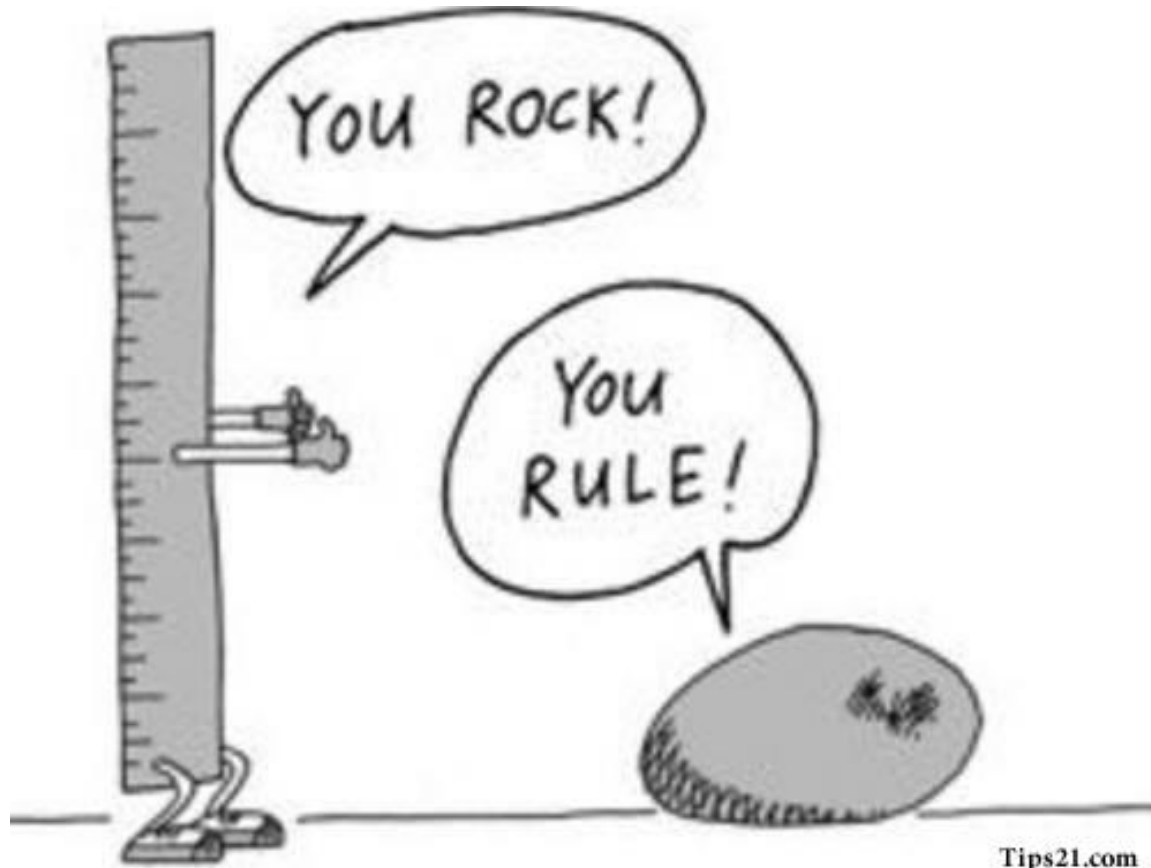
Charlie is doing fine because he has no discipline referrals.

Poor Family/Community Engagement



“I’m so happy I work in schools – I don’t have to deal with the families.”

“We don’t need to work with community providers. They don’t understand schools.”



Let's move towards an appreciation for each others' strengths...

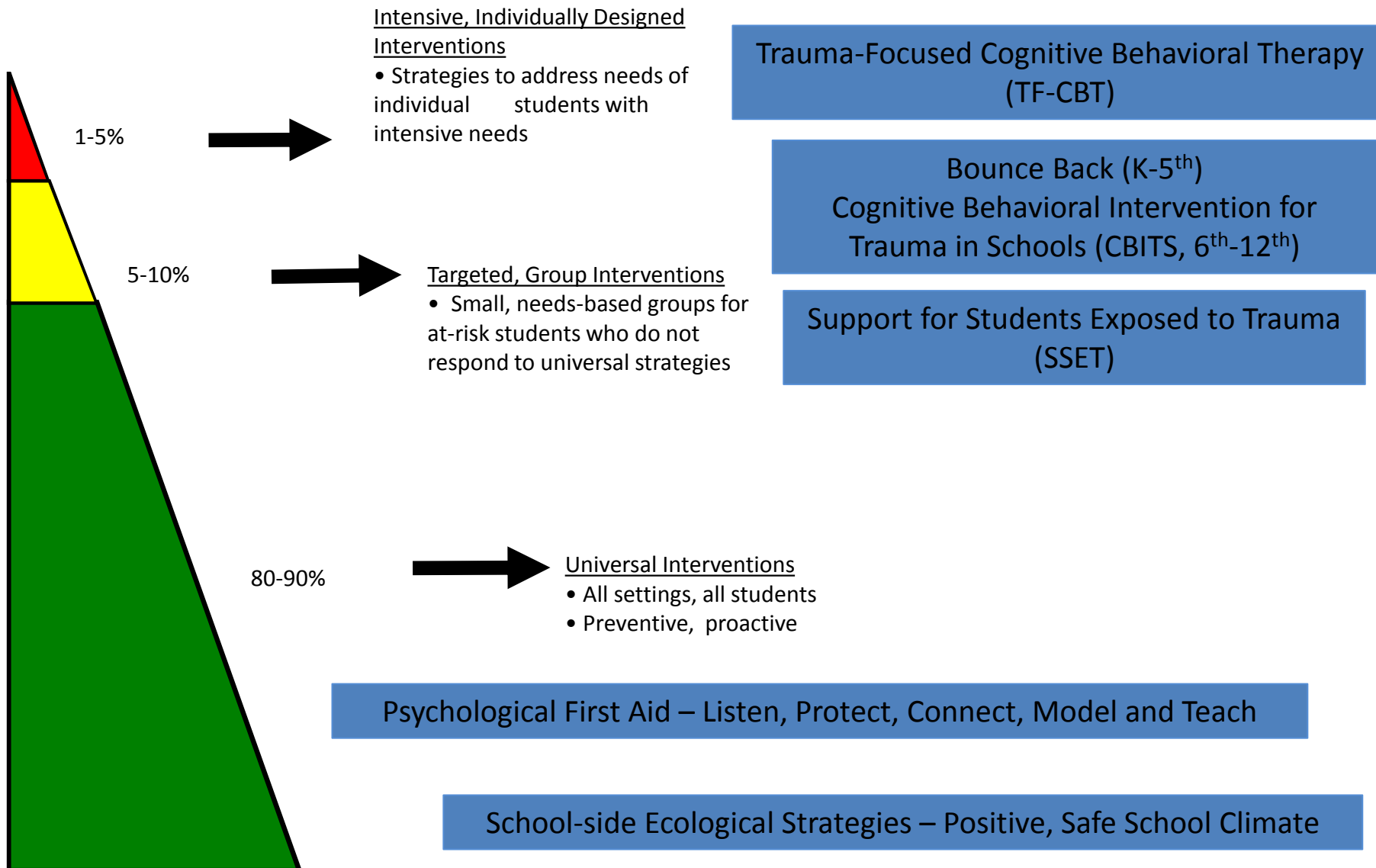
***A FEW STRATEGIES* FOR
INTEGRATING MENTAL HEALTH
INTO EDUCATION**



Strategy – Multi-Tiered Systems of Support (MTSS)

- A whole-school, data-driven, prevention-based framework for improving learning outcomes for EVERY student through a layered continuum of evidence-based practices and systems.

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

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

Tier II: Some Students
At risk for behavioral health concerns

Support for Students Exposed to Trauma (SSET)

Upon referral/consent

Tier I: All Students
Regardless of behavioral health risk

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

School-side Ecological Strategies – Positive, Safe School Climate

DIAGNOSIS

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

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.

SCREENING

Goal: Identify those who might benefit from services/supports

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

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.

***Strategy* - School Behavioral Health Teaming**

A team of family, school and community stakeholders that meet regularly and use data-based decision making to support student behavioral health, including:

- addressing individual student problems
- promoting student well-being
- improving general school climate

Strategy – Universal Screening

- ✓ Academic data – e.g., Office disciplinary referrals (ODRs), Attendance
- ✓ Teacher/Peer nominations
- ✓ Informal/”Homegrown” → Formal measures

Office Disciplinary Referrals

- Will detect some students with externalizing behaviors depending on the efficacy of the school's referral process and “behavioral tolerance” of teachers
(i.e., some teachers send students to the office and others don't)
- Will not typically “catch” students with internalizing symptoms such as depression or anxiety

Teacher Nomination

- Teachers will review the examples and non-examples of externalizing and internalizing behaviors.
- Teachers will nominate 3 students in their classroom who exhibit the most behaviors in each category.



Teacher Nomination Form

Examples of externalizing types of behavior	Examples of internalizing types of behavior
Displaying aggression towards objects or persons	Low or restricted activity levels
Arguing or defying the teacher	Avoidance of speaking with others
Forcing the submission of others	Shy, timid, and/or unassertive behaviors
Out of seat behavior	Avoidance or withdrawal from social situations
Non-compliance with teacher instructions or requests	A preference to play or spend time alone
Tantrums	Acting in a fearful manner
Hyperactive Behavior	Avoiding participation in games and activities
Disturbing Others	Unresponsive to social interactions by others
Stealing	Failure to stand up for oneself
Not Following Teacher or School Rules	
Non-examples of externalizing types of behavior	Non-examples of internalizing types of behavior
Cooperating	Initiation of social interactions with peers
Sharing	Engagement in conversations with peers
Working on assigned tasks	Normal rates or level of social contact with peers
Asking for help	Displaying positive social behaviors toward others
Listening to teacher	Participating in games and activities
Interacting in appropriate manner with peers	Resolving peer conflicts in an appropriate manner
Following directions	Joining in with others
Attending to task demands	
Complying with teacher requests	Adapted from Mississippi Department of Education

Teacher Nomination Form

cont...

Student Nomination

Student Nomination	
Externalizing Students	Internalizing Students
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Adapted from Mississippi Department
of Education

RANKIN COUNTY SCHOOL DISTRICT CLASSROOM BEHAVIOR PROFILE

School: _____ Teacher: _____ Grade: _____ Date: _____

Please rate each student on each behavior using the following scale:

0-not observed
1-one to several times per week
2-one to several times per day
3-one to several times per hour

School	Teacher	Student Last Name	Student First Name	DOB	Race	Gender	Grade	Is easily distracted	Does not complete work	Does not follow directions	Acts before thinking	SUM	Is fearful	Worries	Looks unhappy or sad	Complains of physical discomfort	Mood changes	SUM	Lies, steals, or cheats	Physically Aggressive	SUM
		Little Johnny						2	3	3	2	10	2	3	3	2	2	12	1	1	2
		Little Susie						0	1	1	1	3	1	2	1	1	1	6	0	0	0
												0						0			0
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Adapted from Mississippi Department of Education



Universal Screening Measures

Screener	Pros	Cons
Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1990) http://store.cambiumlearning.com	<ul style="list-style-type: none">• Well-validated (Endorsed in 1990 by the Program Effectiveness Panel of the U.S. Department of Education)• Efficient (Screening process can be completed within 45 minutes to 1 hour)• Most effective instrument for identifying internalizers (Lane et al., 2009)• Meets AERA/APA instrument selection criteria• Inexpensive (Manual= \$ 134.49; includes reproducible screening forms)	<ul style="list-style-type: none">• Normed for grades 1-6• Dated norms (normed in 1990)• Normative sample skewed to western U.S. region
Student Risk Screening Scale (SRSS; Drummond, 1993)	<ul style="list-style-type: none">• Measures internalizing/externalizing behaviors• Free• Quick to administer (less than 5 minutes per student; 15 minutes for entire class, depending upon number of students)• Easy to understand and interpret score results• Technically-adequate	<ul style="list-style-type: none">• Not as accurate as the SSBD regarding identification of internalizers

Strategy – Workforce Training

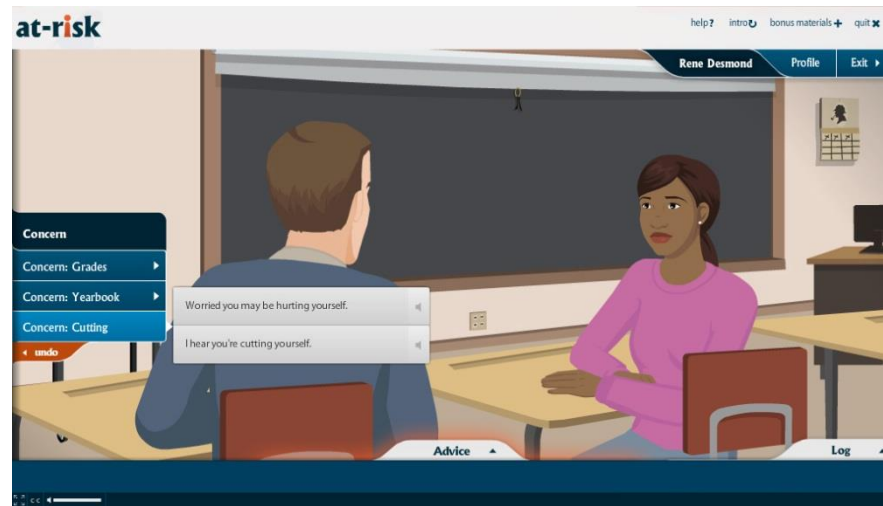
- Youth MH First Aid
- Kognito
 - At-Risk for Elementary, Middle and High School
 - Friend2Friend
 - Step In, Speak Up! Supporting LGBTQ Students
- Mental Health Training Intervention for Health Providers in Schools (MH-TIPS)
- Community-Partnered School Behavioral Health Modules



Youth Mental Health First Aid

- 8 hour in person public education training program
- Teaches participants the risk factors and warning signs of a variety of mental health challenges common among adolescents (ages 12-18)
- Teaches participants a 5-step action plan:
 - Assess for risk of suicide or harm
 - Listen nonjudgmentally
 - Give reassurance and information
 - Encourage appropriate professional help
 - Encourage self-help and other support strategies
- Adult version- SAMHSA NREPP Evidence-based program

At-Risk Suite for K-12 Educators



- Online 24/7; 50 – 60 minutes
- Virtual role-play conversations with at-risk “emotionally active” student avatars
- Created in collaboration with school and mental health experts and educators
- Deliberate practice and personalized feedback
- Listed: SPRC/AFSP Best Practice Registry

- Listed: National Registry of Evidence-Based Programs and Practices (HS only)
- Effectiveness demonstrated in national empirical studies (HS only)
- Widespread adoption – over 100,000 teachers in Texas, NY, Arizona, Ohio (HS only)

Assume a Role



Learners assume the role of Mr. Bauer, a middle school teacher, or Mr. Lyons, a high school teacher. Jackie Torres, a child psychologist, introduces the topic of gatekeeper training and provides the user with feedback throughout the training.

Middle School Student Avatars



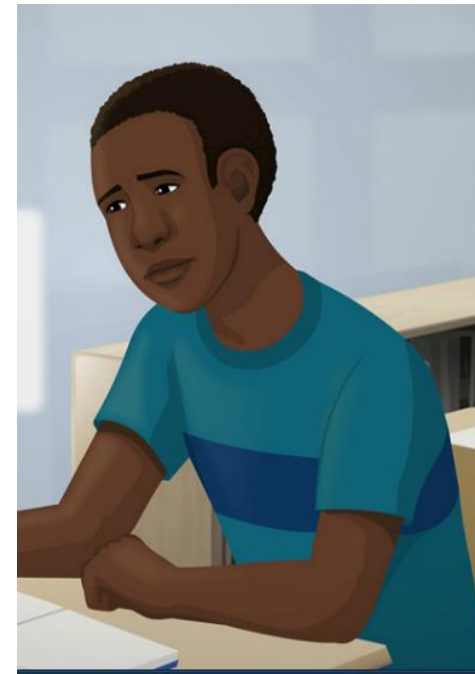
MARIAH

New to the school
Teased by popular girls
Cyber-bully victim
Ran out of class upset



JEN

Popular but rude
Angry outbursts
Teased another student
Conflict at home



MICHAEL

Losing a loved one
Worrisome journal entry
Sometimes withdrawn
Thoughts of suicide

Talk to Students



The learner controls the conversation by choosing what topic to bring up and what specific things to say. Learners receive instant feedback through the student's verbal responses and body language ...

Talk to Students



... **as well as** encouragement and constructive criticism on their decisions from Jackie. Critical errors lead to immediate corrective feedback as well as the opportunity to undo and correct their decision.



MDBehavioralHealth.com is an online training site hosted by the Department of Psychiatry at the University of Maryland School of Medicine. Developed in partnership with the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, the site provides training to individuals interested in supporting the behavioral health of youth and their families.

The online training allows individuals to work at their own pace. They can download materials, take the training, view video tips from experts, and explore related links, all from one central site.

www.mdbehavioralhealth.com



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

Community-Partnered School Behavioral Health: An Overview



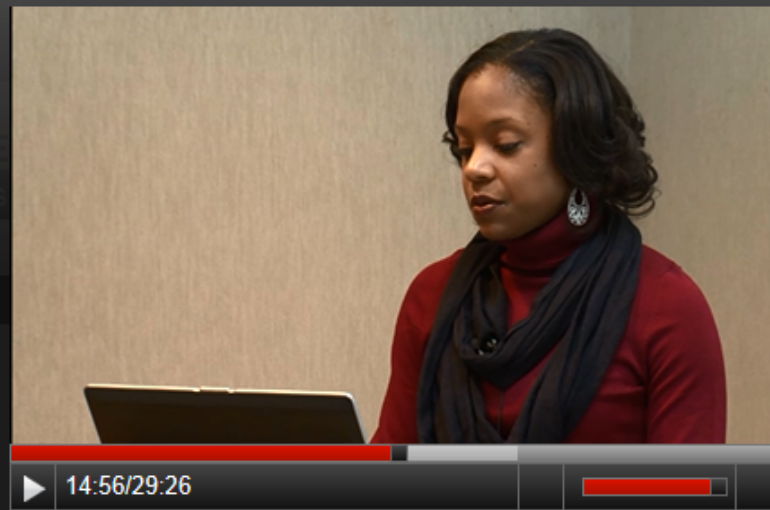
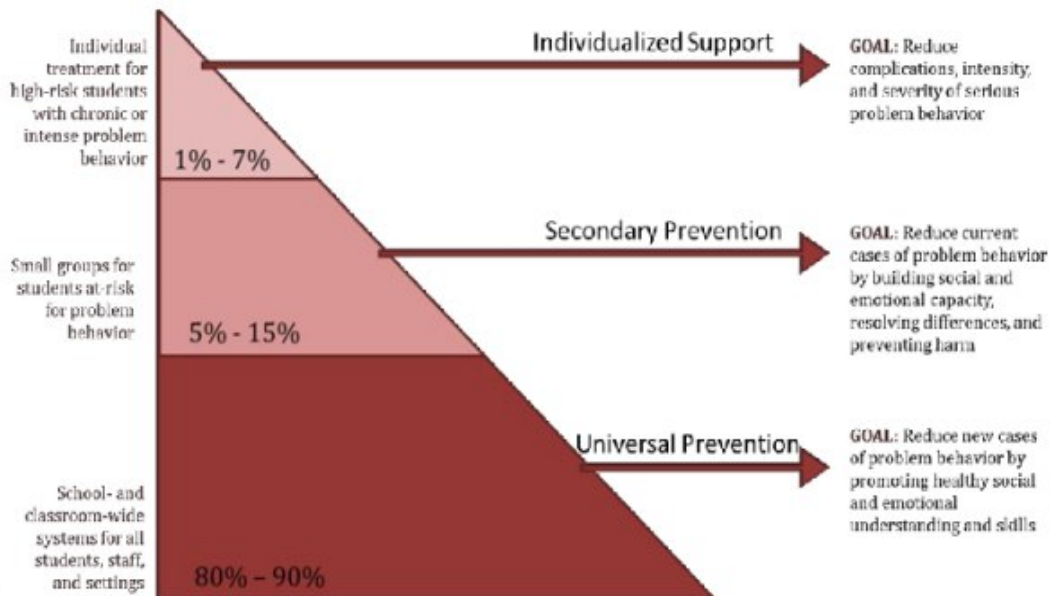
Welcome to this module on Community-Partnered School Behavioral Health: An Overview. This will be an overview of the entire topic of community-partnered school behavioral health, as well as an introduction to this series of modules that we're delighted to bring to you from our National Center for School Mental Health.

My name is Sharon Stephan, and I'm an associate professor of child and adolescent psychiatry at the University of Maryland School of Medicine, as well as the co-director at the National Center for School Mental Health.

Downloads

- 1 Community-Partnered School Behavioral Health: An Overview
- 2 Objectives
- 3 School Behavioral Health
- 4 Definition of Community-Partnered School Behavioral Health
- 5 Full Array of Programs, Services, and Strategies
- 6 Who Provides Behavioral Health Services in Schools?
- 7 Role of Community Behavioral Health Professionals

Multi-Tiered System of Supports



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 here, 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

Partnering with Youth and Families

Module 3

Youth Co-Occurring Disorders: Behavioral Health Provider Training Series

Downloads

1	Introduction
2	Course Objectives
3	Family Engagement
4	What Is a Family?
5	Clarification of Terms
6	Evolution of the Role of Families in Behavioral Health Services



Hello, everyone. My name is Jane Walker, and I am the Director of the Maryland Coalition of Families. The Maryland Coalition of Families is a family organization that is dedicated to providing information and support to other families who are caring for a child with behavioral health needs, including mental health, substance abuse, and sometimes even developmental disabilities. All of our staff members are families, so we come to this work through our lived experience caring for a child with behavioral health needs. So I'm very happy to be presenting today on the topic of partnering with youth and families, because that's really the key to successful and effective treatment for our children.

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:



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](#)

ACCESSING INTENSIVE SERVICES IN THE COMMUNITY

Posted on June 3, 2014

A parent shares the challenges of accessing appropriate services for her transgendered youth.



She went through quite a few therapists, and you know they told us things like, "Well she should really be put away," and that's not helpful. That's old thinking. The new thinking is intensive services in the community can really make a difference.

And Medicaid will pay for some of those, if you're on Medicaid. There are intensive services available in the community such as partial hospitalization programs, respite for the family to take a break from caring for a child with intensive needs, because it is exhausting, and even when Jordan was 15, 16 years old we couldn't leave her home alone. I had to quit my job in order to stay home and watch her all the time, because she would self-injure if left alone, or you never knew what she would do if left alone. So respite can be a very beneficial service to families.

Because we had private insurance, those services weren't available to us. If we had Medicaid we could have accessed some more intensive services. And ultimately, when we got her into a residential placement—which is only covered by Medicaid, it is not covered by private insurance—we had to do a procedure called a voluntary placement agreement, which puts her in the custody of the Department of Social Services. However, unlike giving up custody, the idea is it's a voluntary agreement, so you're not charged with child neglect and abuse, and those

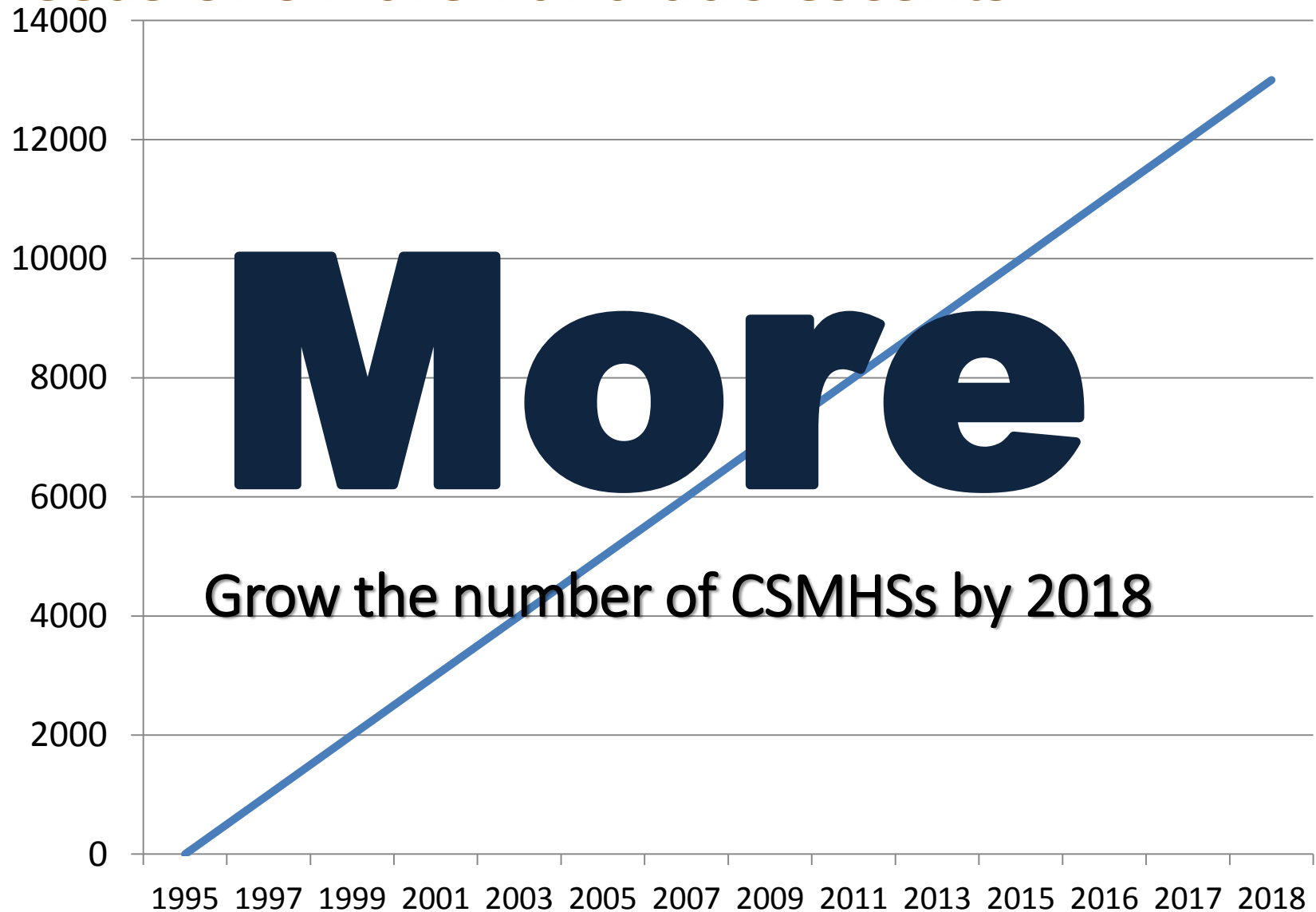


School Health Services NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

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

Increase # of CMHSs by 30% to meet growing needs of children and adolescents



Evidence-based Practices

Multi-tiered Systems of Support

Great

Universal Screening
Leveraged Funding
School Community Learning

Comprehensive School Mental Health Systems

50%

CSMHSs documenting
standardized
performance metrics

Data Driven Decision Making

Resource Utilization

Welcome to the SHAPE System

School Health Assessment and Performance Evaluation System

The School Health Assessment and Performance Evaluation (SHAPE) System for school mental health systems is an interactive system designed to improve school mental health accountability, excellence, and sustainability.

The SHAPE System allows:

- State and district education leaders and school mental health systems to assess school mental health quality and sustainability
- School mental health systems to rate school mental health quality and compile aggregate student data inputted by individual school mental health clinicians
- School mental health clinicians to enter screening, assessment, and progress monitoring on individual students
- Generation of individualized, data-driven reports on student outcomes and school mental health system quality and sustainability
- Individual quality improvement guidance and feedback



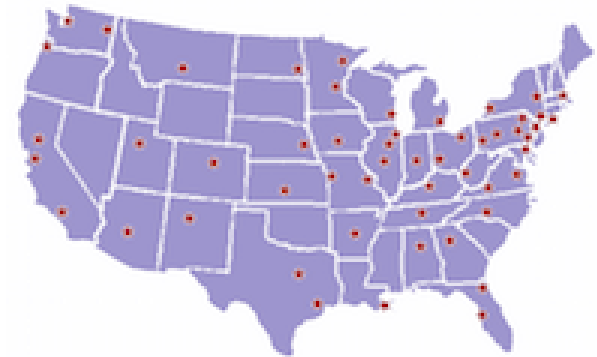
[Register Your School](#)

[Register Your District](#)

www.theSHAPEsystem.com

theSHAPESystem.com: Be Counted!

- ✓ Be counted in the National School Mental Health Census
- ✓ Rate your performance
- ✓ View and print customized reports
- ✓ Get free resources
 - ✓ Browse a comprehensive resource library of PDFs, videos, guides, and weblinks on all aspects of school mental health programming



BALMORAL ELEM SCH

School Behavioral Health System

Registration Updated:
September 21, 2015

[View](#) [Update](#)

System Performance

Mental Health Screening and
Assessment

Resource Library

Team Members

Welcome to The SHAPE System! This account you created can be used to rate your system's performance, track student progress, and obtain free, customized resources and reports specific to school mental health. To get started, complete the Quality and Sustainability assessments below.

Quality

Last Updated: September 24, 2015



Sustainability

Assessment Needed

[Complete Assessment](#)

Quality Progress Report and Resources

September 24, 2015 - Amanda Mosby



Progress Report



Completed Survey



Add Survey



Filter:

All

SMH Profile

Screening

Services and Supports

Implementation

Needs Assessment/Resource Mapping

Teaming

Decision Making



Quality Guide: School Mental
Health Profile



Quality Guide: Screening



Quality Guide: Data Driven
Decision Making



Quality Guide: Evidence-
Based Services and Supports



School Year: 2014-2015
 Date of Report: 9-24-2015

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."

Contributors

Amanda Mosby
Program Coordinator

Elizabeth Connors
Research Associate

Jill Bohnenkamp
Faculty

Sharon Hoover Stephan
Co-Director

Nancy Lever
Co-Director

QUALITY DOMAINS

MASTERY

Composite Score

5.40 ●———— Teaming

PROGRESSING

Composite Score

4.50 ●———— Needs Assessment/Resource Mapping

EMERGING

Composite Score

2.67 ●———— Evidence-Based Services and Supports

2.67 ●———— Evidence-Based Implementation

2.50 ●———— Data Driven Decision Making

OTHER PERFORMANCE DOMAINS

Overall Score

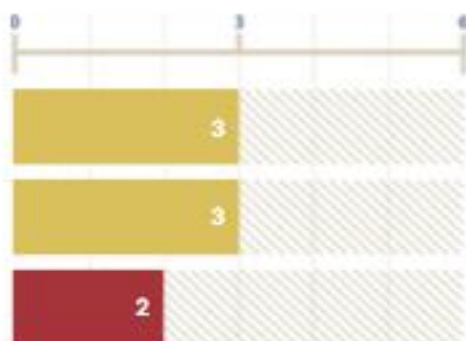
60% ●———— Screening

20% ●———— Received School Mental Health Services

20% ●———— Received Substance Abuse Services



OVERALL COMPOSITE SCORE: 2.67



Have system to determine evidence base

Fit with strengths, needs, culture

Use training/implementation best practices

About Evidence-Based Implementation

Evidence-based implementation is the integration of research findings from implementation science to school mental health care policy, practice, and operations. This involves the selection of appropriate evidence-based services and supports as well as utilization of effective, best practice strategies informed by implementation science to support and sustain those services and supports. Your CSMHS team's Evidence-Based Implementation self-assessment score includes your ratings on three indicators: (1) having processes in place for determining whether a school mental health service or support is evidence based; (2) having evidence-based services and supports that fit the unique strengths, needs, and cultural and linguistic considerations of your students and families, and (3) utilizing best practices to support training and implementation of mental health services and supports. Primary action steps to advance your CSMHS's performance in the area of evidence-based implementation include selecting an EBP that is right for your CSMHS, convening an EBP selection committee and implementation team, planning for training and ongoing support of implementers, piloting implementation on a small scale first, and collecting data throughout that will inform your quality improvement and reporting of impact for sustainability. For more in-depth guidance and specific strategies to advance your CSMHS's *Evidence-Based Implementation* processes, please refer to:

SHAPE System Early Adopters

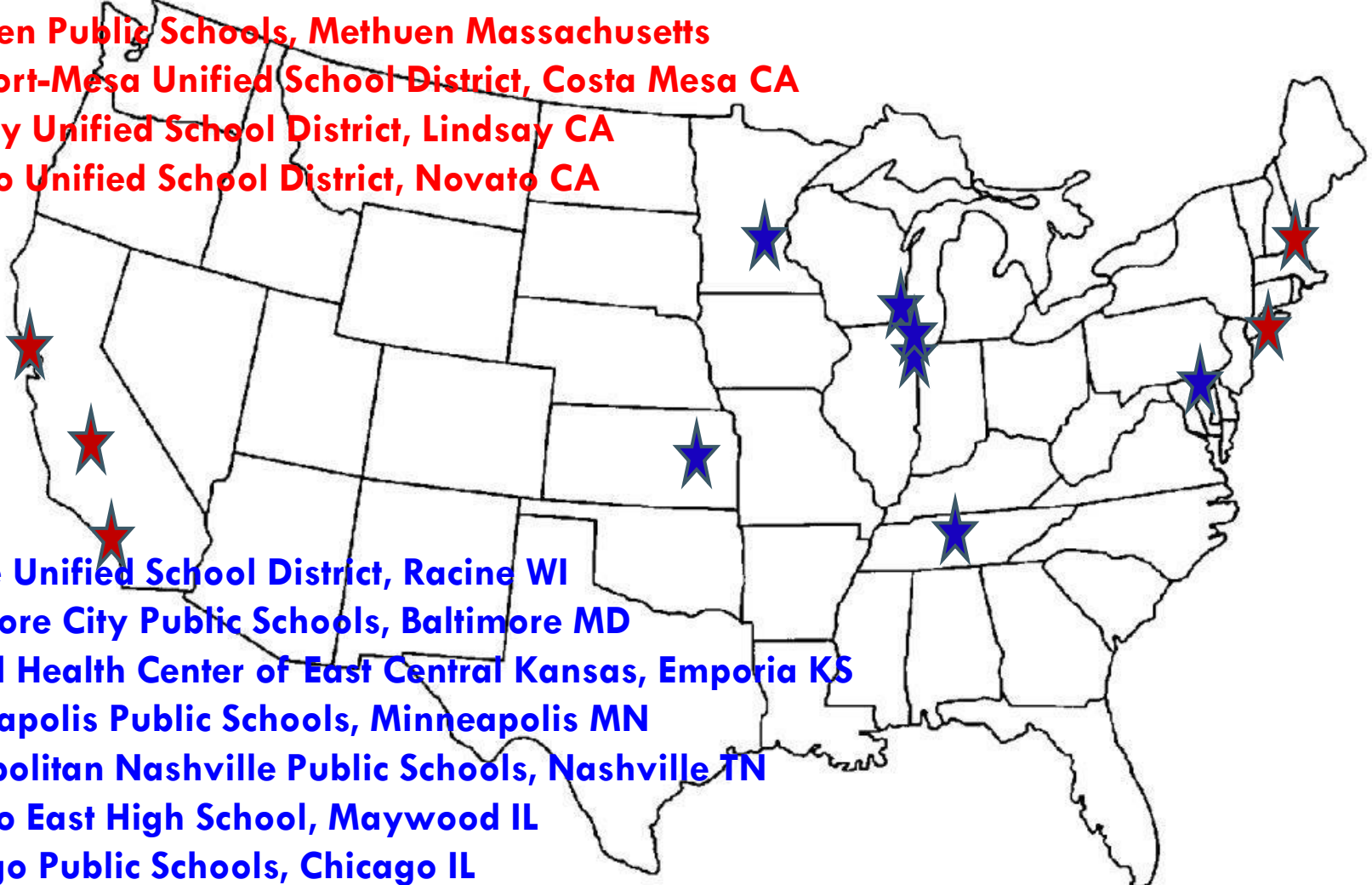
Stamford Public Schools, Stamford CT

Methuen Public Schools, Methuen Massachusetts

Newport-Mesa Unified School District, Costa Mesa CA

Lindsay Unified School District, Lindsay CA

Novato Unified School District, Novato CA



Racine Unified School District, Racine WI

Baltimore City Public Schools, Baltimore MD

Mental Health Center of East Central Kansas, Emporia KS

Minneapolis Public Schools, Minneapolis MN

Metropolitan Nashville Public Schools, Nashville TN

Proviso East High School, Maywood IL

Chicago Public Schools, Chicago IL



Thank you!
Questions?

Contact Information:

Sharon Hoover Stephan, Ph.D.

Division of Child and Adolescent Psychiatry

University of Maryland School of Medicine

w - (410) 706-0941

sstephan@psych.umaryland.edu