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

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Implications for School Mental Health Implementation in Canada

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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](http://csmh.umaryland.edu), (410) 706-0980
CSMH Website

http://csmh.umaryland.edu/
http://www.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.
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
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
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
Includes a full array of programs, services, and strategies

Tertiary Prevention:
- Specialized
- Individualized
- Systems for Students with High-Risk Behavior

Secondary Prevention:
- Specialized Group
- Systems for Students with At-Risk Behavior

Primary Prevention:
- School-/Classroom-Wide Systems for All Students, Staff, & Settings
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


  – Children’s mental health needs
  – Identification of schools as primary site for receiving MH services

• Safe Schools/Healthy Students (1999)

  – 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

(McKay et al., 2005)
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; Lebr 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
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.
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.
Intensive, Individually Designed Interventions
• Strategies to address needs of individual students with intensive needs

Targeted, Group Interventions
• Small, needs-based groups for at-risk students who do not respond to universal strategies

Universal Interventions
• All settings, all students
• Preventive, proactive

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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

Support for Students Exposed to Trauma (SSET)

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

School-side Ecological Strategies – Positive, Safe School Climate
School-side Ecological Strategies – Positive, Safe School Climate

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

Support for Students Exposed to Trauma (SSET)

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

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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

Adapted from Mississippi Department of Education
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

<table>
<thead>
<tr>
<th>Examples of externalizing types of behavior</th>
<th>Examples of internalizing types of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displaying aggression towards objects or persons</td>
<td>Low or restricted activity levels</td>
</tr>
<tr>
<td>Arguing or defying the teacher</td>
<td>Avoidance of speaking with others</td>
</tr>
<tr>
<td>Forcing the submission of others</td>
<td>Shy, timid, and/or unassertive behaviors</td>
</tr>
<tr>
<td>Out of seat behavior</td>
<td>Avoidance or withdrawal from social situations</td>
</tr>
<tr>
<td>Non-compliance with teacher instructions or requests</td>
<td>A preference to play or spend time alone</td>
</tr>
<tr>
<td>Tantrums</td>
<td>Acting in a fearful manner</td>
</tr>
<tr>
<td>Hyperactive Behavior</td>
<td>Avoiding participation in games and activities</td>
</tr>
<tr>
<td>Disturbing Others</td>
<td>Unresponsive to social interactions by others</td>
</tr>
<tr>
<td>Stealing</td>
<td>Failure to stand up for oneself</td>
</tr>
<tr>
<td>Not Following Teacher or School Rules</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-examples of externalizing types of behavior</th>
<th>Non-examples of internalizing types of behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperating</td>
<td>Initiation of social interactions with peers</td>
</tr>
<tr>
<td>Sharing</td>
<td>Engagement in conversations with peers</td>
</tr>
<tr>
<td>Working on assigned tasks</td>
<td>Normal rates or level of social contact with peers</td>
</tr>
<tr>
<td>Asking for help</td>
<td>Displaying positive social behaviors toward others</td>
</tr>
<tr>
<td>Listening to teacher</td>
<td>Participating in games and activities</td>
</tr>
<tr>
<td>Interacting in appropriate manner with peers</td>
<td>Resolving peer conflicts in an appropriate manner</td>
</tr>
<tr>
<td>Following directions</td>
<td>Joining in with others</td>
</tr>
<tr>
<td>Attending to task demands</td>
<td></td>
</tr>
<tr>
<td>Complying with teacher requests</td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Mississippi Department of Education
### Teacher Nomination Form cont...

<table>
<thead>
<tr>
<th>Student Nomination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Externalizing Students</strong></td>
<td><strong>Internalizing Students</strong></td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
</tr>
</tbody>
</table>

Adapted from Mississippi Department of Education
### RANKIN COUNTY SCHOOL DISTRICT CLASSROOM BEHAVIOR PROFILE

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

<table>
<thead>
<tr>
<th>0 - not observed</th>
<th>1 - one to several times per week</th>
<th>2 - one to severable times per day</th>
<th>3 - one to several times per hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Teacher</td>
<td>Student Last Name</td>
<td>Student First Name</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>-------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Little Johnny</td>
<td></td>
<td>2 3 3 2</td>
<td>10 2 3 3</td>
</tr>
<tr>
<td>Little Susie</td>
<td></td>
<td>0 1 1 1</td>
<td>3 1 2 1</td>
</tr>
</tbody>
</table>

### Adapted from Mississippi Department of Education
# Universal Screening Measures

<table>
<thead>
<tr>
<th>Screener</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
</table>
| Systematic Screening for Behavior Disorders (SSBD; Walker & Severson, 1990) http://store.cambiumlearning.com | • 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) | • 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) | • 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 | • 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
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 ...
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 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. 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.
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.
Partnering with Youth and Families

Module 3

Youth Co-Occurring Disorders:
Behavioral Health Provider Training Series

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.
Family Engagement Role Play

Ensuring that meetings occur when families can attend = overcoming barriers to treatment

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?
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

Grow the number of CSMHSs by 2018

More
Evidence-based Practices
Multi-tiered Systems of Support
Universal Screening
Leveraged Funding
School-Community Teaming
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
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
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

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
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

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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
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:

Resource Library > Quality Progress Report and Resources > Quality Guide: Evidence-Based Implementation
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?

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