Disseminating and Sustaining Best Practices in School Mental Health

Behavioral Health Education Center of Nebraska
School Mental Health Summit
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- National Institute of Mental Health
- Maryland Department of Health and Mental Hygiene
- Baltimore City Public Schools
- Baltimore County Public Schools
- Howard County Public Schools
- Connecticut Department of Children and Families
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 Hoover, Ph.D. & Nancy Lever, Ph.D.
  http://csmh.umaryland.edu, (410) 706-0980
22nd Annual Conference on Advancing School Mental Health

Supporting Student Mental Health and Positive School Climate

October 19th – 21st, 2017
Washington, DC
9th Annual Trauma Responsive Schools Summit

Co-hosted by the Center for School Mental Health and the NCTSN Treatment Services and Adaptation Center for Hope, Resilience, and Wellness in Schools

October 18th, 2017
Washington, DC
Comprehensive School Mental Health

- What is it?
- Why grow it?
- Current Status of the Field
- Elements of School Mental Health Quality
- Elements of School Mental Health Sustainability
- Shaping your system
WHAT IS COMPREHENSIVE SCHOOL MENTAL HEALTH?
What School Mental Health is NOT
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
Schools are Only One Part of an Integrated System of Care

- Intensive Support
- Targeted Prevention
- Mental Health Promotion

School Districts

Community

Targeted Prevention

Promotion

Slide used with permission from
Kathy Short, Director
School Mental Health ASSIST
WHY GROW SCHOOL MENTAL HEALTH?
Reflection Question

If you could pick one quality or skill that all young people would possess by the time they graduate from high school, what would it be?

Roger Weissberg, CASEL
A Caring, Connected, Responsible, Contributing Problem Solver

- STOP, CALM DOWN, & THINK before you act
- Say the PROBLEM and how you FEEL
- Set a POSITIVE GOAL
- THINK of lots of SOLUTIONS
- THINK ahead to the CONSEQUENCES
- GO ahead and TRY the BEST PLAN

Roger Weissberg, CASEL
CASEL Core Competencies

Self-Management
Managing emotions and behaviors to achieve one’s goals

Self-Awareness
Recognizing one’s emotions and values as well as one’s strengths and challenges

Social Awareness
Showing understanding and empathy for others

Relationship Skills
Forming positive relationships, working in teams, dealing effectively with conflict

Responsible Decision-Making
Making ethical, constructive choices about personal and social behavior

Social & Emotional Learning

Roger Weissberg, CASEL
Median Age of Onset: Mental Illness

Birth

Autism Spectrum Disorders

Phobias & Separation Anxiety

ADHD

Opposition Defiant Disorder

Conduct Disorder

Intermittent Explosive Disorder

Psychosis

Major Depression

Substance Abuse

Mid-20s

Mid-teens

Later onset mostly secondary conditions

Severe disorders preceded by less severe disorders (untreated)

Age 20

Age 40

Age 60

Age 80

Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)
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
Advantages of the School Setting

- **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
Research Demonstrates Positive Outcomes of School Mental Health Services

• 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)

- Findings from 36 primary research, review, and meta-analysis articles
- 2000-2017
- Benefits of school behavioral health clinical interventions and targeted interventions on a range of academic outcomes for adolescents.

In the aftermath of the Surgeon General's warning that "the nation is facing a public crisis in mental health care for infants, children, and adolescents," the prevalence of mental health disorders among children and adolescents and the unmet need for treatment have received increased attention. Mental health problems are common among children and adolescents, with approximately 1 in 5 children and adolescents experiencing a mental health disorder annually, and an estimated 40% of adolescents meet lifetime diagnostic criteria for mental health disorders. These mental health conditions have wide ranging effects, interfering with students’ functioning in school, at home, with their friends, and in their communities and potentially affecting their successful attainment.
What’s happening on the front lines of school mental health?
Successes

- Increasing emphasis on:
  - Evidence-based (research-supported) Practice (EBP)
  - Consideration of cultural context in development, implementation, and evaluation of EBP
  - Meaningful partnership with families
  - School-community partnerships
  - Workforce training for mental health providers and educators
- Outcomes

- Pockets of funding to support school mental health
  - Increased federal investments
  - Creative funding streams at local/state levels
Effective School Mental Health interventions are:

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

“...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)

“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)
Challenges

• Limited, variable funding
• Limited system integration (Mental Health-Education)
• Poor practice selection
• Gaps in training, particularly related to working schools, engaging families, evidence-based practice
  
  “C.O.W. Therapy” – Crisis of the Week

• Poor implementation support
• Limited control/accountability of providers and services provided
• Lack of good data metrics and infrastructure
We’ve achieved success!
We are “seeing” Marcus for 60 minutes each week.
Sometimes I lie awake at night, and I ask, "why am I here?"

Charlie is doing fine because he has no discipline referrals.
We need **STANDARDS**, **PROCESSES**, and **STRATEGIES** for integrating mental health into education.
School Health Services
NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health
What is the NQI?

The National Quality Initiative (NQI) is an effort to advance **accountability**, **excellence**, and **sustainability** for school health services nationwide by establishing and implementing an **online census** and **national performance measures** for school-based health centers and comprehensive school mental health systems.
Collaborative Improvement and Innovation Network (CoIIN) to Improve Comprehensive School Mental Health

COHORT I
(October 2015-December 2016)

7 Quality CoIIN Teams:
Baltimore City Public Schools, Baltimore, MD
Chicago Public Schools, Chicago, IL
Mental Health Center of East Central Kansas, Emporia, KS
Metropolitan Nashville Public Schools, Nashville, TN
Minneapolis Public Schools, Minneapolis, MN
Proviso East High School, Maywood, IL
Racine Unified School District, Racine, WI

5 Sustainability CoIIN Teams:
Lindsay Unified School District, Lindsay, CA
Methuen Public Schools, Methuen, Massachusetts
Newport-Mesa Unified School District, Costa Mesa, CA
Novato Unified School District, Novato, CA
Stamford Public Schools, Stamford, CT

COHORT II
(September 2016-November 2017)

8 Quality CoIIN Teams:
Anaheim Union High School District, Orange County, CA
Fairport Central School District, Rochester, NY
New Richland Hartland Ellendale Geneva, Southern, MN
Newport School District, Newport, NH
Pelham School District, Manchester, NH
Providence Public School District, Providence, RI
Santa Monica/Malibu Unified School District, SM/M, CA
Winona Area Public Schools, Winona, MN

5 Quality Plus Sustainability CoIIN Teams:
Chapel Hill Carrboro City Schools, Chapel Hill, NC
District of Columbia Public Schools, Washington, DC
Mental Health Center of East Central Kansas, Emporia, KS
Oakland Unified/Seneca Family of Agencies, Oakland, CA
SAU #7, Colebrook, Pittsburg, & Stewartstown, NH
Elements of School Mental Health Quality

✓ Teaming
✓ Needs Assessment / Resource Mapping
✓ Screening
✓ Evidence-Based Services and Supports
✓ Evidence-Based Implementation
✓ Data Driven Decision Making
Elements of School Mental Health Sustainability

✓ Funding and Resources
✓ Resource Utilization
✓ Quality
✓ Documentation and Reporting Impact
✓ Marketing and Promotion
Let’s stop doing the same old thing...

“I had an epiphany.”
Are you too busy to improve?

No thanks!

We are too busy
Change Ideas 101

Making a change to day-to-day activities, practices or processes that are predicted to directly or indirectly result in improvement.

Examples from the Institute for Healthcare Improvement (IHI):

1. Eliminate duplication/create efficiency/improve workflow
2. Optimize service delivery
3. Change the work (school) environment
4. Manage time
5. Reduce variation/Improve consistency
6. Error proofing
7. Improving a product or service

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovement_SelectingChanges.aspx
Change should be linked to specific Improvement

1. School support staff from different schools start meeting together quarterly
   (to improve their shared learning and support in a productive way to drive systematic RtI processes)

2. Add feedback loops to school staff following student mental health screening
   (to demystify how data are used to triage students, highlight the importance of their role in completing screeners, increase response rates and ultimately more students served)
Change Ideas in School Mental Health

- Optimize MH provider time in buildings and ensure 15% or less of their time is spent on non-MH related tasks to increase appropriate services provided to students
  - *District of Columbia Public Schools (DC)*

- Using a protocol for teachers to complete a mental health screening tool will improve screening data collection for students enrolled in school/served by our mental health providers and increase early identification of student needs
  - *SAU #7 (NH)*

- Develop our own needs assessment process to improve the match between student needs and services provided
  - *Santa Monica Malibu Unified School District (CA)*
Break down your change idea into smaller tests of change
Why Small Tests?

<table>
<thead>
<tr>
<th>Consequences of Failed Test</th>
<th>Small</th>
<th>Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor</td>
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</tbody>
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Size of your Test

Disaster Zone
Why test?

- Forces us to think small (practical and manageable)
- Predict how much improvement can be expected from the change – and confirm or abandon your prediction
- Opportunity for learning without impacting performance
- Learn how to adapt the change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation
- Localize a good idea to your school/community setting
- See how to adapt and make changes before implementing
- Increase your belief that the change will result in improvement
- Provides a history for how you came to your end result
How we often feel after attending a conference…
How we sometimes feel when we return to work…
John Crocker
Director of Guidance, K-12
I taught myself how to play guitar!

Gina Bozek
Director of Student Services
I’ve danced since I was three!

Brandi Kwong
Assistant Superintendent of Curriculum, Instruction, and Assessment
I grew up in Hawaii…and I eloped!

Lauren Rosenbaum
School Psychologist
I’ve read the Harry Potter series 5 times!

Sheila Hornby
Associate Principal
I love a good flea market and upcycling.

Katie Dewey-Rosenfeld
Coordinator of Outreach Services-Ambulatory Division

Beth Bostic
Student Advocate
FOCUS DOMAINS

Quality

- Please list in order of priority the domains you have focused on during the CoIN for improvement and/or innovation:

1. Screening
2. Teaming
3. Evidence-based services and supports
4. Data-driven decision making
5. Needs assessment/ resource mapping
6. Evidence-based implementation

Sustainability

- Please list in order of priority the domains you have focused on during the CoIN for improvement and/or innovation:

1. Funding and Resources
2. Resource Utilization
3. System Marketing and Promotion
4. Documentation and Reporting of Impact
5. System Quality
Conducted 7 PDSAs to pilot and bring to scale screening in Methuen Public Schools. Screening was conducted at various levels with multiple types of screeners and protocols were developed for district-wide use to make this an effective practice for identifying at risk students and increasing referrals for mental health services.

Conducted 5 PDSAs to establish policies/procedures to support the establishment of MOU-backed partnerships with community mental health agencies to leverage mental health services for students and professional development for staff. In total, three agencies have partnered with MPS, resulting in a considerable increase in referrals for mental health services.
Conducted 6 PDSAs to conduct needs assessments, improve resource utilization, and establish teaming across the district, including a district-level team, a mental health initiative team with representatives from each building, and grade-level teams capable of engaging in project management to support screening, Tier I work, and transition planning. Staff roles were also redefined and caseloads were established that support the goals of the mental health initiative.

Conducted multiple PDSAs to pilot evidence-based services and supports across the district.
SUCCESSES

- Methuen now has a **sustainable procedure for conducting universal screening** across the district.

- We have **partnered with three community mental health agencies** that provide services to students and professional development to staff. These partnerships have yielded an approximate 15% increase in mental health staff available to students district-wide.

- The **mental health initiative is now commonly known across the district** and decisions regarding the direction and focus of the initiative are managed by teams at multiple levels throughout the district working in conjunction. The mental health initiative in Methuen has been **marketed, promoted, and supported through local media coverage and state legislative funding**.
Resources have been allocated more effectively to support the mental health initiative through the redesign of the CSMHS’s structure in each building and across the district. Resource maps have been developed and coordination between buildings has increased dramatically.

The stage is set to report out the impact of Methuen’s CSMHS on a large scale to stakeholders across the district and in the community through the development of a procedure for documenting mental health services and engaging in progress monitoring using agreed upon psychosocial and academic data.

Our use of evidence-based services and supports has increased, and professional development to support this effort has been conducted in the 15-16 school year and is planned for the 16-17 school year as well.
We have used the data gained through mental health screening in conjunction with student management system data to show the impact of depression and anxiety on student outcomes essential to the success of the district, such as the impact of depression and anxiety on attendance and GPA. This data is being used to educate staff across the district and stakeholders in the community about the importance of mental health from an academic perspective.

Intervention plans have been developed that incorporate the documentation of Tier 3 services with progress monitoring to establish a means of reporting out on individual progress and, when combined, the aggregate impact of the CSMHS. This data has been presented using simple data visualization techniques to graphically display the impact of mental health services on students’ progress and outcomes. While this is a pilot project on a small scale, plans for the 16-17 school year will be to engage in this process for 6% of the MPS population.
BARRIERS

- **Funding at the local level poses a barrier to further expansion**, however we will continue to advocate for funding by widely marketing and promoting the impact of our CSMHS and seeking alternate sources of funding, such as grants and legislative funding. Additionally, we will continue to leverage support from all of our partners to increase staffing and professional development.

- **Some staff still do not value mental health**, therefore changing the culture of the school, district, and city without their support poses a barrier that we have made progress to overcome by showing the connection between mental health and outcomes important to the opposing group. The mantra “Students do not make academic progress when their mental health needs go unmet.” has served to disarm a number of individuals who have not made the connection to date.
Elements of School Mental Health Quality

✓ Teaming
School Mental Health Teaming

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

– improving general school climate
– promoting student well-being/mental health
– Identifying and addressing individual student mental health needs

This must start at the district level
Bringing partners together...
Speed bumps to Effective Teaming

- New administrators
- New team members
- New schools
- New community partners
- Changes in funding
- Changes in staffing
- Changes in local school/district climate
- School/district crises
- Shifting focus on improvement goals
- Different values/focus on quality improvement or sustainability planning
How about your school mental health team(s)?

- **What guidance does the state leadership offer** to districts to support effective school mental health teaming?

- What is your school/district doing **well** in terms of teaming for school mental health?

- What could your school/district **improve** upon in terms of teaming?

- In terms of school mental health teaming, what is **one thing** you’d like to improve this (or next) year?

- Where would you **start** to achieve your goals?
School Health Assessment and Performance Evaluation System

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
Teaming Indicators

- **Have multidisciplinary team**
  
  To what extent was your District’s school mental health system team(s) **multidisciplinary** (diverse professional and non-professional team members included based on who was on the team)?

- **Promote efficiency**
  
  To what extent did your District’s school mental health system team(s) **avoid duplication and promote efficiency**? For example, consistent communication and coordination among various teams could be one strategy in place to avoid duplication of services.

- **Use meeting best practices**
  
  To what extent did your District’s teams employ **best practices for meeting structure and process** (e.g., team met regularly, had and used an agenda, actionable items, consistent attendance)?

- **Promote data sharing**
  
  To what extent did your District have systems in place to **promote data sharing** among school mental health team members (e.g., protocols, routines, or a central data system or protocol for tracking and sharing information; sharing data across school employed and school-based community providers; data collection strategies in place that yielded student data that could be shared at team meetings to facilitate decision making about students served and/or services provided)?

- **Connect to community resources**
  
  To what extent were students in your District whose mental health needs could not be met in the school referred or connected to **community resources**?
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, 3.0-3.9 are classified as “Progressing” areas, and 4.0-6.0 are classified as areas of “Mastery.”

QUALITY DOMAINS

MASTERY

Composite Score

4.80

Teaming

Data Driven Decision Making

PROGRESSING

Composite Score

4.00

Needs Assessment/Resource Mapping

Evidence-Based Services and Supports

Evidence-Based Implementation

EMERGING

Composite Score

3.33

OTHER PERFORMANCE DOMAINS

Overall Score

* Students Screened

* Received School Mental Health Services

* indicates data were not reported

QUALITY DOMAIN | Teaming

OVERALL COMPOSITE SCORE: 4.80

- Have multidisciplinary team
- Promote efficiency
- Use evidence-based practices
- Promote data sharing
- Connect to community resources

About Teaming

A school mental health team is a group of school and community stakeholders that meet regularly and use data-based decision-making to support student mental health, including addressing individual student problems, improving school climate, and promoting well-being. Schools, districts, and community partners, including families, must be committed to building a multi-tiered systemic approach that addresses the academic, social, emotional, and behavioral needs of all students. Your CSMHS team’s self-assessment score comprises your ratings on: 1) having a multidisciplinary school mental health team; 2) having streamlined teams that avoid duplication and promote efficiency; 3) having a productive meeting structure; 4) having a system in place to promote data sharing among team members; and 5) having well-established working relationships with community mental health resources to refer students and families to when their needs cannot be met in school. Primary action steps to advance your CSMHS’s performance in the area of teaming include building a multidisciplinary team (or set of teams) at the school or district level, ensuring efficient team structure and practice, developing systems to use and share data, and maintaining working relationships with community providers and other stakeholders.

For more in-depth guidance, please refer to:

- Resource Library | Quality Progress Report and Resources
Avoid Duplication and Promote Efficiency

To what extent did your district's school mental health system team(s) avoid duplication and promote efficiency? For example, consistent communication and coordination among various teams could be one strategy in place to avoid duplication of services.

Best practices in our district for team efficiency include:

- Well-defined roles and responsibilities of teams and team members, with structures in place to avoid duplication of efforts
- System to evaluate existing team structures, with existing team continuation and new establishment only as necessary
- Overarching CSMHS shared purpose and shared goals ACROSS teams
- Unique goals for distinct teams
- Teams and team members understand and support each other's purpose and work
- Teams and team members have a process/procedure to ensure frequent and consistent communication
- Teams and team members address any confidentiality barriers to facilitate regular information sharing across and within teams

1: Not in place: Our district team did not use best practices to avoid duplication and promote efficiency.
2: Our district rarely used best practices to avoid duplication and promote efficiency.
3: Our district sometimes used best practices to avoid duplication and promote efficiency.
4: Our district often used best practices to avoid duplication and promote efficiency.
5: Our district almost always used best practices to avoid duplication and promote efficiency.
6: Fully in place: Our district team always used best practices to avoid duplication and promote efficiency.
Avoid Duplication and Promote Efficiency

ACTION STEPS:

✓ Consider the **number of teams** needed for your school system. Some schools prefer to have one universal team and one combined Tier 2 and Tier 3 team, and others may only have one team to address all three tiers.

✓ **Communicate** across teams to ensure purposes are complimentary, not duplicative, and streamline if needed (collapse or divide teams).

✓ Collaboratively **determine the purpose, target goals, activities, and processes** of the team.
Teaming Examples

- **Hennepin County/Minneapolis Public Schools (MN)**
  - Survey to determine roles and responsibilities of school and community team members
  - Process for teams to map roles/responsibilities across Multi-tiered System of Support (MTSS) - *Who does what at Tier 1? Tier 2? Tier 3?*

- **Baltimore City Public Schools (MD)**
  - Developed Model for School Mental Health Collaboration
  - Procedures to facilitate school- and community-provider collaboration
QUALITY DRIVER/DOMAIN: Teaming

Mastery in Teaming (Process Measure)

- Goal
- Median
- Mean

Baltimore City (MD)
Emporia (KS)
Proviso East HS (IL)
Metro Nashville (TN)
Minneapolis (MN)
Racine USD (WI)
Chicago
TEAMING

Appreciating strengths of all partners
Teaming Take Away Messages

✓ Strategically use school and community partners to support student mental health

✓ School teams should drive school mental health quality improvement efforts (work “smart” and use data to “check in” on progress)
Elements of School Mental Health Quality

✓ Needs Assessment / Resource Mapping
Needs Assessment & Resource Mapping 101

**Needs Assessment**

*What?*
A collaborative process to evaluate the unique breadth, depth, and prevalence of student mental health needs in your community.

*Why?*
Conducting a needs assessment is a foundational step in a comprehensive, ongoing resource mapping process and should inform team-based decisions about school mental health service planning and implementation.

**Resource Mapping**

*What?*
A method used to identify and link community and school-based resources with an agreed upon vision, organizational goals, strategies, or expected outcomes.

*a.k.a. asset mapping or environmental scanning*

*Why?*
By identifying what services are already being provided, resource mapping can identify assets/resources, improve access to these services, avoid duplication of services, and enhance communication and collaboration across agencies.
Needs Assessment/Resource Mapping Indicators

- Conducting a comprehensive school mental health needs assessment
  
  *Determine strengths and needs of students and their families.*

- Utilizing needs assessment to inform decisions about service planning and implementation
  
  *Determine which needs will be met by your resource mapping.*

- Conducting resource mapping to identify school/community mental health programs and services
  
  *Identify resources that are available to students and their families within your community. Foster school-community partnerships to maintain communication about programs, services, and/or new organizations available to students/families.*

- Utilizing resource mapping to inform decisions about service planning and implementation
  
  *Evaluate the outcomes of the map and continue to update the contents of the map.*
Conduct a School Mental Health Needs Assessment

To what extent have you conducted a comprehensive student mental health needs assessment?

Best practices for a comprehensive student mental health needs assessment:

✓ Needs assessment team that includes diverse stakeholders
  ✓ This may include parents, students, school and community health and mental health providers, school administrators, and/or administrative staff and teachers

✓ Review existing relevant data
  ✓ Data may consist of office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, and homelessness rates

✓ Identification of additional data that might be of use and process to gather it

✓ Analysis of data
  ✓ Determine most pressing needs for most students (Tier 1), some students (Tier 2), and just a few students (Tier 3)
  ✓ Determine pattern of needs—emotional/behavioral, medical, or basic needs, child developmental level, social support, financial needs, cultural beliefs, child and family strengths

○ 1: Not in place: Our CSMHS has not conducted a student mental health needs assessment.
○ 2: Our CSMHS rarely used best practices to conduct a comprehensive student mental health needs assessment.
○ 3: Our CSMHS sometimes used best practices to conduct a comprehensive student mental health needs assessment.
○ 4: Our CSMHS often used best practices to conduct a comprehensive student mental health needs assessment.
○ 5: Our CSMHS almost always used best practices to conduct a comprehensive student mental health needs assessment.
○ 6: Fully in place: Our CSMHS always used best practices to conduct a comprehensive student mental health needs assessment.
To what extent did you utilize your needs assessment to inform decisions about school mental health service planning and implementation?

Best practices in needs assessment utilization to inform decisions about school mental health service planning and implementation:

- Comprehensive needs assessment report
- Readily accessible to all stakeholders
- Diverse stakeholder teams utilize needs assessment report in consistent ways to inform decisions about school mental health service planning and implementation
  - This may include program selection and service array

- 1: Not in place: Our CSMHS did not use best practices to utilize our needs assessment to inform decisions.
- 2: Our CSMHS rarely used best practices to utilize our needs assessment to inform decisions.
- 3: Our CSMHS sometimes used best practices to utilize our needs assessment to inform decisions.
- 4: Our CSMHS often used best practices to utilize our needs assessment to inform decisions.
- 5: Our CSMHS almost always used best practices to utilize our needs assessment to inform decisions.
- 6: Fully in place: Our CSMHS always used best practices to utilize our needs assessment to inform decisions.
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- Measuring outcomes........................................................................................................ 6


Tier 3 – Intensive supports

Tier 2 – Targeted supports

Tier 1 – Universal supports


Developed for the Maryland Safe and Supportive Schools Grant
By the Center for School Mental Health
October 2014
What’s in Place?
List some examples of . . .

School-Based Services/Resources

Tier 3- Interventions for a Few 1-5%
Tier 2- Interventions for Some 5-15%
Tier 1- Interventions for All 80-90%

Community-Based Services/Resources

1-5% Tier 3-Interventions for a Few
5-15 Tier 2- Interventions for Some
80-90% Tier 1 – Interventions for All
Resource Mapping Example

- **Fairport Central School District (NY)**
  - Develop a resource map of socio-emotional and behavioral resources available in the local community
  - 12 sections contain information on mental health resources, emergency mental health, parent resources, regional wraparound services, services for persons with developmental disabilities, services identified within 7 outlying counties that youth either move to or from.
  - Collaborative development process
  - Obtained feedback from school staff, students, families
  - Used for training school mental health providers
  - Currently tracking its use
Elements of School Mental Health Quality

✓ Screening
Universal Screening Example

- Methuen Public Schools (MA)
  - Started by administering the PHQ-9 to 1 student to determine ease of administration
  - 10+ small tests of change later:
    - Piloted multiple types of screeners at various grade levels
    - Developed successful passive consent/opt out with family support
    - Electronic method (google forms) for screening and scoring developed, tested, used
    - District-approved administration time, data review and coordinated follow-up for all screenings
    - 100% of students who require follow-up receive it within 7 days of the screening (within 24 hours for any students who indicated any degree of suicidal ideation or desire self-harm)
    - Brought to scale screening in the district
2016-2017: Screening by Area of Concern

<table>
<thead>
<tr>
<th>Grade</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Substance Use</th>
<th>Global Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<td>9</td>
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<td>10</td>
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<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Used with permission from John Crocker, Director of K-12 Guidance, Methuen Public Schools
- Students whose scores on the SDQ were in the Very High and High range had a GPA that was, on average, 13 percent lower than all other students.

- Students were also absent 45 percent more often if they scored in the Very High or High range on the SDQ.
Elements of School Mental Health Quality

- Evidence-Based Services and Supports
- Evidence-Based Implementation
- Data Driven Decision Making
Taking on Too Much
Good news:
We have practices that work!

• Meta-analysis - the average child who received evidenced based interventions was functioning better after treatment than more than 75% of children in the control group.

• Changes often were found to sustain after treatment termination.

• Meta-analysis - When therapists rely on their clinical judgment to deliver treatment “as they saw fit”, not constrained by evidence based interventions or manuals → little or no changes in treatment outcomes were seen

(Weisz, Sandler, Durlak & Anton, 2005),
Bad news:
Decisions about selection are poor

- School decisions about mental health interventions tend toward heavily marketed programs that are compatible with past practices, despite lack of scientific support

- When schools do use evidence-based interventions, they are frequently implemented with low fidelity

(Hallfors & Godette, 2002)
# Searchable Intervention Registries

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
<th>Interventions</th>
</tr>
</thead>
</table>
Find an Intervention - Advanced Search

Select specific criteria for a more detailed search of interventions reviewed by NREPP.

Keyword or Phrase
Enter keyword or phrase.

Gender
- Male Only
- Female Only

Areas of Interest
- Mental health promotion
- Mental health treatment
- Substance abuse prevention
- Substance abuse treatment

Outcome Categories
- Alcohol
- Cost
- Crime/delinquency
- Drugs

Geographic Locations
- Urban
- Suburban
- Rural and/or frontier
- Tribal

Ages
- 0-5 (Early childhood)
- 6-12 (Childhood)
- 13-17 (Adolescent)
- 18-23 (Young adult)

Races/Ethnicities*
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino

Settings
- Inpatient
- Residential
- Outpatient
- Correctional
- Home

*Limit search to interventions evaluated in studies with higher percentages (50% or more) of the selected groups.

Search
# Evidence-based School Mental Health Intervention by Tier and Target Outcome

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TRAUMA</th>
<th>ANXIETY</th>
<th>DEPRESSION</th>
<th>CONDUCT PROBLEMS/ AGGRESSION</th>
<th>SUBSTANCE ABUSE</th>
<th>SOCIAL SKILLS BUILDING/ OTHER</th>
</tr>
</thead>
</table>
| Universal, whole school/classroom strategies for promoting positive mental health in ALL students. | • Psychologi
cal First Aid: Listen, Protect, Connect, Model and Teacher | • FRIENDS | • Positive Action | • 4 R's | • Caring School Community |
| | Teacher Education to Identify and Address Psychologic al Distress (e.g., Kognito) | • Positive Action | • SOS Signs of Suicide | • A's Pals | • Life Skills Training (LST) |
| | School-side Ecological Strategies – Positive, Safe School Climate | | | • Caring School Community |
| | | | | • Promoting Alternative Thinking Strategies (PATHS) |
| | | | | • PATHS to PAX |
| | | | | • Project ACHIEVE |
| | | | | • Raising Healthy Children |
| | | | | • Resolving Conflict Creatively Program |
| | | | | • RULER Approach |
| | | | | • Second Step Violence Prevention Program |
| | | | | • Social Decision Making/Problem Solving Program |
| | | | | • Steps to Respect |
| | | | | • The Stop and Think Social Skills Program for Schools |
| | | | | • Teaching Students to be Peacemakers (Peacemakers) |
| | | | | • Tools of the Mind |
| | | | | • PATHS to PAX |
| | | | | • Project ALERT |
| | | | | • Project TNT: Towards No Tobacco |
| | | | | • Raising Healthy Children |
| | | | | • The Too Good for Drugs and Violence Programs |
| | | | | • Competent Kids, Caring Communities |
| | | | | • Project SUCCESS |
| | | | | • Responsive Classroom (RC) |
| | | | | • Teen Outreach Program (TOP) |
| | | | | • Tribes Learning Communities |
### Evidence-based School Mental Health Intervention by Tier and Target Outcome

<table>
<thead>
<tr>
<th>Tier</th>
<th>Trauma</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Conduct Problems/Aggression</th>
<th>Substance Abuse</th>
<th>Social Skills Building/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 2</strong></td>
<td>Targeted small-group prevention and promotion for at-risk students.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bounce Back</td>
<td>• CARE (Care, Assess, Respond, Empower)</td>
<td>• CARE (Care, Assess, Respond, Empower)</td>
<td>• Aggression Replacement Training (ART)</td>
<td>• CARE (Care, Assess, Respond, Empower)</td>
<td>• Girls Circle</td>
</tr>
<tr>
<td></td>
<td>• Cognitive Behavioral Interventions for Trauma in Schools (CBITS)</td>
<td>• The C.A.T Project</td>
<td>•</td>
<td>• CARE (Care, Assess, Respond, Empower)</td>
<td>• Nurturing Parenting Program</td>
<td>• Primary Project</td>
</tr>
<tr>
<td></td>
<td>• Support for Students Exposed to Trauma (SSET)</td>
<td>• Coping Cat</td>
<td>•</td>
<td>• Coping Power</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3:</strong></td>
<td>More intensive, individualized interventions for students experiencing a mental health challenge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Trauma-Focused Cognitive-Behavioral Therapy (TFCBT)</td>
<td>• The C.A.T Project</td>
<td>• Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)</td>
<td>• Multisystemic Therapy (MST)</td>
<td>• Nurturing Parenting Program</td>
<td></td>
</tr>
</tbody>
</table>
School Services to Address Conduct Problems/Aggression by Tier

Tier I: All Students
Regardless of behavioral health risk

- 4 R’s
- Al’s Pals
- Caring School Community
- Good Behavior Game (GBG)
- HighScope Educational Approach for Preschool
- Life Skills Training (LST)
- Lion’s Quest Skills for Adolescence
- Michigan Model for Health
- MindUP
- Nurturing Parent Program

Tier II: Some Students
At risk for behavioral health concerns

- Aggression Replacement Therapy (ART)
- CARE (Care, Assesses, Respond, Empower)
- Coping Power
- I Can Problem Solve: Raising a Thinking Child (ICPS)
- Incredible Years
- Nurturing Parent Program
- Strengthening Families Program (SFP)

Tier III: Few Students
Apparent behavioral health needs

- Multi-Systemic Therapy (MST)
- Nurturing Parent Program

Additional Programs:
- Olweus Bully Prevention Program
- Open Circle
- Peaceworks: Peacemaking Skills for Little Kids
- Promoting Alternative Thinking Strategies (PATHS)
- PATHS to PAX
- Project ACHIEVE
- Raising Healthy Children
- Resolving Conflict Creatively Program
- RULER Approach
- Second Step Violence Prevention Program
- Social Decision Making/Problem Solving Program
- Steps to Respect
- The Stop and Think Social Skills Program for Schools
- Teaching Students to be Peacemakers (Peacemakers)
- Tools of the Mind
Selecting Evidence-Based Programs
Evidence-Based Services and Supports Indicators

- Tier 1 (Mental Health Promotion), Tier 2 (Selective Prevention), Tier 3 (Indicated Interventions)
- Five indicators per Tier

1. *Number of students who receive mental health services and supports*
2. *Number of students who receive substance use services and supports*
3. *Number of students who receive evidence-based services and supports*
4. *Reach of evidence-based mental health and substance use services and supports*
5. *Extent that all mental health and substance use services and supports are evidence-based*
<table>
<thead>
<tr>
<th>Component</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended Population</td>
<td>- For whom is the intervention intended?</td>
</tr>
<tr>
<td>Intervention Target</td>
<td>- What is the intervention designed to address?</td>
</tr>
<tr>
<td>Baseline Severity Level</td>
<td>- What is the baseline severity level of existing risk factors and problems?</td>
</tr>
<tr>
<td>Intervention Delivery</td>
<td>- Who will deliver the intervention, in what format, how often, and for how long?</td>
</tr>
</tbody>
</table>

Figure 1. *Four components involved in identifying the EBP’s scope.*
**1a. Intended Population**

**Instructions:** Within each category, circle all of the options that characterize your intended intervention population.

- **Developmental Level: Age**
  - 0-3
  - 3-4
  - 4-5
  - 6-8
  - 8-12
  - 12-15
  - 15-18
  - 18+
  - Other: ______

- **Developmental Level: Grade**
  - Daycare
  - Preschool
  - Pre-K/K
  - 1-2
  - 3-5
  - 6-8
  - 9-12
  - Post High School
  - Other: ______

- **Gender**
  - Female
  - Male
  - Transgender
  - Other: ______

- **Race/Ethnicity**
  - African American or Black
  - American Indian/Alaska Native
  - Asian
  - Caucasian or White
  - Hispanic or Latino
  - Native Hawaiian or Pacific Islander
  - Other: ______

- **Population Subgroups**
  - Students with disabilities
  - English language learners
  - Students with risk factors (e.g., exposure to violence, poverty, in utero substances)
  - Other: ______

**Language**
- Primary: ____________________
- Secondary: ____________________
1b. Intervention Target

Instructions: Circle all of the options that reflect what you want the intervention to address or target.

**Behavioral, Emotional, and Physical Health**
- Aggression
- Alcohol and Other Drug Use
- Anxiety/Depression/Trauma Exposure
- Autism
- Emotion Regulation
- Fitness & Nutrition
- Inattention/Hyperactivity
- Social Skills
- Other: ____________________

**Academic and Related Skills**
- Career Exploration/Training
- Early Childhood Education
- Language
- Math
- Motor Skills
- Reading
- Study Skills
- Time Management
- Other: ____________________

**Student-Family-School Connections**
- School Safety
- Support for Academic, Social, and Civic Learning
- Social Relationships
- School Connectedness
- Physical Environment
- Leadership
- Professional Relationships
- Other: ____________________
1c. Baseline Severity Level

**Instructions:** Circle the level of need in your population with regard to the severity level of existing risk factors and problems.

- **Low**
  - Mild or no problems in population. Low-level risk factors may be present.
  - Consider a **UNIVERSAL** intervention designed for the overall population.

- **Moderate**
  - Elevated risk or some evidence of problems in certain individuals in a population.
  - Consider a **SELECTIVE** intervention designed for a group of students identified as at risk for adverse outcomes.

- **High**
  - High risk or significant evidence of problems in certain individuals in a population.
  - Consider an **INDICATED** intervention designed for students demonstrating problems.
1d. Intervention Delivery

**Instructions:** Within each category, circle all the options that characterize your intended intervention delivery.

<table>
<thead>
<tr>
<th>Interventionist</th>
<th>* Mental Health Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Regular Education Teacher</td>
</tr>
<tr>
<td></td>
<td>* Special Education Teacher</td>
</tr>
<tr>
<td></td>
<td>* Resource Teacher</td>
</tr>
<tr>
<td></td>
<td>* School Health Staff</td>
</tr>
<tr>
<td></td>
<td>* Cafeteria Staff</td>
</tr>
<tr>
<td></td>
<td>* Administrative Staff</td>
</tr>
<tr>
<td></td>
<td>* Paraprofessional</td>
</tr>
<tr>
<td></td>
<td>* Other: ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Format</th>
<th>* Small group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Classroom group</td>
</tr>
<tr>
<td></td>
<td>* Other: _________________</td>
</tr>
<tr>
<td></td>
<td>* Individual student</td>
</tr>
<tr>
<td></td>
<td>* Individual student + caregiver/family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>* Once</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Daily</td>
</tr>
<tr>
<td></td>
<td>* Multiple times/day</td>
</tr>
<tr>
<td></td>
<td>* As needed</td>
</tr>
<tr>
<td></td>
<td>* Multiple times/week</td>
</tr>
<tr>
<td></td>
<td>* Weekly</td>
</tr>
<tr>
<td></td>
<td>* Monthly</td>
</tr>
<tr>
<td></td>
<td>* Multiple times/month</td>
</tr>
<tr>
<td></td>
<td>* Other: _________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>* Brief (about 5-10 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>* Approx. 1 hour or less</td>
</tr>
<tr>
<td></td>
<td>* Approx. 1-2 hours</td>
</tr>
<tr>
<td></td>
<td>* Other: _________________</td>
</tr>
<tr>
<td></td>
<td>* Approx. half a day</td>
</tr>
<tr>
<td></td>
<td>* Approx. 1 full day</td>
</tr>
</tbody>
</table>
# 2: Readiness to Implement EBP

**Instructions:** Fill in the name of each locality across the top row. Circle the status of each locality with regard to each consideration listed in the left-hand column.

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Locality 1:</th>
<th>Locality 2:</th>
<th>Locality 3:</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motivational readiness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youths/Families</td>
<td>Low</td>
<td>Fair</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Staff</td>
<td>Low</td>
<td>Fair</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Administrators/Leaders</td>
<td>Low</td>
<td>Fair</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Organizational climate</strong></td>
<td>Poor</td>
<td>Fair</td>
<td>Strong</td>
<td>Poor</td>
</tr>
<tr>
<td><strong>Current staff capacity to implement</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of staff</td>
<td>Low</td>
<td>Fair</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Staff skills</td>
<td>Poor</td>
<td>Fair</td>
<td>Strong</td>
<td>Poor</td>
</tr>
<tr>
<td><strong>Resource availability for intervention</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget</td>
<td>$__</td>
<td>$__</td>
<td>$__</td>
<td>$__</td>
</tr>
<tr>
<td>Training/Consultation</td>
<td>Low</td>
<td>Sufficient</td>
<td>Sufficient</td>
<td>Low</td>
</tr>
<tr>
<td>Equipment/Materials</td>
<td>Low</td>
<td>Sufficient</td>
<td>Sufficient</td>
<td>Low</td>
</tr>
<tr>
<td>Facilities/Space</td>
<td>Low</td>
<td>Sufficient</td>
<td>Sufficient</td>
<td>Low</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Low</td>
<td>Sufficient</td>
<td>Sufficient</td>
<td>Low</td>
</tr>
</tbody>
</table>

Selecting Evidence-Based Programs
## 3: Exploring EBPs

<table>
<thead>
<tr>
<th>EBP Evidence Base, Relevance, and Replications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do the EBP's outcomes align with the needs of your population of focus?</strong>&lt;br&gt;(Note that needs must be identified from local data.)</td>
</tr>
<tr>
<td><strong>Is there evidence from at least 2 randomized control trials of the EBP that demonstrate relevant outcomes?</strong>&lt;br&gt;If yes:</td>
</tr>
<tr>
<td>• Are there relevant outcomes for your population of focus (e.g., similar age, gender, language, culture/race)?</td>
</tr>
<tr>
<td>• Were the relevant outcomes achieved in a setting comparable to your setting?</td>
</tr>
<tr>
<td><strong>Will the developer give you contact information for two or three sites that have implemented the EBP for two or more years?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does it appear that the EBP would need to be adapted to meet the needs of your population of focus?</strong></td>
</tr>
<tr>
<td><strong>If yes, has the EBP been adapted for populations similar to your population of focus (as indicated by the developer, published studies, or your knowledge of local adaptations)?</strong></td>
</tr>
<tr>
<td><strong>If adaptations will be needed, do you have experienced staff or consultants who can make the adaptations while preserving the EBP's core components (i.e., components that should not be modified)?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EBP Features and Implementation Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do the EBP's features align with your preferred delivery characteristics (e.g., setting, time of day, frequency, staff who will implement)?</strong></td>
</tr>
<tr>
<td><strong>How many and what type of staff are required to implement the EBP?</strong></td>
</tr>
<tr>
<td><strong>What types of implementation supports are available (e.g., consultation, online resources)? List here:</strong></td>
</tr>
<tr>
<td><strong>How long does it usually take a new implementation site to implement the EBP effectively?</strong></td>
</tr>
<tr>
<td><strong>Are evaluation and fidelity monitoring tools available for the EBP?</strong></td>
</tr>
<tr>
<td>Existing Practices &amp; Organizational Support</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>What related programs and practices are currently being implemented in your setting? (list)</td>
</tr>
<tr>
<td>(1)</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>Does the EBP duplicate or compete with existing programs?</td>
</tr>
<tr>
<td>What do you expect would be the net value of adopting the EBP in your setting?</td>
</tr>
<tr>
<td>Does the EBP require strong organizational support (e.g., school leader support, administrative support)?</td>
</tr>
<tr>
<td>If yes, is this support likely to be forthcoming?</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>How long is the training for the EBP (hours, days)?</td>
</tr>
<tr>
<td>How will new staff (hired after the initial training) be trained?</td>
</tr>
<tr>
<td>What is the cost of the initial training? (Include trainers’ fees, travel, space, equipment, food, etc.)</td>
</tr>
<tr>
<td>What is the cost of ongoing training, including booster sessions?</td>
</tr>
<tr>
<td>Can staff in your training become certified to conduct training?</td>
</tr>
<tr>
<td>If yes, what is the cost of certification training?</td>
</tr>
<tr>
<td>Additional Costs</td>
</tr>
<tr>
<td>Does the developer offer ongoing implementation consultation by phone and email?</td>
</tr>
<tr>
<td>If yes, what is the cost?</td>
</tr>
<tr>
<td>What is the cost of materials?</td>
</tr>
<tr>
<td>What is the cost of equipment?</td>
</tr>
<tr>
<td>What is the total estimated cost of initial implementation? (Include training costs from section above.)</td>
</tr>
</tbody>
</table>
## 4. Tracking the EBP’s Impact: Measurement Domains and Measures

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>For More Information</th>
</tr>
</thead>
</table>
| Academic Achievement      | Achievement Tests  
  - California Achievement Tests  
  - Stanford Achievement Test  
  - Wechsler Individual Achievement Test  
  - Wide Range Achievement Test | Grades/Grade point average                                                                                                               |
| Attendance                | School records                                                                                                                                                                   |
| Anxiety                   | Revised Child Anxiety and Depression Scale (RCADS; caregiver and youth report)                                                                                     | [http://www.childfirst.ucla.edu/Resources.html](http://www.childfirst.ucla.edu/Resources.html) |
|                           | Screen for Child Anxiety Related Disorders (SCARED; caregiver and youth report)                                                                                   | [http://www.psychiatry.pitt.edu/node/8209](http://www.psychiatry.pitt.edu/node/8209)    |
|                           | Spence Children’s Anxiety Scale (SCAS; caregiver and youth report)                                                                                                     | [http://www.scaswebsite.com/](http://www.scaswebsite.com/)                             |
SELECTING EVIDENCE-BASED PROGRAMS FOR SCHOOL SETTINGS

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Click on each number for an overview of the modules

1. Selecting
   - Using data to inform EBP selection
   - Engaging stakeholders
   - Assessing and building readiness
   - Reviewing and selecting EBPs

2. Preparing

3. Implementing

Selecting Evidence-Based Programs for School Settings
Where a school “starts” is up to them

• Very few schools can “Do it all” at the same time

• Not all interventions need to be launched . . .
  . . . in a particular order
  . . . at the same time
  . . . identically across schools

• Take multiple factors into account
  – Community priorities
  – Student population and needs
  – Neighborhood/county characteristics
  – District priorities
  – Available funding
IMPLEMENTATION MATTERS
Effective intervention practices + Effective implementation practices = Good outcomes for students!
Implementation Science

*Selecting students and practices is not enough – implementation matters!*

Gap between identification and implementation
Why Implementation Science Matters for Students and Schools

Explanation for Poor Outcomes:
• Insufficient funding
• Initiative overload
• Poorly trained implementers
• Ineffective data-based decision making system
• Misalignment with intended and actual outcomes
• Low priority
• Lack of leadership
What implementation often feels like (without proper planning)...
Implementation Matters!
Fund it and Work Hard at it!

• Implementation is not an event, it is a process

• When implementation is done on purpose with appropriate planning and support => 80% success within 3 years

• Without proper implementation support => 14% success after 17 years
CHAPTER 2

Considerations for a School Mental Health Implementation Framework

GEORGE SUGAI AND SHARON STEPHAN

All students benefit academically and socially when their classroom and school environments are positive, preventive, and responsive (Guerra & Williams, 2003; Horner, Sugai, & Anderson, 2010; Zins, Weissberg, Wang, & Walberg, 2004). Efforts to interconnect school-wide behavior support practices and systems with mental health interventions and supports have the potential to contribute to these teaching and learning environments for all students, especially students who display significant risk for behavioral mental health difficulties. This potential is associated with sound theory, evidence-based practices, efficient support systems, and informative data systems.

The challenge, however, is that good ideas, enthusiasm, and a list of evidence-based practices have proven to be insufficient to deliver on the promise and potential. Efforts to implement are often incomplete, short in sustainability, limited in outcome durability, 2000; Elias, Zins, Gracylik, 

To address this gap known about the implementation of evidence-based practices and how to applied to a multi-tiered framework for mental health and positive behavior supports. We conclude with a self-assessment that is based on this framework.

We believe this collaborative efforts of educators (i.e., general and special education teachers, paraprofessionals, principals, etc.), school and community mental health professionals (psychologists, counselors, and social workers), policy makers and implementers (i.e., legislators, school board members, district and state educational administrators), researchers, professional associations, and personnel preparation institutions.

What Is Known about the Implementation Science of Evidence-based Practices
Implementation Framework Self-Assessment (Sugai & Stephan, 2013)

- Q1: Are need and intended outcomes specified?
- Q2: Is most appropriate evidenced-based practice selected?
- Q3: Is practice adaptable to local context or culture?
- Q4: Is support for local implementation developed?
- Q5: Is system level continuous progress monitoring in place for implementation enhancements?
Key points on implementation...

• Implementation of innovation (MH EBPs) should be **incremental** and **well-planned**

• Leadership group (state department, school district, school building) should:
  
  – select only a **small number** of evidenced-based practices that yield the **greatest impact** for children and youth
  
  – Invest in systems that provide **skill development** and **performance feedback** to all staff implementing the practices.

  • (Lewis & Sugai, 1999; Sugai & Horner, 2002).
• These practices should be **carefully monitored for efficacy and effectiveness**

• Practices should remain in place only as long as they continue to **yield the desired outcomes** (that promote social, emotional health and well being in addition to academic achievement)

» (McIntosh, Horner, & Sugai, 2009; Sugai, Horner, & McIntosh, 2008).
Evidence-Based Implementation Indicators

The extent to which your school or district:

- ...has processes in place for determining whether a school mental health service or support is evidence-based

- ...has evidence-based services and supports that fit the unique strengths, needs, and cultural and linguistic considerations of your students and families

- ...utilizes best practices to support training and implementation of mental health services and supports

*Unintended consequences of training without workforce support*
Elements of School Mental Health Sustainability

☑ Funding and Resources
☑ Resource Utilization
☑ Quality
☑ Documentation and Reporting Impact
☑ Marketing and Promotion
CSMHS "Sustainability" refers to the financial and non-financial dimensions of maintaining or supporting a self-sustaining system over time, in which its operational structure and capacity is sound and can evolve and adapt to match the changing needs of students, families, schools, communities, and other systems in their context.
Domain #1: Funding and Resources

Funding and resources refer to strategies in place to leverage and apply various financial and non-financial assets in your District’s CSMHS.

**INDICATORS**

1. Use multiple and diverse funding
2. Rely on strategy of leveraging
3. Have adequate funding at each tier
4. Have strategies to retain staff
Domain #2: Resource Utilization

Resource utilization refers to the extent to which your CSMHS is actively accessing and maximizing the financial and non-financial assets available or potentially available to your system.

**INDICATORS**

1. Use stakeholders to support professional development
2. Access updated resource map
3. Monitor policy
4. Use third-party reimbursement
5. Maximize opportunities to bill
6. Provide continuum of care
Domain #3: System Quality

The quality or standard of services and supports provided to students and families is highly important to system sustainability. Fundamental aspects of quality including use of evidence-based services and supports, regular use of data for decision making and youth and family partnership are included in this section.

INDICATORS

1. Use evidence-based services
2. Use data to inform decision-making
3. Involve youth and families in CSMHS
Domain #4: Documentation and Reporting on Impact

It is critical to document and report on the impact of your system to a wide range of stakeholders who play a role in your system’s sustainability. These activities can also support your advocacy for the system’s maintenance, growth and change in many ways over time.

**INDICATORS**

1. Document academic impact of CSMHS
2. Document emotional/behavioral impact of CSMHS
3. Document impact CSMHS sustainability factors
4. Report overall impact of CSMHS
Domain #5: System Marketing and Promotion

It is critical to actively market and promote your system to a wide range of stakeholders who play a role in your system’s sustainability.

**INDICATORS**

1. Disseminate findings to community
2. Market CSMHS to school district leaders
3. Market CSMHS to non-education partners
Funding and Resources 101

School Mental Health System Learning Collaborative Opportunity: Collaborative Improvement and Innovation Network on Quality Improvement (CoIIN)
Objectives

1. Why it is important to learn about financing
2. How to bolster your confidence in financing work
3. Need to build basic financing literacy/vocabulary
4. Strategic financing five-step process:
   - Clarify what you will need and by when
   - Map current funding and resources
   - Determine gaps between needs versus existing resources
   - Select financing strategies and funding sources
   - Make and execute a financing action plan
Funding Mechanisms

- School
- Local
- State
- Federal
Funding: School Level

- Principal discretionary dollars
- Funding from PTA/PTO for supplies/EBP purchase
- Private donations (endowments)
School-Community Partnerships

Partnering with an already existing outpatient behavioral health program expands available services to students and leverages existing funding resources and billing infrastructure

- CSMHS have the staff, capability and connections to serve children in schools
- Outpatient programs have the structure, mechanisms, and status/credentialing needed to bill for services
Funding: Local Level

- General revenue (education purposes)
- Categorical revenue (targeted for specific student population in need of supplemental services)
- Taxes
- Private foundations/Private donors
  - More flexible with behavioral health prevention/promotion
- Community businesses
Funding: State Level

- Mental health block grants
- Grant programs to develop school behavioral health infrastructure (Minnesota)
- Children’s Health Insurance Program
  - Provides health coverage to nearly eight million children in families with incomes too high to quality for Medicaid but who can’t afford private coverage
Funding: State Level

- Include school-based health and behavioral health services in State budgets
  - Services can be financed partially by State allocations or by implementing specific programs (e.g. positive behavioral interventions and supports, social-emotional learning)
    - Some also come with budgets to supplement general money for school behavioral health programs
  - State health initiatives and state taxes (e.g. tobacco tax, property tax)
Funding: Federal Level

- Block grants
- Project grants
- Legislative earmarks
- Direct payments
Multi-Systems Approach to Financing

CSMHS Examples

- **Michigan** – IDEA Medicaid revised to include Tier 2 & 3 MH counseling sessions by school professionals
- **South Carolina** – DOE developed a Psychosocial Behavioral Health Rehab Medicaid Standard for Tiers 2 and 3 counseling; DMH supplies state legislative re-occurring funds for rural SMH
- **Arkansas** – DSS revised SW job description to provide care coordination services in the schools; state cross agency partnership to blend-braid funding for SMH treatment
- **Alabama** – DOE and MH developed cross system funding to support SMH programming
- **Tennessee** – SMH funding for case managers in schools for Tier 2 and 3 services
- **California** – “Mental Health Services Act” (MHSA) SMH program funded through additional tax, and local ownership of SMH program development to fit local needs
School Mental Health System Learning Collaborative Opportunity: Collaborative Improvement and Innovation Network on Quality Improvement (CoIIN)
Objectives

- Be able to identify multiple (public and private) funding streams to support the provision of services for school mental health

- Receive a set of tools that can help you discover which funding sources are available in your respective jurisdictions (states/districts/communities)

- Be exposed to approaches to link and coordinate funding across child-and-youth-serving systems
Something Old, Something New…

1. **Something Old:**
   Developing a Comprehensive Financing Plan to Support Effective Systems of Care – Self-Assessment/Planning Guide

2. **Something New:**

3. **Something Borrowed:**
   Communication Planning for Program Success & Sustainability Self-Paced On-line Learning Module

4. **Something Blue?**:
   Community-Partnered School Behavioral Health Implementation Modules  [www.MDBehavioralHealth.com](http://www.MDBehavioralHealth.com)
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.
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
SHAPE your school mental health system

- A Resource to Support Quality Improvement and Sustainability
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
Join SHAPE Today!

Answer 11 easy questions on your mobile device or complete the postcard to stay updated on SHAPE news and be counted in the National SMH Census.
Schools and School Districts Can Use SHAPE To:

Document your service array and multi-tiered services and supports

www.theshapesystem.com
Schools and School Districts Can Use SHAPE To:

- Advance a data-driven mental health team process for the school or district
  - Strategic Team Planning
  - Free Custom Reports

www.theshapessystem.com
View, print, share and review the SMH Profile and Quality and Sustainability Assessments anytime by visiting SHAPE home page.

Strategic Team Planning

The SHAPE System is a free, private, web-based portal that offers a virtual work space for your school mental health team to document, track, and advance your quality and sustainability improvement goals. Many CSMHSs report that their teams would benefit from a mechanism to improve collaborative planning and communication among their multidisciplinary school mental health team.

The SHAPE System allows you to invite any school-based, community- or school-employed team members to your SHAPE account, where you can work as a coordinated, collaborative team to assess, document, and plan around the quality and sustainability of your school mental health services and supports.

Preview the quality and sustainability assessments:
- School Quality Indicators (378 KB PDF)
- School Sustainability Indicators (677 KB PDF)
- District Quality Indicators (688 KB PDF)
- District Sustainability Indicators (514 KB PDF)

Free Resources

With a SHAPE account, you and your team members have access to a comprehensive repository with up-to-date, public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on the specific quality and sustainability goals your team is working toward. Use the repository to generate ideas for action steps related to your own improvement goals and share these resources with your colleagues.

Be Counted

By engaging with The SHAPE System in any way, your school or district mental health system will become a part of the national school mental health movement toward accountability, excellence, and sustainability. If you are a stakeholder or team member of a school mental health system at the school or district level, the National School Mental Health Census should include your system! By answering a few brief questions via the Join Us button, we can count your school or district in our National School Mental Health Census and add you to our mailing list to keep you updated on SHAPE news and events.

Preview the National School Mental Health Census:
- School Version (520 KB PDF)
- District Version (883 KB PDF)
Schools and School Districts Can Use SHAPE To:

Access targeted resources to help advance your school mental health quality and sustainability.
Schools and School Districts Can Use SHAPE To:

Achieve SHAPE Recognition to increase opportunities for federal, state and local funding.
SHAPE - Trauma-Responsive Schools (TRS)

- Developed by the NCTSN, i Treatment and Services Adaptation Center for Resiliency, Hope and Wellness in Schools (www.traumaawareschools.org), in collaboration with the CSMH

Domains:

- **School-wide Safety** (e.g., predictable routines, physical safety)
- **School-wide Programming** (e.g., restorative justice, culturally responsive teaching)
- **Staff Trauma Knowledge** (e.g., school/classroom impact of trauma, neurological impact)
- **Staff Trauma Skills** (e.g., trauma-informed communication, de-escalation)
- **Early Intervention Activities** (e.g., trauma screening, early intervention evidence-based trauma practices)
- **Targeted Intervention Activities** (e.g., School-based Trauma Treatments, Referrals)
- **Staff Wellness/Burnout/Secondary Traumatic Stress** (e.g., Staff Assessment, Staff Supports)

All items are on a 6-point Likert scale reflecting degree of implementation
### SHAPE Site Administration

#### Screening and Assessments

<table>
<thead>
<tr>
<th>Instrument Name</th>
<th>Purpose</th>
<th>Target Symptoms</th>
<th>Reporter (Age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Impairment Scale (BIS)</td>
<td>Screening/Initial Assessment</td>
<td>Academic Engagement, Social Skills</td>
<td>Parent</td>
</tr>
<tr>
<td>Center for Epidemiological Studies Depression Scale for Children (CES-DC)</td>
<td>Screening/Initial Assessment</td>
<td>Depression</td>
<td>Student/Self-Report</td>
</tr>
<tr>
<td>Child and Adolescent Disruptive Behavior Inventory (CADDI)</td>
<td>Screening/Initial Assessment</td>
<td>Hyperactivity, Oppositional Behavior</td>
<td>Parent, Teacher</td>
</tr>
<tr>
<td>Eating Attitudes Test-26 (EAT-26)</td>
<td>Screening/Initial Assessment</td>
<td>Disordered Eating</td>
<td>Student/Self-Report</td>
</tr>
<tr>
<td>Pediatric Symptom Checklist (PSC-35 or PSC-17)</td>
<td>Screening/Initial Assessment</td>
<td>Anxiety, Depression, Global Functioning, Hyperactivity, Inattention, Oppositional Behavior</td>
<td>Student/Self-Report (11-18) Parent (4-16)</td>
</tr>
</tbody>
</table>
Now is The Time
Technical Assistance Center (NITT-TA)
www.samhsa.gov/nitt-ta
The Treatment and Services Adaptation (TSA) Center for Resiliency, Hope, and Wellness in Schools

http://traumaawareschools.org

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

**Trauma Awareness in Schools**

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

> Learn More
> Trauma Resources

**Education Professionals**

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

> Learn More
> Education Resources

**Mental Health Professionals**

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

> Learn More
> Mental Health Resources
National Center for Safe and Supportive Learning Environments

https://safesupportivelearning.ed.gov/
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.
Center for School Mental Health

http://csmh.umaryland.edu/

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 year's conference will be held September 18-20, 2014 in Pittsburgh, Pennsylvania.
- Nominations are now being accepted for the 2015 Center for School Mental Health Awards.

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
It’s messy work
So find good partners, and invest (in the relationships)
Questions/Comments?

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