



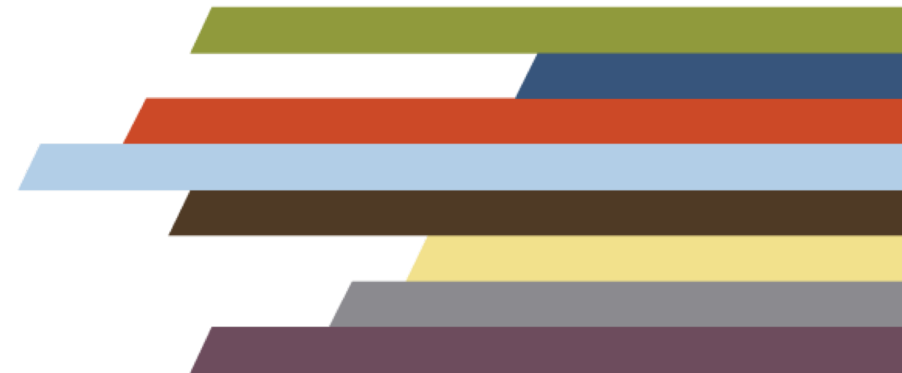
**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



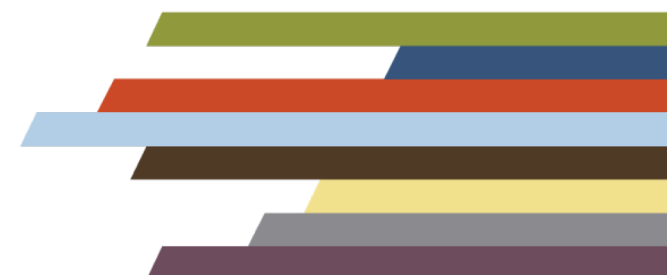
# **Module 5: Mental Health Promotion for All (Tier 1)**

National School Mental Health Curriculum



# What Is Mental Health Promotion?

Activities to foster positive social, emotional, and behavioral skills and well-being of all students regardless of whether or not they are at risk for mental health problems





- Tier 1 Services and Supports:
  - School Climate
  - Teacher and School Staff Well-being
  - Positive Behaviors and Relationships
  - Positive Discipline Practices
  - Mental Health Literacy
  - Social Emotional Learning
- Determine whether services and supports are evidence-informed.
- Ensure *all* services and supports are evidence-informed.
- Ensure fit with strengths, needs, and cultural and linguistic considerations.
- Ensure adequate resources for implementation.
- Provide interactive training and ongoing supports.
- Monitor fidelity.

# Tier 1 Services and Supports

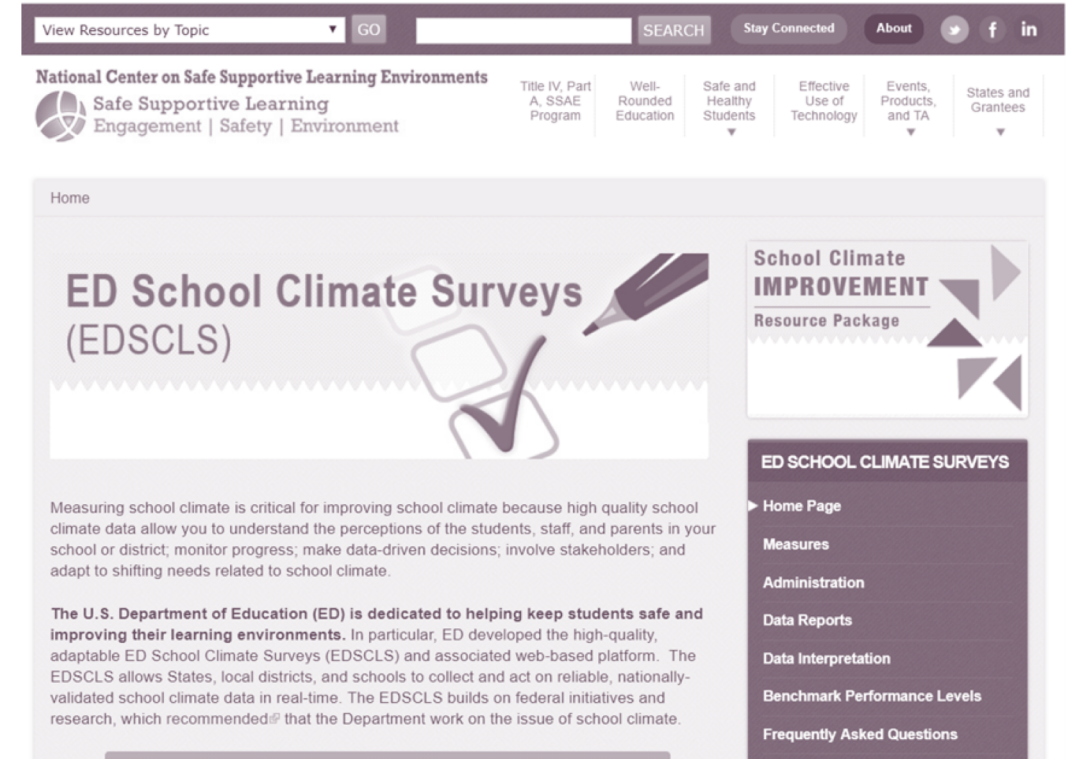
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- School Climate
- Teacher and School Staff Well-being
- Positive Behaviors and Relationships
- Positive Discipline Practices
- Mental Health Literacy
- Social Emotional Learning



# School Climate Assessment Tool

- School Climate Measurement Tool and Web-based Platform
  - U.S. Department of Education School Climate Surveys (EDSCLS)
  - Web-based administration
  - Student, parent, and instructional and non-instructional staff versions
  - Free, custom reports
  - Data stored locally



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

# School Climate Improvement Resources

- National Center on Safe Supportive Learning Environments (NCSSLE)  
<https://safesupportivelearning.ed.gov/safe-and-healthy-students/school-climate>
- School Climate Improvement Resource Package
  - Quick Guide
  - Reference Manual
  - Action Guides
  - Data Interpretation Resources
  - Online Modules
  - Self-Assessments

**School Climate IMPROVEMENT**

Menu

- 1. Module 6 Introduction
- 2. Introduction to School Climate
  - 2.1. What is School Climate?
  - 2.2. What We Know to Be True
  - 2.3. How Do Schools Build a P...
  - 2.4. Goals for Strengthening S...
  - 2.5. Reflection 1
  - 2.6. Reflection 2
  - 2.7. Measuring School Climate
  - 2.8. Surveys Specific to Schoo...
  - 2.9. Surveys and School Clima...
  - 2.10. Data from the ED School ...
  - 2.11. School-Based Administr...
  - 2.12. What Other Data Can Tell...
  - 2.13. What Can School Climat...
  - 2.14. Reflection 3
  - 2.15. What is Your School Doi...
  - 2.16. Reflection 4
- 3. Selecting Evidence-Based Pro...
- 4. Steps 4-6: Selecting a New EBP

SELECTING EVIDENCE-BASED INTERVENTIONS

## What Is Your School Doing to Promote a Positive School Climate?

Schools often implement one or more approaches that are universal for all, targeted for some and/or intensive for few. Here are some of the most commonly implemented interventions that support a positive school climate. Select each to learn more.

- Character Education
- Positive Behavioral Interventions and Support (PBIS)
- Positive Youth Development (PYD)
- Restorative Practices
- School-Based Mental Health Services
- School Development Program (SDP)
- Social and Emotional Learning (SEL)
- Trauma-Informed Approach

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# Why Focus on School Staff Well-Being?

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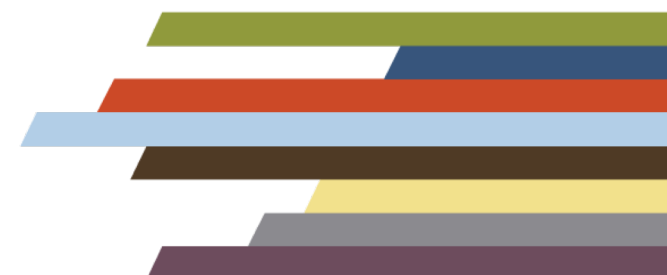
- Teachers are stressed.
- Teachers are leaving the profession in alarming numbers.
  - 10% leave after 1 year.
    - In urban districts, up to 70% leave within 1 year.
  - 17% leave within 5 years.
- Teacher stress impacts students.



# Staff Well-Being Assessment Tools

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- Resilience at Work (Winwood, Colon, & McEwen, 2013)
- Professional Quality of Life (PROQOL) <https://proqol.org/> (Hudnall Stamm, 2009)
- Health-Related Quality of Life (HRQOL) <https://www.cdc.gov/hrqol/index.htm>
- School Organizational Health Questionnaire (Hart et al., 2000)
- Teacher Subjective Wellbeing Questionnaire <https://osf.io/z8rg5/> (Renshaw et al., 2015)



# Example School Staff Well-Being Programs

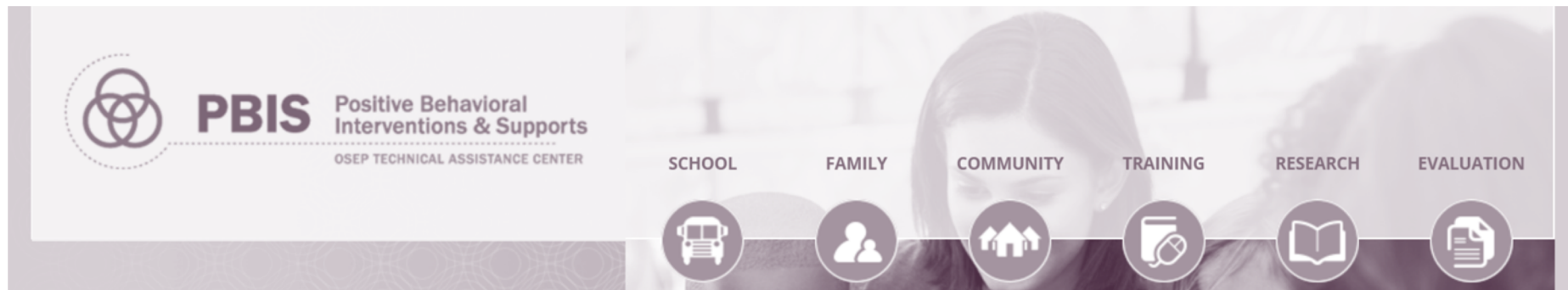
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- Mindfulness-Based Stress Reduction (MBSR)
- Community Approach to Learning Mindfully (CALM)
- Cultivating Awareness and Resilience in Education (CARE)

# Positive Behavioral Interventions & Supports (PBIS)

Resources to help schools, districts, and states:

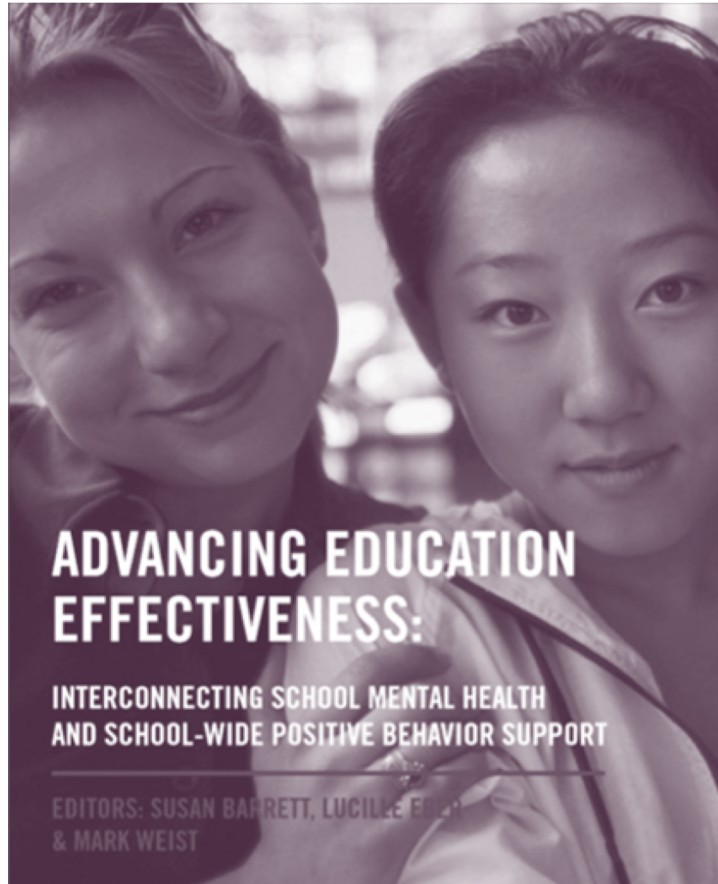
- Set school-wide expectations.
- Define rules, positive supports, and discipline procedures.
- Track office referrals and other data.



See sample behavioral expectation documents at: <https://www.pbis.org/training/staff/student>



# Interconnected Systems Framework (ISF)



*Advancing Education Effectiveness:  
Interconnecting School Mental Health and  
School-Wide Positive Behavior Support*

<https://www.pbis.org/school/school-mental-health/interconnected-systems>

# Interconnected Systems Framework (ISF)

## 4-Part Series:

1. The "Why" and the "What" of ISF
2. The "How" of ISF
3. Integrating School Mental Health and PBIS (1)
4. Integrating School Mental Health and PBIS (2)



<https://cars-ta.groupsite.com/page/project-aware>

# Restorative Practices

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## Strategies

- Community conferencing
- Community service
- Peer juries
- Circle process
- Conflict resolution
- Peer mediation
- Informal practices

## Outcomes

### Increases in:

- School climate
- Student connectedness
- Parent and community engagement
- Academic achievement

### Decreases in:

- Discipline disparities
- Fighting
- Bullying
- Suspensions

<https://www.iirp.edu/>

# Restorative Practice: Approaches at the Intersection of School Discipline and School Mental Health

- Review of restorative practice approaches and specific practices
- Benefits of restorative practices
  - Snapshots from the field
- Guidance for launching and implementing restorative practices



(Wolf-Pruson, O'Malley, & Hurley, n.d.)

# What Is Mental Health Literacy?

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- Knowledge and beliefs about mental disorders, which aid in their recognition, management, or prevention
- 4 integrated components
  - Obtaining and maintaining positive mental health
  - Understanding mental disorders and their treatments
  - Decreasing stigma related to mental disorders
  - Enhancing help-seeking efficacy
    - Know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)



(Jorm, 2000; Kutcher et al., 2016)

# Mental Health Literacy Resources

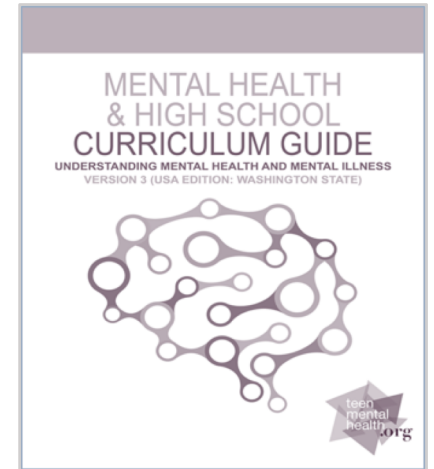
## Mental Health and High School Curriculum Guide

Teachers deliver content in classrooms.

- Obtaining and maintaining positive mental health
- Understanding mental disorders and their treatments
- Decreasing stigma related to mental disorders
- Enhancing help-seeking efficacy

## Youth Mental Health First Aid

Training in how to identify, understand, and respond to signs of mental illnesses and substance use disorders.

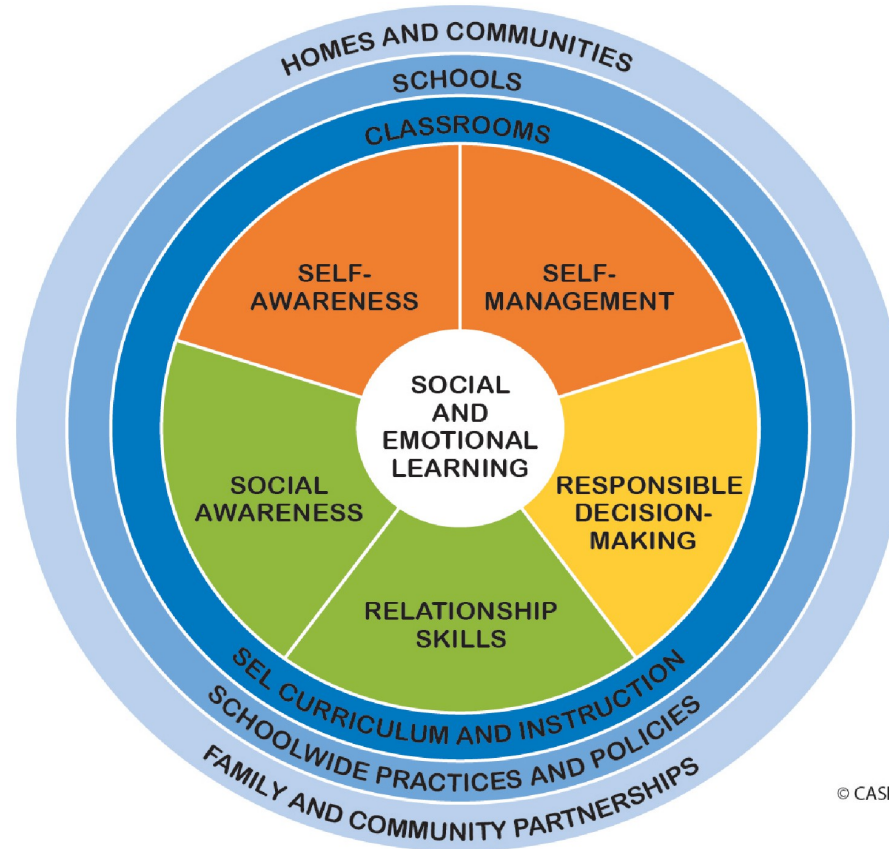




# Core SEL Competencies

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- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making



## Increases in:

- Academic achievement
- Prosocial behavior
- Social emotional skills
- Positive self-image

## Decreases in:

- Conduct problems
- Emotional distress
- Substance use

# CASEL Program Guides

- Provides guidance for educators about how to select and implement SEL programs
- CASEL SElect programs are based on a rigorous, evidence-based review process
- Use this and the CASEL District Resource Center (<https://drc.casel.org>) to self-assess your readiness and capacity for SEL, plan your SEL implementation





# Selecting Evidence-Based Programs

Includes worksheets and tools to assess:

- Intended population of intervention
- Intervention target
- Tier of support (based on severity level)
- Intervention delivery
- Readiness to implement an EBP
- Menu of options to measure impact

Worksheet 1a

## 1a. Intended Population

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

Developmental Level: Age	Developmental Level: Grade	Gender	Race/Ethnicity	Population Subgroups
0-3	Daycare	Female	African American or Black	Students with disabilities
3-4	Preschool	Male	American Indian/Alaska Native	English language learners
4-5	Pre-K/K	Transgender	Asian	Students with risk factors (e.g., exposure to violence, poverty, in utero substances)
6-8	1-2	Other: _____	Caucasian or White	Other: _____
8-12	3-5		Hispanic or Latino	
12-15	6-8		Native Hawaiian or Pacific Islander	
15-18	9-12			
18+	Post High School			
Other: _____	Other: _____			

Language

• Primary: \_\_\_\_\_

• Secondary: \_\_\_\_\_

Selecting Evidence-Based Programs Page 21

Worksheet 1b

## 1b. Intervention Target

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

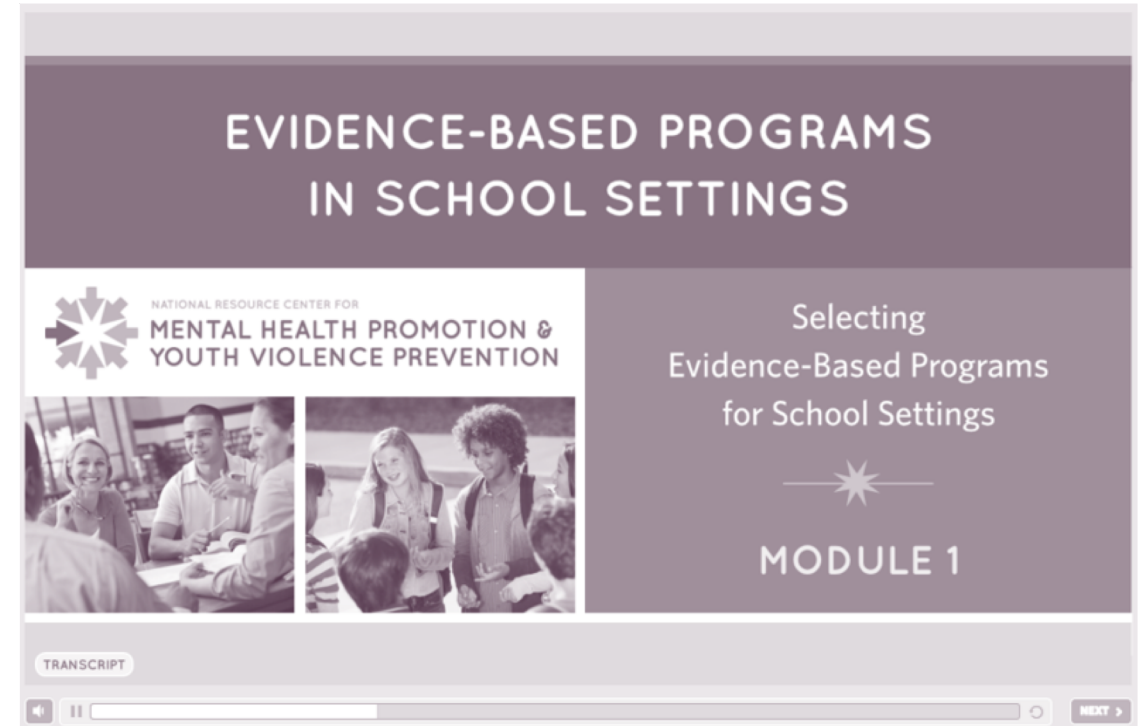
Behavioral, Emotional, and Physical Health	Academic and Related Skills	Student-Family-School Connections
Aggression	Career Exploration/Training	School Safety
Alcohol and Other Drug Use	Early Childhood Education	Support for Academic, Social, and Civic Learning
Anxiety/Depression/Trauma Exposure	Language	Social Relationships
Autism	Math	School Connectedness
Emotion Regulation	Motor Skills	Physical Environment
Fitness & Nutrition	Reading	Leadership
Inattention/Hyperactivity	Study Skills	Professional Relationships
Social Skills	Time Management	Other: _____
Other: _____	Other: _____	

Selecting Evidence-Based Programs Page 22

# Evidence-Based Programs in School Settings

3-part webinar series on evidence-based programs in schools

1. Selecting
2. Implementing
3. Preparing



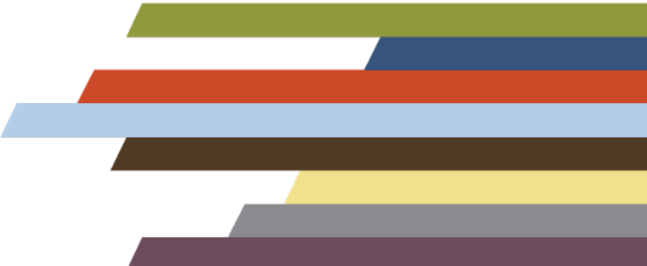
[http://airhsdlearning.airws.org/EBPModule1/story\\_html5.html](http://airhsdlearning.airws.org/EBPModule1/story_html5.html)

# Intervention Planning Form

## INTERVENTION PLANNING FORM

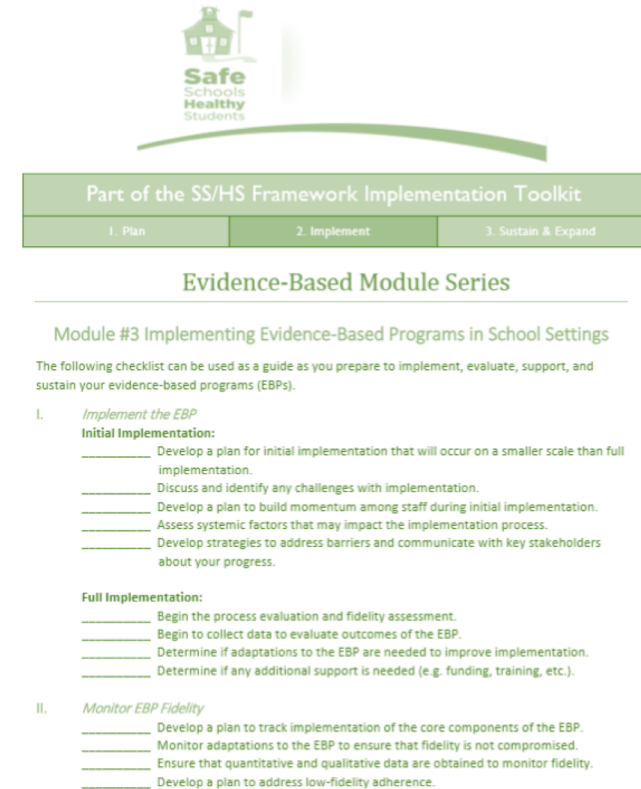
School or district mental health teams are encouraged to complete this form when planning to adopt an intervention. The primary goal of this form is to help teams predict appropriate intervention staffing and time burden.

Intervention Name	Tier			Planning/Preparation <i>before or during implementation</i>			Supervision <i>providing or receiving</i>			Delivery			Evaluation and Feedback <i>schoolwide and student-specific</i>		
	1	2	3	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration
Example: Check In Check Out		x	x	T.Cooper S.Barrey Teachers	1-2 1 .5	Aug-May Aug-Dec Aug-Oct	S. Barrey	1	Aug-May	10 teachers	1	Oct-May	T.Cooper L. Sands	.5 5	Aug-May Dec, May



# Implementing EBPs in School Settings Checklist

1. Develop a plan to track implementation of core components of the EBP.
2. Monitor adaptations to the EBP to check fidelity.
3. Ensure that quantitative and qualitative data are obtained to monitor fidelity.
4. Develop a plan to address low-fidelity adherence.



<https://healthysafechildren.org/sites/default/files/EBP-ModulesChkltsMod-3-508.pdf>



## Discussion

How does this content fit with your state/district understanding and policy/practice related to mental health promotion?

## Strategic Planning

- State a specific goal for your state/district within this domain.
- List 3 potential action steps to move this goal forward.



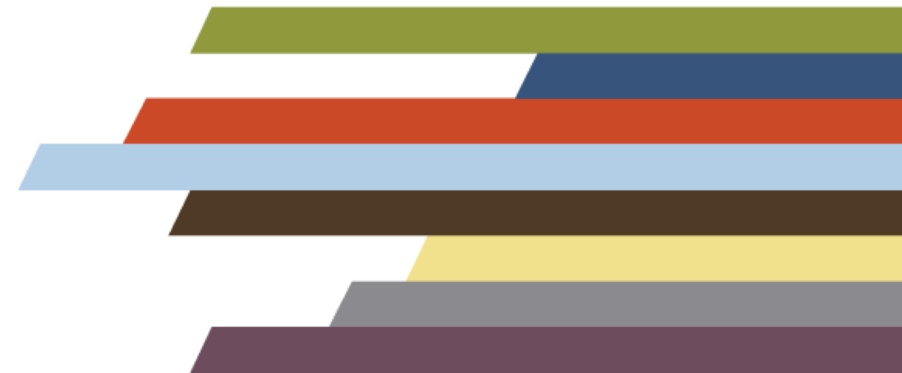
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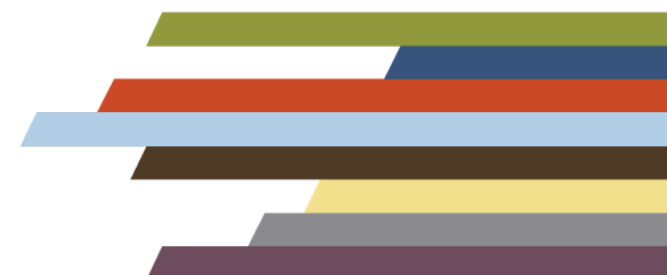
# **Module 6: Early Intervention and Treatment (Tiers 2/3)**

National School Mental Health Curriculum



# What Is Mental Health Early Intervention?

Strategies designed to address mental health concerns for students who have been identified through a systematic, equitable process as experiencing **mild distress or functional impairment, or being at risk for a given problem or concern.**





# Value of Mental Health Early Intervention

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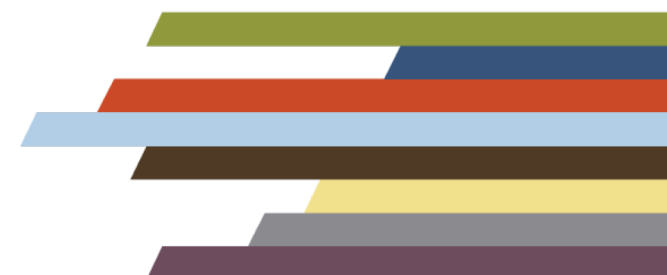
- Mental health problems often first emerge at school  
(Richardson, Morrisette, & Zucker, 2012)
- Early identification of problems prevents worsening of symptoms
- Early intervention promotes positive youth development





# What Is Mental Health Treatment?

Strategies designed to address mental health concerns for students who are already experiencing **significant distress and functional impairment**.



# Value of Mental Health Treatment in Schools

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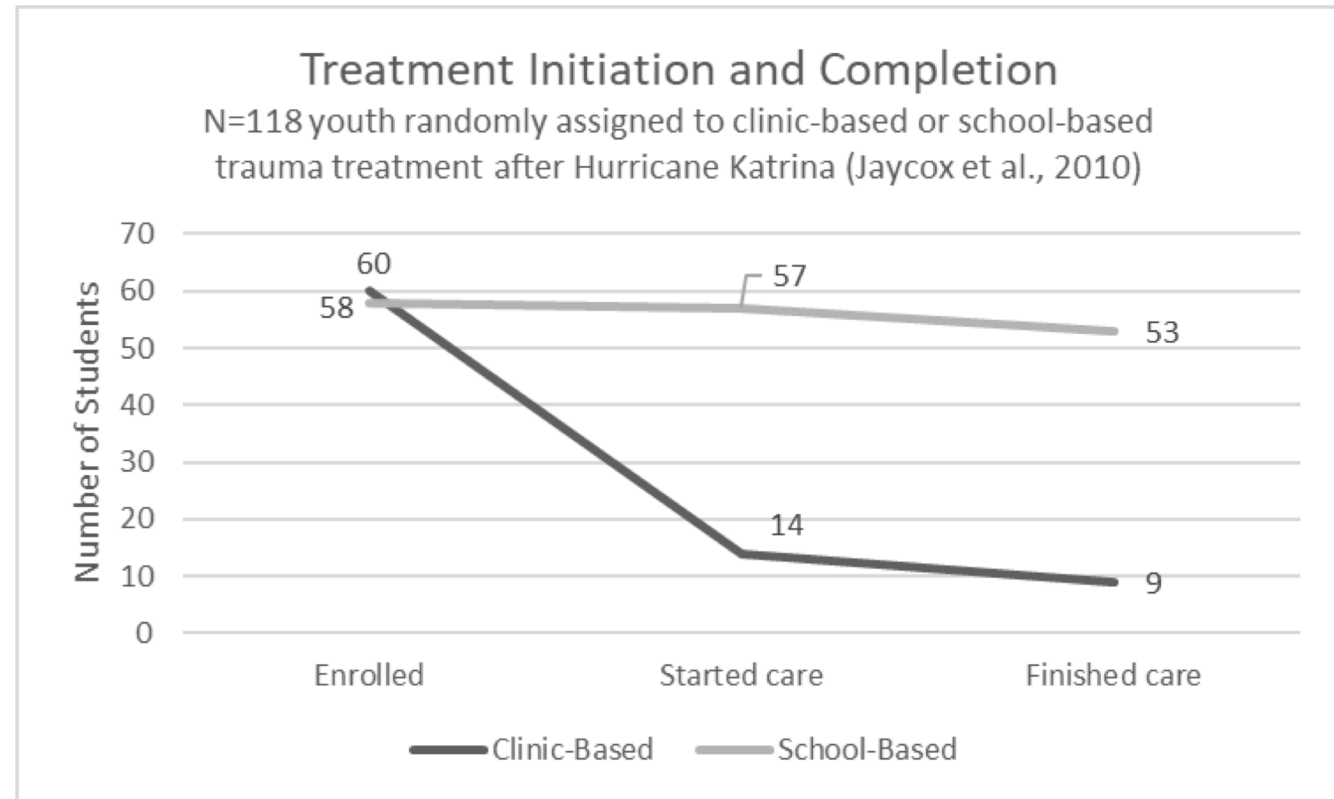
- Schools are accessible.
- Most children who receive mental health treatment do so in schools.
- It effectively reduces symptoms.
- Treatment is most effective when integrated into students' academic instruction.



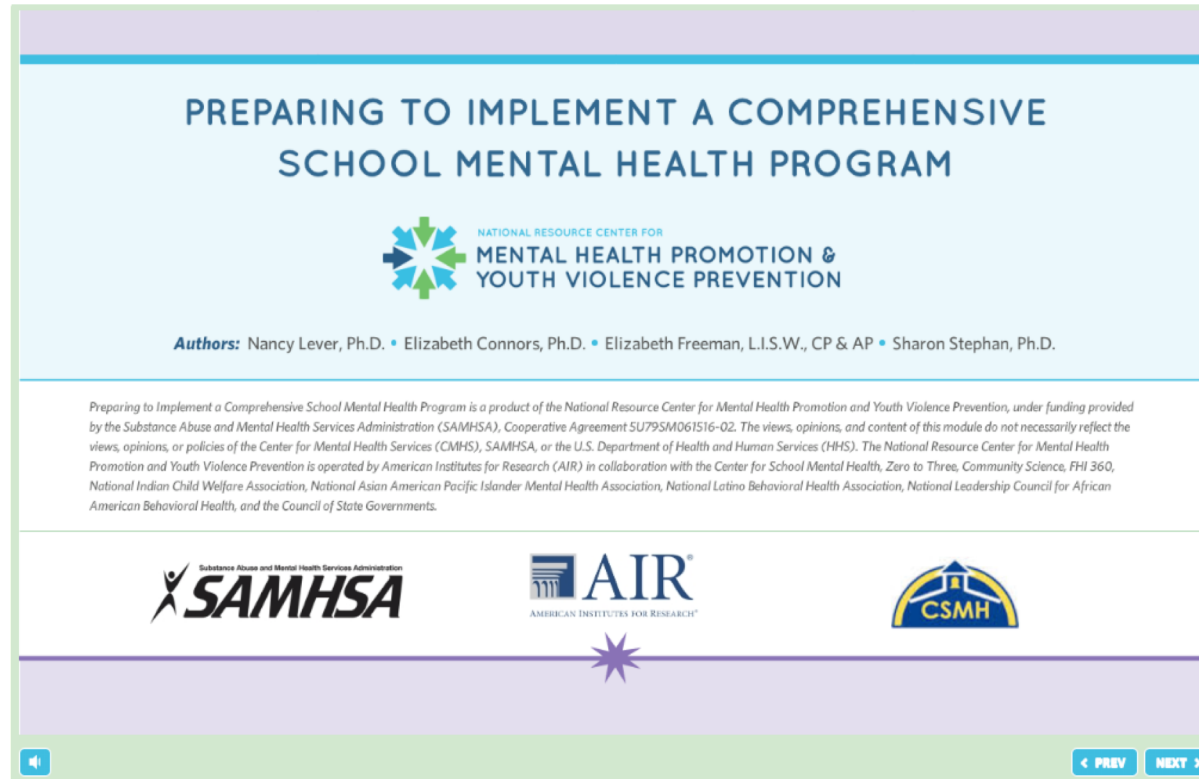
(Green et al., 2013; Rones & Hoagwood, 2000; Burns et al., 1995; Foster et al., 2005)

# Why Mental Health Treatment in Schools?

- Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010).
- Mental health treatment has large effects on decreasing mental health symptoms (Sanchez et al., 2018).
- Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018).



# Comprehensive School Mental Health System Planning and Implementation Module Series



<https://healthysafechildren.org/learning-portal/learning-modules/>

# Quality Indicators

- Provide access to needed services and supports.
- Determine whether services are evidence-informed.
- Ensure *all* services and supports are evidence-informed.
- Ensure fit with strengths, needs, and cultural and linguistic considerations
- Ensure adequate resources for implementation.
- Provide interactive training and ongoing supports.
- Monitor fidelity.
- Ensure intervention goals are SMART.
- Monitor student progress across tiers.
- Implement a systematic protocol for emotional and behavioral crisis response.

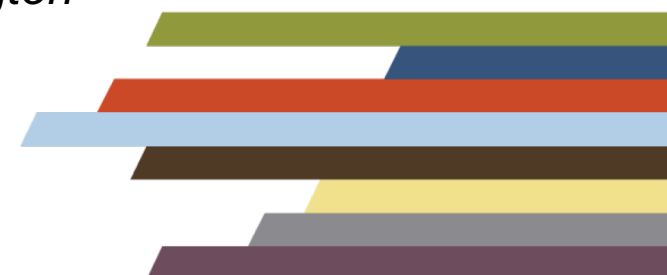
# Early Intervention (Tier 2) Example

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## Brief Intervention for School Clinicians (BRISC)

- 4-session, flexible Tier 2 intervention for high school students
- Provides a structured, systematic way to identify treatment targets
- Based on skill building and problem solving
- Uses standardized assessment tools to monitor progress
- Designed to maximize efficiency for school mental health systems

*Developed by Drs. Elizabeth McCauley and Eric Bruns at the University of Washington School Mental Health Assessment Research and Training (SMART) Center*



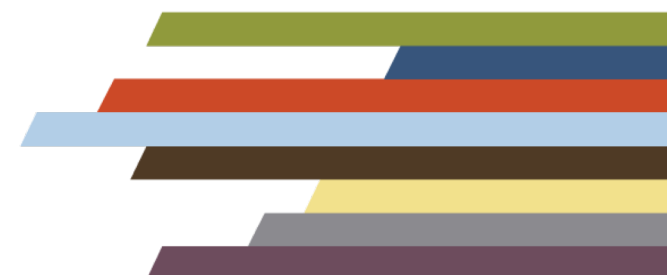
# Mental Health Treatment (Tier 3) Example

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## Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- School-based group and individual intervention to reduce symptoms related to post-traumatic stress disorder (PTSD), depression, and behavioral problems
- 10 group sessions, one to three individual sessions, two parent educational sessions, and one teacher education session
- Has been used with students from 5th through 12th grade
- Developed in the 1990s, and extensive research since 2000 has demonstrated its effectiveness and implementation feasibility

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



# Sources of Evidence

- Research literature
- Intervention developers
- Schools implementing the intervention or practice
- Evidence-based practice (EBP) registries

IES What Works Clearinghouse

<https://ies.ed.gov/ncee/wwc/>

Blueprints for Healthy Youth Development

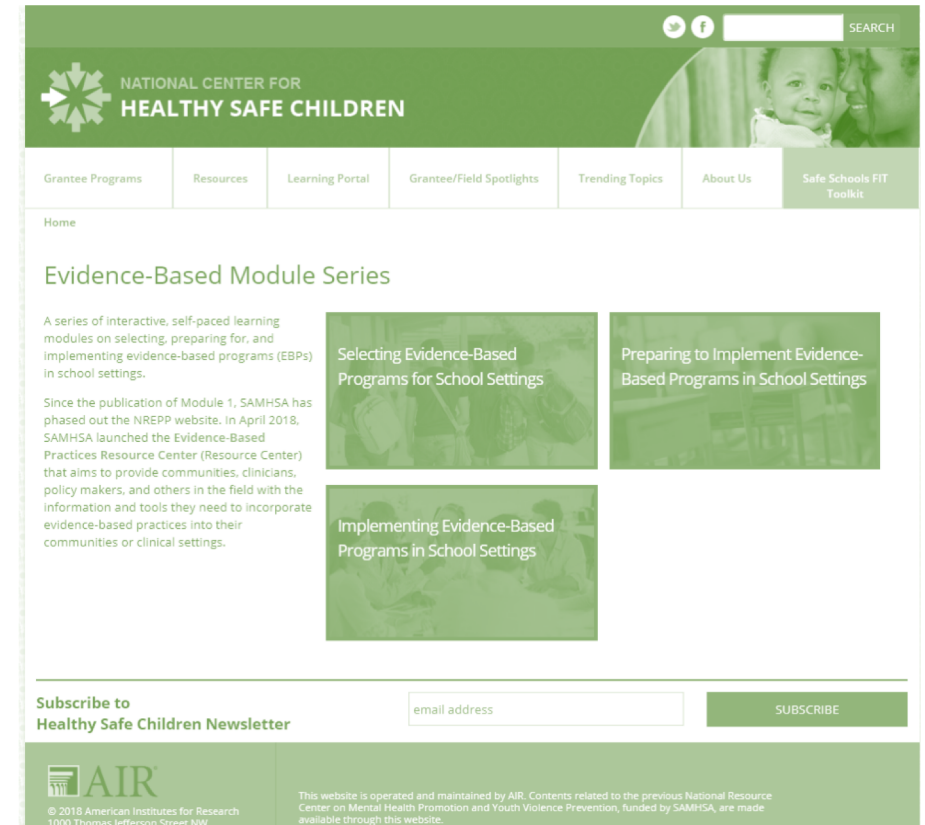
<https://www.blueprintsprograms.org/about>

Model Programs Guide

<https://www.ojjdp.gov/mpg>

Society of Clinical Child & Adolescent Psychology

<https://effectivechildtherapy.org/therapies/>



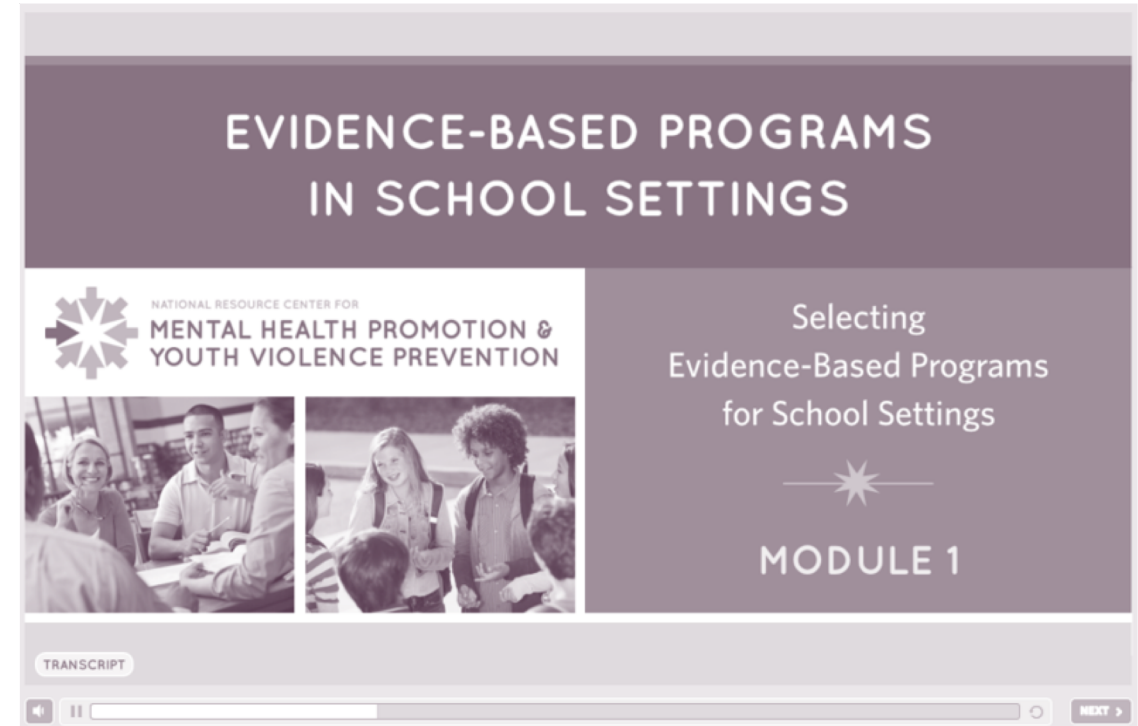
<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>



# Evidence-Based Programs in School Settings

Three-part webinar series on evidence-based programs in schools



1. Selecting
2. Implementing
3. Preparing



[http://airhsdlearning.airws.org/EBPModule1/story\\_html5.html](http://airhsdlearning.airws.org/EBPModule1/story_html5.html)

# Suicide Prevention in Schools

- Background and prevalence
- Suicide risk factors
- Role of school in suicide prevention and postvention
- Resources

**IssueBRIEF**



## Suicide Prevention In Schools

By Maureen Underwood, LCSW, CGP

Any school that has been touched by a student suicide is aware of the tragic reality of the national statistics surrounding suicide. Suicide has become the second leading cause of death for youth aged 10 to 24. In 2014, the Centers for Disease Control and Prevention (CDC) reported that the suicide rate of middle school students had doubled since 2007, surpassing the rate of those aged 10 to 14 who died in car crashes.<sup>1</sup>

The pervasiveness of suicidality in youth is captured more directly every other year by the CDC in its Youth Risk Behavior Survey (YRBS). This survey provides data representative of 9th through 12th grade students in public and private schools throughout the country. It monitors health-risk behaviors that contribute to the leading causes of death, and it provides some insight through anonymous reports by students of risky behaviors.


Consider, for example, the 2017 YRBS data on four survey questions that deal specifically with suicide risk<sup>2</sup>:

QUESTION	PERCENTAGE YES
1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	29.9%
2. During the past 12 months, did you ever seriously consider attempting suicide?	17.7%
3. During the past 12 months, did you make a plan about how you would attempt suicide?	14.6%
4. During the past 12 months, did you attempt suicide one or more times?	8.6%

These troubling statistics tell us that at any point in an academic year, a significant percentage of students sitting in classrooms across the country are having thoughts of suicide. What we do not necessarily know is who these children are, when they first have

passive thoughts of death, or what the prevalence of suicidal thoughts are in younger populations. We also need additional research on the predictors of first attempts that may lead to suicide death, as well as a better understanding of why suicide risk escalates so dramatically during the transition from childhood to adolescence (REF: Glenn & Nock). These questions highlight the need for a better understanding of the behavioral health challenges that can lead to thoughts of suicide and their interactive effect on worsening academic performance.

Although there are many unanswered questions about suicide risk in youth, recent data does suggest an association between suicidality and academic outcomes. Data from the 2015 YRBS shows that students with higher academic grades are less likely to consider or attempt suicide compared to students with lower grades. For example, 23% of high school students with mostly A's indicated that they had experienced a sustained period of sadness (over two weeks) that had caused them to change their usual activities; in comparison, 47% of students with mostly D/F's responded that they had experienced such a period of sadness. Only 14% of students with mostly A's seriously considered attempting suicide (question 3)



# Telemental Health in Schools

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- Access child mental health specialists, including child and adolescent psychiatrists
- Support for intensive or complex mental health concerns
- Variety of models:
  - Direct care
  - Multi-site consultation
  - Didactic training

# Wraparound Supports



- Several models to “wrap around” students with complex needs, including serious emotional and behavioral challenges
  - Wraparound
    - <https://nwi.pdx.edu/>
  - Community Schools
    - <http://www.communityschools.org/>



## Discussion

How does this content fit with your state's/district's understanding and implementation of mental health early intervention and treatment services and supports?

## Strategic Planning

- State a specific goal for your state/district within this domain.
- List three potential action steps to move this goal forward.



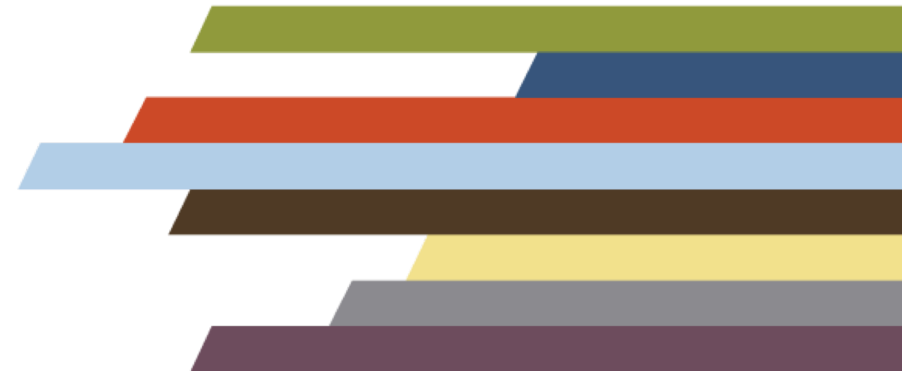
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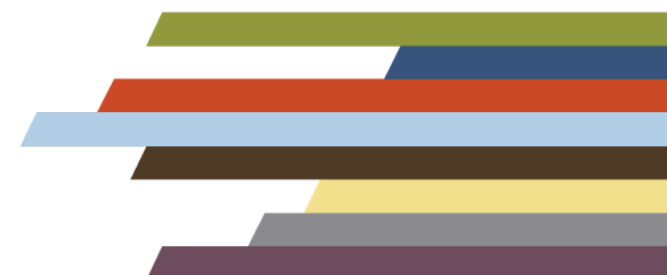
# **Module 7: Funding and Sustainability**

National School Mental Health Curriculum



# What Do We Mean by School Mental Health Funding and Sustainability?

Strategies to optimize financial and nonfinancial assets needed to maintain and improve your school mental health system over time.





## Funding and Sustainability

### Used best practices to:

- Use multiple and diverse funding and resources to support the full continuum of school mental health .
- Leverage funding and resources to attract potential contributors.
- Have strategies in place to retain staff.
- Maximize expertise and resources of partners to support ongoing professional development.

### Had funding and resources to support:

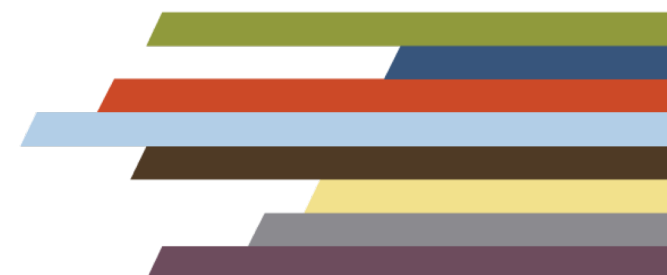
- Tier 1 (mental health promotion) services
- Tier 2 (early intervention) services
- Tier 3 (treatment) services

### Maximized reimbursement for eligible services

# Explore Diverse Funding Opportunities

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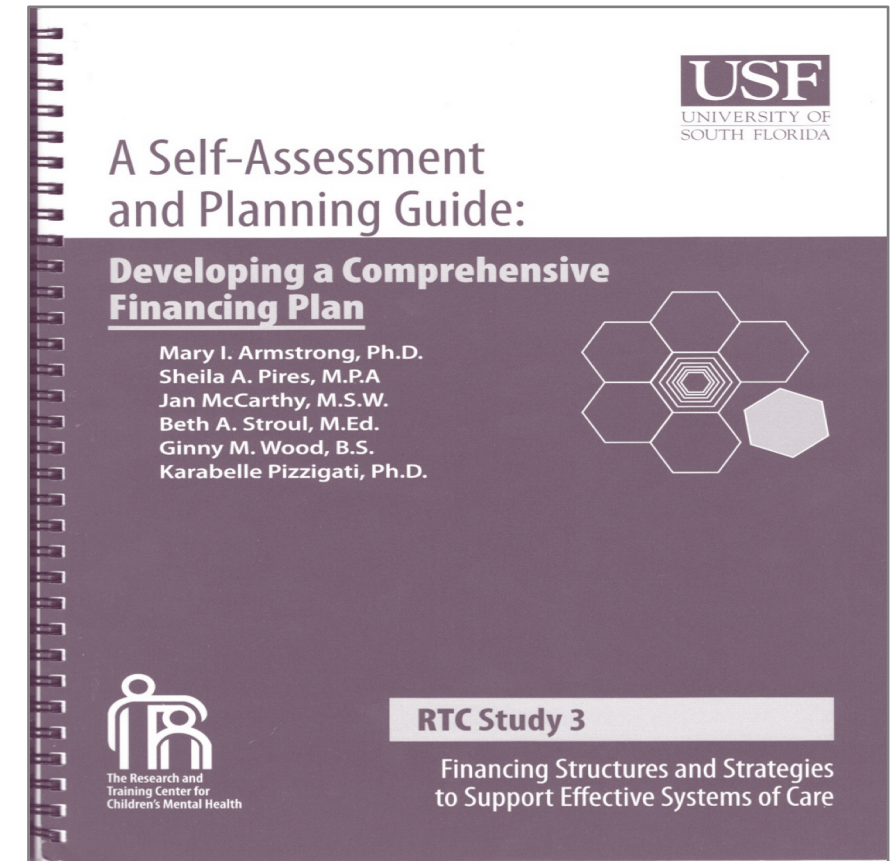
- School
- Local/district/county
- Tribal
- Territory
- State
- Federal
- Private foundations, donors



# Self-Assessment/Planning Guide

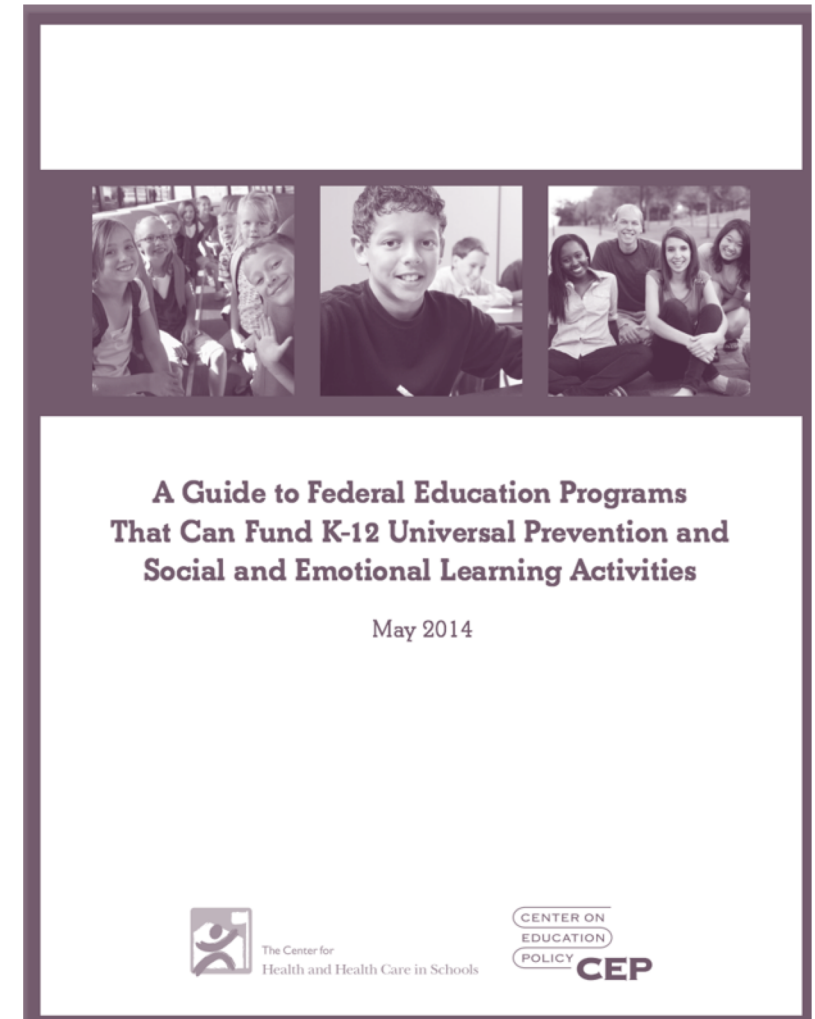
## Core areas to assist sites in developing financing plans:

1. Identification of **current spending and utilization patterns** across agencies
2. **Realignment** of funding streams and structures
3. Financing of **appropriate services and supports**
4. Financing to support **family and youth partnerships**
5. Financing to improve **cultural/linguistic competence and reduce disproportionality** in care
6. Financing to improve the **workforce and provider network** for behavioral health services for children and families
7. Financing for **accountability**



# A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities


The Guide aims to help districts be aware of and increase their use of federal education funds to implement prevention efforts in elementary and secondary schools.



# Accessing Medicaid Funds for School-Based Mental Health Services

This Issue Brief provides strategies to access and utilize Medicaid funds for school mental health.

**Issue**BRIEF

**NITT-TA**  
NOW IS THE TIME  
TECHNICAL ASSISTANCE CENTER


## Accessing Medicaid Funds for School-Based Mental Health Services

Over the past several decades, our national public education system has seen a shift in responsibility for meeting student needs. Beyond education, schools are providing an increasing scope of mental and behavioral health services. While less than 20% of school-aged youth needing mental health services actually receive them, the majority of those that do receive mental health services receive them through the schools.<sup>1</sup> About a third of school districts are providing mental health services on campus, and a quarter are working with community-based mental health providers to serve students in need.<sup>2</sup> Delivering these mental health services to thousands of students each year has put districts in precarious financial positions.<sup>3</sup> Shrinking school budgets continue to be a major concern in public school districts in the United States.<sup>4</sup> However, growing recognition at the national level of the need for prevention efforts, accessible health insurance, and comprehensive health services for young people has resulted in new opportunities for schools to fund these services.

There are Medicaid reimbursement programs in most states that allow schools to recoup the cost of administering health services for students enrolled in Medicaid. In January 2016, in recognition of the key role that schools play in the overall health and wellness of children, the U.S. Department of Health and Human Services and the U.S. Department of Education jointly released a letter and *Healthy Students, Promising Futures* toolkit to urge schools and health care providers to collaborate. Their guidance specifically identifies the implementation of Medicaid-reimbursable health services in schools as a high-impact opportunity, a recommendation that is aligned with other national strategic plans and priorities.<sup>5</sup>

The number of people enrolled in Medicaid has increased substantially in the last few years. The Patient Protection and Affordable Care Act (2010) has resulted in Medicaid expansion in 28 states and Washington, DC, with over 12.3 million more people enrolling in Medicaid and CHIP (Children's Health Insurance Program).<sup>6</sup> These changes have the potential to result in a larger Medicaid funding stream to schools, the delivery of more comprehensive behavioral health services, and the integration of schools into innovative community-based health systems.<sup>7</sup>

Unfortunately, Medicaid reimbursement programs in school districts remain widely underutilized.<sup>8</sup> The goal of this Issue Brief is to provide schools, districts, and education agencies with strategies to access and utilize these funds to support mental health services in schools.



**This Issue Brief is to provide schools, districts, and education agencies with strategies to access and utilize these funds to support mental health services in schools.**

Now Is The Time Technical Assistance Center - Issue Brief

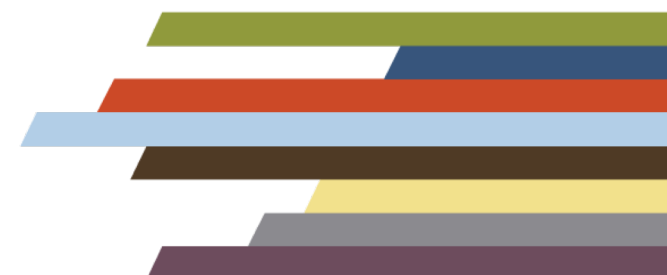
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## 5 Medicaid Dimensions to Support School Mental Health



- Maximize enrollment of eligible children.
- Expand services and supports.
- Expand provider types.
- Use cross-system strategies to optimize funding.
  - Braided funding, case rate approaches
- Improve reimbursement methods.
  - Fee for service, prepaid capitation, case rate



# 5-Step Process for Strategic School Mental Health Financing and Sustainability

1. Clarify what you will need, by when.
2. Map current funding and resources.
3. Determine gaps in needs versus existing resources.
4. Select financing strategies and funding sources.
5. Make and execute a financing action plan.





# Financing for What? Worksheet

Strategies and activities, services and supports that we want to develop and sustain	Over what time period will we develop, implement and sustain?	At what scale and pace will we build and sustain them?		
		Year 1	Year 2	Year 3
Infrastructure Investments				
Services and Supports				
Workforce Development				
Consultation/TA				
MIS				
CQI Processes				
Etc., Etc...				

# Funding Resource Mapping Worksheet

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Strategies/ Activities	Source of Funds	Amount	Restriction on Uses of Funds, if any	Expected Timeframe Funding is Available
Infrastructure Investments				
Services and Supports				
Training, TA, Consultation				
Management and Administration				

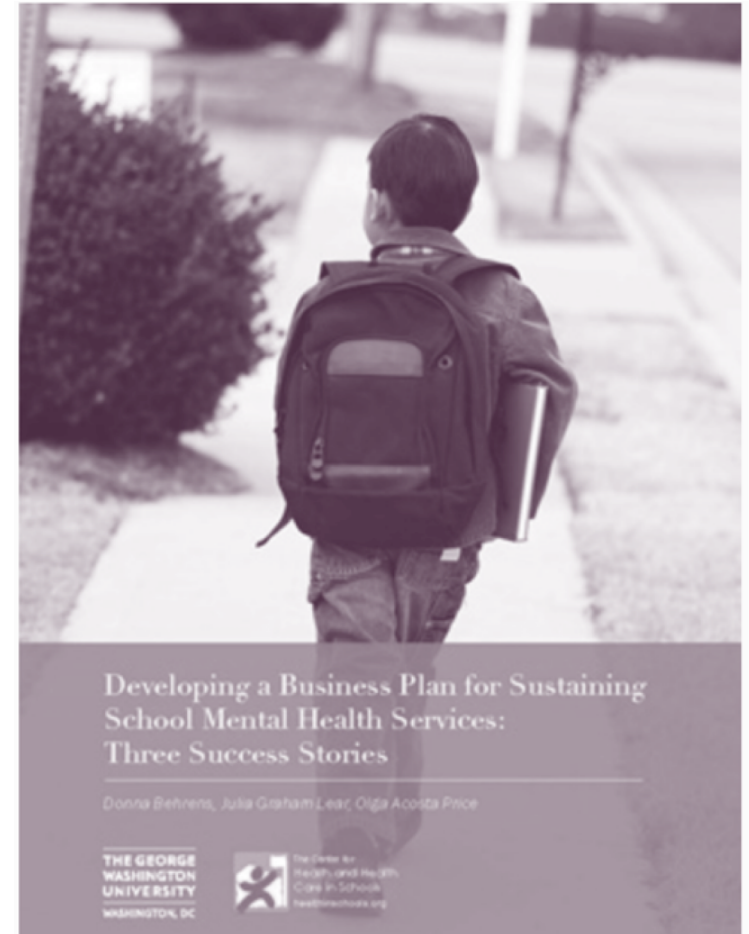
# Funding Gap Analysis Worksheet

Strategies/ Activities	Year 1			Year 2			Year 3		
	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap
Infrastructure Investments									
Services and Supports									
Evaluation/ Data Collection									
Management & Administration									

# Developing a Business Plan for Sustaining School Mental Health Services

This document describes how 3 communities and their lead mental health agencies have worked with schools and other local and state agencies to develop sustainable programs.

(Behrens, Lear, & Price, 2012)





## Discussion

How does this content fit with your state/district understanding and policy/practice related to school mental health funding and sustainability?

## Strategic Planning

- State a specific goal for your state/district within this domain.
- List 3 potential action steps to move this goal forward.



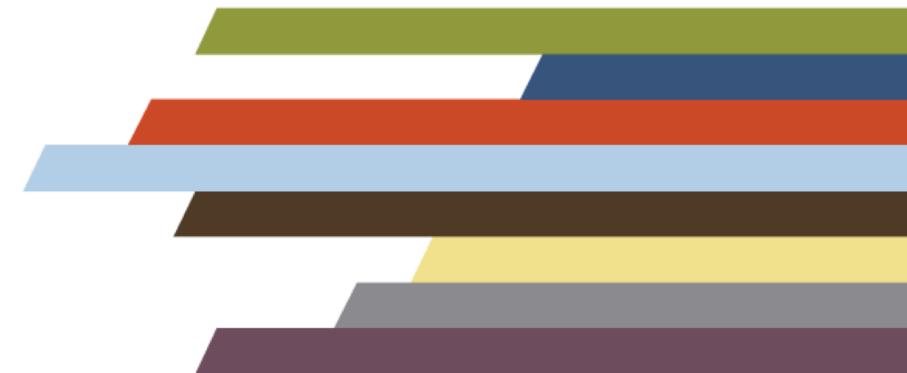
**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



# **Module 8: Impact**

National School Mental Health Curriculum



# What Do We Mean by Impact?

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Long-term effects or changes that occur as a result of the programs, practices, or policies implemented within a comprehensive school mental health system.





## Impact

### # of students who:

- Were eligible to receive Tier 2 or Tier 3 school mental health services
- Received at least one Tier 2 or Tier 3 service
- Demonstrated documented improvement in educational functioning
- Demonstrated documented improvement in social, emotional, and behavioral functioning

### Use best practices to:

- Document impact on educational outcomes.
- Document impact of social, emotional, and behavioral outcomes.
- Disaggregate student mental health service and support data to examine student-level outcomes based on subpopulation characteristics.
- Document and broadly report the impact of your comprehensive school mental health system.

# NCSMH Student Information Systems Brief

## Student Information Systems

- Promote early identification of students who need additional supports.
- Support decision-making about how to match student needs to services.
- Identify gaps in services that may need to be filled.
- Alert staff when a service or support is not helping a student.
- Document the impact of services and supports on target outcomes.

### Student Information Systems Issue Brief March 2019



To help schools and districts better identify the right student information system to meet their needs.

It is critical that school and district teams have feasible, systematic ways to know how students are responding to the academic, social, emotional, and behavioral services and supports they receive. Having data systems in place that can inform student progress in school-based services allows teams to make decisions about how to match students to services, make changes as needed, and summarize progress and outcome data to understand the impact of the services provided. However, the actual practice of monitoring student progress and outcomes in relation to the wide variety of services and supports provided – for the entire student body – can be challenging and complicated. One of the primary barriers to using more data to inform school and district decision making is not having a workable data system to collect and use student data (Parke, 2012). This issue brief describes the practice of data driven decision making in schools and reviews commonly used student information systems.

Student information systems (SISs) are "electronic information system(s) to assist in the organization and management of student data" (US Dept. of Education, 2008, p. 2). Typically, SISs house data that are manually entered and then consolidated by the system. This creates a more efficient process than paper files.

This issue brief is designed to help schools and districts better navigate how to identify the right SIS for their system<sup>1</sup>. Although results cannot be guaranteed, using an SIS to track

student progress and outcomes in school mental health services and supports can increase the likelihood of being able to capture student success.

<sup>1</sup>This brief does not contain a comprehensive list of SISs.

SISs can support school teams in monitoring student progress by:

- ✓ Promoting early identification of students who need additional supports
- ✓ Supporting decision making about how to match student needs to services
- ✓ Making it easier for a school or district to identify where gaps are in services that may need to be filled
- ✓ Ensuring students do not continue to receive a service or support if it is not helping them

#### The Big Picture

##### Data Driven Decision Making

Selecting, implementing, and using an SIS is one step that can support data driven decision making (DDDM). DDDM is a critical aspect of operating a high-quality school mental health system. DDDM is the process of using observations and other relevant data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health promotion, prevention, and intervention). A DDDM-focused approach uses student and school level data to help educators better understand student progress. Saying that a

#### Appendix

Name	Basic Information	Type of Data Collected	Special Features
Aeries	• A software system that manages student information	• Attendance • Seating charts • Test scores • Grades, etc.	• Connects students, parents, administration, counselors, and teachers
Early Warning System	• A web-based tool that helps identify students who are at risk of dropping out	• Identifies students who are at risk of dropping out • Tracks student progress	• Allows for early intervention by matching students to appropriate interventions
Gradelink	• An information system that contains data and monitors students	• Collects attendance • Discipline and medical records • Report cards • Grades	• Accessible anywhere there is internet
Hero	• A web and mobile application that captures a campus's environment	• Monitors student activity, including student behavior (warnings and consequences) • Attendance, etc.	• Can report student information to states and parents/caregivers • Administration can give instant feedback concerning referrals
Infinite Campus	• An information system platform for consolidating student information	• Attendance records • Grades • Student behavior	• Tracks class schedules • Parent portal access • High security standards
Maestro	• An information system that creates individualized plans of study for students	• Academic progress • Discipline records • Grades	• Tracks individuals or student population progress
Power School	• A web-based system that manages teachers' tasks and student information	• Behavioral data • Classroom performance • Attendance • Grades • IEP processing	• Creates multiple versions of tests • Information displayed in real time
SWIS Suite	• A Web-based information system that summarizes student behavioral data for decision-making	• Student behavior data	• Allows schools to track data over 3 tiers—universal, targeted, and intensive



NATIONAL RESOURCE CENTER FOR  
MENTAL HEALTH  
PROMOTION &  
YOUTH VIOLENCE  
PREVENTION

MENU TRANSCRIPT

Introduction

Partnering with  
Families and Youth

Engaging Families and  
Youth in Treatment

Policies and Procedures

Confidentiality  
and Privacy

Program Evaluation and  
Data Collection

Collaboration

Program Funding

## PROGRAM EVALUATION FOR COMPREHENSIVE SCHOOL MENTAL HEALTH PROGRAMS

### Program evaluation data can contribute to:

- Accountability and sustainability
- Evidence of service quality and impacts
- Range of perspectives on the program
- Reduced confirmatory bias
- A data-driven approach



Implementing a Comprehensive School Mental Health Program



< PREV

NEXT >

## CONTINUUM OF PROGRAM EVALUATION FOR COMPREHENSIVE SCHOOL MENTAL HEALTH PROGRAMS

STAGE 1

**Novice**

DESCRIBE  
the program and  
services provided.

STAGE 2

**Beginner**

DESCRIBE  
the characteristics  
of students served.

STAGE 3

**Intermediate**

TRACK  
student progress and  
outcomes over time.

STAGE 4

**Advanced**

EXAMINE  
long-term  
outcomes.



Implementing a Comprehensive School Mental Health Program

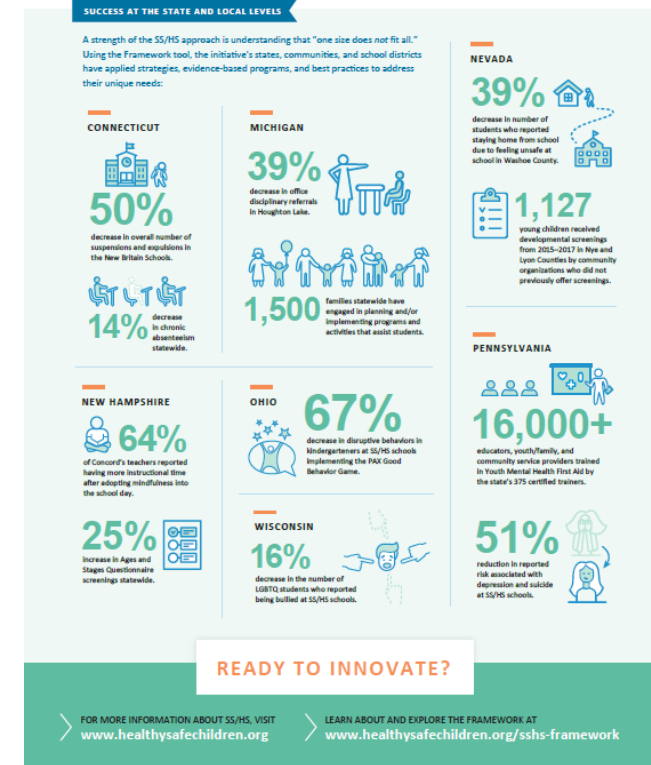
# Blueprint for Using Data to Reduce Disparities/Disproportionalities

- Enables communities and states to develop and implement data-driven strategies
- Disaggregation of data to compare with local, county, state, or national data to assess differences and similarities or over- and under-representation



# Reporting the Impact of School Mental Health

- Safe Schools/Healthy Students grant program
- Features the goal of the program, framework, and national impact
- Can be customized to any multisite, multi-program effort to support student mental health and well-being







## Discussion

How does this content fit with your state/district understanding and policy/practice related to documenting and sharing school mental health impact?

## Strategic Planning

- State a specific goal for your state/district within this domain.
- List 3 potential action steps to move this goal forward.