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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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REGISTRATION OPEN!

MHTTC School Mental Health Best Practices *Always and Now* 8-Part Learning Series

FEBRUARY-MAY 2021



Presented by the MHTTC Network
and National Center for School Mental Health

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

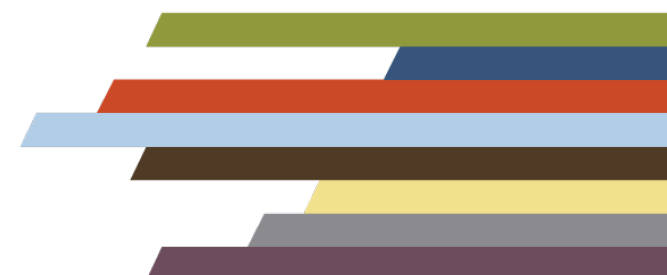
April 27, 2021



Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A Pod
- Have an audio or tech issue? Use the Chat Box
- You will receive an email following the presentation on how to access a certificate of attendance
- Closed captioning is available!
- Follow us on social media:   @MHTTCNetwork

Please Note:
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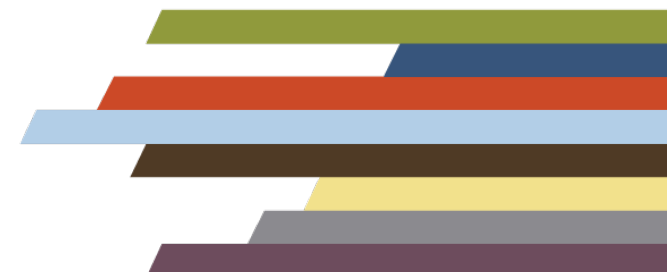


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- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office



Connect with Your MHTTC at www.mhttcnetwork.org

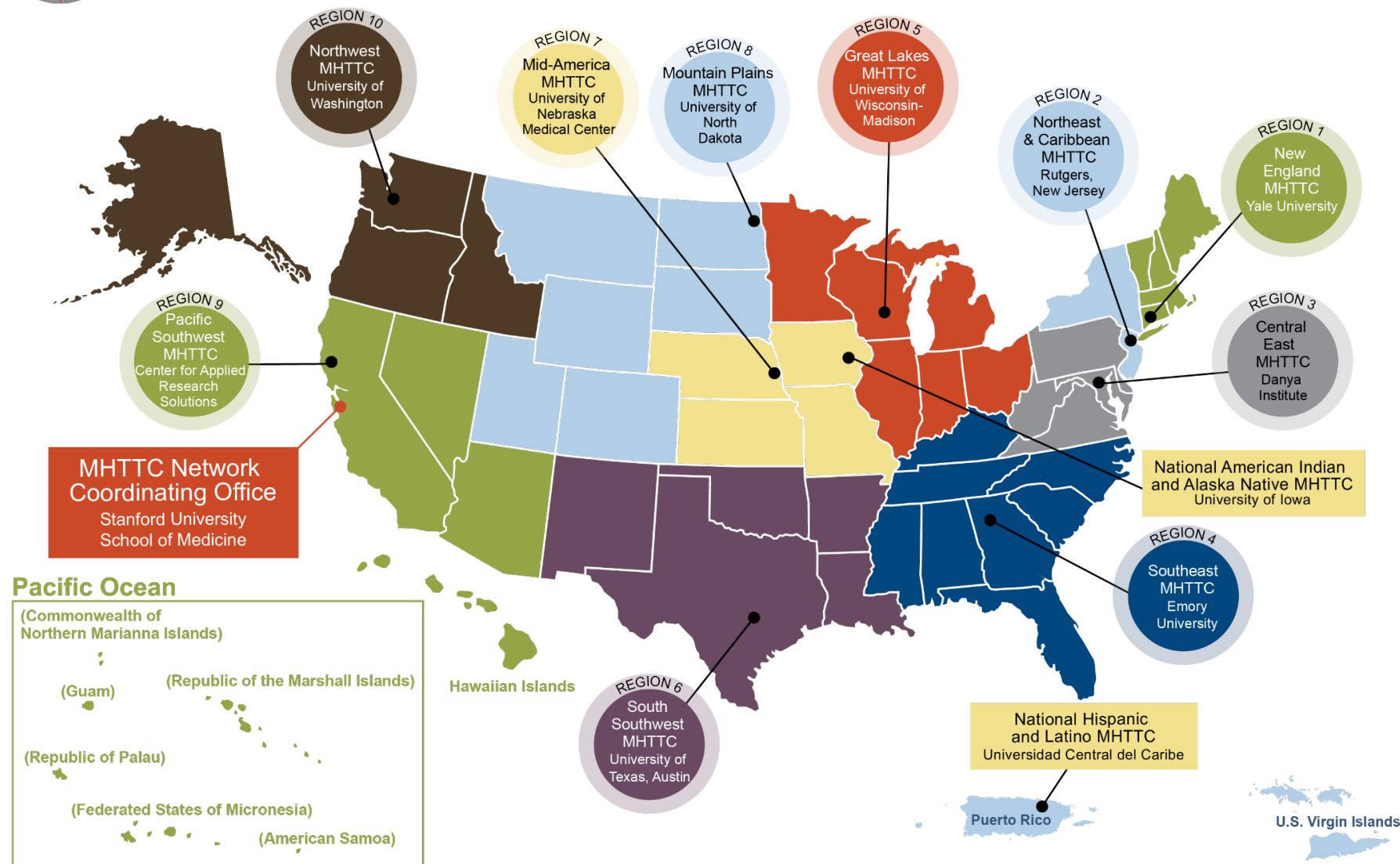


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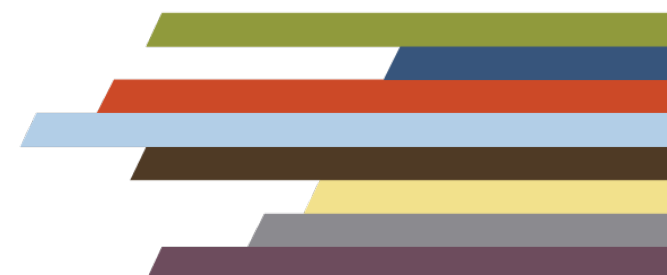
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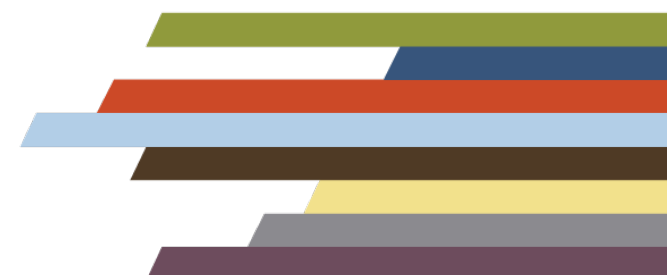
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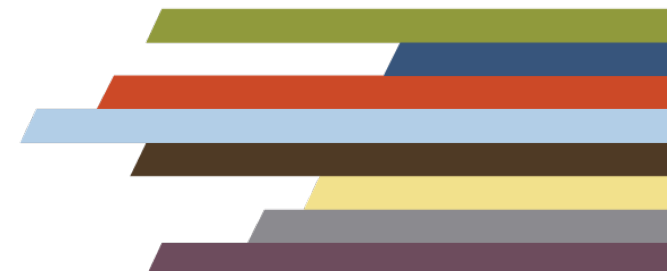
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At the end of today's training please take a moment to complete a **brief** survey about today's training.



Don't forget about our Regional Breakout Sessions!

The post-session Regional Breakout sessions are intended to provide an opportunity for you, our participants, to ask questions about the content we'll cover today, and time to discuss and apply today's learning in an informal moderated discussion with our staff, contextualized for your specific region.





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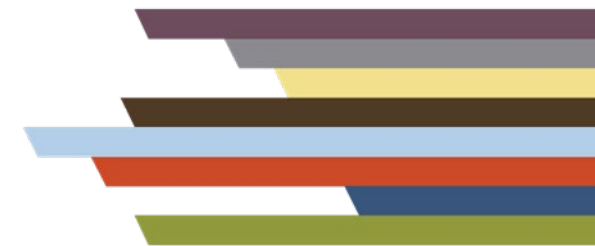
**MHTTC School Mental Health Best Practices
Always and Now 8-Part Learning Series**

FEBRUARY-MAY 2021

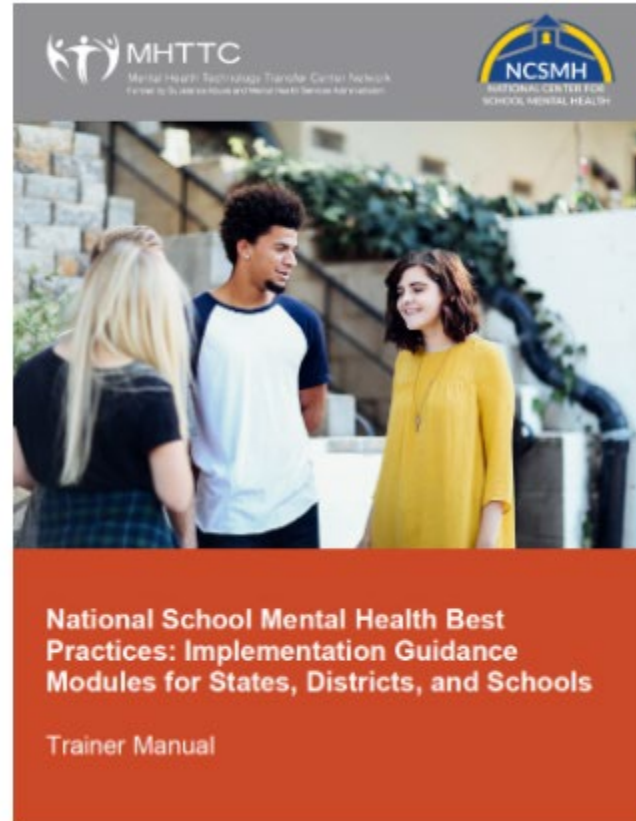
**Presented by the MHTTC Network
and National Center for School Mental Health**

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

April 27, 2021



National School Mental Health Best Practices: Always & Now



Available on the MHTTC Website:
<http://bit.ly/implementation-guidance-modules>

Panelist from the National Center for School Mental Health



Dr. Dana Cunningham is a Faculty Consultant at the University of Maryland School of Medicine in the Department of Psychiatry. In her role with the National Center for School Mental Health, Dr. Cunningham has served as the Director of the Prince George's School Mental Health Initiative (PGSMHI) since 2006. The PGSMHI is designed to provide intensive school-based counseling and support services to students in special education in Prince George's County Public Schools. Dr. Cunningham has extensive experience providing direct clinical service in urban school districts and often provides training, technical assistance, and consultation to local and State-level education and mental health agencies. Dr. Cunningham's clinical and research interests include trauma, resilience, children of incarcerated parents, and empirically supported treatment for Black youth.



Overview of the National School Mental Health Best Practices: Implementation Guidance Modules

Mod 1	• Foundations of Comprehensive School Mental Health
Mod 2	• Teaming
Mod 3	• Needs Assessment & Resource Mapping
Mod 4	• Screening
Mod 5	• Mental Health Promotion for All (Tier 1)
Mod 6	• Early Intervention and Treatment (Tiers 2/3)
Mod 7	• Funding and Sustainability
Mod 8	• Impact



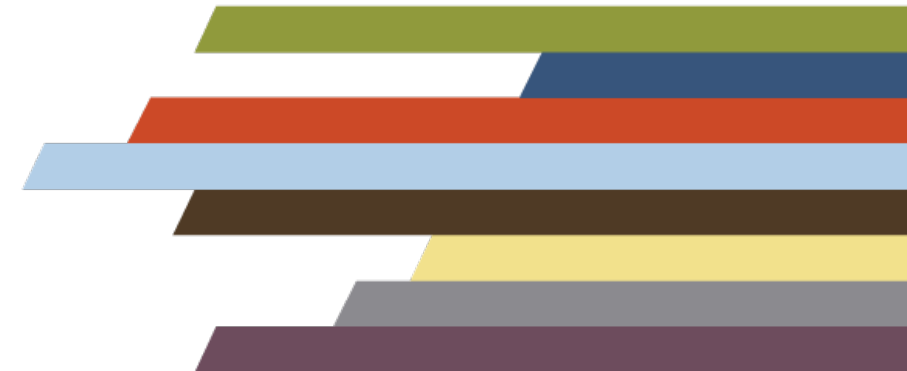
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Module 6: Early Intervention and Treatment (Tiers 2/3)

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools



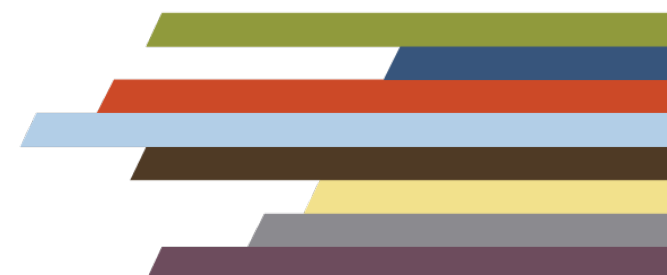


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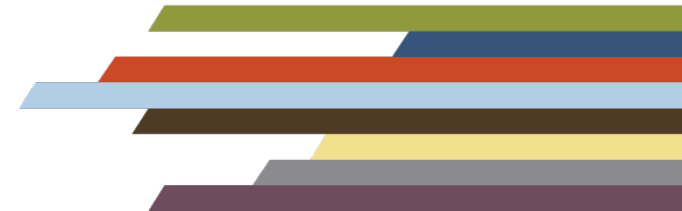
Recommended Citation

National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Trainer manual, National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools*. Palo Alto, CA: MHTTC Network Coordinating Office.



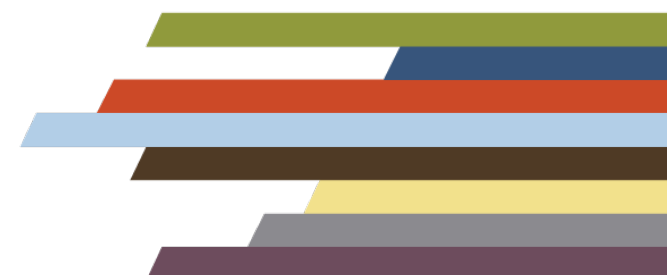
Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning



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.**



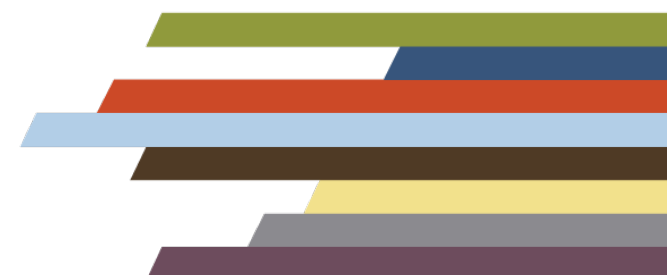
Value of Mental Health Early Intervention

- 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

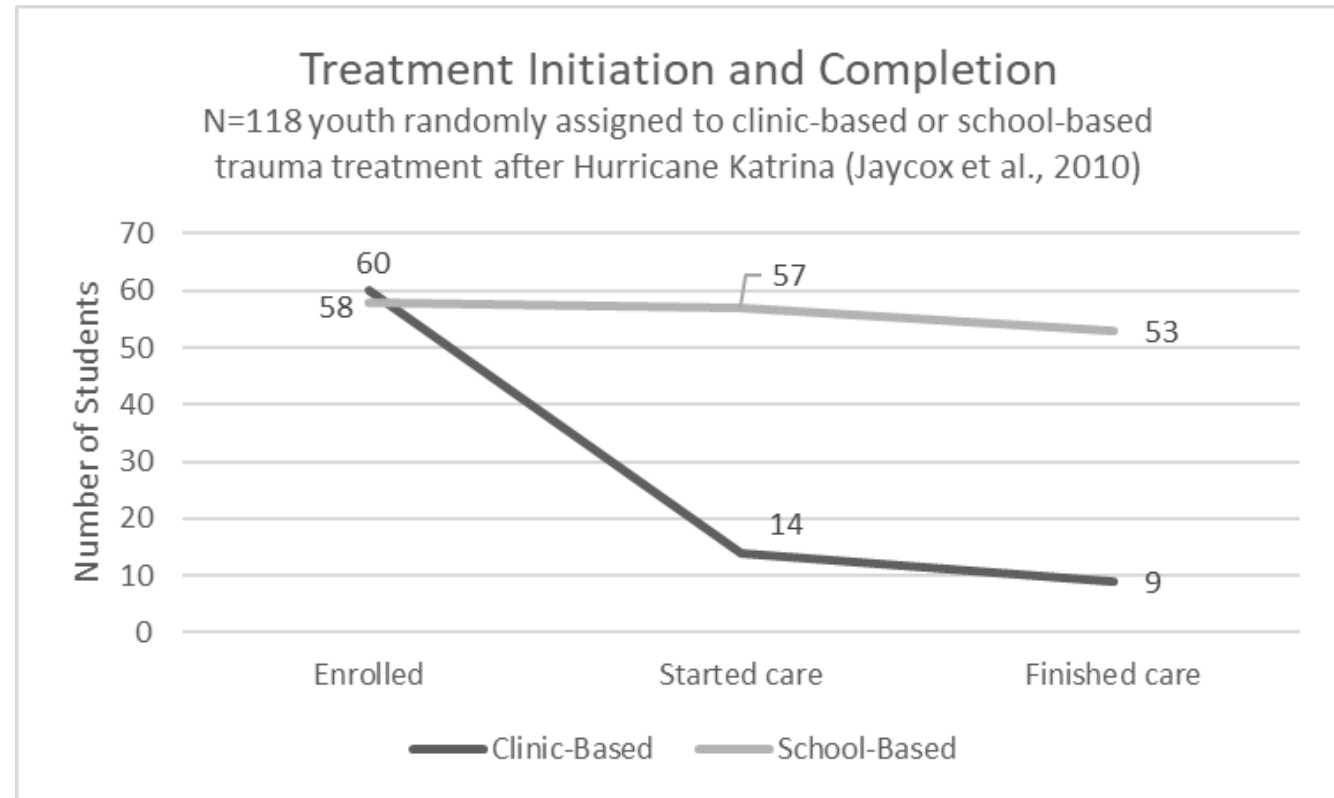
- Schools are accessible.
- Most children who receive mental health treatment do so in schools.
- It effectively reduces symptoms.
- Treatment is most effective when integrated into students' academic instruction.



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

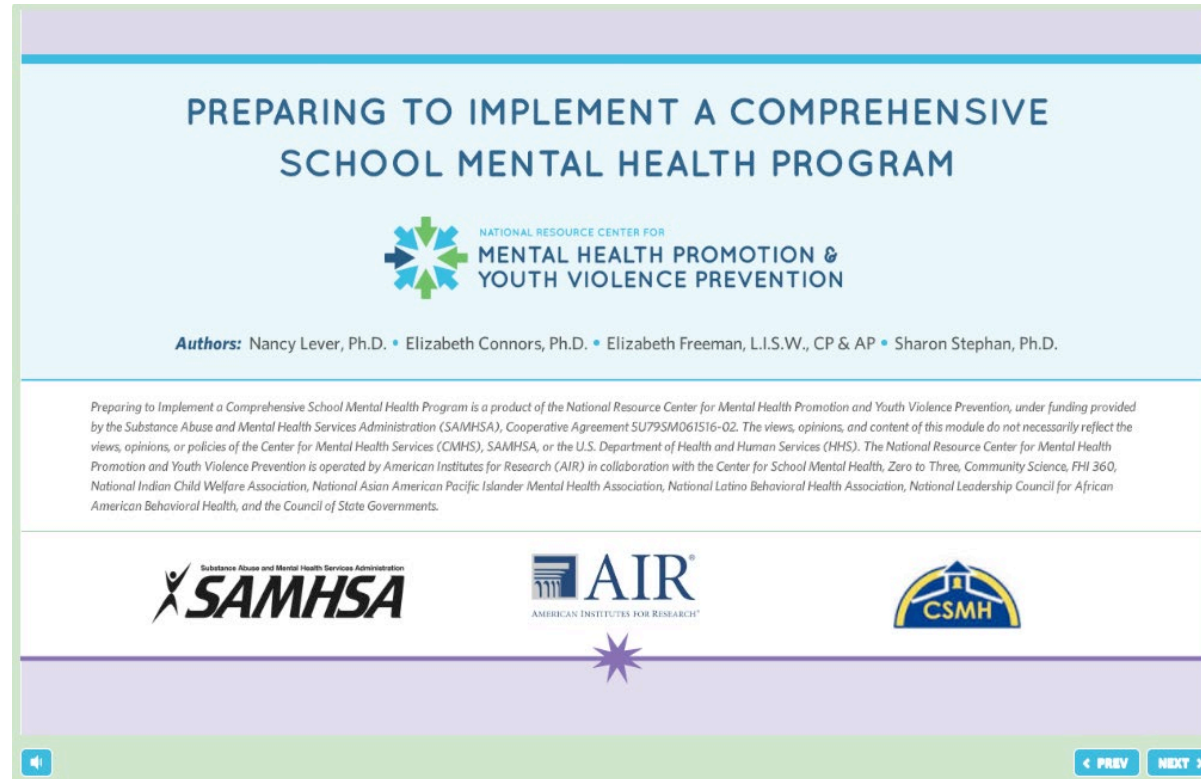
Why Mental Health Treatment in Schools?

- 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

Resources



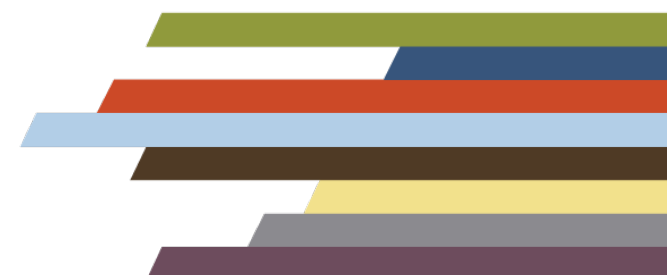
<https://healthysafechildren.org/learning-portal/learning-modules/>

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.

Of the students who were identified as needing mental health early intervention (Tier 2) services and supports, how many **received** them?

- Identification can include needs assessment, screening, referral, or teaming processes.
- Tier 2 services and supports are for students experiencing mild distress or functional impairment, or at risk for a given problem or concern.



To what extent were
mental health early
intervention (Tier 2)
services and supports
evidence-informed?

- Evidence-informed

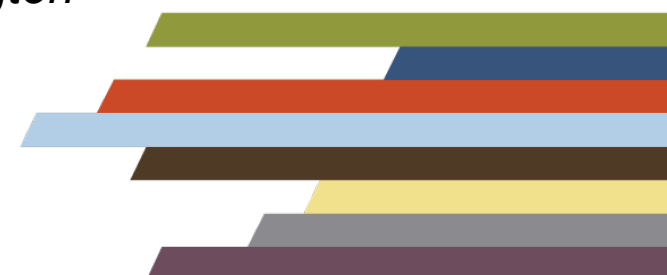
Based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools

Early Intervention (Tier 2) Example

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



Of the students who were identified as needing Tier 3 services and supports, how many **received** them?

- Identification processes can include screening and/or referral.
- This refers to access to any service or support needed by students above or beyond what is provided universally (at Tier 1) to all students.



District Example

One small, rural school district partnered with a community mental health provider to help meet the mental health needs of students by providing individual, group, and family counseling. The community partner examined referrals compared to enrollment in services at the mid-point and end of the school year to understand trends in access to care. They found that Hispanic/Latino students had disproportionately low service enrollment rates compared to rates overall, and Hispanic/Latino students were underrepresented among their enrolled cases as compared to the proportion of Hispanic/Latino students in school. The community provider organized a planning team with school and district staff, students, and family members to better understand these trends and plan for improvements to increase access to care for Hispanic/Latino students and their families. Communication messages and methods about the mental health services were re-developed based on leadership from Hispanic/Latino students and families, and a Hispanic/Latino clinician was recruited and hired based on one of the recommendations. Access to care rates are re-examined twice per year overall and for sub-populations served.

To what extent were
mental health
treatment (Tier 3)
services and supports
evidence-informed?

- Evidence-informed

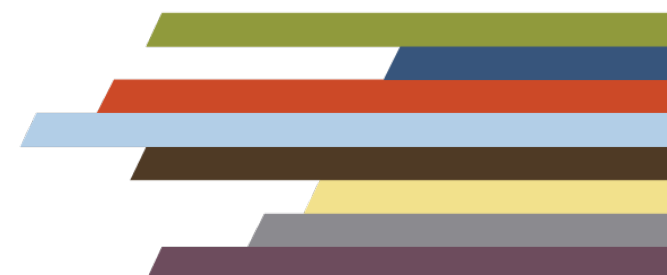
Based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools

Mental Health Treatment (Tier 3) Example

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

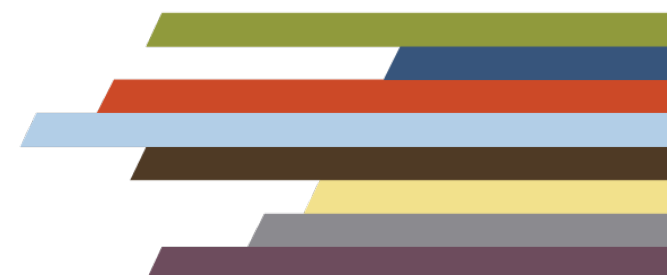
www.cbitsprogram.org



To what extent did your district/school **determine whether early intervention and treatment (Tiers 2 and 3) mental health services and supports are evidence-informed?**

Best Practices

- Create an intervention selection committee.
- Develop a selection process and policy.
- Use national evidence-based practice registries.
- Review national evidence-based practice registries.
- Review evidence of success.



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

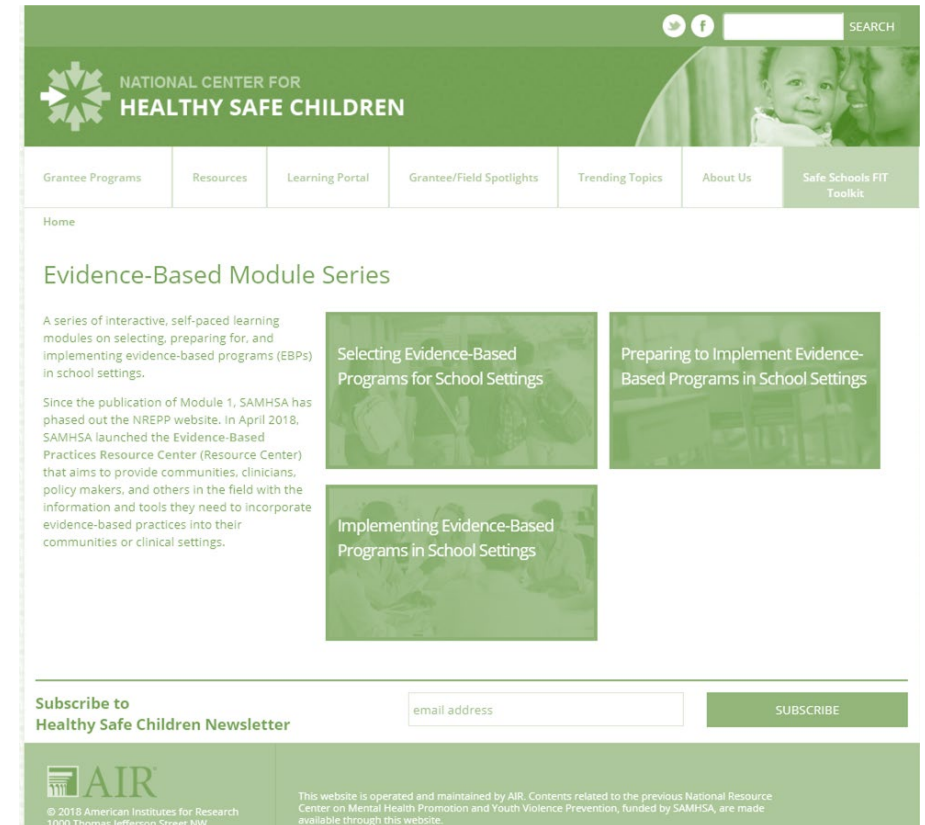
<https://www.blueprintsprograms.org/about>

Model Programs Guide

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

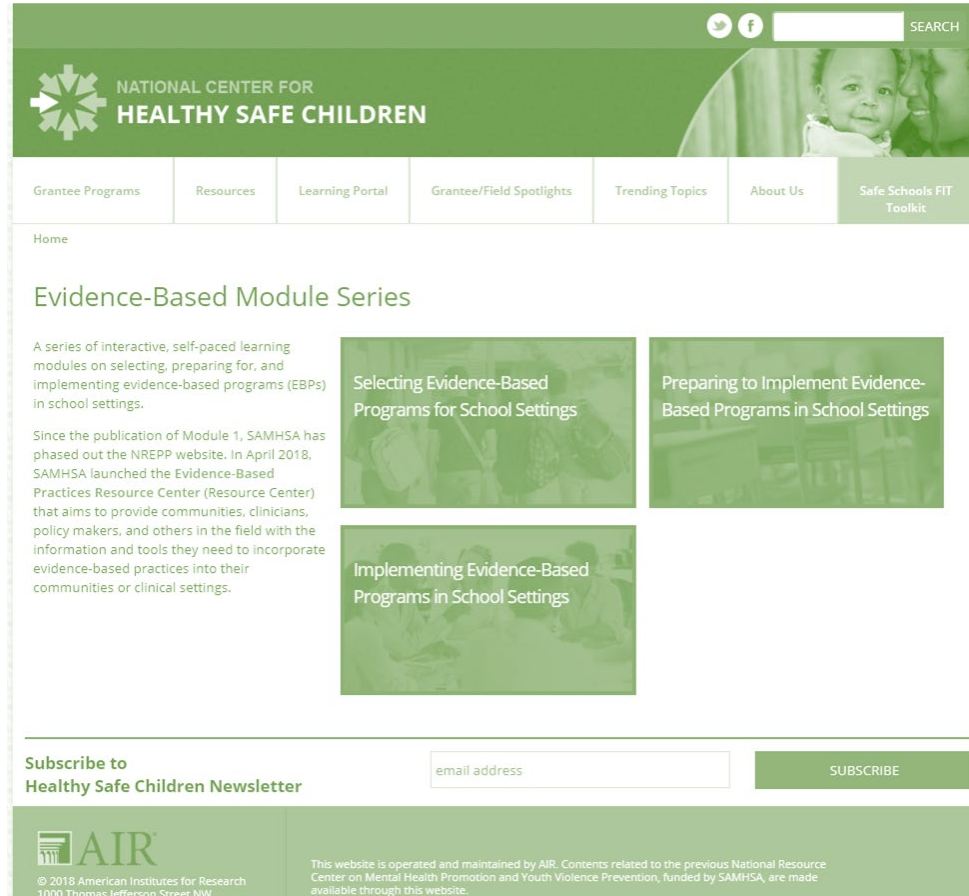
Society of Clinical Child & Adolescent Psychology

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



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

Evidence-Based Module Series



The screenshot shows the homepage of the National Center for Healthy Safe Children. The header is green with the organization's logo and name. A navigation bar contains links to Grantee Programs, Resources, Learning Portal, Grantee/Field Spotlights, Trending Topics, About Us, and Safe Schools FIT Toolkit. The main content area features a section titled "Evidence-Based Module Series" with a descriptive paragraph and three module cards: "Selecting Evidence-Based Programs for School Settings", "Preparing to Implement Evidence-Based Programs in School Settings", and "Implementing Evidence-Based Programs in School Settings". A newsletter subscription form is located at the bottom, and the footer includes the AIR logo and contact information.

NATIONAL CENTER FOR
HEALTHY SAFE CHILDREN

Grantee Programs Resources Learning Portal Grantee/Field Spotlights Trending Topics About Us Safe Schools FIT Toolkit

Home

Evidence-Based Module Series

A series of interactive, self-paced learning modules on selecting, preparing for, and implementing evidence-based programs (EBPs) in school settings.

Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the Evidence-Based Practices Resource Center (Resource Center) that aims to provide communities, clinicians, policy makers, and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

Selecting Evidence-Based Programs for School Settings


Preparing to Implement Evidence-Based Programs in School Settings

Implementing Evidence-Based Programs in School Settings

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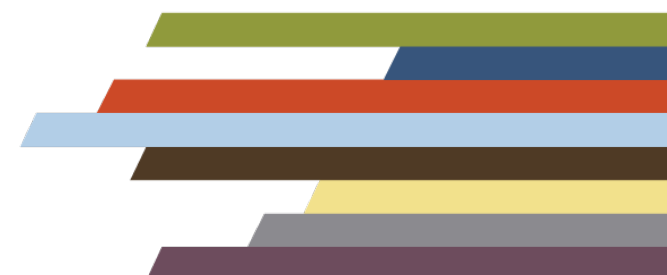
This website is operated and maintained by AIR. Contents related to the previous National Resource Center on Mental Health Promotion and Youth Violence Prevention, funded by SAMHSA, are made available through this website.

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

To what extent did your district/school **ensure mental health early intervention and treatment (Tiers 2 and 3) services and supports fit the unique strengths, needs, and cultural/linguistic considerations of your students and families?**

Best Practices

- Create an EBP selection committee with diverse representation.
- Review your school's student body.
- Review your school's mental health needs and strengths.
- Review costs associated with implementation.
- Evaluate training requirements.
- Pilot test the new practice.
- Adapt the practice.

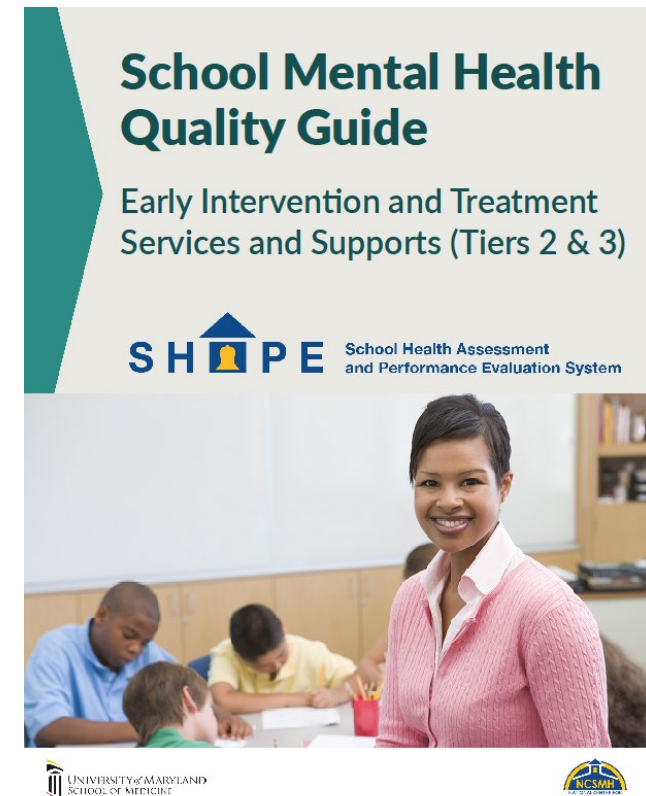


School Mental Health Quality Guide: Intervention and Treatment Services and Supports (Tiers 2 & 3)

Provides guidance to advance school mental health quality and sustainability

Includes:

- Background
- Best practices
- Action steps
- Examples from the field
- Resources



NCSMH, 2020

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

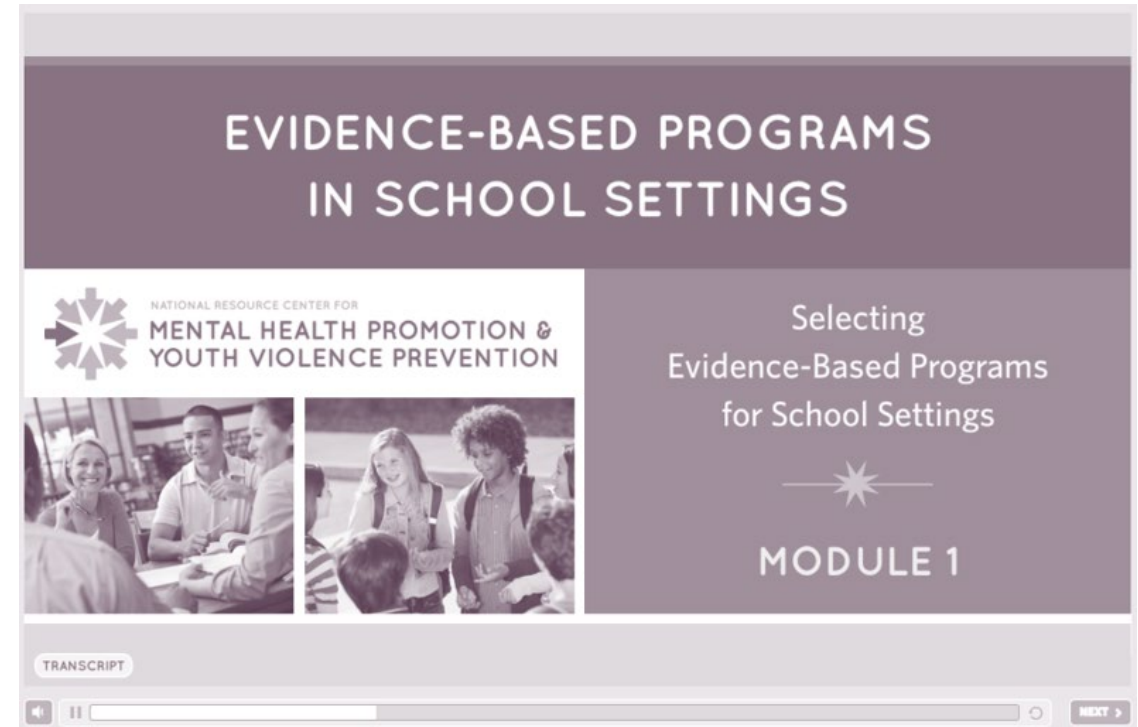
Behavioral, Emotional, and Physical Health <input type="checkbox"/> Aggression <input type="checkbox"/> Alcohol and Other Drug Use <input type="checkbox"/> Anxiety/Depression/Trauma Exposure <input type="checkbox"/> Autism <input type="checkbox"/> Emotion Regulation <input type="checkbox"/> Fitness & Nutrition <input type="checkbox"/> Inattention/Hyperactivity <input type="checkbox"/> Social Skills Other: _____	Academic and Related Skills <input type="checkbox"/> Career Exploration/Training <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Language <input type="checkbox"/> Math <input type="checkbox"/> Motor Skills <input type="checkbox"/> Reading <input type="checkbox"/> Study Skills <input type="checkbox"/> Time Management Other: _____	Student-Family-School Connections <input type="checkbox"/> School Safety <input type="checkbox"/> Support for Academic, Social, and Civic Learning <input type="checkbox"/> Social Relationships <input type="checkbox"/> School Connectedness <input type="checkbox"/> Physical Environment <input type="checkbox"/> Leadership <input type="checkbox"/> Professional Relationships Other: _____
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Selecting Evidence-Based Programs Page 22

Evidence-Based Programs in School Settings

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

1. Selecting
2. Implementing
3. Preparing

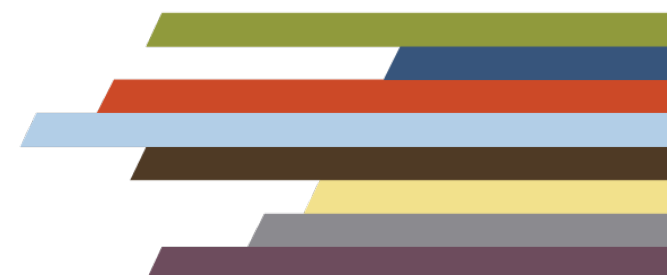


http://airhsdlearning.airws.org/EBPModule1/story_html5.html

To what extent did your district/school use best practices to **ensure adequate resource capacity to implement** mental health early intervention and treatment (Tiers 2 and 3) services and supports?

Best Practices

- Evaluate staffing capacity.
- Evaluate implementation supports.
- Evaluate associated costs.
- Determine whether staffing, supports, and costs are achievable.



Intervention Planning Form

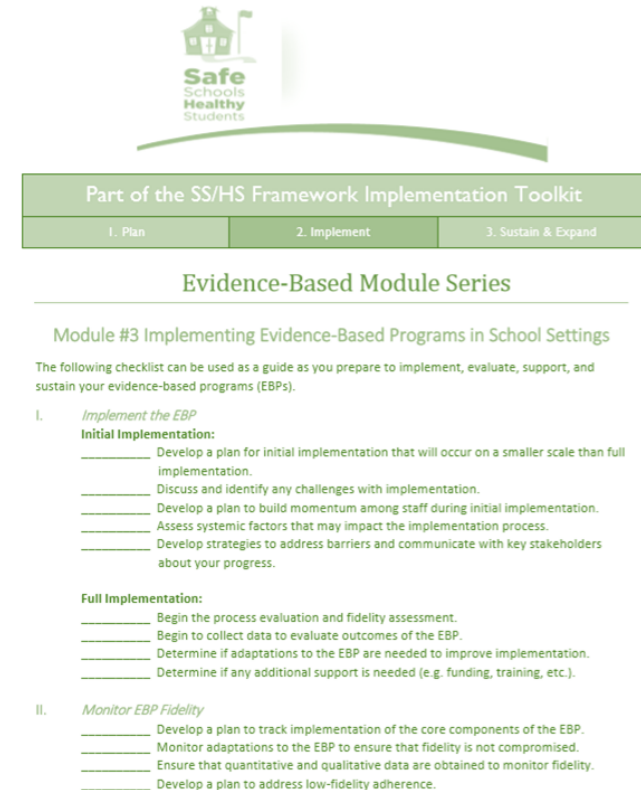
INTERVENTION PLANNING FORM

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.

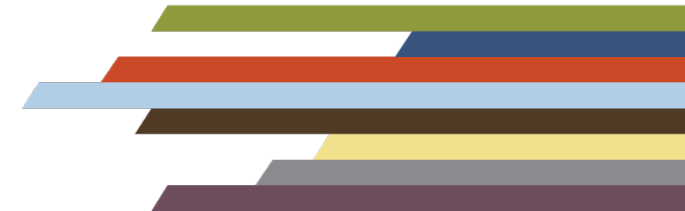


<https://healthysafechildren.org/sites/default/files/EBP-ModulesChkItsMod-3-508.pdf>

District Example



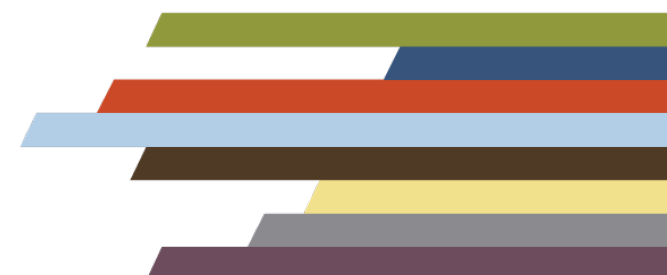
Seattle's School Based Health Centers operate in every Seattle middle and high school, with funding provided by 2 property tax levies. In Seattle, **9,000 students make over 40,000 visits annually**, for primary medical care, immunizations, reproductive health care, and **mental and behavioral health care**, which constitutes **44% of all visits**. SBHCs operate within a Multi-Tiered Systems of Support (MTSS) framework and focus a majority of attention and resources within Tier 2 of this framework, with an emphasis on early intervention and developing students' social, emotional, and behavioral skill sets.



To what extent did your district/school **support training/professional development, including ongoing implementation supports such as coaching for early intervention and treatment (Tiers 2 and 3) services and supports?**

Best Practices

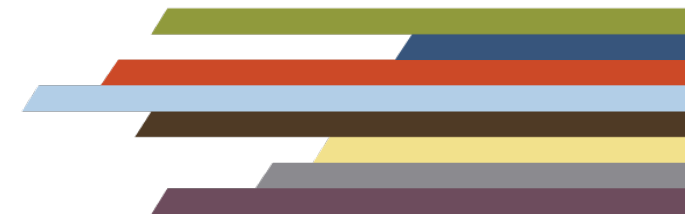
- Provide interactive training.
 - Skills practice, role plays, and action planning.
- Provide ongoing support for implementation.
 - Regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback.
 - Fidelity monitoring and feedback processes.





What Does the Research Say About Training?

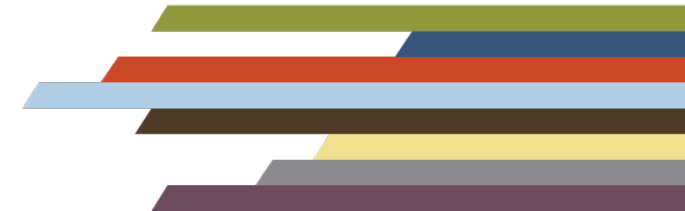
- One-time training may improve knowledge or attitudes, but not practice.
- Ongoing coaching and consultation predicts skill learning and application.
- Train-the-trainer models require substantial oversight.
- Projects achieve 80% success after 3 years of implementation with appropriate planning and ongoing support.



District Example



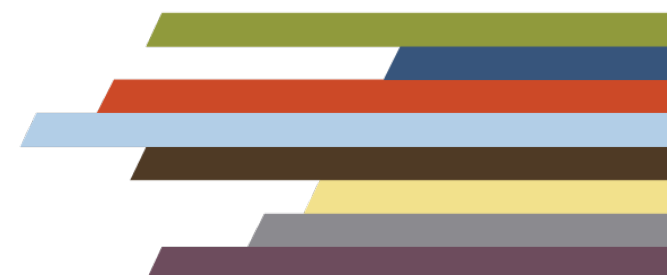
The **BRISC strategy** was developed by the UW SMART Center in the service delivery context of school-based health centers (SBHCs). The BRISC was developed to **promote efficient, effective mental health that assures rapid triaging to the right intensity of care** based on standardized assessment and progress monitoring. Evaluation data showed that mental health clinicians working in SBHCs who used the BRISC were able to **complete treatment in 4 sessions over half the time, while achieving better mental health outcomes than treatment as usual.**



To what extent did your district/school **monitor fidelity of the implementation of early intervention and treatment (Tiers 2 and 3) services and supports?**

Best Practices

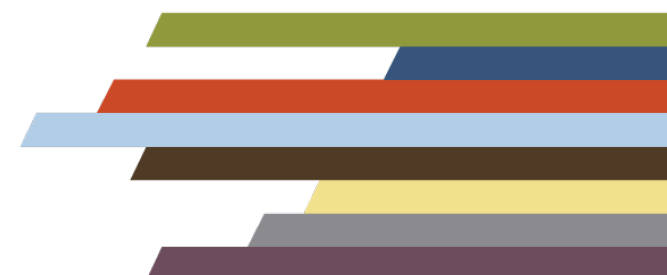
- Identify fidelity monitoring tools.
- Ensure your tool or system measures adherence to content, quality of delivery, and logistics.
- Determine frequency of fidelity measurement.
- Establish a benchmark.
- Monitor and track adaptations.
- Provide feedback to keep improving.



What Is Fidelity Monitoring?

Indicators of doing what is intended, which require you to:

- Know what is intended.
- Have some way of knowing the extent to which a person did what was intended.
- Understand why what you're doing or how you're doing it is leading to the outcomes you observe.



Fidelity Monitoring Checklist

1. Identify fidelity monitoring tools.
2. Determine the frequency of fidelity measurement.
3. Establish a benchmark for acceptable levels of fidelity.
4. Monitor adaptations.

Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)

1. Identify fidelity monitoring tools

- ☐ Use existing tool specific to the EBP you're implementing (if applicable, based on your search of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP, <https://www.samhsa.gov/nrepp>), What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>), or correspondence with intervention developer), or
- ☐ Develop a tool specific to the intervention and your service delivery context (based on fidelity monitoring tools for similar EBPs)
- ☐ Complement the tool you choose with any other methods it doesn't include (e.g., records review, direct observation, talking with implementers and/or consumers)

2. Determine frequency of fidelity measurement

- ☐ What frequency is feasible for the tool selected?
- ☐ What frequency will yield actionable and relevant information?
- ☐ What frequency will be sustainable if the EBP implementation continues in future years, with consideration of implementer, consumer, and/or evaluator turnover?
- ☐ What are the best/worst times of year to monitor fidelity?
- ☐ What stages of implementation are important to monitor fidelity (e.g., immediately following training and intervals thereafter)
- ☐ Determine strategies to *develop* the fidelity measurement plan with implementers (including all details above) and *communicate* the final plan to implementers once determined.

3. Establish benchmark for acceptable level of fidelity

- ☐ What levels of fidelity are not acceptable, adequate, and excellent?
- ☐ How can you build in ongoing coaching and feedback about fidelity benchmarks to improve fidelity over time?

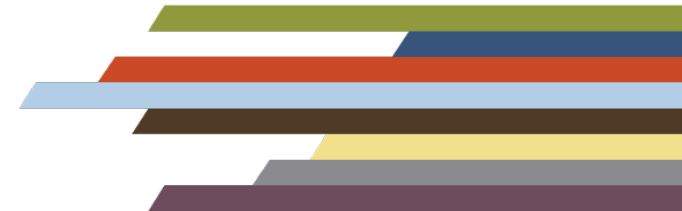
4. Monitor adaptations to the EBP

- ☐ Ask implementers about changes they made to the EBP as intended, and/or
- ☐ Collect observational data about adaptations made during implementation



Fidelity Monitoring

- Plan ahead for fidelity monitoring methods and tools before implementation.
- Decide how to strike a balance between fidelity and adaptation.
 - **Fidelity** – degree to which a program or practice is implemented as intended
 - **Adaptation** – how much, and in what ways, a program or practice is changed to meet local circumstances.
- Share fidelity data back with implementers and other key members of the team to make continuous improvements.



Reflection:

Select a Tier 2 or Tier 3 intervention that is currently being implemented. Discuss how, if at all, fidelity is being monitored and informing the implementation process.

Considerations

What intervention is being used?

How is fidelity being assessed?

What feedback loops are in place to use the fidelity data?

How can fidelity monitoring be improved?

To what extent did your district/school **ensure intervention goals are specific, measurable, achievable, relevant, and time bound (SMART)?**

Best Practices

- Work with the student, parents, and teacher(s) to establish goals.
- Ensure goals are specific.
- Establish a measurement plan and set an achievable benchmark.
- Ensure goals are time specific.

SMART Goals Worksheet

- Provides guidance for the development of SMART goals
- Can be used with students, family members, and/or teachers for collaborative goal development
- Guides assessment of potential obstacles and solutions, as well as benefits of the goal and action steps

SMART Goal Worksheet

Today's Date: _____ Target Date: _____ Start Date: _____

Date Achieved: _____

Goal: _____

Verify that your goal is SMART

Specific: *What exactly will you accomplish?*

Measurable: *How will you know when you have reached this goal?*

Achievable: *Is achieving this goal realistic with effort and commitment? Have you got the resources to achieve this goal? If not, how will you get them?*

Relevant: *Why is this goal significant to your life?*

Timely: *When will you achieve this goal?*

SMART Goal Worksheet * Section IV: Career Planning Skills, Lesson 5 * Page 1

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles	Potential Solutions
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who are the people you will ask to help you?

Specific Action Steps: *What steps need to be taken to get you to your goal?*

What?	Expected Completion Date	Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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SMART Goal Worksheet * Section IV: Career Planning Skills, Lesson 5 * Page 2

University of Maryland School Mental Health Program Treatment Planning Guide

- Includes suggested SMART goals for a wide variety of specific student concerns
- Reminders to include a baseline, make sure the goal is measurable, and indicate how the goal will be tracked or monitored over time
- Sample formula
 - “Patient will (increase/decrease) *behavior* from X times per (day/week/month) to X times per (day/week/month) as evidenced by teacher report, parent report, patient report, clinical observation, behavior chart, etc.”*

<u>Problem</u>	<u>Treatment Goals</u>
Academic Issues	<p>Patient will be promoted to the next grade level by end of school year.</p> <p>Patient will be appropriately evaluated and placed in special education if indicated.</p> <p>Patient will increase school attendance.</p> <p>Patient will increase time spent in the classroom.</p>
Long Term	
Short Term	<p>Patient will increase grades from a ____ (e.g. “c”) average to a ____ (e.g., “b”) average in all classes (or in specific class).</p> <p>Patient will increase grades from passing ____ out of ____ classes to passing ____ out of ____ classes at next report card/end of year. (Amend to your pt’s report card)</p> <p>Guardian will attend ____ out of ____ school meetings as requested by school staff and/or clinician.</p> <p>Pt will increase school attendance from ____ days per week to ____ days per week.</p> <p>Pt will arrive to school on time from ____ days to ____ days per week.</p> <p>Patient will increase the times he/she attends coach classes/tutoring from ____ times per week to ____ times per week.</p> <p>Patient will increase the times he/she turns in homework from ____ times per week to ____ times per week.</p> <p>Teacher reports of student effort will show improvement from current level of ____ to ____ (using academic feedback chart/form).</p> <p>Pt will increase completion of classwork assignments from ____ (e.g. 1) assignment(s) per day to ____ (e.g. 3) assignments per day.</p>
Aggression	Patient will decrease suspensions.

To what extent did your district/school **monitor individual student progress** across tiers?

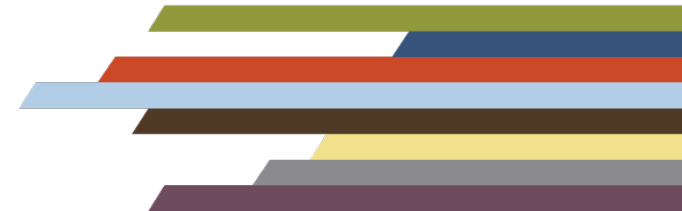
Best Practices

- Use multiple data sources and reporters.
- Use validated assessment tool(s) or clearly measured targets for individual progress/goal attainment.
- Ensure that progress monitoring data is aligned with the purpose of the service or support the student is receiving.
- Provide feedback to the student, family, and teacher.

Student Progress Monitoring and Feedback



- **Decide where to start** (e.g., 1 student group, several identified clinicians, 1 school, 1 type of support or service delivered).
- Identify individual student **goals**.
- Identify a standardized or individualized **measure** to track progress.
- Identify data collection **interval** (e.g., weekly, monthly, quarterly).
- **Collect data** from students, parents, and school staff (teachers, coaches, after-school staff).
- **Discuss progress data** with the student, family, and teacher to decide when to continue or change services.
- **Scale up** to larger groups of students, clinicians, or school staff.



SHAPE Screening and Assessment Library

- Searchable library of free or low-cost screening and assessment measures related to school mental health
- Filter by academic, school climate, or social, emotional, and behavioral focus area, assessment purpose, student age, language, reporter, and cost
- 2-page summaries are available for every measure with links directly to the measure and scoring information

SHAPE School Health Assessment and Performance Evaluation System

Home About Us How to Register Privacy/Security FAQs Contact Us My Account

View Selection / District Admin

JEFFERSON UNITED
School Mental Health System

Mental Health Profile Updated: March 16, 2018

Certificate Report Update

System Performance My Schools Trauma Responsiveness **Screening and Assessment** Team Members

Welcome to the School Mental Health Screening and Assessment Library. Use the filters below to locate a measure that is appropriate for your needs. Each measure includes a one page information sheet, scoring details, and access to the measure.

Clear All 1 filters selected Search:

Focus Area	Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Assessment Purpose	Foa's Child PTSD Symptom Scale (CPSS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Trauma	Student (8-18) Clinician (8-18)
<input type="checkbox"/> Screening/Initial Evaluation <input checked="" type="checkbox"/> Diagnostic <input type="checkbox"/> Progress Monitoring	Generalized Anxiety Disorder-7 (GAD-7)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Trauma	Student (11-19+)
Student Age	Patient Health Questionnaire-9 (PHQ-9)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Depression/Mood	Student (11-19+)
Language	Revised Child Anxiety and Depression Scale (RCADS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Depression/Mood	Student (grade 3-12) Caregiver (grade 3-12)
Reporter	Traumatic Events	Screening/Initial Evaluation	Trauma	Student (11-19)
Cost				

<https://theshapesystem.com/assessmentlibrary/>

Student Information Systems Data Brief

- Describes the practice of data-driven decision-making in schools and reviews commonly used student information systems
- Designed to help schools and districts better navigate how to identify the best student information system for them

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 system¹. 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.

¹This 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

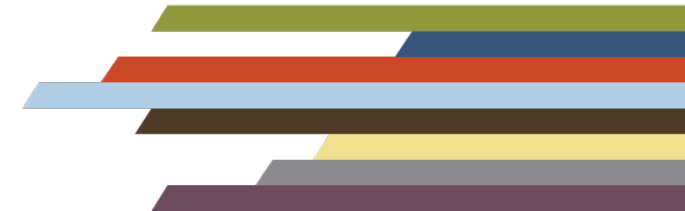
Appendix

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

District Example



Education for Change, a charter management organization in Oakland, CA, partnered with Seneca Family of Agencies, a community-based mental health provider, to deliver mental health services and supports in their 7 charter schools. The Seneca Family of Agencies/Education for Change partnership team wanted to provide more guidance and accountability to school-based clinicians on progress monitoring practices to drive more data-driven decision making and effective services. They first focused on Tier 2 social skills groups. They partnered with 2 clinicians to better understand the supports needed to implement the new practice. Then, tools to identify and monitor intervention goals were developed and shared with clinicians to gather feedback over three months about the feasibility and clinical utility of the progress monitoring tool. The team also collected information in the pilot phase about how to make the practice part of routine workflows to improve data collection and inform decision making. Best practices and “tips” were developed based on clinician feedback to support continued implementation.



To what extent did your district/school **implement a systematic protocol for emotional and behavioral crisis response?**

Best Practices

- Develop a protocol for emotional and behavioral crisis response.
- Circulate the protocol for feedback.
- Disseminate protocol in a manner that is accessible.
- Provide active training and ongoing support for protocol implementation.
- Provide training and ongoing support for all school staff to use crisis prevention and de-escalation skills.
- Revise protocol as needed.

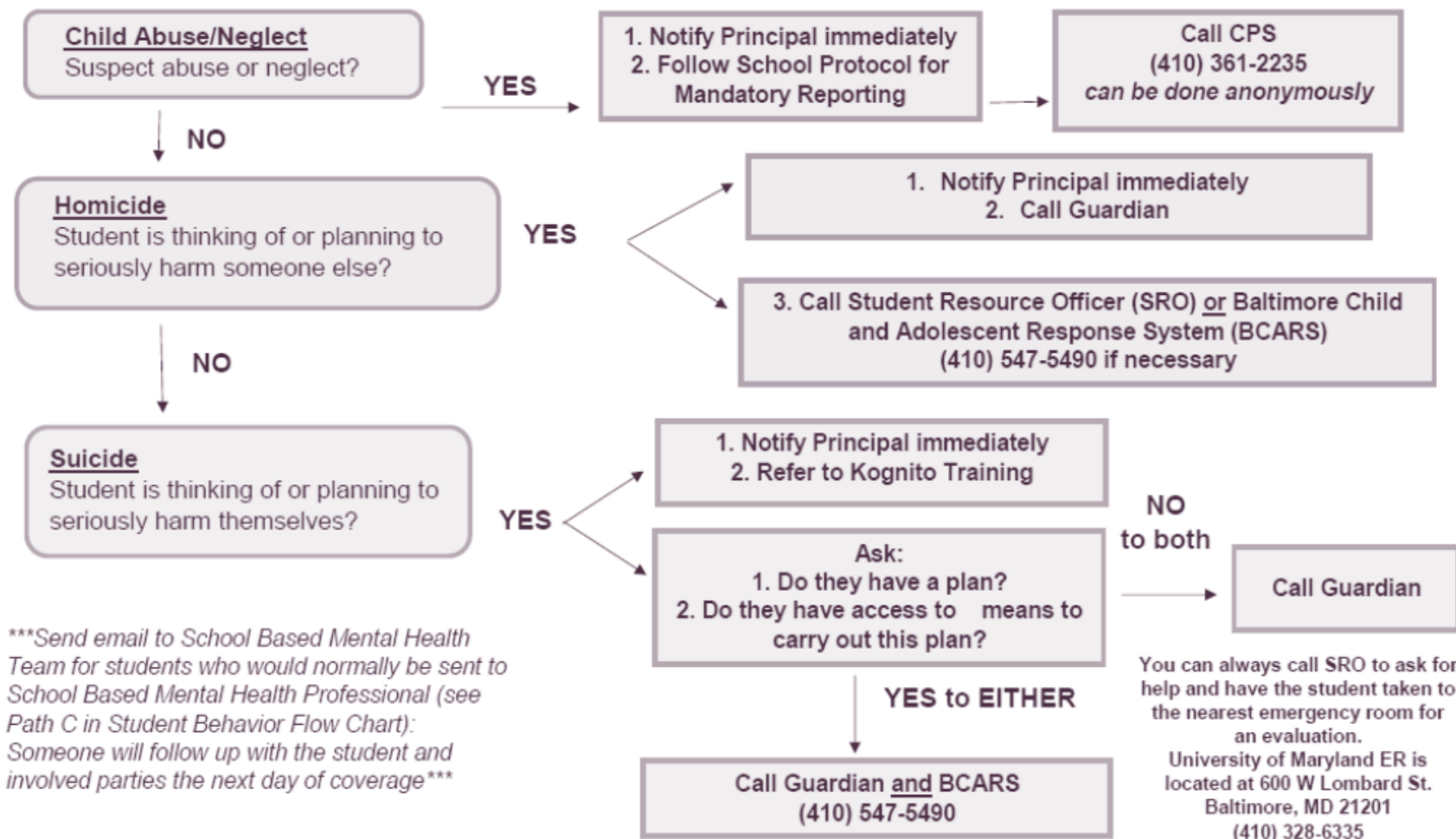


Creating Protocols for Student Crises

- Specify
 - Types of crises
 - Point person to respond
 - Process for how to connect student with point person
- Include instructions for
 - Contacting guardians
 - Providing feedback to teachers/school staff after
 - Responding when the point person is unavailable
- Circulate
 - To staff, parents, and community members
 - In a desired format
- Provide
 - Training
 - Ongoing support
 - Time to evaluate and revise protocol

Example Crisis Response Protocol

Crisis Protocol for Days of No Mental Health Coverage



Published by New Song Learning Center Mental Health Team, 2017
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School Crisis Response Manual

San Francisco Unified School District










This resource is an example of a school crisis response protocol developed for a specific school district. The manual provides strategies for addressing school crisis intervention using a “crisis response.”

Crisis response is defined here as “an intervention designed to restore a school and community to baseline functioning and to help prevent or minimize psychological results following a disaster or crisis situation.”

(p. A-1, Healthier Kids San Francisco)

The purpose of crisis response is to:

1. Help students and staff cope with painful emotions and feelings resulting from the crisis.
2. Help schools return to their normal routine as quickly and calmly as possible after a major disruption of the educational process.

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Virginia Department of Education

School Crisis Management Plan

- Outlines district policy and district and school crisis management plans
- Provides guidance for specific types of crises or emergencies from individual students to schoolwide emergencies and natural disasters
- Includes many tools such as sample statements and communications, planning surveys and checklists, training and drills for preparedness, forms, and informational handouts

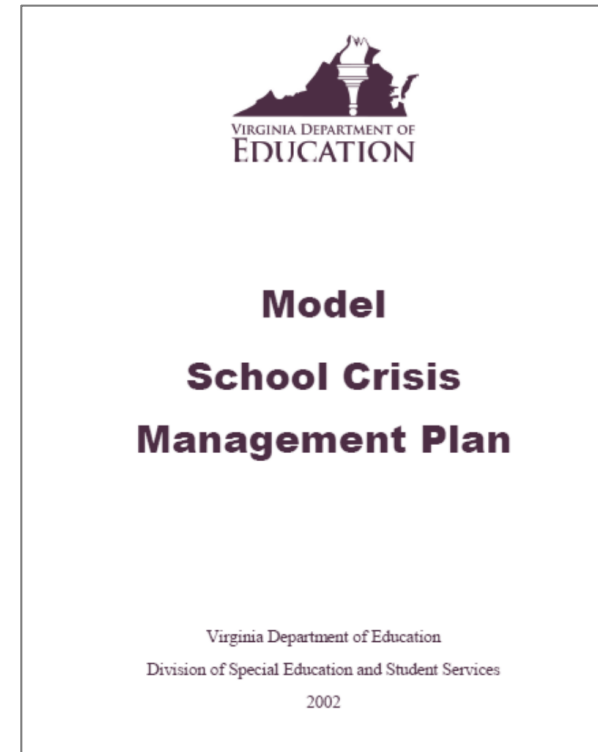
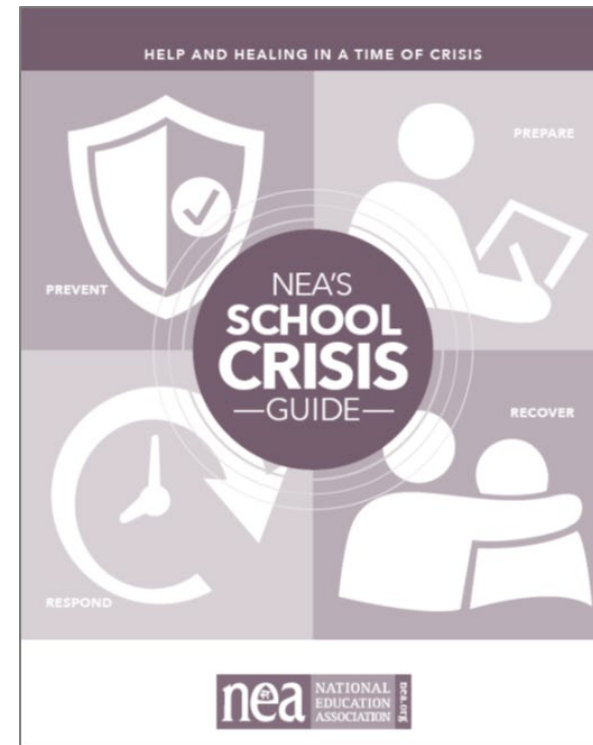


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National Education Association



School Crisis Guide

- Guidance for schools to prevent, prepare for, respond, and recover from a school crisis
- School crisis – any traumatic event that seriously disrupts coping and problem-solving abilities of students and school staff



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.¹

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 risk²:

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



- 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/>

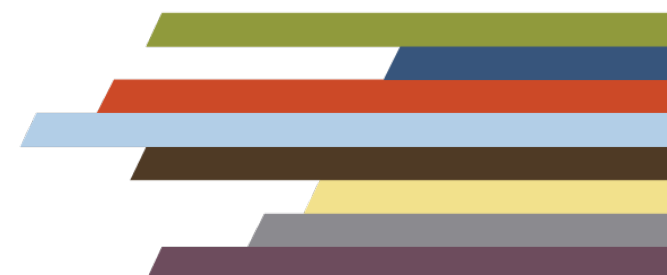


Discussion

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

Strategic Planning

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



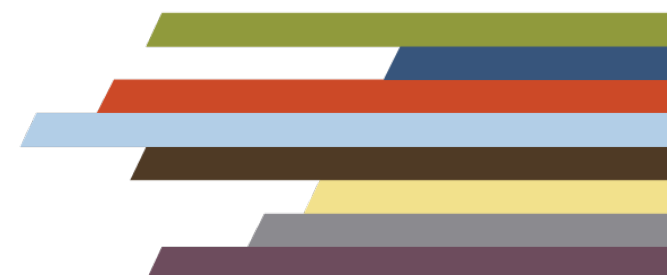
Resources

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Resources

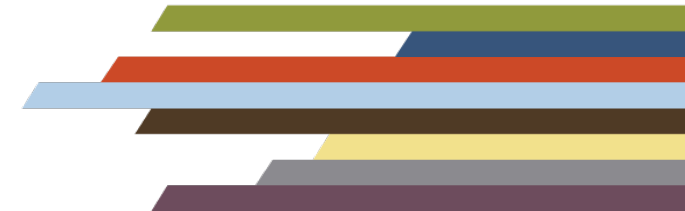
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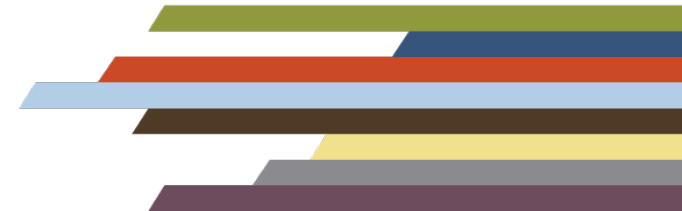
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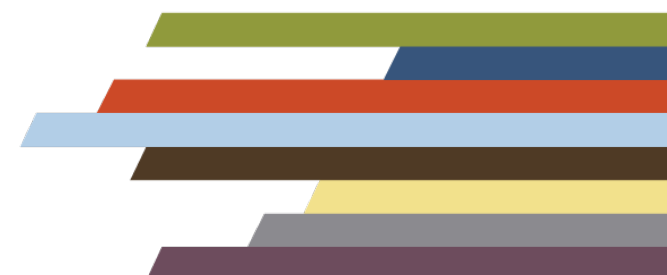
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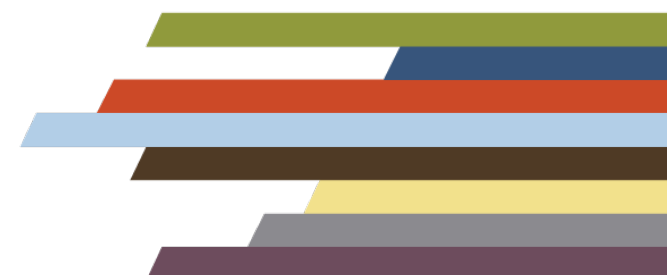
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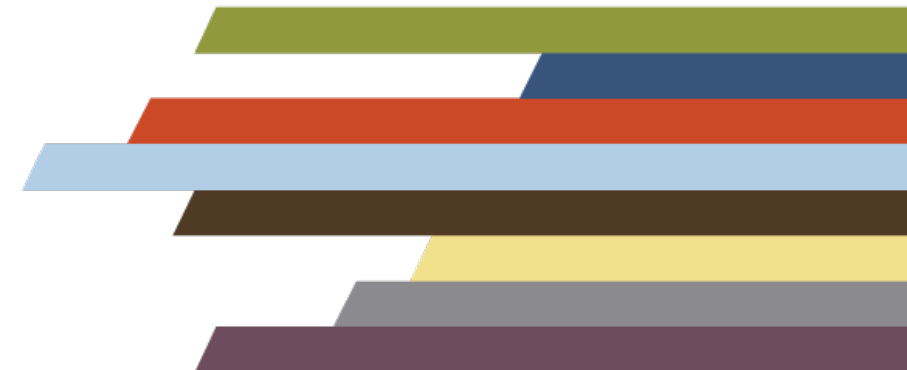
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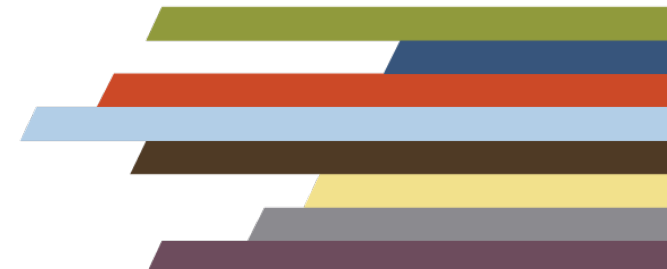
Acknowledgments

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Module content was developed by the National Center for School Mental Health in partnership with the MHTTC Network Coordinating Office.



Panel Discussion



Panelists



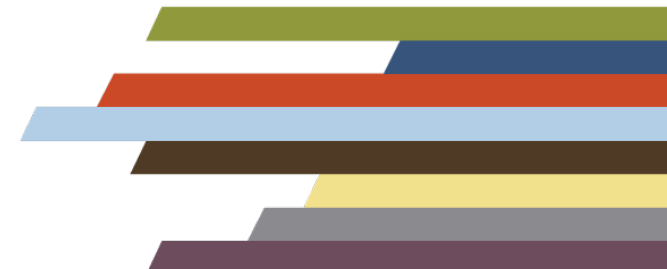
Angela Castellanos, PPSC, LCSW is an experienced mental health consultant and administrator with 25+ years of diverse and progressive expertise in the mental health care industry and school settings. As a licensed clinical social worker, she specializes in administering school mental health programs, mentoring industry professionals (local, state, and federal), developing and teaching best practices in the area of Trauma, Suicide Prevention, Crisis Response and Recovery and School Mental Health. Angela serves as a School Mental Health Training Specialist for the Pacific Northwest MHTTC.



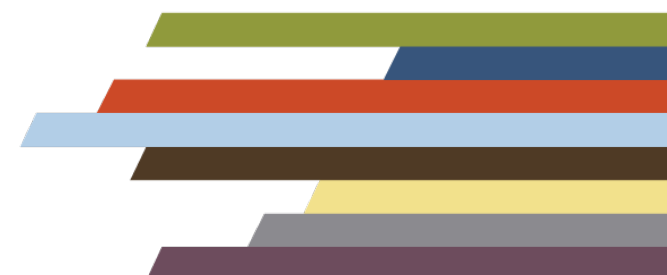
Dr. Mindy Chadwell, PhD, LP, BCBA is an Assistant Professor, Licensed Psychologist, and Board Certified Behavior Analyst in the Psychology Department at Munroe Meyer Institute at UNMC, where she also serves as the school mental health coordinator specializing in establishing successful school mental health partnerships. Dr. Chadwell provides services and training in comprehensive school-based mental health and evidence-based interventions to masters level trainees, predoctoral interns, and postdoctoral fellows. She is also a faculty trainer for the Mid-America MHTTC.



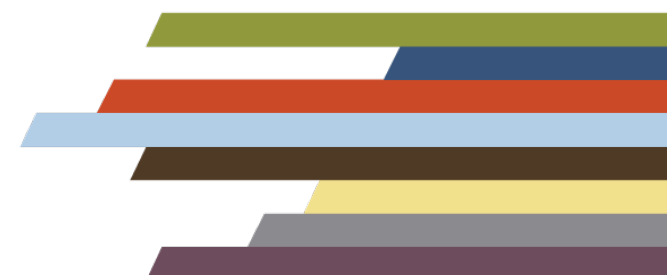
What is your background in school mental health and how have you engaged with this module?



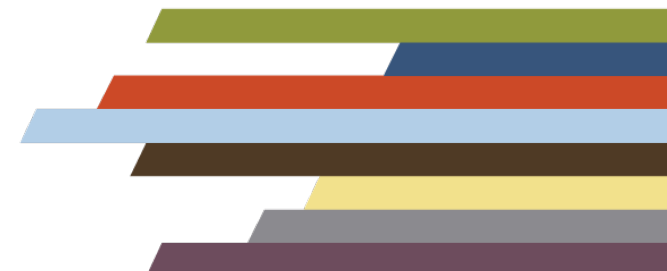
What are some successful and innovative strategies or highlights from your efforts to support early mental health intervention in schools?



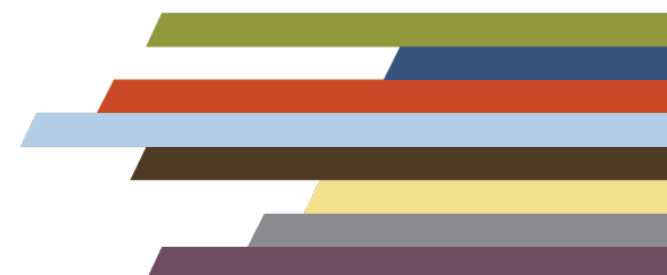
How were you able to overcome any challenges and barriers to achieve those successes related supporting Tiers 2/3 mental health intervention in schools?



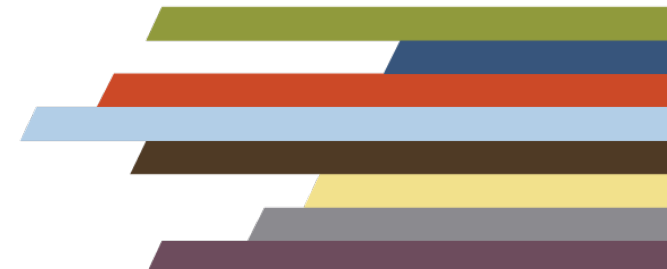
What has changed in how your school supports Tier 2/3 mental health services NOW because of the pandemic? What have you had to adopt or change or learn to do differently?



What are some recommendations you would make for schools who are just starting out or who are in the initial phase of utilizing the Early Intervention module of the School Mental Health Best Practices resource?

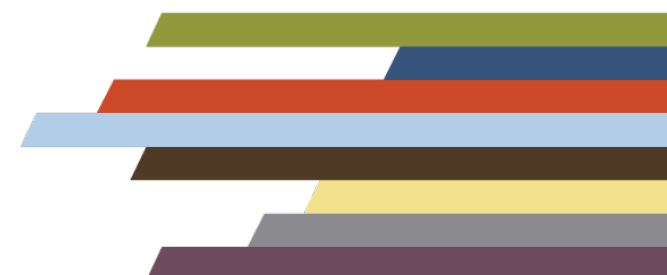


Q&A with Presenters

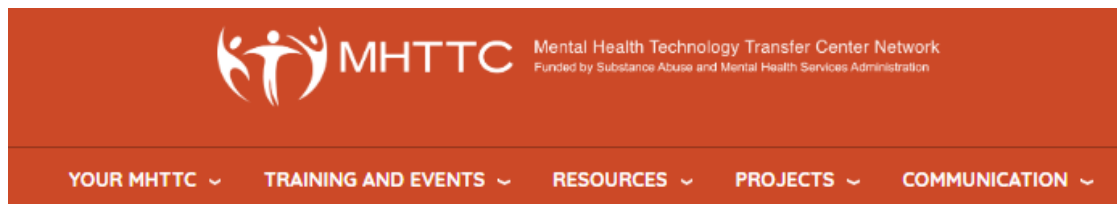


Coming up next: Regional Breakout Sessions

The post-session Regional Breakout sessions are intended to provide an opportunity for you, our participants, to ask questions about the content covered today, and time to discuss and apply today's learning in an informal moderated discussion with our staff, contextualized for your specific region.



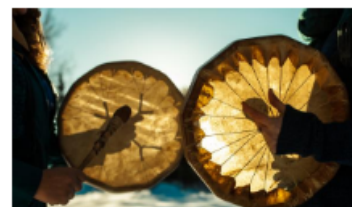
Connecting with the MHTTC in your region



Find Your Center

To jump to a specific center, click the center's name. To save a center as your default center, select the center by clicking the photo, then click the Save button at the bottom of the page

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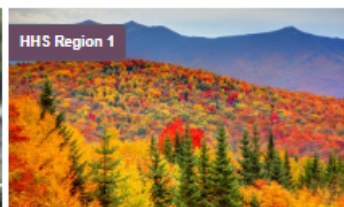
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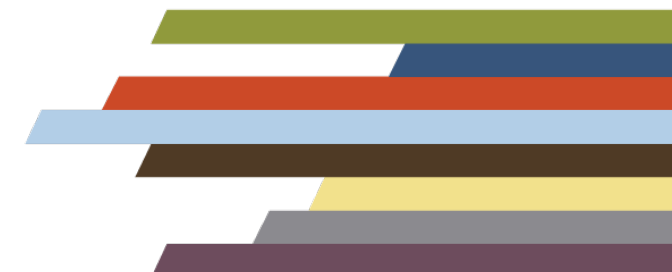
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For information about local, state, and regional school mental health training and technical assistance activities, ***National School Mental Best Practices: Implementation Guidance Modules***, access your MHTTC Regional Center at <https://mhttcnetwork.org/centers/selection>



Upcoming Learning Sessions:

- May 11: *Funding and Sustainability*
- May 25: *Impact*



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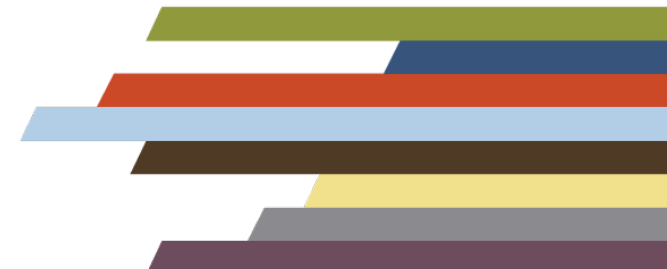
<https://bit.ly/smh-always-and-now>

Access the *National School Mental Health Best Practices: Implementation Guidance Modules* on the MHTTC Website

Includes trainer and participant manuals, slide decks for each module, and additional resources!



<http://bit.ly/implementation-guidance-modules>



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The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

Please take a moment to complete a **brief** survey about today's training.



<http://bit.ly/mhttc-smh-curriculum-module6-survey>

