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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

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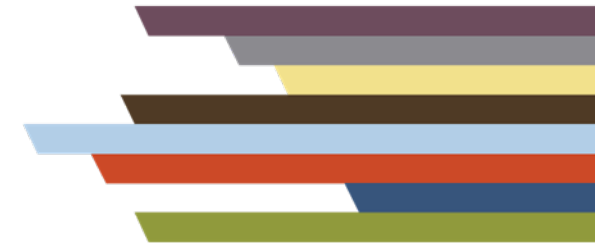
**MHTTC School Mental Health Best Practices
Always and Now 8-Part Learning Series**

FEBRUARY-MAY 2021



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

Session 8: Impact

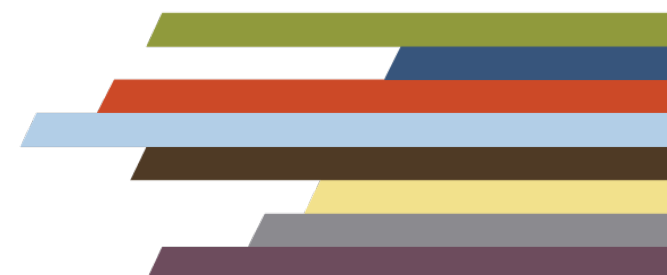
May 25, 2021



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.
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Please Note:
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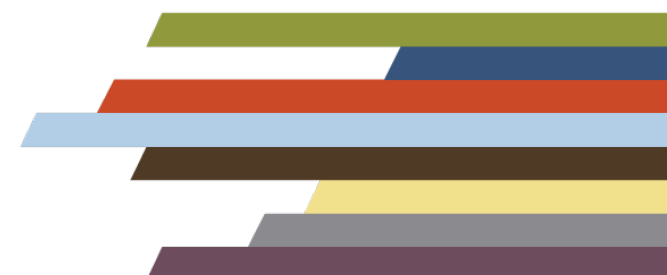


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- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens 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



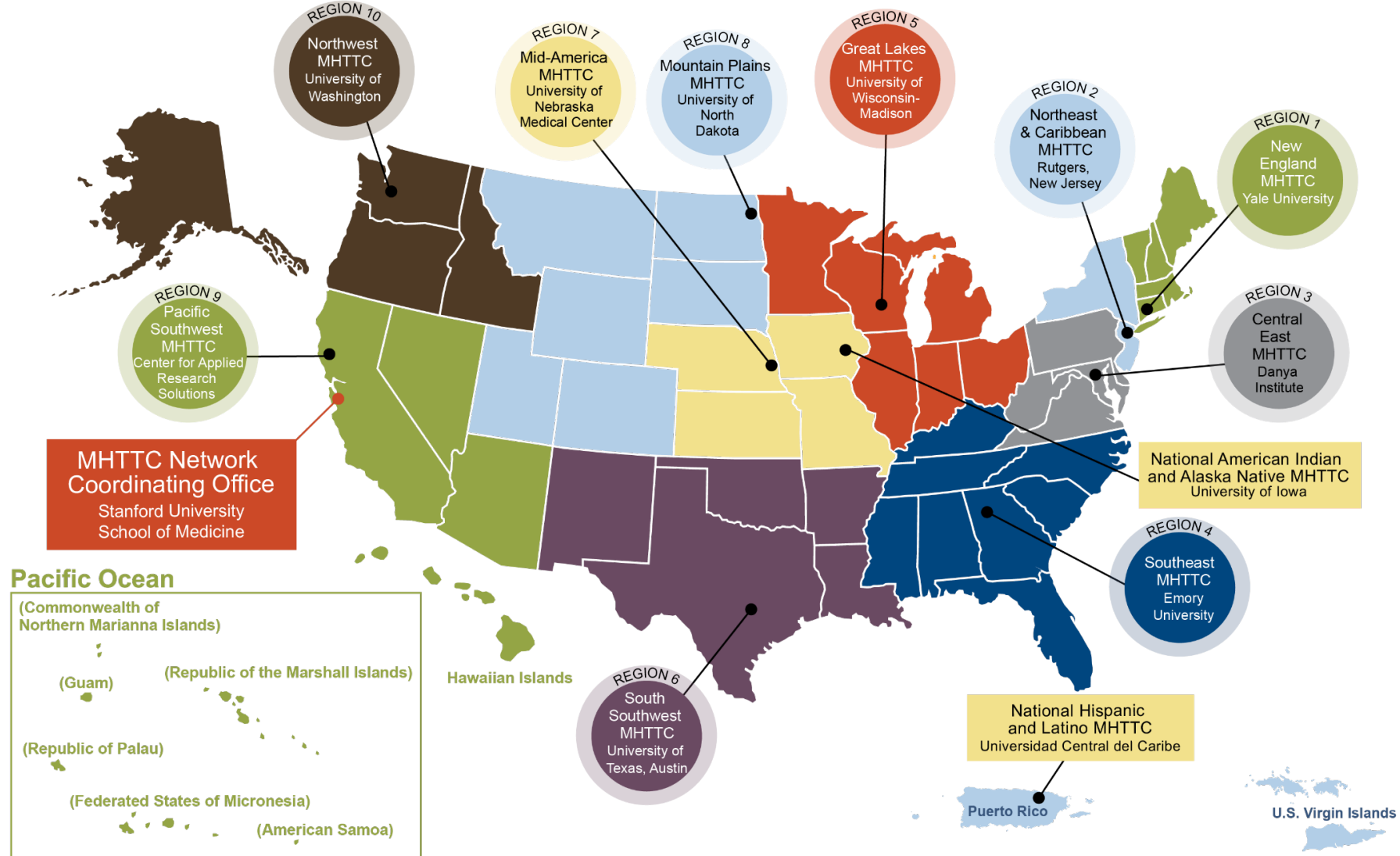
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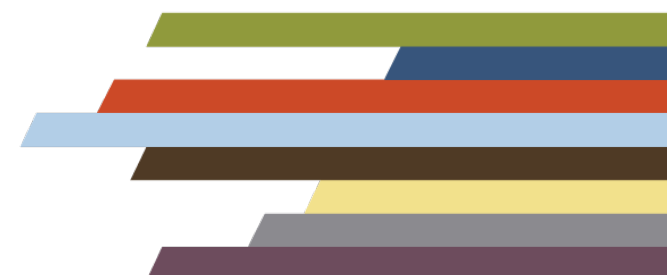
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At the time of this presentation, Tom Coderre served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the moderator and panelists and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



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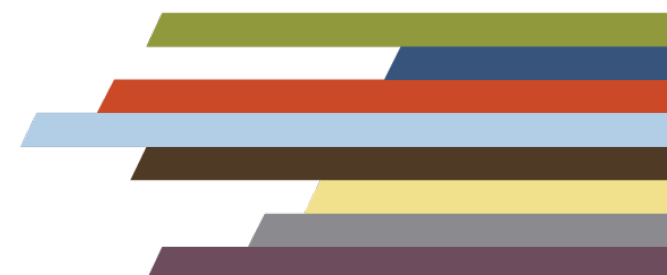
At the end of today's training please take a moment to complete a **brief** survey about today's training.

GPRA QR code for Session 8:



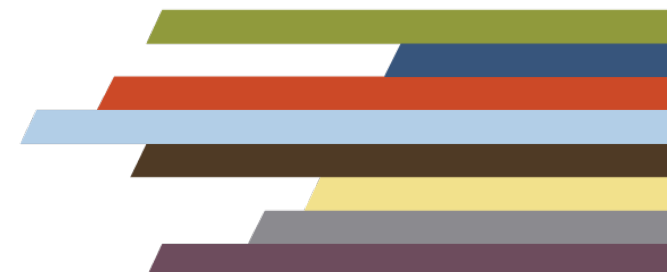
GPRA link:

<http://bit.ly/mhttc-smh-curriculum-module8-survey>



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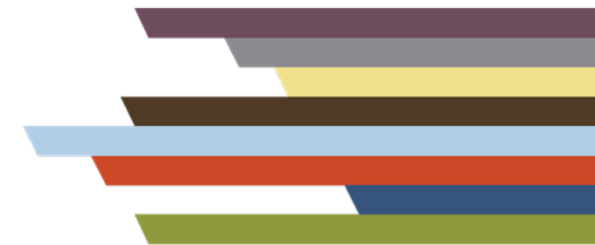
**MHTTC School Mental Health Best Practices
Always and Now 8-Part Learning Series**

FEBRUARY-MAY 2021

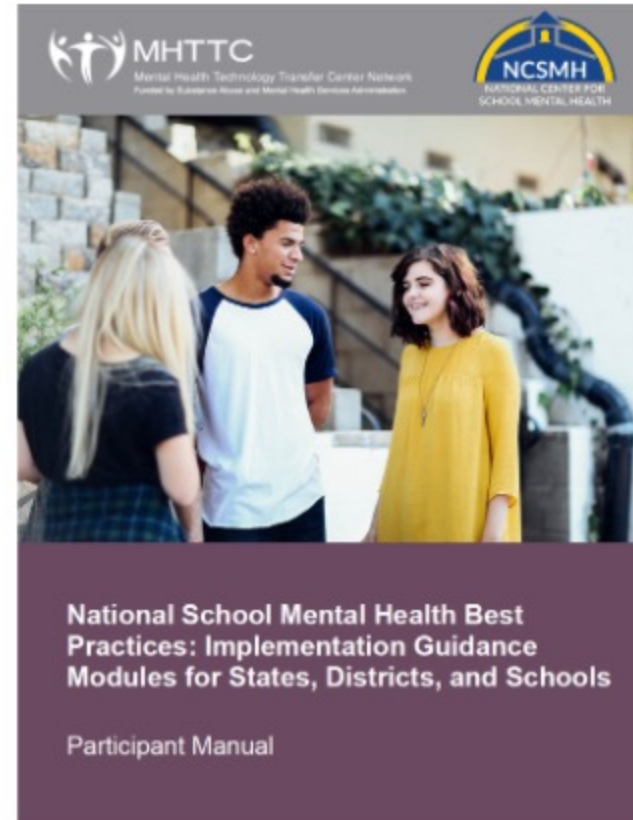
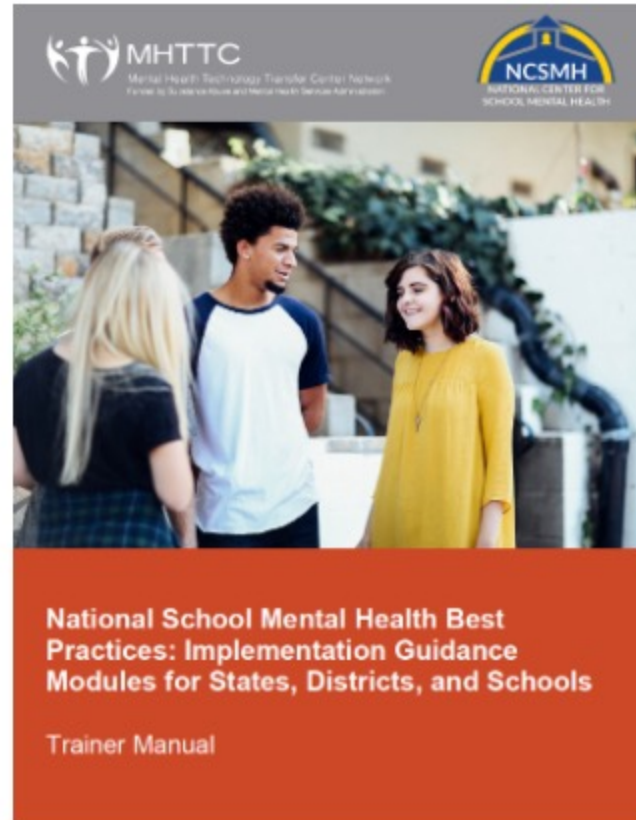
Presented by the MHTTC Network
and National Center for School Mental Health

Session 8: Impact

May 25, 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



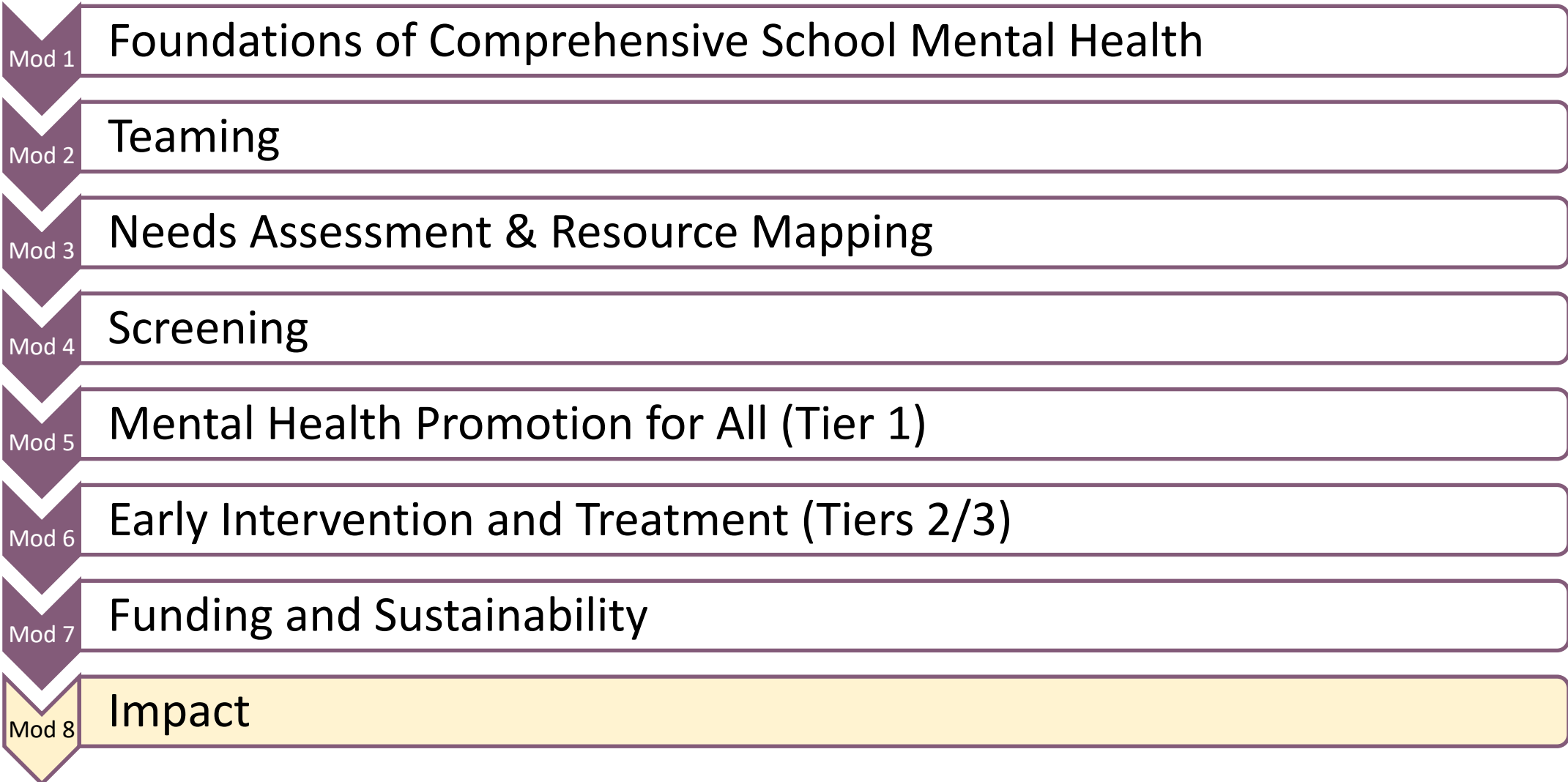
Elizabeth Connors, PhD

Assistant Professor of Psychiatry
Yale School of Medicine

elizabeth.Connors@yale.edu



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





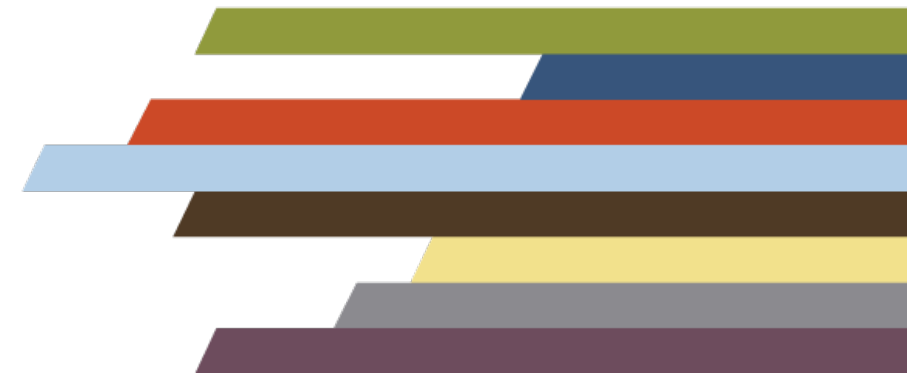
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Module 8: Impact

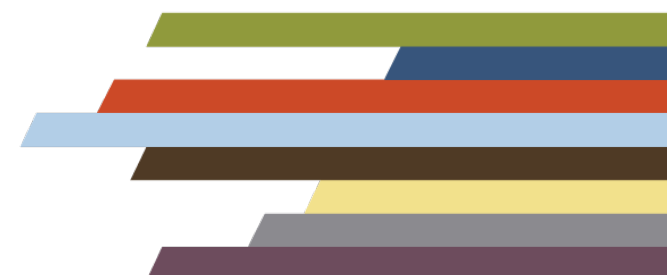
National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools





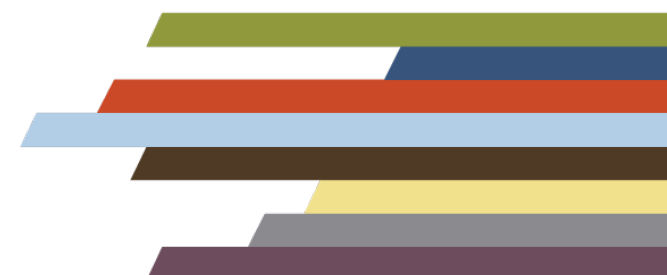
Agenda

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



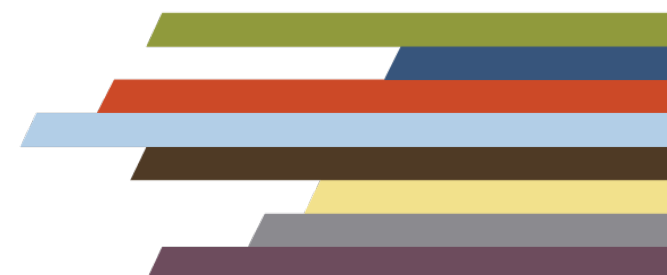
What Do We Mean by Impact?

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



Why Document and Report Impact?

- Describe your successes and challenges.
- Use the information to inform continuous quality improvement.
- Advocate for system maintenance, growth, and change.



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.

Documenting Tiers 2 and 3 Services and Supports

- How many unduplicated* students were identified through a systematic screening or other referral process to possibly receive Early Intervention (Tier 2) and/or Treatment (Tier 3) services and supports?
- What was the total number of unduplicated* students who received at least one Tier 2 or Tier 3 school mental health service or support?
- How many unduplicated* students who received Tier 2 and/or Tier 3 services and supports have documented improvement in:
 - Educational functioning?
 - Social, emotional or behavioral functioning?

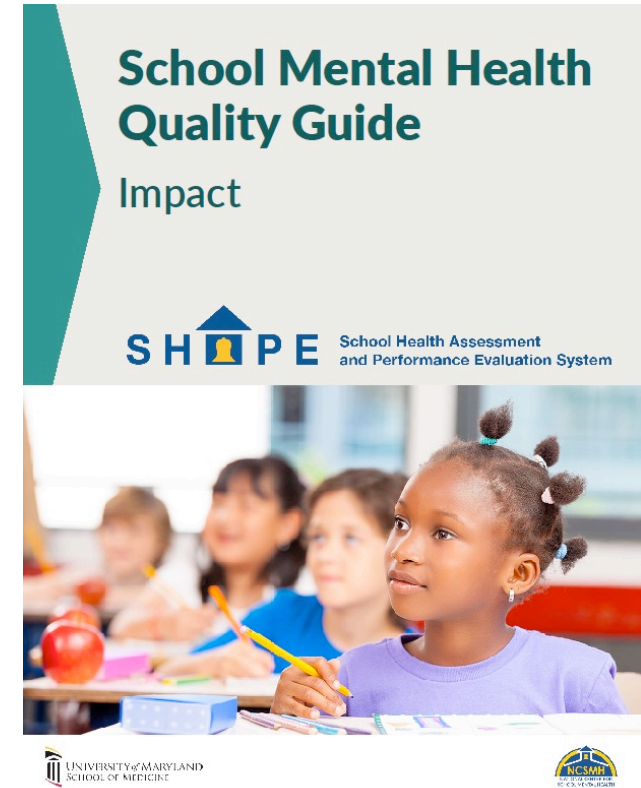
*If a student received more than one type of Tier 2 or 3 service, the student should only be counted once.

School Mental Health Quality Guide: Impact

Provides guidance to advance school mental health quality and sustainability

Includes:

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

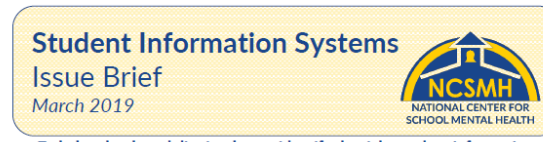


NCSMH, 2020

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.



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 (SIS) 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

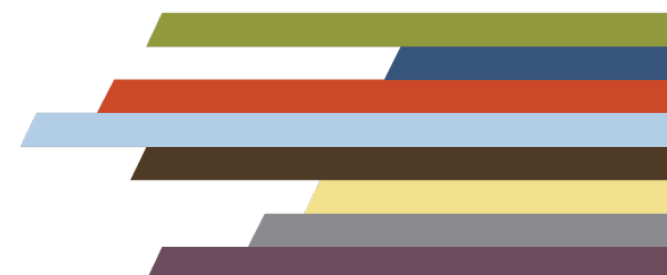
Appendix

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



One rural school district in Kansas created a systematic approach to document the impact of Tiers 2 and 3 services and supports on educational and social, emotional, and behavioral outcomes. Modeled after their documentation of Tiers 2 and 3 academic services, new codes were developed in PowerSchool (a student information system) to track referrals and provision of mental health Tiers 2 and 3 services. Their data showed that Tiers 2 and 3 mental health services and supports were provided to students with high levels of disciplinary events (68%), suspensions (55%), chronic absence (52%), and poverty for 3 or more consecutive school years (65%). Based on one school year of data, they found that of students receiving Tiers 2 and 3 mental health services, 65% no longer required Tier 2 Language Arts supports and 61% no longer required Tier 2 Mathematics supports.

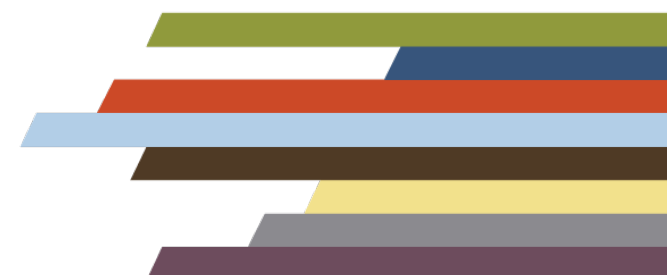


Reflection:

How effective is your district's process for gathering and using student data to inform decisions about and understand the impact of services and supports?

Questions to Consider

- What student information system(s) does your district currently use to gather and report on student educational and social, emotional, and behavioral functioning?
- What improvements are needed to more effectively gather and use student data?
- What partnerships exist (or need to be established) to support data collection efforts?



To what extent did your district/school use best practices to **document the impact of your CSMHS's effectiveness on educational outcomes?**

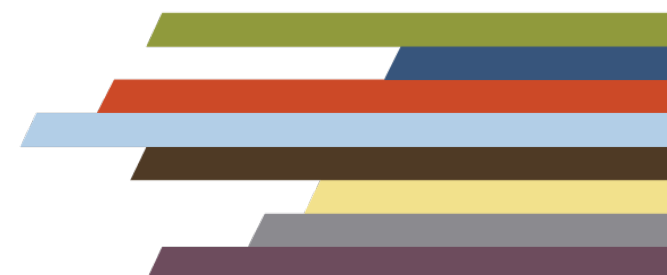
Best Practices

- Develop a theory of change about how mental health services or supports impact educational outcomes.
- Identify existing and potential data.
- Develop a plan for data collection.
- Establish data infrastructure that allows for easy collection, analysis, and reporting.
- Examine educational data to understand student progress and service affect.
- Engage diverse individuals to provide qualitative feedback.



Select Educational Data That:

- Are **likely to be affected** by school mental health services and supports
- Are **readily available or could be reasonably collected** (e.g., attendance)
- Are of **most importance and most useful** to different groups who use, fund, or are affected by the services and supports
- **Can be shared** within and beyond the school team



To what extent did your district/school use best practices to **document the impact of your CSMHS's effectiveness on social, emotional, and behavioral outcomes?**

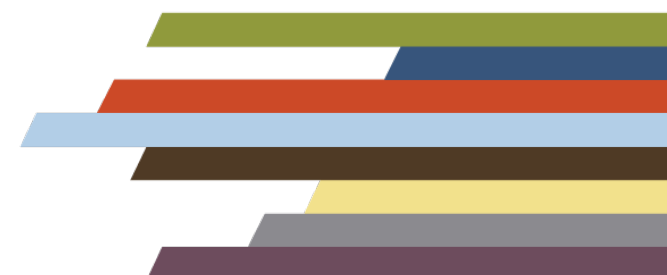
Best Practices

- Develop a theory of change about how mental health services or supports affect social, emotional, and behavioral outcomes.
- Identify existing and potential data.
- Develop a plan for data collection.
- Establish data infrastructure that allows for easy collection, analysis, and reporting.
- Examine social, emotional, and behavioral data to understand student progress and service impact.
- Engage diverse individuals to provide qualitative feedback.



Select Social, Emotional, and Behavioral Data That:

- Are **likely to be affected** by school mental health services and supports
- Are **readily available or could be reasonably collected** (e.g., self-reported distress and well-being)
- Are of **most importance and most useful** to different groups who use, fund, or are affected by the services and supports
- **Can be shared** within and beyond the school team



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

IMPLEMENTING A COMPREHENSIVE SCHOOL MENTAL HEALTH PROGRAM



Authors: Nancy Lever, Ph.D. • Elizabeth Connors, Ph.D. • Elizabeth Freeman, L.I.S.W., CP & AP • Sharon Stephan, Ph.D.

Implementing a Comprehensive School Mental Health Program is a product of the National Resource Center for Mental Health Promotion and Youth Violence Prevention, under funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Cooperative Agreement 5U79SM061516-02. The views, opinions, and content of this module do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or the U.S. Department of Health and Human Services (HHS). The National Resource Center for Mental Health Promotion and Youth Violence Prevention is operated by American Institutes for Research (AIR) in collaboration with the Center for School Mental Health, Zero to Three, Community Science, FHI 360, National Indian Child Welfare Association, National Asian American Pacific Islander Mental Health Association, National Latino Behavioral Health Association, National Leadership Council for African American Behavioral Health, and the Council of State Governments.



Lever, N., Connors, E., Freeman, E., & Stephan, S. (n.d.).



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.



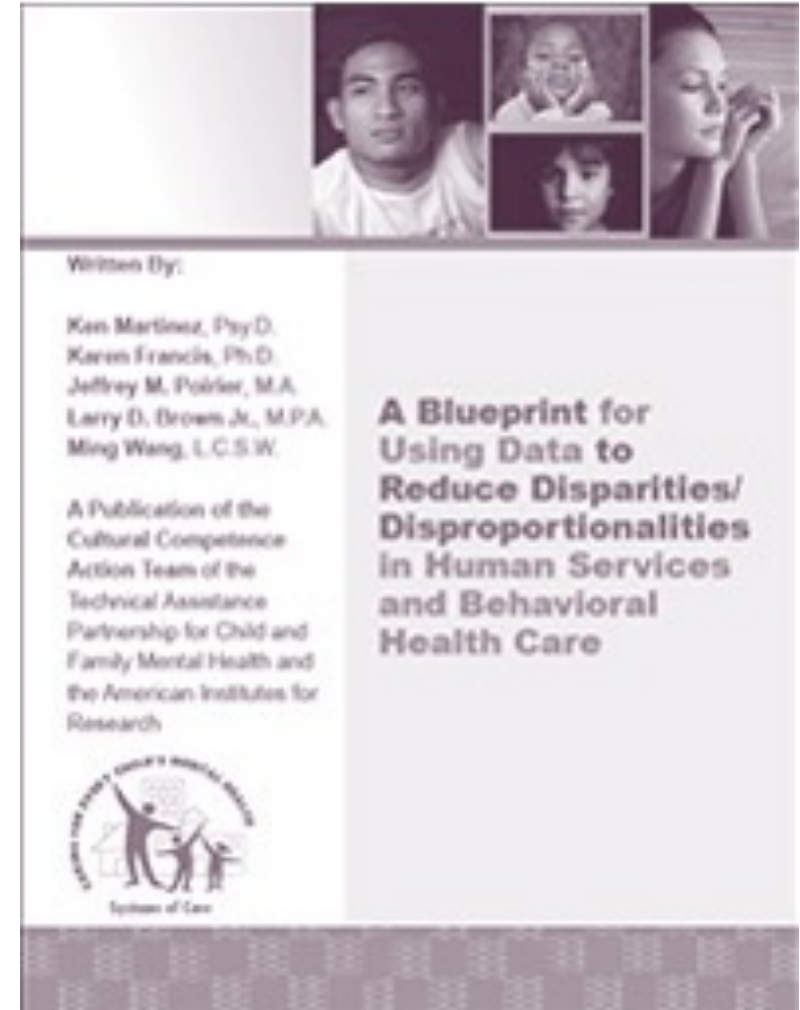
To what extent did your district/school use best practices to **disaggregate student mental health service and support data to examine student outcomes based on subpopulation characteristics?**

Best Practices

- Review current student information or data.
- Add variables relevant to subpopulation characteristics and develop a data collection plan.
- Identify student outcomes that inform action steps to improve service delivery and effectiveness.
- Examine overall student outcomes and compare to outcomes for subpopulations.
- Develop strategies to address inequities or disparities in mental health access or outcomes.

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



Reflection:

What barriers does your district have related to collecting or sharing data?

What actions do you think could help address these barriers?

Common Barriers to Collecting and Sharing Data

- Inability to share data across systems (e.g., school and community mental health providers)
- Lack of staffing capacity
- Lack of technological options/infrastructure
- Lack of knowledge, training, or time to create a data collection system

To what extent did your district/school use best practices to **report the impact of your CSMHS to a broad and diverse group of stakeholders?**

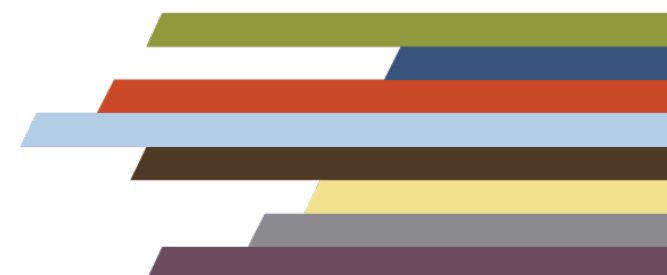
Best Practices

- Develop reports and newsletters or host meetings to share data.
- Prepare a 1-to 2-page document that compellingly communicates school mental health impact.
- Prepare an elevator speech that highlights students served and key impact.
- Present at relevant conferences and meetings.
- Develop a social marketing campaign.
- Use news media outlets to disseminate information about your services, supports, and impact.
- Use social media to communicate impact.
- Include information about CSMHS services and findings on the school or district website.




District Example

One large Midwestern school district-community partnership developed a data system for community-partnered mental health clinicians to submit Strengths and Difficulties Questionnaires for all students served in Tier 3 services every 3 to 6 months. After several years, there is now a large dataset that this team uses to monitor trends in student outcomes and the relation between mental health and academic outcomes, and to communicate findings to education partners and other stakeholders. The team has also successfully used the data to demonstrate the positive impact of mental health services on student outcomes and to leverage findings to secure additional state funding.



Reporting the Impact of School Mental Health

- Safe Schools/Healthy Students state grantees
- State leaders are provided with a template with recommended sections:
 - Background
 - Highlights
 - Local examples
 - Quotes from key stakeholders
 - Impact data
 - Implications



Nevada State and Community Partnerships Creating Safe and Healthy Schools


BACKGROUND

Between 2000-2009, Nevada was one of the fastest growing states in the country, but in 2010, the U.S. economic depression hit hard, particularly in the rural counties. Suddenly Nevada had the highest foreclosure rate in the country and rated last in many education and health indicators. In 2013, the Safe Schools/Healthy Students (SS/HS) grant offered the opportunity to build back depleted resources that students, families, and schools so desperately needed.

EVIDENCE-BASED PRACTICES AND PROGRAMS

When we started, there were no school-based mental health programs in any of the three communities. Nevada currently implements the following practices in Lyon, Nye, and Washoe County schools:

- ✓ Signs of Suicide Screening
- ✓ Mental Health First Aid
- ✓ Reconnecting Youth
- ✓ Service Learning
- ✓ Project Alert
- ✓ Project Northland
- ✓ Restorative Practices
- ✓ Motivational Interviewing
- ✓ Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- ✓ Safe Schools Ambassadors
- ✓ Positive Behavioral Interventions and Supports (PBIS)
- ✓ Technical Assistance Center on Social Emotional Intervention (TACSEI)



STATE AGENCY PARTNERSHIP

HIGHLIGHTS

- **School Climate and Mental Health:** Significantly increased professional development training and placement of mental health professionals in schools by leveraging state legislation (SB 515), funding from federal grants and university partnerships, as well as creating an Office for a Safe and Respectful Learning Environment

Governor's vision:
1 social worker/250 students

- **"The Collaboratory":** Integrates various state grants and initiatives to ensure a climate of collaboration. Partnerships in our Integration Team include Now Is the Time/Project AWARE, School Climate Transformation, Pre-K Development, Systems of Care, Office for a Safe and Respectful Learning Environment, Juvenile Justice Diversion Policy Academy, and State Youth Treatment Planning for Substance Abuse.

2,562 young children (ages 5 and younger) entering kindergarten with routine developmental screenings

- **Rich tapestry of mental health resources:** A community "hub" model for local level collaboration in three key Nevada communities: Lyon, Nye, and Washoe Counties.

1,963 trained mental health professionals, school administrators, teachers, and students to support student social, emotional, and behavioral well-being.

"When parents come to me seeking help, I feel I am finally able to provide them with the help they need. I used to feel frustrated not knowing what kind of resources were available. Now I say, 'I know you are frustrated AND I know exactly how to help.'"


— School Principal, Lyon County, NV

Nevada Department of Education (n.d.)

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

Innovation That Works



CHILDREN DESERVE TO THRIVE: THE SAFE SCHOOLS/HEALTHY STUDENTS DIFFERENCE

All children and youth are worthy of the opportunity to thrive in school and life. However, there are a number of factors that can negatively impact their well-being and success at any age, in and out of the classroom—from trauma to substance abuse to mental health. For decades, schools and communities have implemented patchwork solutions that may meet different demands but are unable to address these challenges collectively.

The Safe Schools/Healthy Students (SS/HS) approach is different. Its innovative Framework provides a roadmap to comprehensively address behavioral and mental health, youth violence prevention, substance use, and school safety. Comprehensive as well as flexible, the SS/HS Framework guides states, communities, schools, and their partners to choose the solutions that are right for them.

NATIONAL IMPACT | 2014-18

In 21 innovative and diverse communities across seven states, it is clear that that SS/HS works:

- 34,000** MORE THAN STUDENTS RECEIVED SCHOOL-BASED MENTAL HEALTH SERVICES
- 60,000** INDIVIDUALS WERE TRAINED IN MENTAL HEALTH PROMOTION AND YOUTH VIOLENCE PREVENTION*
- 18%** FEWER STUDENTS REPORTED CONSUMING ALCOHOL ON ONE OR MORE DAYS IN THE PAST MONTH
- 200,000** STUDENTS WERE SERVED BY SS/HS PROGRAMMING**

THE SS/HS FRAMEWORK

Built upon the latest research on youth violence prevention and behavioral health, the SS/HS Framework tool provides a structure that can help any state, school, or community replicate the success of SS/HS.

STRATEGIC APPROACHES

- Collaboration & Partnership
- Technology
- Policy Change & Development
- Capacity Building
- Systemic Change & Integration

ELEMENTS

- Promoting Early Childhood Social & Emotional Learning & Development
- Promoting Mental, Emotional & Behavioral Health
- Connecting Families, Schools & Communities
- Preventing Behavioral Health Problems
- Creating Safe & Violence-Free Schools

GUIDING PRINCIPLES

- Cultural & Linguistic Competency
- Serving Vulnerable & At-Risk Populations
- Developmentally Appropriate
- Resource Leveraging
- Sustainability
- Youth-Guided & Family-Driven
- Evidence-Based Interventions

SUCCESS AT THE STATE AND LOCAL LEVELS

A strength of the SS/HS approach is understanding that "one size does not fit all." Using the Framework tool, the initiative's states, communities, and school districts have applied strategies, evidence-based programs, and best practices to address their unique needs:

CONNECTICUT

50% decrease in overall number of suspensions and expulsions in the New Britain Schools.

14% decrease in chronic absenteeism statewide.

MICHIGAN

39% decrease in office disciplinary referrals in Houghton Lake.

1,500 families statewide have engaged in planning and/or implementing programs and activities that assist students.

NEVADA

39% decrease in number of students who reported staying home from school due to feeling unsafe at school in Washoe County.

1,127 young children received developmental screenings from 2015-2017 in Nye and Lyon Counties by community organizations who did not previously offer screenings.

NEW HAMPSHIRE

64% of Concord's teachers reported having more instructional time after adopting mindfulness into the school day.

25% increase in Ages and Stages Questionnaire screenings statewide.

OHIO

67% decrease in disruptive behaviors in kindergartners at SS/HS schools implementing the PAK Good Behavior Game.

16% decrease in the number of LGBTQ students who reported being bullied at SS/HS schools.

PENNSYLVANIA

16,000+ educators, youth/family, and community service providers trained in Youth Mental Health First Aid by the state's 375 certified trainers.

51% reduction in reported risk associated with depression and suicide at SS/HS schools.

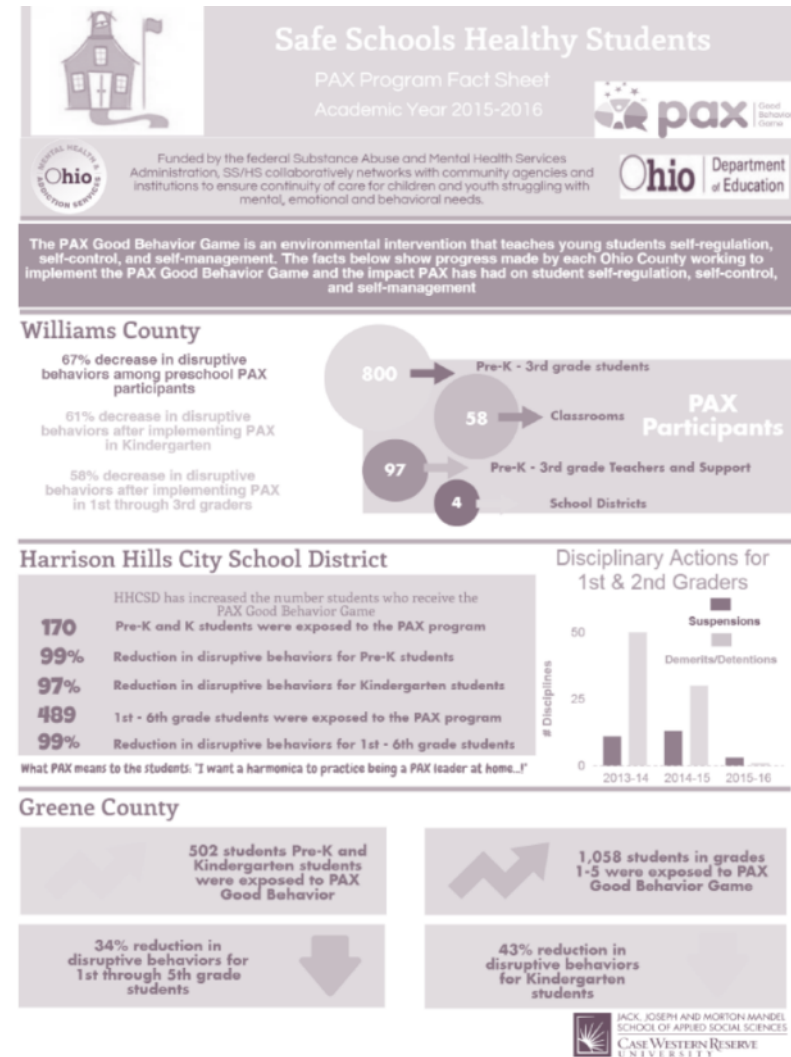
READY TO INNOVATE?

FOR MORE INFORMATION ABOUT SS/HS, VISIT www.healthysafechildren.org

LEARN ABOUT AND EXPLORE THE FRAMEWORK AT www.healthysafechildren.org/sshs-framework

Reporting the Impact of an Evidence-Based Program

- Safe Schools/Healthy Students state grantees
- Infographic to illustrate impact of an evidence-based practice
 - Description of intervention
 - Participant details
 - Impact data



(Safe Schools/Healthy Students, n.d.)

Reflection:

What do you think would be the most compelling finding to highlight about school mental health in your district and how would you best share the information?

Questions to Consider

- From whom are you trying to get buy-in?
- What matters most to this group?
- What can you share about school mental health that would matter to them?
- What qualitative information (e.g., success stories, descriptive experiences) would be useful?
- How can you best share the information?

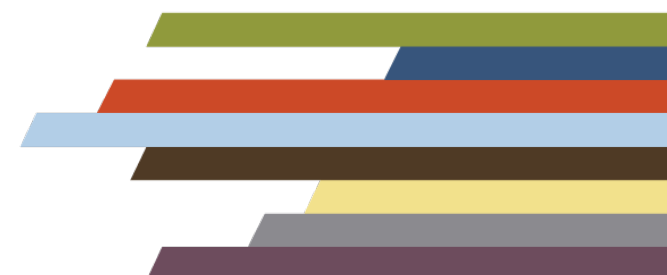


Discussion

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

Strategic Planning

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



Resources

Connors, E., Moffa, K., Lever, N., & Hoover, S. (2019). *Student information systems issue brief*. National Center for School Mental Health, Baltimore, MD. Retrieved from <http://bit.ly/SISbrief>

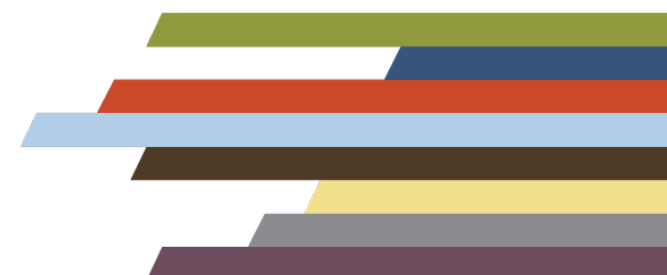
Lever, N., Connors, E., Freeman, E., & Stephan, S. (n.d.). *Implementing a comprehensive school mental health program*. Retrieved from: http://airhsdlearning.airws.org/SMHModule3/story_html5.html

Martinez, K., Francis, K., Poirier, J.M., Brown, L.D., & Wang, M. (2013). Blueprint for using data to reduce disparities/disproportionalities in human services and behavioral health care. *American Institutes for Research*. Retrieved from <https://www.air.org/resource/blueprint-using-data-reduce-disparities-disproportionalities-human-services-and-behavioral>

National Center for School Mental Health (NCSMH, 2020). *School Mental Health Quality Guide: Impact*. NCSMH, University of Maryland School of Medicine. Retrieved from <http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/QualityGuides/Impact-2.25-HR.pdf>

Nevada Department of Education. (n.d.). Nevada state and community partnerships creating safe and healthy schools. *Safe Schools/Healthy Students*. Retrieved from <https://healthysafechildren.org/sites/default/files/GranteeProfile-NV-508.pdf>

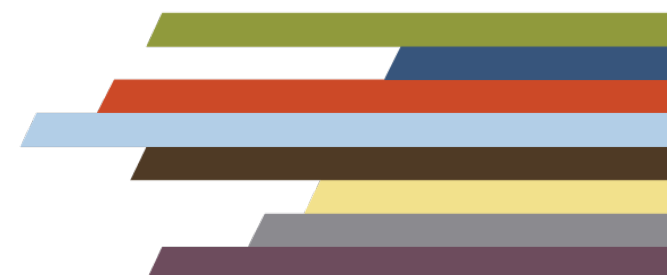
Safe Schools Healthy Students. (n.d.). PAX program fact sheet: Academic year 2015-2016. Retrieved from <http://bit.ly/2Vz mh90>



References

Lang, J. (2018). *Connecticut update*. Presented at the Healing Connecticut's Children: The Trauma Focused Evidence-Based Practice Conference, Hartford, CT.

Safe School/Healthy Students. (n.d.). *Innovation that works: Children deserve to thrive: The Safe Schools/Healthy Students difference*. Retrieved from https://healthysafechildren.org/sites/default/files/SS-HS_infographic.PDF





MHTTC

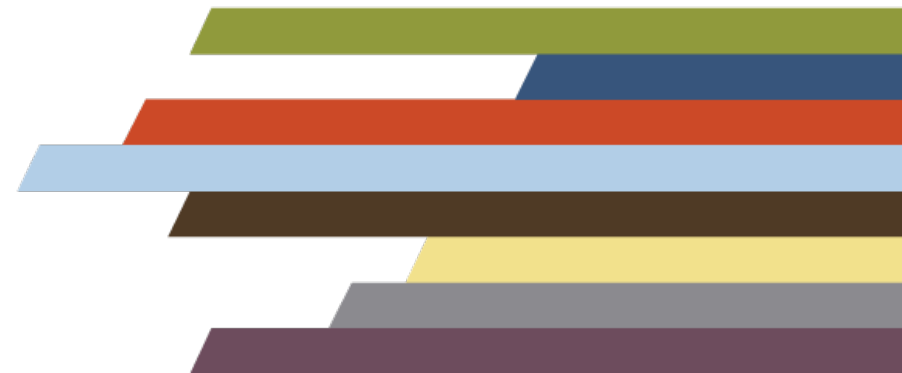
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



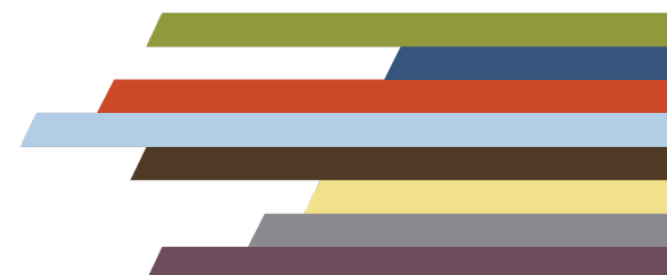
Acknowledgments

This work is supported by grant SM081726 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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



Panel Discussion



Panelists



Amber Fox has been a member of the Kent School Services Network Administrative team in Kent County, Michigan since 2014. She has a Master's in Social Work and more than 20 years of experience in the fields of Youth Development, Education and Social Work. Previously, she served as the Kent ISD program coordinator for Michigan's Project AWARE (2014-2018). In her current role of Director of Integrated Supports and Team Lead Supervisor, she co-coaches and co-develops a team of 40 community school coordinators and 5 team leads, serving 45 schools in 9 school districts. She is a certified Youth Mental Health First Aid trainer and Youth Program Quality External Assessor.



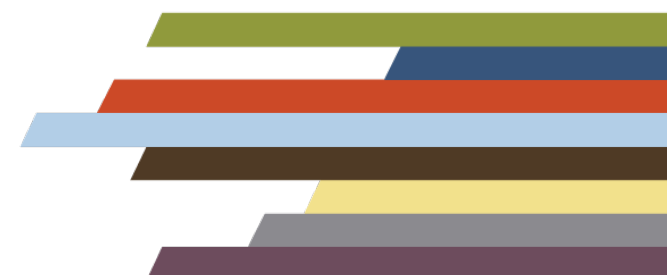
Dr. Louis Laffitte, Jr., is an instructional trailblazer who partners with thought leaders across the country to improve outcomes for learners of all ages and demographics. With more than two decades dedicated to the field of education, Dr. Laffitte's critical insight into what drives teaching and learning has benefited students and colleagues alike. With a career path focused on empowering the disenfranchised, Laffitte has been a voice and advocate for change, which has benefited the many leadership roles he's undertaken as an educator. These roles have included principal, special education director, human resources director and assistant superintendent.



Discussion Questions

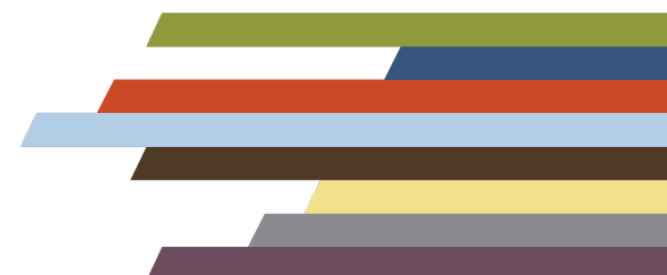
- How do we see adult belief system shift as indicators of impact? Share a story where you could sense the palpable culture shift.
- What are moments, signs, or signals that something has shifted because of our school mental health championship work (e.g., how might the type of services you are providing in tiers reflect the impact you're making) ?
 - How might we as school leaders understand when we are disrupting harm in our systems?
- What are some of the challenges related to impact?
- How do we know if we have had impact? (And...Is it ok to never know?)
- Because of the pandemic, what are you interpreting as impact differently or similarly?
- How might we celebrate the wins? Communicate the wins? Remember the wins?

Q&A

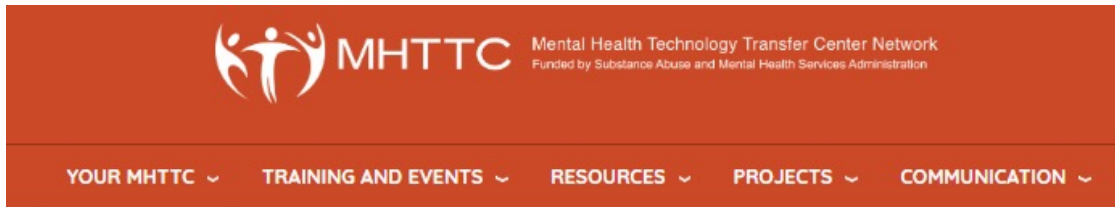


Coming up next: Regional Breakout Sessions

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

Centers Across The Network



National American Indian and Alaska Native MHTTC

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native@mhttcnetwork.org



National Hispanic and Latino MHTTC

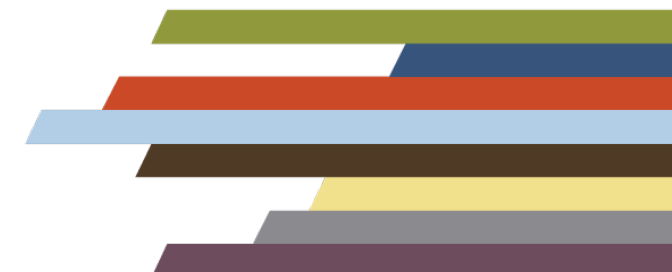
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newengland@mhttcnetwork.org
States Served
CT, ME, MA, NH, RI, VT

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>



The Learning Session-We're Done!

- ~~February 23: *Teaming*~~
- ~~March 9: *Needs Assessment and Resource Mapping*~~
 -
- ~~March 23: *Screening*~~
 -
- ~~April 13: *Mental Health Promotion for All (Tier 1)*~~
 -
- ~~April 27: *Early Intervention and Treatment (Tiers 2 and 3)*~~
 -
- ~~May 11: *Funding and Sustainability*~~
 -
- ~~May 25: *Impact*~~



Learn More:

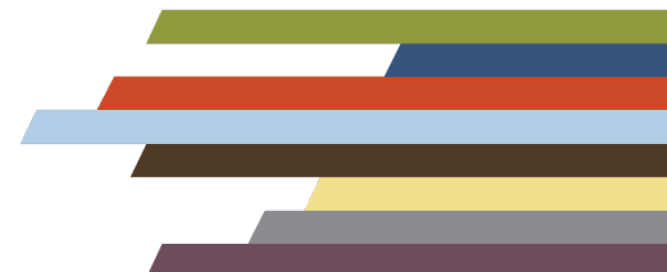
<https://bit.ly/smh-always-and-now>

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!

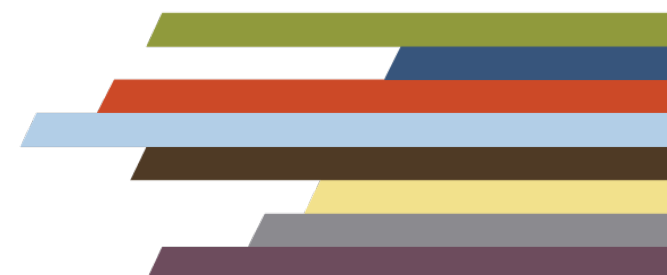


<http://bit.ly/implementation-guidance-modules>



Future School Mental Health Training and Technical Assistance Opportunities!

- Additional year of funding for MHTTC School Mental Health Initiative granted
- **Help us help you!** How may we continue supporting the implementation of school mental health best practices in your region in Fall 2021 / Spring 2022?
- Feedback Request Form coming your way in a week!



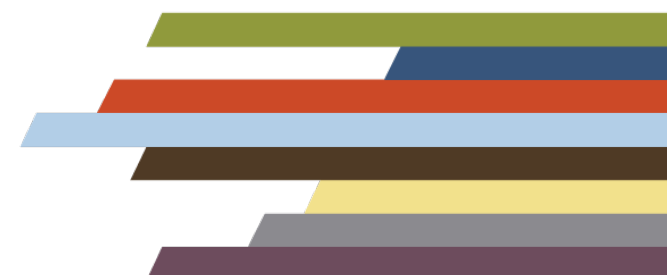
Classroom WISE: School Technical Assistance Opportunity



Classroom
WISE

Well-Being Information and
Strategies for Educators

- **FREE** mental health literacy package for teachers and school staff: online course, high-impact video series, website with resource library; launching June
- In Fall 2021, we're planning a technical assistance opportunity for 24 schools across the US
 - Interest in using Classroom WISE across the school
 - Designate school implementation team
 - Receive free technical assistance
- If interested, sign up for more information:
 - <https://forms.gle/f9Zb3GQf2pJ6Z8KfA>



Evaluation Information

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.

GPRA QR code for Session 8:



GPRA link:

<http://bit.ly/mhttc-smh-curriculum-module8-survey>

