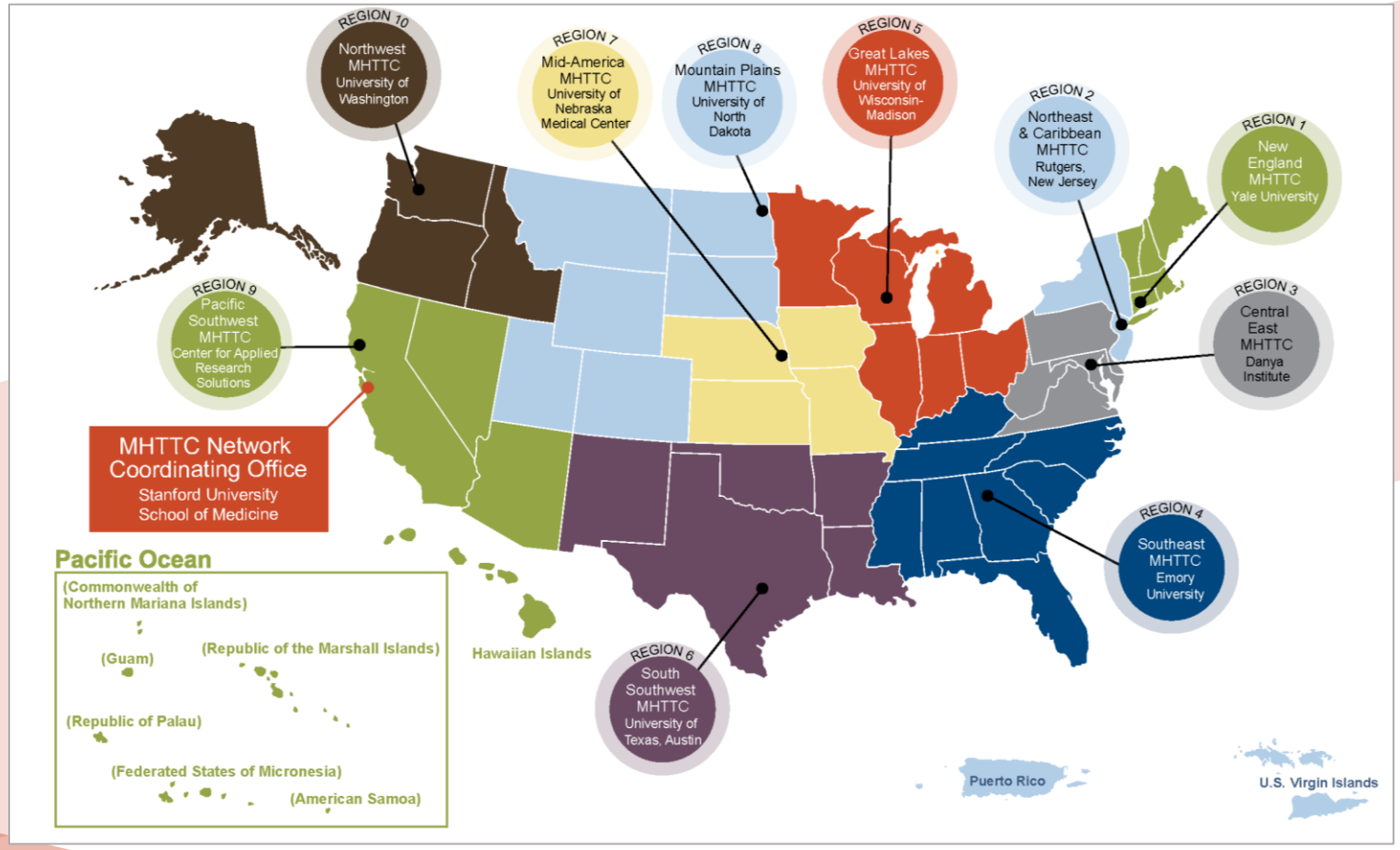
SMH Implementation: A Learning Session for Project AWARE Grantees

April 11, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

The Mental Health Technology Transfer Center (MHTTC) Network

- Accelerate the adoption and implementation of mental health related evidence-based practices across the nation
  - Develop and disseminate resources
  - Provide training and technical assistance
  - Deliver workforce development opportunities for the mental health field



https://mhttcnetwork.org/

Foundations of Comprehensive School Mental Health

Mental Health Promotion

www.casel.org

Share in the chat 1 skill would you wish for all graduating students to possess?

Most commonly diagnosed mental disorders in children

ADHD 9.8% (approximately 6.0 million)

Anxiety 9.4% (approximately 5.8 million)

Behavior problems 8.9% (approximately 5.5 million)

Depression 4.4% (approximately 2.7 million)

CDC, 2022

Among adolescents aged 12-17 years in 2018-19 reporting on the past year:

15.1% had a major depressive episode	36.7% had persistent feelings of sadness or hopelessness	4.1% had a substance use disorder
1.6% had an alcohol use disorder	3.2% had an illicit drug use disorder	18.8% seriously considered attempting suicide
15.7% made a suicide plan	8.9% attempted suicide	2.5% made a suicide attempt requiring medical treatment

National Center for Health Statistics, 2022

After 2-year decline, suicide rates rise again

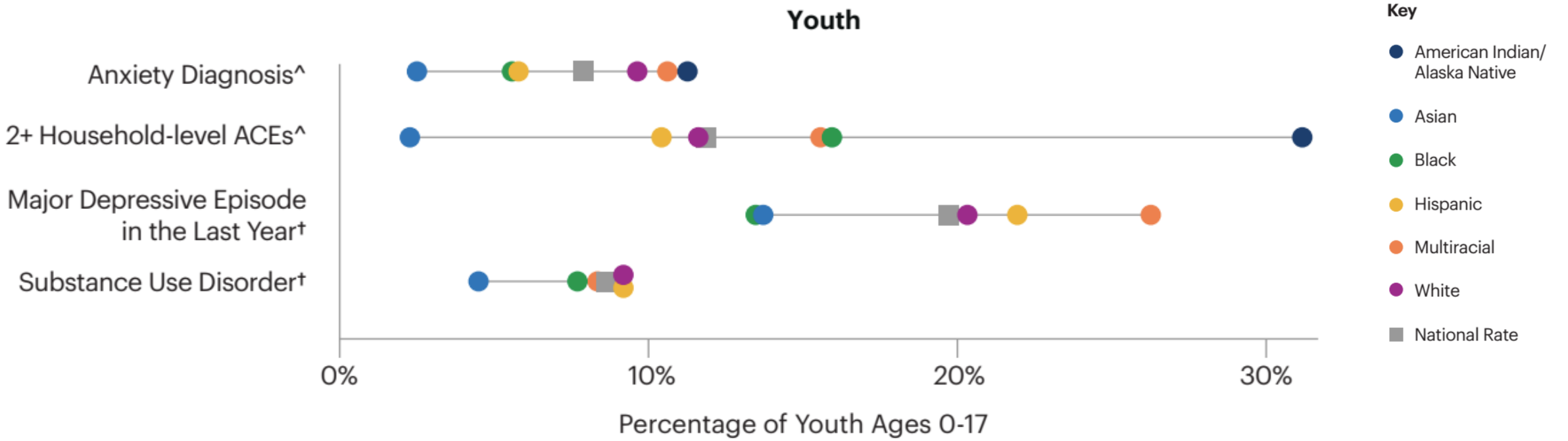
- Suicide rates fell in 2019 and 2020. Now seeing uptick that may indicate a return to pre-pandemic levels

- Males ages 15 to 24 continue to be at higher risk than other groups. In 2021, there were 24.1 suicides per 100,000 people in this group, up from 22.4 per 100,000 in 2020, an increase of 8%

- In 2020, 204 girls ages 10 to 14 died by suicide. In 2021, that number rose to 237 — an increase of 16%. The overall numbers are so low in this age group, however, that they're not considered statistically significant

National Center for Health Statistics, 2022

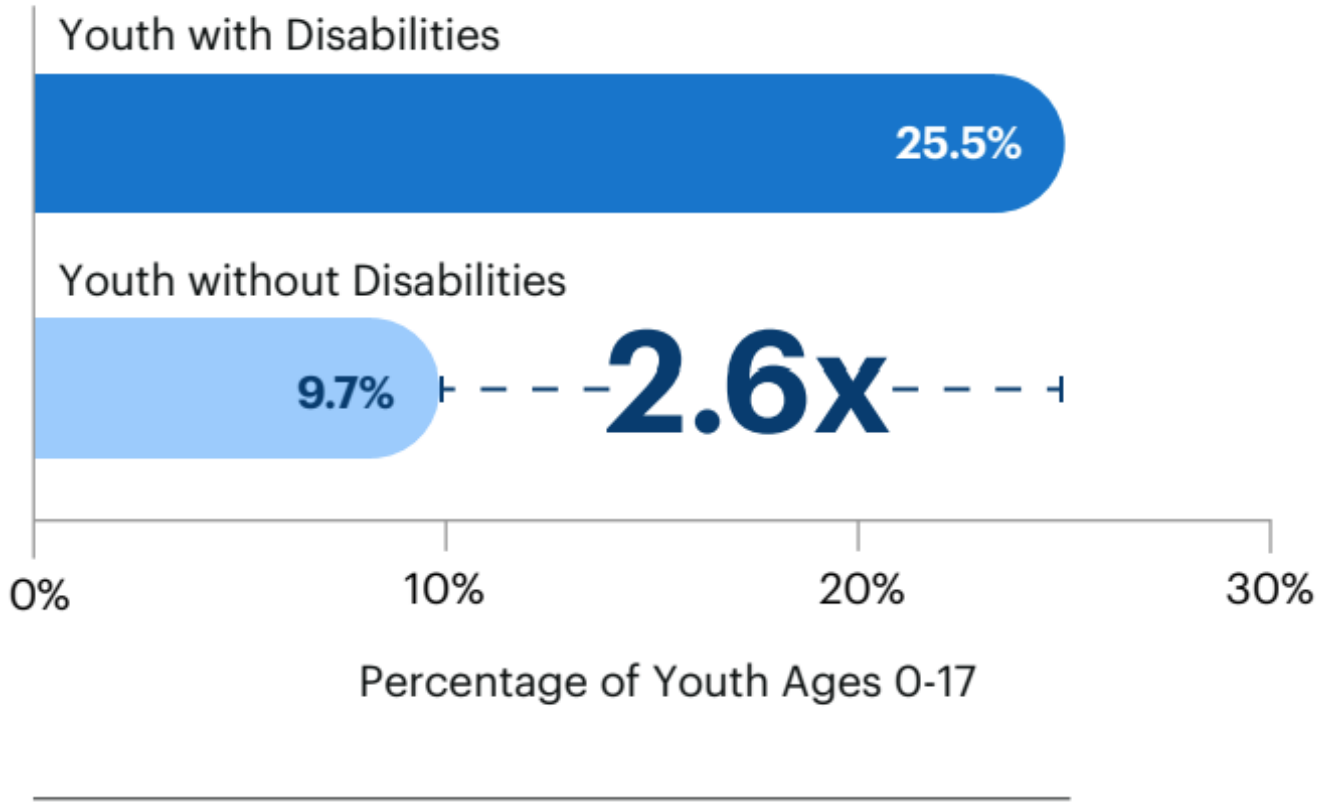
Mental and Behavioral Health Disparities by Race and Ethnicity



Sources: *Behavioral Risk Factor Surveillance System (BRFSS), 2021; †National Survey of Drug Use and Health (NSDUH), 2021; ^National Survey of Children's Health (NSCH), 2021.

Link to Brief

2+ Household-level ACEs in Youth



Source: National Survey of Children's Health (NSCH), 2021.

Link to Brief

IEPs & Mental Health

- Only .718 percent of students are identified with emotional disturbance for an individualized education program (IEP).
  - IEPs, with sufficient resources for schools and teachers, are critical for ensuring that youth with disabilities can receive the individualized services, supports, and accommodations to succeed in a school setting.

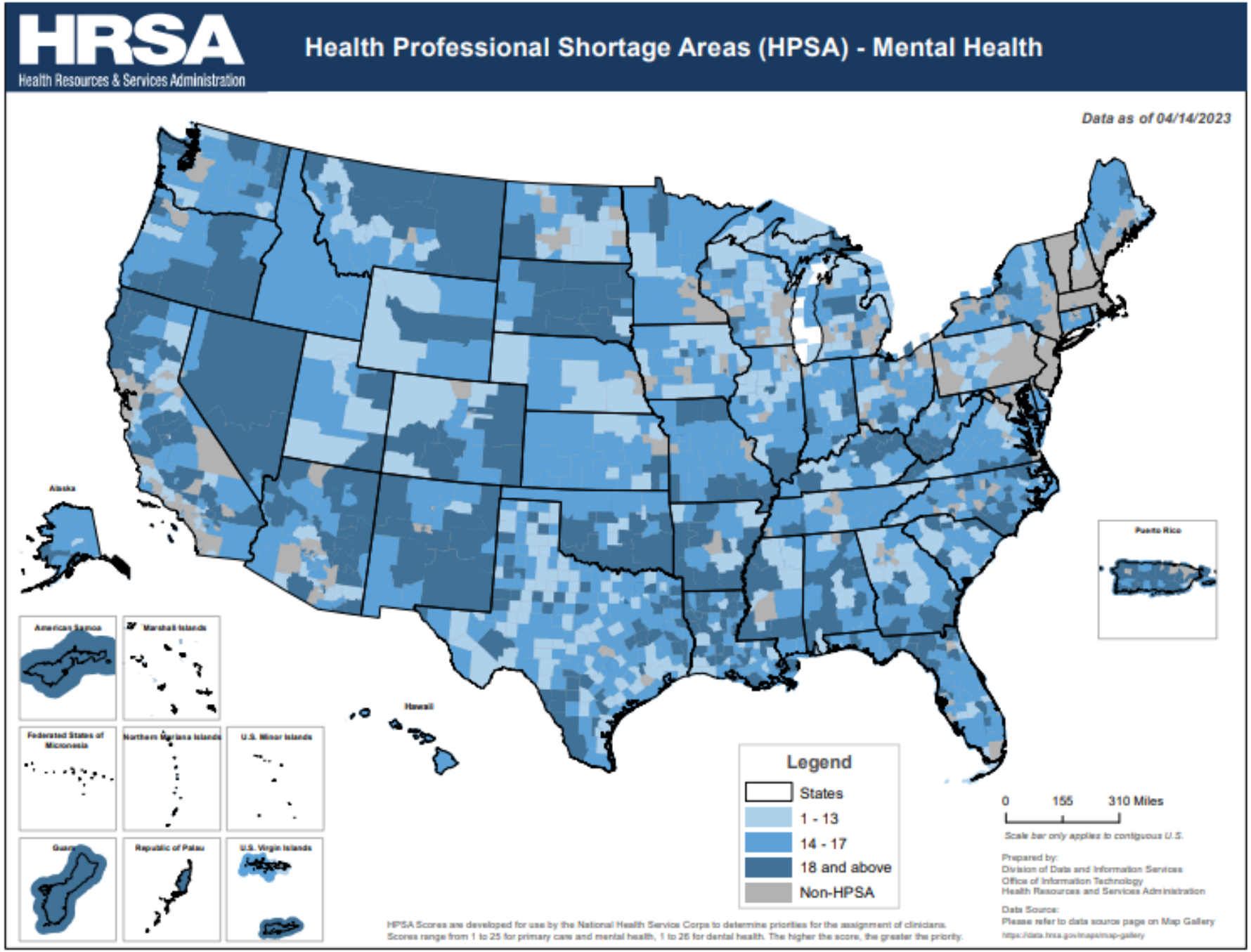
National Center for Health Statistics, 2022

Mental Health Intervention

Schools are the primary mental health service provider for children.

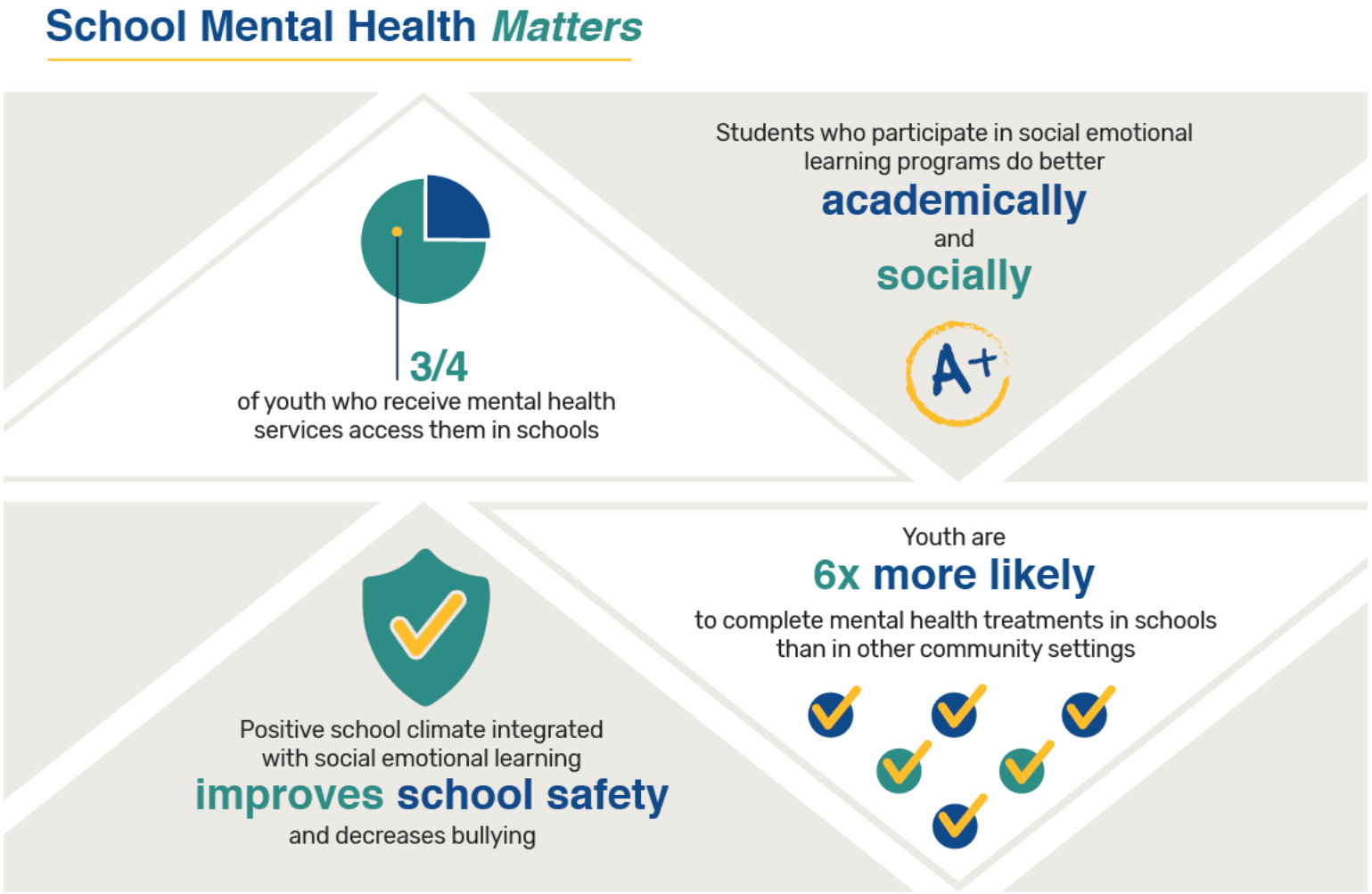
60-80% of children who receive mental health services do so in schools.
(Burns et al., 1995; Green et al., 2013)

20% of students receive some form of school mental health services annually.
(Foster et al., 2005)


HRSA
Health Resources & Services Administration
Health Professional Shortage Areas (HPSA) - Mental Health
Data as of 04/14/2023
Alaska
Hawaii
Puerto Rico
American Samoa
Marshall Islands
Federated States of Micronesia
Northern Mariana Islands
U.S. Minor Islands
Guam
Republic of Palau
U.S. Virgin Islands
Legend
States
1 - 13
14 - 17
18 and above
Non-HPSA
0 155 310 Miles
Scale bar only applies to contiguous U.S.
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Data Source:
Please refer to data source page on Map Gallery
https://data.hrsa.gov/maps/map-gallery
HPSA Scores are developed for use by the National Health Service Corps to determine priorities for the assignment of clinicians.
Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental health. The higher the score, the greater the priority.

HRSA, 2023

School Mental Health Impact



NCSMH, 2019

School Mental Health Outcomes

Improvements in social and self-awareness, decision-making capacity, and relationship skills (Durlak et al., 2011)

Better academic outcomes (Durlak et al., 2011; Kase et al., 2017)

Fewer special education referrals and decreased need for restrictive placements (Bruns et al., 2004)

Fewer disciplinary actions (Flannery et al., 2014; Taylor et al., 2017)

Increased student engagement and feelings of connectedness to school (Greenberg et al., 2005)

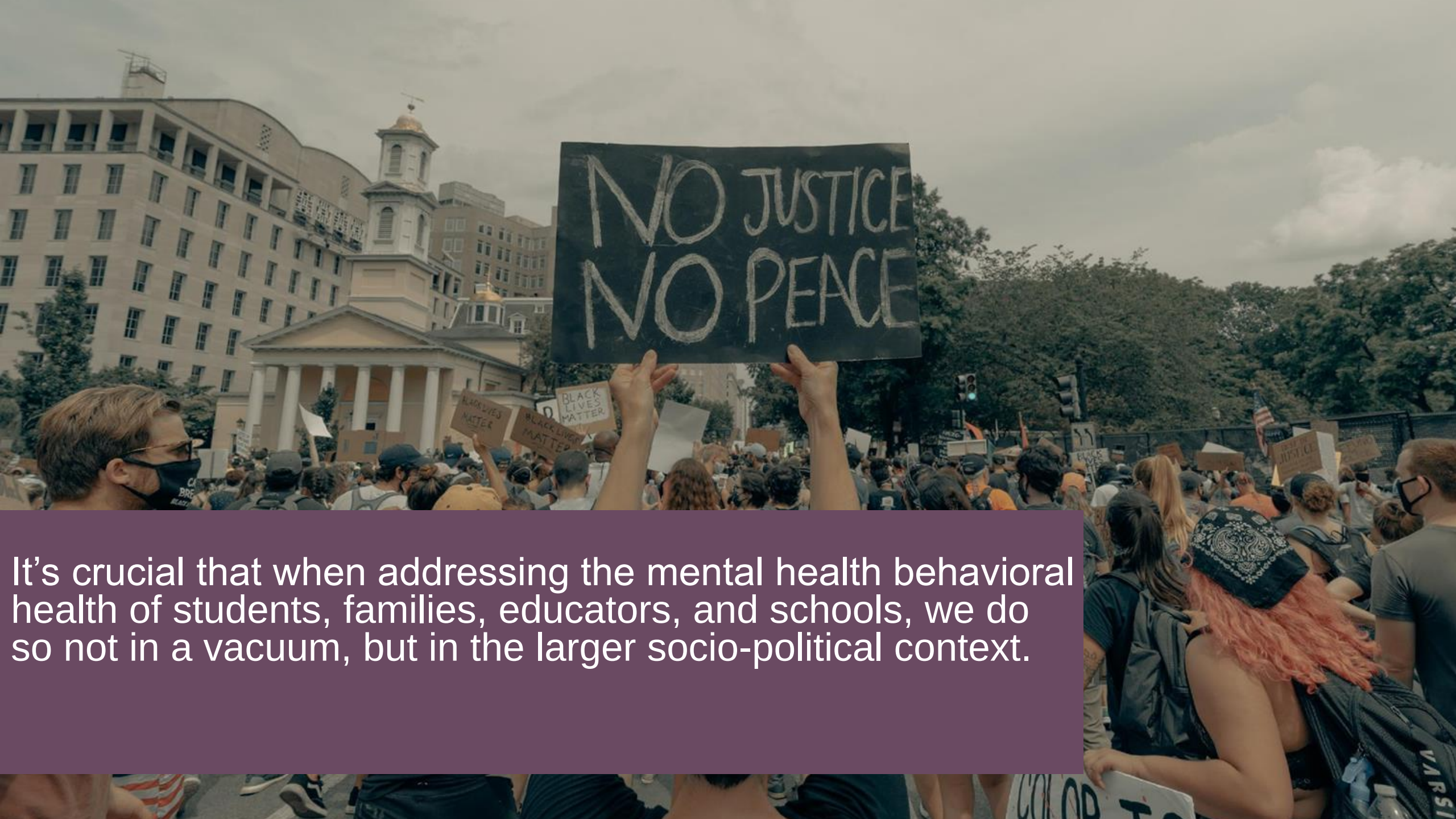
Comprehensive School Mental Health

Comprehensive School Mental Health Systems

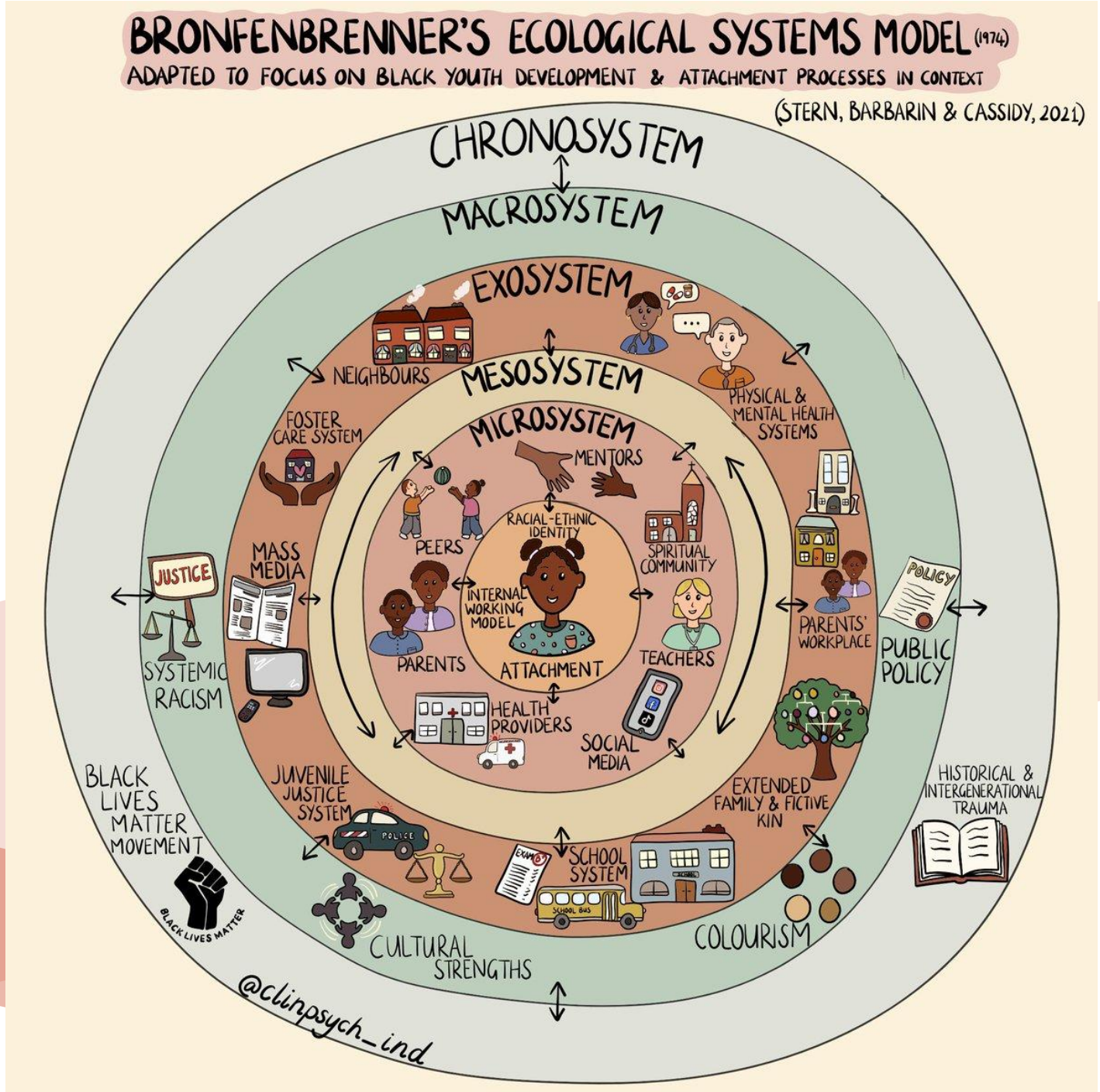
- provide a **full array of supports and services** that promote positive
- school climate, social emotional learning, mental health and well-being, while reducing the prevalence and severity of mental illness
- **built on a strong foundation of district and school professionals**,
- including administrators and educators, specialized instructional support
- personnel (e.g., school psychologists, school social workers, school counselors, school nurses and other school health professionals)
  - in **strategic partnership** with **students, families and community health and mental health partners**
- assess and address the **social and environmental factors** that impact health and mental health

Core Features

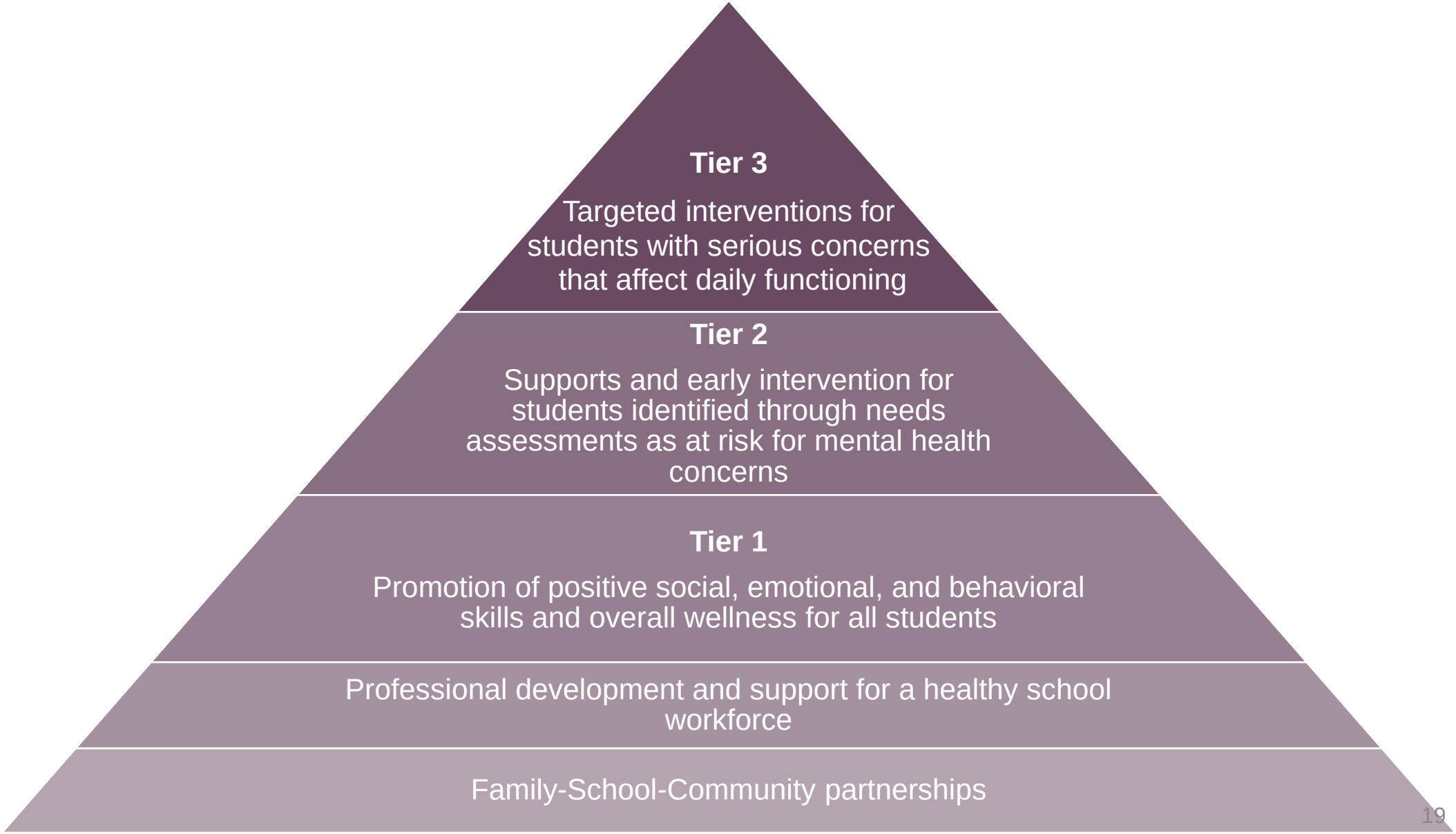
- Educators and Student Instructional Support Personnel
  - Adequate staffing and support
  - Trained to address student mental health in schools
- Collaboration and Teaming
  - Youth and families
  - Community health/mental health and other partners
- Multitiered System of Supports
  - Mental health promotion support (Tier 1)
  - Early intervention and treatment services and supports (Tiers 2-3)
- Evidence-Informed Services and Supports
- Cultural Responsiveness and Equity
- Data-Driven Decision-Making



It’s crucial that when addressing the mental health behavioral health of students, families, educators, and schools, we do so not in a vacuum, but in the larger socio-political context.


BRONFENBRENNER'S ECOLOGICAL SYSTEMS MODEL (1974)
ADAPTED TO FOCUS ON BLACK YOUTH DEVELOPMENT & ATTACHMENT PROCESSES IN CONTEXT
(STERN, BARBARIN & CASSIDY, 2021)
CHRONOSYSTEM
MACROSYSTEM
EXOSYSTEM
MESOSYSTEM
MICROSYSTEM
NEIGHBOURS
FOSTER CARE SYSTEM
PHYSICAL & MENTAL HEALTH SYSTEMS
MENTORS
PEERS
RACIAL-ETHNIC IDENTITY
SPIRITUAL COMMUNITY
MASS MEDIA
JUSTICE
INTERNAL WORKING MODEL
PARENTS' WORKPLACE
POLICY
PUBLIC POLICY
PARENTS
ATTACHMENT
TEACHERS
SYSTEMIC RACISM
HEALTH PROVIDERS
SOCIAL MEDIA
BLACK LIVES MATTER MOVEMENT
JUVENILE JUSTICE SYSTEM
POLICE
EXTENDED FAMILY & FICTIVE KIN
HISTORICAL & INTERGENERATIONAL TRAUMA
SCHOOL SYSTEM
EXAM
SCHOOL BUS
BLACK LIVES MATTER
CULTURAL STRENGTHS
COLOURISM
@clinpsych_ind

Multitiered System of Supports (MTSS)



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

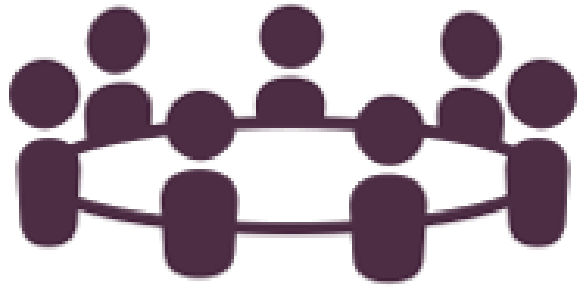
National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools

Trainer Manual

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

Participant Manual

Target Audience



- **District teams** that can influence, develop, and oversee school mental health systems at the school district and buildin

  District teams may include:
  - School District Leaders (e.g., Superintendent, School Board)
  - School Administrators (e.g., Principal, Assistant Principal)
  - District Mental Health Director or Student Services Supervisor (e.g., Director of Student Services, District Supervisor School Psychologists/Social Workers/Counselors)
  - Community Behavioral Health Agency Supervisor/Director (e.g., clinical director of an agency that provides school-based services in the district)
  - Youth/Family Advocate or Consumer

Quality Indicators

Each module aligns with the **national performance domains and indicators** of comprehensive school mental health system quality.

National School Mental Health Quality Assessment (SMH-QA; NCSMH, 2019)

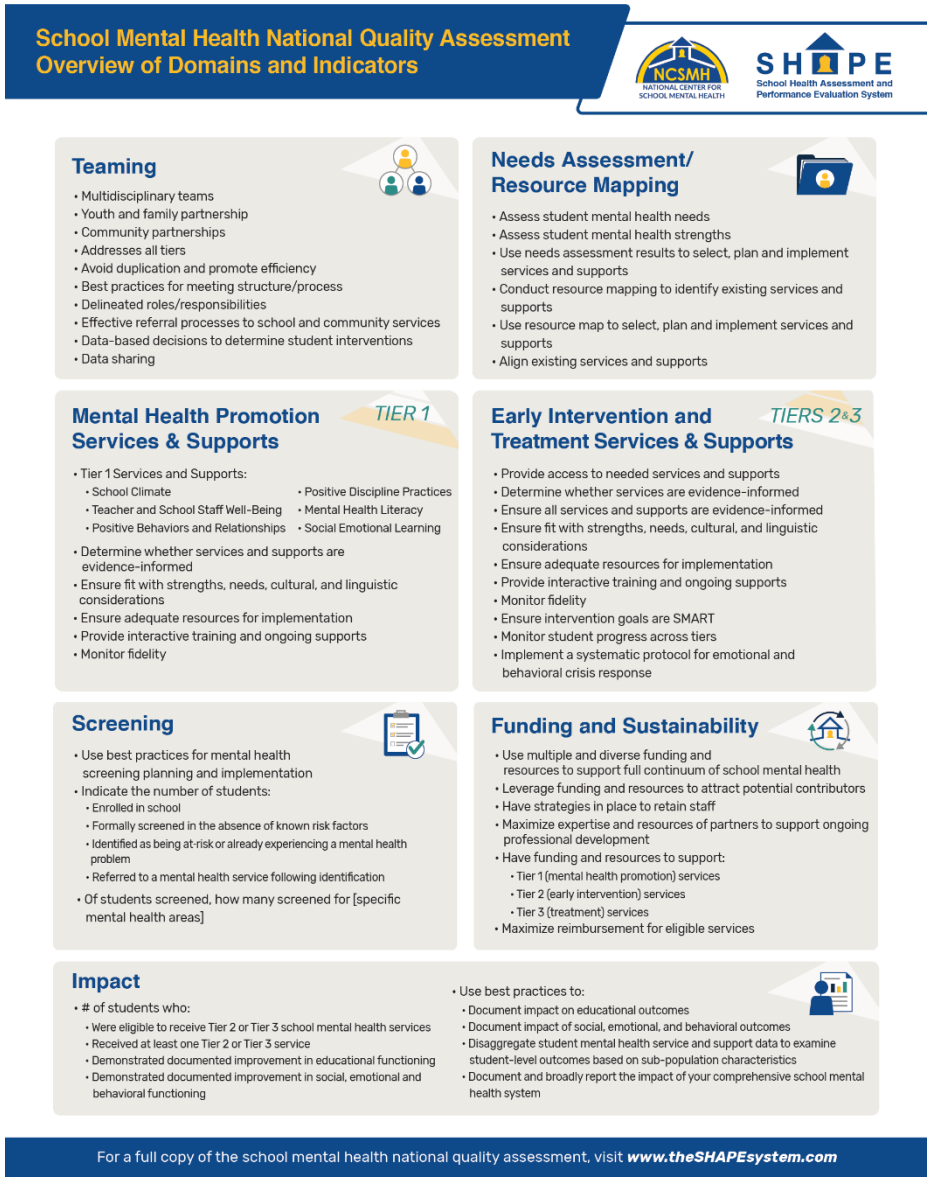
Best Practices

- Quality indicators have best-practice guidelines
- Used to self-assess indicator implementation and guide strategic quality improvement planning

Overview of School Mental Health Quality Domains and Indicators

Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion for All (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Impact
- Funding and Sustainability



(NCSMH, 2019)

Module Walk Through…

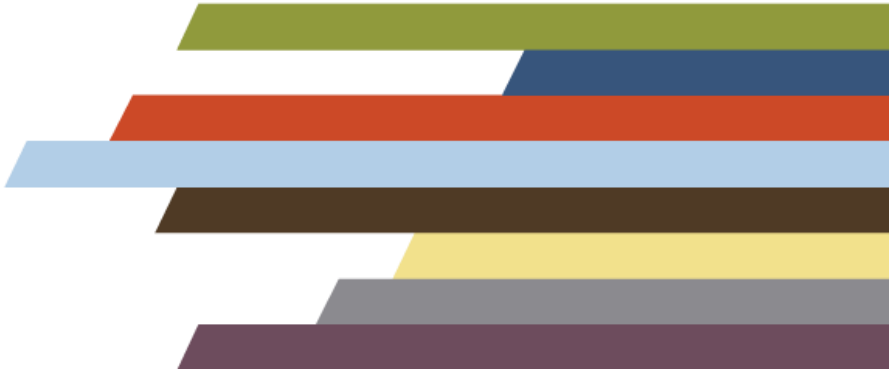
Module 2: Teaming

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

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Module 2: Teaming

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



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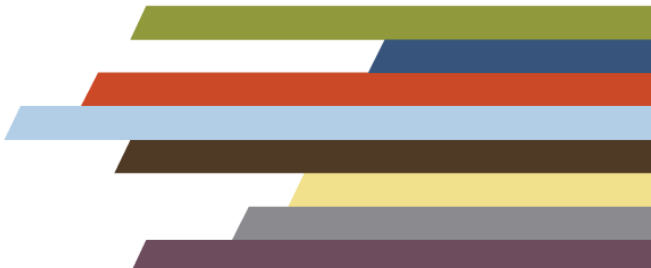
Recommended Citation
National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Trainer manual, National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools.* Palo Alto, CA: MHTTC Network Coordinating Office.

Agenda

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

What Is a School Mental Health Team?

A team of school and community stakeholders at a school or district level that **meets regularly, uses data-based decision-making, and relies on action planning** to support student mental health.

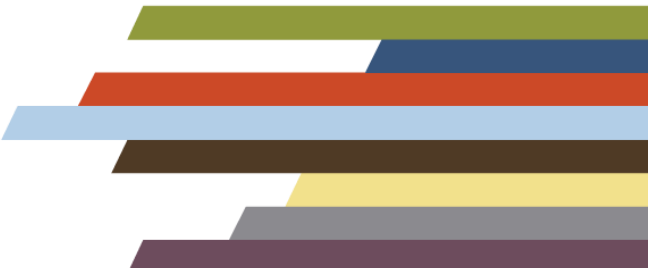


Reflection:

What school mental health teams do you have in your school or district?

Examples of SMH Teams Include:

- School Climate Team
- Student Support Team
- Mental Health Promotion/Universal Team
- Intervention and Tertiary Care Team (Tiers 2/3)
- SMH Community of Practice
- District Mental Health Leadership Team



Value of School Mental Health Teams

- Communication
- Collaboration
- Mutual support
- Common vision and priorities
- Resource maximization

Teaming Quality Indicators

- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing

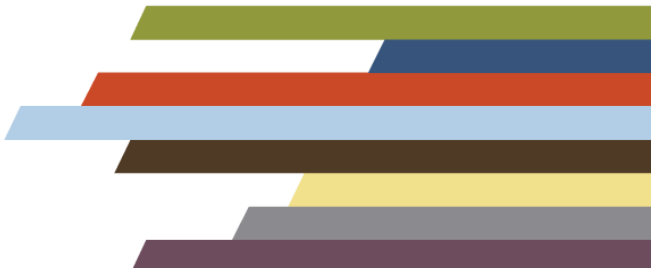
To what extent did your district/school use best practices to ensure your school mental health team was **multidisciplinary and diverse?**

Best Practices

- Diverse groups represented
- Regular attendance and active voice

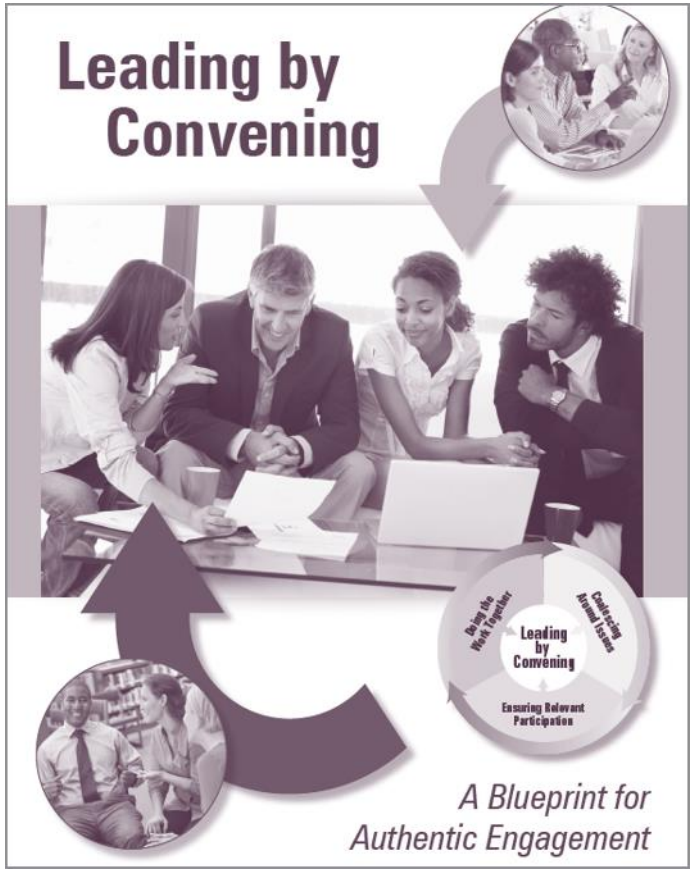
Groups represented may include:

- School health and behavioral health staff
- Teachers
- School administrators
- Youth/students
- Parents/families
- Community health and behavioral health providers
- Child welfare
- Juvenile justice
- Community leaders



4 Simple Questions

- Who cares about this question and why?
- What work is already under way separately?
- What shared work could unite us?
- How can we deepen our connections?



(Cashman et al., 2014)

Involve Students and Families

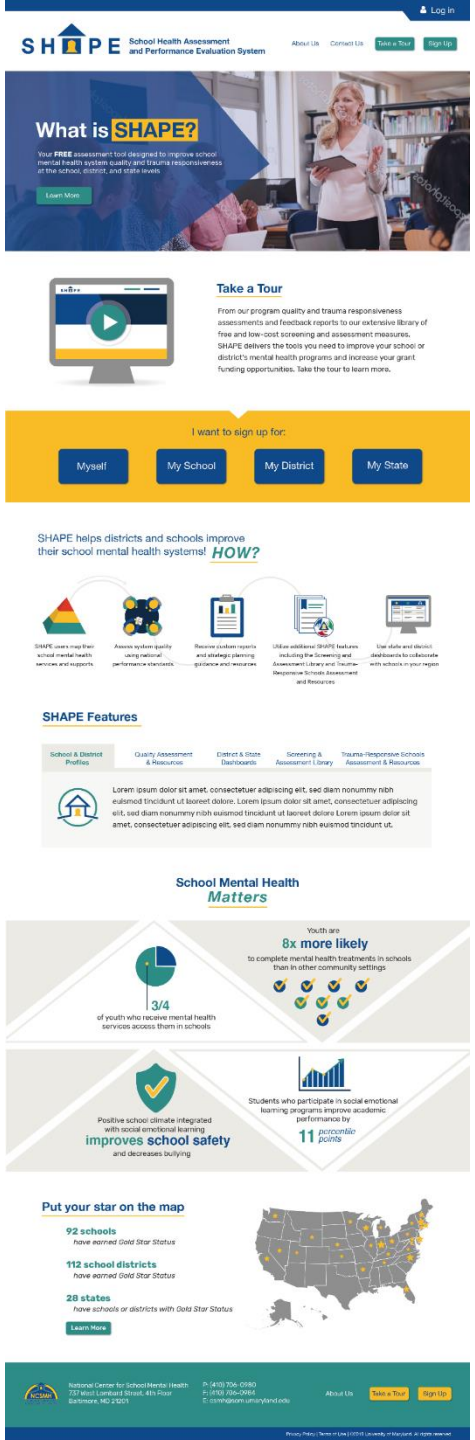
- Recognize students and families as experts.
- Students and families should be prepared in advance for what to expect.
- Students and families should have opportunities to ask questions and be an active part of decision-making.
- Team members should avoid jargon or acronyms.
- Involve several students and family members to offer broader perspectives and to avoid tokenism.

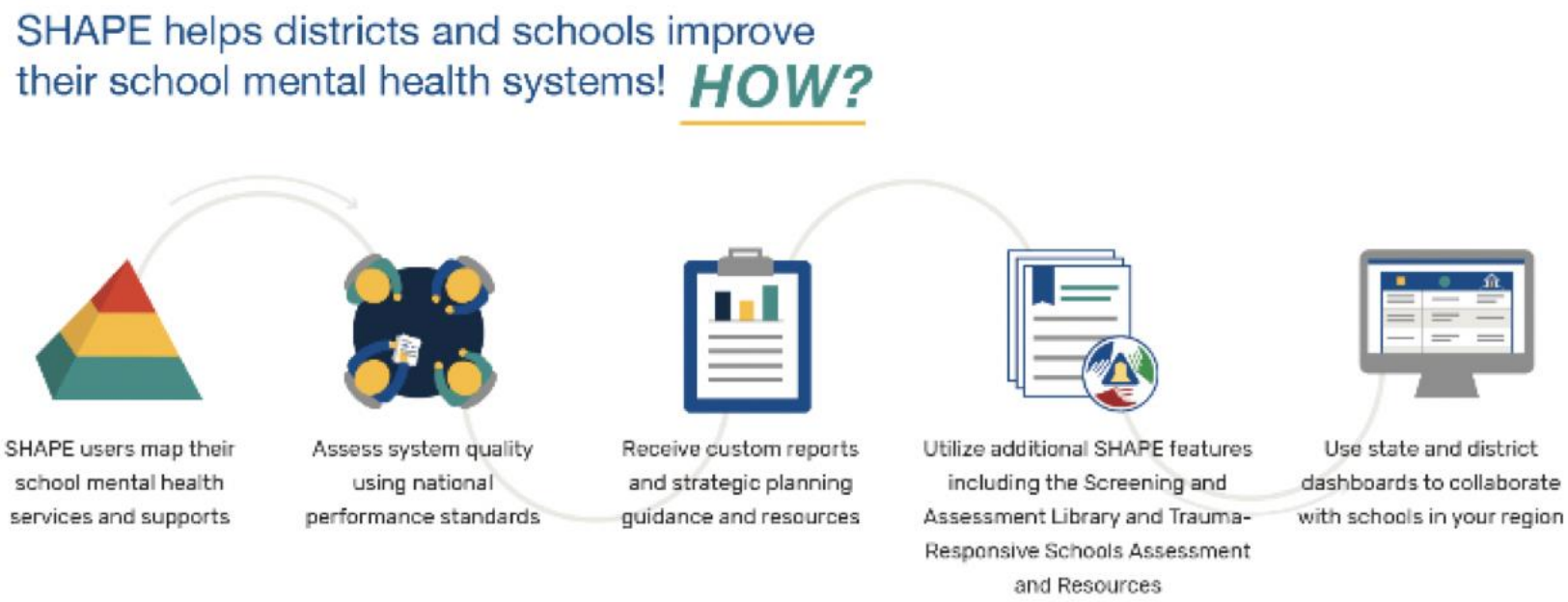
District Example

One large Midwestern district wanted to improve early identification of student mental health needs by using a more systematic, equitable process. They started a Mental Health Screening Team, including numerous students and family members to help review, select, test, and gather input on specific screening tools and procedures throughout the school year. For example, parents were instrumental in writing and revising communications from the schools to parents about screening. Students provided invaluable feedback about which tools were most acceptable, feasible, and unbiased.

School Health Assessment and Performance Evaluation (SHAPE) System

www.theSHAPEsystem.com

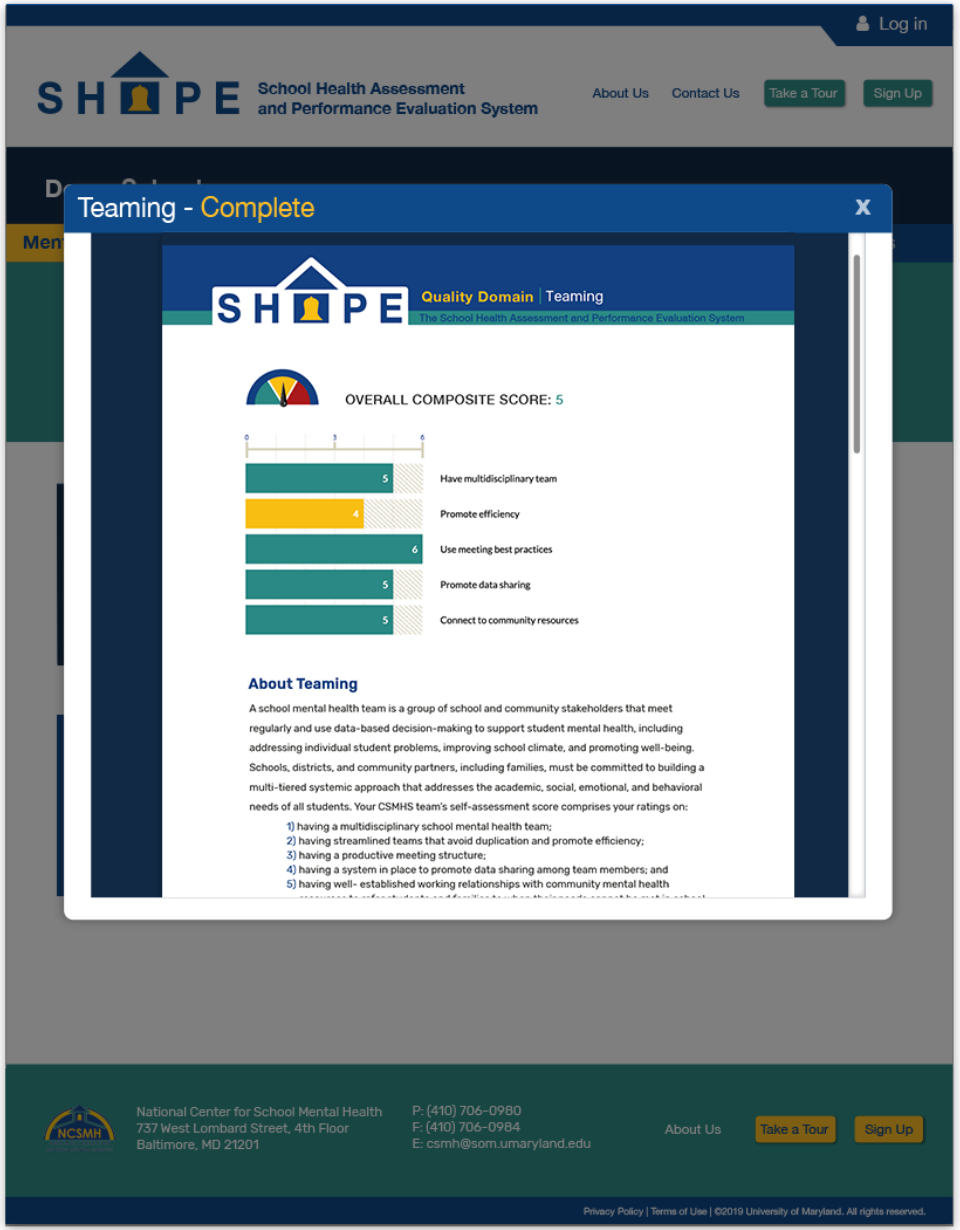




(NCSMH, 2019)

Assessments & Reports

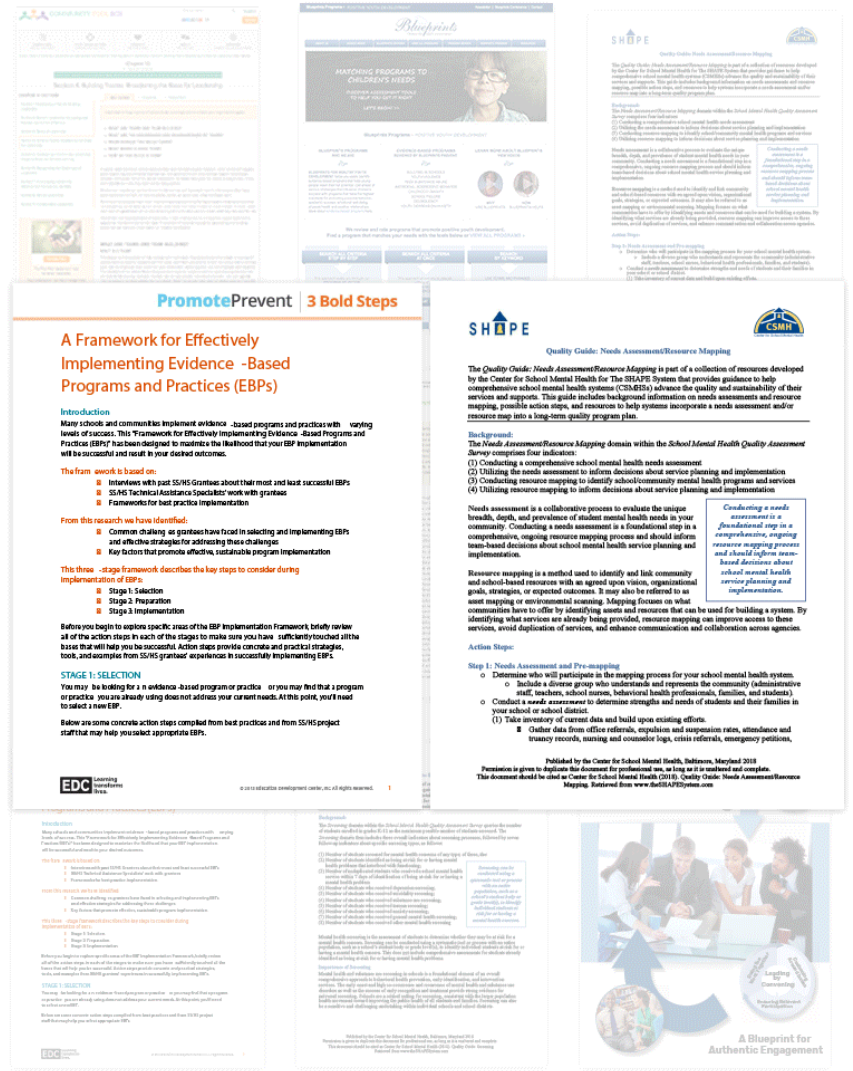
With a SHAPE account, you can assess, track, and advance your school or district's quality improvement goals and assess trauma responsiveness across multiple areas. You'll get free, customized reports to drive your action planning, share your performance with key stakeholders, and help you monitor your progress over time.



(NCSMH, 2019)

Targeted Resources & Guides

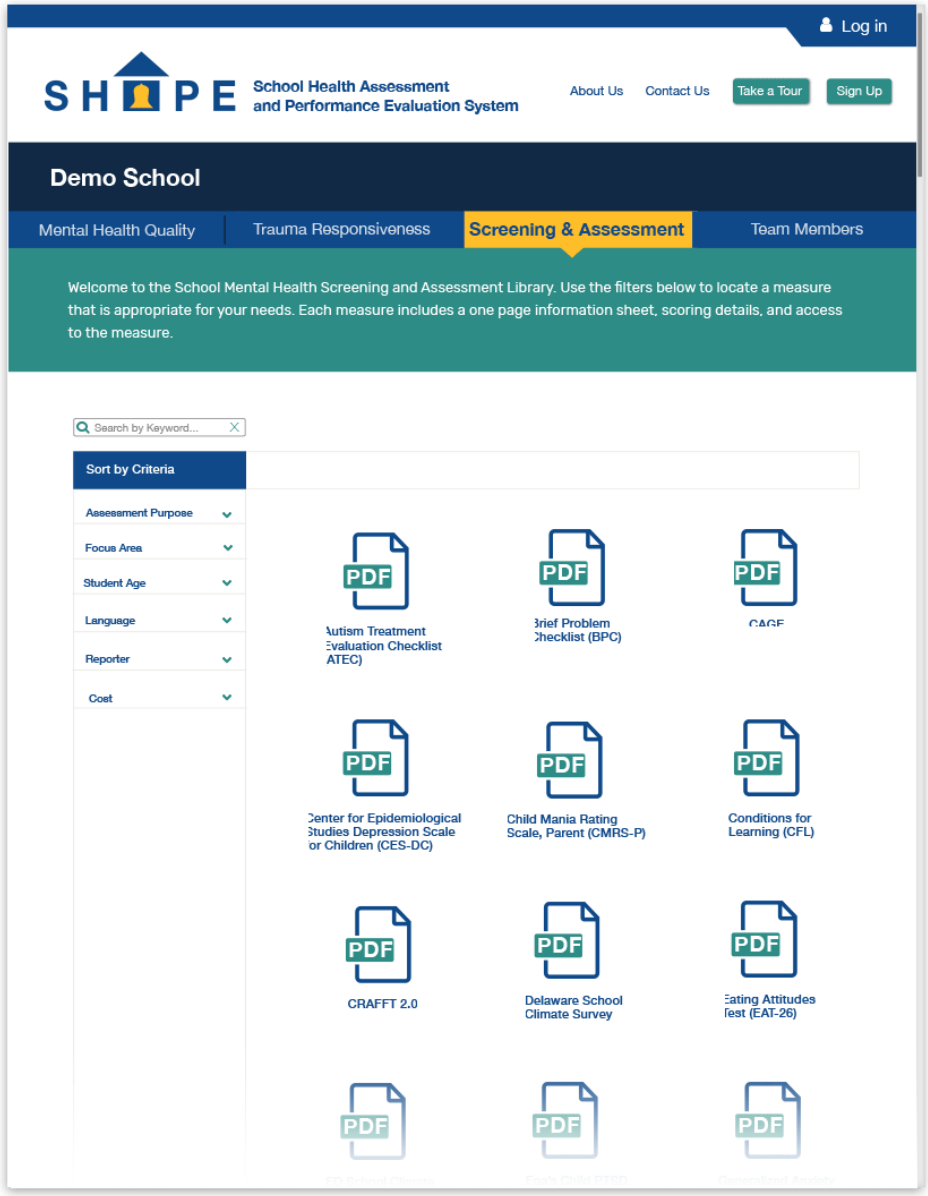
Our comprehensive resource library includes public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on specific team goals or generate ideas for action steps related to your own improvement goals.



(NCSMH, 2019)

Screening & Assessment Library

Our extensive screening and assessment library includes a variety of free and low-cost measures related to school mental health.



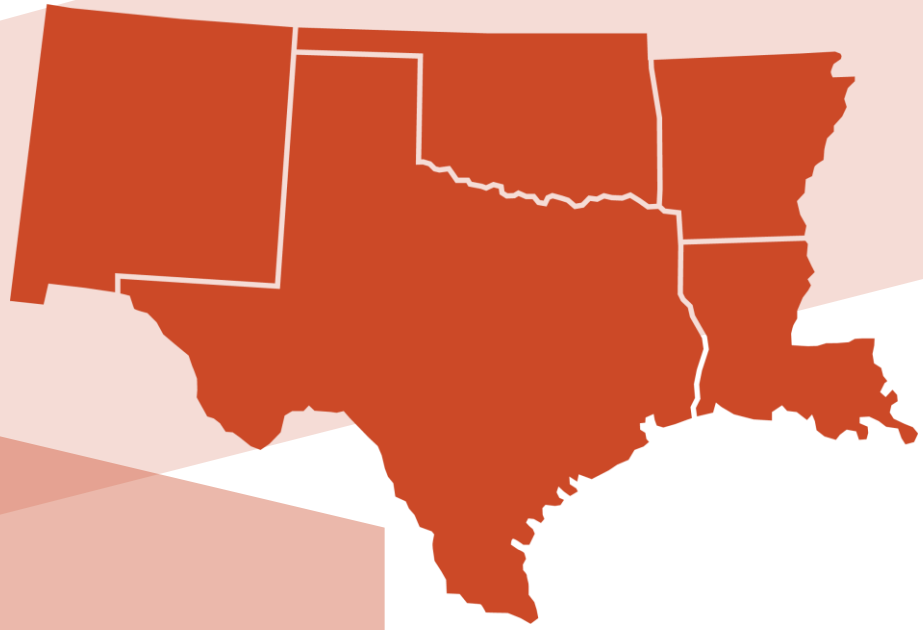
(NCSMH, 2019)

EARN SHAPE RECOGNITION
Bronze, Silver or Gold Star SHAPE Teams have access to customized reports and free resources and can add team members to join their SHAPE account.
School Mental Health Profile
Earn a Bronze Star by completing the School Mental Health Profile. Assess your school or district SMH resources, staffing and service array.
Quality Assessment
Earn a Silver Star by completing one Quality Assessment. Assess your school or district performance on national school mental health quality indicators. Get free customized Quality reports to drive your improvement process.
Complete all Quality Assessments to earn your
Gold Star status!

(NCSMH, 2019)

South Southwest MHTTC: Technical Assistance & Training

REGION 6
South Southwest MHTTC
University of Texas, Austin



South Southwest MHTTC – Technical Assistance and Training

Year One – Roll Out to Texas Education Service Centers(ESCs) via Texas Education Agency (TEA)		
Personalized NCSMH Quality Guides and training to Texas	Hosted and recorded monthly Professional Learning Communities	Hosted optional virtual office hours to provide TA to ESCs

Year Two – Coaching Academy to Texas ESCs via TEA		
Partnership with NCSMH	Hosted monthly School Mental Health Coaching Academy – January to June	Hosted optional virtual office hours to provide TA to ESCs

Year Three – Coaching Academy 2.0 to Texas ESCs via TEA		
Partnership with NCSMH	Hosted monthly School Mental Health Coaching Academy – January to March	Hosted monthly School Mental Health Coaching Academy 2.0 – April to June

Mid-America (HHS Region 7)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Aligning School Mental Health Best Practices in Mid-America

Erika Franta, PhD
School Mental Health Program Director
Mid-America MHTTC

Mid-America MHTTC
Project Director: Dr. Brandy Clarke

SAMHSA grant awarded to Dr. Joseph Evans at Munroe-Meyer Institute out of the University of Nebraska Medical Center (Grant #: H79SM081769)

Continuum of training and technical assistance in evidence-based practice and mental health services across MO, IA, NE, and KS.

Mid-America MHTTC

Areas of Focus

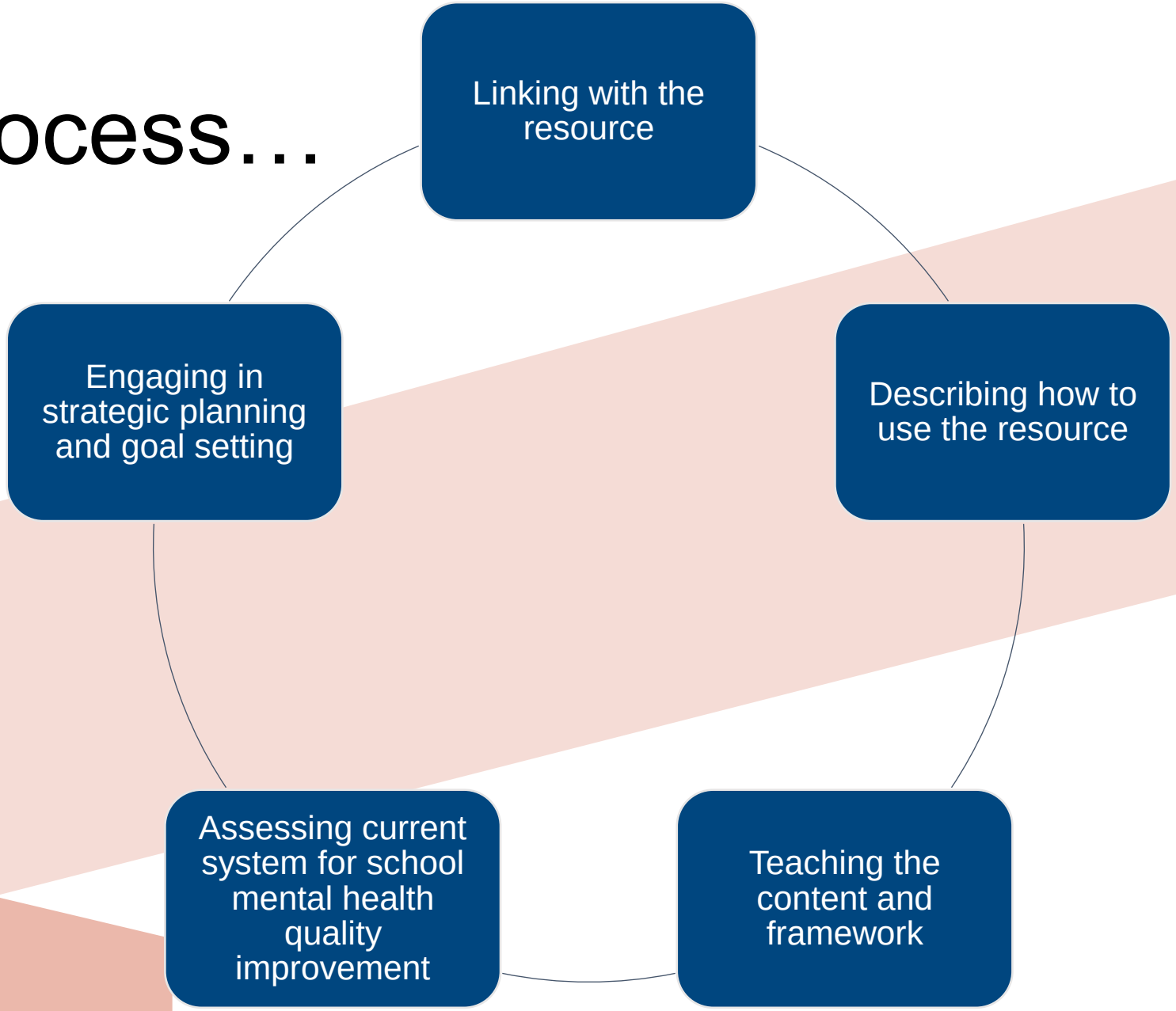
Integrating behavioral health in primary care.

School mental health.

Community treatment approaches for severe mental illness.

Behavioral health workforce development.

Training and TA process…



Example: State-Level

Develop and Train Cross-Agency State-Level Training Team

Facilitate Two-Day Virtual Training with LEA Teams

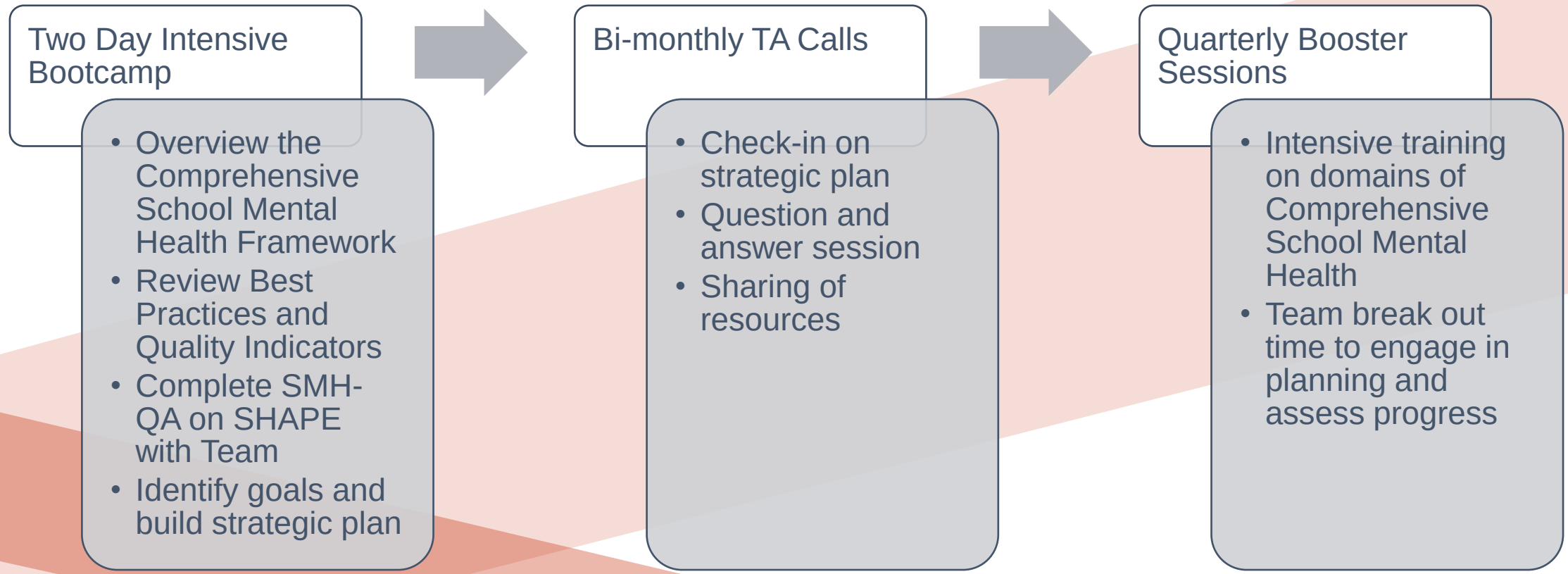
- National Best Practices
- SHAPE

Host Weekly Office Hours

Establish State-Level School-Based Professional Workgroup

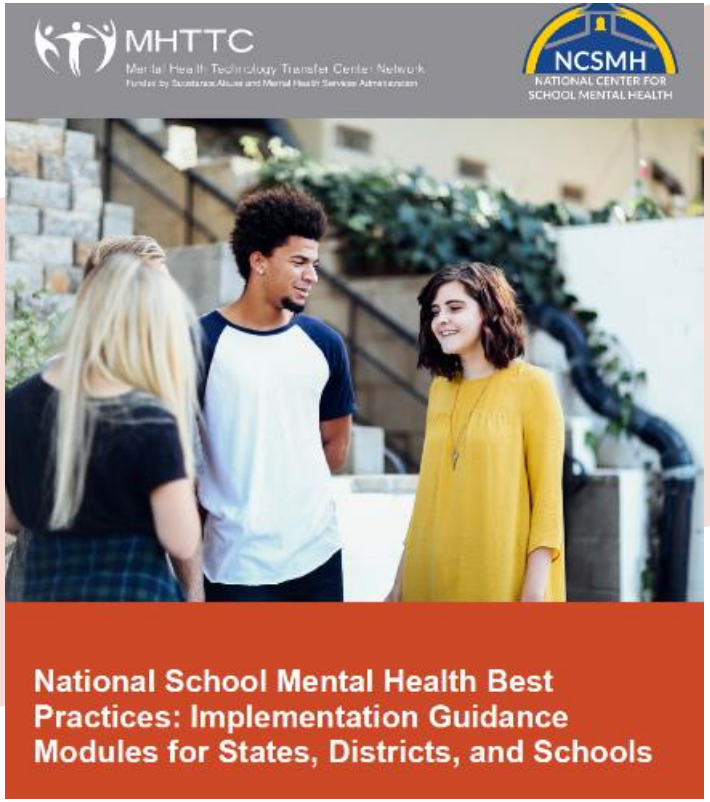
Promote of State-Level Work at Conference

Example: LEA-Level



Access our SMH Implementation Training & Resources

- SMH Implementation Guidance Modules (manuals, module PPTs, and recorded learning sessions)
- Always and Now: SMH Implementation Learning Series
- SMH Implementation Resource Index
- SMH Quality Guides
- The SHAPE System



Access these SMH Implementation resources on our website here!

Connect with the MHTTC in your region

- If you'd like to request specific consultation/assistance with utilizing the SMH Implementation Guidance Modules in your state/district, please complete the form here by April 30.

- For information about the school mental health training and TA activities available for AWARE grantees in your region:
  - Connect with your MHTTC Regional Center at https://mhttcnetwork.org/centers/selection
  - Review the Navigating MHTTC TA document for AWARE grantees available here

Feedback and Contact Information

Submit your feedback for this learning session!
Complete the 3 minute survey here.

Questions about the MHTTC-AWARE TA Partnership?
Contact Jessica Gonzalez
Email: jegonzalez@stanford.edu

Questions about the SHAPE System or SMH Quality Guides?
Contact the National Center for School Mental Health (NCSMH)
Email: ncsmh@som.umaryland.edu Phone: (410) 706-0980
https://theshapesystem.com/ www.schoolmentalhealth.org