UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Enhancing Training for Healthcare Professionals to Improve the Behavioral Health of Children, Youth and Families Involved in Other Child-Serving Systems

Elizabeth Halsted Connors, Ph.D.
Assistant Professor, Center for School Mental Health
Division of Child and Adolescent Psychiatry

National Academies of Sciences, Engineering and Medicine
Session 5 Panel Presentation
November 30, 2016

Center for School Mental Health

MISSION

To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

- Established in 1995. Federal funding from the Health Resources and services Administration.
- Focus on advancing school mental health policy, research, practice, and training.
- Shared family-schools-community agenda.
- Co-Directors:
  Sharon Stephan, Ph.D. & Nancy Lever, Ph.D.
  http://csmh.umaryland.edu, (410) 706-0980

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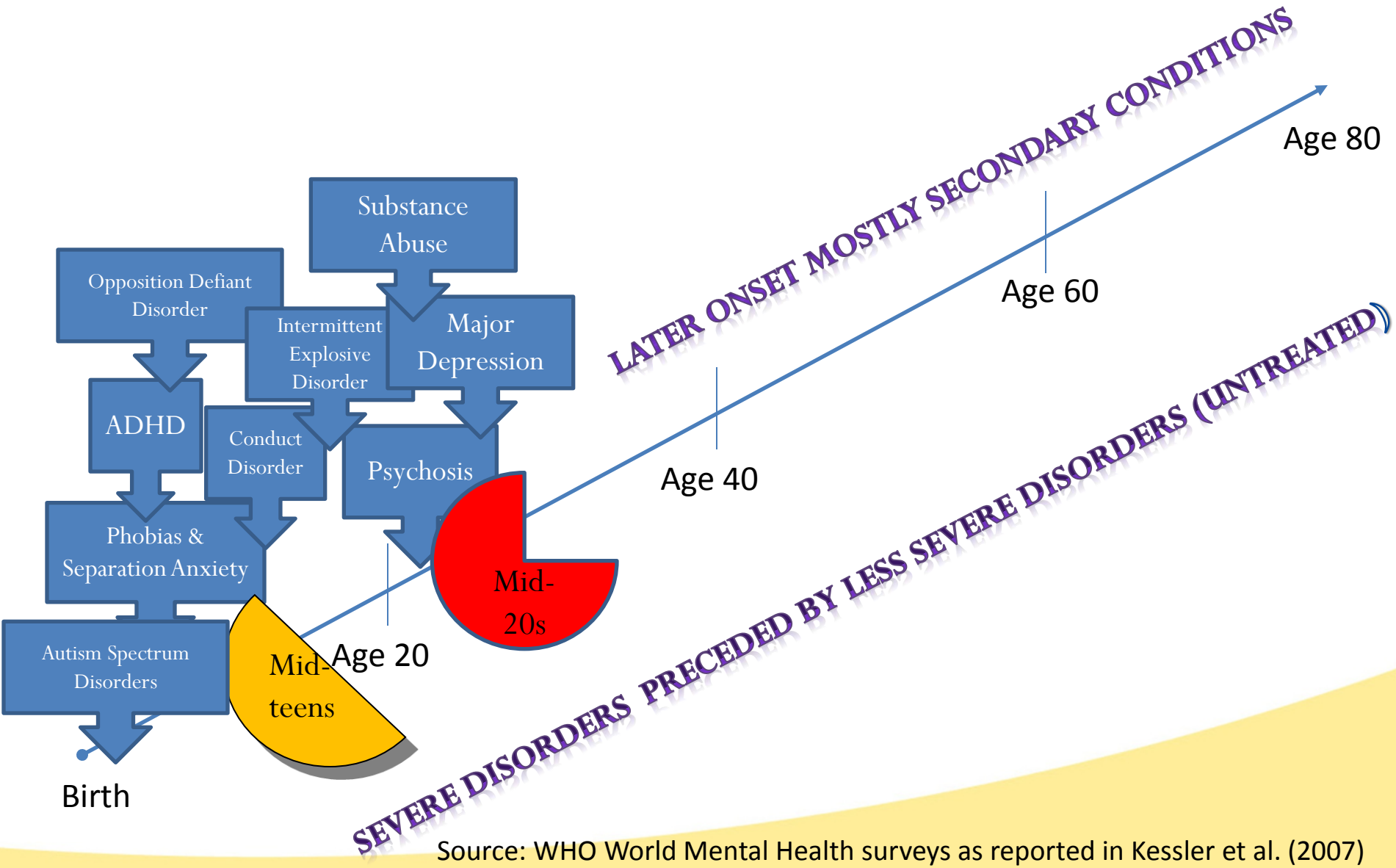
Center for School Mental Health

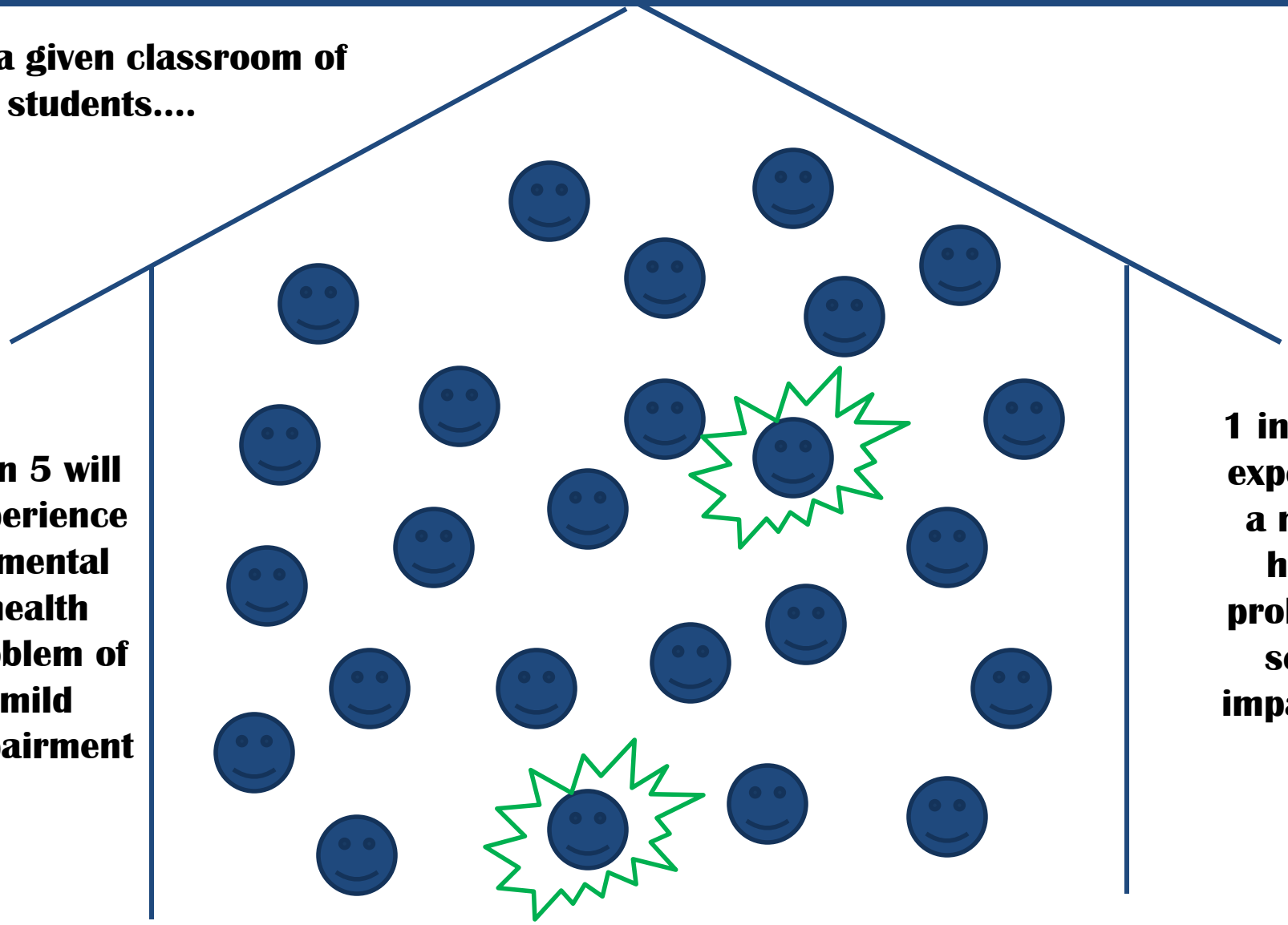
WHY MENTAL HEALTH IN SCHOOLS?

Median Age of Onset: Mental Illness



Source: WHO World Mental Health surveys as reported in Kessler et al. (2007)

In a given classroom of 25 students....



1 in 5 will experience a mental health problem of mild impairment

1 in 10 will experience a mental health problem of severe impairment

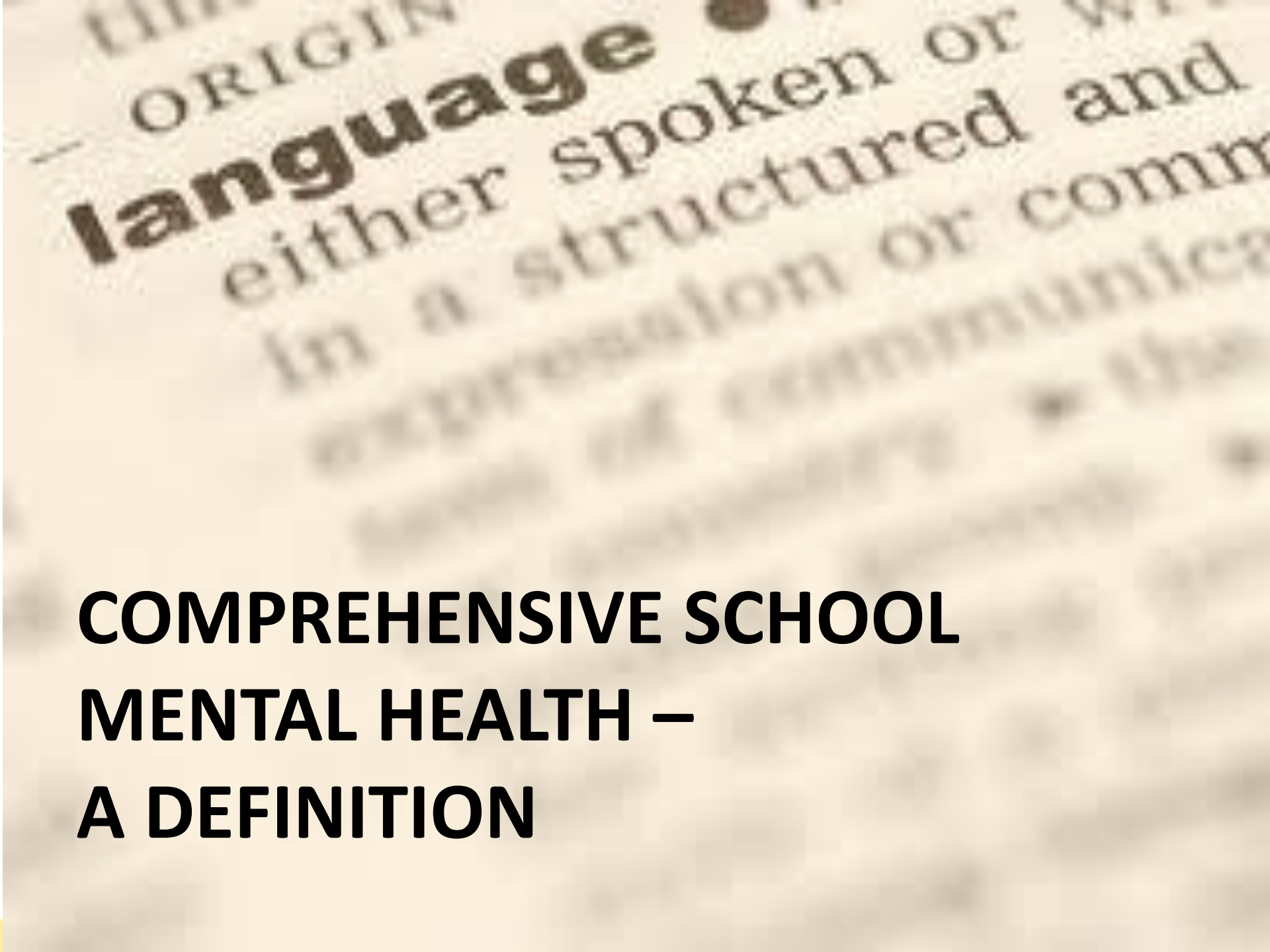
Less than half of those who need it will get services

(CSMH, 2015)

Of those who DO receive services, over 75% receive those services in schools

(Duchnowski, Kutash, & Friedman, 2002; Power, Eiraldi, Clarke, Mazzuca & Krain, 2005; Rones & Hoagwood, 2000; Wade, Mansour, & Guo, 2008)

De facto Mental Health System for our Children



COMPREHENSIVE SCHOOL MENTAL HEALTH – A DEFINITION

A partnership between schools and community health and behavioral health organizations…

Guided by youth and families.

Partners build on *existing*

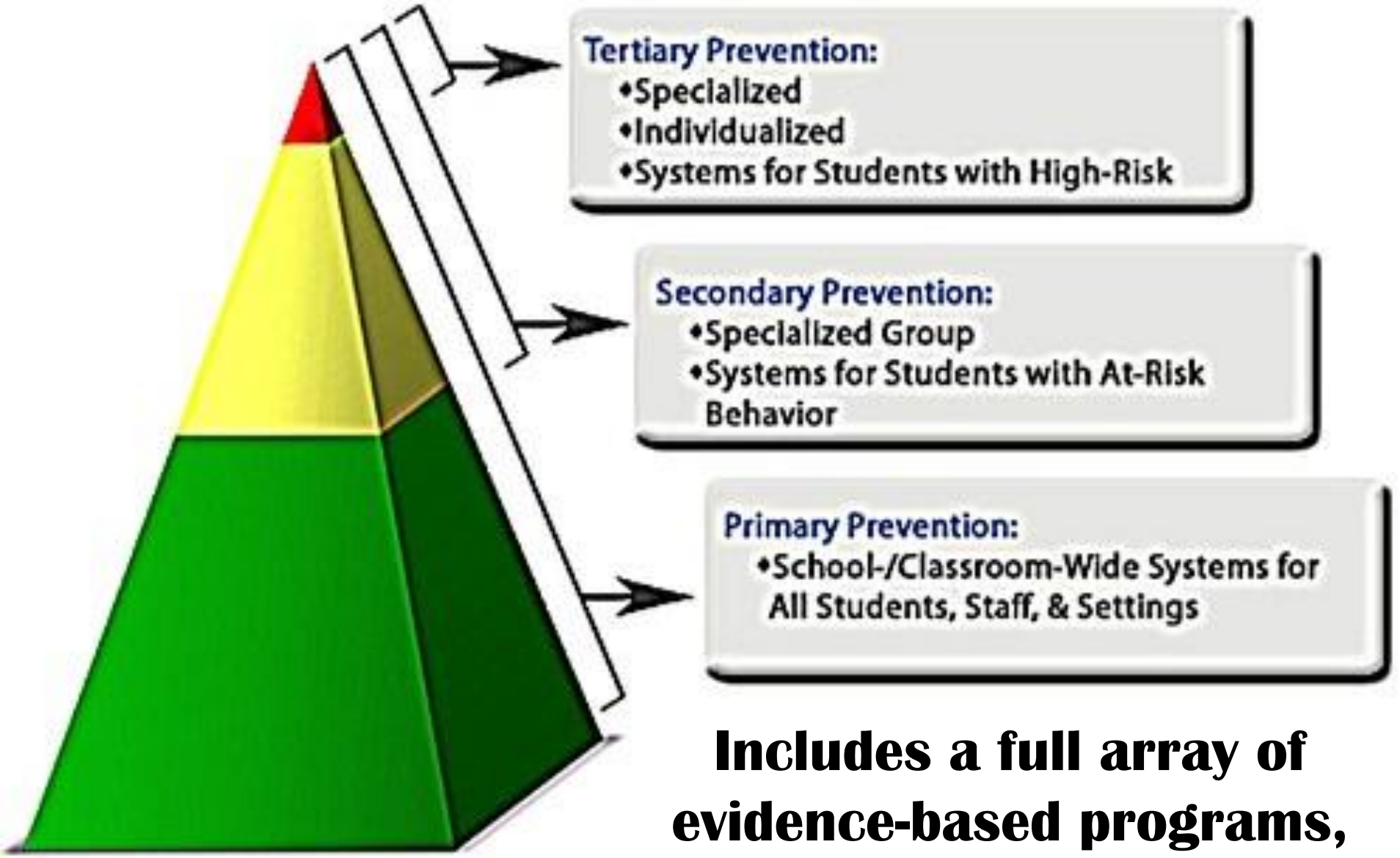
school programs,

services,

and strategies.

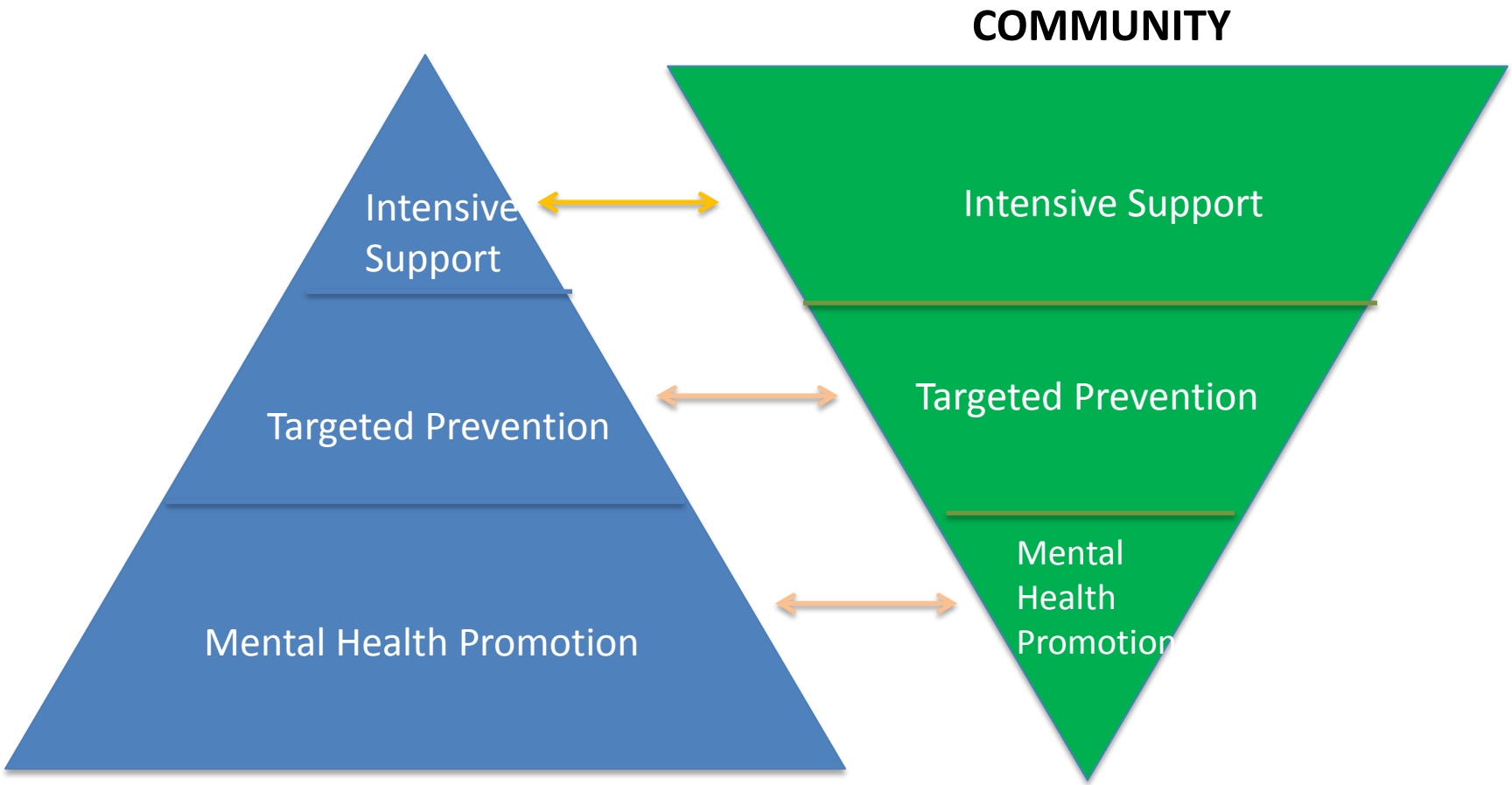
Focuses on all students…

…in both general and special education



Includes a full array of evidence-based programs, services, and strategies

Aspirational Vision for System of Care



(Short, 2016)

Who provides mental health services in schools?

Of the 98,000+ public schools in the United States, mental health services are provided by…

Contracts:

County MH (29%)

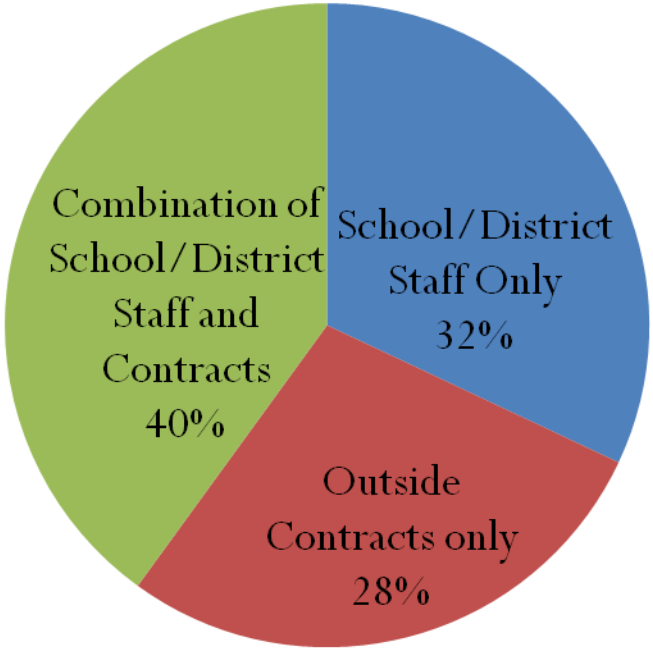
Community Health (19%)

Individual Providers (18%)

Juvenile Services (17%)

Hospitals (6%)

Faith-based (4%)



Foster et al. (2005)

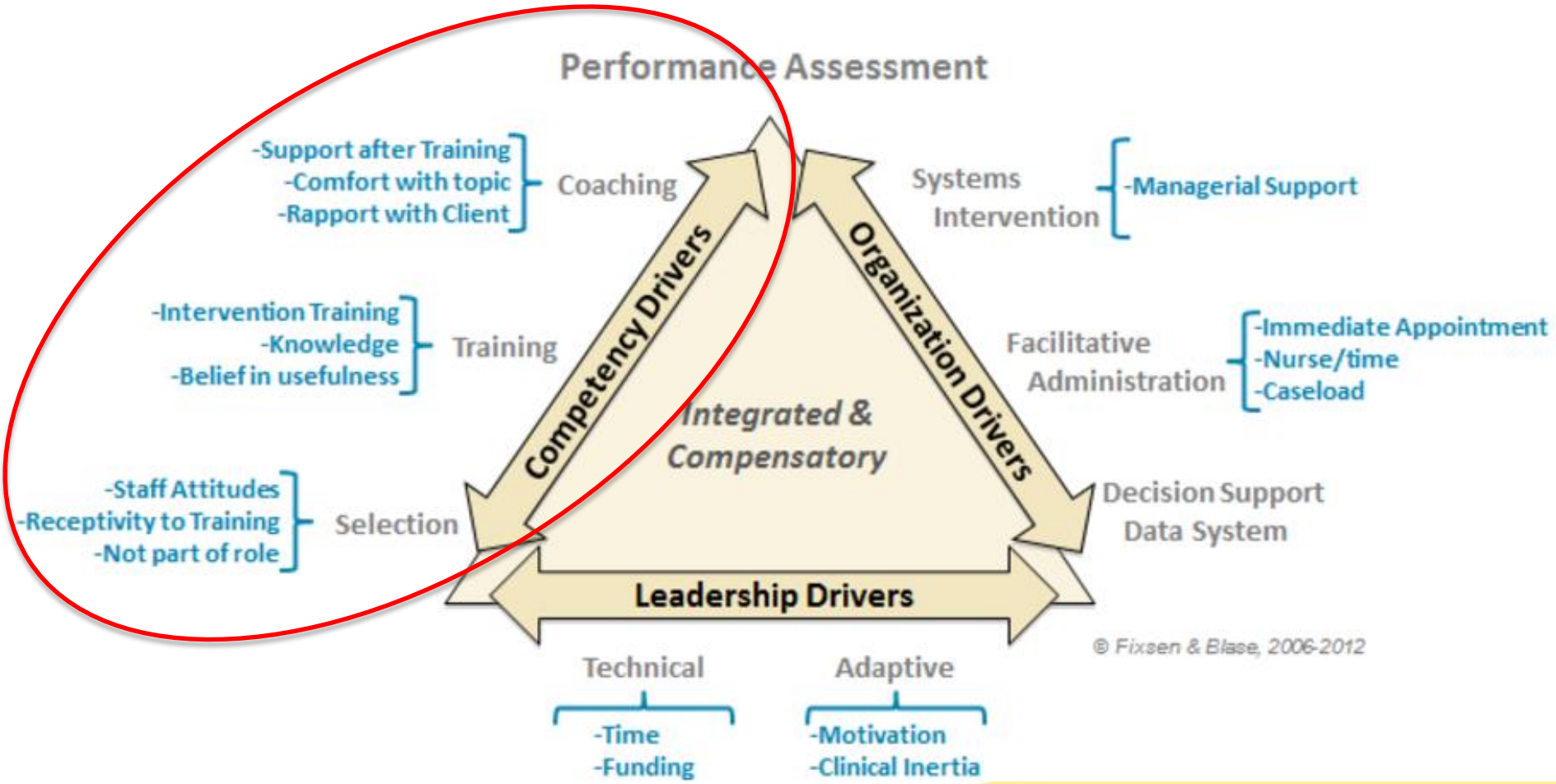
“Natural” Supports in schools

Multidisciplinary School Mental Health Teams May Include:

Behavioral Specialist
Case Manager/Care Coordinator
Community Beh Health Worker
Community Mental Health Supervisor/Director
Cultural Liaison/Promotora
Family Support Partner (Family Member)
Nurse Practitioner
Occupational Therapist
Parent Liaison or Parent Engagement Coordinator
Peer Mediator
Physician (Pediatrician, Fam Medicine, etc.)
Physician Assistant
Professional Counselor
Psychiatrist
Psychologist
School Administrator (Principal, Asst Principal)
School Counselor
School District Leader
School Guidance Counselor
School Nurse
School Physician
School Psychologist
School Resource Officer
School Social Worker
Speech/Language Therapist
Social Worker
State Dept of Child Welfare Rep
State Dept of Education Rep
State Dept of Juvenile Justice Rep
Substance Abuse Specialist
Trainee (e.g., counseling, social work, psychology, psychiatry)
Youth/Family Advocate

STRATEGIES TO SUPPORT PROFESSIONALS' ROLE IN SCHOOL-BASED BEHAVIORAL HEALTH

Implementation Supports for School-Based Professionals



Strategies to Support School-Based Professionals Deliver High Quality Services and Supports

1. Self-paced online training for individual clinicians
   - www.mdbehavioralhealth.com
2. Web-based strategic planning and quality improvement platform for SMH teams
   - www.theshapesystem.com
3. Learning communities/collaboratives
   - School Health Services National Quality Initiative Collaborative Improvement and Innovation Network (CoIIN)

STRATEGY 1:
SELF-PACED ONLINE LEARNING

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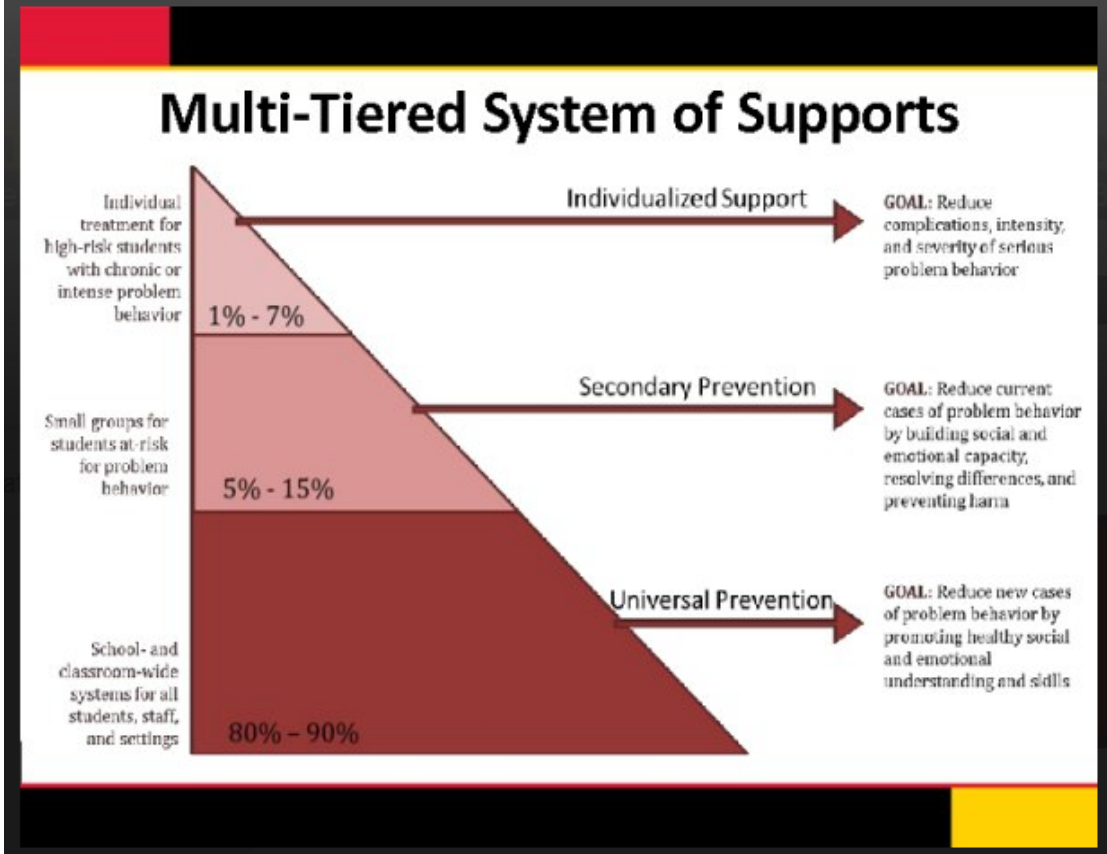
Community-Partnered School Behavioral Health: An Overview

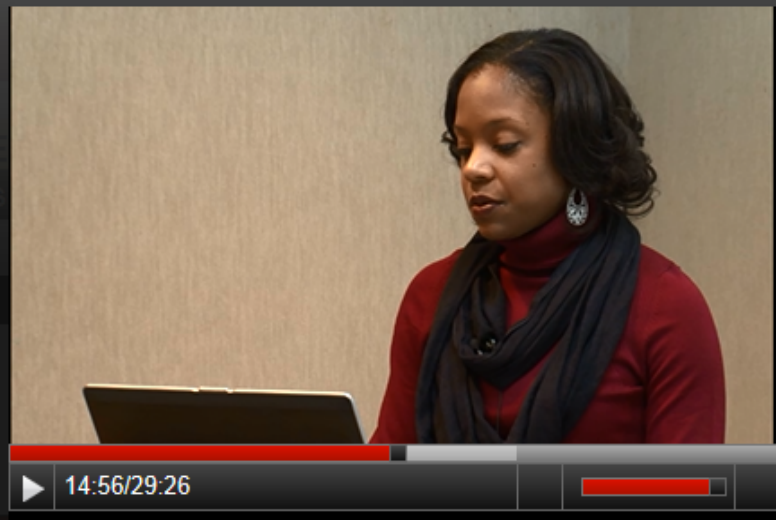
Welcome to this module on Community-Partnered School Behavioral Health: An Overview. This will be an overview of the entire topic of community-partnered school behavioral health, as well as an introduction to this series of modules that we're delighted to bring to you from our National Center for School Mental Health.

My name is Sharon Stephan, and I'm an associate professor of child and adolescent psychiatry at the University of Maryland School of Medicine, as well as the co-director at the National Center for School Mental Health.

Downloads

1	Community-Partnered School Behavioral Health: An Overview
2	Objectives
3	School Behavioral Health
4	Definition of Community-Partnered School Behavioral Health
5	Full Array of Programs, Services, and Strategies
6	Who Provides Behavioral Health Services in Schools?
7	Role of Community Behavioral Health Professionals





So within those four components, it's very important — those are very relevant when you consider the entire service array of your program. So you want to look at here — what is illustrated is a multi-tiered system of supports model. And you can see how those four components of intended population, intervention target, baseline severity level, and intervention delivery characteristics will vary based on the level of support that you're going to select the EBP for.

So as we can see at the lower level that's indicated where universal prevention, where about 80 to 90 percent of youth are going to fall into that category. So you're going to be able to implement some schoolwide and classroom-wide activities for all staff and students in all settings. And the goal at that universal prevention level, it's really to reduce new cases of problem behavior from recurring, and to promote and sustain existing positive behaviors.

So at that second level of secondary prevention, we're focused on a smaller number of students, usually between about 5 to 15 percent of students who are at risk of a particular problem behavior. And our goal here is to reduce those cases of problem behavior by building specific skills within the students.

And then at the higher tier is really where students, we're going to provide them with more intensive, more individualized support. These are students who are really considered very high risk due to their chronic or intense problem behaviors. And so the goal there, obviously, is to provide more intensive supports to help address whatever existing behaviors or complications might be present.

19 Multi-Tiered System of Supports
20 Intended Population
21 Baseline Severity Level
22 Low Baseline Severity Level
23 Moderate Baseline Severity Level
24 High Baseline Severity
25 Intervention Target Area

Overview
Training
Implementation Resources
Ask an Expert
Discussion Board
Collaborative Workspace

Introduction | Module Contributors | Final Test | My Modules | Print Friendly

Family Engagement Role Play

Viewing Preference: Video

Ms. Stevens: Hi, Ms. Jones. My name is Ms. Stevens. We spoke earlier on the phone this week. Thank you so much for taking the time to come in today.

Ms. Jones: Oh, you're welcome. I really appreciate you doing this at the end of the day. My work schedule is so crazy that sometimes it's really hard for me to leave early.

Ms. Stevens: Not a problem. I definitely understand how work and scheduling issues can get in the way. And it's really important that you're here and part of the team because parents truly are the experts on their children. So are you aware of why we asked you to come in today?

Downloads

Download Audio (MP3)

Download Audio (OGG)

Chapters

- Module 3: Partnering with Youth and Families
  - Family Engagement Role Play
  - Revisiting the Role Plays
  - Final Test

Close All

The Community-Partnered School Behavioral Health modules

Free Training Series and CEUs Offered at

www.mdbehavioralhealth.com

Community-Partnered School Behavioral Health Implementation Modules provides a range of strategies, resources, and tools necessary to establish, maintain, and expand effective student behavioral health programs. These modules focus specifically on supporting student social, emotional, behavioral and academic progress via a community-partnered approach to school behavioral health.

MODULE 1: Community-Partnered School Behavioral Health: An Overview
MODULE 2: Operations: An Overview of Policies, Practices, and Procedures
MODULE 3: Overview of School Language and Policy
MODULE 4: Funding Community-Partnered School Behavioral Health
MODULE 5: Resource Mapping
MODULE 6: Teaming
MODULE 7: Evidence-Based Practices and Programs: Identifying and Selecting EBPs
MODULE 8: Implementation Science: Lessons for School Behavioral Health
MODULE 9: Data Informed Decision Making
MODULE 10: School Behavioral Health Teacher Consultation
MODULE 11: Psychiatry in Schools
MODULE 12: Starting Early: Supporting Social Emotional Development and School Readiness
MODULE 13: School Behavioral Health Program Evaluation 101
MODULE 14: Ten Critical Factors to Advance State and District School Behavioral Health Objectives
MODULE 15: Working with State Leaders to Scale-Up School Behavioral Health Programming in Your State

Published by the Center for School Mental Health, Baltimore, Maryland 2015
Permission is given to duplicate this document for professional use, as long as it is unaltered and complete.
This document should be cited as Center for School Mental Health (2015). *Community Partnered Behavioral Health Implementation Modules.* Retrieved from www.MDBehavioralHealth.com

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STRATEGY 2:
WEB-BASED STRATEGIC PLANNING FOR SCHOOL MENTAL HEALTH TEAMS

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

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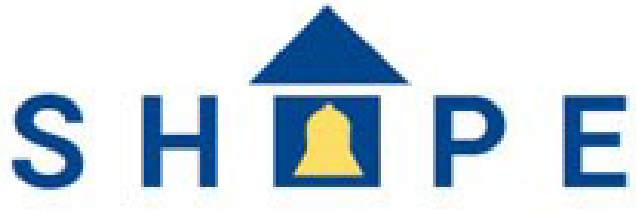
School Health Services
NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health

SHAPE your School Mental Health System!



- The School Health Assessment and Performance Evaluation (SHAPE) System is a free, interactive system designed to improve school mental health **accountability, excellence, and sustainability.**
- SHAPE is the web-based portal by which comprehensive school mental health systems can access the **National School Mental Health Census and Performance Measures**.
- SHAPE is hosted by the Center for School Mental Health and funded in part by the US Department of Health and Human Services.

www.theshapesystem.com

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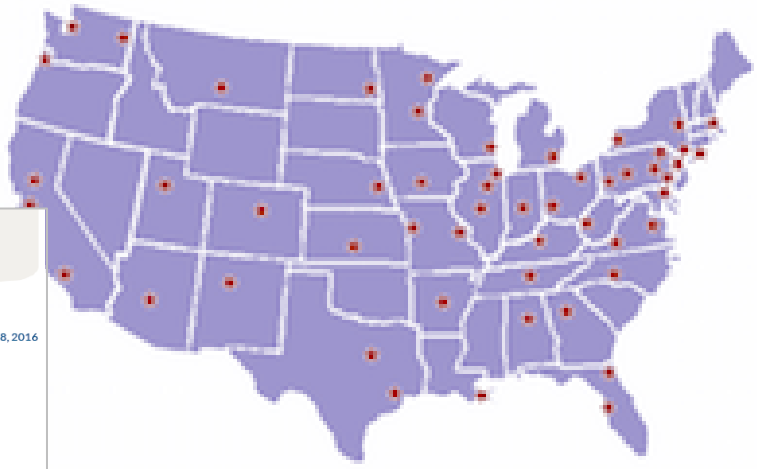
Schools and School Districts Can Use SHAPE To:

- Document their service array and multi-tiered services and supports



SCHOOL DISTRICT
MENTAL HEALTH PROFILE | JEFFERSON UNIFIED SCHOOL DISTRICT

Last Upd

Understanding this Summary.

This report is generated based on the information you provided for your School District Mental Health Profile.

This profile provides a snapshot of the structure and operations of your school district's comprehensive school mental health system.

Number of schools in your district:
19

Number of students in grades K-12:
12,574

Grades served:
K-12

About Your School District Mental Health Report

Congratulations! Your district's team has been counted in the National School Mental Health Censu
SHAPE recognition for completing the School Mental Health Profile. Complete the National School M
Performance Measures on SHAPE (the Quality and Sustainability Assessments) to achieve Silver ar
Recognition.

Schools and districts who register with SHAPE aspire toward having strong school-community-fami
provide a multi-tiered continuum of evidence-based mental health services to support students, fam
community.

To learn more about this team's SHAPE account, inquire about being added as a team member, and/
quality improvement and sustainability efforts, contact the team leader.

To register a new school or district with SHAPE, please visit: https://theshapesystem.com/register.

This profile was developed by the national Center for School Mental Health at www.theSHAPEsystem.com.
Page 1 of 5

SHAPE

SERVICES PROVIDED | JEFFERSON UNIFIED SCHOOL DISTRICT

Last Updated: September 8, 2016

Your school district provided services and support to address the following student concerns at each tier:

Tier 3: Indicated services and supports
Tier 2: Selective services and supports
Tier 1: Mental health promotion services and supports
+ : Referrals to community providers not in the school building

- Anxiety/Nervousness/Phobias
- Attention/Concentration/Hyperactivity Problems
- Bullying
- Depression/Sadness/Suicide
- Disordered Eating
- Environmental Stressors (housing, food, parental employment, access to health care, etc.)
- Grief/Loss/Bereavement
- Oppositional or conduct problems/Anger management
- Psychosis (hallucinations, delusions)
- Relationship issues/Conflict (family, peer, teacher)
- Social and emotional skills/Problem solving/Character development/Self-esteem
- Substance use (alcohol, tobacco, drugs)
- Transitions (new school, moving, separation/ divorce)
- Trauma/PTSD/Abuse/Neglect/Exposure to violence

This profile was developed by the national Center for School Mental Health at www.theSHAPEsystem.com.
Page 5 of 5

SHAPE

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SAMPLE REPORT

www.theshapesystem.com

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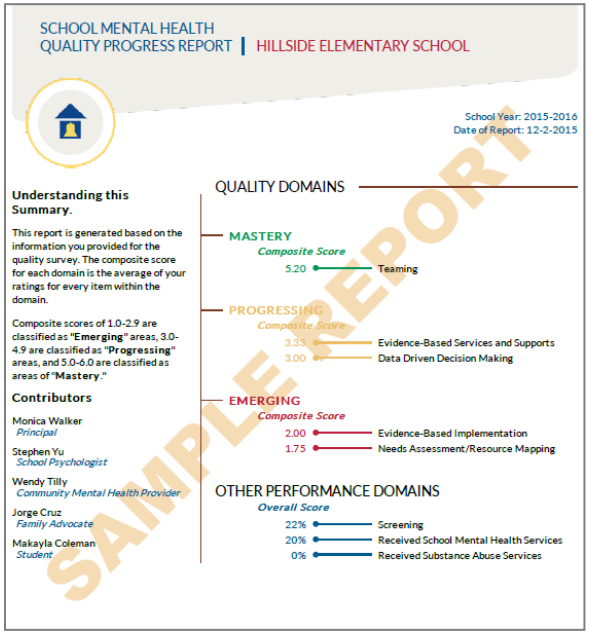
Schools and School Districts Can Use SHAPE To:

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


SCHOOL MENTAL HEALTH
QUALITY PROGRESS REPORT | HILLSIDE ELEMENTARY SCHOOL

School Year: 2015-2016
Date of Report: 12-2-2015

Understanding this Summary.

This report is generated based on the information you provided for the quality survey. The composite score for each domain is the average of your ratings for every item within the domain.

Composite scores of 1.0-2.9 are classified as "**Emerging**" areas, 3.0-4.9 are classified as "**Progressing**" areas, and 5.0-6.0 are classified as areas of "**Mastery**."

Contributors

Monica Walker *Principal*
Stephen Yu *School Psychologist*
Wendy Tilly *Community Mental Health Provider*
Jorge Cruz *Family Advocate*
Makayla Coleman *Student*

QUALITY DOMAINS

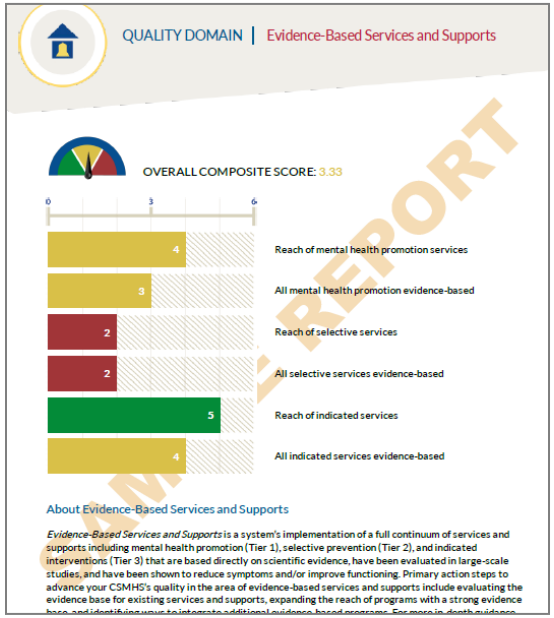
MASTERY
Composite Score
5.20 Teaming

PROGRESSING
Composite Score
3.33 Evidence-Based Services and Supports
3.00 Data Driven Decision Making

EMERGING
Composite Score
2.00 Evidence-Based Implementation
1.75 Needs Assessment/Resource Mapping

OTHER PERFORMANCE DOMAINS
Overall Score
22% Screening
20% Received School Mental Health Services
0% Received Substance Abuse Services

SAMPLE REPORT


QUALITY DOMAIN | Evidence-Based Services and Supports

OVERALL COMPOSITE SCORE: 3.33

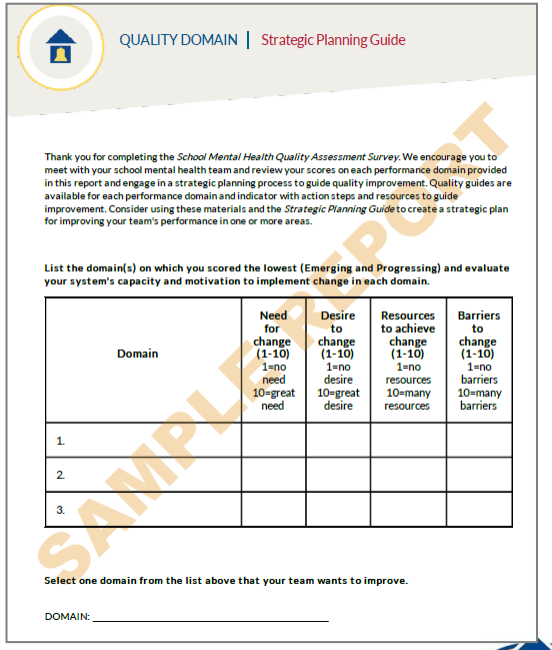
0 3 6

4 Reach of mental health promotion services
3 All mental health promotion evidence-based
2 Reach of selective services
2 All selective services evidence-based
5 Reach of indicated services
4 All indicated services evidence-based

About Evidence-Based Services and Supports

Evidence-Based Services and Supports is a system's implementation of a full continuum of services and supports including mental health promotion (Tier 1), selective prevention (Tier 2), and indicated interventions (Tier 3) that are based directly on scientific evidence, have been evaluated in large-scale studies, and have been shown to reduce symptoms and/or improve functioning. Primary action steps to advance your CSMHS's quality in the area of evidence-based services and supports include evaluating the evidence base for existing services and supports, expanding the reach of programs with a strong evidence

SAMPLE REPORT


QUALITY DOMAIN | Strategic Planning Guide

Thank you for completing the *School Mental Health Quality Assessment Survey*. We encourage you to meet with your school mental health team and review your scores on each performance domain provided in this report and engage in a strategic planning process to guide quality improvement. Quality guides are available for each performance domain and indicator with action steps and resources to guide improvement. Consider using these materials and the *Strategic Planning Guide* to create a strategic plan for improving your team's performance in one or more areas.

List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

Domain	Need for change (1-10) 1=no need 10=great need	Desire to change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

Select one domain from the list above that your team wants to improve.

DOMAIN: _____

SAMPLE REPORT

www.theshapesystem.com

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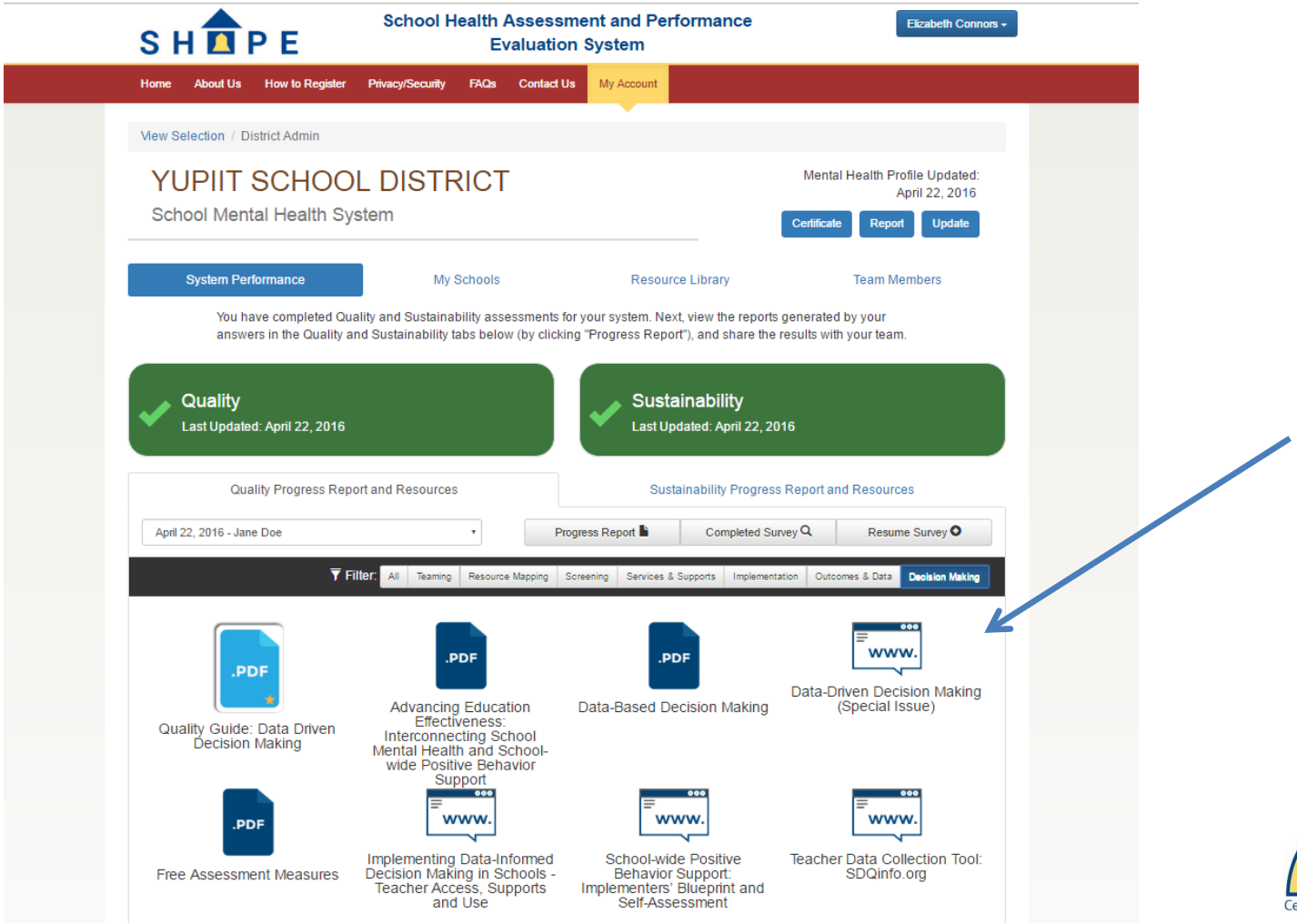
Schools and School Districts Can Use SHAPE To:

- Access targeted resources to help advance your school mental health quality and sustainability



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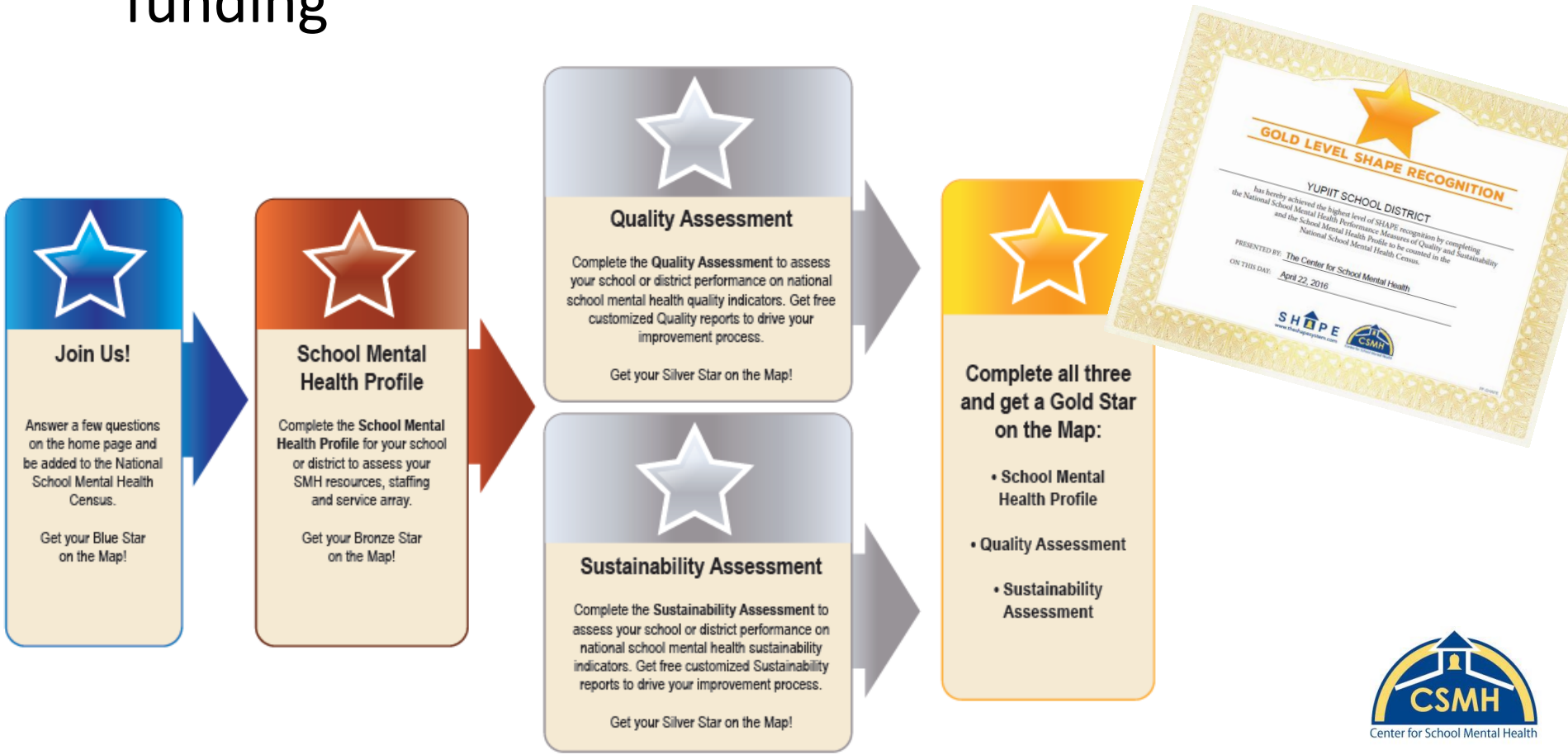
Schools and School Districts Can Use SHAPE To:

- Achieve SHAPE Recognition to increase opportunities for federal, state and local grant funding



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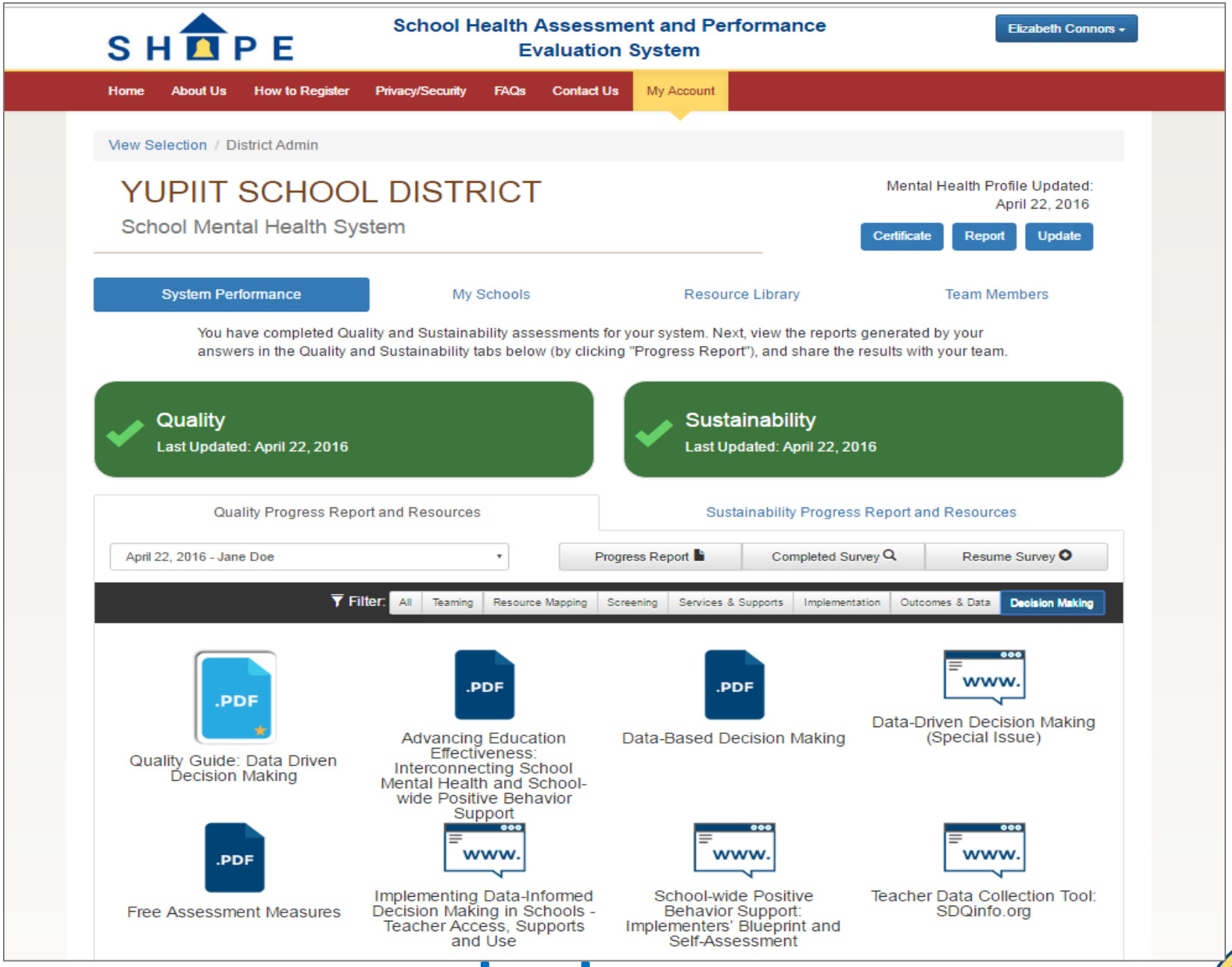

www.theshapesystem.com

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STRATEGY 3:
LEARNING COLLABORATIVES

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

What is a CoIIN?

Collaborative Improvement and Innovation Network

- **learn from each other** and **experts** to collectively make improvements
- **innovative, multi-faceted learning framework** to rapidly **translate** expert knowledge and best practices to **practical program change**

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Other ways to make change happen

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

Learning collaborative

Collaborative for Improvement and Innovation Networks (CoIIN)

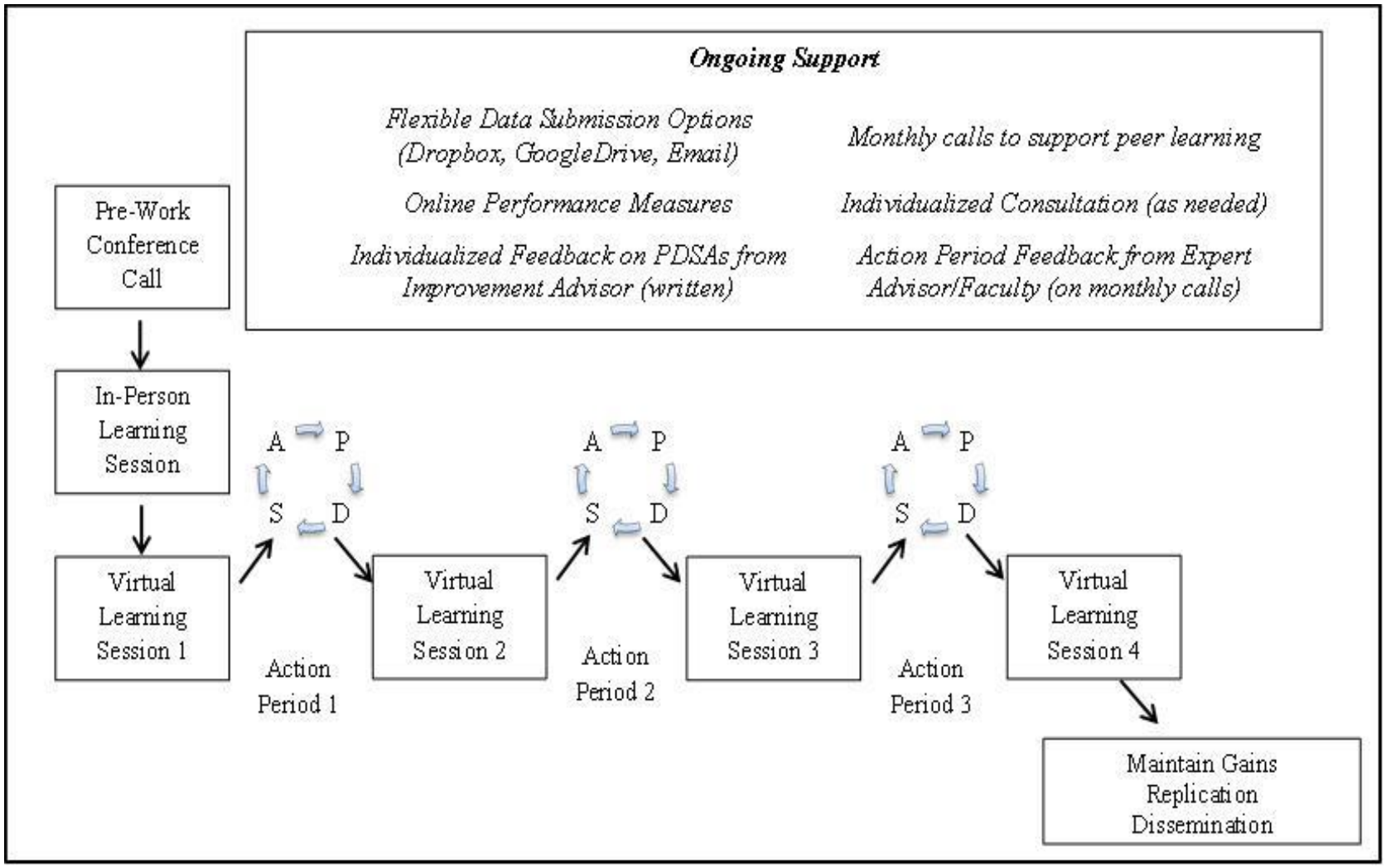
Goals:

1) Test practices that result in increased quality and sustainability
2) To help guide SMH teams to think creatively and strategically to increase quality and sustainability in their system
3) Disseminate promising practices and lessons learned in the field

Cohort 1: August 2015- November 2016

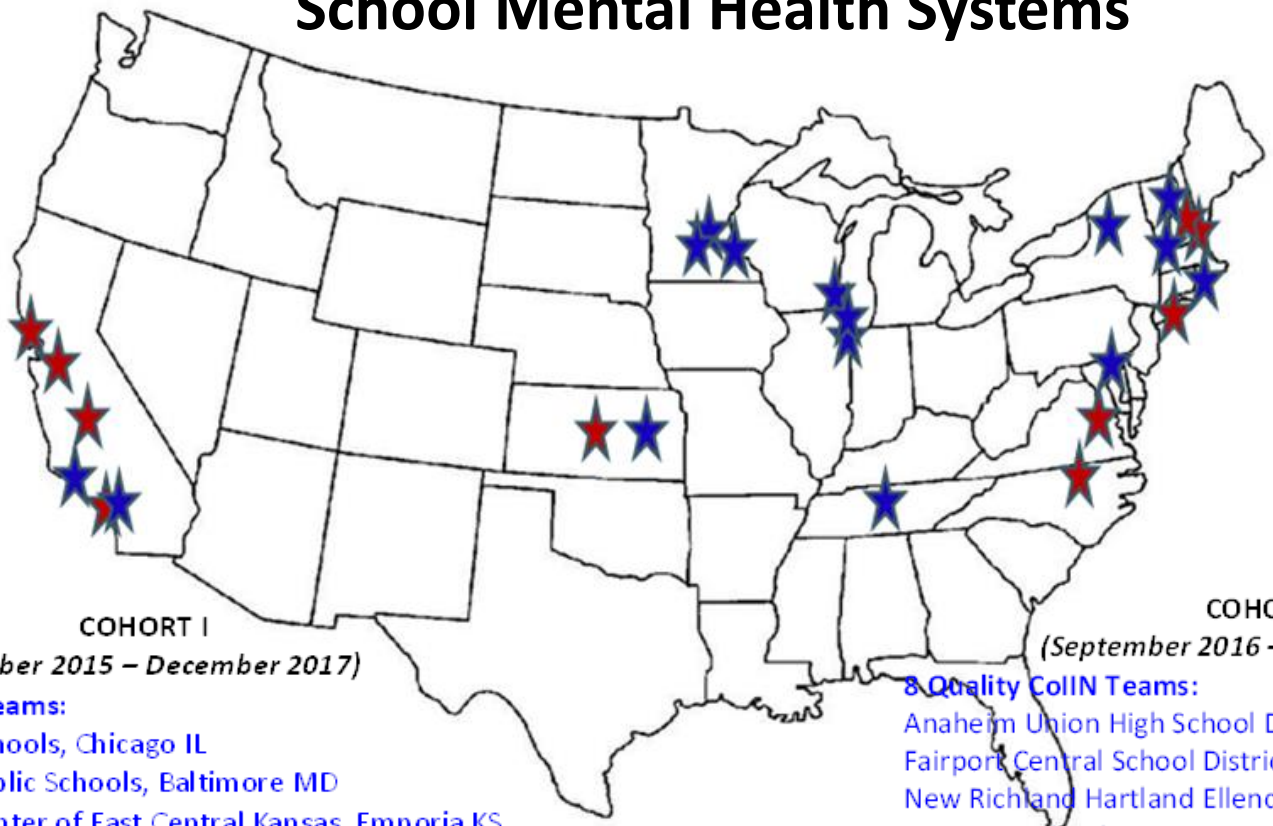
Cohort 2: August 2016- November 2017

CoIIN Methodology



Adapted from the IHI BTS Model

25 CoIIN District-Community School Mental Health Systems



COHORT I

(October 2015 – December 2017)

7 Quality CoIIN Teams:

Chicago Public Schools, Chicago IL

Baltimore City Public Schools, Baltimore MD

Mental Health Center of East Central Kansas, Emporia KS

Minneapolis Public Schools, Minneapolis MN

Metropolitan Nashville Public Schools, Nashville TN

Proviso East High School, Maywood IL

Racine Unified School District, Racine WI

5 Sustainability CoIIN Teams:

Stamford Public Schools, Stamford CT

Methuen Public Schools, Methuen Massachusetts

Newport-Mesa Unified School District, Costa Mesa CA

Lindsay Unified School District, Lindsay CA

Novato Unified School District, Novato CA

COHORT II

(September 2016 – November 2017)

8 Quality CoIIN Teams:

Anaheim Union High School District, Orange County, CA

Fairport Central School District, Rochester, NY

New Richland Hartland Ellendale Geneva, Southern, MN

Newport School District, Newport, NH

Pelham School District, Manchester, NH

Providence Public School District, Providence, RI

Santa Monica/Malibu Unified School District, SM/M, CA

Winona Area Public Schools, Winona, MN

5 Quality Plus Sustainability CoIIN Teams:

Chapel Hill Carrboro City Schools, Chapel Hill, NC

District of Columbia Public Schools, Washington, DC

Mental Health Center of East Central Kansas, Emporia, KS

Oakland Unified/Seneca Family of Agencies, Oakland, CA

School Administrative Unit # 7, Colebrook, Pittsburg, & Stewartstown NH

SHAPE

School Health Assessment and Performance Evaluation System

Melissa Heatly

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

District Admin

FAIRPORT CENTRAL SCHOOL DISTRICT

School Mental Health System

Mental Health Profile Updated: August 26, 2016

Certificate | Report | Update

System Performance | My Schools | Resource Library | Team Members

You have completed Quality and Sustainability assessments for your system. Next, view the reports generated by your answers in the Quality and Sustainability tabs below (by clicking "Progress Report"), and share the results with your team.

Quality

Last Updated: August 29, 2016

Sustainability

Last Updated: August 29, 2016

Quality Progress Report and Resources | Sustainability Progress Report and Resources

August 29, 2016 - Deborah Miles

Progress Report | Completed Survey | Add Survey

Filter: All | Teaming | Resource Mapping | Screening | Services & Supports | Implementation | Outcomes & Data | Decision Making

CoIIN Cohort I Reported Benefits of Participation

- Enhanced recognition of school mental health in their district
- Facilitation of shared learning
- Provided teams with increased structure, communication, coordination, and organization
- Gained tools for strengthening district-community partnerships
- Utilized new strategies to improve quality and sustainability
- Effectively supported quality and sustainability of services

"[Our] school district and the local mental health center have improved the communication, documentation, and services for the families in our community. This would not have happened without being involved in the CoIIN grant and the assistance of the CSMH team. The monthly calls and the online training have been beneficial in helping our two organizations set goals, plan for implementation of those goals, and ultimately provide better services for our students. It has been very worthwhile and helped our group stay focused on providing effective and timely mental health school based services to students in need."

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Thank you!

Contact Information:

Elizabeth Halsted Connors, Ph.D.
Division of Child and Adolescent Psychiatry
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