The Evolution and Revolution of Shaping School Mental Health Quality

Mark D. Weist, Professor, Clinical-Community and School Psychology, Department of Psychology

University of Maryland, Advancing School Mental Health Conference, San Diego, September 29, 2016
CSMH Annual Conferences on Advancing School Mental Health

- 1996 Baltimore
- 1997 New Orleans
- 1998 Virginia Beach
- 1999 Denver
- 2000 Atlanta
- 2002 Philadelphia
- 2003 Portland, OR
- 2004 Dallas*
  * Launch of National Community of Practice on School Behavioral Health
- 2005 Cleveland
- 2006 Baltimore
- 2007 Orlando
- 2008 Phoenix
- 2009 Minneapolis
- 2010 Albuquerque
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh
- 2015 New Orleans, LA
- Sept 29-Oct 1, 2016 – San Diego, CA
Outline

• Work in Baltimore, start of the CSMH
• Expanded School Mental Health (SMH)
• Early studies on Quality
• Operating within a Multi-Tiered System of Support
  – SMH and PBIS working together
  – teams, screening, evidence-based practices
• Overcoming problematic practices
• Relationships/multiscale learning
• The Shape System
THE SEXIEST MAN ALIVE (1991)
Whether surfer, ghost or dirty dancer, PATRICK SWAYZE thrilled as Hollywood’s hunk with a heart.
Rapid Development of School Mental Health (SMH) in Baltimore in the Early 1990s

- System of Care (East Baltimore Mental Health Partnership)
- School-based health centers
- Recognition of intensive and unmet student emotional/behavioral needs
- Strong policy leadership (Bunny Rosenthal, Louise Fink)
- Cross agency collaboration
- Medicaid in the Schools Billing Mechanism
University of Maryland School Mental Health Program

• Started by Lois Flaherty
• In 4 schools in 1991
• 7 in 1992
• 11 in 1993
• 15 in 1994
Quality Indicator - 1991

• *When going into the schools, don’t act like a fool*
Quality Indicator – 1992-94

- Rapidly and flexibly connect school mental health clinicians to students in need and deliver empirically supported services to them
1995

HOLY CAL!

Fans go wild as Ripken tops Gehrig record

SEE PAGE 3 & SPORTS
Maternal and Child Health Bureau/Health Resources and Services Administration

• Mental Health in Schools Initiative
• Two National Centers
  – University of Maryland School of Medicine
  – University of California, Los Angeles
• Five States
  – Kentucky, Maine, Minnesota, New Mexico, South Carolina
• Initial leadership by project officers Juanita Cunningham Evans, and Dr. Michael Fishman
Dr. Trina Anglin
“Expanded” School Mental Health

- Full continuum of effective mental health promotion and intervention for students in general and special education
- Reflecting a “shared agenda” involving school-family-community system partnerships
- Collaborating community professionals (not outsiders) augment the work of school-employed staff
Promoting Mental Health Services in Schools

Mark D. Weist, PhD
Director, Center for School Mental Health Assistance

In the 1980s and 1990s, there has been much discussion and some concerted action toward reforming the mental health system of care for children and adolescents. However, significant gaps in mental health services for youth remain. Community mental health clinics are still the dominant method of addressing emotional and behavioral problems in youth; but in many cities and localities, youth in need are not connecting to services available in these clinics. At the same time, more and more questions are being raised about the appropriateness and viability of weekly outpatient visits in an artificial setting.

One method to significantly address the unmet mental health needs of youth is to place more mental health services in schools. Schools provide a single point of access to services in a familiar, non-threatening atmosphere, and placing services in them reduces barriers that constrain the provision of clinic-based mental health services to youth in need.

As recognition of these advantages has grown, so has the number of programs providing a full range of mental health services in schools across the United States. Examples of these services include: screening programs to identify youth for early mental health intervention; individual, group, and family counseling; family support for more intensive decades old, to bring comprehensive health services to schools. School-based health centers (SBHCs) have witnessed tremendous growth in recent years, with nearly 700 centers now existing, and a new professional organization, the National Assembly on School-Based Health Care. In SBHCs, staff are clamoring to address mental health needs of youth, as psychosocial problems are either the most or second most frequent reason for referral.

The primary goal of the Center for School Mental Health Assistance (CSMHA) is to provide practical support to SBHC staff, other school health programs, and educational staff in the
Early Studies on Quality and SMH – Later 1990s

- Qualitative research funded by the Agency for Healthcare Research and Quality (with thanks to Laura Nabors)
- Guidance from the CSMHA Advisory Board
- Forums held with colleagues in Baltimore and in Delaware
Principles for High Quality SMH – Early 2000s

1) Emphasize ACCESS
2) Address needs, and strengthen assets
3) Evidence-based
4) Diverse stakeholders involved
5) Active quality assessment and improvement
Principles CONT

• 6) Full continuum of promotion/prevention, early intervention and intervention
• 7) Hiring, training and supporting the right staff
• 8) Assuring developmental and cultural competence
• 9) Promoting interdisciplinary collaboration
• 10) Improving cross-system coordination
School Mental Health Quality Assessment Questionnaire - 2004
<table>
<thead>
<tr>
<th>Principle 1: All youth and families are able to access appropriate care regardless of their ability to pay.</th>
<th>not at all in place</th>
<th>fully in place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCESS TO CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) When indicated, do you provide case management assistance to students and families to assist them in obtaining health insurance or to facilitate enrollment in programs for which they are eligible?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td><strong>FUNDING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Are you engaged in activities that may bring resources or financial support into the school mental health program?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td><strong>Principle 2: Programs are implemented to address needs and strengthen assets for students, families, schools, and communities.</strong></td>
<td>not at all in place</td>
<td>fully in place</td>
</tr>
<tr>
<td>3) Have you conducted assessments on common risk and stress factors faced by students (e.g., exposure to crime, violence, substance abuse)?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>4) Have you held meetings with students, parents, and teaching staff to ask them about their needs and to ask them for their recommendations for actions by school mental health staff?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td><strong>ADDRESSING NEEDS AND STRENGTHS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Do you have services in place to help students contend with common risk and stress factors?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>6) Are you matching your services to the presenting needs and strengths of students/families after initial assessment?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td><strong>Principle 3: Programs and services focus on reducing barriers to development and learning, are student and family friendly, and are based on evidence of positive impact.</strong></td>
<td>not at all in place</td>
<td>fully in place</td>
</tr>
<tr>
<td><strong>EVIDENCE-BASED PRACTICE: SCREENING, ASSESSMENT, AND INTERVENTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Do you receive ongoing training and supervision on effective diagnosis, treatment planning and implementation, and subsequent clinical decision-making?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>8) Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>9) Do you continually assess whether ongoing services provided to students are appropriate and helping to address presenting problems?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>10) Is there a clear and effective protocol to assist your clinical decision making and care for more serious situations (e.g., abuse and neglect reports, self-reporting of suicidal/homicidal ideation)?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
<tr>
<td>11) Are you actively using the evidence-base (practices and programs) of what works in child and adolescent mental health to guide your preventive and clinical interventions?</td>
<td>1 2 3 4 5 6</td>
<td></td>
</tr>
</tbody>
</table>
Operating within a Multi-Tiered System of Support
Positive Behavior Intervention and Support (www.pbis.org)

• In 23,000 plus schools
• Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
  – Data based decision making
  – Measurable outcomes
  – Evidence-based practices
  – Systems to support effective implementation
TWO NATIONAL CENTERS WORKING CLOSELY TOGETHER
GOAL

- Improved behavioral/academic outcomes for all
- Greater depth and quality in services
- Improved data use, team functioning
- Systematic MOAs
- Strong district/building leadership
- A SHARED AGENDA
Reality

- Increasing placement restrictiveness/JJ involvement
- Poor data use, pro-forma team functioning, non-empirical approaches
- Rare/ad hoc MH system involvement
- Limited school employees and constrained roles
- Disconnected youth-serving systems/silos
ADVANCING EDUCATION EFFECTIVENESS:
INTERCONNECTING SCHOOL MENTAL HEALTH AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

EDITORS: SUSAN BARRETT, LUCILLE EBEL & MARK WEIST
EFFECTIVE TEAMS ARE FOUNDATIONAL

- Special Educator
- Assistant Principal
- School Nurse
- General Educator
- School Counselor
- Parent
- Parent
- Parent
- Student
- Collaborating community mental health professional
- School Psychologist

Note: *co-leaders
TEAM QUALITIES

- Clear memoranda of agreement/understandings between school systems and community mental health agencies
- Strong leadership
- Team members on the team at the school and community level with decision making authority and ability to allocate resources
- Structured meeting agendas, frequent and consistent meetings, high levels of attendance
- Opportunities for all to participate
- Note taking and archiving/reviewing notes
- Clear action planning
- Systematic follow up on action planning
Universal Screening Defined

• “Universal screening is the systematic assessment of all children within a given class, grade, school building, or school district, on academic and/or social-emotional indicators that the school personnel and community have agreed are important”

  • Source: Ikeda, Neessen, & Witt, 2009, with thanks to Lucille Eber
The Challenge of Evidence-Based Practice (from Sharon Hoover Stephan)

**Intervention/Indicated:**
Cognitive Behavioral Intervention for Trauma in Schools, Coping Cat, Trauma Focused CBT, Interpersonal Therapy for Adolescents (IPT-A)

**Prevention/Selected:**
Coping Power, FRIENDS for Youth/Teens, The Incredible Years, Second Step, SEFEL and DECA Strategies and Tools, Strengthening Families Coping Resources Workshops

**Promotion/Universal:**
Good Behavior Game, PATHS to PAX, Positive Behavior Interventions and Support, Social and Emotional Foundations of Early Learning (SEFEL), Olweus Bullying Prevention, Toward No Tobacco Use
**Typical Work for Clinician for Evidence-Based Prevention Group**

<table>
<thead>
<tr>
<th>Screen students</th>
<th>Rotate meeting times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyze results of screen</td>
<td>Implement effectively</td>
</tr>
<tr>
<td>Obtain consent/assent</td>
<td>Promote group cohesion</td>
</tr>
<tr>
<td>Obtain teacher buy-in</td>
<td>Address disruptive behaviors</td>
</tr>
<tr>
<td>Coordinate student schedules</td>
<td>Conduct session by session evaluation</td>
</tr>
<tr>
<td>Get them to and from groups</td>
<td>Deal with students who miss groups</td>
</tr>
</tbody>
</table>
Strengthening School Mental Health Services (SSMHS)

- NIMH, R01MH081941-01A2, 2010-15 (building from a prior R01)
- 46 school mental health clinicians, 34 schools
- Randomly assigned to either:
  - Personal/ Staff Wellness (PSW)
  - Clinical Services Support (CSS)
CSS: Four Key Domains

- Quality Assessment and Improvement (QAI)
- Family Engagement and Empowerment (FEE)
- “Modular” Evidence Based Practice (EBP)
- Implementation Support
Structure for Implementation

- Twice monthly two-hour training
- Monthly or more coaching visits at school
- Coaching involving observing family sessions and collegially providing ideas and support

CHALLENGES
- Expense
- Family no-shows
Summary of Findings

• CSS significantly related to improvement in key dimensions of clinician behavior (QAI strategies, FEE and EBP skills)
• CSS related to improvement in student psychosocial outcomes
• Analyses related to school outcomes still being conducted
Other Conclusions

• Need the right clinicians
• For true EBP demands are intense at multiple levels
• TRAINING/IMPLEMENTATION SUPPORT + INCENTIVES + ACCOUNTABILITY
• Tension between productivity and quality
Collaborators – Sharon Hoover Stephan, Nancy Lever, Eric Youngstrom, Melissa George, Heather McDaniel, Abby Bode, Johnathan Fowler, Leslie Taylor, Lori Chappelle, Kimberly Hoagwood, Samantha Paggeot, Eryn Bergeron….and others
Advancing Evidence-Based Assessment

• Expanding range of intervention targets
• Improve measure selection and move to those in public domain
• Assess and improve organizational readiness
• Provide implementation support
• Promote efficient data collection and use

Overcoming Problematic Practices within the Status Quo: Mental Health

• Emphasis on “psychopathology”
• Medical model that is heavily bureaucratic
• Contingency for staff to be successful-productivity in fee-for-service billing
• Reactive, eclectic services that go on and on and promote dependency
Problematic Practices: Education

• Variable and stigmatizing labeling (e.g., “emotional disturbance”)
• Suspensions/expulsions (racial disparities/implicit bias)
• Schools and staff as gatekeepers
• “Social maladjustment”
Problematic Practices, Education 2

- “Manifestation” hearings
- Increasing but not decreasing restrictiveness
- Pro-forma meetings and poor follow-up
- Accommodations
Funding/Resource Barriers

• Cost of “evidence-based programs”
  – Materials, training, coaching, evaluation, re-training
• Negotiating the “for profit” issue
• Dealing with “evaporating” investments

### Analyses of NREPP Program Costs

*(to deliver to 10 students/year; George et al., 2013)*

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For Profit</strong></td>
<td>$7909-10661</td>
<td>$5788</td>
</tr>
<tr>
<td>N=32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non Profit</strong></td>
<td>$3122-3584</td>
<td>$106</td>
</tr>
<tr>
<td>N=36</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Domain</strong></td>
<td>Minor Costs</td>
<td>Minor Costs</td>
</tr>
<tr>
<td>N=6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Not Determined</strong></td>
<td>$1596</td>
<td>$33</td>
</tr>
<tr>
<td>N=9</td>
<td></td>
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</tbody>
</table>
Importance of Relationships in Change

There will never be enough laws, policies, processes, documents, etc. to force change.

Change is best realized through the relationships we build with those people and groups that have a common interest toward solving a persistent problem or seizing an opportunity.

Bill East, Joanne Cashman, Natl Assoc of State Directors of Special Education
Systematic Agenda

Relationships
The mission of the SC School Behavioral Health Community is to promote student academic and personal success by reducing barriers to learning and supporting the social, emotional, and behavioral needs of all youth and families in South Carolina.
South Carolina School Behavioral Health Conference

Please save the date for the first South Carolina School Behavioral Health Conference in Columbia.

http://www.shieldwork.net

2nd Annual South Carolina School Behavioral Health Conference

Thursday, April 23 & Friday, April 24, 2015
North Charleston, SC

The 2nd Annual SC School Behavioral Health Conference is an opportunity for educators, administrators, and mental health, social, and educational service providers to network, collaborate, and celebrate the efforts of children and families in South Carolina.

Susan Barrett
Technical Assistance Center
System of Behavioral Supports

- Covered Include:
  - Intervention: School-wide and focused interventions for School Mental Health services
  - Inclusion: Inclusion in behavioral health services
  - Technology: Technology applications for data-based decision making
  - Positive Behavioral Interventions and Supports: PBIS and other multi-tiered systems of support

Visit:
https://www.eventbrite.com/e/2nd-annual-south-carolina-school-behavioral-health-conference-tickets-1563198

3rd Annual South Carolina School Behavioral Health Conference

Myrtle Beach, South Carolina
Sheraton Myrtle Beach Convention Center Hotel
April 21 and 22, 2016

"Partnering with Students and Families to Promote Leadership in School Behavioral Health"

Keynote Speaker: Nancy A. Lever, Ph.D.
Co-Director, Center for School Mental Health (CSMH)
University of Maryland

The Third Annual Conference is an opportunity for representatives from schools and youth-serving agencies in South Carolina to network, collaborate, and learn new strategies to improve school behavioral health outcomes for children and families.

For more information:
www.schoolbehavioralhealth.org
Email: schoolhealth@umd.edu
Call (803) 777-8449
Fax (803) 777-9558

The mission of the South Carolina School Behavioral Health Community is to promote student academic and personal success by reducing barriers to learning and supporting the social, emotional, and behavioral needs of all youth and families in South Carolina.

Registration for the 2016 conference is now updated and improved!!!
Register today:
www.schoolbehavioralhealth.org
PCORI believes that combining patients and other stakeholders’ individual experiences and passion for improving healthcare quality with the expertise of researchers will result in research that better meets the needs of the entire healthcare community.
Escalating Progress to Move Beyond Tokenism in Youth/Family Involvement
Moving Toward Exemplary and High Impact School Behavioral Health

- Improving Collaboration among Families, Educators, Clinicians and other Youth-System Staff

- School-Wide Approaches for Prevention and Intervention

- Improving the Quality of Services

- Increasing Implementation Support

- Enhancing Cultural Humility and Reducing Racial, Ethnic, and Other Disparities
School Mental Health International Leadership Exchange, see SMHILE.com
Our Vision

Ontario students are flourishing,

with a strong sense of belonging at school,

ready skills for managing academic and social/emotional challenges,

and surrounded by caring adults and communities equipped to identify and intervene early with students struggling with mental health problems

A Vision for Student Mental Health and Well-Being in Ontario Schools (with thanks to Kathy Short)
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
Be Counted and Get your **Blue Star** on the Map!

www.theshapesystem.com
Schools and School Districts Can Use SHAPE To:

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

www.theshapesystem.com
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

www.theshapesystem.com
Schools and School Districts Can Use SHAPE To:

- Access targeted resources to help advance your school mental health quality and sustainability
Schools and School Districts Can Use SHAPE To:

- Achieve SHAPE Recognition to increase opportunities for federal, state and local grant funding
Thanks to: Josh Bradley, Elizabeth Balog, Terry Doan, Jordon Dobson, Allison Farrell, Lee Fletcher, Meaghan Flynn, Elaine Miller, Carissa Orlando, Ashley Quell, Bob Stevens (USC SMH Team) Elizabeth Connors, Sharon Hoover Stephan, Nancy Lever (CSMH); Melissa George (Colorado State University); Joni Splett (University of Florida); Susan Barrett, Lucille Eber, Kelly Perales, and Bob Putnam (PBIS National TA Center)....and others
Congratulations!
Thank you
weist@sc.edu