

# 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**

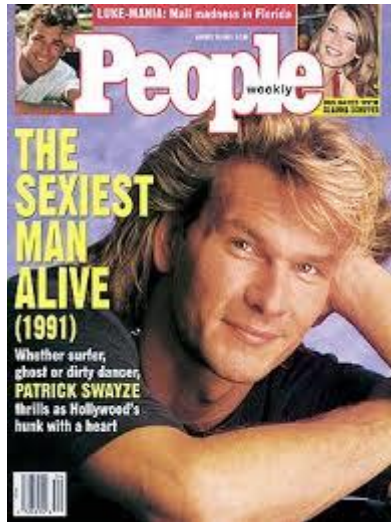
# Outline

- 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

# 1991



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SOUTH CAROLINA





# 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



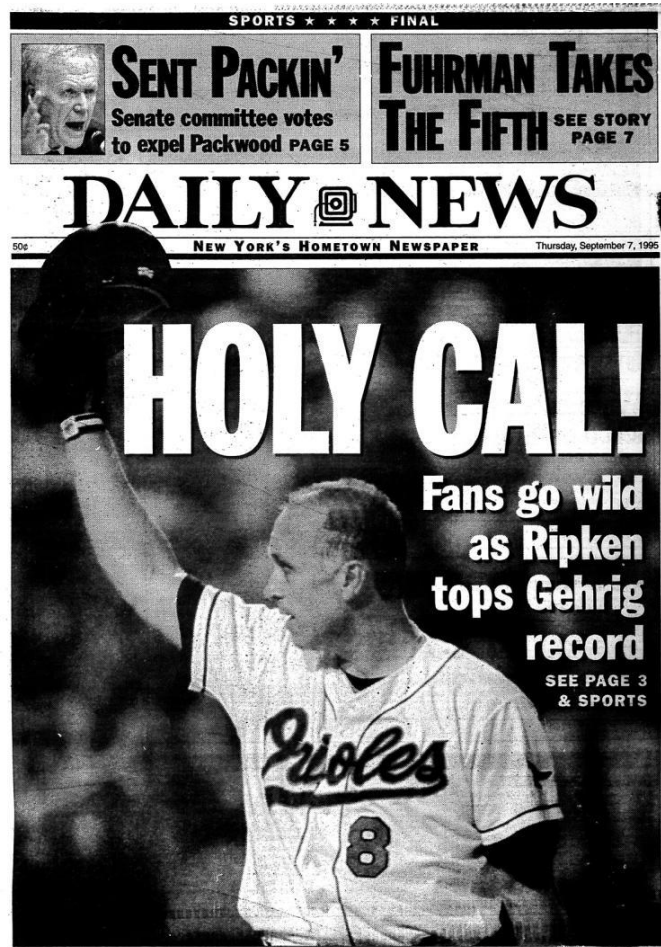
# Quality Indicator - 1991

- *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



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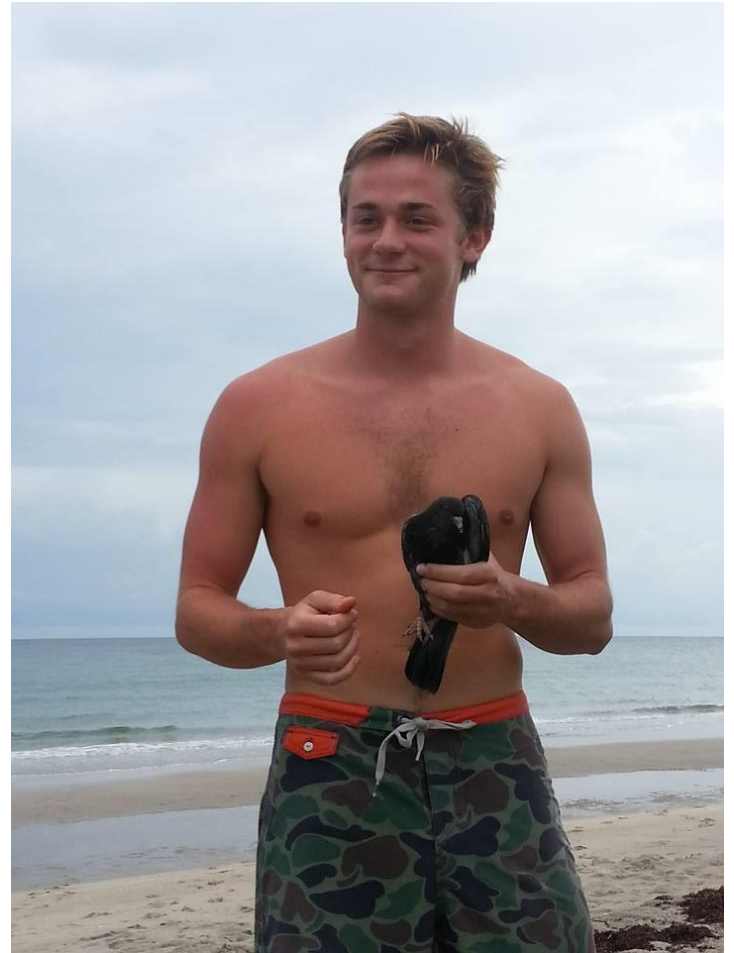
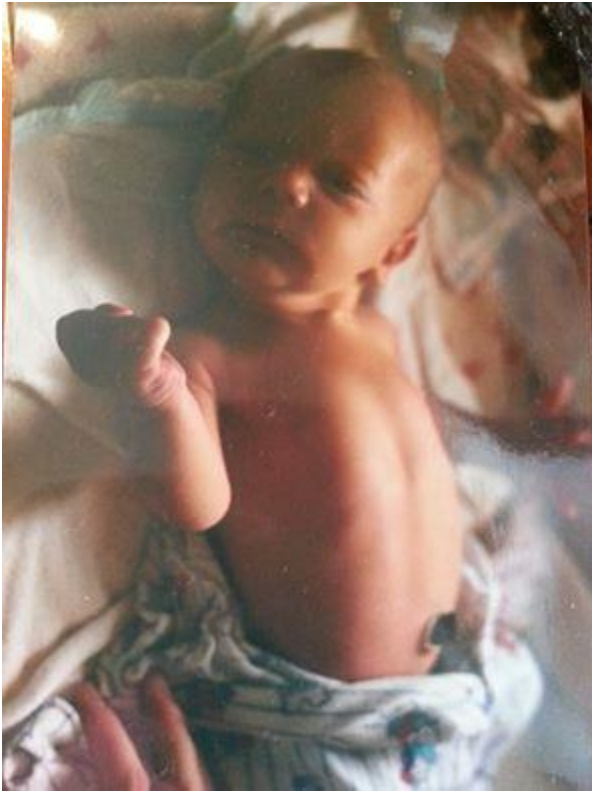
# Maternal and Child Health Bureau/Health Resources and Services Administration

- *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



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# “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

# Center for School Mental Health Assistance

 **On The Move**  
with School-Based Mental Health Services

Volume 1, Number 1 Spring 1996

***Promoting Mental Health Services in Schools***

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

**I**n 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; and... youth 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



*Mark Weist*

**Center for School Mental Health Assistance**  
toll-free: (888) 706-0980  
(803) 706-0980



# 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

<b>Principle 1: All youth and families are able to access appropriate care regardless of their ability to pay.</b>	not at all in place						fully in place
<b>ACCESS TO CARE</b>							
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?	1	2	3	4	5	6	
<b>FUNDING</b>							
2) Are you engaged in activities that may bring resources or financial support into the school mental health program?	1	2	3	4	5	6	
<b>Principle 2: Programs are implemented to address needs and strengthen assets for students, families, schools, and communities.</b>	not at all in place						fully in place
<b>NEEDS ASSESSMENT</b>							
3) Have you conducted assessments on common risk and stress factors faced by students (e.g., exposure to crime, violence, substance abuse)?	1	2	3	4	5	6	
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?	1	2	3	4	5	6	
<b>ADDRESSING NEEDS AND STRENGTHS</b>							
5) Do you have services in place to help students contend with common risk and stress factors?	1	2	3	4	5	6	
6) Are you matching your services to the presenting needs and strengths of students/families after initial assessment?	1	2	3	4	5	6	
<b>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.</b>	not at all in place						fully in place
<b>EVIDENCE-BASED PRACTICE: SCREENING, ASSESSMENT, AND INTERVENTION</b>							
7) Do you receive ongoing training and supervision on effective diagnosis, treatment planning and implementation, and subsequent clinical decision-making?	1	2	3	4	5	6	
8) Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?	1	2	3	4	5	6	
9) Do you continually assess whether ongoing services provided to students are appropriate and helping to address presenting problems?	1	2	3	4	5	6	
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)?	1	2	3	4	5	6	
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?	1	2	3	4	5	6	

# 2007



# Operating within a Multi-Tiered System of Support

# Positive Behavior Intervention and Support ([www.pbis.org](http://www.pbis.org))

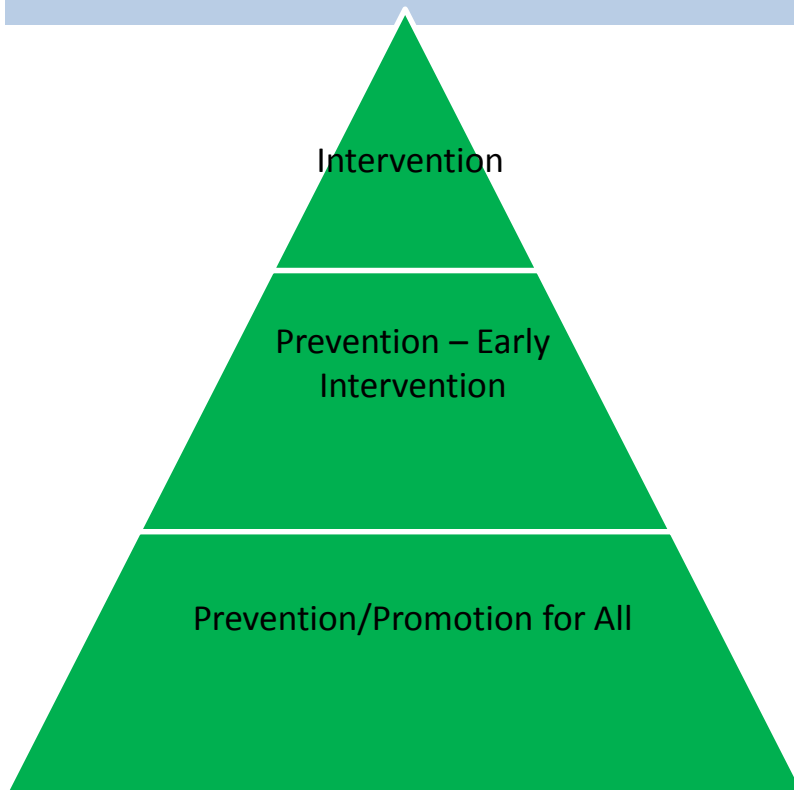
- In 23,000 plus schools
- Decision making framework to guide selection and implementation of best practices for improving academic and behavioral functioning
  - Data based decision making
  - Measurable outcomes
  - Evidence-based practices
  - Systems to support effective implementation





**TWO NATIONAL CENTERS  
WORKING CLOSELY TOGETHER**

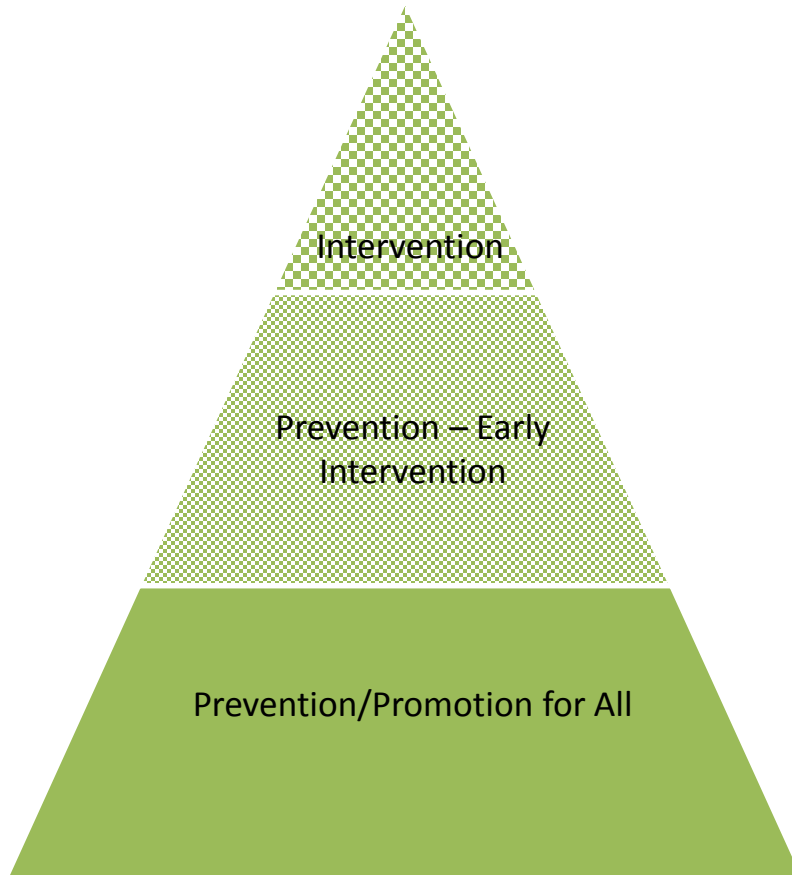
# GOAL



- 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





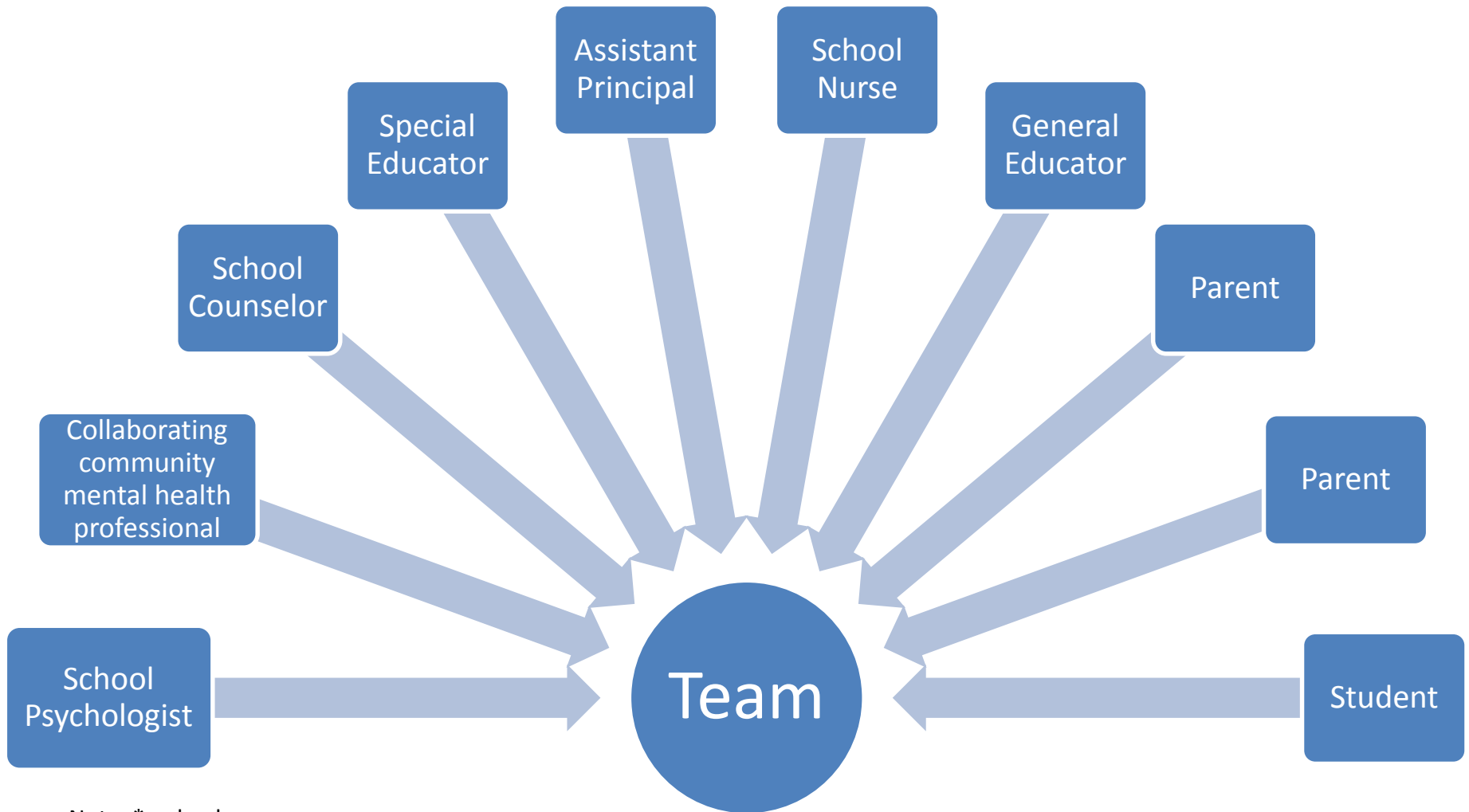
# ADVANCING EDUCATION EFFECTIVENESS:

INTERCONNECTING SCHOOL MENTAL HEALTH  
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

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EDITORS: SUSAN BARRETT, LUCILLE EBER  
& MARK WEIST

# EFFECTIVE TEAMS ARE FOUNDATIONAL



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

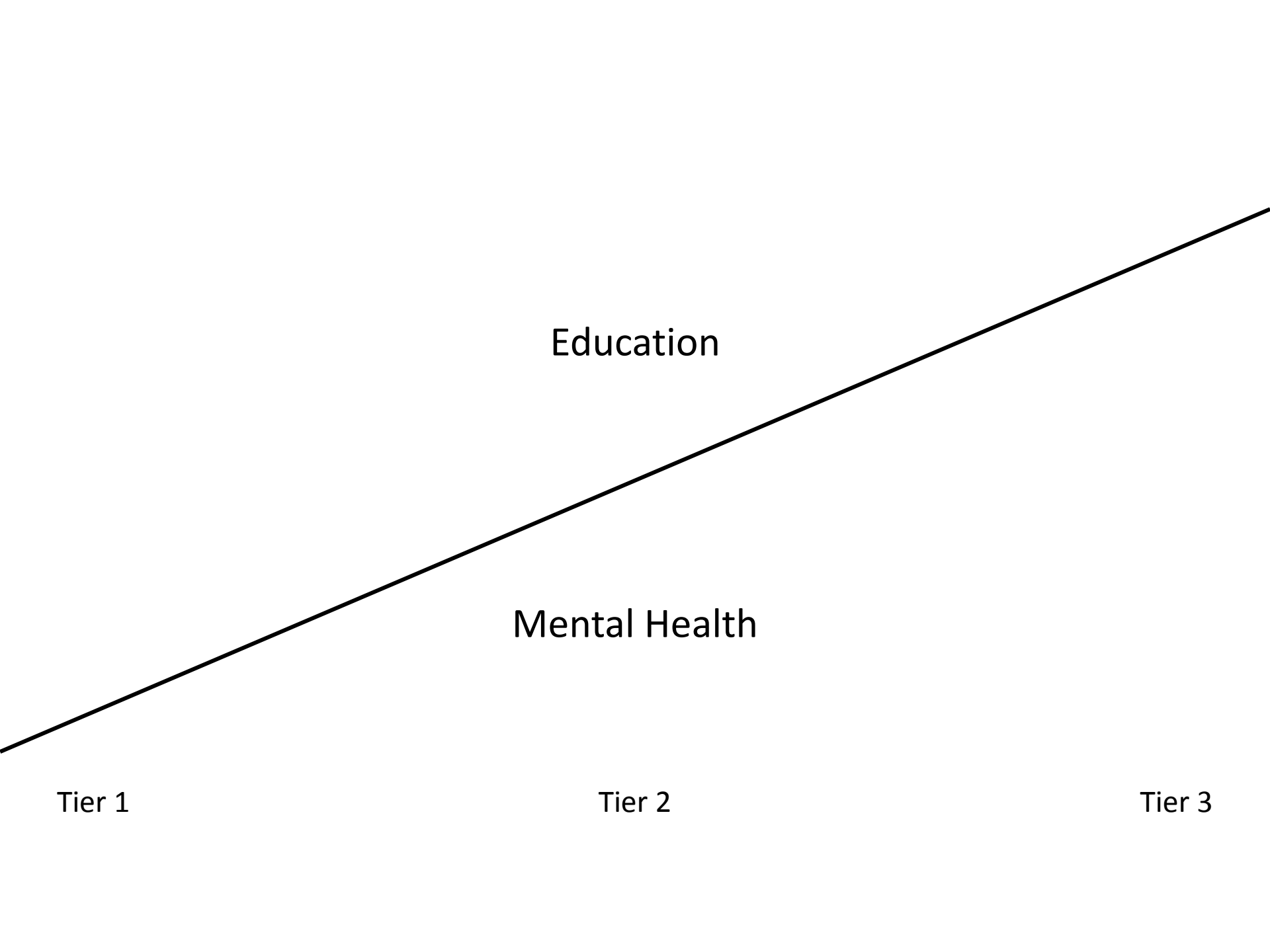
Structured meeting agendas, frequent and consistent meetings, high levels of attendance

Opportunities for all to participate

Note taking and archiving/reviewing notes

Clear action planning

Systematic follow up on action planning



Education

Mental Health

Tier 1

Tier 2

Tier 3

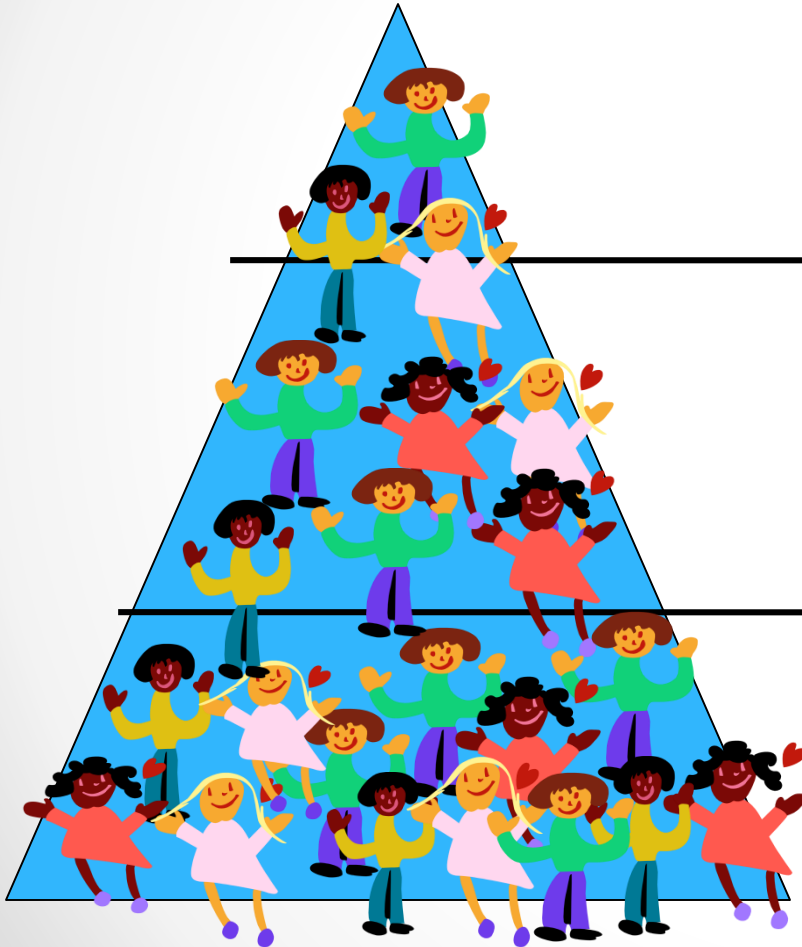
# Universal Screening Defined

- “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

- Screen students
- Analyze results of screen
- Obtain consent/assent
- Obtain teacher buy-in
- Coordinate student schedules
- Get them to and from groups
- Rotate meeting times
- Implement effectively
- Promote group cohesion
- Address disruptive behaviors
- Conduct session by session evaluation
- Deal with students who miss groups



# *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

## *SSMHS - Collaborators*

- 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
- See Arora, P., Connors, E.H., George, M.W., Lyon, A.R., Wolk, C.B., & Weist, M.D. (pending final revisions). Advancing evidence-based assessment in school mental health: Key priorities for an applied research agenda, *Clinical Child and Family Psychology Review*.

# 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

See George, M.R., Taylor, L.K., Schmidt, S., & Weist, M.D. (2013). A review of school mental health programs in SAMHSA’s National Registry of Evidence-Based Programs and Practices. *Psychiatric Services, 64*(5), 483-486.

# Analyses of NREPP Program Costs

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

	Year 1	Year 2
For Profit N= 32	\$7909-10661	\$5788
Non Profit N=36	\$3122-3584	\$106
Public Domain N=6	Minor Costs	Minor Costs
Not Determined N=9	\$1596	\$33



# Importance of Relationships in Change

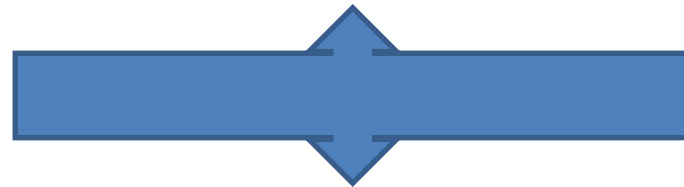
There will never be enough laws, policies, processes, documents, etc. to force change

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**

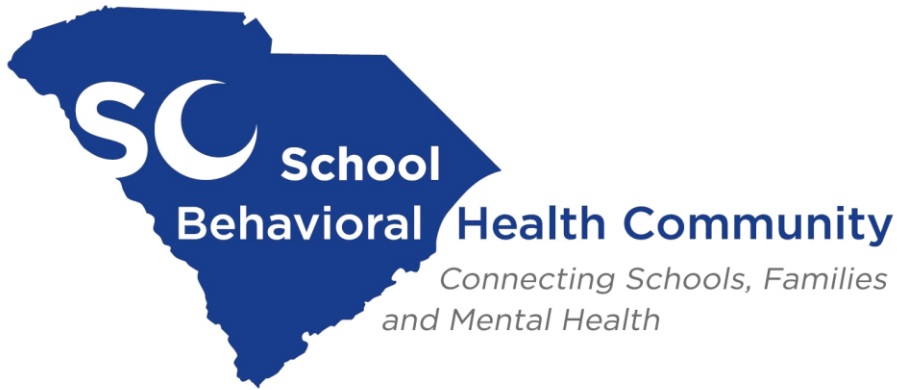


Systematic  
Agenda



Relationships





[scsbhc@gmail.com](mailto:scsbhc@gmail.com)

[www.sharedwork.org/web/sc](http://www.sharedwork.org/web/sc)

T: (803) 777-0449

F: (803) 777-9558

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

Partially supported by  
**Department of Psychology**  
University of South Carolina

## South Carolina School Behavioral Health Conference

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

## 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 professionals from schools and youth-serving agencies to network, collaborate, and support children and families in South Carolina.



<http://www.sharedwork.org>

THURSDAY 10 a.m. - 3 p.m.  
April 24  
Medallion Conference  
Columbia, South Carolina  
Registration open

### 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.



*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.*

For more information  
[www.schoolbehavioralhealth.org](http://www.schoolbehavioralhealth.org)  
Email [scsbhc@gmail.com](mailto:scsbhc@gmail.com)  
Call (803)777-0449  
Fax (803) 777-9558

Registration for the 2016 conference is now updated and improved!!  
Register today:  
[www.schoolbehavioralhealth.org](http://www.schoolbehavioralhealth.org)

**Susan Barrett**  
Technical Assistance Center  
"System of Behavioral Supports"

#### Topics Covered Include:

- Inter-school collaboration
- State and policy considerations for School Mental Health services
- Family engagement in behavioral health services
- Technology applications for data-based decision making
- Rehabilitative Behavioral Health Services
- Strategies to support multi-tiered systems in schools
- Interventions to prevent and address bullying
- Intervention strategies to promote school engagement and prevent dropout
- and more!

#### visit:

[www.sharedwork.org/whh/sc](http://www.sharedwork.org/whh/sc)

The South Carolina School Behavioral Health Community is to promote personal success by reducing barriers to learning and supporting the social, emotional, and behavioral needs of all youth and families in South Carolina. For more information visit: [www.sharedwork.org/whh/sc](http://www.sharedwork.org/whh/sc)

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SOUTHEASTERN  
SCHOOL BEHAVIORAL HEALTH  
COMMUNITY



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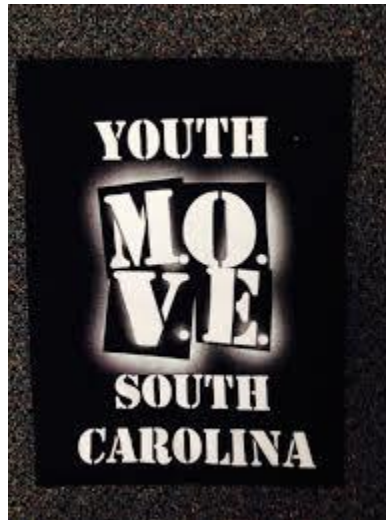
# PCORI

## Patient-Centered Outcomes Research Institute

*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





## SOUTHEASTERN SCHOOL BEHAVIORAL HEALTH CONFERENCE



### 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](http://SMHILE.com)



# Our Vision

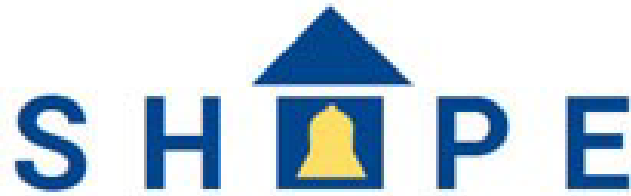


Ontario students are flourishing,  
with a strong sense of belonging at school,  
ready skills for managing academic and social/emotional challenges,  
and surrounded by caring adults and communities equipped to identify and intervene early with students struggling with mental health problems

**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](http://www.theshapesystem.com)







Join Us!

Answer a few questions on the home page and be added to the National School Mental Health Census.

Get your Blue Star on the Map!

# Be Counted and Get your **Blue Star** on the Map!

**SHAPE** School Health Assessment and Performance Evaluation System Login

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

### Join Us!

When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!

[Join Now](#)

**Schools and school districts can use SHAPE to:**

- **Be counted** in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- Advance a data-driven mental health team process for your school or district

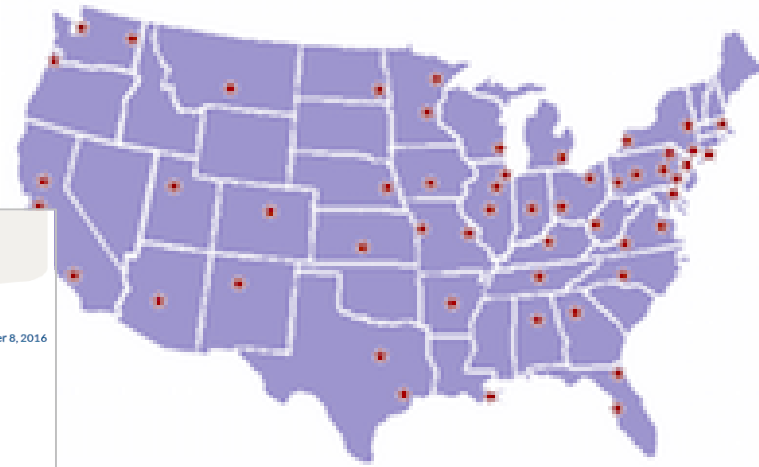
## Register to Improve Your School Mental Health System

- Free Custom Reports
- Strategic Team Planning
- Free Resources
- Be Counted

[www.theshapesystem.com](http://www.theshapesystem.com)

# Schools and School Districts Can Use SHAPE To:

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



SCHOOL DISTRICT MENTAL HEALTH PROFILE | JEFFERSON UNIFIED SCHOOL DISTRICT



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 Census SHAPE recognition for completing the School Mental Health Profile. Complete the National School Performance Measures on SHAPE (the Quality and Sustainability Assessments) to achieve Silver or Gold Recognition.

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

To learn more about this team's SHAPE account, inquire about being added as a team member, and/or 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](http://www.theSHAPESystem.com).  
Page 1 of 5



SERVICES PROVIDED | JEFFERSON UNIFIED SCHOOL DISTRICT



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](http://www.theSHAPESystem.com).  
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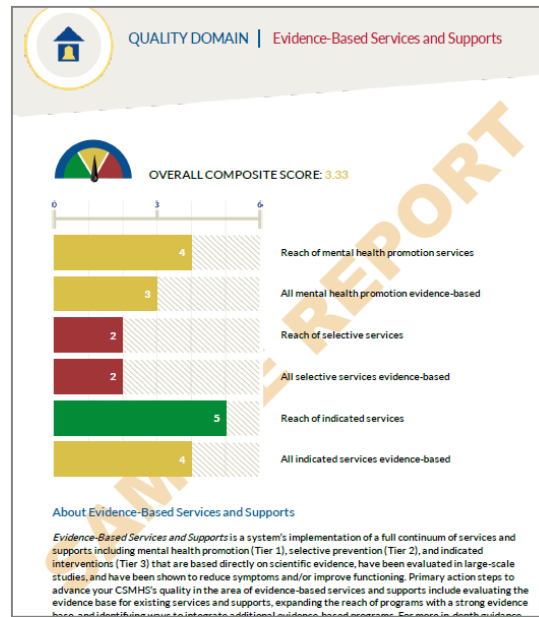
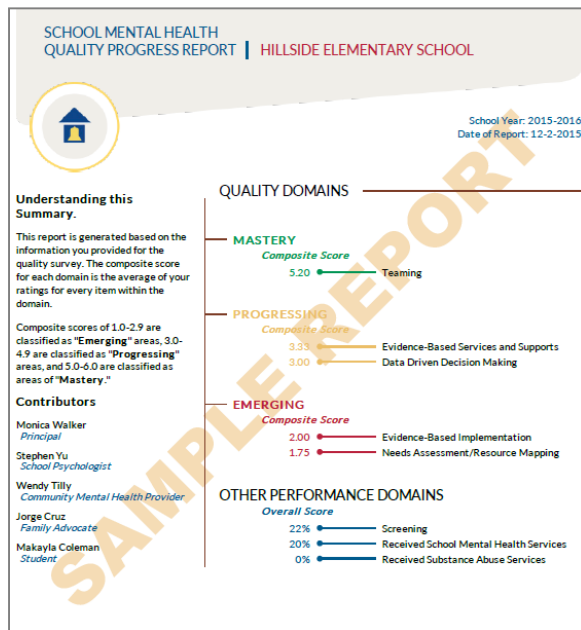


[www.theshapesystem.com](http://www.theshapesystem.com)



# 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



**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: \_\_\_\_\_

# Schools and School Districts Can Use SHAPE To:

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

**SHAPE** School Health Assessment and Performance Evaluation System Elizabeth Connors

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View Selection / District Admin

## YUPIIT SCHOOL DISTRICT

School Mental Health System

Mental Health Profile Updated: April 22, 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: April 22, 2016

**Sustainability** Last Updated: April 22, 2016

Quality Progress Report and Resources Sustainability Progress Report and Resources

April 22, 2016 - Jane Doe Progress Report Completed Survey Resume Survey

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

Quality Guide: Data Driven Decision Making

Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support

Data-Based Decision Making

Data-Driven Decision Making (Special Issue)

Free Assessment Measures

Implementing Data-Informed Decision Making in Schools - Teacher Access, Supports and Use

School-wide Positive Behavior Support: Implementers' Blueprint and Self-Assessment

Teacher Data Collection Tool: SDQinfo.org

# Schools and School Districts Can Use SHAPE To:

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



View Selection / District Admin

# YUPIIT SCHOOL DISTRICT

## School Mental Health System

Mental Health Profile Updated:  
April 22, 2016

Certificate Report Update

System Performance

My Schools

Resource Library

Team Members

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**Quality**  
Last Updated: April 22, 2016

**Sustainability**  
Last Updated: April 22, 2016

Quality Progress Report and Resources

April 22, 2016 - Jane Doe

Sustainability Progress Report and Resources

Progress Report Completed Survey Resume Survey

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

**.PDF**

Quality Guide: Data Driven Decision Making

**.PDF**

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U N I V E R S I T Y O F  
**SOUTH CAROLINA**

**SCHOOL MENTAL HEALTH TEAM**

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# SMHT



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# Congratulations!



# Thank you

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