



Comprehensive School-based Mental Health: Building System Capacity

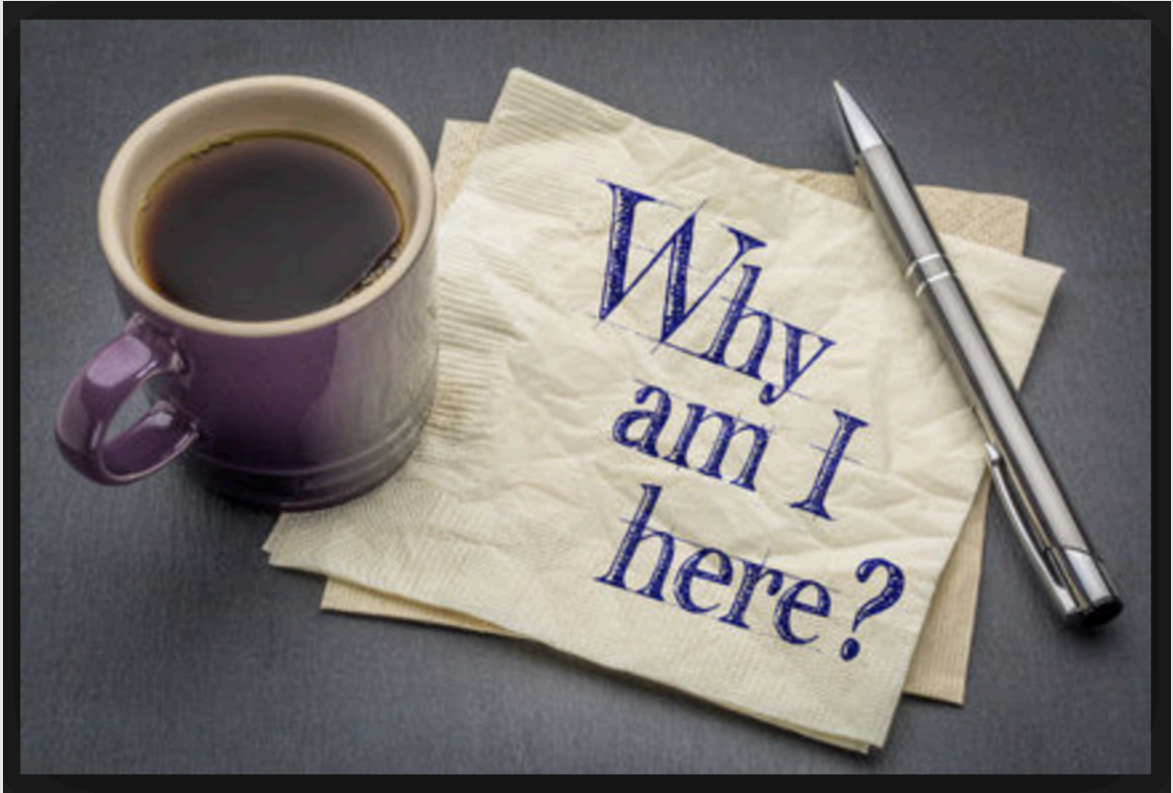
Bureau of Exceptional Education and Student Services
[Student Support Services Project](#)

March 6, 2019



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

www.FLDOE.org



Why
am I
here?

Cops and No Counselors

How the Lack of School Mental Health Staff
Is Harming Students



Agenda

- MTSS and School-based Mental Health
- Resource Mapping
- Universal Screening
- Evidence-based Intervention
- Challenges/Barriers to Effective Implementation
- Training/Skill Building



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

School-based Mental Health in a Multi-tiered Framework

Multi-tiered System of Supports, Interconnected Systems Framework, and Systems of Care

- The multi-tiered system (MTSS) is a continuum of supports and interventions that increase in intensity based on student need.
- Interconnected Systems Framework (ISF) blends school mental health practices, systems, and resources into all levels of a multi-tiered system of supports
- System of care is a collaborative network of services and supports to help children with serious emotional disturbance be successful at home, school, and in the community (wraparound services).

Florida's System of Supports for School-Based Mental Health Services

FOUNDATION

- a. Integrated Leadership Teams expand teams and roles
- b. Effective data systems
- c. Strong Universal implementation
- d. Continuum of supports
- e. Youth Family School Community Collaboration at All Levels culturally responsive
- f. Evidence base practices at all levels
- g. Data based continuous improvement
- h. Staff Mental Health Attitudes, Competencies, and Wellness
- i. Professional development and implementation support
- j. Policy changes that protect confidentiality but promote mental health collaboration and flexibility

TIER 3

Individualized Intensive

Decision-rules & referral-follow-up procedures
Data and strategy sharing between school and agency staff
Individualized counseling/ intervention, behavior support plans
Intensive progress monitoring
Wrap around & crisis planning
Intensified family partnership and communication

System of Care



TIER 2

Supplemental/At-Risk

Decision rules for early identification and access
Evidence-based group social, emotional, and behavioral interventions based on need
Monitoring of intervention fidelity and student progress

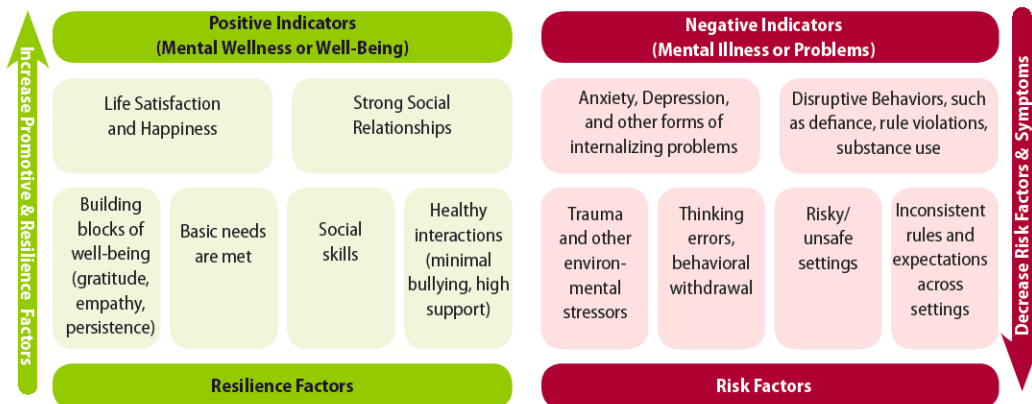
TIER 1

Universal Prevention

Universal screening and progress monitoring
Needs assessment and resource mapping
Reduced Risk Factors - Create orderly and nurturing classrooms and public space, fair and positive discipline, curtailed bullying
Increased Protective Factors - Social-emotional skills instruction, positive/secure relationships, predictable environment
Restorative and Trauma Informed Practices
Data-based problem solving leadership teams - Including youth serving agency, youth and family
School-wide mental wellness initiatives to increase awareness and reduce stigma
Youth Mental Health First Aid Training, Wellness Fairs, Behavioral Health Campaigns

Florida AWARE defines complete mental health as the presence of social, behavioral, and emotional well-being and resilience factors, as well as minimal social, behavioral, and emotional problems, and the reduction of risk factors.

Students with complete mental health have many signs of well-being, such as happiness and strong relationships, coupled with few signs of mental health challenges, like symptoms of depression or behavior problems.



Foster the factors within youth and their environments at school and home that promote resilience and well-being

- Teach social, behavioral, and emotional skills
- Create safe and nurturing environments that support well-being
- Foster resilience and increase protective factors

Prevent, reduce, and manage the risk factors within youth and their environments that cause and maintain mental illness

- Identify students at-risk for mental health problems
- Provide targeted interventions matched to signs of risk and needs
- Provide support to youth in crisis or with chronic mental health needs

Florida AWARE supports schools' implementation of a multi-tiered framework of evidence-based practices to promote complete mental health. Contact us at:

Natalie Romer, PhD
 State Coordinator
 romer@usf.edu

Katrina Eunice, MA
 Duval Program Manager
 eunicek@duvalschools.org

Vicki Koller, MSW
 Pinellas Program Manager
 kollerV@pcsb.org

James R. Maxwell, MA
 Polk Director of Student Services
 jim.maxwell@polk-fl.net

Florida AWARE is a State Education Agency "Now is the Time" Program, awarded by the Substance Abuse and Mental Health Services Administration to the Florida Department of Education's Bureau of Exceptional Education and Student Services with a subagreement to the University of South Florida and the three partnering districts (Duval, Pinellas, and Polk).



Dual Factor Model of Mental Health



- Factor 1 (Traditional Psychology): Mental *illness* or mental health *problems* (symptoms of emotional distress)
- Factor 2 (Positive Psychology): Subjective well-being

Mental Health Problems	Subjective Well-Being	
	Low	Average to High
Low	Vulnerable	Complete Mental Health
High	Troubled	Symptomatic but Content

-Suldo & Shaffer, 2008

Reframing MTSS levels into a school-community intervention continuum of interconnected systems

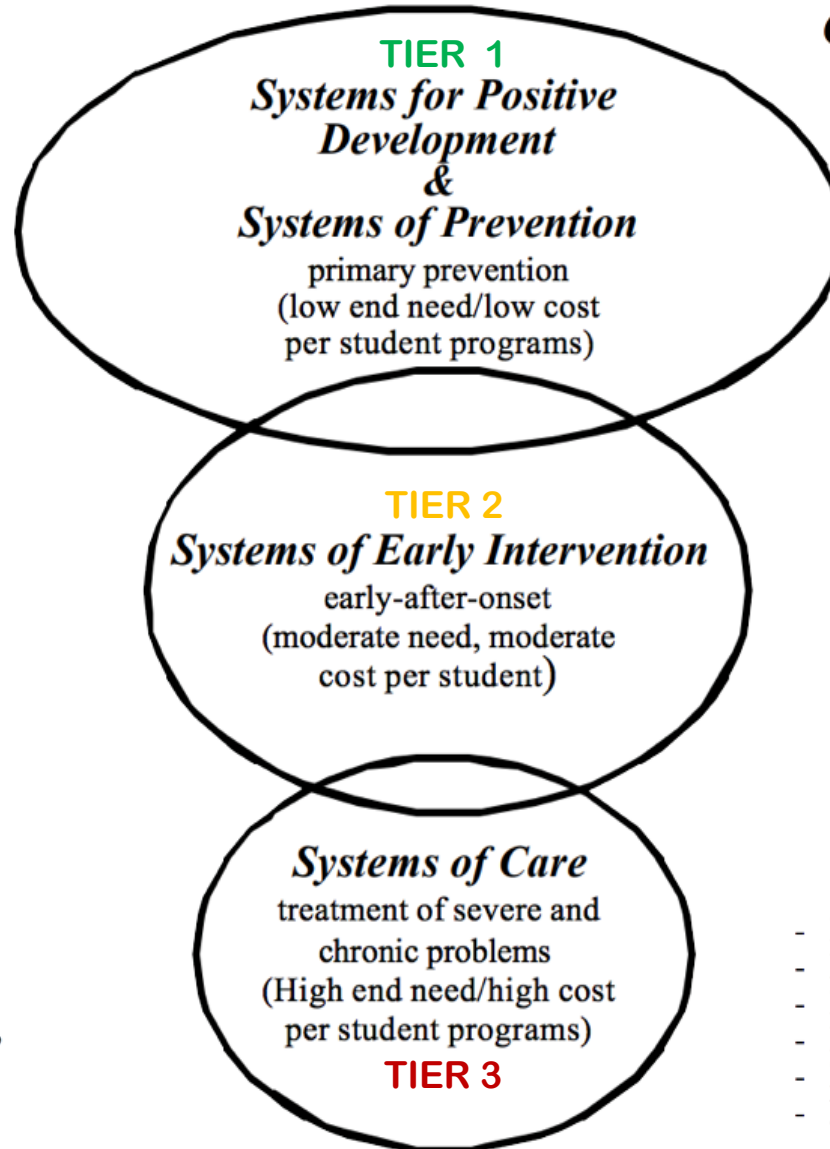
School Resources (facilities, stakeholders, programs, services)

Examples:

- Enrichment & recreation
- General health education
- Promotion of social and emotional development
- Drug and alcohol education
- Support for transitions
- Conflict resolution
- Parent involvement

- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Learning/behavior accommodations
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments



Community Resources (facilities, stakeholders, programs, services)

Examples:

- Youth development programs
- Public health & safety programs
- Prenatal care
- Immunizations
- Recreation & enrichment
- Child abuse education

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization



Resource Mapping & Needs Assessment

Resource Mapping Exercise



Florida's System of Supports for School-Based Mental Health Services

FOUNDATION

- a. Integrated Leadership Teams expand teams and roles
- b. Effective data systems
- c. Strong Universal implementation
- d. Continuum of supports
- e. Youth Family School Community Collaboration at All Levels culturally responsive
- f. Evidence base practices at all levels
- g. Data based continuous improvement
- h. Staff Mental Health Attitudes, Competencies, and Wellness
- i. Professional development and implementation support
- j. Policy changes that protect confidentiality but promote mental health collaboration and flexibility

TIER 3

Individualized Intensive

Decision-rules & referral-follow-up procedures
Data and strategy sharing between school and agency staff
Individualized counseling/ intervention, behavior support plans
Intensive progress monitoring
Wrap around & crisis planning
Intensified family partnership and communication

System of Care

TIER 2

Supplemental/At-Risk

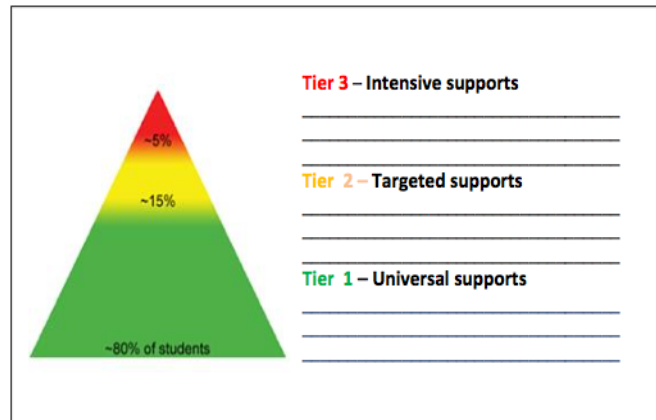
Decision rules for early identification and access
Evidence-based group social, emotional, and behavioral interventions based on need
Monitoring of intervention fidelity and student progress

TIER 1

Universal Prevention

Universal screening and progress monitoring
Needs assessment and resource mapping
Reduced Risk Factors - Create orderly and nurturing classrooms and public space, fair and positive discipline, curtailed bullying
Increased Protective Factors - Social-emotional skills instruction, positive/secure relationships, predictable environment
Restorative and Trauma Informed Practices
Data-based problem solving leadership teams - Including youth serving agency, youth and family
School-wide mental wellness initiatives to increase awareness and reduce stigma
Youth Mental Health First Aid Training, Wellness Fairs, Behavioral Health Campaigns

Resource Mapping in Schools and School Districts: A Resource Guide



Suggested Citation: Lever, N., Castle, M., Cammack, N., Bohnenkamp, J., Stephan, S., Bernstein, L., Chang, P., Lee, P., & Sharma, R. (2014). *Resource Mapping in Schools and School Districts: A Resource Guide*. Baltimore, Maryland: Center for School Mental Health.

**Developed for the Maryland Safe and Supportive Schools Grant
By the Center for School Mental Health
October 2014**

SHAPE

School Mental Health

Improving the quality of mental health in schools, districts, and states

The School Health Assessment and Performance Evaluation (SHAPE) system (www.theSHAPEsystem.com) is a free platform for schools and districts to:

- **map** your school mental health system's needs and resources
- measure school mental health **quality** and **sustainability**
- obtain **customized progress reports**
- access **targeted resources** to support quality improvement
- **be included** on the **national map** of school mental health



School Mental Health Matters

3/4

Of youth who receive mental health services, **70-80%** access these services in schools.



Positive school climate integrated with social emotional learning **improves school safety** and decreases bullying.



Students who participate in social emotional learning programs **improve academic performance by 11 percentile points.**



Youth are **8x more likely** to complete mental health treatments in schools than in other community settings.

8x

The SHAPE System is hosted by the National Center for School Mental Health (NCSMH).

The NCSMH mission is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

NCSMH funding is provided, in part, by the Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health, Adolescent Health Branch of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).



NATIONAL CENTER FOR SCHOOL MENTAL HEALTH
www.schoolmentalhealth.org



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Pasco Student Services Survey

<http://www.pasco.k12.fl.us/forms/view.php?id=151456>.

Core Elements of SBMH Services

Recovery

Treatment

**Evidence-based
intervention**

Assessment/Diagnosis

Universal Screening



Universal Screening

Mental health screening is a foundational element of a comprehensive approach to behavioral health prevention, early identification, and intervention.

CSMH Mental Health Screening Playbook

Purposes of universal mental health screening

- Assess effectiveness of universal social/emotional/behavioral programs, interventions, and supports.
- Identify students at risk of academic, behavioral, social, and mental health problems.
- Identify personal strengths/wellness as well as risk factors/emotional distress.

Screening (Tier 1)

- Universal
- Identify which students are at risk
- General
- 1st gate
- Broad band scales
- Strength/wellness based
- Monitor of system effectiveness

Assessment (Tier 2/3)

- Targeted/individual
- Identify what disorder students are at risk for (Dx)
- Specific
- 2nd gate
- Narrow band scales
- Symptom/disorder based
- Monitor intervention effectiveness

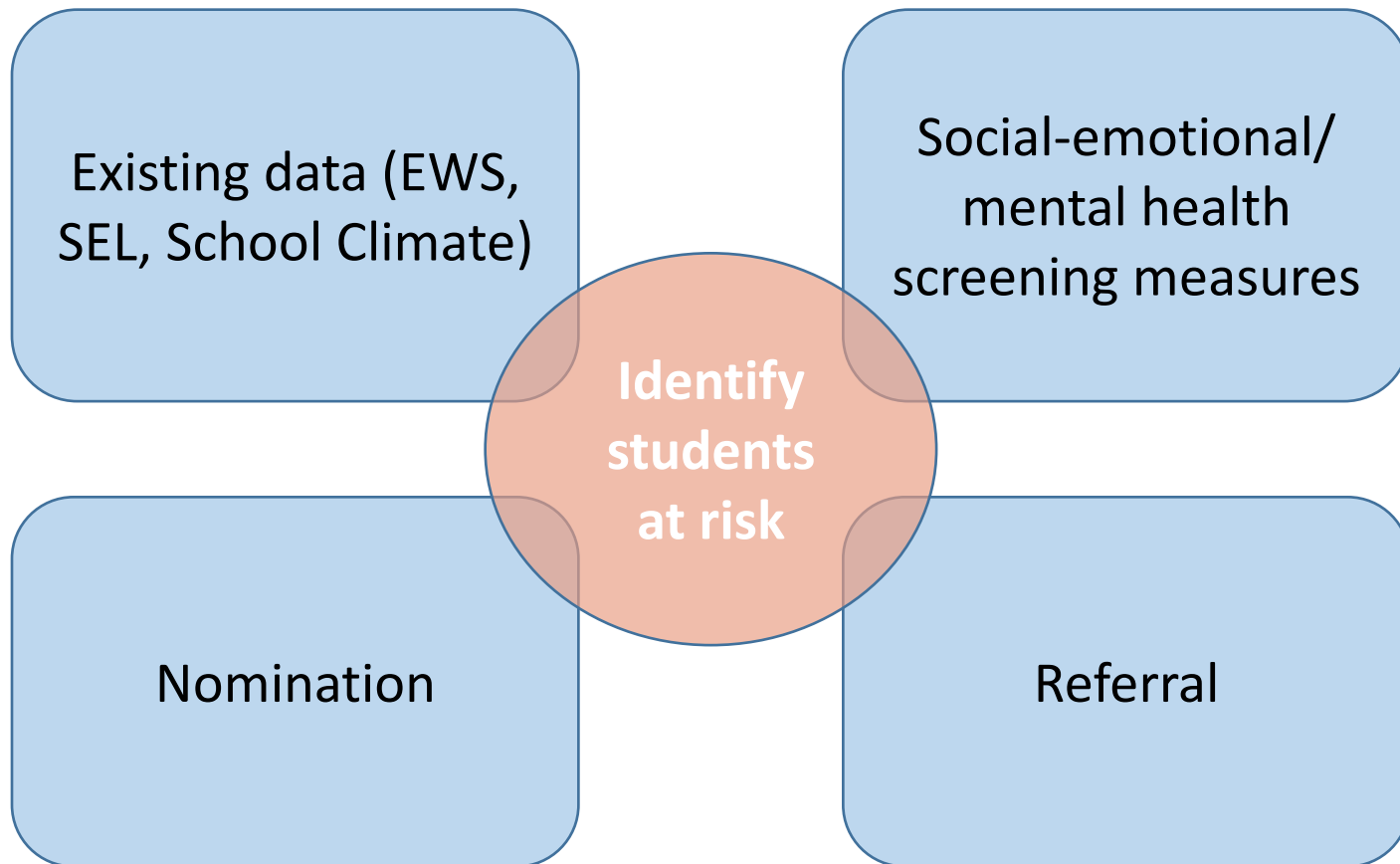
Guiding Questions – Screening

- How is your district/schools currently identifying students with mental health concerns?
- What universal screening instruments are you using?
 - Who in your district completes the universal screener?
- What happens to the universal screening data once it is collected?
 - How is screening data used to inform interventions in a tiered system of supports?
- How is the screening data shared with stakeholders?

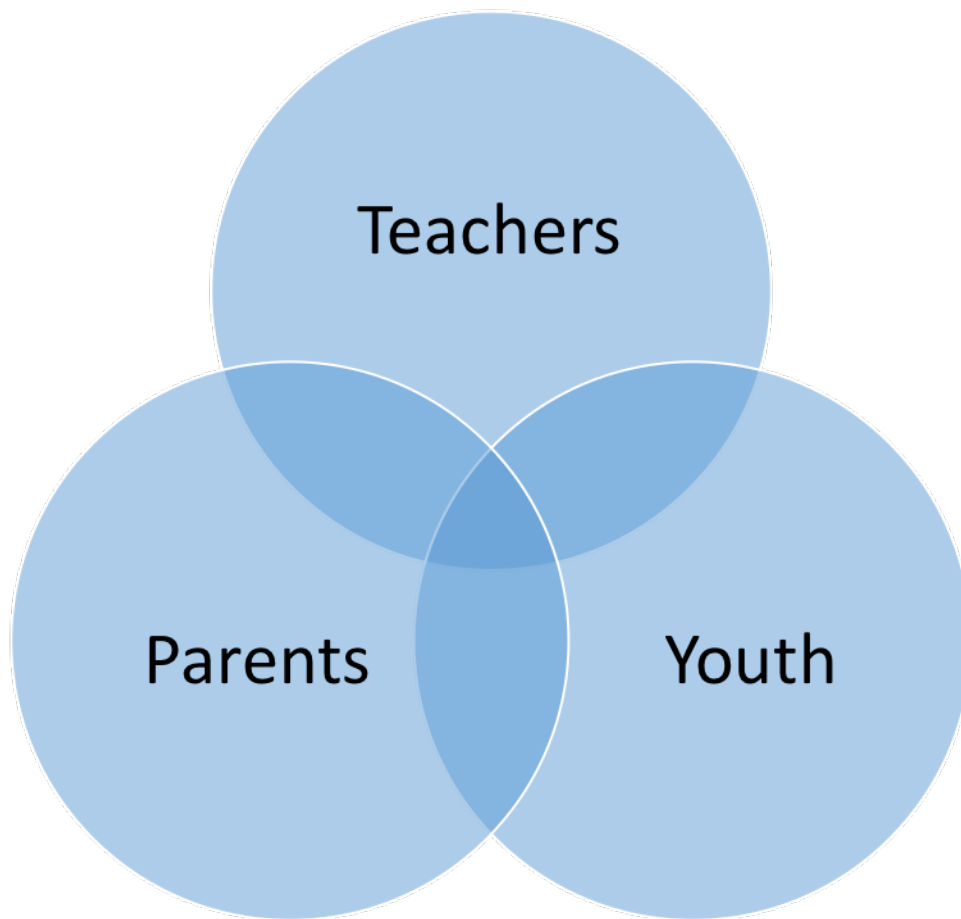




Screening Methods



Informants



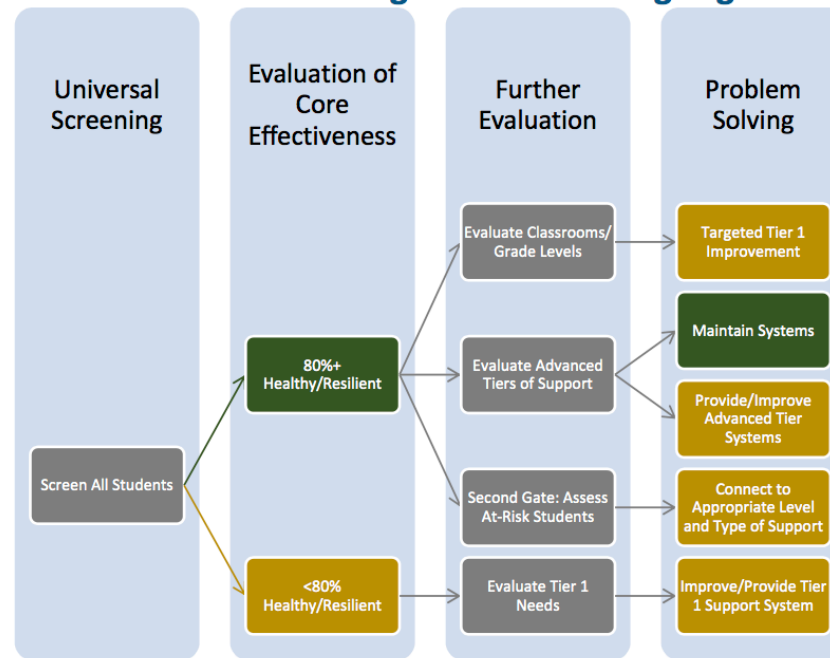
Screening Recommendations

- Select screening instrument and informants.
- Include measure of wellness (strength-based)
- Inform parents about screening and rights, and obtain consent when needed (Active or Passive).
- Screen for mental health, behavior, and substance abuse
 - Assess overall level of risk present in school
 - Identify students needing intervention
- Provide intervention support for identified students.
- Monitor impact of mental health supports & interventions.
- Build capacity of school staff to recognize social-emotional and behavioral barriers to learning.

Universal Screening Planning Packet

Universal screening for mental health involves the systematic assessment of *all students* within a given unit (e.g., school, district) on social-emotional indicators that youth, family, school/district and community partners agree are important. Universal screening data drives decision-making for (a) determining if improvements are needed in the educational environment and social-emotional curriculum and instruction (i.e., Tier 1), and (b) who may require additional supports. The figure below depicts the problem-solving logic of implementing universal screening within a multi-tiered system of support.

Universal Screening Problem-Solving Logic



A Sample of Broadband, Empirically-Developed Screening Instruments

Below is a list of the screening instruments displayed in the table, along with examples of validation studies.

Acronym	Full Instrument Name
BASC-3 BESS	<p>BASC-3 Behavioral and Emotional Screening System</p> <p>Kamphaus, R. W., DiStefano, C., Dowdy, E., Eklund, K., & Dunn, A. R. (2010). Determining the presence of a "problem": Comparing two approaches for detecting youth behavioral risk. <i>School Psychology Review, 39</i>, 395-407.</p>
BIMAS	<p>Behavior Intervention Monitoring Assessment System</p> <p>Meier, S. T., McDougal, J. L., & Bardos, A. (2008). Development of a change-sensitive outcome measure for children receiving counseling. <i>Canadian Journal of School Psychology, 23</i>(2), 148-160.</p>
DESSA-Mini	<p>Devereux Students Strengths Assessment – Mini</p> <p>Naglieri, J. A., LeBuffe, P., & Shapiro, V. B. (2011). Universal screening for social-emotional competencies: A study of the reliability and validity of the DESSA-mini. <i>Psychology in the Schools, 48</i>(7), 660-671.</p>
SAEBRS	<p>Social, Academic, and Emotional Behavior Risk Screener</p> <p>Kilgus, S. P., Sims, W. A., Nathaniel, P., & Taylor, C. N. (2016). Technical Adequacy of the Social, Academic, and Emotional Behavior Risk Screener in an Elementary Sample. <i>Assessment for Effective Intervention.</i></p>
SDQ	<p>Strengths and Difficulties Questionnaire</p> <p>Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. <i>Journal of Child Psychology, Psychiatry, and Allied Disciplines, 38</i> (5), 581-586.</p>
SEARS-Short	<p>Social Emotional Assets and Resilience Scales – Short</p> <p>Nese, R. N., Doerner, E., Romer, N., Kaye, N. C., Merrell, K. W., & Tom, K. M. (2012). Social Emotional Assets and Resilience Scales: Development of a strength-based short-form behavior rating scale system. <i>Journal for Educational Research Online, 4</i>(1), 124.</p>
SEHS	<p>Social and Emotional Health Survey System</p> <p>Furlong, M. J., You, S., Renshaw, T. L., Smith, D. C., & O'Malley, M. D. (2014). Preliminary development and validation of the Social and Emotional Health Survey for secondary school students. <i>Social Indicators Research, 117</i>(3), 1011-1032.</p>
SIBS & SEBS	<p>Student Internalizing/Externalizing Behavior Screeners</p> <p>Cook, C. R., Volpe, R., & Gresham, F. M. (in press). Technical adequacy, classification accuracy and social validity of the student externalizing behavior screener. <i>Assessment for Effective Intervention.</i></p> <p>Cook, C. R., Rasetshwana, K. B., Truelson, E., Grant, S., Dart, E. H. Collins, T. A. (2011). Development and validation of the "Student Internalizing Behavior Screener": Examination of reliability, validity, and classification accuracy. <i>Assessment for Effective Intervention, 36</i>(2): 71-79.</p>
SRSS-IE	<p>Student Risk Screening Scale – Internalizing/Externalizing</p> <p>Lane, K. L., Oakes, W. P., Harris, P. J., Menzies, H. M., Cox, M., & Lambert, W. (2012). Initial evidence for the reliability and validity of the Student Risk Screening Scale for internalizing and externalizing behaviors at the elementary level. <i>Behavioral Disorders, 99</i>-122.</p>
SSIS-PSG	<p>Social Skills Improvement System – Performance Screening Guide</p> <p>Lane, K. L., Oakes, W. P., Common, E. A., Zorogian, K., Brunsting, N. C., & Schatschneider, C. (2015). A Comparison Between SRSS-IE and SSIS-PSG Scores Examining Convergent Validity. <i>Assessment for Effective Intervention, 40</i>(2), 114-126.</p>
SSBD (2 nd Ed.)	<p>Systematic Screening for Behavioral Disorders</p> <p>Caldarella, P., Young, E. L., Richardson, M. J., Young, B. J., & Young, K. R. (2008). Validation of the Systematic Screening for Behavior Disorders in middle and junior high school. <i>Journal of Emotional and Behavioral Disorders, 16</i>(2), 105-117.</p>

A Sample of Broadband, Empirically-Developed Screening Instruments

Below is a sample of instruments that were (a) developed for the purpose of screening, (b) validated with large samples of children, (c) and are broadband, or assess a range of social-emotional indicators.

Instrument	Authors	Who to screen?	What to screen?	Who completes it?	How feasible and practical is the use of the instrument?								How do you access the instrument?			
					Initial Expense	Cost	Annual Subscription	Number of Items	Time to Complete (Minutes)	Flex-Monitoring	Intervention	Online Scoring	Online Database	Software	Publisher	Website
BASC-3 BESS	Reynolds & Kamphaus	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	✓ ✓ ✓ ✓ ✓ ✓	\$247-321	\$1.25/use	\$170-256	19-30	5-10/5	✓ ✓ (+\$)	Review360	Review360	Pearson	http://bit.ly/2RseV7k		
BIMAS	McDougal, Bardo, & Meier	✓ ✓ ✓ ✓	⊗ ⊗ ⊗ ⊗ ⊗	✓ ✓ ✓ ✓ NR NR	\$99	\$2-4/child	N/A	34	5-10/5	✓ NR	✓ ✓	✓ ✓	MHS	http://bit.ly/1xTtF4		
DESSA-Mini	Nagleri, LeBuffe, & Shapiro	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	✓ ✓ ✓ ✓ ✓ ✓	\$105	\$0.64/use	\$2.50/child	32	5-10/5	✓ ✓	✓ ✓	✓ ✓	Apperson	http://bit.ly/1QVGcLr		
SAEBRS	Kilgus et al.	✓ ✓ ✓ ✓	⊗ ⊗ ⊗ ⊗ ○	✓ ✓ ✓ ✓ ✓ ✓	Free	Free	\$6/child	19	1-3/5	NR ✓	✓ ✓	✓ ✓	Fastbridge	http://bit.ly/1QTYR2E		
SDQ	Goodman	✓ ✓ ✓ ✓	⊗ ⊗ ⊗ ⊗	✓ ✓ ✓ ✓ ✓ ✓	Free	Free	N/A	25	5-10/5	NR ✓	✓ ✓	✓ ✓		http://www.sdqinfo.com/		
SDARS-Short	Merrell	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	⊗ ✓ ✓ ✓ ✓ ✓	\$59	\$.92/use	N/A	12	3-5/5	NR ✓	✓ ✓	✓ ✓	PAR	http://bit.ly/2Rukdy4B		
SEHS	Furlong	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	✓ ✓ ✓ ✓ ✓ ✓	Free	Free	N/A	20-36	5-10/5	NR ✓	✓ ✓	✓ ✓		http://bit.ly/1Twt04		
SIBS & SEBS	Cook, Volpe, & Gresham	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	✓ ✓ ✓ ✓ ✓ ✓	Free	Free	N/A	14	10-20/C	NR ✓	Review360	Review360	Pearson			
SRSS-IE	Drummond, Lane et al.	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	✓ ✓ ✓ ✓ ✓ ✓	Free	Free	N/A	12	10-20/C	NR ✓	✓ ✓	✓ ✓		http://bit.ly/1UVV2Q		
SSS-PSG	Elliott & Gresham	✓ ✓ ✓ ✓	○ ○ ○ ○ ○ ○	⊗ ⊗ ✓ ✓ ✓ ✓	\$116	\$47.50/10 classes	N/A	4	20-30/C	✓ (+\$)	Review360	Review360	Pearson/IMT/web	http://bit.ly/18RN75x		
SSBD (2nd. Ed)	Walker, Severson, & Feil	✓ ✓ ✓ ✓	9th ○ ○ ○ ○ ○ ○	✓ ✓ ✓ ✓ ✓ ✓	\$225	\$.30/use	N/A	23	< 60/C	NR ✓	✓ ✓	✓ ✓	Pacific Northwest	http://bit.ly/1OGxLOU		

○ Domain in Overall Score
 ⊗ Domain Score Produced

Initial Expenses: manuals, forms, etc. /S: per student /C: per class
 Annual Subscription: web-based account /C: per class
 (+\$) Additional Cost
 Flex-Monitoring: a flexible range of items may be selected for progress-monitoring

Screening issues/concerns

- Consent
- Right to privacy/Family Rights (PPRA/FERPA)
- Confidentiality
- Overidentification (false positives)
- Capacity to provide intervention/treatment (duty to respond)
- Community Acceptance

Chafouleas et al., (2010). Ethical Dilemmas in School-Based Behavioral Screening.

Consent for mental health screening

- Consent requirements vary depending on the informant & funding source.
- “Active” or “Passive” consent required when student is the informant of “protected” information.
 - “Active” consent – parent must provide a signed, dated, written consent before his or her child can participate in a survey.
 - “Passive” consent – consent is assumed after a parent is notified and given the opportunity to opt their child out of participating in a survey.
- Parental right to be notified of & provided opportunity to review student surveys of protected information.
- Consent not required for teacher completed screenings.

When is active parental consent required?

- The Protection of Pupil Rights Amendment (PPRA) requires written parental consent for student participation in ED-funded survey, analysis, or evaluation that reveals protected information including mental & psychological problems.
- ESSA (Section 4001) requires written, informed parental consent for minor to participate in any mental-health assessment or service that is funded under this title.
- Both PPRA and ESSA require written notification of survey.
- PPRA gives parents the right to inspect materials that will be used in connection with an ED-funded survey or evaluation.

<https://studentprivacy.ed.gov/topic/protection-pupil-rights-amendment-ppra>



SCHOOL MENTAL HEALTH SCREENING PLAYBOOK

Best Practices and Tips from the Field

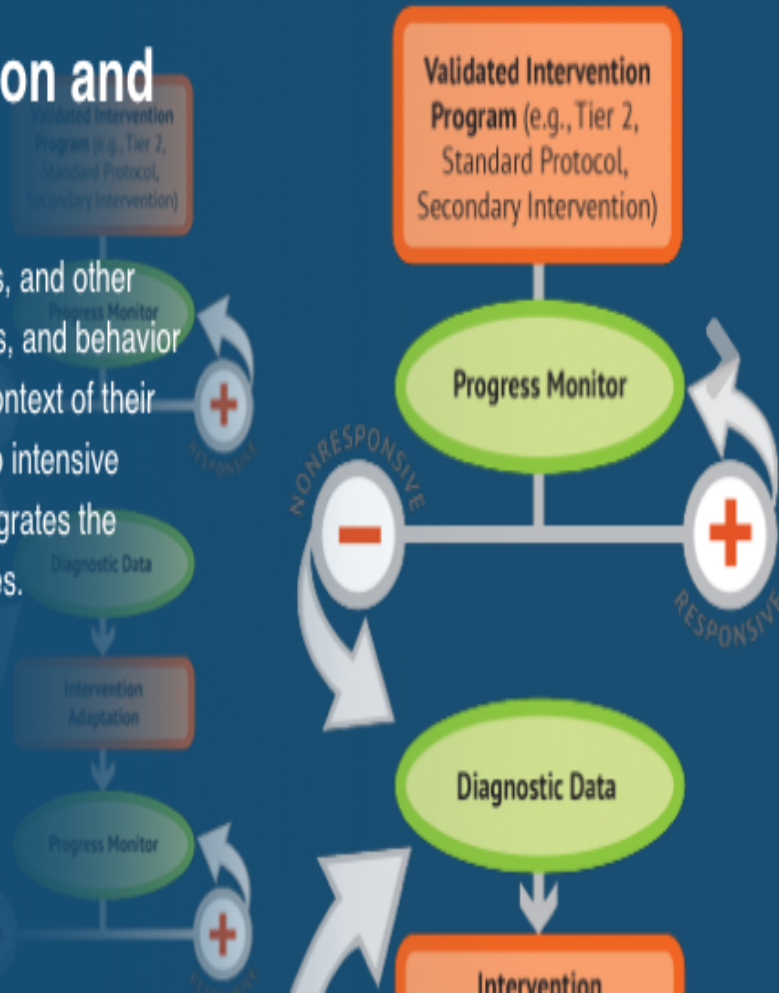


Center for School Mental Health

National Center on Intensive Intervention Mission and Approach

NCII builds the capacity of state and local education agencies, universities, practitioners, and other stakeholders to support implementation of intensive intervention in literacy, mathematics, and behavior for students with severe and persistent learning and/or behavioral needs, often in the context of their multi-tiered system of support (MTSS) or special education services. NCII's approach to intensive intervention is **data-based individualization (DBI)**, a research-based process that integrates the systematic use of assessment data, validated interventions, and intensification strategies.

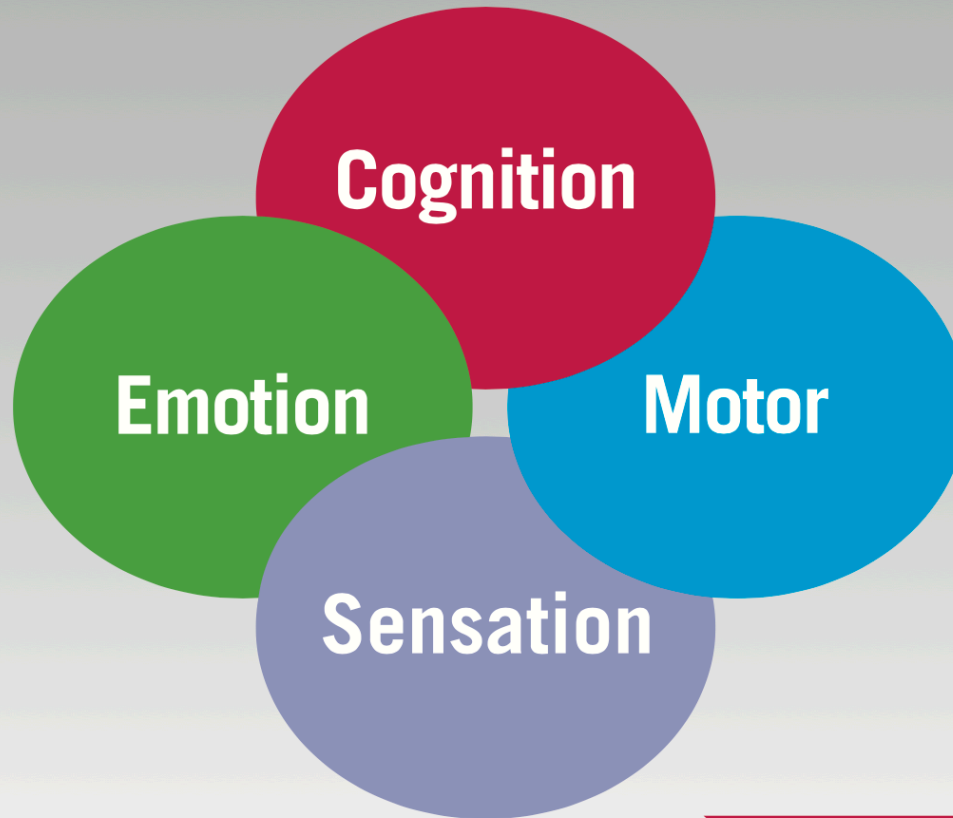
[Learn More](#)





For Assessment of Neurological
and Behavioral Function®

NIH Toolbox® is a multi-dimensional set of brief, royalty-free measures to assess cognitive, sensory, motor and emotional function that can be administered in two hours or less across diverse study designs and settings.



Available for use on iPad

**Four domain level
batteries available in
English and Spanish**

**Developed by more
than 250 contributing
scientists at 80 institutions**

**Individual measures
nationally normed
for ages 3-85**



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Break



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Evidence-based Intervention

An intervention with research/empirical evidence to support the intervention's effectiveness.

Benefits of Using EBPs

- Increases likelihood of success
- Offers implementation support
- Promotes efficient use of limited resources
- Helps facilitate stakeholder buy-in
- Helps provide justification for funding and resources
- Raises bar for types of programs that are implemented

National Resource Center for Mental Health Promotion and Youth Violence Prevention

Guiding Questions – Evidence-based Interventions

- How do you determine if the interventions are evidenced-based?
- What intervention are you currently using in tier 2 and tier 3?
 - Are current interventions targeting complete mental health?
 - Are current interventions matched to student needs?
- How do you monitor the effectiveness of the mental health interventions?







Florida AWARE is a State Education Agency "Now is the Time" Program, awarded by the Substance Abuse and Mental Health Services Administration to the Florida Department of Education's Bureau of Exceptional Education and Student Services with a subagreement to the University of South Florida and the three partnering districts (Duval, Pinellas, and Polk).

Florida AWARE is a State Education Agency "Now is the Time" Program, awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Florida Department of Education's Bureau of Exceptional Education and Student Services with a subagreement to the University of South Florida and the three partnering districts (Duval, Pinellas, and Polk).

This handout was developed under grant number 1H79SM061890-01 from SAMHSA, U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Accessing Existing Registries of Evidence-Based Mental Health Programs and Practices

Context: The Florida AWARE Program priorities include to support implementation of a multi-tiered framework of mental health supports across a variety of organizations and providers. In particular, the Program aims to support implementation of tested and proven to be effective mental health practices designed to meet the needs of diverse populations (see <http://sss.usf.edu/resources/floridaaware/index.html> for more information).

Purpose: This guidance document orients school leadership teams, mental health service providers, and other stakeholders (e.g., administrative supervisor, teachers, and families) to resources for (1) identifying mental health programs and practices, and (2) accessing summaries of research conducted to determine the extent to which a particular intervention is effective in achieving its goals.

Key Terms:

Culturally Responsive: The incorporation of culturally-relevant strategies into evidence-based practices (EBP) to improve community and youth engagement. Cultural responsiveness can entail the modification of EBPs to enhance relevancy and the alignment of services with the needs and cultural perspective of the specific youth, family, and community participating in the intervention.

Evidence-Based: Amount of empirical support for a given intervention. Professional organizations agree that the extent of the evidence merits a judgement on a continuum, but have not come to consensus on what type and level of evidence is sufficient for deeming an intervention "evidence-based." For example, below are terms used to describe the level of an intervention's evidence base, as offered by two organizations:

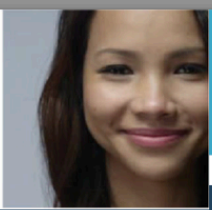
Level of Evidence	California Department of Social Services (CDSS) Office of Child Abuse Prevention, in cebc4cw.org	Society of Clinical Child and Adolescent Psychology (SCCAP), in effectivechildtherapy.org
Many Positive Effects	Well supported by research evidence	Well-established ("Works Well")
	Supported by research evidence	Probably efficacious ("Works")
Some Positive Effects	Promising research evidence	Possibly efficacious ("Might Work")
No or Negative Effects	Evidence fails to demonstrate an effect	Questionable ("Does Not Work/Tested but Did Not Work")
	Concerning practice	
Not Yet Studied	NR- Not able to be rated	Experimental ("Unknown/Untested")

Intervention: Programs or specific practices that are provided in an effort to promote well-being, or prevent or reduce mental health problems. Interventions can be referred to as Tier 1 – Tier 3 or universal – intensive/individualized. Levels:

Criteria for level of evidence base

Level of Evidence	California Department of Social Services (CDSS) Office of Child Abuse Prevention, in cebc4cw.org	Society of Clinical Child and Adolescent Psychology (SCCAP), in effectivechildtherapy.org
Many Positive Effects	Well supported by research evidence	Well-established ("Works Well")
	Supported by research evidence	Probably efficacious ("Works")
Some Positive Effects	Promising research evidence	Possibly efficacious ("Might Work")
No or Negative Effects	Evidence fails to demonstrate an effect	Questionable ("Does Not Work/Tested but Did Not Work")
	Concerning practice	
Not Yet Studied	NR- Not able to be rated	Experimental ("Unknown/Untested")

Florida AWARE Guidance Document, 2018



Selecting Evidence-Based Programs

Evidence-based interventions

- Cognitive Behavior Therapy (CBT)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH ADTC)
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing
- Brief Intervention for School Clinicians (BRISC)
- SBIRT (Screen, Brief Intervention, Referral, Treatment)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Good Behavior Game



This report is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2016 – April 2017 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. This report updates and replaces the “Blue Menu” originally distributed by the Hawaii Department of Health, Child and Adolescent Mental Health Division, Evidence-Based Services Committee from 2002–2009. Looking for the American Academy of Pediatrics (AAP) Evidence-Based Child and Adolescent Psychosocial Interventions tool? It is available on the [AAP website](http://www.aap.org).

Blue Menu of Evidence-Based Psychosocial Interventions for Youth

Problem Area	Level 1- BEST SUPPORT	Level 2- GOOD SUPPORT	Level 3- MODERATE SUPPORT	Level 4- MINIMAL SUPPORT	Level 5- NO SUPPORT
Anxious or Avoidant Behaviors	Cognitive Behavior Therapy (CBT), CBT and Medication, CBT for Child and Parent, CBT with Parents, Education, Exposure, Modeling	Assertiveness Training, Attention Training, CBT and Music Therapy, CBT and Parent Management Training, CBT with Parents Only, Cultural Storytelling, Family Psychoeducation, Hypnosis, Relaxation, Stress Inoculation	Contingency Management, Group Therapy	Behavioral Activation and Exposure, Biofeedback, Parent Management Training, Play Therapy, Psychodynamic Therapy, Rational Emotive Therapy, Social Skills	Assessment/Monitoring, Attachment Therapy, Client Centered Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Peer Pairing, Psychoeducation, Relationship Counseling, Teacher Psychoeducation
Attention and Hyperactivity Behaviors	Biofeedback, Contingency Management, Parent Management Training, Self Verbalization, Working Memory Training	Behavior Therapy and Medication, Behavioral Sleep Intervention, CBT, CBT and Medication, CBT and Parent Management Training, CBT with Parents, Education, Motivational Interviewing/Engagement and Parent Management Training, Parent Management Training and Classroom Behavior Management and Executive Functioning Training, Parent Management Training and Medication, Parent Management Training and Problem Solving, Parent Management Training and Teacher Psychoeducation, Physical Exercise, Relaxation and Physical Exercise, Social Skills and Education, Social Skills and Medication	Biofeedback and Medication	Parent Management Training and Parent Responsibility Training, Parent Management Training and Social Skills, Relaxation, Self Verbalization and Contingency Management, Social Skills	Attention Training, Client Centered Therapy, CBT and Anger Control, Executive Functioning Training, Family Therapy, Parent Coping/Stress Management, Parent Management Training and Self-Verbalization, Parent Psychoeducation, Play Therapy, Problem Solving, Psychoeducation, Self Control Training, Self Verbalization and Medication, Skill Development
Autism Spectrum Disorders	CBT, Intensive Behavioral Treatment, Intensive Communication Training, Joint Attention/Engagement	Imitation, Parent Management Training, Peer Pairing, Social Skills	None	Massage, Play Therapy, Theory of Mind Training	Biofeedback, Communication Skills, Contingent Responding, Eclectic Therapy, Executive Functioning Training, Fine Motor Training, Modeling, Parent Psychoeducation, Physical/Social/Occupational Therapy, Sensory Integration Training, Structured Listening
Delinquency and Disruptive Behavior	Anger Control, Assertiveness Training, CBT, Contingency Management, Multisystemic Therapy, Parent Management Training, Parent Management Training and Problem Solving, Social Skills, Therapeutic Foster Care	CBT and Parent Management Training, CBT and Teacher Training, Collaborative Problem Solving, Communication Skills, Family Therapy, Functional Family Therapy, Parent Management Training and Classroom Management, Parent Management Training and Social Skills, Problem Solving, Rational Emotive Therapy, Relaxation, Self Control Training, Transactional Analysis	Client Centered Therapy, Moral Reasoning Training, Outreach Counseling, Peer Pairing	CBT and Teacher Psychoeducation, Parent Management Training and Classroom Management and CBT, Parent Management Training and Self-Verbalization, Physical Exercise, Stress Inoculation	Behavioral Family Therapy, Catharsis, CBT with Parents, Education, Exposure, Family Empowerment and Support, Family Systems Therapy, Group Therapy, Imagery Training, Parent Management Training and Peer Support, Play Therapy, Psychodynamic Therapy, Self Verbalization, Skill Development, Wraparound

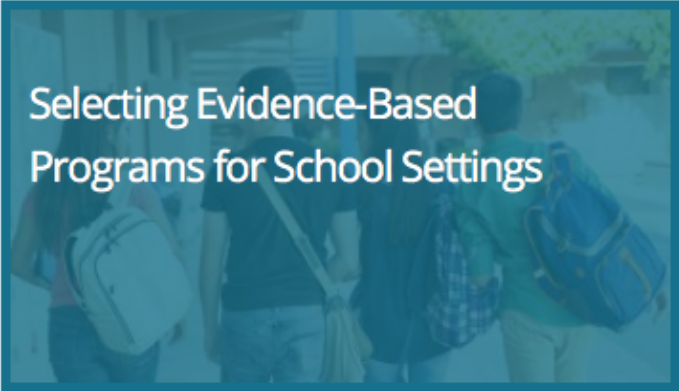
Registries

- Evidence-based Module Series
<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>
- PracticeWise Evidence-Based Services (PWEBS) Database and “Blue Menu”
www.practicewise.com
- Evidence-based Practices Resource Center
<https://www.samhsa.gov/ebp-resource-center>
- Blueprints Programs
<https://www.blueprintsprograms.org>
- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
<http://www.cebc4cw.org/>
- Evidence-Based Therapies
<https://effectivechildtherapy.org>
- Searchable guide of resources and programs
<http://www.sprc.org/resources-programs>


Evidence-Based Module Series

A series of interactive, self-paced learning modules on selecting, preparing for, and implementing evidence-based programs (EBPs) in school settings.

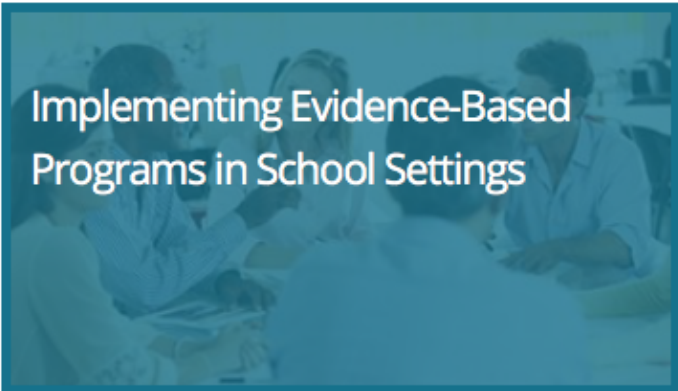
Since the publication of Module 1, SAMHSA has phased out the NREPP website. In April 2018, SAMHSA launched the **Evidence-Based Practices Resource Center** (Resource Center) that aims to provide communities, clinicians, policy makers, and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings.

A photograph of several students walking in a school hallway, carrying backpacks. The image is overlaid with a semi-transparent blue filter.

Selecting Evidence-Based Programs for School Settings

A photograph of a classroom with rows of desks and chairs. The image is overlaid with a semi-transparent blue filter.

Preparing to Implement Evidence-Based Programs in School Settings

A photograph of a group of people sitting around a table in a meeting or conference room, looking at documents. The image is overlaid with a semi-transparent blue filter.

Implementing Evidence-Based Programs in School Settings

BLUEPRINTS: YOUR RESOURCE FOR HEALTHY YOUTH DEVELOPMENT PROGRAMS

FIRST TIME HERE?
TRY OUR STEP-BY-STEP SEARCH APPROACH

[GET STARTED >>](#)

Blueprints Programs = POSITIVE YOUTH DEVELOPMENT

BLUEPRINTS PROGRAMS WHO WE ARE



BLUEPRINTS FOR HEALTHY YOUTH DEVELOPMENT helps you easily identify evidence-based programs that help young people reach their full potential. Get ahead of serious challenges that influence children's success with programs that have the highest standards for promoting prosocial behavior, academic success, emotional well-being, physical health and positive relationships. [More about evidence-based programs here.](#)

EVIDENCE-BASED PROGRAMS REVIEWED BY BLUEPRINTS PREVENT:



BULLYING IN SCHOOLS
YOUTH VIOLENCE
TEEN SUBSTANCE ABUSE
ANTISOCIAL, AGGRESSIVE BEHAVIOR
CHILDHOOD OBESITY
SCHOOL FAILURE
DELINQUENCY
YOUTH DEPRESSION/ANXIETY

LEARN MORE ABOUT BLUEPRINTS VIEW VIDEOS



WHY
USE BLUEPRINTS



HOW
BLUEPRINTS HELPS



School Mental Health Referral Pathways (SMHRP) Toolkit

September 2015





FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Role of Student Services

School-based mental health providers (i.e. school counselors, school psychologists, school social-workers) are uniquely trained to infuse mental health prevention and intervention in the learning process.

Student Services as Mental Health Providers in Every Student Succeeds Act (ESSA)

SCHOOL-BASED MENTAL HEALTH SERVICES PROVIDER.— The term ‘school-based mental health services provider’ includes a State-licensed or **State-certified school counselor, school psychologist, school social worker,** or other State licensed or certified mental health professional qualified under State law to provide mental health services to children and adolescents. – Section 4102(6)

SPECIALIZED INSTRUCTIONAL SUPPORT PERSONNEL.—The term ‘specialized instructional support personnel’ means—

- (i) **school counselors, school social workers, and school psychologists;** and
- (ii) other qualified professional personnel, such as **school nurses, speech language pathologists, and school librarians, involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including related services** as that term is defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401)) as part of a comprehensive program to meet student needs. – Section 8002(47)(A)

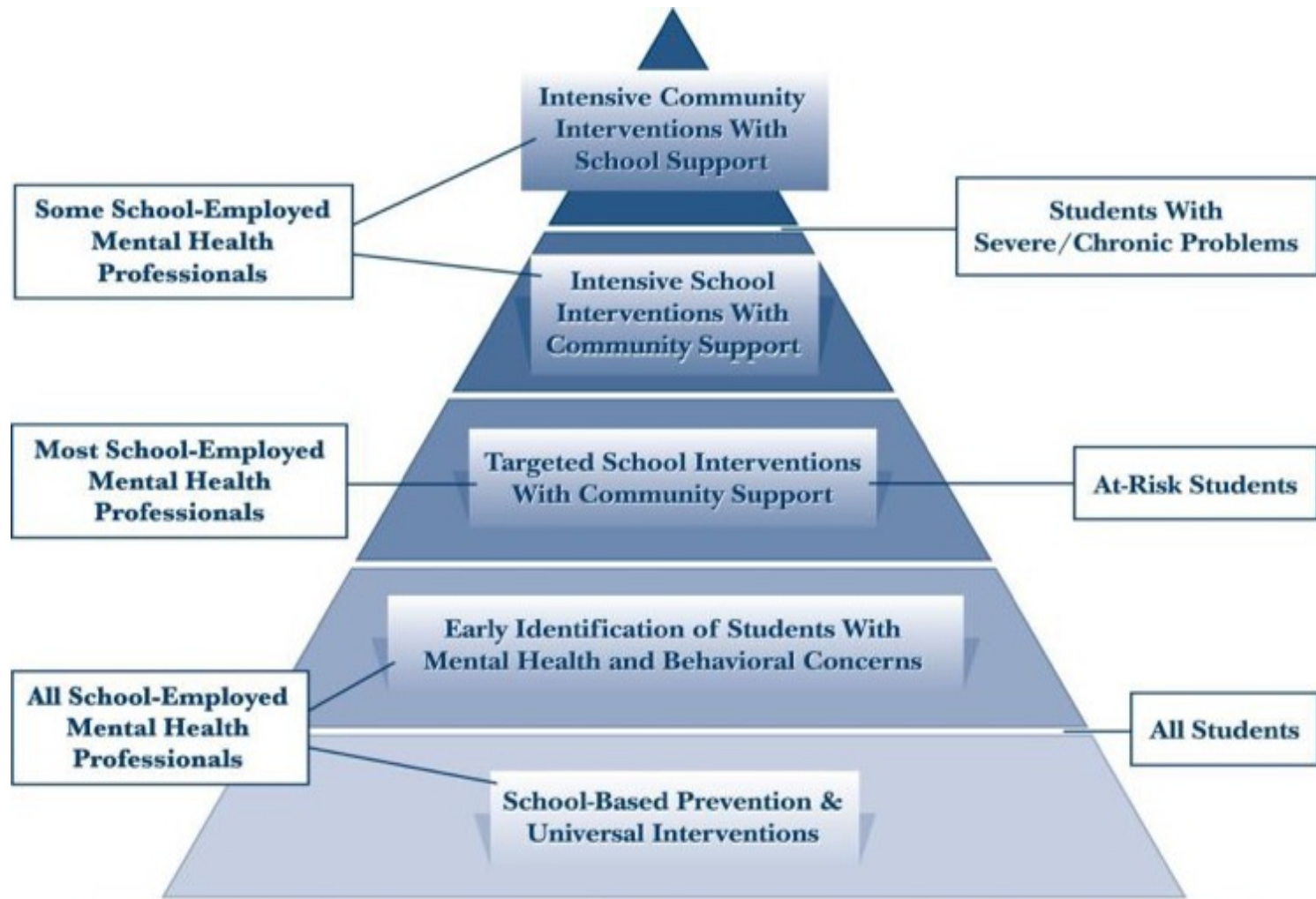
Student Services as Mental Health Providers in IDEA and State Board Rules

Related services providers in IDEA. “Related services includes counseling services, psychological services and counseling, social work services, parent counseling and training, and school nurse services. – 34 CFR § 300.34

Social work services in schools includes group and individual counseling with the child and family – 34 CFR § 300.34(14)(ii)

Psychological services includes planning and managing a program of psychological services including psychological counseling for children and parents. – 34 CFR § 300.34(10)(v)

Counseling as a related service “counseling services means services provided by qualified social workers, psychologists, school counselors, or other qualified personnel.” – Rule 6A-6.03411(1)(dd), F.A.C.



The Continuum of School Mental Health Services

Adapted from "Communication Planning and Message Development: Promoting School-Based Mental Health Services" in *Communique*, Vol. 35, No. 1. National Association of School Psychologists, 2006.



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

Building Capacity and Skills

Professional Development & Learning

Building Leadership Capacity & Practitioner Skill

- How can the Student Services Project Support District Leadership?
- How to facilitate communication and support?
- What are the training/professional development needs for student services professionals in your district?
- What is currently available?
- What training formats should be utilized?

Online Trainings

- Boston Children's Hospital
<https://www.childrenshospital.org/TAPonline>
- Teach Mental Health
<https://www.teachmentalhealth.org>
- NITT TA Center <https://www.samhsa.gov/nitt-ta/distance-learning-videos/project-aware>
- National Center for Healthy Safe Children
<https://healthysafechildren.org/learning-portal>
- UCLA Center for School Mental Health
<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

Resources

- National Center for School Mental Health
<http://csmh.umaryland.edu>
- UCLA Center for School Mental Health
<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>
- National Center for Healthy Safe Children
<https://healthysafechildren.org>
- School Mental Health Referral Pathways Toolkit (SAMHSA)
- School Mental Health Toolkit (Colorado)
- Safe Schools FIT Toolkit
<https://healthysafechildren.org/safe-schools-healthy-students-framework-implementation-toolkit>



www.FLDOE.org

