

Bureau of Exceptional Education and Student Services
Student Support Services Project

June 2018





Student Support Services Consultants

- David Wheeler, PhD School Psychology
- Curtis Jenkins, MEd School Counseling
- Dianne Mennitt, DNP, RN School Nursing
- Anne Glass –
 Medicaid in Schools

- Iris Williams, MSW School Social Work
- Andrew Weatherill, MS School Counseling
- Erin Sampson, MEd MTSS Liaison

http://sss.usf.edu/index.html



AGENDA – Day 1

- Purpose of Summer Regional Meetings
- SB 7026 and Mental Health Assistance Allocation
- School-based Mental Health Services in a Multi-tiered System of Supports
- Framework for Safe and Successful Schools
- Needs Assessment (District Team)
- Resource Mapping (District Team)
- Guiding Questions & Mental Health Assistance Allocation Plan Development (District Team)
- Wrap-up Day 1



AGENDA – Day 2

- Resources for Developing and Implementing Plan
- Mental Health Assistance Allocation Plan Development (District Team)
- BREAK
- Mental Health Assistance Allocation Plan Development (District Team)
- Training/Professional Development/Support Needs (Group Discussion)
- Wrap-up Day 2







SB 7026 & Mental Health Assistance Allocation



School Mental Health – Timeline

- Marjory Stoneman Douglas Public School Safety Act (SB 7026) March 9, 2018
 - 2018 Legislative Review Overview of SB 7026
- Governor's Letter to Superintendents and School Board Members – March 23, 2018
- Directors' Call Safe & Successful Schools
- FL Association of School District Superintendents (FADSS) –
 April 25-26, 2018
- FL Organization of Instructional Leaders (FOIL) May 17, 2018
- Chancellor Memo on Mental Health Assistance Allocation in SB 7026 – June 1, 2018



Office of Safe Schools

OFFICE OF SAFE SCHOOLS

Public Safety Chapter 2018-3, Laws of Florida

DOE Bill Summary of SB 7026 (PDF)

Memos

Best Practices

Funding & Allocations

Procurement Opportunities

Office of Safe Schools

In the wake of the tragic shooting at Marjory Stoneman Douglas High School that took the lives of 17 Florida students and educators, the Florida Legislature passed and Governor Rick Scott signed SB 7026, the <u>Marjory Stoneman Douglas High School Public Safety Act</u>. This legislation outlines significant reforms to make Florida schools safer, while keeping firearms out of the hands of mentally ill and dangerous individuals.

On March 23, 2018, Governor Rick Scott sent a letter (PDF) to district superintendents and school board members that outlined the progress that has been made in implementing the law. It also included the deadlines that the Florida Department of Education and each school district must meet. The timeline below will guide the department's work as we collaborate with stakeholders to implement fully the Marjory Stoneman Douglas High School Public Safety Act. This webpage will be updated regularly, as more information is available and implementation deadlines are met.

- By May 1, 2018, the Florida Department of Education will hire a Director for their newly created Office of Safe Schools.
- Upon SB 7026 becoming law, DOE immediately began working to implement active shooter training so each teacher, student, faculty member and school safety officer knows what to do during a crisis. This training must be done at least every semester.
- By July 1, 2018, superintendents must designate a district School Safety Specialist.
- By August 1, 2018, each school district must complete a security risk assessment for each public school campus. The assessment must be conducted in consultation with local law



Mental Health Assistance Allocation (s. 1011.62(1), F.S.)

- Purpose: Provide funding to assist districts in establishing or expanding school-based mental health care.
- Annual allocation based on proportionate share of FTE (\$100,000 base allocation).
 - May not supplant or be used for salary increases or bonuses.
 - Districts encouraged to maximize Medicaid and 3rd party claims.
- 90% of allocation must be spent on provisions of mental health services to students with MH disorders or high-risk AND coordination of services.
- District (or charter) must develop and submit a detailed plan outlining program and expenditures to governing body.
- Submit to Commissioner by August 1 each year.



Mental Health Assistance Allocation Plan

Must be focused on delivering evidence-based mental health care treatment and include the following elements:

- 1)Provision of mental health assessment, diagnosis, intervention, treatment, and recovery services to students with one or more more mental health or substance abuse diagnoses and students at high risk for such diagnoses.
- 2)Coordination of services with primary care provider and other mental health providers involved in the student's care.

Relationship with mental service providers

- 1.Direct employment, OR
- 2.Contract-based collaborative effort or partnership with community mental health programs, agencies or providers



Mental Health Assistance Allocation Report

- Annual Report (beginning September 30, 2019) on program outcomes and expenditures.
- Report must minimally include the number of each of the following:
 - 1. Students who receive screening or assessments
 - 2. Students who are referred for services or assistance
 - 3. Students who receive services or assistance
 - 4. Mental health services providers employed by district
 - Contract-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

MENTAL HEALTH ASSISTANCE ALLOCATION PLAN CHECKLIST DUE AUGUST 1, 2018

Yes	Mental Health Assistance Allocation Plan (s. 1011.62(16)(a) and (b), F.S.)		
	Focuses on delivering evidence-based mental health services.		
	Includes description of supports that addresses mental health needs (assessment, diagnosis, intervention, treatment, ar recovery).		
	Identifies evidence-based mental health services for students with one or more co-occurring mental health or substant abuse diagnoses and students at risk of such diagnoses.		
	Describes the collaborative partnerships with community providers and agencies.		
	Describes process for coordinating mental health services with a student's primary care provider and other mental health providers, including procedures for information sharing.		
Yes	Program Implementation and Outcomes (s. 1011.62 (16)(d), F.S.)		
	Identifies how many students are screened/assessed, how many students are referred for services, and how many students receive services/assistance (school-based and community).		
	Identifies number and credentials of mental health services providers employed by the district.		
	Identifies number and credentials of mental health services providers contracted by the district.		
Yes	Expenditures (s. 1011.62 (16), F.S.)		
	Documents 90% of expenditures allocated were allocated to direct mental health services or coordination of such services with primary care and mental health providers.		
	Includes assurances that Mental Health Assistance Allocation does not supplant other funding sources OR increase salari or provide staff bonuses.		
	Describes how district will maximize use of other sources of funding to provide school-based mental health services, where appropriate (e.g., Medicaid reimbursement, 3 rd party payments, grants).		
Yes	Plan Approval and Submission (s. 1011.62 (16)(c), F.S.)		
	Local school board approved the district plan. Date of Approval:		
	Charter school governing body(ies) approved plan(s), when applicable.		
	Approved plan(s) was submitted to the Commissioner of Education by August 1, 2018 (attached).		
	Plan(s) establishes or expands school-based mental health care.		

Best Practice Considerations (optional for inclusion in Mental Health Assistance Allocation Plan):

- Describe awareness/prevention efforts that address mental health issues.
- Describe the mental health screening and assessment procedures for determining which students need mental health interventions and treatment.
- · Describe process for identifying and delivering evidence-based mental health interventions.
- Describe procedures for referring students to school-based mental health interventions and community-based mental health providers for treatment.
- Describe other outcome data that will be used to evaluate effectiveness of services (e.g., Early Warning System indicators, Youth Risk Behavior Survey data, school climate/student engagement data).
- Describe how services will be delivered within a multi-tiered system of supports (universal/prevention, targeted, and intensive).

DRAFT MENTAL HEALTH ASSISTANCE ALLOCATION PLAN OUTCOME AND EXPENDITURES REPORT CHECKLIST REPORT DUE SEPTEMBER 30, 2019

Section A. Services provided by district-employed mental health services providers			
Number of students who received mental screenings or assessments.			
Number of students referred to district-employed school-based mental health services providers.			
Number of students who received services or assistance.			
Section B. Services provided by contracted or collaborative mental health service providers			
Number of students who received mental screenings or assessments.			
Number of students referred to contracted school-based services providers.			
Number of students referred to community mental health programs, agencies, or providers.			
Section C. TOTAL of Sections A and B			
TOTAL number of students who received mental screenings or assessments		(
TOTAL number of students referred for services or assistance		(
TOTAL number of students who received services or assistance		(
Section D. School-based mental services providers employed by district			
Number of certified or licensed school psychologists and licensed psychologists.			
Number of certified or licensed school social workers (LCSW).			
Number of certified school counselors or licensed counselors (LMHC).			
District ratios for school counselors, school psychologists, and school social workers (school-based mental health services providers).			
Number of licensed mental health services providers employed solely for provision of mental health services.			
Section E. Contract-based collaborative efforts and partnerships	Yes	No	
Report identifies contract-based collaborative efforts with community mental health programs, agencies, and providers and number of FTE-equivalent hours of service delivery.			
Report identifies partnerships with community mental health programs, agencies and providers.			
Section F. Allocation Expenditure Summary		\$ Amount	
Mental Health Assistance Allocation Provided in the 2018-19 Florida Education Finance Program.			
School district expenditures for services provided in Section A. Services provided by staff who are employees of the school district.			
School district expenditures for services provided in Section B. Services provided by contract-based collaborative efforts or partnerships with community mental health programs agencies or providers.			
Total expenditures for services provided in Sections A and B.		(
Unexpended Mental Health Assistance Allocation funds carried forward to next fiscal year.			
Section G. Expenditure Assurances	Yes	No	
District has evidence that funding was used to establish or expand school-based mental health services.			
District has evidence that 90% of expenditures were allocated to direct mental health services or coordination of such services with primary care and mental health providers.			
District has evidence that allocation does not supplant other funding sources or used to increase salaries or provide bonuses.			
District has evidence that districts are maximizing Medicaid reimburse and third party insurance payments, where appropriate.			
Report identifies other sources of funding for provision of mental health services (e.g., grants).			
Report Submission	Yes	No	
Report submitted to the Department of Education by September 30, 2019.			
Submission date			



School-based Mental Health Services in a Multi-tiered System of Supports



Prevalence of Mental Health Disorders

- An estimated 70% of children have experienced some type of physical or emotional trauma.
- Approximately 20% of school-age children and youth have a diagnosable mental health disorder (Merikangas et al., 2010; CDC, 2013).
- Prevalence of serious emotional disturbance with severe impairment among children and adolescents – 10% (Williams et al., 2017).
- The majority of mental illnesses emerge in childhood, yet fewer than half of the children receive treatment.



Rationale for School-Based Mental Health

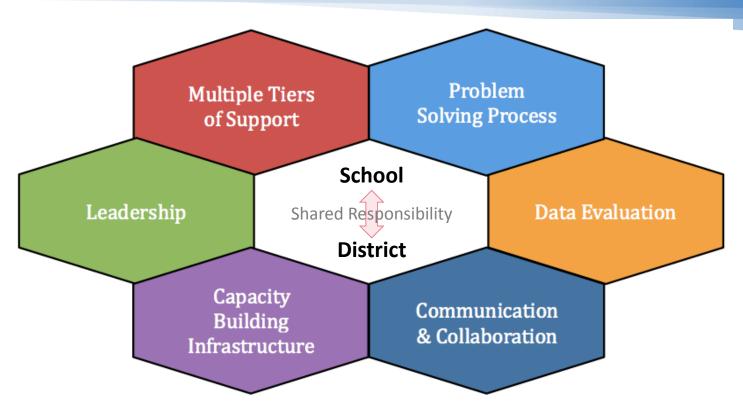
- Mental and psychological wellness are integral to school success.
- School mental health services are essential to creating and sustaining safe schools & supporting engaged learners.
- Growing and unmet need for mental health services for children and youth.
- Schools are a natural place to provide services.
- School-employed mental health processionals are trained to provide services in educational settings.



Mental Health and Achievement

- Correlation between adverse childhood experiences (ACEs) and students' academic and health outcomes (absenteeism, learning, grade repetition and student engagement)
- Young people with mental illness are frequently absent from school and many experience reductions in academic achievement.
- Only one-third of young people with mental illness advance to postsecondary education.
- More than 60% of children in juvenile detention have a diagnosable mental illness.

Critical Components of MTS\$



<u>MTSS</u> is a framework to ensure successful education outcomes for ALL students by using a data-based problem solving process to provide, and evaluate the effectiveness of multiple tiers of integrated academic, behavior, and social-emotional instruction/intervention supports matched to student need in alignment with educational standards.



MTSS and the Problem-Solving Process

ACADEMIC and BEHAVIOR SYSTEMS

Tier 3: Intensive, Individualized Interventions and Supports.

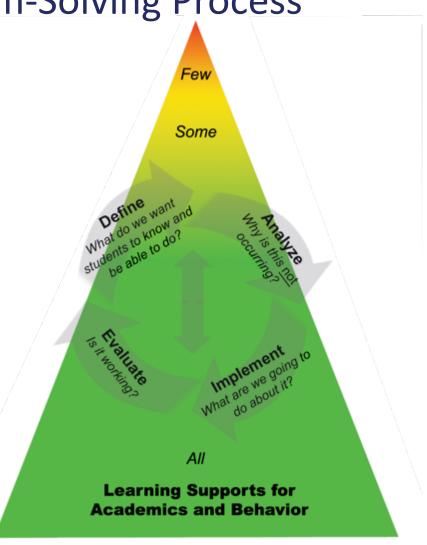
The most intense (increased time, narrowed focus, reduced group size) instruction and intervention based upon individual student need provided in addition to and aligned with Tier 1 and 2 academic and behavior instruction and supports.

Tier 2: Targeted, Supplemental Interventions and Supports.

More targeted instruction and intervention and supplemental support in addition to and aligned with the core academic and behavior curriculum.

Tier 1: Core, Universal Instruction and Supports.

General academic and behavior instruction and support provided to all students in all settings.





MTSS and Mental Health

- School-based mental health services and supports address barriers to learning that impact student engagement, achievement, and behavior.
- Florida addresses student academic, social, emotional and behavioral needs through an MTSS http://florida-rti.org/index.htm.
- Within a tiered framework, the primary focus is on prevention and early intervention.
- The Mental Health Allocations Plan focuses on evidencedbased interventions for students with mental health & substance disorders (Targeted and Intensive intervention & support).

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

TIER 3

Individualized Intensive

Decision-rules & referralfollow-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

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

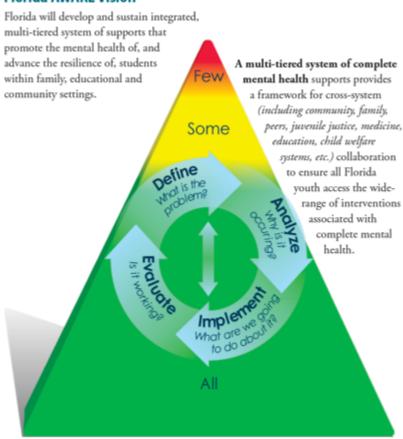
FOUNDATION

- 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

Florida AWARE (Advancing Wellness & Resiliency in Education)

- Goal 1: Increase youth access to mental health services and supports within multi-tired framework.
- Goal 2: Increase implementation of evidence-based, culturally responsive mental health practices.
- Goal 3: Increase awareness of mental health issues within our youth, families, schools and communities.

Florida AWARE Vision





Mental and Behavioral Health in ESSA

- Implement MTSS, positive behavior supports, or other school wide tiered models to address the socialemotional, behavioral and mental health needs of students.
- Administer universal mental health and behavioral screening and provide early intervention for students who are at risk.
- Increase access to comprehensive school mental and behavioral health services including wellness promotion.
- Provide mental health first aid and other professional development and training for school staff.



Student Mental Health & Student Service Professions

School-based Mental Health Services Providers



Student Services & Mental Health (ESSA)

School-based mental health services providers

 "State-licensed or 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."

Specialized instructional support personnel

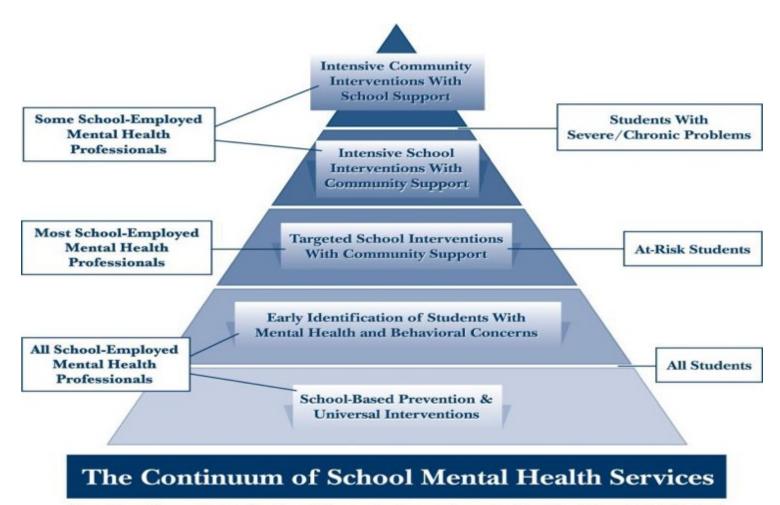
• "... involved in providing assessment, diagnosis, counseling, educational, therapeutic...services as part of a comprehensive program to meet student needs."



Student Services & Mental Health (IDEA)

- Related services providers
 - "Related services includes counseling services, psychological services and counseling, social work services, parent counseling and training, and school nurse services.
- Counseling as a related service (Rule 6A-6.03411(1)(dd), F.A.C.)
 - "counseling services means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel."

Role of Student Services Professionals



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



Integrated Student Services Model

- Interdisciplinary team-based approach to:
 - Collaborate with school personnel to implement student learning supports based on MTSS.
 - Facilitate activities for student engagement and family involvement.
 - Partner with community health providers and social services.







Integrated Student Services in Schools: Action Guide





Did you know...

Effective academic instruction is necessary, but not sufficient, for highest student achievement?

Want more? Click here.



University of South Florida

Student Support Services Project

Existing to support the social, emotional, behavioral, physical and academic growth of all students.

http://sss.usf.edu/integrated/fissm/Action_guide.html



Framework for Safe and Successful Schools

A Framework for Safe and Successful Schools





















Policy Recommendations from the Safe and Successful Schools Framework

- Allow for blended, flexible funding streams.
- Improve staffing ratios to allow for delivery of full range of services.
- Develop district-level policies to promote positive behavior & effective school discipline.
- Fund crisis prevention, preparedness, response, and recovery planning and training.
- Provide incentives for intra- and inter-agency collaboration.
- Support multi-tiered systems of support (MTSS).



Best Practices for Creating Safe & Healthy Schools from SSS Framework

- Fully integrate learning supports (e.g., behavioral, mental health, and social services), instruction, and school management within a comprehensive approach that facilitates multidisciplinary collaboration.
- Implement multi-tiered systems of support that encompass prevention, wellness promotion, & interventions that increase intensity based on student need.
- Improve access to school-based mental health supports by ensuring adequate staffing levels of schoolemployed mental health professionals.



Best Practices from SSS Framework (cont.)

- Integrate ongoing positive climate and school safety efforts with crisis prevention, preparedness, response, and recovery.
- Balance physical and psychological safety to avoid overly restrictive measures that can undermine the learning environment.
- Employ effective, positive school discipline.
- Consider the context of each school and district.
- Acknowledge that sustainable and effective change takes time, and that individual schools will vary in their implementation readiness.



Needs Assessment

Assessing the Safety of the School Environment Using the Framework for Safe and Successful Schools





Resource Mapping with SHAPE

School Health Assessment and Performance Evaluation System

https://theshapesystem.com/

SCHOOL DISTRICT MENTAL HEALTH PROFILE | JEFFERSON UNIFIED SCHOOL DISTRICT



Last Updated: October 14, 2016

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:

120

Number of students in grades K-12:

137,000

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

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

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

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







SYSTEM COMPONENTS | JEFFERSON UNIFIED SCHOOL DISTRICT



Last Updated: October 14, 2016

DATA COLLECTION AND USE						
Data Point	Data Collected	Identify Students for Mental Health Risk	Match/Triage Students to SMH Service Delivery	Track Individual Student Progress in SMH Interventions	Monitor/Evaluate SMH System Outcomes	
Attendance	•	•	•	•	•	
Grades	•		•	~	•	
Office discipline referrals	~	•	•			
Out of school suspensions	•	~				
Mental health functioning	•			~	~	
School climate	•	•			~	





SYSTEM COMPONENTS | JEFFERSON UNIFIED SCHOOL DISTRICT



Last Updated: October 14, 2016

SERVICE COMPONENTS	
Comprehensive School Mental Health System Components	Currently Included
Universal mental health screening and assessment	~
Universal mental health promotion services and supports at the school or grade level (Tier 1)	✓
Selective services and prevention supports to students identified as being at risk for mental health concerns (Tier 2)	~
Indicated, individualized services and supports for students identified with mental health concerns (Tier 3)	~
Evidence-based practices and programs (as identified in national evidence-based registries)	
Community partnerships to augment school mental health services and supports provided by the school system	~
Quality improvement process used to understand and improve the comprehensive school mental health system	





SCHOOL DISTRICT STAFFING INFORMATION | JEFFERSON UNIFIED SCHOOL DISTRICT



Last Updated: October 14, 2016

STAFF MEMBER	SCHOOL		COMMUNITY		
	School or school district employed		Not school or school district employed		
			(e.g., community mental health partner employed)		
	Number of Members	Total FTE	Number of Members	Total FTE	
Behavioral Specialist	25	12.5	6	3	
Community Behavioral Health Worker	10	8	38	38	
Community Mental Health Supervisor/Director	0	0	2	2	
Family Support Partner (Family Member)	30	10	0	0	
Nurse Practitioner	20	20	10	5	
Psychiatrist	0	0	15	15	
Psychologist	35	20	0	0	
School Administrator (e.g., Principal, Assistant Principal)	120	120	0	0	
School Counselor	55	55	0	0	
School Guidance Counselor	89	89	0	0	
School Nurse	111	111	0	0	
School Psychologist	108	54	0	0	
School Social Worker	120	60	0	0	
Social Worker	0	0	21	7	
Youth/Family Advocate	16	4	0	0	



SERVICES PROVIDED | JEFFERSON UNIFIED SCHOOL DISTRICT



Last Updated: October 14, 2016

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

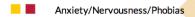


Tier 3: Indicated services and supports

Tier 2: Selective services and supports

Tier 1: Mental health promotion services and supports

: Referrals to community providers not in the school building



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









Mental Health Assistance Allocation Plan

Guiding Questions



Mental Health Assistance Allocation – Plan Development













Policy Recommendations for Implementing the Framework for Safe and Successful Schools

Implementing the Framework for Safe and Successful Schools¹ requires policies and practices that support ongoing efforts to establish comprehensive school safety programming. Following are policy and practice recommendations to consider when developing your action plan. Some recommendations may appear in multiple sections.

Integration of Services and Initiatives

- Provide ongoing, high quality, relevant, and job embedded professional development to all school staff.
- Encourage the use of professional learning communities or other structured avenues to foster collaboration among school staff.
- Ensure that district and school building teams have representation of diverse stakeholders, including
 principals, teachers (general and special education), parents, school security professionals and
 school resource officers (SROs), school-employed mental health professionals (e.g., school
 psychologists), and other specialized instructional support personnel.
- Engage in resource mapping to better understand available resources and how they are utilized through the school or district to support:
 - Instruction
 - Organization and management
 - Learning supports (e.g., mental and behavioral health services)
- Develop a process for regular examination of school initiatives to improve student outcomes.
 - Are any initiatives redundant?
 - Are all initiatives directly related to the school improvement plan?
 - Do you have staff buy-in?
- Effectively engage parents and families in school improvement and school safety efforts.

Related Resources

- Assessing School Level and District Level Needs
- Ready to Learn, Empowered to Teach: Guiding Principles for Effective Schools & Successful Students
- Ensuring High-Quality, Comprehensive and Integrated Student Supports (NASP Position Statement)
- NASSP Position Statement on Safe Schools
- NASP Online Learning Center
- NASP PREPaRE Training Curriculum
- Leading Success Module on Safe and Healthy School Environments

¹ Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists.



Mental Health Needs of Children and Youth

THE BENEFITS OF HAVING SCHOOLS ASSESS AVAILABLE PROGRAMS AND SERVICES

SEPTEMBER 2017

There has been a steady rise in the number of children and youth needing programs and services that promote positive mental health and provide early intervention and treatment. How are schools responding to this challenge?

Increasingly, school systems are joining forces with community health, mental health, and social service agencies to promote student well-being and to prevent and treat mental health disorders. Through these collaborations, schools and local agencies are working together to address the growing health, behavioral, and mental health needs of students (Atladottir et al., 2015; Olfson, Druss, & Marcus, 2015).

School mental health programs must evaluate their capacity to respond to the growing needs of their students if they are to effectively connect them to the mental health programs and services that address their needs. American Institutes for Research (AIR) has worked with a number of large school districts to help prepare them to conduct such assessments.

This issue brief explores how continuous evaluation and assessment of a school's mental health programming (e.g., classroom programs, interventions, services, parental involvement, etc.) can benefit students, families, schools, and communities. Further, the brief describes how the Mental Health Parity Act, the new Mental Health Reform Act (embedded within the 21st Century Cures Act), and Medicaid provide ways for schools and communities to offer services for those in greatest need.

Introduction

Comprehensive school mental health programs include mental health promotion and prevention programming for *all* students as well as screening, assessment, and effective prevention and treatment interventions and services for those students with more intensive needs. Partnerships between schools and community mental/behavioral health professionals offer students and families an extended network of services that are easily accessible. When programs are able to identify and address student mental and behavioral challenges early, students are more likely to gain resiliency skills and be successful in school and life while the threat of later harm is reduced (Conley, Shapiro, Kirsch, & Durlak, 2017; Csillag et al., 2016; Dekovic et al., 2011; McLaughlin et al., 2010; Stockings et al., 2016; Weeks, Hill, & Owen, 2017).

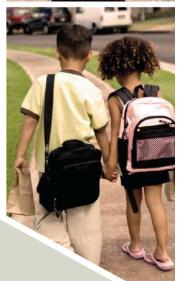


School Mental Health Referral Pathways (SMHRP) Toolkit

September 2015













Wrap Up – Day 1



Day 2





AGENDA – Day 2

- Resources for Developing and Implementing Plan
- Mental Health Assistance Allocation Plan Development (District Team)
- BREAK
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- Wrap-up Day 2



Resources

Grantee Programs

Resources

Learning Portal

Grantee/Field Spotlights

Trending Topics

About Us

Home

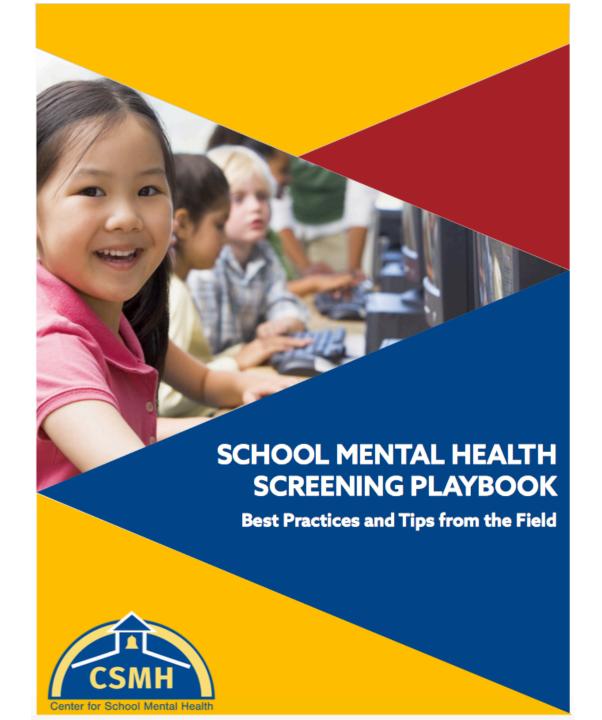
Mental Health Module Series

A series of interactive, self-paced learning modules on developing and implementing a Comprehensive School Mental Health Program at the community level and the state role in supporting Comprehensive School Mental Health Programs.















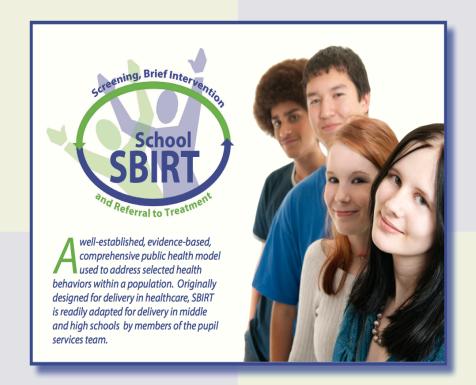


Training Goal

For participants to systematically implement SBIRT with fidelity into your school. Training involves the following:

- Pre-training reading and assignment (1 hour)
- Creation of an initial implementation plan
- Initial training (1 day) which is experiential and skills-focused
- Initial delivery of SBIRT with simple data tracking
- Follow-up training (1 day)





Screening: Administer, score, and interpret standardized instruments to efficiently assess a student's level of risk

Brief Intervention: Protocol-guided and delivered with Motivational Interviewing, the focus is on a single target behavior across 1-4 sessions with student (about 15 minutes each)

Referral to Treatment: For high risk students who do not respond to the Brief Intervention

Intervention: For alcohol and other drugs, attendance, fighting, homework completion, classroom conduct, and mental health

Why SBIRT?

- An evidence-based practice to address adolescent's involvement with alcohol and other drugs. Expected outcomes include: reduced frequency of use, reduced problem symptoms, and increased engagement in services.
- A promising practice to address a range of other adolescent behavioral health and academic concerns including: mental health, fighting, classroom conduct, attendance, and homework completion.
- Good developmental "fit" with adolescents and is student-friendly. It also fits with student services philosophy as a student-centered and strength-based approach.
- 4. Fits within the Response to Intervention/ PBIS framework as a Tier 2 selective intervention or Tier 3 individual intervention. Response to brief intervention is readily ascertained to allow evaluation of effectiveness.
- 5. Implementation is efficient and flexible. You have flexibility to decide the behavioral focus of the brief intervention and how many sessions to deliver. Typically, the number of sessions is 3 or 4, lasting about 15 minutes each.

School SBIRT



http://www.wishschools.org resources/schoolsbirt.cfm

What is SBIRT?

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. Originally developed for delivery in busy health care settings, SBIRT offers an efficient, evidence-based, and comprehensive service to address selected behavioral health concerns among adolescents (e.g., alcohol/other drug involvement). Although originally designed as a universal prevention approach (Tier 1), SBIRT is readily adapted for delivery in middle and high school settings by existing student services staff as a selected (Tier 2) or indicated (Tier 3) intervention.



Why deliver SBIRT services in your school?

- SBIRT is well-established and evidence-based.
- SBIRT expands the capacity of student services to effectively and efficiently address a range of behavioral health concerns (e.g., alcohol/drug use, mental health) which, in turn, promotes school engagement and learning outcomes.
- SBIRT fits with a student-centered, strength-based philosophy.
- SBIRT is student friendly, culturally relevant, and highly engaging. No problem recognition is
 required for a student to benefit from SBIRT. Teenagers rate these services with high levels of
 satisfaction.
- SBIRT fits with Response to Intervention. Screening provides baseline data, then approximately 30 days later, follow up screening ascertains individual student response to Brief Intervention.
- SBIRT fits with Positive Behavior Intervention and Supports. Services can be delivered as an
 indicated (Tier 3) or selected (Tier 2) intervention. Because of the amount of resources required,
 this project does not endorse implementation of universal screening (Tier 1).
- Implementation allows for flexibility. Staff are trained to use a protocol which guides delivery of services. Staff decide the focus of intervention, number of BI sessions, and format of delivery (individual or small groups).

Developing an Evidence Base for Your Program: A Resource Guide

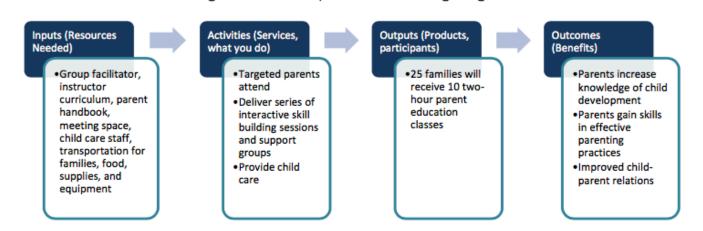
An organization does not always need to adopt an evidence-based program (EBP) to meet their needs. Establishing an evidence base for an existing program that seems promising is an alternative to adopting an EBP. There are critical steps that need to happen prior to testing the effectiveness of a program. This guide is intended to highlight important concepts related to program evaluation and provide resources to assist organizations with creating a plan for building an evidence base for an established program.



Creating a Logic Model to Know How the Program Works

Creating a logic model (or a theory of change) is an important first step to building an evidence base. A logic model is a map or flow chart that details how activities help the program achieve its short-term and long-term goals. A logic model answers the question, "How does the program work?" Logic models can vary in their level of detail and complexity but they all share the benefit of serving as a powerful image that conveys the importance of the program for the target population and the community. Below is an example of a basic logic model.

Logic Model Example: Parent Training Program



A logic model can also provide opportunities for identifying issues and engaging in quality improvement. By explicitly stating the relationship between the activities and outcomes, a logic model allows agencies to test assumptions (such as the number, type, and duration of activities) and determine the overall effectiveness of the program. To learn more about evaluating program effectiveness, read *Conducting Program Evaluations* below. A logic model is needed prior to evaluating the program in order to determine if the program is actually true to the original plan and if the outcomes can be measured.

series/evidence-based-module-series healthysafechildren.org/ <u>learning-module-</u>









Selecting Evidence-Based **Programs**



Key Questions

1. Identifying the EBP's Scope

- a. For whom is the intervention intended?
- b. What is the intervention designed to address?
- c. What is the baseline severity level of existing risk factors and problems?
- d. Who will deliver the intervention, in what format, how often, and for how long?

2. Determining Readiness to Implement EBPs

- a. Do individuals in the organization recognize that changes are needed?
- b. Are individuals in the organization willing and able to prioritize changes?
- c. Who makes decisions and how are decisions communicated?
- d. Are there enough staff members to implement an EBP?
- e. Do the staff members have the skills necessary to implement an EBP?
- f. Are there resources to cover the costs associated with starting and sustaining an EBP?

3. Where to Look for EBPs

- a. Where can your team find out more about EBPs?
- b. Are there other schools that have implemented the EBPs you are considering?

4. Selecting an EBP

- a. Where can your team look for evidence about an EBP?
- b. Was the EBP tested multiple times with a rigorous study design?
- c. Is there clear documentation that implementation results in valued outcomes?
- d. Is there clear documentation that implementation results in valued outcomes for your...
 - i. ... intended population?
 - ii. ... intended setting?
 - iii. ... intended population in your intended setting?
- e. Does the EBP fit with the population's strengths and needs?
- f. Is the EBP culturally appropriate?
- g. Are adaptations necessary?
- h. Are the features and strategies of the EBP well-specified?
- Do these features fit well within the context of your setting?
- j. Are pre-packaged materials available?

Key Questions (continued)

- k. What types of supports are available locally, or from the intervention developer, to help interventionists use the EBP?
- l. Are the EBP's features, goals, and theory of change consistent with stakeholder values?
- m. Is the EBP compatible with other EBPs and programs being used in the setting?
- n. Does the EBP require strong and global organizational support that, if absent, would significantly hinder implementation?
- o. Is the current workforce adequate in size to implement the EBP effectively? Will additional staff need to be hired?
- p. Are the current workforce's skills adequate to implement the EBP, or is training required?
- q. What are the EBP's costs?

5. Tracking the EBP's Impact

- a. What measures will be used to determine if the intervention is working?
- b. What will be done if the data suggest that the intervention is not working?

6. Monitoring EBP Fidelity and Quality Improvement Methods

- a. What measures will be used to determine if the EBP is being implemented the way it was intended?
- b. What will be done if the data suggest that the EBP is being implemented with low fidelity?



Blue Menu of Evidence-Based Psychosocial Interventions for Youth

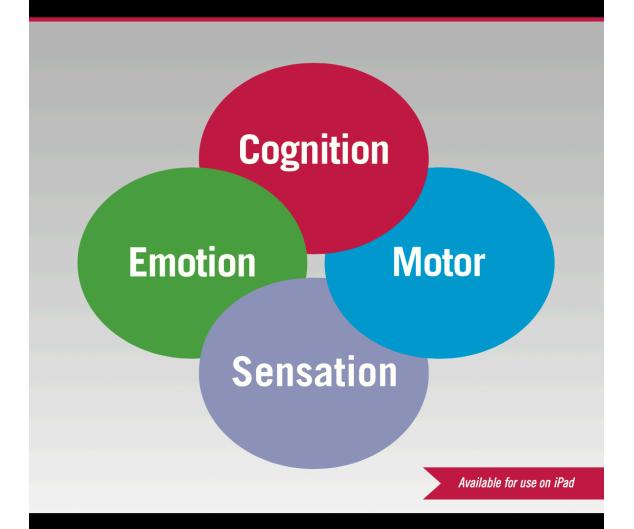
This report is intended to guide practitioners, educators, youth, and families in developing appropriate plans using psychosocial interventions. It was created for the period October 2016 – April 2017 using the PracticeWise Evidence-Based Services (PWEBS) Database, available at www.practicewise.com. 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 <a href="https://www.aap.new.gov.n

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, 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 Responsivity 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



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 <u>Demo>></u>
- Translations available in Spanish and many other languages

HealthMeasures is the official information and distribution center for PROMIS, Neuro-QoL, NIH Toolbox $^{\$}$, and ASCQ-Me $^{\$}$, which were developed and evaluated with National Institutes of Health (NIH) funding.

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Maryland Behavioral Health Online Training https://mdbehavioralhealth.com/

Home About Us Online Training



MDBehavioralHealth.com is an online training site hosted by the Department of Psychiatry at the University of Maryland School of Medicine. Developed in partnership with the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, the site provides training to individuals interested in supporting the behavioral health of youth and their families.

The online training allows individuals to work at their own pace. They can download materials, take the training, view video tips from experts, and explore related links, all from one central site.



School Crisis Prevention and Intervention Training Curriculum

NASP Ψ
RECTIONAL ASSOCIATION OF School Psychologists

Helping schools improve their school safety and crisis management capacity using existing resources.

School Crisis Response

The PREPaRE curriculum has been developed by the National Association of School Psychologists (NASP) as part of its decades long leadership in supporting school crisis prevention and response capabilities at the local level.

Developed specifically for the school context, PREPaRE:

- Incorporates prevention, protection, mitigation, response, and recovery
- Addresses both physical and psychological safety
- Builds on existing personnel, resources, and programs
- Facilitates collaboration with community providers and first responders
- Integrates with ongoing school safety efforts and multitiered systems of support
- · Develops skills important to coping with trauma
- Provides for sustainability through a training of trainers model
- is adaptable to individual school needs and size
- Aligns with federal emergency management guidance.
- Supports legal compliance regarding crisis preparedness

The PREPaRE model has been implemented in school districts in all 50 states and in multiple countries, and it has proven highly effective for schools committed to improving and strengthening their school safety and crisis management capacities.

For more information or to have your school district or organization arrange for PREPaRE training, contact the NASP PREPaRE Coordinator at prepare naspweb.org, by phone at (866) 331-NASP or visit www.nasponline.org/prepare.

"The training has allowed our district and its 29 schools the opportunity to speak the same language when it comes to crisis prevention and preparedness."

Dennis Rastatter, Director of Student Outreach, Thompson School District, Loveland, Colorado





School Safety Awareness Program

SB 7026 – Section 19

- •In consultation with FDLE, procure a mobile suspicious activity reporting tool (FortifyFL).
- •Require information reported in tool be promptly forwarded to the appropriate law enforcement agency or school official.
- •Provide and develop a comprehensive training and awareness program on the tool.







Mental Health Assistance Allocation – Plan Development



Feedback/Questions/Share



Training, PD, & Support Needs



PD Considerations...

- What trainings will prepare your staff and contracted providers to deliver mental health services?
- What positions will receive this training?
- How often will this training(s) be offered?
- When will these trainings be provided?
- Who will provide the training?
- How do plan to measure training effectiveness and impact?



Wrap Up – Day 2



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