Shared Visions, Values, and Work: An Interdisciplinary and Cross System Approach to Advancing School Behavioral Health

Mark D. Weist, Ph.D., Professor, Clinical-Community and School Psychology, Department of Psychology
New Hampshire, May 5, 2017
Outline

• School Behavioral Health (SBH) and connections to expanded school mental health and PBIS
• The Interconnected Systems Framework
• Key Themes:
  – Interdisciplinary Teams, Strong Stakeholder Involvement, Quality and Evidence-Based Practice
  – Communities of Practice, Multi-Scale Learning, Resource Mapping and Cross-System Collaboration, Building Social Capitol, Focusing on Process
• Challenges
• Resources
School Behavioral Health (SBH)

• Through collaborative, school, family and other youth-serving system partnerships move toward greater depth and quality in promotion/prevention (Tier 1), early intervention (Tier 2), and intervention (Tier 3) in schools focused on improving student social, emotional, behavioral and academic functioning
Agendas

• Most communities, states have many, and they compete with each other

• How can the SBH agenda “rise up” since its about children and youth, their successful functioning and achievement in schools, and having them go on to be productive and contributing members of society?
POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS AND SCHOOL MENTAL HEALTH
“Expanded” School Mental Health

• Full continuum of effective mental health promotion and intervention for students in general and special education

• Reflecting a “shared agenda” involving school-family-community system partnerships

• Collaborating community professionals (not outsiders) augment the work of school-employed staff
Advantages

• Improved access
• Improved early identification/intervention
• Reduced barriers to learning, and achievement of valued outcomes
• \textit{WHEN DONE WELL}
But

• SMH programs and services continue to develop in an ad hoc manner, and

• LACK AN IMPLEMENTATION STRUCTURE
Positive Behavior Intervention and Support (www.pbis.org)

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

• Promotes effective decision making
• Reduces punitive approaches
• Improves student behavior
• Improves student academic performance
• WHEN DONE WELL
But

• Many schools implementing PBIS lack resources and struggle to implement effective interventions at Tiers 2 and 3
• View student issues through lens of “behavior”
Key Rationale

• PBIS and SMH systems are operating separately
• Results in ad hoc, disorganized delivery of SMH and contributes to lack of depth in programs at Tiers 2 and 3 for PBIS
• By joining together synergies are unleashed and the likelihood of achieving depth and quality in programs at all three tiers is greatly enhanced
Logic

• Effective academic performance promotes student mental health and effective mental health promotes student academic performance. The same integration is required in our systems.
Not two, but one
Interconnected Systems Framework (ISF)

- A strong, committed and functional team guides the work, using data at three tiers of intervention
- Sub-teams having “conversations” and conducting planning at each tier
- Evidence-based practices and programs are integrated at each tier
- SYMMETRY IN PROCESSES AT STATE, DISTRICT AND BUILDING LEVELS
ISF CONT.

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

- Enables common expectations and move toward standardization in evidence-based assessment and practice
- Providing “one door” for community mental health and other systems to come through
- Creates opportunities for system collaboration, braided funding, and growth in funding to enable other system involvement in Tiers 1, 2 and 3
FY 15 Funding Strategy ESMH

- BHS Baltimore/MHA: $726,000 (0.17%)
- BHS Baltimore/ADAA: $345,935 (0.08%)
- BCPS: $948,065 (0.22%)
- Foundation: $144,000 (0.033%)
- Projected Fee-for-Service: $2,166,000 (0.5%)

Total: $4,800,000
Who is on the ISF team?

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

Note: *co-leaders
<table>
<thead>
<tr>
<th>TEAM QUALITIES</th>
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<tbody>
<tr>
<td>Clear memoranda of agreement/understandings between school systems and community mental health agencies</td>
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<tr>
<td>Strong leadership</td>
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<tr>
<td>Team members on the team at the school and community level with decision making authority and ability to allocate resources</td>
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<td>Structured meeting agendas, frequent and consistent meetings, high levels of attendance</td>
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<tr>
<td>Opportunities for all to participate</td>
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<tr>
<td>Note taking and archiving/reviewing notes</td>
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<tr>
<td>Clear action planning</td>
</tr>
<tr>
<td>Systematic follow up on action planning</td>
</tr>
</tbody>
</table>
Stakeholders (Leaders and Staff)

- Youth and Families
- Government
- Education
- Child and Adolescent Mental Health
- Juvenile Justice
- Child Welfare
- Disabilities

- Primary Healthcare
- Allied Health Services
- Vocational Rehabilitation
- Universities and Colleges
- Faith
- Business
Need to Address Tokenism
Aligning and Integrating Family Engagement in Positive Behavioral Interventions and Supports (PBIS)

Concepts and Strategies for Families and Schools in Key Contexts

defined by
Mark D. Weist
S. Andrew Garbacz
Kathleen Lynne Lane
Don Kincaid
Principles for High Quality SMH – Early 2000s

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

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

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

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

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

- Screen students
- Analyze results of screen
- Obtain consent/assent
- Obtain teacher buy-in
- Coordinate student schedules
- Get them to and from groups

- Rotate meeting times
- Implement effectively
- Promote group cohesion
- Address disruptive behaviors
- Conduct session by session evaluation
- Deal with students who miss groups
Strengthening School Mental Health Services

- NIMH, R01MH081941-01A2, 2010-14 (building from a prior R01)
- 46 school mental health clinicians, 34 schools
- Randomly assigned to either:
  - Personal/ Staff Wellness (PSW)
  - Clinical Services Support (CSS)
CSS: Four Key Domains

• Quality Assessment and Improvement
• Family Engagement and Empowerment
• “Modular” Evidence Based Practice
• Implementation Support
Structure for Implementation

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

- CHALLENGES
  - Expense
  - Family no-shows
Other Conclusions

• Need the right clinicians
• For true EBP demands are intense at multiple levels
• TRAINING/IMPLEMENTATION SUPPORT + INCENTIVES + ACCOUNTABILITY
• Tension between productivity and quality
Advancing Evidence-Based Assessment

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

The School Health Assessment and Performance Evaluation (SHAPE) System

• The School Health Assessment and Performance Evaluation (SHAPE) System is a free, interactive system designed to improve school mental health accountability, excellence, and sustainability.

• SHAPE is the web-based portal by which comprehensive school mental health systems can access the National School Mental Health Census and Performance Measures.

• SHAPE is hosted by the Center for School Mental Health and funded in part by the US Department of Health and Human Services.

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

Advance a data-driven mental health team process for the school or district

- Strategic Team Planning
- Free Custom Reports

www.theshapesystem.com
Importance of Relationships in Change

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

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

Bill East, Joanne Cashman, Natl Assoc of State Directors of Special Education
Children’s Mental Health Awareness Week, 2007
“Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis” (p.4)

Leading by Convening

Creating conditions for groups with common interests to be actively engaged and move from discussion to dialogue to collaboration to policy improvement and enhanced resources

Joanne Cashman & Bill East, National Association of State Directors of Special Education (2014)
Key Role of Universities and Colleges

- As “neutral” convener
- With knowledge of state-of-the-art developments in research and practice
- Representing diverse disciplines involved in the work
- Enabling a win-win for trainees and practice sites
Multiscale Learning

- People with common interests interacting at multiple levels, within and across
  - Teams
  - Communities
  - States
  - Regions
  - Countries
Systematic Agenda

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

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

3rd Annual South Carolina School Behavioral Health Conference

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

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

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

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

For more information:
www.schoolbehavioralhealth.org
Email: main@schoolbehavioralhealth.org
Call: (803) 777-9449
Fax: (803) 777-9558

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

3rd Annual South Carolina School Behavioral Health Conference
South Carolina School Behavioral Health Conference
Thursday, April 23 & Friday, April 24, 2015
North Charleston, SC

The 2nd Annual SC School Behavioral Health Conference is an opportunity for practitioners and supervisors in public schools and other agencies to network, collaborate, and address issues in South Carolina.

Susan Barrett
Coordinator, Behavioral Health Services
“System of Behavioral Supports”

& Covered Includes:
- Pre-school collaboration
- Early intervention and policy considerations for School Mental Health services
- Development of systems, assessment and screening for behavioral health
- Strengthening of behavioral health services
- Evaluation of behavioral health services
- Support in school-based systems to schools
- Interventions to prevent and address bullying
- Interventions to promote school engagement and prevent dropout

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

- Improving Collaboration among Families, Educators, Clinicians and other Youth-System Staff
- School-Wide Approaches for Prevention and Intervention
- Improving the Quality of Services
- Increasing Implementation Support
- Enhancing Cultural Humility and Reducing Racial, Ethnic, and Other Disparities
State of the Carolinas: Implementing School Mental Health and Positive Behavioral Interventions and Supports

by Joni W. Splett, Kurt D. Michael, Christina Minard, Robert Stevens, Louise Johnson, Heather Reynolds, Katharina Farber, and Mark D. Weist

The Carolinas have a rich and diverse history. South Carolina was the first colony to declare independence from British rule during the American Revolution and the first state to declare secession from the Union at the start of the Civil War. The population of South Carolina is nearly 4.8 million. It is the 24th most populous state in the United States and has a diverse citizenry, including 64% Caucasian, 28% African-American, and 5% Hispanic residents (U.S. Census Bureau, 2012). Children and youth under the age of 18 make up 22.8% (1.09 million) of North Carolina’s children live in poverty (Annie E. Casey Foundation & O’Hare, 2013).

Equally unfortunate, a high percentage of children attending public schools in the Carolinas perform below state standards. For example, in South Carolina, the number of children who perform below state standards in reading (17% in 3rd grade; 32% in 8th) and math (30% in 3rd grade; 30% in 8th) is substantial, and in North Carolina, the situation is considerably worse, with below standard scores in reading at 45% in...
PBIS

Lexington 05, Charleston, Richland 01, Dorchester 02, Jasper, Greenwood 50, Oconee, Greenville, Lexington 02, Kershaw
PBIS and SBMH
Mental Health-Education Integration Consortium (MHEDIC): Social Network Analysis

Naorah Lockhart, Liz Mellin, Paul Flaspohler, & Seth Bernstein; Binghamton University; May, 2015
Larger nodes signify more influential members.

Same network, just different view sorted by discipline

M01 = NAME
M10 =
M15 =
M29 =
M37 =
Pink = Counseling
Orange = Education
Blue = Psychology
Green = Social Work
CO-AUTHORED

MHEDIC members not included in this relational network

M01 = NAME
M10 =
M15 =
M29 =
M37 =
Pink = Counseling
Orange = Education
Blue = Psychology
Green = Social Work
M01 = NAME
M10 =
M15 =
M29 =
M37 =
Pink = Counseling
Orange = Education
Blue = Psychology
Green = Social Work
MENTORING

M01 = Liz
M10 = Mark
M15 = Anna
M29 = Dawn
M37 = Aidyn
Pink = Counseling
Orange = Education
Blue = Psychology
Green = Social Work
M01 = NAME
M10 =
M15 =
M29 =
M37 =
Pink = Counseling
Orange = Education
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Green = Social Work
Challenges

• Negative, pejorative labeling of children and cumulating negative labels (and in some cases medications)

• Status quo to focus on experts who tell people what to do to treat their “psychopathology” or “severe emotional disturbance”

• Intractable silos of youth serving systems

• Increasing but not decreasing restrictiveness in placements

• Poor handling of youth transitions between systems
Special Education Challenges

• Schools and staff as gatekeepers
• “Social maladjustment”
• Highly variable labeling
• “Manifestation” hearings
• Pro-forma meetings and poor follow-up
• Accommodations
Roles of School-Employed MH Staff (in some instances)

- Course scheduling
- Attendance monitoring
- Examination monitoring
- Career guidance
- Logistics assistance
  - See Steve Evans, Ohio University
“Optimizing”

- School employed staff doing rote administrative work
- Community mental health staff “seeing” same clients and delivering passive, eclectic, non evidence-based interventions
Funding/Resource Barriers
(with thanks to the USC SMH Team)

• Cost of “evidence-based programs”
  — Materials, training, coaching, evaluation, re-training

• Negotiating the “for profit” issue

• Dealing with “evaporating” investments
### Preliminary Analyses SAMHSA, NREPP Program Costs (to deliver to 10 students/yr)

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

• States’ rights, local control, resulting in a hodge podge of disconnected initiatives and practices

• Contributes to a continuum of local control in Education, and a continuum of privatization in Mental Health (and issues in other systems)
Benefits and Challenges of Federal Investments

• Initiatives
  – Systems of Care
  – Mental Health in Schools
  – MH and Schools Integration
  – MH Transformation
  – Safe Schools/Healthy Students
  – School Climate Transformation
  – Project Prevent
  – Project Aware
  – Project Launch
  – Comprehensive School Safety

• Services/TA Funders
  – CDC, HRSA, MCHB, SAMHSA, USDOE, OSEP, PCORI….Local and State Systems, Foundations

• Research Funders
  – AHRQ, CDC, DOD, MCHB, NIH, NIH, PCORI….Foundations
Within Federalism, Need States to:

- Be liaisons between what is happening at federal and national levels, and in other states
- Getting information and resources down to localities
- Promoting best practices in localities
- And getting information from localities up and out to improve the experience within the state and with other states
Metacognition

• Broadly defined as the act of thinking about one’s own thinking

• Often used to monitor higher order mental processes
  - Planning
  - Conceptualizing issues/ideas
  - Reasoning
Managing Complex Change (thanks to Kathy Short)

Vision + Skills + Incentives + Resources + Action Plan = Change

Skills + Incentives + Resources + Action Plan = Confusion

Vision + Incentives + Resources + Action Plan = Anxiety

Vision + Skills + Resources + Action Plan = Resistance

Vision + Skills + Incentives + Action Plan = Frustration

Vision + Skills + Incentives + Resources = Treadmill

Three Connected Priorities

• Implement effective practices
• Document valued outcomes
• Build capacity
School Mental Health International Leadership Exchange, see SMHILE.com
A Vision for Student Mental Health and Well-Being in Ontario Schools (with thanks to Kathy Short)
Summary – Key Themes

• Agenda that “rises up”
• Integrating initiatives and programs toward depth and quality in MTSS
• Effective teams
• All relevant disciplines and stakeholders working together
• Real systems collaboration
• Key role of universities and colleges

• Building communities of practice and multiscale learning
• Mapping resources and relationships and acting on mapping
• Implementing MOAs and moving to standardization
• Moving beyond status quo of doing what we always have done
Important Upcoming National Conferences

• PBIS Implementers Forum
  – September 28 and 29, 2017; Chicago

• Advancing School Mental Health Conference
  – October 19-21, 2017; Washington, DC
Thank you!

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