



# Safe, Engaged and Successful Students: The Value of School Mental Health in Texas

***Sharon A. Hoover, PhD***

***University of Maryland School of Medicine***

***National Center for School Mental Health***



@drsharonhoover



**Texas Association of School Administrators Roundtable**

***Austin, TX***

***January 30, 2019***

1. School Safety

2. Promotion, Prevention, Early Identification and Intervention

3. Access to Care

4. Impact



# 1. School Safety



**SAFE SECURE  
SCHOOLS**





MIDDLE SCHOOL

100 JOHNSON STREET

FAX: (334) 756-7511

January 9, 2015

Dear Parents and Guardians,

We are dedicated to educating and to keeping our children safe at school. As a result of school shootings throughout the United States and discussing with law enforcement on the best procedure to follow to keep our students safe, we are enhancing our procedure for intruders.

The procedure will be the same as we have done in the past with the addition of arming our students with a canned food item. We realize at first this may seem odd; however, it is a practice that would catch an intruder off-guard. The canned food item could stun the intruder or even knock him out until the police arrive. The canned food item will give the students a sense of empowerment to protect themselves and will make them feel secure in case an intruder enters their classroom.

This procedure is being used in other schools in our area and in the United States. Please view the following websites listed below for more information on this procedure:

<http://www.cchsvoice.org/equipped-with-cans-of-soup-the-alice-drill/>

<http://www.lakugenevanews.net/Articles/Geneva-Linn-Township-2013-11-21-251637-114135-Schools-prepare-for-violent-intruders.html>

We are asking each student to bring an 8 oz. canned food item (corn, beans, peas, etc.) to use in case an intruder enters their classroom. We hope the canned food items will never be used or needed, but it is best to be prepared. At the end of the school year, the cans will be donated to The Food Closet.

Thank you for your support in helping us to keep our children safe at school.

Sincerely,

Principal

Assistant Principal

We are dedicated to educating and keeping our kids safe at school.

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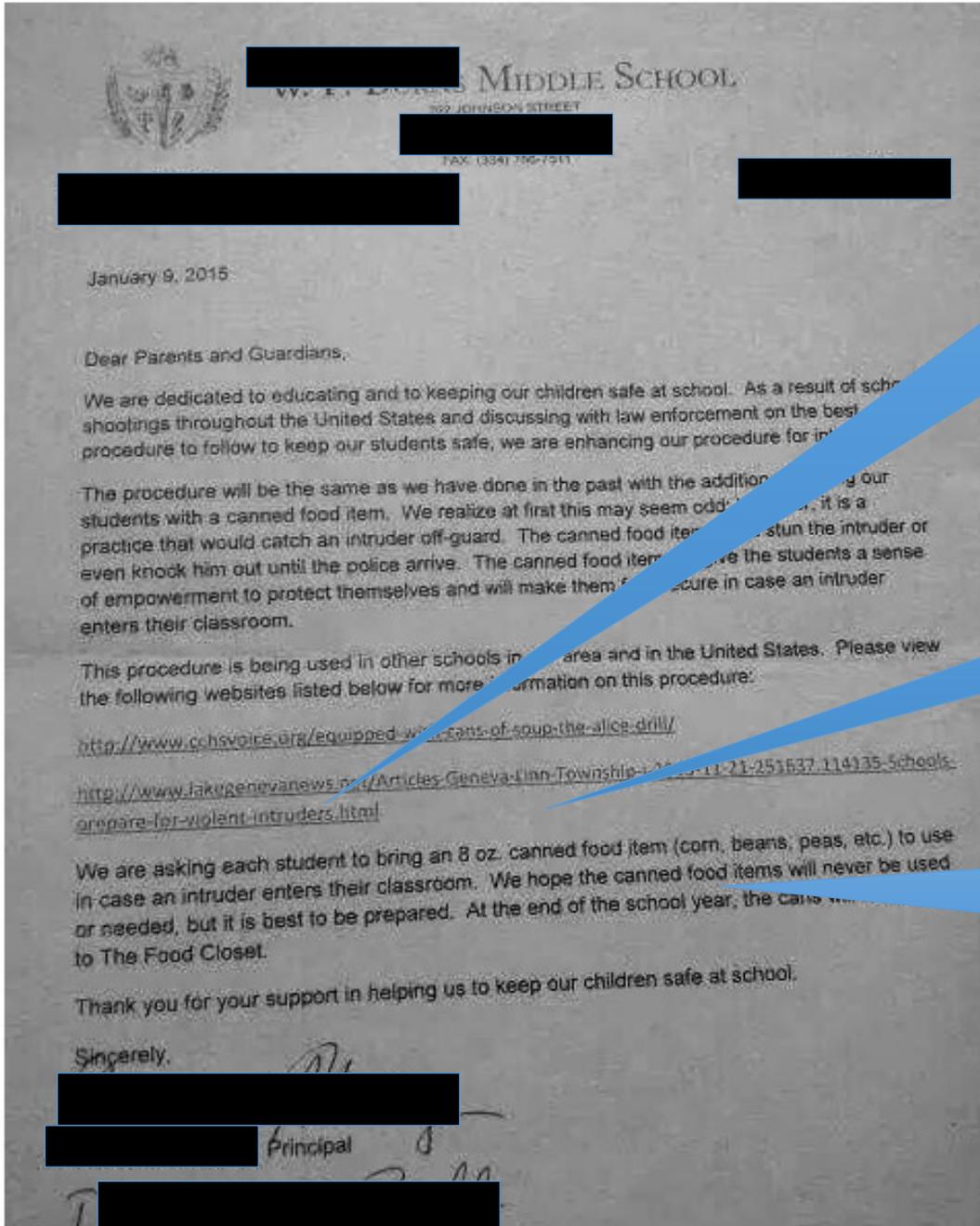
Assistant Principal

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Thank you for your support in helping us to keep our children safe at school.

Price \$3.00

THE

Sept. 13, 1999

# NEW YORKER



"Our school district is in the process of passing a bond proposal... that includes 30+ million dollars to "make our schools safe." In other words, 30 million dollars for bullet proof doors and security camera surveillance... The budget is I don't know how many pages long but I looked through every single line item and not a penny for any type of suicide prevention or mental health service whatsoever. They will wait until a kid from the district dies by suicide and start scrambling to deal with the aftermath and respond to parents outrage over what is being done..."

# Two Visions

March 2018 Congressional  
Briefing:  
School Violence, Safety,  
and Well-Being:  
A Comprehensive Approach  
[http://www.npscoalition.org/  
school-violence](http://www.npscoalition.org/school-violence)





Welcoming,  
caring,  
supportive  
schools

Restrictive,  
fortressed  
schools

Social Emotional  
Learning  
School Climate  
Mental health supports

Tools and Ideas from:  
- Law Enforcement  
- Prison Architecture  
- Military Strategies

# Comprehensive Reviews Covering Hundreds of International Studies, and Large-scale Epidemiological Studies Show:

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- Schools with positive school climate and integrated SEL foci have significantly reduced
  - Isolation
  - Verbal bullying
  - Physical bullying
  - Sexual harassment/ assault
  - Cyberbullying
  - Negative relationships between students and between students and teachers
- And have decreased student/ teacher reports of:
  - Weapons use, being threatened by a weapon, and seeing or knowing about a weapon on school grounds



# What does the science say?

*“We found that evidence about their effectiveness is either **extremely rare or**, as was the case for most of the 12 categories, **nonexistent**.”*

*Experts we spoke with raised concerns about this **lack of evidence**, about the **costs** of various technologies, and about the **unintended negative consequences** of some.”*

*Schwartz et al., Rand Corporation, 2016*

## The Role of Technology in Improving K-12 School Safety



Heather L. Schwartz, Rajeev Ramchandani, Charise Barnes-Peddy, Susan Grant, Brian A. Jackson, Kristin J. Louchman, Muel Merwede, Jessica Teitelbaum

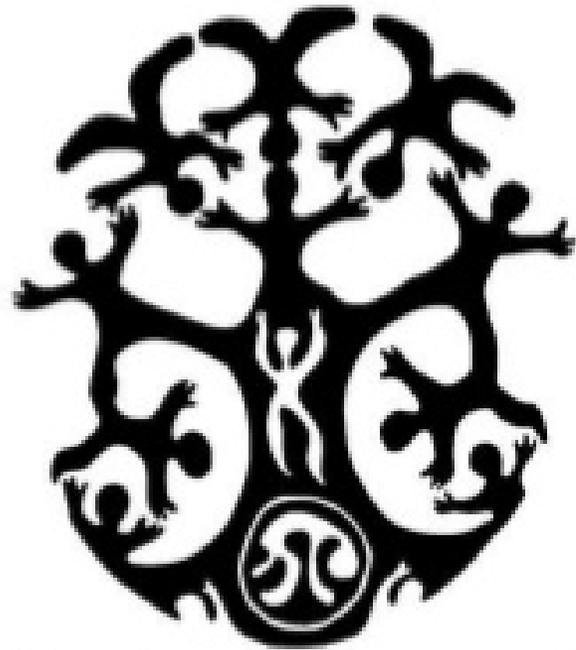
**PROSITY**  
**Criminal Justice**  
NEEDS INITIATIVE  
A project of the RAND Corporation  
1375 21st Avenue, Suite 500  
Berkeley, CA 94704  
415.875.8400

President Robert Runcle  
Member of the Board  
of Directors  
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NGA

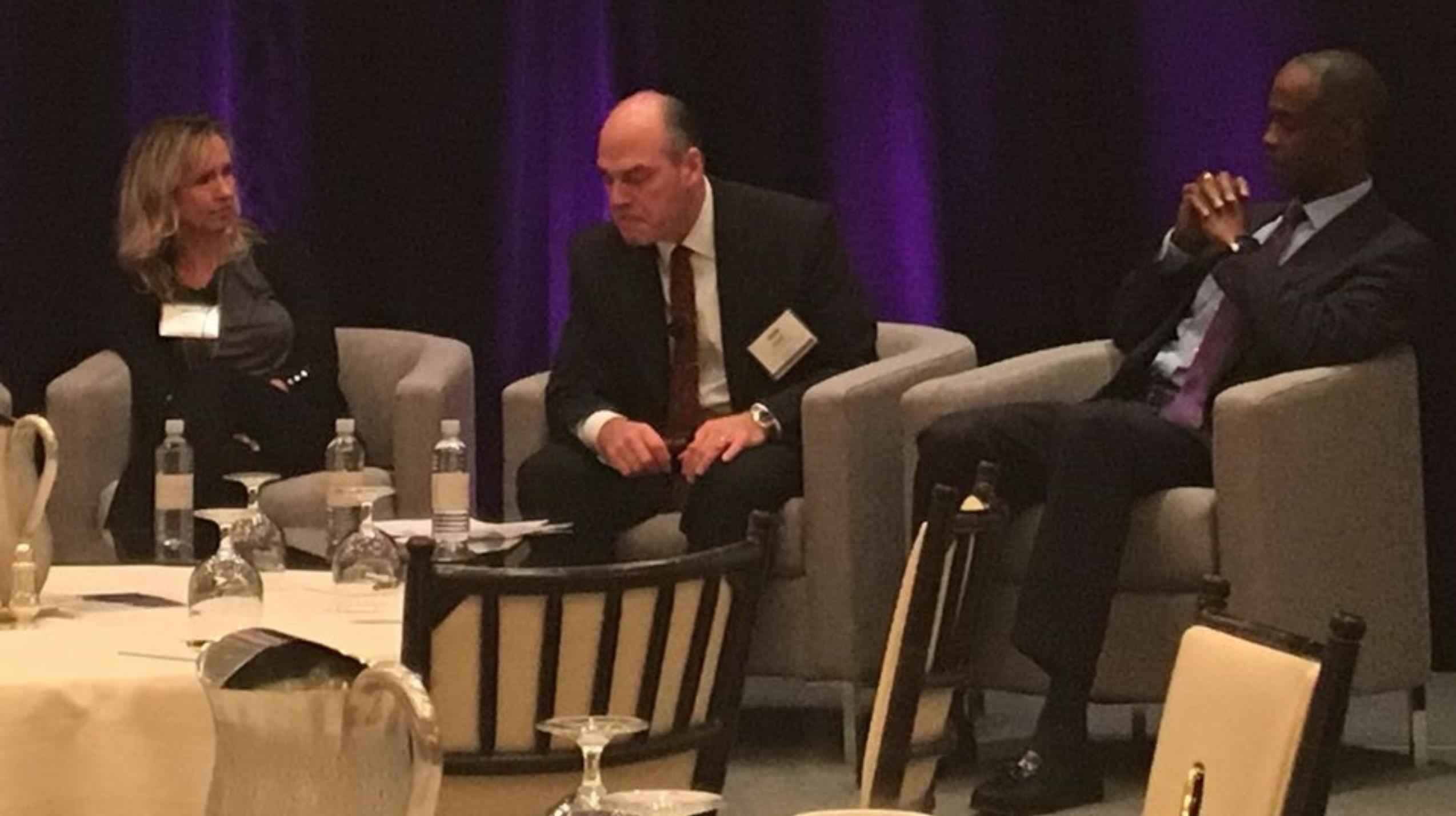


NGA  
Member



**School Connectedness** is the belief held by students that the adults and peers in their school care about their learning as well as about them as individuals.

Students, no matter what their race, ethnic group, or level of family income, are more likely to succeed when they feel connected to school. - Center for Disease Control, 2009



# SAFE SECURE SCHOOLS

MENTAL HEALTH IS ESSENTIAL



# Texas senators agree on the need for school mental health services, but can they fund it?

In their third scheduled meeting, the Senate Select Committee on Violence in Schools and School Security discussed the role of mental health in school shootings and ways to address it. But questions of funding kept popping up.

BY MATTHEW CHOI JULY 18, 2018 1 PM



REPUBLIC



# ACTION PLAN

- ✓ **Make mental health a part of state and local school safety planning and budget**
- ✓ **Mental Health Promotion** – e.g., Social Emotional Learning – see New Hampshire State School Safety Report
- ✓ **School Climate and Connectedness** – see National Center for Safe and Supportive Learning Environments
- ✓ **Mental Health Training for School Resource Officers (SROs)** - see NASRO
- ✓ **Comprehensive Threat Assessment** – include mental health professionals on team – see Virginia Model for School Threat Assessment
- ✓ **District Mental Health Coordinators** to facilitate school-community partnerships and coordination of care - see Maryland Safe to Learn Act
- ✓ **Adequate funding for school-employed mental health professionals and integration of community mental health providers** in schools – see NASP et al – Framework for Safe and Supportive Schools and NCSMH ([www.schoolmentalhealth.org](http://www.schoolmentalhealth.org))



## 2. Promotion, Prevention, Early Identification and Intervention





**What is our mission?**

## Reflection Question

If you could pick one quality or skill that all young people would possess by the time they graduate from high school, what would it be?

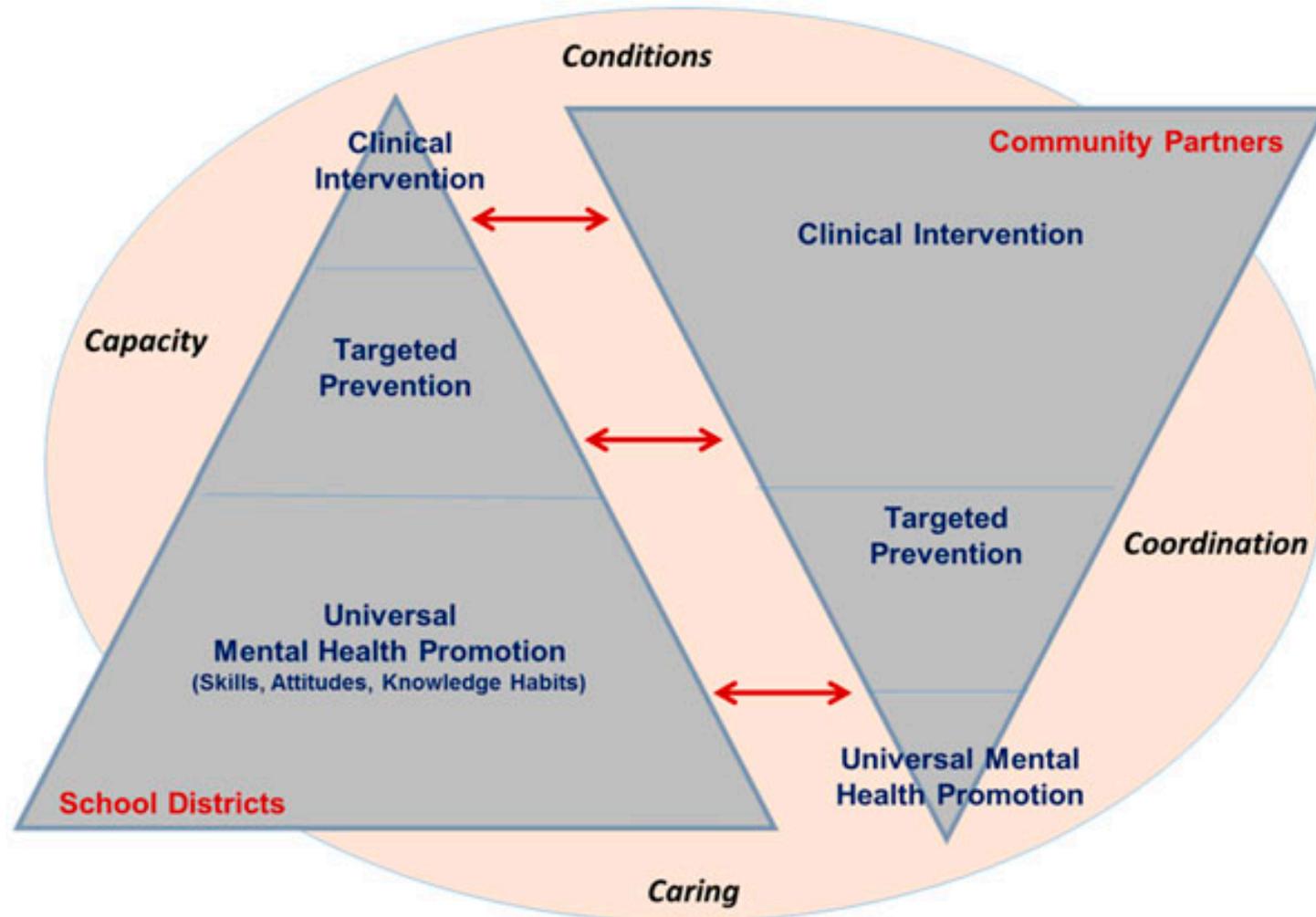




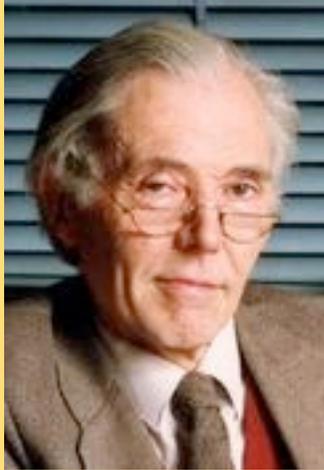


XX public school system ensures academic success and **social-emotional well-being** for each student in an inclusive and **nurturing environment** that closes opportunity gaps.

# MTSS School-Community Partnerships

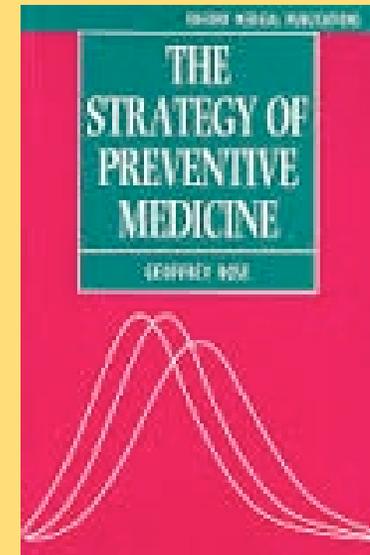


# Rose's Paradox of Prevention



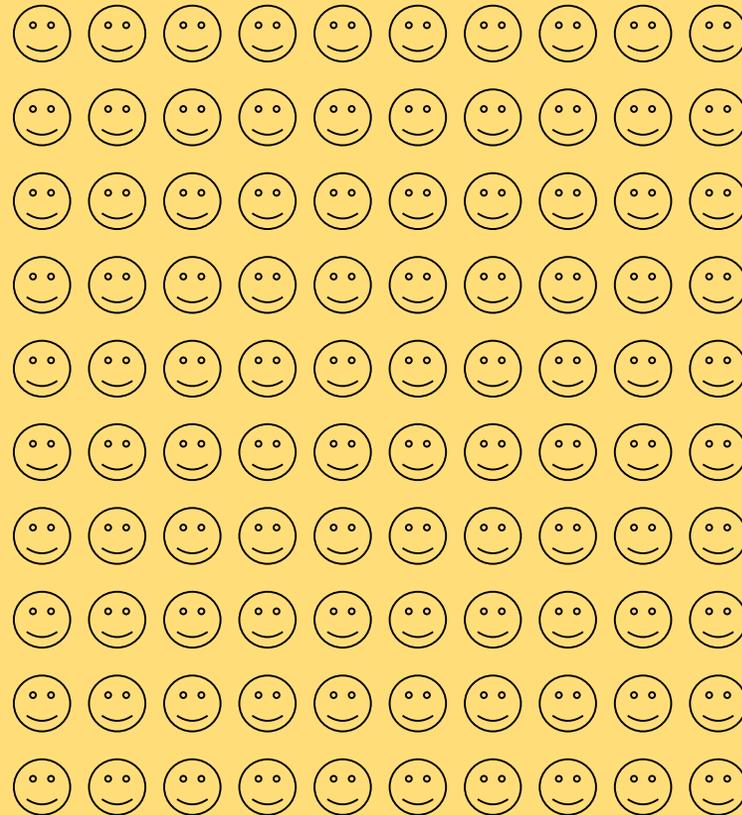
1926-1993

*"A large number of people at a small risk may give rise to more cases of disease than the small number who are at high risk"*

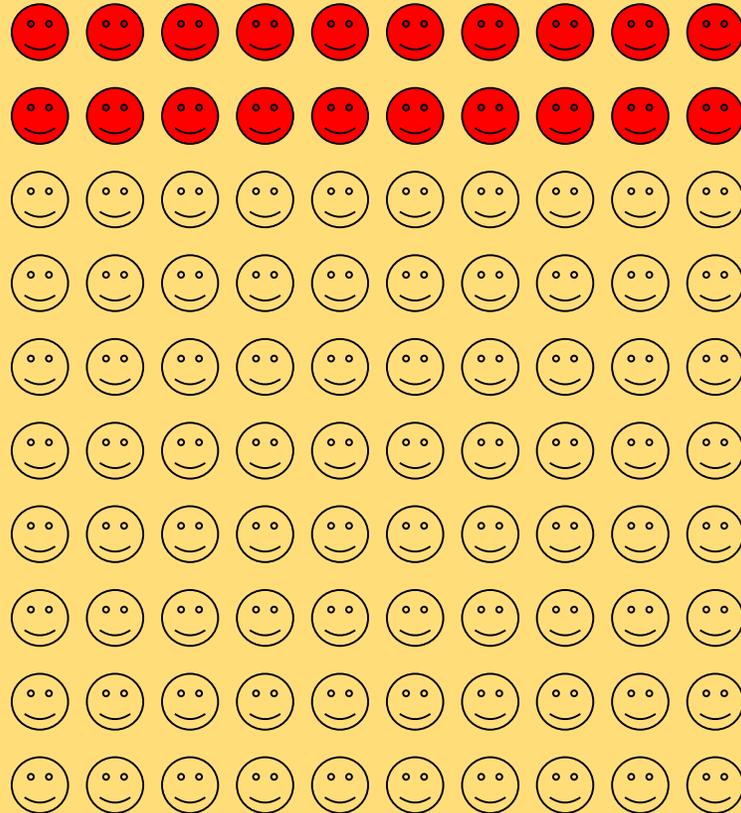


# An example of the paradox

Screen all 9th graders for risk factors of school dropout



20% identified as “high-risk”; 80% as low-risk



# The Paradox

Over time, 75% of high-risk & 25% of low-risk students drop-out

75% =  
15/20 students



25% =  
20/80 students

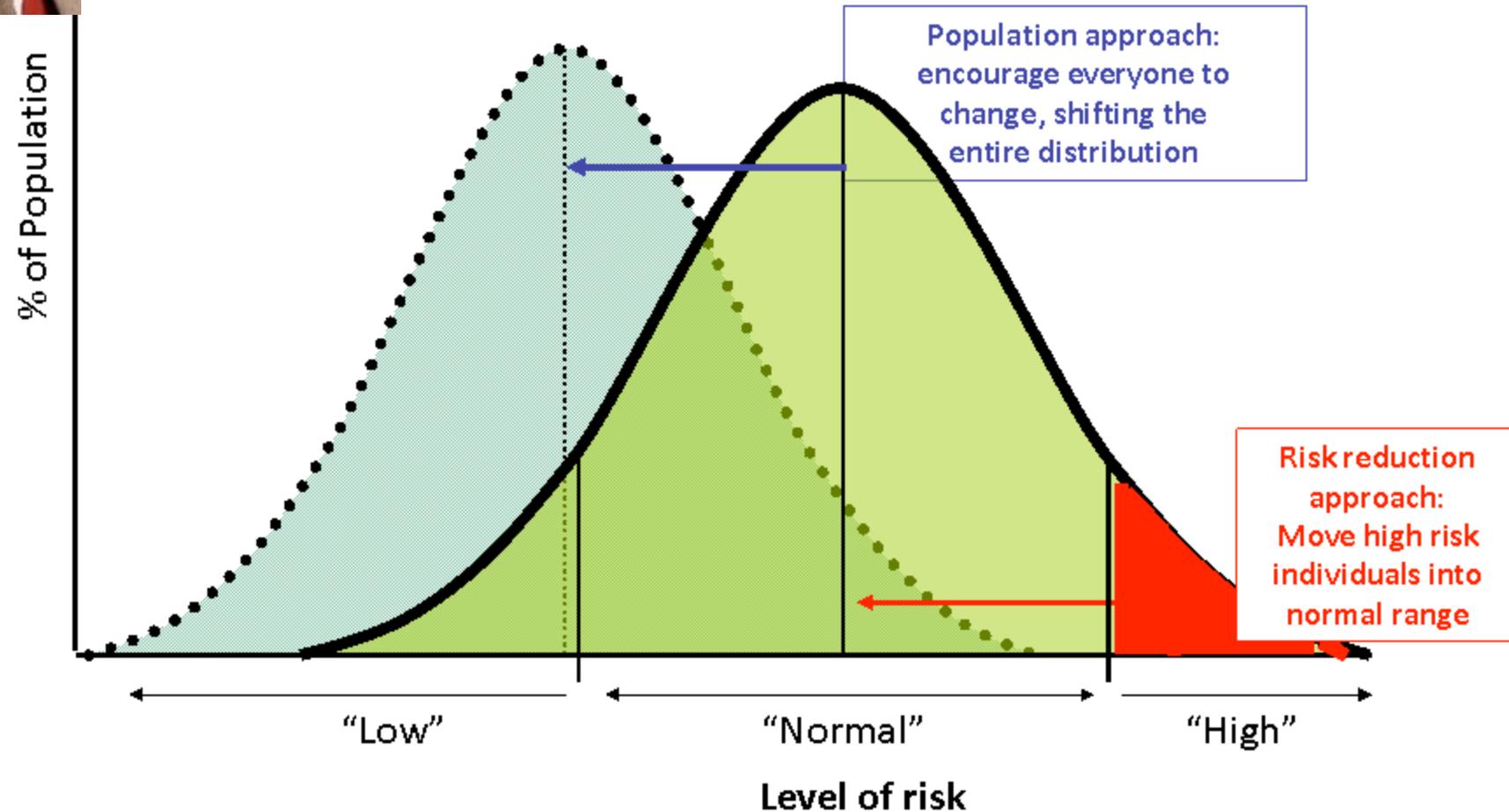


More than half  
(20/35 = 57%)  
of the students  
who drop-out  
are from the  
low-risk group!!!



## The Bell-Curve Shift in Populations

Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category



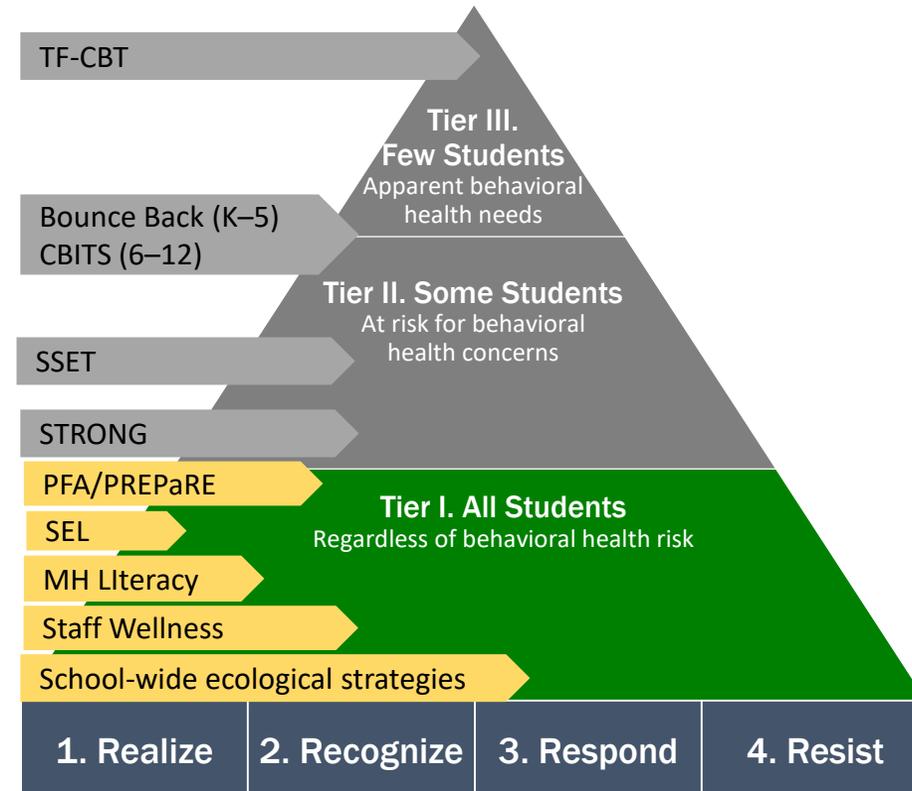
Source: Rose G. Sick Individuals and sick populations. *Int J Epidemiol.* 1985; 12:32-38.

Slide by Mark Greenberg, Penn State, 2018 (used with permission)



# UNIVERSAL Mental Health/Safe Supportive Strategies

- Promote supportive, **positive school climate**
- **Staff wellness**
- **Social Emotional Learning (SEL)**
- **Crisis preparedness**
- **Trauma-responsive** school policies
- **Mental health literacy** for school staff and students



# National Center for Safe and Supportive Learning Environments

<https://safesupportivelearning.ed.gov/>

View Resources by Topic GO  SEARCH   

National Center on Safe Supportive Learning Environments



Training and TA

Events

Topics & Research

States and Grantees

Stay Connected

About



## School Climate IMPROVEMENT Resource Package

Download a Variety of Resources to Help Make School Climate Improvements

### Upcoming Event

**ESSA, Title IV, Part A: Allowable Activities to Support Well-Rounded Educational Opportunities; Safe and Healthy Students; and the Effective Use of Technology**

February 09, 2017 - 02:00pm EST

[Learn More](#)



**DO YOU HAVE A QUESTION?**

### TOPICS

**Education Levels**

- Pre-K/Elementary School
- Middle/High School

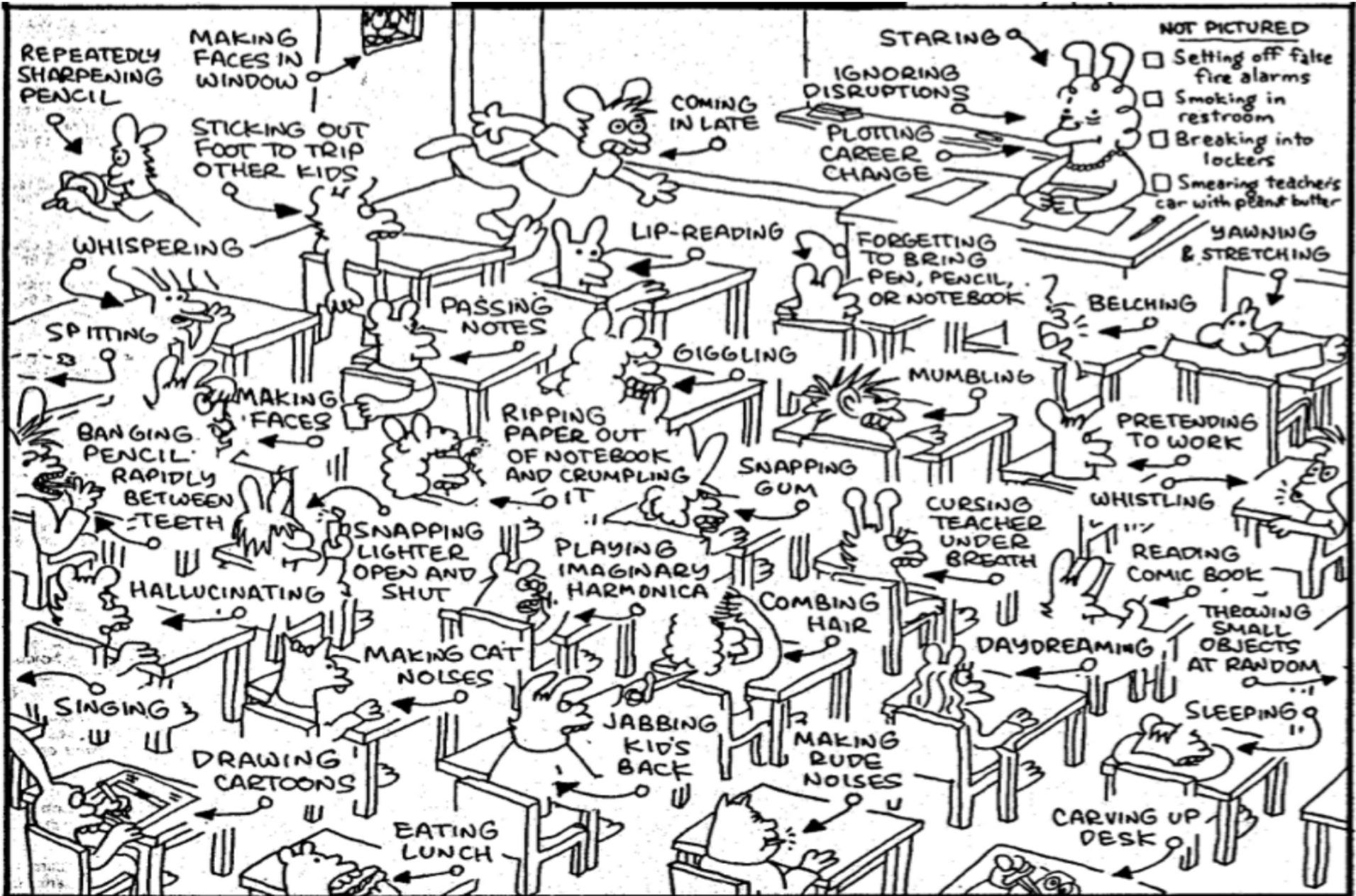


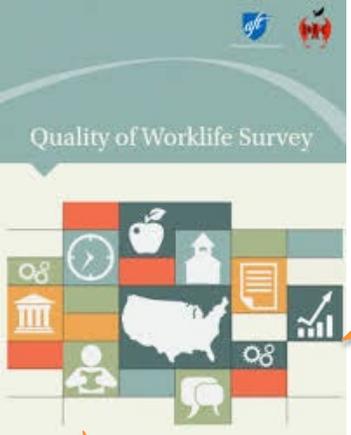
### Voices From The Field

In your opinion, how can mobile phones BEST be used to build stronger connections between families and schools? — November 2016

[Learn What Experts Think](#) [Share Your Experiences](#)

# Wellness for School Staff





“This job is stressful, overwhelming and hard. I am overworked, underpaid, underappreciated, questioned and blamed for things that are out of my control.”

“For the past eight years, my blood pressure is consistently 20 points higher during the school year than in the summer.”

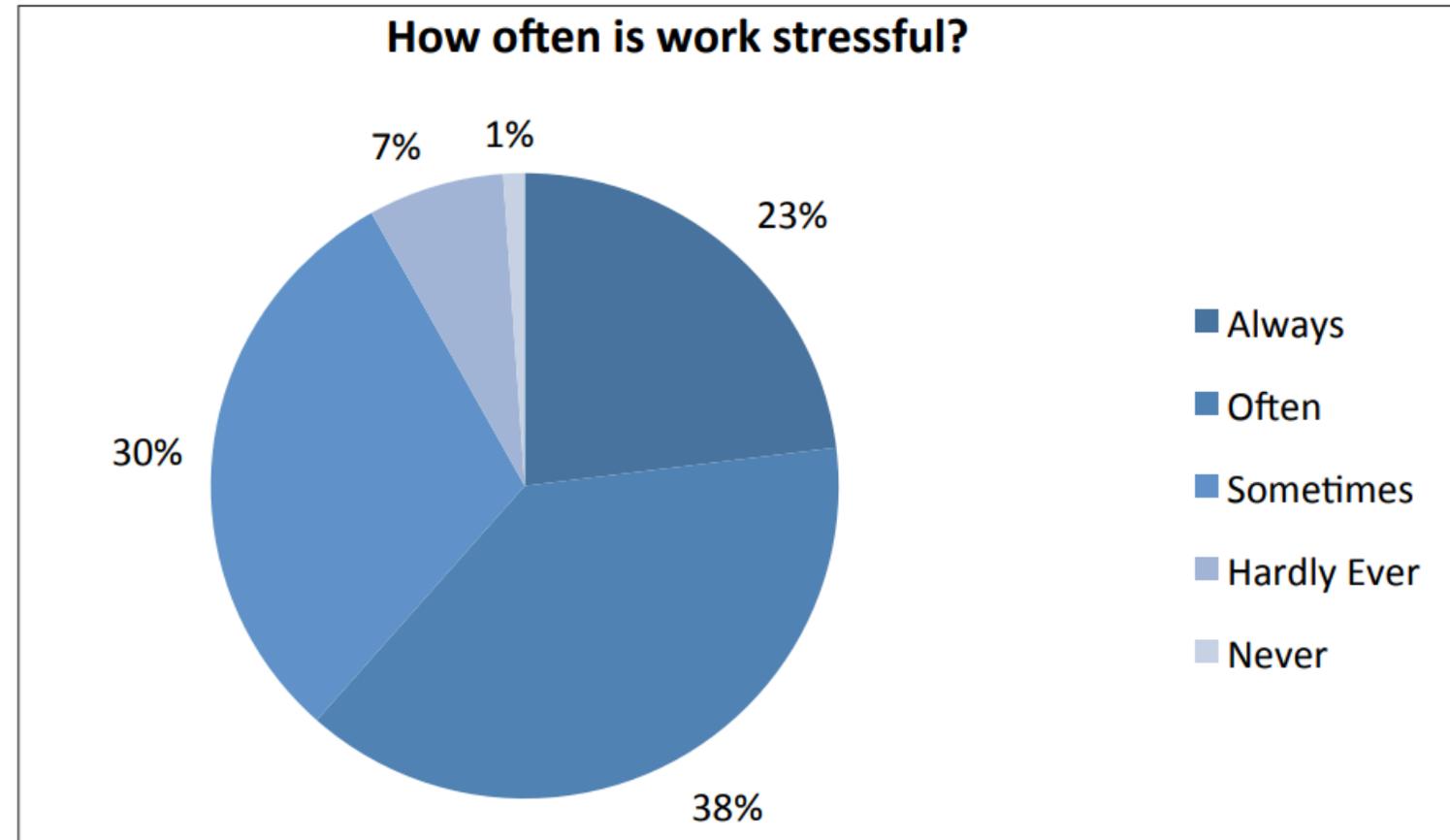
ALWAYS: 23 PERCENT

OFTEN: 38 PERCENT

SOMETIMES: 30 PERCENT

HARDLY EVER: 7 PERCENT

NEVER: 1 PERCENT



# Teachers are leaving the profession in alarming numbers!

- 10% of teachers leave after 1 year
- 17% of teachers leave within 5 years
- In urban districts, up to 70% of teachers leave within first year

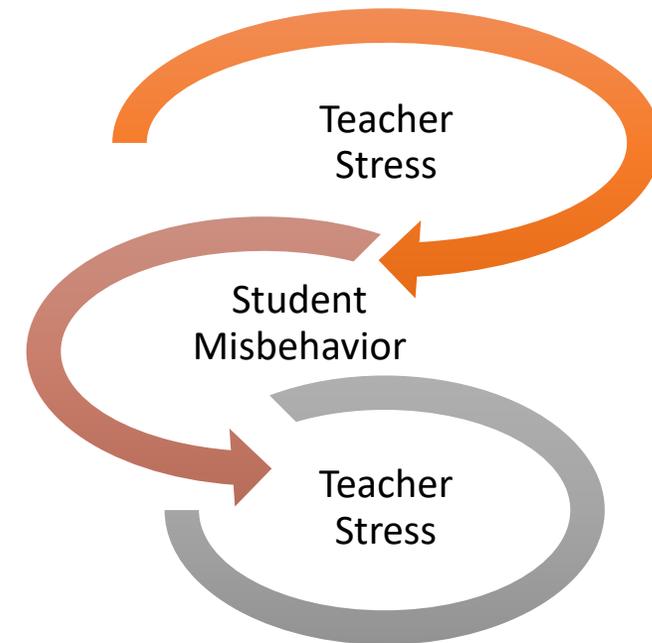


Fisher, 2011, Kokkinos 2007, Travers and Cooper , 1996 , Dworkin 2001

# Teacher Stress Impacts Students

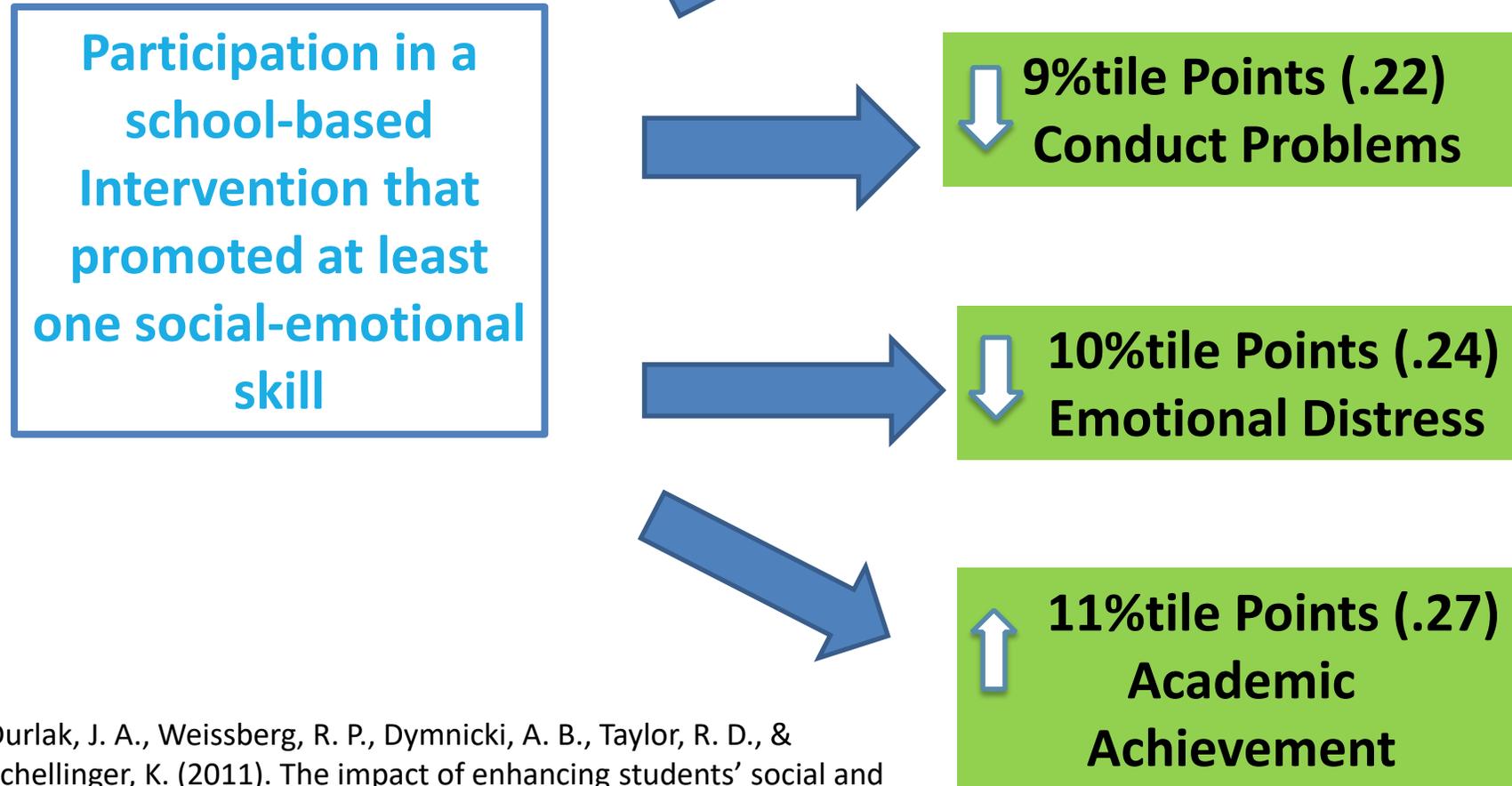
- Teachers who are stressed demonstrate greater negative interactions with students:
  - Sarcasm
  - Aggression
  - Responding negatively to mistakes
- *Classrooms led by a teacher who reported feeling overwhelmed (high burnout) had students with much higher cortisol levels*

*Oberle & Schonert-Reichl (2016)*





# Durlak et al. (2011)



Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82, 405-432.

# Mental Health Literacy

- Understand **how to obtain and maintain good mental health**
- Understand and identify mental disorders and their treatments
- **Decrease stigma**
- Enhance **help-seeking efficacy**: know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)

*Kutcher and Wei; 2014; Kutcher, Bagnell and Wei; 2015; Kutcher, Wei and Coniglio, 2016.*



MENTAL HEALTH  
& HIGH SCHOOL  
CURRICULUM GUIDE  
UNDERSTANDING MENTAL HEALTH AND MENTAL ILLNESS  
VERSION 3 (USA EDITION: WASHINGTON STATE)







<https://traumaawareschools.org/pfa>

Copyright M. Schreiber, R.H. Gurwitch, & M. Wong, 2006

Adapted, M. Wong, 2012

**PSYCHOLOGICAL FIRST AID:**  
**Listen Protect**  
**Connect/Model and Teach**



# National Association of School Psychologists

[Home](#) > [Professional Development](#)

## PREPaRE Training Curriculum

### In This Section

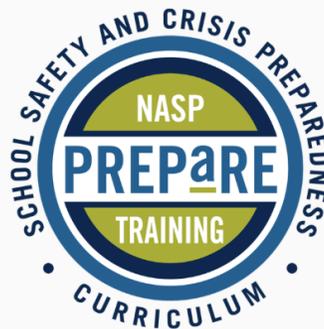
[About PREPaRE](#)

[PREPaRE Workshops](#)

[Need for Crisis Training in  
Schools](#)

[Holding a PREPaRE  
Workshop](#)

[Find a Local PREPaRE  
Trainer](#)



The PREPaRE curriculum has been developed by the National Association of School Psychologists (NASP) as part of NASP's decade-long leadership in providing evidence-based resources and consultation related to school crisis prevention and response. PREPaRE training is ideal for schools committed to improving and strengthening their school safety and crisis management plans and emergency response.

### Upcoming Workshops

Check out upcoming workshops open to public registration around the country.

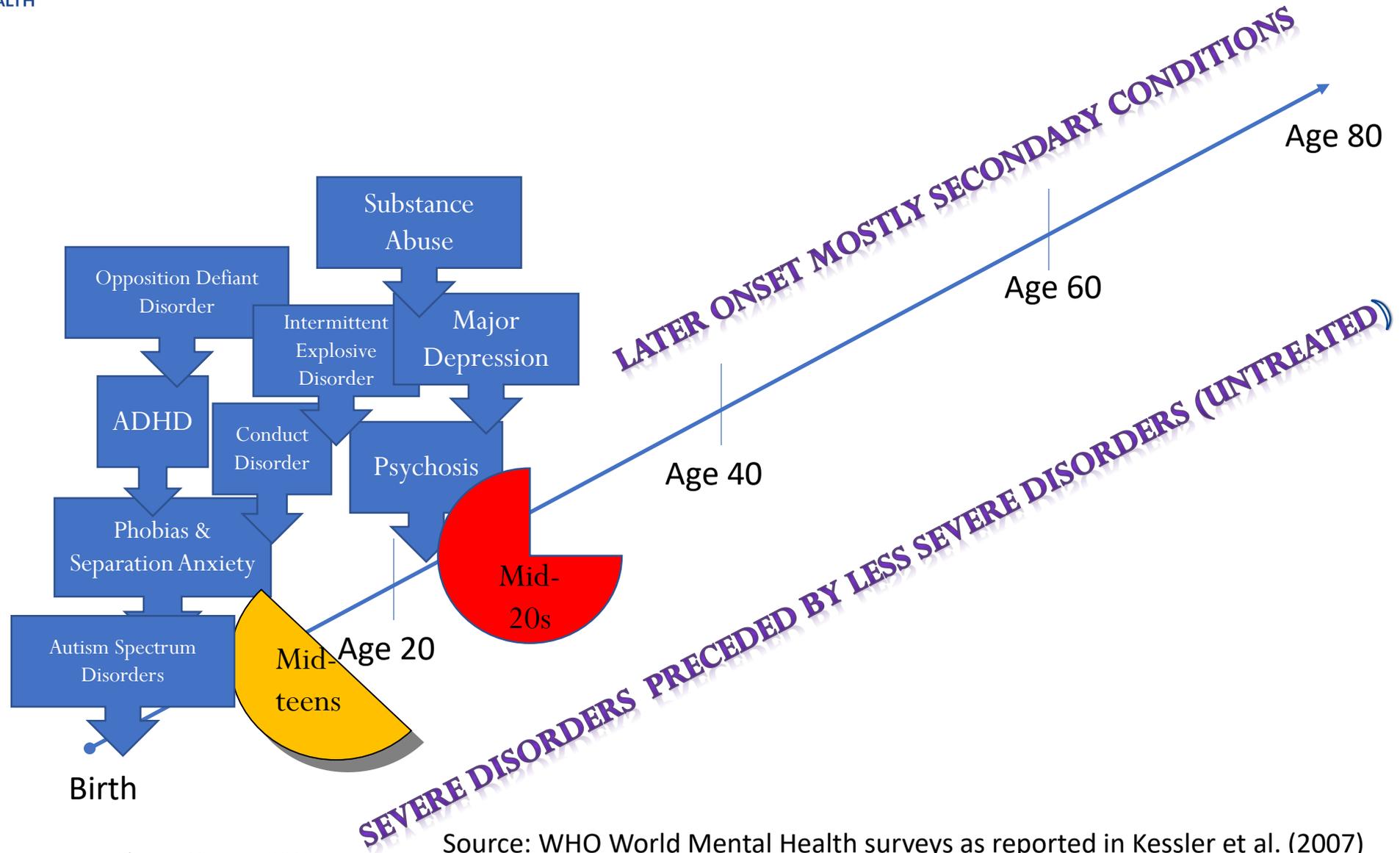
[Learn More](#)

### Related Resources

<https://www.nasponline.org/professional-development/prepare-training-curriculum>



# Median Age of Onset: Mental Illness



✓ **Consider Social Emotional Learning standards K-12** - see Illinois State Social and Emotional Learning Standards

✓ **Invest** in:

- ✓ Health and Mental Health Promotion
- ✓ School Climate
- ✓ Social Emotional Learning
- ✓ Crisis preparedness
- ✓ Early identification and intervention

ACTION PLAN



✓ Consider **universal health/mental health screening** in schools

✓ **Fund Teacher Well-being** efforts, including organizational and individual well-being programming

✓ **Look to current funding streams** (e.g., State Opioid Response) for opportunities to fund school health and mental health prevention and early intervention

### 3. Access to Care





*Treatment as Usual Show Rates in*  
Youth are **8x more likely**  
to complete mental  
health treatments in  
schools than in other  
community settings.

**8x**

1

4

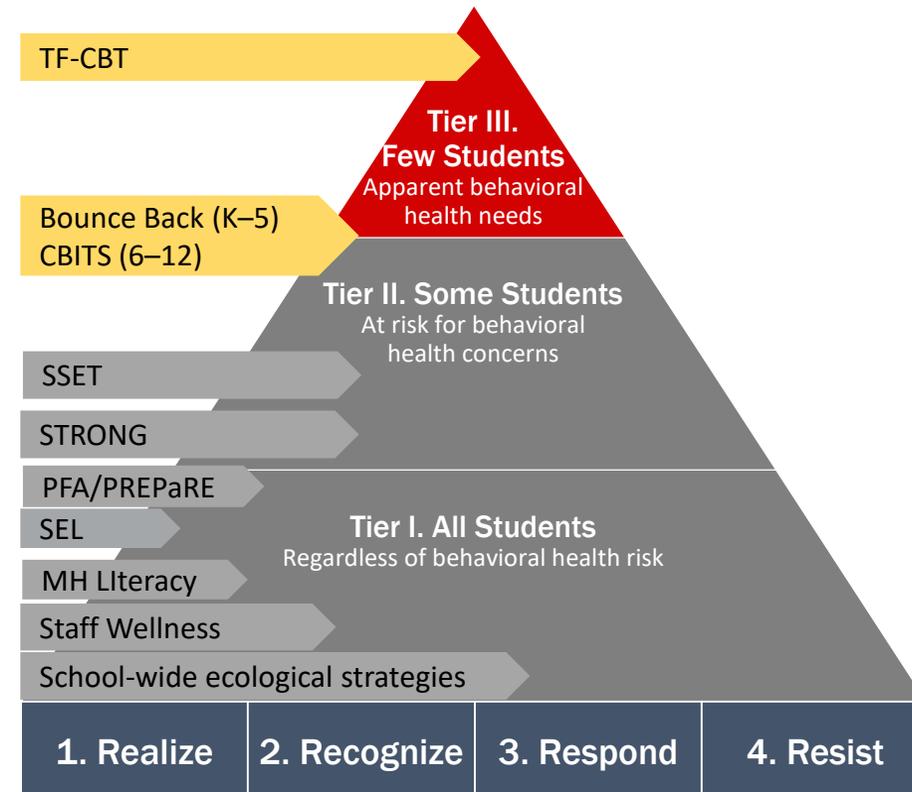
8

12

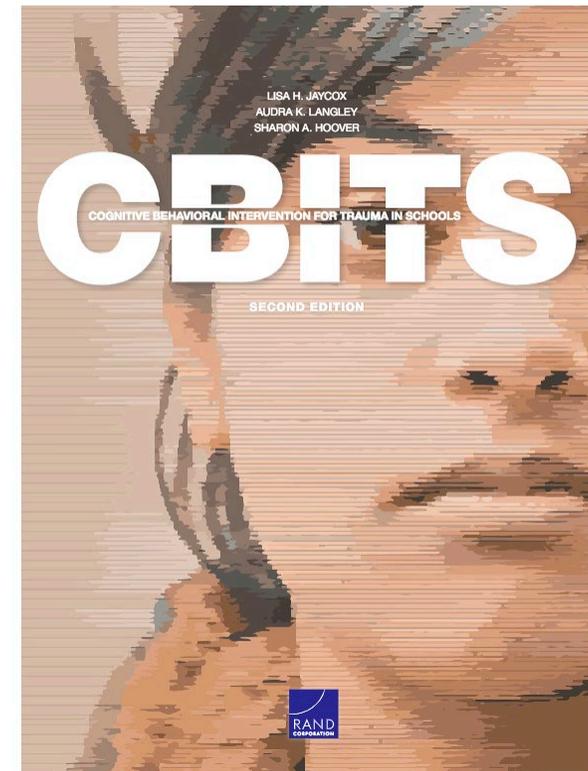
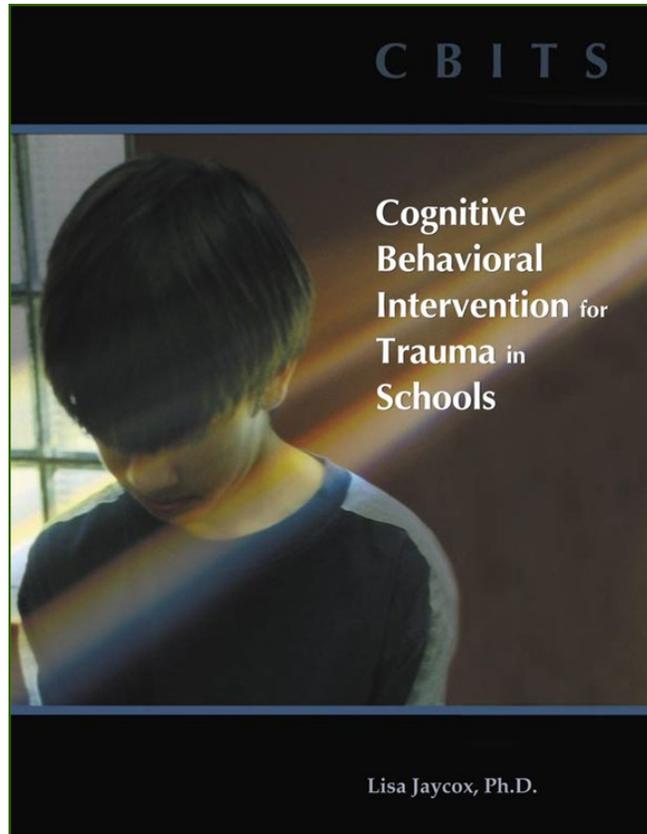
Number of Sessions

# Early Intervention and Treatment in Schools

- **Evidence-based interventions**  
– e.g., CBITS/Bounce Back, TF-CBT
- Special education **accommodations**
- **Refer for evaluation** and appropriate treatment to **school and/or community services**



# CBITS developed to help children in schools cope with trauma



- **Statewide Learning Collaborative**
  - 2-day training
  - Bi-weekly consultation
  - Audio fidelity monitoring/feedback
  - Data tracker

- **350 students**
  - 70 groups
    - 23 clinicians

- **90.3% completion rate**

Hoover et al., 2018. Statewide Implementation of an Evidence-based Trauma Intervention in Schools, *School Psychology Quarterly*, 33(1), 44-53..

SPECIAL ISSUE ARTICLE

Statewide Implementation of an Evidence-Based Trauma Intervention in Schools

Sharon A. Hoover  
University of Maryland School of Medicine

Heather Sapere and Jason M. Lang  
Child Health and Development Institute, Inc.

Erum Nadeem  
Yeshiva University

Kristin L. Dean  
RAND Corporation, Santa Monica, California

Pamela Vona  
University of Southern California

The goal of the current article is to describe the implementation and outcomes of an innovative statewide dissemination approach of the evidence-based trauma intervention *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)*. In the context of a 2-year statewide learning collaborative effort, 73 CBITS groups led by 20 clinicians from 5 different school-based mental health provider organizations served a total of 350 racially and ethnically diverse (66.9% Hispanic, 26.2% Black/African American, 43.7% White, and 30.1% Other), majority female (61%) children, averaging 12.2 years ( $SD = 2.4$ , range 8–19). Of the 350 children who began CBITS, 316 (90.3%) successfully completed treatment. Children demonstrated significant reductions in child posttraumatic stress disorder (PTSD) symptoms (42% reduction,  $d = .879$ ) and problem severity (25% reduction,  $d = .396$ ), and increases in child functioning,  $t(287) = -3.75, p < .001$  (5% increase,  $d = .223$ ). Findings point to the need, feasibility, and positive impact of implementing and scaling up school-based interventions for students suffering from posttraumatic stress.

**Impact and Implications**

In addition to demonstrating the positive impact of a school-based trauma intervention on students' psychosocial and academic functioning, the current study tested the implementation of an adapted learning collaborative model to support statewide implementation of trauma interventions in schools. This successful scaling up of a school-based trauma intervention offers a framework for other states on leveraging implementation drivers that promote adoption of evidence-based practices in schools. Implementation strategies included organizational and state leadership engagement, expert clinical consultation, measurement feedback data systems, and cross-site sharing and accountability.

**Keywords:** school-based trauma intervention, statewide school trauma implementation, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Connecticut trauma learning collaborative

Schools are increasingly recognized as critical venues to support students exposed to psychological trauma, including physical or sexual abuse, community or domestic violence, natural disasters,

accidents, and other potentially traumatic events (Chafouleas, Johnson, Overstreet, & Santos, 2016; Overstreet & Chafouleas, 2016). Schools may offer the safe and supportive environments necessary to buffer against the negative impacts of trauma, and can return students to the routines and rituals important to resuming everyday functioning after trauma exposure (Brymer et al., 2012; Dorado, Martinez, McArthur, & Leibovitz, 2016; Powell & Bui, 2016). In addition, school staff are well-positioned to identify and offer intervention support to students experiencing challenges after trauma exposure (Rolfesnes & Idsoe, 2011). Finally, students exposed to trauma are more likely than their nonexposed peers to suffer a variety of negative academic outcomes, including higher absenteeism and lower academic performance and graduation rates (Garbarino & Kostelny, 1992; Hurt, Malmud, Brodsky, & Gian-

Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine; Heather Sapere and Jason M. Lang, Child Health and Development Institute, Inc.; Erum Nadeem, Ferkauf Graduate School of Psychology, Yeshiva University; Kristin L. Dean, RAND Corporation, Santa Monica, California; Pamela Vona, Suzanne Dworak-Peck School of Social Work, University of Southern California.

Correspondence concerning this article should be addressed to Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine, 737 W Lombard Street, Room 400, Baltimore, MD 21201. E-mail: shoover@som.umaryland.edu





**We are open all summer.**

**Summer Hours for Delhi School-Based Health Center**

# ACTION PLAN

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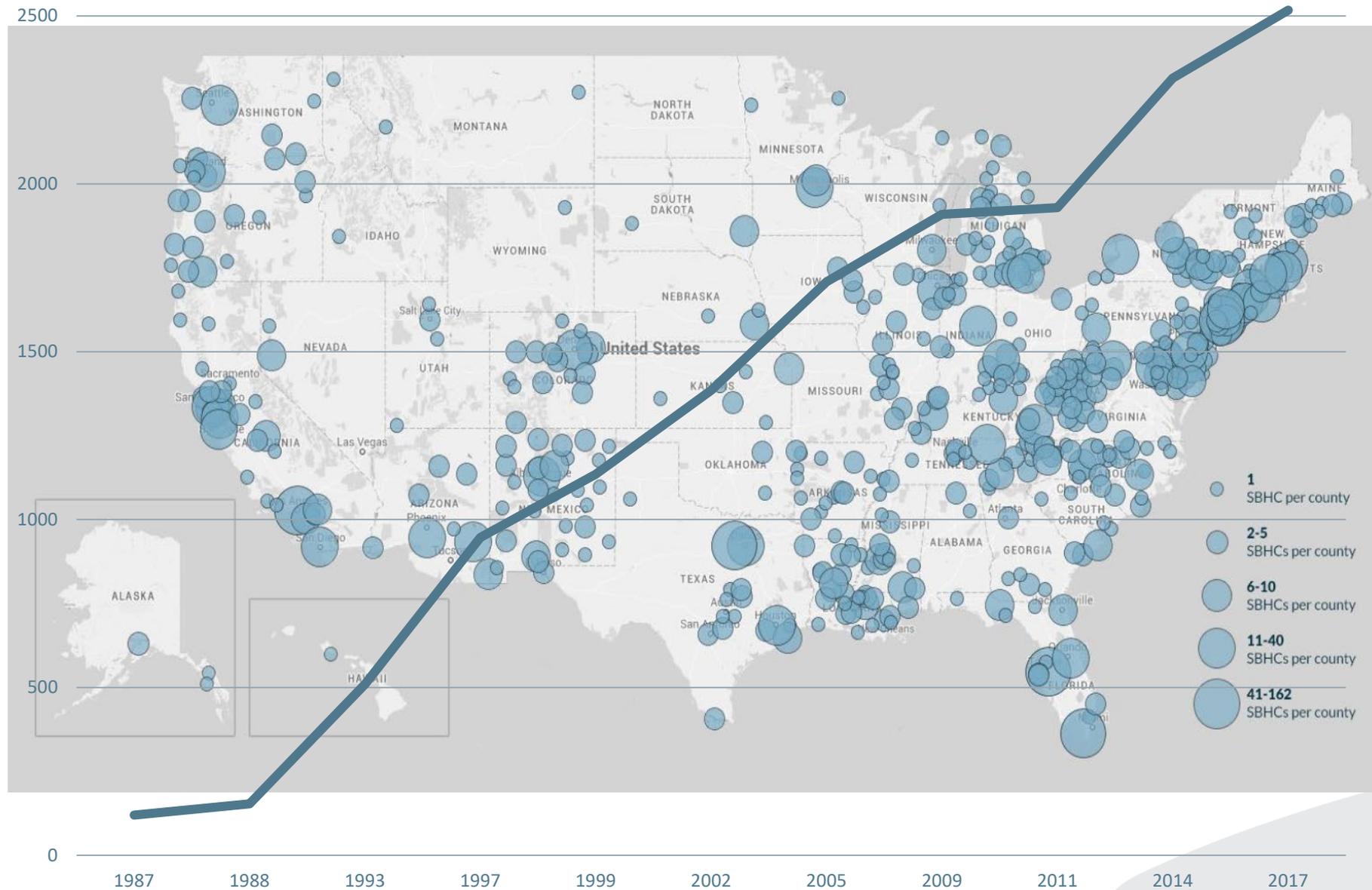
- ✓ Offer **State Infrastructure Grants** for school health and mental health – see Minnesota School-Linked Mental Health grants
- ✓ **Medicaid and Private Insurance coverage of school health and mental health services**, including ancillary services (teacher consultation, school team meetings) – see Hennepin County, MN and Duval County, FL
  - ✓ Schools as a site of service/as a provider
- ✓ **State agency** (behavioral health, education) **training and technical assistance** to locals to offer comprehensive school health and mental health – see Wisconsin's and Colorado's School Behavioral Health Frameworks



## 4. Impact



# Growth of SBHCs, 1987-2017



# The Impact of SBHCs

1. **Increased use of primary care**
2. **Reduced inappropriate emergency room use**  
Greater than 50% reduction in asthma-related emergency room visits for students enrolled in NYC SBHCs
3. **Fewer hospitalizations**  
\$3 million savings in asthma-related hospitalization costs for students enrolled in NYC SBHCs
4. **Access to harder-to-reach populations - esp minorities and males**  
Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a CHC or HMO.
5. **Improved academic outcomes**  
Increased attendance, improved classroom behavior and decreased disciplinary referrals, improved grades and test scores

# OPS' school-based health centers credited with reducing students' missed days

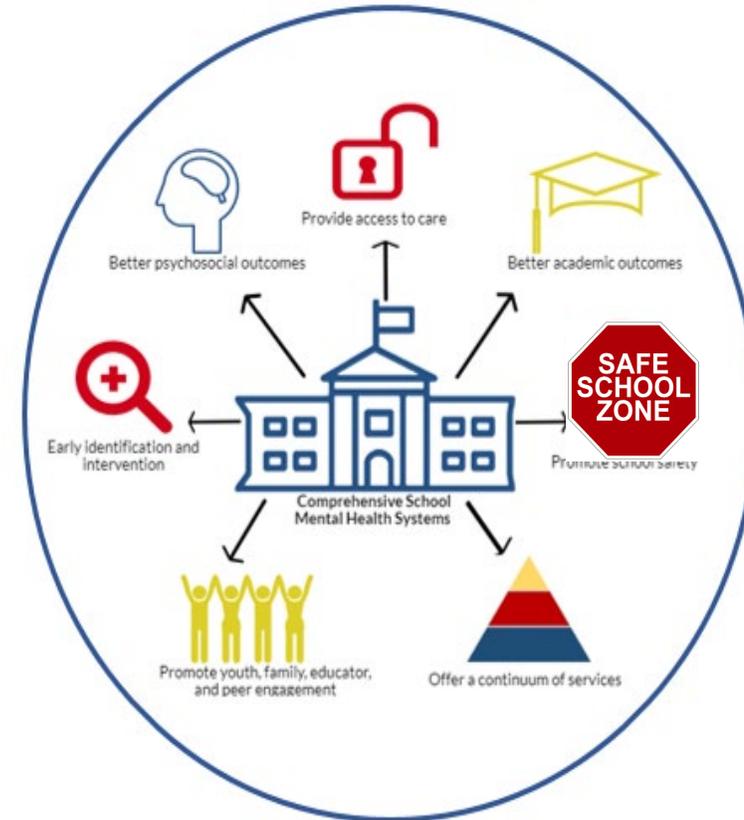
By Erin Duffy // World-Herald staff writer Nov 14, 2013  0



Marcellis Minor, 15, has his height checked by certified medical assistant Joyce Craft at an on-site clinic at Omaha's Northwest High School.

# Why Mental Health in Schools?

- Greater **access** to all youth →  
Mental health promotion  
Social Emotional Learning
- **Less time lost** from school and work
- Greater **generalizability** of interventions to child's context
- **Less threatening** environment  
Students are in their own social context
- Clinical **efficiency and productivity**
- Outreach to youth with **internalizing** problems
- **Cost effective**
- Greater potential to impact the learning environment and **EDUCATIONAL OUTCOMES**



Kase, C., Hoover, S. A., Boyd, G., Dubenitz, J., Trivedi, P., Peterson, H., & Stein, B. (2017). Educational outcomes associated with school behavioral health interventions: A Review of the Literature. *Journal of School Health, 87(7)*, 554-562.

GENERAL ARTICLE

## Educational Outcomes Associated With School Behavioral Health Interventions: A Review of the Literature

COURTNEY KASE, MPH<sup>a</sup> SHARON HOOVER, PhD<sup>b</sup> GINA BOYD, MS<sup>c</sup> KRISTINA D. WEST, MS, LLM<sup>d</sup> JOEL DUBENITZ, PhD<sup>e</sup> PAMALA A. TRIVEDI, PhD<sup>f</sup> HILARY J. PETERSON, BA<sup>g</sup> BRADLEY D. STEIN, MD, PhD<sup>h</sup>

### ABSTRACT

**BACKGROUND:** There is an unmet need for behavioral health support and services among children and adolescents, which school behavioral health has the potential to address. Existing reviews and meta-analyses document the behavioral health benefits of school behavioral health programs and frameworks, but few summaries of the academic benefits of such programs exist. We provide exemplars of the academic benefits of school behavioral health programs and frameworks.

**METHODS:** A literature review identified school behavioral health-related articles and reports. Articles for inclusion were restricted to those that were school-based programs and frameworks in the United States that included an empirical evaluation of intervention academic-related outcomes.

**RESULTS:** Findings from 36 primary research, review, and meta-analysis articles from the past 17 years show the benefits of school behavioral health clinical interventions and targeted interventions on a range of academic outcomes for adolescents.

**CONCLUSION:** Our findings are consistent with reports documenting health benefits of school behavioral health frameworks and programs and can facilitate further efforts to support school behavioral health for a range of stakeholders interested in the benefits of school behavioral health programs and frameworks on academic outcomes.

**Keywords:** literature review; mental health; academic outcomes; prevention; treatment.

**Citation:** Kase C, Hoover S, Boyd G, West KD, Dubenitz J, Trivedi PA, Peterson HJ, Stein BD. Educational outcomes associated with school behavioral health interventions: a review of the literature. *J Sch Health.* 2017; 87: 554-562.

Received on May 13, 2016  
Accepted on January 19, 2017

In the aftermath of the Surgeon General's warning that "the nation is facing a public crisis in mental health care for infants, children, and adolescents,"<sup>1</sup> the prevalence of mental health disorders among children and adolescents and the unmet need for treatment have received increased attention. Mental health problems are common among children

experience a mental health disorder annually, and an estimated 40% of adolescents meet lifetime diagnostic criteria for myriad mental health disorders.<sup>2-4</sup> These mental health conditions have wide ranging effects, interfering with students' functioning in school, at home, with their friends, and in their communities,<sup>5-8</sup> and potentially affecting their successful attainment

- Findings from 36 primary research, review, and meta-analysis articles
- 2000-2017
- **Benefits of school behavioral health clinical interventions and targeted interventions on a range of academic outcomes –**
  - **Grades**
  - **Attendance**
  - **State test scores**
  - **School connectedness**

# ACTION PLAN

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- ✓ Require **health and academic outcome data** collection from school-employed and school-based community health and mental health providers
- ✓ Develop **statewide system of accountability and outcome measure** to evaluate and demonstrate results of school health and mental health





[www.sbh4all.org](http://www.sbh4all.org)



[www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)

# School Health Services NATIONAL QUALITY INITIATIVE

**Accountability • Excellence • Sustainability**

*an initiative of the School-Based Health Alliance and the Center for School Mental Health*

**Challenging the SBHCs and CSHMSs to adopt,  
report, and improve on a standardized  
performance measures**



# SHAPE your School Mental Health System!



## **The School Health Assessment and Performance Evaluation (SHAPE) System**

*A dynamic, free online system to improve school mental health accountability, excellence, and sustainability.*

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



# School Health Assessment and Performance Evaluation System

Login

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



## Join Us!

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

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

[Join Now](#)

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

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

## Register to Improve Your School Mental Health System



Free Custom Reports



Strategic Team Planning



Free Resources



Be Counted

# Schools and School Districts Can Use SHAPE To:

- Document service array and multi-tiered services and supports

SCHOOL DISTRICT  
MENTAL HEALTH PROFILE | JEFFERSON UNIFIED SCHOOL DISTRICT

SERVICES PROVIDED | JEFFERSON UNIFIED SCHOOL DISTRICT

**Understanding this Summary.**

This report is generated based on the information you provided for your School District Mental Health Profile.

This profile provides a snapshot of the structure and operations of your school district's comprehensive school mental health system.

**About Your School District Mental Health Report**

Congratulations! Your district's team has been counted in the National School Mental Health SHAPE recognition for completing the School Mental Health Profile. Complete the National Performance Measures on SHAPE (the Quality and Sustainability Assessments) to earn Recognition.

Schools and districts who register with SHAPE aspire toward having strong school-community partnerships. Schools and districts who register with SHAPE aspire toward having strong school-community partnerships. Schools and districts who register with SHAPE aspire toward having strong school-community partnerships.

To learn more about this team's SHAPE account, inquire about being added as a team quality improvement and sustainability efforts, contact the team leader.

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

Number of schools in your district: **120**

Number of students in grades K-12: **137,000**

Grades served: **K-12**

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

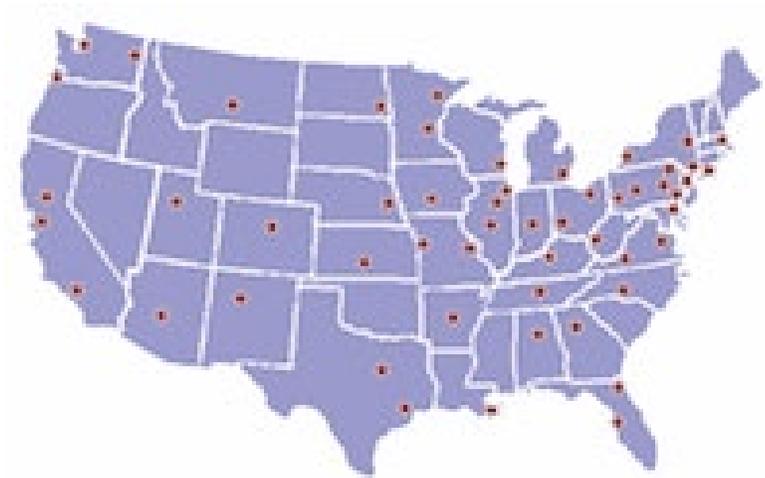
**Tier 2:** Selective services and supports

**Tier 1:** Mental health promotion services and supports

**+** : Referrals to community providers not in the school building

- Anxiety/Nervousness/Phobias
- Attention/Concentration/Hyperactivity Problems
- Bullying
- Depression/Sadness/Suicide
- + Disordered Eating
- Environmental Stressors (housing, food, parental employment, access to health care, etc.)
- Grief/Loss/ Bereavement
- Oppositional or conduct problems/Anger management
- + Psychosis (hallucinations, delusions)
- Relationship issues/Conflict (family, peer, teacher)
- Social and emotional skills/Problem solving/Character development/Self-esteem
- Substance use (alcohol, tobacco, drugs)
- Transitions (new school, moving, separation/ divorce)
- Trauma/PTSD/Abuse/Neglect/Exposure to violence

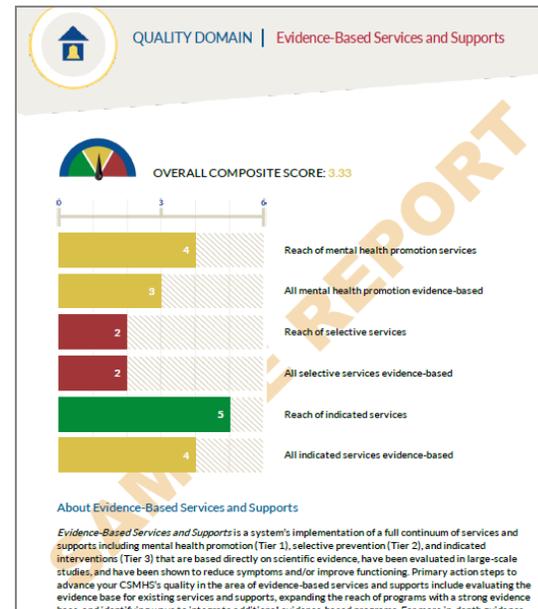
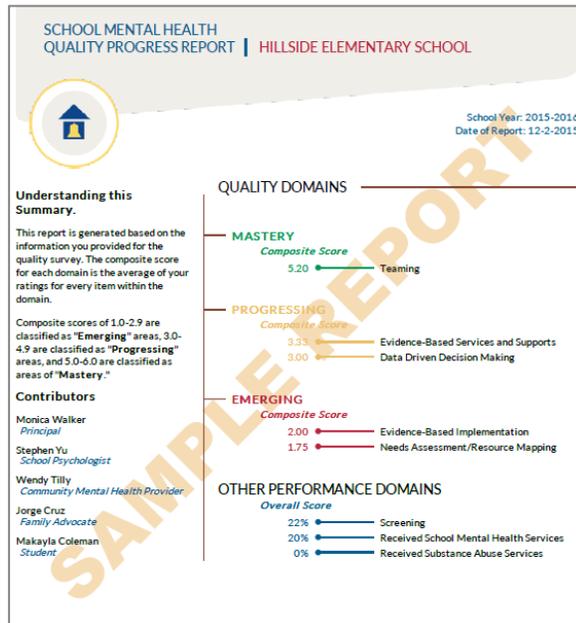
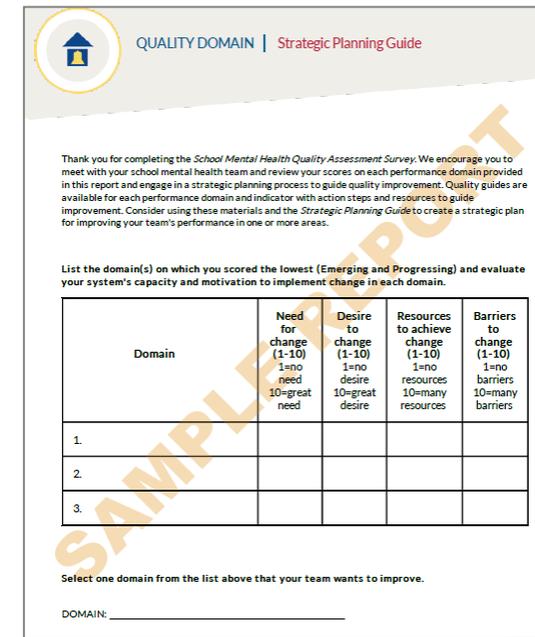
This profile was developed by the national Center for School Mental Health at [www.theSHAPEsystem.com](http://www.theSHAPEsystem.com).  
Page 1 of 5



# Schools and School Districts Can Use SHAPE To:

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

- Strategic Team Planning
- Free Custom Reports

**QUALITY DOMAIN | Strategic Planning Guide**

Thank you for completing the School Mental Health Quality Assessment Survey. We encourage you to meet with your school mental health team and review your scores on each performance domain provided in this report and engage in a strategic planning process to guide quality improvement. Quality guides are available for each performance domain and indicator with action steps and resources to guide improvement. Consider using these materials and the Strategic Planning Guide to create a strategic plan for improving your team's performance in one or more areas.

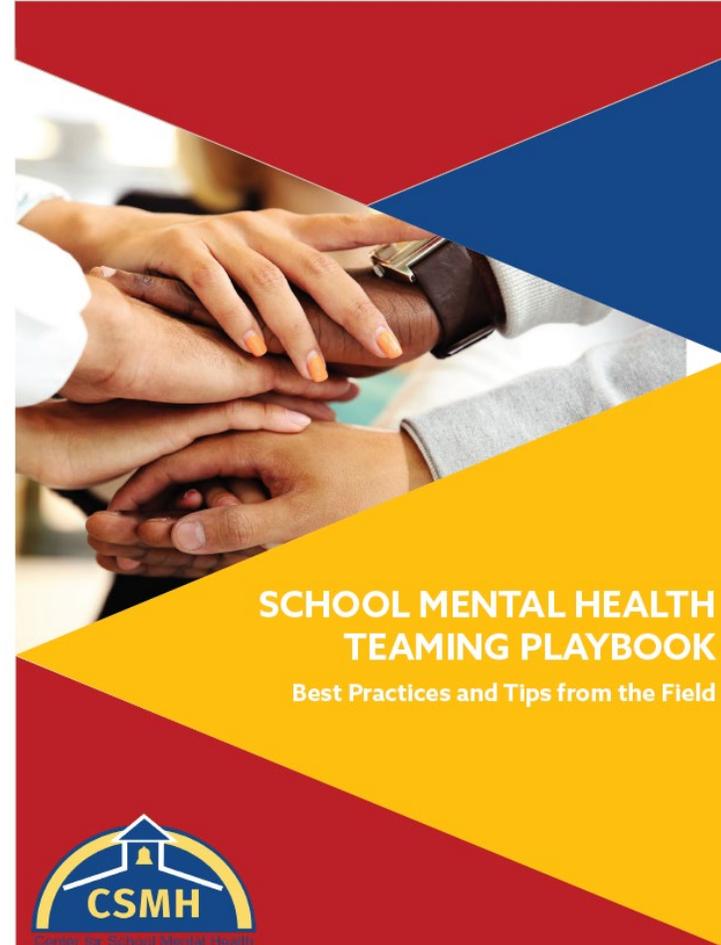
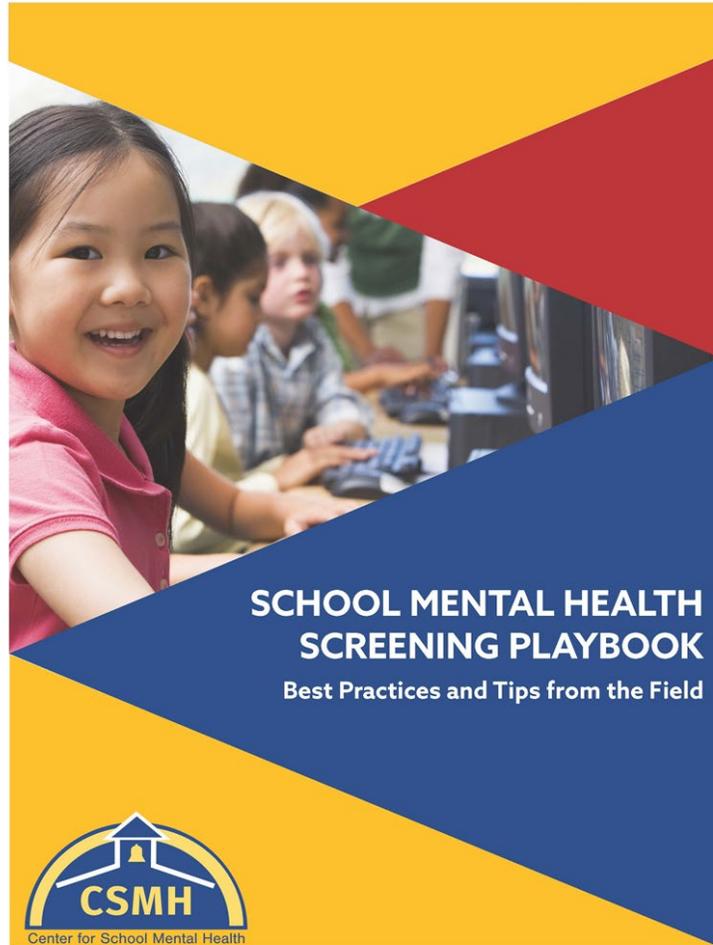
List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

Domain	Need for change (1-10) 1=no need 10=great need	Desire to change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

Select one domain from the list above that your team wants to improve.

DOMAIN: \_\_\_\_\_

# School Mental Health Playbook Series



Playbooks can be found in the resource library at [www.theshapesystem.com](http://www.theshapesystem.com) or at [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)



## ANATOMY OF A MEMORANDUM OF UNDERSTANDING

### Purpose of agreement

Explain what the MOU is for and any definitions of programs or services.

### Fiscal and resource agreement

Detail payment exchanged, if applicable. Detail resources or other non-financial sources of support that will be exchanged (e.g., delivery of professional development). MOUs are very helpful for any kind of shared agreement, whether or not payment is exchanged.

### Duration and termination

Outline how long the MOU is valid for and procedures for requesting termination by either party.

### Memorandum of Understanding Between Appleville School District and Hope Child and Family Services

**Purpose of agreement:** The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system that utilizes the strengths and expertise of school and community-partnered professionals.

**Roles and responsibilities of each party:** The Parties agree to the following roles and responsibilities.

- a. Responsibilities of Hope Child and Family Services (HCFS)
  - i. Actively participate in school mental health team(s)...
  - ii. Provide mental health services, to include...
- b. Responsibilities of Appleville School District
  - i. Identify school(s) that demonstrate readiness...
  - ii. Provide confidential space in school(s) that includes...
  - iii. Facilitate inclusion and active participation of community partners...
  - iv. Create data-based decision models and referral processes that promote...

### Fiscal and resource agreement

- a. Appleville School District will pay HCFS the total sum of XX...
- b. Payments will be made in a...

### Liability release as an independent contractor

- a. In providing services to Appleville School District students, HCFS shall at all times operate as an independent contractor and shall have no authority to make any arrangements or incur any liabilities on behalf of the Board.

### Duration and termination

- a. This Agreement is for the period beginning Month/Day/Year to Month/Day/Year...

### Insurance and indemnification

- a. [Program Name Here] shall purchase and maintain during the term of any resulting agreement...

### Roles and responsibilities of each party

Outline what activities the school district and community partners are expected to participate in. Examples include prevention, promotion, and intervention services, attendance at team meetings, training or professional development provided and/or attended, space and resources for activities and collaboration, data reporting and use guidelines, and guidelines related to student and family confidentiality.

### Liability release as an independent contractor

Detail limits to liability for both/either parties here.

### Insurance and indemnification

List the types of insurance that the community provider will purchase and maintain, including general liability, professional liability, and worker's compensation, as applicable.



## Teen Health Center, Inc.

Providing free medical and mental health care to Galveston County youth since 1985



**Family Service Center**

OF GALVESTON COUNTY

# Local Exemplars



**CENTER FOR** | **MENTAL HEALTH AMERICA  
OF GREATER HOUSTON**  
**SCHOOL BEHAVIORAL HEALTH**

<https://mhahouston.org/what-we-do/>  
email: [info@mhahouston.org](mailto:info@mhahouston.org)

- “Living laboratory” for incubating innovative, cost-effective and replicable best practices to improve the behavioral health of students by facilitating
  - collective action;
  - providing highly specialized professional development opportunities, technical assistance and community education;
  - and conducting research, advocacy, and policy analysis



# MHTTC

Mental Health Technology Transfer Center Network

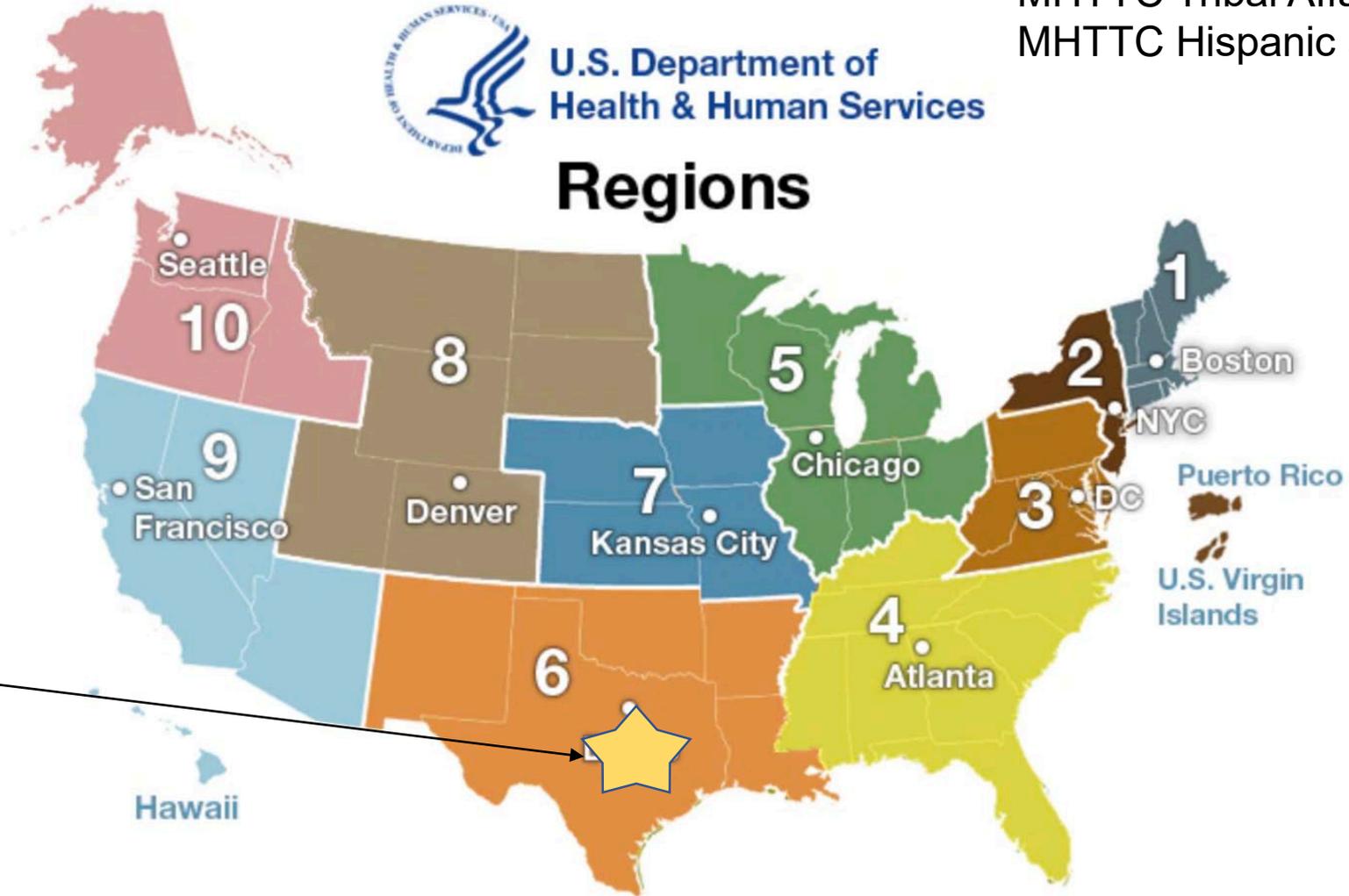
Funded by Substance Abuse and Mental Health Services Administration

National Coordinating Center  
10 MHTTC Regional Centers.  
MHTTC Tribal Affairs Center.  
MHTTC Hispanic and Latino Center



U.S. Department of  
Health & Human Services

## Regions



UT Austin  
PI: Dr. Molly Lopez



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



# National School Mental Health Curriculum

Coming  
Soon!

Module  
1

- Building Capacity for School Mental Health

Module  
2

- Core Features and Values of School Mental Health

Module  
3

- Needs Assessment & Resource Mapping

Module  
4

- Mental Health Promotion Services and Supports

Module  
5

- Early Intervention and Treatment Services and Supports

Module  
6

- Funding and Sustainability



# Connect with NCSMH



[www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)



facebook.com/centerforschoolmentalhealth



@NCSMHTweets