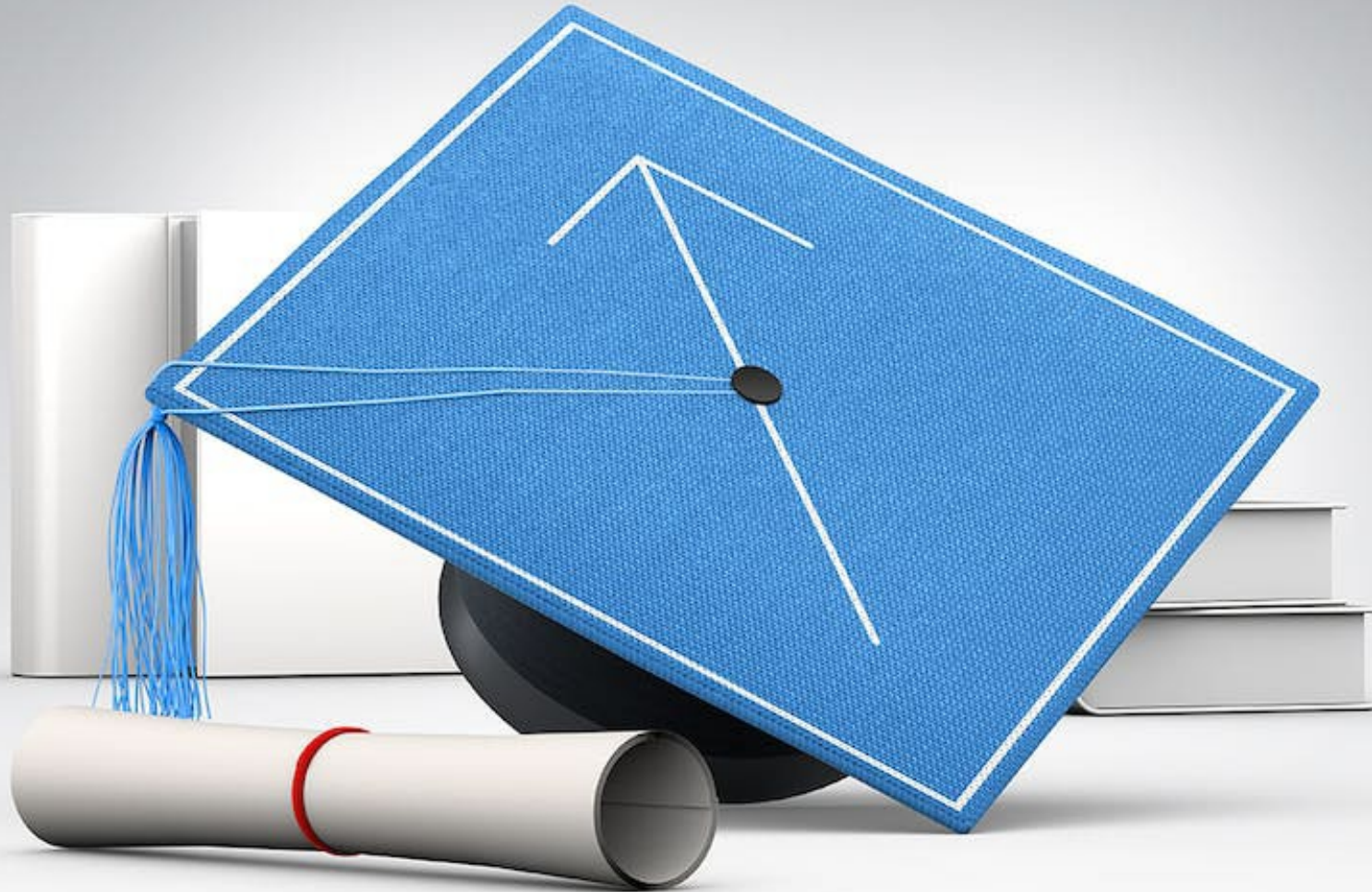




# SBHA

SC SCHOOL BEHAVIORAL  
HEALTH **ACADEMY**



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

- ▶ *Mental Health in Schools Initiative, 1995*
- ▶ Two National Centers
  - ▶ University of Maryland School of Medicine
  - ▶ University of California, Los Angeles
- ▶ Five States
  - ▶ Kentucky, Maine, Minnesota, New Mexico, South Carolina
- ▶ Initial leadership by project officers Juanita Cunningham Evans, and Dr. Michael Fishman

# Center for School Mental Health Assistance



**CSMHA**  
CENTER FOR SCHOOL  
MENTAL HEALTH ASSISTANCE

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

Volume 1, Number 1 Spring 1996

### *Promoting Mental Health Services in Schools*

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

**I**n the 1980s and 1990s, there has been much discussion and some concerted action toward reforming the mental health system of care for children and adolescents. However, significant gaps in mental health services for youth remain. Community mental health clinics are still the dominant method of addressing emotional and behavioral problems in youth; but in many cities and localities, youth in need are not connecting to services available in these

clinics. At the same time, more and more questions are being raised about the appropriateness and viability of weekly outpatient visits in an artificial setting.

One method to significantly address the unmet mental health needs of youth is to place more mental health services in schools. Schools provide a single point of access to services in a familiar, non-threatening atmosphere, and placing services in them reduces barriers that constrain the provision of clinic-based mental health services to youth in need.

As recognition of these advantages has grown, so has the number of programs providing a full range of mental health services in schools across the United States. Examples of these services include: screening programs to identify youth for early mental health intervention; individual, group, and family counseling; and referrals for more intensive

decades old, to bring comprehensive health services to schools. School-based health centers (SBHCs) have witnessed tremendous growth in recent years, with nearly 700 centers now existing, and a new professional organization, the National Assembly on School-Based Health Care. In SBHCs, staff are clamoring to address mental health needs of youth, as psychosocial problems are either the most or second most frequent reason for referral.

The primary goal of the Center for School Mental Health Assistance (CSMHA) is to provide practical support to SBHC staff, other school health programs, and educational staff in the



*Mark Weist*

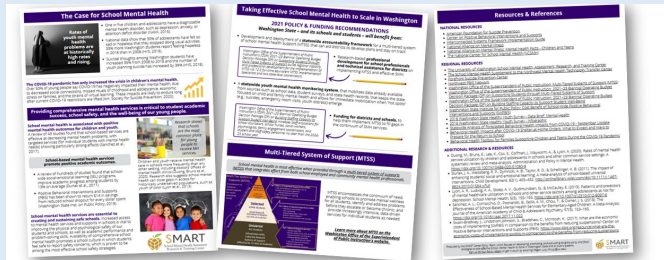
**Center for School Mental  
Health Assistance**  
toll-free: (888) 706-0980  
(410) 706-0980

## Why Mental Health in Schools?

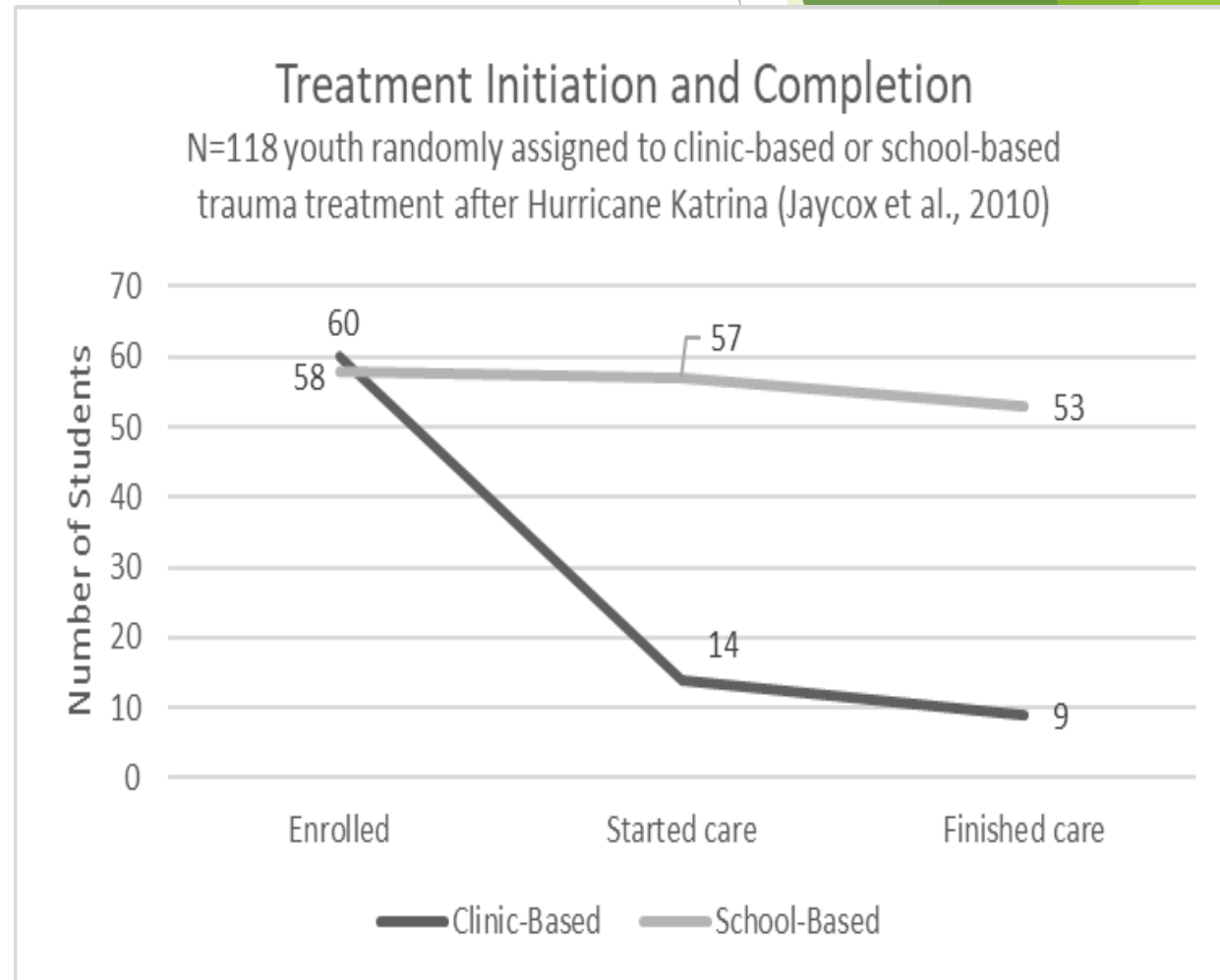
School mental health services reach children in typical, everyday environments; the natural, non-stigmatizing location offers an early and effective environment for intervention

- ▶ Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010)
- ▶ Mental health treatment has large effects on decreasing mental health symptoms (Sanchez et al., 2018)
- ▶ Mental health services are most effective when they are integrated into students' academic instruction (Sanchez et al., 2018)

Read more...  
new brief on *The Case for School Mental Health*



<http://depts.washington.edu/uwsmart/wp-content/uploads/2020/12/The-Case-for-School-Mental-Health-FINAL-12.4.20.pdf>





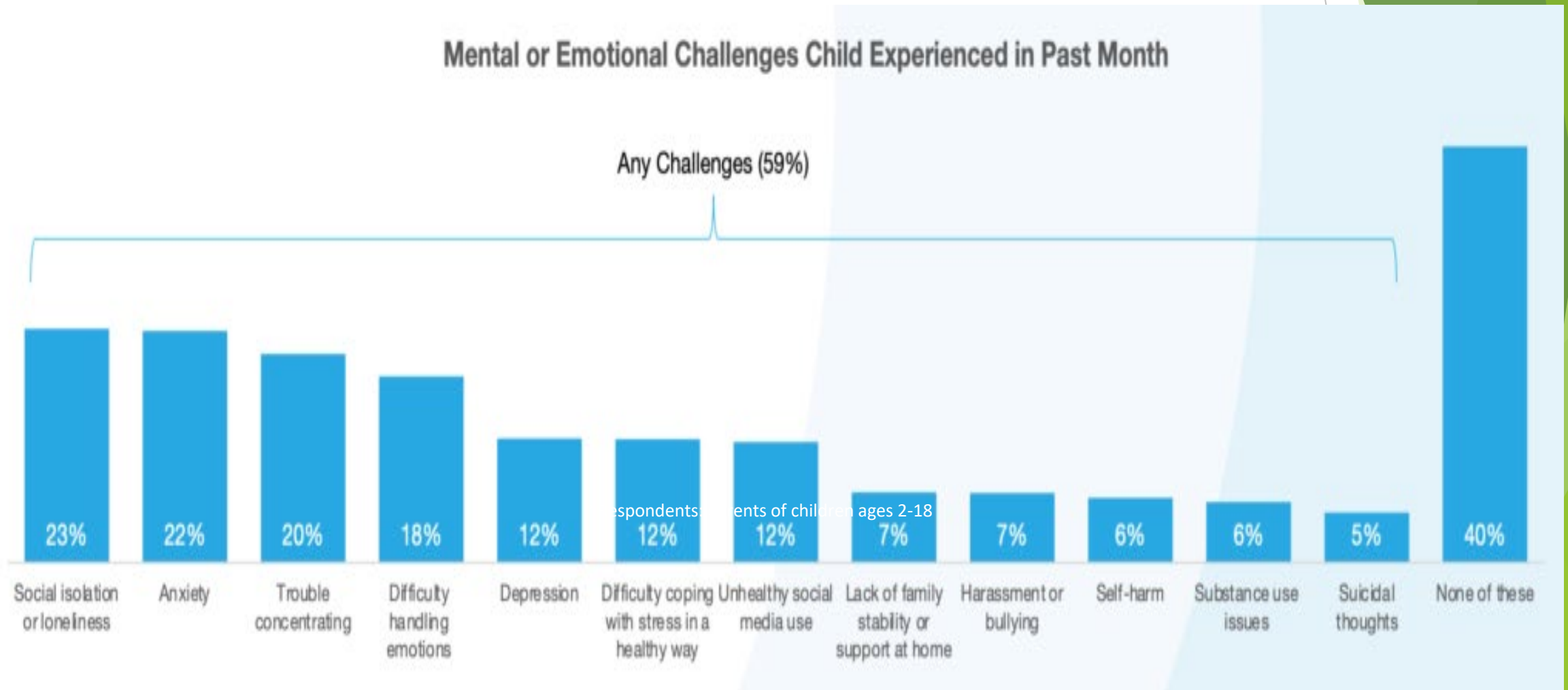
# Advantages

- ▶ Improved access
- ▶ Improved early identification/intervention
- ▶ Reduced barriers to learning, and achievement of valued outcomes
- ▶ *WHEN DONE WELL*

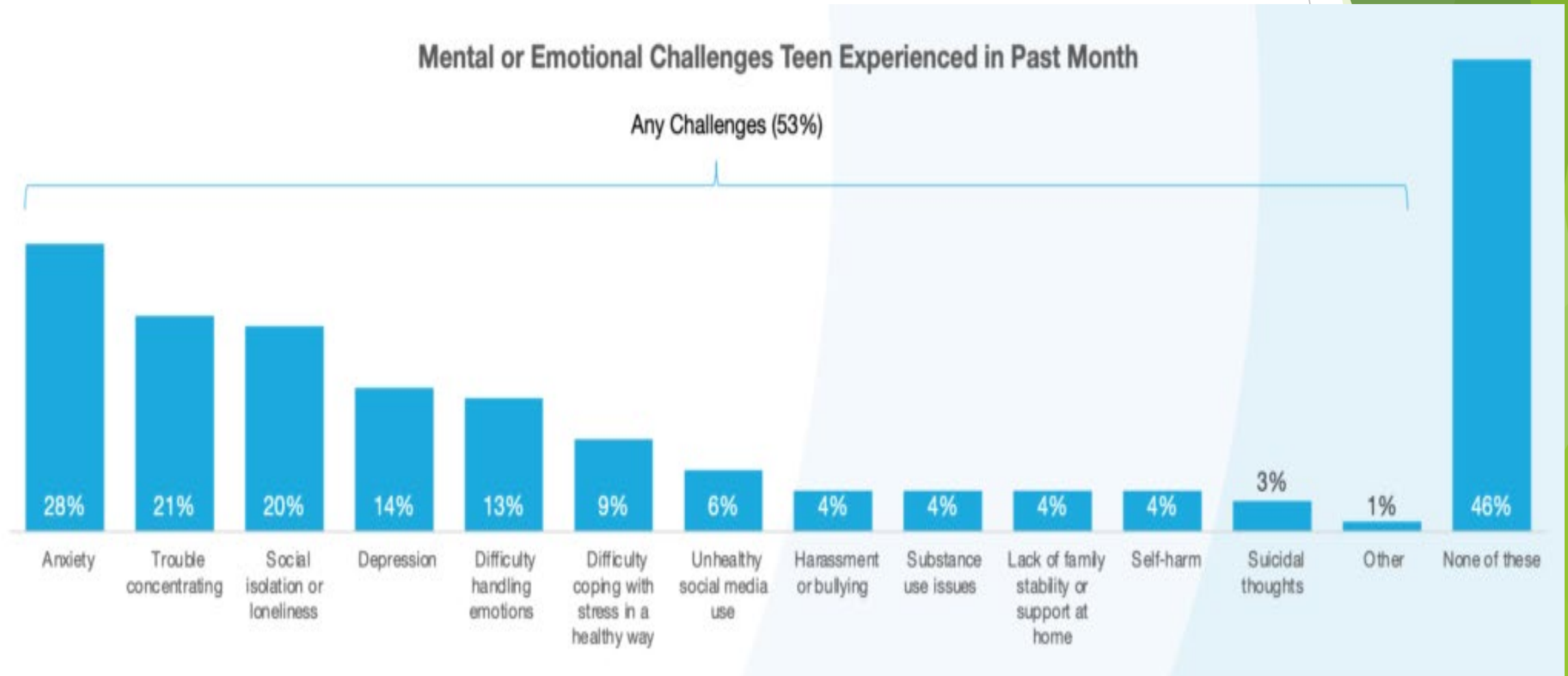
# Dutch International Mental Health Hub, Impact of COVID-19 on Youth Mental Health (March, 2021)

- ▶ Adolescents reporting very significant impact:
  - “enormous impact,” “degrading mental health of young people,” “youth are crumbling, crushed,” “doing my best to not fall off cliff” “uncertainty and lack of control over lives,” “lack of trust in leaders,” “significant fear of failure”
- ▶ Evidence for increased social isolation, loneliness, depression, anxiety, eating disorders, suicidal ideation, admissions for self-harm

# COVID-19 has increased mental health problems among children



# COVID-19 has increased mental health problems among teens





## Leading Cause of Death in the United States for Select Age Groups (2019)

Data Courtesy of CDC

Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 778	Unintentional Injury 11,755	Unintentional Injury 24,516	Unintentional Injury 24,070	Malignant Neoplasms 35,587	Malignant Neoplasms 111,765	Heart Disease 659,041
2	<b>Suicide 534</b>	<b>Suicide 5,954</b>	<b>Suicide 8,059</b>	Malignant Neoplasms 10,695	Heart Disease 31,138	Heart Disease 80,837	Malignant Neoplasms 599,601
3	Malignant Neoplasms 404	Homicide 4,774	Homicide 5,341	Heart Disease 10,499	Unintentional Injury 23,359	Unintentional Injury 24,892	Unintentional Injury 173,040
4	Homicide 191	Malignant Neoplasms 1,388	Malignant Neoplasms 3,577	<b>Suicide 7,525</b>	Liver Disease 8,098	CLRD 18,743	CLRD 156,979
5	Congenital Anomalies 189	Heart Disease 872	Heart Disease 3,495	Homicide 3,446	<b>Suicide 8,012</b>	Diabetes Mellitus 15,508	Cerebro-vascular 150,005
6	Heart Disease 87	Congenital Anomalies 390	Liver Disease 1,112	Liver Disease 3,417	Diabetes Mellitus 6,348	Liver Disease 14,385	Alzheimer's Disease 121,499
7	CLRD 81	Diabetes Mellitus 248	Diabetes Mellitus 887	Diabetes Mellitus 2,228	Cerebro-vascular 5,153	Cerebro-vascular 12,931	Diabetes Mellitus 87,647

# Other Observations

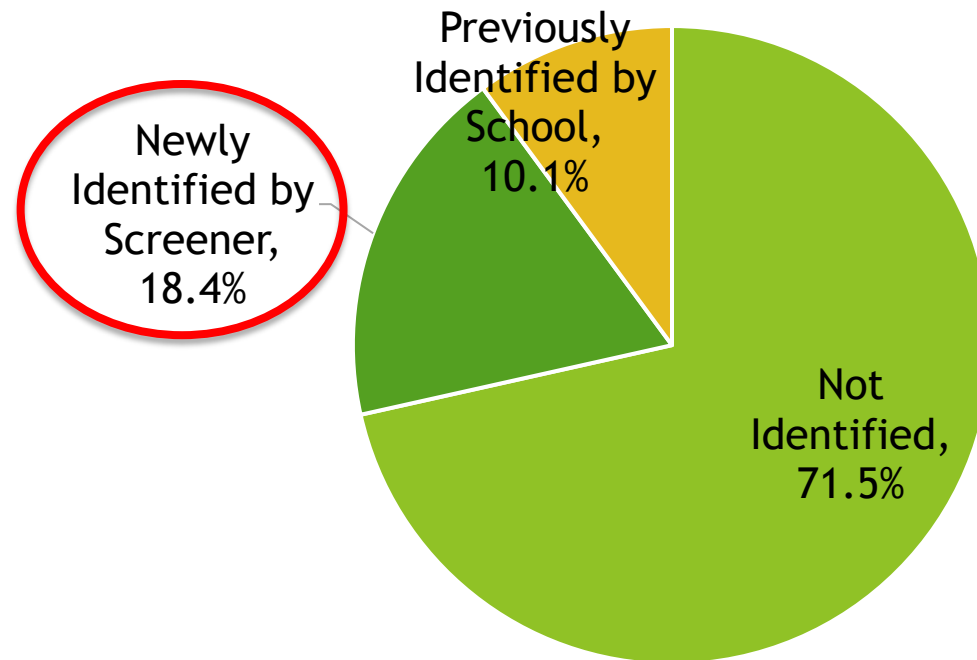
- ▶ Clear evidence that the benefits of in-person vs. virtual school are significant  
<https://en.unesco.org/covid19/educationresponse/consequences>
- ▶ Wide variability in school status and inequities based on zip code/district
- ▶ Arbitrary and biased decision making (e.g., “Who is welcomed back?”)
- ▶ Many students missing; some disappearing, reappearing, disappearing again
- ▶ Students who fail in virtual learning are highly vulnerable
- ▶ Outreach press is and will be very high

# *Malama Mental Health - Voices of Hawaii*

## Students (7.6.21)

- ▶ Limited acknowledgment of impact of pandemic on them
- ▶ Virtual classes are dull, difficult and often overwhelming
- ▶ Significant impact of lost boundaries between school and home
- ▶ Lack of breaks, personal time
- ▶ Mental health has deteriorated
- ▶ Health in general is a low priority
- ▶ Confidence has decreased and insecurities have increased
- ▶ “We are here for you” is said but not acted on
- ▶ See [malamamentalhealth.org](https://malamamentalhealth.org)

# Impact of Systematic Social-Emotional-Behavioral Screening



Splett et al., (2018). Comparison of Universal Mental Health Screening to students already receiving intervention in a multitiered system of support. *Behavioral Disorders*, 43(3), 344-356. <https://doi.org/10.1177/0198742918761339>

# Fluid Continuum of Student Needs

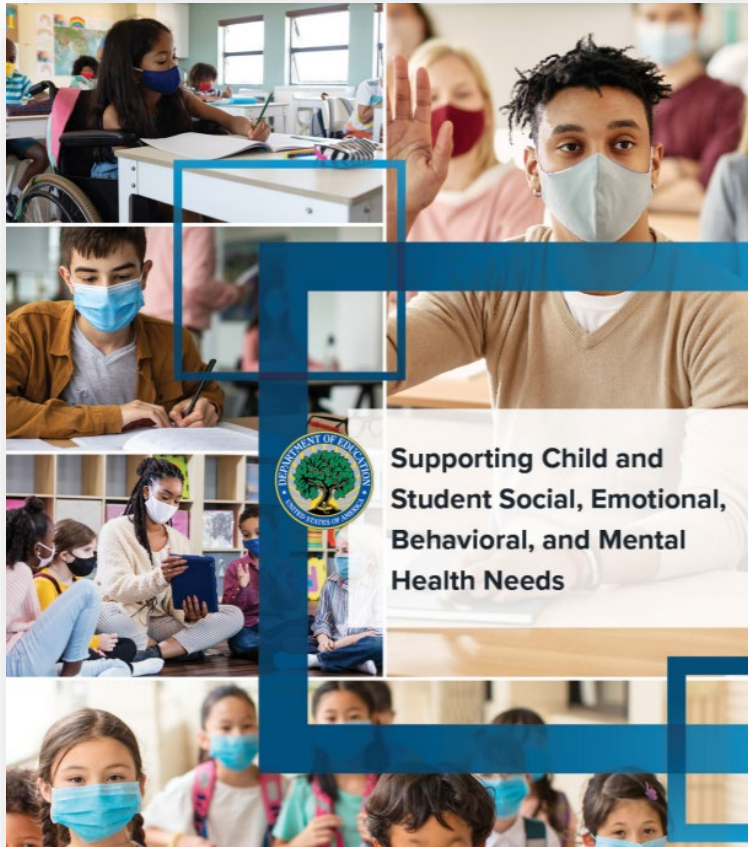
- Anxiety-A, Depression-D, Attention Problems-AP, Conduct/Aggression-CA, Adaptive Behavior-AB
- A,D, AP, CA and low AB
- A,D,AP, and low AB
- A,D, and low AB
- A,AP, and higher AB
- A and higher AB



# 2020-2022 Context - Positives

- ▶ Reduced shame regarding mental health challenges, increased transparency and help-seeking
- ▶ Increased urgency to address mental health issues
- ▶ Increased support for school mental health
- ▶ Growing interdisciplinary and cross-system collaboration
- ▶ Breakthroughs in virtual learning and tele-mental health

# New Resource from US Department of Education



Challenges
1. Rising Mental Health Needs and Disparities Among Children and Student Groups
2. Perceived Stigma is a Barrier to Access
3. Ineffective Implementation of Practices
4. Fragmented Delivery Systems
5. Policy and Funding Gaps
6. Gaps in Professional Development and Support
7. Lack of Access to Usable Data to Guide Implementation Decisions

Recommendations
1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider
2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access
3. Implement Continuum of Evidence-Based Prevention Practices
4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All
5. Leverage Policy and Funding
6. Enhance Workforce Capacity
7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes

Follow this link ---

<https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>



# Immediate Directions from State and National Discussions

- ▶ Importance of the MTSS as the anchor for all effective programming, with emphasis on strengthening core features (effective teams, data-based decision making, implementing and refining evidence-based practices, coaching, progress monitoring, layering programs together across tiers, alignment)
- ▶ Very significant school mental health workforce needs - improve roles of current staff, expand three groups of staff - school-employed, clinicians from community, MTSS specialists/Community Mental Health Liaisons

# Immediate Directions, cont.

- ▶ Need emphasis on mental health literacy, wellness, and resilience for all including students, families and staff
- ▶ Need for balance in the SEBA (social-emotional-behavioral-academic) framework and prioritizing SEB elements, while also addressing the significant academic slide for many students
- ▶ Enhance data collection, management and analysis infrastructure across the board, increase screening, identify and address inequities, use to fluidly refine programming



# ADVANCING EDUCATION EFFECTIVENESS:

INTERCONNECTING SCHOOL MENTAL HEALTH  
AND SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT

---

EDITORS: SUSAN BARRETT, LUCILLE EBER  
& MARK WEIST

# Advancing Education Effectiveness: Interconnecting School Mental Health (ISF) and School-Wide Positive Behavior Support (PBIS)

*Editors: Susan Barrett,  
Lucille Eber and Mark  
Weist*

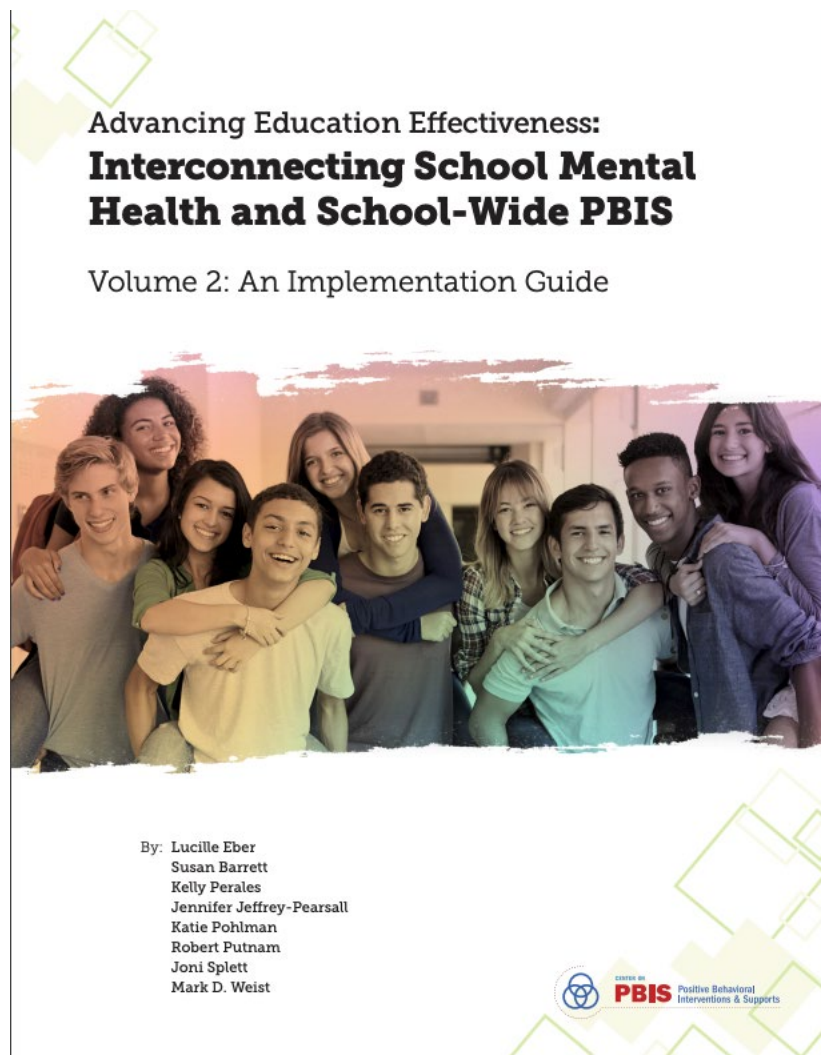
[pbis.org](http://pbis.org)

[csmh.umaryland](http://csmh.umaryland)

*IDEA Partnership NASDSE*



# E-book, volume 2



*Advancing Education Effectiveness: Interconnecting School Mental Health and SWPBIS, Volume 2: An Implementation Guide*



**SBHA**  
SC SCHOOL BEHAVIORAL  
HEALTH **ACADEMY**

John H. Magill  
South Carolina  
School Behavioral Health Academy

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

## Funded by State Medicaid Agency (SC DHHS)

- 🎓 \$3.2 million for two years starting 7.1.22
- 🎓 SC DHHS broadening mechanism for schools and community agencies to receive Medicaid funding at a higher funding level, while reducing bureaucratic demands
- 🎓 Developing and deploying an on-line learning management system
- 🎓 State, regional (Low Country, Midlands, Pee Dee, Upstate), district, building resource mapping and needs assessment
- 🎓 Regional/district coaching
- 🎓 Leads, Mark Weist and Sam McQuillin (USC Faculty in Psychology)



## Vision

The vision of the Academy is to strengthen the ability of South Carolina schools and collaborating mental health agencies to broadly promote positive mental health and enhance school success of students by...

- Equipping school and mental health staff to understand mental health issues
- Broadly promoting positive mental health for students, families and staff
- Providing outreach and direct coaching support to schools for using evidence-based early intervention and intervention strategies



## Goals

- Provide state-of-the-art training through an innovative learning management system (LMS) for staff from schools and collaborating community agencies toward improved school climate; social, emotional, behavioral, and academic success of students; and family and staff wellness
- Develop a community of practice promoting collaboration and relationships between schools throughout the state of South Carolina. The academy will also encourage getting involved with the broader Southeastern School Behavioral Health Community to increase connections throughout the southeast region of the U.S.
- Provide resources and relevant guidance to assist mental health professionals in pursuing licensure
- Identify exemplary school districts in using the LMS toward improved mental health promotion and intervention approaches, and broadly publicize the experience of these districts and schools within them



## On-Line Learning Management System (using the Docebo platform)

- One mini-course: Overview MH needs of students, strategies for reaching out, resources, coverage of course content in four courses, promoting excitement to engage (90 minutes)  
-- *All hands on deck: How I can help schools navigate the youth mental health crisis*
- Course 1: Core practices in the MTSS, teams, data-based decision-making, screening, evidence-based practice across the three tiers, connecting programming across tiers, alignment, progress monitoring, etc. (6-8 hours)
- Course 2: Effective Tier 1 practices (6-8 hours)
- Course 3: Effective Tier 2 practices (6-8 hours)
- Course 4: Effective Tier 3 practices (6-8 hours limited to school-and community-employed mental health professionals)

## Courses, cont.

- Integrating content related to school safety, crisis management, and the Opioid/Fentanyl crisis (some of which may also be developed into mini-courses)
- Supporting mental health staff to attain and maintain licensure
- Staff can receive a basic certificate for completing overview and two courses, can receive an advanced certificate for completing overview and three courses
- Very strong encouragement from state policy leaders for mental health staff and trainees (and other staff provide intensive intervention, e.g., Special Education, ABA) to complete the Tier 3 course

## Other

- Trying to connect completion of courses to incentives (e.g., promotion for completing advanced course)
- Capitalizing on principles of effective adult learning to make all training exciting and engaging
- Building communities of practice at regional and school levels
- Able to track all utilization of learning platform (e.g., number of schools, number of staff, courses completed by staff, certificates awarded)
- Goal to identify exemplary districts/schools and publicize them
- Hope approach can be institutionalized and sustain beyond current two-year funding window

## John H. Magill Quote

*"I am deeply honored to be recognized in the establishment of the South Carolina School Behavioral Health Academy, which will equip school and community staff to promote positive mental health and school success for our children and youth, and position our state as the clear national leader in effective school mental health"*

# Communities of Practice

Joanne Cashman et al., 2014





# Regional Networks

- ▶ See
- ▶ Midwest PBIS Network, [www.midwestpbis.org](http://www.midwestpbis.org)
- ▶ Midatlantic PBIS Network, [www.midatlanticpbis.org](http://www.midatlanticpbis.org)
- ▶ Northeast PBIS Network, [www.nepbis.org](http://www.nepbis.org)
- ▶ Northwest PBIS Network, [www.pbisnet.org](http://www.pbisnet.org)
- ▶ Mental Health Technology Transfer Centers (see Emory, Southeast), [www.mhttcnetwork.org](http://www.mhttcnetwork.org)
- ▶ Southeastern School Behavioral Health Community, [www.schoolbehavioralhealth.org](http://www.schoolbehavioralhealth.org)



SOUTHEASTERN  
SCHOOL BEHAVIORAL HEALTH  
COMMUNITY





SOUTHEASTERN  
SCHOOL BEHAVIORAL HEALTH  
CONFERENCE

April 19-21, 2023  
Myrtle Beach, SC



# Themes for 2023

- ❖ Building Effective Practices and Interventions across the Multi-Tiered System of Support (MTSS; Tiers 1, 2, and 3) (e.g., Teams, Data-Based Decision Making, Coaching, Alignment of Programming)
- ❖ Advancing an effective school behavioral health (SBH) workforce, and supporting staff attaining and maintaining licensure in mental health professions
- ❖ Enhancing Collaboration with Diverse Stakeholders and Empowering Students and Families as Leaders within the MTSS and SBH
- ❖ Enhancing Awareness and promoting Inclusive systems and practices for all students including special populations (e.g., students with disabilities, from military families, in child welfare or juvenile justice systems; and/or other students with unique personal needs)

# Thank you

[weist@sc.edu](mailto:weist@sc.edu) [mcquills@mailbox.sc.edu](mailto:mcquills@mailbox.sc.edu)

