



Best Practices in School Mental Health

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University of Maryland School of Medicine

National Center for School Mental Health



@drsharonhoover



National Dialogues for Behavioral Health Preconference:

Connections and Thriving Communities: Schools, Mental Health & Safety

November 2019



Dr. Jones saved my life.

**Dr Jones saw me as a human being and
made sure I knew it every single day.**



Mental Health Providers



National Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the US Department of Health and Human Services (HHS), Health Resources and Services Administration
- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.



UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE



Visit the NCSMH website at
www.schoolmentalhealth.org

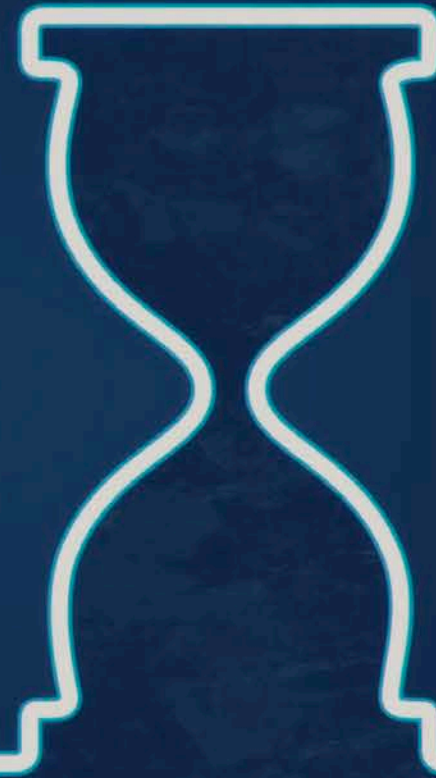
1. School Safety

2. Promotion, Prevention, Early Identification and Intervention

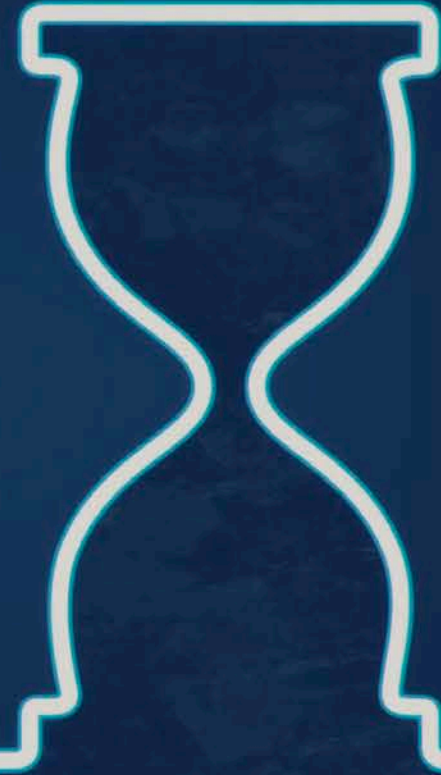
3. Treatment

4. Impact

5. Resources



1. School Safety





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.

As a result of shootings throughout the United States... we are enhancing our procedure for intruders.



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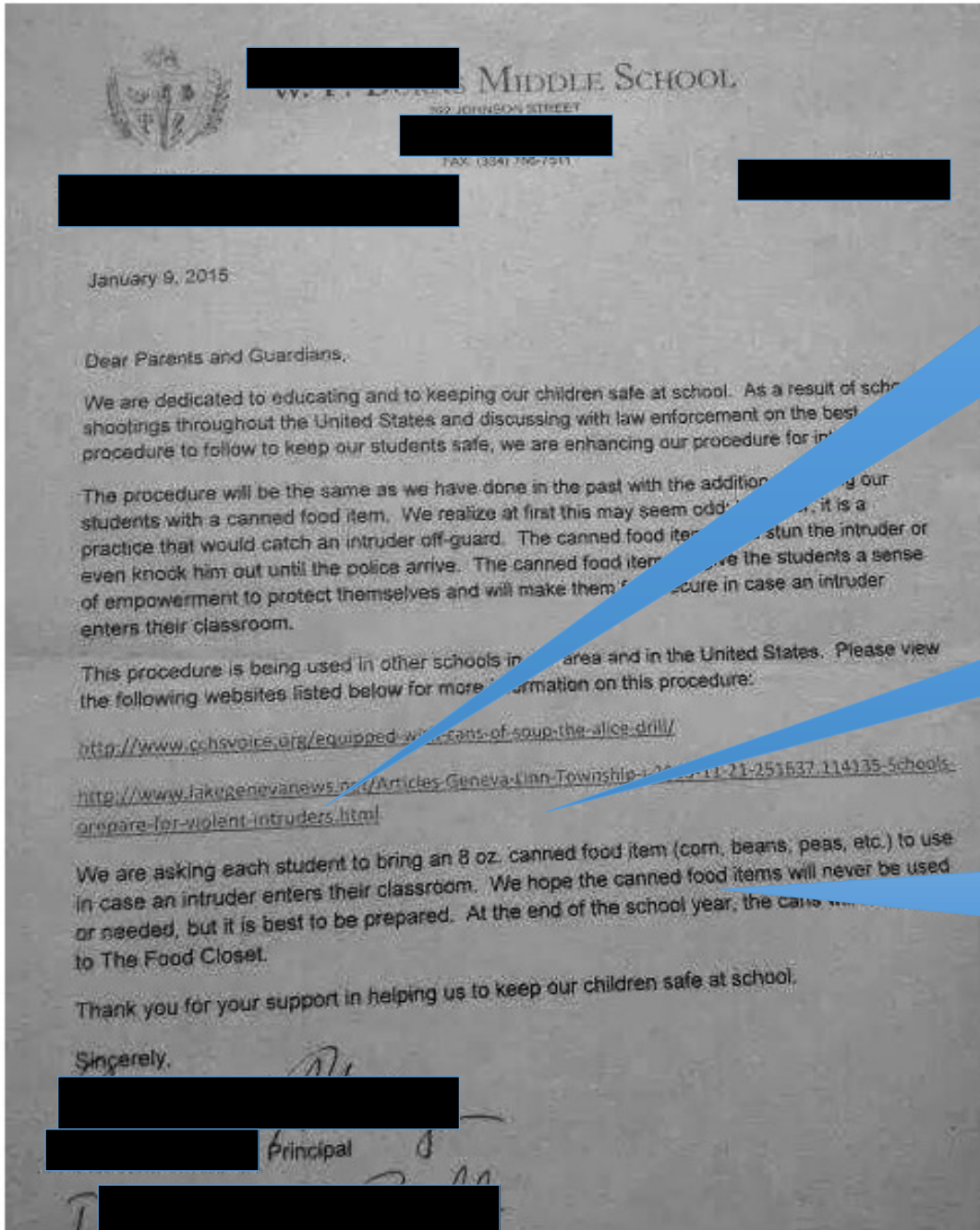
Assistant Principal

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

Price \$3.00

Sept. 13, 1999

THE 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."

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:

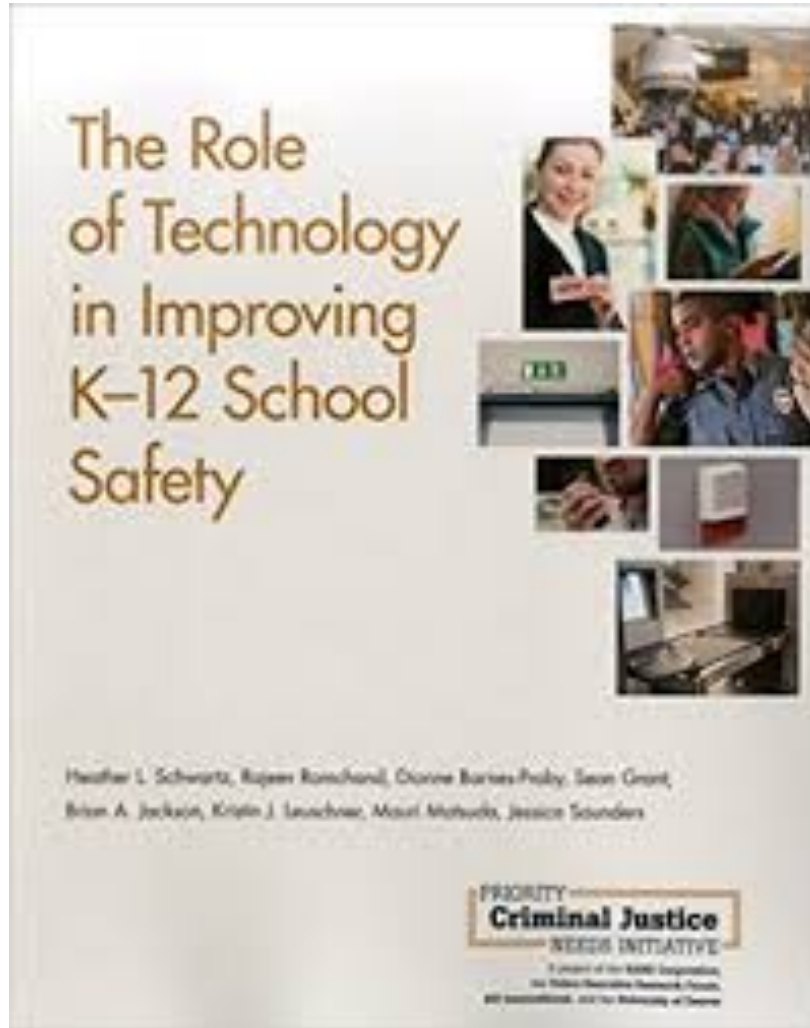
- Law Enforcement
- Prison Architecture
- Military Strategies

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



- 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





FINAL REPORT OF THE FEDERAL COMMISSION ON

School Safety



Presented to the
PRESIDENT OF THE UNITED STATES

December 18, 2018



Support for School Mental Health

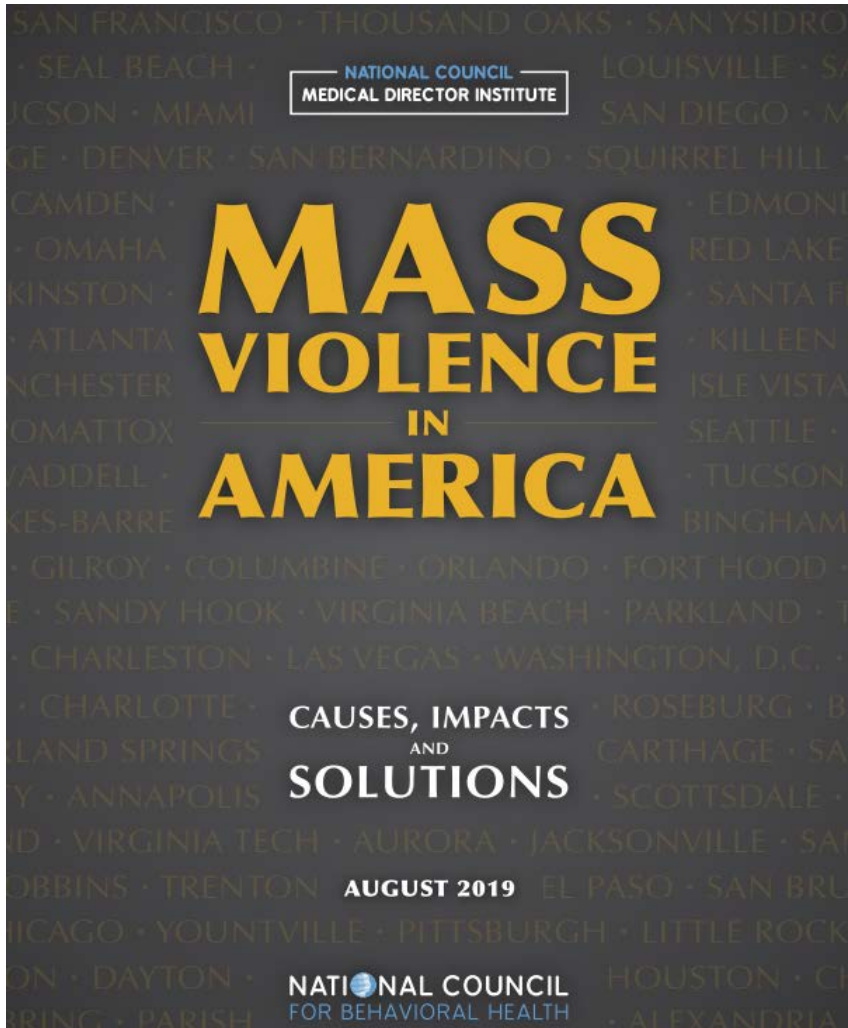
“There is solid evidence in support of the impact that school mental health programs can have on academics.”

“Embedded school-based mental health services make the services accessible and acceptable to both students and families.”

“A significant amount of research demonstrates that treatment is much more likely to be effective and completed when services are school based.”

Recommendation: *State and local school districts should expand the implementation of tiered models that intentionally focus on school climate and incorporate social and emotional learning and prevention, as well as access to specialty treatment for the minority of children who require it.*

Recommendations for Schools



- *Review and revise zero-tolerance policies that are ineffective and isolating*
- *Avoid measures that create correctional facility-like atmospheres*
- *Refrain from high-stress security drills that can be traumatizing*
- *Focus instead on school climate, social-emotional learning, and school mental health curriculum*



RISE
NEWS

JASON SCHIFFMAN

PSYCHOLOGIST

POLICY



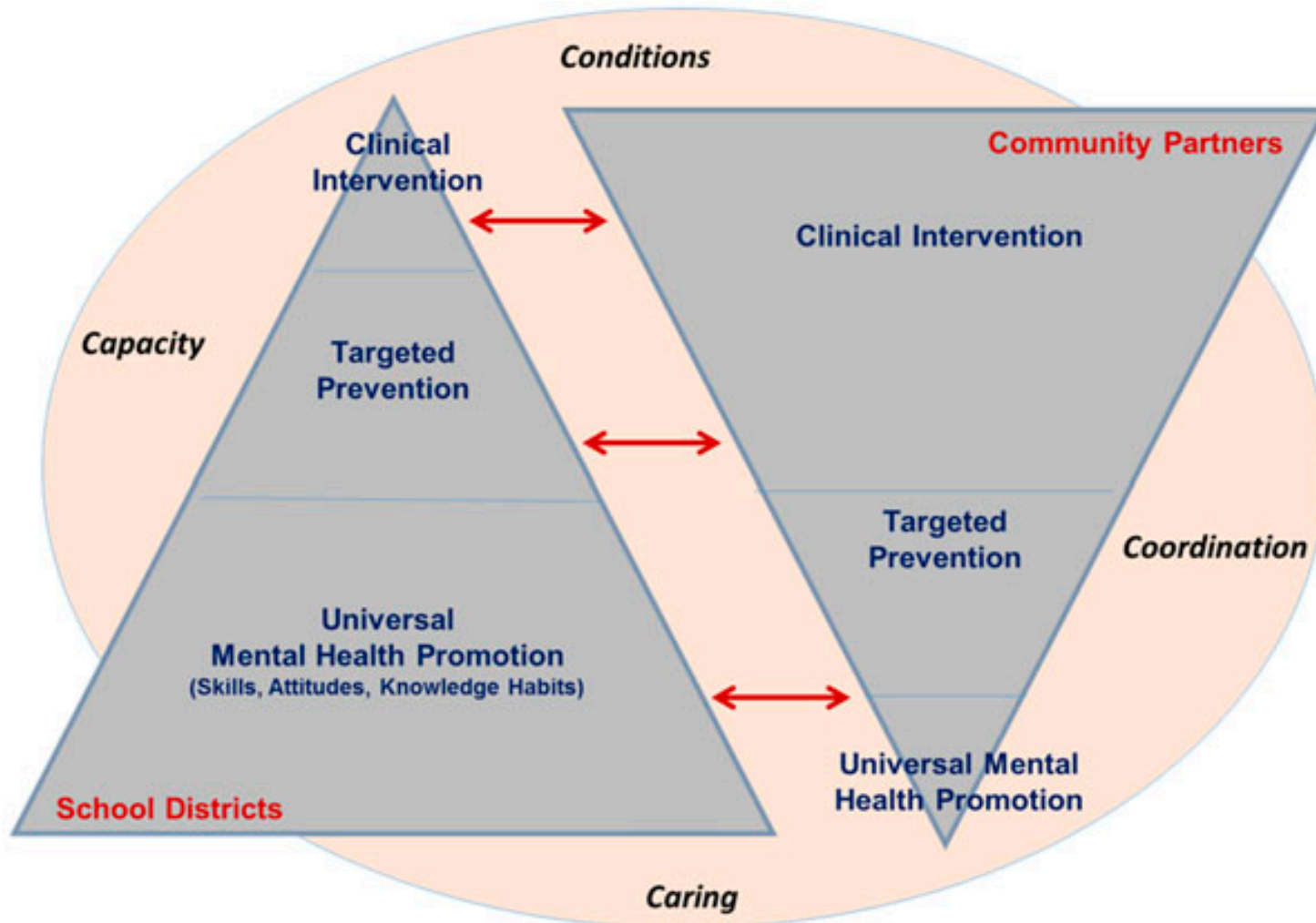
✓ **Make mental health a part of state and local school safety planning and budget**

- ✓ **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)

2. Promotion, Prevention, Early Identification and Intervention



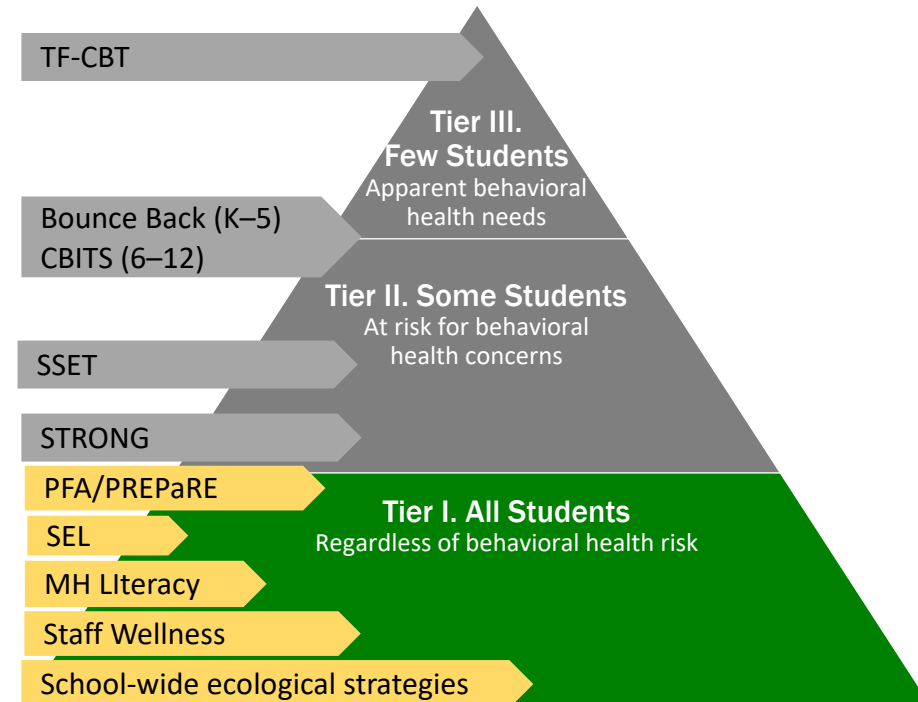
School-Community Partnerships





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





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.

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

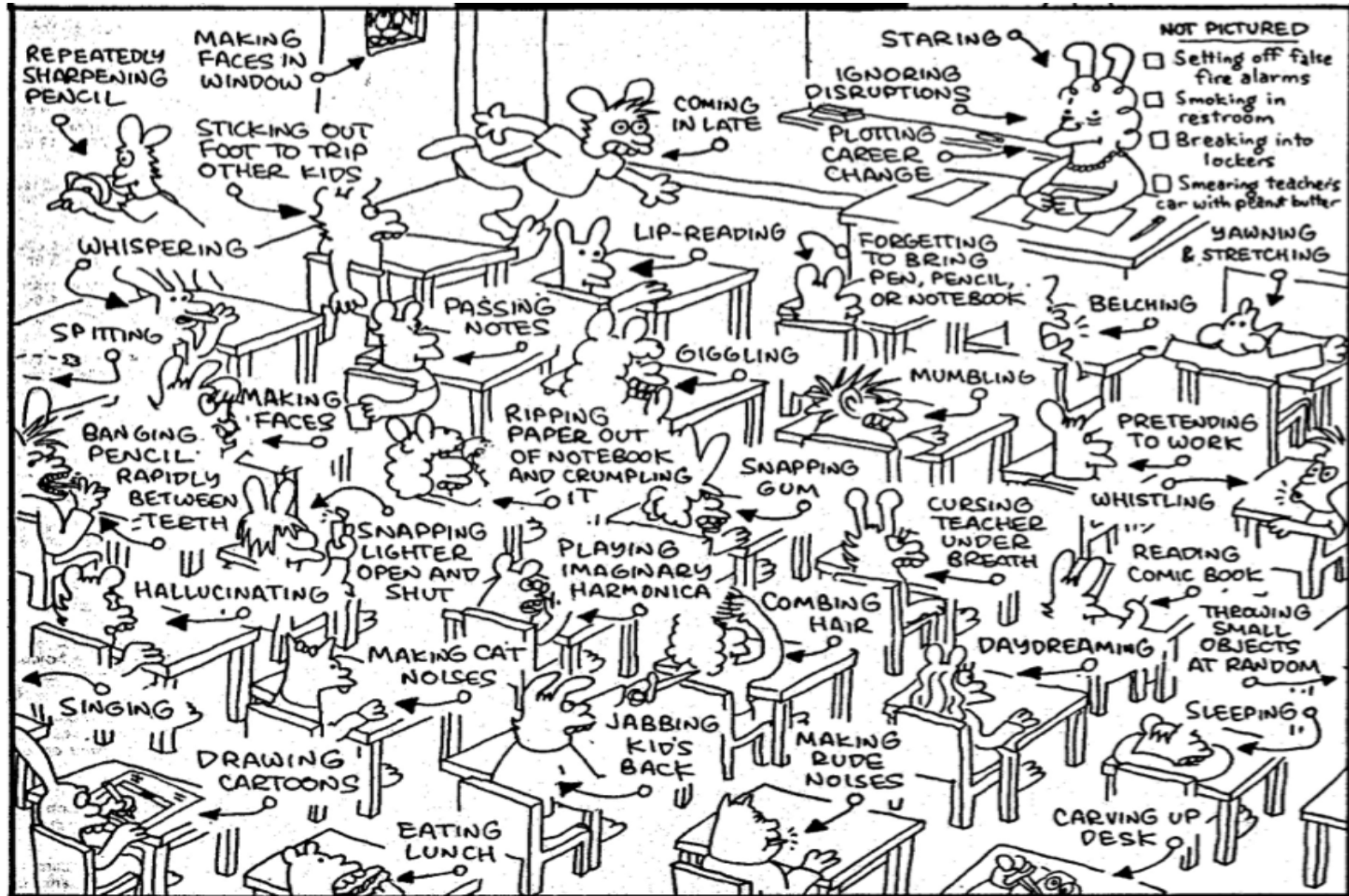


Voices From The Field

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



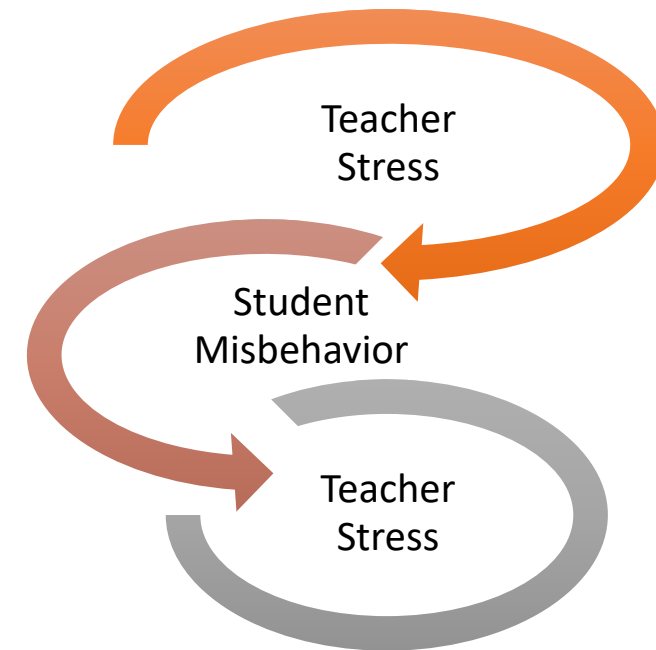


If the oxygen masks drop down, **put your own mask on first**, and then help the person next to you.

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)



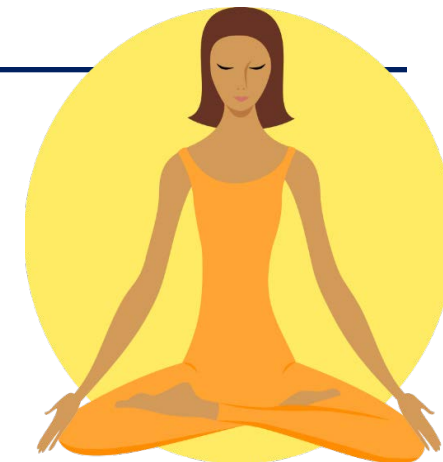
Please don't
just tell me
to do more
yoga





NCSMH

NATIONAL CENTER FOR SCHOOL MENTAL HEALTH



When we accept that an unhealthy level of stress is inherent to teaching, and place the burden of stress reduction on the individual teacher, we limit our ability to improve overall school wellness. We can better shape healthy schools for teachers and students by addressing the underlying causes of chronic stress and cultivating environments that promote teacher wellness

ChildTrends Blog - AUTHORS: [ALEXANDRA COX](#), [BONNIE SOLOMON](#), [DOMINIQUE PARRIS](#)

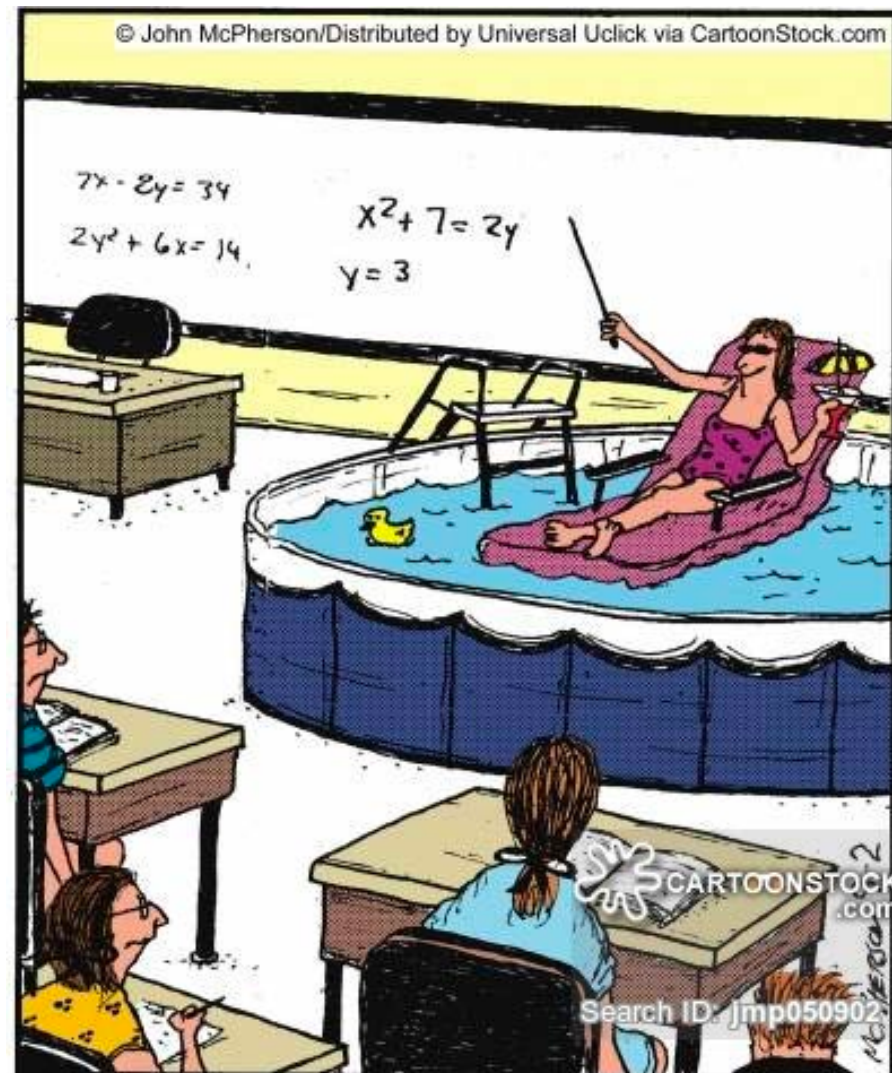
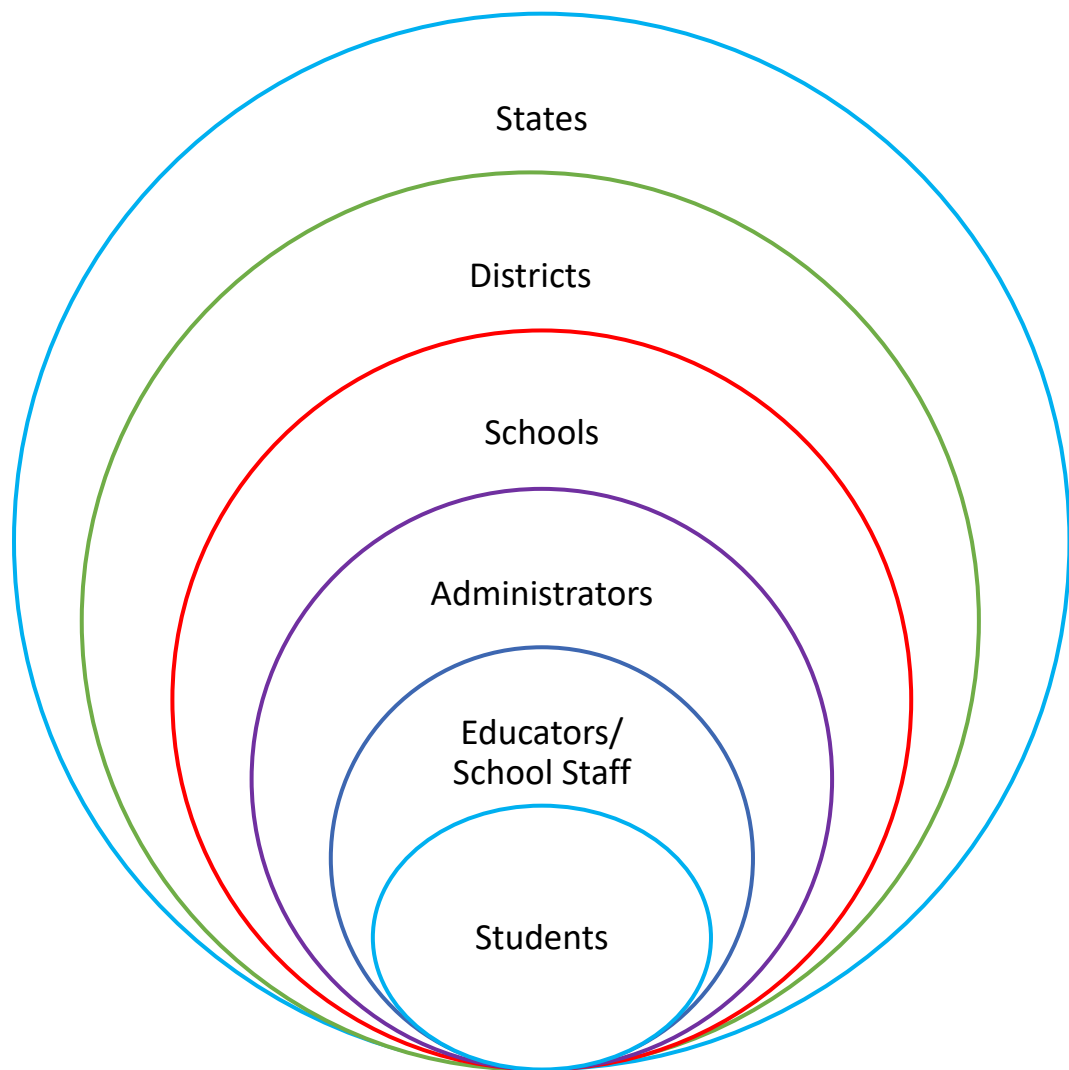
<https://www.childtrends.org/teacher-well-being-is-a-critical-and-often-overlooked-part-of-school-health>



NCSMH

NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

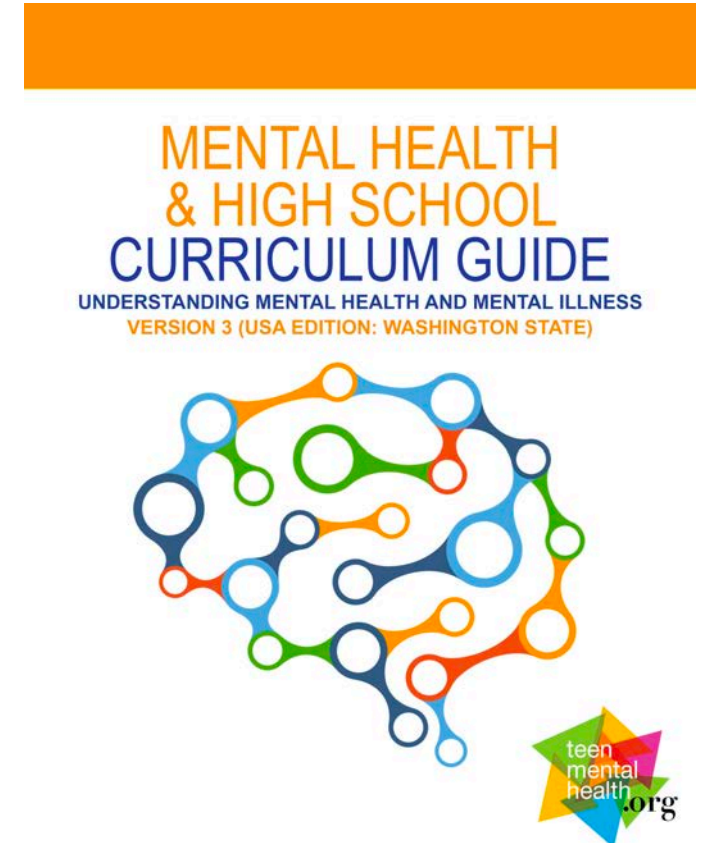
Promoting conditions that support teacher wellness



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.





PSYCHOLOGICAL FIRST AID: Listen Protect Connect/Model and Teach

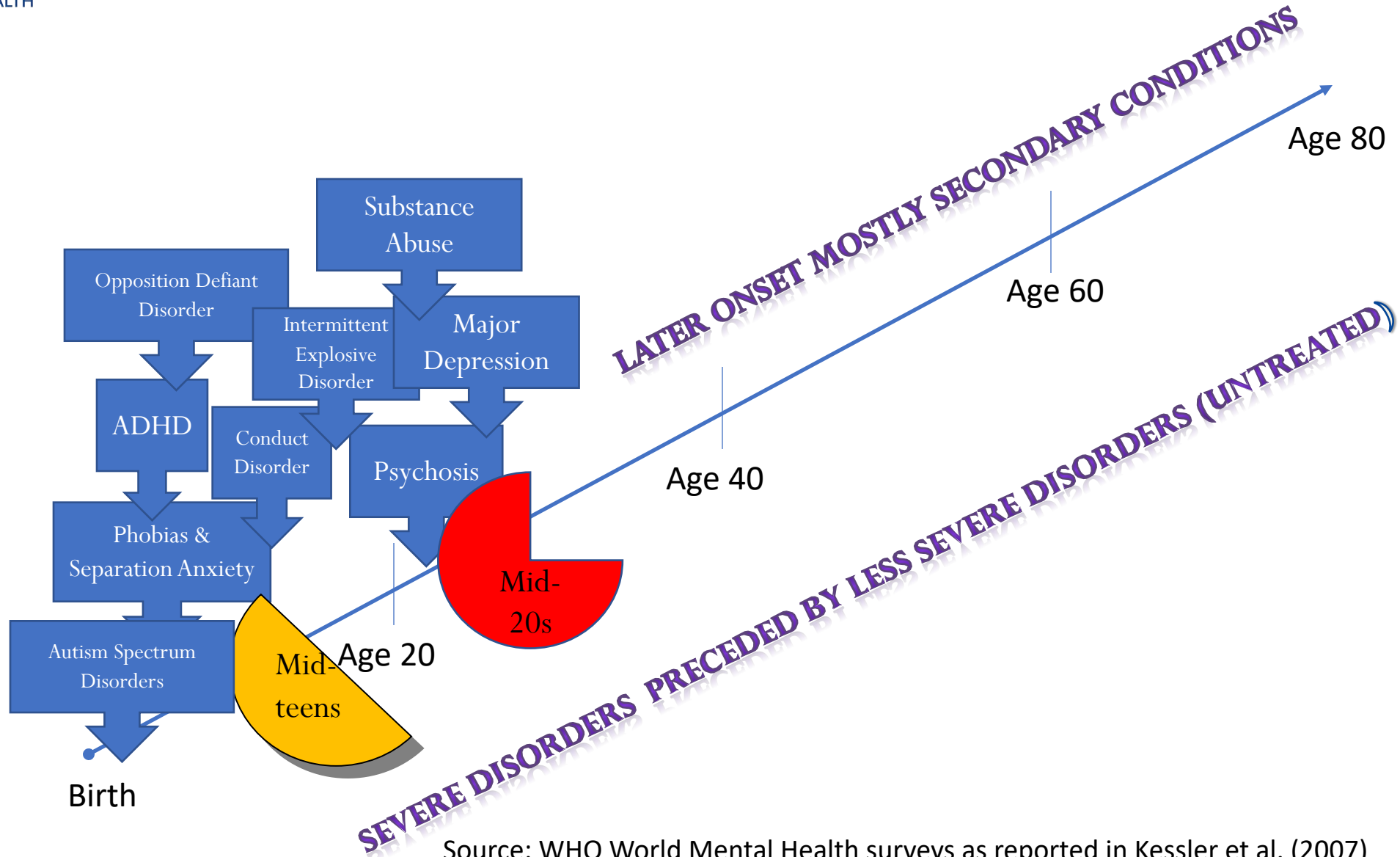


<https://traumaawareschools.org/pfa>

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

Adapted, M. Wong, 2012

Median Age of Onset: Mental Illness





**Well-being
check-ups in
schools**

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

✓ **Consider Mental Health Literacy** for all

✓ **Invest** in:

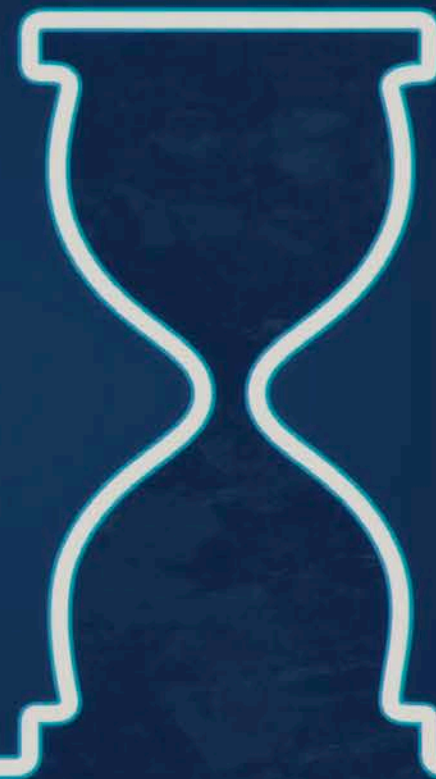
- ✓ School Climate
- ✓ Social Emotional Learning
- ✓ Crisis preparedness
- ✓ Early identification and intervention
- ✓ Teacher well-being

✓ Consider **universal health/mental health screening or “well-being check ups”** in schools

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



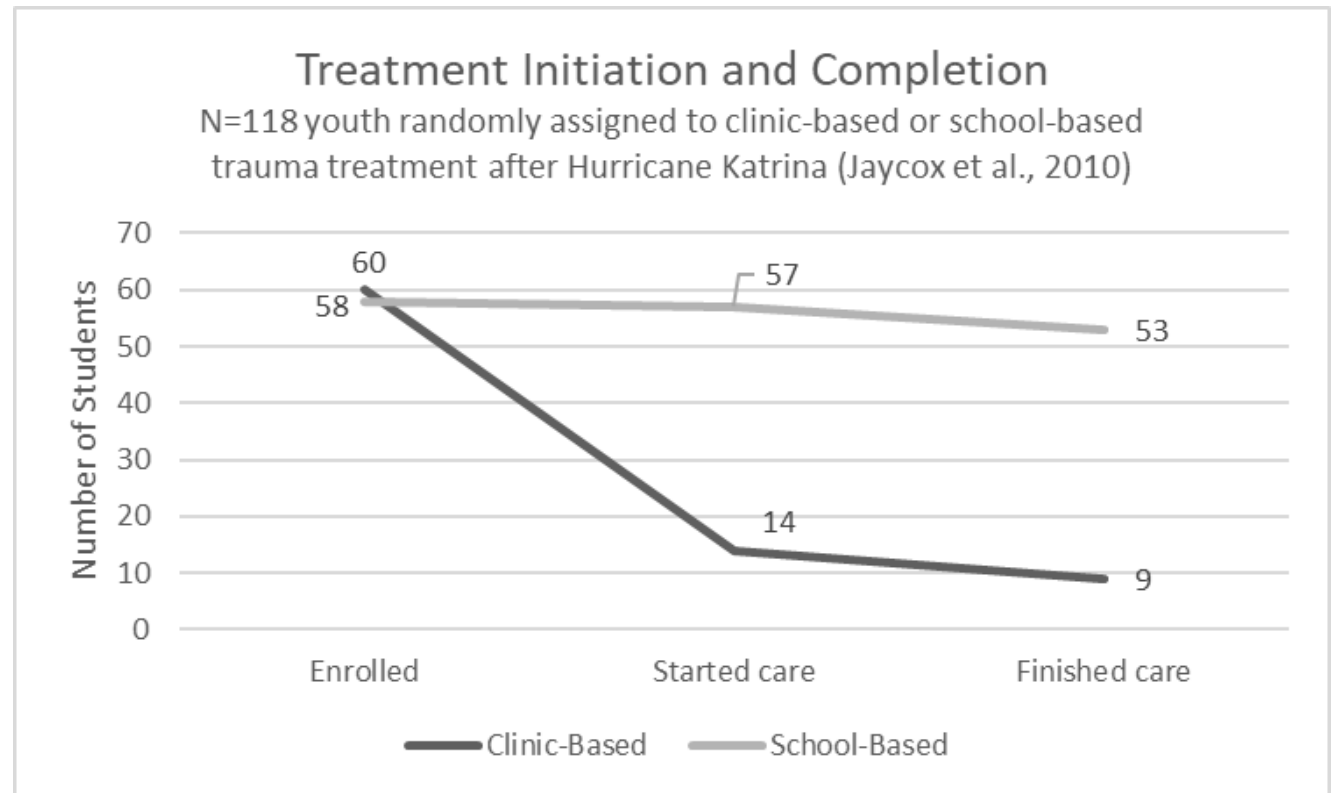
3. Treatment





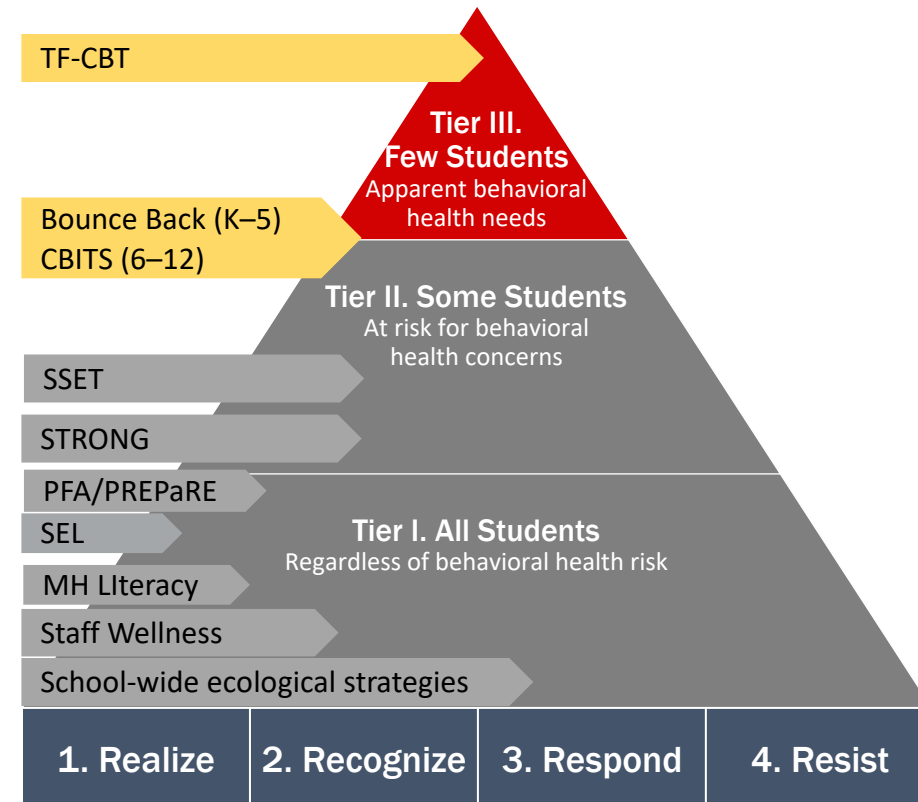
Why Mental Health Treatment in Schools?

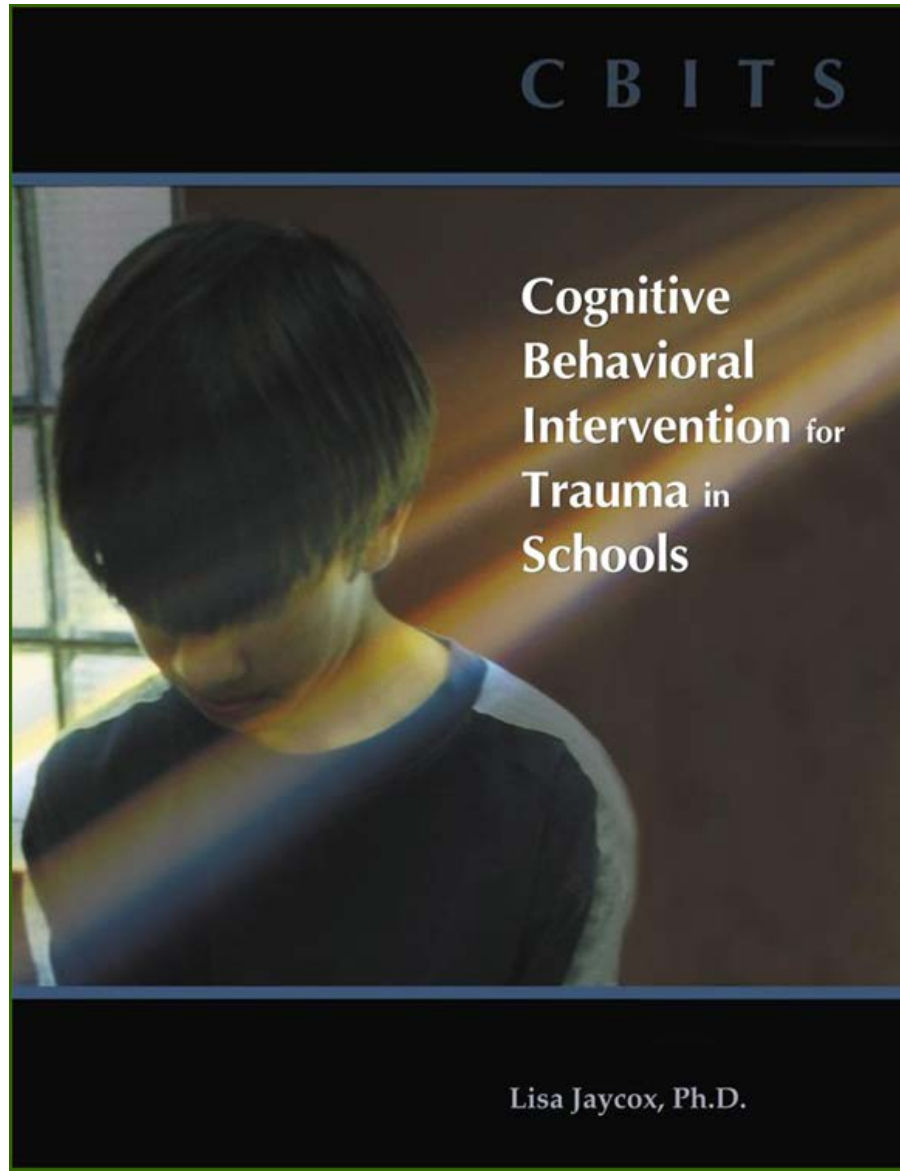
Youth are 6x more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010)



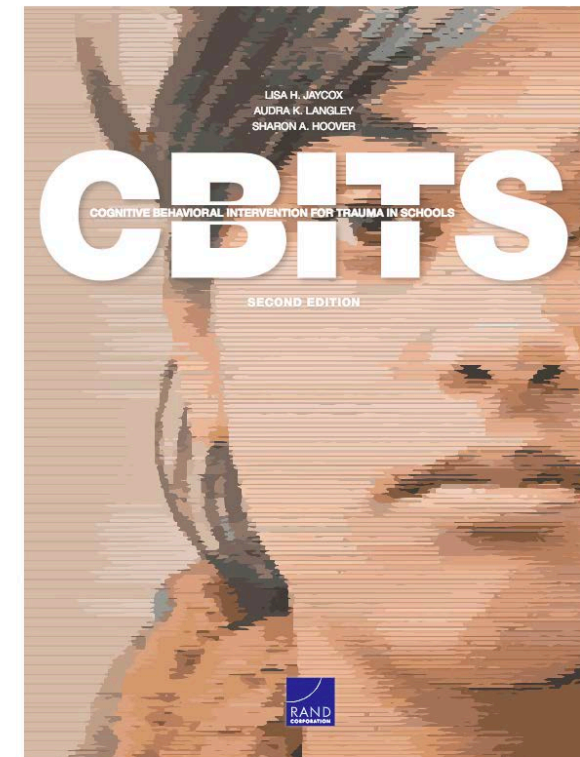
Treatment in Schools

- Evidence-based psychosocial interventions – e.g., CBITS/Bounce Back, TF-CBT
- Medication management





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.

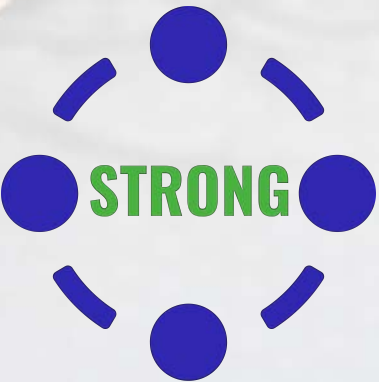
Keywords: school-based trauma intervention, statewide school trauma implementation, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Connecticut trauma learning collaborative

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-

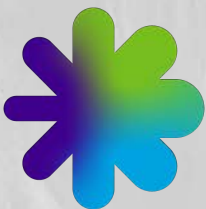
Sharon A. Hoover, Department of Psychiatry, University of Maryland School of Medicine; Heather Sapere and Jason M. Lang, Child Health and Development Institute, Inc.; Erum Nadeem, Ferkauf Graduate School of Psychology, Yeshiva University; Kristin L. Dean, RAND Corporation, Santa Monica, California; Pamela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



STRONG

Supporting Transition Resilience of Newcomer Groups



School
Mental Health
Ontario

Santé mentale
en milieu scolaire
Ontario



Western
Centre for School
Mental Health



**Center for
Childhood
Resilience**

Resilient Kids. Stronger Communities. Brighter Futures.





We are open all summer.

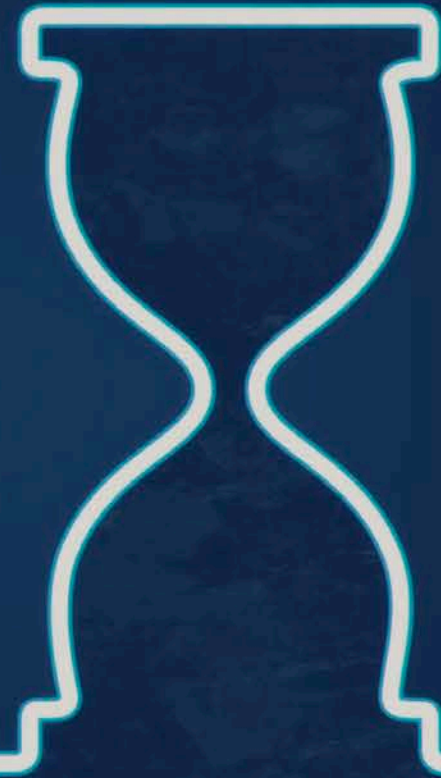
Summer Hours for Delhi School-Based Health Center

POLICY



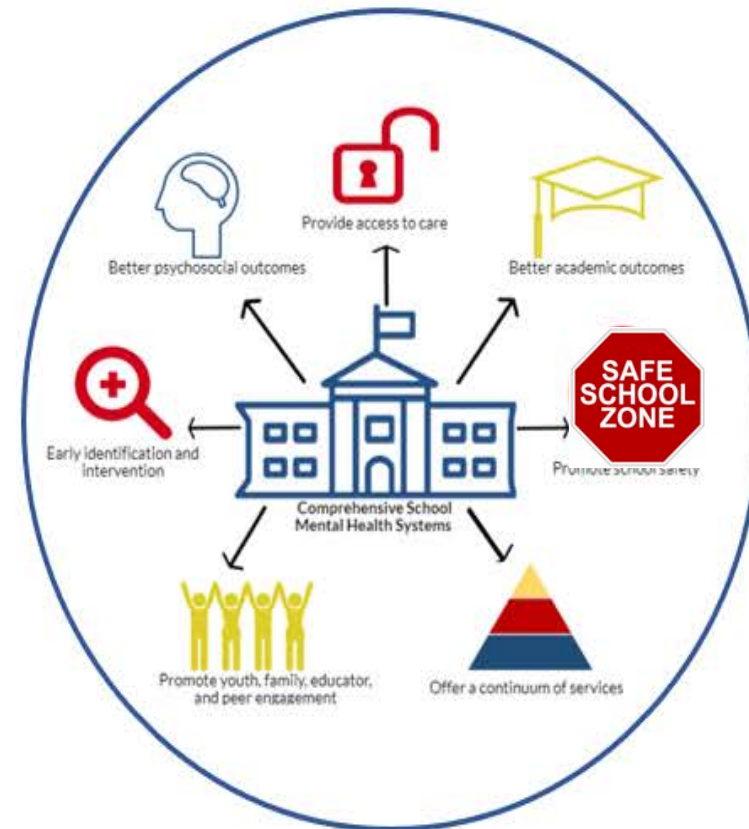
- ✓ Offer **State Infrastructure Grants** for school health and mental health – see Minnesota School-Linked Mental Health grants
- ✓ **Medicaid and Private Insurance coverage of school health and mental health services**, including ancillary services (teacher consultation, school team meetings) – see 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



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.

JOURNAL OF
SCHOOL HEALTH



GENERAL ARTICLE

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

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

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,"¹ 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.²⁻⁴ These mental health conditions have wide ranging effects, interfering with students' functioning in school, at home, with their friends, and in their communities,⁵⁻⁸ 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**



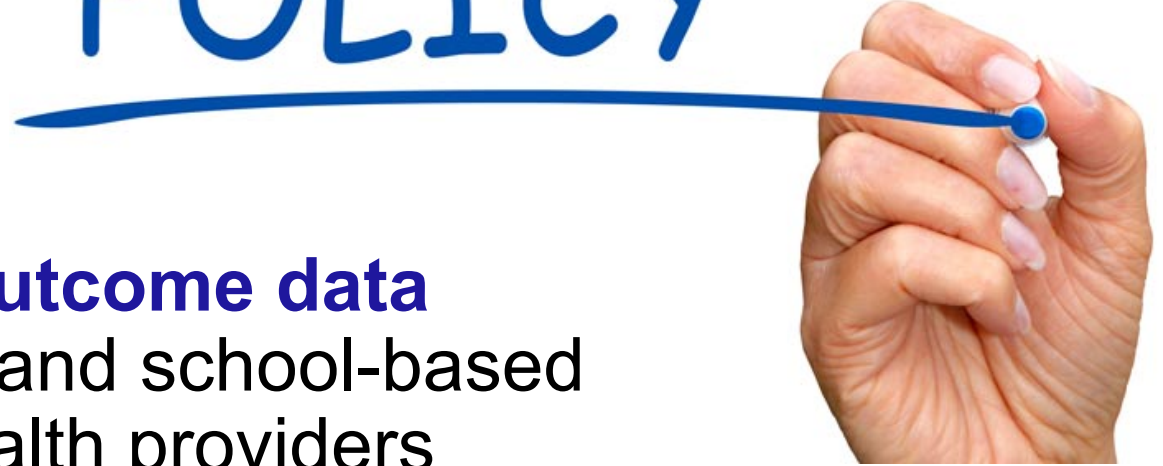
OPS' school-based health centers credited with reducing students' missed days

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

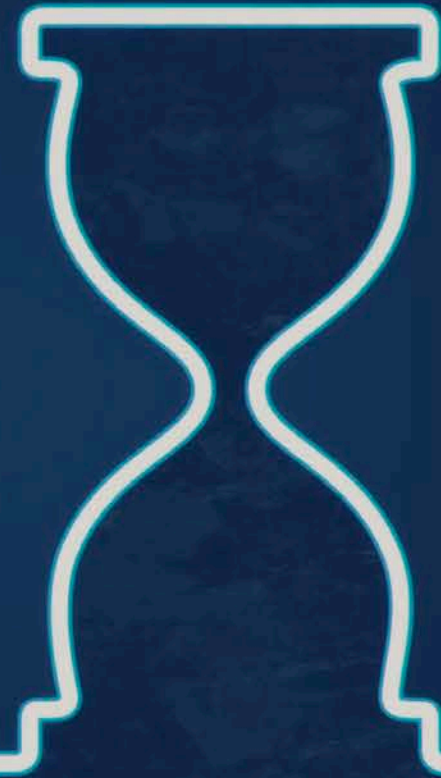


Marcellis Minor, 15, has his height checked by certified medical assistant Joyce Craft at an on-site clinic at Omaha's Northwest High School.

POLICY



- ✓ 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



5. Resources

What is SHAPE?
Your **FREE** assessment tool designed to improve school mental health system quality and trauma responsiveness at the school, district, and state levels.

[Learn More](#)

Take a Tour

From our program quality and trauma responsiveness assessments and feedback reports to our extensive library of free and low-cost screening and assessment measures, SHAPE delivers the tools you need to improve your school or district's mental health programs and increase your grant funding opportunities. Take the tour to learn more.

I want to sign up for:

[Myself](#) [My School](#) [My District](#) [My State](#)

SHAPE helps districts and schools improve their school mental health systems! **HOW?**

- SHAPE users map their school mental health services and supports
- Assess system quality using national performance standards
- Receive custom reports and strategic planning guidance and resources
- Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources
- Use state and district dashboards to collaborate with schools in your region

SHAPE Features

- School & District Profiles
- Quality Assessment & Resources
- Custom & State Dashboards
- Screening & Assessment Library
- Trauma-Responsive Schools Assessment & Resources

School Mental Health Matters

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

3/4 of youth who receive mental health services access them in schools.

Students who participate in social emotional learning programs improve academic performance by **14 percentile points**.

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

Put your star on the map

92 schools have earned Gold Star Status

112 school districts have earned Gold Star Status

28 states have schools or districts with Gold Star Status

[Learn More](#)

School Health Assessment and Performance Evaluation (SHAPE) System

www.theshapesystem.com

SHAPE helps districts and schools improve their school mental health systems! **HOW?**



(NCSMH, 2019)

Assessments & Reports

With a SHAPE account, you can assess, track, and advance your school or district's quality improvement goals and assess trauma responsiveness across multiple areas. You'll get free, customized reports to drive your action planning, share your performance with key stakeholders, and help you monitor your progress over time.

The screenshot shows the SHAPE website interface. At the top, there is a navigation bar with the SHAPE logo, the text 'School Health Assessment and Performance Evaluation System', and links for 'About Us', 'Contact Us', 'Take a Tour', and 'Sign Up'. A 'Log in' button is also present. The main content area features a modal window titled 'Teaming - Complete'. Inside this window, the SHAPE logo is repeated, followed by the text 'Quality Domain | Teaming' and 'The School Health Assessment and Performance Evaluation System'. Below this, a gauge icon is shown next to the text 'OVERALL COMPOSITE SCORE: 5'. A horizontal bar chart displays scores for five categories: 'Have multidisciplinary team' (5), 'Promote efficiency' (4), 'Use meeting best practices' (6), 'Promote data sharing' (5), and 'Connect to community resources' (5). Underneath the chart is an 'About Teaming' section. It defines a school mental health team and lists five criteria for a self-assessment score: 1) having a multidisciplinary school mental health team; 2) having streamlined teams that avoid duplication and promote efficiency; 3) having a productive meeting structure; 4) having a system in place to promote data sharing among team members; and 5) having well-established working relationships with community mental health. The footer of the website includes the NCSMH logo, contact information for the National Center for School Mental Health (737 West Lombard Street, 4th Floor, Baltimore, MD 21201), phone numbers (410) 706-0980 and (410) 706-0984, email (csmh@som.umaryland.edu), and links for 'About Us', 'Take a Tour', and 'Sign Up'. A privacy policy link is also visible.

Mental Health Technology Transfer Center (MHTTC) Network

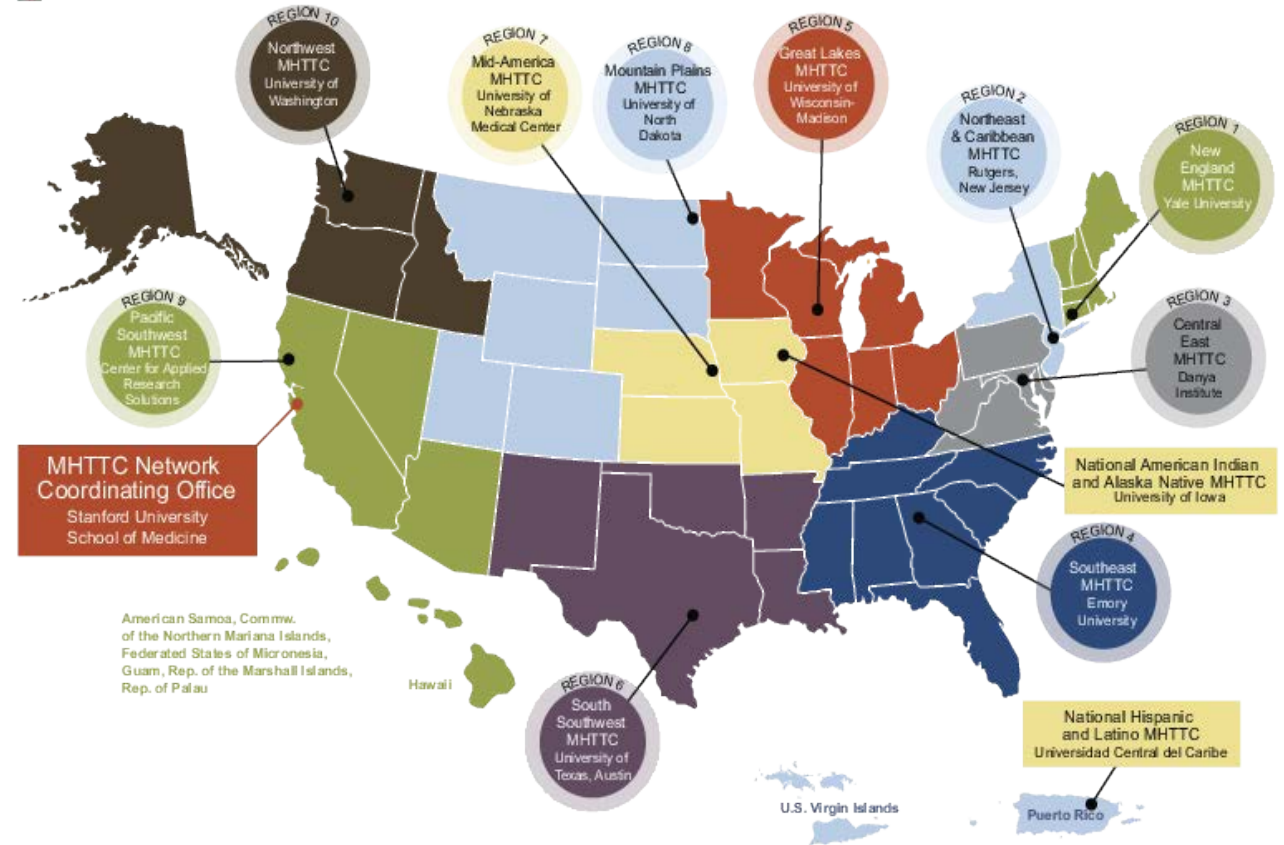


MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

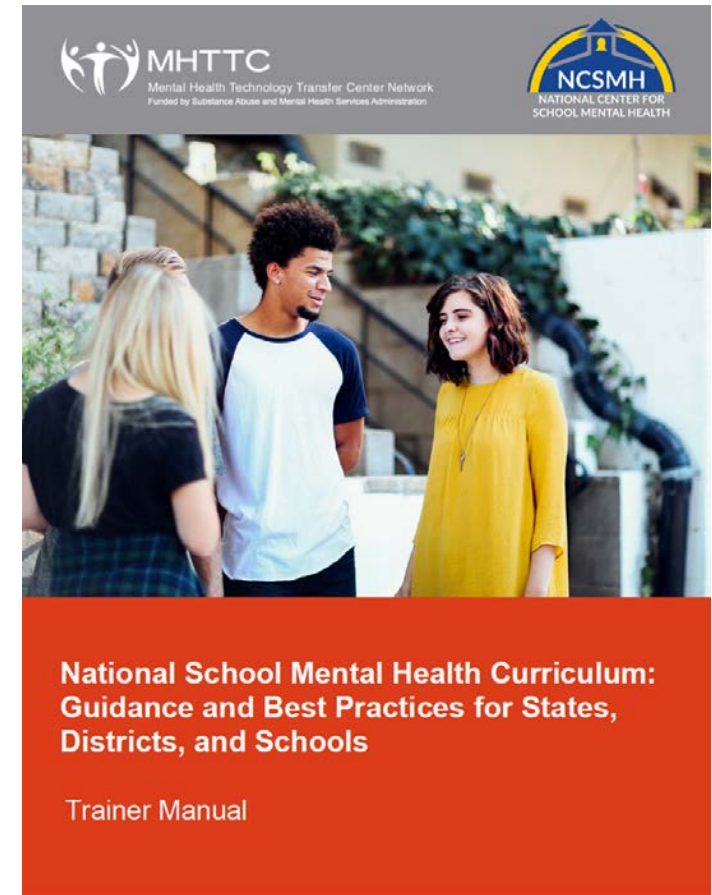
- Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



Visit the MHTTC website at <https://mhttcnetwork.org/>

National School Mental Health Curriculum

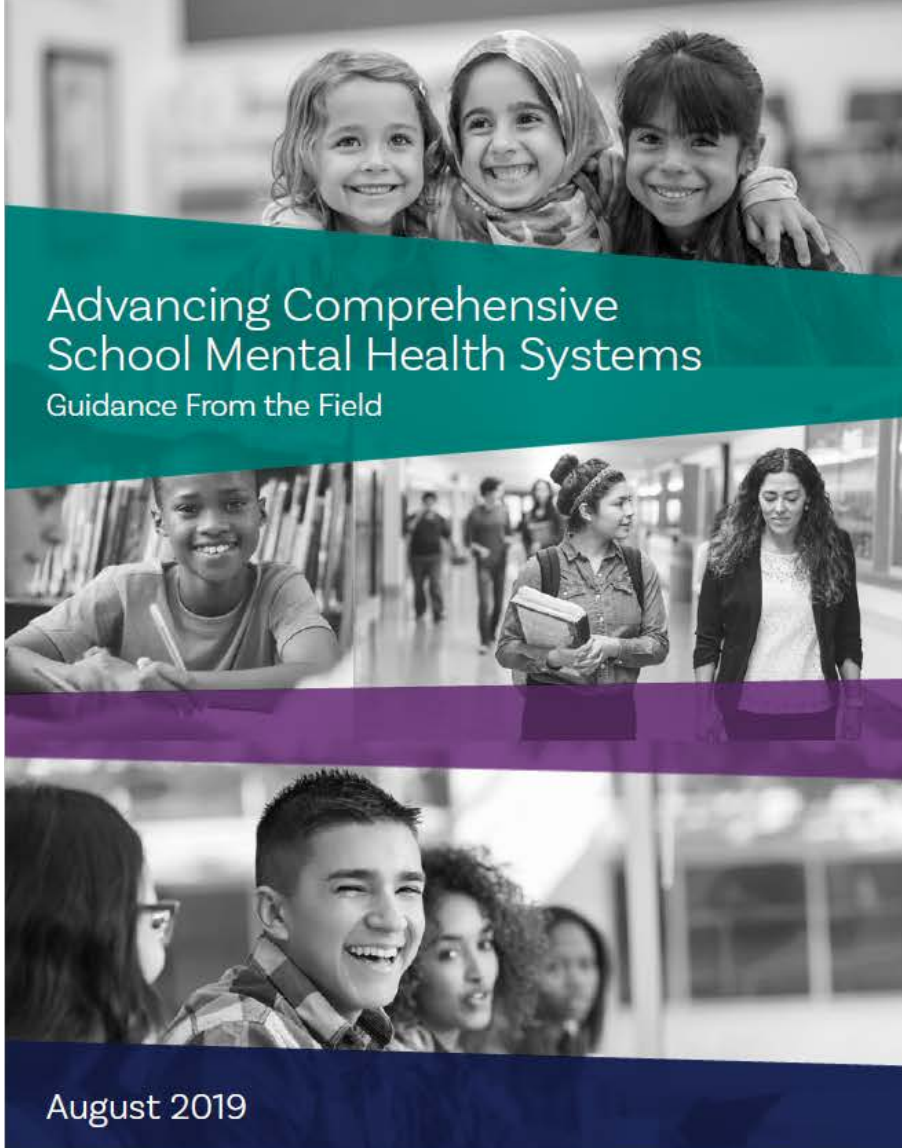
- Mod 1 Foundations of Comprehensive School Mental Health
- Mod 2 Teaming
- Mod 3 Needs Assessment & Resource Mapping
- Mod 4 Screening
- Mod 5 Mental Health Promotion for All (Tier 1)
- Mod 6 Early Intervention and Treatment (Tiers 2/3)
- Mod 7 Funding and Sustainability
- Mod 8 Impact



<https://mhttcnetwork.org/>

NCSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore, MD
- 1997 New Orleans, LA
- 1998 Virginia Beach, VA
- 1999 Denver, CO
- 2000 Atlanta, GA
- 2002 Philadelphia, PA
- 2003 Portland, OR
- 2004 Dallas, TX
- 2005 Cleveland, OH
- 2006 Baltimore, MD
- 2007 Orlando, FL
- 2008 Phoenix, AZ
- 2009 Minneapolis
- 2010 Albuquerque, NM
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh, PA
- 2015 New Orleans, LA
- 2016 San Diego, CA
- 2017 Washington, DC
- 2018 Las Vegas, NV
- ***2019 Austin, TX (Nov 7-9)***
- ***2020 Baltimore, MD (Oct 29-31)***



Guidance from the Field

- Why Address Mental Health in Schools
- A Public Health Approach to School Mental Health
- The Value of School Mental health
- Core Features of a Comprehensive School Mental Health System
- Opportunities, Challenges and Recommended Strategies
- Local Spotlights
- State Spotlights
- Moving Forward

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