



Welcome to Project ECHO!

URSOS

UR Supporting Our Students

Strengthening Educators' Response to the
Mental Health Needs of Teens

Hosted by the Expanded School Mental Health Team at UR Medicine

Introductions (5 min)



Welcome From Our Hub Team!



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No disclosures or relevant financial relationships to declare

Continuing Education Reminder

University of Rochester Medical Center, Center for Experiential Learning is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0005. **This activity is approved for 1.0 *Social Work continuing education hour(s)*.**

University of Rochester Warner School of Education is recognized by the New York State Education Department as an approved provider of Continuing Teacher Leader Education (CTLE) for educators, administrators, and some classes of paraprofessionals. **This activity is approved for 1.0 *Continuing Teacher Leader Education hours*.**

https://redcap.link/ECHO_1



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Didactics (15 minutes)

Recognizing Youth in Distress in Educational Settings

Dr. Melissa Heatly

Child & Adolescent Psychologist

Director, Expanded School Mental Health Initiatives at UR Medicine

Prevalence of Teen MH Challenges

- **From 2009 to 2019...**

- the proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%
- The share seriously considering attempting suicide increased by 36%
- The share creating a suicide plan increased by 44%.
- Suicide rates among youth ages 10-24 in the US increased by 57%.

- **Since the pandemic began...**

- Depressive and anxiety symptoms doubled during the pandemic, with 25% of youth experiencing depressive symptoms and 20% experiencing anxiety symptoms.
- Negative emotions or behaviors such as impulsivity and irritability—associated with conditions such as ADHD— appear to have moderately increased.

Early estimates from the National Center for Health Statistics suggest there were more than **6,600 deaths** by suicide among the 10-24 age group in 2020. 2021 ED visits for suicide attempts were **51% higher** for teen girls, and **4% higher** for teen boys than in 2019.



BOX 1

RISK FACTORS CONTRIBUTING TO YOUTH MENTAL HEALTH SYMPTOMS DURING THE PANDEMIC

Note: Not a comprehensive list of risk factors

Having **mental health challenges** before the pandemic^{61, 64}

Living in an **urban area** or an **area with more severe COVID-19 outbreaks**⁶⁵

Having parents or caregivers who were **frontline workers**⁶⁶

Having parents or caregivers at elevated risk of **burnout** (for example, due to parenting demands)^{67, 68}

Being **worried about COVID-19**⁶⁴

Experiencing **disruptions in routine**, such as not seeing friends or going to school in person^{69, 70, 71}

Experiencing more **adverse childhood experiences (ACEs)** such as abuse, neglect, community violence, and discrimination^{72, 73, 74}

Experiencing more **financial instability, food shortages, or housing instability**^{75, 76}

Experiencing **trauma**, such as losing a family member or caregiver to COVID-19⁷⁷

Groups at Highest Risk

- Youth with intellectual and developmental disabilities (IDDs)
- Racial and ethnic minority youth
- LGBTQ+ youth
- Low-income youth
- Youth in rural areas
- Youth from immigrant households
- Youth with multiple risk factors
- Youth who may face discrimination in the health care system
- Risks of COVID-19 to children with mental health conditions

Urgency of Addressing Teens with MH Challenges

2016:

The Finger Lakes' Child Mental Health System is in a "Crisis of Care"

2021:

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

2021:

Surgeon General's Advisory highlights the urgent need to address the nation's youth mental health crisis



**PROTECTING
YOUTH
MENTAL HEALTH**

The U.S. Surgeon General's Advisory

Challenges in Recognizing Youth in Need of Support

Stigma around discussing and disclosing mental health challenges

Externalizing and **high-flying behaviors** much easier to 'see' than **internalizing** difficulties, like depression or anxiety

Front-line educators not always aware of ways **to recognize** signs that teens may be developing **mental health problems**

“Terrifying **shortage** of **mental health providers** and **counselors** in schools right now.” – Ed Weekly

Urgent Need for

Easy & Efficient methods of . . .

- Early identification of youth with emerging MH challenges
- Monitoring kids with internalizing concerns
- Assessing immediate risk of suicidality and self-harm
- Resources for talking with families about concerns (next time)
- Resources for linking families with resources (next time)
- Strategies for implementation

Screening Tools to Identify Youth in Distress

What is Screening?

Using a tool or process within a population of students **to identify a *specified student's* strengths and needs.**

Screening is often used to identify students **at risk for a mental health or substance use concern.**

Screening can also be used as **decisional-aids** when supporting youth in crisis

Screening is Distinct from MH Surveillance Data

Surveillance Data = Deidentified

MH Surveillance is a tool or process employed with an entire population, such as a school's student body, to gather **anonymous information** about school and student strengths and needs. This can be part of a broader needs assessment.

Examples:

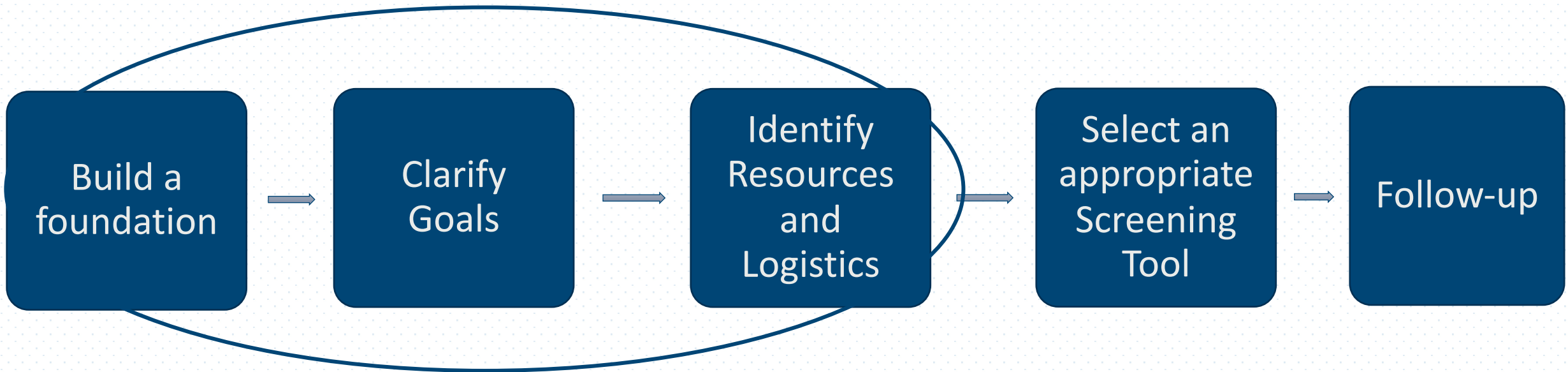
- **Youth Risk Behavior Surveillance System**

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

- **The Children's Health and Education Mapping Tool**

<https://www.sbh4all.org/resources/mapping-tool/>

Screening Considerations & Action Steps



Build a Foundation

Assemble a team

- School administrators and staff
- Community
- Students
- Family

Tip: Use data to support justification for mental health screening

Examples: Depression screen & absenteeism; COVID Surge & Anxiety

Generate Engagement and Support

- Gather input from several groups:
 - ✓ Focus groups
 - ✓ Parent/staff meetings
 - ✓ Feedback cards
- Strategize how your goals fit in with other initiatives or goals in your school/district
- Consider how students are currently being identified for MH services and the implications for service provision.

Clarify Goals

- **Identify the purpose of screening, population of focus, and desired outcomes**
 - Consider developmental period, transitions, and times of risk
 - Consider how you expect to use the data
- **Examples:**
 - **Universal Screening:** Screen all 6th grade students in one district for *anxiety* to inform *who may benefit from additional support during the transition to middle school.*
 - **Targeted Screening:** Screen all 9th grade students who are struggling with return to school after COVID-related closures for **COVID-related Traumatic Stress**, so as to **inform development, recruitment, and implementation of Bounce Back from COVID-19 Groups**
 - **Suicide Risk Screening:** Screen students presenting to the counseling center with **significant distress** for **risk of suicide** and use results to make an intervention plan

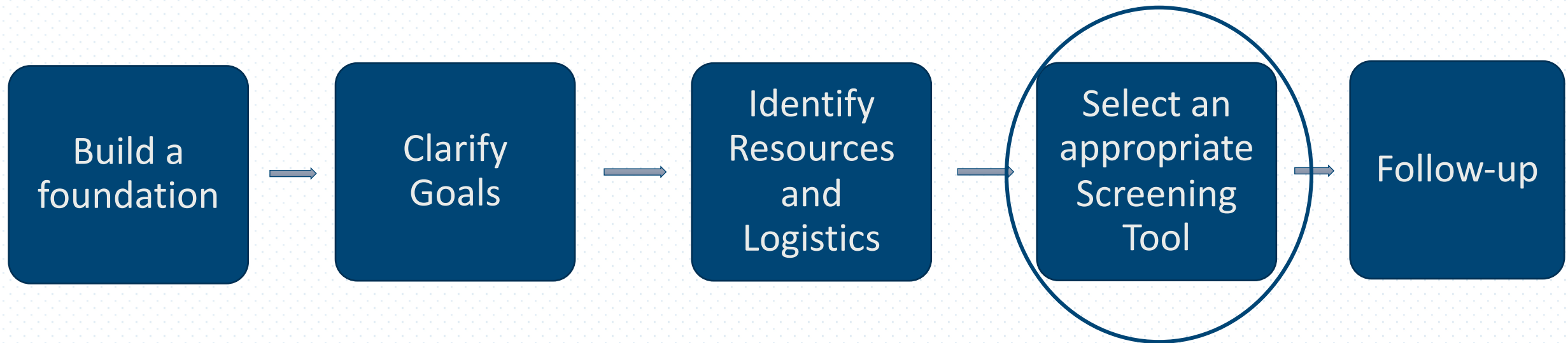
Identify Resources and Logistics

Staffing, Resources, & Buy-In

- Buy-in and availability of student support personnel
 - Administration, scoring, and follow-up
- Teachers and paraprofessionals
 - Classroom administration
- Community providers
 - Capacity to welcome new referrals
- **PLANNING TIP: START SMALL**
 - 1 Kid, 1 Classroom, 1 Grade, 1 School



Screening Considerations & Action Steps



Selecting Screening Tools

<https://shape.3cimpact.com/screeningAndAssessment>

www.theshapesystem.com

**Free, reliable, and downloadable Child Mental Health
Screening Tools for use in educational settings**

Highlighted Tools for Teen Mental Health

Universal Screening Tools – Emerging Mental Health Concerns

Pediatric Symptom Checklist (-17 or -35)

The Pediatric Symptom Checklist (PSC) is a screening tool intended to identify a wide range of psychosocial concerns. Full (35 item) and abbreviated (17 items) versions were developed for youth (Y-PSC) and caregiver (PSC) respondents.

Patient Health Questionnaire – PHQ-9-A with Severity Items for Depression

The Patient Health Questionnaire-9 (PHQ-9) was initially designed to facilitate the recognition and diagnosis of depressive disorders in primary care. The PHQ-9 was modified for youth and adolescents (PHQ-9-A) and to better assess for suicide risk and dysthymia in adolescents (Severity Measure for Depression – Child Age 11-17).

YOUTH PEDIATRIC SYMPTOM CHECKLIST-17 (Y PSC-17)

Name: _____ Record #: _____
 Date of Birth: _____ Today's Date: _____

Please mark under the heading that best fits you:	NEVER	SOMETIMES	OFTEN
◆ Fidgety, unable to sit still ◆	0	1	2
* Feel sad, unhappy *			
◆ Daydream too much ◆			
<input type="checkbox"/> Refuse to share <input type="checkbox"/>			
<input type="checkbox"/> Do not understand other people's feelings <input type="checkbox"/>			
* Feel hopeless *			
◆ Have trouble concentrating ◆			
<input type="checkbox"/> Fight with other children <input type="checkbox"/>			
* Down on yourself *			
<input type="checkbox"/> Blame others for your troubles <input type="checkbox"/>			
* Seem to be having less fun *			
<input type="checkbox"/> Do not listen to rules <input type="checkbox"/>			
◆ Act as if driven by a motor ◆			
<input type="checkbox"/> Tease others <input type="checkbox"/>			
* Worry a lot *			
<input type="checkbox"/> Take things that do not belong to you <input type="checkbox"/>			
◆ Distract easily ◆			

Severity Measure for Depression—Child Age 11–17*
 *PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name: _____ Age: _____ Sex: Male Female Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	Clinician Use Item score
1. Feeling down, depressed, irritable, or hopeless?					
2. Little interest or pleasure in doing things?					
3. Trouble falling asleep, staying asleep, or sleeping too much?					
4. Poor appetite, weight loss, or overeating?					
5. Feeling tired, or having little energy?					
6. Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?					
7. Trouble concentrating on things like school work, reading, or watching TV?					
8. Moving or speaking so slowly that other people could have noticed?					
9. Thoughts that you would be better off dead, or of hurting yourself in some way?					
Total/Partial Raw Score:					
Prorated Total Raw Score: (if 1-2 items left unanswered)					

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes

Exemplar Screening Follow-Up Procedure

Positive Score (All Students)

- A letter is sent to parents/guardians notifying them of the positive score. The letter includes a brief description of the screener and resources for family follow-up outside of school.
- Counselors are notified of the positive score and will run through a checklist. Checklist returned to IST chairperson (administrator) for review. IST administrator determines next step.
- Check in with *all* positive students and check on their progress quarterly

Student Name: _____ Grade _____

Parent Notified of Positive Screening Results ___ Yes _____ Date _____

	Yes or No or Do Not Know	Notes/Details
Is this student already receiving any Tier 2 counseling services at school, such as group counseling, Primary Project, DBT skills group, etc.?		What type of service?
Is this student already connected with Tier 3 counseling services at school, such as school-based counseling or case management?		Who?
To your knowledge, is this student and/or family already connected to community-based mental health support, counseling, and/or psychiatric support outside of school?		What type of support?
Is this student receiving any type of academic support in the building? (RtI, special education, peer tutoring).		What type of support?
Do you think that this student should be reviewed by IST in order to determine if additional social-emotional support is needed?		

Return form to _____

IST Administrator

Date Scheduled for IST _____

Monitor ___ Yes ___ No

Date for Review _____

Positive Score (Referred to IST)

- The student is scheduled on IST to be reviewed.
- A mental health provider reviews the cumulative file prior to the meeting.
- Other additional data is collected, such as teacher reports, grades, attendance, discipline, etc.
- Teacher & family input
- Team review of which Level 1 supports have been helpful/not helpful?

If the IST determines that "Level 2" or "Level 3" interventions are needed, these are some follow-up measures that can be considered:

- If not already in place, obtain consents to speak to pediatrician and any other community mental health providers the family is connected with.
- Discuss ways to increase partnership with parents/guardians (if not already well established)
- Assign a counselor/mental health provider to check in with the student on a regular basis
- Identify a teacher/staff person who connects with the student and agrees to check in with them on a regular basis
- Obtain IST consent and engage in additional social-emotional screening measures (i.e., BASC, Conners, BRIEF, and other measures). After data is collected, it should be reviewed by the team to better inform them as to what interventions are most appropriate.
- Consider internal referral to support services
 - [List Internal Support Services Here]
- Consider obtaining parental consent and accessing additional services and referrals
 - [List External Support Services Here]
- Consider development of behavior plans
- Consider the student for participation in group counseling opportunities that are designed to address their individual needs
 - [List group options here]
- Consider referrals to community based organizations that specifically match the identified area of need(s)
 - (i.e., Healing Connections, ~~Bivona~~, substance treatment programs, FACT, Health Homes, Preventative Services).
 - Identify a case manager to help coordinate these referrals
- IST Team identifies a "case manager" to implement recommendations. This person assists in referrals, coordinates internal services, tracks progress, and (eventually) reports back to team
- Make a plan to "re-screen" with original measure or use another brief measure to check in with the student and determine if progress is being made

Highlighted Tools for Teen Mental Health

Targeted Screening Tools – Suicide Risk

25% of teachers report being approached by an at-risk student

~80% of school shooters had a history of suicidal thoughts or behavior

*Vossekuil, B. et al. National Threat Assessment Center, Washington DC 2002.

Just ask a few questions to find people who need help before it's too late,
Prevent violence before it starts.

Highlighted Tools for Teen Mental Health

What is The Columbia Suicide Severity Rating Scale (C-SSRS) Screener?

The C-SSRS is a few simple questions about suicidal thoughts and behavior, and offers the teacher, parent or peer a next step with setting-specific recommendations.

- **Simple:** You can ask as few as two to six questions, with no mental health training required to ask them.
- **Effective:** Experience shows that the scale uniquely identifies those who would otherwise be missed.
- **Efficient:** Use of the scale redirects resources to where they are needed most, preventing unnecessary interventions that are often costly, traumatic, and lead to disengagement from the needed care.
- **Free:** Training & Tools Available at no cost.
- **Evidence-Based:** unprecedented amount of research that validates the questions' value

COMMUNITY CARD



**ASK YOUR FRIENDS
CARE FOR YOUR FRIENDS
EMBRACE YOUR FRIENDS**

**See Reverse for Questions that Can
Save a Life**

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</small>	High Risk

**Any YES must be taken seriously. Seek help from friends, family
If the answer to 4, 5 or 6 is YES, immediately ESCORT to Emergency
Personnel for care or call 1-800-273-8255 or text 741741 or call 911**



**DON'T LEAVE THE PERSON ALONE
STAY ENGAGED UNTIL YOU MAKE A
WARM HAND OFF TO SOMEONE WHO
CAN HELP**

Highlighted Tools for Teen Mental Health

Columbia Suicide Severity Rating Scale in Schools

- The **Lifetime/Recent** version allows practitioners to gather lifetime history of suicidality as well as any recent suicidal ideation and/or behavior.
- The **Since Last Visit** version of the scale assesses suicidality since the patient’s last visit.
- The **Screeners** version of the C-SSRS is a truncated form of the full version.

May be particularly useful when. . .

- Considering Mobile Crisis vs ED
- Supporting youth returning from hospitalization
- Any time you have concern about student suicide risk

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Schools

	Past month	
	YES	NO
Ask questions that are in bold and underlined.		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>		Lifetime
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		Past 3 Months
If YES, ask: <u>Was this within the past 3 months?</u>		

Possible Response Protocol to C-SSRS Screening

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Referral
- Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
- Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
- Item 6 Behavioral Health Referral
- Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room



- In schools and on college campuses, the C-SSRS creates a tight/comprehensive network of support, when it is used by teachers, coaches, public safety officers, student life staff, resident advisors, and most critically, peers.
- The C-SSRS has been successfully implemented in many schools and systems across the US (e.g., every teacher in Tennessee) and abroad (every school teacher in Israel).

Putting **these simple questions** in everybody's hands creates a common language and a **linking of systems**.

This facilitates care delivery and engages the whole community in helping to prevent tragedy.

Highlighted Tools for Teen Mental Health

Targeted Screening Tools

[UCLA Brief COVID-19 Screen for Child/Adolescent PTSD](#)

This newly developed tool is available at no cost to facilitate PTSD risk screening and triage to address the impact of the coronavirus pandemic on children, adolescents and their families.

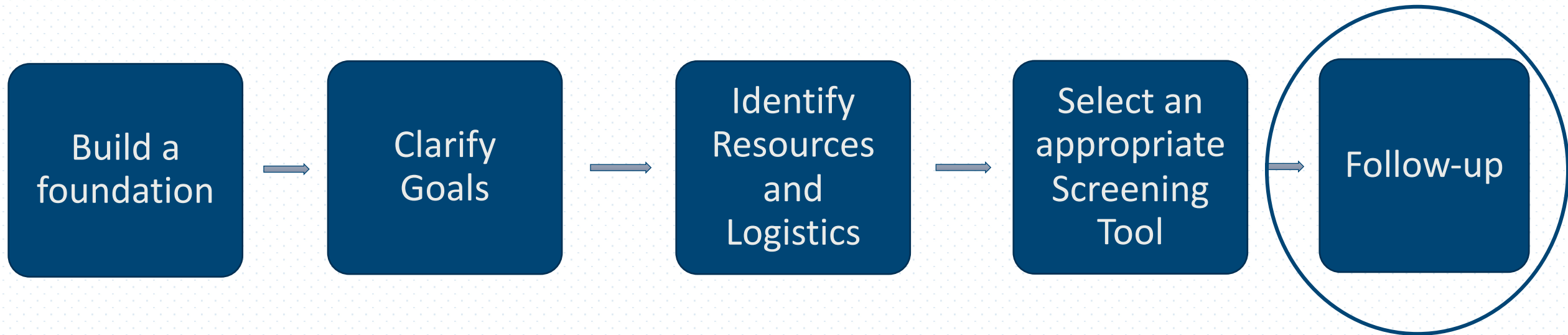
<i>HOW MUCH OF THE TIME DURING THE PAST MONTH...</i>		None	Little	Some	Much	Most
1	I try to stay away from people, places, or things that remind me about what happened or what is still happening.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened or is still happening.	0	1	2	3	4
7	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
8	I have thoughts like “I will never be able to trust other people.”	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don’t want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

May be useful when...

- Concerned about student risk following school disruption
- Recruiting for a coping skills group focused on COVID-19



Screening Considerations & Action Steps



Develop Follow-Up Processes

- **Tiered approach to follow up**
 - **Follow-up with Parents** to let them know the results of the screener, and encourage them to talk with their pediatrician
 - **Resource map** of school and community supports and services
 - Determine interventions that will be implemented for students at different levels of risk
- **Follow-up schedule**
 - High risk- same day
 - Moderate risk- within a week
 - Low risk- communicate findings to staff, students, and parents within a reasonable timeframe (e.g., one month).
 - Processes to follow up with caregivers and school staff
- **Community Partnerships:** Alert crisis teams and local community mental health providers to be on call in advance of screenings

Exemplar Follow-Up Documents

Student support teams make referrals as needed

Low Risk

- Provide self-care resources
- Refer to classroom-based SEL
- Send informational materials for parent/guardian

Moderate Risk

- Provide self-care resources
- Send informational materials for parent/guardian
- Refer to outpatient care (via student or guardian, per school protocol and parent consent status) and assist with appointment scheduling when possible
- Refer to a stress management group either within school or via a community-based or online resource

High Risk

- Follow school risk management protocol including referral to urgent care, emergency services, crisis support, and/or CPS
- Communicate with parent/guardian unless contraindicated for safety
- Refer to outpatient care (via student or guardian, per school protocol and parent consent status) and assist with appointment scheduling when possible

For low and moderate risk referrals:

Start with local providers / county CMH first. Refer to online resources as a backup if local care is not accessible.

NATIONAL SUICIDE
PREVENTION LIFELINE:
1-800-273-8255

suicidepreventionlifeline.org

[From Student Mental Health Screening: A Toolkit for Schools During COVID-19](#)

NYS Exemplar Follow-Up Parent Resources

- **Sample Follow-Up Scripts for Parent Notification**

- Positive & Negative
- Guidance for discussing with Pediatrician & School Team

- **Psychoeducational Resources**

- Behavioral Health Booklets
- Resources for Families (Developmental)
- How to Help Others Guides
- Self-help Resources
- Resources for Schools and MH partners

Child & Adolescent Mental Health Resources Monroe County (585)

Emergency Services	<ul style="list-style-type: none"> • Mobile Crisis/Lifeline Hotline (same): 275-5151, 529-3721 OR 211 • Comprehensive Psychiatric Emergency Program (CPEP): URMC ED • Any Emergency Depart. (Child/Adol. Will be transferred to URMC) • 911
Crisis Intervention Services	<ul style="list-style-type: none"> • Family Crisis Support Services (FCSS): 256-7500 <ul style="list-style-type: none"> ◦ Self or Community referrals accepted • Home-based Crisis Intervention (HBCI): 368-3614 (for general questions) <ul style="list-style-type: none"> ◦ Clinician referrals only
Mental Health Treatment Clinics	<ul style="list-style-type: none"> • Genesee Mental Health: 922-7770-walk-ins 224 Alexander Park • Villa Of Hope: 328-0834 ext. 581 1099 Jay St. Bldg. J 2nd Floor • Liberty Resources: 410-3370 175 Humboldt Street • Strong Child & Adolescent Clinic: 279-7800 315 Science Parkway • Catholic Family Center: 546-7220 87 North Clinton Avenue • Easter Seals: 292-5830 103 White Spruce Boulevard
Monroe County System of Care Programs	<ul style="list-style-type: none"> • Family Access & Connection Team (FACT): 753-2639 1099 Jay Street <ul style="list-style-type: none"> ◦ Family referral, School referral (truancy only) • Single Point of Access (SPOA): 753-2881 1099 Jay Street <ul style="list-style-type: none"> ◦ Clinician, self or community referral, documentation including a Mental Health diagnosis and additional information required. Skill-Building; Care Coord., HCBS Waiver, Community Residence, Residential Treatment Facility
Chemical Dependency Treatment	<ul style="list-style-type: none"> • Unity Chemical Dependency: 723-7740 1565 Long Pond Road • Villa of Hope: 865-1550 3300 Dewey Avenue • Villa Of Hope: : 328-0834 ext. 581 1099 Jay St. Bldg. J 2nd Floor • Westfall Associates: 473-1500 919 Westfall Rd, Bld. B, Ste 60 • Strong Recovery: 275-5400 2613 W. Henrietta Road
Hospital Resources	<ul style="list-style-type: none"> • Strong Memorial Hospital Unit Acute psychiatric inpatient care • Strong Memorial Hospital Child & Adolescent Partial Hospitalization Program (CAPH)-Short-term full day psychiatric care • UR Medicine 300 Crittenden Blvd.-4th floor <ul style="list-style-type: none"> ◦ Child/Adol Inpatient Hospitalization ◦ Child/Adol Partial Hospitalization <ul style="list-style-type: none"> ▪ Ronald McDonald House access

Highlighted Resources

[Inventory of Screening Tools](#) for use in School Mental Health

The SHAPE System has a comprehensive and searchable inventory of screening tools and guidance for how to implement in school systems.

[Project TEACH](#) – Evidence-based questionnaires and rating scales frequently used in primary care practices.

[Comparison of Different types of Screening Assessments](#)

This tool provides information about various universal mental health screening measures, in terms of content, cost, administration time, languages, and overall pros & cons. The purpose of this document is to help practitioners choose a universal screening measure to implement in their schools.

[Considerations and Sample Questions for Evaluating Universal Screening Assessments](#)

This quick tool provides guiding questions to help one determine the appropriateness of various screening measures.

[NYS Exemplar Resource: Screening Conversation Checklist](#)

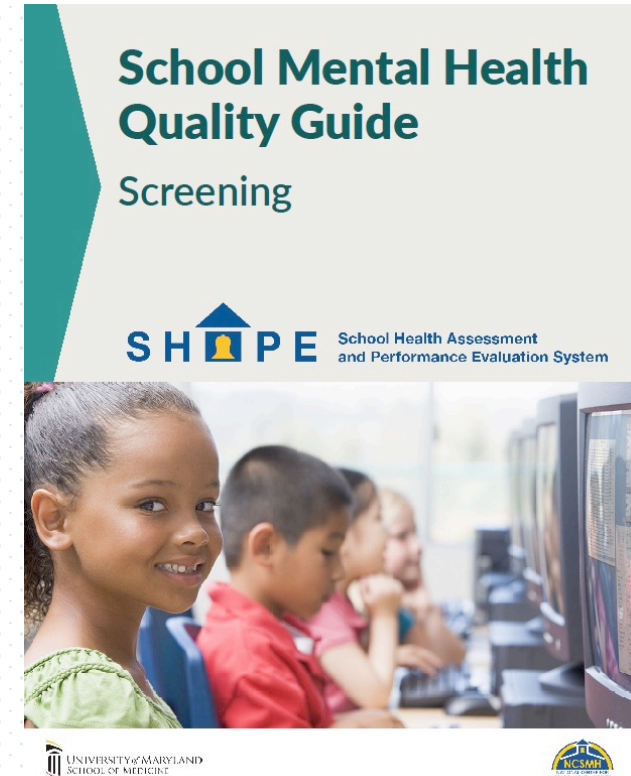
This is a “conversational checklist” developed by a NYS team to help facilitate conversation about how to best prepare for screening. It also includes a list of commonly used universal screeners with pros/cons and links to the screener.

School Mental Health Quality Guide: Screening

Provides guidance to advance school mental health quality and sustainability

Includes:

- Background
- Best practices
- Action steps
- Examples from the field
- Resources



NCSMH, 2020

Resources & References



Office of
Mental Health



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[Student Mental Health Screening: A Toolkit for Schools During COVID-19](#)

- The screening toolkit contains tools and recommendations for mental health screening in schools.

National Center for School Mental Health (NCSMH, 2020). *School Mental Health Quality Guide: Screening*. NCSMH, University of Maryland School of Medicine. Retrieved from

<http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/QualityGuides/Screening-1.27.20.pdf>

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University of Rochester Medical Center, Center for Experiential Learning is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0005. **This activity is approved for 1.0 *Social Work continuing education hour(s)*.**

University of Rochester Warner School of Education is recognized by the New York State Education Department as an approved provider of Continuing Teacher Leader Education (CTLE) for educators, administrators, and some classes of paraprofessionals. **This activity is approved for 1.0 *Continuing Teacher Leader Education hours*.**

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MEDICINE

GOLISANO
CHILDREN'S HOSPITAL

Approaching & Supporting Youth and Families in Distress

Dr. Allison Stiles

Child & Adolescent Psychologist



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Strengthening Educators' Response to the
Mental Health Needs of Teens

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