



MHTTC

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



NCSMH

NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH



National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools

Participant Manual

Published in 2019 by the Mental Health Technology Transfer Center Network Coordinating Office (MHTTC NCO), Center for Behavioral Health Services and Implementation Research, Division of Public Mental Health & Population Sciences, Department of Psychiatry & Behavioral Sciences, Stanford University School of Medicine, MC 5265, 1520 Page Mill Road, Palo Alto, CA 94304

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About Us

The MHTTC Network is funded by SAMHSA to expand capacity for school mental health infrastructure and service delivery based on supplemental funding received for this focus area. To learn more about the MHTTC Network's training and technical assistance resources and activities, visit <https://mhttcnetwork.org/>

The MHTTC NCO partnered with the University of Maryland National Center for School Mental Health (NCSMH) to carry out this work. The mission of the NCSMH is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. To learn more about the NCSMH, visit www.schoolmentalhealth.org

Disclaimer

The opinions expressed herein are the views of the MHTTC NCO and the National Center for School Mental Health and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred. At the time of this publication, Elinore McCance-Katz, MD, PhD, served as Assistant Secretary for Mental Health and Substance Use.

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Module 1: Foundations of Comprehensive School Mental Health

Goal: Help participants understand the definition, core features, and value of comprehensive school mental health systems.

By the end of this module, participants will be able to:

1. Define comprehensive school mental health systems.
2. Describe the 6 core features of comprehensive school mental health systems.
3. Describe 3 reasons why comprehensive school mental health is important.



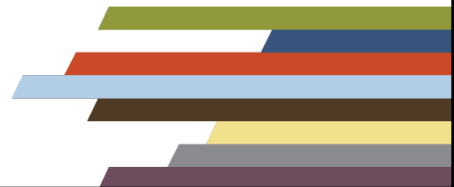
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Module 1: Foundations of Comprehensive School Mental Health

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools



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Agenda

- Implementation Guidance Modules Overview and Target Audience
- Alignment with School Mental Health Quality Assessment
- What Is Comprehensive School Mental Health?
- Core Features
- Value
- District Examples

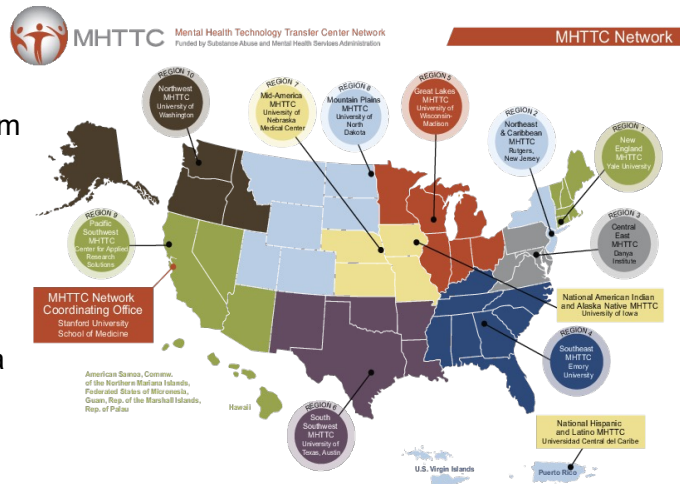
Implementation Guidance Modules Development

National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools was co-developed by the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH).



Mental Health Technology Transfer Center (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 Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the 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

Overview of Implementation Guidance Modules

- 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

Target Audience



District teams that can influence, develop, and oversee school mental health systems at the school district and building levels.

District teams may include:

- School District Leaders (e.g., Superintendent, School Board)
- School Administrators (e.g., Principal, Assistant Principal)
- District Mental Health Director or Student Services Supervisor (e.g., Director of Student Services, District Supervisor School Psychologists/Social Workers/Counselors)
- Community Behavioral Health Agency Supervisor/Director (e.g., clinical director of an agency that provides school-based services in the district)
- Youth/Family Advocate or Consumer

Quality Indicators

Each module aligns with the **national performance domains and indicators** of comprehensive school mental health system quality.

National School Mental Health Quality Assessment (SMH-QA; NCSMH, 2019)

Best Practices

- Quality indicators have best-practice guidelines
- Used to self-assess indicator implementation and guide strategic quality improvement planning

Overview of School Mental Health Quality Domains and Indicators

Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion Services and Supports (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Funding and Sustainability
- Impact

Teaming

- Create a multidisciplinary and diverse team
- Meaningfully involve students and families
- Use effective school-community partnerships
- Address each tier of the multi-tiered system of supports
- Avoid duplication and promote efficiency
- Define staff roles and responsibilities
- Refer to school- and community-based services
- Determine which services are needed
- Collect and share data

Needs Assessment / Resource Mapping

- Assess student mental health needs and strengths
- Use needs assessment to determine appropriate services and supports
- Conduct or access current resource mapping
- Use current resource map to determine appropriate services and supports
- Align existing services and supports

Mental Health Promotion Services & Supports (Tier 1)

- Assess and improve school climate and staff well-being
- Set positive behavior expectations
- Implement positive reinforcement systems
- Build healthy relationships and community
- Reduce exclusionary responses
- Increase mental health literacy and social emotional learning
- Select evidence-informed Tier 1 services and supports
- Match Tier 1 services and supports to needs and strengths
- Ensure adequate resource capacity
- Support training and professional development
- Monitor fidelity

Early Intervention & Treatment Services & Supports (Tiers 2 & 3)

- Count of students who received evidence-informed Tier 2/3 services and supports
- Determine whether Tier 2/3 services and supports are evidence-informed
- Match Tier 2/3 services and supports to needs and strengths
- Ensure adequate resource capacity
- Support training and professional development
- Monitor fidelity
- Create SMART intervention goals
- Monitor individual student progress across tiers
- Implement systematic crisis response protocol

Screening

- Screen for student distress and well-being to identify and refer students for additional supports

Funding & Sustainability

- Leverage funding and resources to attract potential contributors
- Strategize to retain staff
- Maximize partner expertise and resources
- Evaluate funding for Tiers 1/2
- Maximize reimbursement opportunities

Impact

- Document and report comprehensive school mental health system impact on educational, social, emotional, and behavioral outcomes
- Disaggregate outcome data

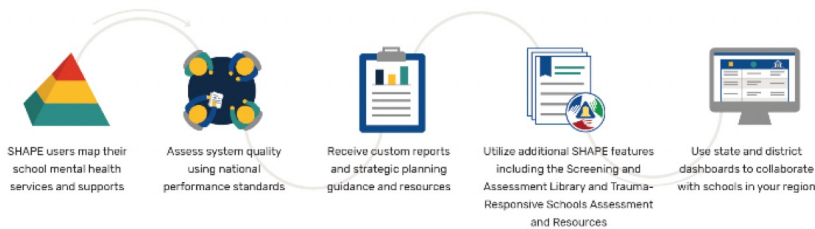
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The National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine is funded in part by the US Department of Health and Human Services, Maternal and Child Health Bureau. The NCSMH mission is to advance school mental health programs and policies to promote success for America's youth.

School Health Assessment and Performance Evaluation (SHAPE) System

www.theSHAPEsystem.com

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



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.



(NCSMH, 2019)

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Targeted Resources & Guides

Our comprehensive resource library includes public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on specific team goals or generate ideas for action steps related to your own improvement goals.

Promote/Prevent | 3 Bold Steps

A Framework for Effectively Implementing Evidence-Based Programs and Practices (EBPs)

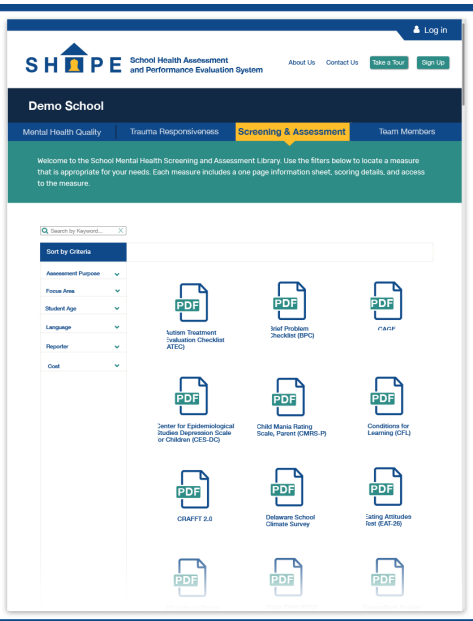
SHAPE Quality Domain: Teaming

(NCSMH, 2019)

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Screening & Assessment Library

Our extensive screening and assessment library includes a variety of free and low-cost measures related to school mental health.



(NCSMH, 2019)

EARN SHAPE RECOGNITION

Bronze, Silver or Gold Star SHAPE Teams have access to customized reports and free resources and can add team members to join their SHAPE account.



School Mental Health Profile

Earn a Bronze Star by completing the School Mental Health Profile. Assess your school or district SMH resources, staffing and service array.



Quality Assessment

Earn a Silver Star by completing one Quality Assessment. Assess your school or district performance on national school mental health quality indicators. Get free customized Quality reports to drive your improvement process.



Complete all Quality Assessments to earn your

Gold Star status!

(NCSMH, 2019)

What Is Comprehensive School Mental Health?

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Comprehensive School Mental Health Systems

- Provide a **full array of supports and services** that promote positive school climate, social emotional learning, mental health, and well-being, while reducing the prevalence and severity of mental illness
- **Built on a strong foundation of district and school professionals**, including administrators and educators, specialized instructional support personnel (e.g., school psychologists, school social workers, school counselors, school nurses, other school health professionals) in **strategic partnership with students, families, and community health and mental health partners**
- Assess and address the **social and environmental factors** that impact health and mental health



Core Features



- **Educators and Student Instructional Support Personnel**
 - Adequate staffing and support
 - Trained to address student mental health in schools
- **Collaboration and Teaming**
 - Youth and families
 - Community health/mental health and other partners
- **Multitiered System of Supports**
 - Mental health promotion support (Tier 1)
 - Early intervention and treatment services and supports (Tiers 2-3)
- **Evidence-Informed Services and Supports**
- **Cultural Responsiveness and Equity**
- **Data-Driven Decision-Making**

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Educators and Student Instructional Support Personnel

- District and school professionals are the foundation of comprehensive school mental health systems.
 - Administrators and Educators
 - Student Instructional Support Personnel
 - School Psychologists
 - School Counselors
 - School Social Workers
 - School Nurses
 - Other Health Professionals
- Consider nationally recognized staffing ratios.
- Community partners should augment existing supports and services in a strategic and integrated way.

Collaboration and Teaming

- Students
- Families
- Schools
- Community health and mental health
- Policymakers
- Funders



Examples of Partnership

- School-community advisory group
- Needs assessment process and program selection
- Family-centered procedures
- Communications
- Evaluating programs and communicating results

*“Nothing
about us
without us”*

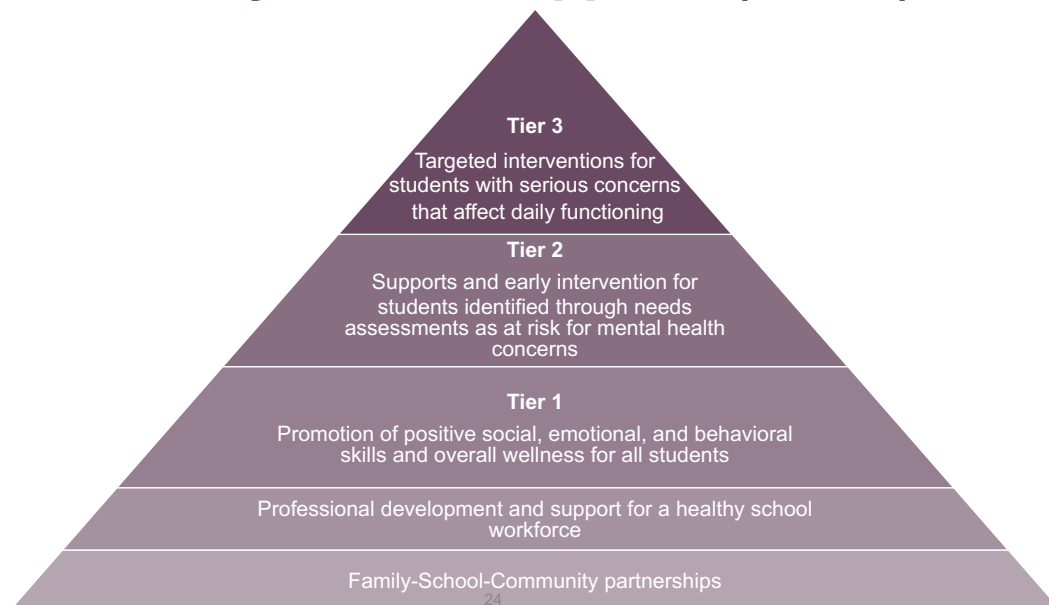
Community Partnerships

Partnerships between schools and community mental health organizations are **purposeful**, and designed to:

- **Augment** the abilities of schools to address barriers to learning and promote social-emotional well-being
- **Provide a broader array of supports**, including mental health promotion, prevention, and intervention within a multi-tiered system of support
- **Improve access** to mental health care



Multitiered System of Supports (MTSS)



Key Considerations in MTSS

- **Needed supports and services are fluid.**
 - Students need different levels of support at different times throughout development.
- **Tiers are layered.**
 - Students who receive higher levels of support continue to benefit from universal mental health promotion supports.
- **Invest in mental health promotion!**
 - Effective mental health promotion (Tier 1) supports can reduce the degree of need for higher-level supports in a school or district.
- **Provide more intensive and targeted services and supports** at the individual, group, or family level to address mental health concerns.
 - Students at risk for more serious mental health concerns (Tier 2) are able to participate in programs and supports that address their risk factors and promote positive social-emotional-behavioral learning.
 - Students already experiencing mental health concerns (Tier 3) have individualized services and supports that can improve mental health and overall well-being.

Evidence-Informed Supports and Services



- ✓ Services and supports that are backed by scientific and/or practice-based evidence
 - ✓ Teams need a system to evaluate evidence
- ✓ Ongoing monitoring of implementation success
- ✓ Systematic, reliable data informs decisions about student supports and services

Sources of Evidence

- Evidence-based practice registries
- Research literature
- Evidence-based practice developers
- Schools implementing the service or support



Cultural Responsiveness and Equity

- **Responsive to the specific cultural values, beliefs, and behaviors** of families and communities
- Ensure access to mental health supports and services in a manner that is **equitable and reduces disparities** across all students



Equity in Mental Health Framework Recommendations

- Mental health and well-being of all students
- Guidance to various student subgroups
- Diverse and culturally competent faculty and staff
- National and international equity issues/events
- Accessible, safe communication and effective response system
- Culturally and linguistically appropriate services and supports
- Disaggregate key data points

Adapted from the Equity in Mental Health Framework
(www.equityinmentalhealth.org)

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Data-Driven Decision-Making

Observations and other data/information should be used to make **fair, objective decisions** about:

- Identifying student mental health needs
- Matching students to appropriate services and supports
- Monitoring progress to evaluate student response to interventions
- Changing student services and supports over time as appropriate

Data Sources in Schools:

- ✓ Mental health screenings and assessments
- ✓ School climate surveys
- ✓ Grades
- ✓ Attendance/seat time
- ✓ Performance test scores
- ✓ Office referrals
- ✓ Suspensions/expulsions
- ✓ Achievement/benchmark test scores
- ✓ Behavioral observations
- ✓ Crisis incidents

Reflection:

Which core features are your district doing very well – throughout the district or in select school(s)?

Which core features do you wish were more consistently present in all your schools?

How do you think families would respond to the question of which core features are the school or district doing well?

Comprehensive School Mental Health Core Features Checklist:

- Educators and Student Instructional Support Personnel
 - Adequate staffing and support
 - Trained to address student mental health in schools
- Collaboration and Teaming
 - Youth and families
 - Community health/mental health and other partners
- Multitiered System of Supports
 - Mental health promotion support (Tier 1)
 - Early intervention and treatment services and supports (Tiers 2-3)
- Evidence-Informed Services and Supports
- Cultural Responsiveness and Equity
- Data-Driven Decision-Making

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The Value of Comprehensive School Mental Health

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Mental Health Promotion



www.casel.org

National School Mental Health Implementation
Guidance Modules

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What 1 skill would you wish for all graduating students to possess?

Mental Health Intervention

Schools are the primary mental health service provider for children.

60-80% of children who receive mental health services do so in schools.

(Burns et al., 1995; Green et al., 2013)

20% of students receive some form of school mental health services annually.

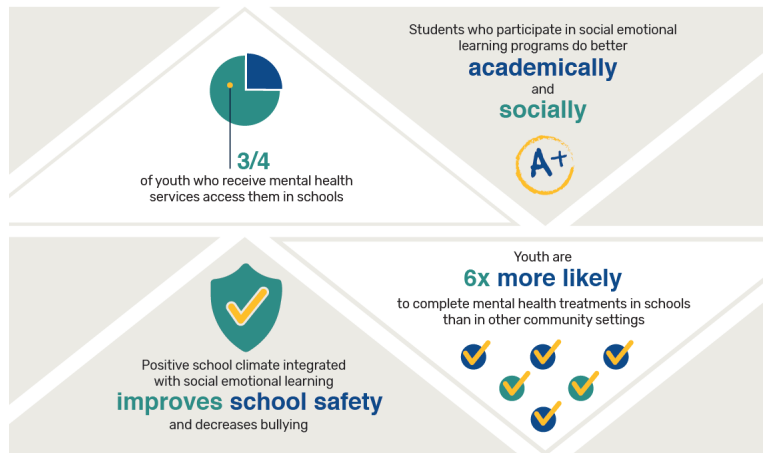
(Foster et al., 2005)

National School Mental Health Implementation
Guidance Modules

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School Mental Health Impact

School Mental Health *Matters*



NCSMH, 2019

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School Mental Health Outcomes

- Improvements in social and self-awareness, decision-making capacity, and relationship skills (Durlak et al., 2011)
- Better academic outcomes (Durlak et al., 2011; Kase et al., 2017)
- Fewer special education referrals and decreased need for restrictive placements (Bruns et al., 2004)
- Fewer disciplinary actions (Flannery et al., 2014; Taylor et al., 2017)
- Increased student engagement and feelings of connectedness to school (Greenberg et al., 2005)

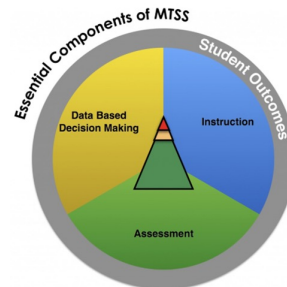
District Example

Resources



<https://cbhmboston.com/>

Boston Public Schools Comprehensive Behavioral Health Model



Every child deserves a safe and supportive school...
 CBHM promotes positive school climate and social and academic success for all students. It is a comprehensive model that integrates tiered supports and services within a school according to student needs, and recognizes family and community partnerships as an integral part of a school's success.
 We are so glad you are here!



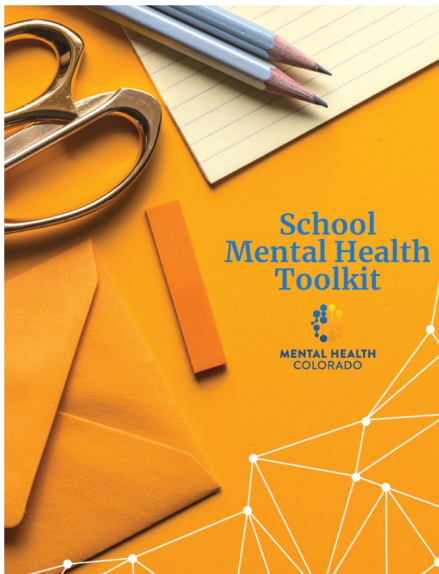
Resources

State Example

Wisconsin's School Mental Health Initiative

- 3 supporting grants:
 - Safe Schools Healthy Students
 - Project AWARE
 - School Climate Transformation
- State School Mental Health Framework

www.schoolmentalhealthwisconsin.org/



State Example

Colorado's School Mental Health Toolkit

- Blueprint for school mental health services
- Tool for community members, schools, local leaders, and districts
- Includes 10 best practices, including strategies for implementing, funding, and sustaining mental health services in schools

<https://www.mentalhealthcolorado.org/resources/school/>



Discussion

How does this content fit with your district's understanding and implementation of the core features of comprehensive school mental health?

Strategic Planning

- State a specific goal for your district related to comprehensive school mental health.
- List 3 potential action steps to move this goal forward.

Resources

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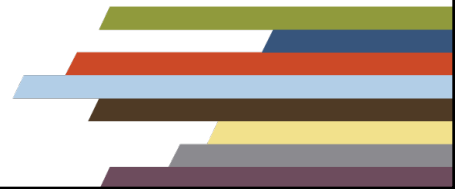
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Module content was developed by the National Center for School Mental Health in partnership with the MHTTC Network Coordinating Office.



Resources



School Mental Health Quality Assessment—District Version

The School Mental Health Quality Assessment— District Version (SMHQA-D) is designed for school district teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement. The SMHQA covers seven domains of comprehensive school mental health, which includes a full continuum of supports for the well-being of students, families, and the school community.

Instructions: Complete this assessment with an existing team or identify a new team. Broad and diverse participation ensures meaningful assessment, successful planning, and implementation. Your team may include school- or community-employed staff and other partners and stakeholders, including youth and families. Most questions ask about mental health system implementation in your schools. Some questions ask about district-level implementation or how the district supports its schools. Many districts have a range of school mental health implementation and quality among their schools. We recommend you answer based on what you know about the schools in your district as a whole. If this is your first SMHQA-D, we recommend you report on the previous school year. Otherwise, you may select any time frame you wish (e.g., last month, last six months).

Quality Domains:

Teaming	pg 1
Needs Assessment & Resource Mapping	pg 7
Mental Health Screening	pg 11
Mental Health Promotion (Tier 1)	pg 14
Early Intervention and Treatment (Tiers 2 & 3)	pg 22
Funding and Sustainability	pg 28
Impact	pg 33
Score Summary Page	pg 38

What if we have difficulty answering a question? Make an informed guess. You may also reassess at any time with different team members who may have more information about school mental health systems in your schools or district.

Using Your Results: Most teams start out with low scores. Do not be discouraged! Instead, use your results to prioritize and plan key improvement areas. This a quality improvement tool to facilitate structured conversations, drive strategic planning, provide a metric for reassessment, and optimize all aspects of your school mental health system over time.



School Mental Health Quality Assessment—School Version

The School Mental Health Quality Assessment School Version (SMHQA-S) is designed for school teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement. The SMHQA-S covers seven domains of comprehensive school mental health, which includes a full continuum of supports for the well-being of students, families, and the school community.

Instructions: Complete this assessment with an existing team or identify a new team. Broad and diverse participation ensures meaningful assessment, successful planning, and implementation. Your team may include school- community-employed staff and other partners and stakeholders, including youth and families. Questions will ask you to report on the mental health system in your school. Many schools have a range of school mental health implementation and quality.

Quality Domains:

Teaming	pg 1
Needs Assessment & Resource Mapping	pg 6
Mental Health Screening	pg 9
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If this is your first SMHQA-S, we recommend you report on the previous school year. Otherwise, you may select any time frame you wish (e.g., last month, last six months).

What if we have difficulty answering a question? Make an informed guess. You may also reassess at any time with different team members who may have more information about school mental health systems in your school.

Using Your Results: Most teams start out with low scores. Do not be discouraged! Instead, use your results to prioritize and plan key improvement areas. This a quality improvement tool to facilitate structured conversations, drive strategic planning, provide a metric for reassessment, and optimize all aspects of your school mental health system over time.

Teaming



- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing

Needs Assessment/ Resource Mapping



- Assess student mental health needs
- Assess student mental health strengths
- Use needs assessment results to select, plan, and implement services and supports
- Conduct resource mapping to identify existing services and supports
- Use resource map to select, plan, and implement services and supports
- Align existing services and supports

Mental Health Promotion Services & Supports

TIER 1

- Tier 1 Services and Supports:
 - School Climate
 - Teacher and School Staff Well-Being
 - Positive Behaviors and Relationships
 - Positive Discipline Practices
 - Mental Health Literacy
 - Social Emotional Learning
- Determine whether services and supports are evidence-informed
- Ensure fit with strengths, needs, cultural, and linguistic considerations
- Ensure adequate resources for implementation
- Provide interactive training and ongoing supports
- Monitor fidelity

Early Intervention and Treatment Services & Supports

TIERS 2&3

- Provide access to needed services and supports
- Determine whether services are evidence-informed
- Ensure all services and supports are evidence-informed
- Ensure fit with strengths, needs, cultural, and linguistic considerations
- Ensure adequate resources for implementation
- Provide interactive training and ongoing supports
- Monitor fidelity
- Ensure intervention goals are SMART
- Monitor student progress across tiers
- Implement a systematic protocol for emotional and behavioral crisis response

Screening



- Use best practices for mental health screening planning and implementation
- Indicate the number of students:
 - Enrolled in school
 - Formally screened in the absence of known risk factors
 - Identified as being at-risk or already experiencing a mental health problem
 - Referred to a mental health service following identification
- Of students screened, how many screened for [specific mental health areas]

Funding and Sustainability



- Use multiple and diverse funding and resources to support full continuum of school mental health
- Leverage funding and resources to attract potential contributors
- Have strategies in place to retain staff
- Maximize expertise and resources of partners to support ongoing professional development
- Have funding and resources to support:
 - Tier 1 (mental health promotion) services
 - Tier 2 (early intervention) services
 - Tier 3 (treatment) services
- Maximize reimbursement for eligible services

Impact

- # of students who:
 - Were eligible to receive Tier 2 or Tier 3 school mental health services
 - Received at least one Tier 2 or Tier 3 service
 - Demonstrated documented improvement in educational functioning
 - Demonstrated documented improvement in social, emotional, and behavioral functioning

- Use best practices to:
 - Document impact on educational outcomes
 - Document impact of social, emotional, and behavioral outcomes
 - Disaggregate student mental health service and support data to examine student-level outcomes based on sub-population characteristics
 - Document and broadly report the impact of your comprehensive school mental health system





Module 1: Foundations of Comprehensive School Mental Health District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of the core features of comprehensive school mental health?

Strategic Planning

Please state a specific goal for your district within this domain. (*For example, one goal might be that the district Departments of Behavioral Health and Education will establish a district vision or framework for comprehensive school mental health.*)

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

- What current work is taking place related to this goal?

- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?

- What would we need to overcome this/these barrier(s)?

Action Steps

- List 3 potential action steps to move this goal forward.

1.

2.

3.

Module 2: Teaming

Goal: Help participants understand the importance of and best practices for school mental health teaming.

By the end of this module, participants will be able to:

1. Define a school mental health team and at least 3 functions of school mental health teams.
2. Describe at least 3 reasons why school mental health teams are valuable.
3. Describe best practices for teaming.



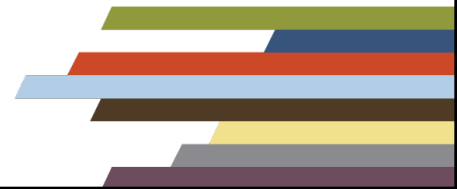
MHTTC

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



Module 2: Teaming

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools



1



MHTTC

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



The opinions expressed herein are the views of the Mental Health Technology Transfer Center Network and the National Center for School Mental Health and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



2



MHTTC

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



NCSMH
NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

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Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning

What Is a School Mental Health Team?

A team of school and community stakeholders at a school or district level that **meets regularly, uses data-based decision-making, and relies on action planning** to support student mental health.

Reflection:

What school mental health teams do you have in your school or district?

Examples of SMH Teams Include:

- School Climate Team
- Student Support Team
- Mental Health Promotion/Universal Team
- Intervention and Tertiary Care Team (Tiers 2/3)
- SMH Community of Practice
- District Mental Health Leadership Team

Value of School Mental Health Teams



- Communication
- Collaboration
- Mutual support
- Common vision and priorities
- Resource maximization

Functions of District Mental Health Teams

- Shape district guidelines and standards of school mental health policy and practice
- Train, coach, and support school teams
- Liaison between state agencies and schools
- Foster school partnerships with community leaders, family members, and students

Functions of School Mental Health Teams

- Awareness of school mental health needs and resources
- Implement district school mental health policies and practices
- Inform and participate in training and technical assistance in the district
- Align student services using a data-driven process
- Foster school partnerships with community leaders, family members, and students

Quality Indicators

Teaming Quality Indicators

- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing

Quality Indicator

To what extent did your district/school use best practices to ensure your school mental health team was **multidisciplinary and diverse**?

Best Practices

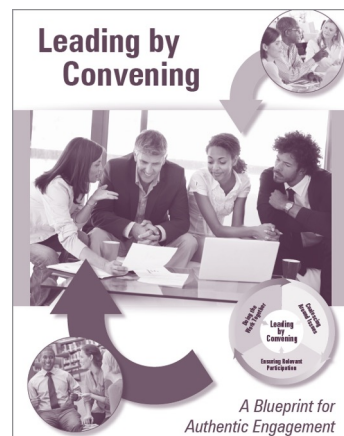
- Diverse groups represented
- Regular attendance and active voice

Groups represented may include:

- School health and mental health staff
- Teachers
- School administrators
- Youth/students
- Parents/families
- Community health and behavioral health providers
- Child welfare
- Juvenile justice
- Community leaders

4 Simple Questions

- Who cares about this question and why?
- What work is already under way separately?
- What shared work could unite us?
- How can we deepen our connections?



(Cashman et al., 2014)

Resources

Quality Indicator

To what extent did your district/school use best practices to **meaningfully involve students and families** to plan and improve the school mental health system?

Best Practices

- Seek insight on district/school strengths and needs.
- Ask for input about all tiers.
- Use surveys, interviews, and focus groups.
- Identify youth and family organizations in your community.
- Partner with youth and family organizations to integrate real-life experiences.



Involve Students and Families

- Recognize students and families as experts.
- Team members should provide meeting agendas a week prior to convening so students and families can prepare.
- Students and families should have opportunities to ask questions, be asked their perspective by the team, and be an active part of decision-making.
- Team members should avoid jargon or acronyms.
- Involve several students and family members to offer broader perspectives and to avoid tokenism.



District Example

One large Midwestern district wanted to improve early identification of student mental health needs by using a more systematic, equitable process. They started a Mental Health Screening Team, including numerous students and family members to help review, select, test, and gather input on specific screening tools and procedures throughout the school year. For example, parents were instrumental in writing and revising communications from the schools to parents about screening. Students provided invaluable feedback about which tools were most acceptable, feasible, and unbiased.

Quality Indicator

To what extent did your district/school use best practices to facilitate effective **school-community partnerships?**

Best Practices

- Ensure ongoing, effective communication between school leadership/staff and community partners.
- Engage trusted community partners that represent the community.
- Work together to address the full continuum of care.
- Use memoranda of understanding.
- Use data-sharing agreements.



Facilitating Effective School-Community Partnerships

- Data-sharing agreements may address:
 - Social emotional learning programming.
 - Building community mental health awareness.
- Identify community partners with input from school staff, caregivers, and students.
- Convene community partner leadership at the district level.
- Develop a wish list of desired community services.
- Partner with local universities for data collection and analysis.

School or District Wish List for Community Mental Health Provider Services

Resources

Example items

- Active participation in school mental health teams
- Provide mental health services and supports at Tiers 1, 2 and 3
- Utilize evidence-based services and supports
- Collect and report data that documents:
 - Productivity
 - Impact on psychosocial and academic functioning
 - Student/family satisfaction and engagement
- Regular professional development and/or supervision
- Family partnership
- Ability to provide in-home or clinical-based services
- Highly recommended by parents/community members
- Able to bill both Medicaid and private insurance
- Experience working in schools

(NCSMH, 2019)

Team Roles and Functions

- Sample guidance with specific action items to strengthen school-community partnerships
- This example is from Hennepin County/Minneapolis Public Schools based on best practices learned in their district but can be adapted based on your local district and community partners

MPS Expanded School Based Mental Collaboration Agreement
(September 1, 2018- June 30, 2019)

This agreement between Minneapolis Public Schools - (school name) and (agency's name) aims to strengthen our long-term partnership to ensure a focus on supporting students and families within the school. The purpose of this document is to outline a supportive collaboration framework built on trust and shared agreement.

Activity	Recommended Frequency	Agreed Frequency	Actual Meeting Date/s
Establishing School-Agency Norms: <ul style="list-style-type: none"> • Collaboratively developing agreed upon clear role definitions • Mutual Understanding of Tier I and II SEL/MTM interventions • Clarify communication process • Information Sharing with Staff and Families • Procedures for sick/training days, etc. • Space needs 	1-2 meeting (s) at beginning of year		
School Mental Health Overview Presentation: Building Administration and/or a school district representative will share about MPS School Based Mental Health Program at a staff meeting the beginning of school year (and throughout the year as needed)	1-3 times per year		
Weekly Mental Health Team meetings with: <ul style="list-style-type: none"> • building social workers, psychologists and others as named by school administration • School Based Supervisor • On-site Clinician 	2-4 times per month		
Administrative Meetings with School including: <ul style="list-style-type: none"> • A building administrator • At least one member of the school's Mental Health Team • a district representative (invited) • Agency supervisor 	2 times per year - Oct/Nov and Feb/Mar (quarterly or more if site experiences challenges)		

Please email form to Mark Sander (mark.sander@hennepin.us) or Rachelle Cox (rschells.cox@mpls.k12.mn.us) when completed or for any questions.

MOU Components

- Purpose of agreement
- Entities involved
- Roles and responsibilities of each party
- Fiscal and resource agreement
- Liability release as an independent contractor
- Duration and termination clause
- Insurance and indemnification

ANATOMY OF A MEMORANDUM OF UNDERSTANDING

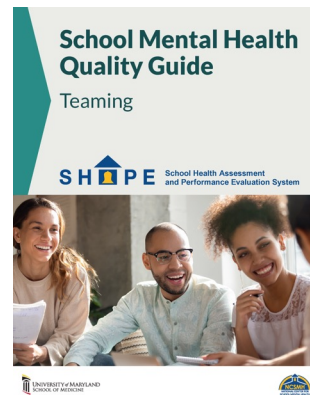
Purpose of agreement Explain what the MOU is for and any definitions of programs or services.	Purpose of agreement: The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system that utilizes the strengths and expertise of school and community-partnered professionals.	Roles and responsibilities of each party 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.
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.	Roles and responsibilities of each party: The Parties agree to the following roles and responsibilities. <ul style="list-style-type: none"> a. Responsibilities of Hope Child and Family Services (HCFS) <ul style="list-style-type: none"> i. Actively participate in school mental health team(s). ii. Provide mental health services, to include... b. Responsibilities of Appleville School District <ul style="list-style-type: none"> i. Identify schools that demonstrate readiness... ii. Provide confidential space in schools that includes... iii. Facilitate inclusion and active participation of community partners... iv. Create data-based decision models and referral processes that promote... 	Liability release as an independent contractor Detail limits to liability for both parties herein.
Duration and termination Outline how long the MOU is valid for and procedures for requesting termination by either party.	Fiscal and resource agreement <ul style="list-style-type: none"> a. Appleville School District will pay HCFS the total sum of XXX. b. Payments will be made in a... 	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.
	Liability release as an independent contractor <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a. This Agreement is for the period beginning Month/Day/Year to Month/Day/Year. 	
	Insurance and indemnification <ul style="list-style-type: none"> a. (Upon Non-Tier One) shall purchase and maintain during the term of any resulting agreement. 	

School Mental Health Quality Guide: Teaming

Provides guidance to advance school mental health quality and sustainability

Includes:

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



Quality Indicator

To what extent did your district/school use best practices to ensure **teaming structures address each tier** of your multitiered system of support?

Best Practices

- A team or teams exist to effectively address all 3 tiers
- Clear delineation of purpose, target goals, activities, and processes of each team
- Clear process and logic for moving from one tier to a higher or lower tier
- Effective communication between teams addressing all 3 tiers

Reflection:

What ideas do you have about how to effectively align teams and individuals to work within a multitiered system of support?

Considerations:

- Multiple tiers
- Aligned service provision
- Part-time staff
- Students receiving services in more than one tier
- Students requiring increase or decrease in service tier
- Integrating school- and community-employed staff

Quality Indicator

To what extent did your district/school use best practices to **avoid duplication and promote efficiency** of teams?

Best Practices

- Establish unique goals for distinct teams.
- Teams and team members
 - Have a process for frequent and consistent communication.
 - Address barriers to information sharing.
- Have a system to evaluate existing team structures.

Quality Indicator

To what extent did your district/school use best practices to **conduct meetings**, both in terms of structure and process?

Best Practices

- Schedule and hold regular meetings.
- Track attendance and troubleshoot as needed.
- Establish a scheduling process.
- Create and use an agenda.
- Promote inclusion during meetings.
- Focus on making actionable decisions.
- Follow up on the status of action items.

Team Meeting Agenda Template

- Attendees
- Review previous meeting notes
- Progress on action steps
- New agenda items
- Updated action steps – what action, by whom, by when
- Next meeting date

Resources

SCHOOL MENTAL HEALTH
TEAM MEETING AGENDA TEMPLATE

Remember to utilize best practices for team meetings

- ✓ identify skilled meeting facilitator
- ✓ start and end on time
- ✓ use an agenda
- ✓ designate person to take and disseminate meeting notes
- ✓ disseminate meeting notes with actionable steps within 24 hours of each meeting
- ✓ follow up on action items at the beginning of each meeting

[Team/Meeting Name – e.g., School Mental Health Committee Weekly Data Review Meeting]

[Invited Attendees]

[Location – including call/video information, if applicable]

[Start and End Time]

[Person responsible for taking and disseminating meeting notes]

Agenda Items

- Review and update on prior meeting action items
- New Item
- New Item...
- 2-minute meeting process debrief
 - e.g., What went well with team meeting process? What improvements would you suggest for the next team meeting?

Action Steps

Action Step	Who is responsible?	By When?

NCSMH, 2018



Strategies for Multidisciplinary Teams

- Keep it brief! Daily information sharing and planning.
- Use huddles: time limited, problem-solving, action-planning oriented.
- Try debriefs: open, fair, respectful feedback about school team performance in real time.
- Use structured, concise communication and handoffs to the next team member.

Quality Indicator

To what extent did your district/school use best practices to **delineate staff roles and responsibilities**?

Best Practices

- Consider both school- and community-employed staff.
- Ensure roles reflect knowledge and expertise.
- Have a clear plan to address who will address each type of issue first and how tasks will be assigned.
- Include identification of disparities in staff responsibilities.

Reflection:

What do you think would help your school or district to better delineate roles and responsibilities related to school mental health?

- Provide a written list of each team member's primary and secondary roles, and the responsibilities for each role.
- Establish a "map" of each school's mental health team, as well as roles and responsibilities of each team member.

Team Roles and Functions

- List all team member types.
- Outline roles and functions needed.
- Identify primary and secondary roles.

Resources

Multi-Disciplinary School Mental Health Team Roles and Functions								SY		
Role/function	Social Workers	School Psychologists	School Counselors	Community MH Clinicians	Administrators	Classroom Teacher	Special Educator	ESOL/ELL Rep.	Nurse/OT/PT/SP	Other
Meeting Chair										
Facilitate meetings										
Lead development of PBA/IPP										
Provide counseling, individual & group										
Monitor student performance (academic, behavior, health and attendance)										
Interact/communicate with staff, parents, & community										
Complete Emergency Protocols (Requires critical thinking and accompany student to hospital)										
Develop Positive Behavior										

NCSMH, 2018

Quality Indicator

To what extent did your district/school use best practices to **make effective referral processes to school-based mental health services?**

Best Practices

- Use a current team resource directory.
- Address impact of stigma and mistrust in referral process.
- Provide clear information for students and families to self-refer.
- Promote direct contact with providers.
- Use referral feedback meetings or forms.

Quality Indicator

To what extent did your district/school use best practices to **make effective referrals to community-based mental health services?**

Best Practices

- Use current community resource map
- Clear referral process to include:
 - Family meeting to review needs, options, and releases of information
 - Confirm referral, service availability, and warm handoff
 - Referral instructions and contact information
 - Discuss potential barriers to follow-through and how to overcome
 - Follow-up meetings with provider for ongoing communication

Reflection:

What resources or strategies would help you to be more efficient in your school mental health referral process to school and community partners?

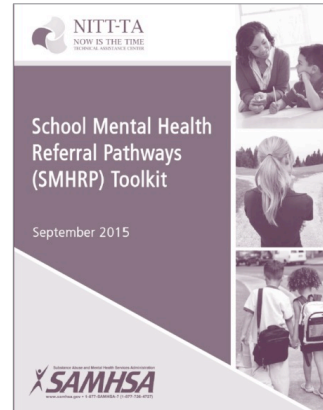


Develop Effective Referral Processes

- Develop a frequently asked questions document about behavioral health services.
- Develop a “Plan of Action” for times when a community referral is needed.
- When making referrals, consider treatment modality, insurance acceptance, geographic location, gender identity, age, culture, ethnicity, and other areas of diversity.

Referral Resources

- SMH Referral Pathways Toolkit (NITT-TA Center)
- Referral and Triage Flow Chart Examples
- When to Refer a Student
- Referral Form Example
- Release of Information Forms
- Referral Feedback Template



(NITT-TA, 2015)

Quality Indicator

To what extent did your district/school use best practices to **use data to determine what mental health services and supports (Tiers 1, 2, and 3) were needed by students?**

Best Practices

- Use multiple data sources to match mental health interventions with student needs.
- Use validated, culturally responsive screening/assessment/survey tool(s) that reflect valued outcomes and are appropriate (e.g., developmentally) to your student population and in the first language(s) of students and families.
- Use screening and assessment data to “triage” students into levels of support.

SHAPE Screening and Assessment Library

- Searchable library of free or low-cost screening and assessment measures related to school mental health
- Academic, school climate, and social, emotional, and behavioral measures are included
- Visit www.theshapesystem.com/register to open your free school or district account with this Library



(NCSMH, 2018)

Quality Indicator

To what extent did your district/school use best practices to **collect and share data** among school mental health team members?

Best Practices

- Align data definitions.
- Use data systems that allow for easy data entry and retrieval.
- Protocols in place to:
 - Allow for valid, reliable data collection.
 - Address confidentiality.



Promote Data Sharing

- Arrange staff trainings on survey software.
- Implement protocols on survey software to ensure valid, complete, and reliable data.
- To respect confidentiality, only request, collect, and share data with team members who need it to promote the team's work.
- Require unique and secure login credentials.
- Limit access to raw data to those cleaning the dataset.

Promote Data Sharing

- Identify the type of data you want or need to share.
- Clearly define *how* you will use the data you share and track the cost/benefit.
- Start with what is most feasible based on what is available.
- Work up to your ideal data sharing processes or systems.

Issue BRIEF NITT-TA
NOW IS THE TIME
TECHNICAL ASSISTANCE CENTER

Using Data to Improve Student Mental Health
By Adam Voigt, Ph.D., College of Education and Human Services, Cleveland State University

Now is the Time Project AWARE grantees, including State and Local Education Agencies, will be collecting several sources of data both for the specific purposes of evaluating their grant efforts and for the overarching purpose of improving mental health supports for young people. In general, schools are successful at collecting data and many have become very good at it. Most schools, whether they knew it or not, have access to a wealth of data that can be used to help understand student mental health, but each wonders about how to use these data to improve student mental health outcomes. The purpose of the *Now is the Time* Issue Brief is to introduce several simple strategies that will assist State and Local Education Agencies in determining how to use various sources of data to inform mental health planning and programming.

Unit of Observation, Unit of Analysis

A student's mental health is a function of personal behaviors, cognitions, and emotions as well as the surrounding environment. Measuring aspects of the school environment is important to understanding mental health as measuring how an individual student thinks, feels, and acts. For this reason, schools should seek to gauge both aspects of the school environment and aspects of students' mental experiences in order to determine if student mental health is improving. But because data come from several sources meant to measure different things, data-based decision-making can quickly become complex. This brief offers a simple and clear approach to using data to monitor your unit of observation to your unit of analysis.

The source of data is referred to as the "unit of observation." Most school data that can be used to measure student mental health are reported from individual students, staff, or parents. For instance, a student, completed a school climate survey, a teacher rates a student's classroom behavior, or a parent signs in for a parent-teacher conference. In some cases, the school itself can also be the unit of observation, such as when school policies are the source of data.

In order to avoid drawing spurious conclusions, your unit of analysis must match your unit of observation. When we want to know something about an individual student, we can simply look at that student's data. For example, if we want to examine change in a student's problem behavior over time, we could compare the number of discipline referrals that student received in September to the number received in October. Here, the individual student is the "unit of analysis." In other instances, we may want to know something about a classroom or a school. For example, we may look at the average response to the survey question, "I feel safe at school," across all students in the school, to measure school safety. In this case, the school is the unit of analysis. The unit of analysis should align with the unit of observation, and this should be clarified prior to using data to inform practice.

Guiding Questions:

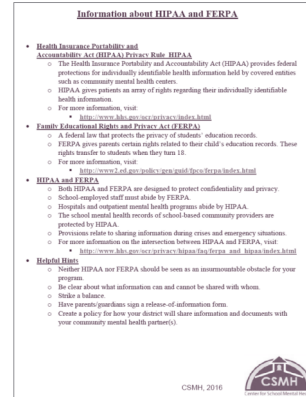
- What are we hoping to change or improve?
- In order to show the change or improvement, do we need information about an individual student, a group of students, a particular classroom, or the whole school?
- Double Check: Will the source of the data fit including (i.e., unit of observation) tell me about the thing I'm hoping to change (i.e., unit of analysis)?

Now is the Time Technical Assistance Center - Issue Brief

(Voigt, n.d.)

HIPAA/FERPA

- Neither HIPAA nor FERPA should be seen as insurmountable obstacles for school-community partnerships.
- Be clear about what information can and cannot be shared with whom.
- Strike a balance.
- Have guardians sign a release of information form that clearly defines what can be shared.
- Create a policy for how your district will share information with your community partner(s).



(NCSMH, 2016)



Discussion

How does this content fit with your district's understanding and implementation of teaming?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

Resources

- Cashman, J., Linehan, P. C., Purcell, L., Rosser, M., Schultz, S., & Skalski, S. (2014). *Leading by convening: A blueprint for authentic engagement*. Idea Partnership. <https://osepideasthatwork.org/leading-convening-blueprint-authentic-engagement>
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Resources

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MHTTC

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



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Resources

School Mental Health-Quality Assessment Definitions

- **Anti-Racist** involves opposing racism and promoting racial equity through policies and practices.¹
- **BIPOC** stands for Black, Indigenous, and People of Color. The "B" and "I" also call attention to Black and Indigenous folks' unique experiences to white supremacy in the U.S. given its history of enslavement of people of African descent and genocide of Indigenous people.²
- **CARE** stands for **C**ulturally responsive, **A**nti-Racist, and **E**quitable.
In a **culturally responsive** school, students', families', and educators' cultural references are included in all aspects of schooling, including supports and services that promote well-being and mental health. **Anti-racist** policies and practices promote equity and oppose racism and other forms of oppression. **Equitable** schools provide the climate and resources that enable all students and educators to perform at their highest level. **Culturally responsive, anti-racist and equitable** schools embrace cultural differences and assets, use cultural knowledge to promote wellness and academic success, mediate power imbalances based on cultural identities, and work to dismantle systems of injustice.
- **Cultural competence** involves the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.
- **Cultural humility** describes a lifelong commitment to self-evaluation and critique to learn, understand, appreciate and interact with people from cultures or belief systems different from one's own. This reflects an ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity.³
- **Cultural responsiveness** within schools involves acknowledging, embracing, and incorporating the cultural differences and assets of each person's culture in all aspects of schooling.⁴
- **Disaggregated data** is data that has been separated by specific demographic categories (i.e., gender identity, race/ethnicity, socioeconomic status, etc.) to reveal differences, including inequities, that may not be fully reflected in aggregated or combined data.
- **Equity** describes the absence of avoidable or remediable differences among groups of people. Equity is distinguished from equality. Equality involves providing people with *equal* access to resources, whereas equity involves providing people with *needed* access to resources. An equity approach involves recognizing that some people/groups need different (i.e., more) access to resources because they experience more structural barriers that get in the way of their ability to thrive.
- **Healing-centered engagement** is an expanded approach to trauma-informed care that is strengths-based, holistic, and incorporates culture, spirituality, civic action and collective well-being into its practices.⁵
- **Historically Marginalized Communities** are groups that are impacted by historical and present-day systemic oppression. These groups have been undervalued, harmed and excluded from social, economic, educational and cultural life based upon, but not limited, to age, disability status, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, and socioeconomic status.
- **Person-centered engagement** involves a provider seeking to empower those they serve to take charge of their own health rather than being passive recipients of services. As such, the individual's values and preferences guide all aspects of their health and mental health services and supports. This strategy is based on the belief that the individual's views, input, and experiences can help improve overall quality of life outcomes.

- **Disproportionality involves** overrepresentation or underrepresentation of a specific group within a particular category (e.g., students suspended) compared with that group's percentage in the total population (e.g., total student enrollment). For example, imagine a situation where Black/African American students make up 30% of students suspended in schools but only 10% of the total student enrollment is Black/African American. This is a suspension disproportionality due to unequal representation of Black/African American students among those suspended and the total population.
- **Disparity** is defined by unequal outcomes of one group compared with outcomes for another group.
- **Re-traumatization** occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously. Re-traumatization can be prompted by any of the following: a situation, including an interaction with another person; an attitude or expression; or by certain environments that recreate the dynamics of the original trauma (e.g. loss of safety).
- **Social determinants of health** include conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁶
- **Systems of oppression** exist when laws, policies and practices of a system (e.g., criminal legal, educational, mental health system, etc.) result in inequitable treatment of social identity group(s).
- **Trauma-informed care** recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life and community. In a **trauma-informed school**, the school community cultivates a **healing-centered** environment that recognizes and responds to the individual and collective causes and impact of adversity, stress, and trauma. Adults are prepared to recognize and respond to those who have been impacted by traumatic stress. Students are provided with clear expectations and strategies to guide them through stressful situations. Trauma-informed schools leverage individual and community strengths to foster healing.

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Teaming

Schools are in the position of ensuring that school mental health efforts are appropriately staffed and supported by multidisciplinary teams that have effective communication and collaboration practices. Many schools have teams that meet to discuss and strategize about student mental health issues. Schools may have one team devoted to the full continuum of mental health supports (mental health promotion to early intervention and treatment) or they may have multiple teams that address different parts of the continuum (e.g., school climate team, student support team, Individualized Education Program team, intervention/tertiary care team, Tier 2/3 team, school-based health care team, any other team that addresses student mental health concerns). School teams should involve students, families, staff, and community partners that represent diverse cultural identities and backgrounds including diversity of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status. All school teams should prioritize trauma-informed approaches and cultural responsiveness, anti-racism, and equity as they relate to the team’s mission, goals, and deliverables.

To what extent did schools in your district use best practices to...

1. ... ensure your school mental health team is multidisciplinary and diverse?

- Use recruitment and hiring practices to attract diverse team members.
- Include team members who reflect the diversity of students, families, and staff.
- Ensure that representatives of different groups regularly attend and have an active and equitable voice in team meetings and decision-making processes.
- Engage school mental health system team members from the following groups:
 - *School mental health staff (e.g., school social worker, school psychologists, school counselor)*
 - *School health staff (e.g., school nurses)*
 - *Teachers*
 - *School administrators*
 - *Youth/Students*
 - *Parents/Families*
 - *Community health and behavioral health providers*
 - *Child welfare staff*
 - *Juvenile justice staff*
 - *Community leaders*
 - *Community School Coordinator*
 - *English Language Learning educator*

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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2. ... meaningfully involve students and families to plan and improve the school mental health system?

- Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation and evaluation; students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and on-going quality assessment and progress monitoring
- Involve multiple students and families on teams; provide guidance and foundational information prior to each meeting so that they can have a meaningful and structured role
- Gather additional information from students and families using surveys, interviews, and focus groups. Ensure that individuals who lead and develop interviews and

focus groups represent the diverse identities of students

- Identify existing youth and family mental health advocacy and navigation organizations in your community, prioritizing those that value cultural responsiveness, anti-racism, and equity
- Partner with youth and family organizations to bring knowledge and passion based on practical, real-life experiences and expertise to support providers and other students and families within the system
- Demonstrate equity in partnerships with students and families from groups that have been historically marginalized, by amplifying and prioritizing their voices (e.g., engaging them in leadership positions, shared decision-making)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ...facilitate effective school- community partnerships?

- Establish communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners
- Engage community partners that represent and are trusted in the community and value cultural responsiveness, anti-racism, and equity (CARE) and trauma-informed, healing-centered approaches
- Use memorandums of understanding or other agreements to detail the terms of the partnership (e.g., by whom, what, when, where, and how will services/supports be provided)
- Support a full continuum of care within a multi-tiered system of support by school and community partners working together and maximizing their respective knowledge and resources
- Use data sharing agreements, that have been informed by youth and families, to allow for accessing and sharing data to inform needed services and supports and the impact of partnership activities
- Ensure appropriate documentation procedures and systems are in place to facilitate communication between school staff and relevant community partners (including school-based health care team, if applicable). Examples may include: release of information forms, consent forms that are compliant with federal privacy laws, such as HIPAA and/or FERPA, as applicable

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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4. ...ensure teaming structures address each tier of the multi-tiered system of support?

- Establish a team or teams to effectively address Tier 1, Tier 2, and Tier 3
- Establish a clear delineation of purpose, target goals, activities, and processes of each team
- Establish a clear process and logic for students moving from one Tier to a higher or lower Tier
- Establish effective communication between teams addressing Tier 1, Tier 2, and/or Tier 3

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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5. ... avoid duplication and promote efficiency of teams?

- Establish well-defined and unique goals for distinct teams with structures in place to avoid duplication of team effort
- Practice consistent communication and coordination among various teams

- Address any confidentiality barriers to facilitate regular information sharing across and within teams
- Have a system to evaluate existing team structures, with existing team continuation and new establishment only as necessary

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ...conduct meetings, both in terms of structure and process?

- Schedule and hold regular team meetings
- Accommodate differences in family and community partner schedules when planning meetings that include them
- Accommodate, to the extent possible, differences in languages (to support caregiver participation)
- Track attendance and troubleshoot as needed to ensure consistent attendance
- Establish a routine scheduling process and use family engagement strategies (e.g., reminder calls) to increase attendance
- Create and use an agenda
- Use meeting practices that promote inclusion (e.g., active listening, ensuring all opinions are heard)
- Focus on making actionable decisions
- Use meeting time to follow up on the status of action items

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... delineate staff roles and responsibilities?

- Clarify roles and responsibilities for both school-employed and community partnered school mental health and health staff to ensure smooth collaboration and make sure services are not duplicated
- Ensure roles and responsibilities reflect the skills, training, knowledge and areas of expertise of each type of staff member
- When there are multiple individuals with the responsibility of a given role and/or responsibility, have a clear plan for who will address the issue first and how responsibilities be assigned
- Ensure that identification of disproportionalities and/or disparity and advocacy for youth and families from historically marginalized communities is included in the responsibilities of staff

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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8. ...make mental health referrals to school-based mental health services? (school-based mental health services refer to services offered directly in the school building whether provided by school or community staff)

- Use an up-to-date school mental health team resource map or guide (name of team member, description of their role/responsibilities/services, school location including day and hours, eligibility requirements or students they work with, how to refer students)
- Identify and integrate student’s and family’s unique cultural needs and assets when providing resources
- Address impact of stigma and mistrust of education, mental health, and healthcare institutions throughout referral process
- Refer to school-based mental health services that are trauma-informed, healing-centered, culturally responsive and anti-racist and offer culturally specific or relevant interventions

- Provide clear information for students and families to self-refer and connect directly to mental health services
- Promote direct contact to, from, and among school mental health, school health, and community--based providers to confirm referral, service availability, and facilitate a seamless entry into services and supports
- Hold routine referral feedback meetings or use Referral Feedback Forms to let referral sources know the outcome of the referral

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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9. ...make mental health referrals to community-based mental health services? (community-based mental health services refer to services offered by community staff outside of the school building)

- Use an up-to-date community resource map (name of program or organization, description of services, website, address, phone number, hours of service, eligibility requirements, insurances accepted, cost of service, wait list status, any other unique considerations)
- Develop a clear, consistent referral process to community providers to promote successful linkage including:
- Referral consultation meeting with student and family to review strengths, needs, outcomes of value to the student and family, referral options, and to complete any releases of information
- Direct contact with community provider to confirm referral, service availability, and facilitate a seamless entry into services and supports
- Clear referral instructions for student and family with up-to-date contact information
- Discussion of potential barriers to following through with referral and how to overcome them
- Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers
- Consider student's and family's unique cultural needs and assets when providing resources
- Consider impact of stigma and mistrust of education and mental health institutions throughout referral process
- Refer to community-based mental health services that are trauma-informed, healing-centered, culturally responsive and anti-racist and offer culturally specific or relevant interventions. Follow-up with community provider and family to facilitate ongoing coordination and information sharing

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10. ...use data (through screening or another process) to determine what mental health services and supports (Tier 1, 2, and 3) were needed by students?

- Use multiple data sources to match mental health interventions with student strengths, needs, and valued outcomes
- Use validated, culturally responsive screening/assessment/survey tool(s) that reflect valued outcomes and are appropriate (e.g., developmentally) to your student population and in the first language(s) of students and families.
- Use tools that incorporate screening for social determinants of health (e.g., poverty, housing stability), protective factors and assets (e.g., extended family support), and trauma exposure and traumatic stress
- Use a consistent and systematic process of using screening and assessment data to match students with appropriate levels of support
- Ensure coordination across team members to limit duplication of screening/assessment/survey tool(s)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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11. ...collect and share data among school mental health team members?

- Align data definitions
- Use data systems that allow for easy data entry and retrieval for review and sharing. Protocols are in place to:
 - Allow for valid, reliable data collection
 - Address confidentiality considerations (where data are maintained and who can access them)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Teaming Total (Questions 1-11): _____
Teaming Average (Total/11): _____

To what extent did your district use best practices to...

12. ...establish and disseminate written, standard policies and procedures for teaming in your schools?

- Develop policies and procedures to reflect teaming best practices
- Ensure that the policies and procedures are trauma-informed and healing-centered
- Ensure that the policies and procedures are culturally responsive and antiracist
- Disseminate policies and procedures to all schools in an accessible format and in first languages of school community

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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13. ...support the implementation of teaming in your schools?

- Use comprehensive implementation supports in all schools including:
 - Participation of administration
 - Protecting staff time for implementation
 - Provision of resources
 - Ongoing professional development
- Provide technical assistance, consultation, and coaching

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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14. ...monitor teaming in your schools?

- Use a transparent and systematic process in all schools for monitoring the structure and process of school teaming including:
 - District observation of school team meetings
 - Regular reporting by schools of teaming structures, staffing and processes
- Assess fidelity to district policies and procedures

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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15. ...assess and refine district supports (e.g., policies, procedures, monitoring, implementation supports) for teaming in your schools?

- Assess the utility, equity, and effectiveness of district supports via a transparent and systematic process that includes school feedback from diverse stakeholders
- Ensure that district supports reflect current best practices in teaming
- Implement a quality improvement process to refine district supports

District Support Total (Questions 12-15): _____ District Support Average (Total/4): _____
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Teaming

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- Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers
- Consider student's and family's unique cultural needs and assets when providing resources
- Consider impact of stigma and mistrust of education and mental health institutions throughout referral process
- Refer to community-based mental health services that are trauma-informed, healing-centered, culturally responsive and anti-racist and offer culturally specific or relevant interventions. Follow-up with community provider and family to facilitate ongoing coordination and information sharing

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10. ...use data (through screening or another process) to determine what mental health services and supports (Tier 1, 2, and 3) were needed by students?

- Use multiple data sources to match mental health interventions with student strengths, needs, and valued outcomes
- Use validated, culturally responsive screening/assessment/survey tool(s) that reflect valued outcomes and are appropriate (e.g., developmentally) to your student population and in the first language(s) of students and families.
- Use tools that incorporate screening for social determinants of health (e.g., poverty, housing stability), protective factors and assets (e.g., extended family support), and trauma exposure and traumatic stress
- Use a consistent and systematic process of using screening and assessment data to match students with appropriate levels of support
- Ensure coordination across team members to limit duplication of screening/assessment/survey tool(s)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

11. ...collect and share data among school mental health team members?

- Align data definitions
- Use data systems that allow for easy data entry and retrieval for review and sharing. Protocols are in place to:
 - Allow for valid, reliable data collection
 - Address confidentiality considerations (where data are maintained and who can access them)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

Teaming Total (Questions 1-11): _____
Teaming Average (Total/11): _____



Module 2: Teaming – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of school mental health teaming?

Strategic Planning

Please state a specific goal for your district within this domain. *(For example, one goal might be that the district will establish a consistent memoranda of understanding between schools and community behavioral health providers.)*

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

- What current work is taking place related to this goal?

- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?

- What would we need to overcome this/these barrier(s)?

Action Steps

- List 3 potential action steps to move this goal forward.

1.

2.

3.

School or District Wish List for Community Mental Health Provider Services

This checklist can be customized by individual schools or districts to determine and rank by importance the key criteria they would like community mental health providers to meet in terms of services provided. Ideally, this checklist would be informed by input from students, families, and the school team to reflect the unique strengths and needs of the school or district. Selected criteria can also be incorporated into a memorandum of understanding with the provider agency.

- Actively participate in school mental health team(s) to support effective school-community collaboration
- Provide mental health promotion (Tier 1) services and supports, to include [customize services below]:
 - Universal mental health screening
 - Social Emotional Learning (SEL) activities
 - School climate activities
 - Positive behavioral expectations and rules/classroom management
 - Bullying prevention
 - Restorative practices
 - Mental health literacy for students
 - Mental health literacy for families/caregivers
 - Mental health literacy for teachers/school staff
 - Teacher/staff consultation to promote mental health of all students
- Provide selective, “prevention” mental health services and supports (Tier 2), to include [customize services below]:
 - Progress monitoring of students identified as at-risk and those receiving services
 - Social skills training/coaching
 - Group therapy for students identified as at-risk of developing mental health problems
 - Teacher/staff consultation for students identified as at-risk of developing mental health problems
- Provide selective, mental health “prevention” services and supports (Tier 2), to include [customize services below]:
 - Progress monitoring of students identified as “at-risk” and those receiving services
 - Social skills training/coaching
- Provide indicated, mental health “intervention” or “treatment” services and supports (Tier 3), to include [customize services below]:
 - Progress monitoring of students identified with mental health problems and those receiving services
 - Individual treatment for students with mental health problems
 - Group treatment for students with mental health problems

- Family therapy to support students with mental health problems
- Psychiatric evaluation
- Case management
- Teacher/staff consultation for students identified with mental health problems and those receiving services
- Peer support/navigation services for students identified with mental health problems and those receiving services
- Family peer support/navigation support services for families of students identified with mental health problems and those receiving services
- Facilitate transitions to and from community agencies and programs (e.g., mental health providers, psychiatric hospitals and day programs, juvenile services, child welfare)
- For all of above services, utilize evidence-based services and supports,* as available. When evidence-based interventions are not available for intended population, selected interventions should be based on promising/best practices and should be evaluated for program impact.
 - *Evidence-Based Services and Supports are programs, services, or supports that are based directly on scientific evidence, have been evaluated in large-scale studies, and have been shown to reduce symptoms and/or improve functioning. For instance, evidence-based services and supports are recognized in national evidence-based registries, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development, and Institute of Education Sciences (IES) What Works Clearinghouse (WWC).*
 - Specialized training, certification, or services for _____ [specific student or school need identified]
- Collect and report data that documents [customize data elements below]:
 - Clinician productivity
 - Program and intervention impact on student/school psychosocial and academic functioning
 - Student/family satisfaction and engagement
- Regular professional development and/or supervision provided to school-based clinicians by the agency
- Strong focus on family partnership/family involvement
- Ability to provide in-home or clinic-based services
- Highly recommended by parents and community members
- Able to bill both Medicaid and private insurance
- Experience working in schools/familiarity with school climate and culture (e.g., briefer sessions, understanding of special education processes, etc.)

**Memorandum of Understanding
between
XX Public School System and
[Community Partner School Mental Health Program Name Here]**

The Parties of this Memorandum of Understanding (MOU) are XX Public Schools (XX) and [Program Name Here] (xxx), hereinafter collectively referred to as the Parties.

- I. **Purpose:** The purpose of this agreement is to establish roles and responsibilities of the Parties to develop and implement a comprehensive school mental health system (CSMHS) that utilizes the strengths and expertise of school and community-partnered professionals. *CSMHS are defined as school-community partnerships that provide a multi-tiered system of mental health supports (MTSS) to support students, families, and the school community. “Mental health services” include activities, services, and supports that address social, emotional, and behavioral well-being of students, including substance use.*

- II. **Roles and Responsibilities:** The Parties agree to the following roles and responsibilities.

a. Responsibilities of [Program Name Here]

- i. Actively participate in school mental health team(s) to support effective school-community collaboration that promotes:
- *well-defined roles and responsibilities of team members (with structures in place to avoid duplication of efforts),*
 - *data sharing,*
 - *data-based decision making,*
 - *seamless services and supports across tiers,*
 - *integration of mental health and other academic supports*
 - *effective referral processes*

- ii. Provide mental health screening, assessment, and services, to include [customize services below]:

Tier 1 - Mental health promotion services and supports (Tier 1) are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and wellness, which are designed to meet the needs of all students regardless of whether or not they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or at the classroom level.

- Universal mental health screening
- Social Emotional Learning (SEL) activities
- School climate activities
- Positive behavioral expectations and rules/classroom management

- Bullying prevention
- Restorative practices
- Mental health literacy for students
- Mental health literacy for families/caregivers
- Mental health literacy for teachers/school staff
- Teacher/staff consultation to promote mental health of all students

Tier 2 - *Selective services and supports (Tier 2) to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as mental health “prevention” or “secondary” prevention services.*

- Progress monitoring of students identified as at-risk and those receiving services
- Social skills training/coaching
- Group therapy for students identified as at-risk of developing mental health problems
- Teacher/staff consultation for students identified as at-risk of developing mental health problems

Tier 3 - *Indicated services and supports (Tier 3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem and displaying significant functional impairment. Sometimes these are referred to as mental health “intervention” or “tertiary” or intensive services.*

- Progress monitoring of students identified with mental health problems and those receiving services
- Individual treatment for students with mental health problems
- Group treatment for students with mental health problems
- Family therapy to support students with mental health problems
- Psychiatric evaluation
- Case management
- Teacher/staff consultation for students identified with mental health problems and those receiving services
- Peer support/navigation services for students identified with mental health problems and those receiving services

- Family peer support/navigation support services for families of students identified with mental health problems and those receiving services
 - Facilitate transitions to and from community agencies and programs (e.g., mental health providers, psychiatric hospitals and day programs, juvenile services, child welfare)
- iii. For all of above services, utilize evidence-based services and supports,* as available. When evidence-based interventions are not available for intended population, selected interventions should be based on promising/best practices and should be evaluated for program impact.
- *Evidence-Based Services and Supports are programs, services, or supports that are based directly on scientific evidence, have been evaluated in large-scale studies, and have been shown to reduce symptoms and/or improve functioning. For instance, evidence-based services and supports are recognized in national evidence-based registries, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development, and Institute of Education Sciences (IES) What Works Clearinghouse (WWC). A full continuum of evidence-based services, and supports within a school includes mental health promotion, selective prevention, and indicated interventions.*
- iv. Collect and report data that documents [customize data elements below]:
- Clinician productivity
 - Program and intervention impact on student/school psychosocial and academic functioning
 - Student/family satisfaction and engagement
- v. Ensure the complete confidentiality of any and all identifying student and family information gathered in the performance of this agreement. The information gathered, used, and developed shall not be provided to any other party without the express written approval of individual(s) authorized to give consent for release of information.
- vi. Meet federal, state, and local regulations required of community mental health providers, including those stipulated by the Health Insurance Portability and Accountability Act (HIPAA).

b. Responsibilities of **XX** Public School System:

- i. Identify school(s) for service that demonstrate readiness and a commitment to hosting a community mental health provider to support a multi-tiered system of mental health support (MTSS).

- ii. Identify district and school point of contact to facilitate successful integration of community mental health provider into school(s) and to address any concerns.
- iii. Provide confidential space in school(s) that includes access to a locked file cabinet and mechanism for communicating with families and other providers (e.g., phone, computer, internet access).
- iv. Facilitate inclusion and active participation of community partners in school mental health teams that utilize best practices in teaming:
 - *Well-defined roles and responsibilities of teams and team members, with structures in place to avoid duplication of efforts*
 - *System to evaluate existing team structures, with existing team continuation and new establishment only as necessary*
 - *Overarching school shared purpose and shared goals ACROSS teams*
 - *Unique goals for distinct teams*
 - *Teams and team members understand and support each other's purpose and work*
 - *Teams and team members have a process/procedure to ensure frequent and consistent communication*
 - *Teams and team members address any confidentiality barriers to facilitate regular information sharing across and within teams*
- v. Create data-based decision models and referral processes that promote early identification and intervention for students.

III. Funding Agreement:

- a. XX School System will pay [Program Name Here] the total sum of XX for Month/Day/Year to Month/Day/Year in order for [Program Name Here] to provide services outlined above.
- b. Payments will be made in a bi-annual invoice reconciliation, which will include an invoice listing services performed.

IV. Independent Contractor:

- a. In providing services to XX Public School System students, [Program Name Here] 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.

V. Duration and Termination:

- a. This Agreement is for the period beginning Month/Day/Year to Month/Day/Year. Either party may terminate this Agreement for non-performance after first giving written notice of breach to the other party and an opportunity for the other party to cure the

non-performance within fifteen (15) days of the receipt of written notice. Notice shall be deemed effective when delivered via certified mail to the following:

XX Public Schools
Address
City, State, Zip

And to

[Program Name Here]
Address
City, State, Zip

VI. Insurance and indemnification

- a. [Program Name Here] shall purchase and maintain during the term of any resulting agreement:
 - i. Commercial General Liability Insurance of at least \$5,000,000 combined single limit coverage written on an occurrence basis covering all premises and operations, and including Personal Injury, Independent Contractor, Contractual Liability, and Products and Completed Operations. **The Board of Education of XX Public School System** and all of its agents and employees shall be named as an additional insured, which must be shown on insurance certificates furnished to XX Public School System.
 - ii. Workers' Compensation Insurance benefits as required by [Your State] law to include Employers' Liability coverage with limits of at least \$100,000 each accident, \$100,000 each employee disease, and \$500,000 disease policy limit.
 - iii. Professional Liability Insurance with limits of at least \$1,000,000 each occurrence and \$3,000,000 aggregate.
- b. [Program Name Here] shall indemnify and hold harmless the Board, its employees, servants, and agents against all liabilities, loss, charges, and expenses, including court costs and attorney's fees, resulting from the failure of [Program Name Here], its employees, servants, and agents, to faithfully and competently perform its obligations hereunder or arising from or caused by [Program Name Here]'s provision of services.

VII. Whole Agreement:

- a. This MOU contains the entire agreement between the parties with respect to the subject matter set forth herein, but may be modified with the written consent of both parties.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their authorized representatives.

_____ By: _____

Superintendent
XX County Public Schools

_____ By: _____

Staff Attorney
XX County Public Schools

_____ By: _____

Supervisor of Finance
(Approved for Fund Sufficiency)
XX County Public Schools

_____ By: _____

Assistant Superintendent
XX Public Schools System

_____ By: _____

XX
Executive Director
XX Community Mental Health Agency

**SCHOOL MENTAL HEALTH
TEAM MEETING AGENDA TEMPLATE**

Remember to utilize best practices for team meetings

- ✓ Identify skilled meeting facilitator.
- ✓ Start and end on time.
- ✓ Use an agenda.
- ✓ Designate person to take and disseminate meeting notes.
- ✓ Disseminate meeting notes with actionable steps within 24 hours of each meeting.
- ✓ Follow up on action items at the beginning of each meeting.

[Team/Meeting Name – e.g., School Mental Health Committee Weekly Data Review Meeting]

[Invited Attendees]

[Location – including call/video information, if applicable]

[Start and End Time]

[Person responsible for taking and disseminating meeting notes]

Agenda Items

- i. **Review and update on prior meeting action items**
- ii. **New item**
- iii. **New item...**
- iv. **2-minute meeting process debrief**
 - a. **e.g., What went well with team meeting process? What improvements would you suggest for the next team meeting?**

Action Steps

Action Step	Who is responsible?	By When?



Roles and Functions of Multi-Disciplinary School Mental Health Team Members

Role/Function	Social Workers	School Psychologists	School Counselors	Community MH Clinicians	Administrators	Classroom Teacher	Special Educator	ESOL/ELL Rep.	Nurse/OT/PT/SLP	Other
Meeting Chair										
Facilitate meetings										
Lead development of FBA/BIPs										
Provide counseling- individual & group										
Monitors student performance (academic, behavior, health and attendance)										
Intervenes/consults as needed with staff, parents, & community										
Complete Emergency Petitions (<i>Requires clinical licensure</i>) and accompany student to hospital										
Develop Positive Behavior										

Supports (PBS) strategies										
Implement a program of violence and substance use prevention, in addition to mental health activities										
Intervenes with non-caseload students in crisis										
Deliver instructional interventions with fidelity										
Facilitate and support the implementation of plan in the building										
Collaborate with team on effective instructional interventions										
Collaborate with team on behavioral, attendance and health related interventions										
Conduct language screenings and assessments										

Provide whole-class lessons (e.g. bullying, social skills, etc.)										
Conduct social-developmental history interviews										
Conduct Curriculum Based Assessments										
Provide staff support or consult										
Complete team referral										
Schedule and coordinate meeting times										
Maintain log of all students involved in the team process										
Complete and send all necessary related forms										
Other Roles/Functions										

Key Elements of Administrative Support for Multi-Disciplinary Teams

- ❖ An Administrator will serve as an active SMH team member and attend all SMH team meetings
- ❖ The Administrator will set the expectation that core SMH team members attend the pertinent portions of all SMH team meetings
- ❖ The Administrator will set the expectation that teachers attend the SMH team meetings addressing their individual students
- ❖ To facilitate the regular attendance of all noted participants, the Administrator will:
 - Work with the SMH Team Chair to identify a consistent, regular meeting time for the SMH team.
 - Arrange for classroom coverage so that teachers can attend the SMH team meetings addressing their individual students
- ❖ The Administrator will set the expectation and hold teachers accountable for submitting SMH team referrals for pertinent students in a timely, ongoing fashion
- ❖ The Administrator will allocate budgetary funding for incentives and rewards to be used with students in the SMH team process
- ❖ The Administrator will appropriately staff the SMH team.
- ❖ Other Administrator functions

Key Practices for Effective Multi-Disciplinary Communication

- ❖ The SMH team Chair will invite pertinent members of the team to each SMH team meeting
- ❖ In addition to regularly scheduled meetings, hold monthly collaborative meetings to review and consult regarding ongoing student cases
 - All core SMH team members regularly attend this meeting (SMH team Chair, Administrator, Social Worker, School Psychologist, School Counselor, Community MH Clinician, Others)
- ❖ Clinical members of the SMH team should engage in ongoing communication at least weekly
 - This communication can occur via email, telephone, or face-to-face, depending on clinician schedules
- ❖ Administrators will inform the SMH team of suspensions and other pertinent disciplinary information in a timely fashion
 - Clinical members of the SMH team will use this information to adjust behavioral interventions and plan additional SMH team meetings as needed
- ❖ The SMH team Chair will cc the Administrator on all emails to teachers related to SMH business
- ❖ The SMH team Chair will assure that important updates on special circumstances are communicated to the administrator
- ❖ The SMH team Chair will schedule SMH meetings during regular school hours
- ❖ Other communication considerations

Other Key Elements and Practices

- ❖ Other key elements and practices

School Mental Health Referral and Triage Flow Chart

DIRECT ACCESS MODEL

(Use when SMH providers are well integrated with one another in the school setting, and there is lots of communication among team members)

Student/Parent/Caregiver/School staff member completes **School Based Mental Health Referral Form** and submits to the School Based MH Provider (school or community employed)

School Based MH Provider who received the referral makes **contact with family and student** to get more information, better understand urgency, any special considerations to parent interest in services

Provider checks with SMH team* to confirm there is not duplication and to consider what interventions are already in place (ensure this process does not hold up scheduling intakes with families/moving forward with care, can be an informal process of checking in with SMH team members)

Relevant data are collected (including Special Education Services, academic and behavioral indicators, social emotional functioning) Based on referral and data, decision is made regarding provision of care (Tier 1, 2, 3)

Provider meets with family, consent to treatment received as appropriate, and considers how to integrate other school staff and interventions as appropriate and develops treatment plan. As appropriate provider may **bring treatment plan process and progress to SMH Team*** to inform, integrate, and consult with them on care

*Family members should always be invited to team meetings and/or provided with follow up about team member communication on student's referral/case

Date

School Mental Health Referral and Triage Flow Chart

TEAM PROCESS MODEL

(Use when your school team prefers a heavily team-driven approach to mental health referrals AND you can identify a SMH Team Lead to be the “point person” for referrals received)

Referrals are given to any SMH Team Member (school psychologist, school social worker, community mental health provider, school administrator, behavioral specialist) who will bring to SMH Team Lead to process during a SMH Team* meeting

Urgency of referral is assessed and immediate response is taken by SMH Team Member as needed if appropriate

Referral is discussed at SMH Team* (within X number of days) and relevant data (including Special Education Services, academic and behavioral indicators, social emotional functioning) are collected

Based on referral and data, SMH Team* decision is made regarding provision of care (Tier 1, 2, 3)

A SMH provider will be identified to take the lead on the development of a student intervention plan that can be brought back to the team to update SMH Team* on progress at least twice per year

*Family members should always be invited to team meetings and/or provided with follow up about team member communication on student’s referral/case

Date

WHO SHOULD I REFER FOR MENTAL HEALTH SERVICES?

ANY STUDENT WHO YOU BELIEVE MAY NEED EXTRA SUPPORT



Here are a few issues to look out for:
Students who experience....

- Depression/ Irritability
- Anxiety
- Oppositional behavior
- Poor peer relationships
- Withdrawal/Isolation from others
- Tendencies to harm self or others
- Family and/or community violence
- Academic and/or attendance problems
- Significant change in behavior or functioning
- Bereavement and loss
- Abuse and neglect
- Exposure to substance abuse
- Homelessness
- Family stress
- Bullying
- School refusal
- Low self-esteem

Please use the attached form to make a referral. This could be the first step in making a difference in your student's life!

Drafted by the National Center for School Mental Health, 2019
www.schoolmentalhealth.org



[YOUR PROGRAM NAME HERE]

Confidential Referral Form

Student's Name: _____ Date: _____

Grade: _____ Home Room Teacher: _____

Name of Referral Source: _____

Pupil Identification Number (PIF #): _____

Reason for referral:

(Please circle all that apply and write a brief description of your concerns)

Academic Concerns Behavioral Concerns Attendance Concerns Social Concerns Emotional Concerns

Please include family/guardian contact information (if available):

Name of parent(s)/guardian(s): _____

Address: _____

Phone numbers: Work: (____) _____ Home: (____) _____

Cell: (____) _____ Other: (____) _____

Please rate the urgency of this request:

not urgent		moderately urgent		very urgent
1 2	3	4 5 6	7 8	9 10

We appreciate your referral! Thank you!

(To be completed by receiving clinician)

Date Received: _____

Disposition: _____



[PROGRAM NAME/LOGO HERE]

CONSENT FOR RELEASE OF INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____

Home Telephone #: _____ Mobile Telephone #: _____

Check and complete the appropriate section:

- As the parent/legal guardian of the above-named student, I, _____, acknowledge that the student will receive services from [PROGRAM NAME HERE] on-site at the student's home school.
- I, the above-named student, acknowledge that I will receive services from [PROGRAM NAME HERE] on-site at my home school.

I authorize UPI to release to and receive from the XXX School System medical/school information (the "Records"). I understand that such Records may contain health information pertaining to psychiatric, drug and/or alcohol diagnosis and treatment as well as educational records, immunization records, suspensions/office referral data, attendance data, referrals to the Child Study Team and other student service teams, and written and verbal communication with school staff related to mental health intervention.

In addition, I authorize [PROGRAM NAME HERE] to release identifying student information to [EVALUATORS OR FUNDERS WHO USE PROGRAM DATA] to support program accountability and quality improvement activities.

I understand that the Records will be released and received for the purpose of treatment and quality improvement activities.

[PROGRAM NAME HERE], its employees, officers and medical staff are released from liability for the release of information in accordance with this consent.

Signature of patient or parent/guardian _____

Relationship to Student _____

Date _____

Witness _____

(This consent is valid one year from the date of signature)

123 Main Street, City, ST 00000 • 123-456-7890 • 123-456-8790 fax

Date last updated: 1/1/2018





Using Data to Improve Student Mental Health

By Adam Voight, PhD, College of Education and Human Services, Cleveland State University

Now Is The Time Project AWARE grantees, including State and Local Education Agencies, will be collecting several sources of data both for the specific purpose of evaluating their grant efforts and for the overarching purpose of improving mental health supports for young people. In general, schools are accustomed to collecting data and many have become very good at it. Most schools, whether they know it or not, have access to a wealth of data that can be used to help understand student mental health, but lack certainty about how to use these data to improve student mental health outcomes. The purpose of this Now Is The Time Issue Brief is to introduce several simple strategies that will assist State and Local Education Agencies in determining how to use various sources of data to inform mental health planning and programming.

Unit of Observation, Unit of Analysis

A student's mental health is a function of personal behaviors, cognitions, and emotions as well the surrounding environment. Measuring aspects of the school environment is as important to understanding mental health as measuring how an individual student thinks, feels, and acts. For this reason, schools should seek to gauge both aspects of the school environment and aspects of students' internal experiences in order to determine if student mental health is improving. But because data come from several sources meant to measure different things, data-based decision-making can quickly become muddled. The first step towards a clean and clear approach to using data is to match your *units of observation to your units of analysis*.

The source of data is referred to as the "*unit of observation*." Most school data that can be used to measure student mental health are sourced from individual students, staff, or parents. For instance, a student completes a school climate survey, a teacher rates a student's classroom behavior, or a



parent signs in for a parent-teacher conference. In some cases, the school itself can also be the unit of observation, such as when school policies are the source of data.

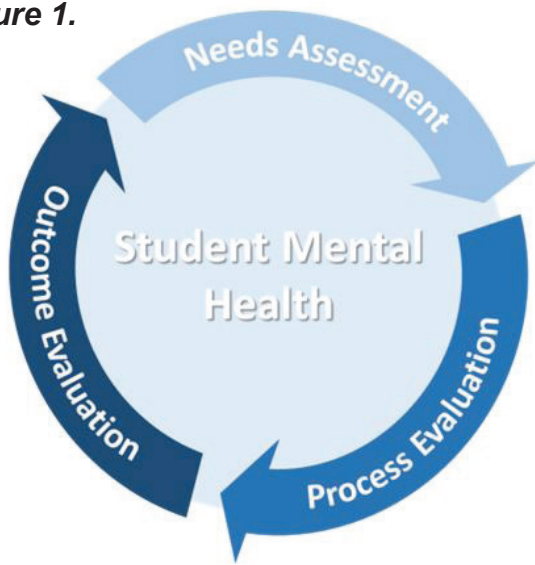
In order to avoid drawing spurious conclusions, your unit of analysis must match your unit of observation. When we want to know something about an individual student, we can simply look at that student's data. For example, if we want to examine change in a student's problem behavior over time, we could compare the number of discipline referrals that student received in September to the number received in October. Here, the individual student is the "*unit of analysis*." In other instances, we may want to know something about a classroom or a school. For example, we may look at the average response to the survey question, "*I feel safe at school*," across all students in the school, to measure school safety. In this case, the school is the unit of analysis. The unit of analysis should align with the unit of observation, and this should be clarified prior to using data to inform practice.



Guiding Questions:

- What are we hoping to change or improve?
- In order to show the change or improvement, do we need information about an individual student, a group of students, a particular classroom, or the whole school?
- Double Check: Will the source of the data I'm collecting (i.e., unit of observation) tell me about the thing I'm hoping to change (i.e., unit of analysis)?

Figure 1.



The Program Evaluation Cycle: Different Questions for Different Uses of Data

Instead of beginning the process of data driven decision making by asking “*What data do we need?*,” it is more helpful to start by asking “*What questions do we want answered?*” The questions determine the types of data to be collected and what will be done with the data. There are generally three types of questions regarding student mental health improvement, each of which represents a specific stage of the program evaluation cycle:

1. **Needs Assessment.** Needs assessment questions ask, “*What do we need to do?*” They help to plan the necessary steps to improve student mental health: What are the areas of strength and need? Should efforts be focused, for example, on counseling services targeted to at-risk students or on increasing parent involvement? Answers to questions like these help with decisions about what interventions to put into place in a school. Part of conducting a needs assessment involves taking inventory of the interventions that a school already has at its disposal as well as other evidence-based interventions that the school could draw on to address any detected needs.
2. **Process Evaluation.** Process evaluation questions help to monitor how the interventions are going; they ask, “*Is what we planned to do happening?*” Process evaluation helps to gauge whether selected interventions are being implemented as planned. For example, in the implementation of a peer-mentoring program, how many mentors were trained and how often do they meet with their mentees?

NITT Project AWARE grantees will recognize the program evaluation cycle due to their experience writing Coordination & Integration and Evaluation Plans. Before beginning grant-funded activities, AWARE grantees conducted a comprehensive needs assessment and went on to identify process and outcome measures for each of their need-driven objectives. Beyond grant compliance, however, the program evaluation cycle should be relied upon as a standard practice for effectively leveraging resources to achieve maximum impact on valued student outcomes. SEAs, LEAs, teachers, and even students should become fluent in using the program evaluation cycle to inform all decisions that drive the distribution of resources.

Answers to questions like these help determine if implementation stages and markers are being met.

3. **Outcome Evaluation.** Outcome evaluation questions allow us to study the effects of interventions and answer the question, “*Is what we’re doing working?*” If selected interventions are being implemented as planned, they should result in specific objectives being met. Outcome evaluation provides multiple measures of the extent to which objectives are being met. It provides school staff with information about which strategies work as determined by students’ responses to interventions. For example, if a social emotional learning program were implemented for the purpose of decreasing incidents of bullying and increasing levels of student engagement, we would examine outcome data to see if those targets are being met.

Outcome evaluation provides information about how an intervention is working, but also helps to identify new needs, thereby enhancing needs assessment. For this reason, these questions are understood to fit together in a cycle of continuous improvement (see Figure 1). Review of and feedback on data should be timely and ongoing.



Guiding Questions:

- What do we need to do? (needs assessment)
- How can we show that what we planned to do happening? (process evaluation)
- How can we show that what we are doing is working? (outcome evaluation)

The guiding questions answered using the process evaluation cycle map onto most decisions related to implementing mental health interventions in schools. If we begin by determining what it is we need to know, this will help determine what data we need and what to do with it.

Matching Types of Data to Types of Questions

Different types of data are useful for answering program evaluation cycle questions (see Toolbox 1 for a list of types of data that schools often already possess that can measure student mental health). Where possible, it is advantageous to use multiple sources of data to answer evaluation questions rather than relying on a single source. This helps to attenuate the reality that any individual source of data is an imperfect measure of a given concept or idea. For example, to measure a concept like classroom order, we might look at the average number of discipline referrals issued in a classroom. By looking, too, at results of administrator classroom observations we arrive at a clearer picture of classroom order.

To answer needs assessment questions (*What do we need to do?*), it is useful to have data on multiple indicators or for multiple student subgroups that can be compared to assess relative areas of need. For instance, a school-wide student survey that asks about perceptions of various aspects of the school environment allows for a comparison of school issues such as bullying, adult/student relationships, and substance use at school. Alternatively, it may be useful to have detailed information on a single indicator to get a better sense of how to address it. For example, looking at differences in discipline referrals by month can show the points during the school year at which behavioral interventions are most needed.

To answer process evaluation questions (*Is what we planned to do happening?*), have data that track how many students, staff, and/or parents receive services or participate in organized activities; how often they receive services or participate in activities; how well prepared providers are to deliver interventions; and whether all components of interventions are being implemented. For example, sign-in sheets for activities and events, or membership rosters for groups and clubs, can help monitor who is being reached by interventions and how often.



Guiding Questions:

- Have we identified more than one source of data for each thing we wish to change or improve?
- Do we have data from before we started our work to make comparisons between before and after we make a change?
- How frequently do we need to collect data to demonstrate the change we are looking to make?

To answer outcome evaluation questions (*Is what we're doing working?*), have both “before” and “after” (pre-post) data on the same indicator to see if change has occurred. For example, if an intervention is designed to reduce bullying, it is a good idea to measure rates of bullying before the intervention is implemented and then to use the same measure again after the intervention or individual components of the intervention are completed. Comparing data from the same measure, collected both before and after an intervention, can help show whether the desired change occurred. Accessing the necessary pre-post data can be accomplished by using data that are collected annually (as perhaps with a school-wide student survey), but it may require using data that are collected at shorter intervals to allow for more responsive feedback. Using data such as discipline referrals, which are collected daily, weekly, or monthly, can allow you to answer outcome evaluation questions with a much shorter turnaround time.

Toolbox 1. Sources of School Data Related To Student Mental Health

The following table includes a list of types of data related to student mental health that schools often collect. Not all of these data are collected with the intention of assessing student mental health. Universal screening tools, for example, are often used to directly assess mental health, but other sources of data may be collected for other purposes. For instance, most administrators conduct classroom observations for the purpose of giving teachers feedback on instructional practices, but these data are also a useful assessment of classroom order, teacher expectations and support for student learning, the physical surroundings of the classroom, and teacher-student relationships—all factors predictive of student mental health.

Toolbox 1. Sources of School Data Related To Student Mental Health

Types of Data	Description
Academic and attendance records	Student information system records of attendance, grades, and standardized test scores can serve as “downstream” indicators of mental health
Behavior monitoring tools	Staff observational reports or student self-reports for monitoring individual student positive and/or problem behavior
Classroom observations	Administrator or other staff observation of teacher classroom practices and environment that can be predictive of mental health
Discipline referrals	Student information system records of office discipline referrals that can be used to identify problem behavior
Demographic records	Student information system records of race, participation in the free and reduced-price meals program, school mobility, etc. that can be used to identify subgroup disparities in mental health outcomes
Focus groups and interviews	Structured conversations with students, staff, or parents on a specific topic, with recorded note
Group membership rosters	Rosters for membership in groups, clubs, committees, etc. that can indicate engagement and school connectedness
Program implementation surveys	Surveys for measuring the degree to which specific programs have been implemented in schools with fidelity
Program outcome surveys	Surveys for measuring the effects of specific programs implemented in school
Satisfaction and needs surveys	Parent and/or staff surveys to assess satisfaction with the school and for collecting feedback on needs and concerns
School climate surveys	Parent, staff, and/or student surveys to assess experiences and perceptions of the school environment (e.g., bullying, relationships, safety)
Sign-in sheets for activities	Sign-in sheets for tracking attendance and participation in school-based activities and events that can indicate engagement and school connectedness
Universal screening tools	Staff observational reports or student self-reports for identifying student behavioral and/or emotional problems

When and Where Does Data Use Fit into the School Day?

Once our questions are clear and we have the data required to answer them, the next step is to analyze the data and discuss their implications with relevant decision-makers in the school or community. Who participates in analysis and discussion will depend on the school and on the question being asked. It is easy for the process of examining school mental health indicators to be perceived as “just one more thing” that school staff have to fit into their already busy schedules. In order to effectively use data to improve student mental health, schools must create spaces for staff (and, in many cases, students) to have regular conversations about data and interventions. Four such spaces are discussed here:

- First, school-wide staff meetings or governance meetings that include parents, students, and community members can incorporate presentations, small group activities, and models that allow attendees to analyze, discuss, and make plans based on data. Involving parents is a great strategy to increase family-school collaboration.

- Second, professional learning communities (PLCs) of staff that meet to facilitate curriculum and instructional planning can ask themselves the evaluation questions above and incorporate data into their decision-making processes. Sharing data between grade levels can help teachers understand how their students responded to interventions in earlier grades.
- Third, site-based teams formed to address student behavior, wellness, or mental health (for example, a school Positive Behavioral Intervention and Supports team) are often tasked with monitoring data and using it to guide intervention.



Guiding Questions:

- Who will assist us to analyze the data we collect?
- How will we share what we have learned with different stakeholder groups (e.g., staff, parents, community, students)?
- What process will we use to decide what to do next based on what we have learned?

- Fourth, engaging student groups in discussions about school data can be a powerful strategy for tapping students' unique expertise on schooling and foster a sense of ownership and community. These discussions could occur with a student government or infused into classroom instruction in math, science, social studies, or other subject areas.

It's Okay to Ask for Help

Data collection, analysis, and interpretation can be intimidating and difficult. Further, using data does not necessarily guarantee improvements. School staff will require professional development and training to learn how to correctly review data and implement related interventions. There are many professionals on school campus' who are trained in data management as part of their graduate education, including school psychologists, science and math teachers, special educators, and district assessment staff. These professionals may be able to offer in-service training or one-on-one support, and including them on teams that discuss data can greatly improve the effectiveness of decision-making.



In some cases, it may be helpful to partner with an organization that specializes in supporting schools with data use (Toolbox 2). Good partners will furnish data, analysis, and reporting that is sensitive to local need. It is important that data reports be understandable to staff, students, and parents. Data must be communicated in a way that the school community can engage in a meaningful conversation that results in collaborative and effective problem solving. The sustainability of data-use processes will be enhanced by installing user-friendly technology and data systems (Toolbox 3) that allow educators easy access to data and appropriate options for analyzing, summarizing, organizing, and displaying results.

Toolbox 2. Establishing Data Partnerships

- Reach out to public and private universities in your state and/or community. Most universities have a department that specializes in Education that will be comprised of several faculty members, research staff, and graduate students that can assist with data collection, management, analysis, and/or interpretation.
- There exist several agencies throughout the United States, some not-for-profit and others for-profit which specialize in managing education-related data for the purpose of program evaluation. Agency staff can assist with data collection, management, analysis, and/or interpretation.

Toolbox 3. Using Data Systems

Many organizations have developed *Student Information Systems* (SIS) designed to manage various sources of student-related data. Schools often use SIS for standard functions such as monitoring attendance and academic progress. Common SIS used for these purposes are *PowerSchool*, *Infinite Campus*, and *Aeries*. Over the past several years, schools have incorporated new uses of software systems to electronically track other sources of process and outcome evaluation data, such as various types of office discipline referrals (e.g., dress code violation, tardy) and event attendance (e.g., attendance at intervention sessions) that can be used to inform real time decision making. The table below provides examples of software tools that schools are adopting for these purposes.

Toolbox 3. Using Data Systems

Name of Data System	Developer	Description
Early Warning System betterhighschools.org/ews.asp	The National High School Center	A downloadable electronic tool that “helps schools and districts systematically: 1) identify students who are showing signs that they are at risk of dropping out of high school; 2) match these students to interventions to get them back on track for graduation; and 3) monitor students’ progress in those interventions.” Source: <i>The National High School Center, American Institutes for Research</i>
Hero herok12.com	Hero K12, LLC	“An in-browser web app and a mobile app to allow K–12 schools to capture a record of anything that happens on their campus.” Source: <i>HeroK12</i>

Toolbox 3. Continued

Name of Data System	Developer	Description
Maxient Maxient.com	Maxient	A web-based information system designed to coordinate “student discipline, academic integrity, care and concern records, Title IX matters, or just an “FYI”... an integral component of many schools overall early alert efforts, helping to identify students in distress and coordinate the efforts of various departments to provide follow-up.” Source: <i>Maxient</i>
SWIS Suite pbisapps.org	PBISApps	“A reliable, confidential, web-based information system to collect, summarize, and use student behavior data for decision making.” Source: <i>PBISApps</i>

Making the Commitment to Use Data

Using myriad data sources to inform meaningful improvements in mental health outcomes for school-aged youth requires a strategic approach. As outlined throughout this Now Is The Time Brief, several critical guiding questions must be considered along the way to meeting mental health outcome goals. These guiding questions lead educators through all stages of data use: identifying what to measure, identifying a variety of sources for collecting identified measures, linking appropriate measures to new and existing prevention and intervention strategies, and gauging change over time. By diligently answering all guiding questions at

each stage of data use, education agencies will avoid drawing spurious conclusions wherein the agency reports mental health outcomes that do not actually exist or, conversely, the agency fails to recognize mental health outcomes that they have worked so hard to achieve. Adhering to the highest standard of data use is hard work, but it pays off when education agencies are able to clearly communicate results to school stakeholders, government agencies, and community supporters who, as a consequence of learning about mental health outcomes, will deepen their commitment and investment in the education agency’s ongoing efforts.



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Information about HIPAA and FERPA

- **Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule HIPAA**
 - The Health Insurance Portability and Accountability Act (HIPAA) provides federal protections for individually identifiable health information held by covered entities such as community mental health centers.
 - HIPAA gives patients an array of rights regarding their individually identifiable health information.
 - For more information, visit:
 - <http://www.hhs.gov/ocr/privacy/index.html>
- **Family Educational Rights and Privacy Act (FERPA)**
 - A federal law that protects the privacy of students' education records.
 - FERPA gives parents certain rights related to their child's education records. These rights transfer to students when they turn 18.
 - For more information, visit:
 - <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- **HIPAA and FERPA**
 - Both HIPAA and FERPA are designed to protect confidentiality and privacy.
 - School-employed staff must abide by FERPA.
 - Hospitals and outpatient mental health programs abide by HIPAA.
 - The school mental health records of school-based community providers are protected by HIPAA.
 - Provisions relate to sharing information during crises and emergency situations.
 - For more information on the intersection between HIPAA and FERPA, visit:
 - http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa_and_hipaa/index.html
- **Helpful Hints**
 - Neither HIPAA nor FERPA should be seen as an insurmountable obstacle for your program.
 - Be clear about what information can and cannot be shared with whom.
 - Strike a balance.
 - Have parents/guardians sign a release-of-information form.
 - Create a policy for how your district will share information and documents with your community mental health partner(s).

Module 3: Needs Assessment and Resource Mapping

Goal: Help participants understand the importance of and best practices for needs assessment and resource mapping.

By the end of this module, participants will be able to:

1. Define a needs assessment and resource map.
2. Describe at least 3 reasons why needs assessments and resource maps are valuable for schools.
3. Describe best practices for needs assessment and resource mapping.



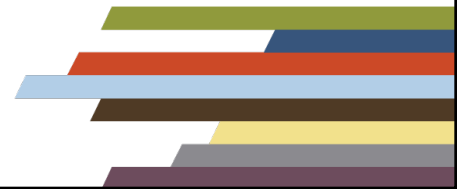
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Module 3: Needs Assessment and Resource Mapping

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools



1



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The opinions expressed herein are the views of the Mental Health Technology Transfer Center Network and the National Center for School Mental Health and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.





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Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning

What Is a Needs Assessment?



A collaborative process used by a system to identify:

- gaps between current and desired conditions

- system strengths

in an effort to:

- clarify priorities
- inform quality improvement
- advance action planning

Why Conduct a School Mental Health Needs Assessment?

Allows a district or school to:

- Identify and address mental health needs that are the most pressing.
- Understand how well existing services and supports are meeting student needs.
- Identify and leverage system strengths.
- Inform priorities and actions for school mental health programming.



What Is Resource Mapping?



An active process to **identify, visually represent, and share information** about internal and external supports and services to inform effective utilization of assets.

Value of Resource Maps

- Identify valuable local resources.
- Improve awareness and access.
- Reduce duplication and inappropriate use of services.
- Enhance communication and collaboration.

How Do Needs Assessment and Resource Mapping Fit Together?



- Needs assessment identifies the pressing strengths, needs, and challenges in a system.
- Resource mapping offers a clear representation of resources available to address identified needs or enhance identified strengths.

Quality Indicators

Needs Assessment and Resource Mapping

- Assess student mental health needs.
- Assess student mental health strengths.
- Use needs assessment results to select, plan, and implement services and supports.
- Conduct resource mapping to identify existing services and supports.
- Use resource map to select, plan, and implement services and supports.
- Align existing services and supports.



Needs Assessment Topics

- Student stressors and mental health concerns
- Knowledge of mental health supports in school
- Preferences for different types of mental health and wellness services
- Use of and satisfaction with current mental health and wellness services
- Feedback and recommendations about current mental health and wellness services provided in school

Quality Indicator

To what extent did your district/school use best practices to **assess student mental health needs?**

Best Practices

- Convene a diverse needs assessment team.
- Review existing data.
- Identify additional data that might inform student needs and develop a process to gather it.
- Utilize psychometrically sound and culturally relevant assessment tools and processes.
- Pilot needs assessment before scaling.
- Focus data collection on determining the most pressing needs and how well current services and supports are meeting those needs.



Strengths Assessment Topics

- Student connectedness to school, school staff, and peers
- Acts of kindness in school
- Positive role models at school
- Student, staff, and family well-being
- Healthy relationships, behaviors

Quality Indicator

To what extent did your district/school use best practices to **assess student mental health strengths?**

Best Practices

- Convene a diverse strengths assessment team.
- Review existing data.
- Identify additional data that might inform student strengths and develop a process to gather it.
- Utilize psychometrically sound and culturally relevant assessment tools and processes.
- Pilot needs assessment before scaling.
- Determine how current supports and services leverage and address gaps in student strengths.

Quality Indicator

To what extent did your district/school use best practices to **use your needs assessment to inform decisions about selecting, planning, and implementing appropriate services and supports?**

Best Practices

- Develop an accessible comprehensive needs assessment report to inform decisions.
- Use data to inform how gaps can be addressed with available or new services and supports.
- Use data to prioritize selection of programs and strategies.

Reflection:

If you were to conduct a needs assessment in your district or school ...

- Who would you want input from?
- What are you most interested in learning from the needs assessment?
- What question(s) would you like to see included on the assessment?
- What strengths would you consider assessing?
- How would you use the information you learn from the assessment to improve your school mental health system?

Quality Indicator

To what extent did your district/school use best practices to **conduct resource mapping or have access to an updated resource map or guide to identify existing school and community mental health services and supports?**

Best Practices:

- Use multiple sources to identify existing resources.
- Create and foster school-community partnerships to ensure ongoing communication.
- Develop a user-friendly, updated, comprehensive resource map or guide.
- Include target outcomes and evidence of impact.
- Ensure the resource map is accessible to diverse stakeholders.
- Establish a process to regularly evaluate, update, and improve the map or guide.

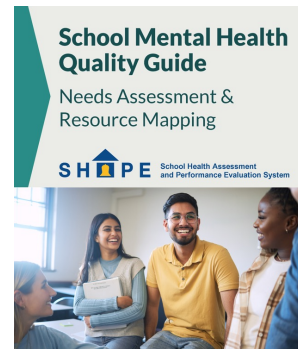
Resources

School Mental Health Quality Guide: Needs Assessment and Resource Mapping

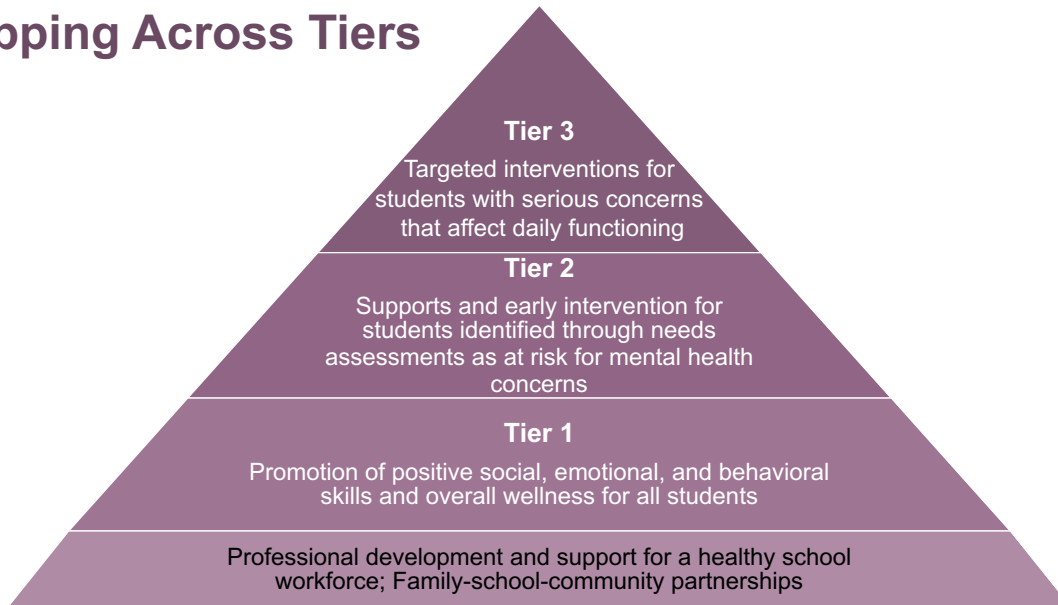
Provides guidance to advance school mental health quality and sustainability

Includes:

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



Mapping Across Tiers



Reflection:
What services and resources will be mapped?

Considerations:

- What kind of services and resources do you want to map?
 - Available in the school building, and/or available in the community?
- What are your inclusion criteria?
 - Neighborhood, community, district, state, national
 - Distance from school (e.g., within 5 miles, 10 miles)
 - Resources across the full 3-tiered framework
- What other guidelines do you want to place on your team's mapping process?



School Example

One Midwestern high school with approximately 1,700 students conducted a team-based resource mapping process to assess behavioral health capacity and resources currently available inside and outside the school. Their process revealed the following:

- A lot of support is available in the school, but students, families, and staff are often unaware of the services and how to access them.
- Tier 1 and Tier 2 services and supports are available, but limited.
- Tier 2 and Tier 3 services and supports from the school-based health center can be better utilized.

Quality Indicator

To what extent did your district/school use best practices to **use an updated resource map or guide to inform decisions about selecting, planning, and implementing** appropriate services and supports?

Best Practices

- Pair needs assessment data with a resource map to consider how needs can be met with existing supports and services.
- Reduce or abandon supports and services that lack evidence of impact.
- Identify areas of need not adequately addressed and consider how to address unmet needs.
- Consider whether services have demonstrated equitable impact.

Resource Map of School-Based Providers

Roles of School Based Mental Health Professionals

A reference to better understand the roles of school based mental health professionals and the services they provide

Person/Position	Availability	Contact	Students Served	Unique Roles
*John Doe Dean of Student Support	Mon – Fri 9:30 – 3:30	john DOE@gmail.com	ALL	Provide student and staff support for restorative processes
Jane Doe, LCSW-C BCPS School Social Worker	Fri 8:30 - 3:30	janedoe@bcps.k12.md.us	All students, but must meet all outline IEP requirements (Can meet with any student 1-2 sessions before guardian consent)	Home-school-community liaison Conduct psychological and academic assessments for IEP, individualized instruction and academic interventions, support student academic achievement *Services provided for 6-8 weeks
Johnny Appleseed, Ed.S., NCSP BCPS School Psychologist	Fri 8:30 - 3:30	jappleseed@bcps.k12.md.us	General education students with consent from guardian (Can meet with any student 1-2 sessions before guardian consent)	Prevention activities, early intervention, classroom observations and presentations, conflict mediation, medication management (with UM SMH Psychiatrist)
Mr. Smith, M.A. UM School Mental Health Clinician	Tues 8:00 - 4:00 Wed 8:00 - 2:00 Fri 8:00 - 4:00	mrsmith@som.umaryland.edu (410) 645-0721		
Mrs. Smith, B.A. UM School Mental Health Extern	Tues 9:00 - 1:30 Thurs 8:00 - 4:00	mrsmith@ubalt.edu		

*Not a Mental Health Professional and roles below do not apply

Roles of ALL School Based Mental Health Professionals:

- Crisis intervention (i.e. danger to others or self)
- Assess emotional and behavioral disorders
- Provide evidence-based social/emotional/behavioral interventions for children and families
- Conduct individual, family, and group therapy
- Monitor student progress
- Provide classroom based supports with focus on positive coping skills in and outside the classroom
- Provide consultation services to staff, school teams, families to address behavioral concerns, attendance, and truancy
- Provide staff professional development
- Participate in school teams (i.e. IEP, Attendance, Champion Team)

District Example



One small school district (8 schools, 6,000 students) in upstate New York developed a resource map template and obtained feedback from district and school stakeholders before completing it.

Resource Mapping Goals:

- Increase awareness of school mental health services among school staff and administrators
- Provide clear information about how to refer students
- Serve as a reference in Student Support Team meetings for planning student interventions

The resource map detailed resources both within the community and across the school district. The 12 sections contained information on mental health resources, emergency mental health, parent resources, regional wraparound services, and services for persons with developmental disabilities, as well as services identified within 7 outlying counties that youth either move to or from.

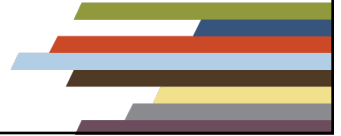
The map was disseminated via a workshop-based training. A team was identified to annually modify and update the map.

Quality Indicator

To what extent did your district/school use best practices to **align existing mental health supports and services**?

Best Practices

- Identify and gather information about current or prospective school mental health supports.
- Identify areas of overlap or misalignment.
- Make decisions about how to align existing services and supports to avoid duplication.
- Reduce or abandon supports and services that are redundant.
- Develop a team-based process for ensuring complementarity of new initiatives.



Working Smarter: Initiative Alignment



1. Gather your team.
2. Create an inventory of initiatives using a triangle to consider where the initiatives would be placed across the tiers (Tier 1: mental health promotion, Tier 2: prevention, Tier 3: intervention).
3. Identify areas of duplication/overlap.
 - Make team decisions about *strategic abandonment*.
4. Identify areas of need.
 - Develop a process to select new initiatives.
5. Plan for monitoring implementation.

Adapted from: Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts (PBIS, 2017)



Working Smarter: Initiative Alignment Map

Name of Service or Program	Tier(s)	Referral or Selection Process	Target Outcomes	Team Members Involved	Evidence of Success
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					



Discussion

How does this content fit with your district understanding and implementation of school mental health needs assessment and resource mapping?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

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Resources

Needs Assessment/Resource Mapping

A needs assessment is a collaborative process used by a system to identify gaps between current and desired conditions and system strengths. It allows a school to identify and address mental health needs that are the most pressing, understand how well existing services and supports are meeting student needs, identify and leverage strengths, and inform priorities and actions for school mental health programming.

Resource mapping is an active process to identify, visually represent, and share information about internal and external supports and services to inform effective utilization of resources. The resource map or guide that results from this process is often based on your school’s needs assessments and other information about strengths and needs in your school and community. A resource map may also be referred to as an asset map or environmental scan.

To what extent did schools in your district use best practices to...

1. ... assess student mental health needs?

- Convene a diverse team to develop and conduct a needs assessment. Team should include representation from several groups (e.g., Caregivers, students, school mental health and health staff, community-based providers , school administrators, school staff, community leaders) and reflect diverse demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)
- Needs assessment should reflect diverse team members’ input and values related to identified needs and strengths
- Review existing data (e.g., office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, health risk assessments, aggregate data from behavioral health screenings, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates) to identify needs, disproportionalities, and disparities
- Identify additional data, such as student risk assessment, community- level stressors or potentially traumatic events, and school campus physical safety, that might inform student needs and develop a process to gather it
- Use needs assessment tools and processes that are psychometrically sound and culturally relevant
- Include items in needs assessment tools that allow for disaggregation by demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- Pilot needs assessment with students, families and other relevant groups for feedback and revisions before large-scale data collection
- Conduct needs assessment through multiple platforms and in multiple languages as appropriate to access all members of the community
- Summarize and review needs assessment data to determine:
 - most pressing needs impacting most students (Tier 1), some students (Tier 2), and just a few students (Tier 3)
 - patterns of needs (e.g., emotional/behavioral, medical, basic [e.g., food, housing], social support, financial needs, family functioning)
 - whether current services and supports are trauma- informed and healing-centered
 - whether current services and supports are culturally responsive and anti-racist
 - how well current services and supports are meeting student needs with use of all disaggregated data
 - disaggregate data to identify inequities and disparities for BIPOC and other marginalized students

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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2. ... assess student mental health strengths?

- Convene a diverse team to conduct a strengths assessment. Team should include representation from several groups (e.g., caregivers, students, , school mental health and health staff, community-based providers, school administrators, school staff, community leaders) and reflect diverse demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- Review existing data (e.g., school climate surveys, focus groups) to identify strengths.
- Collect data to identify student strengths and developmental assets (e.g., school connectedness, social skills, belonging, gratitude, self-determination, grit, self-awareness, self- management, personal responsibility, decision making, community engagement)
- Use strengths assessment tools and processes that are psychometrically sound and culturally relevant
- Pilot your strengths assessment with students, families and other relevant individuals for feedback and revisions before large-scale data collection
- Conduct strengths assessment through multiple platforms and in multiple languages as appropriate to access all members of the community
- Summarize and review strengths assessment data to determine how current supports and services leverage and address gaps in student strengths
- Disaggregate data to identify inequities and disparities for BIPOC and other marginalized students

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ... use needs assessment to inform decisions about selection, planning, and implementing appropriate services and supports?

- Develop a comprehensive needs assessment report that is relevant and easily accessible to inform decisions
- Use needs assessment data to inform how gaps can be addressed with existing or new services and supports
- Use needs assessment data to prioritize selection of areas of focus, programs and strategies, and action steps

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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4. ...conduct resource mapping or have access to an updated resource map or guide to identify existing school and community mental health services and supports?

- Use multiple sources to identify community-trusted resources available to students, families and communities that promote mental health (e.g., SAMHSA’s Behavioral Health Treatment Services locator, school mental health and health care/community provider summary of services available, recreational activities) across a multi-tiered system of supports. Consider resources that mitigate racism and other inequities and that impact mental health beyond only individual-focused supports (e.g., faith-based organizations, Learning for Justice, American Civil Liberties Union, Federation of Families for Children’s Mental Health)
- Identify mental health resources that are trauma-informed, healing- centered, culturally responsive and anti-racist
- Create and foster school-community partnerships to ensure ongoing communication about existing and new programs, services, and supports available to students and families
- Develop a user-friendly, updated, comprehensive resource map or guide that includes data (e.g., name of the program/organization, description of service, website, address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, any other unique considerations– e.g., language, culture, immigration status) about each resource
- Include target outcomes and evidence of impact for each service
- Ensure resource map or guide is easily accessible to diverse groups, including students and families
- Establish a process and dedicated staff time to regularly evaluate, update and improve the resource map or guide

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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5. ... use an updated resource map or guide to inform decisions and selection, planning, and implementation of appropriate services and supports?

- Pair needs and strength/assets assessment data with resource map to consider how needs can be met and strengths used to inform with existing school and community supports and services
- Collaborate with diverse stakeholders to consider reducing or abandoning services and supports that lack evidence of impact for the intended population
- Prioritize services and supports that are trauma-informed, healing- centered, culturally responsive, anti-racist, and equitable; abandon or partner to improve services and supports that do not reflect these principles and practices
- Use resource map to identify areas of need and strength that are not adequately addressed by existing supports and services and seek to identify existing or develop new referral options to meet the need
- Consider whether services have demonstrated impact within a sample reflective of the school/district population and demonstrated equitable impact

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... align existing mental health supports and services?

- Use your diverse team (school staff, school mental health and health providers, community partners, caregivers, and students) to identify and gather information about current or prospective school mental health supports and services (Include who is implementing, how students are identified, data collected/analyzed, the intended target outcome(s), and training and ongoing support involved)
- Identify areas of overlap and/or misalignment
- Make decisions about how to align existing services and supports to avoid duplication
- Consider reducing or abandoning services that are redundant
- Develop a team-based process for ensuring complementarity of initiatives

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Needs Assessment/Resource Mapping Total (Questions 1-6): _____
Teaming Average (Total/6): _____

To what extent did your *district* use best practices to...

7. ...establish and disseminate written, standard policies and procedures for needs assessment/resource mapping in your schools?

- Develop policies and procedures to reflect needs assessment and resource mapping best practices
- Ensure that the policies and procedures are trauma-informed and healing-centered
- Ensure that the policies and procedures are culturally responsive and antiracist
- Disseminate policies and procedures to all schools in an accessible format and in first languages of school community

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

8. ...support the implementation of needs assessment/resource mapping in your schools?

- Use comprehensive implementation supports in all schools including:
 - Participation of administration
 - Protecting staff time for implementation
 - Provision of resources
 - Ongoing professional development
 - Provide technical assistance, consultation, and coaching

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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9. ...monitor needs assessment/resource mapping in your schools?

- Use a transparent and systematic process in all schools for monitoring the structure and process of school needs assessment/resource mapping including:
 - District observation of school team meetings
 - Regular reporting by schools of needs assessment/resource mapping structures, staffing and processes
- Assess fidelity to district policies and procedures

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10 ...assess and refine district supports (e.g., policies, procedures, monitoring, implementation supports) for needs assessment/resource mapping in your schools?

- Assess the utility, equity, and effectiveness of district supports via a transparent and systematic process that includes school feedback from diverse stakeholders
- Ensure that district supports reflect current best practices in needs assessment/resource mapping
- Implement a quality improvement process to refine district supports

District Support Total (Questions 12-15): _____ District Support Average (Total/4): _____
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Needs Assessment/Resource Mapping

A needs assessment is a collaborative process used by a system to identify gaps between current and desired conditions and system strengths. It allows a school to identify and address mental health needs that are the most pressing, understand how well existing services and supports are meeting student needs, identify and leverage strengths, and inform priorities and actions for school mental health programming.

Resource mapping is an active process to identify, visually represent, and share information about internal and external supports and services to inform effective utilization of resources. The resource map or guide that results from this process is often based on your school's needs assessments and other information about strengths and needs in your school and community. A resource map may also be referred to as an asset map or environmental scan.

To what extent did your school use best practices to...

1. ... assess student mental health needs?

- Convene a diverse team to develop and conduct a needs assessment. Team should include representation from several groups (e.g., Caregivers, students, school mental health and health staff, community-based providers, school administrators, school staff, community leaders) and reflect diverse demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)
- Needs assessment should reflect diverse team members' input and values related to identified needs and strengths
- Review existing data (e.g., office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, health risk assessments, aggregate data from behavioral health screenings, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates) to identify needs, disproportionalities, and disparities
- Identify additional data, such as student risk assessment, community-level stressors or potentially traumatic events, and school campus physical safety, that might inform student needs and develop a process to gather it
- Use needs assessment tools and processes that are psychometrically sound and culturally relevant
- Include items in needs assessment tools that allow for disaggregation by demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- Pilot needs assessment with students, families and other relevant groups for feedback and revisions before large-scale data collection
- Conduct needs assessment through multiple platforms and in multiple languages as appropriate to access all members of the community
- Summarize and review needs assessment data to determine:
 - most pressing needs impacting most students (Tier 1), some students (Tier 2), and just a few students (Tier 3)
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Needs Assessment/Resource Mapping Total (Questions 1-6): _____
Teaming Average (Total/6): _____



Module 3: Needs Assessment and Resource Mapping – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of school mental health needs assessment and resource mapping?

Strategic Planning

Please state a specific goal for your district within this domain. *(For example, one goal might be that district will review existing data to understand the needs and strengths of students and determine whether additional data is needed to inform school mental health programming.)*

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

- What current work is taking place related to this goal?

- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?

- What would we need to overcome this/these barrier(s)?

Action Steps

- List 3 potential action steps to move this goal forward.

1.

2.

3.

Roles of School Based Mental Health Professionals

A reference to better understand the roles of school based mental health professionals and the services they provide

Person/Position	Availability	Contact	Students Served	Unique Roles
*John Doe <i>Dean of Student Support</i>	Mon – Fri 9:30 – 3:30	johndoe@gmail.com	ALL	Provide student and staff support for restorative processes
Jane Doe, LCSW-C <i>BCPS School Social Worker</i>	Fri 8:30 - 3:30	janedoe@bcps.k12.md.us	All students, but must meet all outline IEP requirements (Can meet with any student 1-2 sessions before guardian consent)	Home-school-community liaison
Johnny Appleseed, Ed.S., NCSP <i>BCPS School Psychologist</i>	Fri 8:30 - 3:30	jappleseed@bcps.k12.md.us		Conduct psychological and academic assessments for IEP, individualized instruction and academic interventions, support student academic achievement <i>*Services provided for 6-8 weeks</i>
Mr. Smith, M.A. <i>UM School Mental Health Clinician</i>	Tues 8:00 - 4:00 Wed 8:00 - 2:00 Fri 8:00 - 4:00	mrsmith@som.umaryland.edu (410) 645-0721	General education students with consent from guardian (Can meet with any student 1-2 sessions before guardian consent)	Prevention activities, early intervention, classroom observations and presentations, conflict mediation, medication management (with UM SMH Psychiatrist)
Mrs. Smith, B.A. <i>UM School Mental Health Extern</i>	Tues 8:00 - 1:30 Thurs 8:00 - 4:00	mrsmith@ubalt.edu		

**Not a Mental Health Professional and roles below do not apply*

Roles of ALL School Based Mental Health Professionals:

- Crisis intervention (i.e. danger to others or self)
- Assess emotional and behavioral disorders
- Provide evidence-based social/emotional/behavioral interventions for children and families
- Conduct individual, family, and group therapy
- Monitor student progress
- Provide classroom based supports with focus on positive coping skills in and outside the classroom
- Provide consultation services to staff, school teams, families to address behavioral concerns, attendance, and truancy
- Provide staff professional development
- Participate in school teams (i.e. IEP, Attendance, Champion Team)

Published by New Song Learning Center Mental Health Team, 2017

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SCHOOL MENTAL HEALTH INITIATIVE ALIGNMENT MAP

School or district mental health teams are encouraged to complete this template to map all existing initiatives related to student mental health promotion, early intervention and treatment. Teams should appoint one member to lead the completion of this alignment map by reaching out to one member of each identified initiative. Each person who completes a portion of the map should be asked whether all initiatives are represented, as there may not be one person who would know about all pertinent initiatives to map.

Name of Service or Program	Tier (s)	Referral or Selection Process	Target Outcomes	Team Members Involved	Evidence of Success

Note: School Mental Health Initiative Alignment Map. “Adapted from the Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts”, <https://www.pbis.org/resource/technical-guide-for-alignment-of-initiatives-programs-and-practices-in-school-districts> from the National Technical Assistance Center on Positive Behavioral Interventions and Support.

Module 4: Screening

Goal: Help participants understand the importance of and best practices for mental health screening in schools.

By the end of this module, participants will be able to:

1. Describe the purpose and importance of mental health screening in schools.
2. Explain 2 action steps to implement mental health screening in schools.
3. Describe best practices for mental health screening.



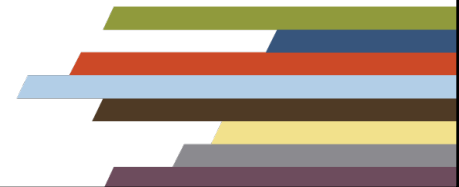
MHTTC

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



Module 4: Screening

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools



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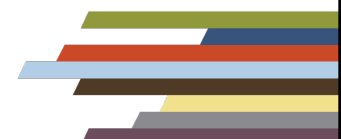


MHTTC

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



The opinions expressed herein are the views of the Mental Health Technology Transfer Center Network and the National Center for School Mental Health and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



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National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Trainer manual, National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools*. Palo Alto, CA: MHTTC Network Coordinating Office.

Agenda



- Definition
- Purpose and Importance of Screening
- Screening Action Steps
- Common Barriers and Strategies
- Surveillance Screening as an Option
- District Example
- Strategic Planning

What Is School Mental Health Screening?

Using a tool or process employed with an entire population, such as a school's student body, **to identify student strengths and needs.** Screening is often used to identify students **at risk for a mental health or substance use concern.**

Why Screen?

- Support a multi-tiered system of supports (MTSS).
- Identify students with high need.
- Identify concerns specific to certain grades or classrooms.
- Inform promotion and prevention strategies.
- Assess indicators of positive well-being.
- Improve access to mental health supports.
- Support economically sound outcomes.



Reflection:

What mental health screening efforts have been implemented in your district?

If your district has not implemented mental health screening, why not?

Quality Indicator

To what extent did your district/school use best practices for **mental health screening, planning, and implementation?**

Best Practices:

- Include students and families in the screening process.
- Use a selection process for a screening tool that considers reliability, feasibility, cost, and fit with the goals for screening.
- Share information about screening in multiple formats.
- Inform students and families about screening procedures.
- Support families' understanding and decision making about screening procedures.
- Ensure there is an updated list of internal and external mental health resources to support students and families.

Mental Health Screening Quality Indicators

Use best practices for mental health screening planning and implementation.

Indicate the number of students:

- Enrolled in school
- Formally screened in the absence of known risk factors
- Identified as being at-risk or already experiencing a mental health problem
- Referred to a mental health service following identification
- Received a mental health service following identification of being at-risk for or having a mental health problem

Of students screened, how many screened for [specific mental health areas]

Based on screening, how many system-level changes were implemented? Describe these changes.

Of students screened, how many were screened for:

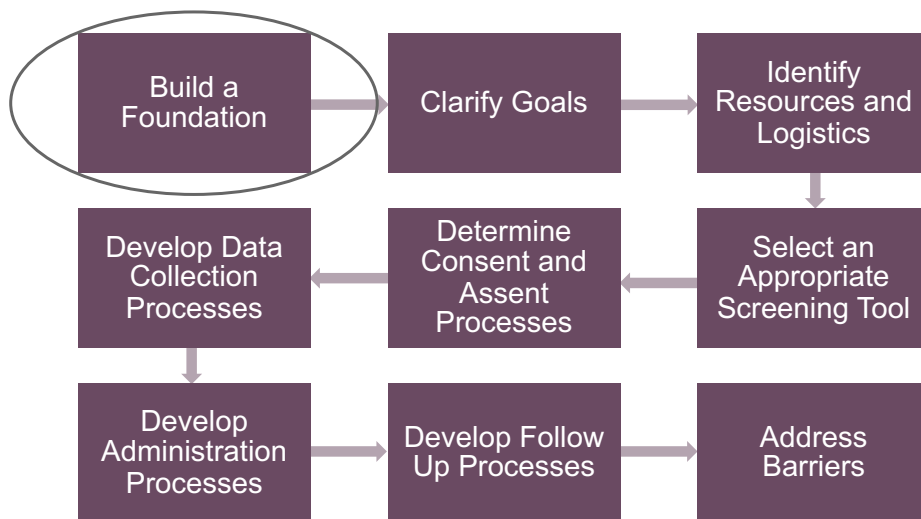
- Depression
- Suicidality
- Substance use
- Trauma
- Anxiety
- General mental health
- Well-being or protective factors
- Other
- Social determinants of mental health and well-being



Start Small



Screening Action Steps



Build a Foundation

Assemble a team:

- School administrators and staff
- Community
- Students
- Family



Build a Foundation

Generate Engagement and Support

- Gather input from several groups that represent diverse identities using several methods, such as focus groups, parent/staff meetings, and 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.
- Devise a strategy to communicate needs.

Build a Foundation

Cultural Considerations

- Complex stress related to poverty, immigration, language barriers
- Cultural beliefs about mental health and how concerns should be addressed
- Marginalized and underserved groups
- Strengths-based screenings, which may be more acceptable across cultural groups

“Interpreters, cultural brokers, and community liaisons should be available, utilized, and consulted with frequency in order to minimize miscommunication and improve collaboration with family members across key stakeholders.”

(Bertone et al., 2018)

Build a Foundation

Use Data

- Data can support justification for mental health screening.
- For example, one district used data from their screening pilot to demonstrate the value of screening:
 - *Students who scored in the moderate to severe range for depression are absent 47% more often than the average.*
 - *GPA was consistently lower for students who scored in the moderate to severe range on two different mental health screeners.*

(Crocker & Bozek, 2017)

Build a Foundation

Surveillance Data

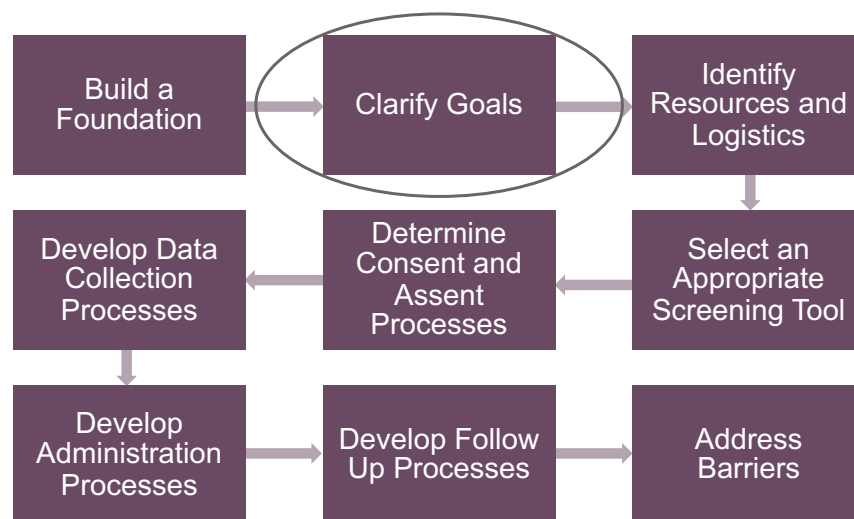


Using a tool or process employed with an entire population, such as a school's student body, to gather anonymous information about school and student strengths and needs

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/>

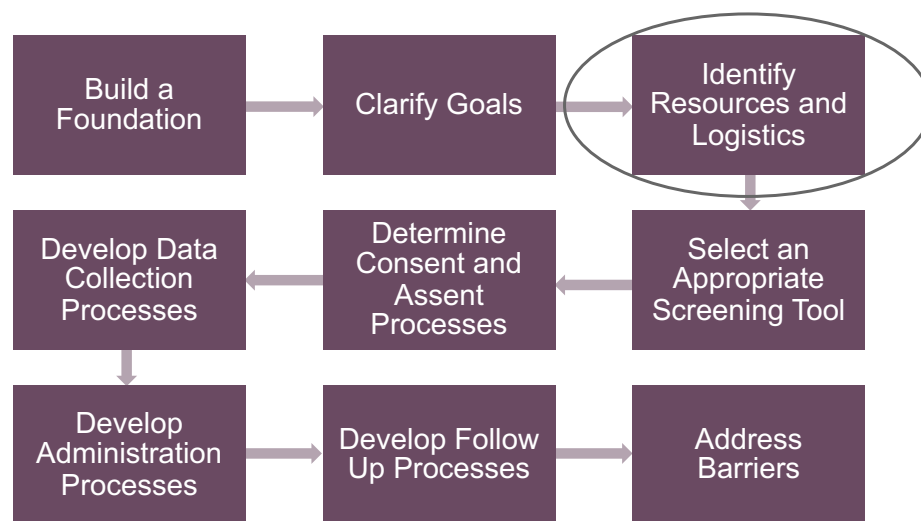
Screening Action Steps



Clarify Goals

- Identify the purpose of screening and desired outcomes.
- Examples:
 - Screen **all 6th grade students in one district for anxiety** to inform who may benefit from additional support during the transition to middle school.
 - Screen **all 9th grade students in one high school for depression, including suicidal thoughts**, to improve identification of students for counseling and inform school-wide suicide prevention efforts.
 - Screen **all students in one district for school connectedness** to identify which schools have higher rates of school connectedness and learn from their efforts to improve this in other schools.

Screening Action Steps



Identify Resources and Logistics

Staffing

- District leaders and school administrators
 - Establish plan for obtaining buy-in
- Teachers and paraprofessionals
 - Classroom administration
- Student instructional support personnel and school health center staff
 - Administration and follow-up
- Community mental health providers
 - Capacity to welcome new referrals

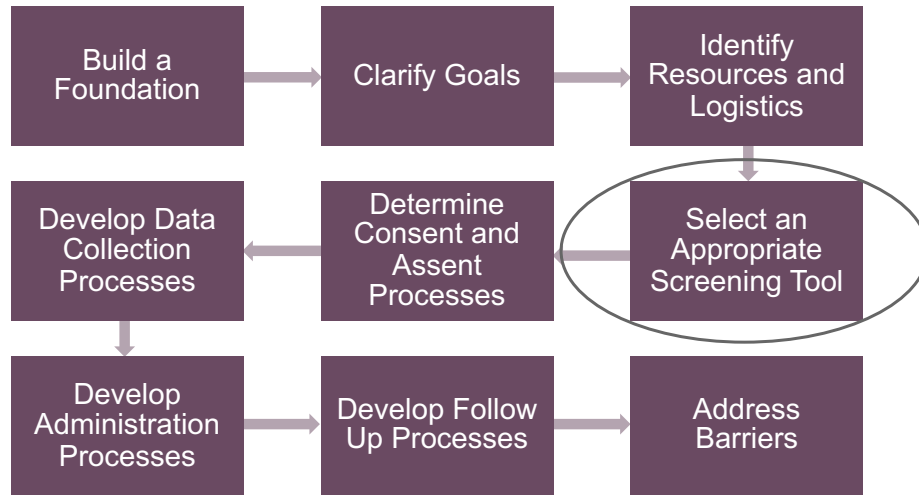


Identify Resources and Logistics

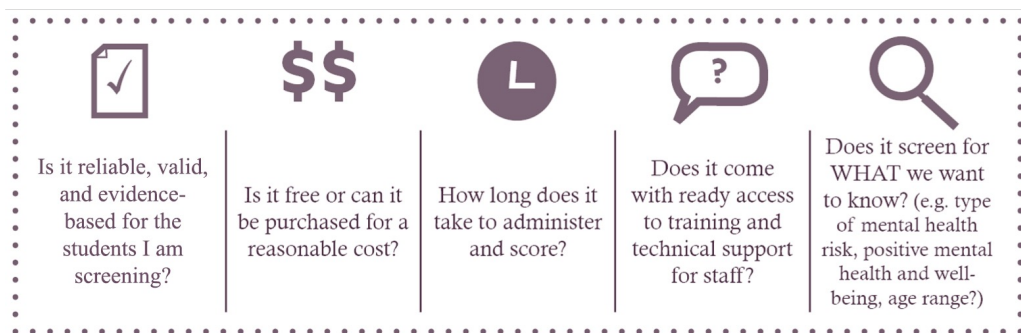
Data Infrastructure

- Consider integrating data into existing data systems.
 - Behavior management platforms
 - Student Information Systems for academic and behavioral data
- Consider electronic survey administration
- Data storage and access

Screening Action Steps



Select an Appropriate Screening Tool



Select an Appropriate Screening Tool

Resources

Instrument Name	Purpose	Focus Area	Reporter (Student Age)
Brief Problem Checklist (BPC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression Disruptive Behavior	Student (7-18) Caregiver (7-18)
Pediatric Symptom Checklist (PSC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning Hyperactivity Inattention	Student (11-16) Caregiver (3-16)
Strengths and Difficulties Questionnaire (SDQ)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning	Student (11+) Caregiver (2-17) Educator (2-17)

Pediatric Symptom Checklist (PSC)
Developers: M. Jellinek, J. Murphy, J. Robinson, A. Fains, S. Lamb, & T. Fenton

Overview
The Pediatric Symptom Checklist (PSC) is a screening tool intended to identify a wide range of psychosocial concerns. Both US and abbreviated (17 items) versions are available for youth (Y-PSC) and caregiver (C-PSC) respondents. A version for caregivers is also available in Spanish (PSC-C) prior options (originally related to primary care, the PSC-C application has also been expanded to school and community health and behavioral health settings.

Focus Area
Anxiety
Depression/Mood
Disruptive Behavior
Global Functioning
Hyperactivity
Inattention

Purpose
Screening/Initial Evaluation
Progress Monitoring

Reporter
Student
Caregiver

Verdicts
Y-PSC: 17, Student, 17 items (for ages 11-16)
Y-PSC: Student, 17 items (for ages 11-16)
C-PSC: Caregiver, 17 items (for ages 3-16)
PSC-17: Caregiver, 17 items (for ages 3-16)

Sample Items
• Seem to be having less fun
• Feels/sounds to be sad
• Fight with other children
• Worried a lot

Response Options
None
Screening Only
Language
English
Spanish
Other

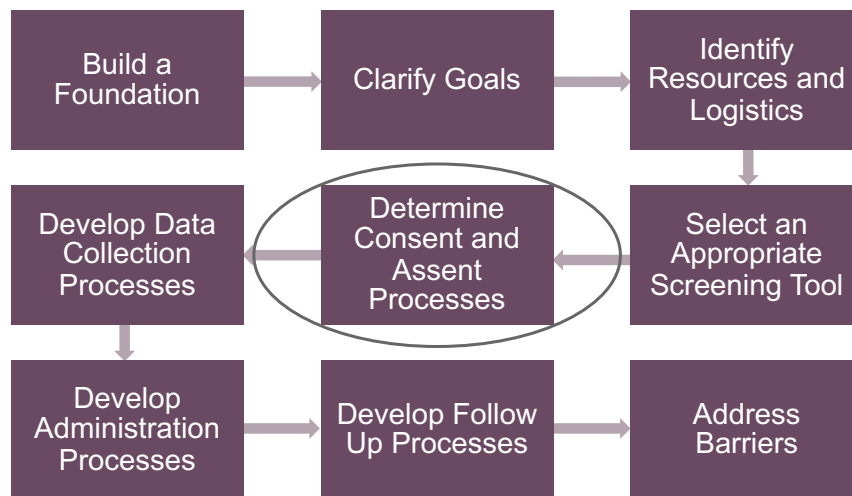
Estimated Completion Time
Less than five minutes (17 items)
Five minutes (35 items)

Response Options
None
Screening Only
Language
English
Spanish
Other

Response Options
None
Screening Only
Language
English
Spanish
Other

Response Options
None
Screening Only
Language
English
Spanish
Other

Screening Action Steps



Determine Consent and Assent Procedures

Type of Consent	Definition	Strengths	Limitations
Active	A student may only participate in school mental health screening if their parent or guardian gives written consent	<ul style="list-style-type: none"> Ensures that consent is informed Often in line with district protocol May establish more trust between schools and families 	<ul style="list-style-type: none"> Has been associated with the participation of fewer minoritized students, more students from two-parent households, students with better grades, students who participate in more extracurriculars, and female students
Passive/Opt-Out	A parent or guardian's non-response serves as their consent to let their student participate in screening	<ul style="list-style-type: none"> Allows for the best chance to reach the largest number of students 	<ul style="list-style-type: none"> Follow-up screening efforts require active consent

National School Mental Health Implementation
Guidance Modules

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Determine Consent and Assent Procedures

Passive Consent/Opt Out Example

Dear Parent or Guardian,

In an effort to promote the health and well-being of students in XX Public Schools, students will be periodically provided with questionnaires, surveys, and screeners that address issues related to mental health. The information gained will support the school's ability to provide comprehensive and timely support for your child if they require any assistance.

Students can opt out of filling out any questionnaire, survey, or screener that they are not interested in taking and you can opt-out your child at any time by contacting the Guidance Office of your child's school or filling out the opt out form [here](#).

A list of the questionnaires, surveys, and screeners is available below for you to review. We are committed to ensuring your student is supported academically, socially, and emotionally, and we look forward to partnering with each of you toward achieving this goal.

Please contact XXX at XXX with any questions.

In partnership,
[School or District Administrator]

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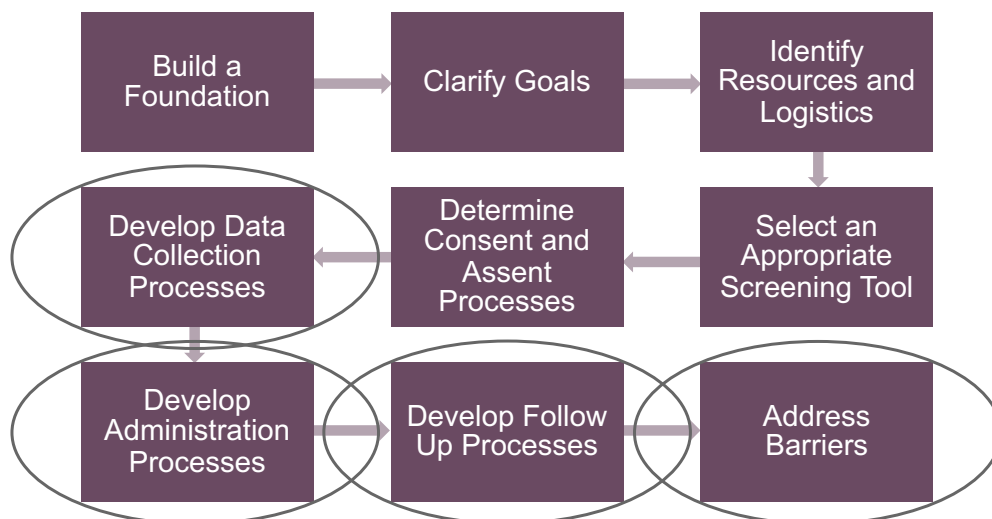


Determine Consent and Assent Procedures

- Student assent.
- Deliver a consistent message.
- Share information in multiple formats.
 - Automated **phone call/text message** to all families
 - Information on the school **website**
 - Written notification sent in the **mail**
 - **Flyers** sent home with students
 - Forms/information sheets included as part of **registration packets**
 - Discussions with students in class and parents/caregivers at meetings
 - **Signs displayed** around the school
 - **Script** read to students prior to administration



Screening Action Steps



Develop Data Collection Processes

Data Management and Privacy

Consider data management and privacy as it relates to FERPA and HIPAA

Online versus Paper and Pencil

Online administration

- ✓ Efficient data collection and management
- ✓ Easier to switch between languages to answer items
- ✓ Must confirm screening tools can be converted to online format

Paper and pencil

- ✓ No technology required
- ✓ May be time-consuming
- ✓ Increased likelihood of errors in scoring and data entry



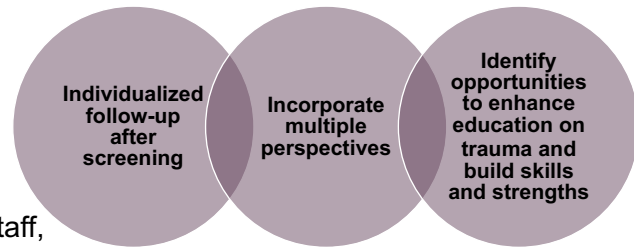
Develop Administration Processes

- Who to screen
 - Pilot with a small group of students
 - Collect feedback from students, families and staff to inform modifications
- When to screen
 - Consider advisory or home room time
- Staff to support screening
 - Who will administer the screening
 - Provide information scripts for staff to read including potential troubleshooting tips

Develop Follow-Up Processes

- **Tiered approach to follow up**
 - 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
- Alert crisis teams and local community mental health providers to be on call in advance of screenings

Trauma-informed and culturally responsive follow-up



Addressing Barriers

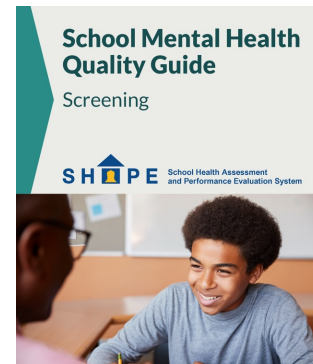
The identified need will exceed our capacity.	Our community doesn't like the idea.	Obtaining consent from parents will exceed our capacity.	What will we screen for?
Set triaging data rules in advance	Involve multiple stakeholders in planning	Use passive consent and opt-out procedures	Obtain input on key focus areas to start with
Review existing resources/capacity	Use existing community and parent forums	Share a consistent message in multiple formats	Consider different measures by grade levels, schools, etc
Review surveillance data	Start by screening for resilience and strengths	Engage parents in developing your message	Use the SHAPE Screening and Assessment Library
Start small then adapt and scale up	Start small then adapt and scale up	Start small then adapt and scale up	Start small then adapt and scale up

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



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NCSMH, 2023

Considerations

- Capacity
- Community engagement
- Parent consent
- Screening purpose

Reflection:

What concerns do you anticipate when implementing school mental health screening and how might you address them?

District Example



As part of the NCSMH National Quality Initiative learning community, a suburban school district north of Boston, Massachusetts, used quality improvement processes to incrementally build universal mental health screening in the district. Initial steps included identifying who to screen, choosing screeners who matched population needs, figuring out how to obtain consent, and working with a handful of students to inform and refine the screening process. Within one school year, the district moved toward full implementation of two large-scale online screenings at the high school level that integrated a consent and opt-out process, and have since expanded to elementary and middle schools. Follow-up data analysis revealed that 100% of students who required follow-up received it within 7 days of the screening, with urgent concerns being addressed immediately upon identification.



Discussion

How does this content fit with your district understanding of school mental health screening?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

Resources

Center for Disease Control and Prevention. (n.d.). *Youth risk behavior surveillance system*.
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Hanover Research. (2016). *Best practices in engaging diverse families*.
<https://ectacenter.org/%7Epdfs/topics/familyeng/best-practices-in-engaging-diverse-families.pdf>

National Center for School Mental Health. (n.d.). *Multi-disciplinary school mental health team roles and functions*. <https://dm0gz550769cd.cloudfront.net/shape/bb/bb5f91aef680ffb49dcee03f76bcdad0.pdf>

National Center for School Mental Health. (n.d.). *The SHAPE system screening and assessment library*.
<https://theshapesystem.com/>

National Center for School Mental Health. (2019). *Student Information Systems issue brief*.
<https://dm0gz550769cd.cloudfront.net/shape/97/9715bd99a6c54cfcbaaba66f78cc8eea.pdf>

Resources

National Center for School Mental Health. (2023). *School Mental Health Quality Guide: Screening*.
<https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Screening.pdf>

National Center on Safe Supportive Learning Environments. (2021). *Mental health screening tools for grades K-12*. <https://safesupportivelearning.ed.gov/sites/default/files/10-MntlHlthScrnTlsGrK-12-508.pdf>

Roche, M. K., & Strobach, K. V. (2019). *Nine elements of effective school community partnerships to address student mental health, physical health, and overall wellness*. <https://files.eric.ed.gov/fulltext/ED593295.pdf>

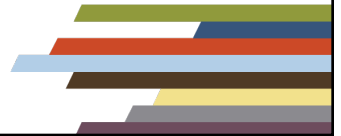
School-Based Health Alliance. (n.d.). *The children's health and education mapping tool*.
<https://www.sbh4all.org/resources/mapping-tool/>

Substance Abuse and Mental Health Services Administration. (2019). *Ready, set, go, review: Screening for behavioral health risk in schools*. <https://www.samhsa.gov/sites/default/files/ready-set-go-review-mh-screening-schools.pdf>

Resources

Trauma ScreenTIME. (n.d.). *Home page*. <https://www.traumascreentime.org/>

Trauma ScreenTIME. (n.d.). *Schools course*. <https://app.traumascreentime.org/training>



References

Bertone, A., Moffa, K., Wagle, R., Fleury, I., & Dowdy, E. (2019). Considerations for mental health screening with Latinx dual language learners. *Contemporary School Psychology, 23*(1), 20–30.

Crocker, J. & Bozek, G. (2017). District-wide mental health screening: Using data to promote early identification and quality services. Retrieved from <http://bit.ly/dwmhscreening>





MHTTC

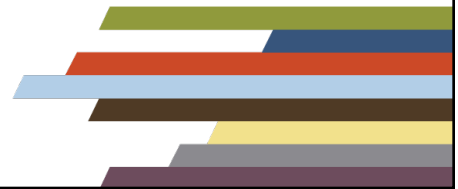
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Acknowledgments

This work is supported by grant SM081726 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Module content was developed by the National Center for School Mental Health in partnership with the MHTTC Network Coordinating Office.



Resources

Screening

Screening is assessment in the absence of known risk factors to identify supports and interventions (e.g., individual, family, school, community, system interventions) to prevent or address mental health concerns. Screening instruments may assess for individual, family, and community needs and strengths. This can be accomplished with a systematic tool or process, that is culturally relevant for the population, including standardized student-, caregiver-, and/or teacher-report measures, mental health surveillance data, or a structured teacher nomination. Additional aggregate data may be available from school and community health and mental health providers on students' mental health, including community-based primary care providers and school-based health providers.

1. To what extent did schools in your district use best practices for mental health screening, planning, and implementation?

- Include students and families in informing the screening, planning, and implementation process
- Identify a culturally relevant (i.e., normed with population, measures indicators valued by population) screening tool or process that considers reliability, feasibility, cost, and fit with the goals for screening
- Select a tool or process that assesses student social and emotional strengths as well as risk for mental health concerns (including exposure to trauma)
- Consider screening tools that assess social determinants of health and education (e.g., racism, poverty, social injustice, food insecurity)
- Share information about screening in multiple formats prior to implementation with consideration for diverse cultures and languages
- Engage students and families in a consent process about screening procedures in advance of implementation and offer the opportunity to consent or opt out
- Support families' understanding and decision making about the screening procedures
- Ensure there is an updated list of internal and external mental health resources to support students/families screened for specific concerns/needs, including poverty, food insecurity, and trauma-specific services

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

2. How many students were enrolled in your district (maximum number of students who could have been screened)?

3. How many students were screened within schools for mental health concerns of any type in the absence of known risk factors?

4. Based on the screening process, how many students were identified for being at-risk or already experiencing a mental health problem?

5. Of the students identified in Question 4 above, how many students are members of marginalized groups (e.g., BIPOC, LGBTQ+, immigrant)?

6. Of the students identified in Question 4 above, how many students were referred to a mental health service (with a school or community mental health professional) due to being at-risk or having a mental health problem?

7. Of the students identified in Question 4 above, what was the number of unduplicated students* who received a mental health services (in-person contact with a school or community mental health professional) following identification of being at-risk for or having a mental health concern or problem?

8. Based on screening, how many system-level changes (e.g., training school staff in trauma-informed practices, revising discipline policies) were implemented? Please described system-level changes that were implemented.

Note: students at imminent risk of harming themselves or others should receive immediate follow-up within 24 hours and should be included in this count as long as the follow-up occurred within 7 days

9. In your district, of students who were screened within the school, how many were screened for?

- Depression?
 - If more than 0, what tool(s) did you administer?
- Suicidality?
 - If more than 0, what tool(s) did you administer?
- Substance use?
 - If more than 0, what tool(s) did you administer?
- Trauma?
 - If more than 0, what tool(s) did you administer?
- Anxiety?
 - If more than 0, what tool(s) did you administer?
- General mental health (risk factors and symptoms)?
 - If more than 0, what tool(s) did you administer?
- Well-being or protective factors (e.g. resilience, developmental assets)?
 - If more than 0, what tool(s) did you administer?
- Other mental health (e.g. ADHD, conduct, life satisfaction, academic engagement, sense of safety at school, social/emotional competencies)?
 - If more than 0, what tool(s) did you administer?
- Social determinants of mental health and well-being (e.g., racism, discrimination, poverty, food insecurity, housing security)?
 - If more than 0, what tool(s) did you administer?

Students Screened:

Number of Students Screened (Question 3) _____ / Number of Students Enrolled (Question 2) _____ = %

To what extent did your *district* use best practices to...

10. ...establish and disseminate written, standard policies and procedures for screening in your schools?

- Develop policies and procedures to reflect mental health screening best practices
- Ensure that the policies and procedures are trauma-informed and healing-centered
- Ensure that the policies and procedures are culturally responsive and antiracist
- Disseminate policies and procedures to all schools in an accessible format and in first languages of school community

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

11. ...support the implementation of screening in your schools?

- Use comprehensive implementation supports in all schools including:
 - Participation of administration
 - Protecting staff time for implementation
 - Provision of resources
 - Ongoing professional development
- Provide technical assistance, consultation, and coaching

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

12. ...monitor screening in your schools?

- Use a transparent and systematic process in all schools for monitoring the structure and process of school screening including:
 - District observation of school team meetings
 - Regular reporting by schools of screening structures, staffing and processes
- Assess fidelity to district policies and procedures

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

13. ...assess and refine district supports (e.g., policies, procedures, monitoring, implementation supports) for screening in your schools?

- Assess the utility, equity, and effectiveness of district supports via a transparent and systematic process that includes school feedback from diverse stakeholders
- Ensure that district supports reflect current best practices in screening
- Implement a quality improvement process to refine district supports

District Support Total (Questions 8-11): _____ District Support Average (Total/4): _____

Screening

Screening is assessment in the absence of known risk factors to identify supports and interventions (e.g., individual, family, school, community, system interventions) to prevent or address mental health concerns. Screening instruments may assess for individual, family, and community needs and strengths. This can be accomplished with a systematic tool or process, that is culturally relevant for the population, including standardized student-, caregiver-, and/or teacher-report measures, mental health surveillance data, or a structured teacher nomination. Additional aggregate data may be available from school and community health and mental health providers on students' mental health, including community-based primary care providers and school-based health providers.

1. To what extent did your school use best practices for mental health screening, planning, and implementation?

- Include students and families in informing the screening, planning, and implementation process
- Identify a culturally relevant (i.e., normed with population, measures indicators valued by population) screening tool or process that considers reliability, feasibility, cost, and fit with the goals for screening
- Select a tool or process that assesses student social and emotional strengths as well as risk for mental health concerns (including exposure to trauma)
- Consider screening tools that assess social determinants of health and education (e.g., racism, poverty, social injustice, food insecurity)
- Share information about screening in multiple formats prior to implementation with consideration for diverse cultures and languages
- Engage students and families in a consent process about screening procedures in advance of implementation and offer the opportunity to consent or opt out
- Support families' understanding and decision making about the screening procedures
- Ensure there is an updated list of internal and external mental health resources to support students/families screened for specific concerns/needs, including poverty, food insecurity, and trauma-specific services

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

2. How many students were enrolled in your school (maximum number of students who could have been screened)?

3. How many students were screened within the school for mental health concerns of any type in the absence of known risk factors?

4. Based on the screening process, how many students were identified for being at-risk or already experiencing a mental health problem?

5. Of the students identified in Question 4 above, how many students are members of marginalized groups (e.g., BIPOC, LGBTQ+, immigrant)?

6. Of the students identified in Question 4 above, how many students were referred to a mental health service (with a school or community mental health professional) due to being at-risk or having a mental health problem?

7. Of the students identified in Question 4 above, what was the number of unduplicated students* who received a mental health services (in-person contact with a school or community mental health professional) following identification of being at-risk for or having a mental health concern or problem?

8. Based on screening, how many system-level changes (e.g., training school staff in trauma-informed practices, revising discipline policies) were implemented? Please described system-level changes that were implemented.

9. In your school, of students who were screened within the school, how many were screened for?

- Depression?
 - If more than 0, what tool(s) did you administer?
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 - If more than 0, what tool(s) did you administer?
- Substance use?
 - If more than 0, what tool(s) did you administer?
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 - If more than 0, what tool(s) did you administer?
- Anxiety?
 - If more than 0, what tool(s) did you administer?
- General mental health (risk factors and symptoms)?
 - If more than 0, what tool(s) did you administer?
- Well-being or protective factors (e.g. resilience, developmental assets)?
 - If more than 0, what tool(s) did you administer?
- Other mental health (e.g. ADHD, conduct, life satisfaction, academic engagement, sense of safety at school, social/emotional competencies)?
 - If more than 0, what tool(s) did you administer?
- Social determinants of mental health and well-being (e.g., racism, discrimination, poverty, food insecurity, housing security)?
 - If more than 0, what tool(s) did you administer?

Students Screened:
Number of Students Screened (Question 3) _____ / Number of Students Enrolled (Question 2) _____ = %



Module 4: Screening – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of school mental health screening?

Strategic Planning

Please state a specific goal for your district within this domain. *(For example, one goal might be that the district will assemble a team, including student and family representatives, to discuss opportunities, potential concerns, and action steps related to mental health screening in schools.)*

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

- What current work is taking place related to this goal?

- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?

- What would we need to overcome this/these barrier(s)?

Action Steps

- List 3 potential action steps to move this goal forward.

1.

2.

3.

Module 5: Mental Health Promotion for All

Goal: Help participants understand the importance of and best practices for mental health promotion (Tier 1) services and supports in schools.

By the end of this module, participants will be able to:

1. Define mental health promotion.
2. Describe at least 3 specific types of mental health promotion services and supports.
3. Describe best practices for implementing high-quality mental health promotion services and supports for all students.



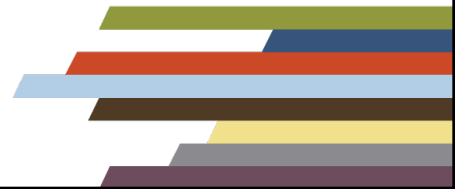
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Module 5: Mental Health Promotion for All (Tier 1)

National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools



1



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Agenda



- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning

What Is Mental Health Promotion?

Activities to foster positive social, emotional, and behavioral skills and well-being of all students regardless of their level of risk for mental health problems.

The Value of Mental Health Promotion in Schools

- Promotes well-being and educational success for *all* students
- Serves as foundation for Tiers 2 and 3 mental health services and supports
- Produces cost savings by investing in mental health promotion and early intervention (versus treatment)
- Decreases stigma about mental health and illness
- Promotes school staff well-being
- Mental health is part of overall health, and students must be healthy enough to learn, and teachers healthy enough to teach

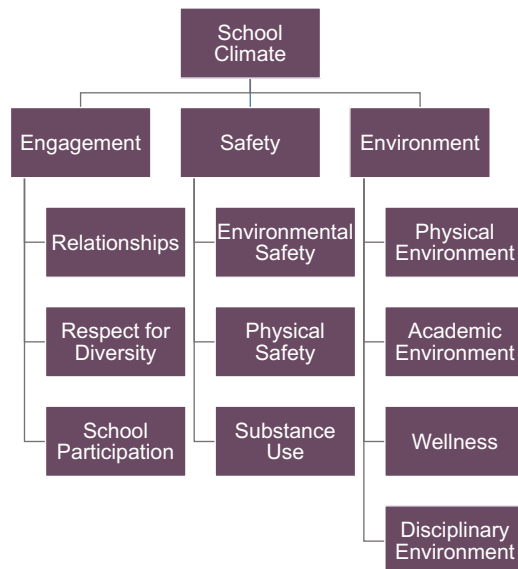


Tier 1 Services and Supports

- Activities that Support Positive and Inclusive School Climate
- Teacher and School Staff Well-being
- Positive Behaviors and Relationships
- Positive Discipline Practices
- Mental Health Literacy
- Social Emotional Learning



What Is School Climate?



Quality Indicator

To what extent did your district/school use best practices to **assess school climate**?

Best Practices

- Plan how data will be collected, stored, analyzed, and shared.
- Assess multiple dimensions of school climate.
- Obtain input from a variety of groups.
- Assess school climate in multiple ways.
- Allow anonymous input.
- Align with the school/district vision.
- Select evidence-based assessment tools.

School Climate Assessment Tool

Resources

- School Climate Measurement Tool and Web-based Platform
 - U.S. Department of Education School Climate Surveys (EDSCLS)
 - Web-based administration
 - Student, parent, and instructional and non-instructional staff versions
 - Free, custom reports
 - Data stored locally

The screenshot shows the website for the National Center on Safe Supportive Learning Environments. The main heading is "ED School Climate Surveys (EDSCLS)". Below the heading, there is a paragraph explaining the importance of measuring school climate. To the right, there is a "School Climate IMPROVEMENT Resource Package" section with a list of links: Home Page, Measures, Administration, Data Reports, Data Interpretation, Benchmark Performance Levels, and Frequently Asked Questions.

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



District Example

A large, urban school district implemented a district-wide **school climate survey**, collected annually in the spring from teachers, students, and parents. A summary of results was provided to principals within 2 months. To interpret the information and generate data-informed school climate improvement plans, the district hosted **listening sessions** over the summer at each school. Students, teachers, and parents provided feedback and suggested school climate improvements for the upcoming school year. An **informational flyer** was posted in schools, sent home to parents, and placed in staff mailboxes to thank respondents for participating, share survey findings, and announce the listening session date/time.

Reflection:

How is the school climate assessment going in your district?

Has your district engaged in **school climate assessment**?

If yes:

- What has worked well?
- What are areas for improvement?

If no:

- What are the barriers?
- What ideas do you have to move school climate assessment forward?

To what extent did your district/school use best practices to **improve school climate?**

Best Practices

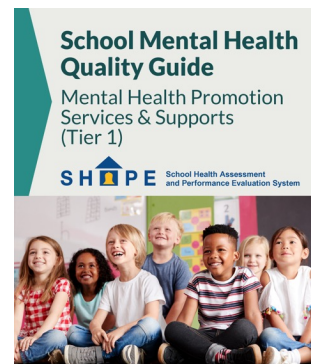
- Designate or form a core school climate planning team.
- Align school climate efforts with other school improvement efforts.
- Ensure data are used to select priority areas.
- Assess the impact of school climate improvement activities.
- Embed school climate improvement into policy, practice, and systems in the school.

School Mental Health Quality Guide: Mental Health Promotion Services and Supports (Tier 1)

Provides guidance to advance school mental health quality and sustainability

Includes:

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



School Climate Improvement Resources

- National Center on Safe Supportive Learning Environments (NCSSLE)
<https://safesupportivelearning.ed.gov/safe-and-healthy-students/school-climate>
- School Climate Improvement Resource Package
 - Quick Guide
 - Reference Manual
 - Action Guides
 - Data Interpretation Resources
 - Online Modules
 - Self-Assessments

School Climate IMPROVEMENT

SELECTING EVIDENCE-BASED INTERVENTIONS

What Is Your School Doing to Promote a Positive School Climate?

Schools often implement one or more approaches that are universal for all, targeted for some and/or intensive for few. Here are some of the most commonly implemented interventions that support a positive school climate. Select each to learn more.

Character Education

Positive Behavioral Interventions and Support (PBIS)

Positive Youth Development (PYD)

Restorative Practices

School-Based Mental Health Services

School Development Program (SDP)

Social and Emotional Learning (SEL)

Trauma-Informed Approach

< PREV NEXT >

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- 2. Introduction to School Climate
 - 2.1. What is School Climate?
 - 2.2. What We Know to Be True
 - 2.3. How Do Schools Best? p. 2
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 - 2.4. Reflection 1
 - 2.4. Reflection 2
 - 2.5. Measuring School Climate
 - 2.6. Surveys and School Clima...
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 - 2.10. What Can School Clima...
 - 2.10. Reflection 3
 - 2.10. Reflection 4
 - 2.10. What Is Your School Doi...
 - 2.10. Reflection 4
- 3. Selecting Evidence-Based Pro...
- 4. Steps 4-6: Selecting a New SDP

School Climate Interventions

- Character Education
- Positive Behavioral Interventions and Supports
- Positive Youth Development
- Restorative Practices
- School Mental Health Services
- School Development Program
- Social and Emotional Learning
- Trauma-Informed Approach



Why Focus on School Staff Well-Being?



- Teachers are stressed.
- Teachers are leaving the profession in alarming numbers.
 - 10% leave after 1 year.
 - In urban districts, up to 70% leave within 1 year.
 - 17% leave within 5 years.
- Teacher stress impacts students.

Quality Indicator

To what extent did your district/school use best practices to **assess teacher and staff well-being?**

Best Practices

- Select evidence-based, culturally relevant assessment tools.
- Establish a clear process for collecting, analyzing, and storing data.
- Conduct well-being assessments.
- Assess staff well-being regularly.
- Ensure privacy and anonymity.
- Assess a range of well-being components.

Staff Well-Being Assessment Tools

- Resilience at Work (Winwood et al., 2013)
- Professional Quality of Life (PROQOL) <https://proqol.org/> (Hudnall Stamm, 2009)
- Health-Related Quality of Life (HRQOL) <https://www.cdc.gov/hrqol/index.htm>
- Organizational Well-Being Inventory for Schools (OWBI-S; Hoover et al., 2023) <https://shape.3cimpact.com/owbi>
- Teacher Subjective Wellbeing Questionnaire <https://osf.io/z8rg5/> (Renshaw et al., 2015)

Quality Indicator

To what extent did your district/school use best practices to **improve teacher and staff well-being?**

Best Practices

- Align improvement efforts with needs identified by well-being assessment.
- Address organizational and individual factors.
- Offer an array of well-being education resources and activities.
- Make well-being activities optional and readily available at no-cost and accessible both during and outside of school hours.

Example School Staff Well-Being Programs

Resources

- TeacherWISE
- Mindfulness-Based Stress Reduction (MBSR)
- Community Approach to Learning Mindfully (CALM)
- Cultivating Awareness and Resilience in Education (CARE)

Quality Indicator

To what extent did your district/school use best practices to **set schoolwide expectations about positive behaviors?**

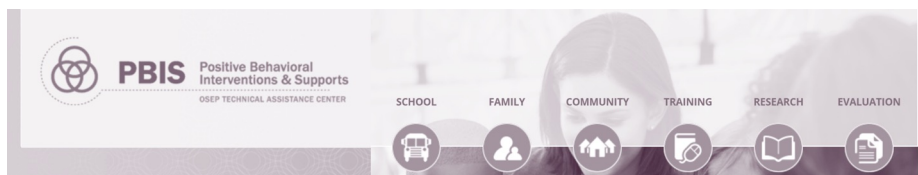
Best Practices

- Settings
- Routines
- Expectations
- Train staff to teach students expectations and how rewards are developed, scheduled, and delivered.
- Involve families and community members.

Positive Behavioral Interventions & Supports (PBIS)

Resources to help schools, districts, and states:

- Set school-wide expectations.
- Define rules, positive supports, and discipline procedures.
- Track office referrals and other data.



See sample behavioral expectation documents at: <https://www.pbis.org/resource/creating-effective-classroom-environments-plan-template>

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Quality Indicator

To what extent did your district/school use best practices to **implement schoolwide positive reinforcement systems that promote positive behaviors?**

Best Practices

- Rewards
- Supervision
- Opportunity
- Acknowledgment
- Prompts and pre-corrections
- Error corrections
- Discipline
- Other trauma-informed, culturally responsive strategies

Positive Behavioral Interventions & Supports (PBIS)

What's New & Upcoming Events

List of new postings and current information about PBIS events.

[Find new postings and events >](#)

Blueprints / Briefs / Tools

Documents and tools to support implementation, professional development, and evaluation of PBIS.

[Find guidance for implementation >](#)

Snapshots of PBIS in Action

Current news and other information about ongoing PBIS implementation.

[Read about PBIS in actions >](#)

Behavior Related Policy

Information for PBIS related policies. Government announcements and documents are listed.

[Find policy information for PBIS >](#)

State / District Resources

Current information about state and district implementation of PBIS.

[Find more information >](#)

Presentations

Slides, handouts, and other materials from local, state, and national conferences and training events.

[Find a presentation >](#)

School Climate Transformation

Current information about PBIS for School Climate Transformation Grant awardees.

[Find more information >](#)

Videos for Training

Videos from conference presentations, celebrations, and other training/dissemination events.

[Find a video >](#)

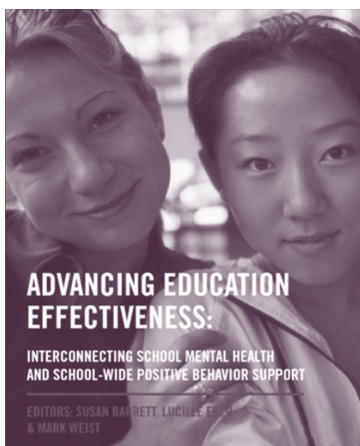
Getting PBIS in my School

Contact information for assistance implementing PBIS in your state, district, or school.

[Find a state coordinator >](#)

<https://www.pbis.org/>

Interconnected Systems Framework (ISF)



*Advancing Education Effectiveness:
Interconnecting School Mental Health and
School-Wide Positive Behavior Support*

<https://www.pbis.org/resource/advancing-education-effectiveness-interconnecting-school-mental-health-and-school-wide-positive-behavior-support>

Interconnected Systems Framework (ISF)

4-Part Series:

1. The "Why" and the "What" of ISF
2. The "How" of ISF
3. Integrating School Mental Health and PBIS (1)
4. Integrating School Mental Health and PBIS (2)



<https://cars-ta.groupsie.com/page/project-aware>

Quality Indicator

To what extent did your district/school use best practices to promote or use classroom and school-based strategies to **proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing?**

Best Practices

- Use processes to proactively build relationships and a sense of community.
- Consider whether traumatic exposure plays a role in behavior.
- Use circles and groups for students to share their feelings, build relationships, and solve problems.
- Teach and model problem-solving.

Restorative Practices

Strategies

- Community conferencing
- Community service
- Peer juries
- Restorative circle
- Conflict resolution
- Peer mediation
- Informal practices

Outcomes

Increases in:

- School climate
- Student connectedness
- Parent and community engagement
- Academic achievement

Decreases in:

- Discipline disparities
- Fighting
- Bullying
- Suspensions

<https://www.iirp.edu/>

Quality Indicator

To what extent did your district/school use best practices to **promote or use discipline policies and practices aimed at reducing exclusionary responses?**

Best Practices

- Define problem behaviors and appropriate strategies to address them.
- Train and support school staff.
- Develop a multi-tiered system of supports.
- Use restorative practices.
- Use graduated responses that limit involvement of law enforcement and eliminate exclusionary discipline.
- Examine suspensions/expulsions by demographic group.

Restorative Practice: Approaches at the Intersection of School Discipline and School Mental Health

- Review of restorative practice approaches and specific practices
- Benefits of restorative practices
 - Snapshots from the field
- Guidance for launching and implementing restorative practices

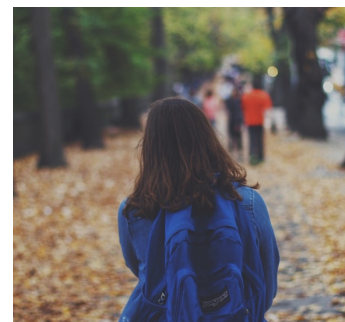


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(Wolf-Prusan, O'Malley, & Hurley, n.d.)

What Is Mental Health Literacy?

- Knowledge and beliefs about mental disorders, which aid in their recognition, management, or prevention
- 4 integrated components
 - Obtaining and maintaining positive mental health
 - Understanding mental disorders and their treatments
 - Decreasing stigma related to mental disorders
 - Enhancing 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)



(Jorm, 2000; Kutcher et al., 2016)

Quality Indicator

To what extent did your district/school use best practices to **increase mental health literacy for all students and staff?**

Best Practices

- Develop a clear plan for assessing current mental health literacy.
- Collaborate with key stakeholders to meaningfully and feasibly promote mental health literacy.
- Deliver and evaluate professional learning opportunities.
- Develop activities with key stakeholders.
- Deliver activities throughout the year.
- Reassess on a routine basis.



Strategies to Increase Mental Health Literacy

- Invite your local NAMI to give a presentation to students and teachers.
- Participate in a mental health awareness campaign.
- Use teacher-delivered mental health curricula.
- Collaborate with organizations to implement specific mental health literacy training and support in your school or district.

Mental Health Literacy Resources

Mental Health Essentials for Educators

Teachers deliver content in classrooms.

- Obtaining and maintaining positive mental health
- Understanding mental disorders and their treatments
- Decreasing stigma related to mental disorders
- Enhancing help-seeking efficacy

Youth Mental Health First Aid

Training in how to identify, understand, and respond to signs of mental illnesses and substance use disorders.



Mental Health Essentials for Educators

Knowledge and tools for the classroom

[Learn More >](#)



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What Is Social and Emotional Learning (SEL)?



“The process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” (www.casel.org)

Quality Indicator

To what extent did your district/school use best practices to **support SEL skill development for all students?**

Best Practices

- Develop a plan for assessing SEL skills.
- Identify existing activities/programs that support SEL skill development.
- Select or adapt SEL skill development practices for your students.
- Develop practices with students, caregivers, and community members.
- Monitor implementation of practices.
- Reassess on a routine basis.

Core SEL Competencies

- Self-awareness
- Self-management
- Social awareness
- Relationship skills
- Responsible decision-making



Increases in:

- Academic achievement
- Prosocial behavior
- Social emotional skills
- Positive self-image

Decreases in:

- Conduct problems
- Emotional distress
- Substance use

CASEL Program Guides

- Provides guidance for educators about how to select and implement SEL programs
- CASEL SElect programs are based on a rigorous, evidence-based review process
- Use this and the CASEL District Resource Center (<https://drc.casel.org>) to self-assess your readiness and capacity for SEL, plan your SEL implementation



District Example

Austin Independent School District implemented SEL in all 129 schools. Each campus has a assigned SEL specialist who provides professional development, observes SEL lessons, and provides feedback on instruction and integration of SEL skills and concepts in the classroom. Administrators and teams work with these specialists to develop SEL goals and action plans. This process started with a steering committee that worked for 12 months to clarify the SEL vision and develop 5 priorities related to district-wide SEL integration. Visit <https://www.austinisd.org/SEL> to learn more.

Mental Health Promotion Implementation and Fidelity Indicators

Quality Indicator

To what extent did your district/school use best practices to **determine whether mental health promotion (Tier 1) services and supports are evidence-informed?**

Best Practices

- Create an intervention selection committee.
- Use national evidence-based practice registries.
- Use resources that center and affirm identities of people from historically marginalized groups to inform selection of evidence informed interventions.
- Consider fit with valued outcomes, settings, and populations.
- Review evidence of success.

Sources of Evidence

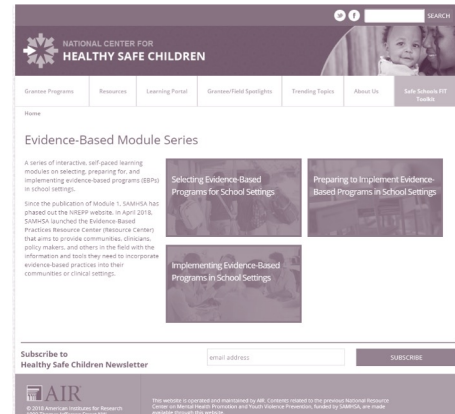
- Published studies
- Evidence-based practice developers
- Schools and communities implementing the evidence-based practice
- Evidence-based practice (EBP) registries

Model Programs Guide
<https://www.ojjdp.gov/mpg>

IES What Works Clearinghouse
<https://ies.ed.gov/ncee/wwc/>

Blueprints for Healthy Youth Development
<https://www.blueprintsprograms.org/about>

Society of Clinical Child & Adolescent Psychology
<https://effectivechildtherapy.org/therapies/>



<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>

Quality Indicator

To what extent did your district/school use best practices to ensure Tier 1 services and supports are **equitable and fit the unique strengths, needs, and cultural/linguistic considerations of your students and families?**

Best Practices

- Create an EBP selection committee with diverse representation.
- Review your school's student body.
- Review your school's mental health needs and strengths.
- Review costs associated with implementation.
- Evaluate training requirements.
- Pilot test the new practice.
- Adapt the practice.

Selecting Evidence-Based Programs

Includes worksheets and tools to assess:

- Intended population of intervention
- Intervention target
- Tier of support (based on severity level)
- Intervention delivery
- Readiness to implement an EBP
- Menu of options to measure impact

1a. Intended Population

Worksheet 2a

Instructions: Within each category, circle all of the options that characterize your intended intervention population.

Developmental Level: Age	Developmental Level: Grade	Gender	Race/Ethnicity	Population Subgroups
0-3	Pre-K	Female	African American or Black	Students with disabilities
3-4	Pre-K/EC	Male	American Indian/Alaska Native	English Language Learners
4-5	K	Transgender	Asian	Students with high academic achievement
6-8	1-2	Other	Hispanic or Latino	Other
8-12	3-5		Native Hawaiian or Pacific Islander	
12-15	6-8			
15-18	9-12			
18+	Post-High School			
Other:	Other:			

Language: Primary Secondary

Selecting Evidence-Based Programs Page 11

1b. Intervention Target

Worksheet 2b

Instructions: Circle all of the options that reflect what you want the intervention to address or target.

Behavioral, Emotional, and Physical Health	Academic and Related Skills	Student-Family-School Connections
Aggression	Career Instruction/Training	School Safety
Alcohol and Other Drug Use	Early Childhood Education	Support for Academic, Social, and Civic Learning
Anxiety/Depression/Trauma Exposure	Language	Social Relationships
Autism	Math	School Connectedness
Emotion Regulation	Motor Skills	Physical Environment
Fitness & Nutrition	Reading	Leadership
Intentional/Responsibility	Study Skills	Professional Relationships
Social Skills	Time Management	Other:
Other:	Other:	

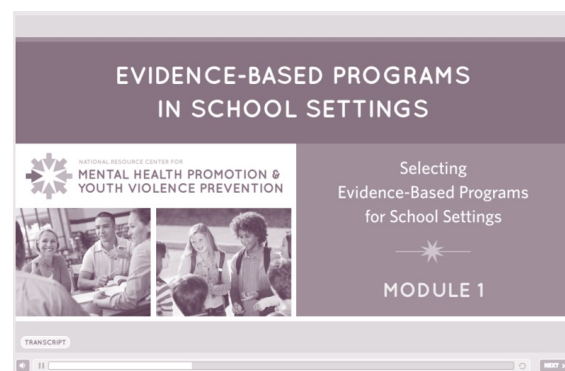
Selecting Evidence-Based Programs Page 12

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Evidence-Based Programs in School Settings

3-part webinar series on evidence-based programs in schools

1. Selecting
2. Implementing
3. Preparing



http://airhsdlearning.airws.org/EBPModule1/story_html5.html

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Quality Indicator

To what extent did your district/school use best practices to **ensure adequate resource capacity to implement** mental health promotion (Tier 1) services and supports?

Best Practices

- Evaluate:
 - Staffing capacity needed to implement services and supports.
 - Availability of staff with training in providing culturally responsive, anti-racist, and equitable supports.
 - Implementation supports.
 - Costs of training and implementation.
- Determine whether staffing, supports, and costs are achievable.

Intervention Planning Form

Resources

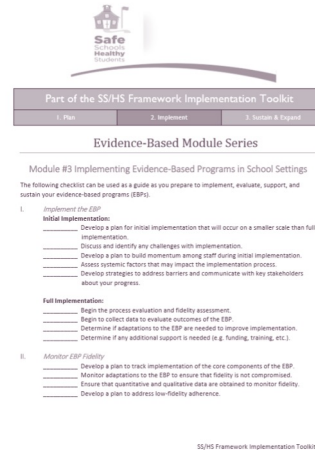
INTERVENTION PLANNING FORM

School or district mental health teams are encouraged to complete this form when planning to adopt an intervention. The primary goal of this form is to help teams predict appropriate intervention staffing and time burden.

Intervention Name	Tier			Planning/Preparation <i>before or during implementation</i>			Supervision <i>providing or receiving</i>			Delivery			Evaluation and Feedback <i>schoolwide and student-specific</i>		
	1	2	3	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration
	Example: Check In Check Out		x	x	T.Cooper S.Barrey Teachers	1-2 1 .5	Aug-May Aug-Dec Aug-Oct	S. Barrey	1	Aug-May	10 teachers	1	Oct-May	T.Cooper L. Sands	.5 5

Implementing EBPs in School Settings Checklist

1. Develop a plan to track implementation of core components of the EBP.
2. Monitor adaptations to the EBP to check fidelity.
3. Ensure that quantitative and qualitative data are obtained to monitor fidelity.
4. Develop a plan to address low-fidelity adherence.



<https://healthysafechildren.org/sites/default/files/EBP-ModulesChkItsMod-3-508.pdf>

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Quality Indicator

To what extent did your district/school use best practices to **support training and professional development, including ongoing implementation supports**, for mental health promotion (Tier 1) services and supports?

Best Practices

- Provide interactive training.
- Provide ongoing support for implementation.
- Ensure trainings and supports appropriately attend to cultural responsiveness, anti-racism, and equity.
- **NOTE:** Distributing materials and one-time didactic trainings without follow-up support are **not** best practices to support implementation.



What Does the Research Say About Training?

- One-time training may improve knowledge or attitudes, but not practice.
- Ongoing coaching and consultation predicts skill learning and application.
- Train-the-trainer models require substantial oversight.
- 80% success after 3 years of implementation with appropriate planning and ongoing support.

Quality Indicator

To what extent did your district/school use best practices to **monitor fidelity of mental health promotion (Tier 1) services and supports?**

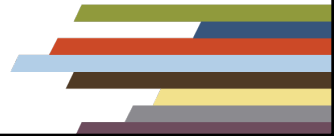
Best Practices

- Identify fidelity monitoring tools.
- Ensure your tool or system measures adherence to content, quality of delivery, and logistics.
- Determine frequency of fidelity measurement.
- Establish a benchmark.
- Monitor and track adaptations.
- Provide feedback to keep improving.

What Is Fidelity Monitoring?

A system of evaluating the degree to which an intervention or program is implemented as intended, which requires you to:

- Clarify what the intervention or program intends to achieve.
- Monitor and track the extent to which intentions are achieved.
- Analyze why actions and/or methods are leading to observed outcomes.



Fidelity Monitoring Checklist

Resources

1. Identify fidelity monitoring tools.
2. Determine the frequency of fidelity measurement.
3. Establish a benchmark for acceptable levels of fidelity.
4. Monitor adaptations.

Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)

1. Identify fidelity monitoring tools
 - Use existing tool specific to the EBP you're implementing (if applicable, based on your search of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP, <https://www.samhsa.gov/nrepp>), What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>), or correspondence with intervention developer), or
 - Develop a tool specific to the intervention and your service delivery context (based on fidelity monitoring tools for similar EBPs)
 - Complement the tool you choose with any other methods it doesn't include (e.g., records review, direct observation, talking with implementers and/or consumers)
2. Determine frequency of fidelity measurement
 - What frequency is feasible for the tool selected?
 - What frequency will yield actionable and relevant information?
 - What frequency will be sustainable if the EBP implementation continues in future years with consideration of implementer, consumer, and/or evaluator turnover?
 - What are the best/worst times of year to monitor fidelity?
 - What stages of implementation are important to monitor fidelity (e.g., immediately following training and intervals thereafter)
 - Determine strategies to develop the fidelity measurement plan with implementers (including all details above) and communicate the final plan to implementers once determined.
3. Establish benchmark for acceptable level of fidelity
 - What levels of fidelity are not acceptable, adequate, and excellent?
 - How can you build in ongoing coaching and feedback about fidelity benchmarks to improve fidelity over time?
4. Monitor adaptations to the EBP
 - Ask implementers about changes they made to the EBP as intended, and/or
 - Collect observational data about adaptations made during implementation



Fidelity Monitoring

- Plan ahead for fidelity monitoring methods and tools before implementation.
- Decide how to strike a balance between fidelity and adaptation.
 - **Fidelity** – degree to which a program or practice is implemented as intended.
 - **Adaptation** – how much, and in what ways, a program or practice is changed to meet local circumstances.
- Share fidelity data back with implementers and other key members of the team to make continuous improvements.



District Example

One large urban school district decided to implement Restorative Practices district-wide, but started with select schools to closely monitor fidelity and implementation to inform sustainable scale-up. Every adult in the school attended a 1-day interactive training, including instructional and non-instructional staff and community partners. A fidelity monitoring tool was developed and a team of 2 Restorative Practices trainers employed by the district conducted 2-day trainings for each school, followed by ongoing consultation and coaching and fidelity monitoring every fall and spring. The fidelity metric included a principal interview, staff interview, student interview, restorative circle observation, and overall school observation. Scores fall in the ranges of “not implemented,” “developing,” or “effective.” Fidelity data were used in feedback and planning meetings with principals to plan targeted coaching.

Reflection:

What mental health promotion services and supports does your district/school provide?

Questions to Consider

- Are the services and supports evidence-based?
- Do you have the right mix of mental health promotion services and supports for your students' strengths, needs, and cultural and linguistic characteristics?
- Are there programs being implemented that would benefit from fidelity monitoring?



Discussion

How does this content fit with your district understanding and policy/practice related to mental health promotion?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

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MHTTC

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



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Resources

Mental Health Promotion Services and Supports (Tier 1)

Mental health promotion services and supports (Tier 1) are mental health-related activities that are designed to meet the needs of all students regardless of whether they are at risk for mental health problems. Tier 1 activities include promotion of positive social, emotional, and behavioral skills and well-being. These activities also include efforts to support staff well-being, improve school climate, and promote positive behavior. These activities can be implemented school- wide, at the grade level, and/or at the classroom level and can be provided by school-employed and community-employed, school-based professionals.

Examples include school-wide mental health education lessons, school climate improvement efforts, and classroom-based social emotional learning for all students.

To what extent did schools in your district use best practices to...

1. ... assess school climate?

- Develop a clear plan for how data will be collected, stored, analyzed and shared
- Assess multiple dimensions of school climate including student engagement, student- staff/student-student/staff- staff/family-staff/community-staff, inclusiveness, and racial/cultural climate
- Disaggregate school climate data based on demographics (i.e., age, sex, gender identity and expression, race, ethnicity, national origin, religion, sexual orientation, disability status, language, and socioeconomic status) to identify differences by demographic group
- Obtain input from representative individuals across a variety of groups including students, their caregivers, instructional staff, non- instructional staff and administrators, and community stakeholders including school mental health and health providers
- Assess school climate using more than one modality for input (e.g., surveys, interviews, focus group, school administrative data)
- Allow anonymous input on surveys and other data collection
- Align the data collected with school vision of school climate and improvement strategies
- Select evidence-informed, culturally relevant tools

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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2. ... improve school climate?

- Designate or form a core school climate planning team that includes broad representation of educators, administrators, mental health and health staff, youth, family members, community partners.
- Align and integrate school climate efforts with other school improvement efforts, including academic improvement efforts
- Ensure that data from school climate measures are used to select priority areas of focus and activities to promote school climate improvement
- Share and discuss results from school climate assessment with diverse stakeholders (students, families, educators, community partners, administrators, mental health and health professionals) in a manner that is engaging, easy to understand, and invites feedback
- Embed school climate improvement into policies, practice and systems in the school with transparency
- Use data to assess the impact of school climate improvement activities
- Use disaggregated data to identify and address inequities and disparities in school climate for student groups across relevant demographics (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- Involve groups who reported worse school climate in school climate improvement planning and implementation.
- Implement school climate initiatives with an explicit focus on equity and reducing disparities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ...assess teacher and staff well-being?

- Select evidence-informed, culturally relevant assessment tools and processes
- Establish a clear process and system for collecting, analyzing, and storing data
- Facilitate well-being assessment with teachers and all school staff using multiple methods of data collection (i.e., paper/pencil and electronic assessments, affinity groups, focus groups)
- Assess staff well-being regularly and at least annually
- Assess for strengths and needs for both individual and collective well-being
- Ensure privacy of information and anonymity when assessing staff well-being using surveys, interviews, focus groups or other means
- Assess a range of well-being components (e.g., physical, occupational, emotional, racial, cultural, environmental, social, mental, intellectual, spiritual)
- Assess for secondary traumatic stress, compassion fatigue, and burnout
- Check for any disparities in self-reported well-being among subgroups of educators (e.g., members of BIPOC, special education teachers, first year teachers)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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4. ...improve teacher and staff well-being?

- Align staff well-being improvement efforts with needs identified by your staff well-being assessment
- Address both organizational and individual factors that contribute to stress and well-being (e.g., secondary traumatic stress, compassion fatigue, staff control and input, supervision and support, safe, supportive social and physical environment, racism and other marginalizing systems)
- Offer an array of well-being education resources and activities related to:
 - *Onsite mental health screening*
 - *Self-care, resilience*
 - *Health promotion (e.g., sleep hygiene, nutrition)*
 - *Staff burnout*
 - *Stress management and mindfulness*
 - *Trauma, including racial trauma*
 - *Secondary traumatic stress and compassion fatigue*
 - *Employee assistance programs/community mental health services*
- Make well-being resources and activities optional and readily available at no-cost and accessible both during and outside of school hours

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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5. ...set schoolwide expectations about positive behaviors?

- Settings: The physical layout of the school is designed to support optimal functioning and safety of all staff and students based on needs and ability (including those with disabilities, emotional and behavioral health difficulties, learning disorders)
- Routines: Predictable schoolwide routines are developed and taught:
 - *Collaborate with students and families representative of diverse cultural groups and identities to develop rules that are relevant and appropriate for diverse students and that do not inadvertently reinforce systems of oppression*

- *Expectations: 3-5 positively stated school-wide and clearly defined expectations are posted around school in the primary languages of students*
- *Expectations apply to both students and staff*
- *Rules are linked to expectations*
- *Rules are clearly posted, defined, and explicitly taught*
- *Rules are enforced consistently across staff and equitably toward students*
- Train staff to teach students expectations/rules and how rewards are developed, scheduled, and delivered
- Teach students how expectations/rules/rewards are developed, scheduled, and delivered, using multiple modes of communication (i.e., visual aids and cues, written/verbal aides using clear and plain language and the primary languages of students in school community)
- Involve families and community members to develop and implement expectations about positive behaviors

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ...implement schoolwide positive reinforcement systems that promote positive behaviors?

- Rewards:
 - *A system of rewards is implemented consistently across campus*
 - *A variety of methods are used to reward students*
- Supervision: School staff provide reminders and actively scan, move, and interact with students
- Opportunity: School staff provide high rates, varied and equitable opportunities for all students to respond
- Acknowledgement: School staff use specific praise and other strategies to let students know when they meet expectations
- Prompts and Pre-corrections: School staff provide consistent reminders that clearly describe the expectation
- Error Corrections: School staff use brief, contingent, and specific statements when misbehavior occurs and consider voice tone, posture, and physical distance when responding, including students' potential trauma triggers
- Staff receive training and support to understand how individual and system biases impact how perceptions of and responses to student behaviors and how to counteract those biases
- Other Strategies: School staff use trauma-informed culturally responsive strategies that preempt escalation, minimize inadvertent reward of a problem behavior, create a learning opportunity for emphasizing desired behavior, support and strengthen relationships, and maintain optimal instructional time
- Discipline:
 - *Discipline process described in narrative format or depicted graphically.*
 - *Discipline process includes documentation procedures*
 - *Problem behaviors are clearly defined*
- Suggested, graduated array of appropriate responses to problem behaviors are clearly defined

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ...use classroom and school-based strategies to proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing? *These classroom and school-based strategies are often referred to as restorative practices*

- Use informal and formal processes, that are trauma-informed, healing-centered, culturally responsive, anti-racist and equitable, and that precede wrongdoing, to proactively build relationships and a sense of community to prevent conflict and wrongdoing

- Consider whether traumatic exposure plays a role in student behavior
- Use circles, groups and other trauma-informed, healing-centered, culturally responsive processes to provide opportunities for students to share their feelings, build relationships and solve problems, and when there is wrongdoing, to play an active role in addressing the wrong and making things right
- Teach and model healing and restorative problem solving and conflict resolution skills in the classroom

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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8. ... use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?

- Collaborate with students and families representative of diverse cultural groups and identities to define problem behaviors and appropriate strategies to address them.
- Implement discipline policies and procedures that are trauma- informed and healing-centered
- Implement discipline policies and procedures that are culturally responsive, anti-racist and promote equity
- Describe discipline process in narrative format or depict graphically
- Include documentation procedures in discipline protocol
- Train and support school staff in evidence-informed, culturally responsive crisis de-escalation strategies and techniques
- Train and support staff in equitable implementation of disciplinary practices in ways that reduce racial/ethnic disproportionality in discipline responses
- Develop a multi-tiered system of culturally responsive, anti-racist emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns or trauma exposure
- Use restorative practices that encourage student disciplinary practices that focus on repairing the harm caused by an incident and allowing the people most affected by the incident to participate in its resolution
- Use a process of graduated responses that are clearly defined, do not re-traumatize youth, limit involvement of law enforcement (e.g., School Resource Officers, community police), and eliminate exclusionary disciplinary practices when possible
- Examine number of suspensions/expulsions by demographic group to better understand any differences in policies or practices contributing to disproportionality and disparity
- Collaborate with students and families representative of diverse cultural groups and identities to define problem behaviors and appropriate strategies to address them

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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9. ... increase mental health literacy for all students and staff? *Mental health literacy is defined as: (1) Understanding how to foster and maintain good mental health (2) Understanding mental health disorders and their treatments (3) Decreasing stigma (4) Understanding how to seek help effectively www.mentalhealthliteracy.org (Kutcher and Wei, 2019)*

- Develop a clear plan for assessing current mental health literacy of students and school staff, as baseline data and to inform your team’s plan for further improvement
- Work with students, caregivers, and school staff of various cultural identities and groups to determine the most meaningful, feasible ways to promote mental health literacy
- Deliver and evaluate culturally responsive professional learning opportunities, from pre-K-12, to 1) understand how to optimize and maintain good mental health for themselves and others 2) understand stress and trauma and mental health conditions and their treatment 3) reduce stigma about mental health needs and supports and understand the ways that culture and oppression influence mental health, stigma, and help-seeking behaviors and 4) increase skills to link students to mental health prevention or intervention supports when needed

- Ensure mental health literacy activities and skills taught are culturally relevant and build on cultural strengths and assets of diverse cultural groups and identities
- Ensure mental health literacy activities are developed with and communicated by students, caregivers, and members of the school community who represent diverse cultural groups and identities
- Ensure mental health literacy activities are ongoing throughout the school year (i.e., activities go beyond a one-time training or educational materials posted in the building)
- Reassess mental health literacy on a routine basis to monitor progress and inform team planning for ongoing activities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10. ... increase social and emotional (SEL) skills for all students? *“Social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” See more on SEL competencies at www.casel.org*

- Develop a clear plan for assessing current SEL skills among staff and students, as baseline data and to inform your team’s plan for further improvement
- Incorporate SEL skills that promote anti-racism and equity, including recognizing and making sense of oppressive social forces, effecting societal/system change, and challenging injustice and affirming diverse ways of being (e.g., diverse ways of expressing emotion).
- As a team with school staff, school mental health and health providers, community partners, caregivers, and students (who represent diverse cultural groups and identities), identify current activities or programs that support SEL skill development in the school and assess to what degree they are being implemented with fidelity and achieving desired outcomes
- As a team with school staff, school mental health and health providers, caregivers, and students (who represent diverse cultural groups and identities), identify, select and/or adapt SEL skill development practices or programs that meet the needs and strengths of all students
- Ensure SEL skill development activities are developed with and communicated by students, caregivers, and members of the school community who represent diverse cultural groups and identities
- Monitor implementation of SEL skill development activities for fidelity, feasibility, cultural responsiveness, and acceptability to school staff and students, and families
- Re-assess SEL skill development on a routine basis to monitor progress and inform feedback to school staff and team planning for ongoing activities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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11. To what extent are mental health promotion (Tier 1) services and supports evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice- based evidence of success in local or similar schools or communities)?

- 1 = None of our mental health promotion (Tier 1) services and supports are evidence- informed
- 2 = 1-25% of our mental health promotion (Tier 1) services and supports are evidenced- informed
- 3 = 26-50% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 4 = 51-75% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 5 = 76-99% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 6 = All of our mental health promotion (Tier 1) services and supports are evidence-informed

12. ... determine whether Tier 1 mental health services and supports are evidence-informed?

- Create a program and practice selection committee with diverse representation (school mental health and health staff, community providers, administrators, teachers, students, caregivers)
- Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, OJJDP Model Programs Guide, Society of Clinical Child & Adolescent Psychology Effective Child Therapies), research literature
- Use resources that center and affirm the identities of individuals from groups that have been historically marginalized to inform selection of evidence-informed interventions
- In selecting a program or intervention consider whether:
 - *Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and valued outcomes with the intended student population*
 - *The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting*
 - *The outcomes are consistent with those valued and prioritized by members of the school community*
 - *The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students*
 - *The intervention is demonstrated to be effective with diverse cultural groups and identities*
 - *The intervention is effective at reducing disparities*
 - *Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools with similar characteristics and student populations*

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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13. ...ensure Tier 1 services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your school?

- Collect data on social and cultural demographics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.) and disaggregate data to ensure equitable engagement in Tier 1 supports
- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, school administrators, teachers, students, caregivers)
- Consider intervention fit with unique school considerations through a review of:
 - *School's student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status*
 - *School's and community's mental health needs, and strengths*
- Evaluate fit of existing or prospective interventions with respect to the strengths, needs, and cultural/linguistic consideration of students, families, and communities to inform adoption, adaption, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- As appropriate, adapt the practice to fit school population unique considerations, and evaluate impact of adaptations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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14. ...ensure adequate resource capacity to implement mental health promotion (Tier 1) services and supports?

- Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports

- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in providing culturally responsive, anti-racist and equitable Tier 1 supports
- Evaluate implementation supports (ongoing training, coaching, peer support supplies) needed to implement services and supports with fidelity
- Evaluate costs associated with training and implementation
- Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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15. ... support training/professional development, including ongoing implementation supports, for mental health promotion (Tier 1) services and supports?

- Provide interactive trainings (with opportunity for skills practice, role plays, action planning)
- Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes).
- Ensure trainings and other implementation supports appropriately attend to cultural responsiveness, anti-racism and equity
- NOTE: Distribution of materials and one-time didactic trainings without follow-up support are not best practices to support training and implementation of practices and are generally necessary but insufficient to support implementation in schools

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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16. ...monitor fidelity of mental health promotion (Tier 1) services and supports implementation across tiers?

- Identify fidelity monitoring tools specific to the practice you are implementing or develop a tool specific to the practice and the implementation context in school (based on fidelity monitoring tools for similar evidence-based practices). Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice and/or talking with anyone implementing or receiving the practice
- Ensure your fidelity monitoring tool or system measures the following:
 - Adherence to intervention's core content (what is being implemented)
 - Adaptations to maximize cultural fit and relevancy
 - Quality of program delivery (manner in which facilitator delivers/implements program)
 - Logistics (conducive implementation environment, number/length of sessions implemented)
 - Participant responsiveness to and staff engagement in services and supports by cultural group or identity (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status) relevant to the program and school community
- Determine frequency of fidelity measurement based on what is feasible and will yield actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes or adaptations to the practice
- Provide feedback to anyone implementing and use the results to continuously improve, adapt, and sustain implementation

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Mental Health Promotion Services and Supports (Tier 1) Total (Questions 1-16): _____
Mental Health Promotion Services and Supports (Tier 1) Average (Total/16): _____

To what extent did your *district* use best practices to...

17 ...establish and disseminate written, standard policies and procedures for Tier 1 services and supports in your schools?

- Develop policies and procedures to reflect mental health mental health promotion services and supports best practices
- Ensure that the policies and procedures are trauma-informed and healing-centered
- Ensure that the policies and procedures are culturally responsive and antiracist
- Disseminate policies and procedures to all schools in an accessible format and in first languages of school community

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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18 ...support the implementation of Tier 1 services and supports in your schools?

- Use comprehensive implementation supports in all schools including:
 - Participation of administration
 - Protecting staff time for implementation
 - Provision of resources
 - Ongoing professional development
 - Provide technical assistance, consultation, and coaching

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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19. ...monitor Tier 1 services and supports in your schools?

- Use a transparent and systematic process in all schools for monitoring the structure and process of school mental health promotion services and supports including:
 - District observation of school team meetings
 - Regular reporting by schools of Tier 1 structures, staffing and processes
- Assess fidelity to district policies and procedures

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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20. ...assess and refine district supports (e.g., policies, procedures, monitoring, implementation supports) for Tier 1 services and supports in your schools?

- Assess the utility, equity, and effectiveness of district supports via a transparent and systematic process that includes school feedback from diverse stakeholders
- Ensure that district supports reflect current best practices in screening
- Implement a quality improvement process to refine district supports

District Support Total (Questions 17-20): _____ District Support Average (Total/4): _____
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Mental Health Promotion Services and Supports (Tier 1)

Mental health promotion services and supports (Tier 1) are mental health-related activities that are designed to meet the needs of all students regardless of whether they are at risk for mental health problems. Tier 1 activities include promotion of positive social, emotional, and behavioral skills and well-being. These activities also include efforts to support staff well-being, improve school climate, and promote positive behavior. These activities can be implemented school- wide, at the grade level, and/or at the classroom level and can be provided by school-employed and community-employed, school-based professionals.

Examples include school-wide mental health education lessons, school climate improvement efforts, and classroom-based social emotional learning for all students.

To what extent did your school use best practices to...

1. ... assess school climate?

- Develop a clear plan for how data will be collected, stored, analyzed and shared
- Assess multiple dimensions of school climate including student engagement, student- staff/student-student/staff- staff/family-staff/community-staff, inclusiveness, and racial/cultural climate
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- Use data to assess the impact of school climate improvement activities
- Use disaggregated data to identify and address inequities and disparities in school climate for student groups across relevant demographics (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
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- Check for any disparities in self-reported well-being among subgroups of educators (e.g., members of BIPOC, special education teachers, first year teachers)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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 - *Self-care, resilience*
 - *Health promotion (e.g., sleep hygiene, nutrition)*
 - *Staff burnout*
 - *Stress management and mindfulness*
 - *Trauma, including racial trauma*
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 - *Employee assistance programs/community mental health services*
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- Teach students how expectations/rules/rewards are developed, scheduled, and delivered, using multiple modes of communication (i.e., visual aids and cues, written/verbal aides using clear and plain language and the primary languages of students in school community)
- Involve families and community members to develop and implement expectations about positive behaviors

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

6. ...implement schoolwide positive reinforcement systems that promote positive behaviors?

- Rewards:
 - *A system of rewards is implemented consistently across campus*
 - *A variety of methods are used to reward students*
- Supervision: School staff provide reminders and actively scan, move, and interact with students
- Opportunity: School staff provide high rates, varied and equitable opportunities for all students to respond
- Acknowledgement: School staff use specific praise and other strategies to let students know when they meet expectations
- Prompts and Pre-corrections: School staff provide consistent reminders that clearly describe the expectation
- Error Corrections: School staff use brief, contingent, and specific statements when misbehavior occurs and consider voice tone, posture, and physical distance when responding, including students' potential trauma triggers
- Staff receive training and support to understand how individual and system biases impact how perceptions of and responses to student behaviors and how to counteract those biases
- Other Strategies: School staff use trauma-informed culturally responsive strategies that preempt escalation, minimize inadvertent reward of a problem behavior, create a learning opportunity for emphasizing desired behavior, support and strengthen relationships, and maintain optimal instructional time
- Discipline:
 - *Discipline process described in narrative format or depicted graphically.*
 - *Discipline process includes documentation procedures*
 - *Problem behaviors are clearly defined*
- Suggested, graduated array of appropriate responses to problem behaviors are clearly defined

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

7. ...use classroom and school-based strategies to proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing? *These classroom and school-based strategies are often referred to as restorative practices*

- Use informal and formal processes, that are trauma-informed, healing-centered, culturally responsive, anti-racist and equitable, and that precede wrongdoing, to proactively build relationships and a sense of community to prevent conflict and wrongdoing
- Consider whether traumatic exposure plays a role in student behavior

- Use circles, groups and other trauma-informed, healing-centered, culturally responsive processes to provide opportunities for students to share their feelings, build relationships and solve problems, and when there is wrongdoing, to play an active role in addressing the wrong and making things right
- Teach and model healing and restorative problem solving and conflict resolution skills in the classroom

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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8. ... use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?

- Collaborate with students and families representative of diverse cultural groups and identities to define problem behaviors and appropriate strategies to address them.
- Implement discipline policies and procedures that are trauma- informed and healing-centered
- Implement discipline policies and procedures that are culturally responsive, anti-racist and promote equity
- Describe discipline process in narrative format or depict graphically
- Include documentation procedures in discipline protocol
- Train and support school staff in evidence-informed, culturally responsive crisis de-escalation strategies and techniques
- Train and support staff in equitable implementation of disciplinary practices in ways that reduce racial/ethnic disproportionality in discipline responses
- Develop a multi-tiered system of culturally responsive, anti-racist emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns or trauma exposure
- Use restorative practices that encourage student disciplinary practices that focus on repairing the harm caused by an incident and allowing the people most affected by the incident to participate in its resolution
- Use a process of graduated responses that are clearly defined, do not re-traumatize youth, limit involvement of law enforcement (e.g., School Resource Officers, community police), and eliminate exclusionary disciplinary practices when possible
- Examine number of suspensions/expulsions by demographic group to better understand any differences in policies or practices contributing to disproportionality and disparity
- Collaborate with students and families representative of diverse cultural groups and identities to define problem behaviors and appropriate strategies to address them

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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9. ... increase mental health literacy for all students and staff? *Mental health literacy is defined as: (1) Understanding how to foster and maintain good mental health (2) Understanding mental health disorders and their treatments (3) Decreasing stigma (4) Understanding how to seek help effectively* www.mentalhealthliteracy.org (Kutcher and Wei, 2019)

- Develop a clear plan for assessing current mental health literacy of students and school staff, as baseline data and to inform your team’s plan for further improvement
- Work with students, caregivers, and school staff of various cultural identities and groups to determine the most meaningful, feasible ways to promote mental health literacy
- Deliver and evaluate culturally responsive professional learning opportunities, from pre-K-12, to 1) understand how to optimize and maintain good mental health for themselves and others 2) understand stress and trauma and mental health conditions and their treatment 3) reduce stigma about mental health needs and supports and understand the ways that culture and oppression influence mental health, stigma, and help-seeking behaviors and 4) increase skills to link students to mental health prevention or intervention supports when needed
- Ensure mental health literacy activities and skills taught are culturally relevant and build on cultural strengths and assets of diverse cultural groups and identities

- Ensure mental health literacy activities are developed with and communicated by students, caregivers, and members of the school community who represent diverse cultural groups and identities
- Ensure mental health literacy activities are ongoing throughout the school year (i.e., activities go beyond a one-time training or educational materials posted in the building)
- Reassess mental health literacy on a routine basis to monitor progress and inform team planning for ongoing activities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

10. ... increase social and emotional (SEL) skills for all students? *“Social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” See more on SEL competencies at www.casel.org*

- Develop a clear plan for assessing current SEL skills among staff and students, as baseline data and to inform your team’s plan for further improvement
- Incorporate SEL skills that promote anti-racism and equity, including recognizing and making sense of oppressive social forces, effecting societal/system change, and challenging injustice and affirming diverse ways of being (e.g., diverse ways of expressing emotion).
- As a team with school staff, school mental health and health providers, community partners, caregivers, and students (who represent diverse cultural groups and identities), identify current activities or programs that support SEL skill development in the school and assess to what degree they are being implemented with fidelity and achieving desired outcomes
- As a team with school staff, school mental health and health providers, caregivers, and students (who represent diverse cultural groups and identities), identify, select and/or adapt SEL skill development practices or programs that meet the needs and strengths of all students
- Ensure SEL skill development activities are developed with and communicated by students, caregivers, and members of the school community who represent diverse cultural groups and identities
- Monitor implementation of SEL skill development activities for fidelity, feasibility, cultural responsiveness, and acceptability to school staff and students, and families
- Re-assess SEL skill development on a routine basis to monitor progress and inform feedback to school staff and team planning for ongoing activities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

11. To what extent are mental health promotion (Tier 1) services and supports evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice- based evidence of success in local or similar schools or communities)?

- 1 = None of our mental health promotion (Tier 1) services and supports are evidence- informed
- 2 = 1-25% of our mental health promotion (Tier 1) services and supports are evidenced- informed
- 3 = 26-50% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 4 = 51-75% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 5 = 76-99% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 6 = All of our mental health promotion (Tier 1) services and supports are evidence-informed

12. ... determine whether Tier 1 mental health services and supports are evidence-informed?

- Create a program and practice selection committee with diverse representation (school mental health and health staff, community providers, administrators, teachers, students, caregivers)
- Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, OJJDP Model Programs Guide,

Society of Clinical Child & Adolescent Psychology Effective Child Therapies), research literature

- Use resources that center and affirm the identities of individuals from groups that have been historically marginalized to inform selection of evidence-informed interventions
- In selecting a program or intervention consider whether:
 - *Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and valued outcomes with the intended student population*
 - *The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting*
 - *The outcomes are consistent with those valued and prioritized by members of the school community*
 - *The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students*
 - *The intervention is demonstrated to be effective with diverse cultural groups and identities*
 - *The intervention is effective at reducing disparities*
 - *Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools with similar characteristics and student populations*

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

13. ...ensure Tier 1 services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your school?

- Collect data on social and cultural demographics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.) and disaggregate data to ensure equitable engagement in Tier 1 supports
- Create an intervention selection committee with diverse representation (e.g., school and community mental health providers, school administrators, teachers, students, caregivers)
- Consider intervention fit with unique school considerations through a review of:
 - *School's student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status*
 - *School's and community's mental health needs, and strengths*
- Evaluate fit of existing or prospective interventions with respect to the strengths, needs, and cultural/linguistic consideration of students, families, and communities to inform adoption, adaption, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- As appropriate, adapt the practice to fit school population unique considerations, and evaluate impact of adaptations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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14. ...ensure adequate resource capacity to implement mental health promotion (Tier 1) services and supports?

- Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in providing culturally responsive, anti- racist and equitable Tier 1 supports

- Evaluate implementation supports (ongoing training, coaching, peer support supplies) needed to implement services and supports with fidelity
- Evaluate costs associated with training and implementation
- Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

15. ... support training/professional development, including ongoing implementation supports, for mental health promotion (Tier 1) services and supports?

- Provide interactive trainings (with opportunity for skills practice, role plays, action planning)
- Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes).
- Ensure trainings and other implementation supports appropriately attend to cultural responsiveness, anti-racism and equity
- NOTE: Distribution of materials and one-time didactic trainings without follow-up support are not best practices to support training and implementation of practices and are generally
- necessary but insufficient to support implementation in schools

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

16. ...monitor fidelity of mental health promotion (Tier 1) services and supports implementation across tiers?

- Identify fidelity monitoring tools specific to the practice you are implementing or develop a tool specific to the practice and the implementation context in school (based on fidelity monitoring tools for similar evidence-based practices). Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice and/or talking with anyone implementing or receiving the practice
- Ensure your fidelity monitoring tool or system measures the following:
 - *Adherence to intervention's core content (what is being implemented)*
 - *Adaptations to maximize cultural fit and relevancy*
 - *Quality of program delivery (manner in which facilitator delivers/implements program)*
 - *Logistics (conducive implementation environment, number/length of sessions implemented)*
 - *Participant responsiveness to and staff engagement in services and supports by cultural group or identity (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status) relevant to the program and school community*
- Determine frequency of fidelity measurement based on what is feasible and will yield actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes or adaptations to the practice
- Provide feedback to anyone implementing and use the results to continuously improve, adapt, and sustain implementation

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

Mental Health Promotion Services and Supports (Tier 1) Total (Questions 1-16): _____
Mental Health Promotion Services and Supports (Tier 1) Average (Total/16): _____



Module 5: Mental Health Promotion for All – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of mental health promotion (Tier 1) services and supports for all students?

Strategic Planning

Please state a specific goal for your district within this domain. *(For example, one goal might be that the district will map all Tier 1 services and supports in their schools to [1] evaluate resource capacity to deliver current services and supports well, and [2] explore capacity for additional mental health promotion services and supports in select schools or district-wide.)*

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

- What current work is taking place related to this goal?

- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?

- What would we need to overcome this/these barrier(s)?

Action Steps

- List 3 potential action steps to move this goal forward.

1.

2.

3.

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
 6. _____
 12. _____
 16. _____
 18. _____
 20. _____
 22. _____
 24. _____
 27. _____
 30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
 *4. _____ = _____
 8. _____
 10. _____
 *15. _____ = _____
 *17. _____ = _____
 19. _____
 21. _____
 26. _____
 *29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to	
	5	the effects of helping when you are <i>not</i> happy so you reverse the score
2	4	
3	3	
4	2	
5	1	

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
 5. _____
 7. _____
 9. _____
 11. _____
 13. _____
 14. _____
 23. _____
 25. _____
 28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

INTERVENTION PLANNING FORM

School or district mental health teams are encouraged to complete this form when planning to adopt an intervention. The primary goal of this form is to help teams predict appropriate intervention staffing and time burden.

Intervention Name	Tier			Planning/Preparation <i>before or during implementation</i>			Supervision <i>providing or receiving</i>			Delivery			Evaluation and Feedback <i>schoolwide and student-specific</i>		
	1	2	3	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration
<i>Example: Check In Check Out</i>		x	x	<i>T.Cooper S.Barrey Teachers</i>	<i>1-2 1 .5</i>	<i>Aug-May Aug-Dec Aug-Oct</i>	<i>S. Barrey</i>	<i>1</i>	<i>Aug-May</i>	<i>10 teachers</i>	<i>1</i>	<i>Oct-May</i>	<i>T.Cooper L. Sands</i>	<i>.5 5</i>	<i>Aug-May Dec, May</i>

Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)

1. Identify fidelity monitoring tools.

- Use existing tool specific to the EBP you're implementing (if applicable, based on your search of SAMHSA's National Registry of Evidence-based Programs and Practices [NREPP, <https://www.samhsa.gov/nrepp>], What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>), correspondence with intervention developer), or
- Develop a tool specific to the intervention and your service delivery context (based on fidelity monitoring tools for similar EBPs)
- Complement the tool you choose with any other methods it doesn't include (e.g., records review, direct observation, talking with implementers and/or consumers)

2. Determine frequency of fidelity measurement.

- What frequency is feasible for the tool selected?
- What frequency will yield actionable and relevant information?
- What frequency will be sustainable if the EBP implementation continues in future years, with consideration of implementer, consumer, and/or evaluator turnover?
- What are the best/worst times of year to monitor fidelity?
- What stages of implementation are important to monitor fidelity (e.g., immediately following training and intervals thereafter)?
- Determine strategies to *develop* the fidelity measurement plan with implementers (including all details above) and *communicate* the final plan to implementers once determined.

3. Establish a benchmark for acceptable level of fidelity.

- What levels of fidelity are not acceptable, adequate, and excellent?
- How can you build in ongoing coaching and feedback about fidelity benchmarks to improve fidelity over time?

4. Monitor adaptations to the EBP.

- Ask implementers about changes they made to the EBP as intended, and/or
- Collect observational data about adaptations made during implementation

Module 6: Early Intervention and Treatment

Goal: Help participants understand the importance of and best practices for mental health early intervention and treatment (Tiers 2 and 3) in schools.

By the end of this module, participants will be able to:

1. Define mental health early intervention and treatment.
2. Describe at least 3 reasons why mental health early intervention and treatment are important for student well-being.
3. Describe best practices for implementing high-quality mental health early intervention and treatment services and supports for students who need them.



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Module 6: Early Intervention and Treatment (Tiers 2/3)

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools

1



MHTTC

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



NCSMH
NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

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Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning



What Is Mental Health Early Intervention?

Strategies designed to address mental health concerns for students who have been identified through a systematic, equitable process as experiencing **mild distress or functional impairment, or being at risk for a given problem or concern.**

Value of Mental Health Early Intervention

- Mental health problems often first emerge at school
(Richardson, Morrissette, & Zucker, 2012)
- Early identification of problems prevents worsening of symptoms
- Early intervention promotes positive youth development



What Is Mental Health Treatment?

Strategies designed to address mental health concerns for students who are already experiencing **significant distress and functional impairment**.

Value of Mental Health Treatment in Schools

- Schools are accessible.
- Most children who receive mental health treatment do so in schools.
- It effectively reduces symptoms.
- Treatment is most effective when integrated into students' academic instruction.



(Green et al., 2013; Rones & Hoagwood, 2000; Burns et al., 1995; Foster et al., 2005; Jaycox et al., 2010; Sanchez et al., 2018)

Quality Indicators

- Determine whether services are evidence-informed.
- Ensure *all* services and supports are equitable and reflective of your school's students and families.
- Ensure adequate resources for implementation.
- Support professional development for services and supports.
- Monitor fidelity.
- Ensure intervention goals are SMART.
- Monitor student progress across tiers.
- Implement a systematic protocol for emotional and behavioral crisis response.

Quality Indicators

Of the students who were identified as needing mental health early intervention (Tier 2) services and supports, how many **received** them?

- Identification can include needs assessment, screening, referral, or teaming processes.
- Tier 2 services and supports are for students experiencing mild distress or functional impairment, or at risk for a given problem or concern.

Quality Indicators

To what extent were mental health early intervention (Tier 2) services and supports **evidence-informed**?

- Evidence-informed
 - Based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools

Early Intervention (Tier 2) Example

Brief Intervention for School Clinicians (BRISC)

- 4-session, flexible Tier 2 intervention for high school students
- Provides a structured, systematic way to identify treatment targets
- Based on skill building and problem solving
- Uses standardized assessment tools to monitor progress
- Designed to maximize efficiency for school mental health systems

Developed by Drs. Elizabeth McCauley and Eric Bruns at the University of Washington School Mental Health Assessment Research and Training (SMART) Center

Quality Indicator

Of the students who were identified as needing Tier 3 services and supports, how many **received** them?

- Identification processes can include screening and/or referral.
- This refers to access to any service or support needed by students above or beyond what is provided universally (at Tier 1) to all students.



District Example

One small, rural school district partnered with a community mental health provider to help meet the mental health needs of students by providing individual, group, and family counseling. The community partner examined referrals compared to enrollment in services at the mid-point and end of the school year to understand trends in access to care. They found that Hispanic/Latino students had disproportionately low service enrollment rates compared to rates overall, and Hispanic/Latino students were underrepresented among their enrolled cases as compared to the proportion of Hispanic/Latino students in school. The community provider organized a planning team with school and district staff, students, and family members to better understand these trends and plan for improvements to increase access to care for Hispanic/Latino students and their families. Communication messages and methods about the mental health services were re-developed based on leadership from Hispanic/Latino students and families, and a Hispanic/Latino clinician was recruited and hired based on one of the recommendations. Access to care rates are re-examined twice per year overall and for sub-populations served.

Quality Indicator

To what extent were mental health treatment (Tier 3) services and supports evidence-informed?

- Evidence-informed
Based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools

Mental Health Treatment (Tier 3) Example

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

- School-based group and individual intervention to reduce symptoms related to post-traumatic stress disorder (PTSD), depression, and behavioral problems
- 10 group sessions, one to three individual sessions, two parent educational sessions, and one teacher education session
- Has been used with students from 5th through 12th grade
- Developed in the 1990s, and extensive research since 2000 has demonstrated its effectiveness and implementation feasibility

www.cbitsprogram.org

Quality Indicator

To what extent did your district/school use best practices to **determine whether early intervention and treatment (Tiers 2 and 3) services and supports are evidence-informed?**

Best Practices

- Create an intervention selection committee.
- Use national evidence-based practice registries.
- Use resources that center and affirm identities of people from historically marginalized groups to inform selection of evidence informed interventions.
- Consider fit with valued outcomes, settings, and populations.
- Review evidence of success.

Sources of Evidence

- Published studies
- Evidence-based practice developers
- Schools and communities implementing the evidence-based practice
- Evidence-based practice (EBP) registries

Model Programs Guide
<https://www.ojdp.gov/mpg>

IES What Works Clearinghouse
<https://ies.ed.gov/ncee/wwc/>

Blueprints for Healthy Youth Development
<https://www.blueprintsprograms.org/about>

Society of Clinical Child & Adolescent Psychology
<https://effectivechildtherapy.org/therapies/>

Resources

The screenshot shows the website for the National Center for Healthy Safe Children. The page is titled "Evidence-Based Module Series" and features a navigation menu with options like "Evidence Programs", "Resources", "Learning Portal", "Grants/Field Spotlights", "Trending Topics", "About Us", and "Safe Culture Fit Tools". The main content area includes a search bar, a description of the module series, and three featured modules: "Selecting Evidence-Based Programs for School Settings", "Preparing to Implement Evidence-Based Programs in School Settings", and "Implementing Evidence-Based Programs in School Settings". At the bottom, there is a "Subscribe to Healthy Safe Children Newsletter" form with a search bar and a "SUBSCRIBE" button. The footer includes the AIR logo and copyright information.

<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>

Evidence-Based Module Series

The screenshot shows the website for the National Center for Healthy Safe Children. The page is titled "Evidence-Based Module Series" and features three main modules: "Selecting Evidence-Based Programs for School Settings", "Preparing to Implement Evidence-Based Programs in School Settings", and "Implementing Evidence-Based Programs in School Settings". There is also a "Subscribe to Healthy Safe Children Newsletter" section with an email address input field and a "SUBSCRIBE" button. The footer includes the AIR logo and copyright information.

<https://healthysafechildren.org/learning-module-series/evidence-based-module-series>

Quality Indicator

To what extent did your district/school **ensure mental health early intervention and treatment (Tiers 2 and 3) services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic considerations of your students and families?**

Best Practices

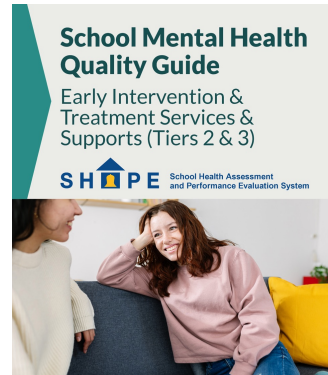
- Create an EBP selection committee with diverse representation.
- Review your school's student body.
- Review your school's mental health needs and strengths.
- Review costs associated with implementation.
- Evaluate training requirements.
- Pilot test the new practice.
- Adapt the practice.

School Mental Health Quality Guide: Intervention and Treatment Services and Supports (Tiers 2 & 3)

Provides guidance to advance school mental health quality and sustainability

Includes:

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



UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE



NCSMH, 2023

Selecting Evidence-Based Programs

Includes worksheets and tools to assess:

- Intended population of intervention
- Intervention target
- Tier of support (based on severity level)
- Intervention delivery
- Readiness to implement an EBP
- Menu of options to measure impact

1a. Intended Population

Instructions: Within each category, circle all of the options that characterize your intended intervention population.

Developmental Level: Age 0-3 3-4 4-5 6-8 8-12 12-15 15-18 18+ Other: _____	Developmental Level: Grade Preschool 1-2 3-5 6-8 9-12 Post High School Other: _____	Gender Female Male Transgender Other: _____	Race/Ethnicity African American or Black American Indian/Alaska Native Asian Caucasian or White Hispanic or Latino Native Hawaiian or Pacific Islander Other: _____	Population Subgroups Students with disabilities English language learners Students with job-ready skills Students with high academic achievement or giftedness Other: _____
Language • Primary _____ • Secondary _____				

Selecting Evidence-Based Programs Page 21

1b. Intervention Target

Instructions: Circle all of the options that reflect what you want the intervention to address or target.

Behavioral, Emotional, and Physical Health Attention Alcohol and Other Drug Use Anxiety/Depression/Trauma Response Autism Executive Function Fitness & Nutrition Interactions/Relationships Social Skills Other: _____	Academic and Related Skills Career Exploration/Training Early Childhood Education Language Math Motor Skills Reading Study Skills Time Management Other: _____	Student-Family-School Connections School Safety Support for Academic, Social, and Life Learning Social Relationships School Connections Physical Environment Leadership Professional Relationships Other: _____
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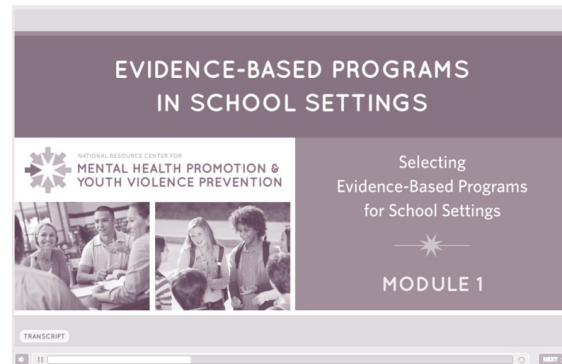
Selecting Evidence-Based Programs Page 22

https://healthysafechildren.org/sites/default/files/Selecting_EBPs_Website_508.pdf

Evidence-Based Programs in School Settings

Three-part webinar series on evidence-based programs in schools

1. Selecting
2. Implementing
3. Preparing



http://airhsdlearning.airws.org/EBPModule1/story_html5.html

Quality Indicator

To what extent did your district/school use best practices to **ensure adequate resource capacity to implement** mental health early intervention and treatment (Tiers 2 and 3) services and supports?

Best Practices

- Evaluate:
 - Staffing capacity needed to implement services and supports.
 - Availability of staff with training in providing culturally responsive, anti-racist, and equitable supports.
 - Implementation supports.
 - Costs of training and implementation.
- Determine whether staffing, supports, and costs are achievable.

Intervention Planning Form

INTERVENTION PLANNING FORM

School or district mental health teams are encouraged to complete this form when planning to adopt an intervention. The primary goal of this form is to help teams predict appropriate intervention staffing and time burden.

Intervention Name	Tier			Planning/Preparation <i>before or during implementation</i>			Supervision <i>providing or receiving</i>			Delivery			Evaluation and Feedback <i>schoolwide and student-specific</i>		
	1	2	3	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration
<i>Example: Check In Check Out</i>		x	x	<i>T.Cooper S.Barrey Teachers</i>	<i>1-2 1 .5</i>	<i>Aug-May Aug-Dec Aug-Oct</i>	<i>S. Barrey</i>	<i>1</i>	<i>Aug-May</i>	<i>10 teachers</i>	<i>1</i>	<i>Oct-May</i>	<i>T.Cooper L. Sands</i>	<i>.5 5</i>	<i>Aug-May Dec. May</i>

Implementing EBPs in School Settings Checklist

1. Develop a plan to track implementation of core components of the EBP.
2. Monitor adaptations to the EBP to check fidelity.
3. Ensure that quantitative and qualitative data are obtained to monitor fidelity.
4. Develop a plan to address low-fidelity adherence.

Part of the SS/HS Framework Implementation Toolkit

1. Plan 2. Implement 3. Monitor & Expand

Evidence-Based Module Series

Module #3 Implementing Evidence-Based Programs in School Settings

The following checklist can be used as a guide as you prepare to implement, evaluate, support, and sustain your evidence-based programs (EBPs).

I. Implement the EBP

Initial Implementation:

- Develop a plan for initial implementation that will occur on a smaller scale than full implementation.
- Discuss and identify any challenges with implementation.
- Develop a plan to build momentum among staff during initial implementation.
- Assess systemic factors that may impact the implementation process.
- Develop strategies to address barriers and communicate with key stakeholders about your progress.

Full Implementation:

- Begin the process evaluation and fidelity assessment.
- Begin to collect data to evaluate outcomes of the EBP.
- Determine if adaptations to the EBP are needed to improve implementation.
- Determine if any additional support is needed (e.g. funding, training, etc.)

II. Monitor EBP fidelity

- Develop a plan to track implementation of the core components of the EBP.
- Monitor adaptations to the EBP to ensure that fidelity is not compromised.
- Ensure that quantitative and qualitative data are obtained to monitor fidelity.
- Develop a plan to address low-fidelity adherence.

SS/HS Framework Implementation Toolkit

<https://healthysafechildren.org/sites/default/files/EBP-ModulesChkItsMod-3-508.pdf>

District Example



Seattle's School Based Health Centers operate in every Seattle middle and high school, with funding provided by 2 property tax levies. In Seattle, **9,000 students make over 40,000 visits annually**, for primary medical care, immunizations, reproductive health care, and **mental and behavioral health care**, which constitutes **44% of all visits**. SBHCs operate within a Multi-Tiered Systems of Support (MTSS) framework and focus a majority of attention and resources within Tier 2 of this framework, with an emphasis on early intervention and developing students' social, emotional, and behavioral skill sets.

Quality Indicator

To what extent did your district/school use best practices to **support training/professional development, including ongoing implementation supports such as coaching for early intervention and treatment (Tiers 2 and 3) services and supports?**

Best Practices

- Provide interactive training.
- Partner with school- and community-employed providers for training and resource opportunities.
- Provide ongoing support for implementation.
- Ensure trainings and supports appropriately integrate cultural responsiveness, anti-racism, and equity.



What Does the Research Say About Training?

- One-time training may improve knowledge or attitudes, but not practice.
- Ongoing coaching and consultation predicts skill learning and application.
- Train-the-trainer models require substantial oversight.
- Projects achieve 80% success after 3 years of implementation with appropriate planning and ongoing support.

District Example



The **BRISC strategy** was developed by the UW SMART Center in the service delivery context of school-based health centers (SBHCs). The BRISC was developed to **promote efficient, effective mental health that assures rapid triaging to the right intensity of care** based on standardized assessment and progress monitoring. Evaluation data showed that mental health clinicians working in SBHCs who used the BRISC were able to **complete treatment in 4 sessions over half the time, while achieving better mental health outcomes than treatment as usual.**

Quality Indicator

To what extent did your district/school use best practices to **monitor fidelity of the implementation of early intervention and treatment (Tiers 2 and 3) services and supports?**

Best Practices

- Identify fidelity monitoring tools.
- Ensure your tool or system measures adherence to content, quality of delivery, and logistics.
- Determine frequency of fidelity measurement.
- Establish a benchmark.
- Monitor and track adaptations.
- Provide feedback to keep improving.

What Is Fidelity Monitoring?

A system of evaluating the degree to which an intervention or program is implemented as intended, which requires you to:

- Clarify what the intervention or program intends to achieve.
- Monitor and track the extent to which intentions are achieved.
- Analyze why actions and/or methods are leading to observed outcomes.

Fidelity Monitoring Checklist

1. Identify fidelity monitoring tools.
2. Determine the frequency of fidelity measurement.
3. Establish a benchmark for acceptable levels of fidelity.
4. Monitor adaptations.

Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)

1. Identify fidelity monitoring tools
 - Use existing tool specific to the EBP you're implementing (if applicable, based on your search of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP, <https://www.samhsa.gov/nrepp>), What Works Clearinghouse (<https://ies.ed.gov/iisecr/horw/>), or correspondence with intervention developer), or
 - Develop a tool specific to the intervention and your service delivery context (based on fidelity monitoring tools for similar EBPs)
 - Complement the tool you choose with any other methods it doesn't include (e.g., records review, direct observation, talking with implementers and/or consumers)
2. Determine frequency of fidelity measurement
 - What frequency is feasible for the tool selected?
 - What frequency will yield actionable and relevant information?
 - What frequency will be sustainable if the EBP implementation continues in future years, with consideration of implementer, consumer, and/or evaluator turnover?
 - What are the best/worst times of year to monitor fidelity?
 - What stages of implementation are important to monitor fidelity (e.g., immediately following training and intervals thereafter)
 - Determine strategies to develop the fidelity measurement plan with implementers (including all details above) and communicate the final plan to implementers once determined.
3. Establish benchmark for acceptable level of fidelity
 - What levels of fidelity are not acceptable, adequate, and excellent?
 - How can you build in ongoing coaching and feedback about fidelity benchmarks to improve fidelity over time?
4. Monitor adaptations to the EBP
 - Ask implementers about changes they made to the EBP as intended, and/or
 - Collect observational data about adaptations made during implementation



Fidelity Monitoring

- Plan ahead for fidelity monitoring methods and tools before implementation.
- Decide how to strike a balance between fidelity and adaptation.
 - **Fidelity** – degree to which a program or practice is implemented as intended
 - **Adaptation** – how much, and in what ways, a program or practice is changed to meet local circumstances.
- Share fidelity data back with implementers and other key members of the team to make continuous improvements.

Reflection:

Select a Tier 2 or Tier 3 intervention that is currently being implemented. Discuss how, if at all, fidelity is being monitored and informing the implementation process.

Considerations

What intervention is being used?

How is fidelity being assessed?

What adaptations have been or should be made?

What feedback loops are in place to use the fidelity data?

How can fidelity monitoring be improved?

Quality Indicator

To what extent did your district/school **ensure intervention goals are specific, measurable, achievable, relevant, and time bound (SMART)?**

Best Practices

- Work with the student, family, and school staff to establish goals for student success.
- Ensure goals are specific and aligned with the student and family's cultural values.
- Include strengths-based and person-first language.
- Establish a measurement plan and set an achievable benchmark.
- Ensure goals are time specific.

SMART Goals Worksheet

- Provides guidance for the development of SMART goals
- Can be used with students, family members, and/or teachers for collaborative goal development
- Guides assessment of potential obstacles and solutions, as well as benefits of the goal and action steps

SMART Goal Worksheet

Today's Date: _____ Target Date: _____ Start Date: _____
 Date Achieved: _____
 Goal: _____

Verify that your goal is SMART

Specific: What exactly will you accomplish?

Measurable: How will you know when you have reached this goal?

Achievable: Is achieving this goal realistic with effort and commitment? Have you got the resources to achieve this goal? If not, how will you get them?

Relevant: Why is this goal significant to your life?

Timely: When will you achieve this goal?

SMART Goal Worksheet • Series 70: Career Planning Skills, Lesson 1 • Page 1

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles	Potential Solutions
_____	_____
_____	_____
_____	_____

Who are the people you will ask to help you?

Specific Action Steps: What steps need to be taken to get you to your goal?

What?	Expected Completion Date	Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 SMART Goal Worksheet • Series 70: Career Planning Skills, Lesson 1 • Page 2

University of Maryland School Mental Health Program Treatment Planning Guide

- Includes suggested SMART goals for a wide variety of specific student concerns
- Reminders to include a baseline, make sure the goal is measurable, and indicate how the goal will be tracked or monitored over time
- Sample formula
 - *“Patient will (increase/decrease) *behavior* from X times per (day/week/month) to X times per (day/week/month) as evidenced by teacher report, parent report, patient report, clinical observation, behavior chart, etc.”*

Problem	Treatment Goals
Academic Issues	Patient will be promoted to the next grade level by end of school year. Patient will be appropriately evaluated and placed in special education if indicated.
Long Term	Patient will increase school attendance. Patient will increase time spent in the classroom.
Short Term	Patient will increase grades from a ____ (e.g. "C") average to a ____ (e.g. "B") average in all classes (or in specific class). Patient will increase grades from passing ____ out of ____ classes to passing ____ out of ____ classes at next report card/end of year. (Amend to your pt's report card) Guardian will attend ____ out of ____ school meetings as requested by school staff and/or clinician. Pt will increase school attendance from ____ days per week to ____ days per week. Pt will arrive to school on time from ____ days to ____ days per week. Patient will increase the times he/she attends coach classes/tutoring from ____ times per week to ____ times per week. Patient will increase the times he/she turns in homework from ____ times per week to ____ times per week. Teacher reports of student effort will show improvement from current level of ____ to ____ (using academic feedback chart form). Pt will increase completion of classwork assignments from ____ (e.g. 1) assignment(s) per day to ____ (e.g. 3) assignments per day.
Aggression	Patient will decrease suspensions.

Quality Indicator

To what extent did your district/school **monitor individual student progress** across tiers?

Best Practices

- Establish clear process and logic for students moving from one tier to another.
- Use multiple data sources and reporters.
- Use validated assessment tool(s) or clearly measured targets for individual progress/goal attainment.
- Ensure that progress monitoring data is aligned with the purpose of the service or support the student is receiving.
- Provide feedback to the student, family, and teacher.

Student Progress Monitoring and Feedback



- **Decide where to start** (e.g., 1 student group, several identified clinicians, 1 school, 1 type of support or service delivered).
- Identify individual student **goals** to monitor.
- Identify a standardized or individualized **measure** to track progress that fits with student goals.
- Identify data collection **interval** (e.g., weekly, monthly, quarterly).
- **Collect data** from students, parents, and school staff (teachers, coaches, after-school staff).
- **Discuss progress data** with the student, family, and teacher to decide when to continue or change services.
- **Scale up monitoring** to larger groups of students, clinicians, or school staff.

SHAPE Screening and Assessment Library

- Searchable library of free or low-cost screening and assessment measures related to school mental health
- Filter by academic, school climate, or social, emotional, and behavioral focus area, assessment purpose, student age, language, reporter, and cost
- 2-page summaries are available for every measure with links directly to the measure and scoring information



<https://theshapesystem.com/assessmentlibrary/>

Student Information Systems Data Brief

- Describes the practice of data-driven decision-making in schools and reviews commonly used student information systems
- Designed to help schools and districts better navigate how to identify the best student information system for them

Student Information Systems Issue Brief
March 2019

To help schools and districts better identify the right student information system to meet their needs:

It is critical that school and district teams have feasible, systematic ways to know how students are responding to the academic, social, emotional, and behavioral services and supports they receive. Having data systems in place that can inform student progress in school-based services allows teams to make decisions about how to reach students to increase progress and customize data to understand the impact of the services provided. However, the actual practice of monitoring student progress and outcomes is related to the wide variety of services and supports provided - for the entire student body - can be challenging and complicated. One of the primary barriers to using more data to inform school and district decision-making is not having a workable data system to collect and use student data (Foley, 2012). This issue brief describes the practice of data-driven decision-making in schools and reviews commonly used student information systems.

Student Information Systems (SIS) are electronic information systems used to assist in the organization and management of student data. (See Dept. of Education, 2008, p. 2). Typically, SISs house data that are primarily entered and are considered by the system. This report is more efficient because it paper files.

This issue brief is designed to help schools and districts better navigate how to identify the right SIS for their system. Although results cannot be guaranteed, using an SIS to track student progress and outcomes in school mental health services and supports can increase the likelihood of being able to capture student success. The brief reviews systems in categories for which SISs can support school teams in monitoring student progress by:

- Promoting early identification of students who need additional supports
- Supporting decision-making about how to reach students who are at risk of dropping out
- Making it easier for a school or district to identify where gaps in services that may need to be filled
- Ensuring students can continue to receive a service or support if it is not being given

The Big Picture

Data-Driven Decision-Making: Selecting, implementing, and using an SIS is one area that can support data-driven decision-making (DDDM). DDDM is a critical aspect of operating a high-quality school mental health system. DDDM is the process of using observations and relevant student data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health prevention, intervention, and intervention). A DDDM-focused approach uses student and school-level data to help school leaders better understand student progress. Seeing that a

Name	Basic Information	Type of Data Collected	Special Features
Academy	• An online system that manages student information	• Attendance • Seating charts • Test scores • Grades, etc.	• Connects students, parents, administration, counselors and teachers
Early Warning System	• A web-based tool that helps identify students who are at risk of dropping out	• An information system that contains data and monitors students	• Allows for early intervention by matching students to appropriate interventions
GridLink	• An information system that contains data and monitors students	• Collects attendance • Custodial and medical records • Request cards • Grades	• Accessible anywhere there is internet
Hero	• A web and mobile application that captures a campus's environment	• Attendance records • Absence/absence • Learning referrals	• Can report student information to states and parents/caregivers • Administration can give instant feedback
Infinite Campus	• An information system platform for consolidating student information	• Attendance records • Grades • Student behavior	• Tracks class schedules • Parent portal access • High security standards
Maximo	• An information system that creates individualized plans of study for students	• Academic progress • Discipline records • Grades	• Tracks individuals or student population progress
Power School	• A web-based system that manages teachers' tasks and student information	• Behavioral data • Classroom performance • Attendance • Grades • SIS data	• Creates multiple versions of tests • Information displayed in real time
SWIS Suite	• A web-based information system that summarizes student behavioral data for decision-making	• Student behavior data	• Allows schools to track data over 3 years • Universal, targeted, and iterative

District Example



Education for Change, a charter management organization in Oakland, CA, partnered with Seneca Family of Agencies, a community-based mental health provider, to deliver mental health services and supports in their 7 charter schools. The Seneca Family of Agencies/Education for Change partnership team wanted to provide more guidance and accountability to school-based clinicians on progress monitoring practices to drive more data-driven decision making and effective services. They first focused on Tier 2 social skills groups. They partnered with 2 clinicians to better understand the supports needed to implement the new practice. Then, tools to identify and monitor intervention goals were developed and shared with clinicians to gather feedback over three months about the feasibility and clinical utility of the progress monitoring tool. The team also collected information in the pilot phase about how to make the practice part of routine workflows to improve data collection and inform decision making. Best practices and “tips” were developed based on clinician feedback to support continued implementation.

Quality Indicator

To what extent did your district/school **implement a systematic protocol for emotional and behavioral crisis response?**

Best Practices

- Develop a protocol for emotional and behavioral crisis response.
- Circulate the protocol for feedback.
- Disseminate protocol in a manner that is accessible.
- Provide active training and ongoing support for protocol implementation.
- Provide training and ongoing support for all school staff to use crisis prevention and de-escalation skills.
- Revise protocol as needed.

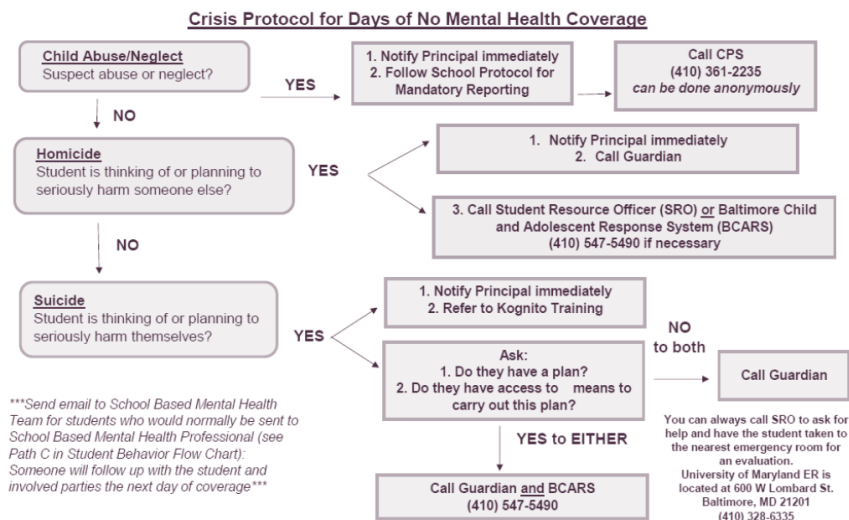


Creating Protocols for Student Crises

- Specify
 - Types of crises
 - Point person to respond
 - Process for how to connect student with point person
- Include instructions for
 - Contacting guardians
 - Providing feedback to teachers/school staff after
 - Responding when the point person is unavailable
- Circulate
 - To staff, parents, and community members
 - In a desired format
- Provide
 - Training
 - Ongoing support
 - Time to evaluate and revise protocol

Example Crisis Response Protocol

Resources



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School Crisis Response Manual

San Francisco Unified School District

This resource is an example of a school crisis response protocol developed for a specific school district. The manual provides strategies for addressing school crisis intervention using a “crisis response.”

Crisis response is defined here as “an intervention designed to restore a school and community to baseline functioning and to help prevent or minimize psychological results following a disaster or crisis situation.”
(p. A-1, Healthier Kids San Francisco)

The purpose of crisis response is to:

1. Help students and staff cope with painful emotions and feelings resulting from the crisis.
2. Help schools return to their normal routine as quickly and calmly as possible after a major disruption of the educational process.

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Virginia Department of Education

School Crisis Management Plan

- Outlines district policy and district and school crisis management plans
- Provides guidance for specific types of crises or emergencies from individual students to schoolwide emergencies and natural disasters
- Includes many tools such as sample statements and communications, planning surveys and checklists, training and drills for preparedness, forms, and informational handouts

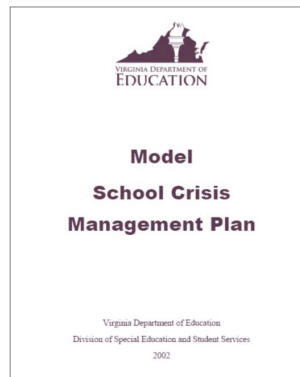


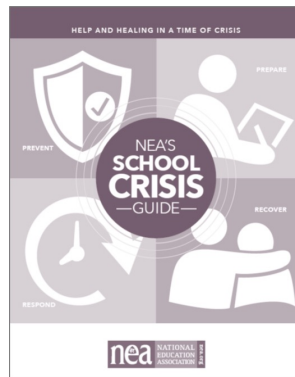
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- IX. Crisis Response Team 1
- X. Crisis Response Team 1
- XI. Crisis Response Team 1
- XII. Crisis Response Team 1
- XIII. Crisis Response Team 1
- XIV. Crisis Response Team 1
- XV. Crisis Response Team 1
- XVI. Crisis Response Team 1
- XVII. Crisis Response Team 1
- XVIII. Crisis Response Team 1
- XIX. Crisis Response Team 1
- XX. Crisis Response Team 1
- XXI. Crisis Response Team 1
- XXII. Crisis Response Team 1
- XXIII. Crisis Response Team 1
- XXIV. Crisis Response Team 1
- XXV. Crisis Response Team 1
- XXVI. Crisis Response Team 1
- XXVII. Crisis Response Team 1
- XXVIII. Crisis Response Team 1
- XXIX. Crisis Response Team 1
- XXX. Crisis Response Team 1

National Education Association

School Crisis Guide

- Guidance for schools to prevent, prepare for, respond, and recover from a school crisis
- School crisis – any traumatic event that seriously disrupts coping and problem-solving abilities of students and school staff



Suicide Prevention in Schools

- Background and prevalence
- Suicide risk factors
- Role of school in suicide prevention and postvention
- Resources



Suicide Prevention in Schools

By Maureen Littlewood, LCSW, CSP

Any school that has been touched by a student suicide is aware of the tragic reality of the national statistics surrounding suicide. Suicide has become the second leading cause of death for youth aged 10 to 24. In 2014, the Centers for Disease Control and Prevention (CDC) reported that the suicide rate of middle school students had doubled since 2007, increasing the rate of those aged 10 to 14 who died in car crashes.¹

The phenomenon of suicidality in youth is estimated more often every other year by the CDC in its Youth Risk Behavior Survey (YRBS). This survey provides data representative of 8th through 12th grade students in public and private schools throughout the country. It monitors health-risk behaviors that contribute to the leading causes of death, and it provides insight through anonymous reports by students of risky behaviors.

Consider, for example, the 2017 YRBS data on four survey questions that deal specifically with suicide risk:

QUESTION	PERCENTAGE
1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	28.9%
2. During the past 12 months, did you ever seriously consider attempting suicide?	17.7%
3. During the past 12 months, did you make a plan about how you would attempt suicide?	14.0%
4. During the past 12 months, did you attempt suicide one or more times?	8.5%

These troubling statistics tell us that at any point in an academic year, a significant percentage of students who go to classrooms across the country are having thoughts of suicide. What we do not necessarily know is who these children are, when they first have



suicidal thoughts of death, or when the prevalence of suicidal thoughts are in their possession. We also need additional research on the predictors of attempts that may lead to suicide death, as well as a better understanding of why suicide risk increases so dramatically during the transition from childhood to adolescence (Elliott, Green & Nock, 2015). These questions highlight the need for a better understanding of the long-term health outcomes that can result from thoughts of suicide and their interactive effect on worsening academic performance.

Although there are many unanswered questions about suicide risk in youth, recent data does suggest an education-related opportunity: data indicates outcomes. Data from the 2015 YRBS shows that students with higher academic grades are less likely to consider or attempt suicide compared to students with lower grades. For example, 23% of high school students with mostly A's indicated that they had experienced a suicidal period of at least one week in the past 12 months; in comparison, 47% of students with mostly D's reported that they had experienced such a period of sadness. Only 14% of students with mostly A's seriously considered attempting suicide (question 3).

Telemental Health in Schools



- Access child mental health specialists, including child and adolescent psychiatrists
- Support for intensive or complex mental health concerns
- Variety of models:
 - Direct care
 - Multi-site consultation
 - Didactic training

Wraparound Supports



- Several models to “wrap around” students with complex needs, including serious emotional and behavioral challenges
 - Wraparound
 - <https://nwi.pdx.edu/>
 - Community Schools
 - <http://www.communityschools.org/>



Discussion

How does this content fit with your district's understanding and implementation of mental health early intervention and treatment services and supports?

Strategic Planning

- State a specific goal for your district within this domain.
- List three potential action steps to move this goal forward.

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National Center for School Mental Health (2023). *School Mental Health Quality Guide: Early intervention and treatment services and supports (tiers 2 and 3)*. <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Tiers-2-&-3.pdf>

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National Wraparound Initiative. (n.d.). *Home page*. <https://nwi.pdx.edu/>

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Virginia Department of Education. (2002). *School crisis management plan*. <http://bit.ly/2VFLNjq>

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MHTTC

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



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Resources

Early Intervention and Treatment Services and Supports (Tiers 2 and 3)

Early intervention services and supports (Tier 2) address the mental health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. These students can be identified through needs assessments, screening, referral, or another school teaming processes. When mental health needs are identified early and culturally responsive, anti-racist, and equitable (CARE) supports are put in place, positive youth development is promoted, and the chronicity and severity of mental health concerns can be eliminated or reduced. Sometimes these are referred to as “selective” mental health “prevention” or “secondary prevention” services. Tier 2 services include services provided by all school mental health and health professionals, including school-employed and community-employed providers.

Examples include small group interventions for students identified with similar needs, transition support groups for newcomers, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom-based supports such as a daily report card, daily teacher check-in, and/or home/school note system.

Treatment services and supports (Tier 3) to address mental health concerns are provided for students who are already experiencing significant distress and functional impairment. Sometimes these are referred to as “indicated” mental health “intervention”, “tertiary” or intensive services and are individualized to specific student needs. Tier 3 services include services provided by all school mental health and health professionals, including school-employed and community-employed providers.

Examples include individual, group or family therapy for students receiving general or special education who have identified, and often diagnosed, social, emotional and/or behavioral needs.

- 1. Of the students who were identified in your school (e.g., through screening or referral processes) as needing mental health early intervention (Tier 2) services and supports, how many received them?**
 - 1 = Tier 2 services and supports were **not** received in our school
 - 2 = Tier 2 services and supports were received by **1-25%** of the students who needed them
 - 3 = Tier 2 services and supports were received by **26-50%** of the students who needed them
 - 4 = Tier 2 services and supports were received by **51-75%** of the students who needed them
 - 5 = Tier 2 services and supports were received by **75-99%** of the students who needed them
 - 6 = Tier 2 services and supports were received by **all** students who needed them
- 2. In your school, to what extent were all mental health early intervention services and supports (Tier 2) evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools and communities)?**
 - 1 = **None** of our mental health prevention (Tier 2) services and supports were evidence-informed
 - 2 = **1-25%** of our mental health prevention (Tier 2) services and supports were evidenced-informed
 - 3 = **26-50%** of our mental health prevention (Tier 2) services and supports were evidenced-informed
 - 4 = **51-75%** of our mental health prevention (Tier 2) services and supports were evidenced-informed
 - 5 = **76-99%** of our mental health prevention (Tier 2) services and supports were evidenced-informed
 - 6 = **All** of our mental health prevention (Tier 2) services and supports were evidence-informed
- 3. Of the students who were identified (e.g., through screening or referral) in your school as needing mental health treatment (Tier 3) services and supports, how many received them?**

- 1 = Tier 3 services and supports were **not** received in our school
- 2 = Tier 3 services and supports were received by **1-25%** of the students who needed them
- 3 = Tier 3 services and supports were received by **26-50%** of the students who needed them
- 4 = Tier 3 services and supports were received by **51-75%** of the students who needed them
- 5 = Tier 3 services and supports were received by **75-99%** of the students who needed them
- 6 = Tier 3 services and supports were received by **all** students who needed them

4. In your school, to what extent were all mental health treatment services and supports (Tier 3) evidence- informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools)

- 1 = **None** of our mental health treatment (Tier 3) services and supports were evidence- informed
- 2 = **1-25%** of our mental health treatment (Tier 3) services and supports were evidenced- informed
- 3 = **26-50%** of our mental health treatment (Tier 3) services and supports were evidenced-informed
- 4 = **51-75%** of our mental health treatment (Tier 3) services and supports were evidenced-informed
- 5 = **76-99%** of our mental health treatment (Tier 3) services and supports were evidenced-informed
- 6 = **All** of our mental health treatment (Tier 3) services and supports were evidence-informed

To what extent did schools in your district use best practices to...

5. ... determine whether early intervention and treatment (Tier 2 and 3) mental health services and supports are evidence-informed?

- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, administrators, teachers, students, caregivers)
- Develop an intervention selection process and policy to ensure evidence-informed services and support are implemented with fidelity
- Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, California Evidence-based Clearinghouse for Child Welfare (CEBC), OJJDP Model Programs Guide, Society of Clinical Child & Adolescent Psychology Effective Child Therapies) and research literature to inform selection of evidence-informed interventions
- Use resources that center and affirm the identities of individuals from groups that have been historically marginalized to inform selection of evidence-informed interventions
- In selecting an intervention consider whether:
 - Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and positive outcomes with the intended student population
 - The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting
 - The outcomes are consistent with those valued and prioritized by members of the school community
 - The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students
 - The intervention is demonstrated to be effective with diverse cultural groups and identities
 - The intervention is effective at reducing disparities
 - Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools with similar characteristics and student populations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... ensure mental health early intervention and treatment (Tiers 2 and 3) services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic consideration of students and families in your school?

- Collect data on social and cultural demographics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.) of individuals to ensure equitable engagement in Tiers 2/3 services and supports
- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, school administrators, teachers, students, caregivers)
- Consider intervention fit with unique school considerations through a review of:
 - School’s student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status
 - School’s and community’s mental health needs, and strengths
- Evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic consideration of students, families, and communities to inform adoption, adaptation, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- Collaborate with diverse stakeholders (including students and families) to evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic considerations of students, families and communities to inform adoption, adaptation, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- As appropriate, adapt the practice to fit school population unique considerations, and evaluate impact of adaptations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... ensure adequate resource capacity to implement mental health early intervention and treatment (Tiers 2 and 3) services and supports?

- Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in implementing Tier 2/3 interventions that are culturally responsive, anti-racist and promote equity
- Evaluate implementation supports (ongoing training, coaching, peer support, supplies) needed to implement services and supports with fidelity and in a way that promotes cultural responsiveness, anti- racism and equity
- Evaluate costs associated with training and implementation
- Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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8. ... support training/professional development, including ongoing implementation supports such as coaching for early intervention and treatment (Tiers 2 and 3) services and supports

- Provide interactive trainings (with opportunity for skills practice, role plays, action planning). Partner with school- and community-employed providers for training and resource opportunities
- Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes)

- Ensure trainings appropriately integrate principles of cultural responsiveness, anti-racism, and equity considerations relevant to the topic
- NOTE: Distribution of materials and one-time didactic trainings without follow-up support are not best practices to support training and implementation of practices and are generally necessary but insufficient to support implementation in schools

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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9. ... monitor fidelity of the implementation of early intervention and treatment (Tiers 2 and 3) services and supports?

- Identify fidelity monitoring tools specific to the practice being implemented or develop a tool specific to the practice and the implementation context in schools (based on fidelity monitoring tools for similar evidence-based practices). Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice and/or talking with those implementing or receiving the practice
- Ensure your fidelity monitoring tool or system measures the following:
 - Adherence to intervention content (what is being implemented)
 - Quality of program delivery (manner in which facilitator delivers/implements program)
 - Disparities, inequities and disproportionalities related to the implementation of early interventions and treatment services and supports
 - Logistics (conducive implementation environment, number/length of sessions implemented)
 - Participant responsiveness to and staff engagement in services and supports by cultural group or identity (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status) relevant to the program and school community
- Determine frequency of fidelity measurement based on what is feasible and will yield actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes or adaptations to the practice
- Provide feedback to implementers and use the results to continuously improve, adapt and sustain implementation

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10. Ensure intervention goals are specific, measurable, achievable, relevant and time bound (SMART)? Goals may be documented in a treatment plan, individualized education program (IEP), or other charting or documentation system to track student response to intervention over time.

- Work with the student, family, and school staff to establish specific goals for the student’s success. This typically involves standardized data collection, observation and/or discussion
- Ensure goals are specific (concrete, detailed, and well-defined) and aligned with student and family’s cultural values, beliefs, strengths, and needs
- Include strengths-based and person-first language (where appropriate)
- Establish a measurement plan and set an achievable benchmark. What is achievable will depend on the baseline. For example, if the student is not currently staying in school any days of the week, an achievable goal might be to stay in school 2 out of 5 days to start. Or, if the student is currently referred to the front office once per day, an achievable initial goal might be to decrease office referrals from 5 per week to 3 per week
- Ensure goals are time specific, meaning there is a target date identified and interim steps are included to monitor progress during a specific timeline for goals to be achieved

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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11. ... monitor individual student progress across tiers? *For example, monitoring student progress or response to an intervention can inform decisions about needed services and supports and when to step up or down between tiers.*

- Establish a clear process and logic for students moving from one Tier to a higher or lower Tier, considering student strengths and progress on target difficulties
- Use multiple data sources and reporters
- Use validated assessment tool(s) or clearly-measured targets that are trauma-informed and healing-centered for individual progress/goal attainment
- Ensure the progress monitoring data is aligned with the purpose of the service or support the student is receiving
- Provide culturally responsive, healing-centered feedback to the student, family, and school staff (when appropriate) about progress monitoring data to inform collaborative decision-making about changes services and supports

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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12. ... implement a systematic protocol for emotional and behavioral crisis response?

- Develop a protocol for emotional and behavioral crisis response based on team (staff, families', students', community partners') input that includes specific types of behaviors or crises, risk assessment of harm to self or others, who will respond in each instance, and how to connect students to the appropriate services and supports
- Include guidelines and procedures for contacting the caregiver/guardian, providing feedback to teachers and school staff, and for supporting a student's successful transition back to class
- Integrate restorative practices when addressing emotional and behavioral health crises.
- Limit involvement of law enforcement (e.g., School Resource Officers, community police) in punitive discipline, and eliminate exclusionary disciplinary practices when possible
- In evaluation of students, use best practices for assessing the impact of the student's unique cultural norms and linguistic or communication styles on the student's displayed behaviors to inform decisions about follow-up and/or referral
- Include instructions that identify mental health coverage considerations if there is different coverage on different days of the week and offer tips for crisis prevention and de-escalation that are trauma-informed and healing-centered and/or considerations for responding to emotional and/or behavioral crises in the event of no or limited mental health provider coverage in the building
- Get feedback from students, families, school staff, school mental health and health providers, and community partners involved in a crisis response incident to inform continuous quality improvement efforts related to the crisis response system
- Disseminate crisis response protocol and have it readily available for all school-based staff
- Provide training and ongoing support for protocol implementation
- Provide training and ongoing coaching or support for all school staff to use crisis prevention and de-escalation skills, and restorative practices that are trauma-informed, healing-centered, anti-racist, and culturally responsive
- Revise protocol as needed based on feedback throughout the year
- Ensure school community, including students and families, is aware of the behavioral crisis response protocol

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Early Intervention and Treatment Services and Supports (Tier 2 and 3) Total (Questions 1-12): _____
Early Intervention and Treatment Services and Supports (Tier 2 and 3) Average (Questions 1-12): _____

To what extent did your *district* use best practices to...

13. ...establish and disseminate written, standard policies and procedures for Tier 2&3 services and supports in your schools?

- Develop policies and procedures to reflect mental health mental health promotion services and supports best practices
- Ensure that the policies and procedures are trauma-informed and healing-centered
- Ensure that the policies and procedures are culturally responsive and antiracist
- Disseminate policies and procedures to all schools in an accessible format and in first languages of school community

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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14. ...support the implementation of Tier 2&3 services and supports in your schools?

- Use comprehensive implementation supports in all schools including:
 - Participation of administration
 - Protecting staff time for implementation
 - Provision of resources
 - Ongoing professional development
 - Provide technical assistance, consultation, and coaching

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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15. ...monitor Tier 2&3 services and supports in your schools?

- Use a transparent and systematic process in all schools for monitoring the structure and process of school mental health promotion services and supports including:
 - District observation of school team meetings
 - Regular reporting by schools of Tiers 2&3 structures, staffing and processes
 - Assess fidelity to district policies and procedures

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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16. ...assess and refine district supports (e.g., policies, procedures, monitoring, implementation supports) for Tier 2&3 services and supports in your schools?

- Assess the utility, equity, and effectiveness of district supports via a transparent and systematic process that includes school feedback from diverse stakeholders
- Ensure that district supports reflect current best practices in screening
- Implement a quality improvement process to refine district supports

District Support Total (Questions 13-16): _____ District Support Average (Total/4): _____
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Early Intervention and Treatment Services and Supports (Tiers 2 and 3)

Early intervention services and supports (Tier 2) address the mental health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. These students can be identified through needs assessments, screening, referral, or another school teaming processes. When mental health needs are identified early and culturally responsive, anti-racist, and equitable (CARE) supports are put in place, positive youth development is promoted, and the chronicity and severity of mental health concerns can be eliminated or reduced. Sometimes these are referred to as “selective” mental health “prevention” or “secondary prevention” services. Tier 2 services include services provided by all school mental health and health professionals, including school-employed and community-employed providers.

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Examples include individual, group or family therapy for students receiving general or special education who have identified, and often diagnosed, social, emotional and/or behavioral needs.

- 1. Of the students who were identified in your school (e.g., through screening or referral processes) as needing mental health early intervention (Tier 2) services and supports, how many received them?**
 - 1 = Tier 2 services and supports were **not** received in our school
 - 2 = Tier 2 services and supports were received by **1-25%** of the students who needed them
 - 3 = Tier 2 services and supports were received by **26-50%** of the students who needed them
 - 4 = Tier 2 services and supports were received by **51-75%** of the students who needed them
 - 5 = Tier 2 services and supports were received by **75-99%** of the students who needed them
 - 6 = Tier 2 services and supports were received by **all** students who needed them
- 2. In your school, to what extent were all mental health early intervention services and supports (Tier 2) evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools and communities)?**
 - 1 = **None** of our mental health prevention (Tier 2) services and supports were evidence-informed
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 - 4 = **51-75%** of our mental health prevention (Tier 2) services and supports were evidenced-informed
 - 5 = **76-99%** of our mental health prevention (Tier 2) services and supports were evidenced-informed
 - 6 = **All** of our mental health prevention (Tier 2) services and supports were evidence-informed

3. Of the students who were identified (e.g., through screening or referral) in your school as needing mental health treatment (Tier 3) services and supports, how many received them?

- 1 = Tier 3 services and supports were **not** received in our school
- 2 = Tier 3 services and supports were received by **1-25%** of the students who needed them
- 3 = Tier 3 services and supports were received by **26-50%** of the students who needed them
- 4 = Tier 3 services and supports were received by **51-75%** of the students who needed them
- 5 = Tier 3 services and supports were received by **75-99%** of the students who needed them
- 6 = Tier 3 services and supports were received by **all** students who needed them

4. In your school, to what extent were all mental health treatment services and supports (Tier 3) evidence- informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools)

- 1 = **None** of our mental health treatment (Tier 3) services and supports were evidence- informed
- 2 = **1-25%** of our mental health treatment (Tier 3) services and supports were evidenced- informed
- 3 = **26-50%** of our mental health treatment (Tier 3) services and supports were evidenced-informed
- 4 = **51-75%** of our mental health treatment (Tier 3) services and supports were evidenced-informed
- 5 = **76-99%** of our mental health treatment (Tier 3) services and supports were evidenced-informed
- 6 = **All** of our mental health treatment (Tier 3) services and supports were evidence-informed

To what extent did your school use best practices to...

5. ... determine whether early intervention and treatment (Tier 2 and 3) mental health services and supports are evidence-informed?

- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, administrators, teachers, students, caregivers)
- Develop an intervention selection process and policy to ensure evidence-informed services and support are implemented with fidelity
- Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, California Evidence-based Clearinghouse for Child Welfare (CEBC), OJJDP Model Programs Guide, Society of Clinical Child & Adolescent Psychology Effective Child Therapies) and research literature to inform selection of evidence-informed interventions
- Use resources that center and affirm the identities of individuals from groups that have been historically marginalized to inform selection of evidence-informed interventions
- In selecting an intervention consider whether:
 - Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and positive outcomes with the intended student population
 - The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting
 - The outcomes are consistent with those valued and prioritized by members of the school community
 - The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students
 - The intervention is demonstrated to be effective with diverse cultural groups and identities
 - The intervention is effective at reducing disparities
 - Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools with similar characteristics and student populations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... ensure mental health early intervention and treatment (Tiers 2 and 3) services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic consideration of students and families in your school?

- Collect data on social and cultural demographics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.) of individuals to ensure equitable engagement in Tiers 2/3 services and supports
- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, school administrators, teachers, students, caregivers)
- Consider intervention fit with unique school considerations through a review of:
 - School's student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status
 - School's and community's mental health needs, and strengths
- Evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic consideration of students, families, and communities to inform adoption, adaptation, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- Collaborate with diverse stakeholders (including students and families) to evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic considerations of students, families and communities to inform adoption, adaptation, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- As appropriate, adapt the practice to fit school population unique considerations, and evaluate impact of adaptations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... ensure adequate resource capacity to implement mental health early intervention and treatment (Tiers 2 and 3) services and supports?

- Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in implementing Tier 2/3 interventions that are culturally responsive, anti-racist and promote equity
- Evaluate implementation supports (ongoing training, coaching, peer support, supplies) needed to implement services and supports with fidelity and in a way that promotes cultural responsiveness, anti-racism and equity
- Evaluate costs associated with training and implementation
- Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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8. ... support training/professional development, including ongoing implementation supports such as coaching for early intervention and treatment (Tiers 2 and 3) services and supports

- Provide interactive trainings (with opportunity for skills practice, role plays, action planning). Partner with school- and community-employed providers for training and resource opportunities
- Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes)

- Ensure trainings appropriately integrate principles of cultural responsiveness, anti-racism, and equity considerations relevant to the topic
- NOTE: Distribution of materials and one-time didactic trainings without follow-up support are not best practices to support training and implementation of practices and are generally necessary but insufficient to support implementation in schools

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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9. ... monitor fidelity of the implementation of early intervention and treatment (Tiers 2 and 3) services and supports?

- Identify fidelity monitoring tools specific to the practice being implemented or develop a tool specific to the practice and the implementation context in schools (based on fidelity monitoring tools for similar evidence-based practices). Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice and/or talking with those implementing or receiving the practice
- Ensure your fidelity monitoring tool or system measures the following:
 - Adherence to intervention content (what is being implemented)
 - Quality of program delivery (manner in which facilitator delivers/implements program)
 - Disparities, inequities and disproportionalities related to the implementation of early interventions and treatment services and supports
 - Logistics (conducive implementation environment, number/length of sessions implemented)
 - Participant responsiveness to and staff engagement in services and supports by cultural group or identity (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status) relevant to the program and school community
- Determine frequency of fidelity measurement based on what is feasible and will yield actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes or adaptations to the practice
- Provide feedback to implementers and use the results to continuously improve, adapt and sustain implementation

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10. ensure intervention goals are specific, measurable, achievable, relevant and time bound (SMART)? Goals may be documented in a treatment plan, individualized education program (IEP), or other charting or documentation system to track student response to intervention over time.

- Work with the student, family, and school staff to establish specific goals for the student’s success. This typically involves standardized data collection, observation and/or discussion
- Ensure goals are specific (concrete, detailed, and well-defined) and aligned with student and family’s cultural values, beliefs, strengths, and needs
- Include strengths-based and person-first language (where appropriate)
- Establish a measurement plan and set an achievable benchmark. What is achievable will depend on the baseline. For example, if the student is not currently staying in school any days of the week, an achievable goal might be to stay in school 2 out of 5 days to start. Or, if the student is currently referred to the front office once per day, an achievable initial goal might be to decrease office referrals from 5 per week to 3 per week
- Ensure goals are time specific, meaning there is a target date identified and interim steps are included to monitor progress during a specific timeline for goals to be achieved

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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11. ... monitor individual student progress across tiers? *For example, monitoring student progress or response to an intervention can inform decisions about needed services and supports and when to step up or down between tiers.*

- Establish a clear process and logic for students moving from one Tier to a higher or lower Tier, considering student strengths and progress on target difficulties
- Use multiple data sources and reporters
- Use validated assessment tool(s) or clearly-measured targets that are trauma-informed and healing-centered for individual progress/goal attainment
- Ensure the progress monitoring data is aligned with the purpose of the service or support the student is receiving
- Provide culturally responsive, healing-centered feedback to the student, family, and school staff (when appropriate) about progress monitoring data to inform collaborative decision-making about changes services and supports

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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12. ... implement a systematic protocol for emotional and behavioral crisis response?

- Develop a protocol for emotional and behavioral crisis response based on team (staff, families', students', community partners') input that includes specific types of behaviors or crises, risk assessment of harm to self or others, who will respond in each instance, and how to connect students to the appropriate services and supports
- Include guidelines and procedures for contacting the caregiver/guardian, providing feedback to teachers and school staff, and for supporting a student's successful transition back to class
- Integrate restorative practices when addressing emotional and behavioral health crises.
- Limit involvement of law enforcement (e.g., School Resource Officers, community police) in punitive discipline, and eliminate exclusionary disciplinary practices when possible
- In evaluation of students, use best practices for assessing the impact of the student's unique cultural norms and linguistic or communication styles on the student's displayed behaviors to inform decisions about follow-up and/or referral
- Include instructions that identify mental health coverage considerations if there is different coverage on different days of the week and offer tips for crisis prevention and de-escalation that are trauma-informed and healing-centered and/or considerations for responding to emotional and/or behavioral crises in the event of no or limited mental health provider coverage in the building
- Get feedback from students, families, school staff, school mental health and health providers, and community partners involved in a crisis response incident to inform continuous quality improvement efforts related to the crisis response system
- Disseminate crisis response protocol and have it readily available for all school-based staff
- Provide training and ongoing support for protocol implementation
- Provide training and ongoing coaching or support for all school staff to use crisis prevention and de-escalation skills, and restorative practices that are trauma-informed, healing-centered, anti-racist, and culturally responsive
- Revise protocol as needed based on feedback throughout the year
- Ensure school community, including students and families, is aware of the behavioral crisis response protocol

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Early Intervention and Treatment Services and Supports (Tier 2 and 3) Total (Questions 1-12): _____
Early Intervention and Treatment Services and Supports (Tier 2 and 3) Average (Questions 1-12): _____



Module 6: Mental Health Early Intervention and Treatment – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of mental health early intervention and treatment (Tier 2 and 3) services and supports?

Strategic Planning

Please state a specific goal for your district within this domain. *(For example, one goal might be that the district will ask all schools to submit any crisis response protocols or procedures they have to inform development of a district-wide crisis response protocol.)*

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

INTERVENTION PLANNING FORM

School or district mental health teams are encouraged to complete this form when planning to adopt an intervention. The primary goal of this form is to help teams predict appropriate intervention staffing and time burden.

Intervention Name	Tier			Planning/Preparation <i>before or during implementation</i>			Supervision <i>providing or receiving</i>			Delivery			Evaluation and Feedback <i>schoolwide and student-specific</i>		
	1	2	3	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration	Who	Hours/ Wk	Duration
<i>Example: Check In Check Out</i>		x	x	<i>T.Cooper S.Barrey Teachers</i>	<i>1-2 1 .5</i>	<i>Aug-May Aug-Dec Aug-Oct</i>	<i>S. Barrey</i>	<i>1</i>	<i>Aug-May</i>	<i>10 teachers</i>	<i>1</i>	<i>Oct-May</i>	<i>T.Cooper L. Sands</i>	<i>.5 5</i>	<i>Aug-May Dec, May</i>

Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)

1. Identify fidelity monitoring tools.

- Use existing tool specific to the EBP you're implementing (if applicable, based on your search of SAMHSA's National Registry of Evidence-based Programs and Practices [NREPP, <https://www.samhsa.gov/nrepp>], What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc/>), or correspondence with intervention developer).
- Develop a tool specific to the intervention and your service delivery context (based on fidelity monitoring tools for similar EBPs).
- Complement the tool you choose with any other methods it doesn't include (e.g., records review, direct observation, talking with implementers and/or consumers).

2. Determine frequency of fidelity measurement.

- What frequency is feasible for the tool selected?
- What frequency will yield actionable and relevant information?
- What frequency will be sustainable if the EBP implementation continues in future years, with consideration of implementer, consumer, and/or evaluator turnover?
- What are the best/worst times of year to monitor fidelity?
- What stages of implementation are important to monitor fidelity (e.g., immediately following training and intervals thereafter)?
- Determine strategies to *develop* the fidelity measurement plan with implementers (including all details above) and *communicate* the final plan to implementers once determined.

3. Establish a benchmark for acceptable level of fidelity.

- What levels of fidelity are not acceptable, adequate, and excellent?
- How can you build in ongoing coaching and feedback about fidelity benchmarks to improve fidelity over time?

4. Monitor adaptations to the EBP.

- Ask implementers about changes they made to the EBP as intended, and/or
- Collect observational data about adaptations made during implementation



SMART Goal Worksheet

Today's Date: _____ Target Date: _____ Start Date: _____

Date Achieved: _____

Goal: _____

Verify that your goal is SMART

Specific: *What exactly will you accomplish?*

Measurable: *How will you know when you have reached this goal?*

Achievable: *Is achieving this goal realistic with effort and commitment? Do you have the resources to achieve this goal? If not, how will you get them?*

Relevant: *Why is this goal significant to your life?*

Timely: *When will you achieve this goal?*

This goal is important because:

The benefits of achieving this goal will be:

Take Action!

Potential Obstacles

Potential Solutions

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Who are the people you will ask to help you?

Specific Action Steps: *What steps need to be taken to get you to your goal?*

What?

Expected Completion Date

Completed

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Student Information Systems

Issue Brief

March 2019



To help schools and districts better identify the right student information system to meet their needs.

It is critical that school and district teams have feasible, systematic ways to know how students are responding to the academic, social, emotional, and behavioral services and supports they receive. Having data systems in place that can inform student progress in school-based services allows teams to make decisions about how to match students to services, make changes as needed, and summarize progress and outcome data to understand the impact of the services provided. However, the actual practice of monitoring student progress and outcomes in relation to the wide variety of services and supports provided – for the entire student body – can be challenging and complicated. One of the primary barriers to using more data to inform school and district decision making is not having a workable data system to collect and use student data (Parke, 2012). This issue brief describes the practice of data driven decision making in schools and reviews commonly used student information systems.

Student information systems (SISs) are “electronic information system(s) to assist in the organization and management of student data” (US Dept. of Education, 2008, p. 2). Typically, SISs house data that are manually entered and then consolidated by the system. This creates a more efficient process than paper files.

This issue brief is designed to help schools and districts better navigate how to identify the right SIS for their system¹. Although results cannot be guaranteed, using an SIS to track

student progress and outcomes in school mental health services and supports can increase the likelihood of being able to capture student success.

¹This brief does not contain a comprehensive list of SISs.

SISs can support school teams in monitoring student progress by:

- ✓ Promoting early identification of students who need additional supports
- ✓ Supporting decision making about how to match student needs to services
- ✓ Making it easier for a school or district to identify where gaps are in services that may need to be filled
- ✓ Ensuring students do not continue to receive a service or support if it is not helping them

The Big Picture

Data Driven Decision Making

Selecting, implementing, and using an SIS is one step that can support data driven decision making (DDDM). DDDM is a critical aspect of operating a high-quality school mental health system. DDDM is the process of using observations and other relevant data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health promotion, prevention, and intervention). A DDDM-focused approach uses student and school level data to help educators better understand student progress. Saying that a

student is doing better or doing worse after service provision does not have much meaning if there are not data to support these claims. Not only do the data help to clarify the student concern or challenge, data can inform potential strategies that could support the student in the classroom, can be used to share information among team members, and can inform the team on how to adjust services and supports as needed.

DDDM is also a component of the School Mental Health National Standardized Performance Measures, which can be found on www.theshapesystem.com. DDDM includes four performance measures that reflect system's capacity for making data-informed decisions about its school mental health services.

Data Driven Decision Making Performance Measures
1. Use of data to determine mental health services needed by students.
2. Use of a system for monitoring individual student progress.
3. Use of a system for aggregating student mental health service and support data to share with stakeholders and make decisions about mental health service planning and implementation.
4. Use of a system for disaggregating student mental health service data to examine school mental health system level outcomes based on subpopulation characteristics.

Figure 1. Data Driven Decision Making Performance Measures

Benefits of Using an SIS

SISs can connect parents, teachers, administrators, student services personnel, and community partners, making communication more efficient.

On a larger scale, SISs maybe also be useful for schools to report to districts and districts to reports to starts on the effectiveness of various services and supports provided. In turn, this is

helpful for recognition and resource allocation requests or decisions.

Additionally, SISs allow for a comprehensive and succinct picture of students at an individual and aggregated level, enabling schools to implement prevention and early intervention strategies based on the SIS. For example, data on students' school connectedness based on responses to a universal screening survey could quickly inform school support teams about needed intervention strategies across tiers.



Selecting a Student Information System

What makes a suitable SIS depends on the needs of your particular school or district. There are many systems available, with each offering different features. Some important questions to consider when selecting the best SIS for your school or district are listed below:

- How is the system accessed?
- What kind of security does it have?
- What is the cost?
- What type of customer service does the company provide?

The following sections provide guidance about these questions and will equip you with the information you need to select an SIS that can best meet the needs of your school or district.

Clarify What Data You Want to Monitor

SISs can be used to collect a wide array of information. It is important to ensure the SIS

you select can collect the type of data your team wants to monitor. Data managed within an SIS could include attendance, grades, discipline referrals, test scores, observed or reported student behavior, campus environment surveys, student progress (in response to services or supports provided), medical records and personal information. SISs can also include additional features such as seating charts, academic planners, and ways to monitor campus activity or specific risk factors of individual students, such as course failures and behavioral incidents leading to office disciplinary referrals. See the appendix for a chart which outlines a variety of SISs, the type of data they collect, and additional features they include.

Key Questions to Ask When 'Shopping' For A Student Information System

1. How Is the System Accessed?

A school or district may have to download new software to access a SIS. In contrast, some SISs operate as web-portals which require internet connection to be accessed. There are several features that some SISs support that can enhance their accessibility. For example, some allow parents to view their student's profile via an application or alert email. Also, some SISs are updated in real-time for parents/caregivers, youth, and/or school staff.

The accessibility of a SIS may depend on the geographical location of the school or district. For example, an area that has poor or unreliable internet connection may find a SIS that has downloadable software to be more useful, as opposed to a web-portal. Other considerations include how a software system is implemented, the cost of purchasing the software, and the frequency of updates.

2. What kind of security does it have?

SISs may comply with various standards of security. Some common security standards are consistent with the Health Insurance Portability

and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA). A different form of security may be a Secure Sockets Layer (SSL). Understanding the difference between HIPAA, FERPA, and SSL can help a school or district choose the best system for their needs.

HIPAA ensures the privacy of protected health information. HIPAA applies to health care providers, health plans, and health care clearinghouses. HIPAA's rules for security apply to information that is in any form—hardcopy or electronic.² For SISs that incorporate student medical records, HIPAA would be especially important.

²<https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>

Similar to HIPAA, **FERPA**, protects the confidentiality of personal information. FERPA is “a federal law that protects the privacy of student education records.”³ Under FERPA, parents of students under the age of 18 maintain rights to their students' records. A SIS that is FERPA compliant may be attractive for schools, districts, and parents alike.

³<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

An **SSL** is relevant to web-based SISs. SSLs are safeguards for online systems that create a secure environment by using encrypted connections.⁴ An SSL can be created by various organizations but a valid SSL is issued by a trusted Certificate Authority (CA). An SSL “verified that a trusted third party has authenticated that organization's identity.”⁵



In the case of web-based SISs, it is important to be aware of the trustworthiness of the CA that has issued the SSL.

⁴https://www.digicert.com/ssl/?&gclid=CjwKEAjw--DLBRCN_bW36taJkhwSJABSMEduig-rdK1-IEYym4w1UNkaVwpq8MQ8Hg6PQ70aCxvbZyhoCSerw_wcB

In addition to SIS security features, you can ensure you are using your SIS in a HIPAA and

FERPA compliant way by closely monitoring who has access to the SIS. Parents/caregivers should always be informed about the SIS, data it contains, and who has access to it. If a community partner is granted access to the SIS either in full or in part, parent/guardian consent and release of information forms should be used to ensure your team is operating in a HIPAA and FERPA compliant manner. HIPAA and FERPA should not be a deterrent to collaborative team planning and data driven decision making. While it may take some effort to meet the needs of all regulations, it can be done. Be sure to consult with your legal offices and with other schools and districts who have figured out how to make this work effectively.



Program	Contact Information
Power School	(887) 873-1550 www.powerschool.com
Infinite Campus	(800) 850-2335 www.infinitecampus.com
Aeries	(888) 487-7555 www.aeries.com
Maxient	(434) 295-1748 www.maxient.com
Hero	(800) 396-1615 www.herok12.com
SWIS Suite	(855) 455-8194 www.pbisapps.org/applications/pages/SWIS-suite.aspx
Early Warning System	www.earlywarning systems.org
Maestro	(954) 453-9705 unbouncepages.com/maestro-sis-software
Gradelink	(800) 742-3083 www.gradelink.com

3. What is the cost?

Generally, the cost of purchasing a new system varies. It often depends on how many users will

access the SIS. The cost can be better estimated by contacting the SIS provider directly and consulting a representative. Typically, as users of an SIS increase so will the price. It is important to consider what the initial cost of the system is and what the ongoing cost to maintain the system each year will be.

4. What Type of Customer Service Does the Company Provide?

Do not forget to inquire about whether customer service is included in the price of the SIS or an additional cost, as well as what type of support is available. For example, you might want to learn how to customize the SIS to collect specific data points of interest, generate targeted reports needed by your school team(s), and/or edit permissions of different school-based staff. For example, student behavioral health data should only be entered, viewed, and queried by approved team members based on HIPAA and/or FERPA regulations and active releases of information or business agreements.

Conclusion

School and district administrators face a mountain of accountability requirements and federal policies to incorporate data and evidence in their decision making for student services and supports (Honig & Coburn, 2008). This brief is designed to support school and district administrators and teams by providing guidance for selecting an SIS. Although only one piece of the puzzle for schools and districts, data driven decision making cannot be achieved without a functional SIS. There are many options, but it is most important to find an SIS that best fits the needs of the school or district.

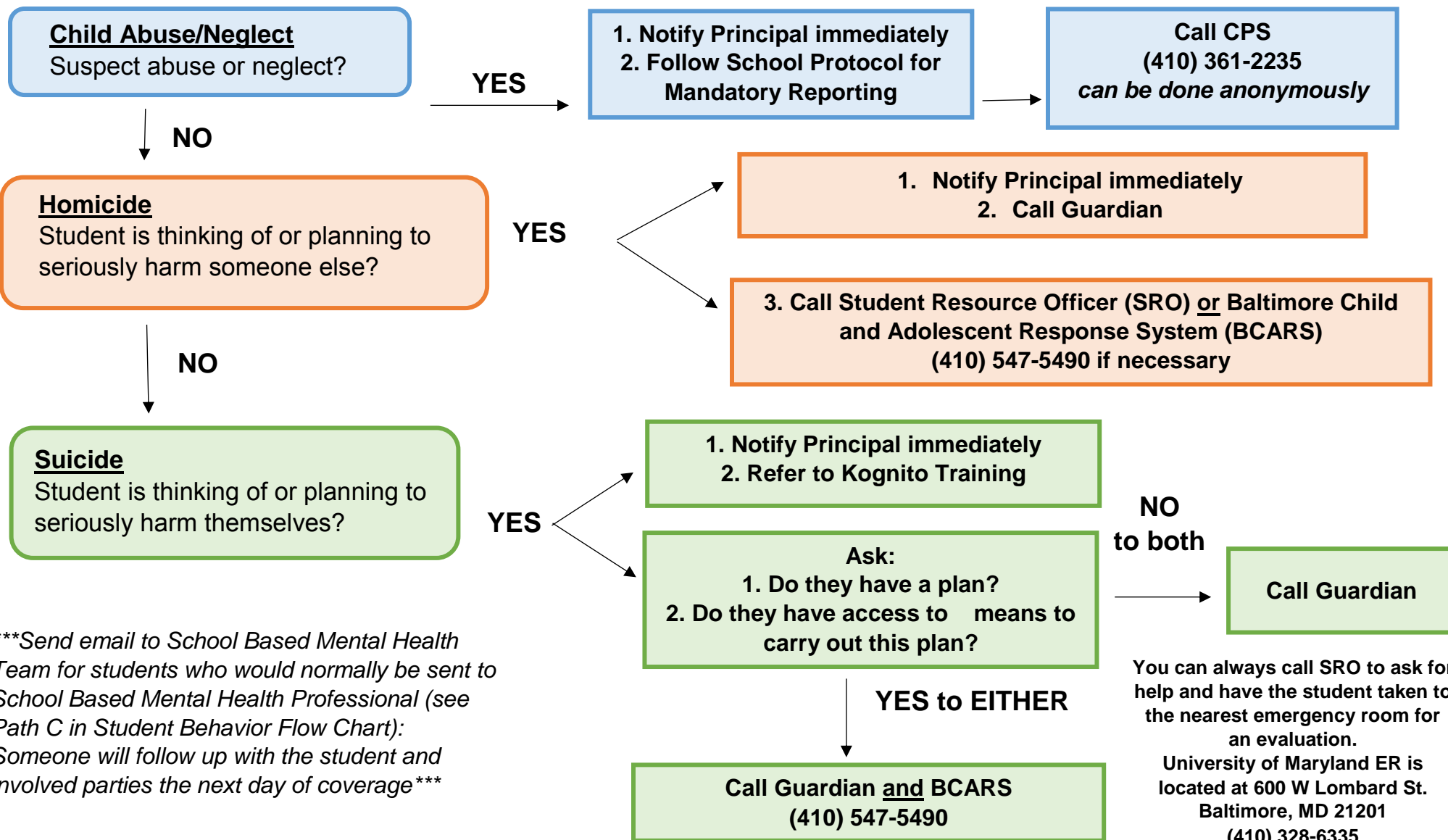
Recommended Citation

Connors, E., Wigand, K., Moffa, K., Hoover, S., & Lever, N. (2019, March). *Student information systems*. Baltimore, MD: National Center for School Mental Health.

Appendix

Name	Basic Information	Type of Data Collected	Special Features
Aeries	<ul style="list-style-type: none"> • A software system that manages student information 	<ul style="list-style-type: none"> • Attendance • Seating charts • Test scores • Grades, etc. 	<ul style="list-style-type: none"> • Connects students, parents, administration, counselors, and teachers
Early Warning System	<ul style="list-style-type: none"> • A web-based tool that helps identify students who are at risk of dropping out 	<ul style="list-style-type: none"> • Identifies students who are at risk of dropping out • Tracks student progress 	<ul style="list-style-type: none"> • Allows for early intervention by matching students to appropriate interventions
Gradelink	<ul style="list-style-type: none"> • An information system that contains data and monitors students 	<ul style="list-style-type: none"> • Collects attendance • Discipline and medical records • Report cards • Grades 	<p>Accessible anywhere there is internet</p>
Hero	<ul style="list-style-type: none"> • A web and mobile application that captures a campus's environment 	<ul style="list-style-type: none"> • Monitors student activity, including student behavior (warnings and consequences) • Attendance, etc. 	<ul style="list-style-type: none"> • Can report student information to states and parents/caregivers • Administration can give instant feedback concerning referrals
Infinite Campus	<ul style="list-style-type: none"> • An information system platform for consolidating student information 	<ul style="list-style-type: none"> • Attendance records • Grades • Student behavior 	<ul style="list-style-type: none"> • Tracks class schedules • Parent portal access • High security standards
Maestro	<ul style="list-style-type: none"> • An information system that creates individualized plans of study for students 	<ul style="list-style-type: none"> • Academic progress • Discipline records • Grades 	<ul style="list-style-type: none"> • Tracks individuals or student population progress
Power School	<ul style="list-style-type: none"> • A web-based system that manages teachers' tasks and student information 	<ul style="list-style-type: none"> • Behavioral data • Classroom performance • Attendance • Grades • IEP processing 	<ul style="list-style-type: none"> • Creates multiple versions of tests • Information displayed in real time
SWIS Suite	<ul style="list-style-type: none"> • A web-based information system that summarizes student behavioral data for decision-making 	<ul style="list-style-type: none"> • Student behavior data 	<ul style="list-style-type: none"> • Allows schools to track data over 3 tiers—universal, targeted, and intensive

Crisis Protocol for Days of No Mental Health Coverage



Send email to School Based Mental Health Team for students who would normally be sent to School Based Mental Health Professional (see Path C in Student Behavior Flow Chart): Someone will follow up with the student and involved parties the next day of coverage

You can always call SRO to ask for help and have the student taken to the nearest emergency room for an evaluation.
 University of Maryland ER is located at 600 W Lombard St.
 Baltimore, MD 21201
 (410) 328-6335

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Module 7: Funding and Sustainability

Goal: Help participants understand the importance of and best practices for school mental health system funding and sustainability.

By the end of this module, participants will be able to:

1. Explain the difference between funding and sustainability.
2. State at least 3 ways that comprehensive school mental health systems can maximize their funding streams to ensure sustainability.
3. Describe best practices for school mental health funding and sustainability.



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Module 7: Funding and Sustainability

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools

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Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning



What Do We Mean by School Mental Health Funding and Sustainability?

Strategies to optimize financial and nonfinancial assets needed to maintain and improve your school mental health system over time.

Quality Indicators

Funding and Sustainability

Used best practices to:

- Use multiple and diverse funding and resources to support the full continuum of school mental health .
- Leverage funding and resources to attract potential contributors.
- Have strategies in place to retain staff.
- Maximize expertise and resources of partners to support ongoing professional development.

Had funding and resources to support:

- Tier 1 (mental health promotion) services
- Tier 2 (early intervention) services
- Tier 3 (treatment) services

Maximized reimbursement for eligible services

Quality Indicator

To what extent did your district/school **use multiple and diverse funding and resources to support a full continuum** of school mental health services and supports?

Best Practices

- Use diverse funding – different levels, types, and systems.
- Ensure funding and resources align to support the full continuum of care.
- Intentionally seek out funding for services.
- Establish and use the process to:
 - Develop, evaluate, and update financing plan.
 - Regularly monitor new funding opportunities and policies.

Explore Diverse Funding Opportunities

- School
- Local/district/county
- Tribal
- Territory
- State
- Federal
- Private foundations, donors





District Example

An urban district in Maryland has successfully built a blended funding model that pools and leverages funding from multiple sources to support community-partnered school mental health providers in most schools.

~55% funding from fee-for-services (Medicaid, private insurance) reimbursement

~35% funding from city taxes, school district funds, and specific line items in the municipal budget

~10% funding from foundations and other grants



State Example

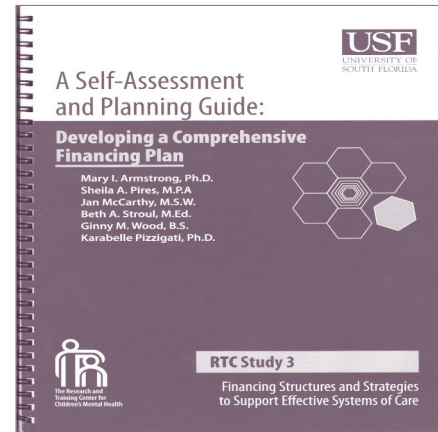
Pennsylvania

- Medicaid (including Behavioral Health Managed Care Organizations), CHIP, or private insurance for behavioral health treatment services
- Mental health and drug and alcohol allocations to counties to provide liaison services to Student Assistance Program (SAP) teams in all 500 school districts
- Education system for the training of SAP or Positive Behavior Support (PA PBS) team members or Youth Mental Health First Aid training
- Drug and alcohol funding to counties to provide evidence-based prevention services to schools

Self-Assessment/Planning Guide

Core areas to assist sites in developing financing plans:

1. Identification of **current spending and utilization patterns** across agencies
2. **Realignment** of funding streams and structures
3. Financing of **appropriate services and supports**
4. Financing to support **family and youth partnerships**
5. Financing to improve **cultural/linguistic competence and reduce disproportionality** in care
6. Financing to improve the **workforce and provider network** for behavioral health services for children and families
7. Financing for **accountability**



Financing for What? Worksheet

Strategies and activities, services and supports that we want to develop and sustain	Over what time period will we develop, implement and sustain?	At what scale and pace will we build and sustain them?		
		Year 1	Year 2	Year 3
Infrastructure Investments				
Services and Supports				
Workforce Development				
Consultation/TA				
MIS				
CQI Processes				
Etc., Etc...				

Funding Resource Mapping Worksheet

Resources

Strategies/ Activities	Source of Funds	Amount	Restriction on Uses of Funds, if any	Expected Timeframe Funding is Available
Infrastructure Investments				
Services and Supports				
Training, TA, Consultation				
Management and Administration				

(NCSMH, 2018)

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Funding Gap Analysis Worksheet

Resources

Strategies/ Activities	Year 1			Year 2			Year 3		
	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap
Infrastructure Investments									
Services and Supports									
Evaluation/ Data Collection									
Management & Administration									

(NCSMH, 2018)

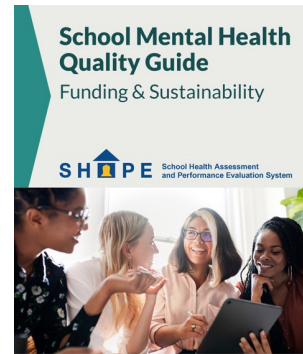
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School Mental Health Quality Guide: Funding and Sustainability

Provides guidance to advance school mental health quality and sustainability

Includes:

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



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NCSMH, 2023

Reflection:

In your district, which funding sources are **currently being accessed** to support school mental health, and which **remain to be explored**?

Federal Funding Sources

- Public insurance
- Entitlements
- Formula/block grants
- Categorical funding
- Discretionary grants
- Demonstration grants
- Research

Non-Federal Public Funds

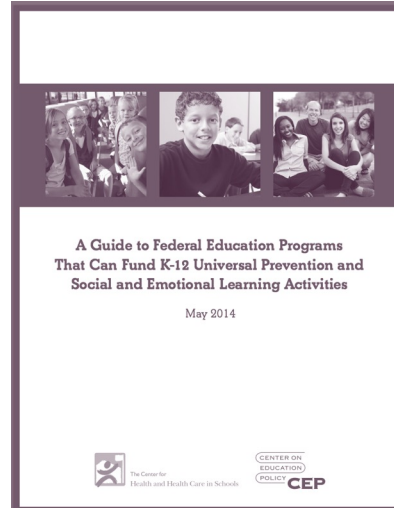
- State
- Tribal
- Territory
- County
- Local

Private Funds

- Private insurance
- Fees
- Civic, charity, philanthropic
- Business investments

A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities

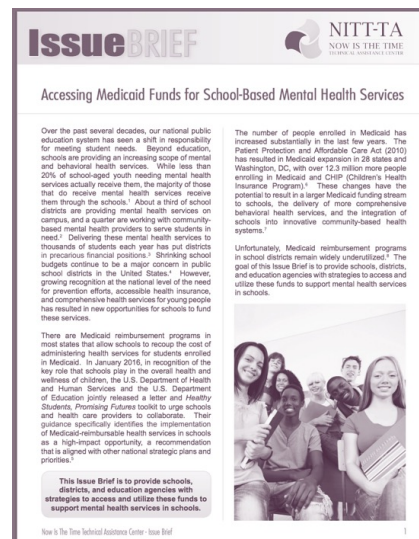
The Guide aims to help districts be aware of and increase their use of federal education funds to implement prevention efforts in elementary and secondary schools.



(Center for Health and Healthcare in Schools, 2014)

Accessing Medicaid Funds for School-Based Mental Health Services

This Issue Brief provides strategies to access and utilize Medicaid funds for school mental health.

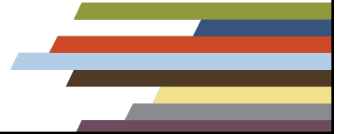


(NITTA, n.d.)

To what extent did your district/school **leverage funding and resources to attract potential contributors?**

Best Practices

- Establish and use a formal agreement that specifies contingent funding and/or non-financial resources.
- Regularly seek diverse partners with funding or non-financial resources to contribute to support the larger school mental health system.
- Foster relationships with diverse agencies and organizations that value cultural responsiveness, anti-racism, and equity, with a goal to create mutually beneficial opportunities that support students and families.



Leveraging Funding Resources

- Conduct a comprehensive scan of existing funding opportunities.
- Establish partnerships with community mental health programs and other agencies and organizations to expand available services, resources, and infrastructure.
- Develop an MOU that documents agreed-upon services.
- Think beyond dollars and consider exchanging services, training, or resources.



Reflection:

What ideas does your district have to expand potential funding partners?

Considerations

- Identify 3 potential allies in your state or community who are likely to share some of the same aims as your CSMHS initiative.
- Think of at least 2 potential “investors” in the expansion and sustainability of your initiative who have not been engaged before.

Quality Indicator

To what extent did your district/school have strategies in place to retain staff?

Best Practices

- Provide ongoing professional development.
- Regularly recognize accomplishments and personal milestones.
- Practice open communication and provide opportunities for anonymous input.
- Offer flexible work schedules.
- Provide and evaluate staff wellness activities.
- Engage staff to provide input on optimizing staff retention.
- Provide supervision and peer support.
- Outline opportunities for career advancement.
- Provide incentive-based pay.
- Ensure salary is fair and there are opportunities for growth.



District Example

A community-partnered school mental health program in an urban district in Maryland has successfully retained staff for an average of over 6 years by:

- Integrating federal loan forgiveness programs for staff
- Offering ongoing high-quality professional development training opportunities
- Providing opportunities for professional growth and leadership
- Including staff recognition and wellness as part of biweekly staff meetings
- Being flexible with schedules and ability to work part-time

Quality Indicator

To what extent did your district/school **maximize the expertise and resources of all stakeholder groups** to support ongoing professional development activities?

Best Practices

- Poll school staff members, community providers, students, and caregivers about expertise.
- Offer professional development activities that use the diverse knowledge and skills of stakeholder groups.
- Train school and community employed mental health providers together.
- Engage youth and family leaders and advocates in professional development as trainers and learners.
- Use diverse professional development mechanisms.



Examples of Maximizing Expertise

- Community mental health providers training teachers on identification of mental health problems
- School psychologists training community mental health providers on school language and policy
- Youth and family members training school-based mental health providers on effective ways to engage and support student mental health
- Training school staff as trainers of an evidence-based mental health practice to train the larger community mental health workforce

Quality Indicators

Funding and Resources for a Multitiered System of Support

To what extent did your district/school have funding and resources to support:

- Tier 1 (mental health promotion) services?
- Tier 2 (early intervention) services?
- Tier 3 (treatment) services?

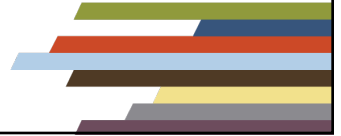
To what extent did your school maximize reimbursement opportunities for eligible services?

Reflection:

Is your state optimizing Medicaid and private insurance to support school mental health?

Questions to Consider

- Who can bill for school-based services in your state?
- What services are billable?
- Are there services that are billable and are not being billed?
- Are there services that your state would like to consider adding to billable services?
- What other obstacles to reimbursement exist?



5 Medicaid Dimensions to Support School Mental Health

- Maximize enrollment of eligible children.
- Expand services and supports.
- Expand provider types.
- Use cross-system strategies to optimize funding.
 - Braided funding, case rate approaches
- Improve reimbursement methods.
 - Fee for service, prepaid capitation, case rate





Medicaid Strategies at the Local Level

- Access Early and Periodic Screening, Diagnostic and Treatment (EPSDT) for universal screening/early identification of mental health risk
- Take steps for your school/district to become a **direct Medicaid provider**
- Make a plan to identify and **regularly monitor**:
 - State **Medicaid plan and waivers**
 - What **other states** are requesting/receiving CMS approval for
 - **Federal guidance** about Medicaid coverage
 - **Public education/policy** and related resources

State Examples



- ★ **Alabama** – Departments of Education and Mental Health developed cross system funding to support school mental health programming.
- ★ **Arkansas** – Department of Social Services revised social work job description to provide care coordination services in the schools; state cross agency partnership to blend-braid funding for school mental health treatment.
- ★ **California** – Mental Health Services Act (MHSA) school mental health program funded through additional tax, and local ownership of school mental health program development to fit local needs.
- ★ **Michigan** – IDEA Medicaid revised to include Tier 2 & 3 counseling sessions by school professionals.
- ★ **South Carolina** – Department of Education developed a Psychosocial Behavioral Health Rehab Medicaid Standard for Tiers 2 & 3 counseling; Department of Mental Health provides state legislative reoccurring funds for rural school mental health.
- ★ **Tennessee** – School mental health funding for case managers in schools for Tier 2 & 3 services.

Reflection:

What policies are in place or should be in place to sustain school mental health in your state or district?

Questions to Consider

- What policies are currently helping to support school mental health efforts?
- What policies need to be in place?
- Who are your advocates and policy champions?



State Example

Colorado – The 2023 Legislature passed SB23-004, which allows Colorado-licensed school-based therapists to provide services in schools without requiring a special license from the Department of Education. Instead, school-based providers must pass a background check and be supervised by someone licensed through the Department of Education or a licensed administrator.

5-Step Process for Strategic School Mental Health Financing and Sustainability

1. Clarify what you will need, by when.
2. Map current funding and resources.
3. Determine gaps in needs versus existing resources.
4. Select financing strategies and funding sources.
5. Make and execute a financing action plan.

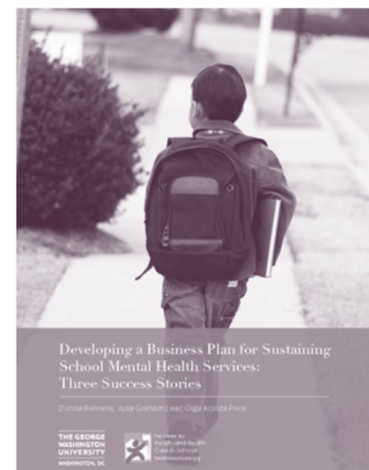


Developing a Business Plan for Sustaining School Mental Health Services

Resources

This document describes how 3 communities and their lead mental health agencies have worked with schools and other local and state agencies to develop sustainable programs.

(Behrens, Lear, & Price, 2012)





Discussion

How does this content fit with your district understanding and policy/practice related to school mental health funding and sustainability?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

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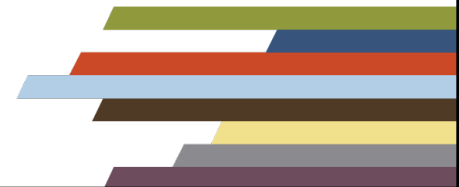


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Resources

Funding and Sustainability

Funding and Sustainability refers to strategies to optimize financial and non-financial assets needed to maintain and improve school mental health systems over time. Sustainability is always evolving, but the goal is to ensure that the operational structures and capacity of schools is sound and that schools can evolve and adapt to match the changing needs of students, families, schools, communities, and other systems in your context.

To what extent did schools in your district use best practices to...

1. ... use multiple and diverse funding and resources to support a full continuum of school mental health services and supports?

- Use multiple and diverse funding sources from different levels (e.g., school, local, district, state, and federal), types of funding (e.g., grants, third party reimbursement, cost sharing, private foundation funding, block grants) and different systems (e.g., education, physical, mental, and public health, substance use, juvenile justice)
- Ensure your funding and resources align to support a full continuum of services and supports
- Intentionally seek out funding for programming and/or services, including addressing trauma, well-being, cultural-responsive, anti-racism, and equity, etc., that meet the needs of a diverse school community
- Establish and use a process to develop and regularly evaluate and update your financing plan
- Establish and use a process to regularly monitor new funding opportunities and local, state and federal policies that may affect funding for comprehensive school mental health systems

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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2. ... leverage funding and resources to attract potential contributors?

- Establish and use a formal agreement that specifies contingent funding and/or non-financial resources
- Regularly seek potential diverse partners who may have funding or non-financial resources that can be contributed to support the larger school mental health system
- Foster relationships with diverse agencies and organizations in the community, that value cultural responsiveness, anti-racism, and equity, with a goal to create mutually beneficial opportunities that will support students and families

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ... have strategies in place to retain staff?

- Provide in-person and virtual ongoing professional development activities such as lectures, didactic presentations, and peer consultation
- Regularly recognize and celebrate accomplishments (e.g., monthly awards, recognition, sharing success stories with others) and personal milestones (e.g., birth of a child, birthdays)
- Practice open, bidirectional communication and provide opportunities for staff to provide anonymous input if desired
- Offer flexible work schedules
- Recognize and address the impact on staff of secondary traumatic stress

- Collaborate with staff to provide and evaluate staff wellness activities
- Engage diverse staff to provide input on how to optimize staff retention across diverse groups and identities
- Provide supervision and opportunities for peer support (e.g., new hire mentor and support group, supervision, buddy program)
- Outline pathways and provide clear opportunities for career advancement
- Provide incentive-based pay
- Work to ensure salary is fair and equitable and that there are growth opportunities
- Ensure all staff are aware of the district's Employee Assistance Program and behavioral health coverage in insurance benefits
- Ensure that all policies, procedures, and practices related to staff are culturally responsive, anti-racist and equitable

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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4. ... maximize the expertise and resources of all school mental health partners to support ongoing professional development activities?

Partners may include school- and community-employed staff, local community groups or higher education partners, youth and families.

- Poll school staff members (e.g., teachers, nurses, school social worker/psychologist, guidance counselors, behavioral specialists, administrators), community providers, other providers who offer services in school, students, family members and caregivers about expertise in relevant mental health-related content, including expertise in cultural responsiveness, anti-racism and equity and trauma-informed and healing-centered approaches
- Offer professional development activities that use the diverse knowledge and skills of family-school-community partners engaged in school mental health. Examples include:
 - *Have school mental health providers partner with community mental health providers to train school staff on the signs and symptoms of exposure to trauma, identifying and supporting students in the classroom and making referrals for mental health and trauma-related concerns*
 - *Have school psychologists, social workers and/or counselors to train community mental health providers on inclusive school language and policy*
 - *Have professionals with relevant expertise train educators and school-based clinicians on cultural responsiveness, anti-racism and equity practices for promoting positive mental health and well-being*
 - *School mental health and health care providers train school staff and community providers on how mental health and healthcare systems can communicate and interact effectively with education staff to improve student well-being*
- Train school- and community-employed mental health providers on the same topics, at the same time (such as evidence-informed services or supports, policies or procedures related to Individualized Education Programs, etc.) to foster mutuality and collaboration
- Engage youth and family leaders and advocates in professional development as learners and trainers, offering opportunities for school staff to hear youth and family perspectives and experiences
- Use diverse professional development mechanisms (in-person and virtual lectures, presentations, consultation, coaching, mentoring and written resources)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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5. To what extent did schools in your district have funding and resources to support Tier 1 (mental health promotion) services?

- 1= Funding was not available to support Tier 1 services and supports.
- 2= Funding was available but only met **1-25%** of the cost of needed Tier 1 services and supports
- 3= Funding was available but only met **26-50%** of the cost of needed Tier 1 services and supports
- 4= Funding was available but only met **51-75%** of the cost of needed Tier 1 services and supports
- 5= Funding was available but only met **76-99%** of the cost of needed Tier 1 services and supports
- 6= Funding was available for **all** needed Tier 1 services and supports

6. To what extent did schools in your district have funding and resource to support Tier 2 (early intervention) services?

- 1= Funding was not available to support Tier 2 services and supports
- 2= Funding was available but only met **1-25%** of the cost of needed Tier 2 services and supports
- 3= Funding was available but only met **26-50%** of the cost of needed Tier 2 services and supports
- 4= Funding was available but only met **51-75%** of the cost of needed Tier 2 services and supports
- 5= Funding was available but only met **76-99%** of the cost of needed Tier 2 services and supports
- 6= Funding was available for **all** needed Tier 2 services and supports

7. To what extent did schools in your district have funding and resources to support Tier 3 (treatment) services?

- 1= Funding was not available to support Tier 3 services and supports
- 2= Funding was available but only met **1-25%** of the cost of needed Tier 3 services and supports
- 3= Funding was available but only met **26-50%** of the cost of needed Tier 3 services and supports
- 4= Funding was available but only met **51-75%** of the cost of needed Tier 3 services and supports
- 5= Funding was available but only met **76-99%** of the cost of needed Tier 3 services and supports
- 6= Funding was available for **all** needed Tier 3 services and supports

8. To what extent did schools in your district maximize reimbursement opportunities for eligible services?

- 1 = Our school did not bill for any eligible services
- 2 = Our school billed for approximately **1-25%** of eligible services
- 3 = Our school billed for approximately **26-50%** of eligible services
- 4 = Our school billed for approximately **51-75%** of eligible services
- 5 = Our school billed for approximately **76-99%** of eligible services
- 6= Our school billed for **all** eligible services

Funding and Sustainability Total (Questions 1-8): ____
Funding and Sustainability Average (Total/8): ____

To what extent did your district use best practices to...

9 ...develop relationships and collaborate with local leaders to promote funding and sustainability for school mental health?

- Build and sustain a network of diverse district and local leaders that communicate regularly about district-level funding for school mental health, including existing and new funding opportunities
- Share disaggregated data documenting school mental health impact to inform future areas of focus
- Consider potential local “investors” in the expansion and sustainability of school mental health who have not engaged and invite them to join the network

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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10 ...develop relationships and collaborate with state leaders to promote funding and sustainability support for school mental health?

- Build and sustain a network of diverse district and state leaders that communicate regularly about state-level funding for school mental health, including existing funding and new funding opportunities
- Share disaggregated data documenting school mental health impact to inform future areas of focus
- Consider potential state “investors” in the expansion and sustainability of school mental health who have not engaged and invite them to join the network

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

11 ...fairly and equitably allocate resources across the district?

- Conduct needs assessment and assess resource utilization to inform equitable resource allocation. Areas of assessment may include disaggregating data by relevant student demographics (i.e., age, gender identity, language, race/ethnicity, sexual orientation, etc.) the following:
 - Current school mental health funding and resources
 - Available school and community mental health services and supports that are trauma-informed and healing-centered
 - Student mental health needs and strengths
 - School mental health teams and capacity
 - Medicaid and private insurance eligibility and coverage
 - Social determinants of health (e.g., racism, poverty, housing and food insecurity, discrimination, access to healthcare providers)
- When inequities are identified, address root causes of inequities and develop a corrective plan to ensure equitable distribution of resources

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

12 ...provide guidance and support to schools on funding and sustainability

- Disseminate written guidelines and resources to all schools on:
 - Identifying and leveraging funding through school-level resources, such as principal discretionary funds, parent teacher association funding, local taxes, and private donations
 - Building sustainable infrastructure to support billing and reimbursement
 - Accessing different funding (e.g., Medicaid, private insurance)
 - Maximizing the expertise and resources of all partners

District Support Total (Questions 9-12): ____
District Support Average (Total/8): ____

Funding and Sustainability

Funding and Sustainability refers to strategies to optimize financial and non-financial assets needed to maintain and improve school mental health systems over time. Sustainability is always evolving, but the goal is to ensure that the operational structures and capacity of schools is sound and that schools can evolve and adapt to match the changing needs of students, families, schools, communities, and other systems in your context.

To what extent did your school use best practices to...

1. ... use multiple and diverse funding and resources to support a full continuum of school mental health services and supports?

- Use multiple and diverse funding sources from different levels (e.g., school, local, district, state, and federal), types of funding (e.g., grants, third party reimbursement, cost sharing, private foundation funding, block grants) and different systems (e.g., education, physical, mental, and public health, substance use, juvenile justice)
- Ensure your funding and resources align to support a full continuum of services and supports
- Intentionally seek out funding for programming and/or services, including addressing trauma, well-being, cultural-responsive, anti-racism, and equity, etc., that meet the needs of a diverse school community
- Establish and use a process to develop and regularly evaluate and update your financing plan
- Establish and use a process to regularly monitor new funding opportunities and local, state and federal policies that may affect funding for comprehensive school mental health systems

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

2. ... leverage funding and resources to attract potential contributors?

- Establish and use a formal agreement that specifies contingent funding and/or non-financial resources
- Regularly seek potential diverse partners who may have funding or non-financial resources that can be contributed to support the larger school mental health system
- Foster relationships with diverse agencies and organizations in the community, that value cultural responsiveness, anti-racism, and equity, with a goal to create mutually beneficial opportunities that will support students and families

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

3. ... have strategies in place to retain staff?

- Provide in-person and virtual ongoing professional development activities such as lectures, didactic presentations, and peer consultation
- Regularly recognize and celebrate accomplishments (e.g., monthly awards, recognition, sharing success stories with others) and personal milestones (e.g., birth of a child, birthdays)
- Practice open, bidirectional communication and provide opportunities for staff to provide anonymous input if desired
- Offer flexible work schedules
- Recognize and address the impact on staff of secondary traumatic stress
- Collaborate with staff to provide and evaluate staff wellness activities

- Engage diverse staff to provide input on how to optimize staff retention across diverse groups and identities
- Provide supervision and opportunities for peer support (e.g., new hire mentor and support group, supervision, buddy program)
- Outline pathways and provide clear opportunities for career advancement
- Provide incentive-based pay
- Work to ensure salary is fair and equitable and that there are growth opportunities
- Ensure all staff are aware of the district’s Employee Assistance Program and behavioral health coverage in insurance benefits
- Ensure that all policies, procedures, and practices related to staff are culturally responsive, anti-racist and equitable

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

4. ... maximize the expertise and resources of all school mental health partners to support ongoing professional development activities?

Partners may include school- and community-employed staff, local community groups or higher education partners, youth and families.

- Poll school staff members (e.g., teachers, nurses, school social worker/psychologist, guidance counselors, behavioral specialists, administrators), community providers, other providers who offer services in school, students, family members and caregivers about expertise in relevant mental health-related content, including expertise in cultural responsiveness, anti-racism and equity and trauma-informed and healing-centered approaches
- Offer professional development activities that use the diverse knowledge and skills of family-school-community partners engaged in school mental health.

Examples include:

- *Have school mental health providers partner with community mental health providers to train school staff on the signs and symptoms of exposure to trauma, identifying and supporting students in the classroom and making referrals for mental health and trauma-related concerns*
- *Have school psychologists, social workers and/or counselors to train community mental health providers on inclusive school language and policy*
- *Have professionals with relevant expertise train educators and school-based clinicians on cultural responsiveness, anti- racism and equity practices for promoting positive mental health and well-being*
- *School mental health and health care providers train school staff and community providers on how mental health and healthcare systems can communicate and interact effectively with education staff to improve student well-being*
- Train school- and community-employed mental health providers on the same topics, at the same time (such as evidence-informed services or supports, policies or procedures related to Individualized Education Programs, etc.) to foster mutuality and collaboration
- Engage youth and family leaders and advocates in professional development as learners and trainers, offering opportunities for school staff to hear youth and family perspectives and experiences
- Use diverse professional development mechanisms (in-person and virtual lectures, presentations, consultation, coaching, mentoring and written resources)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
-----------	------------	---------------	-----------	-------------------	------------

5. To what extent did your school have funding and resources to support Tier 1 (mental health promotion) services?

- 1= Funding was not available to support Tier 1 services and supports.
- 2= Funding was available but only met **1-25%** of the cost of needed Tier 1 services and supports
- 3= Funding was available but only met **26-50%** of the cost of needed Tier 1 services and supports
- 4= Funding was available but only met **51-75%** of the cost of needed Tier 1 services and supports
- 5= Funding was available but only met **76-99%** of the cost of needed Tier 1 services and supports
- 6= Funding was available for **all** needed Tier 1 services and supports

6. To what extent did your school have funding and resource to support Tier 2 (early intervention) services?

- 1= Funding was not available to support Tier 2 services and supports
- 2= Funding was available but only met **1-25%** of the cost of needed Tier 2 services and supports
- 3= Funding was available but only met **26-50%** of the cost of needed Tier 2 services and supports
- 4= Funding was available but only met **51-75%** of the cost of needed Tier 2 services and supports
- 5= Funding was available but only met **76-99%** of the cost of needed Tier 2 services and supports
- 6= Funding was available for **all** needed Tier 2 services and supports

7. To what extent did your school have funding and resources to support Tier 3 (treatment) services?

- 1= Funding was not available to support Tier 3 services and supports
- 2= Funding was available but only met **1-25%** of the cost of needed Tier 3 services and supports
- 3= Funding was available but only met **26-50%** of the cost of needed Tier 3 services and supports
- 4= Funding was available but only met **51-75%** of the cost of needed Tier 3 services and supports
- 5= Funding was available but only met **76-99%** of the cost of needed Tier 3 services and supports
- 6= Funding was available for **all** needed Tier 3 services and supports

8. To what extent did your school maximize reimbursement opportunities for eligible services?

- 1 = Our school did not bill for any eligible services
- 2 = Our school billed for approximately **1-25%** of eligible services
- 3 = Our school billed for approximately **26-50%** of eligible services
- 4 = Our school billed for approximately **51-75%** of eligible services
- 5 = Our school billed for approximately **76-99%** of eligible services
- 6= Our school billed for **all** eligible services

Funding and Sustainability Total (Questions 1-8): ____
Funding and Sustainability Average (Total/8): ____



Module 7: Funding and Sustainability – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of school mental health funding and sustainability?

Strategic Planning

Please state a specific goal for your district within this domain. *(For example, one goal might be that the district will outreach to community organizations, funders, and partners to explore opportunities to leverage financial and non-financial resources to specifically support mental health promotion services and supports.)*

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

Financing for What? Worksheet

Strategies and activities, services and supports that we want to develop and sustain	Over what time period will we develop, implement, and sustain?	At what scale and pace will we build and sustain them?		
		Year 1	Year 2	Year 3
Infrastructure Investments				
Services and Supports				
Workforce Development				
Consultation/TA				
MIS				
CQI Processes				
Etc., Etc.				

Sample Resource Mapping Worksheet

Strategies/Activities	Source of Funds	Amount	Restriction on Uses of Funds, if any	Expected Time Frame Funding Is Available
Infrastructure Investments				
Services and Supports				
Training, TA, Consultation				
Management and Administration				

Sample Funding Gap Analysis Worksheet

Year									
	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap	Total Costs	Available Resources	Gap
Infrastructure Investments									
Services and Supports									
Evaluation/Data Collection									
Management & Administration									

Module 8: Impact

Goal: Help participants understand the importance of and best practices for documenting and demonstrating impact of their school mental health system.

By the end of this module, participants will be able to:

1. State at least 3 ways that schools and/or districts can document and disseminate the impact of their comprehensive school mental health systems.
2. Describe how to document and report the impact of comprehensive school mental health systems across tiers.
3. Describe best practices for assessing and documenting the impact of comprehensive school mental health services.



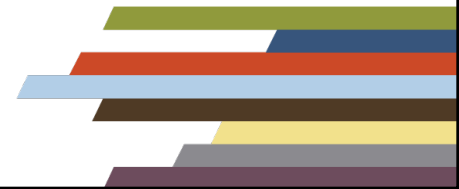
MHTTC

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



Module 8: Impact

National School Mental Health Best Practices:
Implementation Guidance Modules
for States, Districts, and Schools



1



MHTTC

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



The opinions expressed herein are the views of the Mental Health Technology Transfer Center Network and the National Center for School Mental Health and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.



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MHTTC

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



NCSMH
NATIONAL CENTER FOR
SCHOOL MENTAL HEALTH

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Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning

What Do We Mean by Impact?

Long-term effects or changes that occur as a result of the programs, practices, or policies implemented within a comprehensive school mental health system.



Why Document and Report Impact?

- Describe your successes and challenges.
- Use the information to inform continuous quality improvement.
- Advocate for system maintenance, growth, and change.



Impact

of students who:

- Were eligible to receive Tier 2 or Tier 3 school mental health services
- Received at least one Tier 2 or Tier 3 service
- Demonstrated documented improvement in educational functioning
- Demonstrated documented improvement in social, emotional, and behavioral functioning

Use best practices to:

- Track student progress in the service(s) being evaluated.
- Document impact on educational, social, emotional, and behavioral outcomes.
- Disaggregate student mental health service and support data to examine student-level outcomes based on subpopulation characteristics.
- Document and broadly report the impact of your comprehensive school mental health system.

Documenting Tiers 2 and 3 Services and Supports

- How many unduplicated* students were identified through a systematic screening or other referral process to possibly receive Early Intervention (Tier 2) and/or Treatment (Tier 3) services and supports?
- What was the total number of unduplicated* students who received at least one Tier 2 or Tier 3 school mental health service or support?
- How many unduplicated* students who received Tier 2 and/or Tier 3 services and supports have documented improvement in:
 - Educational functioning?
 - Social, emotional or behavioral functioning?

*If a student received more than one type of Tier 2 or 3 service, the student should only be counted once.

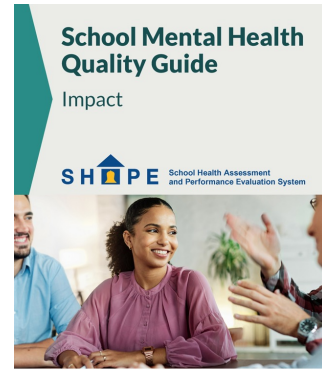
School Mental Health Quality Guide: Impact

Resources

Provides guidance to advance school mental health quality and sustainability

Includes:

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



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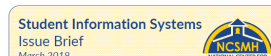
NCSMHS, 2023

NCSMHS Student Information Systems Brief

Resources

Student Information Systems

- Promote early identification of students who need additional supports.
- Support decision-making about how to match student needs to services.
- Identify gaps in services that may need to be filled.
- Alert staff when a service or support is not helping a student.
- Document the impact of services and supports on target outcomes.



To help schools and districts better identify the right student information systems to meet their needs.

It is critical that school and district teams have feasible, systematic ways to know how students are responding to the academic, social, emotional, and behavioral services and supports they receive. Having data systems in place that can inform student progress in school-based services allows teams to make decisions about how to reach students to services, make changes to services, and customize programs and outcomes data to understand the impact of the services provided. However, the actual practice of monitoring student progress and outcomes in relation to the wide variety of services and supports provided, via the entire student body, can be challenging and complicated. One of the primary barriers to using more data to inform school and district decision-making is not having a reliable data system to collect and use student data (Parks, 2022). This issue brief describes the practice of data-driven decision-making in schools and reviews commonly used student information systems.

Student information systems (SIS) are electronic information systems to access in the organization and management of student and staff data (Education, 2024, p. 2). Typically, SIS house data that are manually entered and then consolidated to the system. This creates a more efficient process than otherwise.

This issue brief is designed to help schools and districts better identify how to identify the right SIS for their system. Although results cannot be guaranteed, using an SIS to track student progress and outcomes in school mental health services and supports can increase the likelihood of being able to capture student success.

This brief does not contain a comprehensive list of SIS. SIS can support school teams in monitoring student progress by:

- Promoting early identification of students who need additional supports
- Supporting decision-making about how to reach student needs to services
- Making easier for a school or district to identify where gaps are in services that may need to be filled
- Ensuring students do not continue to receive a service or support if it is not helping them

The Big Picture

Data-Driven Decision Making (DDDM) is a critical aspect of operating a high-quality school mental health system. DDDM is the process of using observations and other relevant data information to make decisions that are fair and equitable. DDDM can help school teams make decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health prevention, intervention and treatment). A DDDM-focused approach uses student and school-level data to help educators better understand student progress. Saving that a

Appendix			
Name	Basic Information	Type of Data Collected	Special Features
Seneca	• A software system that manages student information	• Attendance • Seating charts • Test scores • Grades, etc.	• Connects students, parents, administration, counselors and teachers
Early Warning System	• A web-based tool that helps identify students who are at risk of dropping out.	• Collects attendance • Medical records • Report cards • Grades	• Allows for early intervention by matching students to appropriate interventions
Gridlink	• An information system that contains data and monitors students	• Collects attendance • Discipline and medical records • Report cards • Grades	• Accessible anywhere there is internet
Hero	• A web and mobile application that captures a campus's environment	• Attendance records • Absences, etc.	• Can report student information to states and parents (e.g., learning and engagement) • Administration can give instant feedback (depending on setup)
Infinite Campus	• An information system platform for consolidating student information	• Attendance records • Grades • Student behavior	• Tracks class schedules • Parent portal access • High security standards
Maestro	• An information system that creates individualized plans of study for students	• Academic progress • Discipline records • Grades	• Tracks individuals or student population progress
Power School	• A web-based system that manages teachers' tasks and student information	• Behavioral data • Classroom performance • Attendance • Grades • SIS integration	• Creates multiple versions of tests • Information displayed in real time
SWS Suite	• A web-based information system that summarizes student behavioral data for decision-making	• Student behavior data	• Allows schools to track data over 3 years (annual, semester, and interim)



District Example

One rural school district in Kansas created a systematic approach to document the impact of Tiers 2 and 3 services and supports on educational and social, emotional, and behavioral outcomes. Modeled after their documentation of Tiers 2 and 3 academic services, new codes were developed in PowerSchool (a student information system) to track referrals and provision of mental health Tiers 2 and 3 services. Their data showed that Tiers 2 and 3 mental health services and supports were provided to students with high levels of disciplinary events (68%), suspensions (55%), chronic absence (52%), and poverty for 3 or more consecutive school years (65%). Based on one school year of data, they found that of students receiving Tiers 2 and 3 mental health services, 65% no longer required Tier 2 Language Arts supports and 61% no longer required Tier 2 Mathematics supports.

Reflection:

How effective is your district's process for gathering and using student data to inform decisions about and understand the impact of services and supports?

Questions to Consider

- What student information system(s) does your district currently use to gather and report on student educational and social, emotional, and behavioral functioning?
- What improvements are needed to more effectively gather and use student data?
- What partnerships exist (or need to be established) to support data collection efforts?

Quality Indicator

To what extent did your district/school use best practices to **document the impact of your CSMHS's effectiveness on educational outcomes?**

Best Practices

- Develop a theory of change about how mental health services or supports impact educational outcomes.
- Identify existing and potential data.
- Develop a plan for data collection.
- Establish data infrastructure that allows for easy collection, analysis, and reporting.
- Examine educational data to understand student progress and service impact.
- Engage diverse individuals to provide qualitative feedback.

Quality Indicator

To what extent did your district/school use best practices to **document the impact of your CSMHS's effectiveness on social, emotional, and behavioral outcomes?**

Best Practices

- Develop a theory of change about how mental health services or supports affect social, emotional, and behavioral outcomes.
- Identify existing and potential data.
- Develop a plan for data collection.
- Establish data infrastructure that allows for easy collection, analysis, and reporting.
- Examine social, emotional, and behavioral data to understand student progress and service impact.
- Engage diverse individuals to provide qualitative feedback.




Select Educational, Social, Emotional, and Behavioral Data That:

- Are **likely to be affected** by school mental health services and supports
- Are **readily available or could be reasonably collected** (e.g., attendance, self-reported distress and well being)
- Are of **most importance and most useful** to different groups who use, fund, or are affected by the services and supports
- **Can be shared** within and beyond the school team

<https://healthysafechildren.org/learning-portal>




Resources

IMPLEMENTING A COMPREHENSIVE
SCHOOL MENTAL HEALTH PROGRAM

 NATIONAL RESOURCE CENTER FOR
MENTAL HEALTH PROMOTION &
YOUTH VIOLENCE PREVENTION

Authors: Nancy Lever, Ph.D. • Elizabeth Connors, Ph.D. • Elizabeth Freeman, L.I.S.W., CP & AP • Sharon Stephan, Ph.D.

Implementing a Comprehensive School Mental Health Program is a product of the National Resource Center for Mental Health Promotion and Youth Violence Prevention, under funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Cooperative Agreement SU79SM061516-02. The views, opinions, and content of this module do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), SAMHSA, or the U.S. Department of Health and Human Services (HHS). The National Resource Center for Mental Health Promotion and Youth Violence Prevention is operated by American Institutes for Research (AIR) in collaboration with the Center for School Mental Health, Zero to Three, Community Science, FHI 360, National Indian Child Welfare Association, National Asian American Pacific Islander Mental Health Association, National Latino Behavioral Health Association, National Leadership Council for African American Behavioral Health, and the Council of State Governments.

Lever, N., Connors, E., Freeman, E., & Stephan, S. (n.d.).

PROGRAM EVALUATION FOR COMPREHENSIVE SCHOOL MENTAL HEALTH PROGRAMS

Program evaluation data can contribute to:

- Accountability and sustainability
- Evidence of service quality and impacts
- Range of perspectives on the program
- Reduced confirmatory bias
- A data-driven approach

Implementing a Comprehensive School Mental Health Program

CONTINUUM OF PROGRAM EVALUATION FOR COMPREHENSIVE SCHOOL MENTAL HEALTH PROGRAMS

STAGE 1	STAGE 2	STAGE 3	STAGE 4
Novice	Beginner	Intermediate	Advanced
DESCRIBE the program and services provided.	DESCRIBE the characteristics of students served.	TRACK student progress and outcomes over time.	EXAMINE long-term outcomes.

Implementing a Comprehensive School Mental Health Program

Quality Indicator

To what extent did your district/school use best practices to **disaggregate student mental health service and support data to examine student outcomes based on subpopulation characteristics?**

Best Practices

- Review current student information or data.
- Add variables relevant to subpopulation characteristics and develop a data collection plan.
- Identify student outcomes that inform action steps to improve service delivery and effectiveness.
- Examine overall student outcomes and compare to outcomes for subpopulations.
- Develop strategies to address inequities or disparities in mental health access or outcomes.

Blueprint for Using Data to Reduce Disparities/Disproportionalities

Resources

- Enables communities and states to develop and implement data-driven strategies
- Disaggregation of data to compare with local, county, state, or national data to assess differences and similarities or over- and under-representation



Reflection:

What barriers does your district have related to collecting or sharing data?

What actions do you think could help address these barriers?

Common Barriers to Collecting and Sharing Data

- Inability to share data across systems (e.g., school and community mental health providers)
- Lack of staffing capacity
- Lack of technological options/infrastructure
- Lack of knowledge, training, or time to create a data collection system

Quality Indicator

To what extent did your district/school use best practices to **report the impact of your CSMHS to a broad and diverse group of stakeholders?**

Best Practices

- Develop reports and newsletters or host meetings to share data.
- Prepare a 1-to 2-page document that compellingly communicates school mental health impact.
- Prepare an elevator speech that highlights students served and key impact.
- Present at relevant conferences and meetings.
- Develop a social marketing campaign.
- Use news media outlets to disseminate information about your services, supports, and impact.
- Use social media to communicate impact.
- Include information about CSMHS services and findings on the school or district website.



District Example

One large Midwestern school district-community partnership developed a data system for community-partnered mental health clinicians to submit Strengths and Difficulties Questionnaires for all students served in Tier 3 services every 3 to 6 months. After several years, there is now a large dataset that this team uses to monitor trends in student outcomes and the relation between mental health and academic outcomes, and to communicate findings to education partners and other stakeholders. The team has also successfully used the data to demonstrate the positive impact of mental health services on student outcomes and to leverage findings to secure additional state funding.

Reporting the Impact of School Mental Health

- Safe Schools/Healthy Students state grantees
- State leaders are provided with a template with recommended sections:
 - Background
 - Highlights
 - Local examples
 - Quotes from key stakeholders
 - Impact data
 - Implications

Resources

Nevada State and Community Partnerships Creating Safe and Healthy Schools

BACKGROUND
Between 2000-2009, Nevada was one of the fastest growing states in the country, but in 2010, the U.S. economic depression hit hard, particularly in the rural counties. Students Nevada had the highest percentage rate in the country and rated last in many education and health indicators. In 2013, the Safe Schools/Healthy Students (SSHS) grant offered the opportunity to build back depleted resources that students, families, and schools so desperately need.

HIGHLIGHTS

- **School Climate and Mental Health:** Significantly increased professional development training and placement of mental health professionals in schools by leveraging state legislation (SB 515), funding from federal grants and university partnerships, as well as creating an Office for a Safe and Respectful Learning Environment.

Governor's vision:
1 social worker/250 students

- **"The Collaboratory":** Integrates various state grants and initiatives to ensure a climate of collaboration. Partnerships in our integration Team include: Now is the Time/Project AWARE, School Climate Transformation, Pre-K Development, Systems of Care, Office for a Safe and Respectful Learning Environment, Juvenile Justice Diversion Policy Academy, and State Youth Treatment Planning for Substance Abuse.

2,562 young children (ages 5 and younger) entering kindergarten with routine developmental screenings

- **Risk tapestry of mental health resources:** A community "hub" model for local level collaboration in three key Nevada communities: Lyon, Nye, and Washoe Counties.

1,963 trained mental health professionals, school administrators, teachers, and students to support student social, emotional, and behavioral well-being.

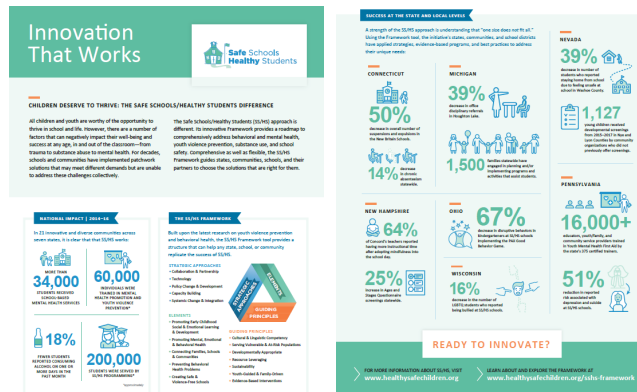
EVIDENCE-BASED PRACTICES AND PROGRAMS
What we applied, there were no school-based mental health programs in any of the three rural communities. Nevada is currently implementing the following practices in Lyon, Nye, and Washoe County schools:

- Signs of Suicide Screening
- Mental Health First Aid
- Restoring Youth Service Learning
- Project Alert
- Project Notebook
- Restorative Practices
- Motivational Interviewing
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Safe Schools Ambassador
- Positive Behavioral Interventions and Supports (PBIS)
- National Resiliency Center on Social Emotional Invention (NRCSEI)

"When parents come to me seeking help, I find I am finally able to provide them with the help they need. I used to feel frustrated and powerless when kind of resources were available. Now I say, 'I know you are frustrated AND I know exactly how to help.'"
— School Principal, Lyon County, NV

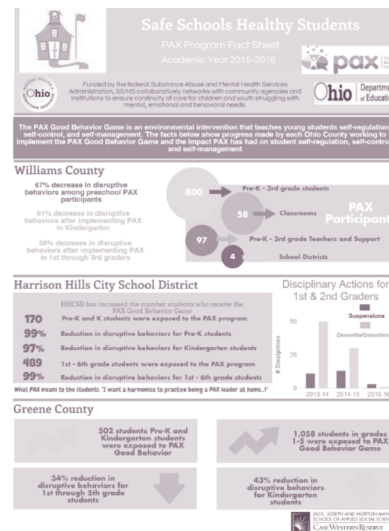
Reporting the Impact of School Mental Health

- Safe Schools/Healthy Students grant program
- Features the goal of the program, framework, and national impact
- Can be customized to any multisite, multi-program effort to support student mental health and well-being



Reporting the Impact of an Evidence-Based Program

- Safe Schools/Healthy Students state grantees
- Infographic to illustrate impact of an evidence-based practice
 - Description of intervention
 - Participant details
 - Impact data



Reflection:

What do you think would be the most compelling finding to highlight about school mental health in your district and how would you best share the information?

Questions to Consider

- From whom are you trying to get buy-in?
- What matters most to this group?
- What can you share about school mental health that would matter to them?
- What qualitative information (e.g., success stories, descriptive experiences) would be useful?
- How can you best share the information?



Discussion

How does this content fit with your district understanding and policy/practice related to documenting and sharing school mental health impact?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

Resources

Annie E. Casey Foundation. (2022). *Developing a theory of change: Practical theory of change guidance, templates, and examples*. <https://www.aecf.org/resources/theory-of-change>

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MHTTC

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



Acknowledgments

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Module content was developed by the National Center for School Mental Health in partnership with the MHTTC Network Coordinating Office.

Resources

Impact

Impact refers to the long-term effects or changes that occur as a result of the programs, practices, and/or policies implemented within a comprehensive school mental health system. Documenting and reporting the impact of your school mental health system to a wide range of stakeholders is critical for sustainability. By having data on the impact of your school mental health systems readily available and accessible, you will be optimally positioned to describe their success and advocate for ongoing funding, support, and resources, with the support of your district.

To what extent did schools in your district use best practices to...

1. ... document the impact of the comprehensive school mental health system's (CSMHS's) effectiveness on educational outcomes?

- Develop a theory of change about how specific mental health services or supports impact educational outcomes for students across cultural backgrounds and identities to decide which educational outcomes to focus on
- Identify existing and potential educational outcome data (e.g., grades, attendance, chronic absence, office discipline referrals, suspensions and expulsions, performance test scores, achievement, gifted and talented, college and career readiness, involvement or leadership in extracurricular activities, or benchmark test scores)
- Develop a plan for data collection
- Establish data infrastructure that allows for easy collection, analysis, and reporting
- Examine educational data to understand student progress and service impact
- Engage diverse individuals (e.g., students, parents, teachers, other school staff) across diverse cultural backgrounds and identities to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health on educational success

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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2. ... document the impact of the school mental health system's (CSMHS's) effectiveness on social, emotional, and behavioral outcomes?

- Develop a theory of change about how specific mental health services or supports impact social, emotional, and behavioral outcomes for students across cultural backgrounds and identities to decide which outcomes to focus on
- Identify existing and potential social, emotional, and behavioral outcome data (e.g., social/emotional/behavioral health screenings and assessments, behavioral observations, crisis incidents, school climate data, strengths assessments)
- Develop a plan for data collection with student and family input, ensuring representation of diverse identities and cultural backgrounds
- Establish data infrastructure that allows for easy collection, analysis, and reporting
- Examine social, emotional and behavioral data to understand student progress and service impact
- Engage individuals (e.g., students, caregivers, teachers, other school staff) across diverse cultural backgrounds and identities to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health on social, emotional, and behavioral functioning

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ... disaggregate student mental health service and support data to examine student outcomes based on various demographic characteristics?

- Review your current student information or data collection for variables that capture relevant demographic characteristics of your student body (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)
- Add any variables relevant to demographic groups that are not represented and develop a plan for data collection, evaluation, and reporting
- Identify key student outcomes (e.g., receipt of mental health services and supports relative to referrals, achievement of individual goals, social, emotional, behavioral and/or functional improvement, school connectedness, sense of safety at school) that can inform action steps to improve service provision
- Examine key student outcomes for all students, and compare those results to outcomes for students in demographic groups of interest
- Based on findings from data collection, develop strategies as a team to address inequities or disparities in mental health access or outcomes

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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4. ... report the impact of the CSMHS to a broad and diverse group of stakeholders (e.g., youth, families, school and community partners, district leadership, existing or potential funders, non- education community partners, state agencies, local and statewide representatives)?

- Develop quarterly or semi-annual reports and newsletters or host meetings to share your data with those who submitted or contributed to the data or are interested in or help fund school mental health
- Prepare a compelling and clear 1-2 page document that communicates the impact of school mental health services, with terms and graphics that consider the language abilities and communication styles of the intended audiences of students, educators, community members, families, etc.
- Prepare a short "elevator" speech that highlights students served and key indicators of impact to share verbally or in writing with stakeholders
- Present findings at conferences and other meetings where individuals and groups that are invested in children’s mental health and education are present
- Develop a social marketing campaign; this may include creating published (e.g., fliers) or online (e.g., website) access to your evaluation findings
- Use diverse news media outlets (write press releases for newspapers, relevant magazines, online news sources and/or create public service announcements on radio or local TV) in multiple languages to disseminate information about your services, supports, and impact
- Use social media, such as Facebook and Twitter accounts, as well as columns/blurbs in the school or district newsletter, to communicate the impact of your work
- Create a website and/or ask the school or district to include information about CSMHS services and findings on the school or district website

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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School Impact Total (Questions 1-4): ____
School Impact Average (Total/8): ____

To what extent did your district use best practices to...

5. ... document the impact of your district comprehensive school mental health system’s (CSMHS’s) effectiveness on educational outcomes?

- Develop a theory of change about how specific mental health services or supports impact educational outcomes for students across cultural backgrounds and identities to decide which outcomes to focus on
- Identify existing and potential educational outcome data (e.g., grades, attendance, chronic absence, office discipline referrals, suspensions and expulsions, performance test scores, achievement, gifted and talented, college and career readiness, involvement or leadership in extracurricular activities, or benchmark test scores)
- Develop a plan for data collection
- Establish data infrastructure that allows for easy collection, analysis, and reporting
- Examine educational data to understand student progress and service impact
- Engage individuals (e.g., students, caregivers, teachers, school mental health and health staff, other school staff) across diverse cultural backgrounds and identities to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health on educational success

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... document the impact of your district comprehensive school mental health system’s (CSMHS’s) effectiveness on social, emotional, and behavioral outcomes?

- Develop a theory of change about how specific mental health services or supports impact social, emotional, and behavioral outcomes for students across cultural backgrounds and identities to decide which outcomes to focus on
- Identify existing and potential social, emotional, and behavioral outcome data (e.g., social/emotional/behavioral health screenings and assessments, aggregated mental health data, behavioral observations, crisis incidents, school climate data, strengths assessments)
- Develop a plan for data collection with student and family input, ensuring representation of diverse identities and cultural backgrounds
- Establish data infrastructure that allows for easy collection, analysis, and reporting
- Examine social, emotional and behavioral health data to understand student progress and service impact
- Engage individuals (e.g., students, caregivers, teachers, school mental health and health staff, other school staff) across diverse cultural backgrounds and identities to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health on social, emotional, and behavioral functioning

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... disaggregate student mental health service and support data across the district to examine student outcomes based on various demographic characteristics?

- Review your current student information or data collection for variables that capture relevant demographic characteristics of your student body (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)
- Add any variables relevant to demographic groups that are not represented and develop a plan for data collection, evaluation, and reporting
- Identify key student outcomes (e.g., receipt of mental health services and supports relative to referrals, achievement of individual goals, social, emotional, behavioral and/or functional improvement, school connectedness, sense of safety at school) that can inform action steps to improve service provision
- Examine key student outcomes for all students, and compare those results to outcomes for students in demographic groups of interest
- Based on findings from data collection, develop strategies as a team to address inequities or disparities in mental health access or outcomes

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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8. ... report the impact of your district CSMHS to a broad and diverse group of stakeholders (e.g., youth, families, school and community partners, district leadership, existing or potential funders non-education community partners, state agencies, local and statewide representatives)?

- Develop quarterly or semi-annual reports and newsletters or host meetings to share your data with those who submitted or contributed to the data or are interested in or help fund school mental health
- Prepare a compelling and clear 1-2 page document that communicates the impact of school mental health services, with terms and graphics that consider the language abilities and communication styles of the intended audiences of students, educators, community members, families, etc.
- Prepare a short "elevator" speech that highlights students served and key indicators of impact to share with stakeholders
- Present findings at conferences and other meetings where individuals and groups that are invested in children's mental health and education are present
- Develop a social marketing campaign; this may include creating published (e.g., fliers) or online (e.g., website, Twitter accounts) access to your evaluation findings
- Use diverse news media outlets (write press releases for newspapers, relevant magazines, online news sources and/or create public service announcements on radio or local TV) in multiple languages to disseminate information about your services, supports, and impact
- Use social media, such as Facebook and Twitter accounts, as well as columns/blurbs in the school or district newsletter, to communicate the impact of your work
- Create a website and/or ask the school or district to include information about CSMHS services and findings on the school or district website

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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District Impact Total (Questions 5-8): ____
District Impact Average (Total/8): ____

To what extent did your *district* use best practices to...

9. ...establish and disseminate written, standard policies and procedures for documenting and report CSMHS impact in your schools?

- Develop policies and procedures to reflect impact best practices
- Ensure that the policies and procedures are trauma-informed and healing-centered
- Ensure that the policies and procedures are culturally responsive and anti-racist
- Disseminate policies and procedures to all schools in an accessible format and in first languages of school community

10. ...support the implementation of documenting and reporting CSMHS impact in your schools?

- Use comprehensive implementation supports to equitably support all schools including:
 - Participation of administration
 - Protecting staff time for implementation
 - Provision of resources
 - Ongoing professional development
 - Technical assistance, consultation, and coaching that emphasize transparency in impact reporting and the inclusion of the documentation of disparities in mental health access and outcomes

11. ...monitor documenting and reporting CSMHS impact in your schools?

- Use a systematic process in all schools for monitoring the structure, process and outcomes of school early intervention and treatment services and supports including:
 - District observation of school team meetings
 - Regular reporting by schools of early intervention and treatment services and supports structures, staffing and processes
 - Assessment of fidelity to district policies and procedures

12. ... assess and refine district supports (e.g., policies, procedures, monitoring, implementation supports) for documenting and reporting CSMHS impact in your schools?

- Assess the utility and effectiveness of district supports via a systematic process that includes a school feedback and evaluation process
- Ensure that district supports reflect current best practices in documenting and reporting CSMHS impact
- Implement a quality improvement process to refine district supports

District Support Total (Questions 9-12): ____

District Support Average (Total/4): ____



School Mental Health Quality Assessment—District Version Score Summary Page

Domain		School Average Score	District Support Average Score
Teaming			
Needs Assessment / Resource Mapping			
Mental Health Screening			
Mental Health Promotion (Tier 1)			
Mental Health Early Intervention and Treatment (Tiers 2 and 3)			
Funding and Sustainability			
Impact	District Average Score		



Impact

Impact refers to the long-term effects or changes that occur as a result of the programs, practices, and/or policies implemented within a comprehensive school mental health system. Documenting and reporting the impact of your school mental health system to a wide range of stakeholders is critical for sustainability. By having data on the impact of your school mental health systems readily available and accessible, you will be optimally positioned to describe their success and advocate for ongoing funding, support, and resources, with the support of your district.

1. **How many unduplicated* students were identified through a systematic screening or other referral process to possibly receive Early Intervention (Tier 2) and/or Treatment (Tier 3) services and supports?** ____
2. **What was the total number of unduplicated* students who received at least one Tier 2 or Tier 3 school mental health service?** This includes any school-based Tier 2 or Tier 3 school mental health service provided by school or community-employed providers. ____
3. **How many unduplicated* students who received Tier 2 and/or Tier 3 services and supports have documented improvement in educational functioning?** Examples of documented improvement: grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, IEP review etc. ____
4. **How many unduplicated* students who received Tier 2 and/or Tier 3 services and supports have documented improvement in social, emotional or behavioral functioning?** Examples of documented improvement: screening, assessment and/ progress monitoring data collected from students, families, and/ teachers which demonstrate improvements in social-emotional wellness, mental health functioning, and/ target problem areas. ____
* If a student received more than one type of Tier 2 or 3 service, the student should only be counted once.

To what extent did your school use best practices to...

5. **... document the impact of the comprehensive school mental health system's (CSMHS's) effectiveness on educational outcomes?**
 - Develop a theory of change about how specific mental health services or supports impact educational outcomes for students across cultural backgrounds and identities to decide which educational outcomes to focus on
 - Identify existing and potential educational outcome data (e.g., grades, attendance, chronic absence, office discipline referrals, suspensions and expulsions, performance test scores, achievement, gifted and talented, college and career readiness, involvement or leadership in extracurricular activities, or benchmark test scores)
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Never (1)

Rarely (2)

Sometimes (3)

Often (4)

Almost Always (5)

Always (6)

6. ... document the impact of the school mental health system’s (CSMHS’s) effectiveness on social, emotional, and behavioral outcomes?

- Develop a theory of change about how specific mental health services or supports impact social, emotional, and behavioral outcomes for students across cultural backgrounds and identities to decide which outcomes to focus on
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Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... disaggregate student mental health service and support data to examine student outcomes based on various demographic characteristics?

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Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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- 8. ... report the impact of the CSMHS to a broad and diverse group of stakeholders** (e.g., youth, families, school and community partners, district leadership, existing or potential funders, non- education community partners, state agencies, local and statewide representatives)?
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Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Impact Total (Questions 5-8): ____
Impact Average (Total/4): ____



School Mental Health Quality Assessment—School Version Score Summary Page

Domain	School Average Score
Teaming	
Needs Assessment / Resource Mapping	
Mental Health Screening	
Mental Health Promotion (Tier 1)	
Mental Health Early Intervention and Treatment (Tiers 2 and 3)	
Funding and Sustainability	
Impact	





Module 8: Impact – District Strategic Planning

Review of Training Resource Contents

- How does this content fit with your district understanding and implementation of documenting and demonstrating school mental health impact?

Strategic Planning

Please state a specific goal for your district within this domain. (*For example, one goal might be that the district will develop a plan for examining a key educational outcome – chronic absenteeism – for all students and for student subgroups who receive Tiers 2 and 3 mental health services and supports.*)

Goal:

How will you know if you've achieved success within this goal?

Indicator of success:

What opportunities exist related to this goal?

- What have been our past successes?

- What current work is taking place related to this goal?

- What are our available resources (leadership, infrastructure, staffing, partnerships)?

What barriers exist related to this goal?

- What would prevent us from moving forward with this goal?

- What would we need to overcome this/these barrier(s)?

Action Steps

- List 3 potential action steps to move this goal forward.

1.

2.

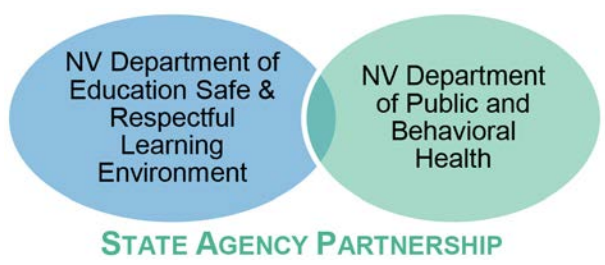
3.



Nevada State and Community Partnerships Creating Safe and Healthy Schools

BACKGROUND

Between 2000-2009, Nevada was one of the fastest growing states in the country, but in 2010, the U.S. economic depression hit hard, particularly in the rural counties. Suddenly Nevada had the highest foreclosure rate in the country and rated last in many education and health indicators. In 2013, the Safe Schools/Healthy Students (SS/HS) grant offered the opportunity to build back depleted resources that students, families, and schools so desperately needed.



HIGHLIGHTS

- **School Climate and Mental Health:** Significantly increased professional development training and placement of mental health professionals in schools by leveraging state legislation (SB 515), funding from federal grants and university partnerships, as well as creating an Office for a Safe and Respectful Learning Environment

Governor's vision:
1 social worker/250 students

- **"The Collaboratory":** Integrates various state grants and initiatives to ensure a climate of collaboration. Partnerships in our Integration Team include Now Is the Time/Project AWARE, School Climate Transformation, Pre-K Development, Systems of Care, Office for a Safe and Respectful Learning Environment, Juvenile Justice Diversion Policy Academy, and State Youth Treatment Planning for Substance Abuse.

2,562 young children (ages 5 and younger) entering kindergarten with routine developmental screenings

- **Rich tapestry of mental health resources:** A community "hub" model for local level collaboration in three key Nevada communities: Lyon, Nye, and Washoe Counties.

1,963 trained mental health professionals, school administrators, teachers, and students to support student social, emotional, and behavioral well-being.

EVIDENCE-BASED PRACTICES AND PROGRAMS

When we started, there were no school-based mental health programs in any of the three communities. Nevada currently implements the following practices in Lyon, Nye, and Washoe County schools:

- ✓ Signs of Suicide Screening
- ✓ Mental Health First Aid
- ✓ Reconnecting Youth
- ✓ Service Learning
- ✓ Project Alert
- ✓ Project Northland
- ✓ Restorative Practices
- ✓ Motivational Interviewing
- ✓ Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- ✓ Safe Schools Ambassadors
- ✓ Positive Behavioral Interventions and Supports (PBIS)
- ✓ Technical Assistance Center on Social Emotional Intervention (TACSEI)

"When parents come to me seeking help, I feel I am finally able to provide them with the help they need. I used to feel frustrated not knowing what kind of resources were available. Now I say, 'I know you are frustrated AND I know exactly how to help.'"

– School Principal, Lyon County, NV

Lyon County, Nevada

Healthy Communities Coalition

- **Behavioral Health:** Project Success counselors and social workers provide mental and behavioral interventions that have resulted in a 30% increase in access to care for students, who can now obtain multifaceted services at their time of need.

Nye County, Nevada

Nye Communities Coalition

- **Volunteer Network:** By adding a Volunteer Coordinator, Nye County recruited 200 volunteers to work in the schools to transform the school climate and help create a more safe and respectful learning environment.
- **Early Childhood Development:** Promoted early childhood social and emotional learning and development by completing over 200 Ages & Stages Questionnaires: Social-Emotional.
- **Signs of Suicide Screenings:** Increased the completion of Signs of Suicide screenings by over **750%** within a one year period of time.

Washoe County, Nevada

The Children's Cabinet

- **Mandatory SOS Screening:** The Washoe County School District administration made Signs of Suicide (SOS) screening mandatory in all 10 middle schools, in addition to instituting SOS screening in one high school and one elementary school.

33% decrease in high school student-reported physical fight involvement

29% decrease in middle school student-reported physical fight involvement

39% decrease in students who reported staying home from school due to feeling unsafe at school

– in Washoe County

“Safe Schools/Healthy Students saves lives and saves schools.”

– **Kim Johnson, Nye Project Manager**

LOOKING DOWN THE ROAD

State leaders including our governor and state superintendent have outlined a vision for sustainable school-based supports in partnership with our state and local management teams. The State Management Team will sustain long after SS/HS funding. The work that is being done with SS/HS funding, in collaboration with other grants and initiatives, is building tremendous momentum toward defining a new Nevada—one that doesn't consistently place last in education outcomes, health indicators, and availability of and access to services. We won't be constrained by this reputation, but instead hold true to the Nevada spirit, “Don't fence me in.”

We are committed to sustaining and/or expanding the following programs and services:

- ✓ Bullying Prevention
- ✓ Signs of Suicide Screening
- ✓ Community Volunteerism
- ✓ Early Childhood Social Emotional Screening
- ✓ School-Based Behavioral Health Services
- ✓ Social and Emotional Enrichment for All Students

6% decrease in student-reported alcohol use in the past 30 days

– in Lyon County

For more information about the many programs and services offered through the Nevada State Department of Education, contact Pat Sanborn, SS/HS State Project Coordinator, at psanborn@doe.nv.gov.

700 East 5th Street, Carson City, NV 89701 USA ■ 775.684.4033 ■ www.doe.nv.gov

Innovation That Works



CHILDREN DESERVE TO THRIVE: THE SAFE SCHOOLS/HEALTHY STUDENTS DIFFERENCE

All children and youth are worthy of the opportunity to thrive in school and life. However, there are a number of factors that can negatively impact their well-being and success at any age, in and out of the classroom—from trauma to substance abuse to mental health. For decades, schools and communities have implemented patchwork solutions that may meet different demands but are unable to address these challenges collectively.

The Safe Schools/Healthy Students (SS/HS) approach is different. Its innovative Framework provides a roadmap to comprehensively address behavioral and mental health, youth violence prevention, substance use, and school safety. Comprehensive as well as flexible, the SS/HS Framework guides states, communities, schools, and their partners to choose the solutions that are right for them.

NATIONAL IMPACT | 2014–16

In 21 innovative and diverse communities across seven states, it is clear that that SS/HS works:



MORE THAN
34,000
STUDENTS RECEIVED
SCHOOL-BASED
MENTAL HEALTH SERVICES



60,000
INDIVIDUALS WERE
TRAINED IN MENTAL
HEALTH PROMOTION AND
YOUTH VIOLENCE
PREVENTION*



18%
FEWER STUDENTS
REPORTED CONSUMING
ALCOHOL ON ONE OR
MORE DAYS IN THE
PAST MONTH



200,000
STUDENTS WERE SERVED BY
SS/HS PROGRAMMING*

**approximately*

THE SS/HS FRAMEWORK

Built upon the latest research on youth violence prevention and behavioral health, the SS/HS Framework tool provides a structure that can help any state, school, or community replicate the success of SS/HS.

STRATEGIC APPROACHES

- Collaboration & Partnership
- Technology
- Policy Change & Development
- Capacity Building
- Systemic Change & Integration

ELEMENTS

- Promoting Early Childhood Social & Emotional Learning & Development
- Promoting Mental, Emotional & Behavioral Health
- Connecting Families, Schools & Communities
- Preventing Behavioral Health Problems
- Creating Safe & Violence-Free Schools



GUIDING PRINCIPLES

- Cultural & Linguistic Competency
- Serving Vulnerable & At-Risk Populations
- Developmentally Appropriate
- Resource Leveraging
- Sustainability
- Youth-Guided & Family-Driven
- Evidence-Based Interventions

SUCCESS AT THE STATE AND LOCAL LEVELS

A strength of the SS/HS approach is understanding that “one size does *not* fit all.” Using the Framework tool, the initiative’s states, communities, and school districts have applied strategies, evidence-based programs, and best practices to address their unique needs:

CONNECTICUT



50%

decrease in overall number of suspensions and expulsions in the New Britain Schools.



14%

decrease in chronic absenteeism statewide.

MICHIGAN



39%

decrease in office disciplinary referrals in Houghton Lake.



1,500

families statewide have engaged in planning and/or implementing programs and activities that assist students.

NEVADA

39%



decrease in number of students who reported staying home from school due to feeling unsafe at school in Washoe County.



1,127

young children received developmental screenings from 2015–2017 in Nye and Lyon Counties by community organizations who did not previously offer screenings.

PENNSYLVANIA



16,000+

educators, youth/family, and community service providers trained in Youth Mental Health First Aid by the state’s 375 certified trainers.

NEW HAMPSHIRE



64%

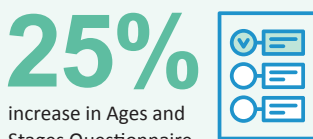
of Concord’s teachers reported having more instructional time after adopting mindfulness into the school day.

OHIO



67%

decrease in disruptive behaviors in kindergarteners at SS/HS schools implementing the PAX Good Behavior Game.



25%

increase in Ages and Stages Questionnaire screenings statewide.

WISCONSIN

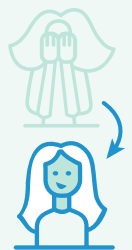
16%

decrease in the number of LGBTQ students who reported being bullied at SS/HS schools.



51%

reduction in reported risk associated with depression and suicide at SS/HS schools.



READY TO INNOVATE?

FOR MORE INFORMATION ABOUT SS/HS, VISIT
www.healthysafechildren.org

LEARN ABOUT AND EXPLORE THE FRAMEWORK AT
www.healthysafechildren.org/sshs-framework



Safe Schools Healthy Students

PAX Program Fact Sheet
Academic Year 2015-2016



Funded by the federal Substance Abuse and Mental Health Services Administration, SS/HS collaboratively networks with community agencies and institutions to ensure continuity of care for children and youth struggling with mental, emotional and behavioral needs.



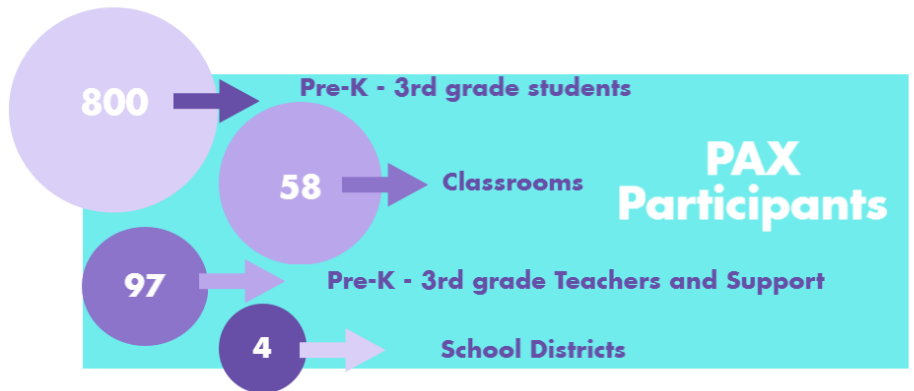
The PAX Good Behavior Game is an environmental intervention that teaches young students self-regulation, self-control, and self-management. The facts below show progress made by each Ohio County working to implement the PAX Good Behavior Game and the impact PAX has had on student self-regulation, self-control, and self-management

Williams County

67% decrease in disruptive behaviors among preschool PAX participants

61% decrease in disruptive behaviors after implementing PAX in Kindergarten

58% decrease in disruptive behaviors after implementing PAX in 1st through 3rd graders

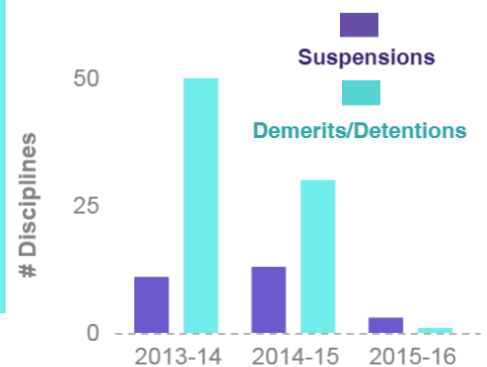


Harrison Hills City School District

- 170** Pre-K and K students were exposed to the PAX program
- 99%** Reduction in disruptive behaviors for Pre-K students
- 97%** Reduction in disruptive behaviors for Kindergarten students
- 489** 1st - 6th grade students were exposed to the PAX program
- 99%** Reduction in disruptive behaviors for 1st - 6th grade students

What PAX means to the students: "I want a harmonica to practice being a PAX leader at home...!"

Disciplinary Actions for 1st & 2nd Graders



Greene County

502 students Pre-K and Kindergarten students were exposed to PAX Good Behavior

1,058 students in grades 1-5 were exposed to PAX Good Behavior Game

34% reduction in disruptive behaviors for 1st through 5th grade students

43% reduction in disruptive behaviors for Kindergarten students



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