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



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NATIONAL CENTER FOR  
SCHOOL MENTAL HEALTH



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

## **Trainer 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](http://www.schoolmentalhealth.org)

### **Disclaimer**

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# Table of Contents

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INTRODUCTION TO THE IMPLEMENTATION GUIDANCE MODULES	7
<b>MODULE 1: FOUNDATIONS OF COMPREHENSIVE SCHOOL MENTAL HEALTH</b>	12
<b>MODULE 2: TEAMING</b>	70
<b>MODULE 3: NEEDS ASSESSMENT AND RESOURCE MAPPING</b>	182
<b>MODULE 4: SCREENING</b>	233
<b>MODULE 5: MENTAL HEALTH PROMOTION FOR ALL (TIER 1)</b>	296
<b>MODULE 6: EARLY INTERVENTION AND TREATMENT (TIERS 2/3)</b>	401
<b>MODULE 7: FUNDING AND SUSTAINABILITY</b>	503
<b>MODULE 8: IMPACT</b>	565



# Introduction

## Training Goals and Objectives

This resource contains eight 60-minute modules. The goals and objectives of the modules are as follows.

### 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.

### 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.

### Module 3: Needs Assessment and Resource Mapping

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

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

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

### 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 screening.

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

**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.

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

**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.

## 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 advance sustainability.
3. Describe best practices for school mental health funding and sustainability.

## Module 8: Impact

**Goal:** Help participants understand the importance of and best practices for documenting and demonstrating the 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 systems.



## Audience

The primary audience of National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools is **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

## Training Overview

Developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center Network Coordinating Office, this resource describes the core components of developing, operating, and sustaining a comprehensive school mental health system in school districts. It contains eight modules designed for delivery in 60-minute in-service sessions by a school mental health trainer designated at the state or district level. The resource contains trainer and participant manuals (with slides, worksheets, and other resources referenced in the modules) and PowerPoint slides with presenter notes. Comprehensive School Mental Health Systems (CSMHSs) are defined below and may operate at the district or school level.

**Comprehensive School Mental Health Systems (CSMHSs)** 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. CSMHSs are 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), and in strategic partnership with students, families, and community health and mental health partners. CSMHSs assess and address the social and environmental factors that affect health and mental health.

## Training Philosophy

Each module was designed with principles of adult learning in mind. Specifically, didactic material for each concept and related best practices are complemented with district examples, resources, and discussion questions to help learners apply the didactic material to their district. Trainers are encouraged to use the Design and Time Guide for each module as a foundation and customize the amount of time spent on each topic based on the needs of the district team. We recommend trainers deliver the training flexibly to prioritize discussion and other components that facilitate practical application of the material in school districts.

## Trainer Preparation

Before the training, the trainer will need to download the module slides and print the trainer and participant manuals. Each participant will need a participant manual to access slides, resources, and handouts used during the training. All materials will be available at <https://mhctcnetwork.org/>.

The trainer manual contains the following for each module: training goals and objectives, module design and time allotted for content throughout the module, slides with presenter notes, resource section with handouts, and resource and reference lists. Keep in mind that the trainer manual includes additional information that does not appear in the participant manual. It will be helpful to reference participant manual page numbers so participants can follow along.

This training can give district school mental health teams guidance on how to create and/or improve school mental health supports and services in their schools. The training provides an overview of best practices across the seven key domains of comprehensive school mental health.

The trainer manual is designed for delivery by a school mental health trainer designated by the state, region, and/or district. Ideally, this same person will be available for ongoing coaching and consultation after the modules are presented. One-time delivery of this material will not be sufficient to change comprehensive school mental health systems or service delivery, so arrangements should be made to support ongoing implementation following the training.

## Resource: The SHAPE System

The School Health Assessment and Performance Evaluation (SHAPE System ([www.theshapesystem.com](http://www.theshapesystem.com)) is a public-access, web-based platform that offers schools, districts, and states a workspace, team self-assessment tools, and targeted resources to support continuous quality improvement for school mental health systems. SHAPE was developed by the National Center for School Mental Health ([www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)) as part of the National Quality Initiative to increase the quality and sustainability of comprehensive school mental health systems (CSMHSs) in schools and districts nationwide. SHAPE houses the National School Mental Health Census (*School Mental Health Profile*) and standardized performance measures (*School Mental Health Quality Assessment, SMH-QA*).

Once school and district teams register with SHAPE, they can document the features of their school mental health system services and staffing using the School Mental Health Profile. The School Mental Health Profile collects past-year information about type of data collected and data usage, multidisciplinary professional team members, and type of tiered supports and services provided for a wide variety of presenting concerns. In addition, teams can self-assess the performance of their school mental health system on seven quality domains using the SMH-QA. Each module in this resource has a corresponding module in the SMH-QA that is included in the resources section. The SHAPE system hosts the SMH-QA online and provides real-time reports as teams complete each assessment module.

SHAPE has been used by thousands of schools and districts nationwide to improve their comprehensive school mental health systems. ***Trainers may encourage participants to register with SHAPE to maximize use of the easily accessible resources it offers that directly align with National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools.*** Participants in this resource will be well-positioned to complete the team-based assessments on SHAPE to prioritize and improve quality improvement goals for their district. District teams can register with SHAPE and encourage their schools to register with SHAPE.

## Customizing Modules

There is a great deal of information about comprehensive school mental health systems across the eight modules. Some district teams may be more interested in one module than another. Trainers are encouraged to use their best judgment and adjust the amount of time spent on each module based on the needs and interests of participants. Of note, some best practices included in Module 5: Mental Health Promotion for All (Tier 1) on implementation and fidelity are again reviewed in Module 6: Early Intervention and Treatment Services and Supports (Tiers 2/3). There is a Trainer Note reminding trainers to make an informed decision about whether and how to review that information or how to reallocate that time to more discussion and application for learners.

## Facility and Materials Needed

PowerPoint slides will be used for each module; thus, a computer and projector are needed for all modules. Participants will need room to have small group discussions when answering reflection questions throughout the training. Other materials include:

- ❖ Trainer manual
- ❖ Participant manuals
- ❖ Computer with presentation slides loaded
- ❖ Screen or blank wall to project presentation slide show
- ❖ Name tags
- ❖ Evaluation forms
- ❖ Pens/pencils
- ❖ Notepads

# Module 1:

# Foundations of Comprehensive School Mental Health

## Training Goals and Objectives

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.

# Design and Time – Module 1

Section	Description	Components	Time
Introduction	Resource overview and target audience	<ul style="list-style-type: none"> <li>Resource. Development and Overview</li> <li>Target Audience</li> </ul>	5 minutes
Alignment with School Mental Health Quality Assessment	Explain quality indicators and best-practice guidelines that will be included in all modules	<ul style="list-style-type: none"> <li>Alignment with the National SMH-QA</li> <li>Overview of Quality Domains</li> <li>Present The SHAPE System</li> </ul>	10 minutes
Comprehensive School Mental Health Systems	<p>Review each component of CSMHS and data demonstrating CSMHS value</p> <p>Share examples from the field</p> <p>Reflection on which core features are present and needing development in participants' schools/district</p>	<ul style="list-style-type: none"> <li>Definition</li> <li>Core Features</li> <li>Value</li> <li>District and State Examples</li> </ul>	30 minutes
Strategic planning	District strategic planning for comprehensive school mental health	<ul style="list-style-type: none"> <li>State specific goal for CSMHS</li> <li>Three action steps to advance goal</li> </ul>	15 minutes



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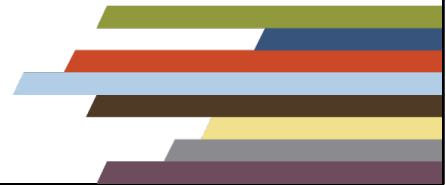
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# Module 1: Foundations of Comprehensive School Mental Health

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



1

Welcome to Module 1 of National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools – Foundations of Comprehensive School Mental Health.

Module content was developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center (MHTTC) Network.



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## Disclaimer



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**Disclaimer**





## 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

This module will begin with an overview of this school mental health resource.

We will describe how the implementation guidance modules align with the School Mental Health Quality Assessment (SMH-QA), which is composed of the national performance indicators for school mental health quality.

Comprehensive school mental health will be defined and core features identified.

We will also describe the value of school mental health and share examples of district successes with advancing school mental health systems.

## Implementation Guidance Modules Development

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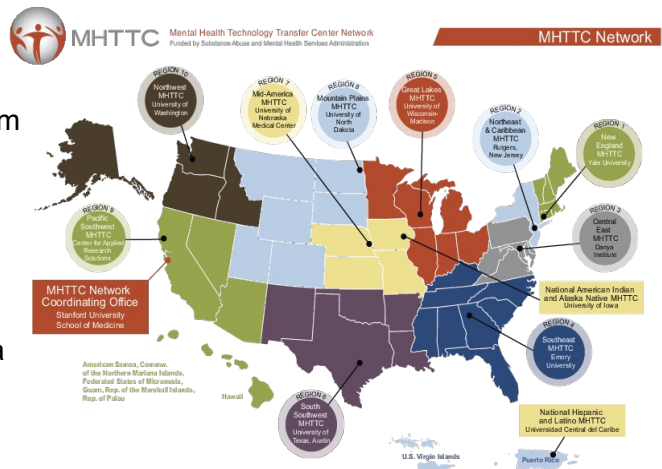
National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools was co-developed by the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH).



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# 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/>

The MHTTC Network is funded by SAMHSA. The MHTTC Network includes 10 Regional Centers, a National American Indian & Alaskan Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office. The Network Coordinating Office, housed at Stanford University School of Medicine, serves as the focal point and provides leadership, infrastructure, and support to the MHTTC Network.

## 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.



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Visit the NCSMH website at [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)

National School Mental Health Implementation  
Guidance Modules

7

The National Center for School Mental Health at the University of Maryland School of Medicine is funded in part by the Health Resources and Services Administration to lead the National Quality Initiative focused on comprehensive school mental health services.

The NCSMH mission is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

The NCSMH focuses on advancing school mental health research, training, policy, and practice at the local, state, and national/federal levels.

## Overview of Implementation Guidance Modules

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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

8

This resource has eight modules, each designed for delivery in one-hour in-person sessions.

This resource contains trainer and participant manuals (with slides, worksheets, and other resources referenced in the modules).

## Target Audience

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**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

The primary audience for this training is **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

Each module aligns with the **national performance domains and indicators** of comprehensive school mental health system quality. These domains and indicators were established as part of the National Quality Initiative on School Health, and were developed through an iterative process led by the National Center for School Mental Health with significant and diverse stakeholder input from the field.

All domains and indicators are part of the **National School Mental Health Quality Assessment (SMH-QA)**, which can be completed by teams as they engage with National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools. The SMH-QA provides district and school teams a framework for assessing the quality of their school mental health system and engaging in strategic quality improvement.

Many of the quality indicators include best-practice guidelines that can be used to self-assess indicator implementation and to guide strategic quality improvement planning.

Quality indicators are noted by a tab in the upper left corner of the slides within each module.

# Overview of School Mental Health Quality Domains and Indicators

Resources

## 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

**School Mental Health Quality Assessment Domains and Indicators**

**SHOPE**  
School Health Assessment and Performance Evaluation System

**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
- Delineate 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 mappings
- 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)**

- Calculate 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**

- Fund from multiple and diverse sources
- 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.

National School Mental Health Implementation Guidance Modules

11


(NCSMH, 2023)

Each module also contains resources, as indicated by the resources tab in the top right of the slide.

Many of the resources are included at the end of each module, following the slide deck.

This resource provides an overview of the School Mental Health Quality Domains and Indicators.





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

[www.theSHAPEsystem.com](http://www.theSHAPEsystem.com)

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

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

12 (NCSMH, 2019)

The **School Health Assessment and Performance Evaluation (SHAPE) System** ([www.theSHAPEsystem.com](http://www.theSHAPEsystem.com)) is a public-access, web-based platform that offers schools, districts, and states a workspace and targeted resources to support school mental health quality improvement.

SHAPE was developed by the National Center for School Mental Health (NCSMH), in partnership with the field, to increase the quality and sustainability of comprehensive school mental health systems.

SHAPE houses the National School Mental Health Census and the School Mental Health Quality Assessment (SMH-QA, district and school versions).

## 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)

SHAPE has several features to support district and school teams including school and district profiles and a quality assessment with targeted resources.

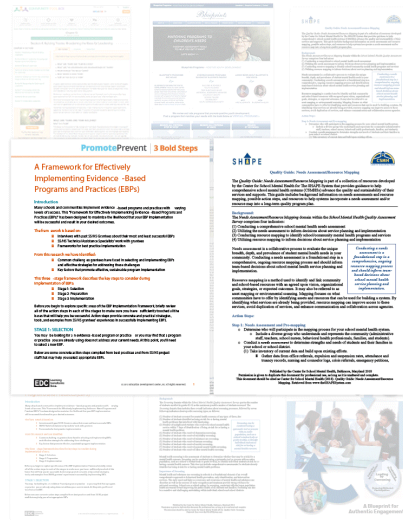
**School and District Profiles** collect information and provide a snapshot of the multi-tiered services and supports, staffing, financing, and data systems of your school's or district's comprehensive school mental health system.

**Quality Assessment and Individualized Reports** offer individuals and teams the opportunity to complete the National School Mental Health Quality Assessment (SMH-QA, School and District versions) and to receive tailored reports that illustrate degree of implementation from emerging to mastery. Individualized reports then provide guidance on strategic quality improvement planning.

SHAPE also hosts **District and State Dashboards** to provide state leaders the opportunity to systematically view the landscape of school mental health within their districts and districts the opportunity to do the same within their schools. This information may guide state and district technical assistance and quality improvement support efforts.

## 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.



(NCSMH, 2019)

The system provides individuals and teams with quality improvement guides and resources.

## 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) 15

In addition to the quality improvement tools, SHAPE offers additional tools including the Screening and Assessment Library and the Trauma-Responsive Schools Assessment.

**The Screening and Assessment Library** provides information about and links to free assessment measures that can be used within school mental health. The library allows for filtering based on focus area, assessment purpose, student age, language, reporter, and cost.

**The Trauma Responsive Schools Implementation Assessment (TRS-IA)** offers district and school teams an evidence-informed tool to assess their trauma-responsiveness. The TRS-IA is composed of eight domains, and was co-developed by the National Child Traumatic Stress Network, Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools in partnership with the NCSMH.

**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)

16

District and school teams can achieve SHAPE recognition when they complete the National School Mental Health Census and the Quality Assessment. Recognition may increase opportunities for federal, state, and local grant funding.

# What Is Comprehensive School Mental Health?

17

Let's define comprehensive school mental health and its core features.

## 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

**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.

Comprehensive school mental health systems are 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 and other school health professionals), in strategic partnership with students, families, and community health and mental health partners.

These systems also assess and address the social and environmental factors that affect mental health, including public policies and social norms that shape mental health outcomes. Effective comprehensive school mental health systems contribute to improved student and school outcomes including greater academic success, reduced exclusionary discipline practices, improved school climate and safety, and enhanced student social-emotional-behavioral functioning.

## Core Features

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- 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

19

There are several **core features** of comprehensive school mental health systems. Each of these will be examined in more depth here and throughout the training.

### Core Features include:

- Educators and Student Instructional Support Personnel
- Collaboration and Teaming
- Multitiered System of Supports
- Evidence-Informed Services and Supports
- Cultural Responsiveness and Equity
- Data-Driven Decision-Making

Several successful state and local examples of these core features provide a road map to achieve wide scale adoption of comprehensive school mental health systems across the United States, and will be used as examples throughout this training resource.



## Educators and Student Instructional Support Personnel

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- 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.

It is important to have a **full array of school and district professionals, including specialized instructional support personnel**, who are well-trained to support the mental health needs of students in the school setting.

District and school professionals are the foundation of comprehensive school mental health systems.

Administrators and Educators need to be trained in how to promote student mental health and to identify and refer students in need of extra mental health supports.

Student Instructional Support Personnel include a variety of professionals trained to support student mental health in the school context. These include:

- School Psychologists
- School Counselors
- School Social Workers
- School Nurses
- Other Health Professionals

Consider nationally recognized staffing ratios – Each Student Instructional Support Personnel professional organization has nationally recognized staffing ratios. Districts and schools should consider whether they have sufficiently invested in these personnel in alignment with needs and recommended ratios.

When community providers partner with schools, they should augment existing supports and services in a strategic and integrated way instead of replacing or being walled off from school professionals.

## Collaboration and Teaming

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




**Collaboration and teaming** among students, families, schools, community partners, policymakers, funders, and providers addresses the interconnected academic, social, emotional, and behavioral needs of all students.

## Examples of Partnership

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



*“Nothing  
about us  
without us”*

Students and families should be involved in all levels of school mental health systems, including planning, development, implementation, evaluation, and training.

There are several ways that students and families can be involved in school mental health systems. Some examples include:

- Participation in a school-community advisory group
- Involvement in needs assessment process and program selection
- Involvement in developing family-centered procedures for mental health referral, service provision, follow-up, and crisis care
- Development of communications about school mental health services to students and families
- Evaluating programs and communicating results to parents, community, and funders

In addition, there is good research to show that students have better outcomes in school and in mental health treatment when families are engaged.

## 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



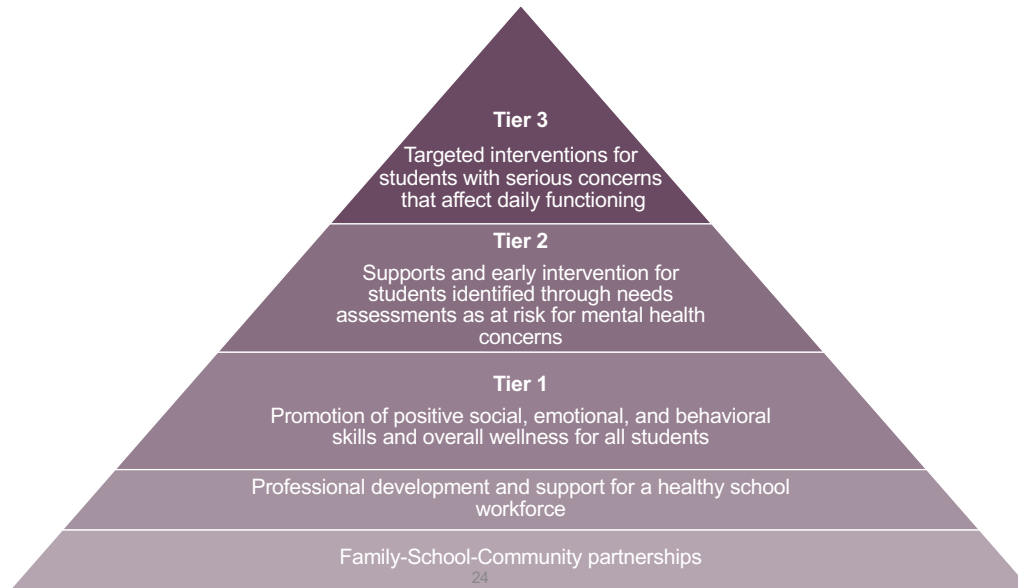
Partnerships between schools and community mental health organizations are **purposeful**, and designed to **augment** the abilities of schools to integrate student mental health into education.

Community partners can help to augment services within the school building and can link students to other services and supports in the community. In addition, they can help to champion what schools are doing to support mental health with key leadership, including boards of education and policymakers.

Successful and sustainable school mental health systems integrate partners to complement the mental health supports and services offered by districts and schools. The roles and responsibilities of school and community partners will differ based on unique resources and needs.

In many schools, community partners are integrated across all tiers of support, but are primarily involved in more intensive treatment supports for youth with identified mental health challenges.

## Multitiered System of Supports (MTSS)



A full array of tiered, evidence-based processes, policies, and practices, called a **multi-tiered system of supports (MTSS)**, promotes mental health and reduces the prevalence and severity of mental illness. Based on principles of prevention, the tiers of support layer on one another so that students with higher-level needs continue to receive supports that promote positive mental health among all students.

Many schools deliver instructional or behavioral intervention to students in varying intensities as part of this MTSS to address the academic needs of the larger student body and not just students with identified disabilities. Based on a public health framework, prevention is an underlying principle at all three tiers, with Tier 1 focused on promoting mental health and preventing occurrences of problems, Tier 2 preventing risk factors or early-onset problems from progressing, and Tier 3 individually intervening to address more serious concerns that affect student daily functioning.

Matching the range of academic, behavioral, and social needs within a school involves layering of interventions from universal approaches to targeted programming for students with mild impairment and, for some students, adding on individualized interventions linked to the lower-tiered structures.

The MTSS approach ensures that all students may access the service array, including students in both general and special education, and that all students will have exposure to universal mental health supports. The number of tiers in an MTSS can vary, though many districts employ a 3-tiered model:

**Mental health promotion services and supports (Tier 1)** are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and well-being, 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 might also include efforts to support a positive school climate and staff well-being. These activities can be implemented school-wide, at the grade level, and/or at the classroom level.

*Examples include school-wide curricular lessons and grade-level or classroom presentations for all students regardless of whether or not they are at risk for mental health problems.*

**Early intervention services and supports (Tier 2)** to address mental health concerns are provided for students who have been identified through needs assessments, screening, referral, or other school teaming processes as experiencing mild distress or functional impairment, or being at risk for a given problem or concern. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced.

*Examples include small group interventions for students identified with similar needs (e.g., chronically absent students), brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low-intensity classroom-based supports such as a daily report card or daily teacher check-in.*

**Treatment services and supports (Tier 3)** to address mental health concerns are provided for students who are already experiencing significant distress and functional impairment.

*Examples include individual, group, or family therapy for students who have identified, and often diagnosed, social, emotional, and/or behavioral needs.*

## Key Considerations in MTSS

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- **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.

Some things to consider when implementing a multitiered system of support include:

### **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 prevention!**

Effective mental health promotion (Tier 1) supports can reduce the degree of need for higher-level supports in a school or district.



## Evidence-Informed Supports and Services

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- ✓ 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

Implementing **evidence-based practices** and **emerging best practices** enhances the quality of the supports and services provided to students.

It is important that:

- ✓ Services and supports are backed by scientific and/or practice-based evidence of implementation success and achieving the desired outcomes.
  - ✓ Teams need a system in place to evaluate the evidence for any service or support being considered or already being provided.
- ✓ Ongoing monitoring of implementation success is crucial for continuous quality improvement.
- ✓ Decisions about which services are most likely to benefit individual students are grounded in systematic, reliable data.

## Sources of Evidence

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

EVIDENCE



There are many sources of evidence to refer to when developing and implementing your school mental health system. Research-based evidence and practice-based evidence are equally of value for districts to consider. Overall, it is imperative that districts have a strong commitment to continuous quality improvement, which can include referring to the evidence on a regular basis to make decisions.

# Cultural Responsiveness and Equity

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- **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



In all aspects of a comprehensive school mental health system, it is critical to consider and be **responsive to the specific cultural values, beliefs, and behaviors** of families and communities, and to ensure access to mental health supports and services in a manner that is **equitable and reduces disparities** across all students.

Stigma, cultural adaptations of evidence-based practices, reducing health disparities and disproportionality, meaningful family partnership representing all families, and cultural competence are considered in all aspects (e.g., planning, development, implementation, evaluation, training) of comprehensive school mental health services and supports.

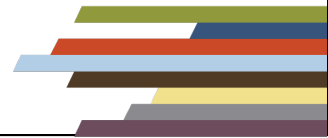
## Equity in Mental Health Framework Recommendations

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- 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](http://www.equityinmentalhealth.org))

29



Key recommendations from the Equity in Mental Health Framework include:

- Identify and promote the mental health and well-being of all students as a district priority.
- Engage students to provide guidance on matters of student mental health and well-being for various student subgroups.
- Actively recruit, train, and retain a diverse and culturally competent faculty and staff.
- Create opportunities to engage around national and international issues/events about equity.
- Support and promote accessible, safe communication to school leadership and an effective response system.
- Select and implement services and supports that are culturally and linguistically appropriate to your student body and surrounding community.
- Disaggregate key data points such as referrals, access to care, and effectiveness of supports by subgroups of students to evaluate indicators of equity.

# Data-Driven Decision-Making

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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

**Collection and use of data in decision-making** monitors student needs and progress, assesses the quality of implementation, and evaluates the effectiveness of supports and services.

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

## Sources of data often available in schools include:

- 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)
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31

## 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 is the school or district doing well?

As a reminder, core features of comprehensive school mental health include:

- Educators and Student Instructional Support Personnel
- Collaboration and Teaming
- Multitiered System of Supports
- Evidence-Informed Services and Supports
- Cultural Responsiveness and Equity
- Data-Driven Decision-Making

# The Value of Comprehensive School Mental Health

32

Now we will turn to the value of comprehensive school mental health.

Why is providing mental health supports and services in schools important?



# Mental Health Promotion



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

National School Mental Health Implementation Guidance Modules

33

Ask yourself the question: What one skill would you wish for all graduating students to possess? [Allow time for reflection – ask the audience for some of their answers]

Although there is great emphasis on academic skills in school, when asked about the skills that are important for graduating students, most people identify social-emotional competencies as a priority.

This wheel is from the Collaborative for Academic, Social, and Emotional Learning – CASEL – and reflects the five domains of social emotional learning:

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

Not only is the development of positive mental health and socially and emotionally competent students part of the mission of schools, improving students' mental health and social emotional competence improves their academic performance.

# Mental Health Intervention

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**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.**

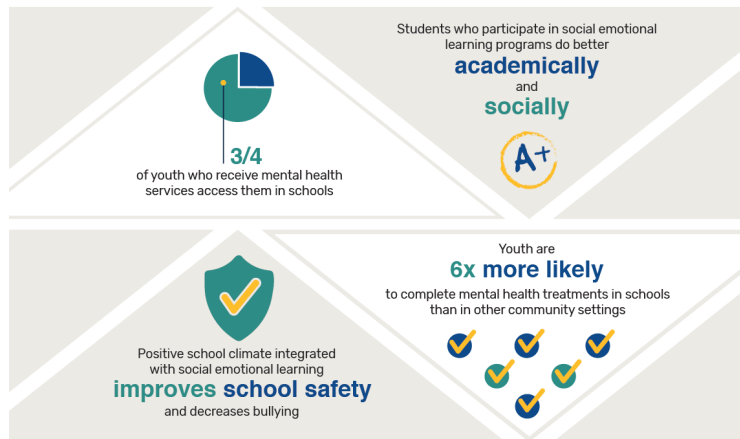
(Foster et al., 2005)

In addition to mental health promotion, we know that schools are the primary mental health service provider for students with identified needs.

Mental health challenges often first emerge at school (Richardson, Morrissette & Zucker, 2012), and school-based services are often the more accessible and less stigmatizing than other community mental health services.

# School Mental Health Impact

## School Mental Health *Matters*



NCSMH, 2019

35

There is growing data to support the accessibility and impact of school mental health.

As noted, students who participate in social emotional learning programs do better academically and socially than those who don't.

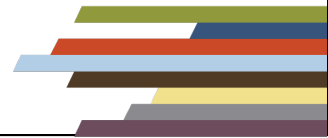
Also, a positive school climate and social emotional learning improves school safety and decreases bullying.

In addition to schools being the place where most students receive mental health services, youth are six times more likely to complete mental health treatment in schools than in other community settings.

## School Mental Health Outcomes

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- 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 (Brunns 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)



When comprehensive school mental health systems are put in place, the research suggests that students experience:

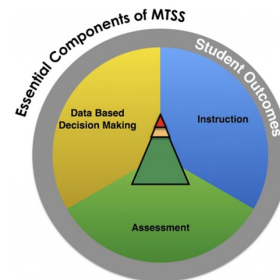
- Improvements in self and social awareness, decision-making capacity and relationship skills
- Better academic outcomes
- Fewer special education referrals and decreased need for restrictive placements
- Fewer disciplinary actions
- Increased student engagement and feelings of connectedness to school

## District Example

### Boston Public Schools Comprehensive Behavioral Health Model



<https://cbhmboston.com/>



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!

Guided by the Massachusetts Department of Elementary and Secondary Education Behavioral Health Framework, Boston Public Schools uses a Comprehensive Behavioral Health Model. The mission is to ensure that all students have a safe and supportive school where they can be successful. The model is based on what they call the “Lighthouse” three-tiered model of service delivery. The model integrates universal screening and positive skill instruction, including social emotional learning, for all students. This model also actively promotes family and community partnerships as part of their work.



## 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/](http://www.schoolmentalhealthwisconsin.org/)

38

Several states have developed frameworks or guidance for districts on the components of comprehensive school mental health. Let's look to Wisconsin as an example of how a state has provided a framework to its districts for how to do comprehensive school mental health.

### Wisconsin

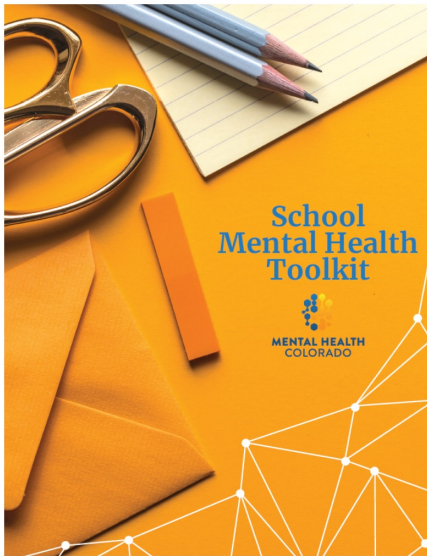
Wisconsin's School Mental Health Initiative benefitted from three large-scale grants being awarded in 2014: Safe Schools Healthy Students, Project AWARE, and School Climate Transformation. Braided funding from these projects allowed over 100 schools in the state to receive school mental health professional development, technical assistance, and coaching. Teaming efforts through a state management team and community management teams helped to advance strategic school mental health advancement. Central to Wisconsin's school mental health system advancement was the adoption of a School Mental Health Framework in the state. The School Mental Health Framework defines and outlines key elements to implement comprehensive school mental health systems in districts and schools across Wisconsin. The framework offers the foundational elements to help build and sustain school mental health systems. The Framework is designed to integrate mental health and wellness supports into a multi-tiered system of support. Using the tenets

of this framework, districts and schools can build and sustain a comprehensive school mental health system. For more information about school mental health in Wisconsin, visit <https://dpi.wi.gov/sspw/mental-health> or [www.schoolmentalhealthwisconsin.org/](http://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/>

Colorado's School Mental Health Toolkit offers a blueprint for school mental health services and guides community members, schools, local leaders, and districts through 10 best practices, including strategies for implementing, funding, and sustaining school mental health services in schools. The toolkit can help individuals make the case for an array of school mental health practices, including screenings, suicide prevention, and wellness plans.



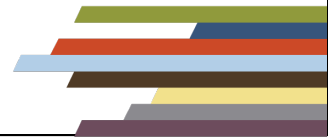


## Discussion

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.



We will now consider how this module and quality indicators fit with your understanding and implementation of the core features of comprehensive school mental health.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.

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## Resources

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**MHTTC**

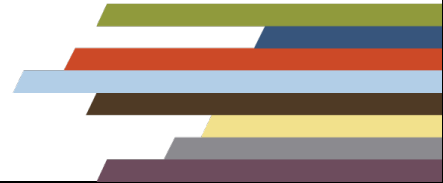
Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



## 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





## 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
Mental Health Promotion (Tier 1)	pg 11
Early Intervention and Treatment (Tiers 2 & 3)	pg 18
Funding and Sustainability	pg 23
Impact	pg 26
Score Summary Page	pg 29

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

## Training Goals and Objectives

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.

## Design and Time – Module 2

Section	Description	Components	Time
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>Title and disclaimer</li> <li>Agenda</li> <li>Definition of school mental health team</li> <li>Reflection</li> </ul>	10 minutes
Value and functions of school mental health teams	<p>Review why district- and school-level school mental health teams are important</p> <p>Functions of school mental health teams</p>	<ul style="list-style-type: none"> <li>Value of school mental health teams</li> <li>Functions of district teams</li> <li>Functions of school teams</li> </ul>	5 minutes
School mental health teaming quality indicators and best practices	<p>Review each quality indicator and associated best practices</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Reflection on indicators as they relate to participant experiences in their district/schools</p>	<ul style="list-style-type: none"> <li>Multidisciplinary teams</li> <li>Youth and family partnership</li> <li>Community partnerships</li> <li>Addresses all tiers</li> <li>Avoid duplication and promote efficiency</li> <li>Best practices for meeting structure/process</li> <li>Delineated roles/responsibilities</li> <li>Effective referral processes to school and community services</li> <li>Data-based decisions to determine student interventions</li> <li>Data sharing</li> </ul>	30 minutes
Strategic planning	District strategic planning for school mental health teaming	<ul style="list-style-type: none"> <li>State specific goal for teaming domain</li> <li>Three action steps to advance goal</li> </ul>	15 minutes



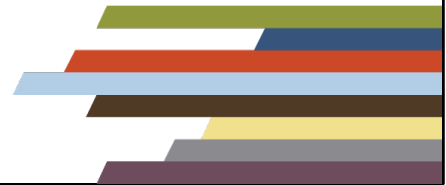
**MHTTC**

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

Welcome to Module 2 of National School Mental Health Best Practices:  
Implementation Guidance Modules for States, Districts, and Schools – Teaming.

Module content was developed by the National Center for School Mental Health in  
partnership with the Mental Health Technology Transfer Center (MHTTC) Network.





**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.

## Disclaimer



**MHTTC**

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**Disclaimer**



## Agenda

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

In this module, we will review what is meant by school mental health teaming, why it is valuable at the school and district level, and will consider school mental health quality indicators and best practices.

We will provide time for your district to engage in strategic planning to develop one quality improvement goal related to your teaming practices and brainstorm some action steps to get started.

## 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.

A school mental health team is defined as 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. Key words to keep in mind are regularly, data-based decision-making, and action planning.

## 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

## Reflection:

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

Types of school mental health teams vary quite a bit in terms of what they are named, their focus or purpose, and membership.

Consider what school mental health teams you have in your district, and jot them down so you can think about those teams specifically throughout this module.

Examples of school mental health 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

Take a moment to reflect on this with other people around you.

## Value of School Mental Health Teams

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

Schools and districts have so many teams you might be wondering why you would need one focused specifically on school mental health at the district and school levels.

First, school mental health teams serve to coordinate communication, collaboration, and mutual support among individual team members who might otherwise operate in isolation.

School mental health teams also develop a common vision and priorities for improvement to ensure that the school mental health system is meeting the needs of all students and the larger school community.

Finally, school mental health teams can explore how to maximize limited resources to address the mental health needs of students and their families in a systematic, strategic manner.

## Functions of District Mental Health Teams

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- 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

Let's first consider the role of district school mental health teams. District school mental health teams can serve many different functions including:

- **Shaping school mental health policy and practice** at the district level. For example, teams may set expectations for interventions provided, data collected, and ways school teams are expected to assess and address student needs at individual, group, classroom, and whole-school levels. District school mental health teams can organize efforts at the school building level to ensure consistent standards of support district-wide. One example of this is a systematic memorandum of understanding (MOU) process with community partners that can be used across the district.
- **Training, coaching, and supporting school teams** to develop and sustain comprehensive school mental health systems, including hearing what schools need to inform the selection of training and technical assistance and support. It can be very informative for districts to have an ongoing supportive relationship with staff in schools via coaching or other ongoing supports to ensure trainings actually translate to practices.

- **Serving as a liaison between state agencies and local schools** ensures state departments of education and behavioral health are aware of activities at the school level and that schools know about funding opportunities or other statewide initiatives offered within the state.
- District teams offer the opportunity to **gain student, family, and community partner perspectives on mental health needs and strategies**. Having this buy-in and insight is critical to ensuring that the most needed and relevant services are being provided in the most effective manner.

**Possible team members for a District School Mental Health Team include:**

- Director/Supervisor of school health and behavioral health staff (e.g., Director of Student Support or Related Services, supervisor of school psychologists or school social workers)
- Parents/families (e.g., Parent Teacher Organization (PTO) or other family organization representative)
- School staff representatives (e.g., school administrator, mental health staff, teacher)
- Supervisor, administrator, and/or clinician from a community-based mental health agency



## Functions of School Mental Health Teams

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- 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

At the school level, school mental health team functions include:

- **Awareness of school mental health needs and resources** through systematic needs assessment and resource mapping activities
- **Implementing district school mental health policies and practices** at the school level
- **Actively informing and participating in training and technical assistance** from the district or state
- **Aligning services for students** using a data-driven process
- **Fostering school partnerships** with community leaders, family members, and students

**Possible team members for a school-building School Mental Health Team include:**

- School health and behavioral health staff (e.g., school psychologist, counselor, nurse)
- Teachers
- School administrators
- Students
- Parents/caregivers
- School-based community health and behavioral health providers

**How School and District Teams Are Related:**

There should be some symmetry of processes between district and school mental health teams. Their functions are similar but at different levels. For example, district mental health teams may examine data in aggregate to understand trends among groups of students, whereas school mental health teams may examine more individualized student progress data to best match the appropriate interventions to students within a school. Also, the district might provide overall funding, support, and coaching for training in specific school mental health topics or interventions, but the school team would ensure that training and implementation is occurring consistently throughout the building. Both district and schools teams work to foster partnerships with community leaders, family members, and students toward improving mental health systems.

## 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

Now that we've discussed what school mental health teams are, why they are important, and their functions, we are going to move on to the core quality indicators to consider when evaluating and improving your current teaming structures and practices.

This is a list of the quality indicators for the Teaming domain.

For each of these indicators we will discuss best practices, resources, and helpful tips.

## 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

National School Mental Health Implementation  
Guidance Modules

11

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

Having a multidisciplinary and diverse team is critical to ensure that multiple perspectives about school mental health are integrated into planning and implementation.

#### **Best practices for this indicator include:**

- Use recruitment and hiring practices to attract diverse team members.
- Include team members who reflect the diversity of students, families, and staff.
- Representatives of different groups regularly attend and have an active voice in team meetings
- Different groups engaged in school mental health system teams may include:
  - School health and mental health staff
  - Teachers
  - School administrators
  - Youth/students
  - Parents/families
  - Community health and behavioral health providers

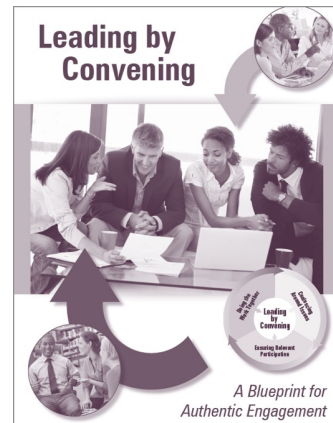
- Child welfare staff
- Juvenile justice staff
- Community leaders
- Community Schools Coordinators
- English Language Learning educators

Below are some tips for establishing multidisciplinary and diverse teams:

- Ask 2-3 members of each stakeholder group about their interests, barriers, and facilitators that might influence participation.
- Use culturally relevant resources accessible to diverse audiences (e.g., multilingual and available in formats for individuals with reading or visual impairments).
- Remove transportation barriers by providing team members with opportunities to call in or join via video conferencing.
- Share recent team initiatives to build interest in joining.

## 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)

For a team to be successful, it needs to have the right people on it who have the knowledge, influence, and interest to effect change.

This resource, within the Blueprint document *Leading by Convening*, was developed by the IDEA Partnership to provide guidance to teams about how to change practice through relationships and shared work among education, mental health, youth and family, and other stakeholders.

<http://www.ideapartnership.org/documents/NovUploads/Blueprint%20USB/NASDSE%20Leading%20by%20Convening%20Book.pdf>

This **Four Simple Questions activity** can be found in your participant guide. If your team needs to be more multidisciplinary, we encourage you to discuss these four questions and consider completing the activity worksheets as a team to inform who you should consider to invite to your team:

- 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?

**Here are some additional strategies to get different groups to the table:**

- Ask two to three members of the stakeholder group you are trying to engage what would interest them in coming and what barriers and facilitators might influence participation.
- Change the way you message the purpose of the group using different language or communication mechanisms.
- Provide opportunities to call in or join virtually.
- Share results of a recent change or improvement made by the team to build interest in joining.
- Invite a new member to help with a concrete activity you need their input on.

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.

**Consider:** 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?

Meaningful partnership with students and families should be a common theme throughout all of your school mental health planning, implementation, evaluation, quality improvement, and sustainability.

Ensuring youth and family voices and meaningful involvement of students and families in your school mental health teams is essential.

### **Best practices for this indicator include:**

- Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation, and evaluation; students and families can provide insight on district/school strengths and areas of need, program selection, implementation considerations and ongoing 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.
- Ensure written materials use clear and plain language that is free of jargon, and where applicable provide written materials in the first languages of students and families.
- Identify existing youth and family mental health advocacy and navigation organizations in your community, prioritizing those that value cultural responsiveness, anti-racism, and equity (CARE).
- 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, promoting shared decision-making)



## 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.

School and district teams often know how important student and family involvement is, but may not always know where to start and how to best make this partnership happen.

### **Here are some helpful tips to meaningfully involve students and families:**

- Parents and other family members are experts on their own children and should be encouraged to participate in team meetings about school mental health. Students and family members on teams can (1) provide a voice and perspective for families within the district and community, and (2) advocate and promote this process with other families to encourage buy-in and participation.
- Team members should provide meeting agendas a week prior to convening so students and families can prepare.
- Team members should avoid jargon or acronyms, and explain any terminology used in meetings that is not readily understood by students or family members.
- Students and families should always have the opportunity to ask questions, be asked their perspective by the team, and be an active part of decision making.
- Involve family organizations. They bring knowledge and passion based on practical, real-life experiences. Such organizations are often expert in navigating systems of care.



## 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.

This is one example of a district that involved students and families in a school mental health improvement project related to mental health screening.

**Trainer notes:** Ask for participants to share their successes or lessons learned related to meaningful student and family engagement.

## 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.

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

As discussed in Module 1, schools and districts lead school mental health efforts, but cannot do this work alone. Partnering with the community, including health and mental health providers, can augment efforts of the school.

#### **Best practices for this indicator include:**

- 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, value cultural responsiveness, anti-racism, and equity (CARE), and use trauma-informed, healing-centered approaches.
- Use memoranda 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 access

to 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 (e.g., HIPAA and/or FERPA, as applicable)



## 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.

**Data sharing agreements may be between schools and other districts or educational organizations, community mentorship organizations, and student health service providers. These agreements may address:**

- Specific social emotional learning (SEL) programming.
- Data collected on the success of programming.
- Building community awareness on topics related to mental health.
- Assessment and mental health related treatment data from external providers to better inform a child's educational programming.

**Helpful tips for facilitating effective school-community partnerships include:**

- Identify prospective community partners by obtaining input from school staff, parents, and students through listening sessions, mental health team meeting participation, and/or a structured needs assessment process.
- Develop a wish list of community partner services or features that would best fit the needs of the district.
- Draft a standardized memorandum of understanding (MOU) to be used throughout the district.
- Consider a request for proposals process if you have more interested community partners than you can include.

- Convene community partner leadership on a regular (e.g., quarterly) basis to discuss service delivery and business operations.

You can also partner with local universities to collect and analyze data. Data collection could include productivity (i.e., number of services provided), impact of service provision on psychosocial and academic functioning, student/family satisfaction and engagement, family partnership, and the extent to which families/community members/students/staff would recommend services.

***Trainer note:*** A wish list template and example MOU are in the participant guides. The wish list includes a list of the type of community provider characteristics or services that might be important to any given school or district, and is intended to be a menu to help schools and districts think about what they need in a community partner. The goal is to help schools evaluate the fit between school needs and what a community partner has to offer.

## School or District Wish List for Community Mental Health Provider Services

### 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)

This resource, the *School or District Wish List for Community Mental Health Provider Services*, 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.



## 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
<b>Establishing School-Agency Forms:</b> <ul style="list-style-type: none"> <li>• Collaboratively developing agreed upon clear role definitions</li> <li>• Mutual understanding of Tier I and II SEL/MI interventions</li> <li>• Clarify communication process</li> <li>• Information Sharing with Staff and Families</li> <li>• Procedures for sick/training days, etc.</li> <li>• Space needs</li> </ul>	1-2 meeting (1) at beginning of year		
<b>School Mental Health Overview Presentation:</b> 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		
<b>Weekly Mental Health Team meetings with:</b> <ul style="list-style-type: none"> <li>• building social workers, psychologist and others as named by school administration)</li> <li>• School Based Supervisor</li> <li>• On-site Clinician</li> </ul>	2-4 times per month		
<b>Administrative Meetings with School</b> including: <ul style="list-style-type: none"> <li>• A building administrator</li> <li>• At least one member of the school's Mental Health Team</li> <li>• A district representative (invited)</li> <li>• Agency supervisor</li> </ul>	2 times per year - Oct/Nov and Feb/Mar (quarterly or more if the experiences challenges)		

Please email form to Mark Sander ([mark.sander@hennepin.us](mailto:mark.sander@hennepin.us)) or Rochelle Cox ([rochelle.cox@mpls.k12.mn.us](mailto:rochelle.cox@mpls.k12.mn.us)) when completed or for any questions.

This guidance document was developed by a district to support school-community teams working together to address a full continuum of student mental health services and supports. 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.

# 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**

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

<p><b>Purpose of agreement</b> Explain what the MOU is for and any definitions of programs or services.</p>	<p><b>Purpose of agreement:</b> 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 professional professionals.</p>	<p><b>Roles and responsibilities of each party</b> 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.</p>
<p><b>Fiscal and resource agreement</b> 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.</p>	<p><b>Roles and responsibilities of each party:</b> The Parties agree to the following roles and responsibilities:                  a. Responsibilities of Hope Child and Family Services (HCFS)                  i. Actively participate in school mental health team...                  ii. Provide mental health services, to include...                  b. Responsibilities of Appleville School District                  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...</p>	<p><b>Liability release as an independent contractor</b> Detail limits to liability for both/whichever parties here.</p>
<p><b>Duration and termination</b> Outline how long the MOU is valid for and procedures for requesting termination by either party.</p>	<p><b>Fiscal and resource agreement</b>                  a. Appleville School District will pay HCFS the total sum of XX.                  b. Payments will be made in a...</p> <p><b>Liability release as an independent contractor</b>                  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.</p> <p><b>Duration and termination</b>                  a. This Agreement is for the period beginning Month/Day/Year to Month/Day/Year...</p> <p><b>Insurance and indemnification</b>                  a. Program Name Here shall purchase and maintain during the term of any resulting agreement...</p>	<p><b>Insurance and indemnification</b> List the types of insurance that the community provider will purchase and maintain, including general liability, professional liability, and worker's compensation, as applicable.</p>

NCSMNH, 2019

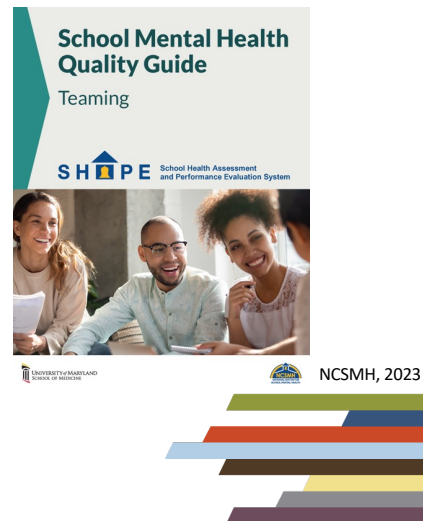
This resource, *Anatomy of a Memorandum of Understanding*, was developed by the National Center for School Mental Health to illustrate the components of a memorandum of understanding (MOU) that school-community partnerships may include. This is further detailed in the Teaming Quality Guide in your participant guide. There is also an example of an MOU between a school and a community partner.

## 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



This resource, *School Mental Health Teaming Quality Guide*, was developed by the National Center for School Mental Health and covers best practices and practical tips from the field in school mental health teaming. It also includes a number of customizable teaming resources, some of which are also featured as resources through out this module and included in your participant guide.

## 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

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

As discussed in Module 1, a comprehensive school mental health system will include promotion, prevention, and intervention services and supports.

Teaming structures vary based on school or district resources, size, staffing, and priorities.

Importantly, this indicator is not just about coverage of all tiers, but also how well those teams and individuals are communicating and that there is a logic for students moving throughout the tiered system based on their strengths, needs, and progress over time in different areas of their academic, social, emotional, and behavioral development.

**Best practices for this indicator include:**

- 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 moving from one tier to a higher or lower tier
- Establish effective communication between teams addressing Tier 1, Tier 2 and/or Tier 3

Here are some tips for addressing each tier on the multi-tiered system of support:

- **Be thoughtful about the selection and inclusion of members on tier-specific teams.** In addition to educators and school-based mental health staff, teams benefit from other members such as community staff, business leaders, foundation partners, and university partners.
- **Review student progress and make data-based decisions** when considering transitioning a student across intervention tiers. Sources of data may include progress on pre-determined goals, academic performance, disciplinary incidents, and attendance. Students and their families should understand these transitions and play an active role in establishing goals that are timely and attainable for the student.
- **Goals should be revisited at each meeting; purposes and guidelines should be revisited a minimum of once each year.**

## 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

## Reflection:

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

Consider the number of teams that you have for your district or schools within your district.

Some schools prefer to have one universal team and one combined Tier 2 and Tier 3 team, and others may only have one team to address all three tiers. What ideas do you have about how to effectively align teams and individuals to work within a multitiered system of support?

Map teams and consider overlap and gaps. Think about expanding the mission of an existing team or forming a new team

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.

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

Do you have more than one team that addresses different aspects of school mental health? If so, it is important to avoid duplication across those teams and promote their efficiency.

### Best practices for this indicator include:

- 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.

Tips for this indicator include:

- Assign one staff person as a coordinator of resources to ensure that resources are not duplicated.

- Maintain resources in one centralized location to streamline document sharing. Teams can use cloud-based programs (e.g., DropBox, Google Drive, Microsoft OneDrive) if there is not already an established filesharing system.
  - Ensure that all documents are well titled so that staff can quickly search through the resources using key words.
  - Organize files in a way that is intuitive and frequently used files are easily accessible.



## School Mental Health Team Alignment Tool

- Examine overlap in team membership, purpose, and responsibilities/goals.
- Integrate teams with shared purposes for efficiency.
- Test new ways to communicate (email, one-to-one handoff, log, meeting minutes) between or within teams.

**SCHOOL MENTAL HEALTH TEAM ALIGNMENT TOOL**

School or district mental health teams are encouraged to complete this template to map all teams that currently address factors related to student mental health and well-being as well as overall school culture and climate. Teams should appoint one member to lead the completion of this alignment tool by reaching out to one member of each identified team. Each person who completes a portion of the tool should be asked whether all teams are represented, as there may not be one person who would know about all pertinent teams to map.

Team Name	Membership		Tier			Purpose (include activities and intended outcomes)	Meeting Frequency (Days/Hours)	Overlap w/ other teams?
	Name	Position	1	2	3			
Example-School Climate Team	M. Smith	SP English	x			Collect, analyze and report on school climate surveys once a year	1x/week Mar-July	No
	C. Davis	School Psych				and develop and implement school wide initiatives to improve climate	May, 1 summer planning retreat, then as needed	
	T. Ferrell	AP						
	A. Berry	Parent						
	N. Sanchez	Student						
	Z. Horvath	District data rep						

This resource was developed to help school mental health teams align and reduce duplication.

It offers a template to list each team that has a purpose related to school mental health, examine overlap, and inform integration as needed.



## District Example

Baltimore City Public Schools (a large, urban district) wanted to promote the consistent, district-wide efficiency and effectiveness of Student Support Teams (SSTs). Their district mental health team selected 6 schools known for having highly effective SSTs and visited these teams in pairs to observe the team meetings and interview team members about their process. A districtwide guidance document was created from these visits and district-wide surveys were administered to understand what supports would be most beneficial for promoting the efficiency of SSTs.

This district selected six schools known for their effective student support teams and observed and interviewed team members and administered surveys to better understand what supports would be helpful to promote the efficiency of student support teams districtwide. A guidance document was developed based on lessons learned and shared with all schools in the district.

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.

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

Everyone knows what it's like to be a part of inefficient or ineffective meetings. Here are some best practices to stay action-oriented and use your time effectively to work smarter with the little time you have to meet.

### **Best practices for this indicator include:**

- 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.

## 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

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?

NCSMH, 2018

For some, setting a team meeting agenda or changing the way they set agendas can make a big difference. Here is one example with different components of a standard agenda.

Developing and using an agenda helps to make sure everyone stays on task and has a clear follow-up plan after the meeting.



## 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.

Here are some tips from the research literature on effective teaming in health care settings, where team members are busy throughout the day but represent all different roles and need to communicate quickly and effectively. Try out some of these in your district or schools to keep your team communication effective and efficient.

### 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.

Additional strategies to improve meeting structure and process include:

- *Keep meeting attendance for one month, track attendance barriers and address.*
- *Assign a SMH team leader.*
- *Get feedback using an anonymous survey link on how to improve meetings.*

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.

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

In school mental health systems, team members often take on responsibilities that are outside of their role based on staffing shortages or necessity, either voluntarily or at the request of supervisors. Having a process to delineate roles and responsibilities is important to promote efficiency throughout the system and to build trust and confidence among team members.

However you decide to delineate roles and responsibilities, make sure this is a **participatory** process with all team members' input encouraged and valued. The purpose is to improve collaboration and efficiency among teams.

**Best practices for this indicator include:**

- Clarify roles and responsibilities for both school-employed and community-partnered school mental health staff and health staff to ensure smooth collaboration and make sure rules 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 overlapping responsibilities and/or roles, have a clear plan for who will address each type of issue first and how tasks will be assigned.
- Ensure that identification of disproportionalities and/or disparities, and advocacy for youth and families from historically marginalized communities is included in the responsibilities of staff.

## 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.

## Reflection:

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

Some examples of action steps include:

- 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 role 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.

Multi-Disciplinary School Mental Health Team Roles and Functions										SY
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.	Parent O/P/P/ S/P	Other
Meeting Chair										
Facilitate meeting										
Lead										
Development of IBA/IEP										
Provide counseling, individual & group										
Monitors student performance										
Conducts behavior, health and attendance										
Intermediation with staff, parents, & community										
Complete Emergency Response										
Require clinical (document) and necessary student to hospital										
Develop Positive Behavior										

NCSMH, 2018

This tool can help teams document what is currently happening as well as what would be ideal with respect to team members' roles and functions.

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.

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

Having an effective, transparent referral process for school-based mental health services is necessary to make sure students and their families are connected with the appropriate providers, services and supports in a timely manner and do not fall through the cracks.

### **Best practices for this indicator include:**

- Use an up-to-date school mental health team resource map or guide, which includes name of team member, description of their role/responsibilities/services, school location including days and hours, eligibility requirements or students they work with, and 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 and mental health institutions throughout referral process.
- Refer to school-based mental health services that are trauma-informed, healing-centered, culturally responsive.

- 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.

You can also include referral feedback as an agenda item during mental health team meetings. This process reserves time to check in on services and school-based provider utilization, referral rates, referral processes, and outcomes of referrals.

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

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

Effective referral processes must be in place for the school to connect students and families to community-based mental health services provided outside the school building.

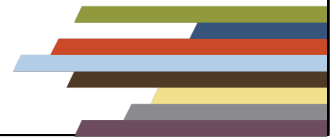
### **Best practices for this indicator include:**

- Use an up-to-date community resource map, which includes name of program or organization, description of service, website, address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, and 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 complete any releases of information.
  - Direct contact with community provider to confirm referral, service availability, and facilitate 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 to facilitate ongoing coordination and information sharing.

## **Reflection:**

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



## **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.

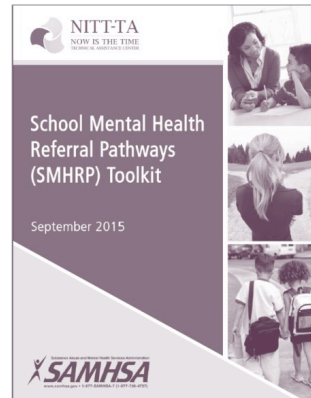
Here are some tips to develop effective referral processes. You can develop a frequently asked questions (FAQ) document about behavioral health services. You can also develop a “Plan of Action” for times when a community referral is needed.

This process may include a brief checklist attached to a release of information. This helps to ensure that important details are shared with families when making a referral, such as behavioral or mood concerns, socialization or academic progress, a release of information, and anything else that supports the clinician who receives the referral.

When developing a list of providers and 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)

This resource, the School Mental Health Referral Pathways Toolkit (NITT-TA Center), is a 130-page guide that provides very comprehensive guidance about school mental health referral pathways and is an excellent reference with helpful tools, templates, examples, and flow charts. It was developed by the Now Is The Time Technical Assistance Center funded by SAMHSA.

In addition to the Toolkit, the National Center for School Mental Health has developed some practical resources to help schools with their referral processes. They include the following:

- Referral and Triage Flow Chart Examples – you might find it useful to write out how referrals and triage will work in your school or district to develop and clarify the process among everyone on the team. There is a “direct access” model in which referrals go right to the source and “team process” model in which referrals go to a central team for triaging.
- When to Refer a Student – example handout to be distributed school- or district-wide to anyone who might refer a student.
- Referral Form Example – this is just one example that the school or community partner might want to reference.
- Release of Information Forms – these are templates that the school or community partner might want to reference.



- Referral Feedback Template – this form can be completed and returned to the referral source after a referral has started being triaged and processed to let them know the outcome of the referral. This referral follow-up assures the referral source that their time to make the referral is valued and their concern is being addressed.

## 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.

**Consider:** 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?

It is imperative that school and district mental health teams use actionable, meaningful data to match the appropriate services and supports to individual students. Mental health screening or another systematic identification process can be used to match the appropriate type of level of support to each student. Three basic best practices are listed and highlight the point that data cannot just be collected, but needs to be used to inform student mental health-related decisions.

#### **Best practices for this indicator include:**

- 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 tools.

Here are tips for this indicator:

- Maintain communication and active involvement from students and their families when making intervention decisions, even when using standardized processes. This helps the student and their family have a voice in the process.
- **Approach conversations around mental health with cultural humility.** When recommending a transition to a higher tier of intervention, have a conversation with the student and their family about their experiences with activities and discussions surrounding emotions and behavior. Ask questions such as:
  - *“How does your family talk about things that make them happy? How about things that frustrate them or make them sad? How do they express themselves when they feel these emotions?”*
  - *“How does your family feel about conversations on emotions?”*
  - *“Have you ever participated in activities where you practiced social skills or talked about your emotions and behaviors with other people? What would that be like for you? What would your family think?”*
  - *“Have you ever tried to change something about the way you act? When you’re trying to change something about your behavior, what has worked for you in the past?”*

## 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](http://www.theshapesystem.com/register) to open your free school or district account with this Library

Focus Area	Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Assessment Purpose	Pain Child PTSD Symptom Scale (CPSS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Trauma	Student (9-18) Clinician (9-18)
Screening/Initial Evaluation	Generalized Anxiety Disorder-7 (GAD-7)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Trauma	Student (11-19+)
Screening/Initial Evaluation	Patient Health Questionnaire-9 (PHQ-9)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Depression/Mood	Student (11-19+)
Reporter	Revised Child Anxiety and Depression Scale (RCADS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Depression/Mood	Student (grades 3-12) Caregiver (grades 3-12)
Cost	Traumatic Events	Screening/Initial Evaluation	Trauma	Student (11-19)

(NCSMH, 2018)

One of the first barriers to teams using data is knowing what assessment measures are appropriate and available to them. This is a searchable library of free or low-cost screening and assessment measures related to school mental health that you can access by opening an account within the National Center for School Mental Health's School Health Assessment and Performance Evaluation System ([www.theshapesystem.com](http://www.theshapesystem.com)). As part of SHAPE there is a screening and assessment library that includes academic, school climate, and social-emotional-behavioral measures.

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.

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

Promoting data sharing is foundational for effective teaming and collaboration and is especially important when there are partners from school and the community working together.

### Best practices for this indicator include:

- 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 (with respect to where data is maintained and who can access it).



## 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.

### **Some helpful tips to promote data sharing include:**

- To ensure valid, complete, and reliable data, implement protocols on survey software such as forced responses to items and limiting the types of responses accepted for questions (*e.g., providing a calendar for dates to be selected rather than entered*). Qualitative responses should be avoided except when requesting feedback.
- Collaborate with team members to establish exactly what data are helpful to whom. To respect confidentiality, only request, collect, and share data that may help support the goals of the team with team members who need the information to promote the team's work.
- Survey software should require unique and secure log-in credentials to increase confidentiality.
- Access to raw data should be limited to those cleaning the dataset. Data should be de-identified prior to distribution even among the team.

### **Strategies to promote data sharing that schools or districts can try:**

- Work with your IT team to select and get familiar with survey software that will work for your team.
- Arrange brief trainings for staff who will use the software to build surveys or will collaborate on data collection projects.

## 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.



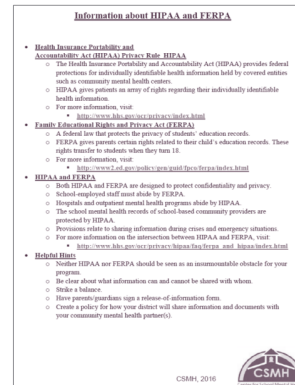
(Voight, n.d.)

This Issue Brief on *Using Data to Improve Student Mental Health* from the NITT-TA Center can be found in your participant guide. It includes some general action steps for your team, such as:

- 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

## 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)

If you have specific questions about HIPAA/FERPA and how they relate to data sharing in school mental health teaming, check out this handout developed by the NCSMH that is in your participant guide.



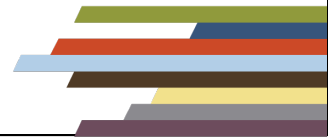


## Discussion

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.



We will now consider how this module and quality indicators fit with your understanding and implementation of school mental health teaming.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.

## Resources

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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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- National Center for School Mental Health. (2018). *Referral form example*. <http://bit.ly/2Hj9F23>
- National Center for School Mental Health. (2018). *Release of information forms*. <http://bit.ly/2HnYTY6>
- National Center for School Mental Health. (2018). *School mental health team alignment tool*. <http://bit.ly/2EDZwK6>
- National Center for School Mental Health. (2018). *School wish list for community partner*. <http://bit.ly/2TkPLL7>
- National Center for School Mental Health. (2018). *Team meeting agenda template*. <https://theshapesystem.com/>
- National Center for School Mental Health. (2018). *When to refer a student*. <http://bit.ly/2EHZMYP>
- National Center for School Mental Health. (2023). *School Mental Health Quality Guide: Teaming*. <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Teaming.pdf>
- Now Is The Time Technical Assistance Center. (2015). *School mental health referral pathways (SMHRP) toolkit*. Washington, DC: Substance Abuse and Mental Health Services Administration. <http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf>
- The JED Foundation. (n.d.). *Mental health resource center*. <https://jedfoundation.org/mental-health-resource-center/>
- Voight, A. (2018). *Using data to improve student mental health*. Now Is The Time Technical Assistance Center. <http://bit.ly/2HhgdhC>

## References

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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>

Now Is The Time Technical Assistance Center. (2015). *School mental health referral pathways (SMHRP) toolkit*. <http://files.ctctcdn.com/bde05f96001/84fa3636-08af-43fc-aeaf-a016f2aa68a6.pdf>





**MHTTC**

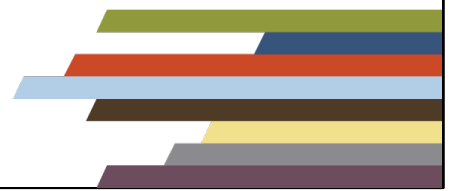
Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



## 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





# School Mental Health-Quality Assessment Definitions

- **Anti-Racist** involves opposing racism and promoting racial equity through policies and practices.<sup>1</sup>
- **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.<sup>2</sup>
- **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.<sup>3</sup>
- **Cultural responsiveness** within schools involves acknowledging, embracing, and incorporating the cultural differences and assets of each person's culture in all aspects of schooling.<sup>4</sup>
- **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.<sup>5</sup>
- **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.<sup>6</sup>
- **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

<b>District Support Total (Questions 12-15): ____</b> <b>District Support Average (Total/4): ____</b>
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# Teaming

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## To what extent did your school 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.
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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
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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
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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
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- 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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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**

<b>Action Step</b>	<b>Who is responsible?</b>	<b>By When?</b>





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](http://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)*

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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.

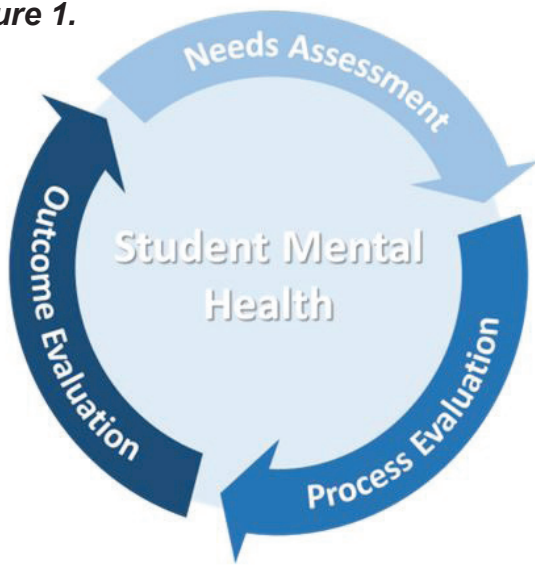
In order to avoid drawing spurious conclusions, your unit of analysis must match your unit of observation. When we want to know something about an individual student, we can simply look at that student's data. For example, if we want to examine change in a student's problem behavior over time, we could 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.

### **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.

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 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.



### The Now Is The Time Technical Assistance (NITT-TA) Center

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The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

## **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](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

## Training Goals and Objectives

Help participants understand the importance of and best practices for school mental health needs assessment and resource mapping.

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

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

# Design and Time – Module 3

Section	Description	Components	Time
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>Title and disclaimer</li> <li>Agenda</li> </ul>	5 minutes
Definition and value of needs assessment and resource mapping	Review what needs assessment and resource mapping is, why they are important activities, and how they fit together	<ul style="list-style-type: none"> <li>Definition and value of needs assessment</li> <li>Definition and value of resource mapping</li> <li>How they fit together</li> </ul>	10 minutes
Needs assessment and resource mapping quality indicators and best practices	<p>Review each quality indicator and associated best practices</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Reflection on indicators as they relate to participant experiences in their district/schools</p>	<ul style="list-style-type: none"> <li>Assess student mental health needs</li> <li>Assess student mental health strengths</li> <li>Use needs assessment results to select, plan, and implement services and supports</li> <li>Conduct resource mapping to identify existing services and supports</li> <li>Use resource map to select, plan, and implement services and supports</li> <li>Align existing services and supports</li> </ul>	30 minutes
Strategic planning	District strategic planning for needs assessment and resource mapping	<ul style="list-style-type: none"> <li>State specific goal for needs assessment and resource mapping domain</li> <li>Three action steps to advance goal</li> </ul>	15 minutes



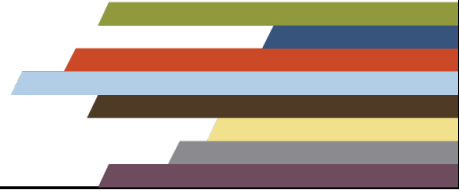
**MHTTC**

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



## **Module 3: Needs Assessment and Resource Mapping**

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



1

Welcome to Module 3 of National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools – Needs Assessment and Resource Mapping.

Module content was developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center (MHTTC) Network.



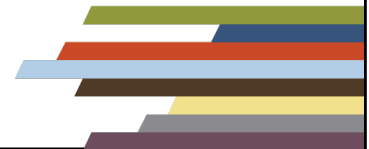


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## Disclaimer



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**Disclaimer**



## Agenda

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

In this module, we will consider the definitions of needs assessments and resource mapping, how they interconnect, and how they are both important for advancing a comprehensive school mental health system. Quality indicators and best practices for this domain will be reviewed.

We will provide time for your district to engage in strategic planning to develop one quality improvement goal related to your teaming practices and brainstorm some action steps to get started.

# What Is a Needs Assessment?

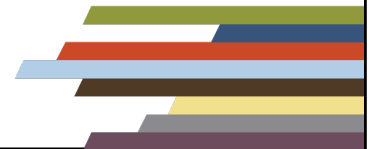


A collaborative process used by a system to identify:

- gaps between current and desired conditions

in an effort to:

- system strengths
- clarify priorities
- inform quality improvement
- advance action planning



A needs assessment is defined as a collaborative process used by a system such as a school, district, or agency to identify strengths and gaps, clarify priorities, inform quality improvement, and advance action planning.

A needs assessment should be a collaborative process that integrates available data and the perspectives of a wide range of individuals who are part of or impacted by the system.

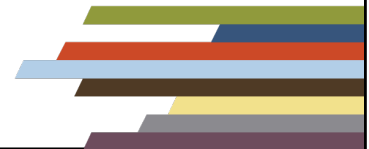
Key words to keep in mind are **collaborative**, **gaps identification**, and **strengths identification**.

# Why Conduct a School Mental Health Needs Assessment?

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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.



School mental health is intended to be personalized or targeted to meet the unique needs of a school or district. What is important to and what works in a given community may not work in another community. A needs assessment can help a team design the best services and supports that are fitted to the needs at hand. It can help inform a team how well existing services and supports are actually meeting student mental health needs.

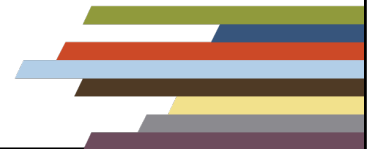
A mental health needs assessment can help a school identify the most pressing mental health concerns. The programs for a school with anxiety and academic stress as their biggest concerns would likely benefit from different services and supports than a school where depression and trauma were the greatest concerns.

Understanding strengths can help a team figure out how to use their strengths to help address gaps and inform potential action planning and effective resource allocation.

# 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.



We are now going to discuss resource mapping. Resource mapping is defined as an active process to **identify, visually represent, and share information** about internal and external supports and services to inform effective utilization of assets. In school mental health, resources in schools and the surrounding community can be mapped across a multitiered system of support to better address the needs of the whole child.

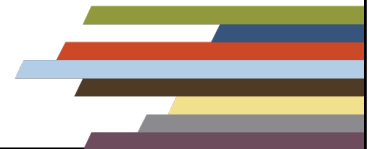
A resource map may also be referred to as an **asset map or environmental scan**. A resource map may literally be a map that shows the location and type of services available, but can also be a directory or guide that lists the services and resources that are available.

Resource mapping is not a one-time activity, but an **ongoing active process** for identifying and understanding internal and external assets and the who, when, where, why, and how to refer individuals and families for these services. Having a list of services that is updated, includes information related to eligibility, and has specific details about the services provided increases the likelihood of successful follow-through related to a better fit.

Schools are increasingly called upon to collaborate across multiple agencies (e.g., health, juvenile services, social services, behavioral health) and programs. A clear understanding of what services are being provided by each agency/program helps to reduce duplication and poor utilization of services. Having a systematic process that helps individuals to better understand more details about the type of service that is offered and how and when it can be accessed can help to improve student follow-through with services and coordination of care.

## Value of Resource Maps

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



It is common for schools and school districts not to have strategically mapped or have a clear listing of the array of school-based and community supports available for their students and families.

This can happen for several reasons:

- With everyone being so busy, school staff may not have taken the time to share the resources that they are aware of with one another.
- Many times the decision to use a given resource was made related to a particular funding stream or mandate, or as a reaction to a particular incident rather than as part of a systematic mapping process.
- Awareness of a given program may be limited to a school or a small subset of individuals within a school – even when services may be available to the larger community.
- There may not be a system in place to update the resource map with new information when things change.

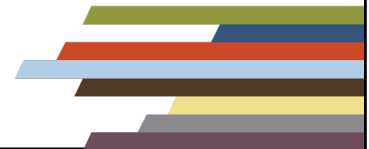
Many youth, family, and school-based staff are not aware of the services and supports that are available within the school and the surrounding communities. Even when they have some awareness, they may not know how to actually connect students to the resources. Resource maps can be an important tool to help identify valuable resources and how to access them. These maps can also reduce duplication and inappropriate use of services.

Resource mapping can help to better connect schools and community partners and can enhance communication and collaboration between them to better meet student needs.

# 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.



## How do needs assessment and resource mapping fit together?

Needs assessment can help identify pressing needs and challenges in the current system of care, and a resource map can offer a clear representation in a list or map of resources in the school or community that can be used to address the needs that have been identified. If you are conducting a strengths assessment or have strengths assessment results as part of your needs assessment process, the resource mapping component is also helpful to identify how to build upon those strengths of student groups or your overall school mental health system.

The resource map or guide that results from a mapping process is often based on the needs assessment and other information about strengths and needs in your school and community.



## 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.

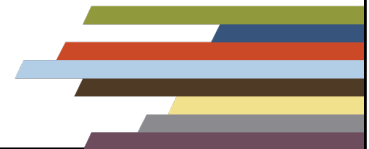
Within this module, we will be discussing both needs assessments and resource mapping. Here is a list of the quality indicators for this domain. We will begin by considering the indicators related to needs assessment and then review resource mapping and associated indicators.

For each of these indicators we will discuss best practices, resources, and helpful tips.



## 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



**Here are some helpful tips for needs assessment topics you might consider.**

When identifying or developing a needs assessment, there are a range of topics that can be included. Having a mental health team that can help identify the topics of greatest interest to assess will increase the likelihood that the information gathered is relevant and can inform the improvement of school mental health services and supports.

**Examples of questions that could be included in a needs assessment are:**

- What are the two greatest stressors faced by students?
- If you needed counseling related to stress or other concerns, where would you go for help?
- Would you recommend the available mental health services to another student?
- If you have used the mental health services in the school before, on a scale of 1 to 10, with 10 being the most satisfied, how satisfied were you with the services?
- What are some of the community's strengths?
- What actions would you recommend to improve current services and supports?

In the context of a child's developmental level and culture, consider basic needs (e.g., food, housing), emotional/behavioral needs, medical needs, social support, financial needs, child strengths, and family strengths, demands, values, and functioning.

## 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.

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

#### Best practices for this indicator includes:

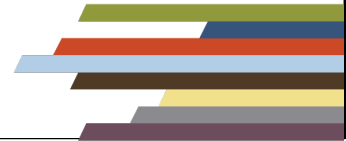
- Convene a diverse team to develop and conduct a needs assessment. Team should include representation from several groups (e.g., Caregivers, students, community health providers, school mental health providers, school administrators, school staff, community leaders) and reflect diverse demographic characteristics (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 the use of all disaggregated data.
- Disaggregate data to identify inequities and disparities for Black, Indigenous, People of Color (BIPOC) and other marginalized students.



## 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



Being able to assess strengths is an important part of assessment. An awareness of strengths helps to inform potential services and supports that would be of most benefit.

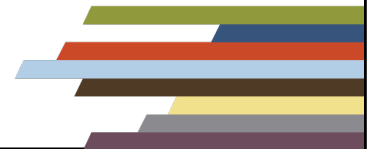
Example strengths assessment topics include student connectedness to school, staff, and peers, healthy relationships, and student, staff, and family well-being.

## 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.



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

#### **Best practices for this indicator include:**

- 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.

## 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.

**Consider:** 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?**

For a needs assessment to be helpful, the information gathered must be used to inform services and supports.

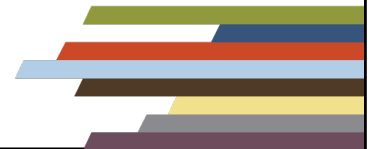
### **Best practices for this indicator include:**

- Develop a comprehensive needs assessment report that is easy to understand and readily 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 the 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?



### Reflection:

Take a moment now to consider what a needs assessment in your school or district would look like.

Individually write down your own responses to the questions and then share as a team what you came up with.

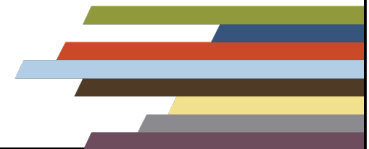


## Quality Indicator

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.



**Consider** - 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 for this indicator include:

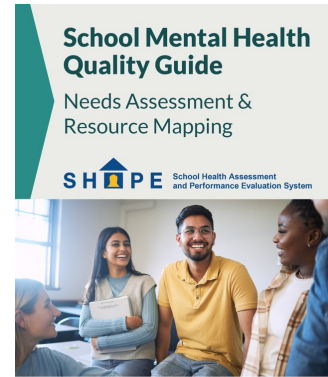
- Use multiple sources to identify community-trusted resources available to students, families and communities that promote mental health (e.g., SAMHSA’s Behavioral Health Treatment Services locator, recreational activities) across a multi-tiered system of supports. Consider resources that mitigate racism 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.

# 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



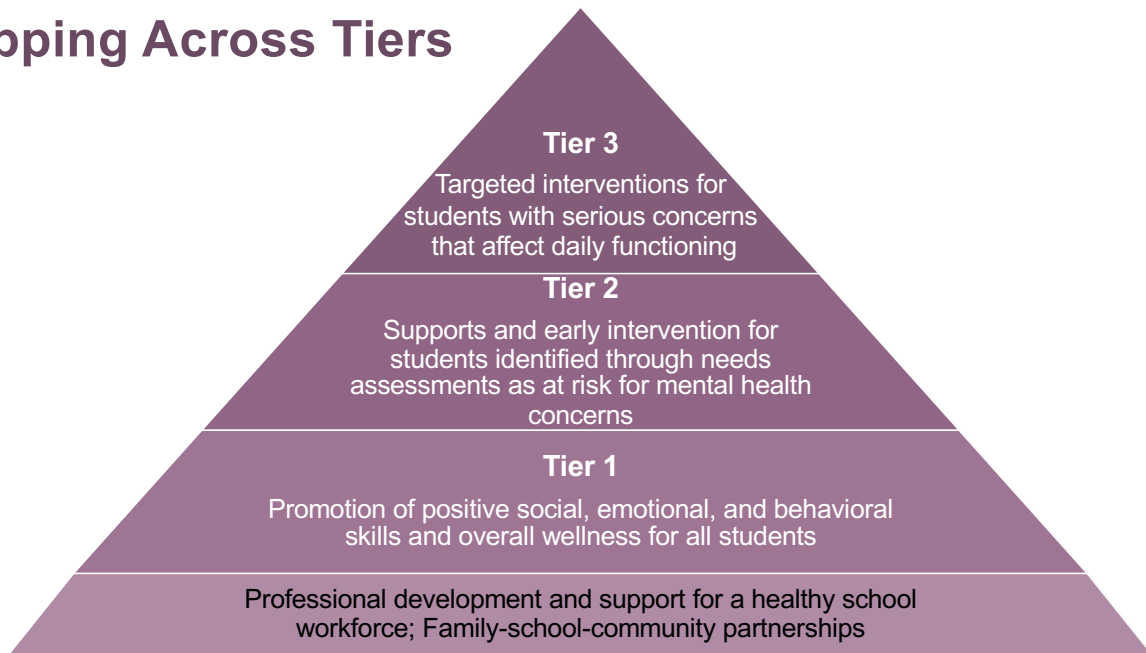
UNIVERSITY OF MARYLAND  
SYSTEM OF MARYLAND



NCSMH, 2023

This resource, *School Mental Health Needs Assessment and Resource Mapping Quality Guide*, was developed by the National Center for School Mental Health and covers best practices and practical tips from the field in conducting needs assessments and resource mapping. It also includes a number of customizable needs assessment and resource mapping resources, some of which are also featured as resources through out this module and included in your participant guide.

## Mapping Across Tiers



National School Mental Health Implementation  
Guidance Modules

19

Many schools rely on a multitiered framework of support to address the interconnected academic and behavioral health needs of students. An essential component of this three-tiered framework is being proactive by providing students with necessary foundational knowledge and skills that can promote well-being and student success.

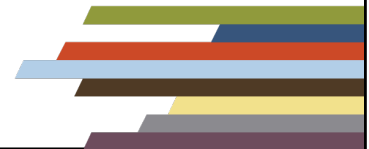
This same framework can be used to address behavioral health and other basic human needs. As part of the resource mapping process, resources can be categorized across a three-tiered system of support such that specific resources are aligned to a given tier and an effort is made to make sure that there are resources to address needs within each of the 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?



## Reflection:

What services and resources will be mapped?

While it can be helpful to have a resource directory that includes a broad array of resources and programs, it is also important to be realistic about whether your team has the capacity to find out about and maintain a directory that extends beyond the school building.

### Use these reflection questions to help guide the process.

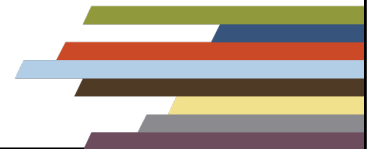
- What kind of services and resources do you want to map?
- Do you just want to know what is available in the school building, or do you want to know what else is available within the community?
- What are your inclusion criteria for the mapping?
- If you are including community resources that are available outside of the school building, how broadly are you reaching out (e.g., neighborhood, community, district, state, national)?
- Are you limiting the inclusion of programs/services to a given distance (e.g., within 5 miles, 10 miles)?
- Are you interested in mapping resources across the full three-tiered framework or just the top tier?
- 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.



This is one example of a school that used resource mapping to assess behavioral health capacity and resources.

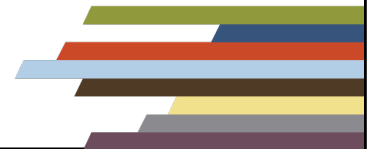
In one Midwestern high school, resource mapping was used to assess behavioral health capacity and resources within and outside of the school. Resource mapping helped the school team to realize the supports they had and did not have in place by tier, gave them ideas about how to prioritize needed resources moving forward, and helped them to understand currently underutilized services and resources.

## 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.



**Consider:** 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 for this indicator include:**

- Pair needs and strengths/assets assessment data with resource map to consider how needs can be met and strengths used to inform 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 or acknowledged 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.

## 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	<a href="mailto:johndoe@gmail.com">johndoe@gmail.com</a>	ALL	Provide student and staff support for restorative processes
Jane Doe, LCSW-C BCPS School Social Worker	Fri 8:30 - 3:30	<a href="mailto:janedoe@bcps.k12.md.us">janedoe@bcps.k12.md.us</a>	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 BCPS School Psychologist	Fri 8:30 - 3:30	<a href="mailto:jappleseed@bcps.k12.md.us">jappleseed@bcps.k12.md.us</a>	General education students with consent from guardian (Can meet with any student 1-2 sessions before guardian consent)	Conduct psychological and academic assessments for IEP, individualized instruction and academic interventions, support student academic achievement *Services provided for 6-8 weeks
Mr. Smith, M.A. UM School Mental Health Clinician	Tues 8:00 - 4:00 Wed 8:00 - 2:00 Fri 8:00 - 4:00	<a href="mailto:mrsmith@com.umaryland.edu">mrsmith@com.umaryland.edu</a> (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. UM School Mental Health Extern	Tues 8:00 - 1:30 Thurs 8:00 - 4:00	<a href="mailto:mrsmith@uball.edu">mrsmith@uball.edu</a>		

\*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)

National School Mental Health Implementation  
Guidance Modules

23

(New Song Learning Center, 2017)

This resource, *Roles of School Based Mental Health Professionals*, was developed by the National Center for School Mental Health to help schools begin to develop a resource map that highlights the availability, contact information, students served and the unique roles of school-based providers.

This is an example resource map developed in a PreK through 8th grade school in an urban district in the Mid-Atlantic. The mental health team members worked collaboratively, often via phone and email, because their service provision for the school did not overlap on all school days. They developed this map as a service to students, their families, and the school community to clarify their roles, who they serve, and how and when to contact them. These conversations also helped the team clarify their roles internally and acknowledge the similarities and unique contributions of their work in the school. This map was disseminated widely throughout the school community and presented at a teacher in-service meeting.

# District Example



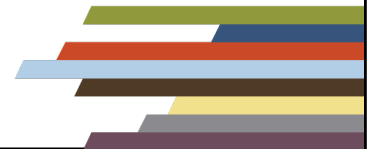
One small school district (8 schools, 6,000 students) in upstate New York developed a resource map template and obtained feedback from district and school stakeholders before completing it.

## 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.



This is one example from a small school district in upstate New York using resource mapping. The mapping team worked with district and school stakeholders to identify what they wanted to map and then conducted a mapping process of school-based and community resources across an array of categories including mental health, emergency mental health services, parent resources, addressing developmental disabilities, and services available in surrounding communities.

The mapping team developed a process for completing the mapping and a plan for updating it annually. The map was shared as part of trainings and helped to increase awareness of school-based services and how to refer students, and served as a helpful reference during team meetings when a student needed to be referred for services.

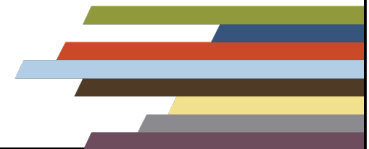


## Quality Indicator

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.



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

It is important to ensure alignment and to avoid duplication of mental health supports and services. With the many mental health needs within a school or district, it is essential to use staff and services efficiently.

#### **Best practices for this indicator include:**

- Use your diverse team (school staff, community partners, parents 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 supports and services that are redundant.
- Develop a team-based process for ensuring complementarity of 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)

### Here are some helpful tips to align initiatives by working smarter:

- Use your diverse stakeholder team (school staff, community partners, parents and students) to identify and gather information about 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 or misalignment.
- Make decisions about how to align existing services and supports to avoid duplication.
- Develop a team-based process for ensuring complementarity of new initiatives.

## 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. _____					

This resource, *Working Smarter: Initiative Alignment Map*, was 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. The resource provides a simple template your team can use to create an inventory of initiatives to help inform decisions about reducing any duplication or overlap, selecting new initiatives to address unmet needs and plan for monitoring the implementation and outcome success of your existing initiatives. Note that evidence of success could refer to fidelity, effectiveness, and/or student/parent satisfaction, for example.

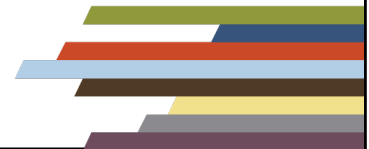


## Discussion

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.



We will now consider how this module and quality indicators fit with your understanding and implementation of mental health needs assessment and resource mapping.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.

## Resources

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Fairport Central School District. (2016). *Fair start: Social and emotional district and community resource map*.

<https://dm0gz550769cd.cloudfront.net/shape/3b/3b107917642bf99e885f65cd8feac3d6.pdf>

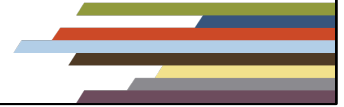
National Center for School Mental Health. (2018). *Resource map of school-based providers*. <https://theshapesystem.com/resource-materials/3745/Resource+Mapping+Resource+Guide.pdf?1437404418>

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National Center for School Mental Health. (2023). *School Mental Health Quality Guide: Needs assessment and resource mapping*.

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## Resources

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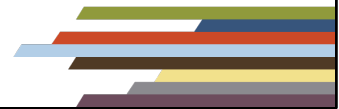
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<http://theshapesystem.com/>

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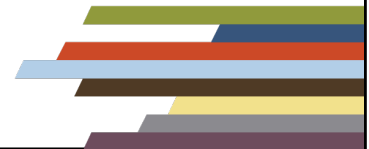
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**MHTTC**

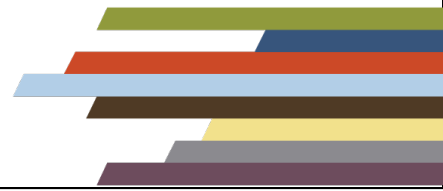
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Funded by Substance Abuse and Mental Health Services Administration



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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



# 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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
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**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

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

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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	<a href="mailto:johndoe@gmail.com">johndoe@gmail.com</a>	ALL	Provide student and staff support for restorative processes
Jane Doe, LCSW-C <i>BCPS School Social Worker</i>	Fri 8:30 - 3:30	<a href="mailto:janedoe@bcps.k12.md.us">janedoe@bcps.k12.md.us</a>	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	<a href="mailto:jappleseed@bcps.k12.md.us">jappleseed@bcps.k12.md.us</a>		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	<a href="mailto:mrsmith@som.umaryland.edu">mrsmith@som.umaryland.edu</a> (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	<a href="mailto:mrsmith@ubalt.edu">mrsmith@ubalt.edu</a>		

*\*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:

# Mental Health Screening

## Training Goals and Objectives

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 two action steps to implement mental health screening in schools.
3. Describe best practices for mental health screening.

# Design and Time – Module 4

Section			
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>• Title and disclaimer</li> <li>• Agenda</li> </ul>	5 minutes
Value and functions of school mental health screening	<p>Define school mental health screening and review why it is important</p> <p>Reflection on school mental health screening efforts in participants' district(s)</p>	<ul style="list-style-type: none"> <li>• Definition and value of school mental health screening</li> <li>• Reflection</li> </ul>	10 minutes
School mental health screening quality indicators and best practices	<p>Review each quality indicator and associated best practices</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Discuss action steps and address common barriers</p> <p>Reflection on indicators as they relate to participant experiences in their district/schools</p>	<ul style="list-style-type: none"> <li>• Use of best practices for mental health screening planning and implementation</li> <li>• Indicate the number of students:               <ul style="list-style-type: none"> <li>○ Enrolled in school</li> <li>○ Formally screened in the absence of known risk factors</li> <li>○ Identified as being at-risk or already experiencing a mental health problem</li> <li>○ Referred to a mental health service following identification</li> </ul> </li> <li>• Of students screened, how many screened for [specific mental health areas]</li> </ul>	30 minutes
Strategic planning	District strategic planning for school mental health screening	<ul style="list-style-type: none"> <li>• State specific goal for screening domain</li> <li>• Three action steps to advance goal</li> </ul>	15 minutes



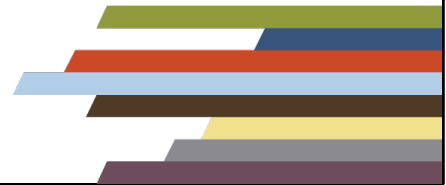
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## **Module 4: Screening**

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



1

Welcome to Module 4 of National School Mental Health Best Practices:  
Implementation Guidance Modules for States, Districts, and Schools – Screening.

Module content was developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center (MHTTC) Network.



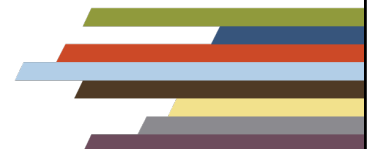
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**NCSMH**  
NATIONAL CENTER FOR  
SCHOOL MENTAL HEALTH

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.



## Disclaimer



**MHTTC**

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### **Recommended Citation**

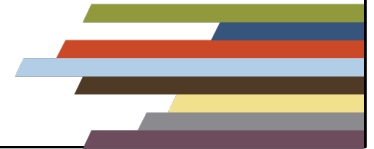
National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Trainer manual, National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools*. Palo Alto, CA: MHTTC Network Coordinating Office.

## Disclaimer



## Agenda

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



In this module we will discuss what mental health screening in schools is, its purpose, and its importance.

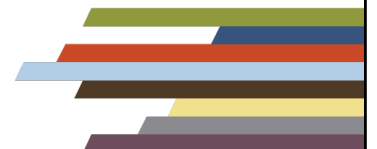
We will then discuss the action steps of screening and will review common barriers to school mental health screening and strategies to address those barriers.

We will also discuss surveillance as an option for understanding student mental health needs.

We will then share a district example and will provide time for your district to engage in strategic planning to develop one quality improvement goal related to your teaming practices and brainstorm some action steps to get started.

## 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.**



School mental health screening is defined as the use of a systematic tool or process to identify the strengths and needs of students.

The screening is conducted for all students versus just students identified as being at risk for or already displaying mental health concerns.

This might involve screening an entire population, such as a school's student body, or with a smaller subset of a population, such as a specific grade level.

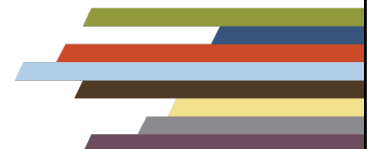
Most commonly, mental health screening has been conducted to identify individual students who are experiencing or are at risk of experiencing social, emotional, and/or behavioral difficulties.

The use of screening as an early identification strategy detects the onset of challenges early so that they can be addressed before they escalate.

Screening measures also ask students about indicators of well-being and positive mental health, such as life satisfaction and school belonging. Increasingly, measures also screen for social determinants of mental health, including adverse early life experiences, food and housing insecurity, and income inequality.

# 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.



There are many reasons to conduct mental health screening in schools:

## **Support a Multitiered System of Supports (MTSS).**

Screening can help promote comprehensive school mental health strategies across all tiers. As a result, appropriate supports can be provided to more than just those students who present with the highest level of risk. With a multi-tiered approach, students are more likely to learn core social-emotional-behavioral skills and may have their mental health needs addressed before they escalate to more intensive levels.

## **Identify students with high need.**

Some school teams might screen to identify students who are in the most immediate need of mental health supports. For example, students who endorse suicidal or homicidal ideation, engage in multiple risk-taking behaviors, receive a certain number of office discipline referrals, and/or experience poor academic progress.

As part of the screening process, screening teams must ensure that referrals to school and community mental health services are provided in a timely manner and that any student who may be a danger to self or others is further assessed immediately to ensure safety.

## **Identify concerns specific to certain grades, classrooms, or educators.**

Screening data can also shed light on strengths and concerns specific to certain subsets of a school's population, such as a single grade or age group. Understanding



these possible trends can be critical for providing equitable supports within a school. For example, a schoolwide screening effort may reveal that a few teachers identified 30% to 40% of the students in their classroom as having more intensive social-emotional-behavioral needs. Rather than take the time to individually follow-up with every student, it may be helpful to provide classroom supports directly to the group to assess if there are larger group dynamics and classroom management issues that can be addressed. Going into a classroom with high referral rates can help prioritize which students may benefit from more individualized services versus those who can have their needs addressed as part of a classroom intervention.

### **Inform promotion and prevention strategies.**

About 20% of students show signs and symptoms of a mental health disorder in a given year. Mental health screening is a proactive approach to gathering valuable information for planning and implementing prevention and early intervention strategies before problems develop or worsen.

When schools systematically ask students about indicators of well-being and social-emotional distress, they gather information that allows them to implement targeted prevention and early intervention strategies that can address the unique needs of a school or community. For example, if screening reveals high levels of student stress and anxiety, teaching coping skills to help reduce anxiety may be a helpful strategy to implement in classrooms.

Screening with follow-up support can also detect and address student mental health problems early before they escalate.

### **Assess indicators of positive well-being.**

Mounting evidence suggests that asking students about their well-being and social-emotional strengths, in addition to their psychological distress and functioning, has several benefits, including:

- Reducing stigma around asking youth about mental health within the school setting
- Enhancing students' sense of empowerment and self-esteem
- Providing valuable information about all students
- Adapting to varied perspectives on mental health from youth and families across cultural groups

Research suggests that students who experience average to high levels of well-being also experience better current and long-term outcomes, including academic success, compared to students who report low levels of well-being. These findings remain true regardless of level of psychological distress and impairment reported by students.

Thus, screening for complete mental health, including both strengths and symptoms, may be warranted.

### **Improve access to mental health services and supports.**

Only a fraction of children, adolescents, and families who experience mental health concerns access outpatient care in traditional, community mental health settings, and of those who access care, about 40–60% drop out of treatment early. These rates speak to the barriers that keep many families, especially ethnoracially minoritized families and those from low socioeconomic backgrounds, from accessing mental health care. Many of these barriers can be avoided by identifying and supporting students in school.

It is estimated that over 70% of all mental health services received by youth in the United States are provided within schools. Children and adolescents are much more likely to initiate and continue mental health care in school than in other community settings, including community mental health centers. Several barriers, including stigma, transportation, and financing, contribute to the high no-show rates for mental health services in the community. Identifying and addressing student mental health concerns at school improves access to mental healthcare for all students, including traditionally underserved youth.

The provision of mental health supports and services in school positively impacts student outcomes, including improved academic performance, fewer special education referrals, decreased need for restrictive placements, fewer disciplinary actions, increased student engagement and feelings of connectedness to school, and higher graduation rates.

**Support economically sound outcomes.**

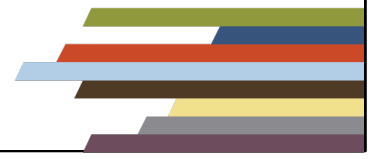
Early identification of social, emotional, and behavioral difficulties and early intervention services are less costly than long-term, intensive mental health care options such as emergency department care and inpatient hospitalization.

Universal school screening has been shown to connect students and families to cost-effective services such as individual and group outpatient mental health services and support groups.

**Reflection:**

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

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

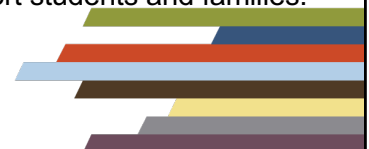


**Reflection:** What mental health screening efforts have been implemented in your district? If screening has not been implemented, why not?

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.



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

### Best practices for this indicator include:

- Include students and families in informing the screening, planning, and implementation process.
- Identify a culturally relevant (e.g., 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

## 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.**

**Quality indicators for mental health screening include:**

**Use best practices for mental health screening planning and implementation.**

*These include engaging students and families in the process; selecting a valid, reliable, and feasible tool; sharing information about screening in multiple formats; and having a defined process to assess results and follow up.*

We will spend more time on each of these practices.

**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
- Identified as a member of a marginalized group (e.g., BIPOC, LGBTQ+, immigrant)?
- 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]? We will provide more details for these areas.**

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

## Quality Indicator

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

**Consider:** how many students were screened for each specific screening area?

### Areas to be screened for include:

- Depression
- Suicidality
- Substance use
- Trauma
- Anxiety
- General mental health
- Well-being or protective factors
- Other Mental Health (e.g., ADHD, conduct, life satisfaction, academic engagement, sense of safety at school, social/emotional competencies)
- Social determinants of mental health and well-being (e.g., racism, discrimination, poverty, food insecurity, housing security)



## Start Small



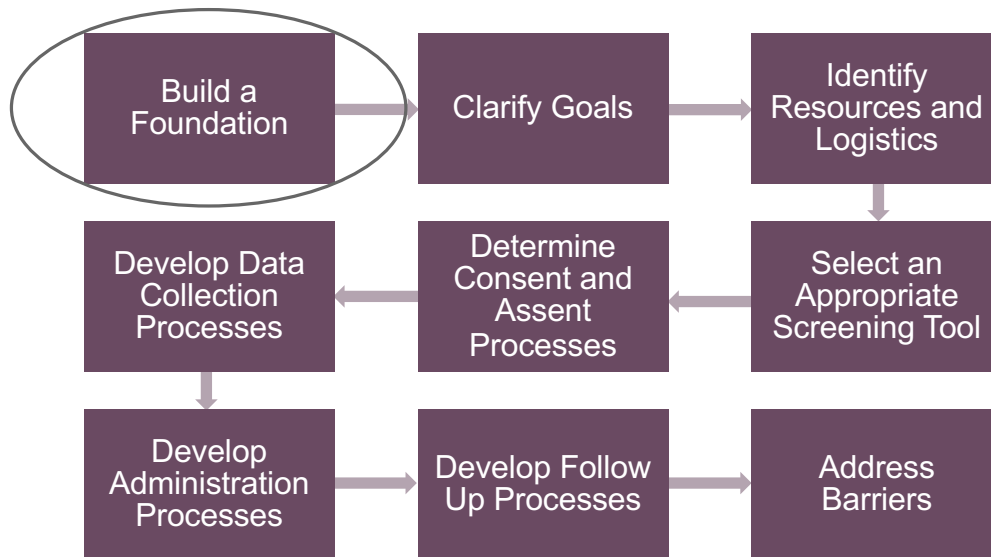
### **Here is a helpful hint to get started with screening: Start small.**

Starting in small increments may be helpful to districts and schools as they embark on the screening process, allowing them to make in-course corrections as needed.

*There is value to starting small and scaling up to your entire population in a gradual way that allows your team to build on success.*

For example, many school district leaders have pointed to the usefulness of trying out a screener with a few students and getting feedback or starting with a classroom or grade and then making corrections/adjustments to the process rather than starting the screening process with an entire school or district.

# Screening Action Steps



National School Mental Health Implementation  
Guidance Modules

12

There are several critical steps in the planning and implementation of mental health screening in schools.

We will walk through each of these steps, with examples and tips from the field.

We will start with building a foundation for school mental health screening.



## Build a Foundation

### Assemble a team:

- School administrators and staff
- Community
- Students
- Family



The first step of building a foundation involves assembling a team.

School mental health screening should be planned and implemented by a core screening team composed of leadership from the school community.

### ***School administrators and staff***

It is imperative that school staff with knowledge and training in mental health are identified for leadership positions on the school mental health screening team. Specifically, leadership roles should be held by school staff members who are competent in identifying mental health symptomatology, conducting assessment, and implementing intervention. In most cases, a school psychologist or school mental health clinician should undertake the leadership role or divide the role according to given grade levels.

The screening team needs to ensure all of the following processes are addressed with appropriate leadership and staffing to guide the process:

- Planning the screening process
- Administering screening measures, including administering and interpreting other languages, as needed
- Scoring surveys and identifying any students at imminent risk
- Coordinating follow-up supports, as needed

***Community, students, and family members***

Community members or staff from child-serving organizations, students, and families can be key leaders throughout the screening process. Including school-based community providers and other community leaders from mental health and business organizations broadens the knowledge, experience, and perspectives gained by the team.

School screening teams must consider how to communicate with students and family members in a culturally responsive way throughout the screening process, from garnering input to providing results and referrals for follow-up. Including students and family members in the process can help ensure cultural relevance for students and increased buy-in from parents and guardians.

Community members such as interpreters, clergy, and community program staff can also be important for consultation and referral to programs that may be more accessible and acceptable to students and families.

## 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.

Prior to deciding on the purposes for screening and measures to be used, it is recommended that the screening team gather input from several groups, including school leadership and staff, students and families, and community agency and organization staff. Input can be gained using several different strategies including:

**Focus groups:** Led by members of the screening team, focus groups can be held with key stakeholders and community members. Possible topics to address could include perceptions of:

- Benefits of screening
- Challenges and concerns related to screening
- Consent and privacy considerations
- Screening implementation, scoring, and referral

**Agenda item at staff and parent meetings:** Feedback can be elicited at regular staff meetings, Back-to-School Night, and PTA and other parent-sponsored activities.

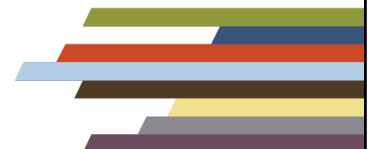
**Anonymous student and family feedback cards:** If age appropriate, homeroom teachers can pass out anonymous feedback cards for students to fill out during the first 10 minutes of homeroom on a designated day. Similarly, feedback cards can be made available in the front office and in other spaces that parents and guardians frequent. The screening team would then review the feedback, assess for common themes, and problem-solve to address suggestions and concerns.

# 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)



It is important to understand cultural values and unique considerations of different communities and subgroups of students when implementing school mental health screening and supports.

For example, some students and families might be experiencing complex stress related to poverty, immigration, and/or language barriers, and these must be taken into account in terms of screening content and process, and with respect to follow-up supports.

Families within and across cultural groups may hold different beliefs about mental health and how mental health concerns should be addressed. It can be difficult to nearly impossible for some subgroups of students to receive mental health care in a timely and appropriate manner, particularly those groups that have been historically marginalized and underserved.

Across cultural groups, research indicates that families are more supportive of screening and assessment processes that take a strengths-based approach.

# 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)*

As districts seek support for school mental health screening, it can be helpful to turn to the data.

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.*

# 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

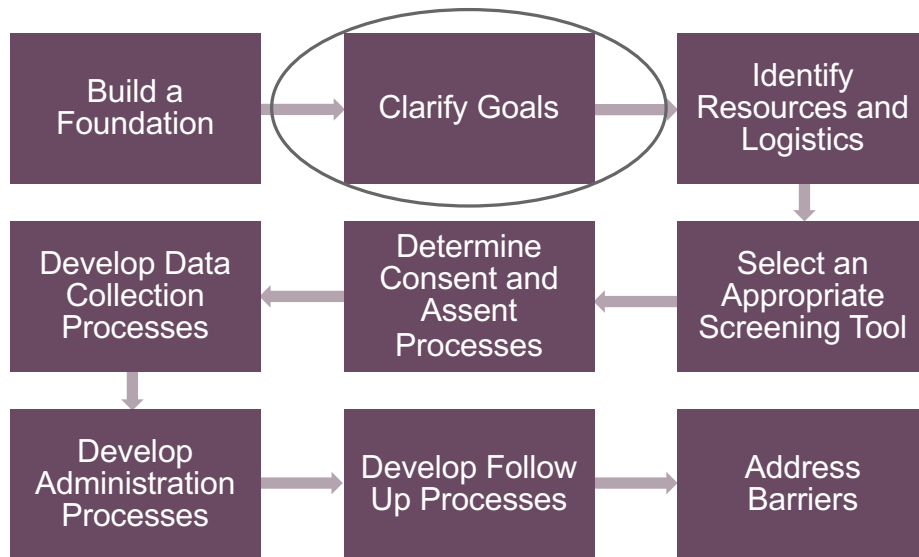
**Examples:**

- 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/>

Surveillance data from anonymous surveys or other publicly available health indicators can also be useful to building a foundation for mental health screening.

Example of health surveillance tools include the Youth Risk Behavior Survey and the Children's Health and Education Mapping Tool.

# Screening Action Steps



We will now review what is meant by and how to clarify goals of screening.

## Clarify Goals

- Identify the purpose of screening and desired outcomes.
- Examples:
  - Screen **all 6<sup>th</sup> grade students in one district for anxiety** to inform who may benefit from additional support during the transition to middle school.
  - Screen **all 9<sup>th</sup> 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.

It is imperative to clarify the goals of screening prior to selecting screening tools or communicating to those outside of the screening team about upcoming screening administration.

Some examples of screening goals are:

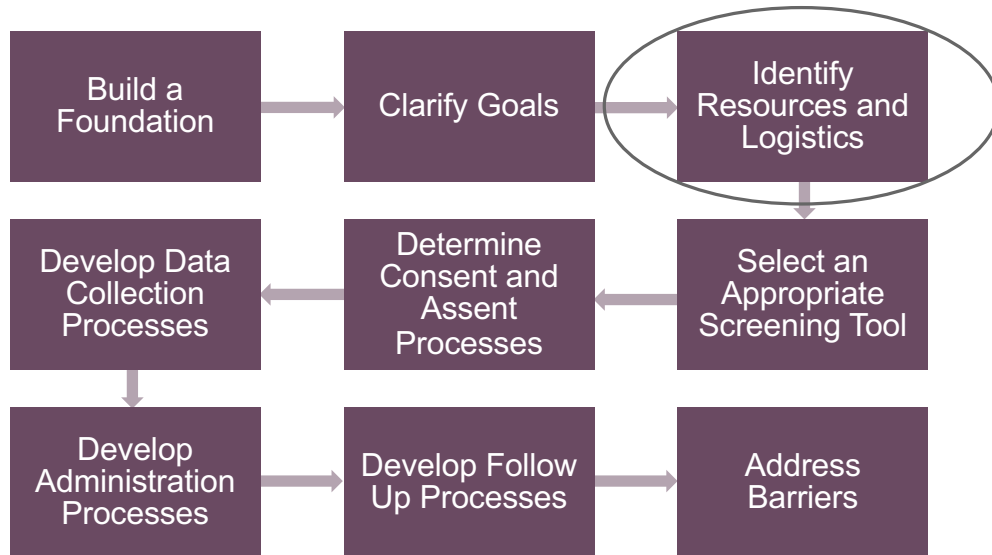
Screen **all 6<sup>th</sup> grade students in one district for anxiety** to inform who may benefit from additional support during the transition to middle school.

Screen **all 9<sup>th</sup> 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



Next, we review the identification of resources and logistics involved in school mental health screening.

# 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



It is advantageous for screening teams to collaborate with school staff and community providers to support screening at different stages of the process. For example, district leaders and school administrators can establish a plan for obtaining buy-in from students, families, staff, and community partners, and student instructional support personnel (school psychologists, school counselors, school social workers, and other school health professionals) can assist with obtaining buy-in from non-mental health staff; administer screeners; provide immediate follow-up; accept new referrals; and provide services.

Teachers and paraprofessionals can be critical to help with classroom administration of screeners.

When coordinating follow-up supports, it is important to ensure that recommended school-based and community-based programs have the capacity to welcome new referrals in a timely manner.

## Identify Resources and Logistics

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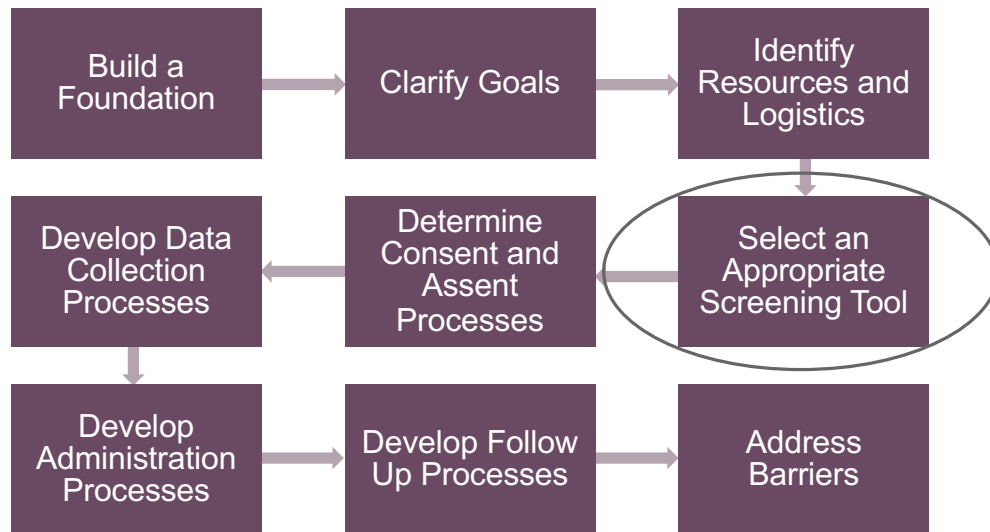
### Data Infrastructure

- 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 teams may find it helpful to integrate data from screening into existing data systems. Several online platforms for behavior management exist, as well as Student Information Systems (SISs) used to track academic and behavioral data.

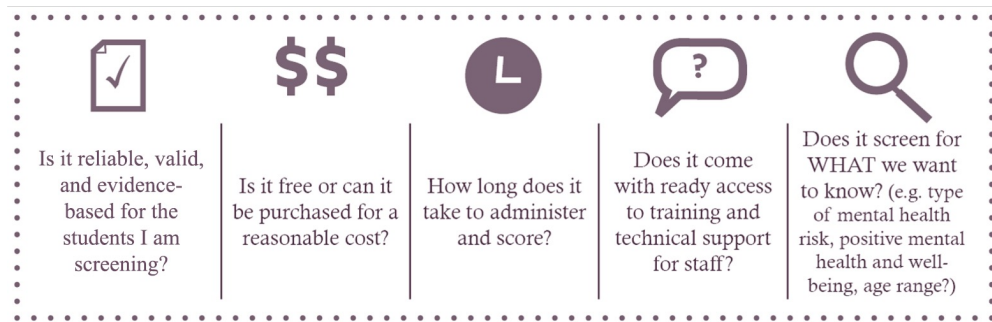
When considering using existing SISs, screening teams must consider if they have the proper consents that explain how the data would be stored, who would have access, and how it would be used to include it in the data system. Data can also be collected using an electronic survey administration.

# Screening Action Steps



The next step in the screening action steps is selecting an appropriate screening tool or tools.

## Select an Appropriate Screening Tool



When selecting screening tools, a team must consider whether they:

- (a) are compatible with the purposes of screening,
- (b) have theoretical and empirical support for the psychometric properties,
- (c) have been evaluated for use with students from the cultural and linguistic backgrounds present in my school
- (d) are usable within the context of the school and with the population(s), and
- (e) have demonstrated strong psychometric properties in other languages of interest.

Some questions to consider when selecting a screening tool are highlighted in this figure.

One tip to selecting an appropriate screening tool is to use validated, culturally responsive screening measures that reflect valued outcomes, are appropriate (*e.g., developmentally*) to student population, and are in the first language of students and families.

- It is also critical to use tools and methods of administration that are sensitive to students exposed to trauma. This includes creating a safe environment for screener administration and communicating about the purpose and process of screening in a transparent manner.
- The screening team should get feedback from youth, families, and other stakeholders to ensure that the screening tools are culturally responsive, easy to use, and that the items themselves make sense and are relevant for students across diverse identities and backgrounds.

# Select an Appropriate Screening Tool

Focus Area	Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Academic	Brief Problem Checklist (BPC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression Disruptive Behavior	Student (7-18) Caregiver (7-18)
School Climate	Pediatric Symptom Checklist (PSC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning Hypertactivity Inattention	Student (11-18) Caregiver (3-18)
Social/Emotional/Behavioral	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. Feins, S. Lamb, & T. Fenton

**Overview**  
The Pediatric Symptom Checklist (PSC) is a screening tool intended to identify a wide range of psychosocial symptoms. Full (31 items) and abbreviated (17 items) versions were developed for youth (Y-PSC) and caregiver (C-PSC) respondents. A version for caregivers is also available in Spanish (PPSC, parent option). Originally utilized in primary care, the PSC application has also been expanded to school and community health and behavioral health settings.

**Focus Area**  
Anxiety  
Depression/Mood  
Disruptive Behavior  
Global Functioning  
Hypertactivity  
Inattention

**Purpose**  
Screening/Initial Evaluation  
Progress Monitoring

**Reporter**  
Student  
Caregiver

**Versions**  
Y-PSC: Student, 17 items (for ages 11-18)  
Y-PSC: Student, 33 items (for ages 11-18)  
PSC: Caregiver, 33 items (for ages 3-18)  
PPSC: Caregiver, 33 items (for ages 3-18)  
PSC-17: Caregiver, 17 items (for ages 6-18)

**Subcales**  
Psychosocial impairment  
• Attentional impairment  
• Internalizing symptom impairment  
• Externalizing symptom impairment  
PSC-17 only

**Response Options**  
None  
Sometimes  
Often

**Languages**  
English  
Spanish  
Other

**Estimated Completion Time**  
Less than five minutes (17 items)  
Five minutes (33 items)  
Cost: Free

**Also see the measures:**  
PSC-32 (caregiver) PSC-17 (caregiver) Y-PSC-33 Y-PSC-17

**Scoring**

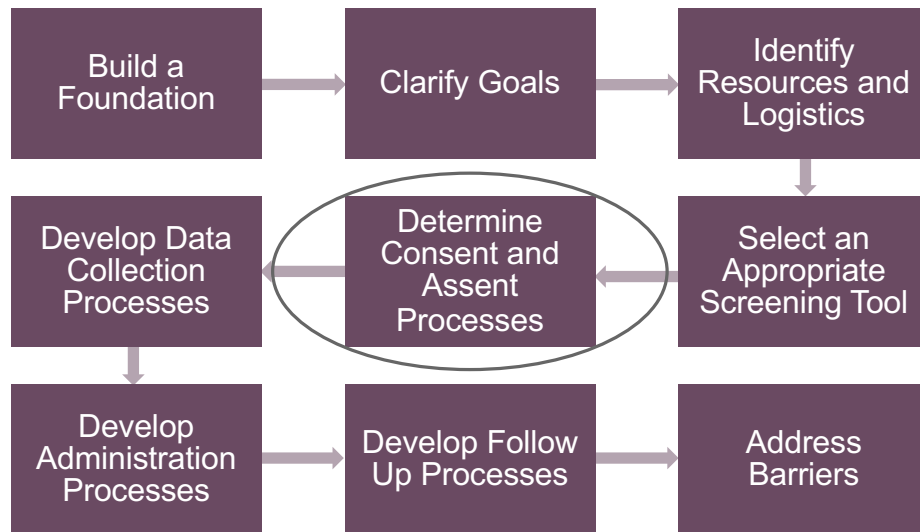
Possible range	Pediatric Symptom Checklist (PSC)	
	PSC-33	PSC-17*
Score range	0-70	0-34
Score scores	Never (0) to Often (3)	
The reporting time frame is for the past month. Expanded administration requires 10 extra items to use results.		
To use the PSC & PSC for ages 6-10 on the Y-PSC for screening and progress monitoring:	To use the PSC-17 & Y-PSC-17 for screening and progress monitoring:	
• Sum all items to get a total psychosocial impairment score	• Sum all items to get a total psychosocial impairment score	
• Use the below table to interpret a positive score	• Use the below table to interpret a positive score	
• Sum items 1, 3, 5, 11, 17 to identify an individual at risk for attentional impairment	• Sum items 2, 8, 11, 15 to identify an individual at risk for internalizing symptoms	
• Sum items 2, 8, 11, 15 to identify an individual at risk for externalizing symptoms	• Sum items 4, 9, 10, 12, 14, 16 to identify an individual at risk for psychosocial impairment	
• Use the below table to interpret a positive score	• Use the below table to interpret a positive score	
<b>Psychosocial Impairment Score</b>		
PSC or PSC for ages 6-18	20	Psychosocial impairment
PSC or PSC for ages 3-5	20	Attentional impairment
Y-PSC	20	Internalizing impairment
Estimating impairment	75	Externalizing impairment
75		
<b>Handling Blank Items</b>	Items left blank are scored as "0" if there are more than 4 blank items, the questionnaire is invalid.	

\*Although the PSC-17 can be used as a youth self-report, it is important to note that neither the total score nor the individual subscale scores have been validated as of this writing. Click here for additional scoring information.  
Access all measures (including other languages) of the PSC measure

Summary compiled by CSHH (2017) for The SHAPE System ([www.theSHAPESystem.com](http://www.theSHAPESystem.com))

One resource to support screening measure selection is the School Health Assessment and Performance Evaluation (SHAPE) System ([www.theSHAPESystem.com](http://www.theSHAPESystem.com)), a free online platform for district and schools teams. The SHAPE System Screening and Assessment Library includes instruments appropriate for use in school mental health. Search for the screening or assessment tool that best fits the needs of your school by focus area (academic, school climate, or social/emotional/behavioral), assessment purpose, student age, language, reporter, and cost. Every measure has been carefully reviewed and includes a brief summary with direct links to copies of the instrument and scoring information.

# Screening Action Steps



Next, the consent and assent processes used for school mental health screening will be addressed.



# Determine Consent and Assent Procedures

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

National School Mental Health Implementation  
Guidance Modules

27

## ***Active versus passive consent***

An important decision when planning consent procedures is the type of consent, active or passive/opt-out, sought from students' parents and legal guardians. Considerations about both types of consent are included in this table.

State laws or district policies may affect the ability to conduct active versus passive consent.

As the screening team decides on consent procedures for their school(s), they must have thorough knowledge of school and district policy and procedures related to asking about and handling information about students' mental health. If working in partnership with an outside entity such as an agency, organization, hospital, or university, it may also be necessary for these entities to have consent procedures approved by their Institutional Review Board (IRB).

# 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]

28

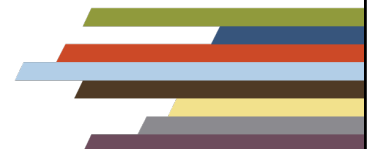
This is an example of passive consent language. Passive consent may be sent via mail to parents and included in the school handbook/website. Information provided may include the purpose of screening, the content of screening tools, and instructions on how to opt out.

Active consent is also an option, of course. A letter is sometimes sent home during registration or with a start-of-school newsletter along with other health consents, such as vision and hearing. A parent-report screener may also be administered at the start of school as part of comprehensive school mental health screening.

Make sure to include information about how the data will be used.

# 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



## ***Student assent***

It is recommended that screening teams gain students' voluntary assent for participation in screening. Often, this is done at the beginning of administration and an option is provided for students to indicate "Yes, I will take this survey" or "No, I choose not to take this survey." It should be made clear to students that there are no disciplinary or academic consequences for choosing not to participate.

## ***Communication***

By providing a **consistent message** on the purpose and importance of screening to students, parents/guardians, and school staff, schools improve their likelihood of having higher rates of consent and assent.

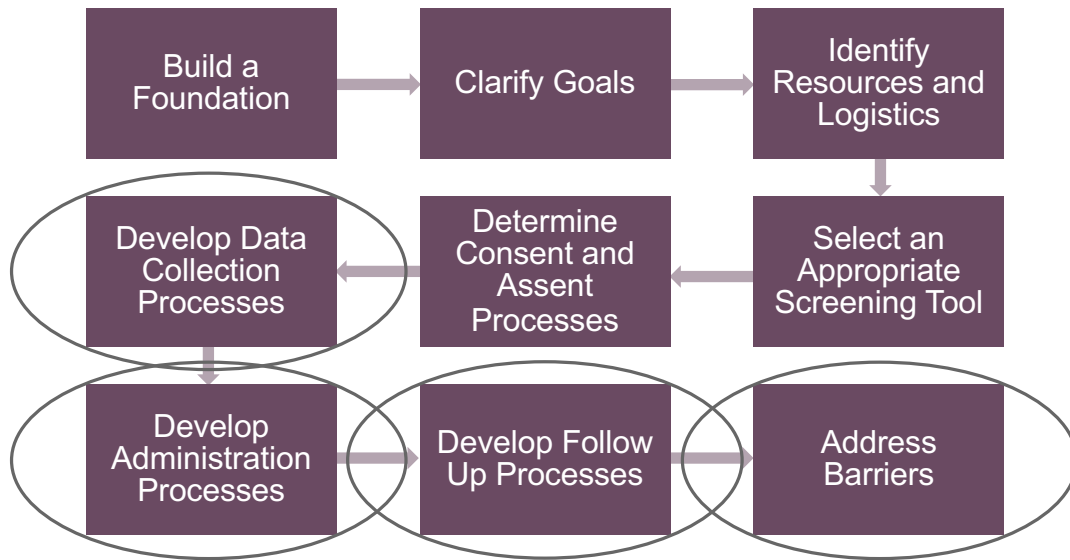
Communication of this message should be done in **multiple formats** to reach the largest number of students and families including:

- Phone calls and/or text messages
- School website
- Written notification in the mail
- Flyers sent home with students
- Forms/information sheets included as part of yearly registration packets
- Discussions with students in class and parents/caregivers at meetings
- Signs displayed around the school

***Cultural considerations with consent procedures***

Students and families from cultural backgrounds other than the majority group might experience distrust and fear about the screening system. Therefore, communication facilitated by cultural liaisons and brokers, as well as translators for written consent forms, can be critical in obtaining buy-in and ensuring that the purpose of screening is understood by all families in the school. All team members, including translators and cultural liaisons, should be easily reachable by meeting, phone, or email once consent forms have been provided to families. Having someone readily available who can help families to read consent forms aloud, answer questions in preferred languages, and provide needed assurance about screening can greatly increase the likelihood of caregivers providing consent for their child to be a part of the screening process.

# Screening Action Steps



Finally, our last screening action steps are the development of data collection, administration and follow up processes and addressing barriers.

# 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



### ***Consider data management and privacy according to FERPA and HIPAA***

Decisions about how data are managed also depend on district guidelines, as well as federal guidelines for maintaining student and family records within schools and as part a student's healthcare (i.e., Federal Educational Rights and Privacy Act [FERPA] and Health Insurance Portability and Accountability Act [HIPAA]). School leadership need to decide where data will be stored, who will have access, and how the data will be used. Appropriate consents and releases of information must abide by respective guidelines and procedures that have been established.

### ***Online platform vs. Paper and Pencil***

Increasingly, school screening teams are choosing to administer measures through online platforms (e.g., Qualtrics, SurveyMonkey) instead of paper and pencil. Online administration allows for the efficient collection and management of data for scoring and follow-up purposes. Additionally, online administration may allow for students and families to easily switch between languages to answer items. If choosing online administration, the screening team must confirm that chosen screening tools can be converted to an online format per the author/publisher policy.

Paper and pencil can be useful because it allows all students in a school to complete the survey at once and doesn't require all students to have access to computers or other online technology. However, paper and pencil administration requires manual entry of all responses, which can be time-consuming for members of the screening

team and increase the likelihood of errors in scoring and data entry, as well as a potential delay in being able to review surveys for responses indicative of a need for mental health referral and/or to address more pressing safety concerns.

For both online and paper and pencil administration, it is essential that the responses be reviewed for any pressing concerns. A review should not require that all entries to first be inputted into a data system related to the potential time sensitivity and safety implications of the information. (This is most relevant when administering measures that inquire about potential harm to self or others or other serious mental health concerns that would require immediate attention.)

# Develop Administration Processes

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- 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

When administering screening there are several considerations that need to be addressed

## ***Who to screen?***

The screening team may consider a small pilot administration in the months leading up to the actual administration in order to troubleshoot any difficulties and to gather feedback on the effectiveness of screening processes. Piloting can include administration with a small number of students in one grade or classroom.

After a pilot, the team will consider whether it is feasible to screen a broader group of students.

## ***When to screen***

When determining when in the school day screening will take place, the screening team should consider times of the day outside of instructional time. A common recommendation from the screening literature is to conduct administration during students' homeroom period, if applicable. If not a possibility, screening team leadership should consult with teachers and administrators about optimal periods of the day to screen, ensuring that teachers have also been informed about the purpose and importance of screening. If administering screening through an online platform, it may be beneficial to schedule classrooms to complete the survey during the first 15-25 minutes of their resource period. This will allow for class schedules to proceed as usual. It is important to ensure that all students who should be screened would be



included in the time period or class subject selected (e.g., some older students may leave school early for work study, not all students).

***Staff to support screening***

All school staff involved in administration and follow-up should receive clear written and oral communication about when the screening will take place, who is responsible for distributing surveys (via paper, desktop/laptop, tablet, or other device), who is responsible for proctoring during the screening periods, how to handle students who are late for or miss initial screening administrations, how to identify students who declined consent, and where to return completed surveys (if paper and pencil).

***Scripts***

Screening proctors are typically teachers, paraprofessionals, counselors, or the school psychologist or social worker. Some school districts also partner with community mental health providers to assist with screening administration. Prior to screening, proctors should be provided a script to read to students at the beginning of administration. This ensures that the screening process is standardized across different administrations. Scripts should also be translated into other languages spoken at the school, with staff members or cultural liaisons present to read and respond to any questions related to the scripts.

***Content in the script includes:***

Introduction to the screening process – purpose of screening, confidentiality of results, and relevance to students

Step-by-step instructions for completion

Guidelines for returning surveys to the appropriate location (if applicable)

# Develop Follow-Up Processes

- **Tiered approach to follow up**

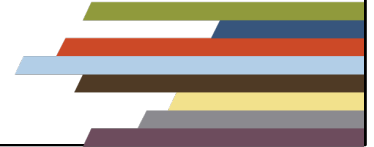
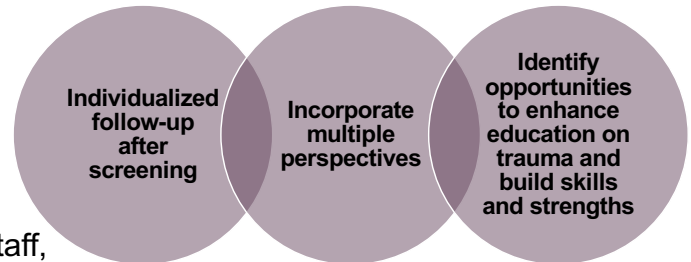
- Resource map of school and community supports and services
- Determine interventions that will be implemented for students at different levels of risk

- **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

34

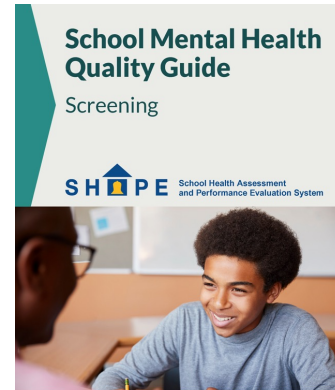
Being able to talk openly and problem-solve about concerns related to screening is important to gaining buy-in and acceptance of screening. Here we consider some strategies to address a range of barriers, such as capacity issues and consent. Take a moment to review these barriers and action strategies—consider how are they similar to or different from what you identified as part of the reflection exercise.

# 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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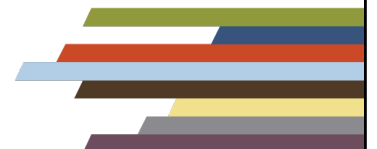
NCSMH, 2023

## Reflection:

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

## 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?

Take a moment to think about the following considerations: capacity, community buy-in, parent consent and screening purpose.

List out the concerns that you identified and brainstorm as a group how each concern could be addressed.

## 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.

Here is an example of how one district was able to start small with the screening of a few students in one school and over the course of a school year through an iterative process expanded to the full implementation of two large-scale online screenings at the high school level that integrated a passive consent process and had large buy-in from staff and families.

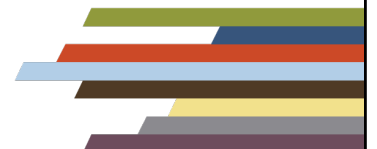


## Discussion

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.



We will now consider how this module and quality indicators fit with your understanding and implementation of school mental health screening.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.

# Resources

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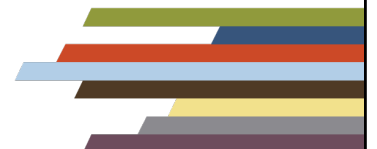
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# Resources

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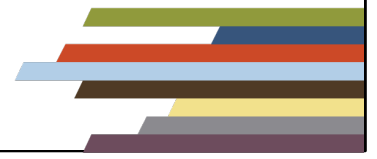
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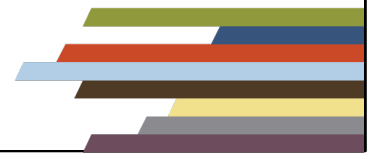


# Resources

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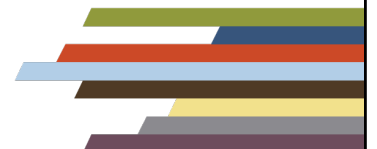


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**MHTTC**

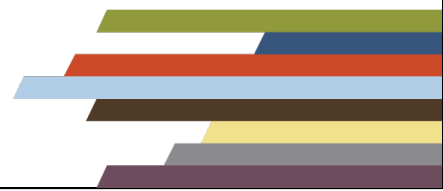
Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



## 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



# 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)
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## 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)
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**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)
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**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)
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**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.

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- Consider screening tools that assess social determinants of health and education (e.g., racism, poverty, social injustice, food insecurity)
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- 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)
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## 2. How many students were enrolled in your school (maximum number of students who could have been screened)?

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  - If more than 0, what tool(s) did you administer?
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  - If more than 0, what tool(s) did you administer?
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  - 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 (Tier 1)

### Training Goals and Objectives

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.



# Design and Time – Module 5

Section	Description	Components	Time
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>Title and disclaimer</li> <li>Agenda</li> </ul>	5 minutes
Value and functions of school mental health promotion	Define mental health promotion (Tier 1) and review why it is important	<ul style="list-style-type: none"> <li>Definition and value of mental health promotion</li> </ul>	5 minutes
Tier 1 services and supports	<p>Review six specific types of commonly implemented Tier 1 services and supports</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Reflection on how school climate assessment is going in participants' district/schools</p>	<ul style="list-style-type: none"> <li>School Climate</li> <li>Teacher and School Staff Well-being</li> <li>Positive Behaviors and Relationships</li> <li>Positive Discipline Practices</li> <li>Mental Health Literacy</li> <li>Social Emotional Learning</li> </ul>	20 minutes
Tier 1 quality indicators and best practices for implementation and fidelity	<p>Review each quality indicator and associated best practices for implementing any Tier 1 service or support</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Reflection on what Tier 1 services and supports participants' district/schools provides</p>	<ul style="list-style-type: none"> <li>Determine whether services and supports are evidence-informed</li> <li>Ensure <i>all</i> services and supports are evidence-informed</li> <li>Ensure fit with strengths, needs, and cultural and linguistic considerations</li> <li>Ensure adequate resources for implementation</li> <li>Provide interactive training and ongoing supports</li> <li>Monitor fidelity</li> </ul>	15 minutes
Strategic planning	District strategic planning for school mental health promotion	<ul style="list-style-type: none"> <li>State specific goal for mental health promotion domain</li> <li>Three action steps to advance goal</li> </ul>	15 minutes



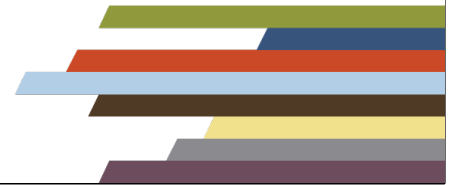
**MHTTC**

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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**



Welcome to Module 5 of National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools – Mental Health Promotion for All (Tier 1). Module content was developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center (MHTTC) Network.



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## Disclaimer



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**Disclaimer**



## Agenda

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



In this module, we will review the definition of mental health promotion and its value in schools. This module has two main parts. The first is about specific types of services and supports that may be included within the array of your mental health promotion offerings. The second is about quality indicators and best practices to ensure that any mental health promotion (Tier 1) service or support provided is of high quality.

## 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.

Mental health promotion (also known as Tier 1 services and supports) are mental health-related activities to foster positive social, emotional, and behavioral skills and well-being of all students. These activities might also include efforts to support positive school climate and staff well-being.

Mental health promotion strategies are provided universally, meaning to all students and even staff in the school building, regardless of risk or protective factors related to mental health.

## The Value of Mental Health Promotion in Schools

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- 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



Mental health promotion (Tier 1 services and supports) provide the foundation of a comprehensive, multitiered system of support.

Mental health promotion reaches all students, including those who are at risk for developing mental health conditions and those who have a higher level of need, so it truly benefits everyone. In addition, mental health promotion activities produce long-term cost savings by preventing the onset or severity of later mental health conditions that require more expensive and intensive mental health treatment.

Mental health promotion activities decrease stigma about mental health and illness, especially Tier 1 services that are focused on mental health awareness for everyone in the school community.

There are increasing efforts to promote the mental health and wellness of our school staff, who often experience high levels of stress in the process of serving, teaching, and caring for our students and their families.

Finally, it is important to remember that mental health is a component of health. Students must be healthy enough to learn and teachers must be healthy enough to teach.

## Tier 1 Services and Supports

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- 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



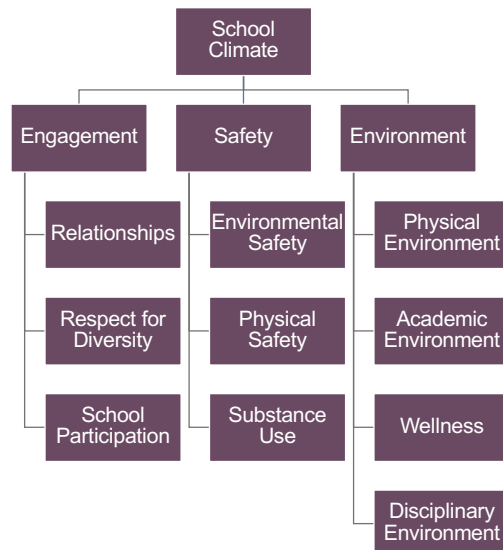
First we will discuss specific types of Tier 1 services and supports. These are examples of commonly implemented mental health promotion activities, but certainly do not represent a complete list. Your district may have different types of mental health promotion programs or activities.

This is a list of the quality indicators for the Mental Health Promotion domain.

For each of these indicators we will discuss best practices, resources, and helpful tips.



## What Is School Climate?



<https://safesupportivelearning.ed.gov/safe-and-healthy-students/school-climate>

8

The first type of mental health promotion activity we will discuss is assessing and improving the school climate. A positive school climate is related to student well-being and academic success. Research indicates it can improve attendance, achievement, retention, and graduation rates.

According to the Safe and Supportive Schools Model, developed by a national panel of researchers and other experts, a positive school climate involves the following:

**Engagement** – including strong relationships between students, teachers, families, and schools and strong connections between schools and the broader community.

**Safety** – involving schools and school-related activities where students are safe from violence, bullying, harassment, and substance use.

**Environment** – including appropriate facilities, well-managed classrooms, available school-based health supports, and a clear, fair disciplinary policy.

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.

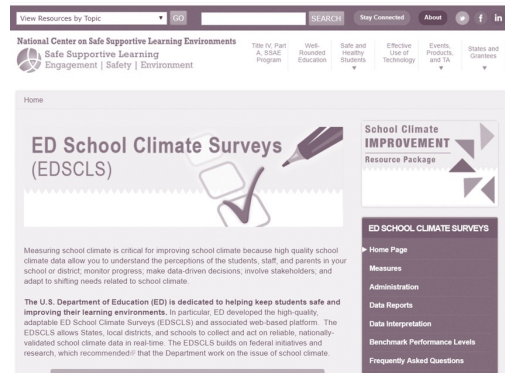
**Consider:** To what extent did your district/school use best practices to **assess school climate**?

### Best practices for this indicator include:

- 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 relationships/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, administrators, instructional staff, non-instructional staff 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 groups, 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.

# School Climate Assessment Tool

- 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



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

Several states have developed their own school climate assessments.

At the federal level, the ED School Climate Surveys (EDSCLS) was developed by the U.S. Department of Education (ED). It is free and includes a web-based administration platform with school climate surveys for middle and high school students, parents/guardians, and instructional and non-instructional staff. English and Spanish versions of the surveys are available for students and parents.

The platform processes school climate data and provides a report in real time. The data can be stored in a district's own data system, and the Department of Education will not have access to the data.



## 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.

This is a district example of how to disseminate and use school climate data to plan improvements.

As part of dissemination, a report summary was developed and provided to principals; listening sessions were hosted for students, teachers, and parents; and informational flyers were posted in schools.

It may be helpful to share school climate findings with the broad school community and to obtain input on how to integrate the findings into school climate improvement plans.

**Reflection:**

How is the school climate assessment going in your district?

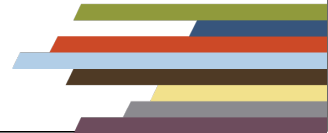
Has your district engaged in **school climate assessment**?

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?



**Reflection:**

How is school climate going in your district? If you have engaged in school climate assessment, what is working well and are there areas for improvement?

If you haven't engaged in school climate assessment yet, 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.

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

One common pitfall of any data collection effort is not using the data to drive conversations and decisions about improvement. As mentioned in the previous district example, creating feedback loops to those who contributed school climate data will help improve future response rates. However, it is also critical to engage students, parents, and staff in the design and implementation of school climate improvement efforts.

### Best practices for this indicator include:

- 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, practices, and systems in the school with transparency.
- Use data to assess the impact of school climate improvement activities.

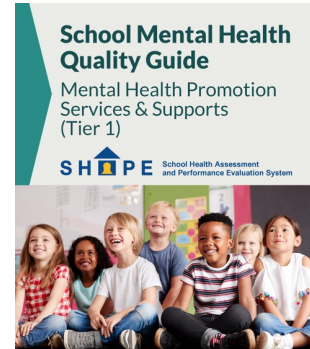
- Use disaggregated data to identify and address inequities and disparities in school climate for student groups across relevant demographics (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- 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.

## 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



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NCSMH, 2023

This resource, *School Mental Health Promotion Services and Supports (Tier 1) Quality Guide*, was developed by the National Center for School Mental Health and covers best practices and practical tips from the field in school mental health promotion services and supports. It also includes a number of customizable mental health promotion resources, some of which are also featured as resources through out this module and included in your participant guide.



# 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

The screenshot displays the 'School Climate Improvement' website interface. On the left is a navigation menu with sections like 'Module 6 Introduction', 'Introduction to School Climate', and 'What Is Your School Doing to Promote a Positive School Climate?'. The main content area is titled 'SELECTING EVIDENCE-BASED INTERVENTIONS' and features a sub-header 'What Is Your School Doing to Promote a Positive School Climate?'. Below this, there is a brief explanatory text and a list of intervention options, each with a corresponding input field: 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), and Trauma-Informed Approach. At the bottom right, there are 'PREV' and 'NEXT' navigation buttons.

To help schools and districts improve school climate, the National Center on Safe Supportive Learning Environments developed the School Climate Improvement Resource Package (SCIRP).

The SCIRP includes a variety of resources to support various groups in school climate improvement efforts. The resource package includes a quick guide, reference manual, action guides, data interpretation resources, online training modules, and self-assessments.

## 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



Before implementing school climate interventions, districts and schools should determine what initiatives, programs, or interventions are most likely to improve the specific type of school climate needs identified through a school climate assessment.

This list includes some of the most frequently implemented interventions to support a positive school climate.

**Trainer Note:** Additional resources on this topic include:

<https://safesupportivelearning.ed.gov/scirp/data-interpretation-resources>

<https://inclusiveschools.org/ways-to-improve-school-climate>

<https://www.schoolclimate.org/about/our-approach>

[https://safesupportivelearning.ed.gov/sites/default/files/NCSSLE\\_SCIRP\\_QuickGuide508\\_0.pdf](https://safesupportivelearning.ed.gov/sites/default/files/NCSSLE_SCIRP_QuickGuide508_0.pdf)

<https://www.wested.org/resources/school-climate-improvement-toolkit/>

## Why Focus on School Staff Well-Being?

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- 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.

Next, we're going to discuss best practices and strategies to assess and promote teacher and staff well-being assessment.

You might be wondering why it is important to focus on school staff well-being.

First of all, many teachers experience high levels of stress and burnout.

Large class size, often including many students with significant social, emotional, and behavioral needs, may contribute to this stress. In addition, many teachers report limited resources, poor physical space, high workload, low pay, mounting paperwork, and a high level of responsibility for student success.

Unfortunately, stress and burnout is contributing to teachers leaving the profession in alarming numbers. About 10% leave after 1 year (70% leave after 1 year in urban districts) and 17% leave after 5 years.

Teacher stress directly impacts students. Teachers who are stressed demonstrate more negative interactions with students, including greater sarcasm and aggression, and responding negatively to mistakes.

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.

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

### Best practices for this indicator include:

- 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 (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, intellectual, social, mental, 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., BIPOC teachers, special education teachers, first year teachers)

## 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)

There are several staff well-being assessment tools available, including:

**Resilience at Work Scale** – Developed by Winwood, Colon, and McEwen (2013), this is a 20-item scale to capture “resilience promoting” behaviors at work.

**Professional Quality of Life (PROQOL)** – This free measure includes 30 items to assess compassion satisfaction and fatigue <https://proqol.org/>.

**Health-Related Quality of Life** – Developed by the CDC, the HRQOL has 4 questions in the Healthy Days Core Module and 10 additional questions about activity limitations and healthy days symptoms: <https://www.cdc.gov/hrqol/index.htm>.

**School Organizational Health Questionnaire** – 54-item measure of teacher morale and 11 separate dimensions of school organizational climate.

**Teacher Subjective Wellbeing Questionnaire** – Includes eight items and two subscales, (1) school connectedness, and (2) teaching efficacy.

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.

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

Ideally, following an assessment of teacher and staff well-being, improvement efforts will take place.

### **Best practices for this indicator include:**

- Align staff well-being improvement efforts with needs identified by your staff well-being assessments.
- 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.

## Example School Staff Well-Being Programs

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

There is not a robust research base on effective school staff well-being programs. However, there is a growing literature on this topic, with some promising programs on school staff wellness, including:

### TeacherWISE

A research-informed program that helps teachers and school staff manage five areas of their well-being: physical health, occupational health, intellectual health, social health, and emotional health.

### Mindfulness-Based Stress Reduction (MBSR)

Demonstrated reductions in psychological symptoms and burnout, improvements in classroom organization and increase in self-compassion, self-regulation, mindfulness, and sleep quality (Flook et al., 2013; Frank et al., 2015).

### Community Approach to Learning Mindfully (CALM)

Demonstrated improvements in mindfulness, emotional functioning, positive affect, distress tolerance, blood pressure, cortisol, efficacy in classroom management (Harris, et al., 2016).

### Cultivating Awareness and Resilience in Education (CARE)

Demonstrated improvements in well-being, efficacy, burnout, mindfulness (Jennings et al., 2013).

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.

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

A commonly implemented Tier 1 practice is setting schoolwide expectations about positive behaviors. When done well, this promotes a safe and supportive school environment where students, parents, and staff understand and demonstrate that mutual respect and positive behaviors are the expectation.

### **Best practices for this indicator include:**

- **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,



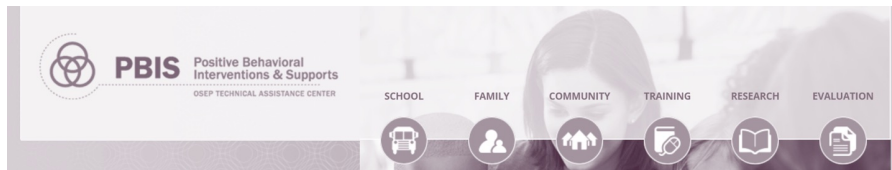
scheduled, and delivered.

- Teach students how expectations/rules/rewards are developed, scheduled, and delivered, using multiple modes of communication (e.g., 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.

## 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>

23

The National PBIS Center has several resources to help schools set school-wide expectations about positive behaviors.

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

School-wide expectations are often reinforced with consistent visual reminders, such as posters or pledges.

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

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

In addition to setting expectations for positive behaviors, many schools focus on implementing positive reinforcement systems that promote positive behaviors.

Many of these practices may seem intuitive but ensuring they are consistently implemented across an entire school campus, especially for large schools, requires ongoing effort and communication.

### **Best practices for this indicator include:**

- 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.
- Acknowledgment: 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.
- 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.
  - 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.
  - 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.
    - Maintain optimal instructional time.

## 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 >](#)

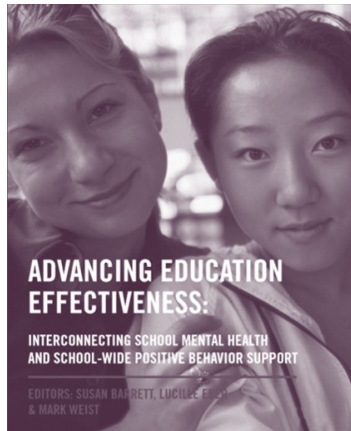
<https://www.pbis.org/>

The National PBIS Center has a number of practical resources to help schools implement schoolwide positive reinforcement systems that promote positive behaviors.

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

# Interconnected Systems Framework (ISF)

Resources



*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>

National School Mental Health Implementation  
Guidance Modules

26

The Interconnected Systems Framework (ISF) described in this monograph describes efforts to interconnect Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) systems to improve educational outcomes for all children and youth, especially those with or at risk of developing mental health challenges.

# 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.groupsites.com/page/project-aware>

In response to federal grantee requests for more information on how to integrate school mental health and multi-tiered systems of supports (MTSS) including Positive Behavior Interventions and Supports, the Now is the Time Technical Assistance Center put together a 4-part webinar series on the Interconnected Systems Framework.

The webinar series is located on the Technical Assistance platform for the Center for Applied Research Solutions (CARS):

<https://cars-ta.groupsites.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.

A fourth area of mental health promotion that has received increased attention and evidence of effectiveness are strategies to proactively build healthy relationships and a sense of community to prevent conflict and address wrongdoing. Many schools and districts refer to this set of practices as **restorative practices**.

**Consider** - 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 for this indicator include:

- 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.



# Restorative Practices

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## 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/>

Restorative practices prevent and address conflict and wrongdoing by proactively building healthy relationships and a sense of community.

Restorative practices can improve relationships between students, students and educators, and even between educators, whose behavior often serves as a role model for students. These practices promote inclusiveness, relationship-building, and problem-solving.

Restorative practices not only reduce exclusionary discipline responses, but also promote a sense of safety and mutual respect on campuses by strengthening relationships, reducing bullying and violence, and repairing harm whenever possible. They also build social capital among school communities by engaging all students and school staff in the delivery and receipt of practices that facilitate shared decision making and communication.

Restorative practices include:

**Community conferencing** - a practice that provides students and educators with effective ways to prevent and respond to school conflicts. Community conferencing involves the participation of all stakeholders affected by the behavior and allows everyone to contribute to the conflict resolution process.

**Community service** allows individuals to restore a harm to the school community by providing a meaningful service that contributes to their individual improvement.

**Peer juries** allow students who have broken a school rule and trained student jurors to collectively discuss why the rule was broken, who was affected, and how the referred student can repair the harm caused.

A **restorative circle** is a versatile restorative practice that can be used proactively to

develop relationships and build community, or reactively to respond to a wrongdoing or conflict. Circles can be used to teach social skills such as listening, respect, and problem solving. Circles provide people an opportunity to speak and listen to one another in a safe atmosphere and allow educators and students to be heard and offer their own perspectives. Circles can be used to celebrate student accomplishments, begin and end the day, and discuss difficult issues.

**Conflict resolution** programs provide students with instruction in problem-solving and self-control skills. These programs teach students how to manage potential conflict, defuse situations, assuage hurt feelings, and reduce any inclination to retaliate after a conflict. One method of resolving conflict is through **peer mediation**. Peer mediation trains students to help other students resolve differences.

**Informal practices** are small ways educators and other school personnel can influence a positive environment. These practices include using affective statements, which communicate people's feelings (e.g., I feel happy when you complete your homework because it shows me how well you understand the topic), and affective questions, which cause people to reflect on how their behavior has affected others (e.g., what were you thinking of at the time?); other examples include proactive engagement with students and families, mentor relationships, community service, and lunch time table talks.

Restorative practices have demonstrated several positive outcomes including:

- Improved school climate (Mirsky, 2007; Mirsky & Watchel, 2007)
- Increased student connectedness, greater parent and community engagement, improved academic achievement (Gonzalez, 2012)
- Decreases in discipline disparities, fighting, bullying, and suspensions (Armour, 2013; Baker, 2009; Gonzalez, 2012; Suvall, 2009)

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.

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

Although disciplinary infractions may suggest that Tier 2 or Tier 3 services are warranted, school or district policies to limit exclusionary discipline are implemented universally for all students.

The objective here is to reduce exclusionary discipline practices such as out of school suspensions or expulsions unless absolutely necessary.

### **Best practices for this indicator include:**

- 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.

## 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



31

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

This Issue Brief, developed by the Now is the Time Technical Assistance Center, describes a rise in use of restorative practices in schools, introduces different types, and provides a universal start-up guide for implementation.

The brief can be located on the Technical Assistance platform for the Center for Applied Research Solutions (CARS):

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

## What Is Mental Health Literacy?

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- 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)

Next, we will discuss mental health literacy for all students and staff. Mental health literacy has been defined as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention.”

Mental health literacy consists of several components, including:

- understanding how to obtain and maintain positive mental health;
- understanding mental disorders and their treatments;
- decreasing stigma related to mental disorders; and,
- enhancing help-seeking efficacy (which refers to knowing when and where to seek help and developing competencies designed to improve one’s mental health care and self-management capabilities).

In the context of districts and schools, mental health literacy programs are relevant for students, parents, and staff to develop knowledge and help-seeking efficacy for themselves as well as how to support others.

## 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.

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

**Best practices for this indicator include:**

- Develop a clear plan for assessing current mental health literacy of students and school staff, as baseline data and to inform further improvement goals.
- 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
  - Understand how to optimize and maintain good mental health for themselves and others.
  - Understand stress and trauma and mental health conditions and their treatment.
  - Reduce stigma about mental health needs and supports and understand the ways that culture and oppression influence mental health, stigma, and help-seeking behaviors.
  - 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.



## 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.

Schools and districts incorporate mental health literacy in different ways depending on what students, parents and staff feel will be most relevant and impactful in the community.

Here are some ideas to get started:

Invite your local NAMI to give a presentation to your students and teachers. NAMI's Ending the Silence presentation discusses the warning signs of mental health conditions and what steps to take if a loved one is showing symptoms of a mental illness. These talks are tailored for different audiences, including students, school staff, and families.

Collaborate with your state's mental health association to participate in campaigns for mental health awareness, e.g., children's mental health awareness. In MD, Children's Mental Health Matters is a statewide education campaign to raise awareness of children's mental health needs. It is coordinated and supported by the Mental Health Association of Maryland, the Maryland Coalition of Families and Maryland Department of Health and Mental Hygiene – Behavioral Health Administration.

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

Collaborate with organizations to help implement specific mental health literacy training and support in your school or district, such as Mental Health First Aid or Youth Mental Health First Aid, which provide training on how to identify, understand, and respond to signs of mental illnesses and substance use disorders.

Use teacher-delivered mental health curricula, e.g., curriculum by Kutcher et al. for middle and high schools <http://teenmentalhealth.org/schoolmhl/school-mental-health-literacy/mental-health-high-school-curriculum-guide/download-the-guide/>. The guide consists of educator and student modules focused on understanding mental health, reducing stigma, and seeking help.



## 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](#)



35

These are two widely adopted mental health literacy programs.

**Mental Health Essentials for Educators** is available on [mentalhealthcollaborative.org](http://mentalhealthcollaborative.org). It aims to help teachers to be familiar with and comfortable with their understanding of mental health and mental health disorders and to share this information with students.

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

To purchase the curriculum: <http://teenmentalhealth.org/product/mental-health-high-school-curriculum/>

**Youth Mental Health First Aid** is an 8 hour public education course which teaches participants about the unique risk factors and warning signs of mental health concerns in youth. It emphasizes the importance of early intervention and how to approach and refer an individual in crisis or contending with mental health concerns.

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

*To learn more about taking a Youth Mental Health First Aid Course, please visit, <https://www.mentalhealthfirstaid.org/take-a-course/>*

## What Is Social and Emotional Learning (SEL)?

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“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](http://www.casel.org))



The final specific Tier 1 practice to consider is social emotional learning skill development 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. ([www.casel.org](http://www.casel.org))

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.

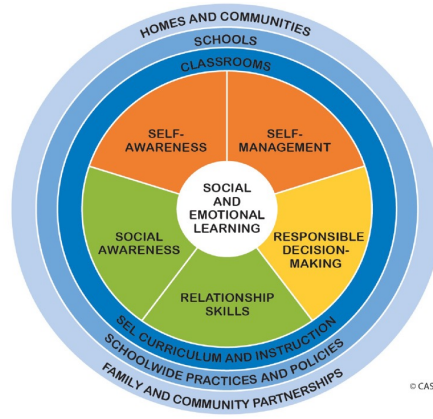
**Consider** - To what extent did your district/school use best practices to **support SEL skill development for all students?**

### Best practices for this indicator include:

- Develop a clear, plan for assessing current SEL skills among staff and students, as baseline data and to inform your team's plan to inform further improvement goals.
- Incorporate SEL skills that promote anti-racism and equity, including recognizing and making sense of oppressive social forces, effecting societal/system change, challenging injustice, and affirming diverse ways of being (e.g., diverse ways of expressing emotion).
- As a team with school staff, 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, 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, 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.

## 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

A commonly used SEL framework was developed by the Collaborative for Academic, Social and Emotional Learning (CASEL, 2017 – see <https://casel.org/what-is-sel/>)

It includes five core domains of SEL competencies:

- 1) *Self-awareness: Know your strengths and limitations, with a well-grounded sense of confidence, optimism, and a “growth mindset.”*
- 2) *Self-management: Effectively manage stress, control impulses, and motivate yourself to set and achieve goals.*
- 3) *Social awareness: Understand the perspectives of others and empathize with them, including those from diverse backgrounds and cultures.*
- 4) *Relationship skills: Communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.*
- 5) *Responsible decision-making: Make constructive choices about personal behavior and social interactions based on ethical standards, safety, and social norms. ([www.casel.org](http://www.casel.org))*

There is a robust and continuously growing research base demonstrating the desired outcomes associated with social emotional learning. Increases in academic achievement, prosocial behavior, social emotional skills and positive self-image have been found, in addition to decreases in conduct problems, emotional distress and 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



CASEL's SElect program guides provide guidance for educators about specific programs to choose and implement.

The CASEL District Resource Center has a team self-assessment for districts to gauge their capacity and readiness for SEL implementation - <https://drc.casel.org>



## District Example

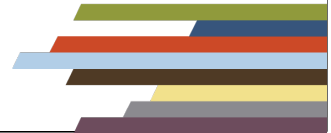
Austin Independent School District implemented SEL in all 129 schools. Each campus has a assigned SEL specialist who provides professional development, observes SEL lessons, and provides feedback on instruction and integration of SEL skills and concepts in the classroom. Administrators and teams work 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.



This example illustrates how one district was able to scale up their SEL implementation to all the schools in their district.

Austin Independent School District has implemented SEL in all 129 schools. Each campus has an 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. Campus 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 five priorities related to district-wide SEL integration. Visit <https://www.austinisd.org/sel> to learn more.

# Mental Health Promotion Implementation and Fidelity Indicators



The second half of this presentation focuses on quality indicators and best practices that can be applied to any mental health promotion (Tier 1 service or support).

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.

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

In addition to considering how many of your Tier 1 services and supports were evidence-informed, your team may wish to evaluate the degree to which you are using best practices to evaluate whether something is evidence-informed. You could do this before selecting an evidence-based practice or to critically evaluate practices you are currently implementing.

### Best practices for this indicator include:

- Create a program and practice selection committee with diverse representation, including school mental health and health staff, community providers, administrators, teachers, students, and 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) and 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.

# Sources of Evidence

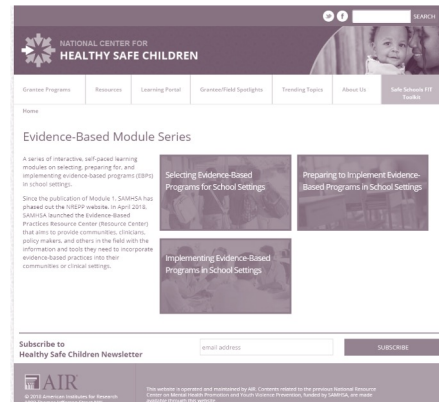
- Published studies
- Evidence-based practice developers
- Schools and communities implementing the evidence-based practice
- Evidence-based practice (EBP) registries

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/>



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

There are many sources of intervention evidence to consider including:

Sources of evidence include:

**Published studies:** Published studies describe how the program has been tested and the outcomes that it has influenced.

**Evidence-Based Practice developers:** Developers can describe available implementation supports, how to monitor fidelity of implementation, the feasibility of adaptation, and solutions to implementation challenges.

**Schools and communities implementing the Evidence-Based Practices:** Other schools and communities can describe their experience with implementation and, if relevant, adaptations to the EBP.

**Evidence-Based Practices Registries:** EBP Registries provide information about the EBP's evidence base, features, training requirements, and cost. Examples include the Model Programs Guide, IES What Works Clearinghouse, Blueprints for Healthy Youth Development, and Society of Clinical Child & Adolescent Psychology.

These are described in more detail in the Evidence-Based Practice modules developed by the Mental Health Promotion and Youth Violence Prevention Center that supported the Safe Schools Healthy Students grant program.

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.

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

Any service or support you adopt or implement must of course fit the unique characteristics of the students and their families in your school or district.

### **Best practices for this indicator include:**

- 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, 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.

# 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	Developmental Level: Grade	Gender	Race/Ethnicity	Population Subgroups
0-3	Disruptive Disorder	Female	African American or Black	Students with disabilities
3-4	Preschool	Male	Hispanic/Latino	English language learners
4-5	Pre-K-K	Transgender	Asian	Students with risk factors (e.g., exposure to violence, homelessness, etc.)
5-6	1-2	Other	Other	Other
6-8	3-5			
9-12	6-8			
12-15	9-12			
16-18	Post High School			
19+	Other			
Other				

Language: Primary / Secondary

Selecting Evidence-Based Programs Page 10

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

Selecting Evidence-Based Programs Page 11

45

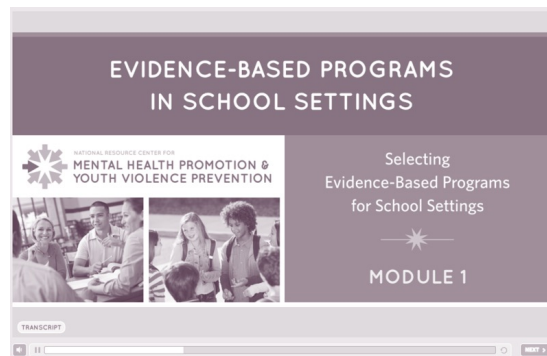
The *Selecting Evidence-Based Practices for Schools* guide, developed by the National Center for Mental Health Promotion and Youth Violence Prevention in partnership with the National Center for School Mental Health, provides detailed, practical information about EBP selection in schools.

It includes worksheets and tools for your team to assess any prospective or current EBP in terms of its relevance to your student population, intervention target, tier of service, mode of delivery, readiness and impact evaluation capacity.

## 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](http://airhsdlearning.airws.org/EBPModule1/story_html5.html)

46

This 3-part series on evidence-programs in schools, developed by the National Center for Mental Health Promotion and Youth Violence Prevention in partnership with the National Center for School Mental Health, includes 3 parts:

1. Selecting Evidence-based Programs for Schools
2. Implementing
3. Preparing

[http://airhsdlearning.airws.org/EBPModule1/story\\_html5.html](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 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.

**Consider** - 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?

Of course at this point you might be wondering exactly how much it will cost in staff time to train, implement, and monitor mental health promotion activities being implemented. Consideration of these factors is absolutely essential to optimize the fit of any intervention with your local school or district.

#### **Best practices for this indicator include:**

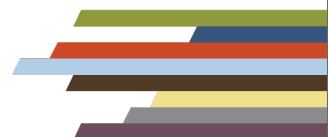
- Evaluate staffing capacity needed to implement services and supports, including staff training requirements, qualifications, and staff time.
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in providing culturally responsive, anti-racist, and equitable Tier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

# 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
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	Aug-May Dec. May



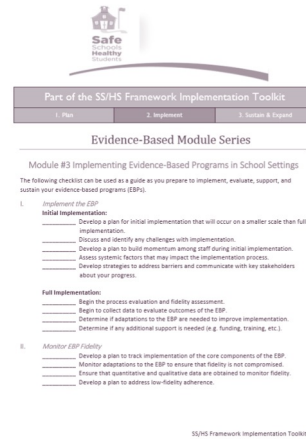
**\*\* Planning form included in printed materials (no link in resources)**

This is an intervention planning form developed by the NCSMH for teams to consider all the relevant details of the capacity needed for implementation prior to deciding to adopt a new practice or intervention.

This form is intended to support the mapping of current or prospective programs and guide conversations about realistic capacity needed and available, as well as to consider all interventions “side by side” to highlight any areas of duplication or overlap.

# 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>

This checklist for Implementing EBPs in School Settings:

<https://healthysafechildren.org/sites/default/files/EBP-ModulesChkItsMod-3-508.pdf> is brief and intended to support planning and teaming processes.



## 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.

**Consider** - 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?

The research is clear that training and professional development is absolutely necessary to support implementation. However, it doesn't stop there. Training should be interactive, and because one-time training rarely results in meaningful practice change, ongoing implementation supports such as coaching and consultation are equally important. Distribution of materials and one-time didactic training 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.

#### **Best practices for this indicator include:**

- 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.



## 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.

One-time trainings may improve knowledge or attitudes, but not actual practice. Coaching and consultation about the practices directly in the classroom or school setting where they are delivered is the best way to support implementers (such as clinicians, teachers, peer leaders, parent advocates) to learn and apply the skills to deliver the practice or program. The “gold standard” of training is an interactive workshop with materials and ongoing coaching or consultation.

Train the trainer models are increasingly popular for the cost and time effectiveness of investing in the training and coaching of a smaller group of individuals to train others. However, the research literature supporting the effectiveness of this strategy is mixed at best and thus we recommend if you use this model, you build in a substantial amount of oversight for the trainers and their trainees to ensure fidelity.

Finally, it is important to recognize that training is not an event, it is a process. This is the same with implementation overall. Even with the best planning and support, implementation projects take about 3 years to achieve about 80% success. In order to maximize the return on your investment in training days and materials, ongoing supports should be included.

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.

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

Fidelity monitoring goes hand in hand with ongoing implementation supports. In fact, fidelity monitoring activities can be built into coaching and consultation models by adding a fidelity tool or measure to inform specific topics to discuss or skills to model.

### **Best practices for this indicator include:**

- 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,

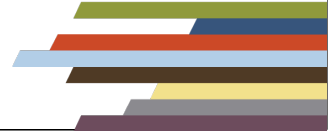
- socioeconomic status) relevant to the program and school community
- Determine frequency of fidelity measurement based on what is feasible and will yield actionable information
  - Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
  - Monitor and track changes or adaptations to the practice
  - Provide feedback to anyone implementing and use the results to continuously improve, adapt, and sustain implementation

## What Is Fidelity Monitoring?

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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 can be used to measure the presence of a program, practice or initiative as it is used in daily practice. This involves clarifying what the program intends to achieve, in terms of skill development or competencies included and the extent to which a person – the implementer – achieved those intentions.

When implementing fidelity monitoring tools, consider the following:

- Use formal fidelity monitoring tools included within intervention materials.
- Schedule routine “implementation check-ins” for team to review training materials and discuss whether the intervention procedures were followed accurately.
- Create a checklist of key intervention steps that can be used to monitor fidelity through live observation or records review.
- Schedule times for a team member to observe implementation of the intervention and complete the fidelity tool or checklist.

Adaptations or changes to the content are also a natural part of implementation.

- Document adaptations and determine whether adaptations are appropriate as a team.
- Seek input from implementers and program developers or trainers.
- Determine how to balance fidelity benchmarks and adaptations for each program or practice being implemented.
- Use implementer feedback and EBP developer input.
  - *For example, if a teacher says they can only deliver a 30-minute session for a program that is intended to be 45-minutes, that is a necessary*

*adaptation for the school context. It may be beneficial to work with the developer or obtain input from other schools or districts implementing the program.*

- Create feedback loops with the data, using data constructively to learn from and support implementers over time.
  - Provide feedback on strengths and areas for improvement.
  - Fidelity data can also be used to indicate how well the program or practice is fitting in the school or district context; some programs or practices will inevitably be a better fit than others, and fidelity data can be used to make decisions about whether to continue implementation and focus energy on sustainability.

# 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/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

54

This resource, *Planning Checklist for Monitoring Fidelity of Evidence-Based Practices (EBPs)*, is a basic fidelity monitoring checklist developed by the NCSMH in collaboration with the American Institutes for Research that can be used to plan for the monitoring of fidelity for a specific practice or program.

The intention of this checklist is to provide a quick reference for different considerations during the planning process, including the identification of fidelity monitoring tools, determining how often to collect fidelity data, setting an “acceptable” benchmark, and monitoring and documenting changes or adaptations that are occurring in the school setting.



## 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.

The intervention selection process is a great time to think about how you will monitor fidelity.

Some evidence-based programs have a fidelity monitoring tool, and in other cases you might have to develop a new tool. This can be as informal as routine “check-ins” about implementation using the initial training materials as a guide. Or, fidelity monitoring methods can include a records review with a tool or checklist of items that might indicate the practice was implemented as intended (although if everything that is done is not documented, records review can be limited).

The most common way to monitor fidelity is via a formal observation of implementation with ratings of specific aspects of the implementation.

Adaptation is a natural part of implementation. Document it and determine how much and what type of adaptations are appropriate as a team with input from implementers and program developers or trainers. Your team will need to decide how to balance fidelity benchmarks and adaptations for each program or practice you’re implementing.

Implementer feedback and EBP developer input can be very helpful in this process. For example, if a teacher tells you she can only deliver the program in 30-minute sessions but the manual is written for 45-minute sessions, that is a necessary adaptation for the school context about which you may need to work with the developer and even obtain input from other schools/districts implementing the program to decide how to change.



Finally, you should always create feedback loops with the data, meaning that the findings are used constructively to learn from and support implementers over time. Make sure to provide feedback on strengths and areas for improvement. Fidelity data can also be used within your district or school mental health team to indicate how well the program or practice is fitting in the school context with your students. Some programs or practices will inevitably be a better fit than others, and fidelity data can be used to make decisions about whether or not to continue implementation and focus energy on sustainability.



## 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.

This is an example of how one large urban school district used fidelity monitoring to support their implementation of Restorative Practices. It highlights the district’s investment in the ongoing consultation and coaching involved in the implementation process and how fidelity data were used in feedback loops to principals. An important aspect of this process was assuring school teams that the fidelity interviews and observations were intended to learn how best to support them, and would not be used in a punitive way or for accountability purposes. The coaches always provided feedback on strengths and improvement (if there was a previous assessment to compare to) and normalized that there are many components of Restorative Practices so every school will naturally have areas that need additional support to make happen throughout the building in a consistent way.

## 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?

### Reflection:

What mental health promotion services and supports does your district/school currently provide to all students?

Of those services and supports:

- Are they evidence-based?
- Do you believe you have Tier 1 services and supports that are the best fit for the needs, strengths, and cultural and linguistic competencies of your students?
- Do you have and current 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.



We will now consider how this module and quality indicators fit with your understanding and implementation of mental health promotion.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.

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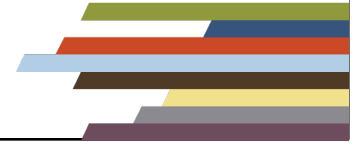
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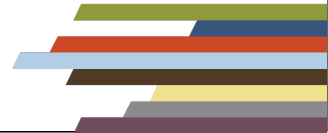
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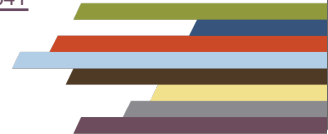
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**MHTTC**

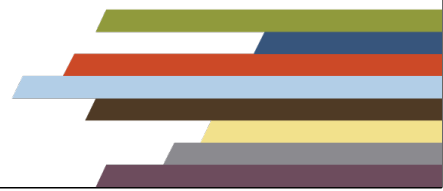
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# Resources



# 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](http://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](http://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

<b>District Support Total (Questions 17-20): _____</b> <b>District Support Average (Total/4): _____</b>
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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
- 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](http://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](http://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 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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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.

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### 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 (Tiers 2/3)

### Training Goals and Objectives

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.

## Design and Time – Module 6

Section	Description	Components	Time
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>Title and disclaimer</li> <li>Agenda</li> </ul>	5 minutes
Value and functions of school mental teams	Define school mental health early intervention and treatment and review why it is important in schools	<ul style="list-style-type: none"> <li>Definition of early intervention and treatment in schools</li> <li>Discuss data demonstrating value in schools</li> </ul>	10 minutes
School mental health early intervention and treatment (Tiers 2 and 3) quality indicators and best practices	<p>Review each quality indicator and associated best practices for implementing any Tier 2/3 service or support</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Discuss examples of Tier 2 and 3 services and supports as well as information on suicide prevention, telemental health in schools, and wraparound supports</p>	<ul style="list-style-type: none"> <li>Provide access to needed services and supports</li> <li>Determine whether services are evidence-informed*</li> <li>Ensure <i>all</i> services and supports are evidence-informed*</li> <li>Ensure fit with strengths, needs, cultural, and linguistic considerations*</li> <li>Ensure adequate resources for implementation*</li> <li>Provide interactive training and ongoing supports*</li> <li>Monitor fidelity*</li> <li>Ensure intervention goals are SMART</li> <li>Monitor student progress across tiers</li> <li>Implement a systematic protocol for emotional and behavioral crisis response</li> </ul>	30 minutes
Strategic planning	District strategic planning for early intervention and treatment	<ul style="list-style-type: none"> <li>State a specific goal for early intervention and treatment domain</li> <li>Three action steps to advance goal</li> </ul>	15 minutes

\*These best practices are a review from Module 5. Trainer is encouraged to focus on examples provided that emphasize how these practices are applied for early intervention and treatment services and supports.

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

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

1

Welcome to Module 6 of National School Mental Health Best Practices:  
Implementation Guidance Modules for States, Districts, and Schools – Early  
Intervention and Treatment (Tiers 2 and 3).

Module content was developed by the National Center for School Mental Health in  
partnership with the Mental Health Technology Transfer Center (MHTTC) Network.



**MHTTC**

Mental Health Technology Transfer Center Network  
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**Disclaimer**



## Agenda

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

In this module, we will review the definition and value of mental health early intervention and treatment services in schools. Next, we will discuss quality indicators and best practices to effectively implement these services and supports. **Many of the implementation indicators are the same as those we discussed in Module 5 for mental health promotion (Tier 1) and so will be a review and will include consideration of how they are applied to Tiers 2 and 3.** At the end of the module, we will spend some strategic planning time developing your own goals related to mental health early intervention and treatment.

## 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.**

Mental health early intervention or Tier 2 services and supports, sometimes referred to as mental health prevention or secondary prevention services, are 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.**

**Examples include** small group interventions for students identified with similar needs, 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-in, and/or home/school note system.

NOTE: Tier 2 services and supports may also be appropriate for students experiencing more intensive needs, but they are often accompanied by more intensive services and supports.

## Value of Mental Health Early Intervention

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- 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



Early intervention is critical to any multitiered system of support in your district or school mental health system, for several reasons:

- Mental health challenges often first emerge at school, making it a natural setting for identification and early intervention
- When problems are identified early and supports put in place, the severity and chronicity of future mental health concerns can be prevented or reduced
- Early identification 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**.

Mental health treatment services and supports, or Tier 3, include strategies designed to address mental health concerns 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-based mental health professionals, including school-employed and community-employed.

**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.

## 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)

Providing mental health treatment in schools is valuable for students and families for many reasons.

First, schools are a natural, accessible environment where youth spend most of their day, five days a week. As such, the education sector is the primary system of care for children and adolescents. In fact, 70%-80% of children who receive mental health services do so in schools and 20% of students receive some form of school mental health services annually.

Also, mental health treatment in schools is effective in reducing mental health symptoms, with especially strong effects when treatment is integrated into students' academic instruction.

## 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.

This is a list of the quality indicators for the Mental Health Early Intervention and Treatment domain.

For each of these indicators we will discuss best practices, resources, and helpful tips.

## 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.

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

The first quality indicator addresses access to Tier 2 services and supports in your school or district. This indicator requires that you have a mechanism to systematically identify all students who would benefit from Tier 2 services and then count the number of students who actually received those services.

## 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

**Consider:** To what extent were your mental health early intervention (Tier 2) services and supports **evidence-informed**?

This quality indicator is intended to help your team assess how many of your Tier 2 services and supports were evidence informed. For instance, if you think of everything your school/district provides for Tier 2, are any evidence-informed? All? Or somewhere in between? Less than 25%? Less than half? More than half? More than 75%?

## 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*

There are many different types of Tier 2 services and supports. These should be selected based on the unique needs and strengths of students and their families, and implementation considerations such as school staffing and resources, as we will discuss shortly in this module

The Brief Intervention for School Clinicians (BRISC) is one example of a Tier 2 intervention. The BRISC was developed by Elizabeth McCauley and Eric Bruns at the University of Washington, School Mental Health Assessment Research and Training (SMART) Center to assess and address student concerns in an efficient, evidence-based manner. The BRISC is not a comprehensive treatment approach. Instead, it is designed to maximize the efficiency of school health and mental health professions by doing the following:

- Engage with the student by asking about their immediate concerns.
- Assess issues students want help with and the nature of the student's needs.
- Teach basic tools to empower students.

The BRISC is a 4-session, flexible, strengths-based, individualized intervention for high school students that provides a structured, systematic way to identify treatment targets based on skill building and problem solving. It also uses standardized

assessment tools to monitor progress.

The BRISC is appropriate for students who meet any of the following criteria:

- Have more need than your typical student
- Have a repeated pattern of issue(s) such as referrals to the school nurse, disciplinary encounters, or attendance problems
- Received Tier 1 supports, but not developing skills at the same rate as other peers
- Are experiencing social, emotional, or behavioral concerns that are starting to develop or escalate

## 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.

**Consider:** Of the students who were identified as needing Tier 3 services and supports, how many **received** them?

The next two indicators are similar to the previous two but with respect to Tier 3 services. This indicator requires that you have a mechanism to systematically identify all students who would benefit from Tier 3 services and then count the number of students who actually received those services. This indicator captures access to mental health treatment in your school or district.





## 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.

This district example illustrates how important it is to track how many students who need Tier 2 or 3 services or supports actually receive them. In this example, the district went a step further to disaggregate their data based on ethnicity of students referred to examine how they could improve the equity of access to care in their school for Hispanic/Latino students. This led to a series of conversations, planning, and changes with student and family input about how to improve access to care.

## 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

**Consider:** To what extent were mental health treatment (Tier 3) services and supports **evidence-informed**?

This quality indicator is intended to help your district or school team assess the extent to which your Tier 3 services and supports were evidence-informed. For instance, if you think of everything your school/district provides for Tier 3, are any evidence-informed? All? Or somewhere in between? Less than 25%? Less than half? More than half?

## Mental Health Treatment (Tier 3) Example

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### 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](http://www.cbitsprogram.org)

This is just one example of a Tier 3 intervention in order to illustrate its structure, format, and which students are appropriate.

The CBITS was developed in the 1990s and extensive research since 2000 has demonstrated its effectiveness and implementation feasibility. It is a school-based group with individual intervention components to reduce symptoms primarily intended to help children in schools cope with trauma. There are 10 group sessions, 1-3 individual sessions, 2 parent psychoeducational sessions and 1 teacher education session.

The CBITS has a strong and growing evidence base of high completion rates in hundreds of schools across the nation and positive impact on trauma symptoms, depression symptoms, *and* academic outcomes.

Students are appropriate for the CBITS if they have experienced trauma and have trauma-related symptoms. These students are likely experiencing some functional difficulties at home, at school, and/or in the community based on their trauma symptoms. A systematic screening and assessment process is needed to make sure students are correctly selected for this specialized treatment. Visit the CBITS website ([www.cbitsprogram.org](http://www.cbitsprogram.org)) to learn more about the program.

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.

**Trainer Note:** Slides 17-34 were already presented in Module 5. You may review this material quickly with attention to application to Tiers 2 and 3. The next section in this module that is unique to Tiers 2 and 3 starts on slide 32 with monitoring student progress.

**Consider:** To what extent did your district/school use best practices to ensure **early intervention and treatment (Tier 2 and 3) mental health services and supports are evidence-informed?**

In addition to considering how many of your Tier 2 and 3 services and supports were evidence-informed, your team may wish to evaluate the degree to which you are using best practices to evaluate whether something is evidence-informed. You could do this before selecting an evidence-based practice or to critically evaluate practices you are currently implementing.

#### **Best practices for this indicator include:**

- Create a program and practice selection committee with diverse representation, including school mental health and health staff, community providers, administrators, teachers, students, and 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) and 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.

# 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>

There are many sources of intervention evidence to consider including:

Sources of evidence include:

**Published studies:** Published studies describe how the program has been tested and the outcomes that it has influenced.

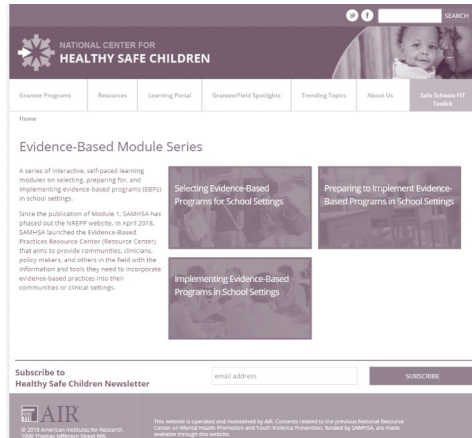
**Evidence-Based Practice developers:** Developers can describe available implementation supports, how to monitor fidelity of implementation, the feasibility of adaptation, and solutions to implementation challenges.

**Schools and communities implementing the Evidence-Based Practices:** Other schools and communities can describe their experience with implementation and, if relevant, adaptations to the EBP.

**Evidence-Based Practices Registries:** EBP Registries provide information about the EBP's evidence base, features, training requirements, and cost. Examples include the Model Programs Guide, IES What Works Clearinghouse, Blueprints for Healthy Youth Development, and Society of Clinical Child & Adolescent Psychology.

These are described in more detail in the Evidence-Based Practice modules developed by the Mental Health Promotion and Youth Violence Prevention Center that supported the Safe Schools Healthy Students grant program.

# Evidence-Based Module Series



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

And here is the evidence-based module series we referenced on the sources of evidence slide. These are self-paced, free, online learning modules that provide guidance specifically for EBP implementation in schools.

## 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.

**Consider:** To what extent did your district/school use best practices to ensure that mental health early intervention and treatment (Tiers 2 and 3) services and supports **fit the unique strengths, needs, and cultural/linguistic considerations of your students and families?**

Any service or support you adopt or implement must, of course, fit the unique characteristics of the students and their families in your school or district.

### **Best practices for this indicator include:**

- 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 2/3 services and 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, 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.

## 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

This resource, *School Mental Health Intervention and Treatment Services and Supports (Tiers 2 & 3) Quality Guide*, was developed by the National Center for School Mental Health and covers best practices and practical tips from the field in school mental health intervention and treatment services and supports. It also includes a number of customizable intervention and treatment resources, some of which are also featured as resources through out this module and included in your participant guide.

# 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 1a

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

<b>Developmental Level: Age</b> 0-3 3-4 4-5 6-8 9-11 12-15 16-18 19+ Other: _____	<b>Developmental Level: Grade</b> Preschool Pre-K/2K 1-2 3-5 6-8 9-12 Post-High School Other: _____	<b>Gender</b> Female Male Transgender Other: _____	<b>Race/Ethnicity</b> African American or Black American Indian/Alaska Native Asian Hispanic/Latino Other: _____ (Specify or write National Origin or Ethnicity)	<b>Population Subgroups</b> Students with disabilities English Language Learners Students with risk factors (e.g., poverty, homelessness, trauma, etc.) Other: _____
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Language:  Primary  Secondary

Selecting Evidence-Based Programs Page 10

**1b. Intervention Target** Worksheet 1b

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

<b>Behavioral, Emotional, and Physical Health</b> Attention Alcohol and Other Drug Use Anxiety/Depression/Trauma Autism Conduct Emotion Regulation Stress & Resilience Substance Use/Prevention Social Skills Other: _____	<b>Academic and Related Skills</b> Career Instruction/Training Early Childhood Education Language Math Motor Skills Reading Study Skills Time Management Other: _____	<b>Student-Family-School Connections</b> School Safety Support for Academic, Social, and Civic Learning Social Relationships School Connections Physical Education Leadership Professional Relationships Other: _____
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Selecting Evidence-Based Programs Page 11

[https://healthysafechildren.org/sites/default/files/Selecting\\_EBPs\\_Website\\_508.pdf](https://healthysafechildren.org/sites/default/files/Selecting_EBPs_Website_508.pdf)

22

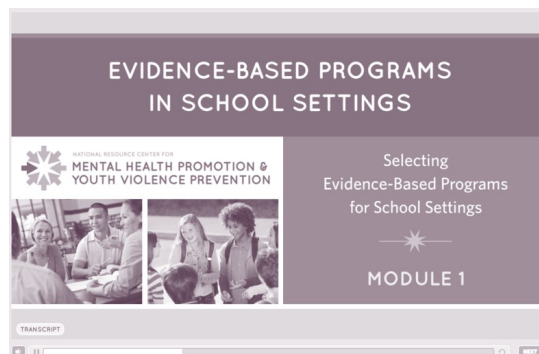
The *Selecting Evidence-Based Practices for Schools* guide, developed by the National Center for Mental Health Promotion and Youth Violence Prevention in partnership with the National Center for School Mental Health, provides detailed, practical information about EBP selection in schools.

It includes worksheets and tools for your team to assess any prospective or current EBP in terms of its relevance to your student population, intervention target, tier of service, mode of delivery, readiness, and impact evaluation capacity.

## 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](http://airhsdlearning.airws.org/EBPModule1/story_html5.html)

This three-part series on evidence-programs in schools, developed by the National Center for Mental Health Promotion and Youth Violence Prevention in partnership with the National Center for School Mental Health, includes 3 parts:

1. Selecting Evidence-Based Programs for Schools
2. Implementing
3. Preparing

[http://airhsdlearning.airws.org/EBPModule1/story\\_html5.html](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.

**Consider** - To what extent did your district/school use best practices to **ensure adequate resource capacity to implement** mental health early intervention and treatment (Tiers 2/3) services and supports?

Of course at this point you might be wondering exactly how much it will cost in staff time to train, implement, and monitor mental health early intervention and treatment activities being implemented. Consideration of these factors is absolutely essential to optimize the fit of any intervention with your local school or district.

### **Best practices for this indicator include:**

- Evaluate staffing capacity needed to implement services and supports, including staff training requirements, qualifications, and time.
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in providing culturally responsive, anti-racist, and equitable Tier 2/3 interventions.
- 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.

# 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.

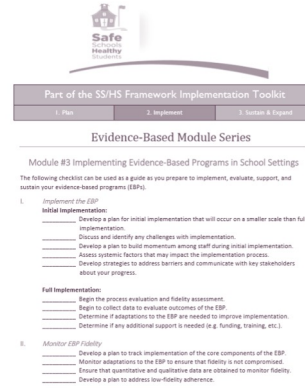
Intervention Name	Tier			Planning/Preparation <i>before or during implementation</i>			Supervision <i>providing or receiving</i>			Delivery			Evaluation and Feedback <i>schoolwide and student-specific</i>		
	1	2	3	Who	Hours/Wk	Duration	Who	Hours/Wk	Duration	Who	Hours/Wk	Duration	Who	Hours/Wk	Duration
<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>

This is an intervention planning form developed by the NCSMH for teams to consider all the relevant details of the capacity needed for implementation prior to deciding to adopt a new practice or intervention.

This form is intended to support the mapping of current or prospective programs and guide conversations about realistic capacity needed and available, as well as to consider all interventions side by side to highlight any areas of duplication or overlap.

## 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>

This is a checklist for Implementing EBPs in School Settings:

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

It is brief and intended to support planning and teaming processes.

## 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.

This district example from Seattle's School Based Health Centers offers an example of how one community delivers Tiers 2 and 3 services and supports in their schools.



## 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.

**Consider** - To what extent did your district/school use best practices to **ensure adequate resource capacity to implement** mental health early intervention and treatment (Tier 2/3) services and supports?

The research is clear that training and professional development is absolutely necessary to support implementation. However, it doesn't stop there. Training should be interactive, and because one-time training rarely results in meaningful practice change, ongoing implementation supports such as coaching and consultation are equally important. Distribution of materials and one-time didactic training 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.

#### **Best practices for this indicator include:**

- Provide interactive trainings (with opportunity for skills practice, role plays, action planning).
- Partner with school- or 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 and other implementation supports 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.



## 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.

As mentioned on the previous slide, one-time training may improve knowledge or attitudes, but not actual practice. Coaching and consultation about the practices directly in the classroom or school setting where they are delivered is the best way to support implementers (such as clinicians, teachers, peer leaders, parent advocates) to learn and apply the skills to deliver the practice or program. The gold standard of training is an interactive workshop with materials and ongoing coaching or consultation.

Train-the-trainer models are increasingly popular for the cost-and-time-effectiveness of investing in the training and coaching of a smaller group of individuals to train others. However, the research literature supporting the effectiveness of this strategy is mixed at best; thus, we recommend if you use this model, you build in a substantial amount of oversight for the trainers and their trainees to ensure fidelity.

Finally, it is important to recognize that training is not an event, it is a process. This is the same with implementation overall. Even with the best planning and support, implementation projects take three years to achieve about 80% success. In order to maximize the return on your investment in training days and materials, ongoing supports should be included.

Here are some action steps you can take for staff trainings:

- Determine who will deliver the training, who will provide ongoing coaching, and what preparation each may need (e.g., current employees or outside consultants attending outside trainings).
- Identify dates and times to conduct staff trainings.
- Review training agenda/slides prior to facilitation to ensure opportunities for skills practice, role plays, and action planning.
- Create an observation and feedback schedule for coaches and implementers (e.g., biweekly observations of implementation with 30-minute scheduled feedback the same week).

## 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.**

This district strategy offers another example of delivering Tiers 2 and 3 services using a triaging system to the right intensity of care.

## 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.

**Consider** - To what extent did your district/school use best practices to **monitor fidelity of mental health early intervention and treatment (Tier 2/3) services and supports?**

Fidelity monitoring goes hand in hand with ongoing implementation supports. In fact, fidelity monitoring activities can be built into coaching and consultation models by adding a fidelity tool or measure to inform specific topics to discuss or skills to model.

#### **Best practices for this indicator include:**

- 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).
  - Quality of program delivery (manner in which facilitator delivers/implements program).

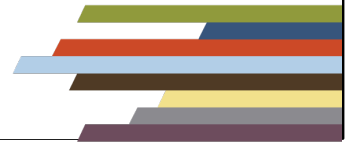
- Disparities, inequities, and disproportionalities related to the implementation of early interventions and treatment services and supports.
- Logistics (conducive implementation environment, number/length of sessions implemented).
- Participant responsiveness to and staff engagement in services and 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 anyone implementing and use the results to continuously improve, adapt, and sustain implementation.

## What Is Fidelity Monitoring?

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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 can be used to measure the presence of a program, practice or initiative as it is used in daily practice. This involves clarifying what the program intends to achieve, in terms of skill development or competencies included and the extent to which a person – the implementer – achieved those intentions.



# 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/nwcc/>), 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

This is a basic fidelity monitoring checklist developed by the NCSMH in collaboration with the American Institutes for Research that can be used the next time you're planning ahead to monitor fidelity to a specific practice or program. The intention of this checklist is to provide a quick reference for different considerations during the planning process, including the identification of fidelity monitoring tools, determining how often you need to collect fidelity data, what you would like to set as an "acceptable" benchmark, and how you will monitor and document changes or adaptations that are occurring in the school setting.



## 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.

When implementing fidelity monitoring tools, consider the following:

- 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.
- Consider:
  - **Some evidence-based programs already have a fidelity monitoring tool, and in other cases the tool may need to be developed.** This can be as informal as routine check-ins about implementation using the initial training materials as a guide. Or, fidelity monitoring methods can include a records review with a tool or checklist of items that might indicate the practice was implemented as intended. **The most common way to monitor fidelity is via a formal observation of implementation with ratings of specific aspects of the implementation.**

- **Adaptation is a natural part of implementation.** Document it and determine how much and what type of adaptations are appropriate as a team with input from implementers and program developers or trainers. Your team will need to decide how to balance fidelity benchmarks and adaptations for each program or practice being implemented.
- Finally, **create feedback loops with the data**, meaning that the **findings are used constructively to learn from and support implementers over time.** Make sure to provide feedback on strengths and areas for improvement. Fidelity data can also be used within district or school mental health teams to indicate how well the program or practice is fitting in the school context. Some programs or practices will inevitably be a better fit than others, and fidelity data can be used to make decisions about whether or not to continue implementation.

### 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?

**Trainer Note:** *The remainder of this module is specific to early intervention and treatment supports and services and includes content that did not appear in Module 5.*

Let's take a few minutes to reflect.

### 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.

### Reflection 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?

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.

**Consider:** *To what extent did your district/school ensure intervention goals are specific, measurable, achievable, relevant, and time bound (SMART)?*

One basic yet critical way to ensure early intervention and treatment services and supports are of consistent quality and students begin with the best chance of success is to create interventions goals that are SMART. SMART goals are:

- Specific
- Measurable
- Achievable
- Relevant
- Time bound

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.

**Best practices for this indicator include:**

- 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.

# 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 you/US?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Timely: When will you achieve this goal?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SMART Goal Worksheet \* Section 7Y: 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 \* Section 7Y: Career Planning Skills, Lesson 1 \* Page 2

Goals should always be developed collaboratively with the student, their parent or relevant family member(s), and school staff as appropriate depending on the type of intervention targets. This worksheet can be used to guide conversations about specific intervention targets to turn them into SMART goals and think ahead about working toward them in a systematic way.

## 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.”*

<u>Problem</u>	<u>Treatment Goals</u>
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.

This resource provides SMART goal examples for specific target problems that students might be working on in early intervention or treatment services. This was developed by clinicians and administrators at a university-based school mental health program that partners with over 25 public schools in Baltimore. It is regularly reviewed and updated based on clinician input. As the use of SMART goals are an expectation of the program and important component of its accreditation, chart reviews are completed on a biannual basis to ensure treatment plans include SMART goals and identify any training or implementation needs within the program to ensure treatment plans are of consistent quality. This document has been especially useful for clinical interns and newly hired clinicians who are learning the documentation and treatment planning process.



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.

**Consider:** To what extent did your district/school **monitor individual student progress** across tiers?

At times, Tiers 2 and 3 services and supports may operate more like a continuum than two distinct categories. A student should be recommended for services and supports based on data and input from the student, their family, and school staff. Similarly, progress monitoring should inform when a student should continue, change, or discontinue services and supports.

#### **Best practices for this indicator include:**

- 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.

## 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.

Progress monitoring and feedback is an evidence-based practice for improving student outcomes in early intervention and treatment services. Unfortunately, this practice is not used very routinely by clinicians due to implementation challenges such as not having access to the measures they like or need and having very limited time in their school day.

With focused effort, progress monitoring and feedback is definitely feasible in schools and can make a big difference in student outcomes.

Here are some tips about what is involved in progress monitoring and feedback, including reminders about making sure data are used to make collaborative decisions about services and supports with students, their family, and school staff when appropriate.

## 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

Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Foa's Child PTSD Symptom Scale (CPSS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Trauma	Student (8-18) Clinician (8-18)
Generalized Anxiety Disorder-7 (GAD-7)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Trauma	Student (11-19+)
Patient Health Questionnaire-9 (PHQ-9)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Depression/Mood	Student (11-19+)
Revised Child Anxiety and Depression Scale (RCADS)	Screening/Initial Evaluation Diagnostic Progress Monitoring	Anxiety Depression/Mood	Student (grade 3-12) Caregiver (grade 3-12)

<https://theshapesystem.com/assessmentlibrary/>

This Screening and Assessment Library can be found on the SHAPE System once your school or district opens its SHAPE account. This resource is a searchable library of free or low-cost screening and assessment measures related to school mental health, including academic, school climate, and social, emotional, and behavioral focus areas. Search filters allow you to narrow your results by focus area, assessment purpose, student age, language, reporter, and cost.

The library was developed through a comprehensive review of publicly available or low-cost measures conducted by the Center for School Mental Health. Each measure was coded according to information available in the public domain using a standardized rubric developed through a team approach.

# Student Information Systems Data Brief

## Resources

- 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 schools and districts 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 as needed, and monitor progress and outcome data to understand the impact of the services provided. However, the actual practice of monitoring student progress and outcomes in response 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 (Parks, 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 that assist in the organization and management of student data. (U.S. Dept. of Education, 2008, p. 2). Typically, SIS track data that are manually entered and then consolidated by the system. This results in 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 systems.** 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 make a comprehensive list of SIS. SIS can support school teams in monitoring student progress by:

- Providing early identification of students who need additional supports
- Supporting decision-making about how to reach student needs to services
- Helping to assess the 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 is a critical aspect of operating a high-quality school mental health system. DDDM is the process of using observation and other relevant data information to make decisions that are fair and effective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple site mental health activities across multiple site mental health activities. DDDM-based systems can monitor and school-level data to help educators better understand student progress. Having a

Appendix			
Name	Basic Information	Type of Data Collected	Special Features
Aeries	• A software system that manages student information	• Attendance • Seating charts • Test scores	• 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	• Identifies students who are at risk of dropping out • Tracks student progress	• Alerts for early intervention by sending students to appropriate interventions
GradeWeb	• 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 supports a campus's environment	• Tracks student activity, including student behavior (learning and engagement) • Attendance, etc.	• Can report student information to states and parents (parents' administration can give constant feedback) • Tracks class schedules • Parent portal access • High security standards
Infinite Campus	• An information system platform for consolidating student information	• Attendance records • Grades • Student behavior	• Tracks individuals or student population progress
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 • IEP processing	• Creates multiple versions of tests • Information displayed in real-time
SIVIS 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 intensive

This brief was developed by the National Center for School Mental Health in response to numerous technical assistance requests from schools and districts to provide guidance about available student information systems. The brief is a result of a review of the literature as well as input from schools and districts nationwide that reported on the information systems they use.

## 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.

This district example shows how one school-community partnership team increased progress monitoring and feedback practices among their clinicians by:

1. focusing on a specific Tier 2 social skills group
2. starting with two clinicians to better understand the process
3. developing tools to support clinicians' work
4. requesting clinician feedback and input about the new progress monitoring practices to determine how to support continued implementation.

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.

**Consider:** To what extent did your district/school **monitor individual student progress** across tiers?

Having and implementing a systematic protocol for emotional and behavioral crisis response is particularly important for any comprehensive school mental health system, and often particularly relevant within the early intervention and treatment service array.

### **Best practices for this indicator include:**

- Develop a protocol for emotional and behavioral crisis response based on team (staff, family, student, community partner) 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 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.
- Provide training to all school-based staff about the specific types of behaviors, traumatic events or crises that would warrant a referral for an emotional and behavioral crisis response
- Include instructions that identify mental health provider coverage considerations for each day of the week and offer crisis prevention and de-escalation tips that are trauma-informed and healing-centered; also include considerations for staff in the event of an emotional and/or behavioral crisis occurring at a time when there is limited or no 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, 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.



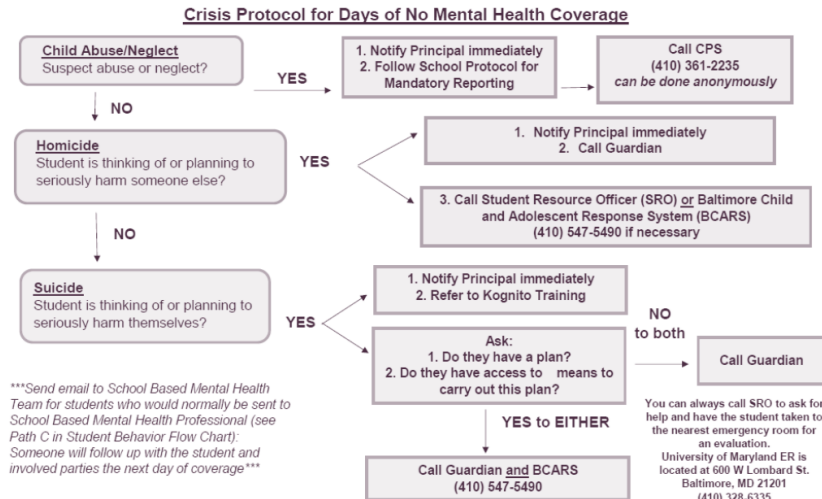
## Creating Protocols for Student Crises

- 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

If you don't have a protocol for: addressing student crises, or you need to improve what you have, these tips may be helpful for your team.



## Example Crisis Response Protocol



Published by New Song Learning Center Mental Health Team, 2017  
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This is the most basic version of a crisis response protocol at the school building level. It was developed through a collaborative process led by school mental health providers (a school social worker, school psychologist, and community mental health clinician) with input from school administrators, teachers, and other staff to specifically address the need for a consistent crisis response process for days without mental health coverage. Despite having three school-based mental health providers at this elementary/middle school, none of them were full-time at the school and there were one to two days a week that the school was without coverage.

The protocol is part of a series of guidance documents that was developed by the mental health team to provide more information and support to school staff about how to respond to student mental health needs at varying levels of intensity and severity. The overall focus of this effort was to ensure students are connected to a mental health provider as soon as needs are identified, and to optimize communication and consistency among all school staff, including school-based mental health professionals (see resource mapping example in Module 3). The team also developed a protocol outlining recommended graduated levels of response to specific student needs with an emphasis on supporting students' coping and behavioral regulation in class whenever possible.

# 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.

<b>A. General Overview</b>	
Overview	A-1
Checklist for Crisis Intervention Procedures – In Advance of a Crisis	A-2
Checklist for Crisis Intervention Action Plan – In the Event of a Crisis	A-3
Crisis Management Reporting Form	A-4
Informing the School Community and	A-4, A-5
Guidelines for Media Response/Release	
<b>B. Crisis Response Team</b>	
Assembling a Crisis Response Team	
Emergency/Crisis Response Emergence	
Emergency/Crisis Response Emergence	
Crisis Response Team Core Tips	
<b>C. Death, Dying and Loss</b>	
Checklist for a Crisis Involving Death	
Sample Announcement to Staff Following	
Sample Letter to Students Following a	
Sample Letter to Families Following a	
Common Stages of Grief	
Ways for Families to Help Youth with	
Tips for Teachers to Help a Student A	
<b>D. Assault/Harassment</b>	
Assault/Harassment Introduction	
Checklist for a Crisis Involving Assault	
Sample Letter to School Community	
SFUSD Complaint Procedure Request	
SFUSD Incident Report	
<b>E. Suicide</b>	
Checklist for a Crisis Involving Suicide	
Sample Letter to School Community	
Indicators of Potential Suicide	
Assessing for Suicide Potential	
Suicide Contingency	
Preventing Teen Suicide: Know the W	
Preventing Teen Suicide: Getting Help	
<b>F. Physical Disaster</b>	
Checklist for a Crisis Involving Physical	
Sample Letters to Families Following	
Common Responses to a Physical Cr	

<b>G. Classroom or After-School Support Activities</b>	
Defining Responsibilities of Crisis Response Team	G-1, G-2
Classroom Crisis Response Discussion Lesson Plan	G-3
Reflection Questions: Elementary School	G-6
Reflection Questions: Middle School	G-7
Reflection Questions: High School	G-8
Post-Crisis Incident Extension Activities	G-9
Elementary Extension Activities	G-10, G-11
Secondary Extension Activities	G-12, G-13
<b>H. School Site Professional Development:</b>	
Responding to a Crisis	
Sample Staff Agenda	H-1
Crisis Response Training Slides/Handouts	H-2, H-8
The Legend of the Green	H-9
<b>I. Resources</b>	
Crisis Response Community Resources	I-1
Post-Traumatic Stress Evaluation	I-2
Responses and Interventions to Crisis: Preschool through Second Grade	I-3
Responses and Interventions to Crisis: Third through Fifth Grade	I-4
Responses and Interventions to Crisis: Adolescents/High School	I-5
Inventory of Disaster Supplies Kit	I-6

This resource is an example of a school crisis response protocol developed for a specific school district. The purpose of the manual is to provide 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.”

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.

# 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

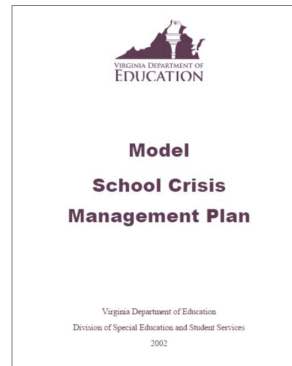


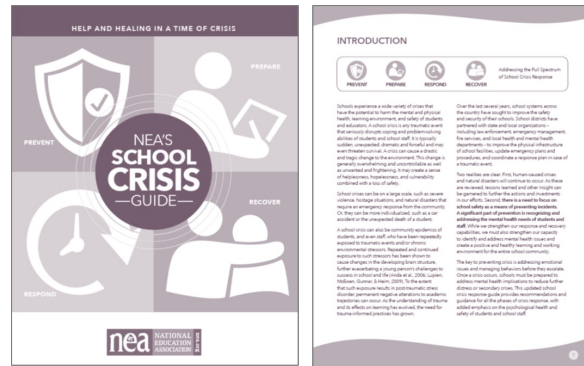
TABLE OF CONTENTS	
I. Policy	1
Intent and Purpose of Crisis Management	1
School Board Policy Statement	1
II. Response/Recovery Plan - School Crisis Management Plan	5
Overview and Summary	5
School Crisis/Event Response and Recovery Plan	5
Annual Drill Schedule for All Schools	12
III. Communication Plan - School Crisis Management Plan	13
Crisis Response Team	13
Crisis Response Procedures	13
Media Relations	18
IV. Crisis Response - Emergency Management	28
Identifying and Responding to Common Response Types	28
School Closure/Response Protocol	40
Response Procedures for Potential Events at School Settings	40
Self-Defense Procedures - Comprehensive High School	48
Self-Defense Procedures - Comprehensive High School	48
Emergency Evacuation/Response	51
Fire Procedures	51
Severe Weather	51
Emergency Shelter	51
V. Response/Recovery - Schoolwide Crisis Management - Response/Recovery Plan on Crisis	60
Schoolwide Crisis Management	60
Schoolwide Crisis Management - Response/Recovery Plan on Crisis	60
Schoolwide Crisis Management - Response/Recovery Plan on Crisis	60
VI. Crisis Response	60
Crisis Response	60
Communication with Parents and the Community	70
Communication with Media	70
VII. Crisis Response - Emergency Management	82
VIII. Response - Response/Recovery Plan	128
IX. School Response and Recovery Plan	128
Appendix	
Appendix A: Sample Statement and Communication	A-1
Appendix B: Planning Survey and Checklist	B-1
Appendix C: Self-Defense and Crisis Response Procedures	C-1
Appendix D: Self-Defense and Crisis Response Procedures	D-1
Appendix E: Response	E-1
Appendix F: Form	F-1

This is another example of a comprehensive crisis management plan for a district that features a model crisis management plan for a specific school as part of the guidance. Therefore, information about crisis management planning and activities at the school and district level is included.

# 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



A separate but related type of crisis response protocol is one that is focused primarily on traumatic events or crises that affect the entire school community. This resource from the National Education Association provides guidance for schools to prevent, prepare for, respond to, and recover from such large-scale school crises, such as severe violence, hostage situations, or natural disasters that require an emergency response from the community. School crises can also be more individualized, such as a car accident or the unexpected death of a student. This type of protocol may be particularly relevant for school safety planning.


# Suicide Prevention in Schools

- Background and prevalence
- Suicide risk factors
- Role of school in suicide prevention and postvention
- Resources

**IssueBRIEF** SAMHSA Project AWARE

### Suicide Prevention In Schools

By Maureen Underwood, LCSW, CDP



Any school that has been touched by a student suicide is aware of the tragic reality of the national epidemic surrounding suicide. Suicide has become the second leading cause of death for people aged 10 to 34. In 2014, the Centers for Disease Control and Prevention (CDC) reported that the suicide rate of students in high schools and colleges (ages 18-24) is increasing by 10% of those aged 10 to 14 who died in car crashes.<sup>1</sup>

The pervasiveness of suicidality in youth is captured more directly every other year by the CDC in its Youth Risk Behavior Survey (YRBS). This survey provides data representative of 50 through 120 grade students in public and private schools throughout the country. It contains health-risk behaviors that contribute to the leading causes of death, and it provides some insight through anonymous reports by students of many behaviors.

Consider, for example, the 2017 YRBS data on four survey questions that ask students with suicide risk to answer questions about suicidal thoughts. The data shows that 20.9% of students reported suicidal thoughts in the past 12 months, 17.7% considered attempting suicide, 14.0% made a plan about how they would attempt suicide, and 8.9% attempted suicide one or more times.

These troubling statistics tell us that at any point in an academic year, a significant percentage of students are in desperate need of the quality care being sought for suicidal thoughts. What we do not understand is how many of these students are those that feel that

passive thoughts of death, or what the prevalence of suicidal thoughts are in general populations. We know that additional research on the predictors of the thoughts that may lead to suicide death, as well as a better understanding of why suicide risk behaviors so dramatically during the transition from childhood to adolescence (BEC - Genera & Blevins). These questions highlight the need for a better understanding of the professional health challenges that can lead to thoughts of suicide and their relative effect on worsening academic performance.

Although there are many unanswered questions about suicide risk in youth, recent data does suggest an association between suicidality and academic 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 achieving students with mostly As indicated that they had experienced a suicidal period of sadness (over two weeks) that had caused them to change two class activities, 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 As answered "sometimes/often/sometimes" (question 1).

QUESTION	PERCENTAGE
1. During the past 12 months, did you have suicidal thoughts or ideas (even if you did not report them to anyone)?	20.9%
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?	8.9%

There are many resources to support schools on the topic of suicide. This resource, developed by the Now Is the Time Technical Assistance Center, provides an overview of the prevalence of and risk factors for youth suicide and the role of schools in preventing and responding to student suicide. It also provides several resources helpful to schools.

<https://www.dropbox.com/s/kmfop7pw4af7r74/Screenshot%202019-03-01%2018.15.33.png?dl=0>

## 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

Technology solutions are increasingly being used by schools to support students with more intensive mental health needs.

Telemental health equipment allows schools to access specialty mental health providers in the community, including child and adolescent psychiatrists and other mental health providers that may be scarce or unavailable for direct care in schools.

Telemental health has been successfully used in both urban and rural settings as a way to increase access to care.

Telemental health encompasses a variety of models including direct care of students, multi-site consultation (where the provider is consulting to several school sites), and didactic training (where a provider uses video technology to offer educational information to school staff and others).

## 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/>

For students with complex needs, including serious emotional and behavioral challenges, it may be helpful for schools to partner with families and community providers to offer a holistic approach.

Two models that have been used by many schools and communities are Wraparound Services and Community Schools.

Wraparound provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Wraparound puts the child or youth and family at the center. With support from a team of professionals and natural supports, the family’s ideas and perspectives about what they need and what will be helpful drive all of the work in Wraparound. <https://nwi.pdx.edu/wraparound-basics/#whatisWraparound>

Community Schools are both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, health and social services, youth and community development, and community engagement leads to improved student learning, stronger families, and healthier communities. Schools become centers of the community and are open to everyone – all day, every day, evenings, and weekends.

<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.

We will now consider how this module and quality indicators fit with your understanding and implementation of mental health early intervention and treatment services and supports.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.



## Resources

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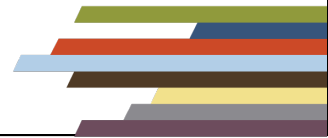
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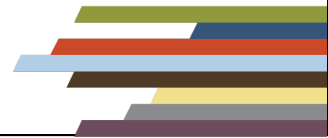
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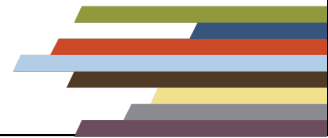
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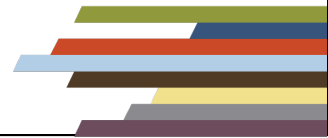
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## Resources

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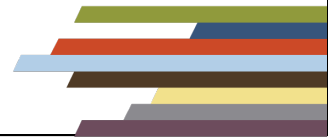
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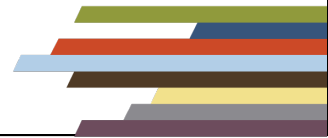
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**MHTTC**

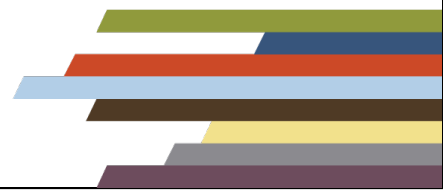
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# Resources



## 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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
-----------	------------	---------------	-----------	-------------------	------------

**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

<b>District Support Total (Questions 13-16): _____</b> <b>District Support Average (Total/4): _____</b>
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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.

*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 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?

- 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.



## 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?*

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**Measurable:** *How will you know when you have reached this goal?*

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**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?*

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**Relevant:** *Why is this goal significant to your life?*

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**Timely:** *When will you achieve this goal?*

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**This goal is important because:**

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**The benefits of achieving this goal will be:**

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**Take Action!**

**Potential Obstacles**

**Potential Solutions**

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**Who are the people you will ask to help you?**

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**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 system<sup>1</sup>. 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.

<sup>1</sup>This 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](http://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.<sup>2</sup> For SISs that incorporate student medical records, HIPAA would be especially important.

<sup>2</sup><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.”<sup>3</sup> 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.

<sup>3</sup><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.<sup>4</sup> 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.”<sup>5</sup>



In the case of web-based SISs, it is important to be aware of the trustworthiness of the CA that has issued the SSL.

<sup>4</sup>[https://www.digicert.com/ssl/?&gclid=CjwKEAju--DLBRCN\\_bW36taJkhwSJABSMEduig-rdK1-IEYym4w1UNkaVwpq8MQ8Hg6PQ70aCxvbZyhoCSerw\\_wcB](https://www.digicert.com/ssl/?&gclid=CjwKEAju--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 <a href="http://www.powerschool.com">www.powerschool.com</a>
Infinite Campus	(800) 850-2335 <a href="http://www.infinitecampus.com">www.infinitecampus.com</a>
Aeries	(888) 487-7555 <a href="http://www.aeries.com">www.aeries.com</a>
Maxient	(434) 295-1748 <a href="http://www.maxient.com">www.maxient.com</a>
Hero	(800) 396-1615 <a href="http://www.herok12.com">www.herok12.com</a>
SWIS Suite	(855) 455-8194 <a href="http://www.pbisapps.org/applications/pages/SWIS-suite.aspx">www.pbisapps.org/applications/pages/SWIS-suite.aspx</a>
Early Warning System	<a href="http://www.earlywarning systems.org">www.earlywarning systems.org</a>
Maestro	(954) 453-9705 <a href="http://unbouncepages.com/maestro-sis-software">unbouncepages.com/maestro-sis-software</a>
Gradelink	(800) 742-3083 <a href="http://www.gradelink.com">www.gradelink.com</a>

### **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**

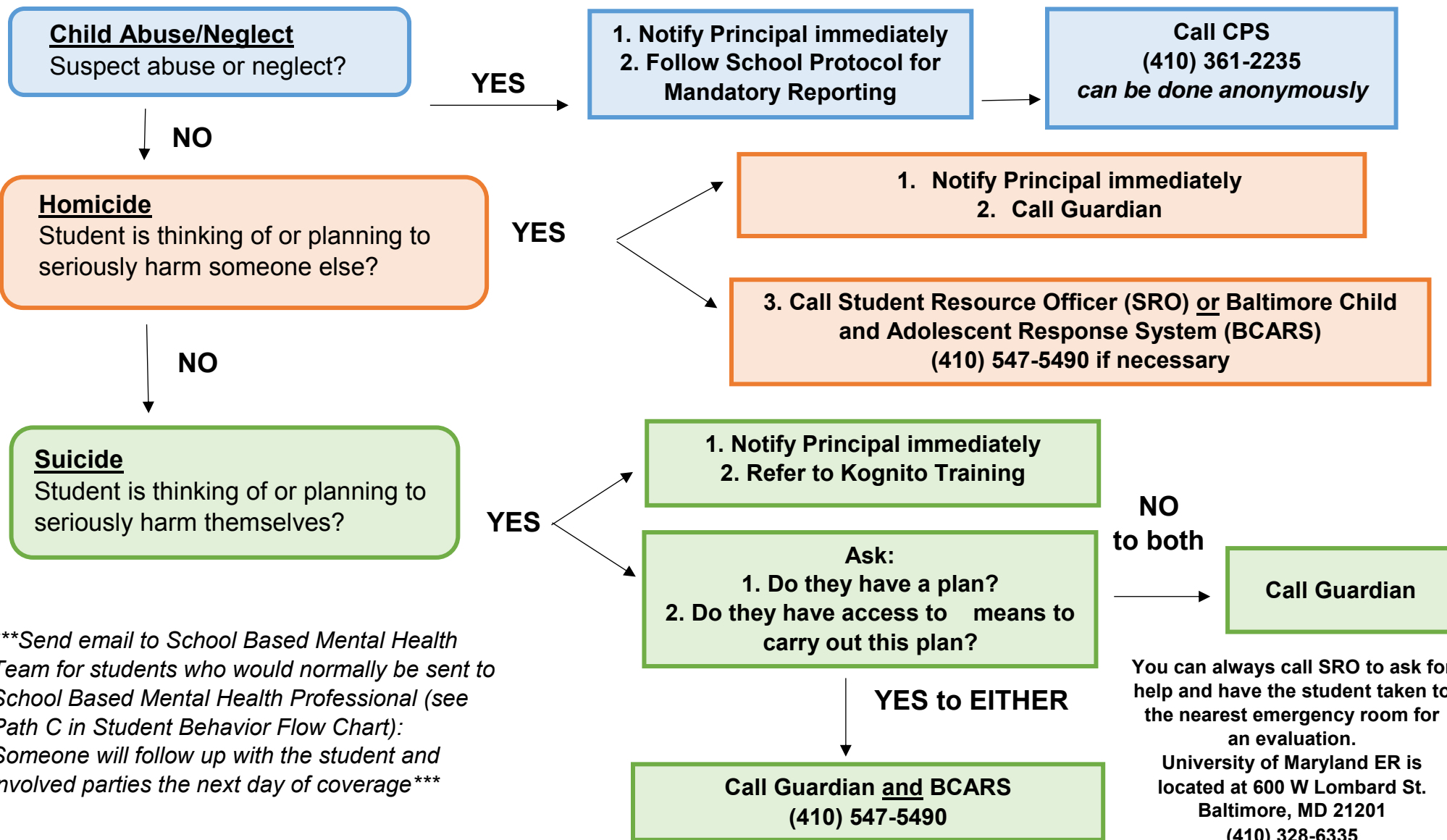
Connors, E., Wigand, K., Moffa, K., Hoover, S., & Lever, N. (2019, March). *Student information systems*. Baltimore, MD: National Center for School Mental Health.

## Appendix

Name	Basic Information	Type of Data Collected	Special Features
Aeries	<ul style="list-style-type: none"> <li>• A software system that manages student information</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance</li> <li>• Seating charts</li> <li>• Test scores</li> <li>• Grades, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Connects students, parents, administration, counselors, and teachers</li> </ul>
Early Warning System	<ul style="list-style-type: none"> <li>• A web-based tool that helps identify students who are at risk of dropping out</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies students who are at risk of dropping out</li> <li>• Tracks student progress</li> </ul>	<ul style="list-style-type: none"> <li>• Allows for early intervention by matching students to appropriate interventions</li> </ul>
Gradelink	<ul style="list-style-type: none"> <li>• An information system that contains data and monitors students</li> </ul>	<ul style="list-style-type: none"> <li>• Collects attendance</li> <li>• Discipline and medical records</li> <li>• Report cards</li> <li>• Grades</li> </ul>	<p>Accessible anywhere there is internet</p>
Hero	<ul style="list-style-type: none"> <li>• A web and mobile application that captures a campus's environment</li> </ul>	<ul style="list-style-type: none"> <li>• Monitors student activity, including student behavior (warnings and consequences)</li> <li>• Attendance, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Can report student information to states and parents/caregivers</li> <li>• Administration can give instant feedback concerning referrals</li> </ul>
Infinite Campus	<ul style="list-style-type: none"> <li>• An information system platform for consolidating student information</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance records</li> <li>• Grades</li> <li>• Student behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Tracks class schedules</li> <li>• Parent portal access</li> <li>• High security standards</li> </ul>
Maestro	<ul style="list-style-type: none"> <li>• An information system that creates individualized plans of study for students</li> </ul>	<ul style="list-style-type: none"> <li>• Academic progress</li> <li>• Discipline records</li> <li>• Grades</li> </ul>	<ul style="list-style-type: none"> <li>• Tracks individuals or student population progress</li> </ul>
Power School	<ul style="list-style-type: none"> <li>• A web-based system that manages teachers' tasks and student information</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral data</li> <li>• Classroom performance</li> <li>• Attendance</li> <li>• Grades</li> <li>• IEP processing</li> </ul>	<ul style="list-style-type: none"> <li>• Creates multiple versions of tests</li> <li>• Information displayed in real time</li> </ul>
SWIS Suite	<ul style="list-style-type: none"> <li>• A web-based information system that summarizes student behavioral data for decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Student behavior data</li> </ul>	<ul style="list-style-type: none"> <li>• Allows schools to track data over 3 tiers—universal, targeted, and intensive</li> </ul>



## 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

## Training Goals and Objectives

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 advance sustainability.
3. Describe best practices for school mental health funding and sustainability.

# Design and Time – Module 7

Section	Description	Components	Time
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>Title and disclaimer</li> <li>Agenda</li> </ul>	5 minutes
Definition of school mental health funding and sustainability	Define and distinguish school mental health funding and sustainability as distinct constructs	<ul style="list-style-type: none"> <li>Definition of funding and sustainability</li> </ul>	5 minutes
Funding and sustainability quality indicators and best practices	<p>Review each quality indicator and associated best practices</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Several reflections including:</p> <ul style="list-style-type: none"> <li>Current funding sources being accessed to support school mental health, and which remain to be explored</li> <li>Ideas to expand potential funding partners</li> <li>Optimization of Medicaid and private insurance in the state</li> <li>Policies that are or should be in place to sustain school mental health in the state or district</li> </ul>	<ul style="list-style-type: none"> <li>Used best practices to:               <ul style="list-style-type: none"> <li>Use multiple and diverse funding and resources to support full continuum of school mental health</li> <li>Leverage funding and resources to attract potential contributors</li> <li>Have strategies in place to retain staff</li> <li>Maximize expertise and resources of partners to support ongoing professional development</li> </ul> </li> <li>Had funding and resources to support:               <ul style="list-style-type: none"> <li><u>Tier 1</u> (mental health promotion) services</li> <li><u>Tier 2</u> (early intervention) services</li> <li><u>Tier 3</u> (treatment) services</li> </ul> </li> <li>Maximized reimbursement for eligible services</li> </ul>	35 minutes
Strategic planning	District strategic planning for funding and sustainability	<ul style="list-style-type: none"> <li>State specific goal for funding and sustainability domain</li> <li>Three action steps to advance goal</li> </ul>	15 minutes



**MHTTC**

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



## **Module 7: Funding and Sustainability**

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

1

Welcome to Module 7 of National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools – Funding and Sustainability.

Module content was developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center (MHTTC) Network.





**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.

## Disclaimer



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Disclaimer



## Agenda

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

In this module, we will review the definition of school mental health funding and sustainability and opportunities to secure and leverage diverse funding sources and to sustain successful school mental health systems.

We will review quality indicators and best practices for the funding and sustainability domain, and then will engage in district 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.

School mental health funding and sustainability refers to the strategies to optimize financial and nonfinancial assets needed to maintain and improve your school mental health system over time.

Sustainability is always evolving, but the goal is to ensure that your operational structures and capacity are sound and that your system can grow and adapt to match the changing needs of your students, families, schools, communities, and other systems.

Funding is intended to cover the costs of the school mental health system. It does not have to go directly to the school but could be a funding partnership with community or other partners to provide services to students and families in the school.

## 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

This is a list of the quality indicators for the Funding and Sustainability domain.

For each of these indicators we will discuss best practices, resources, and helpful tips.

## 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.

**Consider:** 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?

Having multiple and diverse funding and resources to support a full continuum of school mental health services and supports is essential for building and sustaining high-quality school mental health systems.

#### **Best practices for this indicator include:**

- 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) that meet the needs of a diverse school community.
- Establish and use a process to develop, 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.

## Explore Diverse Funding Opportunities

---

- School
- Local/district/county
- Tribal
- Territory
- State
- Federal
- Private foundations, donors



To maximize funding for your school mental health system, it is helpful to explore funding from diverse sources, all the way from school funding to federal funding, both public and private.

Some examples of funding include:

- School (e.g., principal discretionary dollars, funding from PTA/PTO, private donations)
- Local (e.g., general revenue, categorical revenue, taxes, community businesses)
- State (e.g., block grant programs to develop school behavioral health infrastructure, Children's Health Insurance Program- health coverage for families with incomes too high to qualify for Medicaid but who cannot afford private coverage, state health initiatives, taxes)
- Federal funding (e.g., block grants, project grants, legislative earmarks, direct payments)
- Private foundations/donors (e.g., pilot projects, behavioral health prevention and/or promotion activities)

Because it can be challenging to rely on a single source of funding for school mental health services and supports, programs should strategically identify and use multiple funding streams. Two common strategies to combine multiple funding sources are braided funding and blended funding.

- Braided funding occurs when various agencies pool and coordinate resources to provide needed services, while maintaining the integrity of each agency's funding stream. Administratively, braided funding requires ensuring that funds from each source is used for particular costs; funders often require a detailed explanation of how funds are used.
- Blended funding occurs when separate agencies contribute to a common pool or comingle funds into a single source from which agreed service goals are purchased.



## 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

This example illustrates how one large urban district was able to leverage funding from education, mental health, private foundations, and fee-for-services to collectively support community-partnered school mental health.

As part of this system, 55% of funds are secured through fee-for-services reimbursement, 35% through mental health and education funds at the district level, and 10% 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

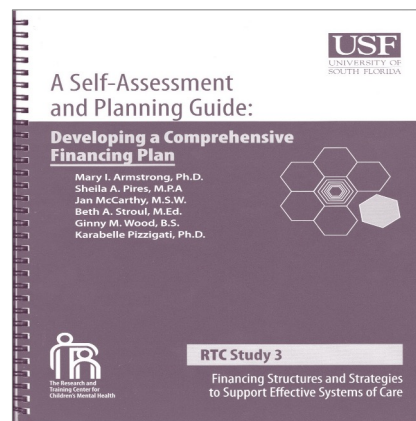
This Pennsylvania state example illustrates how one state with a long history of success in advancing comprehensive school mental health at the state and district levels has used braided funding to help support its school mental health services and supports.

Funding to support their system has come from fee-for-service revenue, mental health and substance use allocations, education training funding, and drug and alcohol funding to counties to support prevention efforts.

## 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**



Developing a financing plan can guide the team's funding and sustainability efforts.

This Self-Assessment and Planning Guide developed by the Research and Training Center for Children's Mental Health offers practical strategies and tools to help a team to develop a comprehensive financing plan.

The **Self-Assessment and Planning Guide: Developing a Comprehensive Financing Plan** addresses seven important areas to assist systems/sites to develop comprehensive and strategic financing plans for building effective systems of care:

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...				

(NCSMH, 2018)

12

***First – you need to clarify what you will need and by when.***

### ***What will you need to pay for?***

- Services and supports:
  - Types?
  - How many students/families?
  - For how long?
- Infrastructure needs
- Supportive operations (e.g., continuous quality improvement [CQI], contracting)
- Unique costs of ramping up
- Other costs?

This resource offers a guide for planning future costs in categories and over time.

## Funding Resource Mapping Worksheet

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)

13

***Next, we map current resources.***

***What resources do we already have to work with?***

- Grant funds
- Ongoing funding streams, amounts
- Matching resources that will remain available
- In-kind contributions
- Complementary spending by other systems
- Existing infrastructure components that will persist
- Existing operational spending that will persist
- *What else?*

This resource helps to map current funding including source and amount of funds, funding restrictions, and time frame of funding availability.

## Funding Gap Analysis Worksheet

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)

14

**Next, we determine gaps between needs versus existing resources.**

***What is the gap between current spending and projected fiscal needs?***

- By services and supports
- By subpopulations
- By strategy or activity
- By fiscal year

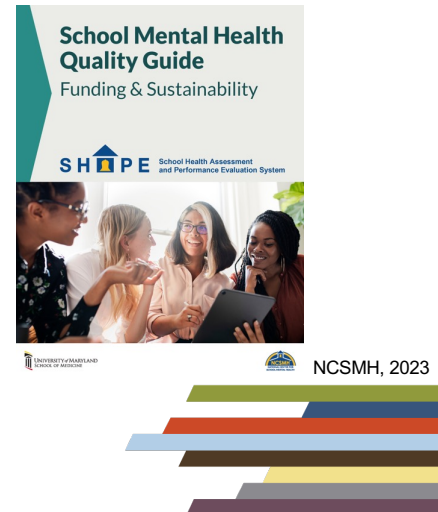
The Funding Gap Analysis Worksheet can be used to help teams assess the current costs of their school mental health system, available resources, and gaps in funding over multiple years.

## 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



This resource, *School Mental Health Funding and Sustainability Quality Guide*, was developed by the National Center for School Mental Health and covers best practices and practical tips from the field in school mental health funding and sustainability. It also includes a number of customizable funding resources, some of which are also featured as resources through out this module and included in your participant guide.

## 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

Let's take a few minutes to reflect.

## Reflection:

In your district, which funding sources are **currently being accessed** to support school mental health and which **remain to be explored**?

### Funding Sources to Consider

#### 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

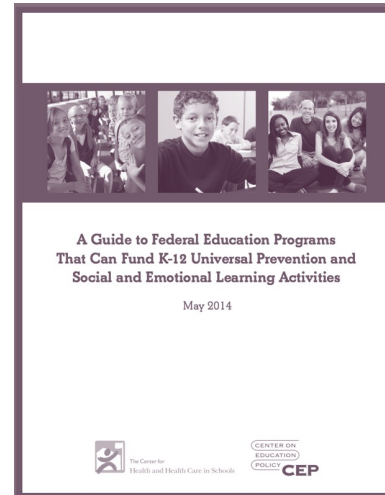
**Private Funds:**

- Insurance coverage
- 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.



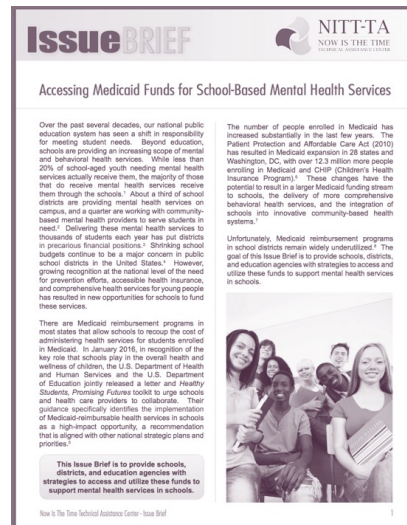
Federal education funding has often been overlooked by school districts in search of sources of support for prevention. This guide developed by the Center for Health and Health Care in Schools at the George Washington University Milken School of Public Health is intended to help districts take advantage of those funds by identifying K-12 grant programs in the U.S. Department of Education (ED) that could be used to implement prevention efforts in elementary and secondary schools.

<http://healthinschools.org/issue-areas/school-based-mental-health/federal-education-funding-guide-for-sel-programs/#sthash.qKVopO4Q.dpbs>

# Accessing Medicaid Funds for School-Based Mental Health Services

Resources

This Issue Brief provides strategies to access and utilize Medicaid funds for school mental health.



This Issue Brief, designed by the Now Is the Time Technical Assistance Center, provides schools, districts, and education agencies with strategies to access and utilize these funds to support mental health services in schools.

<http://www.fredla.org/wp-content/uploads/2015/09/Medicaid-for-School-Based-MH-Services.pdf>

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.

**Consider:** To what extent did your district/school **leverage funding and resources** to attract potential contributors?

To adequately support a comprehensive school mental health system, it is beneficial to leverage resources to attract potential contributors.

**Best practices for this indicator include:**

- 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.



## 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.

### **Some helpful tips for leveraging funding resources include:**

- Conduct a comprehensive scan of existing funding opportunities available at the school, local, state, and federal levels.
- Establish partnerships with outpatient hospital and community behavioral health programs and other agencies and organizations to expand available services to students and leverage existing funding resources and infrastructure.
- Develop a Memorandum of Understanding (MOU) that clearly documents agreed-upon services (e.g., the local department of education agrees to commit funds to support x FTE in schools by a particular program in return for the local department of health providing professional development related to x school-based staff).
- Think beyond dollars and consider exchanging services, such as professional development and training. For example, if one group is very skilled at providing training on a given evidence-based program or practice, instead of the school or the community partner having to purchase that, they can exchange that service as a way of sharing funding expenses.

### 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.

Let’s take a few minutes to reflect.

### Reflection:

What ideas does your district have to expand potential funding partners?

### Reflection Considerations:

- Identify three 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 two potential “investors” in the expansion and sustainability of your initiative who have not been engaged before.

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.

**Consider:** To what extent did your district/school have **strategies in place to retain staff?**

Retention of staff is important for student, family, and school staff relationships and trust and is cost-effective. Hiring and training new staff is time-consuming and costly.

### **Best practices for this indicator include:**

- 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, monitor, and evaluate staff wellness activities.
- Engage diverse staff to provide input on how to optimize staff retention across different 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.



## 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

This example illustrates how one community-partnered school mental health program in an urban district in Maryland has been able to successfully retain staff for an average of over 6 years through:

- Integrating federal loan forgiveness programs for providers in underserved settings
- Offering ongoing high-quality professional development training opportunities through conference attendance, training in evidence-based practices and programs, case conferences
- Opportunities for professional growth and leadership
- Staff recognition as part of biweekly meetings (e.g., shout-outs)
- Being flexible with schedules and ability to work part-time
- Integrating staff wellness into meetings



## 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.

**Consider:** To what extent did your district/school **maximize the expertise and resources of all stakeholder groups** to support ongoing professional development activities?

Ongoing professional development is critical for staff to be able to perform at the highest levels of functioning.

The expertise and resources of all stakeholder groups should be used to maximize professional development activities.

#### **Best practices for this indicator include:**

- Poll school staff members (e.g., teachers, nurses, school social worker/psychologist, guidance counselors, behavioral specialists, administrators), community providers and 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.
- 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
- 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)

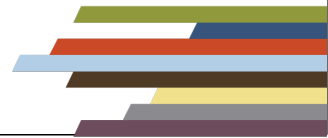
Here are some action steps you can take to maximize the expertise and resources of all stakeholder groups to support ongoing professional development activities:

- Make a list of potential trainings that can be available based on expertise of core partners.
- Set up and widely disseminate a training calendar of available trainings.
- Develop a listserv to keep people informed of available trainings.
- Convene a training committee dedicated to finding and providing training opportunities.



## 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



### **Examples of how training expertise of all partners may be maximized include:**

- Community mental health providers training teachers on identification of mental health problems
- School psychologists training community mental health providers on school language and policies
- 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

## 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?

**Consider:** 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?

It is important to have funding for services and supports within each tier of a multitiered system of support.

**Consider:** To what extent did your school maximize reimbursement opportunities for eligible services?

Maximizing opportunities to be reimbursed for services is a necessary component in building a sustainable school mental health system.

### **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?

Let's take a few minutes to reflect.

### **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

Five dimensions can be explored within Medicaid to better support school mental health:

- **Maximize enrollment of eligible children** by assisting with enrollment in Medicaid and the Children's Health Insurance Program.
- **Expand covered services and supports** to include, for example, teacher consultation, parent support, case management, and prevention approaches.
- **Create new provider types** to include, for example, parent support partners and graduate trainees.
- **Use cross-system strategies** to optimize funding. For example, school mental health can be supported with braided or blended funding or a case rate model using funds from multiple child-serving systems including education, mental health, child welfare, juvenile justice, and developmental disabilities.
- **Improve reimbursement methods** to include:
  - Fee-for-Service
  - Prepaid Capitation ("managed care")
  - Case Rate ("managed care")

In a fee-for-service system, the state should review fee schedule for home- and community-based services on a regular basis to ensure adequacy of rates. School-based services should be allowed and should be at reimbursement rates similar to home and community-based services.



## 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

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is the child health component of Medicaid. Children under age 21 enrolled in Medicaid are entitled to prevention and treatment services. Find out how well **EPSDT** is accessed in your state 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 **continuously monitor**:
  - Your own state **Medicaid plan and waivers**
  - What **other states** are requesting/receiving Center for Medicare and Medicaid Services (CMS) approval for
  - **Federal guidance** to states about effective ways to use Medicaid coverage
  - **Public education/policy** initiatives and useful websites/groups/resources including Kaiser Family Foundation and Center for Health Care Strategies Inc.

## 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.

There are numerous innovations in states to fund school mental health services. Examples from six states are highlighted below:

**Alabama** – Departments of Education and Mental Health developed cross-system funding to support school mental health programming.

**Arkansas** – Department of Social Services changed the social work (SW) job description to provide care coordination services in the schools for all students with a Response to Intervention for Behavioral Health (RTI-BH) plan; and state-level partnership among the Departments of Education, Mental Health, and Juvenile Justice to provide shared funding for Tiers 2 and 3 services in the schools.

**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 Tiers 2 & 3 mental health counseling sessions by school professionals.

**South Carolina** – Department of Education developed a Psychosocial Behavioral Health Rehab (PBHR) Medicaid Standard for School Social Workers, Psychologists, and Licensed Counselors for Tiers 2 and 3 treatment. The state developed a recurring line item in the state budget to ensure funding for rural communities to develop school mental health programs.

**Tennessee** – School mental health funding provided for case managers in schools for Tiers 2 and 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?

Let's take a few minutes to reflect.

### 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.

Influencing policy related to supporting school mental health can be a heavy lift but can yield significant results. Working with key knowledge leaders and advocates can help inform the most effective policy to influence school mental health in your state. One exemplar for state policy to advance school mental health services and supports is the State of Colorado.

**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.



As part of the National Center for School Mental Health National Quality Initiative, virtual training sessions and resources were developed in collaboration with the American Institutes for Research to help districts to develop a strategic financing and sustainability plan. The 5-step process can help districts better understand and plan for sustainability of school mental health. The process is intended to be circular as part of a continuous improvement process.

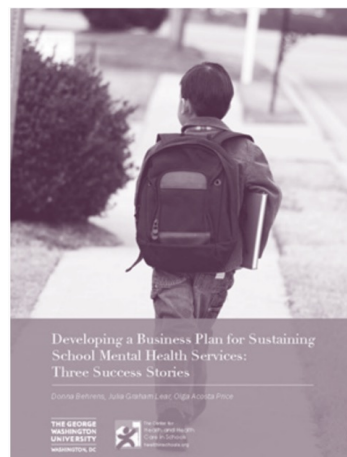
1. Clarify what you will need, by when.
2. Map current funding and resources.
3. Determine gaps in needs versus existing resources.
4. Select financing strategies and funding sources.
5. Make and execute a financing action plan.

Tools to support this strategic financing and sustainability plan are found on the next few slides and in the Resources section.

## Developing a Business Plan for Sustaining School Mental Health Services

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)



This document, *Developing a Business Plan for Sustaining School Mental Health Services*, was developed by the Center for Health and Health Care in Schools at the George Washington University Milken School of Public Health to describe different models of financing school mental health services.

Specifically, the document describes how three communities and their lead mental health agencies have worked with schools and other local and state agencies to develop sustainable programs.



## 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.

We will now consider how this module and quality indicators fit with your understanding and implementation of school mental health funding and sustainability.

Please work together with your group to state a specific goal for your district and then consider 3 potential action steps that could reasonably be taken to move the goal forward.

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## Resources

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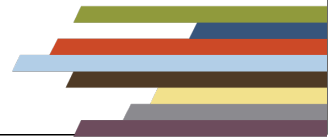
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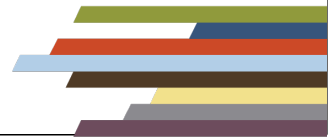
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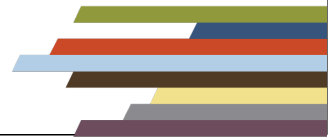
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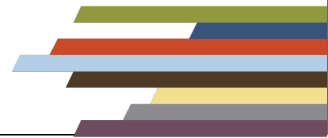


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**MHTTC**

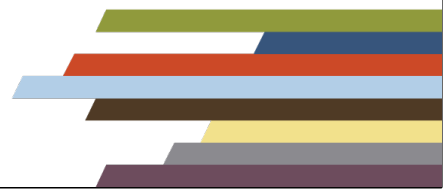
Mental Health Technology Transfer Center Network  
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# Resources



# 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)
-----------	------------	---------------	-----------	-------------------	------------

**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)
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**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)
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**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)
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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)
-----------	------------	---------------	-----------	-------------------	------------

**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 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
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- 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?



- 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.

## 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
<b>Infrastructure Investments</b>				
<b>Services and Supports</b>				
<b>Training, TA, Consultation</b>				
<b>Management and Administration</b>				

## Sample Funding Gap Analysis Worksheet

<b>Year</b>									
	<b>Total Costs</b>	<b>Available Resources</b>	<b>Gap</b>	<b>Total Costs</b>	<b>Available Resources</b>	<b>Gap</b>	<b>Total Costs</b>	<b>Available Resources</b>	<b>Gap</b>
<b>Infrastructure Investments</b>									
<b>Services and Supports</b>									
<b>Evaluation/Data Collection</b>									
<b>Management &amp; Administration</b>									

# Module 8:

# Impact

## Training Goals and Objectives

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.

# Design and Time – Module 8

Section	Description	Components	Time
Introduction	Overview of the module	<ul style="list-style-type: none"> <li>• Title and disclaimer</li> <li>• Agenda</li> </ul>	5 minutes
Definition of value of school mental health impact	Define school mental health impact and discuss the value of documenting and reporting it	<ul style="list-style-type: none"> <li>• Definition of impact</li> <li>• Why document and report impact</li> </ul>	5 minutes
Documenting and demonstrating impact quality indicators and best practices	<p>Review each quality indicator and associated best practices</p> <p>Share resources, helpful tips, and examples from the field</p> <p>Several reflections including:</p> <ul style="list-style-type: none"> <li>• Effectiveness of your district’s process to gather and use student data</li> <li>• Barriers to collecting or sharing data and action steps</li> <li>• Most compelling finding about school mental health in your district and how to share the information</li> </ul>	<ul style="list-style-type: none"> <li>• <b># of students who:</b> <ul style="list-style-type: none"> <li>○ Were <u>eligible to receive Tier 2 or Tier 3</u> school mental health services</li> <li>○ <u>Received at least one Tier 2 or Tier 3</u> service</li> <li>○ Demonstrated documented improvement in <u>educational</u> functioning</li> <li>○ Demonstrated documented improvement in <u>social, emotional, and behavioral</u> functioning</li> </ul> </li> <li>• <b>Use best practices to:</b> <ul style="list-style-type: none"> <li>○ Document impact on <u>educational outcomes</u></li> <li>○ Document impact of <u>social, emotional, and behavioral outcomes</u></li> <li>○ <u>Disaggregate</u> student mental health service and support data to examine student-level outcomes based on sub-population characteristics</li> <li>○ Document and <u>broadly report the impact of</u> your comprehensive school mental health system</li> </ul> </li> </ul>	35 minutes
Strategic planning	District strategic planning for documenting and demonstrating impact	<ul style="list-style-type: none"> <li>• State specific goal for impact domain</li> <li>• Three action steps to advance goal</li> </ul>	15 minutes



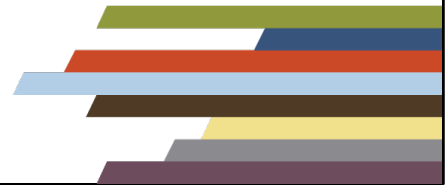
**MHTTC**

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

Welcome to Module 8 of National School Mental Health Best Practices:  
Implementation Guidance Modules for States, Districts, and Schools – Impact.

Module content was developed by the National Center for School Mental Health in partnership with the Mental Health Technology Transfer Center (MHTTC) Network.



**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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## Disclaimer





**MHTTC**

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



**NCSMH**  
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SCHOOL MENTAL HEALTH

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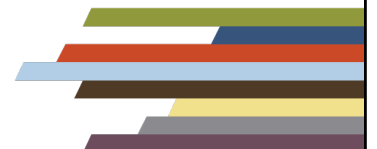
National Center for School Mental Health and MHTTC Network Coordinating Office. (2019). *Trainer manual, National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools*. Palo Alto, CA: MHTTC Network Coordinating Office.

**Disclaimer**

# Agenda



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

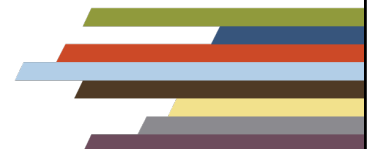


In this module, we will review the definition of impact and the value of documenting and sharing information about the impact of your comprehensive school mental health system. We will review quality indicators and best practices for the Impact domain, and then will engage in district strategic planning.

## What Do We Mean by Impact?

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Long-term effects or changes that occur as a result of the programs, practices, or policies implemented within a comprehensive school mental health system.



Impact refers to the long-term effects or changes that occur as a result of the programs, practices, or policies implemented within a comprehensive school mental health system.

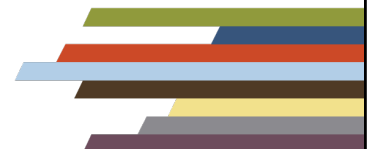
Examples of impact include:

- Educational impact – improvement in grades, achievement testing, teacher retention
- Health impact – improved health and well-being of students and staff members
- School climate – improved relationships between staff and students, reduced violence, sense of safety
- Cost – cost-savings related to expenditures on staffing, services and potential outcomes like dropout and suspension

## Why Document and Report Impact?

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- Describe your successes and challenges.
- Use the information to inform continuous quality improvement.
- Advocate for system maintenance, growth, and change.



Documenting the impact of comprehensive school mental health systems allows districts to describe what is going well and areas for improvement.

Impact data provides information that can inform continuous quality improvement. For example, if the implementation of Tier 2 school mental health services results in improved educational functioning for students, but staff report increased burden, it may call for maintenance of the Tier 2 services but improvements in paperwork efficiencies and staff support.

Impact data can be shared with policymakers and funders to demonstrate the value and cost-effectiveness of a CSMHS.

## 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.

This is a list of the quality indicators for the Impact domain.

For each of these indicators we will discuss best practices, resources, and helpful tips.

### 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.

One important thing to keep in mind throughout this section is that there are no “Tier 3 students,” but rather students who need or receive Tier 3 services or supports at a given time. Students may benefit from Tier 1, 2, and/or 3 supports for their academic, social, emotional, and behavioral wellness and success throughout their school years, and their needs and skills will change over time.

A first step in understanding impact is to document the number of students who are eligible for and receive Tiers 2 and 3 services and supports and the outcomes of those services and supports.

Information to document includes:

- 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? *This includes any school-based Tier 2 or Tier 3 school mental health service provided by school or community-employed providers.*
- 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, Individualized Education Program (IEP) review, etc.*

- 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 that demonstrate improvements in social-emotional wellness, mental health functioning, and target problem areas.*

NOTE: If a student received more than one type of Tier 2 or 3 service, the student should only be counted once.

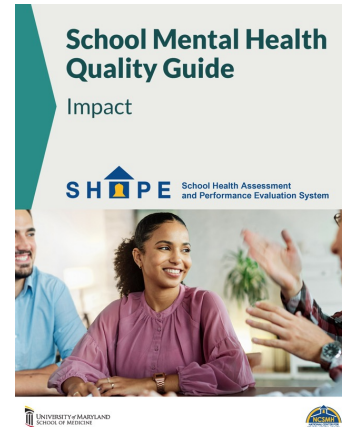
If your data system allows you to capture the number of students in each of these categories, it is a useful way to understand system functioning and impact. If your data system does not yet allow you to capture the number of students eligible for and receiving services or the impact of those services on educational and social, emotional, and behavioral functioning, that may be a goal for improvement (i.e., improve data systems to allow for capturing this information).

# School Mental Health Quality Guide: Impact

Provides guidance to advance school mental health quality and sustainability

Includes:

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



This resource, *School Mental Health Impact Quality Guide*, was developed by the National Center for School Mental Health and covers best practices and practical tips from the field in school mental health impact. It also includes a number of customizable impact resources, some of which are also featured as resources throughout this module and included in your participant guide.

Below, you can find some action steps from this guide that you can use to help document the impact of Tier 2 & 3 services and supports.

- **Tier 2 and 3 services and supports.**
  - Work with your team to clearly define Tier 2 and 3 services and supports and clarify which services and supports fit these criteria in your school or district.
- **Clarify how students are identified.**
  - Develop or improve a systematic process or set of processes by which students are identified for Tier 2 and 3 services and supports.
  - Examine referral sources, patterns, and procedures as well as systematic nomination or screening methods to identify students who may benefit from Tier 2 and/or 3 services and supports.
- **Use a good tracking system.**
  - Use an efficient system to track students who are eligible for Tier 2 or 3 services and enrolled or included in an intervention. Further, having



a Student Information System that allows tracking of progress as a result of services or supports received is preferred.

- Oftentimes, data systems that schools or their community partners use are not customized to track students receiving specific interventions or metrics to track their progress over time. Teams should assess if they can customize and use current data systems to access needed data to monitor who receives services and measure progress and the impact of their school mental health services, or if the team needs to select an alternative tracking system.
- **Decide who is reporting, on what, when.**
  - Ideally, any school team member (*school-employed, school-based, or community-employed personnel*) providing Tier 2 and/or 3 mental health services and supports to students would report on the students they are serving to a centralized student information system. School mental health teams may decide to start with specific services, students served, grades, schools, or team members while testing out and improving tracking systems before scaling up to all providers.
  - The data collection and reporting time frame should be customized based on feasibility for all stakeholders.

You can also find recommended definitions for Tier 2 and 3 supports.

**Tier 2/Early Intervention services and supports address the mental health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern.**

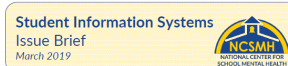
These students can be identified through needs assessments, screening, referrals, or another school teaming process. When mental health needs are identified early, and culturally responsive, anti-racist, and equitable (CARE) supports are put in place, positive youth development is promoted, and the chronicity 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 3/Treatment services and supports address the mental health concerns of 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.

# NCSMH Student Information Systems Brief

## 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 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 (Parks, 2012). This issue brief describes the practice of data driven decision making in schools and reviews commonly used student information systems.

**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 information systems (SIS)** are electronic information systems used 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 understand how to identify the right SIS for their system.** Although results cannot be guaranteed, using an SIS to track

Name	Basic Information	Type of Data Collected	Special Features
Aeries	• A software system that manages student information	• Attendance • Grading 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	• Identifies students who are at risk of dropping out • Tracks student progress	• Allows for early intervention by matching students to appropriate interventions
Gradeslink	• An information system that contains data and monitors students	• Collects attendance and medical records • Report cards • Grades	• Accessible anywhere there is internet
Hero	• A web and mobile application that captures a campus's environment	• Monitors student activity, including student behavior (earnings and consequences) • Attendance, etc.	• Can report student information to states and parents/caregivers • Administration can give instant feedback concerning referrals
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 • Self-monitoring	• 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 intensive

District and school teams need feasible, systematic ways to identify when students may benefit from additional academic, social, emotional, and behavioral services and supports; to track service provision; and to monitor how students respond. Student information systems are a mechanism for capturing this type of data. The sophistication of the systems varies, and may range from a simple Excel file to a more complex, web-based platform for gathering, analyzing, and reporting data.

Student Information Systems do the following:

- 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.

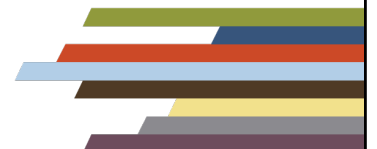
The NCSMH Student Information Systems Brief reviews the following:

- Benefits of using student information systems
- Commonly used student information systems
- How to select the best student system for your district



## 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.



This example illustrates how one district was able to use an existing student information system (PowerSchool) to start collecting more information on students receiving Tiers 2 and 3 mental health services and supports.

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 in poverty for three 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?

12

Let's take a few minutes to reflect.

### 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?

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.

Education success is a key domain of child and adolescent functioning, and especially important to measure and document when providing services and supports in the school setting.

#### **Best practices for this indicator include:**

- 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. In the context of school mental health, developing a Theory of Change can help school and district teams map short and long-term outcomes they expect to result from various mental health services and supports.
- Identify existing and potential educational outcome data, including grades, attendance, chronic absence, office discipline referrals, suspensions and expulsions, performance test scores, achievement, gifted and talented placement, college and career readiness, involvement or leadership in extracurricular activities, or benchmark test scores.
- Develop a plan to 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, caregivers, teachers, other school staff) to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health services and supports on educational success.

## 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.

In addition to educational outcomes, districts will need to document the impact of their comprehensive school mental health system on social, emotional, and behavioral outcomes.

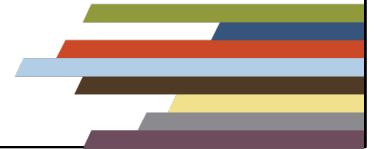
### **Best practices for this indicator include:**

- Develop a theory of change about how specific mental health services or supports impact social, emotional, and behavioral outcomes for students across all cultural backgrounds and identities to decide which outcomes to focus on
- Identify existing and potential social, emotional, and behavioral outcome data, including social/emotional/behavioral health screenings and assessments, behavioral observations, crisis incidents, school climate data, and 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 services and supports on social, emotional, and behavioral functioning.



## 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



Teams need to decide what specific educational, social, emotional, and behavioral data they will collect.

Identify educational data that are readily available or could be reasonably collected.

Examples are:

- Grades
- Attendance
- Performance test scores
- Achievement/benchmark test scores

It is also important to consider what educational data are of most importance to different groups, including students, families, school staff, policymakers, and funders. If implementing new data collection, engage different groups to identify data that are useful for ongoing progress monitoring and program effectiveness.

It is also important to consider whether data can be shared within and beyond the school team.

Similar to educational data, teams will need to decide what specific social, emotional, and behavioral data they will collect. The same considerations we discussed for educational data apply.


Social, emotional, and behavioral data that are readily available or could be reasonably collected may include:

- Student self-reported distress and well-being
- Office referrals
- Suspensions and expulsions
- Behavior observations
- Crisis incidents
- School climate data
- Teacher well-being data






<https://healthysafekids.org/learning-portal>

**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.).

16

There is a helpful, interactive module designed by the National Center for Mental Health Promotion & Youth Violence Prevention, in partnership with leaders from the National Center for School Mental Health, that describes evaluation of comprehensive school mental health systems. The module is part of a series of modules describing the implementation of Comprehensive School Mental Health Programs.

*Citation:* Lever, N., Connors, E., Freeman, E., & Stephan, S. *Implementing a Comprehensive School Mental Health Program*. Available from [http://airhsdlearning.airws.org/SMHModule3/story\\_html5.html](http://airhsdlearning.airws.org/SMHModule3/story_html5.html)

**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

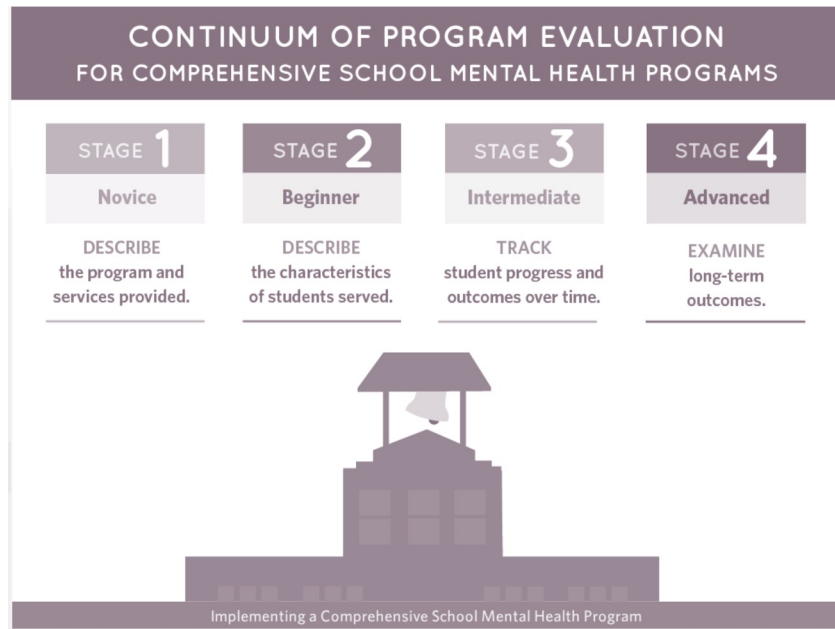
Implementing a Comprehensive School Mental Health Program

← PREVIOUS | NEXT →

17

The module provides details about the value of using data to evaluate school mental health impact, including supporting:

- Accountability and sustainability
- Evidence of service quality and impacts
- Range of perspectives of the program
- Reduced confirmatory bias
- A data-driven approach



18

**The learning module provides guidance at each level of a *Continuum of Program Evaluation for Comprehensive School Mental Health Programs*:**

At the novice stage, program evaluation typically focuses on describing the program and the services it provides.

At the beginner stage, the program evaluation focus often shifts to describing the academic and psychosocial characteristics of students being served.

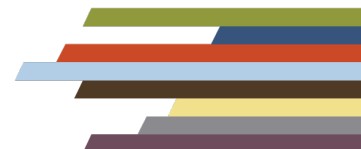
At the intermediate stage, programs often track student progress and outcomes over time.

And at the advanced stage, programs typically begin to examine long-term outcomes for students and compare them to similar students who did not receive services.

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.



Having the ability to disaggregate student mental health services and support data can help teams to identify if there are differences in student outcomes based on subpopulation characteristics. This process can help a team better understand whether outcomes differ based on key characteristics such as gender, race/ethnicity, age, or intensity of need.

#### **Best practices for this indicator include:**

- Review current student information or data collection for variables that capture relevant demographic characteristics of your student body, such as age, disability status, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, and 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 that can inform action steps to improve service provision, such as 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, and performance test scores.
- 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.

Here are some action steps you can take to disaggregate service and support data to examine student outcomes based on subpopulation characteristics:

- Consider characteristics to examine (e.g., gender, grade level, academic performance, race, ethnicity, English proficiency, severity of mental health needs, length of time in the district, and types of tiered services received).
- Consider potential outcomes to examine (e.g., school connectedness, academic performance, sense of safety at school, achievement of individual goals, disciplinary incidents, teacher ratings of student functioning, enrollment in mental health services and supports relative to referrals, and social, emotional, behavioral, and/or functional improvement).
- Track disaggregated data to help determine patterns over time. This can help identify:
  - Patterns of sub-group performance from year-to-year or the beginning-to-the-end of one year.
  - Whether disparities are decreasing, staying the same, or increasing over time.
- Partner with students, families, and community members to understand the data patterns observed when data are disaggregated and work together to develop, implement, and evaluate strategies to address disparities in student access to services and/or outcomes.

## Blueprint for Using Data to Reduce Disparities/Disproportionalities

- 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



20

Martinez, K., Francis, K., Poirer, J., Brown, L., &amp; Wang, M. (2013)

Developed by the American Institutes for Research (AIR) and the Cultural Competence Action Team of SAMHSA's Technical Assistance Partnership for Child and Family Mental Health, the [Blueprint for Using Data to Reduce Disparities/Disproportionalities in Human Services and Behavioral Health Care](https://www.air.org/resource/blueprint-using-data-reduce-disparities-disproportionalities-human-services-and-behavioral-health-care) enables communities and states to develop and implement data-driven strategies.

Key to this process is the disaggregation of data to compare with local, county, state, or national data to assess differences/similarities or over-/underrepresentation to help make conclusions about the presence or absence of disparities and disproportionalities.

This brief may be accessed at:

<https://www.air.org/resource/blueprint-using-data-reduce-disparities-disproportionalities-human-services-and-behavioral-health-care>

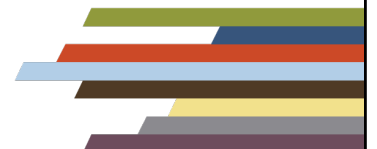
## Common Barriers to Collecting and Sharing Data

### Reflection:

What barriers does your district have related to collecting or sharing data?

What actions do you think could help address these barriers?

- 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



Let's take a few minutes to reflect.

It is critical that school teams identify their current barriers to collecting student outcome data so that steps can be taken to address these barriers. Common barriers to implementation of data systems include:

- 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

### Reflection:

What barriers does your district have related to collecting or sharing data?

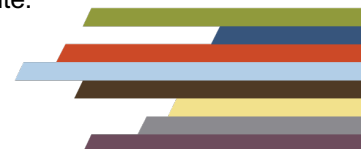
What actions do you think could help address these barriers?

## 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.



Reporting the impact of your comprehensive school mental health system can generate buy-in and support from diverse stakeholders, including policymakers and funders.

### Best practices for this indicator include:

- 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 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 as a way to disseminate information about your services, supports, and impact

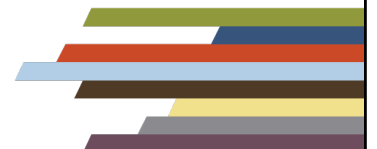


- Use social media, such as Facebook and Twitter accounts, as well as columns/blurbs in the school or district newsletter, to communicate the impact of your work
- Create a website and/or ask the school or district to include information about CSMHS services and findings on the school or district website



## 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.

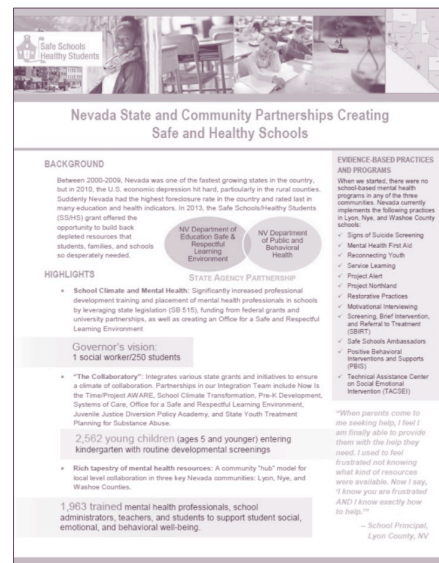


This example shows how one school district partnered with a community-based mental health provider to establish a data system for documenting progress of students engaged in Tiers 2 and 3 services and supports.

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 Tiers 2 and 3 services every three to six 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



Nevada Department of Education (n.d.)

This resource illustrates the value of having a template for reporting the impact of school mental health.

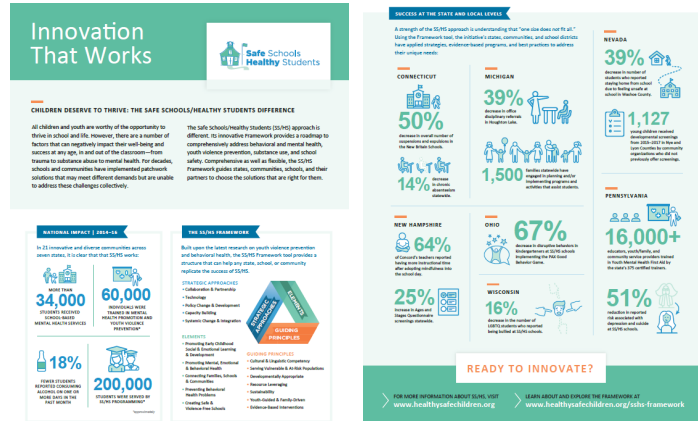
All Safe Schools/Healthy Students state grantees were provided with a template that included design features and recommended sections, such as Background and Local Examples, to share their findings. The template provides scaffolding for states to document and share impact.

Another example of the impact of Safe Schools/Healthy Students across all grantee states is included in the resource section:

[https://healthysafechildren.org/sites/default/files/SS-HS\\_infographic.PDF](https://healthysafechildren.org/sites/default/files/SS-HS_infographic.PDF)

# Reporting the Impact of School Mental Health

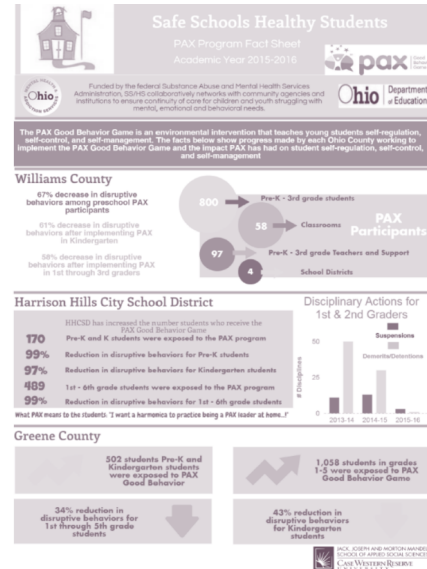
- Safe Schools/Healthy Students grant program
- Features the goal of the program, framework, and national impact
- Can be customized to any multisite, multi-program effort to support student mental health and well-being



This infographic shows the impact of the entire Safe Schools/Healthy Students initiative nationwide, with state grantees featured. However, it could easily be adapted to any multisite, multi-program effort to support student mental health and well-being. Notice how the visual emphasis is on the large-font numbers and relevant images (called “vectors”) with brief segments of text to explain each finding

# 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



(Safe Schools/Healthy Students, n.d.)

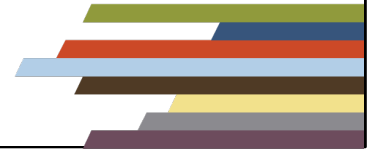
This is another example of using a brief communication document to share findings from a school mental health effort in one state. In this example, state leaders from Ohio used an infographic to describe a classroom-based positive behavior intervention, including a description of students served and educational and behavioral outcomes of the intervention across several districts.

## 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?



Let's take a few minutes to reflect.

## 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?
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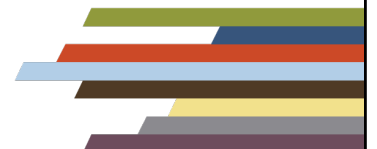


## Discussion

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.



We will now consider how this module and quality indicators fit with your understanding and policy/practice related to documenting and sharing school mental health impact.

Please work together with your group to state a specific goal for your district and then consider three potential action steps that could reasonably be taken to move the 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>

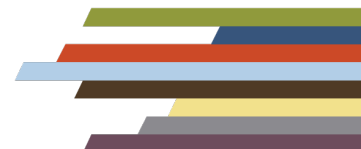
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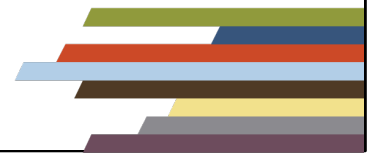


## Resources

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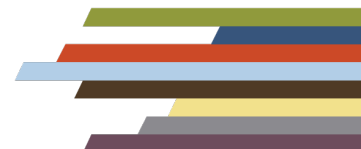


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**MHTTC**

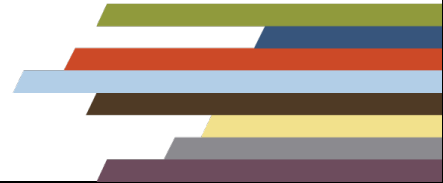
Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



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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	<b>District Average Score</b>		



# 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)
  - 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)

**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
  - 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
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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?**

- 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)
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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.

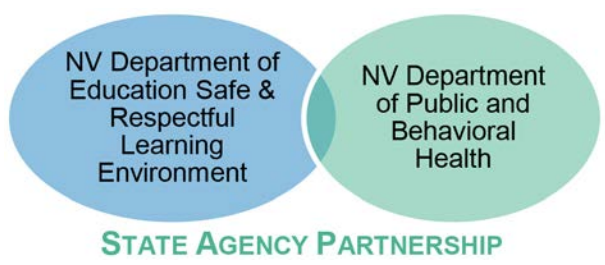
3.



# 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](mailto:psanborn@doe.nv.gov).

700 East 5th Street, Carson City, NV 89701 USA ■ 775.684.4033 ■ [www.doe.nv.gov](http://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.

### WISCONSIN

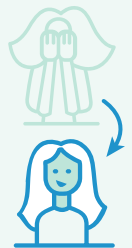
16%

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](http://www.healthysafechildren.org)

LEARN ABOUT AND EXPLORE THE FRAMEWORK AT  
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# 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.



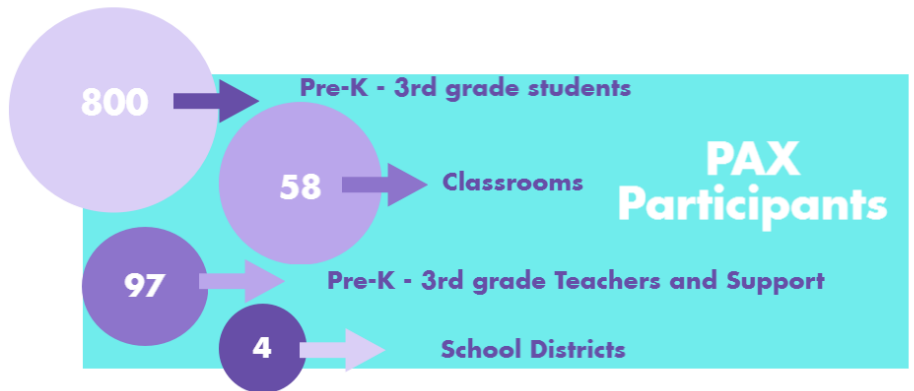
The PAX Good Behavior Game is an environmental intervention that teaches young students self-regulation, self-control, and self-management. The facts below show progress made by each Ohio County working to implement the PAX Good Behavior Game and the impact PAX has had on student self-regulation, self-control, 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

HHCS D has increased the number students who receive the PAX Good Behavior Game

**170** Pre-K and K students were exposed to the PAX program

**99%** Reduction in disruptive behaviors for Pre-K students

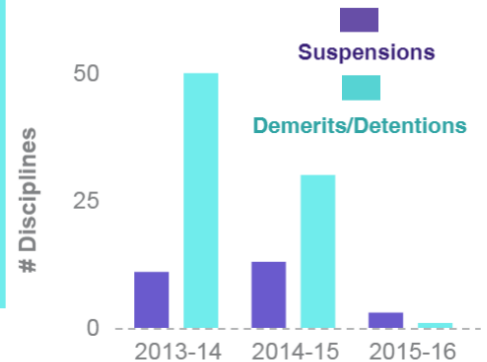
**97%** Reduction in disruptive behaviors for Kindergarten students

**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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