Mental Health Pillar/Journey Learning Series

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If you have any questions, please contact REACH@luriechildrens.org.

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13%-20%

Percentage of U.S. children who meet criteria for a mental disorder each year

5%

Percentage of U.S. adolescents who meet criteria for a substance abuse disorder each year

12%

Percentage of these youth who receive any services to address the mental health and/or substance abuse concerns

Missing

10%

or more school days is an early warning sign of academic risk and school dropout.

Mental, behavioral, social and emotional health issues are a leading contributor to chronic absenteeism

Youth are

6 times

more likely to complete evidence-based treatment when offered in schools than in other community settings[12]



Advancing Comprehensive School Mental Health Systems

Guidance From the Field





September 2019

Connector



What is an example in your life of where mental health services and supports were available and helped others or when they were needed but not available?

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Shared Agreements

1. In every chair a leader, in every chair a learner
2. Step up and step back
3. Speak to be understood; listen to understand
4. Return to being present; work to stay engaged
5. Use a beginner's mind
6. Maintain space for meaningful conversation
7. Take care of yourself; take care of each other

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REACH/RSSI Collective

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Center for Childhood Resilience

P4R

Stress & Trauma Treatment Center, Inc.

Illinois Social-Emotional Learning Hubs

ILLINOIS STATE BOARD OF EDUCATION

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Goals

1. Review of RSSI and covered content

1. Introduction to the Learning Series

2. Dive into School Mental Health Quality Assessment



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RSSI Options

Option 1

Join REACH, which has expanded to include four pillars aligned with RSSI.



Option 2

Self-guided approach using REACH Learning and Resource Hub.

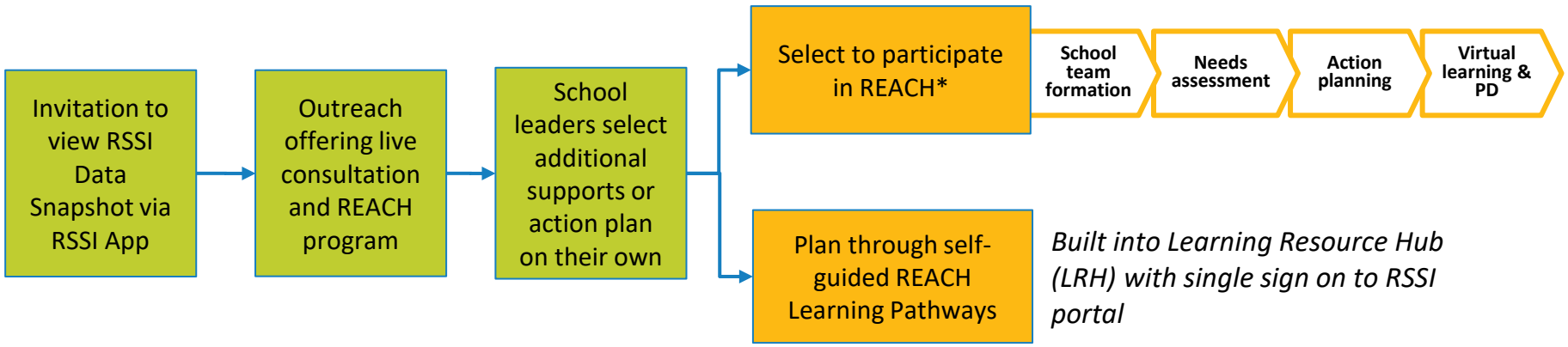
All Illinois schools have access to the Center for Childhood Resilience (CCR) REACH Learning and Resource Hub (RLRH).

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More on Options

All schools are invited into the RSSI portal…

…school teams may use a variety of **supports** to make progress, depending on their needs



Built into Learning Resource Hub (LRH) with single sign on to RSSI portal

***Supports are focused on Tier 1 and Tier 2 schools, schools in the system of support, and schools with disproportionate discipline data**

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REACH School Journey

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Select to participate in REACH
choose a pillar

School team formation → **Needs Assessment** → **Complete Action Plan** → **Recommended virtual learning & approved PD providers**

REACH Program
Live coaching support, prioritizing schools with higher need*

Optional live coaching on tools, assessments, or processes

Opportunities for Communities of Practice

PD & Training

REACH Learning Pathways - self-guided, virtual process steps using free tools, trainings, resources available on the Learning & Resource Hub

*No-cost supports are targeted to Tier 1, Tier 2, schools in the system of support, and schools with disproportionate discipline data; Tier 3 and Tier 4 schools may also be supported on request; cost structure to be developed

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RSSI also includes **four capability areas** - where schools are encouraged to focus their change efforts.

Each capability is made up of 3-4 sub-capabilities



Family & Community Partnership

Collaborating with families and communities to support student development.

School prioritizes:

- Community engagement
- Youth and family voice
- Partnerships with community providers



Learning & Instruction

Integrating mental health, trauma-informed, and culturally responsive practices into education.

School has:

- Mental health screening & tiered student supports
- Trauma & healing awareness, trauma interventions
- Restorative justice practices
- SEL integration



Internal Planning

Developing comprehensive action plans with a focus on equity and cultural responsiveness.

School has:

- Team and plan
- Schoolwide needs or mental health assessment
- Coordinated policies and mapped resources



Staffing & Preparation

Investing in staff well-being and professional development to create a supportive school environment.

School maintains:

- Relevant staff & ratios
- Staff training
- Investments in staff wellbeing

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Focus on **Four pillars of student resilience**, each backed by an evidence based or informed tool

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RSSI Pillar	Recommended Assessment Tool
Trauma-Responsive and Healing-Centered Practices → Creating a school environment that supports students affected by trauma.	→ TRS-IA — Trauma Responsive School Implementation Assessment
Social and Emotional Learning → Providing resources to address students' emotional and psychological needs.	→ CASEL — School-based Staff Survey on Schoolwide SEL Implementation
Mental Health Supports → Teaching skills for emotional regulation, empathy, and positive relationships.	→ SMH-QA — School Mental Health Quality Assessment
Cultural Responsiveness, Anti-Racism & Equity → Embedding culturally responsive practices to dismantle systemic racism and ensure fair, inclusive education.	→ CARE — Culturally Responsive, Anti-Racist, and Equitable Entity Assessment

Checking In





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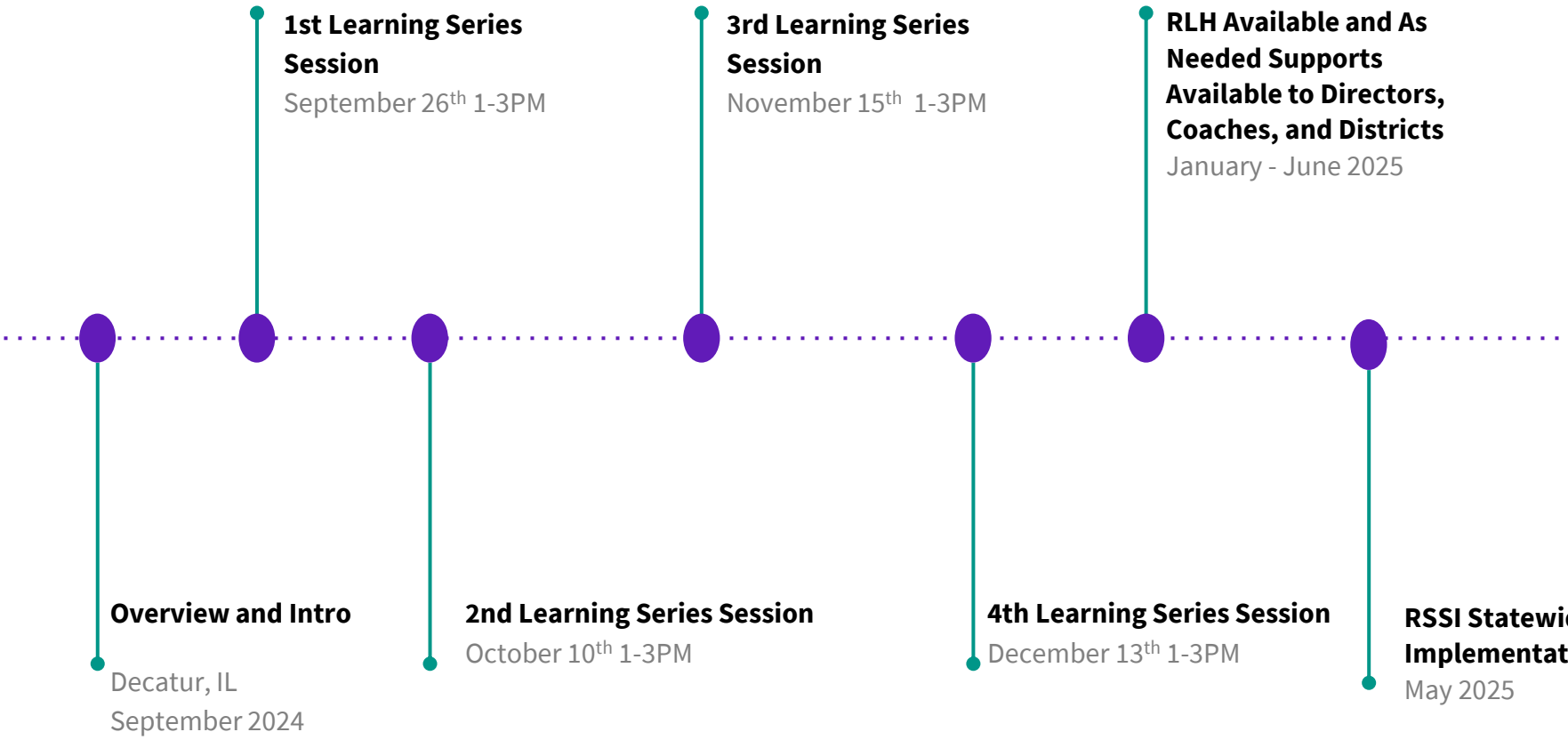
Checking In



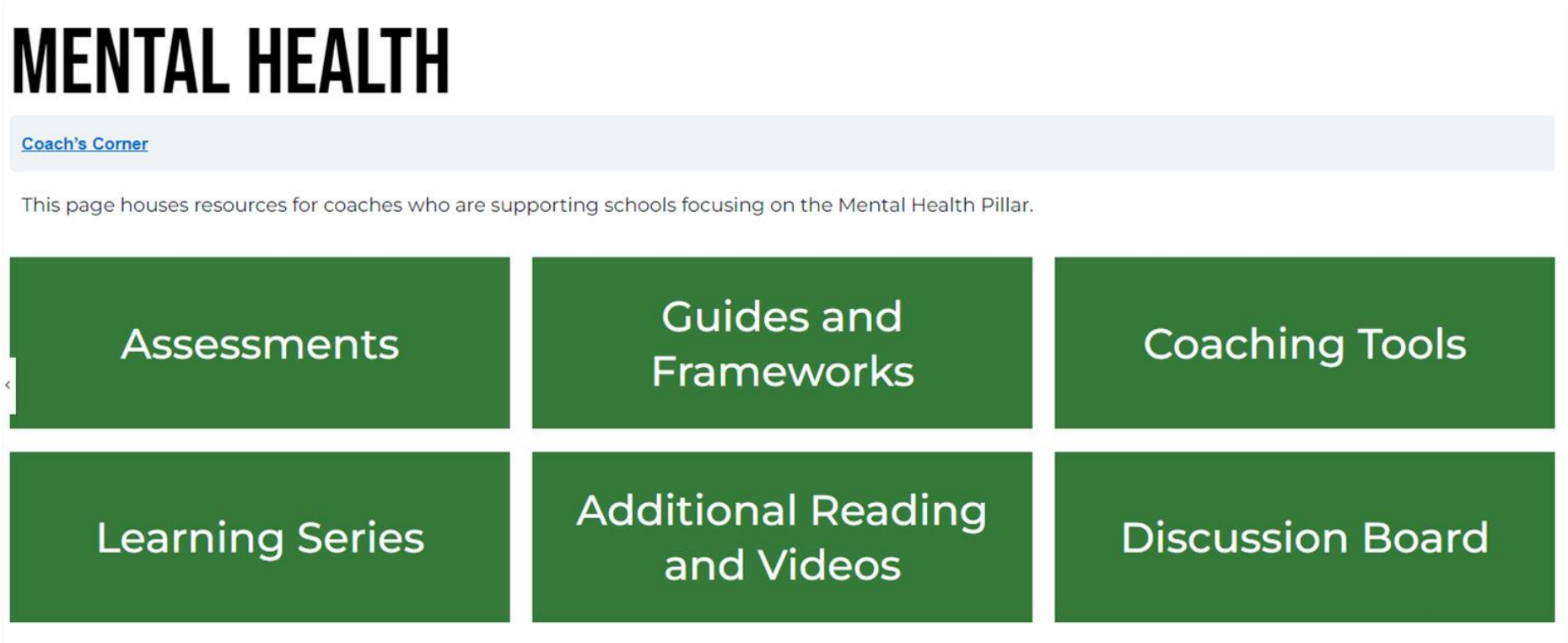


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Fall Mental Health Learning Series Timeline



Learning & Resource Hub



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Deep Dive

School Mental Health Quality Assessment

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SMH-QA Domains:

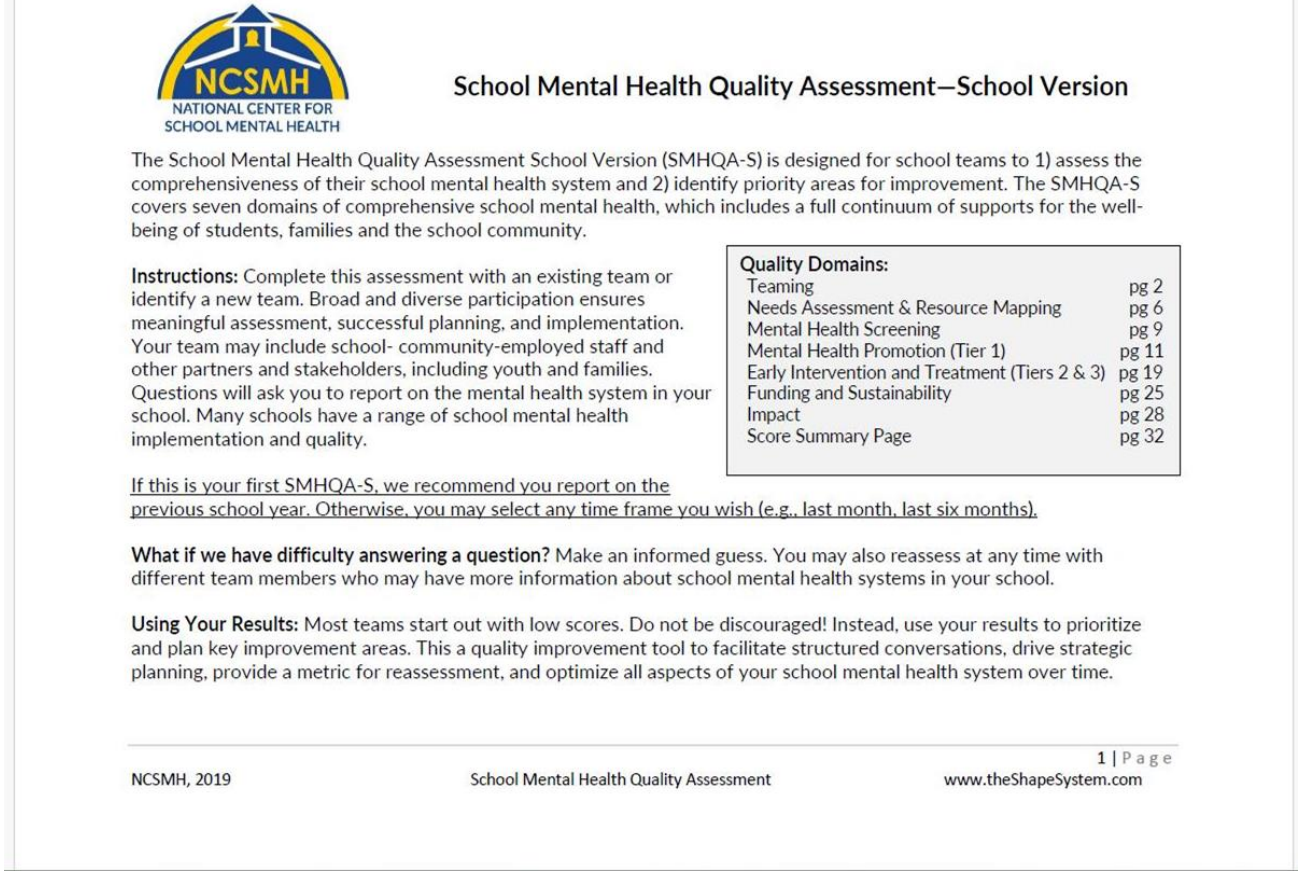
1. Teaming
2. Needs Assessment & Resource Mapping
3. Mental Health Screening
4. Mental Health Promotion (Tier 1)
5. Early Intervention/Treatment (Tier 2 & 3)
6. Funding and Sustainability
7. Impact

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH
CASEL
NCTSN The National Child Traumatic Stress Network
SHAPE

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NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

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 2
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 19
Funding and Sustainability	pg 25
Impact	pg 28
Score Summary Page	pg 32

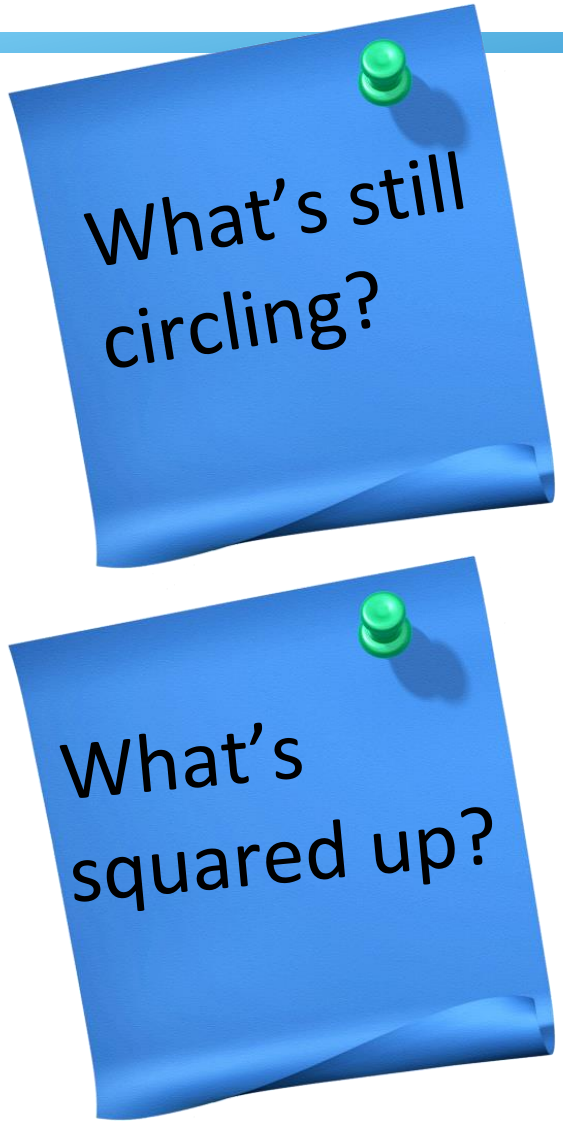
If this is your first SMHQA-S, we recommend you report on the previous school year. Otherwise, you may select any time frame you wish (e.g., last month, last six months).

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.

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Checking In



Domains of Quality Mental Health Services

✓Teaming

✓Needs Assessment & Resource Mapping

✓Mental Health Screening

Mental Health Promotion (Tier 1)

Early Intervention/Treatment (Tier 2 & 3)

Funding and Sustainability

Impact

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Mental Health Systems

Tier 3/Tertiary Interventions

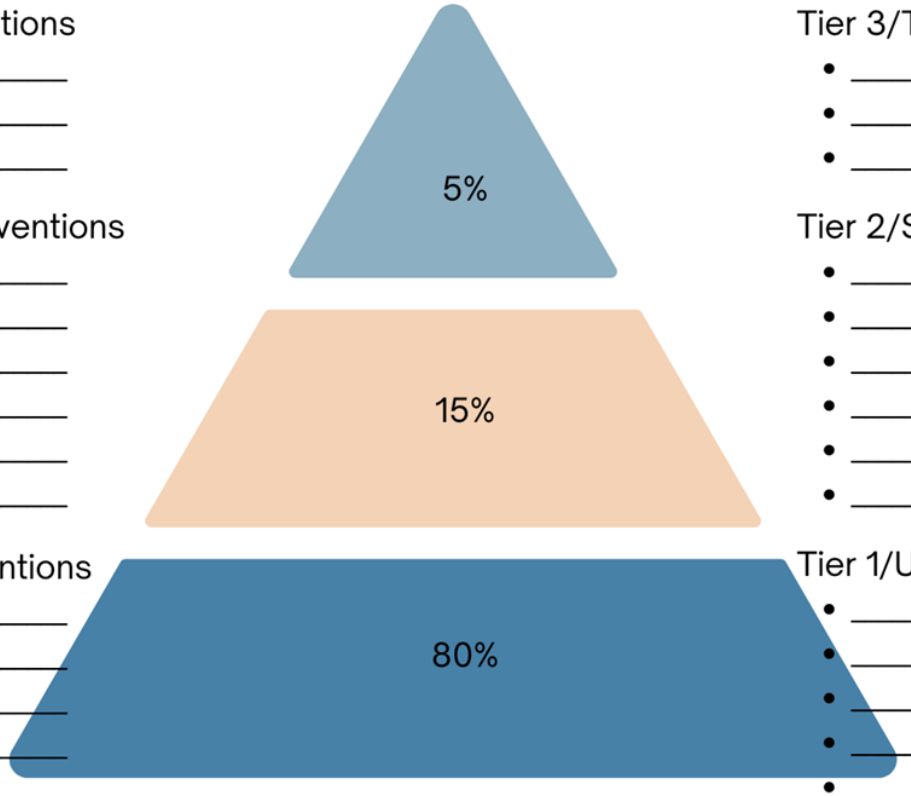
- _____
- _____
- _____

Tier 2/Secondary Interventions

- _____
- _____
- _____
- _____
- _____
- _____

Tier 1/Universal Interventions

- _____
- _____
- _____
- _____
- _____



SEL/Behavioral Systems

Tier 3/Tertiary Interventions

- _____
- _____
- _____

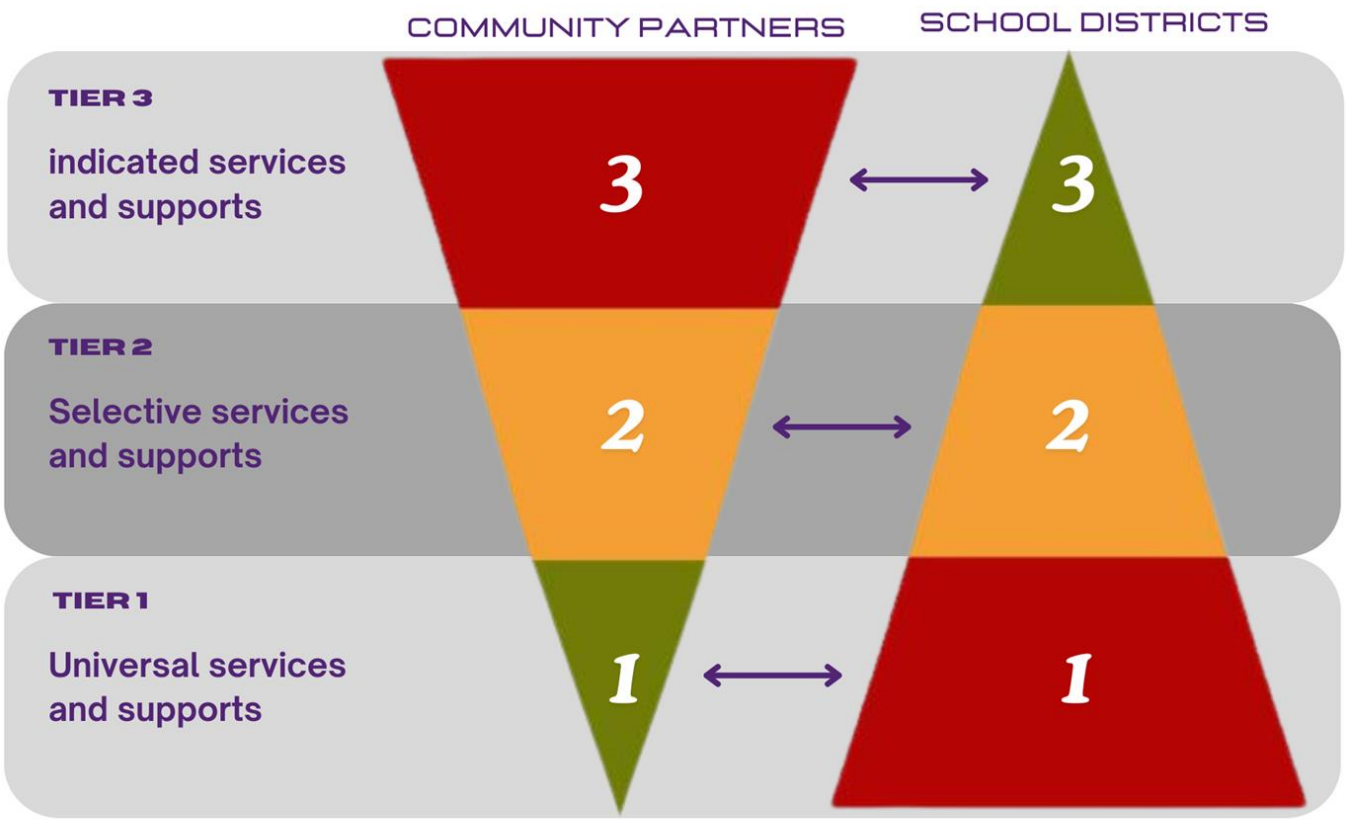
Tier 2/Secondary Interventions

- _____
- _____
- _____
- _____
- _____
- _____

Tier 1/Universal Interventions

- _____
- _____
- _____
- _____
- _____

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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

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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 might also include efforts to support positive school climate and staff well-being. 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…

	Best Practices	Never	Rarely	Sometimes	Often	Almost Always	Always
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 relationships, school safety and learning environment • Obtain input from a variety of groups including students, their caregivers, instructional staff, non-instructional staff and administrators • 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-based tools	1	2	3	4	5	6
2. …improve school climate?	• Designate or form a core school climate planning team that includes broad representation (e.g., 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 • Use data to inform and to assess the impact of school climate	1	2	3	4	5	6

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	improvement activities • Ensure that data from school climate measures are used to select priority areas of focus and activities to promote school climate improvement • Embed school climate improvement into policy, practice and systems in the school						
3. ...assess teacher and staff well-being?	• Establish a clear process and system for collecting, analyzing, and storing data • Conduct well-being assessment with teachers and all school staff • Assess staff well-being regularly and at least annually • 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, environmental, social, mental, intellectual) • Select assessment tools that are evidence-based with strong psychometrics	Never 1	Rarely 2	Sometimes 3	Often 4	Almost Always 5	Always 6
4. ...improve teacher and staff well-being?	• Align staff well-being improvement efforts with needs identified by your staff well-being assessment • Address organizational and individual factors that contribute to stress and wellness (e.g., staff control and input, supervision and support, safe, supportive social and physical environment, linkage to employee assistance programs, worksite screening programs, education and resources for employees, targeted follow-up to support individual change, stress management, health education and health promoting activities) • Make well-being resources and activities are readily available to teachers and staff • Integrate well-being activities into the school culture instead of activities being after-school activities • Make well-being activities available at no-cost or low-cost	1	2	3	4	5	6

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		Never	Rarely	Sometimes	Often	Almost Always	Always

5. ...set schoolwide expectations about positive behaviors?	• Settings: The physical layout of the school is designed to support optimal functioning of staff and students.
	• Routines: Predictable schoolwide routines are developed and taught.
	  • Expectations: 3-5 positively stated school-wide expectations are posted around school
	  • Expectations apply to both students and staff
	  • Rules are linked to expectations
	  • Rules are clearly posted, defined and explicitly taught
	• 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.
	• Involve families and community members to develop and implement expectations about positive behaviors
		1	2	3	4	5	6

6. ...implement schoolwide positive reinforcement systems that promote positive behaviors?	• Rewards:
	  • A system of rewards is implemented consistently across campus.
	  • A variety of methods are used to reward students
	• Supervision: School staff provide reminders and actively scan, move, and interact with students
	• Opportunity: School staff provide high rates and varied 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 reminders that clearly describe the expectation
	• Error Corrections: School staff use brief, contingent, and specific statements when misbehavior occurs
	• Other Strategies: School staff use other strategies that preempt escalation, minimize inadvertent reward of a problem behavior, create a learning opportunity for emphasizing desired behavior, and maintain optimal instructional time
		1	2	3	4	5	6

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	• 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						

7. ...use classroom and school-based strategies to proactively build health relationships and a sense of community to prevent and address conflict and wrong doing? *These classroom and school-based strategies are often referred to as restorative practices.*	• Use informal and formal processes, that <u>precede</u> wrongdoing, to proactively build relationships and a sense of community to prevent conflict and wrongdoing • Use circles and groups 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 problem solving and conflict resolution skills in the classroom	Never 1	Rarely 2	Sometimes 3	Often 4	Almost Always 5	Always 6
8. ...use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?	• Establish consistent expectations, rules and schoolwide positive reinforcement systems to promote positive behaviors • Train and support school staff in emotional and behavioral health • Train and support school staff in evidence-informed, culturally responsive crisis de- escalation strategies and techniques • Develop a multi-tiered system of emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns • Use a process of graduated sanctions that limit out-of-school suspensions, if used at all, to the most severe offenses • Examine number of suspensions/expulsions by demographic group to better understand any differences in policies or practices • Use restorative justice 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	1	2	3	4	5	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 disorders and their treatments* *3. Decreasing Stigma* *4. Understanding how to seek help effectively* www.teenmentalhealth.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, parents, and school staff to determine the most meaningful, feasible ways to promote mental health literacy • Deliver and evaluate professional learning opportunities to 1) understand how to optimize and maintain good mental health for themselves and others 2) understand mental disorders and their treatment 3) reduce stigma about mental health needs and supports and 4) increase skills to link students to mental health prevention or intervention supports when needed • Ensure mental health literacy activities are developed with and communicated by students, parents, and members of the school community • Ensure mental health literacy activities are ongoing throughout the school year (i.e., activities go beyond a one-time training or educational materials posted in the building) • Reassess mental health literacy on a routine basis to monitor progress and inform team planning for ongoing activities	Never 1	Rarely 2	Sometimes 3	Often 4	Almost Always 5	Always 6
10. ...increase social and emotional (SEL) skills for all students? *SEL is "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)* *SEL competencies are:* *1) Self-awareness: Know your strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."*	• Develop a clear plan for assessing current SEL skills among students, as baseline data and to inform your team's plan for further improvement • As a team with school staff, community partners, parents, and students, 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, parents, and students, identify, select and/or adapt SEL skill development practices or programs that meet the needs and strengths of the students • Monitor implementation of SEL skill development activities for fidelity, feasibility, and acceptability to school staff and students • Ensure SEL skill development activities are developed with and communicated by students, parents, and	1	2	3	4	5	6

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11 ... To what extent were 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)?	1 = ***None*** of our mental health promotion (Tier 1) services and supports were evidence- informed 2 = ***1-25%*** of our mental health promotion (Tier 1) services and supports were evidenced- informed 3 = ***26-50%*** of our mental health promotion (Tier 1) services and supports were evidenced-informed 4 = ***51-75%*** of our mental health promotion (Tier 1) services and supports were evidenced-informed 5 = ***76-99%*** of our mental health promotion (Tier 1) services and supports were evidenced-informed 6 = ***All*** of our mental health promotion (Tier 1) services and supports were evidence-informed						
12. ... determine whether Tier 1 mental health services and supports are evidence-informed?	• Create an intervention selection committee with diverse representation (school mental health providers, administrators, teachers, students, parents) • Develop a selection process and policy • Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools or other schools with similar characteristics • 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 and Adolescent Psychology Effective Child Therapies) • Review national evidence-based practice registries and relevant research literature to determine:	Never 1	Rarely 2	Sometimes 3	Often 4	Almost Always 5	Always 6

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13. ...ensure Tier 1 services and supports fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your school?	• Create an EBP selection committee with diverse representation (school mental health providers, school administrators, teachers, students,parents) • Review school student body including gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socio economic status • Review school mental health needs and strengths • Review costs associated with EBP implementation • Evaluate short and long-term training requirements and qualifications needed to implement practice with fidelity • Pilot test the new practice with school population • Adapt the practice to fit school population unique considerations	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 implementation supports (ongoing training, coaching, 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	1	2	3	4	5	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 content (what is being implemented)*
	  • *Quality of program delivery (manner in which facilitator delivers/implements program)*
	  • Logistics (conducive implementation environment, number/length of sessions implemented)
	• 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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Checking In





- 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

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

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

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Tier 2 Only (Questions 1-2)	
1. Of the students who were identified in your school (e.g., through screening or referral) 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)?	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

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Tier 3 Only (Questions 3-4)	
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

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

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 providers, administrators, teachers, students, parents)
	• Develop an intervention selection process and policy
	• 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 to inform selection of evidence-informed interventions. In selecting an intervention consider whether:
	  • Randomized controlled trials (RCTs) for the intervention demonstrate valued outcomes
	  • 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 the school
	• 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
		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 fit the unique strengths, needs, and cultural/linguistic consideration of students and families in your school?**	• Create an intervention selection committee with diverse representation (e.g., school mental health providers,school administrators, teachers, students, parents) • Consider intervention fit with unique school considerations through a review of: • School's student body including gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socioeconomic status, geographic location	1	2	3	4	5	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 implementation supports (ongoing training, coaching, 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
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) • 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) 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	1	2	3	4	5	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	1	2	3	4	5	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, parent, 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) • 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*	• Use multiple data sources and reporters • Use validated assessment tool(s) or clearly-measured targets for individual progress/goal attainment • Ensure the progress monitoring data is aligned with the purpose of	1	2	3	4	5	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 input that incudes specific types of behaviors or crises, who will respond in each instance, and how to connect students to the appropriate services and supports • Include guidelines and procedures for contacting the parent/guardian, providing feedback to teachers and school staff, and for supporting a student's successful transition back to class • 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 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 • Circulate your protocol for feedback from school staff, community partners, parents and students who would be involved in crisis response procedures • 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 • Revise protocol as needed based on feedback throughout the year	Never 1	Rarely 2	Sometimes 3	Often 4	Almost Always 5	Always 6

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Checking In





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

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Final Reflection



In a few words, please describe your next baby step for being prepared to coach and support schools expanding mental health systems?

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Thank you!

Contact Us With Any Questions or Needs

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