Utah's School
Behavioral Health
Toolkit

Collaborating to Address
Mental and Emotional
Wellness for School-
Aged Children

Utah State Board of Education

Utah Department of
Health & Human
Services

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Introduction

Behavioral Health Defined

In this toolkit, we utilize the term behavioral health as we are discussing the continuum of services that can be provided for school-aged children and their families in both the school and community settings. Behavioral health is an umbrella term which includes both substance abuse and mental health services (www.samhsa.gov), including a continuum of support services. In this context, behavioral health refers to mental health and wellness, individual, group, and family counseling, and support for those experiencing addiction. It includes services provided by social workers, counselors, psychologists, recreational therapists, and health care providers.

Why is it Needed

Over the years there has been an increasing need to provide behavioral health services for school-aged children. Children spend a great deal of their formative years in the school setting making this environment a great place for potential behavioral health needs to be identified and for early intervention supports to be provided. It is important that children have access to a system of support for behavioral health that is more responsive to their unique needs so that barriers to learning can be removed. The best way to do this is to have options available for children to receive support by creating multiple access points to behavioral health services. A collaborative effort is needed to achieve this lofty goal of ensuring we are providing appropriate and responsive services to our children and families. Although this toolkit directly speaks to school-based services, we acknowledge that schools cannot do this work alone, and need to collaborate with community partners to ensure students and families are receiving the level of support needed to promote their mental wellness.

Your team refers to the people supporting behavioral health in a school district or charter school, including community partners.

Introduction

Why is it Needed

We recognize the tremendous efforts of so many champions across our great state, who have dedicated their time, energy, and careers to improving outcomes for youth and families. We humbly express our deepest gratitude and stand with you.

Intended Audience

Support school personnel and community partners wishing to advance behavioral health support for school-aged children through collaborative efforts such as:

Student Services Directors

School Administrators

Mental Health Coordinators

Mental Health Agency Administrators

Clinical Directors

Program Managers

Introduction

Framework / Systematic Approach

The framework for Utah's School Behavioral Health Toolkit: Collaborating to Address Mental and Emotional Wellness for School-Aged Children was derived from the Substance Abuse and Mental Health Services Administration's (SAMHSA's) nationally recognized Strategic Prevention Framework. Using this framework, Utah's School Behavioral Health Toolkit provides readers a systematic approach for advancing school-based behavioral health in their local communities. The framework offers guidance within five distinct stages that can be easily understood and adopted by local leaders for continuous system improvements.

These stages include:

Assessment of Needs Identify local behavioral health needs of students and their families based on data, examining current practices and gaps.	**Key Question:** What is the problem?

Building Capacity Build local resources and readiness to address behavioral health needs.	**Key Question:** What do you have to work with?

Planning Find out what works to address behavioral health needs and how to do it well.	**Key Question:** What should you do and how should you do it?

Implementation Deliver evidence-based programs and practices as intended.	**Key Question:** How can you put your plan into action?

Evaluation Examine the process and outcomes of programs and practices.	**Key Question:** Is your plan succeeding?

Introduction

Guiding Principles

This toolkit is guided by four principles. These principles have been integrated throughout each stage of the framework as they should be considered when implementing behavioral health services for students. These four principles include:

Culture
An environment that fosters effective interactions with diverse student populations where behavioral health services are individualized to meet the needs of each student (A Guide to SAMSHA's Strategic Prevention Framework, 2019, p.4).

Data
Facts or information (qualitative and quantitative) used to guide all decisions regarding your behavioral health program overall and services for individual students.

Collaboration
Individual or organizational efforts to increase or enhance services through participation of diverse community partnerships.

Sustainability
"The process of building an adaptive and effective system that achieves and maintains desired long-term results" (A Guide to SAMSHA's Strategic Prevention Framework, 2019, p.4).

Culture
Data
Collaboration
Sustainability

- Assessment of System Needs
- Building Capacity
- Planning
- Implementation
- Evaluation
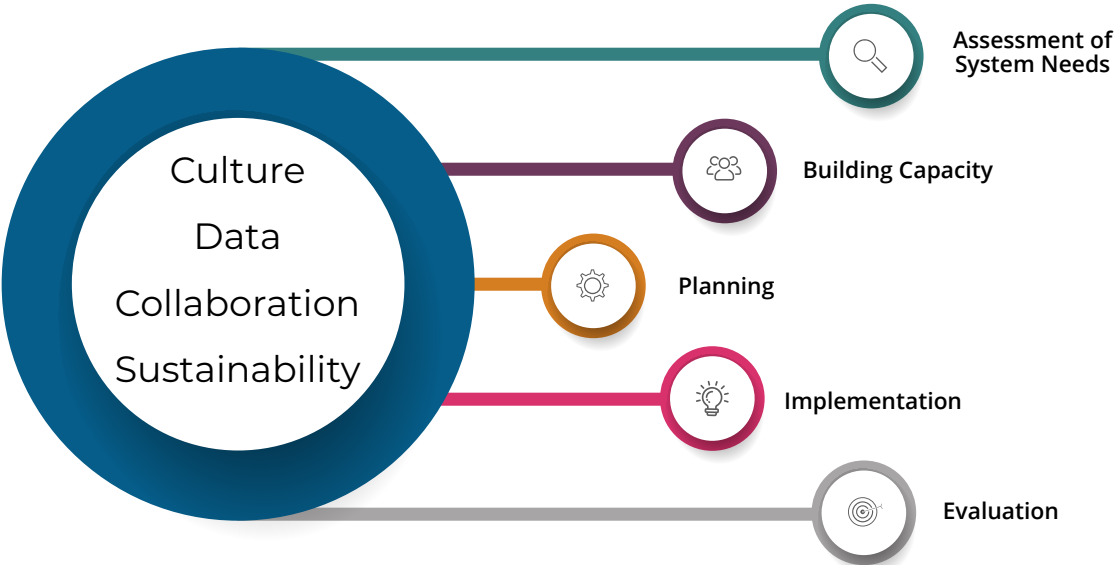
Introduction

Guiding Principles

As your team navigates the best way to support the behavioral health of school-aged children, you should consider ways in which you can engage people from the various cultures and experiences within your community. Then utilize the information gleaned from these individuals and other data you've collected in your decision making. Decisions should be made collaboratively between the school and community partners. Each decision made by your team should include considerations for the sustainability of services and support for students. Accounting for each of these principles should lead to effective and successful support for the school-aged children in your area.

Purpose

The purpose of this toolkit is to help LEAs and community agencies across the state access national and state resources and best practices when advancing school-based behavioral health initiatives in their area. The toolkit is intended to be consumed in a linear manner, from stage one through five, while the work done within each stage is intended to be repeated over time to support continuous improvement. Though all stages and sections of this toolkit are important, considerations of usefulness were made to assure concepts presented throughout the toolkit can be independently understood, regardless of where readers initially access the toolkit.

Introduction

Navigating this Toolkit

Tools

There are Tools embedded throughout this document have been identified as useful for deepening understanding of concepts and/or are usable documents that support the implementation of concepts.

Disclaimer

Many items in this toolkit contain links to other third-party websites or sources. Such links are only for the convenience of the reader or user. The Utah State Board of Education (USBE) and Office of Substance Use and Mental Health (OSUMH) do not recommend or endorse the contents of the third-party sites nor is all the content of the linked sites reviewed by staff. The inclusion of a tool is not meant as an endorsement from USBE or OSUMH, nor is it meant to replace or confuse any guidance school personnel or community partners receive from their local education agencies (LEAs), administrators, or employers.

Highlights from the Field

Highlights from the Field offer the reader real world examples of how information presented is being implemented by their colleagues across the state of Utah. With these examples, readers are better able to identify how concepts may be applied to their local area as well as provide an opportunity to connect and learn with others engaged in the work.

Definitions of Terms

Are made available digitally to the reader by hovering the cursor over the word in purple and clicking to be navigated to the Key Definitions at the end of this Toolkit.

Assessment of Needs Stage

Knowing Your Area

Whether you are creating a new school-based behavioral health program in your area or improving an already existing one, conducting a thorough assessment of needs is an essential first step.

Needs assessment is a collaborative process between school and community agencies, used to identify strengths and gaps, clarify priorities, inform quality improvement, and advance action planning. For this reason, it is critical that you include a diverse and representative range of voices from **community stakeholders** in your assessment. Doing so will allow you to capture a complete picture of the unique needs in your area. Moreover, time spent conducting a thorough assessment will equip you with the information you need to prioritize available resources.

INCLUDE YOUR DIVERSE COMMUNITY

To better understand your community's needs, school and community leaders should take action by:

▶ Gathering information regarding community organizations who are already examining community behavioral health needs.

▶ Completing a formal and collaborative assessment of behavioral health needs in your area.

▶ Completing a comprehensive resource map for services and personnel available in your area (see the "Resource Mapping" section).

▶ Gathering key insights into the strengths and challenges experienced by the children in your school and community, including insights from students, parents/guardians, and teachers (see the "Taking a Strengths-Based Approach" section).

Assessment of Needs Stage

Knowing Your Area

▶ Holding inter-agency meetings with school and community partners to gain a better understanding of each other's cultures, priorities, and strategic plans, and to gauge the scope of services available (see the "Inter-Agency Meetings" section).

▶ Holding focus groups that solicit feedback from stakeholders, including students and parents/guardians (see the "Engaging Stakeholders Throughout Assessment" section).

▶ Gathering and discussing data on the demographics of your local area (including data that provides context on race/ethnicity, languages spoken, gender, socio-economic status, disability, and religion) (see the "Data Sharing Practices" section).

▶ Assessing policies, procedures, and practices within your agencies to ensure that equitable conditions exist for the school-aged children and families within your local area (see the "Cultural Responsiveness and Equity" section).

▶ Assessing policies, procedures, and practices within your agencies to ensure they encourage individualized services that support needs of students and families.

> **Tools:**
> - School Mental Health Quality Assessment—School Version
> - School Mental Health Quality Assessment—District Version
> - School Mental Health Quality Guide: Needs Assessment & Resource Mapping

Assessment of Needs Stage

Community Readiness and Engagement

You and your team are seeking to advance school-based behavioral health. Because of this, you must consider overall **community readiness** in your needs assessment.

Efforts to advance school-based behavioral health will have a greater impact when they are supported by your local community and LEA leaders. Ideally, LEA-level administrators and other community leaders should look to endorse behavioral health services as part of a **holistic approach** that supports the overall academic, social, emotional, and behavioral needs of youth. LEA and community leaders are vital partners who can motivate community-wide support and ensure that the system improvements that are made can and will be sustained.

To better assess community readiness and engagement, partners can take action by:

▶ Forming a coalition focused on advancing school-based behavioral health efforts (see the "Creating Multi-Disciplinary Teams within the School and Across the Community" section).

▶ Identifying how organizations and individual community members are currently supporting and expressing commitment to school-based behavioral health efforts.

▶ Identifying potential barriers to community engagement and support.

▶ Agreeing upon a definition for engagement (this definition may vary for different community groups).

Tools:

- Community Readiness for Community Change
- Advocating for Comprehensive School Mental Health

Assessment of Needs Stage

Taking a Strengths-Based Approach

When assessing the needs of your system, it is important to do so from a **strengths-based approach**. This means that instead of solely focusing on the challenges, risks, and weaknesses, you should make an effort to include an examination of the strengths, opportunities, and resources that make the current system strong. This approach acknowledges the unique set of strengths and challenges present for each individual working in and with the current system.

To better assess from a strengths-based approach, your team can take action by:

▶ Identifying strengths in the community that can be leveraged to support school behavioral health.

▶ Examining policies, procedures, practice methods, and strategies surrounding school behavioral health to ensure they encourage a strengths-based rather than deficit-based approach.

▶ Engaging students and families in assessing the strengths of your community.

▶ Analyzing whether key **protective factors** are being sufficiently identified and addressed in current school-based behavioral health efforts.

Tools:

- [Youth Thrive: Protective and Promotive Factors for Healthy Development and Wellbeing](#)

- [A Roadmap for Building on Youth Strengths](#)

Assessment of Needs Stage

Engaging Stakeholders Throughout Assessment

A successful needs assessment of school-based behavioral health hinges on school and community partners each contributing to and collaborating on the assessment process. This requires that teams develop and maintain positive stakeholder relationships. Doing so is essential for providing seamless service delivery, maximizing the effective use of resources, avoiding duplication of services, helping to assure student needs can be met, improving overall student experience, and supporting healthier outcomes.

When developing relationships with community stakeholders, use the recommendations from *A Guide to SAMSHA's Strategic Prevention Framework* tool below to engage the following community sectors in prevention efforts:

Treatment providers	Local Businesses
Law Enforcement & School Resource Officers	University and Research Institutions
Health Care Providers	Neighborhood / Cultural Associations, and Faith Communities
Local Government	Youth-Serving Agencies and Institutions

Assessment of Needs Stage

Engaging Stakeholders Throughout Assessment

Your team should also look for opportunities to collaborate with other family support networks that may already be in place in your community. These might be family advocates, liaisons, peer supports, representatives from parent / teacher organizations, or other stakeholders that help to strengthen the role of youth and families, ensuring that families and youth have the information and support needed to participate fully in the process. It is particularly important to include those who have received services and who can speak from their lived experience throughout the assessment process.

To encourage effective engagement between stakeholders during assessment, school and community partners can take action by:

▶ Examining current partnering practices.

▶ Identifying possible barriers to ongoing collaboration.

▶ Identifying additional partners who you may add to your collaborative team.

▶ Ensure youth and families from underrepresented groups have meaningful opportunities to share their perspective throughout the assessment process.

Tools:

- [A Guide to SAMHSA's Strategic Prevention Framework](#)
- [Section 7. Involving People Most Affected by the Problem](#)

Assessment of Needs Stage

Resource Mapping

When assessing the needs of your school-based behavioral health system, **resource mapping** is a key activity. Resource mapping is a strategy for identifying and analyzing the programs, people, services, and other resources that currently exist in your area. Spending time reviewing the current services, strategies, and resources allows your team to recognize what you have available. When identifying and analyzing existing resources, careful consideration must be made to assure resources align with current best practices, are evidence-based, and are effectively meeting the needs of the youth and families served. In subsequent stages, this map will also allow you to create more comprehensive behavioral health support for school-aged children. Your review should include resources available within the school and within the larger community. You may also want to map your resources within your tiered system of supports and special education to understand the strengths and gaps within each tier.

According to *Resource Mapping in Schools and School Districts: A Resource Guide* (Lever, et al. 2014), resource mapping includes three steps: Pre-Mapping, Mapping, and Maintaining, Sustaining, and Evaluating Mapping (p. 6). These steps are defined and described in the following figure:

Step	Stage	Description
1	Pre-Mapping	Establishes a clear vision, defined goals, and productive collaboration for the mapping process. Come to a consensus on what will be mapped and what will be the process and infrastructure for mapping.
2	Mapping	Identification of an actual mapping of resources available to students and families both in and outside of the school.
3	Maintaining, Sustaining, and Evaluating Mapping	Analysis of the stregnth, challenges, and gaps in resources, services and programs. Develop system to monitor the follow-through with referrals and the success of referrals that are made to inform furure referrals.

Figure 1: Steps to Resource Mapping

Note. From Resource Mapping in Schools and School Districts: A Resource Guide (p. 6) by N. Lever, M. Castle, N. Cammack, J. Bohnenkamp, S. Stephan, L Bernstein, P. Chang, P. Lee, and R. Sharma, 2014. National Center for School Mental Health (NCSMH), University of Maryland School of Medicine. Copyright 2014 by Lever, et al.

Assessment of Needs Stage

Resource Mapping

To effectively map the resources available, teams can take action by following these stages as well as utilizing the tools below.

Tools:

- Resource Mapping in Schools and School Districts: A Resource Guide
- Gap Analysis Worksheet

Examining Current Data Practices, Opportunities and Gaps

When collaborating with one another, school and community behavioral health providers are often unfamiliar with each other's data collection processes. This is understandable as the requirements each organization has for data collection and reporting are often governed by distinct professional rules and regulations, as well as determined by different stakeholders and funding sources. The assessment stage provides school-based behavioral health teams an opportunity for a careful examination of the current data collection practices across agencies, and a chance to identify and fill data gaps.

Teachers, guardians, and students are key partners; ensuring A comprehensive picture of student strengths and needs is being created.

Collecting and analyzing a variety of data points from both the state and local level will help inform and better equip leaders when making key decisions. Data may include SHARP survey, School Climate Survey, focus groups, interviews/surveys of educators and parents/guardians, screening data, special education referral, attendance, chronic absenteeism, office discipline referrals, crisis intervention, and other data collected within your community (e.g., emergency room, pediatric care, child welfare, and court involvement).

Assessment of Needs Stage

Examining Current Data Practices, Opportunities and Gaps

Best practice suggests holding meetings for school and community providers that use this data to create a shared vision and goals across agencies. When collecting, analyzing, sharing, and discussing data, your team must always work to ensure that the privacy of individuals receiving services is maintained and that any data received is used for its intended purposes (More information regarding data collection and privacy laws can be found in the "Data Protection" section).

To better understand the behavioral health data, teams should consider the following points as part of their data analysis:

▶ Utilize **qualitative** and **quantitative data** points to help inform your service delivery.

▶ Determine what data points are being collected and why.

▶ Review your data at both the **aggregate** and **disaggregate** level.

▶ Determine if there are any gaps in the data you collect.

▶ Decide if your data represents a comprehensive picture of student needs.

Tools

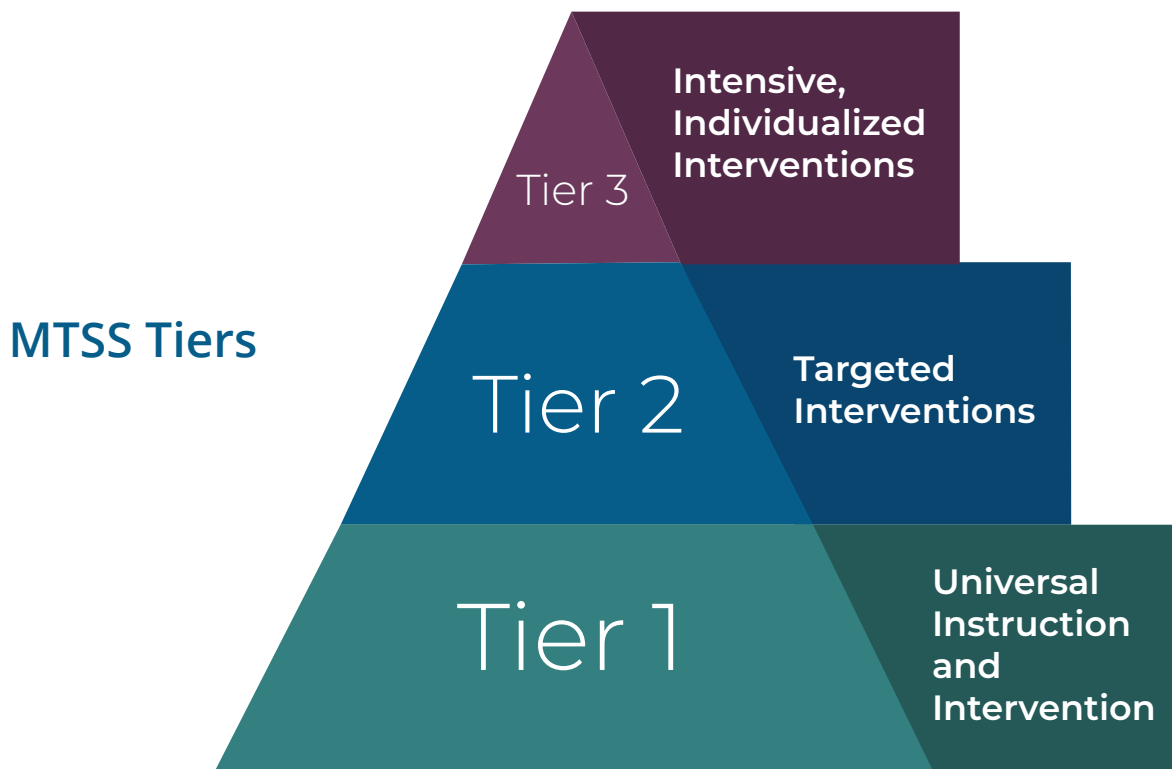- Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records

- SHARP Survey

- The Importance of Disaggregated Data

- Demystifying Data: Gathering and Using Local Risk and Protective Factor Data for Prevention

- Informing Prevention: The Effective Use of Epidemiological Data

Assessment of Needs Stage

Defining Roles

Part of assessing the behavioral health needs of your system includes understanding what school-based and community behavioral health personnel are available to provide behavioral health services to students in your area. This includes understanding the role that each can fulfill in providing behavioral health services across the continuum of care. With your team, create a matrix that indicates the behavioral health personnel available to support students within your area, including how these services can be applied within a school's multi-tiered systems of support (**MTSS**) framework and in special education. This exercise will help you to understand where you have full support for students and where there may be gaps in the services. This is especially important when aligning multiple agencies in order to create a **single system of delivery** that avoids duplication and maximizes resources. For an example of how one district in Utah has defined the roles of their team, see the tool at the end of this section.

As you create this matrix, you may note that the personnel and the roles they fill may differ in LEAs throughout the state, see the *Supporting Students for Success Meet the Team: Who's Who in Student Responsive Services* tool at the end of this section. However, it is important that all personnel are qualified to provide the services they are offering regardless of variations.

MTSS Tiers

Tier 3 — Intensive, Individualized Interventions

Tier 2 — Targeted Interventions

Tier 1 — Universal Instruction and Intervention

Assessment of Needs Stage

Defining Roles

When assessing your behavioral health support, your team should consider engaging in the following activities:

▶ Identifying the personnel available to support school-based behavioral health (both in the school and in the community).

▶ Providing opportunities for educators to understand their role in supporting mental wellness, and clearly defining when their role is to refer students to school-based behavioral health professionals.

▶ Mapping the roles and responsibilities of each individual in order to identify what gaps and layers of support currently exist.

▶ Mapping the structure of **human resources** within the school and community (are personnel working in a siloed manner or as a multi-disciplinary team?).

▶ Examining the layers of support that can be provided and the availability of personnel to support students with varying intensity of needs (e.g., services and support provided across your MTSS system).

▶ Analyzing the current communication among school and community behavioral health providers (e.g., frequency of meeting, type of communication).

Tools

• [Multi-Disciplinary School Mental Health Team Roles and Functions](#)

• [Supporting Students for Success Meet the Team: Who's Who in Student Responsive Services](#)

Surveying Current Funding

A significant part of assessing system behavioral health needs includes identifying the funding sources that are currently supporting school-based behavioral health efforts. Your team should determine the various funding sources supporting specific services and personnel. This will allow your team to understand the strengths and gaps in funding comprehensive services that support the long-term shared vision and goals of your community. This process should include the voices of multiple community agencies so that a comprehensive list of potential funding sources can be collected and utilized.

Assessment of Needs Stage

Surveying Current Funding

When you are assessing the sustainability of funding sources supporting the school-based behavioral health services in your local area, your team should consider taking the following actions:

▶ Identifying the current sources of funding supporting school-based behavioral health (Medicaid, Teacher and Student Success Act funds, other state and local sources, private and public funds).

▶ Determining if there are partnerships with other agencies/entities where funding is **braided** or being utilized in the school (e.g., the local mental health authority, private/non-profit agencies, substance use disorder agencies).

▶ Mapping how funding streams are being used and analyze their effectiveness.

▶ Identifying who oversees each funding stream and assigning someone to search for additional sources to sustain school behavioral health services.

▶ Pinpointing what funding sources support services across the continuum of care, identifying if there are any gaps (e.g., Prevention, Intervention, Postvention, etc.).

▶ Determining how funding for behavioral health supports can be included within the use of general funds outside of grant opportunities (e.g., National School Mental Health Curriculum).

▶ Identifying any potential restricted use of funding sources.

Tools:

• Sample Resource Mapping Worksheet

Highlight »»» from the Field

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With recognition that suicide is a community issue, Alpine School District (ASD), along with a number of community partners, including Wasatch Behavioral Health partnered to create the **Alpine School District Suicide Prevention Coalition** in 2020. This coalition was aimed at addressing the behavioral health concerns in their community, specifically suicide prevention efforts. The coalition was made possible through the Project AWARE (Advancing Wellness and Resiliency in Education) Grant that aims to develop sustainable infrastructures for school-based mental health programs and services.

Early in the process, the coalition adopted SAMHSA's *Strategic Prevention Framework* to guide their work. This decision led to the coalition bringing together partners from local universities, SafeUT, community health agencies, and school district staff to conduct a needs assessment. These partners were tasked with reviewing multiple data sources (e.g., SafeUT, YRBSS, IBIS, SHARP) to better understand the unique needs of their area. Findings were presented before coalition members and informed the coalition's strategic plan for addressing the behavioral health needs of their community.
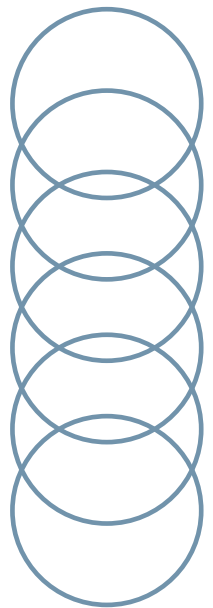
Highlight from the Field

As part of the needs assessment, the coalition conducted a thorough mapping of current resources to better understand the network of services, programs, and people supporting behavioral health. This mapping allowed the coalition to identify gaps in services or partners, and then work to fill those gaps. The coalition has continued to garner support and utilize partnerships from a variety of public and private, and state and local stakeholder groups. Taking a collaborative approach has been key in their success. Likewise, continuous assessment of needs, resource mapping, and engagement with stakeholders has been equally important in better supporting the behavioral health needs of students in their community. By creating the **Alpine School District Suicide Prevention Coalition** and prioritizing behavioral health needs, district-wide improvements have been made, with some of the greatest impacts being realized in direct work with students and families.

One example is when a young student came to school staff to express her feelings about suicide. A social worker conducted a brief suicide assessment and communicated the situation with parents and school administrators. Initially the parents were nervous and resistant to accepting the information from the school. However, by going through the process developed by ASD's school-based mental health providers with guidance from Wasatch Behavioral Health, these parents were quickly able to realize that school personnel were there to work collaboratively with their family to support their child. The family became much more open to receiving the wrap-around services offered by the school and community providers.

Highlight from the Field

Lori Thorn, Kellie Byars, Bryant Jenks, and Rebecca Andreasen.

Building relationships of trust with students and parents is more likely to lead to them feeling that the school and community providers are there to help.

Alpine School District and Wasatch Behavioral Health have learned that building relationships of trust with students and parents is more likely to lead to them feeling that the school and community providers are there to help. According to district leaders, "this is when the real gains are made, and that is where the magic happens."

A special thanks to Lori Thorn, Rebecca Andreasen, Kellie Byars, and Bryant Jenks for their hard work and dedication to advancing school-based behavioral health, and for their willingness to share their story with us.

Building Capacity Stage

Creating a Culture of Support

Building capacity begins with making intentional efforts to develop a culture that supports student behavioral health across a continuum of support. As your team begins this work, it is important to be cognizant of the varying levels of knowledge and comfort stakeholders have with discussing behavioral health concerns. Working to dispel misconceptions and reduce stigma associated with behavioral health is often a necessary first step in creating a culture that supports behavioral health and mental wellness. This stage asks stakeholders to move towards a common understanding and create a shared culture, which in turn builds your capacity to support and prioritize the behavioral health needs of students. By building a culture that supports behavioral health, you can foster a culture where student academic success can more easily be achieved.

> ## Dispel misconceptions and reduce stigma associated with behavioral health.

In building a culture of support for school-based behavioral health, school and community teams may consider engaging in the following activities:

▶ Include all voices in your community to better understand their mental and emotional needs.

▶ Identify misconceptions and stigmas that inform the attitudes and approaches of your community.

▶ Increase your community's behavioral health literacy, especially of school leaders, teachers, other school personnel, and community stakeholders (e.g., through professional learning opportunities).

▶ Provide opportunities for special education teams to learn how to develop Individualized Education Programs (IEP) that will meaningfully support an eligible student with behavioral health needs.

▶ Ensure your school-based behavioral health team and community partners understand special education law, specifically regarding the evaluation and eligibility process.

▶ Ensure teachers understand their role in supporting student behavioral health, including the importance of communicating with the school-based behavioral health team when students may need additional support.

Building Capacity Stage

Professional Learning and Training

According to M.K. Roche and K.V. Strobach (2019), "continuous, high-quality professional learning is important" for building your school and community partners' capacity to provide students and their families with effective support (p. 12). Your school behavioral health team should use the information gleaned from your needs assessment to inform the kind of professional learning you provide to school and community personnel. This information will also help your team prioritize the topics that support your area's short- and long-term goals. In addition, teams should invite parents/guardians and families to participate in specific learning opportunities as deemed appropriate.

To build the capacity of your staff and community partners, your team should employ these intentional strategies to inform your professional learning and training:

▶ Review information from your needs assessment to prioritize the topics that will be covered during professional learning opportunities.

▶ Provide professional learning opportunities regarding how to effectively involve families and community members in health and wellness issues.

▶ Provide professional learning opportunities focused on how to effectively connect families and community members to available resources.

▶ Ensure professional learning opportunities are matched to the roles and responsibilities of participants.

▶ Increase your teams' knowledge of different cultures by engaging community experts as trainers and by asking students, families, and different cultural groups to provide information regarding their beliefs and attitudes about **mental health**.

▶ Review your community's health indicators and learn what existing organizations are doing to address health and wellness.

▶ Create a common language and understanding of behavioral health and wellness terms.

▶ Create a common set of procedures and practices that can be used by school staff and community partners.

▶ Educate students, parents/guardians, and the community about the stigma associated with behavioral health and ways to reduce the stigma.

Building Capacity Stage

Professional Learning and Training

▶ Train team members on being culturally responsive with students and families.

▶ Provide educators and staff with the skills they need to support their own wellness.

▶ Provide professional learning opportunities regarding evidence-based practices for school and community behavioral health providers.

▶ Provide joint professional learning experiences discussing how teams may work together to support specific students.

Tools:

- [The Massachusetts Standards for Professional Development](#)
- [Student Services Training Request Portal](#)

Cultural Responsiveness and Equity

When building capacity of school-based behavioral health services, it is critical that your team makes certain your policies and practices are **culturally responsive** and **equitable** for your community. In doing so, your team is modeling the educational **equity** practices recommended by the (USBE, namely by promoting "unity and civility among diverse groups" (Denouncing Racism and Embracing Equity in Utah Schools) and through "creating equitable conditions" for all students' success (Strategic Plan, p.9). School-based behavioral health best meets the needs of students and families when there are practices and policies that allow for opportunities to recognize and equitably respond to the diverse conditions and cultures that inform them.

"Unity and civility among diverse groups."

Building Capacity Stage

Cultural Responsiveness and Equity

To ensure cultural responsiveness and equity for all youth and families are being met, your school-based behavioral health team should analyze the data on current practices and policies collected in the Assessment of Needs stage to make necessary improvements. You may also want to filter the data by demographics to ensure that you are getting a clear picture of how diverse student groups are being served.

As part of building capacity, your team should consider updating your policies and practices to:

▶ Ensure discipline practices are restorative and equitable for all students.

▶ Reflect the strengths of and support the needs of their diverse student population.

▶ Equitable access to services for all school-aged youth using a multi-tiered system of supports.

▶ Provide conditions where resources are equitable distributed based upon individual student needs.

Tools:

• [Resolution No. 2021-01: Denouncing Racism and Embracing Equity in Utah Schools](#)

• [Cultural Responsiveness](#)

Building Capacity Stage

Data Driven Decision Making

When building the capacity of your school-based behavioral health program, ongoing data collection is necessary to help inform decisions regarding system, family, and youth needs. Data collected on youth and families will help inform academic, behavioral, and mental health intervention strategies, aid in connecting families to needed resources, and possibly inform adjustments to policies and practices. All decisions made at the system and individual student level should be informed by data. Ongoing data collection is an extension of the conclusions and techniques developed by your team during the assessment stage. These conclusions may also reveal the need to expand your data collection sources, processes, and procedures for behavioral, social, and emotional competencies. Whether collecting data as a part of your initial assessment or as an ongoing tactic for building capacity, it is important that your team actively seek to include multiple and diverse data points. This will assure you are capturing a complete picture of the system needs of the area.

To better utilize data when making decisions about how to enhance your school behavioral health system, consider taking the following actions:

▶ Identify and prioritize system needs using data while taking into account what is needed to enhance the system and what can better be supported by the system.

▶ Determine how the identified strengths of your system can be utilized or replicated to better support youth and their families in your area.

▶ Ensure that families and youth have opportunities to participate in the decision-making process alongside the professional team.

▶ Outline how system deficiencies can be addressed or resolved to better support youth, including those with disabilities, and their families in your area.

▶ Utilize data to inform any changes needed to system policies and/or procedures.

▶ Make a plan to fill any data gaps identified during the assessment of needs stage.

Building Capacity Stage

Data Driven Decision Making

Tools:

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

- School Mental Health Quality Guide: Early Intervention and Treatment Services & Supports (Tiers 2 & 3)

- School Mental Health Quality Guide: Impact

Data Sharing Practices

Data that has been properly collected by school and community behavioral health partners can give valuable insights into the unique strengths and challenges faced by youth and families in your area. Your school-based behavioral health team's capacity to support these needs can be built through sharing inter-agency data, when the law allows, that is already being collected.

Data sharing practices require that school-based teams establish common language and protocols across stakeholders and their teams. Not only does this ensure that data sharing practices are in compliance with the law, but it prevents communications barriers. As such, it is vital to develop a Memorandum of Understanding (**MOU**) between school and community agencies that specifically addresses the procedures around data sharing, at both the individual student level as well as at the aggregate system level. Developing MOUs enables teams and their community partners to better utilize data across agencies. More details on developing MOUs can be found in the section "Planning Collaboratively".

Building Capacity Stage

Data Sharing Practices

To ensure that your school and community partners are protecting youth and family data privacy whenever student data is collected, review the following laws that govern data collection, data privacy, and data sharing:

▶ Health Insurance Portability and Accountability Act (HIPPA)

▶ Mandatory Reporting

▶ Family Educational Rights and Privacy Act (**FERPA**)

▶ Utah FERPA

▶ Protection of Pupil Rights Amendment (PPRA)

▶ Student Data Protection Act

You can reach out with specific questions to the USBE Student Data Privacy Team at: studentdataprivacy@schools.utah.gov.

Tools:

- DATA-SHARING TOOL KIT FOR COMMUNITIES: How To Leverage Community Relationships While Protecting Student Privacy

Goal Setting: Increasing Alignment and Efficiency

School-based behavioral health services should have clearly defined goals and measurable objectives that are applicable for all who are engaging in school-based behavioral health efforts. Having clearly defined goals, a shared vision, and common measures of program effectiveness can help to keep services on track and targeted to specific needs. Building system capacity is a process that requires ongoing collaboration among school-

Building Capacity Stage

based behavioral health personnel, community stakeholders, and other partnering organizations. It is critical that parents/guardians, as well as students, are included in this process and understand the purpose and vision of the school-based behavioral health efforts.

When developing goals, teams need to create an alignment among organizations' strategic plans based on a clear understanding of each other's visions and goals. By doing so, you will be able to identify and define common goals shared across organizations and by other community stakeholders, and then construct a mutual vision of success. This alignment of inter-agency vision and purpose can lead to increased accountability, more responsible and strategic uses of funding, and improved outcomes.

Best practices to consider when aligning strategic plans and ensuring everyone is working towards a common set of goals:

▶ Ensure that all stakeholders have a common understanding of the language and definitions of commonly used terms.

▶ Create a unified vision with measurable outcomes using feedback from all stakeholders (including students and parents/guardians).

▶ Establish a centralized organizational infrastructure and accountability mechanisms.

▶ Hold regular meetings to coordinate efforts and stay on track.

▶ Create short- and long-term goals based on strengths and gaps as described in the section Inter-Agency Meetings.

▶ Identify the role each stakeholder can fulfill in meeting the shared school-based behavioral health goals

Tools:

• Developing Measurable Program Goals and Objectives

Building Capacity Stage

Creating Multi-Disciplinary Teams Within the School and Across the Community

Multi-disciplinary teams bring together the expertise and skills of different professionals to assess, plan, and manage needs jointly (see R277-100-2(20) for further definition). Multi-disciplinary teams should also include and value the contributions and expertise of other non-professional stakeholders such as parents/guardians and youth. Without the voices of parents/guardians and youth, you will be missing critical information and perspectives necessary to create a successful school-based mental health system. Local areas that establish multi-disciplinary teams allow for more holistic and comprehensive support for youth and families. In addition to planning and managing needs, utilizing multi-disciplinary teams creates opportunities to build relationships among diverse stakeholders and keep all stakeholders focused on the common vision. It also assures ongoing communication takes place, expands system resources, and enables more effective responses to community needs.

What are Multi-disciplinary Teams

They are a group of individuals from multiple disciplines who meet to:

(i) Pursue the common goal of evaluating and triaging the academic, social, emotional, physical, and behavioral needs of a student or group of students; and

(ii) Create individualized strategies and interventions to address identified needs.

An LEA's multi-disciplinary school team as described in Subsection (20)(a) may include:

    (i) Administrative personnel;
    (ii) A local law enforcement officer or school resource officer;
    (iii) A mental health professional;
    (iv) A general education or special education teacher; and
    (v) Other community members as determined by the LEA.

Building Capacity Stage

Creating Multi-Disciplinary Teams Within the School and Across the Community

Using the information collected on available personnel and services in the Assessment of Needs Stage, you can now begin to determine how you might build a multi-disciplinary team to provide more comprehensive support for students.

To setup multi-disciplinary teams in your schools, you may consider including the following experts:

School Counselors	School Psychologists
School Social Workers	School Nurses
School Administrators	School-Based Community Health and Behavioral Health Providers
Speech Language Pathologists	General Education Teachers
Special Education Teachers	School Facilities/Operations Representative
Youth with Lived Experience	Parents/Guardians

Similarly, **community coalitions** bring together multi-disciplinary partners to collaborate on understanding community needs and strengths, and to create shared goals. These coalitions are an excellent resource for gaining a thorough understanding of your communities' needs and strengths regarding student behavioral health. As you build the capacity of your school behavioral health services, you should consider establishing or engaging more fully with community coalitions who are specifically focused on advancing school-based behavioral health efforts.

Building Capacity Stage

Creating Multi-Disciplinary Teams Within the School and Across the Community

To establish or engage in community coalition efforts, consider coordinating with the following experts:

- Community Social/Recreational Service Providers
- Division of Services for People with Disabilities (DSPD)
- Juvenile Justice Services (JJS)
- Local Health Department
- Private Behavioral Health Providers
- School Representatives

- Local Mental Health Authorities (LMHA)
- Division of Child and Family Services (DCFS)
- Judicial System
- Public and Private Medical Providers
- Religious/Cultural Leaders

Tools:

- [Evidence-Based Practices for Coalition Building](#)
- [School Mental Health Teaming Playbook: Best Practices and Tips from the Field](#)
- [Coalition Guide Resource](#)

Exploring New Funding Sources

Where the Assessment of Needs Stage helps you to identify existing funding sources and their accompanying gaps, the Building Capacity Stage focuses on addressing those gaps. It is also the stage in which you and your team's leaders can focus on seeking new funding streams, reducing redundancies and inefficiencies, examining current MOUs, and expanding on what is already working. As you work to identify and seek new funding sources, analyze the sustainability of the funding stream (e.g., limitations of one-time funding) and keep in mind that funding should cover comprehensive services across the **continuum of care**.

Building Capacity Stage

Exploring New Funding Sources

To ensure funding covers these services, best practice recommends the following:

▶ Use multiple and diverse funding sources from:

Different levels (e.g., school, local, LEA, state, federal)	**Different types** (e.g., grants, third-party reimbursement, cost sharing, private foundation funding, block grants)	**Different systems** (e.g., education; physical, mental, and public health; substance use).

▶ Ensure that your funding and resources align to support your continuum of services (e.g., multi-tiered system of supports).

▶ Ensure that there is adequate funding to provide needed services and supports for each tier.

▶ Establish and use a process to develop, regularly evaluate, and update a financing plan for supporting school behavioral health.

▶ Establish and use a process to regularly monitor new funding opportunities as well as local, state, and federal policies that may affect funding for comprehensive school behavioral health systems (Source: National School Mental Health Curriculum).

Tools

• [School Mental Health Quality Guide: Funding & Sustainability](#)

Building Capacity Stage

Telehealth in Schools

State and local efforts have been made to increase access to healthcare services by expanding **telehealth** options provided by LMHAs and other providers throughout the state. Schools utilizing telehealth can increase their capacity to meet the behavioral health needs of students when licensed professionals are not otherwise available in the school setting. This is especially helpful for communities with shortages of service providers (e.g., rural and frontier areas) who often struggle to increase their behavioral health workforce. Telehealth is central to helping all students access behavioral health supports, no matter where they are located. Telehealth also facilitates fewer disruptions to a student's school day by keeping them on-site at school.

Telehealth is central to helping all students access behavioral health supports, no matter where they are located.

If your team wishes to pursue telehealth services, you can take action by:

▶ Assuring broadband access is high speed, stable, and secure for conducting telehealth services.

▶ Establishing MOUs/contracts with providers for telehealth services, and ensuring providers are licensed to provide telehealth services within the state of Utah.

▶ Establishing protocol and procedures that allow for telehealth services to be conducted with the least impact on the learning environment.

▶ Optimizing student privacy by providing services in a secure manner.

> **Tools:**
> * [How to Get Started with School-Based Mental Health Services via Telehealth](#)

Highlight »»»
from the Field

San Juan School District (SJSD) has worked collaboratively with key partners in their community in building the capacity of their school-based behavioral health program in their area. By utilizing the Native Youth Community Project Grant, SJSD was able to increase their behavioral health workforce by assisting six school employees to complete a Master of Social Work program. This was made possible by partnering with local tribes, the local mental health authority and higher education. Additionally, through these partnerships, San Juan School District has been able to provide professional development opportunities for all school employees that are culturally responsive to the needs of their community. Cultural considerations are at the center of every decision they make. As an example, SJSD uses a peacekeeping program to address behavioral concerns that arise with students.

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The peacekeeping program is modeled after the Navajo Nation peacekeeping model, incorporating both restorative practices and trauma informed practices. Traditionally the Navajo Nation peacekeeping model is a process to resolve conflict or come to an agreement. There are specific steps that are followed to assure the voices of students, families, teachers, and school administrators are heard as they focus on resolving the incident. Schools have adopted a four directional model which comes from the four sacred mountains and aligns

Highlights from the Field

Cultural considerations are at the center of every decision they make.

with the peacekeeping lessons Navajo children are taught at home from a young age. In traditional Navajo culture, each of the four sacred directions have a step and a purpose, beginning in the east with the new day and eventually ending in the north. In a similar way the peacemaking process begins in the east where participants are asked to think about what they want to do and accomplish within the process, before then turning to the south where they begin planning what next steps might be in order to meet their goal.

Trevor Olson

Turning to the west, participants then begin to implement the steps they've decided upon before finally turning to the north where they begin to reflect on the implementation that took place. This four-step process is used to effectively help students work through potential challenges, conflicts, or restorative questions they might have and that may be acting as barriers to their success.

A special thanks to: Trevor Olsen from San Juan School District for sharing the district's story with us and Stanley Nez and Chester Stanley, Traditional Peacemaking Specialists from the Navajo Nation Judicial Branch for their significant contribution to the work of San Juan School District

Planning Stage

Planning With the Whole Child in Mind

Physical, social, mental, and emotional well-being are intertwined. Behavioral health concerns may stem from physical illness. When engaging in the planning process, your team should take a holistic approach; ensuring the structure of your system allows for a comprehensive understanding of student well-being. Taking a **holistic approach** means that your team will take into account the impact of physical, social, and environmental factors on student behavioral health and may provide a variety of interventions that can address well-being holistically. In your planning, you may consider confirming you have access to professionals who can provide a variety of intervention approaches (e.g., sensory, experiential, etc.) and who can support the numerous and varied needs of students and their families.

> ## Support should look at the whole person, not just their mental / behavioral health needs.

Taking a holistic approach leads to a more complete understanding of student needs, as illustrared by the following examples:

A student frequents the nurse's office due to stomachaches. After a few conversations with the student, the nurse suspects that the stomachaches may stem from the student's worry about reading in front of the class.

A student seems unfocused and is not completing work in the classroom. The teacher pulls the student aside to find out that the student has always had a difficult time sleeping at night.

A student has stopped turning in their school work, telling their teacher that they keep forgetting to do it or to bring it back to school. In a conversation with the school counselor, the student shares that they suffered a concussion during their football game earlier that year.

Planning Stage

Planning Collaboratively

When planning your school-based behavioral health system, multi-disciplinary teaming across agencies can be an effective technique for collaboration. Teaming will not only help facilitate communication during the planning stage but will create an ongoing system of mutual support among stakeholders who might otherwise be working in isolation. When engaging in multi-agency teaming, it is important to establish how teaming will occur. A program's success often hinges on important decisions made prior to implementation, and this process is far more effective when well-established teaming relationships are already in place. Teaming enables your stakeholders, agencies, and staff to come together as they plan for your community. Failure to plan together can rob professionals and agencies of key information necessary for the effective development of your system.

While schools may be well equipped to provide the array of services needed for most students, there are some students who may require services beyond the scope of what is available at school. A positive, working relationship with other agencies and experts will streamline services, ensure **continuity of services**, and support student access to those services so that the system can better meet their needs, overall.

To best establish a working relationship with community partners and stakeholders, do so in advance and with clear MOUs.

According to National School Mental Health Curriculum, components of a MOU between LEA's and community behavioral health partners should include:

Purpose of the Agreement	Entities Involved
Roles & Responsibilities of each Party	Fiscal and Resource Agreement
Liability Release as an Independent Contractor	Duration and Termination Clause
Insurance and Indemnification	Assurance of Valid Licensure

Planning Stage

Planning Collaboratively

In addition, MOUs should work to establish communication mechanisms for information/data sharing and detail the terms of the partnership by identifying who, what, when, where, and how services and supports will be provided.

Tools:

- [Developing the Memorandum of Understanding (MOU) A Discussion Guide to Establish or Enhance MOU](#)

Inter-Agency Meetings

Both planning and implementation are collaborative processes that demand the input of multiple stakeholders. Your school-based behavioral health teams along with your community partners need to establish procedures for regular inter-agency meetings to review, assess, and improve your collective school-based behavioral health system. Engaging in well-planned collaboration meetings with multiple agencies will strengthen your system as a whole by supporting your abilities to provide consistent services, identify and overcome challenges, and develop as a team. These collaboration meetings should occur regularly to discuss systemic and student-specific needs.

When planning inter-agency meetings, the following procedures and processes should be outlined:

▶ Frequency, purpose, and structure of meetings.

▶ Participant selection.

▶ Detailed agendas.

▶ Meeting norms and objectives.

▶ Next steps, actions, and follow ups.

▶ Data privacy and sharing (including release of authorization if individual students will be discussed).

▶ Referral process [(see the "Referral Pathways" for additional information)](#).

Planning Stage

Inter-Agency Meetings

Engage in well-planned collaboration.

Tools:

- [Conducting Effective Meetings](#)
- [Basic Guide to Conducting Effective Meetings](#)
- [TIPS Meeting Minutes Template](#)

Replacing Guesswork

Planning the structure of the services that will be provided within your school-based behavioral health program should be grounded in the data collection process (see the "Data Driven Decision Making" section). Using data gives your school-based behavioral health team an objective perspective of system strengths and needs, helps leaders more effectively distribute limited resources, and enables your program to better meet the needs of your community. The data collected should drive your team's planning efforts, be used in your decision-making processes, and be leveraged to eliminate any guesswork about the who, what, why, and how of your program. It is important that your team feels that the available data provides them with a comprehensive and accurate picture of system strengths and needs. As you and your team engage in planning conversations, you may determine that there are still data gaps. At this point, you may choose to refocus your efforts on collecting more thorough data before moving forward with planning.

Planning Stage

Replacing Guesswork

Once your team feels they have sufficient data, they will then be able to make informed decisions regarding which **evidence-based strategies** and interventions to employ at the system level. This same data can then be used in planning services, as you and your team determine which of these evidence-based strategies will work best to meet the unique needs of the communities within your area. This same process can be used to determine which evidence-based interventions would best support the needs of individual students and families.

When using data to make decisions about how to enhance your school behavioral health system, consider engaging in the following tasks:

▶ Review the priority system needs identified (see "Data Driven Decision Making" section).

▶ Delineate the steps that are required to enhance the system to better support these identified needs.

▶ Incorporate the system strengths identified (see "Data Driven Decision Making" section) into your strategic plan for improving your behavioral health system.

▶ Adjust policies and/or procedures according to the changes identified by your team.

▶ Determine systemic outcomes, write these outcomes down, and determine how outcomes will be measured.

> **Tools:**
>
> • Demystifying Data: Gathering and Using Local Risk and Protective Factor Data for Prevention

Planning Stage

Establishing Data Sharing Protocols and Outcome Measures

As part of the planning process, your team must identify what data you want to use for evaluating the effectiveness of your system. This data should include measurable objective outcomes as well as anecdotal subjective experiences that will be collected throughout implementation and reviewed as a part of the evaluation stage. Effective data collection and sharing systems are necessary for the success of any school-based behavioral health program. Accordingly, your school team and agency partners should establish a data sharing protocol to better meet the needs of students and their communities. These protocols should aim to promote collaboration and engagement between stakeholders while at the same time being mindful of the laws and regulations that govern data sharing.
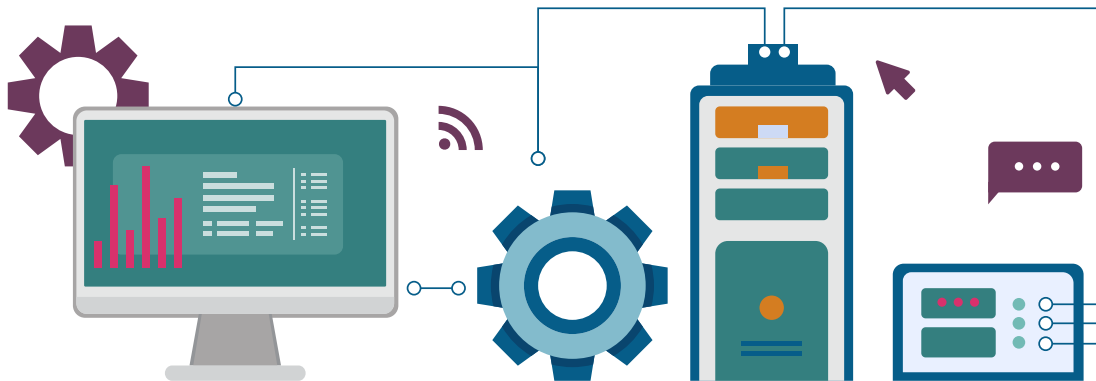
When planning protocols for using and sharing data, teams should consider the following:

▶ How and when data will be shared between stakeholders.

▶ How you will ensure you are following data privacy laws.

▶ How you will use data to monitor changes over time.

▶ How you will use data to ensure interventions selected align with student needs.

▶ What data you will use to evaluate your system as a whole.

See the "Data Driven Decision Making" section for more guidance on this topic.

Planning Stage

Establishing Screening Protocols

Universal mental health screening is an essential component of any school-based behavioral health program. Providing regular screening opportunities may help to identify mental health concerns as they emerge and allows professionals to connect students with the appropriate supports. Just as schools have established early warning systems for the purpose of identifying students at risk of not completing high school graduation, mental health screening in schools allows for early identification and intervention of emerging mental health concerns that likewise may act as barriers to a student's success. Mental health screening can also provide crucial data to inform coordinated services for students and families at the system level.

During the planning stage, your team can prepare for successful screening implementation by:

▶ Reviewing state code 53F-2-522 and Board Rule R277-625 that govern and offer guidance to LEA's who wish to engage in school-based mental health screening in Utah.

▶ Determining your purpose for engaging in mental health screening and for what you will be screening.

▶ Establishing a communication plan to inform school staff, parents/guardians, and other stakeholders regarding the purpose of screening.

▶ Deciding the mental health screener(s) that will best fit the needs of your local area; consulting with the Mental Health Screening Tool List to ensure you are utilizing an approved screener.

▶ Establishing screening procedures, including communication with families, with the school multi-disciplinary team, and with community partners.

▶ Creating clear **referral pathways** for in-school and community support.

> **Referral Pathways assure a youth with behavioral health needs gets referred, assessed, and funneled to the proper services and resources needed.**

Planning Stage

Establishing Screening Protocols

▶ Outlining screening fidelity measures and processes.

▶ Collaborating with partnering agencies to ensure a consistent process and streamlined services.

Tools:

- School-based Mental Health Screening Program (SBMHSP)
- School-based Mental Health Screening Grant (SBMHSG)
- What is Wellbeing Screening?

Budget Accountability

In the planning stage, it is important to have a clear understanding of what funding sources are available to provide services, the parameters surrounding the various funding sources, and the accountability requirements associated with these sources. Having a clear understanding of the requirements of funding sources will allow your team to create streamlined processes, ensuring efficient and effective use of funds. You can use the information gleaned in the Assessment of Needs Stage in your planning. Any program that provides services through a specific funding source, whether it be local, state, or federal grants, or other programs, must account for the funding allocated. It is important that you ensure your business administrator or accountant is directly involved as you plan the use of behavioral health funding. After the initial planning, it is important to review budgets as often as needed based upon general accounting practices to ensure that the funding is used for its intended purpose.

Planning Stage

Referral Pathways

Schools play a vital role in supporting access to behavioral health services for students. When behavioral health challenges manifest in the classroom, school personnel have the opportunity to address these concerns early, connect students with appropriate behavioral health supports and mitigate impact. Most emerging behavioral health concerns can be addressed within the school setting with licensed professionals and effective planning. However, when behavioral health needs are identified that extend beyond an LEA's capacity, the proper referrals should be made so that students receive the intensity of support they need.

Some behavioral health needs require referrals so students receive the intensity of support they need by qualified professionals.

 As your team is determining service patterns and creating referral pathways, it is vital that your planning includes ensuring that there is continuity of services, meaning needed services are continuously available beyond regular school hours. Behavioral health concerns do not stop during holiday breaks or over the summer, so it is important that services remain available at all times.

When building the scaffolding for your behavioral health services, your team should:

▶ Incorporate ongoing professional learning for school personnel on reframing behavioral health challenges to identify mental and emotional wellness needs.

▶ Establish referral pathways for both in school and community interventions.

▶ Document and share your referral pathways so all school personnel and community partners are aware of and can utilize the process.

▶ Ensure your pathways include clear guidance to professionals regarding students who may need to be referred for evaluation for special education services.

Planning Stage

Referral Pathways

Tools:

- [School Mental Health Referral Pathways Guide](#)

Creating Trauma-Informed Environments

When planning a school-based behavioral health program it is important that your team is intentional about creating a culture that is **trauma-informed**. To put it another way, your team needs to recognize how behavioral health concerns and traumatic experiences intersect. According to Dernoot and Burk, teams and organizations "have the potential to either mitigate or exacerbate the effects of trauma exposure for all of their workers. The way those workers manage trauma will in turn have an impact on the experiences of already traumatized clients" (2009, p.21). To manage trauma and mitigate impact, your team must not only strive to create a trauma-informed culture for youth and families, but one that promotes the health and wellness of personnel and staff. Therefore, your planning must intentionally integrate practices that will make your system a place where school-based and community behavioral health professionals want to work and want to stay.

When planning for the creation of a trauma-informed environment, consider taking the following steps:

▶ Provide ongoing professional learning opportunities for educators and community partners about the effects of trauma on student and adult behaviors.

▶ Plan for deliberate, ongoing review of practices and policies to ensure that they are supporting the creation of a trauma-informed school environment.

▶ Modify policies and procedures to ensure they nurture an environment of healing.

Planning Stage

Creating Trauma-Informed Environments

▶ Provide time and resources for educators to make their dedicated space safe and predictable for students.

▶ Create a culture where adults are able to attend to their own wellness needs.

▶ Establish a working environment where all are willing to authentically engage and create relationships of trust that encourage growth.

▶ Establish practices and procedures that will improve the recruitment and retention of team members, including team members who are representative of your student population.

▶ Incorporate strategies to increase protective factors at all tiers of student intervention.

Tools:

- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

- [Trauma Sensitive Schools Professional Learning](#)

Culturally Responsive and Equitable Planning

When planning school-based behavioral health services, it is important that your team recognizes cultural differences by paying special attention to the social and **ecological contexts** of the populations you serve. Each person has a unique cultural identity that influences how they think, feel, behave, and understand the world. Culturally responsive planning takes into consideration how to address issues that are influenced by all of the student's unique characteristics and identities, including race, religion, sexual orientation, gender, disability, or membership in any **protected class**.

Culturally responsive planning takes into consideration a student's unique characteristics

Planning Stage

Culturally Responsive and Equitable Planning

It is imperative that your team plan to use interventions that are culturally appropriate and delivered in a way that accounts for the diversity among students, families, and communities. Additional cultural considerations should include, but are not limited to language, home environment, social issues that relate to race, socioeconomic status, country of origin, immigration or refugee status, geography, such as urban or rural, and traditions and heritage that a family or community honors or values. Ultimately, planning should lead to teams meeting the unique needs of each student.

Another important aspect of equitable planning is examining the accessibility of behavioral health services for students and families in your area. A crucial consideration within the planning process is finding ways to close existing gaps between those needing services and the means to access them. One way to do this would be to assure space within the school exists for community providers to provide behavioral health services, provide telehealth services, or provide school-wide behavioral health training.

When making a plan to strengthen existing systems through collaboration, it is important to intentionally consider how your team might improve equitable access to services by:

▶ Assuring interventions are culturally responsive to the individuals you serve.

▶ Analyzing structural or system issues that may prevent a student from accessing services within the school or in the community.

▶ Considering which practices will allow for equitable access to any student and family seeking behavioral health support.

▶ Ensuring your referral process provides equitable access to school behavioral health services for every student regardless of their circumstances or cultural differences.

▶ Promoting opportunities for students, parents/guardians, and other community members to provide feedback to ensure services are meeting their cultural needs.

▶ Providing professional learning opportunities focused on culturally responsive planning.

Planning Stage

Consideration of Social Determinants

The planning of school-based behavioral health services should include careful consideration of how **social determinants of health** may be impacting individuals with mental health concerns. It is important for you, as decision makers, to understand that emerging behavioral health concerns do not exist in isolation; rather, they are influenced by the conditions that exist in the environments where the individual lives, learns, works, and plays. By accounting for social determinants of health in the planning process, your team can highlight the specific contexts that behavioral health concerns inhabit, more effectively work to mitigate negative outcomes, and adopt changes that address the holistic needs of your community.

> **Social Determinants can affect the student, families, and the community as a whole.**

To plan for services from a social determinants of health perspective, consider taking the following steps alongside community stakeholders:

▶ Identify the clusters of social determinants of health operating in your community using your previously gathered data.

▶ Identify what impact social determinants of health are having on the behavioral health of students and families within your community as well as school personnel.

▶ Incorporate strategies that address social determinants of health with a negative impact into your comprehensive plan for supporting student behavioral health.

▶ Leverage the social determinants of health with a positive impact into constructive approaches developed by your comprehensive plan.

Tools:

• [Understanding Social Influencers of Health and Education: A Role for School-Based Health Centers and Comprehensive School Mental Health Systems](#)
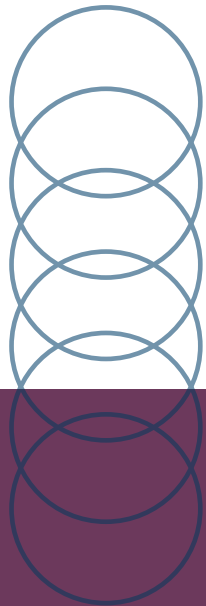
Highlight ⟫⟫⟫

from the Field

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*A*dministrators of Cache County School District (CCSD) first became aware of the positive impact of school-based behavioral health when networking with another district in the state. Due to their well-established positive relationship with their local mental health authority, Bear River Mental Health (BRMH), CCSD district leaders were able to work in concert with BRMH's community behavioral health experts when planning their school-based behavioral health program. In their planning, these partners identified mental health screenings and therapeutic services via telehealth as priority services to help meet the mental health needs of students and families in their area. Additionally, CCSD has prioritized professional learning opportunities focused on trauma-informed classrooms and the importance of self-care. These efforts were supported through separate grant opportunities of Project AWARE (Advancing Wellness and Resiliency in Education) in 2018 and the School Based Telehealth Pilot Project in 2018.


CACHE COUNTY SCHOOL DISTRICT

Planning together, CCSD and BRMH established their school-based mental health screening program, initially using screeners that solely screened for potential mental health needs. In time, they determined they needed to add resiliency measures, seeking to understand key strengths and protective factors. Screening tools selected included both mental health screeners and resiliency measures, which provides participants with information on any potential mental health needs as well as key strengths and protective factors. In addition, great care and attention was placed on planning clear and reliable referral pathways and providing useful information and resources that left participants feeling supported and empowered.

Highlight from the Field

Initial screening efforts began by CCSD promoting and hosting screening events for grades 7-12. These events were held twice a year with BRMH staff conducting screenings directly with students and families. Through trial-and-error CCSD and BRMH has pivoted away from hosting "events" and instead has adopted an appointment process, that allows for families and students to receive more individualized attention and provide a level of privacy.
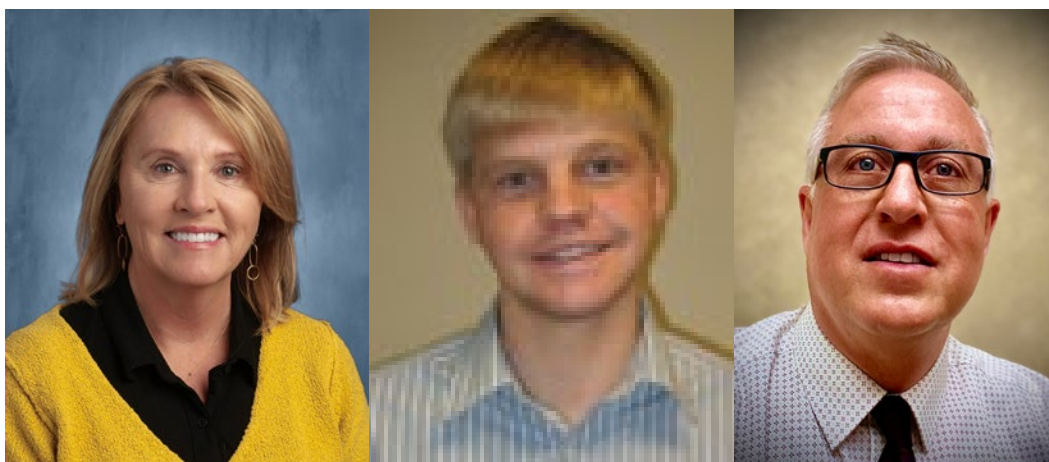
Debbie Rees, Adam Boman, and Curt Jenkins

These refinements have been met with a positive response from students and families and have increased overall participation. Parent feedback has been crucial in informing the ongoing planning efforts of district leaders. This has led to the expansion of mental health screening to students grades 1-12 and has increased opportunities for services with screening events happening four times a year.

Thanks to telehealth services, CCSD and BRMH were able to offer mental health screenings virtually throughout the pandemic and provide support to students and families at a time of greatest need. Since returning, families continue to choose telehealth options for screening as well as for regular therapeutic services and crisis response. Telehealth has proven to be an important part of providing access to mental health screenings and services that might not otherwise be available given the rural makeup of the CCSD.

Highlight from the Field

Prioritizing school-based behavioral health has as a hub for mental health information and for accessing supports. As district leaders have prioritized the behavioral health needs of their school community, they have realized improvements to their school culture district wide.

A special thank you Curt Jenkins, Debbie Rees, and Adam Boman for their great work and willingness to share their story.

Implementation Stage

Systemic Integration

Implementation requires more than just executing your team's plan; it requires recognizing what will make your school-based behavioral health system sustainable. One important principle of sustainability is systemic integration of strategic approaches. In practice, this means that you should be working towards integrating your school behavioral health services within a multi-tiered system of supports framework and in conjunction with other student wellness practices, such as **The Behavioral Health Continuum of Care Model**, **Positive Behavior Interventions and Supports (PBIS)**, **Restorative Practices**, **Social and Emotional Learning (SEL)**, and **Trauma-Informed Practices**. The Implementation Guide for Interconnecting School Mental Health and School-Wide PBIS provides detailed strategies for this type of integration, and guides readers towards a "comprehensive, proactive universal approach" in implementing "a single system of delivery for behavior/mental health supports" (p. 14). This integration into a single system creates a more sustainable model for delivering effective services by consolidating resources, data, and expertise.

When integrating systems, your team should consider the following:

▶ Consolidating multiple teams supporting the academic, social, and emotional needs of students into one multi-agency, multi-disciplinary team.

▶ Updating written policies, procedures, job descriptions, and MOUs to reflect this integration.

▶ Utilizing both school and community data in decisions regarding services.

▶ Exploring opportunities to braid funding streams that support behavioral health services across agencies.

▶ Defining the roles and responsibilities of team members across the continuum of services (see the "Defining Roles" section).

▶ Establishing a shared understanding among partners of your integrated system.

▶ Engaging in **cross-training** where members of the school team and members of the community behavioral health team are learning about their systems from each other.

Implementation Stage

Systemic Integration

▶ Establishing confidentiality and communication procedures across intervention tiers.

▶ Ensuring your school-based behavioral health team meets with your special education team at consistent intervals so services can be coordinated.

Tools:

- [Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS](#)

- [Implementing School Mental Health Supports: Best Practices in Action](#)

Collaborate among school behavioral health professionals, student support personnel, educators, staff, families, and appropriate community partners.

A Single System Approach to Service Delivery

When developing and implementing interventions, taking a single system approach to service delivery will require collaboration among school behavioral health professionals, student support personnel, educators, staff, families, and appropriate community partners as an implementation team. This team will share the roles of decision making and implementation of behavioral health services across the MTSS continuum. In practice, this means that teachers are involved not only in selecting and implementing Tier 1 universal interventions, but also in consulting with school behavioral health professionals to implement simple classroom interventions for students in need of Tier 2 or 3 interventions. School behavioral health professionals, meanwhile, focus most of their time on responsive Tier 2 and Tier 3 interventions, and act as coaches and consultants for Tier 1 interventions.

Implementation Stage

A Single System Approach to Service Delivery

Within a single system approach to service delivery, community behavioral health providers are available to support schools throughout implementation of the MTSS framework as well as provide interventions that extend beyond an LEA's capacity. This integration of frameworks and job responsibilities allows school and community personnel to provide behavioral health services in the school setting that are timelier, tailored to individual student needs, and consistent across settings.

Tools:

- [SMH Around Campus: Teachers, School Staff, and School Mental Health](#)

Teaming Approach to Service Delivery

Ongoing teaming throughout the implementation stage is vital to the success of any school-based behavioral health program. This includes regularly meeting as a multi-disciplinary team to coordinate and collaborate on how to address potential concerns. The purpose of these meetings is to ensure that the continuum of behavioral health services and support for youth and families is working; to coordinate school and community resources; and to evaluate the needs, strengths, and effectiveness of services.

During implementation, its is imperative that team members understand their role, feel valued to contribute meaningfully to the team, and have the tools they need. It is equally important that all adults supporting students understand how to connect students to services within your established system. To provide interventions and support that will improve student and family outcomes, your team must be able to work cohesively, trust each other, and communicate with one another. As meetings are held, engaging the voices

Implementation Stage

Teaming Approach to Service Delivery

of students and parents/guardians will enhance discussions and allow better decisions to be made regarding service delivery.

When engaged in multi-disciplinary team meetings, it is important to adopt a meeting structure that is productive and efficient. Consider the following (adapted from <u>The School Mental Health Quality Guide: Teaming</u> and <u>School Mental Health Teaming Playbook</u>) to improve the value of your meetings:

▶ Appoint a school behavioral health team leader.

▶ Establish a regularly scheduled time and frequency for meetings.

▶ Establish a purpose and agenda for each meeting.

▶ Hold each other accountable for attendance and participation.

▶ Offer resources in a variety of accessible formats (other languages, screen readers, etc.).

▶ Avoid jargon and acronyms or explain them every time they are used.

▶ Ensure meeting notes are taken and disseminate meeting notes with actionable steps within 24 hours.

▶ Follow up on the previous meeting's action items at the beginning of each meeting.

Tools:

- <u>School Mental Health Quality Guide: Teaming</u>
- <u>School Mental Health Teaming Playbook: Best Practices and Tips from the Field</u>

Implementation Stage

Family and Community Engagement

Throughout the implementation stage, it is important that you and your team engage with families. This means ensuring that the relationships you are developing with families are not just cursory but include an open and clear invitation to participate. Opportunities for engagement may involve inclusion of families in school decisions, providing familial/student background information, engaging as a meaningful participant of meetings regarding their child, and being involved in the decisions regarding services provided to their child. Engagement also means ensuring families have agency to guide the direction of programs or services in ways that build on their existing cultural strengths while also meeting their needs.

When thinking about the engagement of families, your team should consider engaging in the following activities:

▶ Professional learning opportunities providing guidance to professionals on how to listen and engage with family and community feedback.

▶ Ongoing attention to where you see families most connected and least connected in your school.

▶ Ongoing efforts to remove structural barriers that may exist preventing active engagement.

▶ Determine whether engagement is transactional, meaning the primary focus is about giving or receiving information or services, or if engagement with families is relational, meaning the primary focus is on understanding a family's experience and learning about who they are with the intention to grow as professionals.

Implementation Stage

Family and Community Engagement

▶ Provide consistent and thoughtful opportunities for feedback on the services or programs you are implementing.

▶ Create an environment where families feel safe enough to provide critique or guidance as well as comfortable to advocate for needed services.

▶ Determine if the family is in need of a service navigator that is assigned to the family to specifically help them communicate needs and understand processes, as well as whether there are cultural issues that suggest that the navigator should be someone with a similar background as the family.

Tools:

- [The Family Engagement Inventory: A Brief Cross-Disciplinary Synthesis](#)
- [Family Engagement in Systems](#)

Implementation Stage

Data Protection

Protecting student data is crucial throughout the process of building your school behavioral health system. During the implementation stage, steps must be taken to protect the privacy and personal information of students and families when sharing data regarding services provided across stakeholder groups. As was discussed previously (see the "Planning Collaboratively"), systems designed to work across multiple agencies must have established MOUs and interagency agreements in place for data sharing to occur. All data should be collected, maintained, and shared through a data reporting system that complies with all state and federal privacy laws and requirements.

Prior to implementation, your school-based behavioral health teams will have determined what questions need to be answered, what data needs to be collected, and how the data collection process will unfold. Throughout implementation, data collection and sharing practices are put into action. To achieve a seamless service delivery, it is crucial to make certain that data can be easily shared and that privacy guidelines are met. Efficient data sharing practices allow leaders the ability to make adjustments in response to information in a dynamic system. Furthermore, easy access to quality data will direct your team's efforts towards services that provide more responsive and effective support, not only when addressing challenging individual behaviors but in terms of creating better overall community outcomes.

Tools:

- Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) Andthe Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records

Implementation Stage

Fidelity of Implementation

It is necessary to continually assess the fidelity of services delivered throughout the implementation stage. **Fidelity of implementation** is used to understand how close staff implementation of interventions are to how they were designed. Various data collection methods can be used to assess implementation fidelity. This data will assist your multi-disciplinary team in determining whether the systems supporting these practices are in place (Center on PBIS, 2022, Data-based Decision Making section).

Fidelity of implementation should also be considered when analyzing student outcome data. The regular measurement of implementation fidelity allows your team to monitor the effectiveness of an intervention more accurately. If the data shows low fidelity (e.g., a large gap between the intent of the intervention and the implementation of the intervention, and low student outcome scores) then the team may determine that the lack of fidelity is contributing to poor intervention progress, not the intervention itself. As such, before making drastic changes to the current intervention, the team should address issues with fidelity of implementation. Routinely assessing the fidelity of implementation encourages consistency in services and reduces **procedural drift**.

When measuring implementation fidelity, best practices dictate that your school-based behavioral health team should consider measuring the following five elements:

▶ **Adherence**: How well do we stick to the plan and/or the requirements for implementation of the intervention?

▶ **Exposure/Duration**: Does the schedule allow the intervention to be delivered for the recommended amount of time?

▶ **Quality of Delivery**: Do staff have the necessary training, knowledge, and skills to deliver the intervention correctly?

▶ **Program Specificity**: How well is the intervention defined and different from other interventions?

▶ **Student Engagement**: How attentive and involved are the students in this intervention or activity?

Implementation Stage

Fidelity of Implementation

Tools:

- [SWPBIS Tiered Fidelity Inventory](#)
- [Considerations for Effective Implementation 5 Elements of Fidelity](#)

Progress Monitoring

Progress monitoring is an essential part of the implementation stage that helps behavioral health teams better understand the immediate impact and effectiveness of behavioral health services so that services can be responsive to student needs. Progress monitoring tools are used to collect baseline data prior to initial intervention, and again periodically throughout service delivery. Progress monitoring can be used to assess individual student progress or an entire behavioral health system. "In progress monitoring, attention should focus on fidelity of implementation and selection of evidence-based tools, with consideration for cultural and linguistic responsiveness and recognition of student strengths" (Crocker, 2019).

> **Monitoring tools should clearly measure the reduction of symptoms, improvements in emotion regulation or specific behaviors, engagement, and overall functioning.**

When selecting an evidence-based progress monitoring tool, teams should consider tools that clearly measure the reduction of symptoms, improvements in emotion regulation or specific behaviors, engagement, and overall functioning. Tools used for progress monitoring should be easily understood across school and community partnerships. In many cases, initial surveys, screening tools, or questionnaires may be appropriate for teams to utilize as progress monitoring tools.

Highlight »»»
from the Field

Canyons School District (CSD) has been implementing a community school model in their district, strategically using this model in the most highly impacted schools within one of their high school feeder systems. This model focuses on improving learning conditions in schools by prioritizing the basic needs of students. As part of the implementation process, leaders have created a new position within their district known as a Community School Facilitator (CSF). CSFs work to connect students and families who have existing needs with services in their community that aim to meet those needs. These services include food support, medical, dental, vision care, shelter assistance, as well as family education and training on topics like English as a second language, digital literacy, and social media and safety. Additionally, CSFs work to connect individual families with specific needs to specialized services, such as legal advice and behavioral health services. CSD is intentional in their effort to strike a delicate balance between supporting families in the school environment and empowering families to access services within the community on their own.

CANYONS SCHOOL DISTRICT

CSFs are integral to this effort, and to the Canyon's CARE teams, all of whom work hard to build relationships with school personnel, students, and families. Moreover, having CSFs within their district has helped free up clinical personnel to focus on providing direct services for students.

Highlights from the Field

Implementing the community school model was made possible through the Partnerships for Student Success Grant (SB 67 of 2016), which helped to establish a backbone of support around connecting district leaders with community partners. The initial process included bringing a variety of community partners to the table, as well as creating a pathway to include new partnerships as additional needs were identified. The community school model focuses on five pathways to organize the work of getting the conditions right for students.

The Community School Pathways are:

1) **Academic Learning**

2) **Youth Development**

3) **Health and Social Services**

4) **Family Engagement**

5) **Community Partnerships**

Using this model continues to offer the district's CARE teams the ability to focus their attention on the broader issues that many of their students and families face, and that may be acting as barriers to academic success. The impact of implementing the community school model is realized every day in CSD. One example was when an elementary school cafeteria worker noticed that a student wasn't eating much and passed this information onto the Student Support Team (SST). A CSF was able to quickly follow up and discovered the student was experiencing mouth pain. The CSF then took the necessary steps to connect the student with the mobile dental clinic, who was able to identify and remedy a simple cavity matter relieving the student of his pain. Later, when discussing this issue with the student's teacher, the CARE team learned that this student had also been struggling to focus in class, and that after addressing his dental needs he was better able to focus and follow through with his schoolwork. The student's teacher expressed her gratitude for the SST team's response, feeling that she was given the support she needed, allowing her to better fulfill her role in supporting her students in the learning process.

Highlights from the Field

A special thanks to Karen Sterling for her vision, and to Michelle Vogeler and BJ Weller for their great work and willingness to share their story.

Evaluation Stage

Analysis of System Outcomes

Analyzing the impact of your school-based behavioral health system is an essential task during the evaluation stage. Previously identified outcome measures (selected within the planning stage) are now examined to determine the effectiveness of your system and to better understand ways in which students were impacted by the services provided.

Analyzing this outcome data serves as a springboard for improving your student behavioral health services. The information gleaned from this process will assist your team as they reassess the needs of your system, build future capacity, and support ongoing planning and implementation efforts as you continue to refine your school behavioral health system.
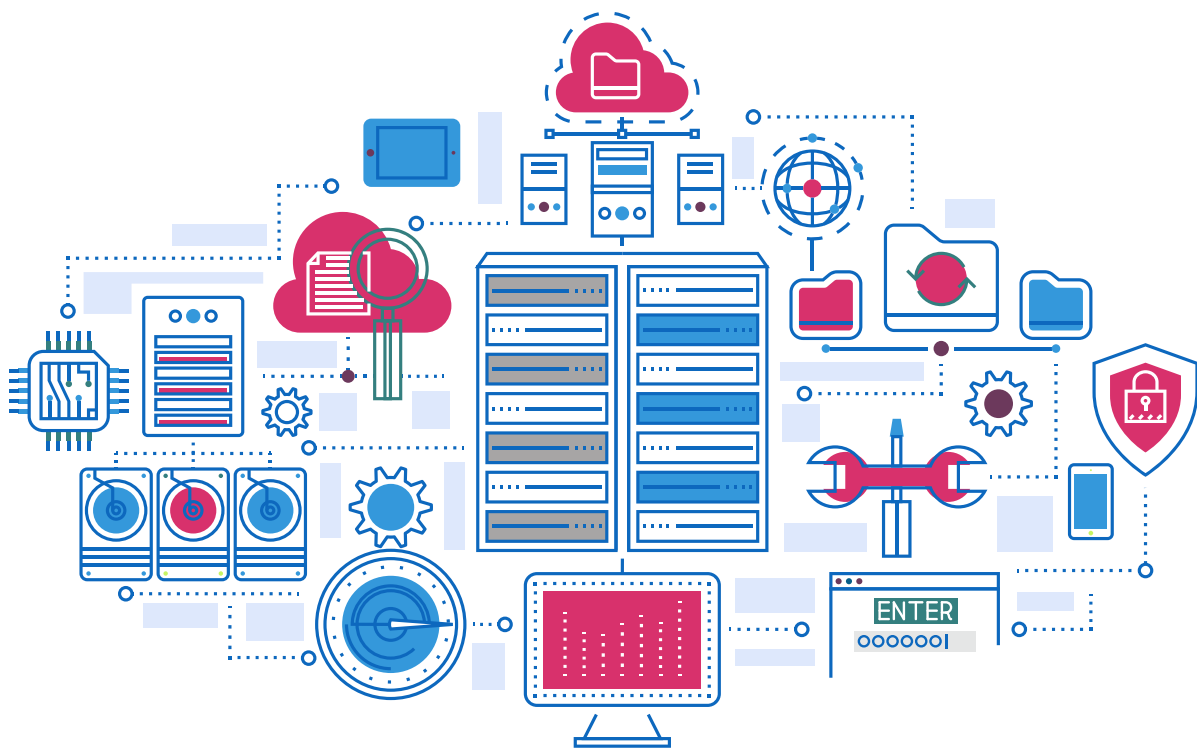
The evaluation stage also provides an opportunity to analyze how funding policies and strategies worked to support system outcomes. Analysis of financial data can help inform teams of the cost-benefit performance of their program as well as help identify gaps or inefficient use of funds. Use of child and family outcome data in relation to financial data can inform continuous improvement efforts of policies and strategies.

Evaluation Stage

Analysis of System Outcomes

During this comprehensive data analysis, your team should:

▶ Analyze both **qualitative** and **quantitative** data.

▶ Analyze **aggregate** and **disaggregate**-level data so that trends can be viewed from a variety of perspectives.

▶ Analyze the outcomes of the components of your behavioral health system separately so that individualized adjustments can be made accordingly.

▶ Analyze financial policies and strategies in relation to outcome measures.

▶ Determine gaps in services as a whole and/or for specific student groups.

▶ Analyze progress toward goals.

▶ Consider new goals for future advancement.

▶ Determine what additional professional learning may be needed based on analysis.

Tools:

- [Comprehensive Evaluation Planning](#)

Creating Lasting Systems

Sustainable school-based behavioral health systems are able to produce and maintain positive behavioral health outcomes for students and families over the long term. Effective evaluation is a key component to creating a sustainable system. Therefore, one of the primary goals of the evaluation stage is for your team to assess the current effectiveness of services as well as the sustainability of services into the future. Evaluating for lasting impact involves your team identifying the right combination of programs and practices that are effectively addressing local priorities, as well as identifying any potential shifts in those priorities. Using data gleaned from these evaluations will assist your team in determining what action needs to be taken to better support the behavioral health needs of your area.

Evaluation Stage

Creating Lasting Systems

Additionally, sustainable systems are grounded in understanding that systematic changes take time. During the evaluation process, teams will want to catalog what they learned from the evaluation and how these lessons are used to make improvements, along with the potential outcomes of these efforts. The results of the current evaluation will then form the basis of future planning, creating not just a lasting system but a continuity of collaborative knowledge.

Use the following best practice principles when evaluating your system:

Utility

Making sure the evaluation meets the needs of stakeholders, including funders.

Accuracy

Making sure the evaluation is conducted in a precise and dependable manner.

Feasibility

Making sure the evaluation is realistic and doable.

Propriety

Assuring the evaluation is conducted in accordance with legal and ethical guidelines including cultural context.

https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf
(pg. 23-25)

Evaluation Stage

Creating Lasting Systems

As described in [A Guide to SAMHSA's Strategic Prevention Framework](#) (p.23-25), evaluations that utilize the principles of utility, feasibility, propriety, and accuracy, enable your team to prove the effectiveness of your system. More importantly, evaluating based on these principles can also assist you in improving the programs, policies, and procedures which contribute to long term sustainability.

When evaluating your school behavioral health system for sustainability, your team should:

▶ Ensure the data collected is reliable and valid.

▶ Use local outcome data to identify and support policies and practices that are equitable and sustainable.

▶ Identify gaps in the sustainability and equity of policies/practices and adjust accordingly.

▶ Gather all members of your community team to review the data for strengths, gaps, barriers, and outcomes for students and families.

▶ Assess funding availability/use across various population subgroups to examine accessibility of services.

Tools:

• [A Guide to SAMHSA's Strategic Prevention Framework](#)

Evaluation Stage

Understanding Impact and Trends Through Culturally Responsive Evaluations

The evaluation stage will inform your school-based behavioral health team about the effectiveness of interventions and your overall system. It measures the impact of services and highlights adjustments that must be made to ensure that the system is meeting the needs of all students regardless of their diverse backgrounds.

Your evaluations, like your system, should be grounded in culturally responsive actions and efforts. When conducting a culturally responsive evaluation, part of this should include analyzing impact and trends across various student populations in your community. This process will help your team to identify areas of potential concern and possible disproportionalities that may exist. This, in turn, will allow you to adjust your system in ways that increase access to services and better support all students within your community.

To better understand impact and trends across diverse cultures in your community, your team should:

▶ Ensure stakeholders from diverse groups are reviewing aggregate data and outcomes as part of the evaluation process and providing cultural context when necessary.

▶ Review qualitative data from students and families about the impact of services.

▶ Review disaggregated data collected on behavioral, emotional, and social outcomes.

▶ Assess outcomes for impact across various population subgroups.

▶ Analyze data collected on student and parent/guardian experiences with behavioral health services.

Evaluation Stage

Understanding Impact and Trends Through Culturally Responsive Evaluations

▶ Catalog system improvements that may help to reduce disproportionalities in access to school behavioral health services and supports.

▶ Analyze data from various cultural contexts.

Effective School-Community Partnerships

During the evaluation stage it is important to examine what factors have supported your school-community partnerships as well as what factors are acting as barriers to success. These discoveries can inform system improvements to increase effective methods of collaboration across school-community partnerships. By evaluating the effectiveness of school-community partnerships, your multi-disciplinary team can improve the continuum of care, enabling your overall system to better meet the needs of students and families.

Evaluating school-community partnerships can improve the continuum of care, enabling your overall system to better meet the needs of students and families.

Accountability is the hallmark of any effective school and community partnership. It is important that the strategies and decisions applied within the implementation stage are evaluated collaboratively, with agreed upon data driven measures and performance-based outcomes. When teams collectively understand their responsibility to these outcomes, they can more easily support and promote continuous quality improvements within their school-based behavioral health system.

Evaluation Stage

Effective School-Community Partnerships

To evaluate the effectiveness of school-community partnerships, your team should:

▶ Assess the results of your multi-disciplinary team and community partnerships towards shared goals and outcomes.

▶ Examine current partnering practices to identify policies and procedures that unknowingly hinder collaboration efforts, including obstacles to reimbursement and braiding funds, and make changes accordingly.

▶ Formally recognize individuals within your school behavioral health system who have contributed to system effectiveness and individual student success.

▶ Share evaluation findings more broadly with community partners.

▶ Examine the use of funding across agencies, looking for potential inefficiencies that can be improved.
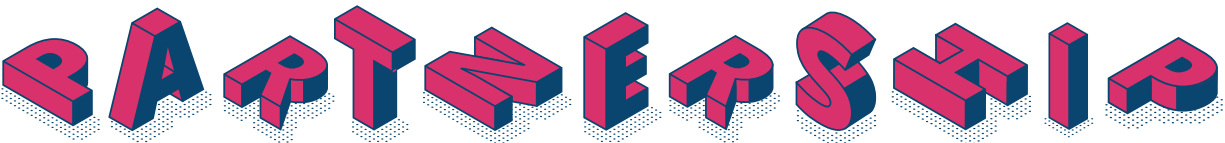
Tools:

• [Nine Elements of Effective School Community Partnerships to Address Student Mental Health,Physical Health, and Overall Wellness](#)
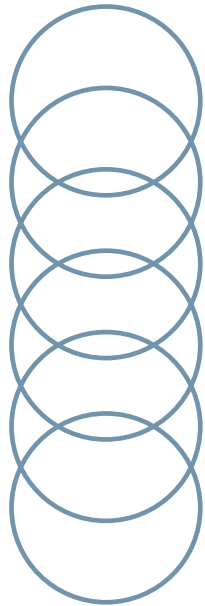
Highlight

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from the Field

Several years ago, administrators at Gunnison Valley Middle School (GVMS) recognized a large percentage of their time and energy was being spent on student discipline and behavior concerns. Understanding these concerns were interconnected with broader behavioral health issues within the community, school administrators enlisted the support of their local community council and worked in collaboration with Central Utah Educational Services (CUES) to discover alternative ways of addressing behavioral concerns in school. The leadership team at GVMS wanted to build a culture that focused primarily on the strengths of their school community. They decided to adopt the Positive Behavioral Interventions and Supports model (PBIS), creating the Bulldog S.T.R.O.N.G. initiative.

Jeff Bartholomew, Sheryl Vernon, and Sharon Mecham

The Bulldog S.T.R.O.N.G. initiative set out to define the values of the school community and created a way for school staff to recognize positive student behaviors that aligned with these values. The values of service, teamwork, respect, ownership, being nice, and gratitude were selected, and have since been embedded within the school culture. The Bulldog S.T.R.O.N.G. initiative was also extended into the local elementary and high school, allowing for these values to be taught

early and reinforced as students move from grade In addition, the local community has shown an outpouring of support for this initiative, evidenced by Bulldog S.T.R.O.N.G. signs posted throughout the town, as well as generous donations made to the school. An additional byproduct of these efforts has been an increase in school-community relationships, thanks in large part to the transparent work done by the school to address the behavioral health concerns. The improvements made to student behavior by the Bulldog S.T.R.O.N.G. initiative has been welcomed and appreciated by parents and community members alike.

Central Utah Educational Services (CUES), the regional education service agency that services South Sanpete School District, has played an important role in supporting the school leadership team through their objective data collection and analysis. This data, collected by the school psychologist from CUES, has been used by school leaders to evaluate the impact of their program on school culture from both a student and educator perspective. Anecdotal data was also considered while evaluating the program's impact. Some positive data indcators demonstrating this impact include: a reduction of administrative time spent on student discipline, data from pre and post-student surveys on resiliency lessons indicating students better comprehend and understand the importance of assuming school values, and a strong correlation with academic success, indicated by 50% or more of all students across grade levels regularly making the honor roll. Feedback from teachers has helped school administrators understand current school-wide and classroom implementation as well as informed areas of potential improvements. Additionally, feedback from students, parents, and staff indicate positive improvements to how it feels to be in their schools. A positive impact on school climate and student-teacher connectedness is often difficult to measure with objective data; however, it can be felt in the halls of GVMS.

Highlights from the Field

Bulldog Values:

Service
Teamwork
Respect
Ownership
Niceness
Gratitude

School administrators are quick to point out that student behavior concerns still exist and that they still have a long way to go, but they are grateful for the positive ground they've gained. Today when presented with behavior concerns, school administrators now view these as "teaching moments" where school values can guide the way, as well as opportunities for staff to better understand what may be contributing to the student's behavior. This approach has helped school staff discover existing barriers to student success and connected students and families with targeted supports that help to remove barriers and address student needs. According to school administrators, addressing behavioral health concerns on a universal level through improving school culture has "helped students feel safe, comfortable, and wanted...and this translates into a positive experience where lots of learning can take place."

Special thanks to Jeff Bartholomew and Sharon Mecham from Gunnison Valley Middle School and Sheryl Vernon from CUES for their hard work and dedication to advancing school-based behavioral health, and for their willingness to share their story with us.

Call to Action

We know that behavioral health and school achievement are strongly related (Agnafors et al., 2021; Duncan et al., 2021). With the rise in community behavioral health concerns, most notably for school-aged youth, school and community leaders will be faced with determining the best response to meet the needs of their community. We invite all school and community leaders to work together in prioritizing and advancing school-based behavioral health in their community. Likewise, we invite all other stakeholders, including students, parents/guardians, and other community members to raise their voices and join efforts in advocating for better outcomes for school-age youth. No matter how new or seasoned you are to the work, this toolkit can offer insights and guidance for continual improvement of your school-based behavioral health efforts. The time for action is now.

Working together we can make a difference for all students and their families.

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Key Definitions

Accuracy is about making sure that the evaluation is conducted in a precise and dependable manner.
https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Aggregate Data refers to numerical or non-numerical information that is (1) collected from multiple sources and/or on multiple measures, variables, or individuals and (2) compiled into data summaries or summary reports, typically for the purposes of public reporting or statistical analysis (e.g., district-wide graduation rates).
www.edglossary.org

Behavioral Health is an umbrella term which includes both substance abuse and mental health services (www.samhsa.gov), including a continuum of support services. In this context, behavioral health refers to mental health and wellness, individual, group, and family counseling, and support for those experiencing addiction. It includes services provided by social workers, counselors, psychologists, recreation therapists, and health care providers.

Behavioral Health Continuum of Care Model means a model that recognizes multiple opportunities for addressing behavioral health problems and disorders. It includes the components of promotion, prevention, treatment, and recovery, with promotion reinforcing the entire continuum.
https://prevention.nd.gov/files/pdf/parentslead/ContinuumofCareModel.pdf

Braided Funding means the combining of two or more funding sources to support a program or activity, while separately tracking and reporting on each source of funding (e.g., weaving together of federal, state, and private funding streams to support a high-quality school behavioral health system).
https://workforce.urban.org

Community Coalition refers to a group of two or more entities that agree to work together temporarily in a partnership to achieve a common goal.
https://scdhec.gov/sites/default/files/media/document/COVID%20Community%20Coalition%20Guidance%20Doc.pdf

Community Readiness refers to how prepared the community is to take action to address a particular health issue.
https://www.ruralhealthinfo.org

Key Definitions

Community Stakeholder refers to people, groups, organizations or businesses that have interest or concern in the community. Stakeholders can affect or be affected by the community's actions, objectives and policies. (e.g., parents/ guardians, students, medical providers, National Alliance on Mental Illness (NAMI). https://neighborhoodeconomics.org/

Continuity of Services; or Continuity of Care is concerned with quality of care over time. This means consistent, cohesive and seamless care; absence in breaks or gaps in behavioral health services (e.g., services still provided over the summer or across school breaks). https://www.aafp.org

Continuum of Care means an integrated system of care that guides and tracks student care over time through a comprehensive array of mental health and addiction treatment services. https://www.lifeskillssouthflorida.com

Cross-Training is the practice of training an employee to be able to understand the work that another employee does. This means training people to understand information that lies outside their normal training and responsibilities (e.g., having a community behavioral health provider train teachers on behavioral health literacy). https://www.aihr.com

Cultural Responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures. https://www.latinoliteracy.com

Disaggregate Data refers to numerical or non-numerical information that has been broken down in component parts or smaller units of data. (e.g., subpopulations, classroom). https://www.edglossary.org

Ecological Contexts means the environmental conditions or settings that contribute to behavioral health and wellness.

Equitable means dealing fairly and equally with all concerned. In this context, the fair and impartial distribution of resources and services. https://www.merriam-webster.com

Key Definitions

Equity means freedom from bias or favoritism. In this context, the equitable distribution of resources based upon each individual student's needs. Equitable resources include funding, programs, policies, initiatives and supports that target each student's unique background and school context to guarantee that all students have access to a high-quality education.
https://www.merriam-webster.com

Evidence-based Strategies are activities and programs that evaluation research has shown to be effective and are based on evidence. This means strategies that have been evaluated by researchers within the school setting, and found to be effective.
https://safesupportivelearning.ed.gov

Feasibility is the possibility, capability, or likelihood of something being done or accomplished.
https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

FERPA or Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g, means a federal law designed to protect the privacy of students' education records.

Fidelity means the extent to which the delivery of services conforms to the curriculum, protocol, and guidelines for implementation.
https://www.lawinsider.com

Holistic Approach means providing support that looks at the whole person, not just their mental or behavioral health needs.
https://www.health.nsw.gov.au

Human Resources means a set of people who make up the workforce of an organization, business, etc. (e.g., the personnel an LEA has available to support school-based behavioral health).

"LEA" or "Local Education Agency" means local education agency, including local school boards/ public school districts, charter schools, and the Utah Schools for the Deaf and the Blind.

Memorandum of Understanding (MOU) is a written agreement between parties outlined in a formal document. It is not legally binding but signals the willingness of the parties to move forward with a contract.

Key Definitions

Mental Health means a person's emotional, psychological, and social well-being which can affect how a person thinks, feels, and acts including how a person handles stress, relates to others, and makes healthy choices.
https://www.mentalhealth.gov

Multi-Disciplinary Team means a group of individuals from multiple disciplines who meet to:

  (i) pursue the common goal of evaluating and triaging the academic, social, emotional, physical, and behavioral needs of a student or group of students; and

  (ii) create individualized strategies and interventions to address identified needs.

  An LEA's multi-disciplinary school team as described in Subsection (20)(a) may include:

  (i) administrative personnel;

  (ii) a local law enforcement officer or school resource officer;

  (iii) a mental health professional;

  (iv) a general education or special education teacher; and

  (v) other community members as determined by the LEA.

  USBE Administrative Rule: R277-100

Multi-tiered System of Supports (MTSS) is a framework for integrating assessment and intervention to maximize student achievement, reduce behavior problems, and increase long-term success (National Center on Response to Intervention [NCRI], 2014). The combination of systematic implementation of increasingly intensive intervention, sometimes referred to as tiers, and carefully monitoring students' progress distinguishes MTSS from typical prevention measures. In an MTSS framework, emphasis is placed on ensuring that interventions are implemented effectively. This is often referred to as implementation integrity or fidelity (Batsche et al., 2005).

Positive Behavioral Interventions and Supports (PBIS) means an implementation framework for maximizing the selection and use of evidence-based prevention practices along a multi-tiered continuum that supports the academic, social, emotional, and behavioral competence of a student.

USBE Administrative Rule: R277-609

Procedural Drift is a mismatch between procedures or rules and actual practice. In this context, it refers to the difference between what is written in a policy or

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procedure and what is happening in actual practice on a day-to-day basis.
https://flightsafety.org

Progress Monitoring is used to assess students' academic, behavioral, or psychosocial performance, to quantify a student's rate of improvement or responsiveness to instruction [or intervention], and to evaluate the effectiveness of instruction [or intervention]. Centers on Response to intervention.

Propriety is about making sure that the evaluation is conducted in accordance with legal and ethical guidelines and is consistent with each community's cultural context.
https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

Protected Class means a group of people sharing a common trait who are legally protected from being discriminated against on the basis of that trait. In Utah protected class refers to race, color, religion, sex, age (40 or over), national origin, disability, sexual orientation, gender identity, pregnancy, childbirth or pregnancy-related conditions.
https://laborcommission.utah.gov

Protective Factors means characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact
(https://youth.gov/)

Qualitative Data is defined as the data that approximates and characterizes. In this context this refers to descriptive or conceptual findings collected through questionnaires, interviews, or observation.
https://www.questionpro.com

Quantitative Data is defined as the value of data in the form of counts or numbers where each data-set has an unique numerical value associated with it. In this context it refers to information that can be counted or measured – or, in other words, quantified – and given a numerical value (ie; number of students, days absent, total collected).
https://www.questionpro.com

Referral Pathways are "the policies and procedures in place to assure a youth with behavioral health needs gets referred, assessed, and funneled to the proper services and resources needed. There are two referral processes, one internal

Key Definitions

to school-based and funded supports and resources. And the other, external, to community, statewide and national supports, services, and resources. Parent and caregiver engagement in the process and youth voice is imperative to the process." (Substance Abuse Mental Health Services Administration, 2015).

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 needs assessment 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.

Restorative Practices means an approach or practices that build social capital and achieve social discipline through focusing on repairing the damages caused by misbehavior instead of punishing wrongdoing. It utilizes empathy building, participatory learning, and decision making to improve human behavior and strengthen civil society. The use of restorative practices helps to reduce crime, violence and bullying. (USBE Prevention Team definition)

Single System of Delivery means coordinating and integrating all services provided to students.

Social Determinants of health are the 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. Examples include economic stability, access to quality education, access to quality healthcare, neighborhood and living environment and other social community contexts. https://health.gov

Social Emotional Learning or SEL means the process through which students acquire and effectively apply the knowledge, attitude, and skills necessary to:

(a) understand and manage emotions;

(b) set and achieve positive goals;

(c) feel and show empathy for others;

(d) establish and maintain positive relationships;

(e) make responsible decisions; and

(f) self-advocate.

USBE Administrative Rule: R277-100

Key Definitions

Strengths-based Approach is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. This means focusing on individuals' strengths (including personal strengths and social and community networks) and not on their deficits; it is holistic and multi-disciplinary and works to promote individual wellbeing.
https://www.iriss.org.uk

Telehealth means the transmission of health-related services or information through the use of electronic communication or information technology (Subsection 26-60-102(7)) including mental health services.

Trauma-Informed a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (SAMHSA, 2014, p. 9).

Utility is about making sure that the evaluation meets the needs of stakeholders, including funders.
https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

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