The Wisconsin **School Mental Health** Framework

Integrating School Mental Health with Positive Behavioral Interventions & Supports

Wisconsin Department of Public Instruction
Tony Evers, PhD, State Superintendent

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Resources:
Click on the blue word or phrase for the link to specific resources used successfully by early adopters.

Glossary:
Words or phrases in green are defined in the Glossary at the end of the document.

Foreword

To be college and career ready, our students need to be both academically prepared and socially and emotionally competent. To do this, we need to impart academic knowledge as well as social-emotional learning. Through these experiences, students will develop skills and habits needed for future success.

Today's students are dealing with an increasing number of barriers to future success. The average classroom has at least five students with serious mental health needs, one struggling with severe abuse and ten living in poverty.[1] Schools must support the mental health needs and social-emotional development of all kids for them to be successful despite any obstacles they face.

This Wisconsin School Mental Health Framework provides key elements to implement comprehensive school mental health systems in districts and schools across our state. While the specific model used may vary between communities, the foundational elements must be in place to foster and sustain these critical school mental health systems. This Framework is designed to integrate mental health and wellness supports into a multilevel system of supports (MLSS). By fully welcoming families in co-planning with us about the needs of their children, by sharing leadership with community mental health providers, and by placing mental health initiatives into the overall school improvement process we keep this work both meaningful and manageable. We thank our talented educators, family advocates, and community mental health professionals who helped guide the development of this framework.

Addressing barriers to learning through supports is an essential function of schools. Using the tenets of this framework, districts and schools can build and sustain a comprehensive school mental health system to promote the success of all of our students.

Sincerely,
Tony Evers, PhD, State Superintendent

[1] Doll, Beth, Katherine Brehm, and Steven Zucker, 2014. Resilient Classrooms: Creating Healthy Environments for Learning (2nd Ed.). New York: Guilford Press.

Wisconsin Department of Public Instruction, Wisconsin Information System for Education Data Dashboard (WISEdash), data warehouse, http://wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; accessed July 2015.

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Introduction

School Mental Health Defined

Mental health is a dimension of overall health and includes a continuum from high level wellness to severe illness. School mental health includes practices to address this continuum from high level emotional well-being to significant student mental health challenges. School mental health addresses all aspects of social-emotional development of school-age children including wellness, mental illness, substance abuse, and effects of adverse childhood experiences. Stigma associated with mental illness needs to be directly addressed and eliminated. This is most effectively done through an inclusive approach and offering examples of people who are similar to students and who share positive results and recovery. School mental health may include but is much broader than a school-based or –linked mental health clinic.

School mental health services refer to a continuum of supports for school-age children that are integrated throughout the school community: *universal strategies* to promote the social and emotional well-being and development of **all** students; *selected*, *brief strategies* to support students at risk of or with mild mental health challenges; and *intensive*, *ongoing strategies* to support those with significant needs, including a streamlined referral process with community mental health providers to create a seamless service delivery model for children, adolescents, and their families. Various family, school, and community resources are coordinated to address barriers to learning as an essential aspect of school functioning.

"A study estimating the relative influence of 30 different categories of education, psychological, and social variables on learning revealed that social and emotional variables exerted the most powerful influence on academic performance."

-CASEL, 2003, p. 7

The Need for School Mental Health

According to the American Psychological Association, less than half of children with mental health challenges get treatment, services, or support. Yet, research increasingly reveals the connection between social-emotional development, mental health, and academic achievement.

Because students are much more likely to seek mental health support when services are accessible in schools (Slade, 2002), schools benefit from comprehensive mental health systems to create positive learning environments where all students can flourish.

Addressing barriers to learning, including mental health challenges, through learning supports is an essential function of schools. Schools, families, and community mental health providers can work together to put in place comprehensive systems that integrate mental health supports into daily academic life, including the Positive Behavioral Interventions and Supports (PBIS) systems already established.

"The Surgeon General identified the stigma surrounding mental illness as one of the primary reasons that individuals and families don't seek help."

-SAMHSA, 2011

The Benefits of School Mental Health

School mental health services and supports are an effective means of addressing the mental health needs of children and improving the learning environment. Partnerships between schools, youth, families, and mental health providers can result in improved academic outcomes through:

- Social and emotional support through building positive relationships;
- School engagement with children being better prepared and able to concentrate on learning;
- Families participating in their children's education;
- Preparation of school staff to address students' mental health needs;
- Early identification of mental health challenges through appropriate screening, assessment, and follow-up;
- Emphasis on school attendance and reductions in dropouts;
- Prevention and response to crises;
- School climate that supports teaching and learning; and
- Efforts to reduce stigma associated with mental illness by offering examples of people similar to students who share their personal stories of success and recovery.

From the community mental health services' perspective, many benefits of partnership with school mental health service providers are apparent. Mental health supports and services in schools may:

- Help all youth enhance their mental health and emotional well-being;
- Provide better access to services, including mental health services by pupil service providers and/or community mental health clinical services for children with serious emotional or behavioral issues and their families;
- Improve efficiency and coordination of services among school professionals and community service providers;
- Ensure more students' and families' consistent participation in support and treatment through linkages with the school's wellness programs; and
- Reduce the stigma associated with mental health treatment by promoting resiliency in the school environment while having close relationships with clinics and mental health providers.

The Wisconsin Opportunity

The Wisconsin Office of Children's Mental Health is working to assure collaborative organizational infrastructure and accountability mechanisms to ensure the vision's implementation across agencies, organizations, and communities. The Wisconsin Department of Public Instruction, the Wisconsin Department of Health Services, the Office of Children's Mental Health and many private sector partners encourage schools, families, and community mental health service providers to collaborate to develop comprehensive school mental health systems. These agencies are working to establish a cohesive and compelling vision and school mental health agenda that provides a vision for schools and communities to act.

While barriers persist to implementing comprehensive mental health systems, recent state and federal legislation and funds have afforded Wisconsin schools more opportunities to improve student mental health. Wisconsin communities are positioned to realize greater academic achievement, enhanced student and staff well-being, and improved school climate and culture through school mental health systems.

"Given schools' unique ability to access large numbers of children, they are most commonly identified as the best place to provide supports to promote the universal mental health of children."

-CASEL, 2008

Wisconsin School Mental Health Framework

"All Wisconsin children will graduate from high school academically prepared and socially and emotionally competent… These proficiencies/ attributes come from rigorous, rich, and well-rounded school experiences."

-Tony Evers, PhD
State Superintendent

To reduce barriers to learning, schools need comprehensive systems that integrate social-emotional development and mental health supports into the daily academic and social life of schools. *The Wisconsin School Mental Health Framework* promotes district- and school-based teaming to facilitate mental health supports for school-age children. Teams could be pre-existing multilevel systems of support (MLSS) teams, health and wellness, school climate and culture, or leadership teams, with additional stakeholders to add perspectives. *The Wisconsin School Mental Health Framework* (hereafter referred to as the *Framework*) is based on the underlying premise of the Wisconsin Department of Public Instruction's Agenda 2017: "All Wisconsin children will graduate from high school academically prepared and socially and emotionally competent… These proficiencies/attributes come from rigorous, rich, and well-rounded school experiences."

Rather than a new initiative, this project builds on the already widely adopted methodology of multilevel systems of support. Instead of starting anew, the *Framework* encourages schools to organize their practices around Wisconsin's PBIS Network Implementation Components. These 10 components are listed as the Foundation of *The Wisconsin School Mental Health Framework* (See page 11). The overlap in foundational components is intentional to help schools take advantage of their already existing infrastructure.

Essential to this process is coordinating the resources dedicated to students' academic success, mental health, and well-being to assure full integration and equitable distribution of services in schools. Wisconsin schools adopting the *Framework* will assess their local needs to inform next steps and to create sustainable school mental health policies and practices.

Since Wisconsin schools and communities have different needs, resources, infrastructures, and collaborative experience, school-family-community teams will use an inquiry-based model for professional development, an "instructional model that centers learning on solving a particular problem or answering a central question" (Jacobs Educators, Indiana University). Teams will use a needs assessment, reflect on the results to identify strengths and needs, and develop a plan for professional development and action to support growth in the identified area(s). Examples of professional development consistent with the *Framework* include face-to-face workshops, online on-demand learning, and statewide or local professional learning communities for self-study.

Wisconsin School Mental Health Framework

Promoting Relationships, Engagement & Learning

Linking with Systems of Care

Appropriate Information Sharing
Continuous Communication Loop
Supported Navigation through Systems of Care
Wraparound Support
Family-Driven & Youth-Guided Planning

FEW

Counseling & Support Teams

Safety & Re-entry Plans

Seamless Referral & Follow-up Processes

Deepened Collaboration with Youth, Families, & Community Providers

SOME

Early Identification, Screening, & Progress Monitoring

Effective Individual & Group Interventions

Wellness Plans

Co-Planning Strategies with Students, Families & Community Providers

ALL

Relationship Building, Resiliency & Rich Social-Emotional Learning

Trauma Sensitive Practices

Mental Health & Wellness Education

Foundation

Integrating School Mental Health
with Positive Behavioral Interventions & Supports through:

1. Strong Universal Implemenation
2. Integrated Leadership Teams
3. Youth-Family-School-Community Collaboration at all Levels
4. Culturally Responsive Evidence Based Practices
5. Data-Based Continuous Improvement
6. Positive School Culture & Climate
7. Staff Mental Health Attitudes, Competencies & Wellness
8. Systemic Professional Development & Implementation
9. Confidentiality & Mental Health Promotion Policies
10. Continuum of Supports

Three Models of Service Delivery

A comprehensive school mental health system melds a system of care approach with a multilevel system of supports by using one of three models of service delivery. In all models, the school-family-community team 1) focuses on building the capacity of all educators to promote mental health and the competencies of pupil services providers to provide interventions to students with mental health challenges, 2) fosters collaborative relationships with community providers, and 3) builds relationships for improved co-planning with students and families.

A comprehensive school mental health system melds a system of care approach with a multilevel system of supports.

Model 1: Mental Health Services Delivered by Pupil Services Providers with Referral to Community-Based Providers

The continuum of mental health services for students are supported by school-employed mental health providers as part of the district's service delivery model. Universal and selected mental health services are designed and implemented by school staff. Children with acute or chronic mental health needs are referred for community-based services. In this model, schools map community-based resources and explore collaborative partnerships.

Model 2: Satellite Clinics Co-Located in Schools and Pupil Services Providers

Public or private mental health clinics co-locate a satellite clinic within a school and provide direct mental health services to students utilizing a clinic-employed, mental health provider billing families through Medicaid, private insurance or self-pay. The remaining continuum of mental health services for students, particularly at universal and selected levels are supported or provided by school-employed mental health providers as part of the district service delivery model. In this model, schools find ways to promote equal access to co-located clinic services and strategies to allow for collaboration and coordination of services by the clinic provider, school personnel and families.

Model 3: Community-Based Mental Health Service Providers as Full Collaborative Partners

Public or private mental health clinics may provide traditional direct therapy services in the school or a community clinic, as well as indirect services such as consultation and collaboration with schools and parents, paid by a third party, such as insurance or a community fund. In this model, collaboration evolves to co-leadership of a comprehensive school mental health approach. In this model, schools focus on seamless referrals, well-planned role distinctions, and goal-oriented collaborative teaming across systems to support students and families.

Common to All Models

In all three models, community-based mental health service providers are welcomed as collaborative partners with school personnel and families in the design and delivery of wellness and mental health strategies. The service delivery model is determined based on each community's location, needs, and resources. While the specific model may vary between communities, the critical foundational elements both within and outside of the school must be in place to foster and sustain comprehensive school mental health systems. In addition, the school district, community, and the people they serve share the responsibility to assess their local needs and ensure they are building the best system for all stakeholders. Families are respectfully and authentically engaged to determine school mental health supports for their children. District and school education leaders need to understand the connection between comprehensive school mental health programs and students' academic enrichment and success in schools.

For more details about implementation of school mental health models, see common best practices for service delivery models.

While the specific model may vary between communities, the critical foundational elements both within and outside of the school must be in place to foster and sustain comprehensive school mental health systems.

Best Practices Guide

The *Framework* and best practices guide provides the key elements for implementing comprehensive school mental health systems.

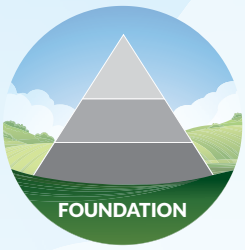
Organization

At the beginning of the process of adopting the *Framework*, districts and schools organize or adapt a team to lead this work. Mental health supports are embedded into the work of an already existing team in order to avoid parallel initiatives (e.g., pre-existing PBIS team which has already achieved a level of fidelity in PBIS practices; a leadership team; other teams focused on health and wellness, school climate and culture; or a MLSS team). There is a particular advantage to building on a PBIS team. Eight of the ten Foundational Principles of the *Framework* are fundamental to PBIS (See page 11). Furthermore, PBIS teams which have achieved fidelity at Tier 1 have already accomplished many of the foundational implementation tasks to begin the work of a comprehensive school mental health system.

It is important the team represents various stakeholders, including administrators, pupil service providers, teachers, other educators, families with lived experience, and service providers from the immediate or nearby community, as well as youth themselves whenever possible.

Foundational Principles

Eight of ten foundational principles of the Framework are fundamental PBIS components identified by the Wisconsin PBIS Network. The foundational principles supporting the continuum of student supports are critical to the success of prevention, early intervention, and intensive intervention for the positive development of students' social-emotional competencies and mental health.



1. Strong Universal Implementation

Strong universal implementation relates to relationship building, mental health and wellness education, rich social-emotional learning (SEL), resiliency building, trauma sensitive practices, and collaborative systems and practices which are accessible, effective, and reflective of all. Culturally responsive practices are integral and used by all staff. The universal level is based on high standards and school-wide expectations. Children's healthy social-emotional development is enhanced by classroom environments and daily interactions with adults who promote the complex learning process toward achievement and wellness.

2. Integrated Leadership Teams

A representative group has responsibility to lead and oversee implementation of a culturally responsive multilevel system of supports. Schools integrate their mental health initiatives into their already successful PBIS or other work with strong collaborative infrastructure and a multilevel system of supports. Teams are integrated with each other. Stakeholders are integrated into the team. Seamless transitions between systems are integrated into all aspects of school mental health.

3. Youth-Family-School-Community Collaboration at All Levels

Districts and schools have strong youth-family-school-community partnerships. The district and school teams engage families, community members, and community organizations to advance student health and learning. Community-based mental health service providers are welcomed as collaborative partners with school personnel and families in the design and sometimes delivery of universal, selected, and intensive school mental health supports. School-community linkages are critical for effective response in personal crises and referrals from school to community services.

"It is the shared responsibilities of a given district, school, and the people they serve to assess their local needs and ensure they are building the best system for all stakeholders."

-The Colorado Framework for School Behavior Health Services

4. Culturally Responsive Evidence-Based Practices

School staff and school mental health providers need to recognize the needs of students from diverse cultural backgrounds and offer programs that reduce disparities in services. Culturally responsive classrooms and school environments acknowledge the lived experiences of all students in a classroom, including those in poverty, LGBT students, and students who are culturally and linguistically diverse. Educators understand chronic exposure to stress including stress from poverty and racism can cause students to have mental health symptoms. Schools need to provide opportunities for educators to learn about creating trauma sensitive and culturally responsive classrooms.

The use of culturally responsive programs, practices, and procedures with the best available evidence balanced to fit to the school's population and values promotes effective school mental health supports for better student outcomes. The Wisconsin PBIS Network and the Wisconsin Department of Public Instruction offer trainings and other supports for practitioners in using and monitoring best practice models.

5. Data-Based Continuous Improvement

To document impact of school mental health on academic indicators, teams collect data. Data-based continuous improvement means ongoing, reflective analysis of data comparing current status to desired future along with a commitment to act accordingly. Research reveals that mental health interrelates to academic outcomes and school climate and culture. Therefore, schools include comprehensive school mental health strategies in their school improvement plans to ensure school mental health initiatives are prioritized, implemented and evaluated. School leaders need to create a supportive context for this work, include social-emotional learning and mental health in policies, and hold themselves and their staff accountable to effectively implement school mental health systems.

6. Positive School Culture and Climate

Positive school culture and climate is a collective sense of purpose and commitment to ensure the well-being, sense of belonging, safety and success of every youth and student.

Rather than focus on control and punishment, schools focus on creating positive classroom and school environments with social-emotional and mental health skill building using clear and consistent expectations. As part of PBIS, positive behavioral supports for all students are emphasized. Adults take a strength-based approach to problem-solving, encouraging resilience, and demonstrating a curiosity about the reasons for student's behaviors. Exclusionary discipline practices are curtailed in order to promote academic success. Wisconsin high schools engaged in the Safe and Supportive Schools initiative serve as role models for successful implementation of solid, results-driven alternatives to seclusion and restraint, office referrals, suspensions, and expulsions (See Wisconsin Success Stories, 2015).

"We believe positive student-teacher relationships start with a safe, trusting, culturally responsive environment in which both students and teachers are empowered to have open conversations, share personal information, and create authentic connections to foster long-term relationships beyond the classroom.."

-Wisconsin State Superintendent's Task Force on Promoting Excellence for All, 2014

Staff self-care is not only part of the comprehensive school health model, it is a necessary ingredient to the success of students.

7. Staff Mental Health Attitudes, Competencies, and Wellness

Adults in school must shift their perspectives to understand that attention to their students' social-emotional and mental health needs is critical for their academic success. Students' learning is enhanced through teacher/student relationships with self-reflection, listening, empathizing with the parent and student perspectives, and creating connections and supports. For educators who already engage with students, this approach may be second nature.

Self-reflection starts with adults examining their beliefs about students' behavior and how it is shaped. Adults must develop a positive perspective about mental illness, the role of families in the emotional lives of their children, and how hopeful they are about their own ability to work with children with mental health challenges. Next, educators ask themselves how much they listen, empathize, and co-plan with students and families as experts in their own experiences. Parents often reveal that they receive communications where concerns are shared, but there is insufficient time for a shared understanding and a plan for moving forward (Adelman and Taylor, 2012). Finally, connections and supports must be built into students' lives to reduce tendency toward vulnerability and isolation, and to create a collaborative approach to building on the students' strengths. This may include referrals for professional help and must include informal support from families, friends, and other caring individuals. When this level of intention is a universal practice, where co-planning with students and families becomes a universal value through two-way dialogue that amplifies student and family perspectives, a culture shift can occur that benefits all children.

Staff self-care is not only part of the comprehensive school health model, it is a necessary ingredient to the success of students. School leaders provide staff with the knowledge, tools, and resources to be self-aware and promote their own health and well being.

8. Systemic Professional Development and Implementation

Collaborative teams are implemented systemically across all levels of the school and there is strategic alignment toward a shared vision of success for all, integrated as unified initiatives: PBIS, mental health, alcohol or other drugs, suicide prevention, response following a critical incident, trauma sensitive practices, resiliency, and social-emotional learning.

Systemic professional development is provided in a way that is coordinated with school and district improvement priorities and reflected in the school improvement plan. Professional development is sustained across time and initiatives and progressions in topics from introductory to in-depth, in order to be useful and effective. Staff professional development opportunities address social-emotional learning, child and adolescent mental health, and mental health systems. Staff have the knowledge, tools, and resources to promote the positive development of students' social-emotional and mental health or they have ready access to learn more. School leaders schedule staff professional development on mental health topics throughout the school year.

Staff have the knowledge, tools, and resources to promote the positive development of students' social-emotional and mental health or they have ready access to learn more.

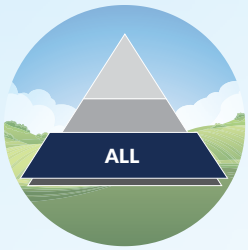
9. Confidentiality and Mental Health Promotion Policies

School board policies must maintain the confidentiality of student records, including information related to mental health services. School district procedures must respect student and family privacy in order to facilitate meaningful cooperation. Information from student records should be available only to school staff and officials who require this information to perform their professional duties. Sharing information with other individuals or organizations outside the school system must require parent/guardian consent or as otherwise authorized by statute.

Good mental health contributes to better learning for students and better work performance for school staff. District policies should be consistent with and promote the mental health and wellness of students and educators. Youth and families from a diversity of backgrounds need to be engaged in all aspects of school mental health policy and program development.

10. Continuum of Supports

This *Framework* blends a multilevel system of supports from the education realm with a system of care more commonly used in the public health arena. A continuum of system-wide, collaborative supports of varying intensity is provided , beginning with the universal level and continuing beyond, to address the needs of all. MLSS is a whole school, prevention-based framework for improving learning outcomes for every student and includes shared leadership; a layered continuum of supports; screening and progress monitoring; culturally responsive evidence-based practices, intervention and assessment practices; data-based problem solving and decision-making; and family, school, and community partnering.



"Students who feel connected to the school and an adult within the school are more likely to attend school regularly, stay in school, and graduate."

-Wisconsin State Superintendent's Task Force on Promoting Excellence for All, 2014

Universal Level of Supports for ALL Students

The universal level includes the supports that all students should receive within a school to build their social and emotional skills.

Relationship Building, Resiliency, and Rich Social-Emotional Learning

Positive behavior supports must be implemented school- and district-wide for all students. Rather than focus on control and punishment, schools must create positive school and classroom environments that focus on social-emotional and mental health skill building, with clear and consistent expectations, and build positive relationships among youth and adults. Resiliency, the capacity to cope effectively and positively with past or present adversity (Brooks & Goldstein, 2001), along with other attributes and skills, help children use effective coping strategies that promote growth, to have self-images of strength and competence, and to believe they have the ability to solve problems and make thoughtful decisions. Resilient children view mistakes and obstacles as challenges to confront rather than as stressors to avoid (Brooks, Brooks & Goldstein 2012). Daily supportive interactions by adults toward students allows students the opportunity for resiliency and to develop connectedness to staff, enhancing educational opportunities now and in the future.

Comprehensive mental health systems must provide the students with exposure to learning opportunities, positive climate, and opportunities to practice for social-emotional development to unfold. Evidence-based and practice-based social-emotional learning opportunities must occur across classes, content, grade levels, and curricula. Schools that integrate skills-based social and emotional learning opportunities throughout the school day, across classes, and across grade levels have greater impact than if they simply set aside twenty minutes a week for social and emotional learning. If full integration of social-emotional learning is not feasible, any opportunity for social and emotional learning can benefit students. Partnering with families to support these skills at home help to generalize and expand learning.

Trauma Sensitive Practices

Traditional approaches to improving student behavior involve consequences, incentives, and teaching appropriate behavior. Trauma sensitive practices view behavior through an alternative lens to help understand the reasons behind students' behavior. Many students experience the impacts of family or community violence which can lead to a basic mistrust in human relationship and over-protective responses. Trauma sensitive practices are based upon relationships with adults that build trust and safety. Classroom instruction includes choices in learning. Interventions with students are collaborative and empower youth to take responsibility for their behavior by building the skills they need to regulate their emotions.

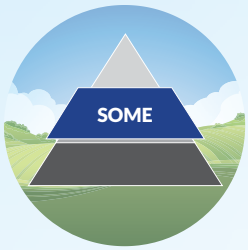
Mental Health and Wellness Education

Students must be exposed to practices that promote high level wellness, mentally as well as physically. The value of and skills for building caring relationships must be explicitly taught at home, in school and in the community. The obvious and subtle rules for getting along are discussed, taught, and retaught as needed. With explicit teaching, students understand that safe and nurturing relationships and environments are important to wellness. Education about sleep, mind-quieting practices, healthy eating habits, and exercise promote both physical and mental wellness. Students can learn to recognize signs and symptoms that a friend is in trouble, understand that not all secrets should be kept, and know how to support another student to seek the help they need. These are integral to mental health and wellness education.

What is Youth Mental Health First Aid?

Youth Mental Health First Aid (YMHFA) is a public education program which introduces participants to the unique risk factors and warning signs of mental health challenges in adolescents, builds understanding of the importance of early intervention, and most importantly, teaches individuals how to help a youth in crisis or experiencing a mental health or substance use challenge. The 8-hour course uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

For more information:
http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth/



Selected Level of Supports for SOME Students

Early Identification, Screening, and Progress Monitoring

To avoid a reactive approach to addressing unmet student needs, an early identification system must be established. The school should have a formal referral process in place. All school staff members must understand how and to whom they should refer students for more specialized services. Families need to receive information about how to access the referral system and support services. School leaders need to work with all school staff and community mental health professionals to create a streamlined referral system for students with mild to critical mental health needs. Additionally, the school must ensure adequate systems and resources are in place so that students who are referred get the support they need. While the referral process may vary by school, all schools must include appropriate documentation and ensure student and family confidentiality.

The school must establish procedures to identify students early on who may need additional mental health supports. Teacher identification can be used to determine students with the greatest challenges related to internalizing behaviors. Existing school data on these students can be used to help determine what additional supports might benefit them. Students who do not respond to these additional supports can be individually screened, with parent consent, using an evidence-based tool to determine whether the student needs intensive supports to be successful in school. Students may also be referred for community mental health services to support their overall mental health. Schools may also conduct mental health screening directly with youth to identify students who may have unmet mental health needs, such as depression or suicidal thinking. The team needs to ensure appropriate and sufficient interventions are in place and that students are not over-pathologized or labeled.

Progress monitoring occurs in natural settings throughout the school day and includes multiple measures, including those from the home and community. Community mental health professionals should work closely with the school to share adequate information with educators to ensure students are transferring their mental health skills in multiple environments and are receiving the interventions they need. One common PBIS progress monitoring strategy appropriate for mental health needs is called "Check in-Check out."

What is S-BIRT?

SBIRT (Screening, Brief Intervention, Referral to Treatment) is an efficient, evidence-based practice to address behavioral and mental health concerns. Originally developed for busy health care settings, SBIRT is readily adapted for delivery in middle/high school settings by pupil services staff as a selective or intensive intervention.

For more information:
http://www.wishschools.org/resources/schoolsbirt.cfm

Effective Individual and Group Interventions

The school offers effective groups and/or individual interventions that build students' skills to manage mental health challenges. School and community mental health professionals collaborate together to strategically plan how students will receive interventions during the school day.

Wellness Plans

Wellness is being in good physical and mental health. Because mental health and physical health are linked, challenges in one area can impact the other. At the same time, improving physical health can also benefit mental health, and *vice versa*. Wellness plans are developed with students with mild or intensive mental health or substance use challenges to help those students better manage their mental health challenges and experience progress toward recovery through healthy food choices, adequate rest, strong relationships, exercise, and opportunities to practice healthy skills and choices.

Co-Planning Strategies with Students, Families, and Community Providers

If schools are to reap the benefits of a comprehensive mental health system, educators must value parents and students as experts in the knowledge and understanding of their own life experiences and include students and parents in the problem solving process whenever concerns arise about a mental health issue. Plans are family-driven, in recognition of parent expertise on their child, and youth-guided, in recognition of the information they can offer about themselves, once asked and included. Goals are articulated first by students and families, then by school staff.

Co-planning can be offered as early as parent-teacher conferences and expanded through the continuum of supports to any student. As soon as a community-based mental health professional is working with a student, that provider is included.

What is PREPaRE?

The PREPaRE curriculum was developed by the National Association of School Psychologists (NASP) as an evidence-based resource related to school crisis prevention and critical incident response. PREPaRE training is ideal for schools committed to improving and strengthening their school safety and crisis management plans and emergency response, especially to mitigate reactions for those whose coping may be overwhelmed and to respond to trauma reactions for those students at risk of more severe trauma reactions.

For more information:
http://www.wishschools.org/resources/SchoolSafety.cfm

Students who have intensive needs struggle to learn without the proper support in place.

Intensive Level of Supports for a FEW Students

When prevention and early interventions do not meet students' needs, other interventions should be used. Intensive and individualized interventions should be linked with the system of care principles discussed further on in this guide.

Counseling and Support Teams

Students who have intensive needs struggle to learn without the proper support in place. The school includes opportunities throughout the school day for students to receive needed therapy and counseling services. Wraparound supports are available in most Wisconsin counties.

Emotional Regulation Plans and Re-Entry Plans

The school should create a safety plan for and with those students who have a demonstrated need due to repeated patterns of unsafe or escalated behavior in the school environment. The emotional regulation plan is family-driven and youth-guided and is developed with the student in a calm and well regulated state. This allows students to specifically describe their triggers and what assists in calming them down. Parent input is solicited for their perspective on how behaviors are addressed most effectively in the home setting. Youth ownership of their plan with encouragement and validation from adults enhances the outcome. This can be a living document that is revised regularly as more is learned about triggers and useful interventions.

Community treatment facilities communicate with the school (with parent consent) to establish a transition plan to support students returning from hospitalization or residential treatment. Wraparound supports are developed, if needed. Re-entry plans include identification of a case manager to support the student and family; meetings conducted with a strengths and mental health lens; development of an emotional regulation plan; clear steps for addressing long-term absence and missed work, allowing for adjustments in classwork/homework upon return; implementation of daily check-ins with youth; provision of regular feedback to the family on the student's adjustment back to school; and provision of family peer-to-peer support, if available.

Following a disaster or critical incident, the school should activate its comprehensive safety and response management plan in order to mitigate reactions for those whose coping may be overwhelmed. Staff respond to trauma reactions, including contacting higher-risk students, rather than waiting for them to come forward for assistance.

Seamless Referral and Follow-Up Processes

When making a referral for community-based services, school staff should recognize that understanding the family's culture, beliefs and values leads to success in securing the family's cooperation. The reason for the referral must be clearly communicated. Families should be given choices of providers who meet their specific needs for cost, availability, location, area of expertise, and array of service options. Possible barriers, worries or concerns are addressed. Families should be given information to help them understand the importance and risks of a signed consent to share information and to specify what is important to discuss to coordinate school/community efforts with family goals driving the services that are offered. Teaming with families and community providers must continue until students are demonstrating improvement in all areas of their lives. Collaboration and co-planning are standard practice at the intensive level of support.

Teaming with families and community providers must continue until students are demonstrating improvement in all areas of their lives.

Systems of Care

A system of care is a "spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated school network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, et.al, 2010, p. 3).

"Systems of care decrease behavioral and emotional problems, suicide rates, substance use, and juvenile justice involvement. They also increase strengths, school attendance and grades, and stability of living situations.

-Stroul, et al., 2012

Appropriate Information Sharing

The school ensures appropriate information sharing between the mental health professional, other youth-serving agencies, families, and necessary school staff to collect and analyze the data that is necessary to track and improve their school mental health efforts to meet students' needs. For many districts and schools, the barriers to appropriate information sharing has kept students from receiving the services they need in school and has made progress monitoring of school's mental health efforts difficult. Yet, districts and schools have many options to address this barrier through tiered consent forms from families and children and adolescents about what information should and can be shared with the schools. This consent form is fluid and allows students and families the ability to change how much information they want shared. District, school, and community mental health professionals comply with the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and Wis. Stats. 118.125 and 146.

Continuous Communication Loop

Constant and effective communication loops exist between the mental health professionals and the team leading the school mental health work. The team guiding this work should ensure constant and effective communication among staff who interact with the students, so students' needs are met, and students transfer the skills they have gained in their social, emotional, or mental health interventions across multiple settings.

Supported Navigation through Systems of Care

Supported navigation is an empathetic process where an educator (likely a school counselor, nurse, psychologist or social worker) introduces a student to the community mental health specialist and helps that student navigate the process of care coordination between the mental health professionals within and outside of the school. The school supports families, or youth in certain circumstances and at certain ages, to provide authorization for release of information.

Wraparound Support

Wraparound supports are individualized, community-based services that bring multiple systems together with the child or adolescent and their family to provide a highly individualized plan to meet the unique needs of the student. A team, consisting of school staff, community service provider(s), family members, and the student work closely together to develop an individualized care plan that includes intervention, culturally and linguistically relevant services, and progress monitoring in the community, home, and/or school setting.

Family-Driven and Youth-Guided Support

As part of the System of Care principles, youth-guided services and family partnering are integral to the success of student interventions. Family partnering is a critical piece to help families navigate the complex school and community mental health system. Family members help develop local policies and serve on committees in relationship to this work, and families partner with teachers and school staff throughout intensive interventions. Best practices in a comprehensive school mental health system are youth-guided and linked to one of three models for specialized school mental health service delivery.

"To achieve better results for children, youth, and families, the systems that serve them must improve. Systems of care have led to improved policies, improved organization and financing of services, better investment of resources, and more effective services and supports."

-Stroul, et al., 2012

Spotlight on Communities

Each of the four communities highlighted below developed school mental health services over the past decade.

Appleton: Building Capacity in Schools and Community Partnerships

Mounting violence, disciplinary referrals, substance abuse, mental health and behavioral issues highlight the need for coordinated school mental health services in the Appleton Area School District (AASD). AASD implements PBIS in 22 schools. "The Appleton Way" prioritizes implementing a multilevel *framework* to improve school climate.

AASD successfully integrates academic and behavioral systems of support through three district leadership teams: PBIS; RtI and Achievement; Community and Equity (ACE). AASD supports professional development for staff including mental health awareness, trauma sensitivity and response, student assistance, suicide prevention, early identification of mental health needs, brief intervention and referral, and crisis preparation and intervention.

Youth Mental Health First Aid (YMHFA) trainings increase capacity of all staff to identify youth struggling with a mental health or addiction issue, linking them to appropriate services. Various youth-serving community organizations receive YMHFA training, including Boys & Girls Club, Appleton YMCA, Catalpa Health, Fox Valley Technical College, NAMI of Fox Valley, Psychology Associates, Samaritan Counseling Center, Outagamie County Human Services, Appleton Police Department, The Center for Suicide Awareness and AASD. Early identification efforts for those at-risk of an untreated mental illness or suicide include TeenScreen in high schools, a school-based assessment and referral process. AASD promotes training designed to empower all staff to act when concerned about suicide using "Question, Persuade, Refer" gatekeeper training strategies.

School mental health services include the United Way's Providing Access to Healing (PATH) for Students, a program for youth with limited access to care elsewhere. PATH has served over 900 students with data demonstrating improved student function in academics, behavior, mental health, and progress toward treatment goals.

AASD personnel serve on collaborative community teams addressing mental health and substance abuse issues. Collaboration and coordination allows AASD to provide school mental health services, including evidence-based interventions, crisis response teams, at risk programming, student peer helpers, responses to grieving children, and runaway support.

Chippewa Falls: A Community Partnership Evolution

As a result of a "Community Conversation" with community stakeholders, parents and school staff the Chippewa Falls Area Unified School District (CFAUSD) holds student mental health as a top priority. New policies, operational expectations, strategic plan and district scorecard include student mental health. Community partnerships are key as everyone understands that the schools could not effectively address student mental health challenges alone. School mental health services are multi-level from universal prevention to wrap-around, based on PBIS and collaborations with community mental health partners' engagement in providing services co-located in schools. Various community partners, such as Parents 4 Learning, Voyagers After School Programming, the Mentor Program, and Boys and Girls Club support the universal level.

Community partners co-sponsor community awareness events such as a teen mental health summit. School staff and students are trained by partners in suicide prevention.

A cross-sector Children, Youth, and Families Council aligns policies, practices, and stakeholder beliefs for better results. All sectors recognize that all families need a continuum of support including prevention, early-intervention and intensive intervention services. The Council coordinates mental health initiatives within the county to improve services to children and families related to physical, mental, and spiritual well-being. Chippewa Falls is one of 54 cities worldwide designated as a City of Compassion.

Horicon, Lomira, Mayville, and Waupun – Satellite Clinic Co-Located in Schools

Community conversations established consensus on the need for improved access to community-based mental health services. As a result, a Dodge County community mental health professional provides services to students at school. A certified satellite clinic co-located in the schools exists based on a Memorandum of Understanding signed by each school district to address liability, procedures for access to students, and related issues. The four districts incur no costs but do provide space for Dodge County to conduct a clinic in the schools.

The mental health therapist assures children are emotionally ready to return to class following therapy and participate in learning. Families appreciate that students do not have to leave school for their appointments. Teachers are happy these students are receiving mental health services, including those still provided in the schools from school psychologists and school counselors. The school-employed mental health professionals have not seen a reduction in the students with whom they work, but more students receive the valuable help they need.

"Alone we can do so little; together we can do so much"

-Helen Keller

La Crosse's Continuing Journey: The Rebuilding for Learning Effort

As a response to many social and economic challenges, the *Rebuilding for Learning* effort consists of a partnership among the school district of La Crosse, La Crosse County and the city of La Crosse.

Various workgroups address finance, personnel, purchasing, buildings & grounds, technology, and children and family services focusing on proactive service delivery to reduce overall expenditures and to improve outcomes.

In the *Rebuilding for Learning* curriculum, each organization improves overall youth outcomes by focusing on healthy development, prevention and early intervention before emphasizing a system of care. Each organization's systems of care provides a safety net for its youth.

La Crosse provides a 3-tiered system of mental health supports in the schools, including a community mental health liaison/expert partnering with most schools in the district. Services are based on a Memorandum of Understanding allowing for greater sharing of information between the family and the three primary organizations. A county-led family services-delivery model exists in specific neighborhoods with the greatest need. A community policing effort is with assistance from local health care institutions.

Through these efforts La Crosse's *Rebuilding for Learning* initiative merges the efforts of three local government organizations and many community partners to better serve children and families.

Linking to Early Childhood

It is important to create a system of social and emotional supports from early childhood through and beyond K-12 education so that students receive a consistent continuum of care to enhance their social-emotional development and academic outcomes.

Common goals for improving infant and young children's mental health include increased availability and use of high quality social-emotional and mental health training and support; increased number of supportive and nurturing environments that promote children's healthy social and emotional development; increased number of environments providing early identification and mental health consultation; improved knowledge and practice of nurturing behaviors among families and early childhood professionals; increased number of mental health services for children with persistent, serious challenging behaviors; and decreased number of out-of-home placements of children.

Wisconsin's Pyramid Model

Wisconsin has aligned our work with the Center on the Social and Emotional Foundations of Early Learning and created the Wisconsin SEFEL Pyramid Model for promoting social emotional competence in Wisconsin's young children.

The Pyramid Model is an evidence-based, tiered prevention and intervention *framework* to promote social and emotional well-being among infants, young children, and their families and prevent challenging behaviors.

Summary

Along with the best practices, districts and schools need people in-district who can champion creating comprehensive school mental health systems and work to integrate community and school mental health services into a continuum of care. While planning to implement a comprehensive school mental health system, it is important to remember that an individual student can fall anywhere on the leveled pyramid depending on individual circumstances. Students should not be labeled by the service they are receiving, as many will move in-between levels in one area while others may move in-between the levels based on another area. Remember, while the pyramid is fixed, students' needs are not.

Sustaining the most effective practices in a comprehensive school mental health system must be part of the thoughtful planning and implementation process. Overall, district and school leaders must prioritize school mental health efforts for any systemic change to be realized. While this *framework* may represent a complex process, there are a few elements to help support full implementation of the *framework*:

"Communities will reap many positive outcomes when they integrate comprehensive school mental health systems change from early childhood through and beyond prek-12."

-The Colorado Education Initiative, p. 27

Promoting Success

- Collaborate with community agencies for youth, especially youth involved in multiple systems.
- Tie student-level and school-level mental health data with other student-level and school-level outcome measures.
- Provide professional development to help staff acquire knowledge and skills to support the positive development of students' social-emotional and mental health.
- Increase the capacity (including number, culturally and linguistically appropriate) and quality of youth- and adolescent- serving mental health professionals, especially in rural areas.
- Secure adequate funding and resources to support comprehensive services, especially in rural areas.
- Implement strategically.

Get Ready

- Identify the team to champion the school mental health work. Create or embed into an existing team a school mental health support team. An established PBIS team is recommended.
- Garner buy-in from various stakeholders, including school- and district level staff, administrators, community agencies, and families.
- Assess community mental health systems and need. Identify the community partners who are available to help create a seamless referral system.
- Seek a volunteer from the team to concentrate their professional development on trauma sensitive practices and to act as a "coach" for school staff to guide the development of a trauma sensitive school.
- Identify infrastructure and professional learning needs.
- Identify alternatives to exclusionary discipline, positive school practices, and resiliency supports to promote wellness among students and staff.

- Create an action plan that includes goals, objectives, methods, and a timeline. Include in the plan methods for integrating this work into the school improvement plan.

Get Set

Identify desired mental health outcomes.

- Establish methods and determine resources for monitoring progress.
- Identify responsible people. Pinpoint resources required to implement the plan.

Get Going

- Use the tenets of implementation science as articulated by the U.S. Department of Education PBIS Technical Assistance Center to help sustain implementation.

Glossary

Community mental health providers are professional therapists from the community who are clinically licensed by the Wisconsin Department of Safety and Professional Services.

Culturally responsive practices include the degree to which a school's programs, practices, procedures, and policies account for and adapt to the broad diversity of students' race, language, and culture.

Externalizing behavior is the undercontrol of behavioral regulation, which could include difficulties with attention, aggression, and conduct.

Intensive level of support refers to instruction, assessment, and collaboration programs and practices provided for and about students with significant learning and/or mental/behavioral needs, either well-below benchmarks. Also referred to as tertiary, tier three, or targeted level.

Internalizing behavior is the overcontrol of emotional regulation, which could include withdrawal, anxiety, fearfulness, and depression. Internalizing behaviors may not be apparent to others and may manifest themselves as frequent worrying, self-denigrating comments, and low self-confidence.

MultiLevel Systems of Supports (MLSS) combines Positive Behavioral Interventions and Supports (PBIS) with Response to Intervention (RtI). MLSS is a school-wide plan to systematically provide differing levels and intensity of supports based on student responsiveness to instruction and intervention. (Also referred to as tiered intervention system or pyramid of interventions.)

Parents with lived experience are parents or other caregivers with first-hand experience raising one or more children living with mental health challenges.

A System of Care is a "spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated school network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, et.al, 2010, p. 3)

School mental health professionals include school counselors, nurses, psychologists, and social workers. School counselors, psychologists, and social workers must be licensed by the Wisconsin Department of Public Instruction. Special educators with advanced degrees may sometimes provide supports in the continuum of services for students with mental health challenges who have an Individualized Educational Program (IEP) plan.

Selected level refers to instruction, assessment, and collaboration programs and practices provided for and about students with learning and/or mental/behavioral needs of moderate intensity, either below or above benchmarks. Also referred to as secondary, tier two, supplemental, or small group level of support.

Student mental health includes social-emotional development, mental health needs, as well as the substance abuse and trauma-related behavior of school-age children and youth. All students require social-emotional skill-building opportunities while some students may have more complex needs as suggested by the pyramid in this guide. (See page 7).

A Trauma Sensitive School (TSS) recognizes the prevalence and impact of traumatic occurrence in students' lives, creates a flexible framework that provides universal supports, is sensitive to the unique needs of students, and is mindful of avoiding re-traumatization. Adapted from Cole et al. (2005).

Universal level refers to instruction, assessment, and collaboration programs and practices provided for and about all students in the school. Also referred to as primary, tier one, or core level.

Wellness plans are developed with students with mild or intensive mental health or substance use challenges to help those students better manage their mental health challenges and experience progress toward recovery through healthy food choices, adequate rest, strong relationships, exercise, and opportunities to practice healthy skills and choices.

References

Adelman, Howard and Linda Taylor, 2012. Engaging and Re-Engaging Families when a Student is Not Doing Well, *Addressing Barriers to Learning, 17* (1), (http://smhp.psych.ucla.edu/pdfdocs/familyengage.pdf : accessed December 2015).

Brooks, Robert, Suzanne Brooks, and Sam Goldstein, 2012. The Power of Mindsets: Nurturing Student Engagement, Motivation, and Resiliency in Students, in Sandra Christenson, Amy L. Reschly, and Cathy Wylie (eds.) *Handbook of Research on Student Engagement*. New York: Springer, pp. 541-562.

Brooks, Robert and Sam Goldstein, 2001. *Raising Resilient Children*. New York, NY: McGraw-Hill.

Cole, Susan, Jessica O'Brien, M. Geron Gadd, Joel Ristuccia, D. Luray Wallace, and Michael Gregory, 2005. *Helping Traumatized Children Learn: Supportive School Environments for Children Traumatized by Family Violence*. Boston: Massachusetts Advocates for Children.

Collaborative for Academic, Social, and Emotional Learning (CASEL), 2003. Safe and Sound: An Educational Leader's Guide to Evidence-Based Social and Emotional Learning (SEL) Programs; digital image, CASEL (http://www.CASEL.org : accessed December 2015).

Collaborative for Academic, Social, and Emotional Learning (CASEL), 2008. *Connecting Social and Emotional Learning with Mental Health*, National Center for Mental Health Promotion and Youth Violence Prevention, University of Illinois, Chicago. http://files.eric.ed.gov/fulltext/ED505361.pdf; accessed July 2015

Colorado Education Initiative, 2013. *Transforming School Climate Toolkit*, http://coloradoedinitiative.org/resource/transforming-school-climate-toolkit; accessed December 2015.

Colorado Education Initiative (n.d.). *The Colorado Framework for School Behavior Health Services: A Guide to K-12 Student Behavioral Health Supports with a Focus on Prevention, Early Intervention, and Intervention for Students' Social, Emotional and Behavioral health Needs;* digital image, the Colorado Initiative (http://www.coloradoedinitiative.org/resources/schoolbehavioralhealth/ : accessed March 2015).

Doll, Beth, Katherine Brehm, and Steven Zucker, 2014. *Resilient Classrooms: Creating Healthy Environments for Learning* (2nd Ed.). New York: Guilford Press.

Jacobs Educators. *Inquiry-Based Learning*, Indiana University Bloomington, http://iub.edu/~pbltec/wordpressj/jacobs-educator-program/inquiry-based-learning; accessed July 2015.

National Assembly on School-Based Health Care. *10 Critical Factors to Advancing School Mental Health: What Early Adopters Say*, http://ww2.nasbhc.org/RoadMap/Advocacy/10 Critical Factors To Advancing School Mental Health.pdf: accessed December 2015

Slade, Eric P., 2002. Effects of School-Based Mental Health Outcomes in Mental Health Services Used by Adolescents at School and in the Community. *Mental Health Services Research*, *4* (3), 151-166.

Substance Abuse and Mental Health Services Administrations, 2015. *Connecting all aspects of health: SAMHSA Wellness Initiative: The eight dimensions of wellness*, http://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness; accessed July 2015.

SAMHSA-Funded National Center for Mental Health Promotion and Youth Violence Prevention, Education Development Center, Inc., and Health and Human Development Division (2011). *Realizing the Promise of the Whole-School Approach to Children's Mental Health: a Practical Guide for Schools*, http://www.promoteprevent.org/realizing-promise-whole-school-approach-childrens-mental-health-practical-guide-schools; accessed July 2015.

Stroul, Beth, Sybil Goldman, Sheila Pires, and Briggitte Manteuffel, 2012. *Expanding Systems of Care: Improving the Lives of Children, Youth, and Families*, http://gucchdtacenter.georgetown.edu/publications/SOC%20Results%205-7-12.pdf; accessed July 2015.

Wisconsin Department of Public Instruction, *Agenda 2017: Wisconsin Graduates are College and Career Ready*, http://dpi.wi.gov/sites/default/files/imce/statesupt/pdf/college-career-readiness-definition-handout.pdf; accessed December 2015.

Wisconsin Department of Public Instruction. *Promoting Excellence for All: A Report from the State Superintendent's Task Force on Excellence for All*, http://dpi.wi.gov/sites/default/files/imce/excforall/exc4all-report.pdf; accessed December 2015.

Wisconsin Department of Public Instruction, *Wisconsin Information System for Education Data Dashboard* (WISEdash), data warehouse, http://wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; accessed July 2015.

Wisconsin Department of Public Instruction, *Wisconsin Success Stories: Safe and Supportive Schools (S3) Grant*, http://dpi.wi.gov/sites/default/files/imce/sspw/pdf/s3successstoriesMay2015.pdf; accessed December 2015.

Appendices

Wisconsin School Mental Health Needs Assessment

Your School: _____

Instructions: Based on the Wisconsin School Mental Health Framework, this survey is designed to identify the strengths and areas of improvement for your school in managing the social-emotional and mental health needs of your students.

Instructions for Completion by one Individual: Please answer each question to the best of your knowledge, and select the response you feel most accurately represents your school.

If you are an individual not currently working in a school, please understand you are not expected to be able to answer all these questions about your school.

As an individual, you may wish to score the priority column as
H=High Priority
M=Medium Priority
L=Low Priority for you.

Bring this needs assessment completed by you as an individual to any team discussion of the Needs Assessment.

Instructions for Completion by a Team: As the school-level team guiding the school mental health services work, please answer each question to the best of your knowledge, and collaboratively select the response you feel most accurately represents your school. Be sure you include input from multiple people with varying roles in your school. Then, as the school-level planning team, analyze your results to select your priority areas for improvement and create your next steps. Star your top 3-5 priorities determined through consensus.

Refer to the accompanying Framework for definitions of words with which you may not be familiar.

This needs assessment and format were adapted from Boston Public Schools and Boston Children's Hospital, the Colorado Framework for School Behavioral Health Services, Lesley University and Massachusetts Advocates for Children

☐ This survey was completed by an individual **or**

☐ This survey represents a general consensus discussion of a team

Wisconsin School Mental Health Needs Assessment (cont'd)

	Not at all	Partially in Place	In Place	Not sure	What is the evidence for this?	Star = Top Priority
Foundations						
1) A school-wide team uses a leadership model which includes parent(s) and community providers, and integrates the work of PBIS, social-emotional learning, mental health, suicide prevention, and alcohol or other drug abuse prevention and treatment to guide comprehensive school mental health. At least one member of the team has the authority to reallocate resources, change role and function of staff, and change policy.	☐	☐	☐	☐		
2) Most staff support a focus on the positive social-emotional development of students.	☐	☐	☐	☐		
3) The school's mission, philosophy, and policies reflect an explicit focus on the social-emotional development and well-being of students.	☐	☐	☐	☐		
4) Our school discipline practices are culturally responsive.	☐	☐	☐	☐		
5) Our school discipline practices are trauma sensitive.	☐	☐	☐	☐		
6) Educators are versed in and use strategies that promote relationships between educators and children, educators and families, and connections between children and families to schools.	☐	☐	☐	☐	What & how many strategies?	
7) Systems ensure there are positive school climate strategies used frequently and consistently throughout the school and there are strategies which are alternatives to exclusionary discipline.	☐	☐	☐	☐		
8) New initiatives are based on implementation science (purpose building, infrastructure, initial implementation, full implementation) and are integrated into existing initiatives to minimize "initiative fatigue."	☐	☐	☐	☐		
9) Systemic implementation includes adequate resource mapping from community, district, school, to classroom, with implementation decisions tied to data and professional development.	☐	☐	☐	☐		
10) School practices focuses on building strong family and school-community partnerships that support students' social-emotional and mental health needs.	☐	☐	☐	☐		
11) The school uses data to guide its social-emotional and mental health initiatives.	☐	☐	☐	☐		
12) The school collects and disaggregates data (race/ethnicity, disability, social economic status) regarding exclusionary discipline (e.g., seclusion/ restraint, suspensions, expulsions, partial days).	☐	☐	☐	☐		
13) The school collects data to evaluate whether implemented disciplinary practices and school policies are consistent with each other.	☐	☐	☐	☐		
14) Professional development for all school staff includes a focus on hope & recovery to reduce mental illness stigma.	☐	☐	☐	☐		

Wisconsin School Mental Health Needs Assessment (cont'd)

	Not at all	Partially In Place	In Place	Not sure	What is the evidence for this?	Star = Top Priority
15) Professional development for all school staff includes how to identify students in need of social-emotional and mental health supports.	☐	☐	☐	☐		
16) Professional development for all educators includes how to create culturally-responsive classrooms.	☐	☐	☐	☐		
17) Professional development for all educators includes how to create trauma sensitive classrooms.	☐	☐	☐	☐		
18) Families are part of regular information sharing and understand available school supports and services for student mental health needs.	☐	☐	☐	☐		
19) Staff members are encouraged to be proactive in their self-care, including the opportunity to develop personal health care plans.	☐	☐	☐	☐		
20) Systems are in place to protect the privacy rights of students and their families in the creation, storing, sharing and destruction of confidential records and information. In common spaces, confidential information is not discussed.	☐	☐	☐	☐		
Universal Supports for All Students						
21) School leadership sets an example of respect and acceptance toward students and families.	☐	☐	☐	☐		
22) Consistent and clear positive behavior supports are the norm throughout the school, leading to clear school-wide expectations.	☐	☐	☐	☐		
23) Mental health and wellness learning opportunities are included across grade levels and curriculum.	☐	☐	☐	☐		
24) Universal social-emotional learning opportunities are included across grade levels and curriculum.	☐	☐	☐	☐		
25) Social-emotional learning is integrated through the school day and is taught and reinforced by teachers.	☐	☐	☐	☐		
26) Opportunities exist for students to learn and practice regulation of emotions and modulation of behaviors.	☐	☐	☐	☐		
27) School staff understand and integrate resilience-building into all activities, programs and interactions with students.	☐	☐	☐	☐		
28) School contains predictable and safe environments (classrooms, hallways, playgrounds, and school bus) that are attentive to transitions and sensory needs.	☐	☐	☐	☐		

Wisconsin School Mental Health Needs Assessment (cont'd)

	Not at all	Partially In Place	In Place	Not sure	What is the evidence for this?	Star = Top Priority
29) Conversations among staff about children and families are strength-based, solution focused, and oriented toward factors that school can impact.	☐	☐	☐	☐		
30) Staff members have a clear and consistent understanding about a crisis response plan for a critical incident. School staff have the knowledge and training to respond to the needs of students who are already responding normally (within a typical range) to a critical incident.	☐	☐	☐	☐		
Selected Supports for Some Students						
31) Staff have the resources and training to effectively communicate with families about a student's social-emotional development or mental health concerns.	☐	☐	☐	☐		
32) When there is a concern about a student's mental health, communicating with the family is a priority.	☐	☐	☐	☐		
33) A clear and consistent school-wide referral process is in place for students with mental health needs.	☐	☐	☐	☐		
34) School staff have the knowledge, training, and resources about how to refer students for selected and intensive services.	☐	☐	☐	☐		
35) School staff have been trained in a screening or nomination system for identifying students who need extra social-emotional, or mental health support.	☐	☐	☐	☐		
36) School staff have the knowledge of the signs of a student needing more intervention following a critical incident. Staff have the knowledge of the mental health referral systems following a critical incident.	☐	☐	☐	☐		
37) Follow-up information is provided to staff with an educational need to know about the status or outcome of student mental health referrals.	☐	☐	☐	☐		
38) School mental health professionals use evidence-based interventions.	☐	☐	☐	☐		
39) School mental health professionals monitor students' progress in school setting and adjust interventions accordingly.	☐	☐	☐	☐		
40) To ensure students' progress continues across the school setting, adequate information is shared between educators, school leaders, families, staff or nonteaching coach, school and community mental health professionals	☐	☐	☐	☐		
41) Families are central to efforts to prevent future mental health problems through co-planning with students and families.	☐	☐	☐	☐		

Wisconsin School Mental Health Needs Assessment (cont'd)

	Not at all	Partially In Place	In Place	Not sure	What is the evidence for this?	Star = Top Priority
42) Student wellness plans are used as a vehicle for improving academic and social-emotional development outcomes.	☐	☐	☐	☐		
43) Mental health services are culturally appropriate.	☐	☐	☐	☐		
44) Mental health services are linguistically relevant.	☐	☐	☐	☐		
45) School staff are knowledgeable about how to support a family in navigating through community services.	☐	☐	☐	☐		
Intensive Supports for Few Students						
46) School staff understands the array of services available in the community for youth and families.	☐	☐	☐	☐		
47) Resources or services are available for students who may be experiencing the negative consequences of specific problems, such as depression, loss or prior trauma.	☐	☐	☐	☐		
48) All students know where to go for resources when they, or a friend, may experience negative consequences of specific problems, such as depression, loss or prior trauma.	☐	☐	☐	☐		
49) When a mental health emergency arises, a professional is available to perform an assessment for students who have been referred for exigent mental health concerns. The people responsible for specific tasks or duties in a mental health emergency are clearly defined and they work as a team.	☐	☐	☐	☐		
50) Staff have been trained in ways to appropriately respond to students who experience urgent mental health problems.	☐	☐	☐	☐		
51) Information about mental health emergencies is appropriately shared with staff.	☐	☐	☐	☐		
52) Information about mental health emergencies is appropriately shared with families.	☐	☐	☐	☐		
53) Follow-up services are available for students who experience mental health emergencies.	☐	☐	☐	☐		
54) The school has proactive plans in place for students transitioning back to school from residential or hospitalization treatment.	☐	☐	☐	☐		

Wisconsin School Mental Health Needs Assessment (cont'd)

	Not at all	Partially In Place	In Place	Not sure	What is the evidence for this?	Star = Top Priority
Systems of Care						
55) To include multiple perspectives, schools solicit input from a variety of youth-serving agencies and providers.	☐	☐	☐	☐		
56) School mental health professionals have a protocol in place for care coordination and wraparound services for students with high mental health needs.	☐	☐	☐	☐		
57) School leaders ensure that state and federal laws governing student records and confidentiality are followed.	☐	☐	☐	☐		
58) The school-level team guiding this work frequently communicates with students, families, any community mental health professionals and pupil services staff.	☐	☐	☐	☐		

Needs Assessment Planning Template

Step 1: Complete the Team School Mental Health Needs Assessment

* If a parent is not present, assign a team member to represent the parent responses during the process. If parent responses are not available, assign a team member to represent the parent perspective for each item in addition to that person's individual responses.*

a. For each item select the response that best represents the consensus of the team
b. Select two items within the Foundations section (items 1-20) to include in your list of priorities for the school year
c. Select two items from the entire Needs Assessment rated as "Partially in Place" that could be "In Place" by the school year's end and add them to your list of priorities
d. Select one item from the entire Needs Assessment that represents a high priority for your school based on your unique needs/interests and add it to your list of priorities

Step 2: Identify "next steps" for achieving the priorities you selected

a. For each priority selected, generate steps needed to achieve the next level of implementation for that item ("Partially in Place" or "In Place")
b. For each step generated, identify who will take the lead and the target date for completion

Step 3: Identify alignment with your school's improvement plan

a. For each priority selected, identify areas of alignment with your school's strategic or school improvement plan for the school year
b. Identify who else in your school needs to be aware of the priority areas identified including who will communicate this information, how and by when
c. If the priorities selected are not in alignment with the school's strategic or improvement plan, determine if alternate priorities will be considered that are better aligned or the team will advocate to have the selected priorities included, including who will communicate this information, how and by when

Needs Assessment Planning Template (cont'd)

Guiding Questions – Below are inquiries that may support your team in reaching consensus on items, determining priority items for focus during the school year and/or identifying next steps toward achieving the next level of implementation for that item.

- What additional data sources can/should we examine to reach consensus on this item (climate survey, office referrals, attendance, etc.)?
- Are there items marked as "Not Sure" that need to be explored further before we can identify our priorities for the coming year?
- What additional information is needed for us to be able to move off of "Not Sure" on this item?
- Who else needs to be included in the process of prioritizing areas of focus for our school this year?
- Who else needs to approve of or be willing to provide support to us in achieving our identified priorities?
- How will we ensure that student voice is present in our decision-making and next steps?
- Which "Partially in Place" items will can be most easily addressed to move them to "In Place" to provide us with "quick wins" toward meeting our priorities?
- To what degree should we consider selecting priorities aligned with our school strategic or improvement plan versus advocating to have priorities we select included/added?
- If we don't complete steps 1-3 today, when and where will we convene again to complete the process?

School and District: _____ Facilitator: _____

Step 1	Item Description	Current Rating	Desired Rating	Notes
Item # Foundation				
Item # Foundation				
Item # Partially in Place				
Item # Partially in Place				
Item # School Specific				

Needs Assessment Planning Template (cont'd)

Step 2	Next Steps	Lead Person	Due Date	Notes
Item # Foundation	1. 2.			
Item # Foundation	1. 2.			
Item # Partially in Place	1. 2.			
Item # Partially in Place	1. 2.			
Item # School Specific	1. 2.			

Step 3	Aligned to SIP?	Who else needs to know about this priority?	Who will be the lead person to communicate this?	How will it be communicated?
Item # Foundation	Yes No			
Item # Foundation	Yes No			
Item # Partially in Place	Yes No			
Item # Partially in Place	Yes No			
Item # School Specific	Yes No			

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