Guide for Meeting the Rising Demand for Mental Health Care in Schools

Essential Practices, Implementation Steps, and Supplementary Resources

District Leadership Forum

District Leadership Forum

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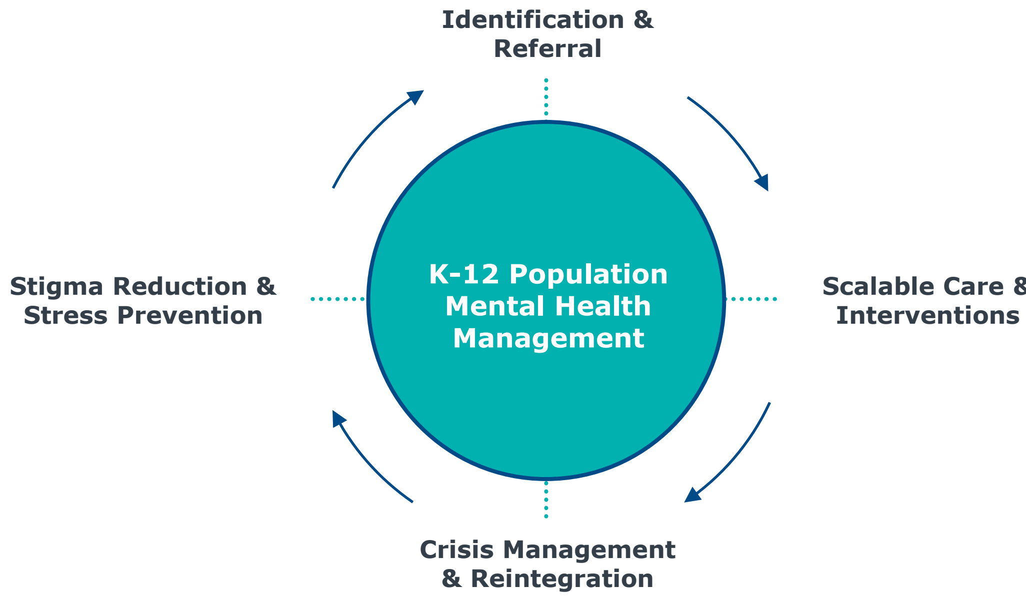
How to Use This Toolkit

This document provides district teams with a structured approach for improving mental health supports in schools. The strategies included combine to form the foundations of a "population health management" model that will improve outcomes for students and reduce strain on district staff and resources.

Each section focuses on a core pillar of population mental health management and includes the following:

- Guidance for implementing essential practices
- Supplementary materials to ease adoption of these practices in your schools

This resource concludes with a compilation of the essential practices and their implementation steps as well as a planning guide to help you assess the highest priority strategies for your district and to ensure that your team has covered essential actions for each pillar of this model.



Essential Practices

Stage 1	Stage 2	Stage 3	Stage 4
Identification & Referral	**Scalable Care & Interventions**	**Crisis Management & Reintegration**	**Stigma Reduction & Prevention**
Universal Screening	Group CBT	Designated Crisis Referral Coordinator	Data-Informed SEL
Relationship Mapping	Expanded Access to Telemental Health Care	Coordinated Reentry Process	Responsive Family Education Programs
First Responder "Handle with Care" Notifications			
Behavioral Health Intervention Teams			

Source: EAB interviews and analysis.

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Stage 1:
Identify Students in Need of Additional Mental Health Support

1

- Universal Screening
- Relationship Mapping
- First Responder "Handle with Care" Notifications
- Behavioral Health Intervention Teams

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Identify Students in Need of Additional Support

Schools and districts commonly rely on teacher referrals to route students to counselors and supports, but this approach carries two glaring weaknesses: students already exhibiting signs of distress are often nearing crisis, and teachers struggle to uniformly identify changes in behavior in each of their students.

Therefore, schools must build a robust safety net that both improves teacher referrals and includes proactive forms of identification. They should combine screening tools to identify students before external behaviors become apparent, improve the consistency of teacher referrals throughout the school year, and connect with local authorities to understand when events beyond school walls could cause students to struggle. In addition, schools should establish centralized intervention teams for mental and behavioral health to ensure that all students in need of support are referred to appropriate care providers as quickly as possible.

The following four practices will help districts proactively identify and refer students in need of support.

Universal Screening

Use screening data to identify students before external symptoms are apparent and provide early intervention

Relationship Mapping

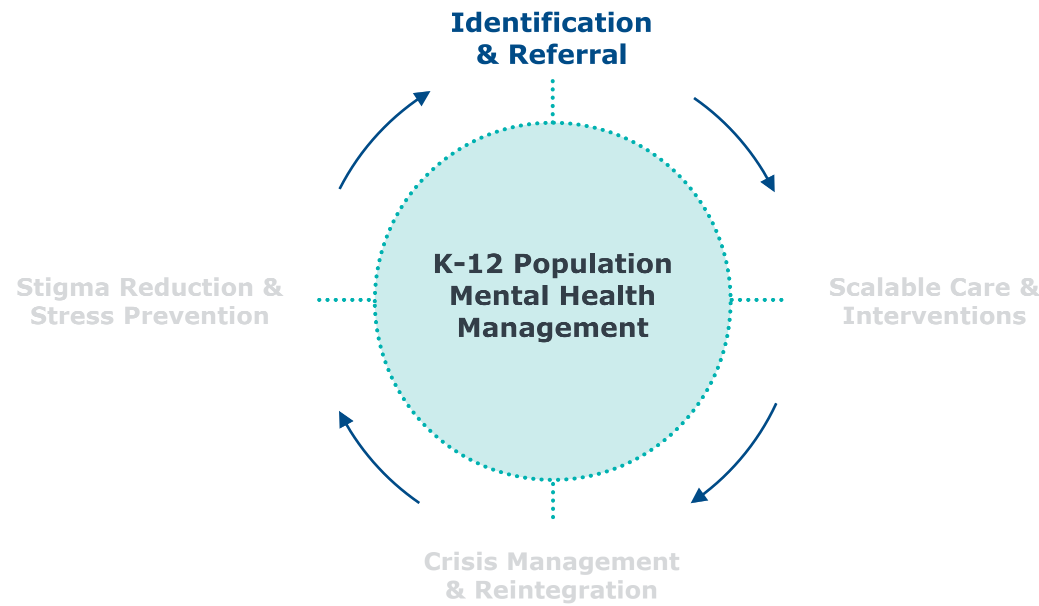
Systematically review student rosters to surface students who lack positive relationships with adults beyond regular instruction

First Responder "Handle with Care" Notifications

Work with first responders to ensure prompt communication when a student is involved in (or witnesses) an incident

Behavioral Health Intervention Teams

Form cross-functional teams to ensure appropriate student supports and efficiently refer students to services



Source: EAB interviews and analysis.

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Universal Screening for Psychological, Behavioral Needs

What Is Universal Screening?

Universal screeners for psychological and behavioral health consist of a series of questions to be answered by the student (if old enough), their parent(s), and their teacher(s). There are several evidence-based screeners available, and districts should select the instrument that best fits their district's needs.

Why Adopt Universal Screening?

Schools typically rely on teacher referrals to identify students in need of additional support, which requires students to display signs of distress before receiving care. The National Association of School Psychologists cites universal screening as the key step in moving towards a proactive approach to school-based psychological services. A proactive approach will improve outcomes for students while ultimately reducing costs and resource constraints for the district.

How to Implement Universal Screening

1. Select a screener based on reliability, validity, sample size, ease of administering, and cost *[See pages 9-10 for selection guidance]*
2. Train staff to deploy the tool effectively
3. Secure parental consent (opt out policies may yield higher participation rates)
4. Establish a clear schedule for deploying the screener. Ensure at least one screening in the Fall Semester and one in the Spring Semester *[See page 8 for a sample schedule]*
5. Administer the screener *[See page 8 for key implementation considerations]*
6. Analyze results to identify school-wide patterns, grade level patterns, and individuals in need of support
7. Adjust Tier 1 and 2 programming to address needs identified through screening

Visit eab.com for Additional Resources on Universal Screening

- Universal behavioral screening is proven effective. Here's why you should implement it now.
- A Systemic Approach to Managing Behavioral Disruptions in Early Grades

Source: EAB interviews and analysis

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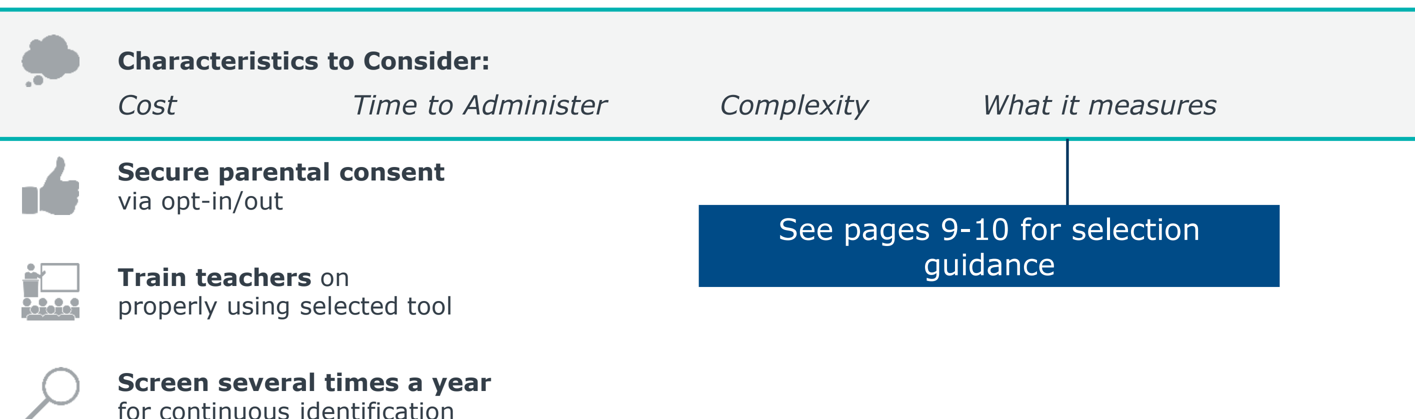
Identify Students in Need Before Symptoms Are Evident

Select a Screener Based on Reliability, Validity, Ease of Administering, and Cost

Basic Considerations for Adopting Universal Screening

Choose an evidence-based tool in consultation with mental health staff



Characteristics to Consider:

Cost | *Time to Administer* | *Complexity* | *What it measures*

Secure parental consent via opt-in/out

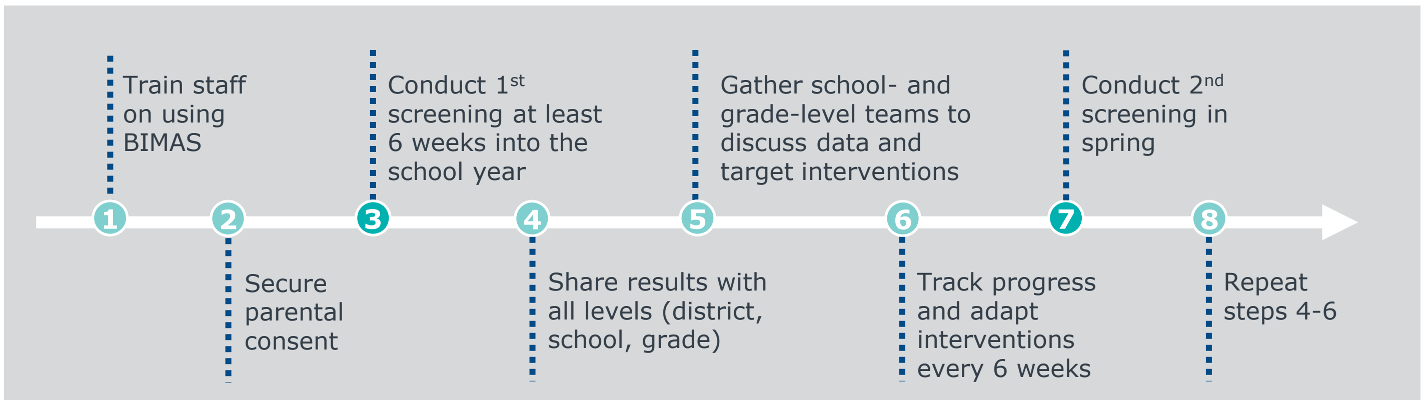
See pages 9-10 for selection guidance

Train teachers on properly using selected tool

Screen several times a year for continuous identification

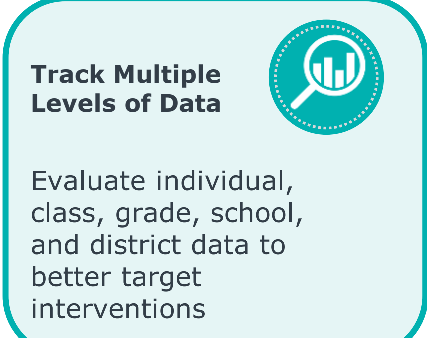
Establish a Schedule for Deploying the Screener and Analyzing Data

Timeline of Universal Screening Implementation at Boston Public Schools



Administer the Screener

Key Implementation Considerations



Source: EAB interviews and analysis

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Select an Evidence-Based Universal Screener

Comparison of Screeners and Selection Guidance

Screener	Full Name	Description	Strengths	Weaknesses
BASC-3 BESS	The Behavior Assessment Scale for Children Three: Behavior and Emotional Screening Scale	• Includes multiple academic and social-emotional scales, plus internalizing and externalizing behavior scales • Teacher, parent forms (grades PK-2) • Teacher, parent, student forms (grades 3-12) • 4-6 minutes per student	• High validity and reliability • Comprehensive and detailed • Multi-informant approach • Electronic scoring, access to online tools and data • Available in Spanish	• Expensive • Can be time-consuming, particularly for bigger classrooms
BIMAS	Behavior Intervention Monitoring Assessment System	• Assesses broad range of behaviors, 34-item scale • Clinician, teacher, parent, forms • Student form (ages 12-18) • 5-10 minutes per student	• Multi-informant approach • Electronic scoring, access to online tools and data • Allows progress monitoring over time	• Expensive • Can be time-consuming, particularly for bigger classrooms • Only available in English
EBS	Emotional and Behavioral Screener	• 10-items, rates each student on 4-point Likert scale • Teacher form	• High reliability and validity • Quick to administer	• Expensive • Relatively new to the field, little independent research available
SAEBRS	Social, Academic, and Emotional Behavior Risk Screener	• 19-items, divided into 3 categories (academic, social, and emotional behaviors) • Teacher form • Student form (grades 2-12) • 1-3 minutes per student	• Quick to administer • Provides flexibility: evaluates 3 categories of behavior (social, academic, emotional) and can provide separate score for each category or one total score	• No standard definitions or examples provided for different types of behavior, leaving room for teacher discretion

Sources: Allen, A. Kilgus, S. Burns, M. Hodgson, C., "Surveillance of Internalizing Behaviors: A Reliability and Validity Generalization Study of Universal Screening Evidence," School Mental Health, October 2018; Lane, K. Weist, M., "Systematic Screening for Emotional and Behavioral Challenges in Tiered Systems," PBIS.org, May 2016; Jenkins, L. Demaray, M. Smit Wren, N. Fredrick, S. Lyell, K. Magers, A. Setmeyer, A. Rodelo, C. Newcomb-McNeal, E. Tennant, J., "A Critical Review of Five Commonly-Used Social-Emotional and Behavioral Screeners for Elementary or Secondary Schools," Contemporary School Psychology, August 2014; "Comparison of Behavior/Social Universal Screeners," Missouri Council of Administrators of Special Education, Accessed November 2018; Harrison, J. Vannest, K. Reynolds, C., "Social Acceptability of Five Screening Instruments for Social Emotional and Behavioral Challenges," Behavioral Disorders, May 2013; EAB interviews and analysis.

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Select an Evidence-Based Universal Screener (Cont.)

Comparison of Screeners and Selection Guidance

Screener	Full Name	Description	Strengths	Weaknesses
SDQ	Strengths and Difficulties Questionnaire	• Internalizing, externalizing, prosocial behavior scales • Teacher, parent forms • Student form (ages 11+) • 1-3 minutes per student	• Free • Quick to administer and interpret • Multi-informant approach • Available in 70 languages	• Limited validity and reliability • No published manual, reports may be too easy to misinterpret by laypeople • Normed on a British student sample
SRSS-IE	Student Risk Screening Scale—Internalizing and Externalizing	• Adapted from earlier SRSS tool that did not include internalizing behaviors • Teacher form • 10-15 minutes per classroom	• Free • Quick to administer	• Evidence of effectiveness on internalizing scale still new • Categories of evaluation may be too broad to give detailed picture of student behavior
SSBD	Systematic Screening for Behavior Disorders	• Screens for both internalizing and externalizing behaviors • Three-stage process: teacher grade in stages 1&2, support service professional and parent grade in stage 3	• Cheap • Strong reliability and validity • Quick to administer	• May require a lot of training before it can be used properly • Does not allow ranking of BOTH internalizing and externalizing behaviors for the same student • Only allows ranking of top 3 students per classroom, may miss at-risk students • Difficult to make comparisons over time
SSIS-PSG	Social Skills Improvement System - Performance Screening Guide	• Evaluates 2 behavioral areas: Motivation to Learn and Prosocial Behavior • Teacher form	• Quick to administer and interpret • Part of a broader suite that also assesses math and reading skills	• Expensive • Less robust evidence of effectiveness than other screeners • Does not directly assess internalizing behaviors

Sources: Allen, A. Kilgus, S. Burns, M. Hodgson, C., "Surveillance of Internalizing Behaviors: A Reliability and Validity Generalization Study of Universal Screening Evidence," School Mental Health, October 2018; Lane, K. Weist, M., "Systematic Screening for Emotional and Behavioral Challenges in Tiered Systems," PBIS.org, May 2016; Jenkins, L. Demaray, M. Smit Wren, N. Fredrick, S. Lyell, K. Magers, A. Setmeyer, A. Rodelo, C. Newcomb-McNeal, E. Tennant, J., "A Critical Review of Five Commonly-Used Social-Emotional and Behavioral Screeners for Elementary or Secondary Schools," Contemporary School Psychology, August 2014; "Comparison of Behavior/Social Universal Screeners," Missouri Council of Administrators of Special Education, Accessed November 2018; Harrison, J. Vannest, K. Reynolds, C., "Social Acceptability of Five Screening Instruments for Social Emotional and Behavioral Challenges," Behavioral Disorders, May 2013; EAB interviews and analysis.

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Adult-Student Relationship Mapping

Reveal Students Lacking Positive Adult Connections

What Is Relationship Mapping?

Adult-student relationship mapping is a simple, "no cost" practice that enables schools to systematically ensure that every child in their building has a strong connection with at least one member of staff. Staff are asked to answer five yes/no questions about students in the grade levels they work with. Following each mapping, plans should be made to connect with students who may be at risk of receiving less attention and feeling less included.

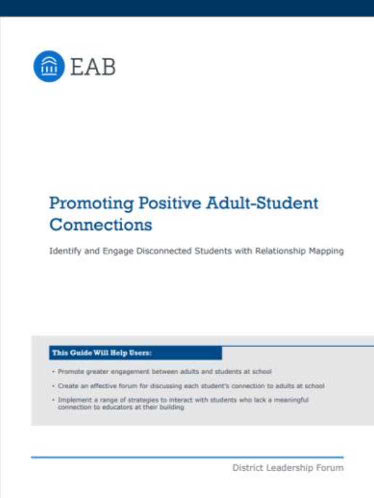
Why Adopt Relationship Mapping?

Relationship mapping has several benefits:

1. Changes in a student's behavior are more likely to be noticed when they have a strong connection with an adult in their school
2. Ensuring that each student has strong relationships with teachers and staff has been proven to increase graduation rates

How to Implement Relationship Mapping

Please use EAB's step-by-step implementation guide, which includes sample materials and communication scripts to make district-wide adoption quick and easy. [*See page 12 of this guide for a sample relationship mapping activity and strategies to build relationships with students*]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Promoting Positive Adult-Student Connections

Identify and Engage Disconnected Students with Relationship Mapping

This Guide Will Help Users:

- Promote greater engagement between adults and students at school
- Create an effective forum for discussing each student's connection to adults at school
- Implement a range of strategies to interact with students who lack a meaningful connection to educators at their building

District Leadership Forum

Click on icon to access toolkit

Visit eab.com for Additional Resources on Relationship Mapping

- Promoting Positive Adult-Student Connections
- Remote relationship mapping: Don't let students go unnoticed during COVID-19

Source: EAB interviews and analysis.

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Map Relationships to Identify "Unseen" Students

Sample Relationship Mapping Activity

Use these prompts to guide staff reflection on the quality and depth of their relationship with each student

Staff should indicate they are a "trusted adult" for a student if they have positively bonded with the student and believe he/she would come to them with a personal problem or concern

Student Name	*Name/ Face*	*Academic Standing*	*Regular Positive Feedback*	*2 Non-Academic Facts*	*Family Story*	***Trusted Adult***	***At Risk***
Sally B.	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓	● ● ●	
Jenny D.	✓ ✓ ✓	✓	✓		✓ ✓		● ● ●
Danny R.	✓ ✓ ✓ ✓	✓		✓			●
Juan S.	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓	✓ ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓	● ●	● ● ● ●
Mary V.	✓ ✓	✓		✓	✓ ✓	●	● ●

Staff should also indicate any student who is at risk academically, personally, and/or socially *(e.g., homelessness, family instability, peer rejection, withdrawal, anger issues)*

Formal and Informal Strategies Help Staff Build Relationships with Students

Formal

Develop a mentorship plan for students who do not have at least one trusted adult in school

- Focus these resources (i.e., time, personnel) on students with highest risk and lowest positive connection to adults in school

Record the adult(s) each child has bonded with to engage if that child is struggling behaviorally, emotionally, or academically

Leverage existing classroom routines to deepen relationships with students

- Welcome routines, morning circles
- Instructional content or activities

Informal

Sources: Korbey, H. "The Power of Being Seen," Edutopia, October, 2017; Collaborative for Academic Social and Emotional Learning, "Partner Districts, Washoe County," 2018, https://casel.org/partner-districts/washoe-county-school-district/; Balfanz, R., Neild, R.C., Herzog, L., "An Early Warning System," Johns Hopkins University Everyone Graduates Center, October 2007; EAB interviews and analysis.

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First Responder “Handle with Care” Notifications

Gain Transparency into Student Needs Beyond School

What Are “Handle with Care” Notifications?

‘Handle with Care’ is an initiative that alerts schools when a student is involved in (or witnesses) a potentially traumatic incident in the community. First responders send a simple notification to the district with no incident details (FERPA compliant), enabling school staff to monitor that student more closely over the following days and weeks.

Why Adopt “Handle with Care” Notifications?

A simple “heads up” when a student experiences a traumatic incident enables schools to achieve two goals: monitor the student more closely to identify changes in behavior; and ensure empathetic responses to unusual behavior in order not to cause greater distress or additional trauma. Small steps such as flexibility with a late assignment or alternatives to traditional discipline can make a big difference when students are struggling with life beyond school.

How to Implement “Handle with Care” Notifications

1. Devise a written agreement between district and law enforcement putting a simple and quick procedure in place.
2. Create a simple email submission form for law enforcement officers to identify children at the scene of a crime who have been exposed to trauma. The child’s name, age, and school are sent by Law Enforcement in a confidential notice to the child’s school before the next school day.
3. The school notifies the student’s teacher(s) who then knows to watch out for signs of trauma and to refer to the school counselor if the need arises.

Visit eab.com for Additional Resources on “Handle with Care”

- Identifying Students in Need: A Conversation with the Executive Director of “Handle with Care”
- Are Districts the Nation’s Adolescent Mental Health Care Providers?

Source: EAB interviews and analysis

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Receive Alerts when Students Experience Trauma

Case Study of Oklahoma City Public Schools

"Handle with Care" Initiative Ensures Students Are Identified and Supported Early

	Program Launch	Current Status	Upcoming Expansion
Scope	Initiative starts at one district; coordinator triages cases to schools	Program expands to 12 districts served by Oklahoma City Police Department; retains single triage point	Partnership currently under consideration by OK City Fire Department
Process	Link to district coordinator's email added to officer laptops	Notification a mandatory dropdown field in police computers if case involves a minor	Anonymous public HWC tipline set to pilot in Oklahoma City Public Schools next year
Impact	District received 80 notifications during 2018-2019 school year	Coordinator has received 200 notifications during first 9 weeks of 2019-2020 school year	Ongoing review by State Legislature for potential statewide expansion

Key Elements of the "Handle with Care" First Responder Notification Program

Police Notification Informs Educators of Potential Concern

1. Officer speaks to student at scene of incident, records school they attend
2. Police notifies designated district staff through "Handle with Care" message
3. Notification contains no incident details, only name and school of student

School Monitors Student and Intervenes if Necessary

1. School notifies teachers and support staff that student may need attention
2. Educators observe student for signs of trauma
3. Additional support provided if student shows signs of distress

Initiative Helps Oklahoma Schools Adjust Perception and Response to Student Behavior

	Comes to school without homework	Falls asleep in class	Did not bring permission slip for field trip
BEFORE	*Received a "0"*	*Withheld from recess*	*Was not allowed to go*
AFTER	*Given extra time and/or 1:1 time with teacher*	*Allowed to rest in Nurse's office*	*Parents called; child allowed to go upon verbal confirmation*

Source: West Virginia Center for Children's Justice, WV; Oklahoma City Public Schools, OK; EAB interviews and analysis.

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Behavioral Health Intervention Teams

Form Cross-Functional Teams to Manage Student Referrals

What Are Behavioral Health Intervention Teams (BHITs)?

Behavioral Health Intervention Teams are cross-functional teams of administrators, support staff, and clinicians who leverage collective knowledge to identify appropriate supports for students and efficiently refer them to services. They also identify and monitor patterns in student needs and behaviors and then use that information to optimize preventative programming and primary care.

Why Adopt Behavioral Health Intervention Teams?

BHITs have been proven to increase the number of students who can be reviewed and supported by each school. They also provide staff with a clear, centralized destination for all student referrals; leverage the collective knowledge of various specialists to establish more effective programs of care for each child; and ensure data-driven improvement of Tier 1 programs.

How to Implement Behavioral Health Intervention Teams

1. Organize a schoolwide Behavioral Health Intervention Team (BHIT) whose key participants include mental health professionals, behavioral intervention specialists, counselors, and school staff *[See page 16 for suggested BHIT participants]*
2. Train staff on what should and should not constitute a referral to the team
3. The BHIT should review new referrals and existing cases each week
4. The BHIT should review school-wide data and patterns each month and make recommendations for adjustments to Tier 1 programs
5. Each BHIT should use a standardized referral form and action planning template for consistency across all schools in the district *[See pages 17-19 for a sample referral form and action planning template]*

Visit eab.com for Additional Resources on Behavioral Health Teams

- Enhance Support for Higher-Needs Students
- A Systemic Approach to Managing Behavioral Disruptions in Early Grades

Source: EAB interviews and analysis.

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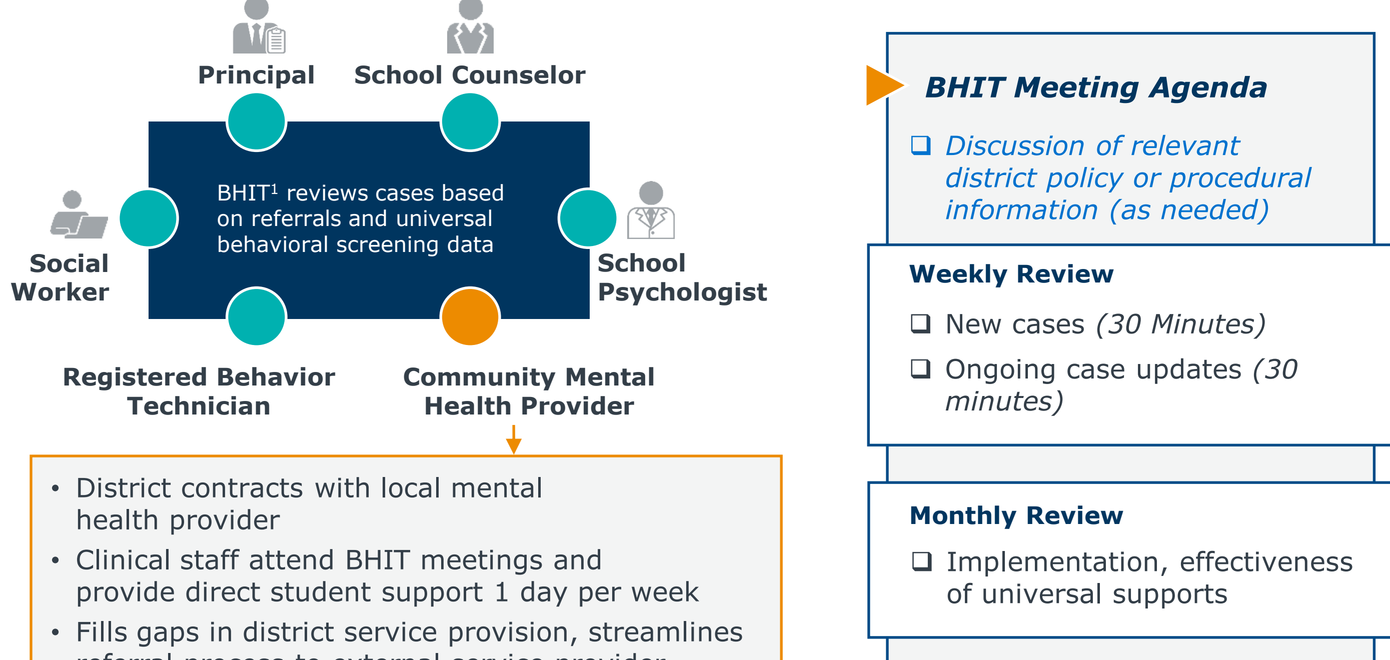
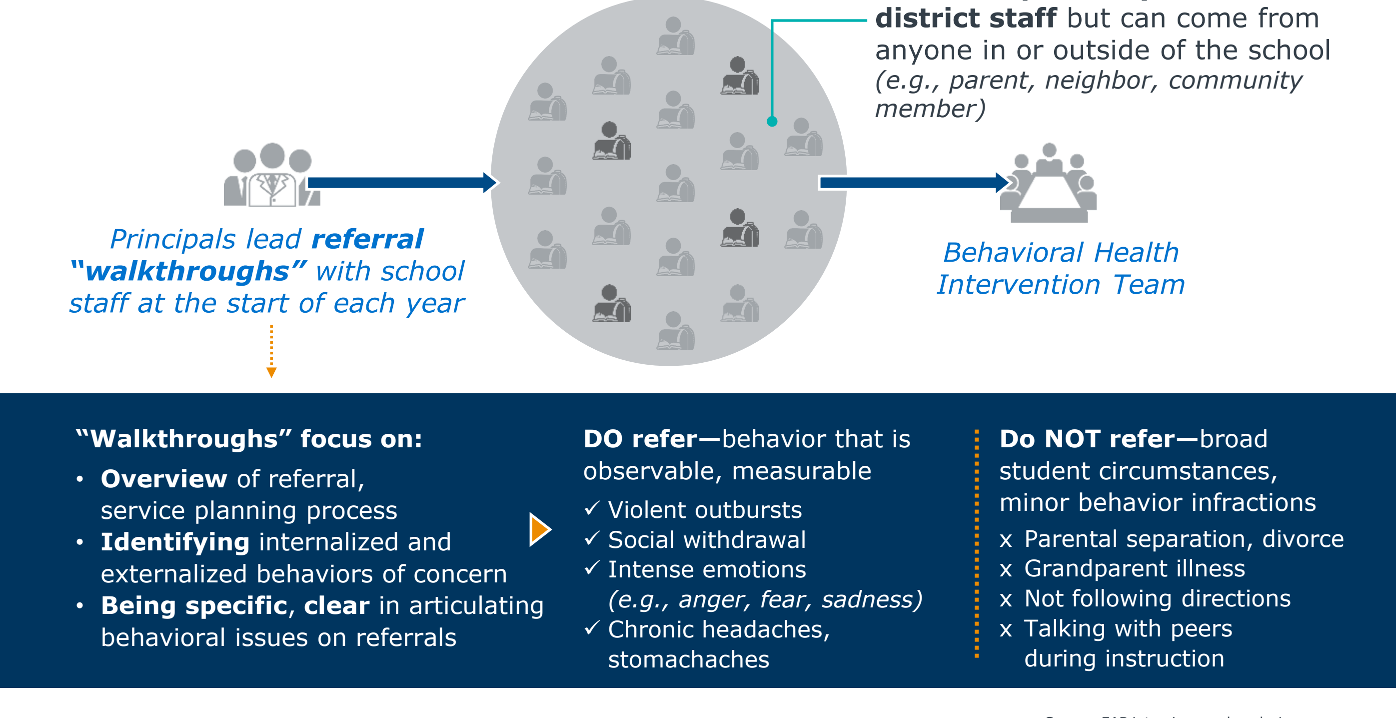
Develop BHITs for Coordinated, Efficient Referrals

Organize a Schoolwide BHIT that Leverages Cross-Functional Expertise



Train Staff on What Should and Should Not Lead to a Referral



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BHIT Referral Form

Student Referral Form
Behavioral Health Intervention Team

s

Date of referral: Click here to enter text.
Student name: Click here to enter text.
Referral made by: Click here to enter text.

Behaviors resulting in referral. (Brief narrative) Click here to enter text.

Concerns: Check all risk factors that apply:

☐	Academic Failure	☐	Disruptive behavior
☐	Tardiness	☐	Difficulty controlling emotions
☐	Frequent absenteeism	☐	Frequent peer conflicts (at school or in community
☐	Substantially depressed mood	☐	Cutting/self-harm
☐	Poor hygiene	☐	Verbalized suicidal ideation
☐	Family issues	☐	At risk of harming self or others
☐	Legal issues	☐	Suspected substance misuse
☐	Difficulty focusing	☐	Verbalized substance abuse

Does the student know you are making this referral? ☐ **Yes** ☐ **No**

Information received:

☐	First hand
☐	Informed by another staff member
☐	Informed by a student

Sources: Berlin Public Schools; EAB interviews and analysis.

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BHIT Action Planning Template

Elementary School

Behavioral Health Intensive Team Action Planning Worksheet

Date: 10/25/2018
Individuals Present:
Meeting Objective: To discuss students who are at risk and need support.

Agenda Topic	Summary of Discussion/ Problem Addressed	Action Items (who, what, and by when)	Date Follow-Up
PROCESS DISCUSSION	REMEMBER: COOPERATION & COMMUNICATION		
PARKING LOT TOPICS BROUGHT UP			
STUDENT DISCUSSION	REMEMBER: SUMMARY, TRIANGLE OF SUPPORT, BRAINSTORM IDEAS, DOCUMENT		
STUDENTS REFERRED			
New Referrals:			
Reviewing Today:			
CL	Family influence, sexuality/ gender identity, paranoid thoughts	Possible bullying incident last Thursday Intake with mental health at the end of November.	10/25
DG	Refusal to follow directions and accept help (head on desk, crying, gritting teeth, clenching fists), anger toward teachers/ peers	Mom is going to work on bedtime and morning routines	10/25
KB	Depression, lack of motivation, parents separated	`	10/25

Sources: Berlin Public Schools; EAB interviews and analysis.

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BHIT Action Planning Template (Cont.)

JH			10/25
Not Being Reviewed Today:			
ML	Work completion, difficulty focusing		As Needed
TP	Difficulty following directions when he does not want to or agree with them		11/8
LS	Impulsivity, blurting out, sitting still		11/8
AP	DCYF involvement, parents' substance abuse, has been showing signs of sadness or being down	Avery and older brother are not living together at the moment. Do write and rip	As needed
TG	Struggles with controlling emotions of anger/ frustration	Rough spots this week. Did not have opportunity for breaks with substitute. But, other than that he has seemed to be taking more responsibility for his actions Write and Rip 5,4,3,2,1 grounding strategy - worked well with him.	As needed
TY	Emotional regulation, frequent nurse visits, seems anxious	Follow- up with food	11/1
LN	Medication issue	Breaks have increased in the past couple weeks. Joelle- says that he is still not getting his He says he sometimes has difficulty remembering.	11/1

Sources: Berlin Public Schools; EAB interviews and analysis.

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Stage 2: Ensure Students Have Access to Evidence-Based Interventions and Clinical Care

- Group Cognitive Behavioral Therapy
- Expanded Access to Telemental Health Care

2

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Ensure Student Access to Interventions & Clinical Care

Many students referred to counselors are in need of intensive, 1:1 therapeutic care, but this consistently leads to unmanageable case loads for school support staff. Studies have proven that group-based therapeutic interventions—such as Group Cognitive Behavioral Therapy (CBT)—and virtual therapy are highly effective practices that can enable schools to meet the needs of a greater number of students.

However, Group CBT is rarely utilized in schools and is viewed as less effective than 1:1 therapy, despite clear evidence that it is effective in reducing symptoms of anxiety and depression in many students. Leading districts are working with counselors and school psychologists to address these assumptions and provide them training to implement structured group therapy programs in their schools.

Additionally, teletherapy is a proven alternative to traditional clinical services and a way to scale personalized support. Enabling students to connect virtually with a provider removes the logistical barriers that prevent many students from accessing care, while also reducing the added anxiety that students feel when missing an entire half or full day of school.

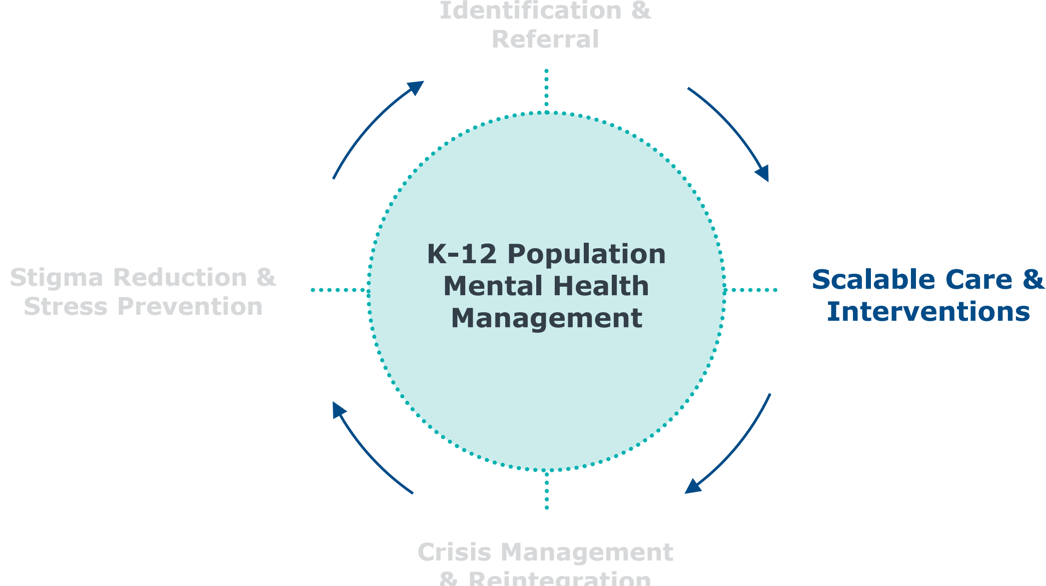
By embracing group therapeutics and virtual mental health care, schools can provide a far greater number of students with access to the supports they need, while reducing strain on counselors and future costs for the district. The following resources will guide your district's adoption of these important programs.

Group Cognitive Behavioral Therapy (CBT)

Equip support staff to provide cognitive behavioral therapy in group settings and ensure care at scale

Expanded Access to Telemental Health Care

Use virtual therapy as an alternative to traditional, face-to-face counseling and overcome common logistical barriers



Source: EAB interviews and analysis.

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Group Cognitive Behavioral Therapy

Provide Therapy at Scale with Group CBT

What Is Group Cognitive Behavioral Therapy (CBT)?

Cognitive Behavioral Therapy has been described as the "gold standard" for reducing moderate to severe symptoms of anxiety and depression. While often administered as an individual treatment, CBT has also been proven to be highly effective in group settings.

Why Adopt Group Cognitive Behavioral Therapy?

Most districts underutilize Tier II (group-based) interventions for mental health. Where they do exist, they are often limited to elementary school settings and rarely leverage evidence-based therapeutics. This is largely because school support staff perceive group therapies as inferior to individual counseling. But research has shown that Group CBT is "highly effective for the treatment of anxiety in youth [… and] requires fewer resources than individual CBT because a single therapist can treat several children at once, thus making it less expensive for use in under-resourced settings…" (Eiraldi et al., 2015)

How to Implement Group Cognitive Behavioral Therapy

1. Provide support staff with training on group therapy and CBT *[See page 23]*
2. Administer GAD-7 and PHQ-9 screeners to all students (middle and high school)
3. Identify students scoring in the moderate to severe range on each instrument
4. Interview those students to understand whether they are good candidates for group therapy
   - Criteria include: Willingness to share experiences; likelihood to keep information shared in the group confidential; ability to support others facing similar issues; and likelihood to attend each meeting punctually
5. Obtain informed consent from parents/guardians
6. Admit students to structured, 6-8 week program (no drop-in/out)
7. Screen students again for baseline data and every two weeks during program for ongoing progress monitoring
8. Hold weekly, one-hour CBT sessions throughout the program

- Collect feedback from self-reported evaluations/check-ins
- Use weekly feedback form to gauge efficacy of session structure and determine areas of focus for future sessions

Source: EAB interviews and analysis.

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Scale Group Therapeutics to Increase Care Capacity

Assess Support Staff Perceptions of Group Therapy & Professional Development Needs

Evidence-Based Practice Needs Assessment

1. *What evidence-based therapeutic groups are you currently implementing?*
2. *How do you rate your readiness to provide services needed to address the range of problems faced by our students?*
3. *What do you see as the critical areas of professional development that you need in order to deliver these services?*

Considerations for Assessment and Staff Feedback

The evidence-based therapeutic groups in place and how they align to the most commonly presented needs of students

Perceptions of the efficacy of group therapy among mental health staff

How prepared mental health staff feel to implement groups with fidelity

The main barriers staff encounter in attempting to deliver therapeutic groups to students (e.g., time, logistics)

Train Support Staff in Group Therapy and Cognitive Behavioral Therapy

Professional Development

University Partnerships

+

In-service Days

Leverage partnerships to provide training to all mental health staff in:

- *Cognitive Behavioral Therapy (CBT)*
- *Suicide Risk Assessment*
- *Treatment Planning*
- *Using Psychosocial and Educational Data to Monitor Interventions*

Increased Capacity

Structural Efficiencies

Reassign counselors across schools to decrease student transitions between mental health staff *[See page 24 for template to calculate demand for services and reallocation]*

Reduce administrative duties unrelated to the role (e.g., testing coordination)

Community Partnerships

Create formal agreements with community-based mental health agencies

- Increased mental health staff available to students by 15% at case study district
- Target scheduling and referrals around days, times community providers had excess capacity

Source: EAB interviews and analysis.

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Calculator Template for Service Allocation

How to Calculate Projected Demand for Mental Health Services

Category	School A	School B	School C	KEY
District				District name
School				School name
Enrollment				School enrollment number
FRL				**Free and Reduced Lunch**. Manual input using free and reduced lunch percentage.
FRL Raw				Calculated by multiplying the enrollment count by the free and reduced lunch percentage.
FRL Prop				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
HYSCAU				The percentage of students reporting any alcohol use in past 30 days on survey question
HYSCAU Raw				Calculated by multiplying the enrollment count by the percentage of students reporting currently using alcohol
HYSCAU Pro				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
HYSCMU				The percentage of students reporting any marijuana use in past 30 days on survey question
HYSCMU Raw				Calculated by multiplying the enrollment count by the percentage of students reporting currently using marijuana
HYSCMU Prop				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
HYSD				The percentage of students reporting being depressed on survey
HYSD Raw				Calculated by multiplying the enrollment count by the percentage of students reporting being depressed
HYSD Prop				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
HYSCS				The percentage of students reporting having considered suicide on survey question
HYSCS Raw				Calculated by multiplying the enrollment count by the percentage of students reporting having considered suicide
HYCS Prop				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
HYSW				The percentage of students reporting being almost constantly or constantly being unable to stop worrying
HYSW Raw				Calculated by multiplying the enrollment count by the percentage of students reporting unable to stop worrying
HYSW Prop				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
HYSI				The percentage of students reporting being insulted at school or bullied often or very often
HYSI Raw				Calculated by multiplying the enrollment count by the percentage of students reporting being insulted
HYSI Prop				Calculated by dividing the raw number by the average raw number for all schools in the category, numbers >1 have more students than average
CA				**Chronic Absenteeism.** Manual input of the percentage of students at the school that were absent 10% or more (latest school year data)
CA Raw				Calculated by multiplying the enrollment count by the percentage of chronically absent students
CA Prop				Calculated by dividing the raw number by the average raw number for all schools in the category. Results >1 have more students than average.
Avg Prop Score				**Final Index Score.** Calculated by averaging all of a school's proportional scores

Source: Lake Washington School District, WA; EAB interviews and analysis.

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Tele-mental Health Care

Remove Logistical Barriers to Clinical Care through Virtual Access

What Is Tele-mental Health Care in Schools?

All forms of telehealth enable populations to receive crucial clinical care without traveling to a clinic or provider site. Students and staff can connect services from a dedicated room within their school or while learning/working from home through a district-facilitated partnership with a local provider.

Why Adopt Tele-mental Health Care?

Tele-mental health services enable students and staff to avoid the long wait times and logistical barriers that frequently inhibit access to care. Speed of access to clinicians is critical in reducing the number of students experiencing crises and responding effectively when crises do arise.

How to Implement Tele-mental Health Care

1. Contract with a tele-mental health provider (or multiple providers). This can also be done via RFP
2. Ensure the appropriate infrastructure and dedicated space *[See page 26 for guidance on structuring the ideal tele-mental health care environment]*
3. Communicate benefits of tele-mental health services
4. Clarify when it is appropriate for the provider to engage in tele-mental health care and when the student would be better served by attending in person (e.g., for younger students; first appointments, etc.)
4. Ask provider to provide insight into common patterns they see among students that could be addressed through Tier 1 or Tier 2 programs

* Additional implementation steps will vary by provider

Visit eab.com for Additional Resources on Telemental Health Care

- Support mental health and well-being of K-12 students and staff during COVID-19
- Take advantage of teletherapy services to connect students with mental health providers

Source: EAB interviews and analysis

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Remove Barriers to Clinical Care with Teletherapy

Ensure the Appropriate Teletherapy Infrastructure

Structured Environment Ensures Both Student Privacy and Flexible Response to Crises

Dedicated, tech-equipped room allows for secure, confidential conversation between patient and therapist

Student can choose whether they like teletherapy or would like to switch to in-person care

Staff member can see inside room and intervene or call crisis team if necessary

In a digital learning environment, identify a **Patient Support Person,** such as a trusted family member or a school administrator, who will answer the phone when called for immediate assistance.

Added Convenience Brings Benefits Across the Board

Students

Requires less effort to attend and students do not have to miss instruction

Parents

Parents do not have to take time off work or worry about whether child is attending sessions

School Administrators

Have instant feedback from students and therapist and incur fewer travel costs

Clinician

Can reimburse at same rate as in-person therapy but can see more patients due to reduced logistical barriers

Source: Smithville School District, Smithville, MO; EAB interviews and analysis.

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Stage 3: Coordinate Crisis Management from Referral to Reentry

- Designated Crisis Referral Coordinator
- Coordinated Reentry Process

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Coordinate Crisis Management from Referral to Reentry

The number of teens and pre-teens experiencing mental health crises simply can't be ignored. In 2018, 35% of students between the ages of 14 and 18 either harmed themselves, contemplated suicide without taking action, or attempted suicide. Nationally, there were more than 3,000 suicide attempts made each day among students in grades nine through twelve. Students in crisis clearly need clinical support that is beyond the scope of district staff, but districts have historically taken a "refer and hope" approach when routing students to clinical care. This leads to several avoidable consequences: Many students fail to either connect with a clinical provider or complete their course of care; when students return to school, they struggle to catch up academically and reintegrate socially; and the combination of incomplete treatment and an anxiety-ridden return frequently leads to a repeated crisis.

To successfully support students through mental health related crises, appoint a Crisis Referral Coordinator to ensure that students connect with clinicians and complete their course of care by removing common logistical barriers and to facilitate a coordinated reentry process based on the Bridge for Resilient Youth in Transition (BRYT) Program developed by the Brookline Center in Massachusetts.

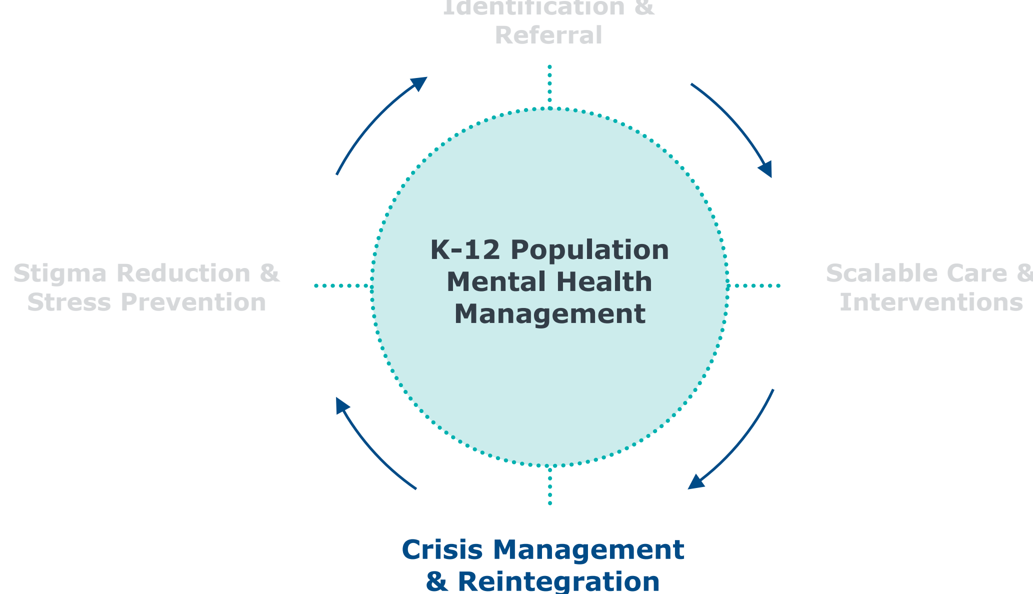
The following strategies serve to alleviate transitions in care management and support students in crisis every step of the way.

Designated Crisis Referral Coordinator

Streamline student referrals and reentry following a crisis with a designated coordinator responsible for managing these processes

Coordinated Reentry Process

Develop a student reentry and transition program that helps ensure students successfully reintegrate into the school community following a crisis



Source: EAB interviews and analysis.

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Designated Crisis Referral Coordinator

Improve Student Referral and Reentry

What Is a Designated Crisis Referral Coordinator?

Crisis Referral Coordinators support students and their families all the way from initial referral to completion of treatment and successful return to the classroom. They work with parents to overcome logistical barriers, check-in to monitor progress, and coordinate a structured reentry program for each student *[see page 35].*

Why Adopt a Designated Crisis Referral Coordinator?

Through providing critical logistical support alongside referrals and a deliberate, coordinated reentry program, Crisis Coordinators can improve the likelihood that a student receives and completes their course of care. Their support can also significantly decrease the likelihood that students experience a relapse or repeated crises.

How to Implement a Designated Crisis Referral Coordinator

1. Appoint an administrative support staff member to serve as the Crisis Referral Coordinator and maintain a suite of tools to guide conversations with families and help connect them to providers *[See page 30 for overview of the Crisis Referral Coordinator's duties]*
2. Partner with your local mental health provider to make sure your district's referral form mirrors the mental health center's own intake form to expedite the student triage process *[See pages 31-34 for tools to centralize key information about local providers]*
3. Work with your community mental health partners to make HIPAA/FERPA release forms a standard and automatic part of the referral process, requiring all referral and intake staff be trained to automatically ask parents to sign both release forms to coordinate care more quickly
4. When students receive an off-campus referral, they are automatically scheduled for a 30-minute appointment with the Crisis Referral Coordinator, and the appointment generally occurs three to seven days after the initial referral
5. One to two weeks after the referral coordination appointment, the coordinator will check in with the student via phone or email to ensure that a successful connection was made and troubleshoot any new challenges

Visit eab.com for Additional Resources on Crisis Referral Coordinators

- Are Districts the Nation's Adolescent Mental Health Care Providers?

Source: EAB interviews and analysis

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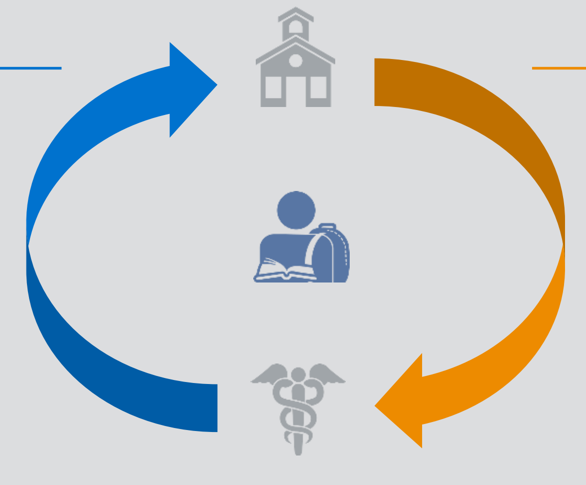
Enable Return to Learning with Crisis Coordinators

Appoint a Coordinator to Manage Student Referral and Reentry Processes

Crisis Referral Coordinator Responsibilities

Facilitate Reentry Process

- Coordinate with teachers, family, and clinicians to ensure smooth transition
- Support student after discharge (~2 weeks), remains in contact afterwards if needed
- Refer students to school- or hospital-based services after discharge as necessary



Coordinate Referral Process

- Meet with referred students to map out process ahead
- Manage paperwork, data release, and transportation
- Stay connected with student throughout care cycle
- Track student satisfaction rates with clinical providers

20-30%

Of youth **require rehospitalization** in the year following hospital stay for a mental health issue

2.5x

Students who go through the program are 2.5x **more likely to connect with an off-campus provider** than students who do not

Quick Wins Improve Coordination and Support Students in Crisis

Standardize Intake Forms

Ensure referral sheet mirrors community partner's own intake form to reduce triage and speed up student admission

Speed Up Information Release

Ensure HIPAA and FERPA release forms are always given to parents at both district and community partner to speed up information exchange

Source: EAB interviews and analysis.

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Local Provider Database Toolkit

Overview

Purpose of the Toolkit

School districts are increasingly working with local mental health providers to refer students for longer-term or specialized care. Districts can create a database of local providers that includes centralized information about providers and key information about the services they offer. These databases make it easier for students and/or clinicians to find information about available community resources and can streamline the referral process.

There are two primary types of local provider databases: internal and external. Internal databases can be shared Google documents or Excel files that are accessible only to campus staff. Internal databases are beneficial because they are easy to set up and can contain confidential information, such as students' feedback about community providers. External databases are often housed online. They can be accessed by students, families, clinical staff, or broader members of the campus community. While external databases require more work to set up and maintain, they are directly useful to a wider audience of users.

The following pages include sample categories for an internal database of local providers and an example of an external database.

Source: EAB interviews and analysis.

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Building a Local Provider Database Toolkit

Quick Audit for Community Partnerships

Purpose of the Tool

Use the following questions to identify community agencies and local organizations that could provide additional mental health care options for high-need students or special populations in your district that require treatment beyond the scope of your districts' services.

Discussion Questions

1. How do you currently work with local organizations? What do you need in a partnership with a local organization to ensure a smooth referral and continuity of care for students?

2. Who are the key stakeholders at your district and at the partner organization that need to be involved in managing the partnership or contract?

3. What student populations might be well suited for referral to a community behavioral health organization or social services agency?

   (e.g., students requiring treatment for eating disorders)

4. List potential partner organizations and their target populations or area of expertise:

Partner organization	Target population / area of expertise
1. Eating Disorder Association	1. *(e.g. eating disorders)*
2.	2.
3.	3.
4.	4.
5.	5.

Source: EAB interviews and analysis.

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Local Provider Database Toolkit

Sample Categories for a Community Provider Referral Database

Category	Information to Include	Additional Notes
Provider Name		
Provider Contact Information	• *Address* • *Phone Number* • *Email and Website*	
Personal Identities	• *Gender* • *Religion* • *Race/Ethnicity*	
Languages Spoken		
Degree or Licensure	• *LSW* • *PhD* • *PsyD*	
Specialty	• *ADHD* • *Anger Management* • *Couples Counseling* • *Depression* • *Eating Disorders*	
Nearest Public Transportation	• *Bus line* • *Subway or light rail* • *Campus shuttle*	
Distance from School	• *Driving, biking, and walking distances*	
Hours of Availability	• *Evening hours* • *Weekend hours*	
Fee Structure	• *Regular fee* • *Pro bono* • *Sliding scale*	
Forms of Payment Accepted	• *Major credit cards* • *Cash or check*	
Forms of Insurance Accepted	• *Major insurance carriers* • *Medicare/Medicaid*	
Other		

Source: EAB interviews and analysis.

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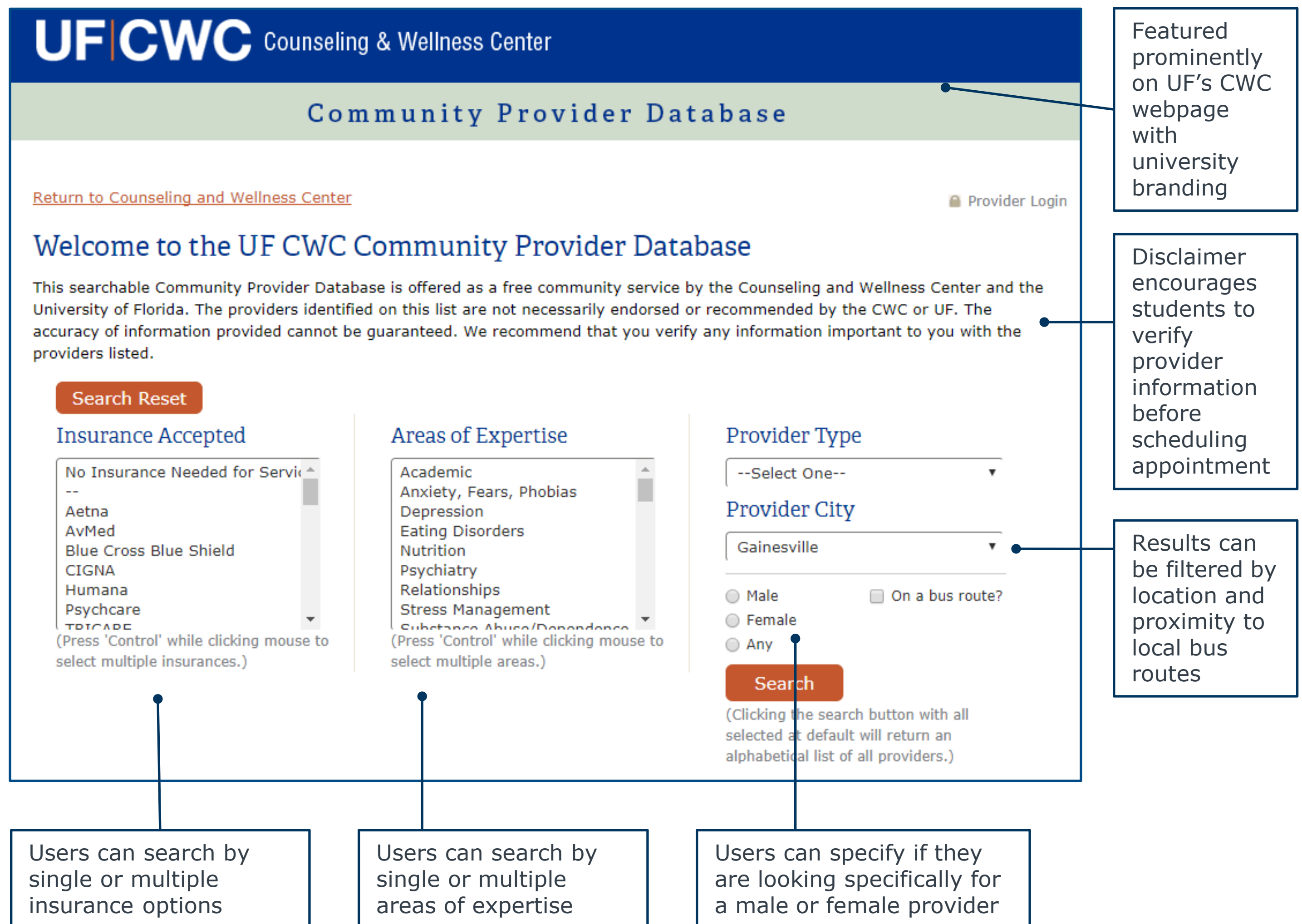
Local Provider Database Toolkit (Cont.)

Sample External Provider Database

University of Florida's Online Community Provider Database

Below is a screenshot (with embedded link) of University of Florida's Community Provider Database. EAB recommends choosing search filters that map to student considerations when identifying a provider, such as location and area of expertise.



Sources: University of Florida, https://pdb.counseling.ufl.edu/providers-search.aspx; EAB interviews and analysis.

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Coordinated Student Reentry Process

Smooth Transitions in Care with Coordinated Reentry

What Is a Coordinated Reentry Process?

A structured, gradual reentry process provides students with a manageable return to learning and socializing for students who have experienced a mental health related crisis. The process requires a dedicated space, support staff, and clear plan developed in conjunction with the student's family.

Why Adopt a Coordinated Reentry Process?

Protocols such as the Bridge for Resilient Youth in Transition program have been shown to measurably decrease the number of students experiencing repeated crises or requiring re-hospitalization within a year.

How to Implement a Coordinated Reentry Process

1. Organize a structured reentry meeting with critical stakeholders that delineates ownership around academic and clinical support and plans a gradual transition back to school for the student
2. Include a guidance counselor, adjustment counselor, principal or asst. principal, teachers, parents, program coordinators, and the school nurse
3. Establish a timeline, with clear ownership of various steps, to lay a strong foundation for student reintegration *[See page 37 for a Coordinated Reentry Checklist]*
4. Designate one member of your current counseling team and one member from your academic support team to serve as reentry coordinators; the program coordinator oversees the student's clinical needs, and the academic coordinator serves as the liaison between the student and teachers
5. Find a dedicated space in the school to connect students back to the school community while allowing them to readjust gradually to the stresses of high school over a several week period *[See page 36 for guidance on designing a designated reentry space]*

Visit eab.com for Additional Resources on Coordinated Reentry

- Are Districts the Nation's Adolescent Mental Health Care Providers?

Source: EAB interviews and analysis

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Facilitate Students' Reentry to School Following Crisis

Inspired by the Bridge for Resilient Youth in Transition (BRYT) Program

BRYT Program Provides In-School Support for Students Recovering Following a Hospital Stay

Integrated Framework…

Dedicated Program Leads

Clinician/Program Coordinator

Licensed professional tailors clinical support to each student

Academic Coordinator

Liaises with faculty to ensure academic progress

Formalized Reentry Meeting

Typical Participants

BRYT program leads, student, guidance counselor, school administrator, teachers, parents, school nurse

Meeting Agenda

Plan student's reentry, delineate staff responsibilities, and set dates for monitoring student progress, follow up

…Coordinates Essential Wraparound Support

Clinical Care

- Coordinating with community providers
- Providing clinical care on-site
- Monitoring student progress

Academic Support

- Organizing and completing assignments
- Discussing workloads with teachers
- Scheduling tutoring sessions

Family Engagement

- Arranging meetings between family and school personnel
- Communicating student progress with family

Find a Dedicated Space to Function as the Transition Room

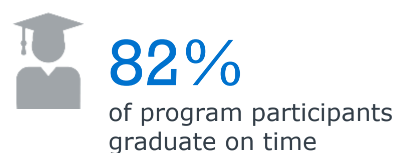
- **Space dedicated solely** for transition program use
- **Staffed all day** by clinician/program coordinator, academic coordinator
- **Varied spaces** include workspace, informal seating, computers
- **Connected to an office** for family and student meetings
- **Near a building exit** enabling students to enter, leave discreetly

Typical BRYT Transition Room

Program Yields Results, Expands Rapidly

<10%

of students require rehospitalization



82%

of program participants graduate on time

137

BRYT programs started since 2004

Source: EAB interviews and analysis.

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Coordinated Reentry Checklist

Inspired by the Bridge for Resilient Youth in Transition (BRYT) Program

Reentry Meeting

Used to plan out steps of student recovery

Include the following people in the meeting:

- Outside Care Providers ☐
- Parents ☐
- Student ☐
- Teachers ☐
- Program Coordinator ☐
- School Leadership ☐
- Counselor ☐
- School Nurse ☐

Ensure that these topics are addressed:

1 Academics

- Courses ☐
- Assignments ☐
- What/how much missed work to make up ☐

2 Health and Wellness

- Details of student condition ☐
- Student capacity for schoolwork ☐
- Student capacity for social interaction ☐

Decide on next steps and recovery milestones, and assign ownership for each

1 Decide on Steps and Milestones		**2** Assign Owner	
Referring student to additional mental health services	☐	______________	☐
Assessing tutoring requirements and recruiting tutor(s)	☐	______________	☐
Establishing timeline for discharge from external care	☐	______________	☐
Establishing timeline for full classroom reentry	☐	______________	☐
Setting dates for subsequent meetings	☐	______________	☐

Dedicated Team

Manages day-to-day aspects of student recovery, is always on hand to provide support

Clinician/Program Coordinator
Designate one person with a clinical background to oversee the student's clinical needs and coordinate with any external care providers; this person should also consistently update stakeholders on the student's recovery ☐

Academic Coordinator
Designate one person with a teaching/academic background to liaise with faculty on matters of academics; this person should also help the student organize and complete assignments and schedule tutoring sessions when the student is struggling ☐

Dedicated Space

Program's home base; provides student with safe space during readjustment to school life and workload

BRYT room should include these elements:

- Workspace ☐
- Informal Seating ☐
- Computers ☐
- Connecting Office ☐
- Near Building Exit ☐

Staff room at all times
The Clinician/Program Coordinator and Academic Coordinator should remain in the BRYT room throughout the day. If this is not possible, try locating the room in an office connected to your counseling center or academic advising center. The goal is to ensure BRYT students always have access to support during the school day. ☐

Source: EAB interviews and analysis.

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Stage 4: Reduce Stigma and Increase Engagement in Preventative Practices

- Data-Informed Social-Emotional Learning
- Responsive Family Education Programs

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Reduce Stigma & Increase Engagement in Prevention

To truly turn the tide on rising rates of anxiety, depression, and suicide, students, staff, and caregivers must raise their hands when they need additional support. But persistent stigma around mental health commonly prevents these individuals from voicing or even acknowledging their own challenges and state of mind.

Research shows that effective stigma reduction requires ongoing awareness and education campaigns and a year-round focus on social-emotional learning. Students need to develop the long-term skills and self-care strategies necessary to navigate their own experiences and interactions throughout crises and beyond.

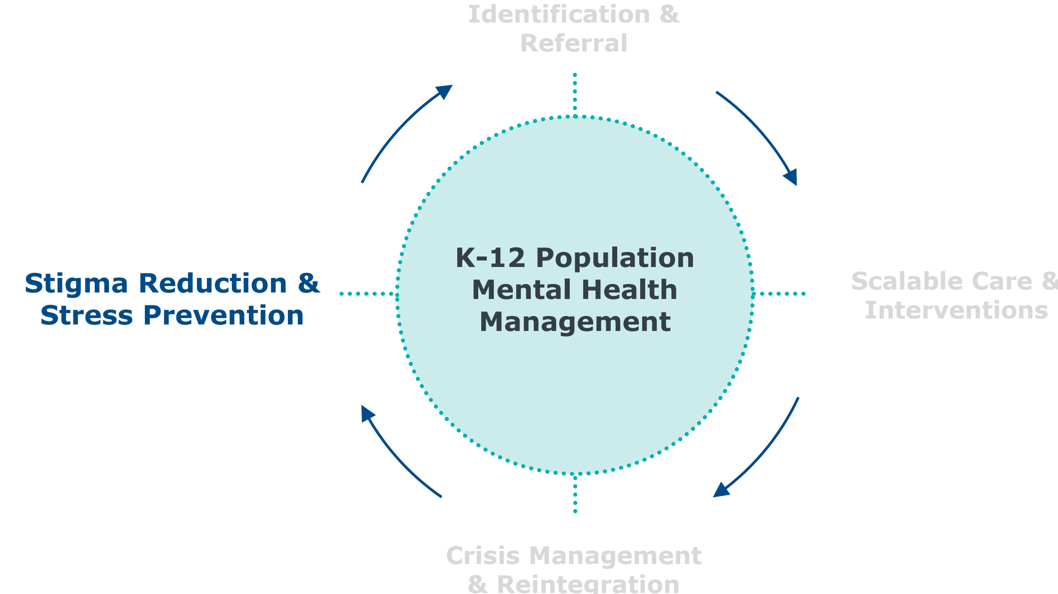
The following strategies strive to help districts prevent crises from occurring and reduce mental health stigma in school communities.

Data-Informed Social-Emotional Learning

Use data to inform selection of social emotional curriculum before embedding within school day

Responsive Family Education Programs

Develop a family education series on mental health & wellness that is responsive to families' needs



Source: EAB interviews and analysis.

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Data-Informed Social and Emotional Learning

Embed Social-Emotional Learning into the Curriculum

What Is Data-Informed Social-Emotional Learning (SEL)?

A data-informed strategy for SEL programming leverages insights from universal screening, patterns in school referrals, and insights from district clinical partners to select Tier I and II interventions and curricula that best fit your students' needs.

Why Adopt Data-Informed Social-Emotional Learning?

Most schools have decided to adopt SEL programming. However, many deploy curricula and interventions that are broadly "good" but not targeted to the specific needs of students across the school or district.

How to Implement Data-Informed Social-Emotional Learning

1. Hold quarterly district-wide data summits for behavioral health. Analyze patterns in traditional referrals and data from any adopted screening tools
2. Look for SEL curricula that map to the needs of your student body *[See page 41]*
   - Consider the following criteria when selecting an evidence-based curriculum:
     - The full range of grade levels covered by a program
     - The skills that are taught (e.g., emotional knowledge/expression, behavior regulation, attention control, inhibitory control)
3. Identify grade-level specific patterns and ask support staff to design targeted interventions to address those concerns
4. Monitor the impact of new curricula and targeted SEL programs at monthly BHIT *meetings* *[See page 15]*

Visit eab.com for Additional Resources on Social Emotional Learning

- Building a Sustainable Social-Emotional Learning Strategy Toolkit
- Building the Social-Emotional Skills of Incoming At-Risk Kindergarteners

Source: EAB interviews and analysis

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Match SEL Instruction to Student Needs

Harvard/Wallace Foundation Report Analyzes Strengths of Top 25 SEL Curricula

Study in Brief: "Navigating SEL From the Inside Out"

2017 study by the Wallace Foundation and Harvard GSE

Analyzes 25 leading SEL and character education programs

Provides detailed, direct comparison of:

- Relative skill focus
- Instructional methods
- Implementation supports

Major social-emotional skills and behaviors can be **grouped into three primary categories**: (1) cognitive regulation, (2) emotional processes, and (3) social/interpersonal skills

Program	Cognitive Regulation	Attention Control	Working Memory/ Planning	Inhibitory Control	Cognitive Flexibility	Emotional Processes	Emotion Knowledge/ Expression	Emotion / Behavior Regulation	Empathy/ Perspective-taking	Interpersonal Skills	Understands Social Cues	Conflict Resolution	Prosocial Behavior
4Rs	12%	9%	4%	1%	2%	27%	16%	10%	11%	43%	4%	19%	26%
Before the Bullying A.F.T.E.R. School Program	4%▼	1%	1%	1%	0%	39%	16%	2%	27%▲	55%	1%	6%	52%▲
Caring School Community	8%▼	5%	1%	0%	3%	33%	15%	0%▼	28%▲	78%▲	1%	18%	71%▲
Conscious Discipline	14%	4%	7%	2%	2%	75%▲	47%▲	49%▲	6%	54%	15%	11%	37%
Character First	29%	8%	15%	9%	1%	11%▼	3%▼	3%	6%	38%	0%	6%	37%
Competent Kids, Caring Communities	30%	8%	19%	5%	8%	28%	22%	17%	6%	23%▼	2%	11%	18%▼
Good Behavior Game	33%	0%	33%▲	0%	0%	0%▼	0%▼	0%▼	0%▼	100%▲	0%	0%▼	100%▲
Girls on the Run	7%▼	0%	7%	0%	0%	11%▼	7%▼	4%	3%	35%▼	0%	11%	31%
I Can Problem Solve	65%▲	11%	10%	7%	47%▲	65%▲	57%▲	2%	46%▲	55%	19%▲	37%▲	20%▼
Lions Quest	18%	1%	14%	1%	3%	23%	19%	4%	5%	60%	6%	12%	51%
MindUP	44%▲	41%▲	3%	4%	2%	28%	20%	7%	11%	18%▼	4%	0%▼	15%▼
Mutt-i-grees	10%▼	1%	3%	4%	6%	45%	28%	11%	24%	56%	23%▲	3%	40%
Open Circle	20%	3%	10%	0%	11%	38%	28%	18%	10%	65%▲	14%	18%	44%
PATHS	30%	6%	16%	0%	12%	75%▲	61%▲	41%▲	24%	59%	15%	25%▲	37%
Playworks	37%	31%▲	11%	5%	0%	1%▼	1%▼	0%▼	0%▼	49%	0%	0%▼	49%

Programs with the **highest relative focus on emotional processes** include RULER, PATHS, Conscious Discipline, and I Can Problem Solve

Use Report to Select Curriculum/Curricula That Best Fit Student Needs

District/School A

Students very emotionally dysregulated, behavioral outbursts frequently disrupt classroom instruction

High relative focus on **emotional processes:**

RULER

- Covers grades PreK-12
- 5 lessons/week, 10-20 minutes each

Conscious Discipline

- Covers grades PreK-6
- 2 lessons/week, 20 minutes each

District/School B

Character education, cultivating growth mindset added to strategic plan, very low discipline referrals

High relative focus on **character and mindsets:**

Positive Action

- Covers grades PreK-12
- 5 lessons/week, 15 minutes each

Character First

- Covers grades K-12
- 1 lesson/week, 10-20 minutes each

Support Teacher Ownership and Delivery of Curriculum

Improves teachers' ability to talk about and model social-emotional skills in a developmentally appropriate way

Enables ongoing extension of social-emotional concepts into classroom routines, academic instruction

Allows counseling staff to provide implementation support *(i.e., model lessons, monitor fidelity)* and focus time on more challenging cases

Source: Sources: Jones, S. Brush, K. Bailey, R. Brion-Meisels, G. McIntyre, J. Kahn, J. Nelson, B. Stickle, L., "Navigating SEL From the Inside Out," Harvard Graduate School of Education and The Wallace Foundation, 2017; EAB interviews and analysis.

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Responsive Family Education Programs

Survey Families to Determine Educational Programming

What Is Responsive Family Education Programming?

Best-in-class family education programs gather and leverage input from families, teachers, and community leaders to identify the topics that will attract attendance and best serve family needs. Survey-driven programming has proven to be even more successful and necessary since events moved to the virtual environment in March.

Why Adopt Responsive Family Education Programs?

Parent engagement is difficult, especially around mental health, but it is critically important for districts to partner with caregivers on this topic, so families can recognize warning signs of severe mental illness and provide necessary at-home support for students.

How to Implement Responsive Family Education Programs

1. Survey parents throughout the district several times a year to understand which topics would be most beneficial to include in family education programs
   - Be sure to include questions related to social-emotional well-being, such as stress management, anxiety, and screen time
2. Gather supplementary feedback from teachers, administrators, and community organizations
3. Recruit local experts able to lead sessions focused on identified topics of concern
4. Strive to schedule and host 2 sessions per month
   - Ensure that they are held on different days of the week and times of day to aid accessibility. Offer multiple sessions for high-priority topics.
5. Advertise sessions through multiple channels: social media, district website, administrator emails, and phone blasts where beneficial

Visit eab.com for Additional Resources on Family Education

- Are Districts the Nation's Adolescent Mental Health Care Providers?
- 5 types of questions to ask families to improve the virtual learning experience

Source: EAB interviews and analysis

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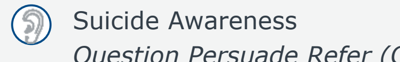
Equip Parents to Support Student Wellness

Develop a Series of Relevant Workshops Using Family Feedback

Family Wellness Workshop Series

How to Help Children Cope with Anxiety
Screening of the Documentary "Angst"

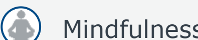

Suicide Awareness
Question Persuade Refer (QPR) Training

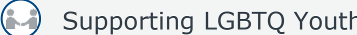
How to Navigate Screen Time, Social Media

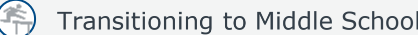
Cyberbullying and Digital Citizenship

Latest Trends in Youth Substance Use
A Focus on Vaping

Improving Sleep and Wellness


Mindfulness


Supporting LGBTQ Youth


Transitioning to Middle School

Parenting with Love and Logic

Survey-Driven Programs Align with Needs of Families

Session on anxiety remains the most popular and well-attended event among families

Expert speakers, time for Q&A, and take-home resources maximize relevance and value

Sessions limited to 1.5 hours, held later in the evening and out in the community at schools to allow families to care for children before attending

Ongoing Feedback Allows District to Keep Workshops Relevant

Feedback survey and topic poll given to attendees at the end of each workshop

Wellness Advisory Committee reviews topics, parent feedback to guide adjustments to content

- Includes parents, district staff, local universities, health care providers
- Meets quarterly to discuss district strategy and programming related to mental health, wellness
- Targets recruitment toward parents, staff, community members with an interest in mental health, wellness

Families Express Appreciation for the Support from Wellness Workshops

400+ Families attended wellness workshops in 2018-19 school year

Elk Grove Unified School District, CA

"**It's nice to know I'm not alone** when it comes to parenting during the era of social media. The tips will help me be a better parent."

Parent of a 7th Grader

"Thanks for teaching me simple parenting strategies on **how I can help my child cope with anxiety**."

Parent of a 10th Grader

Source: Elk Grove Unified School District; EAB interviews and analysis

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Compiled Practice Guides and Next Steps

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Universal Screening for Psychological, Behavioral Needs

What Is Universal Screening?

Universal screeners for psychological and behavioral health consist of a series of questions to be answered by the student (if old enough), their parent(s), and their teacher(s). There are several evidence-based screeners available, and districts should select the instrument that best fits their district's needs.

Why Adopt Universal Screening?

Schools typically rely on teacher referrals to identify students in need of additional support, which requires students to display signs of distress before receiving care. The National Association of School Psychologists cites universal screening as the key step in moving towards a proactive approach to school-based psychological services. A proactive approach will improve outcomes for students while ultimately reducing costs and resource constraints for the district.

How to Implement Universal Screening

1. Select a screener based on reliability, validity, sample size, ease of administering, and cost *[See pages 9-10 for selection guidance]*
2. Train staff to deploy the tool effectively
3. Secure parental consent (opt out policies may yield higher participation rates)
4. Establish a clear schedule for deploying the screener. Ensure at least one screening in the Fall Semester and one in the Spring Semester *[See page 8 for a sample schedule]*
5. Administer the screener *[See page 8 for key implementation considerations]*
6. Analyze results to identify school-wide patterns, grade level patterns, and individuals in need of support
7. Adjust Tier 1 and 2 programming to address needs identified through screening

Visit eab.com for Additional Resources on Universal Screening

- Universal behavioral screening is proven effective. Here's why you should implement it now.
- A Systemic Approach to Managing Behavioral Disruptions in Early Grades

Source: EAB interviews and analysis

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Adult-Student Relationship Mapping

Reveal Students Lacking Positive Adult Connections

What Is Relationship Mapping?

Adult-student relationship mapping is a simple, “no cost” practice that enables schools to systematically ensure that every child in their building has a strong connection with at least one member of staff. Staff are asked to answer five yes/no questions about students in the grade levels they work with. Following each mapping, plans should be made to connect with students who may be at risk of receiving less attention and feeling less included.

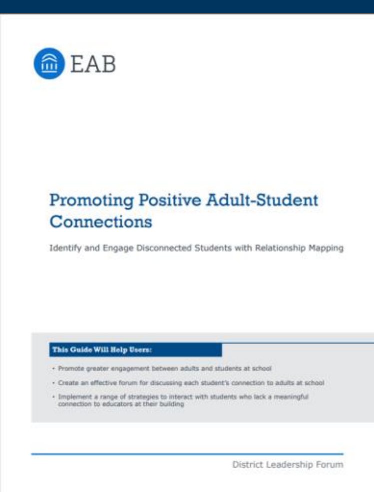
Why Adopt Relationship Mapping?

Relationship mapping has several benefits:

1. Changes in a student’s behavior are more likely to be noticed when they have a strong connection with an adult in their school
2. Ensuring that each student has strong relationships with teachers and staff has been proven to increase graduation rates

How to Implement Relationship Mapping

Please use EAB’s step-by-step implementation guide, which includes sample materials and communication scripts to make district-wide adoption quick and easy. [*See page 12 of this guide for a sample relationship mapping activity and strategies to build relationships with students*]



EAB

Promoting Positive Adult-Student Connections

Identify and Engage Disconnected Students with Relationship Mapping

This Guide Will Help Users:

- Promote greater engagement between adults and students at school
- Create an effective forum for discussing each student’s connection to adults at school
- Implement a range of strategies to interact with students who lack a meaningful connection to educators at their building

District Leadership Forum

Click on icon to access toolkit

Visit eab.com for Additional Resources on Relationship Mapping

- Promoting Positive Adult-Student Connections
- Remote relationship mapping: Don’t let students go unnoticed during COVID-19

Source: EAB interviews and analysis.

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First Responder "Handle with Care" Notifications

Gain Transparency into Student Needs Beyond School

What Are "Handle with Care" Notifications?

'Handle with Care' is an initiative that alerts schools when a student is involved in (or witnesses) a potentially traumatic incident in the community. First responders send a simple notification to the district with no incident details (FERPA compliant), enabling school staff to monitor that student more closely over the following days and weeks.

Why Adopt "Handle with Care" Notifications?

A simple "heads up" when a student experiences a traumatic incident enables schools to achieve two goals: monitor the student more closely to identify changes in behavior; and ensure empathetic responses to unusual behavior in order not to cause greater distress or additional trauma. Small steps such as flexibility with a late assignment or alternatives to traditional discipline can make a big difference when students are struggling with life beyond school.

How to Implement "Handle with Care" Notifications

1. Devise a written agreement between district and law enforcement putting a simple and quick procedure in place.
2. Create a simple email submission form for law enforcement officers to identify children at the scene of a crime who have been exposed to trauma. The child's name, age, and school are sent by Law Enforcement in a confidential notice to the child's school before the next school day.
3. The school notifies the student's teacher(s) who then knows to watch out for signs of trauma and to refer to the school counselor if the need arises.

Visit eab.com for Additional Resources on "Handle with Care"

- Identifying Students in Need: A Conversation with the Executive Director of "Handle with Care"
- Are Districts the Nation's Adolescent Mental Health Care Providers?

Source: EAB interviews and analysis

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Behavioral Health Intervention Teams

Form Cross-Functional Teams to Manage Student Referrals

What Are Behavioral Health Intervention Teams (BHITs)?

Behavioral Health Intervention Teams are cross-functional teams of administrators, support staff, and clinicians who leverage collective knowledge to identify appropriate supports for students and efficiently refer them to services. They also identify and monitor patterns in student needs and behaviors, and then use that information to optimize preventative programming and primary care.

Why Adopt Behavioral Health Intervention Teams?

BHITs have been proven to increase the number of students who can be reviewed and supported by each school. They also provide staff with a clear, centralized destination for all student referrals; leverage the collective knowledge of various specialists to establish more effective programs of care for each child; and ensure data-driven improvement of Tier 1 programs.

How to Implement Behavioral Health Intervention Teams

1. Organize a schoolwide Behavioral Health Intervention Team (BHIT) whose key participants include mental health professionals, behavioral intervention specialists, counselors, and school staff *[See page 16 for suggested BHIT participants]*
2. Train staff on what should and should not constitute a referral to the team
3. The BHIT should review new referrals and existing cases each week
4. The BHIT should review school-wide data and patterns each month and make recommendations for adjustments to Tier 1 programs
5. Each BHIT should use a standardized referral form and action planning template for consistency across all schools in the district *[See pages 17-19 for a sample referral form and action planning template]*

Visit eab.com for Additional Resources on Behavioral Health Teams

- Enhance Support for Higher-Needs Students
- A Systemic Approach to Managing Behavioral Disruptions in Early Grades

Source: EAB interviews and analysis.

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Group Cognitive Behavioral Therapy

Provide Therapy at Scale with Group CBT

What Is Group Cognitive Behavioral Therapy (CBT)?

Cognitive Behavioral Therapy has been described as the "gold standard" for reducing moderate to severe symptoms of anxiety and depression. While often administered as an individual treatment, CBT has also been proven to be highly effective in group settings.

Why Adopt Group Cognitive Behavioral Therapy?

Most districts underutilize Tier II (group-based) interventions for mental health. Where they do exist, they are often limited to elementary school settings and rarely leverage evidence-based therapeutics. This is largely because school support staff perceive group therapies as inferior to individual counseling. But research has shown that Group CBT is "highly effective for the treatment of anxiety in youth [… and] requires fewer resources than individual CBT because a single therapist can treat several children at once, thus making it less expensive for use in under-resourced settings…" (Eiraldi et al., 2015)

How to Implement Group Cognitive Behavioral Therapy

1. Provide support staff with training on group therapy and CBT *[See page 23]*
2. Administer GAD-7 and PHQ-9 screeners to all students (middle and high school)
3. Identify students scoring in the moderate to severe range on each instrument
4. Interview those students to understand whether they are good candidates for group therapy
   - Criteria include: Willingness to share experiences; likelihood to keep information shared in the group confidential; ability to support others facing similar issues; and likelihood to attend each meeting punctually
5. Obtain informed consent from parents/guardians
6. Admit students to structured, 6-8 week program (no drop-in/out)
7. Screen students again for baseline data and every two weeks during program for ongoing progress monitoring
8. Hold weekly, one-hour CBT sessions throughout the program

- Collect feedback from self-reported evaluations/check-ins
- Use weekly feedback form to gauge efficacy of session structure and determine areas of focus for future sessions

Source: EAB interviews and analysis.

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Tele-mental Health Care

Remove Logistical Barriers to Clinical Care through Virtual Access

What Is Tele-mental Health Care in Schools?

All forms of telehealth enable populations to receive crucial clinical care without traveling to a clinic or provider site. Students and staff can connect services from a dedicated room within their school or while learning/working from home through a district-facilitated partnership with a local provider.

Why Adopt Tele-mental Health Care?

Tele-mental health services enable students and staff to avoid the long wait times and logistical barriers that frequently inhibit access to care. Speed of access to clinicians is critical in reducing the number of students experiencing crises and responding effectively when crises do arise.

How to Implement Tele-mental Health Care

1. Contract with a tele-mental health provider (or multiple providers). This can also be done via RFP
2. Ensure the appropriate infrastructure and dedicated space *[See page 26 for guidance on structuring the ideal tele-mental health care environment]*
3. Communicate benefits of tele-mental health services
4. Clarify when it is appropriate for the provider to engage in tele-mental health care and when the student would be better served by attending in person (e.g., for younger students; first appointments, etc.)
4. Ask provider to provide insight into common patterns they see among students that could be addressed through Tier 1 or Tier 2 programs

* Additional implementation steps will vary by provider

Visit eab.com for Additional Resources on Telemental Health Care

- Support mental health and well-being of K-12 students and staff during COVID-19
- Take advantage of teletherapy services to connect students with mental health providers

Source: EAB interviews and analysis

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Designated Crisis Referral Coordinator

Improve Student Referral and Reentry

What Is a Designated Crisis Referral Coordinator?

Crisis Referral Coordinators support students and their families all the way from initial referral to completion of treatment and successful return to the classroom. They work with parents to overcome logistical barriers, check-in to monitor progress, and coordinate a structured reentry program for each student *[see page 35].*

Why Adopt a Designated Crisis Referral Coordinator?

Through providing critical logistical support alongside referrals and a deliberate, coordinated reentry program, Crisis Coordinators can improve the likelihood that a student receives and completes their course of care. Their support can also significantly decrease the likelihood that students experience a relapse or repeated crises.

How to Implement a Designated Crisis Referral Coordinator

1. Appoint an administrative support staff member to serve as the Crisis Referral Coordinator and maintain a suite of tools to guide conversations with families and help connect them to providers *[See page 30 for overview of the Crisis Referral Coordinator's duties]*
2. Partner with your local mental health provider to make sure your district's referral form mirrors the mental health center's own intake form to expedite the student triage process *[See pages 31-34 for tools to centralize key information about local providers]*
3. Work with your community mental health partners to make HIPAA/FERPA release forms a standard and automatic part of the referral process, requiring all referral and intake staff be trained to automatically ask parents to sign both release forms to coordinate care more quickly
4. When students receive an off-campus referral, they are automatically scheduled for a 30-minute appointment with the Crisis Referral Coordinator, and the appointment generally occurs three to seven days after the initial referral
5. One to two weeks after the referral coordination appointment, the coordinator will check in with the student via phone or email to ensure that a successful connection was made and troubleshoot any new challenges

Visit eab.com for Additional Resources on Crisis Referral Coordinators

- Are Districts the Nation's Adolescent Mental Health Care Providers?

Source: EAB interviews and analysis

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Coordinated Student Reentry Process

Smooth Transitions in Care with Coordinated Reentry

What Is a Coordinated Reentry Process?

A structured, gradual reentry process provides students with a manageable return to learning and socializing for students who have experienced a mental health related crisis. The process requires a dedicated space, support staff, and clear plan developed in conjunction with the student's family.

Why Adopt a Coordinated Reentry Process?

Protocols such as the Bridge for Resilient Youth in Transition program have been shown to measurably decrease the number of students experiencing repeated crises or requiring re-hospitalization within a year.

How to Implement a Coordinated Reentry Process

1. Organize a structured reentry meeting with critical stakeholders that delineates ownership around academic and clinical support and plans a gradual transition back to school for the student
2. Include a guidance counselor, adjustment counselor, principal or asst. principal, teachers, parents, program coordinators, and the school nurse
3. Establish a timeline, with clear ownership of various steps, to lay a strong foundation for student reintegration *[See page 37 for a Coordinated Reentry Checklist]*
4. Designate one member of your current counseling team and one member from your academic support team to serve as reentry coordinators; the program coordinator oversees the student's clinical needs, and the academic coordinator serves as the liaison between the student and teachers
5. Find a dedicated space in the school to connect students back to the school community while allowing them to readjust gradually to the stresses of high school over a several week period *[See page 36 for guidance on designing a designated reentry space]*

Visit eab.com for Additional Resources on Coordinated Reentry

- Are Districts the Nation's Adolescent Mental Health Care Providers?

Source: EAB interviews and analysis

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Data-Informed Social and Emotional Learning

Embed Social-Emotional Learning into the Curriculum

What Is Data-Informed Social-Emotional Learning (SEL)?

A data-informed strategy for SEL programming leverages insights from universal screening, patterns in school referrals, and insights from district clinical partners to select Tier I and II interventions and curricula that best fit your students' needs.

Why Adopt Data-Informed Social-Emotional Learning?

Most schools have decided to adopt SEL programming. However, many deploy curricula and interventions that are broadly "good" but not targeted to the specific needs of students across the school or district.

How to Implement Data-Informed Social-Emotional Learning

1. Hold quarterly district-wide data summits for behavioral health. Analyze patterns in traditional referrals and data from any adopted screening tools
2. Look for SEL curricula that map to the needs of your student body *[See page 41]*
    - Consider the following criteria when selecting an evidence-based curriculum:
        - The full range of grade levels covered by a program
        - The skills that are taught (e.g., emotional knowledge/expression, behavior regulation, attention control, inhibitory control)
3. Identify grade-level specific patterns and ask support staff to design targeted interventions to address those concerns
4. Monitor the impact of new curricula and targeted SEL programs at monthly BHIT meetings *[See page 15]*

Visit eab.com for Additional Resources on Social Emotional Learning

- Building a Sustainable Social-Emotional Learning Strategy Toolkit
- Building the Social-Emotional Skills of Incoming At-Risk Kindergarteners

Source: EAB interviews and analysis

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Responsive Family Education Programs

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Visit eab.com for Additional Resources on Family Education

- Are Districts the Nation’s Adolescent Mental Health Care Providers?
- 5 types of questions to ask families to improve the virtual learning experience

Source: EAB interviews and analysis

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Mental Health Planning Guide

For each practice listed below, check the box that best describes its current phase of implementation and priority level at your district. For those practices that you select as "High Priority to Implement," please use the space on the right to plan who at your district will be responsible for implementation.

Practice	Already in Place at District	Not an Urgent Need Right Now	High Priority to Implement	Assigned District Owner
Universal Screening				
Relationship Mapping				
"Handle with Care" Notifications				
Behavioral Health Intervention Teams				
Group Cognitive Behavioral Therapy				
Expanded Access to Telemental Health Care				
Crisis Referral Coordinator				
Coordinated Reentry Process				
Data-Informed Social Emotional Learning				
Responsive Family Education Programs				

For implementation support from an EAB expert, contact your dedicated advisor.

Source: EAB interviews and analysis.

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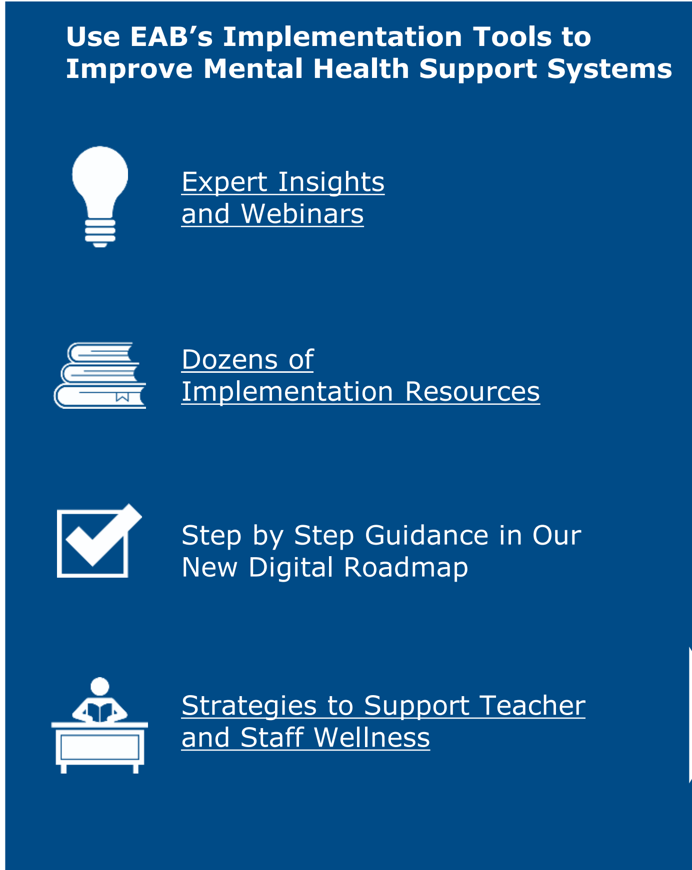
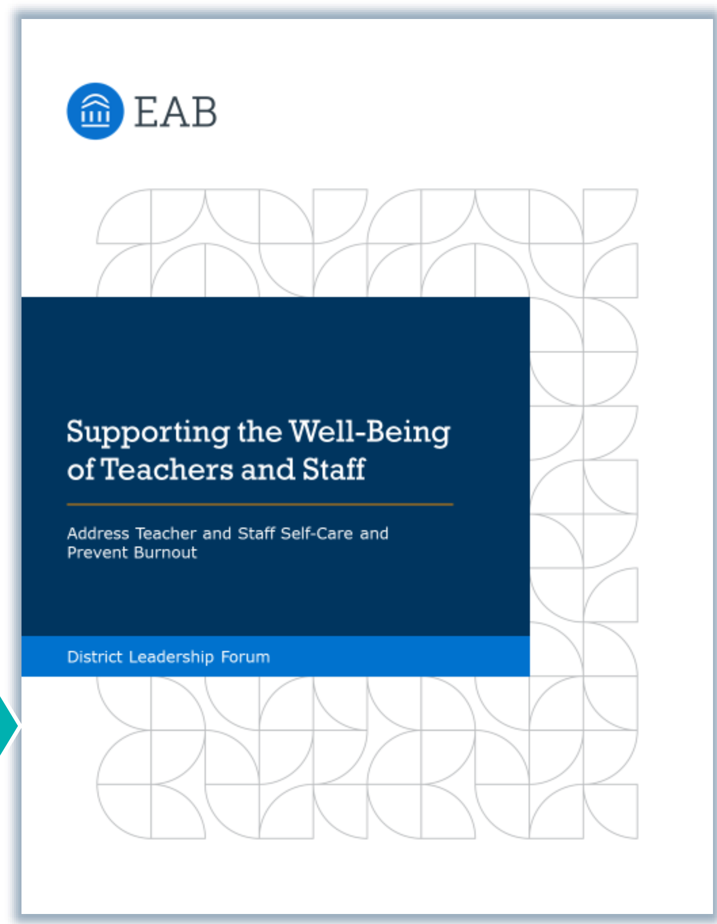
Identify and Eliminate Gaps in Mental Health Supports

Use EAB's Resources to Improve Your District's Approach to Mental Health





Contact Your Dedicated Advisor to Schedule an Expert Call

Discuss and apply these resources to your district's current approach to mental health

Source: EAB interviews and analysis.

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