EAB

Benchmarking Large Districts' Student Support Services

District Leadership Forum

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1) Structural Components

Overview

EAB Researchers Interviewed Student Support Services Administrators at Five Large Districts Across the Country

EAB researchers interviewed student support services administrators at the following five districts: **District A** (South), **District B** (Mountain West), **District C** (South), **District D** (Mid-Atlantic), and **District E** (South). These districts range in size from 60,000 students (**District D**) to 300,000 students (**District B**).

EAB researchers synthesized key insights and notable practices from these interviews, which we discuss in detail on **pages 4-16**. The report's **Appendix** (**pages 20-31**) contains full diagnostics for each profiled district. These diagnostics include full lists of the tiered mental and behavioral health supports offered by each profiled district, as well as the degree to which profiled districts have implemented each support.

Screening

All Profiled Districts Recently Implemented Universal Screeners

All profiled school districts recently began using universal screeners to evaluate students' social emotional, behavioral, and mental health needs. Universal screeners for psychological and behavioral health consist of a series of questions answered by the student (if old enough), their parent(s), and their teacher(s). These screeners benefit both students and school districts by promoting a proactive approach to identification, which improves outcomes for students while ultimately reducing costs and resource constraints for the district. In EAB's **Guide for Meeting the Rising Demand for Mental Health Care in Schools**, we recommend district leaders select and implement the universal screener that best meets the needs of their district.

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EAB's Guide to Implementing Universal Screening[1]

1. Select a screener based on reliability, validity, sample size, ease of administering, and cost.

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.

5. Administer the screener.

6. Analyze results to identify school-wide patterns, grade-level patterns, and individuals in need of support.

7. Adjust Tier I and II programming to address needs identified through screening.

Note: EAB cannot provide details about the quality of a given vendor's product offerings.

Administrators at **District C** began using an online social emotional learning (SEL) platform aligned with the Collaborative for Academic, Social, and Emotional Learning's (CASEL) **five SEL competencies** to assess students' social, emotional, and behavioral health needs (e.g., **District C** uses **Rethink Ed** for this purpose). The district launched the screener during the 2020-21 academic year, screening all students in grades 3-12.

Similarly, administrators at **District B** began implementing Panorama Education's **Social Emotional Learning Assessment** during the 2019-20 academic year. During the first year of implementation, teachers and administrators screened approximately one-third of the district's students (i.e., 33,000/310,000 students). Contacts at **District B** report they have set up a system to screen students three times per year moving forward.

Despite their recent implementation of universal screeners, all profiled districts still rely primarily on teacher and family referrals to begin the intervention process.

When rolling out universal screeners, three profiled districts assess screeners' efficacy on a small scale before expanding to the entire district. For example, **District A** piloted Terrace Metrics' **Behavioral Health and Wellness System** in four high-needs high schools during the 2018-19 academic year.[2] Contacts at **District A** report this screener has proven effective because of how it specifies and prescribes responses: the platform assigns every student a priority level from 1-5 and designates a response timeframe for each level. For students at priority level one, for example, administrators must respond in less than 24 hours. For students at priority level five, administrators must respond within one week.

1) See **pages 7-10** of EAB's **Guide for Meeting the Rising Demand for Mental Health Care in Schools** for more information on selecting and implementing a universal screener.
2) Administrators selected these schools because of their high incidence of student trauma and crises.

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Both **District D** and **District E** piloted their universal screeners in distinct cohorts. **District D** began administering Panorama Education's **Social Emotional Learning Assessment** in 20 schools (10 elementary schools, six middle schools, and four high schools) during the 2020-21 academic year. **District E** selected 30 schools in which to begin implementing their in-house screener.

District D's SEL Survey

In addition to the Panorama Education screener, administrators at **District D** began implementing an SEL survey in the spring of 2020. Administered in grades 4-12 at all schools in the district, the survey works in tandem with Panorama's SEL assessment to evaluate students' SEL competencies. To develop the survey, administrators modified lists of questions designed to assess CASEL's **five SEL competencies**.

Two Profiled Districts Use Online Monitoring Tools to Flag Potential Warning Indicators

See EAB's **Early Warning Systems in K-12** research brief for recommendations on selecting and implementing an early warning system.

Both **District C** and **District D** use online monitoring tools to flag and assess potential warning indicators that arise when students use school technology. These tools also contain built-in referral processes that allow teachers and administrators to quickly and efficiently provide supports for students. **District C** uses **Gaggle**, an online platform that automatically pulls certain terms (e.g., "hurt," "suicide") and sends them to school and district administrators. Administrators then review the case context and mobilize supports if necessary. **District C's** technology team also built an early warning response system that aggregates data on student attendance, behavior, and course performance. The system assigns each student to a risk level based on their individual data points (e.g., it will flag a student as "yellow" if they receive an F in a certain class). Trained teachers and staff then determine whether the student requires mental, behavioral, or academic support to lower their risk level.

Unlike Gaggle, **District D's** online monitoring tool (**Securly**) relies on internal vendor teams to review the context surrounding each individual case. The vendor teams alert district staff only when they deem it necessary. If the vendor teams determine a case requires additional intervention, they alert the district's Office of Safe Schools. The Office of Safe Schools then coordinates with the Office of Student Supports to speak with the student's family. After speaking with the family, staff members from the Office of Student Supports notify the school and develop a plan of action.

District A's Student Notification System

District A launched a district-wide student notification system at the beginning of the 2019-20 academic year. Using a platform that appears on students' portals, the system allows students to reach out to mental health services, speak with licensed professionals, and report abuse. The software evaluates students' responses to a preset list of questions. It then sends the request to the appropriate district-level staff member, prompting them to reach out to the student.

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School-Based Intervention Teams Triage Referrals and Determine Necessary Supports at All Profiled Districts

All profiled districts rely on school-based intervention teams to triage referrals and determine appropriate interventions. Teams typically include a combination of standing members (e.g., principal, school counselors, school psychologists) and ancillary members (e.g., instructional coaches, nurses, teachers).

These teams use data and information from a number of sources (e.g., universal screeners, attendance records, teacher and/or family referrals) to determine each student's level of need. They refer the student to the school- or community-based supports that can best serve those needs. Teams typically operate under the direction of a school-based administrator (i.e., principal).

In addition to school-level supervision, several profiled districts stress the importance of district-level oversight. For example, at **District A**, district-level Multi-Tiered Systems of Support (MTSS) Specialists provide support for school-based teams, ensuring team members implement each intervention with fidelity. Response to Intervention (RTI) Leads also provide district-level oversight at **District A**.

At **District D**, school-based Positive Behavior Interventions and Support (PBIS) teams triage referrals and review data across all tiers. Five district-level PBIS coaches provide support and oversight for school-based PBIS teams. These PBIS coaches report to the district's PBIS coordinator, who in turn reports to the district's Executive Director of Student Supports.

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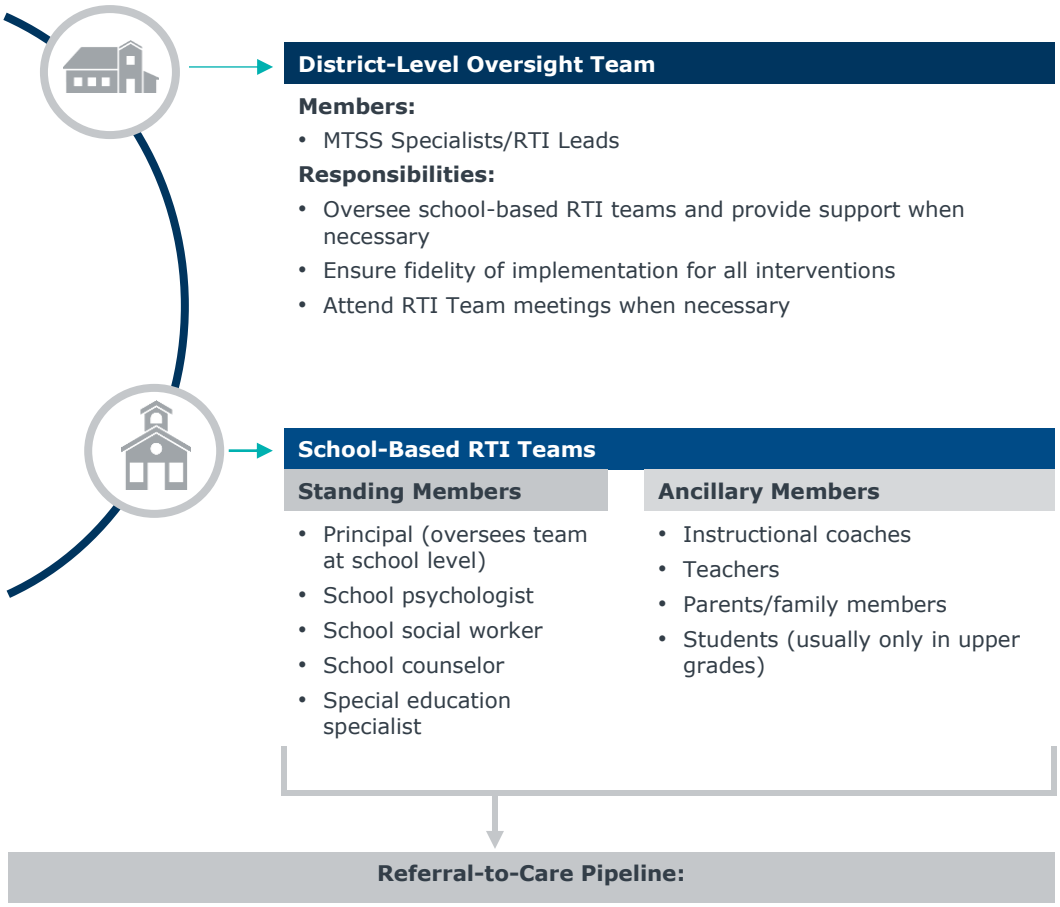
Response-to-Intervention Team Structure and Referral Process at *District A*



Centralized, District-Level Teams Make High-Level Recommendations and Guide Implementation Efforts at All Profiled Districts

All profiled districts have established centralized, district-level teams to review their district's programming, make recommendations regarding SEL and behavioral and mental health supports, and guide implementation efforts across the district. For example, **District D's** Division Implementation Team (DIT) gathers and tracks data reported by individual schools. The team uses this data to make recommendations to individual schools or groups of schools. Teams meet regularly and typically include leaders from a variety of different departments and disciplines, each of whom has expertise in one or more tiers.

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Contacts at **District B** stress centralized teams play a critical role in scaling care across large districts, since they can manage resources more effectively than school-based teams. Moreover, district-level teams can maintain a high-level of commitment to inter-school alignment.

District-Level Review Teams at *District E* and *District A*

District	Team Membership	Responsibilities
District E	10 leaders from several departments: • Special Education • Student Support Services • Intervention Department • MTSS Department • Office of Early Learning	• Vets all district resources for SEL and behavioral and mental health • Oversees program alignment between schools • Oversees implementation and maintains commitment to implementation fidelity
District A	• District Crisis Team members • SEL Supervisor • MTSS Coordinator • Nursing Clinical Supervisor • Instructional Facilitators • Recovery Team members (staff members who coordinate support after community crisis events)	• Screens and vets all vendors • Develops district's Mental Health Strategic Plan • Developed student notification system (see **page six**)

District D's Mental Health Task Force

During the 2019-20 academic year, administrators at **District D** convened a Mental Health Task Force to make recommendations about the district's approach to mental health care. Led by Student Support Services staff, the task force met four times over the course of the year and included 52 community members (e.g., students, teachers, parents, community behavioral and mental health practitioners). The task force generated 20 recommendations, presenting the 10 "highest priority" recommendations to the school board. In collaboration with the school board, the task force intends to take action on those 10 priority areas during the coming years.

Three Profiled Districts Partner with National Organizations to Provide Mental Health Training and Trauma-Informed Professional Development for Staff

While all profiled districts provide some form of trauma-informed training for faculty and staff, three districts (**District C**, **District A**, and **District E**) partner with national organizations to organize their trainings.

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National Partnerships at Profiled Districts

District	Partner Organization	Service Offerings	Implementation
District A	**Center for Mind-Body Medicine** (CMBM)	• Trauma-focused cognitive behavioral therapy training	• Mandatory training for all family therapists • Student ambassadors
District C	**Adverse Childhood Experiences** (ACEs) training through the Centers for Disease Control and Prevention (CDC)	• Trauma-informed professional development • **Behavioral Risk Factor Surveillance System ACE Data Center**	• Mandatory training for every teacher • 30 master trainers receive training through community provider
District E	**Trauma Resource Institute** (TRI)	• **Community Resiliency Model** (CRM)	• Awareness training available to all staff on a voluntary basis • All Student Services staff receive more intensive, two-day trainings once per year • Staff members can become District Trainers by completing a five-day training through TRI

Contacts at **District A** and **District E** stress that successful implementation of a trauma-informed care program must begin with faculty and staff. Professional development at these districts focuses on helping faculty and staff consider their own trauma and how it may affect their relationships with students. For example, administrators at **District A** use the **GCScored** program to support faculty and staff at high-needs schools. The program helps staff members assess their own trauma and biases so they may better relate to students and families.

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2) Tiered Supports and Interventions

Tier I

Three Profiled Districts Leverage Third-Party Platforms to Deliver Universal SEL Instruction

District A, **District C**, and **District E** implement universal SEL instruction through third-party platforms. All three of these districts select curricula that promote CASEL's five SEL competencies (self-awareness, self-management, social awareness, social skills, and responsible decision-making). For example, both **District A** and **District C** partner with **Rethink Ed** to deliver SEL instruction to all students across the district. The curriculum uses lessons, trainings, and mental health supports to teach students about behavioral regulation and healthy relationship-building. Before teaching an SEL lesson, teachers at **District C** watch a video on Rethink Ed's website that relates to that lesson. **District A** also uses Rethink Ed's SEL Student Self-Assessment Questions to evaluate students' social emotional skills. The assessment contains different question sets for different grade levels (3-12, 6-8, and 9-12.)

District E partners with **Second Step** to deliver SEL instruction to all students in grades K-8. Second Step created both **elementary** and **middle school** alignment charts, which describe how each Second Step module develops specific CASEL competencies.

Two Profiled Districts Encourage School Autonomy to Scale PBIS Across the Districts

To scale PBIS across their districts, both **District A** and **District D** encourage a great deal of individual school autonomy. While PBIS serves students at all tiers, implementation must begin at Tier I. Beginning at Tier I allows faculty and staff to develop a set of core values and supports for all students, and to make data-informed decisions about tier placement against those foundational interventions.

As part of their district-wide PBIS implementation plan, administrators at **District A** designate five critical elements of PBIS: an active team with administrative participation; faculty and stakeholder commitment; school-wide expectations; location-based rules; and reward and recognition programs. The district requires all schools in the district to complete a School-Wide Positive Behavior Plan (SPBP) as part of their School Improvement Plan (SIP). Each SPBP evaluates the current state of each critical element and outlines how the school will take steps to improve each element.

School-based PBIS Leadership Teams at **District D** solicit and gather feedback from staff, students, families, and community groups to create 3-5 behavioral expectations that act as the school's core values. The team then creates a matrix describing what each expectation looks like, sounds like, and feels like in all non-classroom spaces. PBIS Coordinators in the district's Office of Student Supports gather data and information from the school-based PBIS Leadership Teams, ensuring a district-wide commitment to implementation fidelity.

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All Profiled Districts Organize Group Interventions to Support Students at Tier II

All profiled districts provide interventions for groups of students at Tier II who require more intensive, direct support. For example, at **District E**, school counselors lead conflict circles to resolve problems between students.[3] Based on Kay Pranis' work on Peacemaking Circles and restorative justice practices, conflict circles emphasize patience, humility, and deep listening. Counselors act as "circle keepers," facilitating discussions and helping students reach solutions.

3) Kay Pranis, "Circle Keeper's Handbook," accessed September 27th, 2021. https://fromdiaperstodiamonds.com/wp-content/uploads/2015/09/CIRCLE-KEEPER-HANDBOOK-REVISED-PRANIS.pdf

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Conflict Circle Implementation at *District E*[4]

1. Seating

- Circle keeper seats all participants in a circle, removing obstacles that could impede sight lines.
- The circle format increases accountability by making body language clear and obvious to all participants.

2. Opening Ceremony

- Circle keeper marks the beginning of the circle with a "ceremony" that invites all participants to center themselves, recognize interconnectedness, and release external distractions.
- Opening and closing ceremonies help participants realize the differences between circles and normal meetings.

3. Centerpiece

- Circle keeper places an object or set of objects in the center of the circle.
- Centerpieces act as focal points that represent the core values of the group and the discussion.
- Centerpieces should include items and symbols that represent each participant, as well as their identities.

4. Guidelines

- Circle keeper works with participants to create a set of guidelines to which all participants will adhere.
- All participants must reach a consensus on the guidelines, which will then help them conduct themselves within the circle.

5. Talking Piece

- Circle keeper passes around an item that acts as a "talking piece."
- Only the participant holding the talking piece may speak at a given time.
- The talking piece gives every participant an equal opportunity to speak and creates an implicit assumption that everyone has something important to offer the group.

6. Guiding Questions

- Circle keeper uses prompting questions or themes to guide the group's conversation.
- Every member of the group has an opportunity to respond to the question or theme.

7. Closing Ceremony

- Circle keeper acknowledges the efforts of all participants, conveys a sense of hope for the future, and prepares participants to return to school.
- For circles that meet multiple times, circle keepers may ask participants to help design opening and closing ceremonies.

School counselors and social workers at **District E** also organize small group counseling sessions to address other issues. Counselors and social workers group students together who require similar interventions and structure a 4-6 week program to administer those interventions. Group counseling sessions can address social, emotional, behavioral, or academic problems.

Administrators at **District D** established an intervention program to support small groups of students at the secondary level. The program provides 10 intensive, small-group instructional sessions for students who have not successfully implemented the behavioral interventions recommended by the Student Support Team (SST) and

4) Adapted from pages 7-8 of *ibid.*

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administrative staff. Designed to prevent ongoing infractions of the district's student code of conduct without resorting to out-of-school suspension, the program serves 8-10 students during the regular school day.

At the middle school level, trained intervention staff use the **Second Step** curriculum to deliver instruction, while high school students receive supports through the **Reconnecting Youth** curriculum. Both curricula include group discussions, coaching, and modeling practices designed to improve students' capacity for decision-making and self-regulation.

For elementary students, administrators at **District D** partnered with community-based behavioral health practitioners to create an after-school Therapeutic Day Treatment (TDT) program. The program focuses on clinical interventions and skill-building for elementary students with mental health diagnoses. If a student's family agrees to participate in the program, community-based behavioral health practitioners will provide supports within the student's home. The district piloted the TDT program in six elementary schools during the 2019-20 academic year.

Some Profiled Districts Employ Intensive SEL Programs to Support Students at Tier II

In addition to group interventions, several profiled districts use SEL platforms and frameworks to provide intensive instruction and guidance to students at Tier II. Counselors at **District C**, for example, use the **Zones of Regulation** framework to teach students about emotional regulation. Developed by an occupational therapist, the framework uses a cognitive-behavioral approach to evaluate students' emotional states. Counselors assign students to "zones," each of which includes four colors that correspond to an emotional state or energy level. Counselors teach students about the zones, conduct case exercises, and provide explicit instruction on how to regulate one's emotions within each zone. While administrators at **District C** make the framework available to all school counselors, contacts stress they have not yet implemented it with fidelity across the entire district.

Both **District A** and **District E** use the **WhyTry Program** to improve student engagement, increase academic achievement, and raise retention rates. WhyTry employs visual metaphors to teach students about positive approaches to behavior, social interaction, and academics. For example, WhyTry's "Motivation Formula" uses a picture of a river running through dams to show students how they can transform challenges into positive motivation. Administrators at **District A** implement the WhyTry Program primarily in high-need schools that have full-time social workers.

Tier III

All Profiled Districts Partner with Community-Based Behavioral Health Practitioners to Provide Clinical Care for Students at Tier III

All profiled districts partner with community-based behavioral and mental health practitioners to provide clinical care for students who require intensive support. Two profiled districts make these supports available to students on school grounds. For example, **District C** partners with a community-based mental health provider that operates three clinics across the county. As part of this partnership, the provider places licensed therapists at each school in the district. The district provides each

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therapist with materials (e.g., laptops) so they may conduct therapy sessions both in-person and virtually. The therapists still officially work for the community provider. **District A** partners with 23 mental and behavioral health practitioners across the county. The district's Mental Health Leadership Team (see **page nine**) screens and vets all potential partners. Once approved, partners receive a vendor badge that allows them to practice on school grounds, exclusively in-person. Contacts at **District A** report that this benefits students by allowing them to remain in school while receiving care.

At all other profiled districts (**District B**, **District E**, and **District D**), students receive clinical care at community-based sites.

School-Based Crisis Intervention Teams Act as First Responders During Crisis Events at Four Profiled Districts

Four out of five profiled districts rely on school-based crisis response teams to provide support during crisis events. Contacts at **District B** report that a large amount of responsibility falls on these school-based teams, since large districts find it extremely difficult to mobilize centralized responses to all crises. School-based crisis response teams typically include many of the same members that make up the schools' intervention team. In the event of a crisis (e.g., death, natural disaster), school counselors, psychologists, and social workers organize counseling and other support services, connecting students with community-based practitioners if needed. At **District C**, school-based Crisis Care Teams also coordinate medical support for students unable to attend school in person (due to illness or mental-health related issues). At **District A**, each school assigns a crisis case manager to every crisis event. The case manager oversees the school's crisis response.

District-Level Crisis Intervention Teams Provide Oversight for School-Based Teams and Offer Additional Supports to the Wider Community

Contacts at all profiled districts stress that district-level teams should provide oversight and support for school-based crisis response teams. In the event of a district-wide crisis (e.g., shooting, natural disaster), district-level crisis teams coordinate and mobilize supports for the entire district community. District-level teams may also organize these kinds of supports in the wake of a student or staff member's death.

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District-Level Crisis Intervention Teams at *District B* and *District A*

District A

Team Members

Supervisors/team leaders from each of the following staff groups:

- Social workers
- Family therapists
- Psychologists
- Nurses
- Employee Assistance Program staff

Responsibilities

- Each team member oversees a certain school or school zone
- During a crisis event, team members work together and mobilize the school-based staff members they oversee (e.g., social worker supervisor deploys a certain number of social workers to a school or school zone)
- Contact regional mental health services if they require more support

District B

Team Members

- 4 or 5 licensed counselors
- 2 social workers
- 3 Mental Health Transition Team members

Responsibilities

- Works with state mental health care staff members to determine the best supports and community resources for a given event
- Partners with the state's Mobile Crisis Response Team to reach students and families during crises
- Provides trainings for district- and school-level staff
- Supports implementation of suicide protocols
- Mobilizes counselors, nurses, and social workers in the event of a community crisis

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3) Research Methodology

Project Sources

In addition to research interviews, the District Leadership Forum consulted the following sources for this report:

- EAB's internal and online research libraries (eab.com)
- Profiled districts' websites
- Pranis, Kay. *Circle Keeper's Handbook*. Accessed September 26th, 2021. https://fromdiaperstodiamonds.com/wp-content/uploads/2015/09/CIRCLE-KEEPER-HANDBOOK-REVISED-PRANIS.pdf

Research Parameters

A Guide to Districts Profiled in This Report

District	Location	Approximate Enrollment
District A	South	250,000
District B	Mountain West	300,000
District C	South	70,000
District D	Mid-Atlantic	60,000
District E	South	150,000

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5) Appendix: Profiled District Diagnostics

The following key describes how EAB researchers assessed the degree to which profiled districts implement various interventions. EAB researchers assigned a "level of implementation" to each intervention, ranging from 0-4.

Implementation Level Key

Level of Implementation	Description
0	Research contact unaware of implementation level
1	Intervention not yet implemented
2	Intervention implemented at certain schools or by certain staff members
3	Intervention consistently implemented at most or all schools for less than two years
4	Intervention consistently implemented at most or all schools for more than two years

The following tables contain profiled districts' diagnostics, which describe individual practices and levels of implementation. This diagnostic was originally developed by EAB researchers.

District A Diagnostic

Best Practice	Description of Best Practice	Level
Structural Components		
Mental and Behavioral Health Intervention Teams	**Response-to-Intervention Teams** • Triage referrals and connect students with necessary support staff • Students referred to RTI team only after teacher-led interventions have failed • See **page 8** for description of team composition and referral process	4
Universal Screening for Emotional and Behavioral Needs	**Terrace Metrics** • Administered electronically by trained staff members • Assigns priority levels (1-5) to all students • Prescribes responses commensurate with priority levels • Piloted at four high-need high schools	2
Other Referral Practices	**Parent and Teacher Referrals** Social workers and family therapists oversee certain schools/certain designated zones that contain multiple schools For social workers: • Teachers/parents go to a certain website and fill in information • Information sent automatically to social worker that oversees student's school For family therapists: • Teachers/parents can either call the Office of Student Supports or can reach out to the therapist directly	4

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Leadership of Clinically-Licensed, Professional Mental Health Staff	**Social Worker Supervisors** • 3 supervisors oversee 175 district social workers	4
	MTSS Specialists/RTI Leads • Oversee school-based RTI teams • Not necessarily clinically-licensed, but do have significant amount of expertise	4
Tier I		
District-Wide PBIS	**District-Wide PBIS Program** • Tier I PBIS includes 10 critical elements implemented by all schools as part of their core behavioral curriculum • Developed implementation plans for all schools • All schools must complete School-Wide Positive Behavior Plans (SPBPs) as part of their School Improvement Plans (SIPs).	4
Universal SEL Instruction	Uses **Harmony** and **Rethink Ed** to deliver SEL instruction across all schools and grade levels	4
Embedded SEL Routines	**Mindfulness** • Every school incorporates at least 10 minutes of mindfulness per day • Implemented primarily using Harmony resources • District provides resources schools can use to implement mindfulness practices	4
Trauma-Informed Professional Development and Mental Health Awareness Training	**Partnership with Center for Mind-Body Medicine** (CMBM) • Emphasis on cognitive behavioral therapy • Staff training • Student ambassadors • All family therapists trained in trauma-informed cognitive behavioral therapy	4
	Community Providers • Some community-based behavioral and mental health practitioners provide trauma-informed PD	4
Classroom Design Audits	N/A	1
Expanded Time for Unstructured Play	N/A	0
Other Tier I Interventions	N/A	N/A
Tier II		
Evidence-Based Group Therapeutic Programs	**Push-in Interventions and Curricula** • Some academic push-in interventions can include mental health education • Depends on availability of staff to deliver curricula • Uses **Lauren's Kids** to teach child safety in elementary grades	2
Other Tier II Interventions	**Intensive SEL Instruction** • **WhyTry** curriculum used at high-needs schools • **GCScored Program** supports staff at high-needs schools, helping them relate to students and families	2

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Tier III		
Handle With Care Notifications	N/A	0
End-to-End Case Management	**Quasi-Case Managers** • District does not employ dedicated case managers • Social workers working with students at Tier III and special education specialists act as quasi-case managers • These staff members contact families, speak with teachers to maintain up-to-date information on students receiving Tier 3 supports	4
School-Based Access to Clinical Care	**School-Based Mental Health Professionals** • Includes family therapists, social workers, school psychologists, school counselors • Therapy sessions almost always conducted in-person • Family therapists hold virtual evening hours twice per week	4
	Community-Based Mental Health Practitioners • District partners with 23 community providers • All providers vetted by Mental Health Leadership Team • Once approved, provider receives a vendor badge and can conduct 1:1 therapy sessions on school grounds	4
Coordinated Returns from Mental Health-Related Absences	**Substance Abuse Expulsion Case Managers** (SAECMs) • Five SAECMs across the district • If student is suspended or participates in expulsion abeyance program, SAECMs oversee their transition back to school (assuming student completes mandatory programming)	4
Crisis Protocols for Mental Health-Related Emergencies	**School-Based Crisis Response Teams** • Coordinate school response to crisis events • Crisis case manager oversees response	4
	District-Level Crisis Response Team • Receives notification of crisis event through email chain • Team members deploy staff members they oversee • Work closely with administrator who oversees Employee Assistance Program (EAP) to coordinate responses to staff/faculty crises	4

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District B Diagnostic

Best Practice	Description of Best Practice	Level
Structural Components		
Mental and Behavioral Health Intervention Teams	**Multidisciplinary Leadership Teams** (MDLTs) • Triage referrals • Use data from Panorama screener, teacher referrals, parent input to make decisions about level of need	4
Universal Screening for Emotional and Behavioral Needs	**Panorama SEL Screener** • Screened approximately one-third of the district during the 2019-20 academic year (33,000/310,000 students) • Set up a system to screen students three times per year	3
	MAP Screener • Used to screen all elementary students for academic needs • Fully implemented across all elementary schools, but not as common in secondary schools	4
Other Referral Practices	**In-House Data-Tracking System** • Connects with Panorama • Subset of MDLT (predominantly counselors and social workers) access this database	3
	Referrals from Parents and Teachers • Paper/phone/email referrals	4
Leadership of Clinically-Licensed, Professional Mental Health Staff	N/A	1
Tier I		
District-Wide PBIS	**MTSS/PBIS Project** • PBIS databases allow administrators to track and analyze student behavioral and academic data • Strong emphasis on data collection to inform tier placement, supports, and changes to tier placement • Aims to reduce suspensions and disciplinary measures	2
Universal SEL Instruction	• Approximately one half of district's elementary schools incorporate SEL instruction • Less SEL instruction at secondary level	2
Embedded SEL Routines	**Restorative Justice Practices** • Neutral mediators provided by local mediation program • Mediators meet with offender, victim, and family members of both • Mediators help students craft written agreement that outlines a solution	2
Trauma-Informed Professional Development and Mental Health Awareness Training	**Partnership with Local University** • University mental health staff offer professional learning sessions on trauma-informed care • University mental health staff walk district teachers through signs and symptoms of trauma, basic resources, and offer suggestions for Tiers I-III	3
Classroom Design Audits	**Prioritized Walkthroughs** • Conducted by staff from division of Curricular Instruction and division of Assessment and Accountability	4

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	• Run through state checklist and provide feedback for teachers	
Expanded Time for Unstructured Play	N/A	1
Other Tier I Interventions	**Mental Health Support Group** (MHSG) • Comprised of MDLT members • Offers SEL guidance to all schools at the beginning of the school year	3
Tier II		
Evidence-Based Group Therapeutic Programs	N/A	1
Other Group Interventions	**Push-In Lesson Plans** • Primarily focused on academics • School counselors or social workers craft and deliver lesson plans to target small groups of students • MDLT use referral information and data to determine which students receive these interventions • Fully implemented at elementary level; less common at secondary level	2
Tier III		
Handle With Care Notifications	**State Alert System** • Contains feedback mechanism through which school and district staff can track referrals	4
End-to-End Case Management	N/A	1
School-Based Access to Clinical Care	**Therapeutic Services** • Conducted and overseen by school social workers • Social workers provide clinical mental health counseling • Implemented in isolated schools; most students receive clinical care from community-based mental health practitioners	2
Coordinated Returns from Mental Health-Related Absences	**Mental Health Transition Team** • Developed 6-7 years ago • Maintains agreements with local hospitals • Facilitates communication between hospital, family, and school to help student transition back into school	4
Crisis Protocols for Mental Health-Related Emergencies	**School-Based Crisis Intervention Teams** • Handle most school-based crises • Comprised of counselors, social workers, psychologists, and nurses	4
	District-Level Crisis Response Team • 14 licensed staff members • Provides training for school- and district-level staff • Oversees district response to crises (pushes services into community) • Provides postvention services • Coordinates with state agencies	4

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District C Diagnostic

Best Practice	Description of Best Practice	Level
Structural Components		
Mental and Behavioral Health Intervention Teams	**School-Based Intervention Teams** • Triage referrals and connect students with necessary supports • Typically include counselor, school psychologist, and administrator (at minimum)	4
Universal Screening for Emotional and Behavioral Needs	**Rethink Ed SEL Screener** • Aligned with CASEL's five SEL competencies • Used in all grades 3-12 • School teams trained to determine which tiered supports students require based on data from this screener	3
	Gaggle • Online monitoring tool that pulls warning and crisis indicators out of text • Routed to central district location, then run through appropriate channels	4
	Early Warning Response System • Built in-house • Collects and analyzes attendance, behavior, and course performance data • Includes preset thresholds to determine risk levels	4
Other Referral Practices	**Teacher/Parent Referrals**	4
Leadership of Clinically-Licensed, Professional Mental Health Staff	**Director of Mental Health Counseling** • Part of district-level team that makes decisions regarding SEL platforms • Helps make decisions regarding school-based Behavior Threat Assessment Teams (BTAMs)	N/A
	Leadership of Community Providers • District has memorandum of agreement (MOA) with local branch of state's department of mental health • Provide licensed therapists for each school • District provides therapists with materials, but therapists work for the state	4
Tier I		
District-Wide PBIS	N/A	2
Universal SEL Instruction	**SEL Curricula** • **Conscious Discipline** (implemented at 15 elementary schools) • **Capturing Kids' Hearts** (implemented at 10 schools) • District organized PLCs to implement both of these curricula: teachers and staff read a chapter at a time and discuss with certified trainers • **Rethink Ed**: School-based teams trained to implement Rethink Ed curriculum; teachers watch videos before teaching SEL lessons	3
Embedded SEL Routines	**"Train the Trainer"** • Counselors receive training from district staff on foundational SEL concepts and strategies • Counselors then implement those concepts and strategies at their schools	2

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Trauma-Informed Professional Development and Mental Health Awareness Training	**PD Partnerships** • **Adverse Childhood Experiences** (ACEs) training through the Centers for Disease Control and Prevention (CDC) • Mandatory training for every teacher • 30 master trainers receive training through local provider	4
Classroom Design Audits	**State-Run Audits** • State academic specialists will conduct classroom design audits if state determines school requires additional support • Audits center around five main ideas: environment; knowledge of students; content; best practices and instructional lessons; connecting assessment to instruction	4
Expanded Time for Unstructured Play	N/A	1
Other Tier I Interventions	N/A	N/A
Tier II		
Evidence-Based Group Therapeutic Programs	**Zones of Regulation** • Framework developed by occupational therapist • See **page 14** for more information	2
Other Group Interventions	N/A	N/A
Tier III		
Handle With Care Notifications	N/A	1
End-to-End Case Management	Mental health therapist/counselor acts as students' case managers, overseeing cases from beginning to end	4
School-Based Access to Clinical Care	Clinical care delivered by mental health therapists on school grounds, in-person	4
Coordinated Returns from Mental Health-Related Absences	N/A	1
Crisis Protocols for Mental Health-Related Emergencies	**School-Based Crisis Care Teams** • Multidisciplinary teams comprised of counselors, psychologists, and social workers • Work in coordination with relevant/appropriate state agencies • Provide grief support and other services • Provide medical homebound support	4

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District D Diagnostic

Best Practice	Description of Best Practice	Level
Structural Components		
Mental and Behavioral Health Intervention Teams	**School-Based PBIS Leadership Teams** • Reviews data and makes decisions about tier placement • Receive support from district-level PBIS coordinators	4
Universal Screening for Emotional and Behavioral Needs	**Panorama Education's SEL Assessment** • Evaluates both students and staff members • Implemented at 20 schools (10 elementary, six middle, four high) beginning during the 2020-21 academic year	3
	SEL Survey • Developed in-house • The survey modifies questions that assess CASEL's five SEL competencies • Administered to all students in grades 4-12	3
Other Referral Practices	Faculty/family referrals	4
	Securly • Online monitoring tool that flags warning indicators in students' work and communications • Internal vendor team reviews each case context • If vendor team determines case requires additional action, team members will communicate it to the district's Office of Safe Schools (OSS) • OSS intervenes and speaks with family • After speaking with student's family, OSS meets with student's school and creates support plan	4
Leadership of Clinically-Licensed, Professional Mental Health Staff	District assigns clinically-licensed school psychologists and counselors to a maximum of three schools each	4
Tier I		
District-Wide PBIS	**District-Wide PBIS** • Each school-based PBIS leadership team gathers feedback from staff, students, families, and community groups to create 3-5 behavioral expectations (core values) • Team then creates a matrix describing what each expectation looks like, sounds like, and feels like in all non-classroom spaces	4
Universal SEL Instruction	• District does not have a set universal SEL curriculum; schools select their own platforms • In grades K-8, counselors deliver monthly SEL lessons • School advisory programs deliver SEL instruction at the secondary level	2

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	SEL Stockpile • District maintains a "stockpile" of resources designed to help teachers and staff deliver SEL instruction and integrate SEL throughout the school day • Stockpile includes developmental guides, professional resources, and lists of SEL practices	4
Embedded SEL Routines	**Responsive Classroom "Academy"** • PD initiative based on instructional approach that emphasizes structure • Over 200 staff members from all schools participate in 3-5 day trainings • Helps teachers and staff provide additional SEL structure and routines; improve behavior and attendance; encourage pro-social behaviors; and increase academic performance	4
Trauma-Informed Professional Development and Mental Health Awareness Training	• District held trauma-informed practices symposium in February of 2020 • More PD opportunities at conferences, internal events • Available to all schools and staff	4
Classroom Design Audits	**Classroom Walkthroughs** • Conducted by district's Executive Leadership Team • Audited teachers' SEL strategies • Team looked at: culturally responsive practices; demographic makeup of classrooms; student engagement levels; teacher questions	3
Expanded Time for Unstructured Play	**Lunch Program** • Implemented at the high school level • All students eat at the same time, but have the option to move about the school building • This allows students to engage in extracurriculars or get help if needed	2
Other Tier I Interventions	N/A	N/A
Tier II		
Evidence-Based Group Therapeutic Programs	Clinical group interventions only offered for students receiving special education services	N/A
Other Group Interventions	**Tier II Intervention Program** • See **pages 13-14** • Fully implemented at secondary level	4
	Therapeutic Day Treatment Program • See **page 14** • Early stages of implementation at elementary level	3
	Behavior and Social Emotional (BASE) Program • Reserved for elementary students in general education classrooms • BASE team housed at several elementary schools • Student Response Teams (SRTs) provide behavioral interventions first, but if those fail, students referred to BASE • Two classrooms, with six students in each • Clinical psychologist and social worker support teachers • Student remains in BASE for one marking period to correct behavior	3

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Tier III		
Handle With Care Notifications	Emergency services notify Office of Safe Schools (OSS); OSS staff contact principal at student's school and coordinate supports	4
End-to-End Case Management	Case management depends on external vendor decisions: when a school signs a release, district remains in contact with vendor and receives updates on how many students they serve and what kind of supports each student receives	4
School-Based Access to Clinical Care	Clinical mental health care not offered in schools—done entirely through community providers	1
Coordinated Returns from Mental Health-Related Absences	**Plan-of-Action Meetings** • School administrators review release documents from facilities • If student has received new diagnoses or medications, administrators will call additional meeting • Meetings typically include: counselor, teacher, school psychologist, administrator, case manager for special education students, social worker, parent/guardian, and students (when appropriate)	4
Crisis Protocols for Mental Health-Related Emergencies	• Qualified school personnel (e.g., counselors, nurses, social workers, psychologists) provide support for students • Office of Student Support Services mobilize crisis response teams—comprised of psychologists, social workers, and counselors—to assist schools after community crisis event	4

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District E Diagnostic

Best Practice	Description of Best Practice	Level
Structural Components		
Mental and Behavioral Health Intervention Teams	**School-Based Intervention Teams** • Comprised of: student services staff member, school principal, teacher • Looks at approved interventions and decides what each student requires • MTSS coaches assigned to designated regions; will sometimes support intervention teams	4
Universal Screening for Emotional and Behavioral Needs	**In-House Universal Screener** • Implemented through cohort model (30/195 schools currently administer it)	2
Other Referral Practices	• Primarily use teacher/parent referrals for all non-crisis cases • For crisis cases, counselors send all referrals to Alliance Mental Health	4
Leadership of Clinically-Licensed, Professional Mental Health Staff	N/A	1
Tier I		
District-Wide PBIS	District maintains webpage outlining benefits of PBIS, encouraging schools to implement it	2
Universal SEL Instruction	Implements universal SEL instruction through **Second Step** curriculum	4
Embedded SEL Routines	Teachers use morning meetings and restorative practices at the elementary level	4
Trauma-Informed Professional Development and Mental Health Awareness Training	**Trauma Resource Institute** (TRI) • Partners with TRI to deliver trauma-informed PD • Focuses on TRI's Community Resiliency Model • Training available to all staff on voluntary basis • Student Services staff receive more intensive, 2-day trainings every year	4
	Mental Health Awareness Training • Training focuses on helping teachers and staff become aware of their own trauma and how it affect their teaching/relationships with students • Staff can become District Trainers by completing 5-day training through TRI	4
Classroom Design Audits	N/A	0
Expanded Time for Unstructured Play	N/A	0
Other Tier I Interventions	N/A	N/A
Tier II		
Evidence-Based Group Therapeutic Programs	N/A	1

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Other Group Interventions	**Conflict Circles** • See **page 13**	4
	Small Group Counseling • Counselors convene groups of students experiencing similar problems • Counselor designs 4-6 week program to help students during the school day	4
Tier III		
Handle With Care Notifications	Community provider receives notifications from emergency services, connects with parents to obtain consent for services	4
End-to-End Case Management	Care Coordinators from community provider serve as students' case managers, connecting students with therapists and periodically checking in to ensure student is making progress	4
School-Based Access to Clinical Care	Community provider connects students with therapists outside of school	1
Coordinated Returns from Mental Health-Related Absences	**Child and Family Teams** • For students in general education classrooms, Child and Family teams will meet to discuss student's return to school • Comprised of all relevant stakeholders, but usually led by external agencies/specialists (e.g., Care Coordinators, therapists) • Parents decide who attends the meetings	4
Crisis Protocols for Mental Health-Related Emergencies	Community provider handles crisis response for the district	4

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