



Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs



U.S. Department of Education

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Contents

Executive Summary	1
Introduction	3
Challenges	7
1. Rising Mental Health Needs and Disparities Among Children and Student Groups	7
2. Perceived Stigma as a Barrier to Accessing Services Even When Available	14
3. Ineffective Implementation of Practices	14
4. Fragmented Delivery Systems	15
5. Policy and Funding Gaps	16
6. Gaps in Professional Development and Support	17
7. Lack of Access to Usable Data to Guide Implementation Decisions	18
Recommendations	19
1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider	19
2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access	22
3. Implement a Continuum of Evidence-Based Prevention Practices	23
4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All	27
5. Leverage Policy and Funding	29
6. Enhance Workforce Capacity	31
7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes	32
Summary and State Spotlight	34
References	37
APPENDIX A. Implementation Examples by Recommendation	53
APPENDIX B. Federal Technical Assistance Centers Related to Social- Emotional and Mental Health	73
APPENDIX C. Technical Assistance Resources Related to Social, Emotional and Mental Health	81
APPENDIX D. Guidance on Existing Programs That Can Support Social- Emotional and Mental Health Services for Students	93



Executive Summary

Like physical health, positive mental health promotes success in life. As defined by the Centers for Disease Control and Prevention (CDC), “[m]ental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.” In schools, we prioritize three critical and inter-related components of mental health: **social** (how we relate to others), **emotional** (how we feel), and **behavioral** (how we act) supports to promote overall well-being (Chafouleas, 2020).

This resource is intended to supplement the information in [the ED COVID-19 Handbook, Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools](#), [Volume 2: Roadmap to Reopening Safely and Meeting All Students’ Needs](#), and [Volume 3: Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff](#), by providing focused information and resources to enhance the promotion of mental health and social and emotional well-being among students.

Many children and students struggle with mental health challenges that impact their full access to and participation in learning, and these challenges are often misunderstood and can lead to behaviors that are inconsistent with school or program expectations. The COVID-19 global pandemic intensified these challenges, accelerating the need to provide school-based mental health support and leverage our accumulated knowledge about how to provide nurturing educational environments to meet the needs of our nation’s youth.

This resource highlights seven key challenges to providing school- or program-based mental health support across early childhood, K–12 schools, and higher education settings, and presents seven corresponding recommendations. The appendix provides additional useful information, including (a) numerous examples corresponding to the recommendations highlighting implementation efforts throughout the country; (b) a list of federal resource centers; (c) a list of resources to assist educators (teachers, providers, and administrators) in implementing the recommendations; and (d) guidance on existing programs that can support social, emotional and mental health services for students.

Challenges

1. Rising Mental Health Needs and Disparities Among Children and Student Groups
2. Perceived Stigma is a Barrier to Access
3. Ineffective Implementation of Practices
4. Fragmented Delivery Systems
5. Policy and Funding Gaps
6. Gaps in Professional Development and Support
7. Lack of Access to Usable Data to Guide Implementation Decisions

Recommendations

1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider
2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access
3. Implement Continuum of Evidence-Based Prevention Practices
4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All
5. Leverage Policy and Funding
6. Enhance Workforce Capacity
7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes





Introduction

The mental health crisis for children and youth in the United States has reached a critical point. The pandemic has exacerbated already alarming trends in mental health, and, without increasing the number of high-quality, evidence-based mental health services, the increased need for services for children and youth will not be met. As schools and programs return to full in-person learning in the fall, and have new resources in the American Rescue Plan's Elementary and Secondary School Emergency Relief fund (ARP ESSER), and previous rounds of ESSER funding, to support this work, there is a unique opportunity to reconceptualize how we prioritize and provide school- and program-based mental health supports, an essential component of creating nurturing educational environments for children, students, families, educators, and providers. This includes dramatically expanding the number of social workers, school counselors, school nurses, and school psychologists available to support students.

As stated in Executive Order 14000, *Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers*, “every student in America deserves a high-quality education in a safe environment.” In addition, Volume 1 of the ED COVID-19 Handbook describes the importance of planning

and implementing comprehensive prevention strategies for all students. This resource is intended to supplement the information in the ED COVID-19 Handbook, Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools, Volume 2: Roadmap to Reopening Safely and Meeting All Students’ Needs, and Volume 3, Strategies for Safe Operation and Addressing the Impact of COVID-19 on Higher Education Students, Faculty, and Staff, which were released earlier this year, with more comprehensive information and resources to enhance the promotion of mental health, social, emotional, and behavioral well-being of children and students.

Congress has provided significant federal funding to assist in efforts to return to full in-person learning, but as stated in Volume 2, “for most schools, returning to the status quo will not address the full impact of COVID-19 on students’ physical and mental health; students’ social, emotional, behavioral, and educational needs; or the impact on educator and staff well-being.” As President Biden has often stated, we have an opportunity to “build back better.” One way to build back better is to intentionally integrate the current research and evidence on the importance of prevention and intervention practices to address the mental health needs of children and students.

This should be done not just as a reaction to COVID-19 but as a deliberate action to fully address children and students' overall well-being and their full access to education and opportunities.

This resource highlights seven key challenges to providing school- or program-based mental health support across early childhood, K–12 schools, and higher education settings, and also presents seven corresponding recommendations. The appendix provides additional useful information, including (a) numerous examples corresponding to the recommendations highlighting implementation efforts throughout the country; (b) a list of federal resource centers; (c) a list of resources to assist in implementing the recommendations; and (d) a summary of legislation and policy addressing the provision of social, emotional, and behavioral supports to promote mental health and well-being.

Mental Health Supports

Like physical health, positive mental health promotes success in life. As defined by the Centers for Disease Control and Prevention (CDC), “[m]ental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood” (Centers for Disease and Control, 2021). In schools, we prioritize three critical and inter-related components of mental health: **social** (how we relate to others), **emotional** (how we feel), and **behavioral** (how we act) supports to promote overall well-being (Chafouleas, 2020).

However, many children and students struggle with mental health challenges that impact their full access to and participation in learning and result in

behaviors inconsistent with school or program expectations. In young children mental health refers to the developing capacity of the child to form close relationships, manage and express emotions, explore the environment, and learn (Zero to Three, 2016). Researchers suggest that children’s experiences, even in the earliest stages (infancy), affect their social, emotional, and behavioral development (Dawson et al., 2000; Malik & Marwaha, 2018; Steele et al., 1999). Supporting students’ social, emotional, and behavioral development at early ages may mitigate the need for long-term services and supports (Yoshikawa et al. 2013; Bierman et al., 2018).

Prior to the COVID-19 pandemic, 13–22% of school-aged youth experienced a mental health challenge at a level associated with formal diagnoses (NCSMHI, 2016; Maag, & Katsiyannis, 2010). Researchers estimate that 80% of those children and youth have unmet treatment needs (McCance-Katz, & Lynch, 2019). Unmet needs may result in social, emotional, or behavioral challenges. In the absence of effective support, these children and students may experience reactive and exclusionary discipline practices (e.g., suspensions, expulsions) that further exacerbate mental health concerns, interrupt access to and participation in learning, limit opportunities, and negatively affect outcomes.

In addition, early childhood programs that actively involve families, serve children in natural contexts where possible, incorporate evidence-based interventions, and take a comprehensive approach to treatment are associated with greater improvements in mental health outcomes (Hodgkinson, Godoy, Beers, & Lewin, 2017). School mental health services (a) broaden the reach of mental health services and (b) provide an access point for early and effective intervention in typical, everyday environments. For example,



youth are six times more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010), and mental health services are most effective when integrated into students' academic instruction (Sanchez et al., 2018). In 2018, nearly 3.5 million adolescents received mental health services in education settings. Adolescents with public insurance, from low-income households and from racial/ ethnic minority groups, were more likely to only access services in an educational setting, compared with services in both educational and other settings or in other settings only (private specialty or general medical settings) (Ali et al., 2019).



The COVID-19 pandemic exacerbated this mental health crisis, accelerating the need to provide school mental health support at an even larger scale to meet the needs of our nation's youth. Research on the effects of prior pandemics and disasters clearly indicates that there will be both immediate and long-term adverse consequences for many children (Weist et al., 2002; Yoshikawa et al., 2020). Initial data related to the impact of the pandemic underscore an unprecedented magnitude of mental health needs that children, students, families, and staffs will continue to experience for many years to come:

- Emergency department visits related to mental health increased 24% for 5–11-year-olds and 31% for 12–17-year-olds between January and October 2020 (Leeb et al., 2020).
- Between March and June of 2020, more than 25% of American parents reported that their child experienced declines in mental health and 14% reported increases in behavior problems (Patrick et al., 2020).
- In a survey conducted in April and May 2020, one in four youth (ages 13–19) reported an increase in sleep loss due to worry, feeling unhappy or depressed, feeling constantly under strain, and loss of confidence in themselves (Margolius et al., 2020).
- A CDC report found one quarter of respondents ages 18–24 had contemplated suicide in the 30 days prior to completing the survey (Czeisler et al., 2020).

For example, pediatricians in Washington State are reporting:

- Significant increases in youth with eating disorders, anxiety, mood disorders and depression with suicidal thoughts and self-harm behaviors (nearly twice the rate of adults over 40).
- Families experiencing long wait times and limited access to mental health services.
- Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ2+) youth are having specific challenges navigating limited social support when affirmation and support are particularly important, resulting in sleep disturbances, decreased physical activity leading to unhealthy weight gain, and abuse of substances.
- A significant number of previously stable youth have experienced new-onset or exacerbated eating disorders, depression, or

anxiety, with some requiring increased use of medications, hospitalization, or other higher levels of care.

- Children are experiencing a significant sense of isolation and loss, which is negatively impacting their learning and grades.

These data underscore the need for urgent action. We have the potential to accelerate support to meet this notably increased need for effective social, emotional, and behavioral practices and

create a healthier path forward. We have a wealth of accumulated knowledge across prevention and behavioral science to create more nurturing environments that prioritize prevention and promote wellness (Biglan et al., 2020). This guide acknowledges the **challenges** inherent in scaling up school mental health services and supports and provides key **recommendations** to improve these supports and directly address this critical current societal need, based on advances in research on the implementation of evidence-based practices.



Spotlight on Mental Health Crisis in Washington State: Identifying the Challenges

The Washington Department of Health forecasted (based on models from disaster response) that “impacts from COVID-19 outbreak and related government actions will likely cause a surge in (services needed from the) behavioral health systems across the state.” Over the course of the year, some of those predictions have come to fruition.

In February 2021, Governor Inslee declared a State of Emergency across all counties in Washington State stating, “Although we have, for the time being, averted the crisis of overwhelming hospital capacity related to COVID-19 cases, we are in the midst of another crisis related to the mental health of many of our children and youth.”





Challenges

This section explores seven current challenges impacting the effective provision of social, emotional, and behavioral supports to enhance children’s and students’ mental health and well-being. A discussion of the current evidence base follows each challenge.

1. Rising Mental Health Needs and Disparities Among Children and Student Groups

Even before the pandemic, the United States was experiencing a mental health crisis: the escalating mental health needs of children and youth were largely unmet due to insufficient capacity, multiple barriers to care, and disparities across populations. The COVID-19 pandemic continues to exacerbate this crisis. However, this crisis disproportionately affects populations that have been marginalized, and COVID-19 has exacerbated existing inequities and inadequacies across a range of social structures, including our nation’s education system. As described below, there are population-specific mental health challenges based on school level, socio-economic and housing status, race, color, national origin,

ethnicity, language, or immigration status, sex, LGBTQI+ status,¹ religious identity, and disability.

Early Childhood

The American Psychological Association (2021) describes trauma as “an emotional response to a terrible event.” Trauma affects between half and two-thirds of all children in the United States. These Adverse childhood experiences (ACEs), such as maltreatment, exposure to violence, and/or substance abuse have an important impact on mental health from childhood to adolescence and can predict poor mental health across the lifespan. ACEs can present particular risk when children experience them during early childhood when brain architecture is still rapidly developing and highly sensitive to environmental adversity (Yoshikawa et al. 2020; Lipscomb et al. 2021).

Without adequate access to trauma-informed practices, some early childhood programs that serve infants, toddlers, and preschool children have struggled to systematically promote positive social, emotional, and behavioral development and adequately address manifestations of that trauma which are often perceived as challenging behaviors.

¹ With the exception of the Washington State example found on page eight that is reflective of report, for consistency, throughout this document we use the acronym ‘LGBTQI+’ when speaking on behalf of the Department. We recognize that other terminology may be used or preferred by certain groups or

individuals, and our use of ‘LGBTQI+’ should be understood to include lesbian, gay, bisexual, transgender, queer, questioning, asexual, intersex, nonbinary, and other sexual orientation or gender identity communities. The term is meant to be inclusive.

This lack of training and support leave practitioners ill-equipped to address students' social, emotional, and behavioral needs and overly reliant on more punitive and exclusionary forms of discipline (e.g., suspensions and expulsions). Early research on preschool disciplinary practices by Gilliam (2005) reported that the rate of expulsion from state-funded pre-K programs is three times higher than that for K–12 programs. Later research and reports bolster these initial findings and further research report suspension and expulsion from early education disproportionately affects young boys of color (Gilliam & Reyes, 2018, Malik, 2017; Meek & Gilliam, 2016). Early childhood and education professionals require adequate training and ongoing supports, such as behavior specialists or mental health consultation, to support social, emotional, and behavioral development; address behaviors appropriately; and form supportive and nurturing relationships with all children and their families.

The COVID-19 pandemic further disrupted early childhood and education supports (Yoshikawa et al., 2020). With many childcare and early education facilities closed nationwide, and interactions with extended families limited, children have been deprived of both social and cognitive stimulation beyond their homes, as well as meals and other resources provided by many early childhood development programs (Yoshikawa et al., 2020). Children from families experiencing poverty (defined as those in families with incomes under \$25,000 per year) have experienced the steepest declines in overall participation in center-based preschool programs and, especially, in-person participation. During the pandemic, only 13% of children in poverty were reported to receive in-person preschool education, compared to 38% of those above the poverty line (Barnett & Jung, 2021). The emotional well-being

of young children is directly tied to the functioning of their caregivers and the families in which they live. Therefore, reducing the stressors affecting children requires addressing the stresses in the contexts of their families and communities.

K–12 Students

Even before the pandemic, as students entered their K–12 school experience, schools were reporting earlier onset, increased prevalence, and greater intensity and complexity of student mental health needs (Geiser et al., 2019; Hertz & Barrios, 2020). COVID-19 has significantly disrupted supports (Stark & Basu, 2020; WHO, 2020) and increased concerns for K–12 students (CDC, 2020; Mann, Bangar, & Kulkani, 2020). These concerns coupled with inadequate counselor staffing ratios, particularly for students of color and students from low-income families, stand to exasperate new and existing gaps (The Education Trust, 2019).

For example, many children in the United States are experiencing increased loneliness, which is harming their psychosocial development given the critical role of relationships with peers during childhood and adolescence (Loades et al., 2020). Such increased loneliness is related to the loss of in-person school for over 223 million children worldwide, with strong evidence for the importance of in-person school on students' adjustment (UNESCO, 2021). In addition to being unable to attend in-person school, other factors associated with poorer emotional adjustment of adolescents since the pandemic include COVID-19 worries, having problems with online learning, and having increased conflicts with parents (Magson et al., 2021). Now there are indications that children who experienced COVID were more likely to develop mental health conditions and these students may need even more support upon their return to school (West et al, 2021).



The United States is not alone in these challenges, studies from Australia, China, and the United Kingdom document increased anxiety and depression among adolescents since the pandemic (Magson et al., 2021; Xiang, Cheung, & Xiang, 2021; Dubicka, 2021), and some studies also document alarming increases in self-harm among adolescents (Dubicka, 2021). Without question, for K–12 students and families the pandemic has been a traumatic event and a catalyst for further trauma including social isolation, financial insecurity, and death of family members and friends.

Young-Adult University and College Students

The transition from high school to college can be challenging. The experience reflects dramatic changes in peer groups, separation from parents/caregivers, immersion within new cultures and lifestyles, and expansive learning opportunities. Further, the prevalence and complexity of mental health disorders among college students has increased over time (Xiao et al., 2017), and few college students seek support (Kaprea & Kalkbrenner, 2017). Despite efforts, students often encounter fragmented and disjointed mental health services (Farrington et al., 2012; Morningstar et al., 2018). Just prior to typical entry to college, following high school, over one in five (22.2%) adolescents experience a mental disorder that has a severe impact on daily functioning (Merikangas et al., 2010). Examples of mental health risk factors impacting college students include (a) exposure to adverse childhood experience (e.g., exposure to substance abuse, such as the current opioid epidemic), (b) community stress or trauma such as experiencing or witnessing violence in the neighborhood, and (c) the presence of mental illness (Stephan et al., 2015). The challenges thrust upon students as they enter college can be

overwhelming. Students must develop higher levels of academic and social competencies despite varied levels of prior training an increased independent study and autonomy, and refinement of their course of study to address specialization and career goals.

According to the most recent American College Health Association National College Health Assessment (2021), nearly 50% of college students experience moderate (23.8%) or serious (24%) psychological distress. This is consistent with previous research that found ninety-five percent of postsecondary school administrators note that social, emotional, and behavioral health are significant issues at their institutions (American Psychological Association, 2013). However, most college faculty and staff receive little formal preparation related to addressing what are referred to as non-academic barriers to college students' success. Non-academic barriers are factors that extend beyond traditional academic matters that inhibit achievement, such as college students navigating moving, being away from home (and their long-term and consistent support), developing new friendships, and managing academic demands with a new level of independence. Recent research indicates the pandemic has had a significant impact on college student's mental health, adding considerable stress and resulting in notably elevated mental health challenges during this time of life involving notable pre-existing developmental challenges (see Copeland et al., 2020).



Socio-Economic and Housing Status

Nearly one in five children in the United States live in poverty, and youth from lower income households are less likely to access health care (Cree et al., 2018) and more likely to experience significant mental health symptoms (e.g., suicidality among boys; Fang 2018). Further, youth experiencing food insecurity (Willis, 2021) or homelessness (Barnes et al., 2018) are at higher risk of mental health concerns. These challenges are heightened during the COVID-19 pandemic, with children and students losing access to academic, social, emotional, and behavioral supports and other mental health services, for example, as provided through school-based health centers, nursing services, and in-person school mental health support (Dooley et al., 2020; Williamson et al., 2020). Importantly, before the pandemic, these programs helped to reduce inequities in students' access to support and care, and in many cases, these connections have been lost during the pandemic. In addition, the most accessible support for children and students is available by attending school in-person, but families with lower incomes and racial minorities have been more hesitant to attend in-person schooling during the COVID-19 pandemic (U.S. Department of Education, 2021).

Race and Ethnicity

Based on race and ethnicity, youth experience differences in severity of mental health symptoms. Black teens have disproportionately higher rates of suicide than White teens (Price & Khubchandani, 2019), and the odds of having attempted suicide within the past year were significantly greater among Asian international and Black college students than in previous years (Goodwill et al., 2020). Further, there are differences among communities, by race and ethnicity, in the extent to which individuals seek, access, and use mental

health services (DeFreitas et al., 2018; Hodgkinson et al., 2017; Kam et al., 2019; Whitaker et al., 2018). As stated, unmet mental health needs may manifest in behaviors inconsistent with school or program expectations and students of color who exhibit these behaviors are more likely to experience reactive and exclusionary discipline rather than interventions or additional supports and lose instructional time. Based on these experiences, children and youth of color often have poorer outcomes than white peers (Losen & Martinez, 2020; Morris & Perry, 2016; Quirk, 2020; U.S. Department of Education, 2021). To be clear, racism, not race, is a critical risk factor for mental health concerns and poorer outcomes. For example, darker-skinned Latino children may be at increased risk for more severe and/or more persistent mental health problems, than fairer-skinned Latino children perhaps due to discrimination based on their skin color (Calzada et al., 2019). Underscoring the complexity of this background literature, there is also evidence that ethnic identity can be a significant positive predictor of mental health, whereas racial status, stress, and impostor feelings were negative predictors for Black college students (McClain et al., 2016).

As briefly reviewed, there is a disproportionate burden of COVID-19 illness and death among racial and ethnic groups in the United States (CDC, 2020). Increased rates of coronavirus disease, racial discrimination, and hate crimes against Asian-Americans have been documented by reporting centers and polls (Margolius et al., 2020). According to FBI data, hate crimes targeting people of Asian descent in the United States rose by 70 percent in 2020 compared to the numbers of such incidents in 2019 (FBI Hate Crime Statistics, 2021). Asian and Latino youth were more likely than any other racial/ethnic group to report poorer physical, cognitive, and

mental health since schools closed in March 2020. Non-Hispanic Black, female, and LGBTQI+ students were at highest risk of increases in depression symptoms (Fruehwirth, et al., 2021).



English Learner (EL) or Immigration Status

Latino ELs have been identified as a unique group of students who are at an elevated social, emotional, and/or behavioral risk (Castro-Olivo et al., 2011). However, many screening assessments for social, emotional, and behavioral risk have limited data to support their reliability, validity, and usability with ELs, as screenings are not usually conducted in students’ native languages and may not capture student need (e.g., Lambert et al., 2018). During the COVID-19 pandemic, in addition to the stress of social isolation, food and shelter insecurity, and COVID-19 related health risk, some ELs had to confront additional challenges (Uro et al., 2020), such as:

- Taking on adult responsibilities, such as dealing with the landlord, social service agencies, and school—if they have more English proficiency than their parents and no interpretation services are offered.

- Supporting younger siblings in navigating remote learning and helping them connect to digital platforms.
- Finding employment to provide vital income to help support their family.
- Lack of access to technology, which disproportionately impacts ELs’ access to online health services, including mental health support, creating a gap in accessibility to intervention supports when in-person services have been suspended.

Youth with immigrant parents were 34% more likely to experience poorer physical, cognitive, and mental health than youth parents born in the United States (Margolius et al., 2020). In addition, existing stressors for newcomer or migrant EL communities were worsened with the pandemic, including feelings of isolation and disconnection from the community due to language and cultural barriers. School and program closures removed the very support systems these child and student populations and their families depended upon to cope with stressors related to learning and living in a new country. For example, food, childcare, and mental-health support services offered through public schools disappeared overnight for many of these families and undocumented families were exempt from stimulus support other American families received.

Moreover, teachers of migrants, refugees, and newcomers are often the people best positioned to identify and refer underserved migrant and refugee learners to mental health services within and outside of school. Teachers and providers can engage in substantial care work that may mitigate the stressors that newcomer children or students often experience, but their roles in doing this work have been severely constrained by the pandemic. Adding to this concern, immigrant families are not

accessing many social safety-net services, like the Women, Infants, and Children (WIC) Nutrition Program (Pelto et al., 2020). Even though immigrant families are eligible for some types of public assistance, some are fearful of accessing these resources.

It is vital that school psychologists, counselors, and other mental health professionals collaborate, in accordance with applicable law, with community agencies that can assist in the provision of services for their children and students and identify those that can work with families who do not speak English (Peterson et al., 2021). It is critical that health care providers communicate in a language that is understood by ELs and their caregivers, and utilize qualified language service providers when needed. Concrete guidance about how to serve ELs, as well as other learners with complex needs, in challenging times is still emerging (Reich et al., 2020).

LGBTQI+ Status

Prior to the pandemic, youth who identify as LGBTQI+ experienced unique stressors such as emotional distress, symptoms of anxiety and depression, hopelessness, self-harm, alcohol/substance abuse, suicidal ideation, and suicidal behavior at rates higher than heterosexual and cisgender youth (Taylor, 2019). Further, individuals who identify as LGBTQI+ experience greater physical/sexual violence and bullying victimization, making them almost five times more likely to experience severe mental health symptoms (Heiden et al., 2020). Students who identify as LGBTQI+ may routinely hear anti-LGBTQI+ language and experience victimization and discrimination at school, resulting in worse educational outcomes and poorer psychological well-being (Kosciw et al., 2018). College students with transgender and gender nonconforming identities reported significantly higher rates of

depression and anxiety symptoms compared with students with cisgender identities. Additionally, the intersection of an individual's gender identity and sexual orientation with other aspects of their identity impacts mental health, such that students of color who are also LGBTQI+ have significantly worse outcomes, such as depression and anxiety, and compromised educational functioning, than students in only one minority identity group (Borgogna et al., 2019).

During the COVID-19 pandemic, LGBTQI+ students were among those at highest risk of increases in anxiety symptoms (Fruehwirth et al., 2021). Young students who identify as LGBTQI+ are exposed to social inequalities, which, in some cases may be worsened by the pandemic, compounding their stress (Hunt et al., 2021; Gonzalez et al., 2020; Salerno et al., 2020). According to The Trevor Project polling in August of 2020, LGBTQI+ youth were significantly more likely than straight or cisgender youth to exhibit symptoms of depression, anxiety and/or both. In addition, loneliness was most acutely felt by transgender and Black LGBTQI+ youth. Overall, LGBTQI+ youth were more likely to report feeling “much more lonely” than straight or cisgender youth. The Trevor Project's 2021 National Survey on LGBTQI+ Youth Mental Health found 42% of LGBTQI+ youth considered attempting suicide in the past year, with higher percentages for transgender and nonbinary respondents. Specifically related to the pandemic, the survey (The Trevor Project, 2021) revealed 70% of LGBTQI+ youth reported that their mental health was “poor” most of the time or always during the time of COVID-19.

Religion

Prior to the pandemic, studies showed that religious minority students faced challenges from bullying. Research shows that more than 16% of

bullying incidents in public schools target students because of their religious identity (Schlanger & Shaffer, 2017). In one nationally representative sample of American families, 42% of Muslims, 23% of Jews, and 6% of Catholics reported that at least one of their children had been bullied in the past year because of their religion (ISPU, 2017). The COVID-19 pandemic disrupted the ability of religious people to congregate at houses of worship, which likely further impacted children in religious minority communities. The challenges experienced by religious minority students, whether due to bullying in school, or as a direct result of the pandemic, potentially raise unique mental health concerns.

Disability

Compared to children and students without disabilities, children and students with disabilities experience (a) higher rates of mental health challenges; (b) more anxiety, depression, and academic-related distress; (c) higher rates of suicide ideation and suicide attempts, and non-suicidal self-injury; and (d) greater peer victimization (Coduti et al., 2016; Fleming et al., 2016; Salle et al., 2018). Unique barriers to support include limited availability of resources, behaviors inconsistent with school or program expectations, family characteristics and involvement, lack of collaboration between partners and need for professional development (Poppen et al., 2016). Further, the current approach of assessment and provision of mental health services for children and students with disabilities is poorly conceptualized and fragmented (Carlson et al., 2020; Skarr et al., 2020).

COVID-19 has disproportionately impacted children and students with disabilities (Pier et al., 2021). School closures prevented children with disabilities across most states from accessing the

full range of instructional services and supports approved in their Individualized Education Program (IEP) specific to their individual needs. School closures have also impacted testing and eligibility decisions regarding early identification of children with disabilities and additional service needs (Cummings & Turner, 2020).



Children and students with disabilities may face additional stress during the pandemic related to increased health and social risks. Discussions of health care rationing, especially early in the pandemic, contributed to heightened anxiety—for example, perceptions among children and students with disabilities such as, “[i]f people like me get sick, we won’t get care.” (Lund & Gabrielli, 2021). Furthermore, immunocompromised children/students and kids with other high-risk conditions (e.g., Down Syndrome, Cystic Fibrosis, asthma, etc.) may experience greater risks due to COVID-19 which may result in increased anxiety—especially if school districts are not requiring masks to be worn in the classroom).

2. Perceived Stigma as a Barrier to Accessing Services Even When Available

Many factors, including culture, tradition, availability of best practices and local advocacy, and access to education and healthcare, can shape public perceptions of mental health (Seeman, Tang, Brown, & Ing, 2016). Additionally, the profound impact of early experiences on mental health warrants increased public awareness. Research increasingly suggests that adverse events in early childhood are linked to persistent mental health problems. Childhood maltreatment, for example, increases the odds of developing depression or Post-Traumatic Stress Disorder in adulthood (Weir, 2012). However, perceived public stigma is (a) one of the major reasons people, including children, adolescents and families do not seek mental health care (Weist et al., 2019a) and (b) significantly associated with greater odds of suicide ideation, planning, and attempt (Goodwill et al., 2020). A similar stigma exists in institutions of higher education as well, where barriers to mental health access lead to increased suicide risks (Horwitz et al, 2020). Negative perceptions of mental health can be reduced through mental health literacy for educators, children, students, and families, which has therapeutic benefits and increases help-seeking. Further, there is growing evidence that many labels for children and students experiencing challenges in education and mental health systems are highly pejorative² (e.g., “disturbed,” “crazy”) and are associated with negative perceptions, reduced help-seeking, and ongoing and worsening self-stigmatization (Weist et al., 2019a). Exacerbating these experiences, unmet mental

health needs may manifest as behavioral challenges, resulting in exclusionary discipline (e.g., suspension, expulsion), and further decreasing the likelihood of students accessing educational, social, emotional, and behavioral support in school.

To the extent that unmet mental health needs are related to a disability, schools must be mindful of their obligations under the IDEA and Section 504, which include providing appropriate supports when addressing behavior that is disability related. Further, where a mental health-related disability has not been identified, but there is reason to believe that a student may have a disability, based, at least in part, on a student’s undesirable behavior, schools are reminded of their obligations under the IDEA and Section 504, which include identifying and evaluating students. Finally, schools are reminded that both the IDEA and Section 504 have requirements with respect to the limitation of and prohibition of exclusionary discipline.

3. Ineffective Implementation of Practices

There are many limitations in the ways mental health services are traditionally implemented for children, students, and families. Clinicians typically provide services in specialty clinics outside of the school or program setting, and often barriers prevent families and children from effectively and efficiently connecting to care (e.g., poor knowledge of mental health, perceived stigma, long distances to centers, or poor communication among agencies). Further, there are questions about the quality of care (see Eklund et al., 2020): some clinical staff continue to

² Section 504 protects students from disability harassment. Schools have an obligation to investigate reports of disability-based bullying or harassment. For more information, see the Office for Civil Rights guidance on Bullying of Students with Disabilities

at <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-bullying-201410.pdf>.

implement practices that are not supported by research evidence and, even when practices are evidence-based, clinical staff may have insufficient training and support to effectively implement practices (Evans & Weist, 2004; Massey & Vroom, 2020). Moreover, some arrangements result in mental health clinicians only being present in a school on a limited basis (e.g., one or two days per week), without being considered part of the school support team. In some cases, some school staff may not know who the outside clinicians are working with or what they are working on (see Barrett et al., 2013). In addition, school personnel often relegate addressing all mental health services to more clinical mental health staff.

More well-trained, experienced clinicians, whether school-based staff or community-based professionals, are critical for children with intensive mental health needs, but all school and program staff should be (a) trained to support and respond to general social, emotional, and behavioral needs as an integrated part of teaching and learning and (b) aware of communication and collaboration strategies to engage clinicians for more intensive mental health needs. However, school environments are busy and complex, and environmental challenges may inhibit the delivery of evidence-based supports (Eklund et al., 2020). Therefore, it will be critical that schools consider what they should *stop* doing (or de-implement) alongside conversations about what to implement. For example, schools may consider discontinuing efforts that are not supported by evidence and practices that result in stigma or harm to children and students (e.g., exclusionary discipline practices for behaviors that result from an underlying mental health need). Unmet mental health needs can be barriers to staying on task or learning new information, schools may consider their efforts to ensure all students have access to at

least some tier one supports as a part of their core mission to educate students.

Unmet mental health needs can also be related to a disability. For this reason, when a student engages in behaviors inconsistent with school or program expectations, schools and programs must be mindful of their obligations under the IDEA and Section 504, which include identifying and evaluating students for a suspected disability, providing appropriate supports when addressing behavior that is disability-related, and complying with requirements imposing limitations and prohibitions pertaining to exclusionary discipline.

4. Fragmented Delivery Systems

The current system is not working for many children, students, families, and staff, with notable problems that existed *before* the pandemic made much worse *during* the pandemic. Medical and mental health care are frequently siloed—provided in separate facilities by different providers and with different payment streams—making it cumbersome and confusing to obtain needed care (Knickman et al., 2016). Similarly, within schools, those providing direct services to children and students, including teachers, counselors, school psychologists, and social workers, are often siloed and work in relative isolation from one another (Adelman & Taylor, 2021b) affecting all children and students, including those with disabilities (Skarr et al., 2020).

For young children, many states are now working to strengthen supports for emotional growth and mental health. However, great variation exists in the capacity of state early childhood systems to identify and meet the needs of infants and toddlers who have social, emotional, or behavioral delays; mental health conditions; or circumstances that put them at high risk of developing these difficulties (Smith et al., 2020). These challenges include

inconsistencies in practices related to screening; referral; service provision for mental health or social, emotional, and behavioral challenges; and provider standards and competencies. An additional level of both complexity and risk exist for young children in early education programs who are also being served in a variety of different mixed delivery settings from home, family child care, center-based child care, and schools which impact the types of services that may be available.

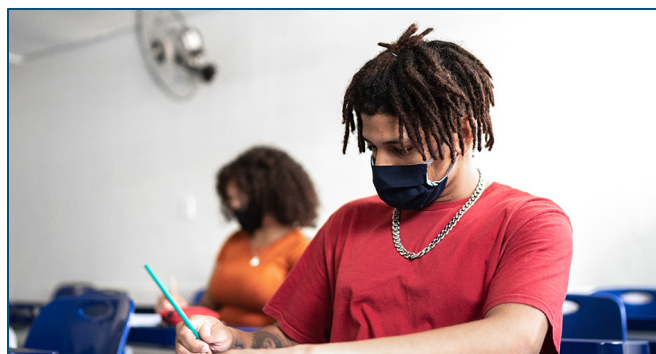
Current systems focus on individual level needs, leaving out community supports. One important approach is Asset-Based Community Development which has a long track record of bringing communities together to identify their inherent assets and support collective and self-determined solutions to challenges. Also recommended is human-centered design to support community development approaches. These and other approaches support a more focused understanding of equity and empowerment by including the larger community in which schools operate.

5. Policy and Funding Gaps

Meeting the comprehensive mental health needs of all children and students requires coordinated policy and multiple funding streams (McCance-Katz, & Lynch, 2019); however, school, district, and state staff often lack the knowledge of these systems to satisfy requirements for funding (Maag & Katsiyannis, 2010). Local and state organizations struggle with the ability to provide the full continuum of expanded school mental health services, necessitating grants, contracts, and funding from other federal, state, local, and private mechanisms (Evans et al., 2003; Weist et al., 2003). Gaps in funding between public and private sources lead to many children and students receiving limited or no services for documented mental health needs (Maag & Katsiyannis, 2010).

Further, funding streams vary significantly by state.

To date, there is limited guidance on policies that will improve and help to implement evidence-based social, emotional, and behavioral health practices in schools and programs (National Center for School Mental Health, 2021). Education law and policy prioritize supports to promote educational benefit with less direct emphasis on mental health supports. (Bateman & Yell, 2019). For example, mental health needs are not consistently considered across evaluations for all the eligibility categories under Part B of the IDEA and thus there may not be an assessment of mental health needs “related to the suspected disability” (Skarr et al., 2020). Section 504 requires the provision of related services to meet the individual educational needs of students with disabilities as adequately as the needs of students without disabilities are met. As discussed in Appendix D’s sections on “How a Student with a Disability Can Receive Services



Under IDEA and Section 504” and “Mental Health Services,” these related services may include mental health services to address the student’s needs. State guidelines related to provision of mental health services vary, with many states having no or vague guidance (Education Commission of the States, 2020), and there is a lack of focus on fidelity and outcome data to drive provision and evaluation of supports.

Additionally, there is a gap in strong and effective policy that prohibits ineffective disciplinary practices. Instead, states, districts, schools, and programs may rely on ineffective policy, such as zero tolerance, that often result in disproportionate and/or inappropriate use of exclusionary discipline (Skiba & Peterson, 2000). Further, not all states have policies that prohibit inappropriate disciplinary practices, such as corporal punishment, seclusion, and restraint³ that disproportionately impact children of color and children with disabilities (Children’s Equity Project & Bipartisan Policy Center, 2020). Note that seclusion and restraint have been found by GAO and congressional investigators to have been connected with a number of cases of alleged abuse and death, including cases which have resulted in convictions or findings of civil and criminal liability. (GAO, 2009)

Moreover, there is concern that some traditional special education programs and supports inadequately address student mental health concerns (Carlson et al., 2020; Skarr et al., 2020). For example, Spiel et al. (2014) assessed goals, objectives and plans for 97 middle school students with Attention-Deficit/Hyperactivity Disorder with IEPs (62% of the sample) or receiving support through Section 504. In general, recommendations in school programs had little or no research to support their effectiveness, and particular evidence-based programs were rarely mentioned. Instead, to comply with IDEA and Section 504, individualized programs should (a) support children and students in each area of unique need—including educational, social, emotional, behavioral, and related areas—with high-quality and evidence-based support and

(b) employ functional behavioral assessment to develop individualized behavioral intervention plans for students whose behaviors interfere with their ability to access and benefit from the education program.

6. Gaps in Professional Development and Support

Resources to address child and student mental health needs vary across schools, programs, and districts, often focus on crisis management, and rest heavily on reactive responses to individual child or student issues rather than a comprehensive system of support (Geiser et al., 2019). Many school staff have limited mental health knowledge (Frauenholtz et al., 2017), and schools rely on community-based mental health services to provide or supplement their school mental health supports. Community-based mental health supports may be less accessible (Fazel, Hoagwood, Stephan, & Ford, 2014), available, and coordinated (Frauenholtz et al., 2017), presenting particular challenges to under-resourced, rural communities (Shelton & Owens, 2021).

Often children and students from underserved groups are less likely to be referred for additional social, emotional, behavioral support and mental health services (Vincent et al., 2012). Continued professional development and assistance from leadership may be helpful to neutralize potential bias in decision making regarding the need for additional supports (McIntosh et al., in press).

Again, this scenario underscores the critical importance of true education-mental health system partnerships. For example, one approach hinges on

³The use of restraint and seclusion can result in discrimination against children and students with disabilities, which would be a violation of Section 504. For more information, see OCR’s Guidance on the Use of Restraint and Seclusion in Schools at

<https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201612-504-restraint-seclusion-ps.pdf>.

school mental health working systematically within a Multi-Tiered System of Supports (MTSS), articulated by the Positive Behavioral Interventions and Supports (PBIS) framework (see Barrett et al., 2013; Eber et al., 2019) and the Pyramid model framework.



Further, educators may experience stress or mental health challenges that affect their ability to support children and students. Teachers who experience high occupational stress tend to demonstrate a lack of emotional support and negative interactions with students (Hamre Pianta, 2005; Oberle et al., 2016). Similar findings have been reported in early childhood education, with elevated stress a common experience among early childhood teachers and providers. Teacher stress correlates to unfavorable teaching practices (e.g., less positive attention to children, more punitive responses to children’s behaviors inconsistent with school or program expectations, less attention to social, emotional, and behavioral learning), more conflictual teacher-child relationships, and less optimal child outcomes (e.g., less positive behavior, lower engagement in classroom activities; Smith & Lawrence, 2019). Black

children and students (Murray et al., 2016), may be more negatively impacted by teacher stress, which may heighten the impact of implicit biases and lead to further inequities in discipline and academic achievement (Girvin et al., 2017).

7. Lack of Access to Usable Data to Guide Implementation Decisions

Schools, districts, campuses, and programs experience significant challenges with collecting and accessing usable data (accurate, readily available, and comprehensive) including the high cost of some proprietary measurement systems, variability in measures used between schools/districts, insufficient staffing, insufficient training and implementation support, and the fast-paced environment of schools (Arora et al., 2016). Beyond collecting data (attendance, discipline records, climate surveys and school satisfaction ratings), schools, districts, campuses and programs struggle with (a) effectively using the data to guide programming within the MTSS for selection of evidence-based practices; (b) identifying and screening for early risk factors for children, students, and families; (c) implementing programs to prevent problems, address them early, and provide more intensive intervention; (d) evaluating and improving the fidelity of program delivery; (e) monitoring child or student progress in relation to programs/interventions received; (f) documenting program impacts on child or student social, emotional, behavioral, and academic functioning; and (g) using progress monitoring and outcome data to refine, strengthen and scale up programs that are working and move toward replacing or eliminating programs that are not working (Eber et al., 2019; Center on PBIS, 2017).



Recommendations

To increase the capacity of states, districts, schools, programs, and institutions of higher education to provide social, emotional, and behavioral health support and to improve outcomes for children and students, we recommend the following:

1. Prioritize wellness for each and every child, student, educator, and provider.
2. Enhance mental health literacy and reduce stigma and other barriers to access.
3. Implement a continuum of evidence-based prevention practices.
4. Establish an integrated framework of educational, social, emotional, and behavioral-health support for all.
5. Leverage policy and funding.
6. Enhance workforce capacity.
7. Use data for decision making to promote equitable implementation and outcomes.

Prioritizing these recommendations can help create more nurturing programs and schools, including higher education, and, through them, a more responsive and inclusive society (see Biglan et al., 2020) that promotes mental health and well-being for children, students, educators, and providers. As a reminder, other than statutory and

regulatory requirements included in the overall document, the contents of this document (i.e., these recommendations) do not have the force or effect of law and are not meant to bind the public. The strategies listed are intended only as recommendations to increase capacity to meet the social, emotional, and behavioral health needs of children and students.

For each strategy, we provide educator action steps and offer implementation tips. Appendix A includes implementation examples organized by recommendation. As described in the opening paragraph, these recommendations have application across early childhood, K–12, and higher education settings; however, the current evidence base for implementation in higher education settings is more limited.

1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider

Educator wellness is associated with child and student wellness (Harding et al., 2019). Educators who provide emotional support and establish positive relationships influence children’s and students’ health, overall mental wellness, and life satisfaction (Stewart & Suldo, 2011). Wellness is multidimensional and may include medical, emotional, environmental, occupational, physical,

intellectual, spiritual, social, and financial components (Lever et al., 2017). Educators' wellness is an important component to ensuring a healthy school climate, and educator wellness programs are associated with greater workplace satisfaction and lower rates of absenteeism (Lever et al., 2017). Promoting staff wellness benefits staff, children, and students.

Action Steps for State, District, School, and Program Leaders

Assess well-being. School, district, and program leadership teams can use data to determine their specific wellness needs and areas of focus (Alliance for a Healthier Generation, 2016).

- Conduct educator well-being assessments (e.g., Professional Quality of Life <https://proqol.org/>; Hudnall Stamm, 2009) and universal wellness screening for children and students (see additional detail in Recommendation 7).
- Use existing data sources like staff perception of school climate, campus climate surveys, staff attendance rates, and focus group information to gain insight into staff's satisfaction and overall impact from the stress of their work.
- Consider using universal staff surveys/strengths and needs assessment data to strengthen and promote access to existing Employee Assistance Programs (EAP) for educators and additional supports for students (Recommendation 4).

Emphasize wellness programming for children, students, and staff. While schools and districts are faced with a significant educational and developmental slide for many children and students associated with the pandemic, there is a need for balanced programming that supports learning, while also supporting their social,

emotional, and behavioral adjustment, including wellness programming for them and for staff. For example, prioritize stress reduction, mental and physical wellness routines such as daily opportunities for movement, yoga, mindfulness activities, meditation, and any additional calming routines to promote self-regulation (e.g., lights off, music, breathing, drawing). These routines (a) promote resilience and health among children who have experienced trauma (Sciaraffa et al., 2018) and (b) reduce stress and increase health and focus among adults. In the higher education setting, colleges and universities can distribute resources, such as wellness kits, to support students.

Teams may consider the following approaches to promote wellness and de-stress staff.

- Eliminate ineffective or redundant efforts such as non-instructional administrative duties and non-critical meetings so educators can direct their attention and energy toward better and sustained implementation of high-quality practices for all children or students, especially those with high risk.
- Establish a realistic workload, child or student to teacher ratio, and a manageable approach to teaching an aligned and integrated curriculum for academics and social-emotional, and behavioral health instruction. Feeling competent is part of wellness. When educators feel like they have the skills, resources, and supports to do their job well, they feel less stressed and are able to better meet the needs of their children, students and families (Grayson & Alvarez, 2008; Shackleton et al., 2019).
- Provide time for debriefing after stressful days (Miller, 2010). Provide quiet space for staff to regroup and reset (McIntosh et al., 2018).

- Integrate wellness into professional development approaches by providing adequate planning time for staff that includes opportunities for collaboration, training, peer coaching, and supportive performance feedback.
- Allow departments focused on health and wellness to combine efforts and create campus wide focus on well-being (NASPA, 2017).
- Prioritize collaborative planning time for delivery of instruction. Use Communities of Practice or Professional Learning Communities, which provide collaborative opportunities to engage in group learning focused on a common issue and grade level/core/department team meetings to create small systems of support for staff (see Cashman et al., 2014).
- Ensure wages and benefits are competitive, including by ensuring those professionals serving children birth to five are compensated competitively with kindergarten educator peers, when similarly qualified.



Implementation Tip

Focus on effectiveness and efficiency, embracing the concept that “more is not necessarily better.” Consider investing in a small number of evidence-based practices that are matched explicitly to the needs of the community and have the potential of impacting children and students with identified needs.

Action Steps for Educators

Promote habits of connection. Ensure daily connection with others using a regular schedule of communication through various platforms. This could be as simple as emotional check-ins, or using humor in an appropriate way. Reach out to colleagues in multiple formats to model care and emotional support to promote a mentally healthy work environment.

- Reach out to colleagues in multiple formats to model care and emotional support to promote a mentally healthy work environment.
- Consider protecting time in all meeting agendas to check in with others as a simple way to integrate this into daily work.
- Similarly, classroom staff can focus on building emotional safety in classroom conversations and start their instructional day with greetings/check-ins with their children and students.



We should be discussing how to provide meaningful learning, as well as mental-health systems that prioritize belongingness and well-being. We should focus on creating environments that will welcome students back to a transformed system.”

—Kurt Hatch, PhD

Create, normalize, and prioritize habits of physical and mental wellness for ourselves and others. Consider building habits of positive and proactive practices (e.g., actively engaging children or students in learning,) using positive feedback to promote growth), as described in the [Habits of Effective Classroom Brief](#).

- Interact and deepen connections with children and students and staff across the day.
- Establish predictable environments throughout with increased structure and routines, teaching positive expectations that incorporate a focus on wellness (e.g., care for others, self, environment), and celebrate or reinforce wellness practices for staff and children or students.
- Build routines within daily schedule for social time, self-care, and program or school wide calming strategies.

2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access

Given increased mental health needs associated with the pandemic and social challenges (e.g., racial injustice), there is an urgent need to improve access to mental health support by reducing barriers, changing attitudes and perceptions about mental health, and eliminating discriminatory practices that harm students with mental health challenges. This will require intentional efforts including providing information, building skills, actively engaging learners in intervention, empowering individuals with mental health challenges, and engaging in structural and policy change (Nyblade et al., 2019). The goal is to eliminate stigma associated with seeking mental health support.



Campaigns to change attitudes and behaviors need to be based on sound evidence (Stuart, 2016), and inclusive of all children and students (Brock & Brant, 2015). Importantly, there is a critical need to broadly define mental health (e.g., thoughts, feelings and actions that promote success in life, or developing capacity of the child or student to form close relationships, manage and express emotions, and explore the environment and learn)

and improve mental health literacy. Mental health literacy is defined as “knowledge about mental health disorders that is associated with their recognition, management, and prevention” (Furnham & Swami, 2018, p.1). Low levels of mental health literacy contribute to the misperception of mental health needs and access to services (Miles et al., 2020), whereas gains in mental health literacy are associated with increased help-seeking intentions and potential treatment utilization (McCance-Katz, & Lynch, 2019).

Offering a range of mental health literacy interventions at the community level (e.g., wellness campaigns, embedding services within educational programs, and providing information on websites) can empower families and community members to take action for better mental health (Jorm, 2012). Mental health literacy training programs, now widely available, can also empower school staff and families with skills to recognize and assist children or students experiencing mental health needs and better prepare them to make appropriate referrals. Increasingly, these mental health literacy programs are being implemented in schools and play an important role in Tier 1 MTSS programming (see Clauss-Ehlers et al., 2020). Further, offering mental health services in the school setting may be met with less stigma than in a traditional, community-based mental health setting (Hoover et al., 2019). Additionally, there are fewer barriers to school-based services when the child or student does not have to leave the setting to attend appointments, so children or students may be more willing to receive mental health services (Clauss-Ehlers et al., 2020).

Encouraging the use of or providing the opportunity to receive Telemental health (mental healthcare that is provided remotely via electronic device) may also reduce the barrier of stigma

associated with seeking mental health treatment, especially for college students. College students view this treatment option as convenient, accessible, easy to use and helpful (Hadler et al., 2021). This intervention not only provides additional flexibility to students navigating busy class schedules, but offers additional opportunities for students who may otherwise be reluctant to seek care.

Action Steps for Educators

Model understanding and appreciation for mental health and mental health challenges.

School and program leaders, teachers, and staff set the tone about the acceptance and importance of mental health. A consistent message should be shared by all school and program staff that taking care of mental health is just as important as caring for physical health. Challenges are common and are even more prevalent since the pandemic. When school and program staff model the ways people have addressed them on a personal level it helps to reduce stigma and increase supportive discussions and actions among staff, children or students and families.

Recognize and respond using a similar process across social, emotional, behavioral, and educational supports.

Increase mental health literacy (e.g., Youth Mental Health First Aid, programs on Adverse Childhood Experiences) and develop marketing campaigns (e.g., Prevent, Recognize, and Respond) to look for signs and symptoms of social, emotional, and behavioral needs.

- Look for behavior and mood changes in children, students, and staff.
- Be explicit about how to get help.
- Create a positive process for teachers and providers to seek assistance.

- Identify a school or program person to manage the request for assistance process from teachers and providers to ensure assistance is provided in a timely manner (e.g., not having to wait for a meeting to identify support).
- Consider ways to bundle the request for assistance process, providing supports for staff and families.



Implementation Tip

Establish processes to actively include and engage all community members, including children, students, and parents whose primary language is not English. Spend time discussing language, terms, and acronyms. Host listening sessions and focused community interviews to ensure all members of the community have a voice and role in supporting wellness activities.

3. Implement a Continuum of Evidence-Based Prevention Practices

Implementing evidence-based practices within a Multi-Tiered Systems of Support (MTSS) framework provides an effective organizing structure for schools, programs, and districts. MTSS is an integrated implementation framework for organizing a continuum of evidence-based practices to support each child's and student's educational, social, emotional, and behavioral needs (see <https://mtss.org/overview/> for a detailed description of integrated MTSS).

Within the context of an effective MTSS framework, it is important to prioritize **primary prevention (Tier 1)** practices that establish positive, predictable, and safe environments and routines (Center on PBIS, 2020; Office of Special Education Programs, 2015). Examples of primary prevention practices include: (a) creating a welcoming physical environment for children or students, staff, and families; (b) intentionally

making connections with children or students using simple strategies, like positive greetings, to set children or students up for success; (c) establishing consistent and predictable routines; (d) explicitly teaching, prompting, and reinforcing a few positive expectations; (e) delivering effective, engaging, and culturally-relevant academic instruction; (f) using screening tools to plan, implement, and assess instruction and; (g) providing specific and supportive feedback. These practices promote wellness and are associated with desired educational, developmental, social, emotional, and behavioral outcomes (Allday et al., 2011; Alter & Haydon, 2017; Cook et al., 2017; Cook et al., 2018; Hancock & Carter, 2016; Kern & Clemens, 2007; Simonsen et al., 2008; Simonsen et al., 2021).

In addition to these critical primary prevention practices, schools and programs may use their data to identify universal needs and adopt a Tier 1 mindfulness-based practice to teach resilience and other coping skills to students (Gueldner & Feuerborn, 2015) or other social, emotional, and behavioral learning approaches (Fazel et al., 2014; Hoover et al., 2017). Research shows even greater improvements in overall mental health and reductions in externalizing behaviors when combining Social-emotional Learning (SEL) and PBIS (Cook et al., 2015).

Beyond primary prevention, **secondary prevention (Tier 2)** provides targeted support for students who continue to experience social, emotional, and/or behavioral risk. Targeted support intensifies the core features of universal support, providing, for example, more frequent opportunities for connection, reminders, skill practice, feedback, and acknowledgement. For students with chronic or intense social, emotional, or behavioral needs, **tertiary prevention (Tier 3)** provides intensive and individualized support. To

individualize support, teams (a) use individual assessment data to identify specific areas of strength and need and (b) develop an individualized plan that promotes educational, social, emotional, and behavioral skill development and improves overall mental health or well-being.

MTSS is a fluid and data-driven framework for organizing supports, not children or students. In other words, children and students likely have needs that are met by supports within and across all tiers. For example, a student may benefit from Tier 1 support in math, Tier 2 support in reading, and Tier 3 social, emotional, and behavioral support. Further, supports are layered; a student who receives Tier 3 support should also have access to relevant Tier 1 and 2 supports. For example, a child who receives Tier 2 social skills instruction should also participate in the classroom Tier 1 social skills instruction. Using a MTSS Framework to organize evidence-based practices, educators can effectively and efficiently meet the educational, social, emotional, and behavioral needs of all children and students.



Action Steps for Educators

Organize practices into an integrated continuum. Ensure that all children or students have opportunities to maximize educational, developmental, social, emotional, behavioral, and physical outcomes. Adjust to ensure that some children or students get whatever additional supports they need in a timely manner. See the federal technical assistance centers from Appendix B for additional support on organizing practices into an integrated continuum (e.g., National Center for Pyramid Model Innovations, National Technical Assistance Center on Positive Behavioral Interventions and Supports).

- **Primary prevention (Tier 1).** Emphasize universal support and wellness promotion for all. At Tier 1, this should include a holistic emphasis on wellness for both children or students, families, and staff, emphasizing positive and proactive classroom practices (e.g., culturally-relevant and engaging instruction, predictable routines, positive expectations, explicit instruction in key social, emotional, and behavioral skills); opportunities to connect; and additional self-care strategies that include elements of mindfulness, relaxation and stress management, problem solving, exercise, sleep, and nutrition (George et al., 2014). Integrating programs involving culture, the arts, and sports provides additional opportunities for staff, children, and students to interact in non-academic subjects to build deeper relationships. With effective implementation, most (~80%) individuals will benefit from Tier 1 support. To identify children and students who require additional support, schools should engage in universal screening (described in Recommendation 7) and consider appropriate targeted (Tier 2) or intensive (Tier 3) supports, as needed, tailored to student needs.
- **Secondary prevention (Tier 2).** Implement targeted support for children and students who continue to demonstrate social, emotional, and/or behavioral risk. Select empirically based targeted supports such as Check In Check Out (CICO; Hawken et al., 2009); Check & Connect (Sinclair et al., 2003); Check, Connect, and Expect (Cheney et al., 2009); social skills groups; or similar targeted supports for children and students with emerging needs. With targeted Tier 2 supports layered on top of universal Tier 1 supports, the majority (~95%) of children and students will benefit.
- **Tertiary prevention (Tier 3).** Prioritize intensive and individualized support for children and students who demonstrate chronic or high-intensity social, emotional, and/or behavioral need. Tier 3 interventions are typically (a) based on individual student assessment data (e.g., functional behavioral assessment, psycho-educational evaluation); (b) developed by a child- or student-centered team that includes relevant experts (e.g., behavior coach, school psychologist, clinician), educators, family members, and the child or student; and (c) supported by on-going data collected to monitor implementation and outcomes. Children and students receiving Tier 3 support should continue to access support in Tiers 1 and 2 (Eber et al., 2019). For example, connect work of clinicians at Tier 3 to work of educators in implementing CICO at Tier 2, and include common emphases on stress management and wellness at both tiers. In addition, for students with complex needs that require a coordinated approach, use a wraparound process, a comprehensive approach to support for a student and family, to (a) create partnerships between children or students, their families,

educators, and other community resources to meet their individual mental health needs; (b) center supports on student and family strengths and needs; (c) adopt a flexible and coordinated approach to supporting needs; and (d) implement, monitor, and celebrate implementation successes (Maag & Katsiyannis, 2010).

- **Crisis response.** Throughout the continuum of support, ensure there is a process for developing crisis response plans for children and students who may be actively in crisis (e.g., experiencing suicidal thoughts, homelessness, or domestic violence) that is (a) proactive and preventive, (b) aligned with intervention tiers, and (c) guided by evidence and data.



Focus on integration and alignment of practices. Integrate educational social, emotional, behavioral, and trauma-informed practices to maximize efficiency. For example, (a) engage in complementary prevention practices (e.g., predictable routines are part of effective instruction and also considered a trauma-informed approach); (b) teach and remind students to engage in desired social, emotional, and behavioral skills during academic instruction; (c) provide specific, positive, and supportive feedback for academic,

social, emotional, and behavioral skills; and (d) incorporate wellness practices (e.g., connections, self-care breaks, mindful minutes) into classroom routines. Engage participants in discussion about the benefits and challenges related to each step of integration (Florida PBIS, 2020).

Address the specific needs of underserved children and students. Develop specific strategies to support children and students from race, ethnicity, socio-economic, and LGBTQI+ groups, who are underserved and disproportionately at higher risk for experiencing harassment, discrimination, mental health challenges, and barriers to effective mental health care (DeFreitas et al., 2018). Differentiate support to meet the needs of all children and students, including those with disabilities (Bradshaw et al., 2012; Gage et al., 2019; Grasley-Boy et al., 2019; Loman et al., 2018). In addition, improve the coordination and collaboration with social service and community agencies that serve children that are the most marginalized (e.g., children experiencing homelessness, substantiated cases of abuse and neglect).

Engage families and students. Establish two-way communication between schools, programs, and families in a genuinely collaborative fashion (Weist, Garbacz, Lane, & Kincaid, 2017).

- Use simple language and minimize jargon (Owens et al., 2002).
- Promote engagement with children, students, and their families to provide them a voice in their care and assure that processes are appropriate for receiving more intensive programs/services (Adelman & Taylor, 2021a; Maag & Katsiyannis, 2010).

Consider supports for specific contexts (e.g., higher education). Protective practices and strategies to build resiliency in college settings (e.g., support systems involving peers and faculty, ready access to counseling services) are important to help reduce these risk factors and build resiliency to enhance success in college (Knoster, 2020).

Identify and intervene early. Early interventions conducted by comprehensive school mental health personnel are associated with enhanced educational or developmental performance, decreased need for special education, fewer disciplinary encounters, increased engagement with school, and elevated rates of graduation (McCance-Katz, & Lynch, 2019; Weist et al., 2018).



Implementation Tip

Create daily classroom schedules to allow time for explicit instruction on and support for social, emotional, and behavioral skill development.

4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All

To effectively support the social, emotional, and behavioral needs of all, it is critical to intentionally integrate systems such as education, health, and mental health within a MTSS framework. Mental health promotion is a critical part of education, but schools and programs struggle with how to establish a comprehensive system of mental health support. There is increasing recognition of the need to (a) move away from co-located programs involving ad-hoc involvement of mental health system staff in schools or programs and (b) move toward approaches that clearly integrate education and mental health systems, such as the Interconnected Systems Framework (ISF). ISF is a MTSS

framework that intentionally integrates school mental health and PBIS at the school, district, and state levels (Barrett et al., 2013; Eber et al., 2019). Integrating systems within an MTSS framework is an incremental process requiring intentional investment (time and political will) by people with decision making authority to blend funding, develop policy, change job descriptions, etc. This process is guided by implementation science and data informed improvement cycles. Information sharing must be done in a manner that is consistent with applicable privacy laws, such as the Family Educational Rights and Privacy Act (FERPA) and the Confidentiality Provisions of IDEA.

Children and students learn more, report feeling safer, and develop more authentic trusting relationship with peers and adults if the learning and social environments of the school are positive. Educators foster safe and supportive environments by maximizing child and student connections, arranging engaging and successful learning, and being positively constructive in responding to the needs of children and students.



Implementation Tip

To implement an integrated MTSS approach, start by establishing positive, nurturing environments where all children, students, and staff thrive; and layer on additional supports to address the unique needs of some.

Action Steps for Educators

Communicate shared priority. Implementation support to schools and programs is shared by education and mental health systems, and as above, ideally with other systems such as child welfare, juvenile justice, and primary care (see Lever et al., 2003).

- At state and district levels, identify standards to support social, emotional, and behavioral development and align them with other

initiatives/standards (e.g., those emphasizing educational support) so that schools and programs are not having to do the work of alignment—that should happen above the level of implementation.

- At school and classroom levels, develop schedules to prioritize time for (a) explicit instruction and support around social, emotional, and behavioral health and (b) careful planning for the integration of social, emotional, and behavioral health practices within educational content.



Implementation Tip

Alignment of student services and supports from different agencies is a district responsibility. It should not fall on the shoulders of school administrators or individual educators.

Focus on effective teams. Leadership teams are key to implementing this kind of framework (Barrett et al., 2019; Splett et al., 2017). However, having too many teams decreases the system’s ability to work efficiently. Look for opportunities to expand or merge existing leadership teams (e.g., school improvement) with similar goals.

- Design a system of support driven by community voices, including children, students, families, and community partners, and include ways for educators to support one another as well as acquire and improve skills to address diverse child or student needs.
 - At the district level, this work should be led by a team that includes cabinet level members who can make decisions to change budgets, policy, job descriptions, professional development, and human resources, including but not limited to staff health plans.

- At the school and program level, these efforts should be led by administration and the current school or program (Tier 1) leadership team. Establishing a plan to gather, honor, and reflect voice and choice within school, district and community decision making may require expanding team membership to include broader participant representation and other community partners that support wellness efforts.

- Co-design a comprehensive and contextual plan focused on strengthening mental health promotion and prevention. Bring on experts to the existing school or program improvement team or form a workgroup that has direct connection to the existing team. With new partners at the table, create space for building trust to co-develop norms and routines, share expertise, and engage in authentic collaboration.



Implementation Tip

Do not create separate teams and systems for Mental Health and Return to School. Consider bringing on experts to the existing school improvement team or forming a workgroup that has direct connection to the existing team. Schools won’t be able to do this effort alone. Families, child-serving partners, and community providers will be critical. It will be important to have a team focused on trends and patterns with focus on developing/strengthening Mental Health promotion and prevention. Hold space to build trust and work toward establishing norms and routines together.

Integrate implementation support. District leadership should develop a training and coaching plan to increase the number of school or program personnel with social, emotional, and behavior expertise and to ensure everyone understands their role within an interconnected system. (See Recommendation 6 for further information.)



Implementation Tip

Commit to integration and alignment of district, school, or program-wide initiatives to organize resources and supports for staff. The [Technical Guide on Alignment of Initiatives](#) may be a helpful resource for teams.

5. Leverage Policy and Funding

Policy reviews can help the team examine the extent to which current policies support an integrated system and highlight where changes to policies could eliminate potential barriers to integration.

Despite current fragmentation, districts and states have been able to improve local policy and leverage funds to improve mental health support. For example, several states expanded their school-based Medicaid programs since elimination of the free care rule by the Centers for Medicare & Medicaid Services (CMS) in 2014, allowing states to receive federal reimbursement for services provided to any child or student enrolled in Medicaid and meet other specific requirements, instead of limiting exclusively to those with IEPs.



A critical need for policy/funding efforts is to ensure there are sufficient mental health staff in educational settings (e.g., psychologists, counselors, social workers, behavior specialists), and that they are working in optimal roles versus

those that may be less critical in the current moment. While the national average remains at a 1:464 school counselor staffing ratio, the recommended best practice is 1:250, with 80% of their time working directly with or indirectly for students (The Education Trust, 2019). For example, many K–12 school counselors with advanced training in mental health spend a disproportionate amount of time in academic advising, including relatively straightforward tasks such as coordinating students’ class schedules, that could be assigned to other staff to free counselors up to engage in counseling. In early childhood, mental health consultation and access to mental health experts to discuss child and family needs, has emerged as an effective prevention and intervention strategy. Robust workforce development (training, supervision, mentoring, etc.) and quality assurance systems must be in place to ensure that mental health consultants have the needed knowledge and skills.

Action Steps for Educators



Implementation Tip

Build a sustainable funding stream that allows clinicians to participate in system planning—moving beyond the restriction of a fee-for-service delivery model. Flexible funding that is independent of diagnosis and insurance plans can expedite delivery of interventions, especially at Tiers 1 and 2.

Work to expand funding options for mental health. First, leverage federal funds available through programs and statutes such as IDEA, Social Security, Children’s Mental Health Services Program, Medicaid (EPSDT), formula grants (e.g., grants under the ESEA or administered by the Office of Juvenile Justice and Delinquency Prevention), grants (e.g., Garrett Lee Smith Suicide Prevention, Project AWARE,

SAMHSA Systems of Care, HRSA Workforce Development).

In addition, funds to address pandemic recovery include the Elementary and Secondary School Emergency Relief (ESSER) Fund, including the American Rescue Plan ESSER (ARP ESSER) program, the Governor’s Emergency Education Relief (GEER) Fund, and the Higher Education Emergency Relief Fund (HEERF) can be used for this purpose. Leverage funds to hire additional staff and develop a coordinated plan for (a) selecting key social, emotional, and behavioral (i.e., mental health) outcomes; (b) aligning activities across funding streams that are consistent with selected outcomes; (c) prioritizing activities that build local capacity (e.g., team-based leadership, developing expertise among school and district leaders) to ensure efforts outlast specific funding sources; and (d) developing a comprehensive evaluation plan to monitor and adjust supports based on data. Second, investigate options for financing mental health services through other sources, such as advocacy groups, foundations, or community benefit investments (National Academies of Sciences, Engineering, and Medicine, 2017). The Department has released a Frequently Asked Questions [use of funds document](#) on ESSER and GEER as well as [HEERF](#) that includes additional information about how funds may be used to address social, emotional, and behavioral (i.e., mental health) needs. These existing and enhanced funding streams related to addressing mental health needs of children and students address an array of services and improvements in key areas and are critical to ensure needed supports are provided.

Work to lower costs for providing needed mental health care. Implement preventive services such as PBIS and early interventions to

reduce overall or long-term need (Maag & Katsiyannis, 2010). Identify mental health needs early to avoid intensive, and more costly programs and services, such as psychiatric hospitals and residential treatment programs (SAMHSA, 2020). Where available, use mobile crisis team services to provide more timely and cost-effective access to screening, behavioral health medication management, referral, and care (SAMHSA, 2020).



Implementation Tip

Discipline policies should reflect an instructional, rather than punitive, approach and emphasize proactive evidence-based strategies to support student social, emotional, and behavioral needs.

Share success stories with policymakers.

Sharing innovative approaches to providing services and supports may influence more supportive policies and increase needed funding. For example, consider the following:

Form groups to focus on public policy issues affecting children and families with the goal of advancing promising, evidence-informed public policy (Hill, 2021).

- Suggest policy changes to enhance school districts’ ability to partner with local health departments to leverage available federal funding (National Academies of Sciences, Engineering, and Medicine, 2017).

Implement policy in districts, schools, and programs to support inclusion and implementation of effective social, emotional, and behavioral health practices. Ensure equal priority for learning outcomes and social, emotional, and behavioral health are reflected in local policies, procedures, and funding decisions.

- When reviewing current policies, reflect on the need for mental health informed responses

rather than exclusionary responses to mental health needs.

- Implement standard policy to address how data will be shared to ensure children and students are linked to appropriate interventions and have their rights protected.
- Prioritize a healthy workforce as part of the district vision and mission statements. Support this priority through consideration of budget and allocation formula with staff assignment, workload and context of school or program needs.
- Articulate new ways of working with community providers using a memorandum of understanding process.
- Clearly articulate and communicate new or revised policies to impacted groups in languages they can understand.



Implementation Tip

Provide clear guidance on how to implement policies consistently. Establish two-way communication channels to continuously improve policy based on input from implementers and new emerging knowledge on evidence-based practices.

6. Enhance Workforce Capacity

There is a critical need for **all staff** in schools (e.g., administrators, educators, school nurses, community health workers, family advocates, family resource developers, school liaisons, teacher aides, teacher assistants, student aides, class aides, behavior coaches, behavior interventionists, behavior aides) to be trained to fully support schools' Tier 1 (promotion/prevention) and Tier 2 (early intervention) programming (Gustafson et al., 2021; McQuillin et al., 2019; Rusch et al., 2019). As underscored in this document, schools and programs are and will be contending with

significantly elevated child and student social, emotional, and behavioral concerns as well as addressing the lost instructional time associated with the pandemic.



Funds provided from ARP and ESSR, can be used to hire additional staff such as social workers, counselors, mental health and behavioral specialist and school psychologists to meet the growing needs of students. Schools can also identify current and returning staff with responsibility for improving school climate, implementing wellness programming (as above), coordinating Tier 2 programming, and providing additional support for Tier 3 services (e.g., to expand family outreach, case management). Emphasis should be placed on recruiting, training, and providing ongoing coaching and implementation support to this expanded workforce (see Gustafson et al., 2021; McQuillin et al., 2019; Reddy, Lekwa, & Glover, 2020; Rusch et al., 2019).

Action Steps for Educators

Leverage the existing workforce to support mental health. Expand or clarify functions of existing school, program, and district-level staff to provide mental health support. Use special education teachers or school nurses, for example, to deliver comprehensive mental health support where their skills align with need (Fazel et al.,

2014). Recruit nurse practitioners to provide mental health support onsite (Fazel et al., 2014). Supplement school mental health staff with telemedicine for more specialized or intensive needs (Fazel et al., 2014). School social workers can act as conduits between community mental health organizations and school staff to provide training and support for mental health (Frauenholtz et al., 2017).

- Develop processes for assessing current staff resources and needs, refocusing staff to address current child or student needs, and using data to inform professional development activities.
- Partner with community mental health providers and expand their role to serve on school leadership teams to provide a full continuum of mental health service across all tiers.
- Ensure school and community mental health clinicians are visible, interact and are accessible to school personnel across settings providing mental health training and consultation.
- Provide time for planning and collaboration for an aligned educational, social-emotional, and behavioral approach to instruction (e.g., small professional learning communities meet frequently and are supported by district coaches and community partners).

Enhance training. Modify or extend pre- and in-service professional development to include mental health training. Ensure that teacher preservice programs include mental health training. Offer blended professional development for teachers and other service providers so evidence-based practices can be implemented effectively and with high fidelity (Barrett et al., 2019).

Provide ongoing coaching. Implement coaching models to further strengthen teachers' mental health knowledge and capacity (Cappella et al., 2012).

Connect with local community colleges and four-year colleges and universities. An important strategy is to map local community colleges and four-year colleges and universities to explore connections for college students to work in schools. For example, students in associates and undergraduate programs can be placed in externships in schools to assist in Tier 1 and Tier 2 programming, and those in mental health graduate programs can work in externships focused on involvement across tiers, and involvement in Tier 3 intervention under supervision. Such arrangements represent a “win-win,” giving students training experience, and helping schools expand their workforce capacity.

7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes

Regularly collecting, analyzing, and acting on data is critical to supporting the mental health needs of children, students, and staff. Data can inform decisions on specific mental health needs (Barrett et al., 2018) as well as academic needs that are impacted by underlying mental health issues (Hancock & Carter, 2016). Data can also be used for more systemic and proactive decisions in schools and districts (McCance-Katz, & Lynch, 2019). Importantly, school and program staff should use data sources from the school and local educational system but also from the community to help guide planning and program implementation (e.g., foster care placements, psychiatric hospitalizations).



Action Steps for Leaders and Educators

Review school, program, and community-wide data. States, school districts, and community partners can evaluate and document outcomes, including impact on academic and classroom functioning, using school and community-wide data (McCance-Katz, & Lynch, 2019). For example, district teams can access community-level data to determine types and intensities of mental health needs that are present in their school or program communities. Examples of these data include:

- Chronic absenteeism data,
- School and campus climate survey results,
- Student visits to school specialists (e.g., counselors, nurses, social workers),
- Calls to community crisis centers,

- The proportion of families in the community affected by substance abuse, incarceration, or domestic abuse,
- Grade retention,
- Learning outcomes, including credit accumulation,
- Mental health service utilization,
- Community Health Assessments, and
- Other relevant indicators of need (Barrett et al., 2018; The Steve Fund/JED Foundation, n.d.).

These broader sources of data can (a) identify key areas of risk and resilience and (b) better position school and program personnel to identify and deliver appropriate interventions, and to monitor their progress with children and students (Barrett et al., 2018).

Connect data review to goals, outcomes, and action plans. Similarly, school teams review relevant school and community data to determine which approaches will meet the needs of all children and students. Data should include figures of students referred for and receiving mental health services, which interventions are most frequently offered, and outcomes from those services (Hoover et al., 2019). In reviewing data, the team should establish measurable goals that include mental health outcomes. Reviewing data prior to and throughout the school year helps teams strengthen school-wide prevention efforts. In addition, annually track demographic changes in the composition of the program or school that may have an impact on service needs and utilization (The Steve Fund/JED Foundation, n.d.).

Support teachers, staff, and providers in using data to document the needs and progress of children and students. At the classroom level, teachers, school, and program personnel in early childhood and K–12 can use tally sheets or

checklists to determine when students are most likely to demonstrate undesirable behaviors and which expectations students have the most challenges meeting, for example (Hancock & Carter, 2016). This data collection can better inform planning instruction and intervention to meet identified needs.

Implement an integrated universal screening process. Districts are encouraged to adopt a structured and comprehensive universal screening process to catch internalizing and externalizing child or student needs. “Internalizing problems are described as inner-directed and generating distress in the individual, while externalizing problems are described as outer-directed and generating discomfort and conflict in the surrounding environment” (Forns et al., 2014). An integrated screening process looks for early indicators of social, emotional, and behavioral strengths and concerns. First, train all school or program personnel to recognize mental health risk factors and act if they are concerned. Second, educators administer universal screening for every student three times a year in accordance with applicable law. The district oversees (a) selection and use of a reliable and valid universal screening tool/process across all schools, (b) use of universal screening data to inform universal support, (c) identification of strategies to gather additional information for children and students identified as potentially at-risk, and (d) targeted or intensive support based on data-indicated need.

Schools and districts may consider implementing a pilot screening with small groups of students prior to the comprehensive universal screening process.

This allows leaders and educators to better understand the procedures, allows teams time to course correct, and provides opportunities to build upon successes.

Promote accountability. Child and student well-being is critical to ensure and enhance full access to educational opportunities. Implementation of data-based interventions is critical to meeting this obligation and demonstrating progress for students (Hoover et al., 2019). Thus, in addition to monitoring school, program, and community data, schools and programs should measure, monitor, and evaluate how effectively programs are implemented and if the desired outcomes are being achieved (Barrett et al., 2018).



Implementation Tip

States, districts, schools, and programs need valid and reliable data to guide all decisions—from the selection of evidence-based practices to evaluation of implementation fidelity and outcomes.

Summary and State Spotlight

The mental health crisis in the United States is at a critical point. The pandemic has exacerbated already alarming trends in mental health needs of children and students. There is a unique opportunity to reconceptualize the role of schools and programs in creating nurturing environments for children, students, families, and educators to address the mental health needs and overall well-being of children and students. This resource highlighted seven key challenges to providing school and program mental health supports and presented seven corresponding recommendations.

Challenges
1. Rising Mental Health Needs and Disparities Among Children and Student Groups
2. Perceived Stigma is a Barrier to Access
3. Ineffective Implementation of Practices
4. Fragmented Delivery Systems
5. Policy and Funding Gaps
6. Gaps in Professional Development and Support
7. Lack of Access to Usable Data to Guide Implementation Decisions

Recommendations
1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider
2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access
3. Implement Continuum of Evidence-Based Prevention Practices
4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All
5. Leverage Policy and Funding
6. Enhance Workforce Capacity
7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes

The continuing “Spotlight on Supporting Mental Health in Washington State” illustrates how Washington responded to the challenges, described in the first spotlight, by implementing these recommendations to address their local

challenges. States, districts, and schools are encouraged to use data to guide and contextualize their own approach to implementing these recommendations. In addition to this example, please see Appendix A for additional examples organized by each of these recommendations.





Spotlight on Supporting Mental Health in Washington State: Moving Forward with Aligning and Implementing

Schools are the most common setting in which children and adolescents receive mental health services and supports. Shifting to a more integrated and effective approach to providing social-emotional, and behavioral support requires making changes to many of the standard approaches to prevention and intervention in schools. In the Northwest, the states of Idaho, Oregon, and Washington along with several organizations are streamlining and coordinating efforts to enable school-aged students to access and benefit from a continuum of mental health support in the school environment, otherwise known as the Interconnected Systems Framework (ISF). Coordination efforts between the groups includes (a) combining and leveraging local, state, and federal funding sources, (b) co-sponsoring professional development resources and events, and (c) aligning messaging and resources for impacted groups. This joint effort aims to more effectively meet the needs of children and youth and to support their well-being by consolidating federal, state, community, and school resources.

The University of Washington SMART Center, as part of the Northwest Mental Health Technology Transfer Center, the Northwest PBIS Network, Idaho's Project AWARE Washington's State Education Agency, the Association of Washington School Principals, and the National Center on PBIS are working together to install and improve the implementation of evidence-based mental health practices across the region. The installation of school-based interventions is an extension of the previous regional plans to scale PBIS.

The ISF is a structure and process that maximizes effectiveness and efficiency by blending the strengths of school and community mental health and strengths of

the MTSS framework used in PBIS (Barrett, Eber, Weist, 2013). Both PBIS and MTSS emphasize the need for detecting mental health needs in students at the earliest sign of need and responding effectively with evidence-based strategies. To address the well documented gap between onset of mental health disorders and treatment, schools must have the structures in place to recognize need in students at the first sign of need and respond rapidly. The ISF provides systematic steps for building capacity to identify problems and intervene early and effectively. The traditional hand-off to a community mental health practitioner common in most schools today can delay or discourage further treatment. Other traditional approaches to school mental health result in mental health practitioners providing services without feedback to the school or systems to monitor progress and outcomes. In an ISF framework, community and school-based clinicians' partner on leadership teams, review data collectively with school staff, and ensure effective system structures at the school level. Regardless of who facilitates interventions, they are all selected, and progress monitored by the blended teams using both school and community data.

Training and Technical Assistance (TA) has increased the capacity of districts to install and sustain effective systems that support mental wellness of all students. The Training and TA providers facilitate the strengthening of the district and school teams to ensure school mental health services and supports provided by both school and community mental health providers, are data-informed, evidence-based, monitored frequently, implemented with fidelity and adjusted when outcomes are not realized.

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APPENDIX A. Implementation Examples by Recommendation

K–12 Schools, Early Childhood Programs and Institutions of Higher Education around the country are intentionally prioritizing their efforts to enhance child and student wellness, focusing on social, emotional, and mental health strategies and supports. Here are some examples organized by the seven recommendations discussed earlier.

1. Prioritize Wellness for Each and Every Child, Student, Educator, and Provider



Mental health will always be important, whether the virus is here or not.”

— Bryan Jandres,
Youth Panel on Wellness



Mental Health For ALL: Strengthening Community Partnerships

Using the Interconnected Systems Framework (ISF), the Central School District in Oregon has strengthened and relied upon its community partnerships to prioritize the social and emotional needs of students, staff, and families during the Pandemic. A Community Planning Committee was formed, including representation of key staff, student, family, and community partner voices for

the planning and development of Central’s Comprehensive Distance Learning, Limited In-Person Instruction, and Hybrid Learning models. From that larger committee, the Interconnected Systems Framework District Community Leadership Team has solidified its focused work on building District systems that support “mental health for all” through an MTSS framework. The leadership team continues to use school and community data to identify student needs and support mental health holistically including community resources and partnerships to provide support. Central has maintained a strong focus on building and maintaining positive relationships with students through live class connections, family and student outreach, home visits, and more. The district continues to focus on Tier 1 school-wide practices to teach and model healthy coping strategies and stress management and expanded their procedures to identify and connect students and families to further support as needed. Central has implemented the “Handle with Care” program, met basic needs through food distribution to students and families, and provided students access to reliable internet through partnerships with the cities of Monmouth and Independence and their local internet provider. Staff wellness has been a high priority for school

and district administrators, along with Central’s employee wellness program, Get Fit, and the Whole Child Program that has supported educators with mental health and wellness resources and weekly virtual staff wellness groups throughout the Pandemic.



Equity has been a key focus of the Central School District’s Pandemic response as we have worked to consistently include staff, family, and student voices that truly represent our community and work to support every single student. We are partnering with Western Oregon University to embed equity into every aspect of our professional learning”.

— Jennifer Kubista
Superintendent



Early Intervention is Key

Infant and Early Childhood Mental Health Consultation (IECMHC) is a preventive and inclusive intervention for promoting young children’s social, emotional, and behavioral health in early childhood settings. The cornerstone of IECMHC is a collaborative relationship between the Mental Health Consultant (MHC) and the adults who care for young children (e.g., parents and other family members, early childhood educators, home visitors).



Promotion of Student Well-Being Through Shared Learning and Enhanced Prevention Efforts

The Massachusetts School Mental Health Consortium is comprised of Massachusetts school districts committed to improving the mental health services and supports available to students across the Commonwealth. Consortium member districts recognize the growing needs of our student

populations relative to mental illness and substance use and seek creative solutions to enhance prevention efforts, reduce wait time for therapeutic services, and increase the quality and sustainability of school mental health services and supports. Through shared learning, collaboration, and consultation, member districts will actively engage in efforts to improve the well-being of students in order to support their future success.



Leveraging the MTSS Framework to Support Wellness

Clifton Public Schools in New Jersey have leveraged their Multi-Tiered Systems of Support (MTSS) Framework to support their transitions among in-person, remote, and hybrid learning modes. During this time, they have built a strong district leadership team that includes representation from each school, key areas of expertise (e.g., mental health/wellness, physical education/wellness, special education), and representation from families. This team coordinates with other school and community partners (e.g., food service, local law enforcement, child welfare) to proactively support students and families. Each of their schools uses the MTSS framework to teach, remind, and reinforce positive expectations to support learning and wellness. To ensure expectations are accessible to most families and students, educators presented expectations in English, Spanish, and Arabic. Further, staff used district-wide data to drive decisions about intensifying their universal support (for all), targeted support (for some), and intensive support (for individual students identified with significant need). And they did all of this while building a strong, positive, and vibrant community—celebrating the “Heart of the Mustang.”



Our loss is huge, and we need our teachers to help us process our grief. We need to have time to talk. They can set aside the curriculum and teach us how to breathe, facilitate discussions in class. This will help relieve the pressure.”



Supporting Families of Preschool Children with IEPs

In North Carolina, preschool teachers implementing the [Pyramid Model](#) focus on the importance of building relationships with families of children with IEPs to assess the children's social-emotional and mental health needs. Establishing and building these relationships helps assess needs and develop support strategies that are relevant and meaningful to the family's unique cultural context, routines, and priorities. Candace Land from Floyd L. Knight School Preschool Program in Lee County, NC is one of many NC teachers who demonstrate this as shown in a video interview with Ms. Land: <https://ectacenter.org/topics/disaster/preschoolpan-demio-episode11.asp>.



Community-Driven Design

[Native American Community Academy \(NACA\)](#), in Albuquerque, New Mexico, serves K–12 students with an emphasis on community-driven design that centers the concept of holistic wellness. NACA has established an integrated curriculum prioritizing identity and culture development through culturally relevant lessons such as land-based learning as a part of a broader academic and college prep program.



Center on the Social and Emotional Foundations for Early Learning Pyramid Model and the Provision of Infant and Early Childhood Mental Health Consultation

In Maryland, the Infant and Early Childhood Mental Health consultation model can assist with the implementation of trauma-informed care, strategies to enhance children's positive relationships with caregivers and will provide consultation related to staff or families experiencing depression, substance abuse, or other adversities.

<https://www.mdpyramidmodelselfel.org/iecmh-consultation>



Cross-System Learning

The Federal National Workgroup on School Mental Health Partnership affiliates federal agencies, university centers, professional associations, and advocacy groups around cross-system learning. With the support of the Bainum Family Foundation, the Substance Abuse and Mental Health Services Administration (SAMHSA) convened three expert panels in partnership with the National Center on School Mental Health (NCSMH) and the Federal National School Mental Health Partnership to coalesce community members from all sectors around comprehensive school mental health systems. The recommendations of the three panels are summarized in [Advancing Comprehensive School Mental Health Systems: Guidance from the Field](#).

Recognizing that no one group can make the changes outlined in their recommendations, the Workgroup began co-creating *Dialogue Guides* with these partners. The guides enable them to hold conversations within their own networks, learn about the realities of practice and encourage partners to come together in action. System leaders, mental health practitioners, educators and

families participated together in developing dialogue starters that will enable conversations, share perspectives, build understanding, and reduce barriers. These collaboratively developed tools are available on the National Center for School Mental Health website.



Supporting Mental Health in Higher Education

The University of South Carolina Department of Psychology Student Advisory Board composed a mental health and department climate survey in an effort to better understand graduate student perceptions and mental health needs. This information was especially critical to have during the COVID-19 pandemic. The results of the October 2020 survey revealed that majority of the graduate students surveyed (27/39) reported experiencing 3 or more symptoms of negative mental health. In an effort to address these concerns, the department formed a Mental Health and Well-Being Committee, composed of program faculty (Experimental, Clinical-Community, and School Psychology Ph.D. programs) and graduate student representatives to meet twice a month in an effort to address graduate student mental health needs and overall climate. Throughout the 2020-21 academic year this committee facilitated the setup of graduate student support groups led by recent alumni to provide support and a safe space to process the stressors of graduate school. This committee also helped advocate for other supports (e.g., mentor-mentee contract that provides a number of discussion prompts to facilitate communication) and provide feedback to the department leadership to increase social responsiveness. In addition, the committee organized a number of socially distanced social activities, including discussion walks, and outside lunches.



Helpful Hint

Universal mental health promotion for all students and staff in the school community is foundational to any implementation framework. This includes positive school climate, positive discipline practices, teacher and school staff well-being, mental health literacy, positive behaviors and relationships and social-emotional learning. Social-emotional and behavioral health and well-being skills are skills that should be taught by all staff across all school settings and embedded in daily practices.

2. Enhance Mental Health Literacy and Reduce Stigma and Other Barriers to Access



Increasing Mental Health Literacy and Reducing Stigma with Student-Led Campaign

Beginning in 2014, Fauquier County Public Schools (FCPS) in Virginia, along with community partners, the Mental Health Association of Fauquier County, and the PATH Foundation, successfully implemented community training in Youth Mental Health First Aid (YMHF). YMHF is a training program supported by the National Council for Behavioral Health designed to educate people in the community about mental health issues and how to guide people experiencing mental health issues towards treatment. To date, over 1,600 adults in the Fauquier community have been trained in YMHF. A high percentage of those trained were teachers and other staff within the FCPS. In 2018 at a community safety conference, FCPS pointed out that they did not know which staff were trained, so they were unsure how to seek help. The students aptly pointed out the number of adults trained was impressive, but the value was not there if students did not know who to go to when they needed help, so FCPS provided purple

lanyards to staff who had received training in YMHA. The district worked with students to develop [video messages](#) shown to all students so that they knew who to approach when they needed help. The Purple Lanyard Project was an important part of the district's efforts to build a support network for students experiencing mental health challenges. Given success in implementing YMHA in this community and its schools, the National Council for Behavioral Health selected Fauquier High School to pilot Teen Mental Health First Aid (TMHFA), a similar version of mental health training designed for students. During the 2019-2020 school year, 260 tenth-grade students were trained in TMHFA. Plans are underway to expand the TMHFA training to our remaining high schools in the 2021-2022 school year. The impact of the YMHA training and the Purple Lanyard project includes many examples of staff using the knowledge acquired through the training to help students. Equally important, the effort and attention focused on the training have increased awareness and acceptance in FCPS schools and the larger community regarding mental health.

Web-link for YMHA: <https://sites.google.com/fcps1schools.net/ymhfa/home>



Helpful Hint

Meet as a team after training to determine how to apply new content in your setting. Consider using a marketing campaign to increase visibility of staff who are serving as mental health ambassadors. Provide ongoing coaching and support for staff.



Supporting Military Families

Military Child Education Coalition (MCEC)- Military-connected families move every 2–3 years, and their children often change schools 6–9 times during their K–12 education, which is three times more than their nonmilitary peers. For students with mental health

challenges, this complicates an already difficult situation. Each year the MCEC holds a National Training Seminar to help families, and practitioners and providers world-wide come together to learn the most about promising practices. MCEC, with the support of the United States Army Medical Command, the National Association of State Directors of Special Education and the National Center for Systemic Improvement launched a new training session designed to help attendees make an impact at their current duty station and carry best practices when they move to a new assignment. The Leaving Your Footprint Series is a two-part process. During the National Training Seminar, participants work with behavioral health experts from the United States Medical Command around issues of youth mental health, in particular Attention Deficit Hyperactivity Disorder, Anxiety, and Depression. Then, participants co-create infographics to help them share the information simply. Based on the infographics, they work together onsite and virtually to develop dialogue guides that will help parents and others bring attention to these issues at their current duty station. As they move to a new duty station, they take the infographics and dialogue guides with them while leaving their 'footprint' on the issue and an activity at their former assignment with the intent to sustain the focus on youth mental health. The Leaving Your Footprint Series of Behavioral Health Guides are found on the Military Child Education Coalition (MCEC) website.



Mental Health Professionals Supporting Educators and Caregivers

Infant and Early Childhood Mental Health Consultation is a preventive and inclusive intervention for promoting young children's social, emotional, and behavioral health in early childhood settings. The cornerstone of Infant and

Early Childhood Mental Health Consultation is a collaborative relationship between the Mental Health Consultant and the adults who care for young children (e.g., parents and other family members, early childhood educators, home visitors). The Mental Health Consultant helps caregivers learn to identify, understand, and address the needs of children at risk for mental health problems as early as possible (SAMHSA, 2014).



Promoting Young Children’s Social-Emotional Development to Address Undesirable Behaviors

Greene County Educational Service Center (ESC) in Ohio developed the Early Childhood Mental Health Consultation (ECMHC) program to promote young children’s social and emotional development, to address undesirable behaviors, and to assist parents/caregivers of young children in the region who have experienced high levels of trauma or toxic stress. The Greene County ESC ECMHC program has taken a two-prong approach to spread understanding about the foundations of child social and emotional development while normalizing the need to seek help for parenting and child behavioral problems. Parents and caregivers experiencing chronic toxic stress first need help building their own resilience and protective factors in order to help the children in their care. Using this approach, the Greene ESC early childhood mental health professional developed the program and provided consultation to the schools and community agencies in response to the needs of the adults and children. (Excerpted from Project LAUNCH, Grantee/Filed Spotlights, <https://healthysafechildren.org/grantee-field-spotlight/early-childhood-mental-health-consultation-ecmhc>)



Early Intervention with Social-Emotional Screening

In Illinois, 25 local Child and Family Connections offices serve as the system point of entry for families referred to Part C Early Intervention. State policy requires that at the initial intake meeting and with the family’s consent, a service coordinator administers the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2), a validated social-emotional-focused screening tool. The service coordinator uses the results of the ASQ:SE-2, along with information gathered during the Routines Based Interview assessment and other sources to determine who will be on the family’s evaluation/ assessment team. A positive screen on the ASQ:SE-2 indicates that the evaluation team should consider including a professional with a background in infant-toddler early childhood mental health and social-emotional development. This practice helps ensure that infant and toddler needs in the social-emotional domain will be identified early in the family’s involvement with Early Intervention so that interventions to address social-emotional needs can be included in the Individual Family Service Plan (Excepted from Smith, Ferguson, Burak, Granja, & Ortuzar, 2020).



College Mental Wellness Ambassadors

Utilizing a peer-to-peer model, Foothills College in California has strengthened and augmented its Office of Psychological Services and Personal Counseling by creating a Mental Wellness Ambassadors program. The ambassadors are the student representatives of Psychological Services whose aim is to promote mental health services, reduce stigma surrounding mental health disorders, create community, and foster an inclusive and non-judgmental campus culture. This program was created during the COVID-19

pandemic while students were learning remotely, not physically active on campus, and experiencing traumas associated with the pandemic.

3. Implement a Continuum of Evidence-Based Prevention Practices



Transforming the System Requires Educating Staff AND Providing Ongoing Support for Implementation

The Northwest Mental Health Technology Transfer Center (MHTTC) utilizes various content from sources such as the [National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts and Schools](#) and the [U.S. Department of Education’s Trauma Sensitive Modules](#) to support a systems transformation effort that are a part of targeted technical assistance that includes team-based training, data for decision making, coaching supports, and family engagement and youth involvement. Pairing content with implementation strategies increases the likelihood of sustainability and positive student outcomes.



Did You Know?

Thirty-one states are implementing the Pyramid Model as a tiered system of evidence-based practices that promote social-emotional competence and prevent undesirable behavior in infants and young children.
<https://challengingbehavior.cbcs.usf.edu/index.htm>;
<https://childcareta.acf.hhs.gov/resource/resource-guide-developing-integrated-strategies-support-social-and-emotional-wellness>



Statewide Wellness Initiative

At the Center for School-Based Mental Health Programs in Ohio – Ohio School Wellness Initiative

(<https://www.miamioh.edu/cas/academics/centers/csmbhp/initiatives/geer/index.html>), a Miami University-led project to aid mental health and substance use supports for Ohio’s K–12 students and staff received \$6 million from the Governor’s Emergency Education Relief Fund. The project aims to explore, implement, and sustain a full continuum of care for K–12 students within local districts who adopt student assistance programs, Tier 2/3 supports, and staff wellness frameworks.



Rooted in Relationships

Nebraska’s Rooted in Relationships initiative guides communities to implement evidence-based practices that enhance the social-emotional development of children birth through age eight. Each community has a multidisciplinary stakeholder team that implements a long-range plan to enhance the early childhood systems of care and the implementation of the Pyramid Model.
https://challengingbehavior.cbcs.usf.edu/PyramidNation/State/docs/NE_2019_rir_executive_summary.pdf



Supporting University Students at Home

The Ohio State University has leveraged their campus wellness center to support their students experience through the COVID-19 pandemic with an online webinar series entitled, “Staying Calm and Well in the Midst of the COVID-19 Storm.” This series provides evidence-based tactics on topics ranging from managing stress to mindfulness to ensuring a good night’s sleep amongst the stressors of the pandemic. The videos are posted on an easily accessible website with other wellness tips such as healthy recipes and additional resources. Having this information in one location mitigates any stress from finding resources and allows the students to personalize

their experience with the resources they need the most at any given time.



Helpful Hint

Use the [Hexagon Tool](#) to ensure you aren't responding to the crisis by overwhelming the system. Greater efficiency with teaching will reduce feelings of being overwhelmed with too many different instructional tasks that compete for teacher time, energy, and fluency.

4. Establish an Integrated Framework of Educational, Social, Emotional, and Behavioral-Health Support for All



Building an Interconnected Systems Framework

Monterey County in California began the journey of building an Interconnected Systems Framework (ISF) in 2016, shortly after learning about the model at the PBIS National Leadership Forum in Chicago. As a recipient of a School Climate Transformation Grant to address alarming levels of trauma and community violence, the Monterey County Office of Education (MCOE) had an established Leadership Team to coordinate efforts in PBIS implementation comprised of participating school districts and various community and county members, including Monterey County Behavioral Health (MCBH). Given that MCBH had existing memoranda of understanding to serve students in both general education and special education with all PBIS school districts along with robust staffing and executive leadership buy-in to support changes needed to implement ISF, this county agency was well positioned to incorporate necessary changes into their service model for success. As the leadership team's collaboration and partnerships deepened and the need for mental health integration into PBIS became increasingly

apparent, the collective decision was made to add ISF to the Strategic Plan as the primary focus for the remainder of the grant cycle and beyond.

Implementing ISF to fidelity required examining the MCBH program model and making significant changes to reflect mental health integration at every tier of PBIS intervention, as well as changing the role of the mental health clinicians. While MCBH clinicians were co-located on school campuses, most were itinerant and providing only individual therapy with no coordination with the PBIS teams at the school sites they were serving. Additionally, the MCBH Services to Education program was divided into two separate teams serving students in either general education or special education, which further reinforced the existing siloed ways of working. As PBIS informs us that relationships and consistency are essential ingredients in cultivating a positive climate and culture, critical adjustments to the program model included assigning clinicians to specific school sites and expanding PBIS teams at the school sites to include them so that they could become part of the decision-making process and share their expertise in identifying mental health interventions for students. MCBH also established a full continuum of mental health services and supports that aligns with the PBIS framework and allows time for clinicians to provide Tier 2 groups in collaboration with school counselors, as well as Tier 1 training and consultation that will build capacity of all staff for responding to the mental health needs of students.

Along with changes to the MCBH program model and clinician involvement with the PBIS teaming process that supported ISF implementation, MCBH clinicians were also included in district PBIS trainings provided by MCOE. Initially, school staff and MCBH clinicians had difficulty

understanding the purpose of receiving training in PBIS and how it related to mental health, and this eventually shifted as cultures merged and they began to experience the value of having MCBH clinicians participate in the PBIS process and share expertise in that helped inform team decision-making. As MCBH and MCOE worked with school districts to identify ISF Knowledge Development Sites, ISF Working Agreements were established with each site outlining roles and responsibilities, in addition to a detailed scope and sequence that provided a clear timeline of how ISF would be implemented throughout the school year and how each agency would be working together to support implementation to fidelity.

Now that Monterey County is several years into implementation, those involved in this movement have embraced a new way of working together to support the mental health and wellness of the learning communities, an indication of the positive changes and ripples of meaningful impact can be seen across all child serving systems. The School Climate Leadership Team continues to hold ISF as the guiding framework and philosophy for all training offerings while MCBH has been woven into every layer of decision making at county, district, and site levels. School district staff who were familiar with the former MCBH program model report feeling more connected to the clinicians working at their school sites and have a better understanding of their role and how to support students presenting with mental health problems as clear pathways for referrals have been created. There has also been increased sense of purpose for MCBH clinicians as many requests to remain at the same sites each new school year so that they can maintain the positive working relationships they have worked so hard to cultivate within the learning communities they serve. As with any large-scale change that impacts the hearts and minds of so many, success lies in the quality

of relationships. The abundance of strong working relationships is the foundation that Monterey County uses to continue the journey of ISF.



Addressing Toxic Stress

To address toxic stress among children growing up in poverty, an innovative collaboration was developed between a community center, [Operation Breakthrough](#) (OB), and a tertiary care children's hospital, Children's Mercy Hospital. OB houses the largest Head Start program in Missouri, serving more than 300 children each day in its center. It started as a day care center but has expanded and developed ways to provide shelter, safety, food, employment, education, and health care. Currently 96% of its preschool children enter kindergarten ready to learn. Current CLASS™ scores for Emotional Support, Organizational Support, and Instructional Support exceed national averages.



Creating a Single System of Delivery

Vermont's Agency of Education (VT AOE) in collaboration with the Department of Mental Health have prioritized the Interconnected Systems Framework (ISF) to enhance and expand School Mental Health. The leadership saw the need to create a single system of delivery that could be consistent across the state, while allowing local flexibility. The ISF provides the opportunity to assess current resources, strengths and needs and a process to efficiently and effectively build a continuum of support. As local educational agencies (LEAs) develop their Recovery Plan, districts are well positioned to use their multi-disciplinary leadership teams to assess student need and address three VT AOE identified priorities: (1) social-emotional functioning, mental health, and well-being; (2) student engagement; and (3) academic achievement and success. The 3 LEAs who have been utilizing the ISF are well

positioned to successfully implement their Recovery Plans as they have already been working with community partners in an integrated approach to meet student needs.

As part of the ISF work at the school level, school leaders have been prioritizing youth voice (e.g., engaging students with data to assess social-emotional behavioral well-being strengths and needs). The emphasis on stakeholder engagement to include students, families, and community within the PBIS and ISF framework positions the LEA to establish two-way communication feedback loops and authentic engagement that includes voice and choice.



Using Implementation Science to Build State Capacity for Implementation of the Pyramid Model in North Carolina, Connecticut, and New York

North Carolina and Connecticut use implementation science and implementation structures to build statewide capacity to adopt the Pyramid Model. These structures include a state leadership team, a network of program implementation coaches, implementation sites, and data decision-making.

The North Carolina state team develops and implements a plan based on implementation stages and drivers.

<https://nceln.fpg.unc.edu/ncppmresources>

The Connecticut strategic plan outlines action and budgeting across implementation stages.

https://challengingbehavior.cbcs.usf.edu/PyramidNation/State/docs/CT_strategic_plan.pdf

In New York, the New York State Early Childhood Advisory Council has included equity and social-emotional wellness through the implementation of the Pyramid Model as part of

their strategic plan for developing a comprehensive and sustainable early childhood system.

http://www.nysecac.org/application/files/7916/1679/0961/ECAC_Strategic_Plan_Final_3.26.21.pdf



Embedding SEL and Trauma into Existing Framework

STEAM Academy at Woodrow Wilson is an elementary school in Port Huron, Michigan that has been implementing PBIS for a number of years. During the last two years, they have worked to embed more social-emotional learning into their PBIS framework through the integration of trauma-informed practices. The School Leadership Team that guides their PBIS work also took the lead on embedding trauma-informed practices into PBIS for their school to ensure that it was not a separate initiative, but an enhancement of their current system that would better meet the needs of their students.

The School Leadership Team began by looking at what already existed within their PBIS system that included a trauma-informed lens, then built upon it. For example, they were able to make small changes to many areas of their behavior matrix to ensure it was written in a way that would build up students that have experienced trauma. From there, the team determined that they needed to add a column that really focused on bringing some social-emotional skills to the forefront of what was being taught. The column for Coping Skills was added to the [school-wide behavior matrix](#) so they could be more intentional about helping students develop these skills. Additionally, the school added a row to the bottom of the matrix titled “Staff Anchors” which describes how staff will model and support students with this skill development. Much of the same language is then mimicked in [the classroom matrix](#), which allows teachers to add in any nuances for their particular

classroom. The classroom matrix sits right next to teacher workstations so they can easily reference it as they model and teach the social-emotional skills that are identified within it in their interactions with students.

The team developed a professional development plan to ensure teachers had what they needed to be successful in their work with students around the integration of trauma-informed practices. The administrator wanted to make sure staff were supported in the teaching and modeling of the coping skills that were included in the matrix. Staff were provided professional learning on trauma and trauma-informed practices, given time to develop products for their classroom, and received coaching both from a school-level and district-level coach. Given that, they have a greater skill set related to teaching social-emotional skills in the classroom.

STEAM Academy has been using the school-wide PBIS Tiered Fidelity Inventory (TFI) since 2015 to measure their PBIS implementation fidelity. Upon beginning the work of embedding trauma-informed practices, they decided to use the trauma-informed TFI companion guide that includes enhancements to the items and walkthrough in order to collect data on their practices. The team used the data from this tool to determine the needs of the school and develop an action plan to achieve them. For example, after they began implementation of their new practices, they conducted the walkthrough with the additional trauma-informed questions and realized that the adults had not yet spent enough time on teaching the coping skills to students. The team went back and made plans to ensure the staff were very intentional with their teaching of these social-emotional skills. They continue to alter their action plan based on their data and the changing needs of the students and school, such as including

more coping skills that students can engage in right at their seats given the pandemic. [Recorded interview with Joe Kramer, principal at STEAM Academy.](#)



Providing Screening and Treatment to All Incoming University Students

Free mental health screenings that are available to all incoming students and will eventually be made available to the entire UCLA community are just one part of the [UCLA Depression Grand Challenge](#), a campus wide effort to reduce the health and economic impacts of depression by half globally by the year 2050. The online screening and treatment program are thought to be the first-ever campus wide mental health screening program conducted at a university.

The announcement in 2017 signaled a new phase in the Depression Grand Challenge, which has brought together more than 100 researchers from more than 25 academic departments — and growing — to develop better methods of detecting, evaluating, and treating depression. Researchers also aim to eliminate the stigma associated with depression, which is often a barrier to seeking diagnosis and treatment.

5. Leverage Policy and Funding



Statewide Integration Through Legislation

Through legislation, Minnesota has concretely linked education and mental health services and established a grant program to build capacity of educators and clinicians to serve the social, emotional and behavior needs of students in schools. Their goals include:

- improving clinical service quality through the support, training, and provision of evidence-based treatments;

- increasing the number of mental health clinicians who are trained in and providing Evidence-Based Practices;
- improving capacity and infrastructure development to support the expansion and sustainability of services long-term throughout Minnesota;
- developing and strengthening partnerships between mental health providers and host school districts, and
- increasing the number of school districts who have both a School-Linked Mental Health (SLMH) and PBIS framework.

Two of the features in the Minnesota approach are exceptionally promising.

- First, Minnesota intentionally embeds the PBIS framework in a comprehensive approach to school mental health. Minnesota draws on the behavioral approaches currently in place in schools developed through PBIS initiatives and integrates that knowledge with the array of evidence-based strategies that Mental Health partners bring.
 - The partnership between Minnesota PBIS and SLMH has a history of collaboration spanning over 13 years and have become increasingly aligned over the years. Currently, SLMH services are provided in 51% of Minnesota schools; 63% of the PBIS trained schools have SLMH services and 46% of all SLMH schools are in a PBIS trained building.
- Additionally, and potentially most important, Minnesota attends to the relationship building between school staff and mental health providers. As part of the co-written grant application, potential partners must identify what they hope to ‘give’ and ‘get’ in the new relationship. They must commit to learning

more deeply about their complementary roles in achieving their goals.



Funding to Increase School Mental Health Providers and School Nurses

Michigan passed legislation allocating \$31 million for hiring school mental health providers for general education students and also required their state to expand their Medicaid school-based services. The state has been able to use the increased funding to go from 1,738 school-based behavioral health providers statewide to 2,975 school-based behavioral health providers statewide and increased school nursing staff from 253 to 307.



Leveraging Funding with Youth Voice and Decision Making

The 2019 Oregon State Legislature dedicated \$7.5 million to continue to support School-Based Health Center mental health capacity during the 2019–2021 biennium. Most of this funding was reserved to support School-Based Health Center (SBHC) mental health capacity by adding mental health staff and expanding current mental health staff hours at Oregon School-Based Health Center. An additional \$700,000 was allocated to support youth-led mental health projects that would reduce mental health stigma and promote student resiliency at School-Based Health Center SBHC host schools. In the 2019–2021 biennium, 15 School Based Health Centers received funding and technical assistance from the Oregon Health Authority to operate Youth Advisory / Action Councils. Youth Advisory Councils are youth-driven groups that focus on advising, supporting, and advocating for SBHCs and their services while also providing space for students to connect with one another, build relationships with a facilitator who is knowledgeable in youth adult partnerships, and

create change in their schools, School Based Health Centers, and communities.

During the 2019–2020 school year, student-led projects included:

- Food Pantry and hygiene supply closets
- Stress management resources for students
- Creation of materials promoting SBHCs and addressing misconceptions
- Attendance at State Youth Advisory Council Summit
- Education campaigns about issues identified by Youth Advisory Council members
- Celebrate Love tabling event during school lunch promoting love outside of just romantic relationships
- Attendance at School Health Advocacy Day at the Oregon State Capital

Youth Advisory Councils that received state funding are asked to do a Youth Participatory Action Research (YPAR) project where the youth are authentically engaged in a research and decision-making process around a topic of their choice. YPAR is an innovative approach to positive youth and community development based in social justice principles in which young people are trained to conduct systematic research to improve their lives, their communities, and the institutions intended to serve them.

During the 2017–2019 biennium some examples of YPAR questions included:

- What affects student mental health and how do students deal with stress?
- How do students experience and cope with anxiety while in school?

- Do individuals who identify as male have a healthier body image than students who identify as female?

For more information on School-Based Health Centers and Youth Advisory Councils in Oregon please visit: www.healthoregon.org/sbhc.



Removing the Funding Barrier

Lake Washington School District is located in Redmond, Washington east of Seattle serving over 32,000 students. As a strategic priority, Lake Washington School District has worked with national and local experts to support the implementation of mental health and well-being supports within a Multi-Tiered Systems of Support framework throughout 55 schools. Through district directed and local dollars, about 1 million dollars, Lake Washington has worked to remove barriers for timely mental health supports for students and families. By removing eligibility requirements such as insurance and diagnostic assessments, students and schools can mobilize supports and interventions earlier than later.

The collaborative partnership with community mental health partners focuses on an integrated approach that embeds the providers so that they are part of the school community. Students and staff see them regularly in the building. Through a memorandum of understanding the community mental health partners also support prevention and promotion efforts that enhance Tier 1 supports. Each secondary building has a mental health provider 20–40 hours a week and their middle schools are building a framework to support mental health providers. During COVID-19 they have been able to adjust the mental health providers hours to reach more families—something they will continue through and after the pandemic.



Flexible Funding

California’s early childhood mental health efforts in San Francisco have been built on existing collaboration, spurred by flexible funding from Temporary Assistance for Needy Families welfare reform. The city has created a network of early childhood mental health consultants responsive to different ethnic needs, primarily providing prevention and early intervention services. The initiative uses a pooled funding strategy that involves multiple agencies and federal, state, and local funding streams.



Using Data and Cost Analyses to Study the Impact of the Pyramid Model

Wisconsin has successfully used data and cost analyses to increase resources for the Pyramid Model implementation and scale-up. The Governor’s budget also includes a funding increase for Pyramid Model coordination, which provides professional development and resources focused on trauma-informed practices for daycare providers to reduce undesirable behavior in young children.



Aligning State Grants and Initiatives

“The Collaboratory” in Nevada integrates various state grants and initiatives to ensure a climate of collaboration. State leaders worked together to develop a State Integration Team to include many state initiatives in order to align the work across the state. The initiatives include: Project AWARE, School Climate Transformation, Pre-K Development, Systems of Care, Office for a Safe and Respectful Learning Environment, OJJDP Comprehensive School Safety Initiative, and State Youth Treatment Planning for Substance Abuse. The State Integration Team meets monthly to coordinate the work of all Nevada grants, and this team ensures

the work and initiatives are integrated into one system to build a strong capacity for sustainability of successful initiatives.

“The Collaboratory” leaders work together to align the work of each initiative and combine efforts of each grantee in order to “work smarter, not harder.” This process has led to integration of all grant initiatives into a collaborative effort to provide cross training across disciplines in schools and community agencies/organizations; to align and implement programming in schools; and to collect data across systems informing state leaders of best practices for the work of creating safe and violence-free schools. “The Collaboratory” worked together to develop and submit legislative House and Senate bill drafts for the 2017 Legislative Assembly to consider. The team submitted eleven (11) bills of which nine (9) were approved for legislation. (Excerpted from Project LAUNCH, Grantee/Filed Spotlights, <https://healthysafechildren.org/grantee-field-spotlight/state-and-community-integration-initiatives-create-safe-and-violence-free>)

6. Enhance Workforce Capacity



Using the Pyramid Model in Minnesota and Wisconsin

Minnesota has been implementing the Pyramid Model for over ten years and has trained and coached hundreds of practitioners, administrators, and families. The evaluation of training and support efforts are included in the following report:

https://challengingbehavior.cbcs.usf.edu/PyramidNation/State/docs/MN_pm_executive_summary_2020.pdf

Wisconsin has been building the capacity of early childhood programs and practitioners to implement the Pyramid Model since 2009. A cross-sector state leadership team works to build

and guide this effort to provide Pyramid Model training and support to practitioners and leaders in childcare, public preschool, early childhood special education, family resource centers, and Head Start programs. In 2016, an evaluation of the Pyramid Model work in two Wisconsin communities found that children in Pyramid Model programs had better social and emotional skills and less problematic behavior than children in non-Pyramid Model programs. The positive outcomes achieved through the implementation of the Pyramid Model resulted in a substantial funding allocation for the work from the State Department of Children and Families.

The Greater Watertown Community Health Foundation in Wisconsin is also supporting the implementation of the Pyramid Model for Promoting Social and Emotional Competence in Young Children in all early childhood education programs within a two-county service area through a phased cohort model approach. Committed to ensuring access to high-quality early care and education, the Greater Watertown Community Health Foundation has invested to support program-wide implementation of the Pyramid Model in 7 sites within a two-county area. Using a cohort model, the Foundation's Early Childhood Learning Innovation Coach guides program leadership teams and internal coaches in five childcare and two school district programs. They also support community partners to provide parent training related to Pyramid Model practices. For infants and toddler, the training is conducted within playgroups where parent-child relationships are strengthened, and families are guided in their responsive interactions. Parent training for parents and caregivers of preschool children is offered through the Positive Solutions for Families workshop series that provides training to families of preschool children with undesirable behavior.



Virginia Partnership for School Mental Health

A new statewide project, the [Virginia Partnership for School Mental Health](#), aims to strengthen school mental health services through two major pathways: by building a pipeline of graduate student trainees to high-need school divisions, and by creating an inter-professional network of school mental health practitioners.

Funded by a five-year, \$2.5 million grant from the U.S. Department of Education, the partnership between the Virginia Department of Education and the University of Virginia's School of Education and Human Development was announced in 2020.



School Behavioral Health Community of Practice

The District of Columbia has been working across systems and alongside educational partners to ensure that every school and student has access to comprehensive school behavioral health services and supports. A key factor in its success has been connecting with community-based organizations (CBOs) to supplement the services and support already available through school-hired behavioral health providers.

In 2019, school teams, composed of educators, school staff, CBO clinicians and other interested groups from all DC public and public charter schools, joined the [School Behavioral Health Community of Practice \(DC CoP\)](#). Along with other community partners and District agency leaders, DC CoP members come together monthly to learn from each other, solve problems of practice and to support the implementation of best practices in school behavioral health to promote healthy development and well-being for all students and their families.

The DC CoP offers a space for system level leaders to interact with *on the ground* service providers—and learn about the urgent challenges facing students, staff and families, and providers—so all invested partners are empowered to respond quickly and use numerous communication channels to carry the learning into the broader system.

CoP members also join Practice Groups and Work Groups led by volunteers representing different roles. Some examples of the Practice Groups and Work Groups include: Trauma-Informed Practices in Schools, Crisis Response and Intervention, Family and Youth Engagement, and Positive School Climate and Social and Emotional Learning Implementation, Suicide Prevention and Teacher Wellness. Over 100 practitioners, educators and family members engage in shared work through the DC CoP.



Pennsylvania Department of Education (PDE) Released Creating Equitable School Systems: A Roadmap for Education Leaders that Addressed Supporting Social and Emotional Wellness for Staff and Students

PDE is set to release a new learning series on Accelerated Learning, which will provide a process and system of support for local educational agencies to make key decisions for school reopening. Fostering supportive learning environments through equitable, trauma-informed principles and focusing on comprehensive mental health is a key component of Accelerated Learning. The modules around supportive learning environments are set to focus on comprehensive mental health and utilize portions of the National Center for School Mental Health/Mental Health Technology Transformation Center School mental health curriculum to support teaming and resource

mapping. Additional modules will focus on staff/student wellness and data usage for mental wellness.



Increased Funding to Expand the Workforce in Alabama, Kentucky, and Tennessee

Alabama: State Funding for a New Position: School-Based Mental Health Service Coordinators

- In 2020, the Alabama State Legislature allocated \$4.5 million in grants for local educational agencies to employ **School-Based Mental Health Service Coordinators** in 2020-2021.
- Responsibilities:
 - Complete a needs assessment and a resource map of school mental health services for all schools in their jurisdiction
 - Coordinate and support student mental health services (including Tier 1, Tier 2, and Tier 3 services) throughout the school district

Alabama: State Funding to Expand the Workforce: Master's Level Clinicians

- Seven years ago, the AL Department of Mental Health and AL Department of Education placed master's level mental health clinicians in public schools using **local dollars**.
- In FY 2019–2021, the Governor and Alabama Legislature appropriated \$1.75 million in **state funding to expand** this workforce in 21 additional school systems.

Kentucky: State Funding to Expand the Workforce

- [HB 352](#) (enacted April 2020)

- Appropriated \$7.4 million to fund additional **school-based mental health provider full-time equivalent positions** in FY 2020-2021 on a reimbursement basis
- Goals committed to under [SB 8](#), 2020:
 - ▶ At least one school counselor per public school, 60% allocated to services
 - ▶ At least one school counselor or school-based mental health services provider ([statutory definition](#)) for every 250 students

Tennessee: State Funding to Expand the Workforce

- Governor's budget for FY 2020-2021 (finalized June 2020)
 - Allocated \$3 million (recurring) to fund 59 new **school-based behavioral health liaisons**
 - Responsibilities:
 - ▶ Assist schools in conducting needs assessments
 - ▶ Provide training and education for school personnel on behavioral health topics
 - ▶ Implement Tier 1, 2, and 3 services
 - ▶ Foster positive family-school-community relationships



Screening in Early Childhood and Statewide Social-Emotional Learning Competencies

In each of the three Safe Schools/Healthy Students Local Educational Agencies in Michigan, 100% of early childhood staff were trained in early childhood social-emotional learning and

development, with “booster sessions” (e.g., coaching, additional workshops, follow-up to assessments) provided during the school year. In addition, 100% of children and youth in each Safe Schools/Healthy Students (SS/HS) Local Educational Agencies have been screened for early social, emotional, or developmental delays and a follow-up screening process has been institutionalized.

The state developed Michigan Social Emotional Learning Competencies for ages birth to eighteen and is in the process of working collaboratively with a cross representation of diverse partners including educators on a corresponding implementation guide to align curriculum to the competencies for effective utilization. These competencies are expected to be utilized across the SS/HS LEAs post-grant for sustainability of effective practices. (Excerpted from Project LAUNCH, Grantee/Filed Spotlights, <https://healthysafechildren.org/grantee-field-spotlight/promoting-early-childhood-social-and-emotional-learning-development>)



Personnel Standards for Infant-Early Childhood Mental Health Specialists

Illinois’ **Child and Family Connections Procedure Manual** has an extensive set of recommended qualifications for the Part C Early Intervention program’s social-emotional consultants. These include “master’s degree in child development, special education, psychology, social work, or a related field; supervised clinical experience with children and families; training in infant development; diagnosis of mental health disorders in infancy; impact of stress and trauma in infancy; assessment of parent/child relationship; intervention to support parent/child relationship; and knowledge about and skill in providing reflective supervision and consultation.”



Developing University Telehealth Services

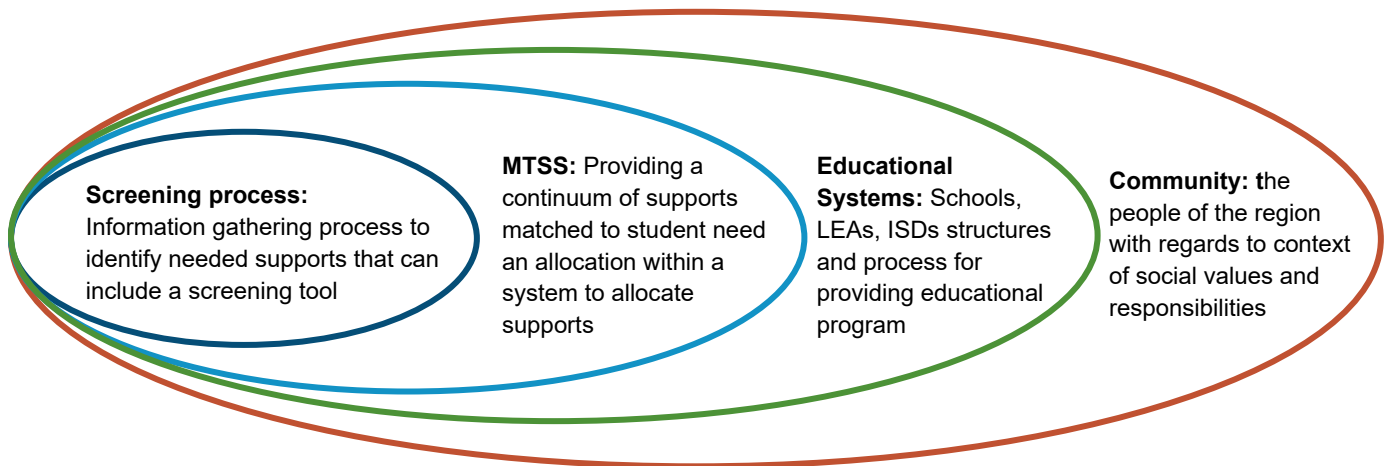
Prior to the March 2020 shut down of Heidelberg University in Tiffin, Ohio, there were no telehealth services for student’s mental health care. The creation of telehealth services was to target postsecondary students who were enrolled at Heidelberg University. The materials/information accessed to create this service included: Ohio Administrative Code 4757-5–13, which outlined the legal and ethical steps to provide telehealth services appropriately, American Psychological Association’s Office & Technology Checklist For Telepsychological Services which offered a checklist of items from technology to beginning of virtual session to verify engaging in a telehealth in an appropriate manner, and The Center for Connected Health Policy: Current State Laws and Reimbursement Policy which outlined definitions regarding Telehealth, defined consent, as well as highlighted limitations and restrictions as set forth by the individual states. Counselors at Heidelberg have seen an increase in the usage of the telehealth services as students navigated the pandemic.

7. Use Data for Decision Making to Promote Equitable Implementation and Outcomes



Listening and Learning from the Community

Recently, Michigan’s Multi-Tiered System of Support (MiMTSS) Technical Assistance Center paused the training offered on a behavior screening tool. This pause allowed time to listen and learn from the Michigan community. The MiMTSS Center wanted to examine how screening is affected by or addresses concerns of inequities. Through current work, the MiMTSS Center realized that the use of a valid and reliable screening tool must be embedded within an efficient screening process that considers multiple sources of information. It is important that an effective and equitable multi-tiered system of support is in place to (1) prevent possible concerns and (2) provide intervention and supports when need is identified. All of this is nested within educational systems and the community, ensuring responsiveness to context and culture. (See figure for illustrating these connections.)



The ultimate goal is to provide comprehensive guidance, training and resources connecting screening with systems. To achieve this goal, they are utilizing a phased process. They released a [brief document](#) with considerations to identify and support social-emotional-behavior-well-being. A more extensive document will be released that builds upon the brief. By the end of the 2021–2022 school year, they will have a comprehensive manual for a screening process that was developed with diverse and stakeholder input as well as usability testing. Each document supports work toward technical adequacy, an equity focus, and meaningful outcomes.



Preparing the System for Screening

[Battle Ground School District No. 119](#) is a public school district in Clark County, Washington. To set the stage for effective mental health screening for next year, the district team created a 6-week plan emphasizing social-emotional learning supports, adjusted previous intervention practices to support youth during the COVID-19 climate, as well as supporting staff via monthly newsletters addressing those social-emotional behavior topics such as staff wellness, recognizing and responding to trauma, and practices to use in the transition back into the classroom.



Including Students in Decision Making

[Forest Park Middle School](#), in Forest Park, Illinois, has created equitable, identity affirming, and co-created learning spaces for students. The school's emphasis on circle leadership ensures that decisions are made with students, not for them, and that students are included in every part of the change-making cycle.



Engaging Students with Information

Providing students with an opportunity to be heard can yield important outcomes. As part of ongoing PBIS implementation, Roanoke County Public Schools in Virginia engaged youth with both school-wide climate data and Youth Risk Behavior Survey data. Students were provided a structure for reviewing those data. The first group of students who were invited to take part in this activity were all secondary students. Students identified behavioral health as a need, specifically expressing their concerns about suicidal ideation. The students made connections in the data between substance use, unhealthy choices, and high incidence of suicidal ideation. Having heard from the initial group of secondary students, district leadership visited each of the 27 schools, including elementary schools, and interviewed students, asking students what concerned them about their school. The students' responses enlightened leadership and allowed them to take intentional steps to incorporate social-emotional behavior supports.



Connecting Pre-K Students to Additional Supports

The Lamar County Early Learning Collaborative in Mississippi uses the Pyramid Model for Promoting the Social and Emotional Competence of Young Children as a MTSS for their pre-K students. These procedures include a flow chart to help determine which children need Tier 2 and Tier 3 interventions and a system for linking areas of need with state social-emotional, math, or English Language Arts performance standards progress monitoring. For children receiving Tier 3 non-academic interventions, they use the Pyramid Model's Behavior Incidence Report System to help determine the functions of behavior and to provide individualized supports

such as assisting children develop targeted social-emotional skills.



What is Your Call to Action?

Through their review of data, Medical Lake School District recognized a substantial gap of unmet needs for its most underserved students, and this was their call to action. By developing protective factors and a robust system of support for their youth, they are fostering knowledge and promoting the development of skills that prepare students to be informed, thoughtful, and productive individuals and citizens, and teach individuals to recognize risk factors and warning signs pertaining to mental health.



Using the PBS Pyramid Model in Classrooms

Chelsea Public Schools in Massachusetts has been engaged in Positive Behavior Support Pyramid Model since 2016. Presently, all 45 classrooms across Pre-K to first grade are working with the framework. The district has served children remotely for all of the 2020–2021 school year, just now shifting back to in-person instruction.

Program leaders note that teachers across the school have embedded principles of Positive Behavior Support Pyramid Model into daily routines of classrooms, which has carried over into

remote learning. Much of the work of embedding social-emotional learning curricula into lesson plans has continued this year, with daily lessons devoted to social-emotional skills.

Additionally, there has been a particular focus during remote learning to revisit routines and schedules multiple times a day and using plenty of visuals. "One of the things making the biggest difference is remembering that kids have to have routines and expectations laid out every day all year long... that really impacted us a lot." Over the years, the school has also made efforts to increase free playtime for young children, expanding recess from 15 to 30 minutes, and shifting from an at times 'academic focus' to include plenty of free time.

The leadership team regularly uses data to help guide progress. For example, teachers are using the electronic Behavior Incident Reporting system. The leadership team meets monthly to review patterns and trends in classrooms, identify school-wide professional development, and identify individual student needs. Overall, program leaders suggest that among the general population of students, the Pyramid Model has led to a decrease in behaviors that require intervention outside of the classroom. As the school returns to in-person instruction, they will continue expanding their use of Pyramid Model practices and fidelity to the model.



APPENDIX B. Federal Technical Assistance Centers Related to Social-Emotional and Mental Health

Comprehensive Center Network (CCNetwork)

Funded by the U.S. Department of Education

CCNetwork comprises 19 Regional Comprehensive Centers and one National Center that provide capacity-building technical assistance to states, districts and schools in their design and implementation of evidence-based policies, practices, programs, and interventions that improve instruction and educational outcomes for all students. State educational agencies may request capacity-building support from their Comprehensive Centers.

The CCNetwork produces and disseminates research-based tools and resources to build the capacity of educational leadership in social-emotional, behavioral learning and mental health approaches to better support the well-being of school staff, students, and families.

Select CCNetwork resources include:

- The **Social, Emotional, and Behavioral Learning and Trauma-Informed Practice**

resource collection is designed to increase the capacity of state and district leadership to support their school communities create trauma-informed approaches for social, emotional, and behavioral learning. The resources within the collection are also targeted to specific needs and contexts, such as schools in rural communities, or schools that are in the early stages of implementing social and emotional learning (SEL) strategies.

- **Reimagining Excellence: A Blueprint for Integrating Social and Emotional Well-Being and Academic Excellence in Schools**, designed with input from in-person and remote educators, leaders, researchers, professional learning providers, and technical assistance providers, details the indicators of learning programs that successfully integrate equity, well-being, and academics and discusses how to improve student outcomes through a cycle of strong planning, action, and continuous monitoring.
- **Informational Resources on Improving Social and Emotional Learning and Outcomes** provides resources for

understanding, prioritizing, and measuring students' SEL competencies and on evidence-based SEL programs and interventions. The document organizes resources and information about SEL into nine categories listed under two broad headings: *What is SEL?* and *How is SEL being implemented?*

- **Supporting Well-Being and Learning Through a Concerns-Based Approach** provides guidance to school leaders on supporting teacher well-being through implementation of the Concerns-Based Adoption Model (CBAM). A series of blogs opens with an introduction to using the CBAM framework and includes action steps to apply three diagnostic tools (i.e., Stages of Concern, Levels of Use, and Innovation Configuration Maps) to help maintain a focus on improving student learning while simultaneously supporting teacher well-being.

Website: <https://compcenternetwork.org/>

Center to Improve Social and Emotional Learning and School Safety (CISELSS)

Funded by the U.S. Department of Education

The purpose of the CISELSS is to provide technical assistance to support states and districts in the implementation of social and emotional learning (SEL) evidence-based programs and practices. Our charge from the U.S. Department of Education is to build the knowledge and capacity of (1) state educational agencies (SEAs) to support their local educational agencies (LEAs) and (2) LEAs to support their schools.

Like some other federally funded technical assistance centers, it provides technical assistance in three tiers:

- **General.** The first, general tier is conceived to serve the broadest audience and consists of a growing inventory of carefully curated online resources, including evidence-based professional learning opportunities, videos, tools, resources, and other publications. This tier also includes reports, tools, and protocols developed by Center staff.
- **Targeted.** The second, targeted tier of technical assistance includes peer-to-peer collaborative opportunities for SEAs to work on a shared problem of practice relevant to the broader field. The work will yield participant-designed and -tested tools and resources that will then be disseminated more broadly to the field.
- **Intensive.** Finally, the third, intensive tier supports the SEL and school safety needs of individual SEAs and LEAs. These one-on-one consulting engagements will aim to build their capacity to lead and sustain the work.

Website: <https://selcenter.wested.org/>

Center of Excellence on Infant and Early Childhood Mental Health Consultation (CoE for IECMHC)

Funded by the U.S. Department of Health and Human Services

The CoE for IECMHC is a national technical assistance center dedicated to the advancement and impact of the field of IECMHC through training, technical assistance, and resource development. The CoE is supported by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration in partnership with the Administration for Children and Families and Health Resources and Services Administration.

IECMH consultants support professionals in early care and education, home visiting, early intervention, and other early childhood settings.



The CoE for IECMHC provides technical assistance to programs, communities, states, territories, and tribal communities, and individual mental health consultants to increase access to high quality mental health consultation throughout the country.

The CoE for IECMHC has three areas of focus:

- To serve as a **clearinghouse** for best practice resources related to developing, implementing, and maintaining an IECMHC program at a state, territorial, community or tribal level.
- To provide **technical assistance** to states, territories, programs, communities, or tribal nations in any stage of IECMHC program development.

- To provide **professional development** to IECMH consultants nationally.

Website: <https://www.iecmhc.org/>

National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth (NDTAC)

Funded by the U.S. Department of Education

In 2002, the U.S. Department of Education established the NDTAC, which is overseen by Longevity Consulting and its partners Child Trends, BreakFree Education and Cyber Synergy. NDTAC's overarching mission is to improve educational programming for children and youth who are neglected or delinquent or at risk. Within this overarching mission, NDTAC focuses on three key goals:

- Collect and disseminate information and resources related to the education of children and youth who are neglected or delinquent and/or at risk of dropping out of school.
- Foster coordination and collaboration among neglected or delinquent programs focused on the practice of educating children and youth who are neglected or delinquent.
- Synthesize and provide existing evidence-based research to expand the general knowledge base about the education of children and youth who are neglected or delinquent.

Website: <https://neglected-delinquent.ed.gov/>

National Center on Afterschool and Summer Enrichment (NCASE)

Funded by the U.S. Department of Health and Human Services

The National Center on Afterschool and Summer Enrichment (NCASE) is part of the Office of Child Care (OCC) Technical Assistance network. NCASE provides training and technical assistance to the state, territory, and tribal Child Care and Development Fund lead agencies and their designated networks, which include the statewide afterschool networks, state and local educational agencies, provider associations, and Child Care Resource and Referral agencies. The goal of NCASE is to ensure that school-age children in families of low income have increased access to high-quality afterschool and summer learning experiences that contribute to their overall development and academic achievement.

Selected NCASE resources include:

- Social and emotional learning
- Addressing adverse childhood experiences
- Supporting positive social-emotional climates in out-of-school time

Website: <https://childcareta.acf.hhs.gov/centers/national-center-afterschool-summer-enrichment>

National Center on Early Childhood Development, Teaching, and Learning (NCECDTL)

Funded by the U.S. Department of Health and Human Services

This Center is part of a comprehensive Training and Technical Assistance System funded by the Office of Head Start. NCECDTL advances best practices in the identification, development, and promotion of the implementation of evidence-

based child development and teaching and learning practices that are culturally and linguistically responsive and lead to positive child outcomes across early childhood programs. They also support strong professional development systems. NCECDTL is responsive to the unique needs of dual language learners, American Indian and Alaskan Native and Migrant and Seasonal Head Start programs, in particular, as well as other diverse populations. It uses professional development strategies that support states, tribes, and agencies in serving low-income families. The Center's work includes, but is not limited to:

- Professional development for the infant, toddler, and preschool workforce
- Evidence-based curriculum
- Intentional teaching and home visiting practices
- Effective transitions
- Developmental screening instruments and on-going assessment tools
- Practice-based coaching
- Culturally, linguistically, and age-appropriate practices
- Enhancing teacher-child interactions
- Supporting children with disabilities and suspected delays (Part C and Part B)
- Using data to improve practice

Website: <https://eclkc.ohs.acf.hhs.gov/ncecdtl>

National Center on Health, Behavioral Health, and Safety (NCHBHS)

Funded by the U.S. Department of Health and Human Services

This Center is part of a comprehensive Office of Head Start Training and Technical Assistance System and works collaboratively with a consortium of partners. NCHBHS designs evidence-based resources and delivers innovative training and technical assistance to build the capacity of Head Start and other early childhood programs to:

- Support children’s healthy development and school success
- Promote the safety of children, families, and staff
- Provide inclusive, culturally, and linguistically responsive services
- Address disaster preparedness, response, and recovery
- Mitigate adversity through trauma-informed care
- Advance health equity by improving child and family well-being

NCHBHS is responsive to the unique needs of children who are dual language learners, children in Tribal or Migrant and Seasonal Head Start programs, children with special health care needs, and children who are living in foster care or experiencing homelessness.

Website: <https://childcareta.acf.hhs.gov/centers/national-center-health-behavioral-health-and-safety>

National Center for Homeless Education (NCHE)

Funded by the U.S. Department of Education

This Center operates the U.S Department of Education's technical assistance center for the federal [Education for Homeless Children and Youth \(EHCY\) Program](#). In this role, NCHE works with educators, service providers, parents, youth, and other interested groups to ensure that children and youth experiencing homelessness can enroll and succeed in school. NCHE, based at the University of North Carolina at Greensboro, creates publications, hosts webinars, and delivers onsite and virtual presentations in addition to providing individual assistance via a national helpline at 800-308-2145.

Website: <https://ncche.ed.gov/>

National Center on Parent, Family, and Community Engagement (NCPFCE)

Funded by the U.S. Department of Health and Human Services

This Center is part of a comprehensive Department of Health and Human Services/Office of Head Start Training and Technical Assistance System. NCPFCE provides training and technical assistance for Head Start and Early Head Start staff who work with families. NCPFCE professional development activities reflect current evidence and lead to improved:

- Family outreach, recruitment, and attendance
- Family well-being
- Expanded family engagement in children’s learning and development



- Enhanced community partnerships that support families
- Strengthened outcomes for children and families enrolled in Head Start and Early Head Start programs

NCPFCE also offers professional development in areas, including but not limited to:

- Staff-family relationship building that is culturally and linguistically responsive
- Family employment, career pathways, and financial stability
- Equity and inclusiveness in family engagement
- Parent leadership, advocacy, and transitions to kindergarten

Website: <https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-parent-family-community-engagement-ncpfce>

National Center for Pyramid Model Innovations (NCPMI)

Funded by the U.S. Department of Education

The Center works to improve and support the capacity of state systems and local programs to implement an early childhood multi-tiered system of support to improve the social, emotional, and behavioral outcomes of young children with, and at risk for, developmental disabilities or delays. The goals of the Center are to assist states and programs in their implementation of sustainable systems for the implementation of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children (Pyramid Model) within early intervention and early education programs with a focus on promoting the social, emotional, and behavioral outcomes of young children birth to five, reducing the use of inappropriate discipline practices, promoting family engagement, using data for decision-making, integrating early childhood and infant mental health consultation, and fostering inclusion.

Website: <https://challengingbehavior.cbcs.usf.edu/>

National Center on Safe Supportive Learning Environments (NCSSLE)

Funded by the U.S. Department of Education

NCSSLE is funded by the Department's [Office of Safe and Supportive Schools](#). The Center offers information and technical assistance to states, districts, schools, institutions of higher education, and communities focused on improving school climate and conditions for learning. NCSSLE operates under the premise that, with the right resources and support, educational partners can collaborate to sustain safe, engaging, and healthy

school environments that support student academic success. The website includes information about the Center’s training and technical assistance resources, products and tools, and latest research findings.

NCSSLE’s three main areas of support are:

- Providing training and support to state administrators, including 27 grantees funded under the [Mental Health Service Professional Demonstration Grant program](#), 15 grantees funded under the [Project Prevent Grant program](#), 5 grantees funded under the [Trauma Recovery Demonstration Grant program](#), school and district administrators, institutions of higher education, teachers, support staff at schools, communities and families, and students.
- Seeking to improve schools’ climate and conditions for learning through measurement and program implementation, so that all students have the opportunity to realize academic success in safe and supportive environments.
- Promoting and managing the [U.S. Department of Education School Climate Surveys \(EDSCLS\)](#) maintenance and help desk hotline.

To contact the National Center on Safe Supportive Learning Environments, call 1-800-258-8413 or e-mail ncssle@air.org.

Website: <https://safesupportivelearning.ed.gov>



The National Center for School Mental Health (NCSMH)

Funded by the Health Resources and Services Administration

The NCSMH at the University of Maryland School of Medicine conducts research, training, policy, and practice to advance school mental health nationally. The NCSMH engages school, district, state, and territory leaders in assessing and improving their comprehensive school systems via a free online portal, The School Health Assessment and Performance Evaluation (SHAPE) System. The SHAPE System offers individuals and teams the opportunity to assess school mental health quality using national performance measures and provides targeted tools and resources to support quality improvement and strategic action planning. Through facilitation of School Mental Health Collaboratives on Improvement and Innovation Networks, national communities of practice, state coalitions, and other learning collaboratives at local, district, state, regional, and national levels, the NCSMH analyzes diverse sources of information, develops and disseminates practical tools, issue and policy briefs, and promotes the utilization of knowledge

and actions to advance successful, innovative, and sustainable school mental health policies, practices, and programs.

Website: <http://www.schoolmentalhealth.org/>

National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)

Funded by the Substance Abuse and Mental Health Services Administration

NTTAC provides states, tribes, and communities with training and technical assistance on children’s behavioral health, with a focus on systems of care. NTTAC is funded to increase access to, effectiveness of, and dissemination of evidence-based mental health services for young people (birth to age 21) and their families, including young people experiencing serious mental illness or serious emotional disturbance. NTTAC supports a **system of care** that is trauma-informed and person-centered. NTTAC is committed to equity, inclusion, and diversity, and promotes authentic partnership with youth and families. NTTAC supports Children’s Mental Health Initiative grantees and provides an array of trainings, technical assistance, and resources to providers, organizations, and agencies from across the system of care.

Website: <https://nttacmentalhealth.org/>

National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS)

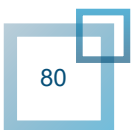
Funded by the U.S. Department of Education

The PBIS Center has been funded since 1998. The purpose of the Center is to improve the capacity of state educational agencies, local educational agencies, and schools to establish, scale-up, and sustain the PBIS framework to (a) scale up tiered systems of support to improve outcomes for students with or at-risk for disabilities, (b) enhance school climate and school safety, and (c) improve conditions for learning to promote the well-being of all students.

The Center on PBIS (a) provides the technical assistance to encourage large-scale implementation of multi-tiered systems of support (MTSS) to address social-emotional, behavioral, and mental health needs; (b) provides the organizational models, demonstrations, dissemination, and evaluation tools needed to comprehensively and effectively implement MTSS across an extended array of contexts; and (c) extends the lessons learned from PBIS implementation to the broader agenda of educational reform. The Center also provides support to the School Climate Transformation District and State grants.

The website includes resources, tools, and trainings to enhance district and state efforts to build capacity and systemically integrate social, emotional, behavioral, and mental health strategies and supports in schools.

Website: www.pbis.org





APPENDIX C. Technical Assistance Resources Related to Social, Emotional and Mental Health

Assessment

Title: Using Student Achievement Data to Support Instructional Decision Making

Link: <https://ies.ed.gov/ncee/wwc/PracticeGuide/12>

Description: This guide offers five recommendations to help educators effectively use data to monitor students' academic progress and evaluate instructional practices. The guide recommends that schools set a clear vision for schoolwide data use, develop a data-driven culture, and make data part of an ongoing cycle of instructional improvement. The guide also recommends teaching students how to use their own data to set learning goals.

Early Childhood

Title: Seven Impacts of the Pandemic on Young Children and their Parents: Initial Findings from NIEER's December 2020 Preschool Learning Activities Survey. New Brunswick, NJ: National Institute for Early Education Research

Link: https://nieer.org/wp-content/uploads/2021/02/NIEER_Seven_Impacts_of_the_Pandemic_on_Young_Children_and_their_Parents.pdf

Description: This study highlights seven impacts the pandemic has had on children and their parents. The research was conducted by the National Institute for Early Education Research (NIEER) at the Graduate School of Education, Rutgers University, New Brunswick, NJ, where they conduct and disseminate independent research and analysis to inform early childhood education policy.

Title: Checklist of Early Childhood Practices that Support Social-Emotional Development and Trauma-Informed Care (NCPMI)

Link: <https://challengingbehavior.cbcs.usf.edu/docs/Informed-Care-Checklist.pdf>

Description: This checklist is a list of practices that will help guide your thinking about how to support the social-emotional development of young children who have experienced trauma. This list of practices is not exhaustive nor is it meant to be a substitute for treatment or

counseling for children and families. Many of these practices are part of the Pyramid Model (i.e., the Teaching Pyramid Observation Tool), while other practices may not be explicitly described in the Pyramid Model practices yet they align well with Pyramid Model practices that you may already be using.

Families

Title: National Federation of Families: Education and Mental Health During COVID-19

Link: <https://www.ffcmh.org/crisis-hotlines>

Description: The link offers free, national hotlines and helplines that can assist parents, caregivers, families, and youth.

Title: Supporting Students with Disabilities at School and Home: A Guide for Teachers to Support Families and Students

Link: <https://www.pbis.org/resource/supporting-students-with-disabilities-at-school-and-home-a-guide-for-teachers-to-support-families-and-students>

Description: This guide highlights five key practices for teachers and families to support all students, including students with disabilities, at school and home. For each practice, the guide provides (a) tips for teachers to support students with disabilities during instruction; (b) tips for families that educators can share to support or enhance learning at home, especially during periods of remote instruction; and (c) free-access resources that include strategies shown to be effective by research (e.g., informational guides, downloadable materials, research-based programs).

Mental Health

Title: Advancing Comprehensive School Mental Health Systems: Guidance from the Field

Link: <http://www.schoolmentalhealth.org/Resources/Foundations-of-School-Mental-Health/Advancing-Comprehensive-School-Mental-Health-Systems--Guidance-from-the-Field/>

Description: This resource synthesizes school mental health knowledge and guidance of **over 75 experts nationally**. This resource is a foundational document in the field to help guide local, state, and national efforts to strengthen school mental health efforts and to start to understand and bring consensus to the quality domains of school mental health. A partnership of national school mental health leaders and organizations contributed to the development of the guidance.

Title: National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools

Link: <https://mhrtcnetwork.org/centers/global-mhrtc/national-school-mental-health-best-practices>

Description: The Guidance was co-developed by the Mental Health Technology Transfer Center Network Coordinating Office and the National Center for School Mental Health to help states, districts, and schools across the United States understand the core components of comprehensive school mental health and engage in a planning process around implementation of services. The modules are intended to be used with school and district teams that can influence, develop, and oversee school mental health systems at the school district and building levels.

Title: Classroom WISE (Well-Being Information and Strategies for Educators)

Link: <https://mhctcnetwork.org/free-smh-course>

Description: Educators and school personnel play a vital role in promoting mental health and well-being and identifying and responding to emerging mental illness in children and adolescents. However, they often have not received the education, training, and/or ongoing support needed to respond in the classroom. To address this need, the Mental Health Technology Transfer Center Network, in partnership with the **National Center for School Mental Health at the University of Maryland School of Medicine**, has developed a **FREE** self-guided online course, a video library + resource collection and a website focused on educator mental health literacy. The 3-part training package is informed by and co-developed with educators from across the nation.

These resources will present concrete, universal approaches to promoting student mental health and creating safe and supportive classroom environments, describe student behaviors that may indicate a mental health concern, and provide specific skills and strategies to engage and support students with mental health concerns.

Title: CDC’s Division of Adolescent and School Health (DASH) [School Mental Health Quality Guide Series](#)

Link: <https://www.cdc.gov/healthyyouth/mental-health/index.htm>

Description: CDC’s DASH promotes the health and well-being of adolescents through schools, enabling these adolescents to become healthy and productive adults. DASH provides funding and technical assistance to local educational agencies and supports surveillance and research to promote student and staff well-being.

Title: School Connectedness Tip Sheets—School Mental Health Quality Guide Series

Link: https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

Description: Data shows that students who say that they feel connected to their school (that their teachers care about them, that they feel like they belong, that they feel safe there) are less likely to engage in many risk behaviors, including early sexual initiation, alcohol, tobacco, and other drug use, and violence and gang involvement, less likely to report symptoms of anxiety or depression, and are more likely to report higher grades and test scores, have better school attendance, and stay in school longer. This webpage contains links to resources for school administrators and parents, and other interested groups.



Title: Social and Emotional Climate

Link: <https://www.cdc.gov/healthyschools/sec.htm>

Description: The Social and Emotional Climate webpage contains information about why a positive social-emotional climate is important, ways to foster a positive climate, and links to other resources, including a resource on the relationship between nutrition and social-emotional climate.

Title: How to Cope with Stress and Anxiety

Link: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

Description: The COVID-19 pandemic has had a major effect on our lives. Many of us are facing challenges that can be stressful, overwhelming, and cause strong emotions in adults and children. Public health actions, such as social distancing, are necessary to reduce the spread of COVID-19, but they can make us feel isolated and lonely and can increase stress and anxiety. This webpage contains suggestions about how to cope with stress in a healthy way will make you, the people you care about, and those around you become more resilient.

Title: CDC Mental Health Tools and Resources

Link: <https://www.cdc.gov/mentalhealth/tools-resources/index.htm>

Description: The series developed by the National Center for School Mental Health provides guidance to school mental health leaders to advance the quality of their services and supports. The guides contain background information on each domain, best practices, possible action steps, examples from the field, and resource guidance.

In addition, the Division of Adolescent and School Health will also be adding a research-informed

resource on classroom management approaches that foster school connectedness to our safe supportive environments website, linked here:

<https://www.cdc.gov/healthyyouth/whatworks/what-works-safe-and-supportive-environments.htm>

Positive Behavioral Interventions and Supports

Title: Teaching Social-Emotional Competencies Within a PBIS Framework

Link: <https://www.pbis.org/resource/teaching-social-emotional-competencies-within-a-pbis-framework>

Description: Positive behavioral interventions and supports (PBIS) provides an ideal framework for promoting social-emotional competencies to improve outcomes for the whole child. The purpose of this brief is to describe how school personnel can teach social-emotional competencies within a PBIS framework to support systematic, school-wide implementation through one system, rather than trying to improve student outcomes through separate, competing initiatives.

School Climate

Title: Strategies for Trauma-Informed Distance Learning

Link: https://selcenter.wested.org/wp-content/uploads/sites/3/2020/05/SEL_Center_Strategies_for_Trauma_Informed_Distance_Learning_Brief.pdf

Description: To help educators use trauma-informed teaching practices in distance learning contexts, this brief offers some general strategies, with specific examples, for how to recognize and respond to students' social and emotional needs while teaching remotely. The strategies are organized by Perry's 3 Rs: Regulate, Relate, and Reason.

Social-Emotional Learning

Title: NCPMI Resources: Practical Strategies to Promote Social-Emotional Skill Development and Mental Health in Young Children- Back to School: Promoting Social-Emotional Skills and Preventing Challenging Behavior

Link: (Downloadable, Captioned)

https://challengingbehavior.cbcs.usf.edu/videos/Back-to-School_CC.mp4

Description: Brief video (9 min) that describes the strategies that might be used by early childhood programs and educators to promote social and emotional skills and prevent challenging behavior. The video provides information on universal and targeted practices and materials that might be used by classroom teachers.

Title: NCPMI Resources: The Leadership Team’s Guide for Re-Opening Programs

Link: https://challengingbehavior.cbcs.usf.edu/docs/Leadership_ReOpening_Guide.pdf

Description: This document is designed to guide the Program Leadership Team around considerations for supporting children, families, and staff as they return to the program. The guidance provides 29 links to practical strategies and encourages you to think about those strategies from a trauma-informed perspective. While the leadership team may not know who among children, families, and staff have or are experiencing trauma, a trauma-informed approach guides programs in providing a safe and nurturing environment where children, families, and staff can build resilience, feel safe, and recover.

Title: NCPMI Resources: Helping Young Children Understand Emotions When Wearing Masks

Link: https://challengingbehavior.cbcs.usf.edu/docs/Wearing-Masks_Tipsheet.pdf

Description: Here are tips and ideas for helping children identify emotions when your face, your most expressive feature, is covered by a mask. Use these strategies to let children know that behind the mask, a kind and warm expression is still there!

Title: NCPMI Resources: Practical Strategies to Promote Social-Emotional Skill Development and Mental Health in Young Children–Tucker Turtle Takes Time to Tuck and Think

Link: https://challengingbehavior.cbcs.usf.edu/docs/TuckerTurtle_Story.pdf

Description: Tucker the Turtle provides a scripted story to teach young children how to calm down when they have strong feelings by tucking into their shell and taking deep breaths. The story also includes visuals to help children learn how to use the self-regulation strategy. A home version is offered so that caregivers can partner with the classroom in teaching this important self-regulation skill.

Spanish school version:

https://challengingbehavior.cbcs.usf.edu/docs/TuckerTurtle_Story_sp.pdf

Home version:

https://challengingbehavior.cbcs.usf.edu/docs/TuckerTurtle_Story_Home.pdf

Spanish home version:

https://challengingbehavior.cbcs.usf.edu/docs/TuckerTurtle_Story_Home_SP.pdf



Title: We Can Be Problem Solvers!

Link: https://challengingbehavior.cbcs.usf.edu/docs/ProblemSolving_Story.pdf

Description: This scripted story helps children understand the steps to social problem solving. The story includes problem scenario cards and a solution kit to help young children practice finding a solution to common social problems. A home version is offered so that caregivers can partner with the classroom in teaching these important skills.

Spanish school version:

https://challengingbehavior.cbcs.usf.edu/docs/ProblemSolving_Story_SP.pdf

Home version:

https://challengingbehavior.cbcs.usf.edu/docs/ProblemSolving_Story_Home_EN.pdf

Spanish home version:

https://challengingbehavior.cbcs.usf.edu/docs/ProblemSolving_Story_Home_SP.pdf

Title: Self-Care Strategies for Educators During the Coronavirus Crisis: Supporting Social and Emotional Well-Being—Resources Related to Social, Emotional, and Mental Health for Teachers, Providers, and Leaders—Developed by the Center to Improve Social and Emotional Learning and School Safety (CISELSS)

Link: https://selcenter.wested.org/wp-content/uploads/sites/3/2020/05/Self_Care_Strategies_for_Educators_During_the_Coronavirus_Crisis.pdf

Description: The brief offers practical information and guidance on self-care in these challenging times. In this rapidly changing context, teachers are called upon to continue educating their students, often teaching from home while also supporting families and communities in new ways. But in order to support others, educators must support themselves first. In fact, across helping professions generally, self-care is considered an ethical imperative.

Title: Community-Care Strategies for Schools During the Coronavirus Crisis—Resources Related to Social, Emotional, and Mental Health for Teachers, Providers, and Leaders—Developed by the Center to Improve Social and Emotional Learning and School Safety (CISELSS)

Link: https://selcenter.wested.org/wp-content/uploads/sites/3/2020/05/Brief_Community_Care_Strategies.pdf

Description: This brief offers practical guidance for educators and other school staff, and for administrators and other leaders, to help you ensure that school communities are effective, cohesive, collaborative, healthy, and sustainable while coping

with the stresses of social isolation, school closures, and changes to how services are provided.

Title: Connecting Teacher Practice with Social and Emotional Learning—Resources Related to Social, Emotional, and Mental Health for Teachers, Providers, and Leaders—Developed by the Center to Improve Social and Emotional Learning and School Safety (CISELSS)

Link: <https://selcenter.wested.org/resource/connecting-teacher-practice-with-social-and-emotional-learning/>

Description: Promoting teacher social and emotional learning (SEL) benefits the entire school community. Not only does it support teacher effectiveness and help make the work sustainable for teachers; it also supports student well-being, higher achievement, and a healthy school climate and culture. In this interview, listeners will learn about: (1) the unique ways that mentoring programs can help develop teacher SEL, strengthen school-based relationships, and support effective instruction and (2) the importance of teacher SEL (and well-being) to school and classroom culture.

Title: Center on PBIS—Guidance to Support States, Districts, and Schools During and After Pandemic: Returning to School During and After Crisis: *A Guide to Supporting States, Districts, Schools, Educators, and Students through a Multi-Tiered Systems of Support Framework*

Links:

Main Guide:

<https://www.pbis.org/resource/returning-to-school-during-and-after-crisis>

State Guide:

<https://www.pbis.org/resource/a-state-guide-for-returning-to-school-during-and-after-crisis>

District Guide:

<https://www.pbis.org/resource/a-district-guide-for-returning-to-school-during-and-after-crisis>

School Guide:

<https://www.pbis.org/resource/a-school-guide-for-returning-to-school-during-and-after-crisis>

Description: This guide describes the use of a multi-tiered systems of support framework to support students, families, and educators during the transitions back to school during and following the global pandemic in a manner that prioritizes their health and safety, social and emotional needs, and behavioral and academic growth. The [comprehensive guide](#) provides information to support implementation at the state, district, school, and classroom levels. To learn more about how to use this resource, please view the video [Guide to the Guide](#). For more streamlined guidance, please view the [state](#), [district](#), and [school](#) guides.

Title: Center on Positive Behavioral Interventions and Supports (PBIS)—Guidance to Support States, Districts, and Schools During and After Pandemic: Supporting PBIS Implementation Through Phases of Crisis Recovery

Link: <https://www.pbis.org/resource/supporting-pbis-implementation-through-phases-of-crisis-recovery>

Description: As school and district communities consider options for effectively supporting students, educators, and families during and after a crisis, it can be difficult to identify critical impactful actions. The PBIS framework can serve as a road map to meeting this challenge. This practice brief provides strategies to guide

implementation efforts through the various phases of crisis recovery for schools and districts that are (a) getting started or (b) strengthening and maintaining current implementation.

Title: How the Pandemic is Reshaping Education

Link: <https://www.washingtonpost.com/education/2021/03/15/pandemic-school-year-changes/?arc404=true>

Description: This article features topics that cover the changes schools had to make during the pandemic. The third topic is on Mental Health and includes comments from Sharron Hoover, one of the Directors of the School Mental Health Technical Assistance Center.

Title: Connecting Teacher Practice with Social and Emotional Learning

Link: <https://selcenter.wested.org/resource/connecting-teacher-practice-with-social-and-emotional-learning/>

Description: Promoting teacher social and emotional learning (SEL) benefits the entire school community. Not only does it support teacher effectiveness and help make the work sustainable for teachers; it also supports student well-being, higher achievement, and a healthy school climate and culture. In this interview, listeners will learn about: (1) the unique ways that mentoring programs can help develop teacher SEL, strengthen school-based relationships, and support effective instruction and (2) the importance of teacher SEL (and well-being) to school and classroom culture.

Supporting and Responding to Behavior

Title: Returning to School: Considerations for Students with the Most Intensive Behavioral Needs, A Guide to Supporting Students with Disabilities, Their Families, and Educators During the 2020–21 School Year

Link: <https://www.pbis.org/resource/returning-to-school-considerations-for-students-with-the-most-intensive-behavioral-needs-a-guide-to-supporting-students-with-disabilities-their-families-and-educators-during-the-2020-21-school-year>

Description: This document is a set of strategies and key practices to restart classrooms and schools in a manner that students, their families, and educators can use effectively, efficiently, and relevantly in the current climate.

Title: What Works Clearinghouse

Link: <https://ies.ed.gov/ncee/wwc/FWW/Results?filters=,Behavior>

Description: The What Works Clearinghouse (WWC) reviews the existing research on different *programs, products, practices, and policies* in education. *The goal* is to provide educators with the information they need to make evidence-based decisions. WWC focuses on the results from *high-quality research* to answer the question “What works in education?” This direct link includes a filter to review topics related to behavior.



Teachers and Providers

Title: Building a Culture of Staff Wellness Through Multi-Tiered System of Supports

Link: <https://www.pbis.org/resource/building-a-culture-of-staff-wellness-through-multi-tiered-system-of-supports>

Description: The purpose of this brief is to provide recommendations to district and school leadership teams on how the components of Positive Behavioral Interventions and Supports can be used to prioritize staff health and well-being.

Title: Installing an Interconnected Systems Framework at the District/Community Level: Recommendations and Strategies for Coaches and District Leaders

Link: <https://www.pbis.org/resource/installing-an-interconnected-systems-framework-at-the-district-community-level-recommendations-and-strategies-for-coaches-and-district-leaders>

Description: The Interconnected Systems Framework (ISF) is a process to create a more stream-lined approach to school mental health and wellness by connecting all social-emotional-behavioral (SEB) efforts through one system, while eliminating barriers inherent in systems that previously have operated separately. This Practice Guide describes and illustrate how district/community leaders can embed mental health supports within the Positive Behavioral Interventions and Supports framework to create a unified and comprehensive system of SEB supports in schools. One district's experience building such an ISF is portrayed including how they engaged community partners, families, and school personnel. Technical assistance strategies

and tools for coaches guiding the ISF process in districts/communities and schools are included.

Title: Installing an Interconnected Systems Framework at the School Level: Recommendations and Strategies for School Leadership Teams, Practitioners and Coaches

Link: <https://www.pbis.org/resource/installing-an-interconnected-systems-framework-at-the-school-level-recommendations-and-examples-to-guide-school-leadership-teams-practitioners-and-coaches>

Description: This Practice Guide describes and illustrates how schools, with support from coaches and district/community leaders, can benefit from the integration of mental health supports within the Positive Behavioral Interventions and Supports (PBIS) Framework. District/school leaders and coaches can use this information to support their efforts building an Interconnected Systems Framework (ISF) of mental health and PBIS. This Guide highlights practical strategies from one school's successful experiences, including indications of the impact on students' success while building strong partnerships with families and community partners. Suggested Technical Assistance strategies for coaches are provided.

Title: Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavioral Interventions and Supports, Volume 2: An Implementation Guide

Link: <https://www.pbis.org/resource/interconnecting-school-mental-health-and-pbis-volume-2>

Description: This implementation guide provides a step by step process with examples, activities, and resources for district and school teams to install and implement an Interconnected Systems Framework.

Title: Community-Care Strategies for Schools During the Coronavirus Crisis

Link: https://selcenter.wested.org/wp-content/uploads/sites/3/2020/05/Brief_Community_Care_Strategies.pdf

Description: This brief offers practical guidance for educators and other school staff, and for administrators and other leaders, to help you ensure that school communities are effective, cohesive, collaborative, healthy, and sustainable while coping with the stresses of social isolation, school closures, and changes to how services are provided.

Trauma

Title: Addressing Trauma in Educational Settings, Module 3: School Systems, Policies, and Procedures to Support Students Experiencing Trauma (Regional Educational Laboratory Appalachia)

Link: https://ies.ed.gov/ncee/edlabs/regions/appalachia/events/event_12-21-20_addressing-trauma-in-educational-settings_module-2.asp

Description: Regional Educational Laboratory Appalachia staff held a total of three webinars, in which they shared research, resources, and strategies to support students and educators in the context of trauma.

Title: Addressing Collective Trauma and Supporting the Well-Being of Students and School Staff (Regional Educational Laboratory Southwest)

Link: <https://ies.ed.gov/ncee/edlabs/regions/southwest/events/2021/webinar-012121.aspx>

Description: This was a free virtual event that addressed collective trauma in the current context of COVID-19 and social injustice. Presenters

discussed how collective trauma may affect staff and students.

Title: Integrating a Trauma-Informed Approach within a Positive Behavioral Interventions and Supports (PBIS) Framework

Link: <https://www.pbis.org/resource/integrating-a-trauma-informed-approach-within-a-pbis-framework>

Description: As educators have become increasingly aware of the impact of trauma on the school success of children and youth, they have been investing in professional development about how to address childhood trauma in schools. However, evaluation to support evidence of impact are lacking. This Guide describes how to integrate trauma-informed approaches into the PBIS framework to ensure efforts are linked to student outcomes. Strategies and tools to ensure effectiveness are included.

Technical Assistance

Title: Comprehensive Center Network (CCNetwork)

Link: <https://compcenternetwork.org/>

Description: The Comprehensive Center Network (CCNetwork) is comprised of 19 Regional Comprehensive Centers and 1 National Center that provide capacity-building technical assistance to states, districts and schools in their design and implementation of evidence-based policies, practices, programs, and interventions that improve instruction and educational outcomes for all students. State educational agencies may [request capacity-building support](#) from their Comprehensive Centers.

The CCNetwork produces and disseminates research-based tools and resources to build the



capacity of educational leadership in social-emotional, behavioral learning and mental health approaches to better support the well-being of school staff, students, and families.

Title: Social, Emotional, and Behavioral Learning and Trauma-Informed Practice (CCNetwork)

Link: <https://compcenternetwork.org/national-center/our-work/collection/6278>

Description: The **Social, Emotional, and Behavioral Learning and Trauma-Informed Practice** resource collection is designed to increase the capacity of state and district leadership to support their school communities create trauma-informed approaches for social, emotional, and behavioral learning. The resources within the collection are also targeted to specific needs and contexts, such as schools in rural communities, or schools that are in the early stages of implementing social and emotional learning strategies.



Title: Reimagining Excellence: A Blueprint for Integrating Social and Emotional Well-Being and Academic Excellence in School (CCNetwork)

Link: <https://selcenter.wested.org/resource/reimagining-excellence-a-blueprint-for-integrating-social-and-emotional-well-being-and-academic-excellence-in-schools/>

Description: *Reimagining Excellence: A Blueprint for Integrating Social and Emotional Well-Being and Academic Excellence in Schools*, designed with input from in-person and remote educators, leaders, researchers, professional learning providers, and technical assistance providers, details the indicators of learning programs that successfully integrate equity, well-being, and academics and discusses how to improve student outcomes through a cycle of strong planning, action, and continuous monitoring.

Title: Informational Resources on Improving Social and Emotional Learning and Outcomes (CCNetwork)

Link: https://compcenternetwork.org/sites/default/files/R6CC%20SEL_InformationalResources.pdf

Description: *Informational Resources on Improving Social and Emotional Learning and Outcomes* provides resources for understanding, prioritizing, and measuring students' social and emotional learning (SEL) competencies and on evidence-based SEL programs and interventions. The document organizes resources and information about SEL into nine categories listed under two broad headings: *What is SEL?* and *How is SEL being implemented?*

Title: How Are You Doing? Supporting Well-Being and Learning Through a Concerns-Based Approach (CCNetwork)

Link: <https://region12cc.org/how-are-you-doing-supporting-well-being-and-learning-through-a-concerns-based-approach/>

Description: Supporting Well-Being and Learning Through a Concerns-Based Approach provides guidance to school leaders on supporting teacher well-being through implementation of the Concerns-Based Adoption Model (CBAM). A series of blogs opens with an introduction to using the CBAM framework and includes action steps to apply three diagnostic tools (i.e., Stages of Concern, Levels of Use, and Innovation Configuration Maps) to help maintain a focus on improving student learning while simultaneously supporting teacher well-being.

Title: Trauma-Informed Practices Resource List Dashboard (CCNetwork)

Link: <https://app.smartsheet.com/b/publish?EQBCT=f250258487f7488594d1a0327ace297b>

Description: This **dashboard** by the **National Comprehensive Center** contains curated collections of resources in four Trauma-Informed Practices Topics: Distance Learning, Addressing Grief, Historical Trauma and Self-Care for Educators. The collections are updated regularly.

Title: Better Together: A Coordinated Response for Principals and District Leaders (CCNetwork)

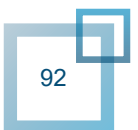
Link: https://compcenternetwork.org/sites/default/files/Better_Together.pdf

Description: This **brief** published by the **National Comprehensive Center** for school and district leadership presents strategies, research and a structured approach to manage and support the social-emotional well-being of adults in the school building as well as the families and students they serve post COVID-19 closures.

Title: Student Engagement in Online Classes: Tips for Teachers Based on Trauma-Informed Approaches and Social and Emotional Learning (SEL) Strategies (CCNetwork)

Link: <https://compcenternetwork.org/sites/default/files/Tip%20sheet%20for%20online%20teaching.pdf>

Description: This **fact sheet** compiled by the **National Comprehensive Center** provides concrete strategies that middle and high school teachers can incorporate into their online teaching to increase engagement with students. The authors present a framework based on trauma-informed approaches and social and emotional learning strategies to ensure students feel safe, connected, engaged, and ready to learn.





APPENDIX D.

Guidance on Existing Programs That Can Support Social-Emotional and Mental Health Services for Students

American Rescue Plan (ARP)

In March 2021, the President signed the American Rescue Plan (ARP) Act into law, which allocated substantial funding to States (as well as the Commonwealth of Puerto Rico and the District of Columbia), districts, schools, educators, students, and families as the country continues to recover from the COVID-19 pandemic. The ARP funds may be used to address the many impacts of COVID-19, including the provision of mental health services and supports.⁴

American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) Fund

The ARP ESSER funds provide support to States, LEAs, and schools as they work to reopen schools safely, maximize in-person instructional time, and address the impact of the COVID-19 pandemic on

students, educators, and families.⁵ Funds may be used to implement actionable strategies to meet the urgent needs of students and educators as LEAs and schools work to return to and safely sustain in-person instruction, address the educational inequities that have been exacerbated by the COVID-19 pandemic, and address students' social, emotional, mental health, and academic needs.⁶ ARP specifically allows the use of funds to support the mental health of children and staff through the provision of evidence-based interventions and critical services.⁷ This includes dramatically expanding the number of social workers, school counselors, school nurses, and school psychologists available to support students.

The Higher Education Emergency Relief Fund III (HEERF III)

The Higher Education Emergency Relief Fund III (HEERF III) provides funding to support

⁴ Secretary of Education Letter, *American Rescue Plan (ARP) Act of 2021* (March 2021), https://oese.ed.gov/files/2021/03/ARP_Letter_Sec_to_Chiefs_FINAL.pdf

⁵ Press Release, *Department of Education Announces American Rescue Plan Funds for all 50 States, Puerto Rico, and the District of Columbia to Help Schools Reopen* (March 2021), <https://www.ed.gov/news/press-releases/department-education->

[announces-american-rescue-plan-funds-all-50-states-puerto-rico-and-district-columbia-help-schools-reopen](https://www.ed.gov/news/press-releases/department-education-announces-american-rescue-plan-funds-all-50-states-puerto-rico-and-district-columbia-help-schools-reopen)

⁶ Fact Sheet: American Rescue Plan Act of 2021, *Elementary and Secondary School Emergency Relief Fund (ARP ESSER) (2021)*, https://oese.ed.gov/files/2021/03/FINAL_ARP-ESSER-FACT-SHEET.pdf

⁷ *Id.*

institutions of higher education to serve students and ensure learning continues during the COVID-19 pandemic.⁸ This includes emergency financial aid grants for mental health support at the student and institutional level.⁹

Individuals with Disabilities Education Act (IDEA) American Rescue Plan Funds

ARP also provided additional funding through IDEA for state educational agencies and IDEA Part C Early Intervention state lead agencies to help recover from the impact of the coronavirus pandemic and to safely re-open schools and sustain safe operations.¹⁰ ARP supplemental IDEA funds extend the capacity of states to provide early intervention and special education supports and services, including psychosocial services, to children and adolescents eligible for IDEA services.¹¹

Elementary and Secondary Education Act—Programs Supporting Mental Health Services

The Elementary and Secondary Education Act (ESEA) makes available funds that may be used to develop and provide mental health services to support students in grades Pre-K–12. There are two primary sources of funds for mental health services under the ESEA. The first is a formula grant program—Title IV, Part A, the Student Support and Academic Enrichment Grants program (SSAE).¹² The second is the School Safety National Activities (SSNA) authority,¹³ under which the Department funds several

competitive grant programs that address the need for mental health services in schools.

Title IV, Part A of the ESEA—SSAE Program

Under the SSAE program, the Department allocates funds to state educational agencies (SEAs) based on a formula, and SEAs in turn allocate funds to local educational agencies (LEAs). LEAs must use the funds in three content areas, one of which is safe and healthy students.¹⁴ Among the allowable activities in the content area of safe and healthy students are services addressing mental health. These include (1) school-based mental health services, which may be provided by school-based mental health services providers; and (2) school-based mental health services partnership programs, conducted in partnership with a public or private mental health entity or health care entity, that provide comprehensive school-based mental health services and staff development for school and community personnel working in the school. Allowable activities in the area of safe and healthy students also include schoolwide positive behavioral interventions and supports (PBIS), including through coordination with similar activities carried out under the Individuals with Disabilities Education Act (IDEA). These specifically identified mental health services are illustrative and not exclusive, so LEAs also have considerable flexibility to use their SSAE funds to develop and provide other kinds of mental health services, consistent with program and administrative requirements for the use of funds.

⁸ Office of Postsecondary Education, *ARP: American Rescue Plan (HEERF III)* (September 2021),

<https://www2.ed.gov/about/offices/list/ope/arp.html>

⁹ Frequently Asked Questions, *Higher Education Emergency Relief Fund III* (May 2021),

<https://www2.ed.gov/about/offices/list/ope/arpfaq.pdf>

¹⁰ Materials Page, *IDEA American Rescue Plan Funds* (July 2021), <https://www2.ed.gov/policy/speced/leg/arp/index.html>

¹¹ *Id.*

¹² Sections 4101–4112 of the Elementary and Secondary Education Act (ESEA), as amended, 20 U.S.C. 7111, et seq.

¹³ Section 4631 of the ESEA, 20 U.S.C. 7281.

¹⁴ Section 4108 of the ESEA, 20 U.S.C. 7118.

In fact, under a second SSAE content area, well-rounded educational opportunities,¹⁵ LEAs may use funds for a broad category described as activities that support student access to, and success in, a variety of well-rounded education experiences. Such activities could include mental health services and activities that promote social-emotional learning (SEL).

Of note, the flexibility that LEAs have under the SSAE program also means that they are not *required* to use their SSAE funds for mental health services. LEAs are required to conduct a needs assessment every three years, and the SSAE program contemplates that they will use funds consistent with the results of their needs assessments. Therefore, to the extent that mental health services are indicated as a result of its needs assessment, an LEA might choose to use a portion of its SSAE funds to develop programs and activities to meet those needs.

Under SSAE, SEAs reserve a portion of their allocation to carry out state-level activities.¹⁶ These activities may include supporting LEAs in implementing evidence-based mental health awareness training programs and in expanding access to, or coordinating resources for, school-based counseling and mental health programs, such as through school-based mental health services partnership programs. Again, these identified activities are illustrative and not exhaustive, and similar to LEAs, SEAs have flexibility in developing SSAE-funded programs that support LEAs in delivering needed mental health services to students.

SEAs and LEAs must obtain prior written, informed consent from the parent of each child who is under 18 years of age before they participate in any SSAE-funded mental-health assessment or service.¹⁷ Additionally, services provided under SSAE may not include medical services or drug treatment or rehabilitation, except for integrated student supports, specialized instructional support services, or referral to treatment for impacted students.¹⁸

The Department's non-regulatory guidance for the SSAE program¹⁹ acknowledges the connection that can exist between students' unaddressed mental health issues and poor academic achievement. It emphasizes that SSAE program activities can positively impact safe and supportive learning environments and student mental health. The guidance includes examples describing how LEAs may use funds to address student mental health, including PBIS and SEL activities.



¹⁵ Section 4107 of the ESEA, 20 U.S.C. 7117.

¹⁶ Section 4104 of the ESEA, 20 U.S.C. 7114.

¹⁷ Section 4001(a) of the ESEA, 20 U.S.C. 7101(a).

¹⁸ Section 4001(b) of the ESEA, 20 U.S.C. 7101(b).

¹⁹ Non-Regulatory Guidance, *Student Support and Academic Enrichment Grants* (October 2016), <https://www2.ed.gov/policy/elsec/leg/essa/essassaegrantguid10212016.pdf>

SSNA Programs

Under the SSNA authority, the Department reserves funds to support activities that improve students' safety and well-being, during and after the school day. The Department has used the flexibility that it has under this authority to develop and fund several competitive grant programs that address the critical area of student mental health, including programs focused on expanding school capacity to provide mental health services and programs focused on improving systems for providing those services. These programs are described below.

Mental Health Service Professional Demonstration Grants

This grant program supports innovative partnerships to train and deploy school-based mental health service providers in schools. The purpose is to expand the pipeline of high-quality, trained professionals to address shortages of mental health services in high-need schools and to provide supports that encompass social and emotional learning, mental wellness, resilience, and positive connections between students and adults. Eligible entities are high-need LEAs and SEAs on behalf of one or more high-need LEAs.

Project Prevent Grants

These grants focus on increasing LEA capacity to identify, assess, and serve students exposed to pervasive violence, helping to ensure that affected students are offered mental health services for trauma or anxiety; support conflict resolution programs; and implement other school-based violence prevention strategies in order to reduce the likelihood that these students will later commit violent acts. LEAs are eligible entities under this program.

School-Based Mental Health Services Grants

This program focuses on increasing the number of qualified (i.e., licensed, certified, well-trained, or credentialed) mental health service providers that provide school-based mental health services to students in LEAs with demonstrated need. Grants are awarded to SEAs.

School Climate Transformation Grants (SCTG)

This program assists grantees in developing, enhancing, or expanding systems of support for, and technical assistance to, schools implementing an evidence-based multi-tiered behavioral framework for improving behavioral outcomes and learning conditions for all students. The Department funds two SCTG programs, one for SEAs and one for LEAs.

Grants to States for School Emergency Management

The purpose of these grants is to expand the capacity of SEAs to provide training and technical assistance to LEAs for the development and implementation of high-quality school emergency operations plans (EOPs). Grant programs include mental health integration into EOPs.

Summary of Federal Disability Laws

Federal disability laws support the ability of children and students with disabilities to access and receive mental-health related services when needed in the context of their education and also to protect these children and students from discrimination on the basis of disability. These laws are Part B of IDEA, Section 504, and Title II of the Americans with Disabilities Act of 1990 (Title II). IDEA is the Federal law that, among other things, provides Federal funds to states, and, through them, to eligible local educational agencies (LEAs) to assist in providing a free appropriate public education (FAPE) to eligible

children and students with disabilities in the least restrictive environment. Section 504 prohibits discrimination on the basis of disability by recipients of Federal financial assistance and also has a FAPE requirement for public elementary and secondary school students with disabilities. Title II prohibits discrimination on the basis of disability by state and local governmental entities, regardless of receipt of Federal funds.²⁰

How and Which Children and Students with Disabilities Can Receive Services Under IDEA and Section 504

IDEA requires states and school districts to ensure that all children with disabilities residing in the state, regardless of the severity of their disability, who need special education and related services are identified, located, and evaluated. This responsibility is known as child find. Similarly, Section 504 requires that schools evaluate a child who because of disability needs or is believed to need special education or related services. A school district must obtain the consent of the parent or guardian to conduct the evaluation. Each child's evaluation must be individualized and comprehensive in order to assess the nature and extent of the student's disability and educational

and related needs, including, if appropriate, the child's social and emotional status.

Under IDEA, eligible students are entitled to FAPE,²¹ which includes special education and related services provided at no cost to the parents, in conformity with an IEP. Depending on state law or practice, a child's entitlement to FAPE can begin at the child's third birthday (i.e., preschool) and could last until the child's 22nd birthday.

The vehicle for determining the program of special education and related services to be provided to a child with a disability is the IEP. The IEP is a written document that contains a statement of the student's annual goals, including academic and functional goals, and the special education and related services and other supports to be provided to the child to enable the child to be involved and make progress in the general education curriculum, i.e., the same curriculum as for nondisabled students and to participate with other children with disabilities and nondisabled children in extracurricular and other nonacademic activities. The IEP is developed at a meeting of the IEP Team, which includes: the child's parents; at least one of the child's regular education teachers if the child is, or may be, participating in the regular educational environment; at least one

²⁰ The Office of Special Education Programs (OSEP) in the U.S. Department of Education (Department) administers IDEA. See 20 U.S.C. § 1400 et seq. and 34 C.F.R. Part 300. For general information about IDEA, please see: <http://idea.ed.gov>. The Department's Office for Civil Rights (OCR) enforces Section 504 as applied to recipients of Federal financial assistance from the U.S. Department of Education. See 29 U.S.C. § 794 and 34 C.F.R. Part 104. For more information about Section 504, please see: <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>. In the education context, OCR shares responsibility for compliance with Title II with the U.S. Department of Justice. See 42 U.S.C. §§ 12131-12134 and 28 C.F.R. Part 35. The information about elementary and secondary education in this document focuses on IDEA and Section 504. For more information about Title II, please see: www.ada.gov. For more information about OCR, please see: <https://www.ed.gov/ocr>; For more information about how to file a complaint alleging discrimination with OCR, please see: <https://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.

OCR also enforces laws that prohibit discrimination based on race, color, or national origin and sex by recipients of Federal financial assistance

²¹ Under IDEA, children with disabilities placed by their parents in private schools are not entitled to FAPE, but are eligible to be considered for equitable services in accordance with the requirements in 34 C.F.R. §§ 300.130-300.144. Parentally-placed private school children with disabilities do not have an individual entitlement to receive some or all of the services they would receive if enrolled in a public school. However, if a school district or other public agency is unable to educate a child with a disability in a program it operates, it may place that child in a private school or facility as a means of providing special education and related services to the child in accordance with an IEP at no cost to the parents. A publicly-placed child with a disability has all of the rights of a child with a disability who is served by a school district or other public agency. 34 C.F.R. § 300.146.

special education teacher or provider for the child; a public agency representative who is qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of children with disabilities and is knowledgeable about the general curriculum and agency resources; an individual who can interpret evaluation results; the child whenever appropriate; and, at the discretion of the parent or public agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel. Disagreements about the child's evaluation, placement, and content of the child's IEP can be resolved through IDEA's dispute resolution procedures, which include mediation, due process complaint and hearing procedures, or state complaints.

Under Section 504, a public early childhood, elementary or secondary child or student with a disability is entitled to protection against disability-based discrimination. As part of this protection, public elementary and secondary schools must provide FAPE to all qualified public elementary and secondary school students with disabilities.²²

All students with disabilities who are eligible for services under IDEA are also protected under Section 504. FAPE under Section 504 consists of regular or special education and related aids and services designed to meet a student's individual educational needs as adequately as the needs of students without disabilities are met and that satisfy certain procedural requirements related to educational setting, evaluation and placement, and procedural safeguards.²³ One means of meeting the Section 504 FAPE requirements for students

who are IDEA-eligible is through the implementation of an IEP developed under the IDEA.²⁴ In general, Section 504 students who are not IDEA-eligible have plans developed under Section 504, commonly called Section 504 plans, that reflect the services and supports the school will provide to the student. Placement decisions under Section 504, including decisions about the student's program and services, must be made by a group of persons knowledgeable about the child, the meaning of evaluation data, and placement options. Disputes about the content of a student's evaluation, Section 504 plan, and placement can be resolved through Section 504 due process procedures including impartial hearing procedures.

Mental Health Services

It is not necessary for a preschool, elementary school, or secondary school child or student under IDEA or an elementary or secondary school student under Section 504 to be identified as having a specific emotional or mental impairment in order for the student to receive mental health-related services. Under IDEA, children and students with disabilities, regardless of disability classification, must receive a range of support services known as related services, if the supports are required for them to benefit from special education services. Under Section 504, students with disabilities must receive mental health support services if these services are needed to ensure that their educational needs are met as adequately as those of students without disabilities. These determinations are made by the student's IEP Team or the group that develops the student's Section 504 plan, as appropriate. Under IDEA, a number of related services, which could

²² Section 504 does not require FAPE for students with disabilities in public preschool programs. 34 C.F.R. § 104.38.

²³ Note that private schools that receive Federal financial assistance from the U.S. Department of Education are not required to meet the same requirements described in this document that apply to

school districts and public schools in educating students with disabilities. Information about the requirements that apply to private school recipients is in 34 C.F.R. § 104.39 of the Section 504 regulation.

²⁴ 34 C.F.R. § 104.33(b)(2).

address mental-health and disability-related educational needs are referenced and include psychological services, school health and school nurse services, social work services in schools, counseling services, parent counseling and training, and medical services provided by a licensed physician for diagnostic and evaluation purposes only. Also, in developing an IEP or 504 plan, a factor to be considered is whether the student needs positive behavioral interventions and supports and other strategies to address behavior if the student's behavior impedes the student's learning or that of others.

Federal disability laws can provide a vehicle to assist students in acquiring the skills they need to overcome mental health challenges, both as a result of conditions predating the COVID-19 pandemic and the circumstances resulting from the pandemic, such as the transition to remote learning, social isolation, and severe illness or death of close family members as a result of COVID-19. Providing mental health services to students with disabilities who require them in order to receive FAPE can help to ensure that these students have the opportunity to acquire the social and emotional skills they need to pursue college and careers and lead meaningful and productive adult lives.

Application of Section 504 to Institutions of Higher Education

While IDEA and Section 504 FAPE requirements do not apply to public or private institutions of higher education, these institutions have certain obligations to students with disabilities under Section 504.²⁵

²⁵ In addition, Title II prohibits discrimination on the basis of disability by public institutions of higher education. Title III of the Americans with Disabilities Act prohibits discrimination on the basis of disability by certain private entities, including certain private institutions of higher education. See 42 U.S.C. §§ 12181-

Under Section 504, covered institutions of higher education may not, on the basis of disability, exclude a qualified student with a disability from, or otherwise subject to discrimination under, any part of its programs or activities. An institution of higher education must provide program modifications, which can include appropriate academic adjustments, to ensure that it does not discriminate on the basis of disability. Academic adjustments may include, for example, changes in the length of time permitted for the completion of degree requirements and substitution of specific courses required for the completion of degree requirements. Institutions of higher education are not required to modify essential academic requirements. Generally, in addition to providing reasonable modifications to policies, practices, and procedures, institutions of higher education may need to provide auxiliary aids and services, such as accessible electronic and information technology, qualified interpreters, qualified readers, and note takers, to ensure effective communication and so that students with disabilities may have an equal opportunity to participate. Institutions of higher education are not required to provide modifications or auxiliary aids or services where doing so would impose an undue burden or cause a fundamental alteration to a service, program, or activity. If a student with a disability requests a modification, an institution may ask the student to provide reasonable documentation of disability and the need for the modification. Students with disabilities who have mental health needs can request modifications from institutions of higher education.

12189 and 28 CFR Part 36. The U.S. Department of Justice interprets and enforces Titles II and III. For more information on the ADA, please visit <https://www.ada.gov/>



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