Kentucky's School
MENTAL HEALTH
TOOLKIT

PRESENTED BY:

KAPS

Kentucky Association for
Psychology in the Schools

I.

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I.

ABOUT KAPS

The Kentucky Association for Psychology in the Schools is the professional association for school psychologists in Kentucky. We are affiliated with the National Association of School Psychologists, Kentucky Psychological Association, Kentucky Association of School Administrators, and Kentucky Center for School Safety.

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KAPSONLINE.ORG

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II. Forward

"We live in unprecedented times. The world around us is moving and changing in new and different ways on what seems like a daily basis. Information that used to take days to receive can now be accessed in a matter of seconds. We can have meetings, teach classes, and even do therapy across the nation when we could only do so across a table in years past. Digital advancements have made us more interconnected as a society than we ever have before and yet, it seems like we find it harder and harder to make personal connections. This has been made all the more evident through the events of the past year as the world has been in the grip of the COVID-19 pandemic.

"We have been connected to each other, though isolated in our own houses. We are still getting information from others, but missing many of the things that we crave with regard to human contact and interaction. Now, as the world appears to be slowly steering back on track, it is also becoming more and more evident that our mental health has been affected by our isolation; both because of technology and out of public safety. We are on the verge of a new mental health crisis and we are all scrambling to make sure we have the tools to help both our students and ourselves.

II.   Forward

"The document that follows was started before the current pandemic/post-pandemic world. It was created out of the need to offer research and resources to help guide professionals to fully address the mental health needs of our students in our rapidly changing world. This care and concern for students and the information this document brings is needed now more than ever. Did the authors know what new world was on the horizon? Not likely…but they did know that we live in a fast-paced society where we can often be overwhelmed with the amount of information at our fingertips and there is a need to channel this information into something that is both usable and useful. The need for us to have resources and strategies that have been vetted and curated by mental health professionals with varied backgrounds and experiences. That is what you have before you and it is the product of several years of research and practice.

"I hope the information found here will inform your personal practice in meaningful ways and that it brings healing and resilience to the students in your charge. Though no one document can fully encapsulate all the information that is available on the topic of mental health and students, my hope is that this will provide researched and tested information you need as a clinician to support your students in deep and meaningful ways. My hope is…that you give your students hope, and that we can help build a generation of students who are capable of managing their mental health as easily as they manage their cell phones.

"Good luck with your practice and stay healthy."

– PATRICK O. BALLARD, KAPS PRESIDENT

(January 25, 2021)

"Promise me you'll always remember – you're braver than you believe, and stronger than you seem, and smarter than you think."
– Christopher Robin from Winnie the Pooh

KAPS

MENTAL HEALTH
INTRODUCTION

III

III. Introduction

Mental health, a part of an individual's overall well-being, is fundamental to the ability to think, feel, express emotions, and engage socially with others. Mental health is important at every stage of life.

Many mental health disorders begin in childhood. Examples can include behavioral disorders, learning disorders, mood and anxiety disorders, conditions such as ADHD and Tourette's syndrome, and developmental disorders such as autism spectrum disorder. Children may also experience significant mental health challenges as a result of family stressors or traumatic life experiences, including exposure to neglect, racism, violence (including domestic and community violence), the effects of poverty, and even natural disasters or pandemics.

Children and teens are also susceptible to problems such as substance abuse and self-harm. However, according to the Centers for Disease Control and Prevention (2020), childhood mental health disorders and challenges can be effectively treated and managed, and early diagnosis and appropriate services can make a difference in the lives of these children and their families. Trends suggest that mental health issues continue to be on the rise. As such, finding ways to increase the availability of mental health supports to children has now become a major public health issue.
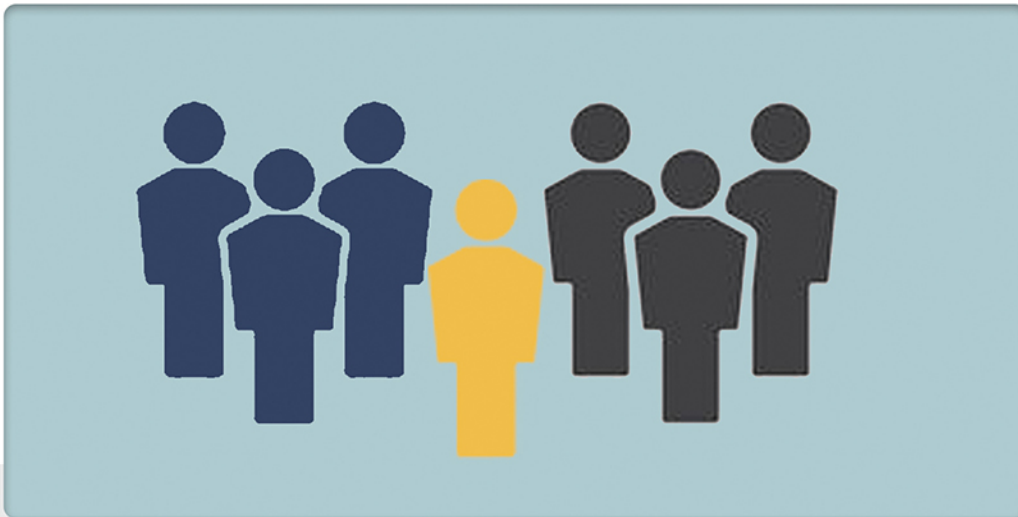
Mental Health

Mental health is more than the absence of mental illness. It also encompasses social-emotional well-being and behavioral health, and more specifically the ability to cope with life's challenges. (National Association of School Psychologists -2016)

III. Introduction

Mental Health Statistic

1 IN 7 CHILDREN/TEENS HAVE MENTAL HEALTH DISORDER

NEARLY **50%** DID NOT RECEIVE NEEDED TREATMENT

According to a University of Michigan study published in JAMA Pediatrics (2019), about 1 in 7 children and teens in the United States have at least one treatable mental health disorder, but nearly half of these children did not receive needed treatment from a mental health professional in 2016.

As children typically spend a large portion of their day in an educational setting, schools have become an increasingly valuable entity for the promotion and provision of mental health supports to children. School mental health refers to the mental well-being of school-aged children, typically those ranging from three to twenty-one years. School mental health focuses on social-emotional learning and development, mental health education and wellness activities, and the formation of positive relationships. By addressing the mental health needs and challenges faced by children and teens, we can help students achieve better educational outcomes as well as increase the likelihood of their future success in life.

III. Introduction

Kentucky Specific Statistic

👤 **14% OF OUR STUDENTS (91,000 STUDENTS) HAVE A MENTAL HEALTH DISORDER**

👤 **IN 2019, 8.8% OF MIDDLE SCHOOL STUDENTS AND 8.1% OF HIGH SCHOOL STUDENTS REPORTED THAT THEY HAVE ATTEMPTED SUICIDE** (2019 Kentucky Youth Risk Behavior Survey)

👤 **IN 2019, OVER 50% OF MIDDLE SCHOOL STUDENTS REPORTED THAT THEIR MENTAL HEALTH WAS NOT GOOD** (2019 Kentucky Youth Risk Behavior Survey)

👤 **SUICIDE IS THE SECOND LEADING CAUSE OF DEATH IN KY FOR INDIVIDUALS AGES 10-34** (American Foundation for Suicide Prevention)

According to the results of the 2018 National Survey on Drug Use and Health, school settings are where the majority of youth receive supports. (Kazak et al. 2010, SAMSHA, 2018).

III. Introduction
What we currently know about School Mental Health practices:

❶ **Mentally-healthy students achieve in school and in life.** Good mental health assists children in their learning and development. Research indicates that students who receive social–emotional and mental health support make better academic progress. According to a research summary published by the National Association of School Psychologists (2012), "a meta-analysis of school-based social and emotional learning programs involving more than 270,000 students in grades K-12 revealed that students who participated in these programs improved in grades and standardized test scores by 11 percentile points compared to control groups (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011)."

❷ **Schools are a natural place for students to receive mental health support.** Given the continuum of needs regarding mental health, schools are ideal because of their ability to implement a range of multi-tiered levels of support, including universal, targeted and intensive interventions. According to the National Association of School Psychologists (2016), "*virtually every community has a school and most children spend at least 6 hours a day there. Schools offer an ideal context for prevention, intervention, positive development, and regular communication between school and families. School-employed professionals like school psychologists, school counselors, school social workers, and school nurses know the students, parents, and other staff, which contributes to accessibility of services. In fact, research has shown that students are more likely to seek counseling when services are available in schools. In some cases, such as rural areas, schools provide the only mental health services in the community.*"

❸ **Provision of mental health supports to students also promotes a positive school culture and climate.** According to the National Association of School Psychologists (2016), "Increased access to mental health services and supports in schools is vital to improving the physical and psychological safety of our students and schools, as well as academic performance and problem-solving skills. School mental health supports that encompass social–emotional learning, mental wellness, resilience, and positive connections between students and adults are essential to creating a school culture in which students feel safe and empowered to report safety concerns, which is proven to be among the most effective school safety strategies." Feelings of safety and connectedness allow both students and staff to improve morale and to be more secure in their learning environment.

❹ **Partnerships between schools and community mental health agencies are more likely to increase success.** While schools can provide a wide range of mental health supports, at times more intensive or specialized services that are beyond the capability of schools are needed. Schools are able to network with local agencies and community mental health providers to help serve students most in need. Community mental health providers may offer various services including evaluations, mentoring services, and individual/family therapy that can positively influence student health. By working together with community partners, schools are often able to expand supports for students and families with highly intensive needs.

III. INTRODUCTION

Why this School Mental Health Toolkit was developed:

Currently, the provision of school mental health services and supports vary across Kentucky schools. Possible causes for these variations include limited awareness about research-based methods of school mental health implementation, inadequate funding and/or availability of mental health personnel, and difficulties in establishing partnerships with community mental health providers.

1 : 500 — NASP Recommends 1 : 500 (one for every 500) School Psychologists to Student Ratio

1 : 250 — SB1 Requires 1 : 250 (one for every 250) Mental Health Providers to Student Ratio

1 : 2,057 — Kentucky Actually has 1 : 2,057 (one for every 2,057) School Psychologists per Student

In order to assist schools in developing and providing a comprehensive array of mental health services and supports, the Kentucky Association for Psychology in the Schools (KAPS) has committed to providing relevant, research-based information and resources to empower schools to promote the mental well-being of all students. This toolkit is designed to provide an overview of school mental health foundations, a framework for school mental health integration, an overview of service delivery models, and strategies for school crisis prevention and response.
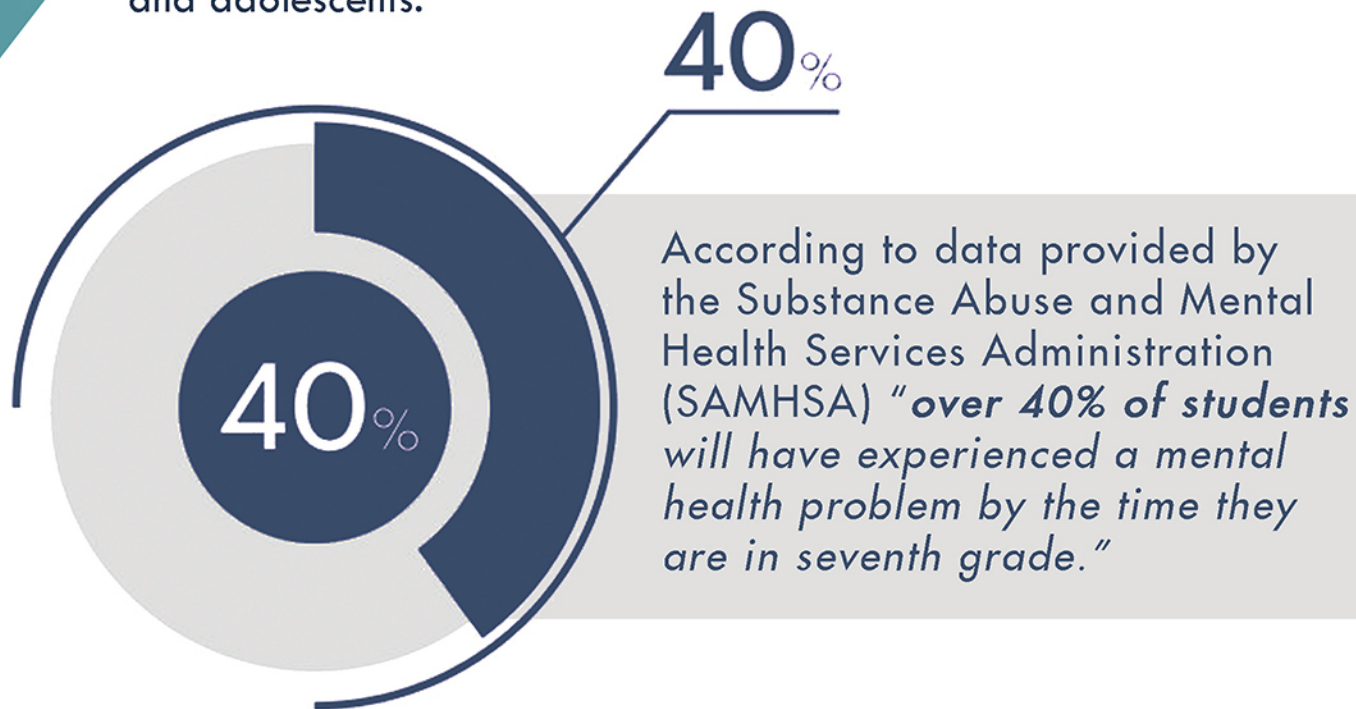
SCHOOL
MENTAL HEALTH
FOUNDATIONS

IV

IV. School Mental Health Foundations

As school mental health professionals, school psychologists are acutely aware of the impact that mental health has on school aged children and adolescents.

40%

40%

According to data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) *"over 40% of students will have experienced a mental health problem by the time they are in seventh grade."*

For this reason it is imperative that schools implement a comprehensive system to address mental health needs. Schools can do this by integrating mental health into existing structures for social/emotional and behavioral supports.

The Midwest PBIS Network describes ISF as "a structure and process to integrate Positive Behavioral Interventions and Supports (PBIS) and School Mental Health within school systems. The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth. There is an emphasis on prevention, early identification, and intervention of the social, emotional, and behavior needs of students. Family and community partner involvement is critical to this framework."

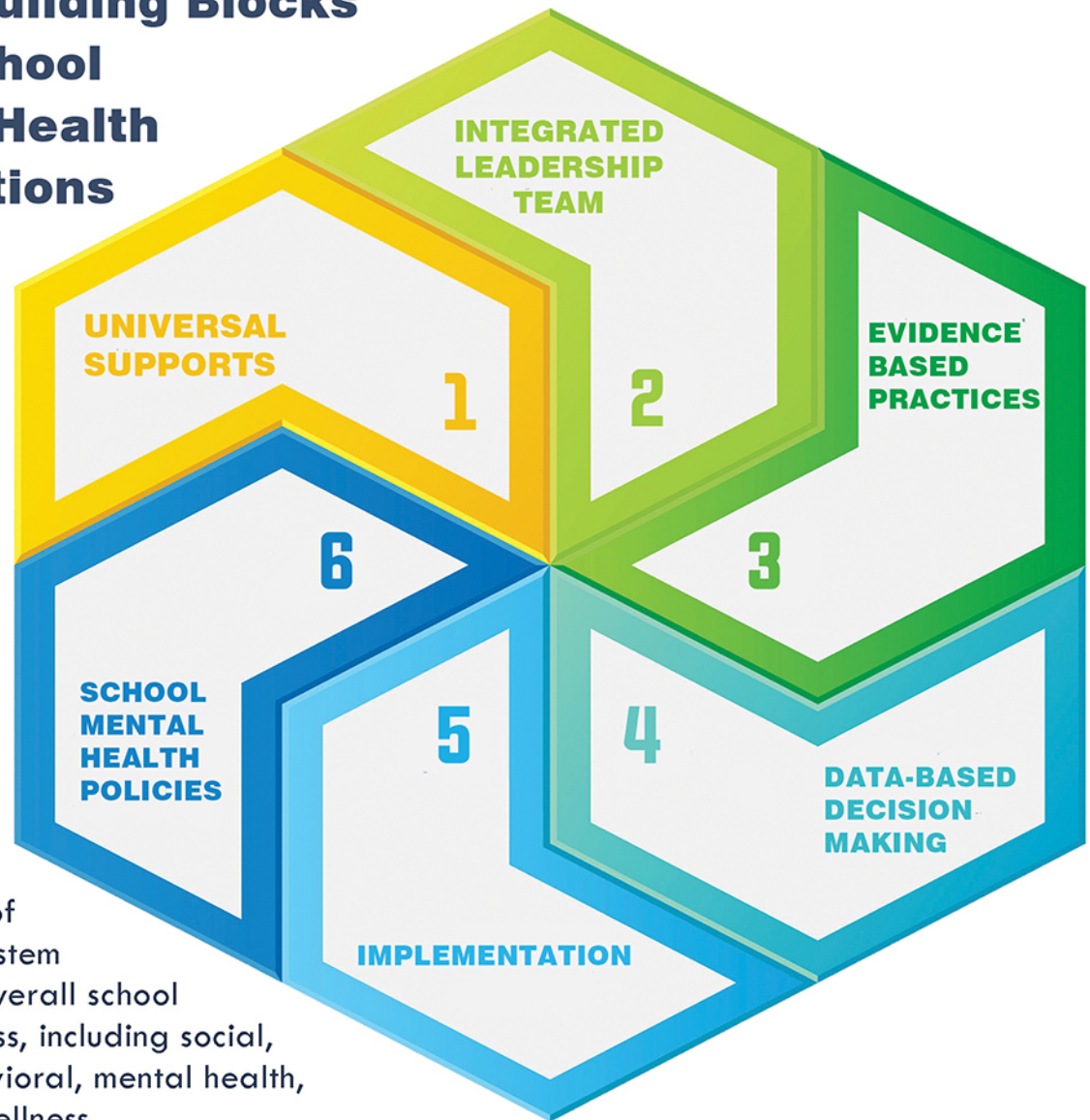**Integrated Systems Framework**

(ISF) is an approach that allows schools to use a single system to address all levels of mental health and social / emotional / behavioral intervention in collaboration with school, community, and family resources.

IV. School Mental Health Foundations

Six Building Blocks for School Mental Health Foundations

☑ The purpose of an integrated system is to create an overall school culture of wellness, including social, emotional, behavioral, mental health, and academic wellness. (Eber et al., 2019)

We believe there are six fundamental building blocks in creating a strong foundation for effective implementation of school mental health services: (1) **strong universal supports,** (2) **integrated leadership teams,** (3) **evidence based practices,** (4) **data based decision making,** (5) **implementation,** and (6) **school mental health policies**.

Using these foundations, schools can blend school mental health intervention into already existing PBIS and other multi-tiered frameworks.

IV. School Mental Health Foundations

1 Universal Supports

Research indicates that the majority of youth receive necessary supports related to mental health concerns in school settings (SAMHSA, 2018).

Therefore, having a layer of strong universal supports for all students is a key pillar in the foundation of any school mental health system. By adopting a "mental health is for all" approach, social/emotional/behavior skills are taught by all staff, in all settings, to all students (Eber et al., 2019).

Universal, or school-wide, mental health supports can be easily integrated into existing PBIS systems due to the universal nature of PBIS. Implementing universal supports requires establishing strong adult/student relationships, engaging in social-emotional learning and mental health education, using trauma sensitive practices, and building resiliency schoolwide. Implementation must be collaborative, accessible, and culturally responsible. Students' social emotional development, well-being, sense of belonging, and safety can be enhanced by daily interactions with adults (Wisconsin School Mental Health Framework, 2015). These positive adult interactions work toward creating a positive school environment. Committed relationships with supportive adults can act as a protective factor for children (NSCDC, 2015).

In order to establish these positive relationships, school staff must first examine their own beliefs about student behavior, how it is shaped, and develop a positive perspective about mental health. Professional development on implicit bias is a good place to start in helping staff members recognize their own preconceived notions regarding students' behavior and mental health. Positive relationships between schools and families help students to recognize their strengths and feel a part of the school community.

2 Integrated Leadership Team

When educators encounter a student displaying mental health concerns, the first approach is often to refer the student to mental health staff, such as a school psychologist, school counselor, or community provider. When using an integrated system, mental health is deliberately incorporated into existing intervention infrastructures (such as PBIS, MTSS) and includes mental health providers as part of the school-based multi-tiered teams (Eber et al., 2019).

Blending resources by utilizing multi-disciplinary teams is what makes an ISF successful. Team membership should include representation from a variety of sources including teachers, administrators, families, school based mental health professionals, community partners and outside mental health agencies, and other relevant stakeholders. Having a variety of representation on your leadership team aides in providing access to wrap-around support and ensures that school mental health practices are universally embedded.

3 Evidence Based Practices

"With finite resources of people, time, and funding, prioritizing effective and efficient initiatives with demonstrated student outcomes is critical." (Eber et al, 2019).

Integrated leadership teams are tasked with selecting evidence based interventions to address a continuum of student needs, including universal supports to all students and targeted/intensive interventions for selected students. When considering interventions to address social / emotional / behavioral needs, teams should consider the following:

- Is there documented evidence of the success rate of the intervention?
- Does the intervention explicitly match the area(s) of concern?
- Are there outlined entrance/exit criteria, and does the intervention include definitive guidelines for implementation fidelity (Eber et al., 2019)?

Additional Tools

❶ The Consumer Guide to Selecting Evidenced Based Mental Health Services within a PBIS model (Putnam et al., 2013) is a tool available to aid teams in selecting specific mental health interventions by evaluating need, appropriateness, and functionality of a proposed intervention. This tool includes a user-friendly check list as well as case examples to guide decision making.

❷ The Center for School Mental Health Clearinghouse is another resource where schools can find specialized school mental health resources and materials.

4 Data-Based Decision Making

All levels of an integrated system include data collection and analysis. Leadership teams are able to make informed decisions about school mental health programming based on a variety of data from their students', school's, and/or district's needs. Data should be considered at all levels, from prevention and universal supports to targeted/individualized interventions.

Teams may utilize school data, such as attendance, discipline referrals, etc., as well as community data such as poverty, homelessness, etc. In addition to these naturally occurring sources of data, schools want to include data gathered from school/district needs assessments, universal screeners, and progress monitoring. Teams can then use this data to ensure that provided interventions accurately and efficiently address the needs of their particular population. For example, if a universal screener indicates a high number of students reported feeling anxious or worried, it may be most efficient to include instruction around coping skills to all students at the universal level (Edber et al., 2019).

Within a multi-tiered system, data should be continuously gathered and reviewed to assess an intervention's effectiveness and analyze students' progress toward goals. It is best practice to implement a system for targeted data collection and progress monitoring, as well as a system to monitor the fidelity of intervention implementation across all tiers.

School Mental Health Foundations

5 Implementation

ISF implementation is no easy feat. It takes time, personpower, and diligence to implement an effective school mental health framework. An empirically derived, tiered approach is suggested. This tiered approach matches the intensity and type of services to the individual needs of students; beginning with universal strategies for all students, followed by targeted interventions for selected students, and intensive interventions for those students with the greatest needs. Using a multitiered system allows schools to provide supports to students with a wide variety of needs and support learning of all students (Fazel et al., 2014).

The University of Oregon identified a number of key enablers to sustainability of school wide positive behavior supports, including fidelity and staff buy-in. The most important factor identified was school administrator support.

There are several key components to the success and sustainability of an integrated mental health system. Formal training and continuous review of positive outcome data can encourage administrator support.

Additionally, advocating at the district level for mental health supports to be written into school policy can facilitate administrator support of implementation.

5 Implementation

Formal training and continuous review of positive outcome data can encourage administrator support. Additionally, advocating at the district level for mental health supports to be written into school policy can facilitate administrator support of implementation. Continued professional development and evaluation of staff competencies regarding effective implementation of universal, targeted, and intensive school mental health practices is needed to ensure implementation fidelity on all levels of support.

For this reason, buy-in from all school personnel is an important contributor to effective implementation. Through professional development, all personnel should have the opportunity to learn about the correlation between a student's academic success and their social/emotional and mental health well being. ISF leadership teams may want to begin integrating mental health supports through resource mapping.

Successful implementation of integrated school mental health programs not only requires school psychologists, school counselors and school social workers, but necessarily includes school administrators, teachers, and support personnel (e.g., clerical, cafeteria, maintenance, and transportation staff) as well.

5 Implementation

Resource mapping allows teams to examine what mental health resources are already in place, have high staff buy-in, are implemented with fidelity, and are positively impacting students (i.e. school wide social emotional learning curriculums, bully prevention programs, trauma informed care, etc.) (Barrett et al., 2019). By drawing attention to, and building upon successful programs that are already in place, leadership teams may be able to increase overall staff support of mental health initiatives.

Self-care of school staff is an essential element to buy-in of mental health programs. It is imperative that all members of integrated school teams are healthy in order to execute the process effectively and meaningfully while avoiding burn out.

Care should be taken to "check-in" with ISF teams and support personnel to make sure they are not experiencing secondary trauma and/or compassion fatigue.

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS Volume 2: An implementation Guide outlines the various stages in implementing an interconnected system of mental health supports, including exploration/early adoption, installation, initial implementation, and full implementation.

Compassion Fatigue
"Compassion fatigue is a form of burnout that manifests itself as physical, emotional and spiritual exhaustion." (Pfifferling & Gilley, 2000)

Secondary Traumatic Stress
"Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another." (National Child Traumatic Stress Network)

6 School Mental Health Policies

Through the Family Educational Rights and Privacy Act (FERPA) schools and districts are required to maintain confidentiality of student records which includes information regarding student mental health. Information regarding students' mental health and other school records should be made available only to those school staff who need this information in order to provide effective services to the student.

STUDENT RECORDS

CONFIDENTIAL

Parent or guardian consent is required to share this information with individuals or organizations outside of the school system. This includes mental health providers who have a memorandum of understanding (MOU) to provide services with the school.

FRAMEWORK
FOR IMPLEMENTATION:
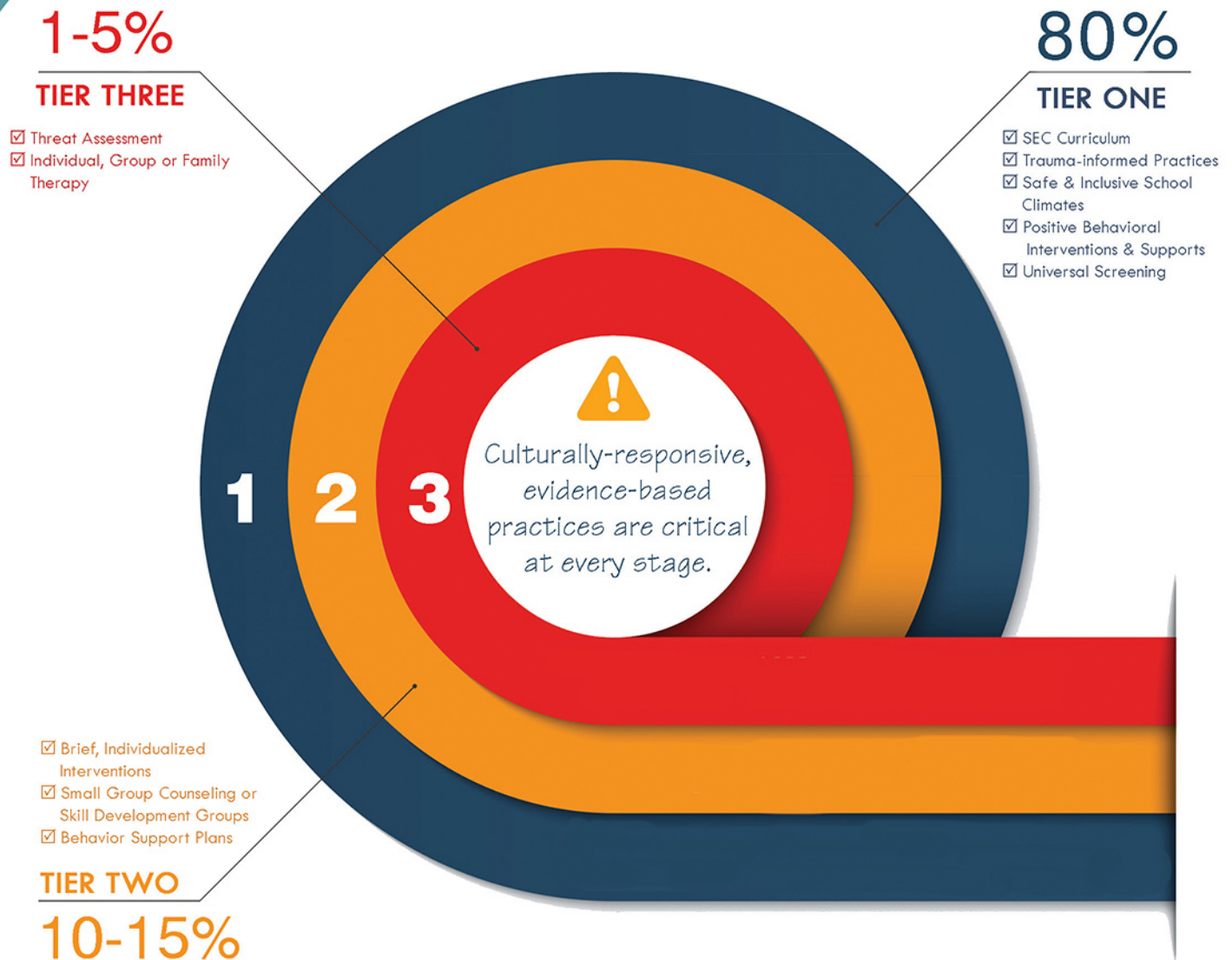### HOW TO INTEGRATE MENTAL HEALTH INTO SCHOOL-WIDE MTSS PROCEDURES

V

V. Framework for Implementation

INTRODUCTION:

Implementation of a school-wide mental health program is best viewed through a multi-tiered systems of support (MTSS) lens. In this framework, collaborative supports are provided at varying levels of intensity: Tier 1, Tier 2, and Tier 3.

1-5%
TIER THREE
- ☑ Threat Assessment
- ☑ Individual, Group or Family Therapy

80%
TIER ONE
- ☑ SEC Curriculum
- ☑ Trauma-informed Practices
- ☑ Safe & Inclusive School Climates
- ☑ Positive Behavioral Interventions & Supports
- ☑ Universal Screening

1 2 3

⚠️ Culturally-responsive, evidence-based practices are critical at every stage.

- ☑ Brief, Individualized Interventions
- ☑ Small Group Counseling or Skill Development Groups
- ☑ Behavior Support Plans

TIER TWO
10-15%

❶ Tier 1 supports are whole-school, systems-wide universal practices aimed at improving outcomes for all students.

❷ Tier 2 supports are targeted interventions for students identified as at-risk for developing future problems. Students are identified for Tier 2 services through universal screening information and other data sources (e.g., truancy, office referrals, etc.).

❸ Tier 3 supports are designed to assist students with significant, chronic social-emotional or behavioral health problems.

V. Framework for Implementation

By providing a continuum of varying supports, this framework ensures the mental health needs of all students are met and that problems are identified early before they become significant issues.

Effective implementation is contingent upon continued data collection and analysis. School leaders should begin with a needs assessment to determine what resources are available, what resources are still needed, and what the needs of the staff are. Before a mental health framework can be successfully implemented, staff must be supported and must also recognize the importance of prioritizing mental health initiatives.

School psychologists, school counselors, and school social workers are recommended to be the points of contact for these relationships as they are experts in both mental health and education systems. (NASP, 2016)

Schools should establish multidisciplinary mental health teams composed of school-based mental health providers, teachers, administrators, families, and community partners. These individuals work in collaboration to provide effective and efficient service delivery.

Once resources and team roles are established, all students should be screened and placed in the appropriate tier of support. Student progress is continually monitored, and students may move across tiers as their needs change.

V. Framework for Implementation: TIER 1 SUPPORTS

Depending on the needs of the school, Tier 1 supports may address social-emotional learning for students, mental health wellness, trauma-informed practices, school climate and safety, positive behavior interventions and supports (PBIS), suicide prevention, staff well-being, relationships, and resiliency. Universal screening and early identification of students who may be at-risk, as well as progressing monitoring of student outcomes, are also integral components of a successful Tier 1 system.

20%   80%
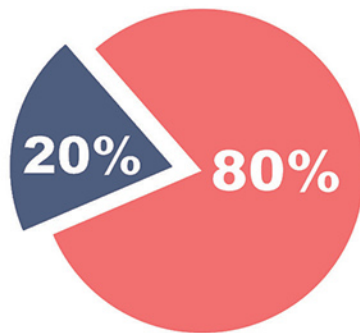
Tier 1 supports are universal practices delivered to ALL students within a school building. Alone, Tier 1 supports should be robust enough to meet the social-emotional, behavioral, and mental health needs of most of the student body (at least 80% of the total student population).

V. Framework for Implementation: TIER 1 SUPPORTS

EXAMPLES OF TIER 1 SERVICES MAY INCLUDE:

- **Universal screenings for social-emotional and behavioral functioning (e.g., internalizing problems, externalizing problems, truancy, suicide risk, substance abuse).**
  - Systematic Screening for Behavior: Resources to Inform Decision-Making Efforts This resource provides a list of presentations, videos, webinars, articles and websites that give an overview to universal screening as well as more in-depth resources that answer the what and the how.

- **Data collection, progress monitoring, and fidelity checks.**
  - PBIS Assessments Data guide every part of PBIS implementation and the decisions teams make along the way. Some of those data come from regularly assessing the systems and practices supporting PBIS. The tools included here are all created through the OSEP Technical Assistance Center on PBIS, are valid and reliable, and (most importantly) free!
  - School Mental Health Needs Assessment Based on the Wisconsin School Mental Health Framework, this survey is designed to identify the strengths and areas of improvement for your school in managing the social-emotional and mental health needs of your students.

- **Safe and supportive school environments.**
  - School Climate Improvement The National Center on Safe Supportive Learning Environments provides general information about the concept of school climate improvement, suggestions for leading an effective school climate improvement effort, and additional resources.
  - Sources of Strength A best-practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream approach for youth suicide prevention. This upstream model strengthens multiple sources of support (protective factors) around young individuals so that when times get hard they have strengths to rely on.
  - Welcoming Schools & GLSEN Welcoming Schools and GLSEN are bullying prevention programs that provide LGBTQ and gender-inclusive professional development training, free lesson plans, booklists and resources specifically designed for educators and youth-serving professionals with the goal of creating LGBTQ- and gender-inclusive schools, preventing bias-based bullying, and supporting transgender and non-binary students.
  - Advancing Racial Equity and Cultural Competency in Schools It is essential that educators and administrators have access to tools that will allow them to assess the level of equity in their schools and classrooms. This page provides sample surveys for schools to assess race and injustice within the school environment. These surveys may serve as informative tools for staff, faculty, and administrators as they explore what their school needs to ensure a safe and respectful school community.

V. Framework for Implementation: TIER 1 SUPPORTS

MORE EXAMPLES OF TIER 1 SERVICES MAY INCLUDE:

● **Social-emotional learning curriculums.**

   ● <u>Random Acts of Kindness</u> Offers educator resources, including free K-12 lesson plans with developmentally-appropriate lessons that teach kids important social emotional skills. The Random Acts of Kindness program includes online lessons and activities with intent to build social emotional learning opportunities and create positive classroom and school environments.

   ● <u>Harmony SEL</u> Available at no cost, Harmony is a social emotional learning program for Pre-K-6 grade students designed to foster communication, connection, and community both in and outside the classroom and develop boys and girls into compassionate and caring adults.

   ● <u>CASEL Program Guides</u> The CASEL guides provide a systematic framework for evaluating the quality of social and emotional programs and apply this framework to identify and rate well-designed, evidence-based SEL programs with potential for broad dissemination to schools across the United States. The guides also share best-practice guidelines for district and school teams on how to select and implement SEL programs.

   ● <u>6 Minute SEL</u> 6 Minute SEL is a resource to help boost core SEL skills. It contains 150 ready-made lessons. Lessons were uniquely designed using a restorative prompt format in order to be easily adapted across ages and grade levels. You can use these lessons as part of your restorative practice as a way to heal, restore, & build community.

V. Framework for Implementation: TIER 2 SUPPORTS

Tier 2 supports are targeted interventions for some students (10-15% of the total student population) who may be at-risk of developing more significant problems.

15% **85%**
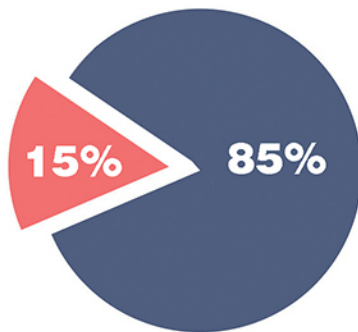
These supports often consist of brief, evidenced-based individual and group mental health interventions; positive behavior supports; and low-intensity classroom supports. Tier 2 interventions may be provided by school-based mental health providers as well as administrators, coaches, or classroom teachers; these supports may also incorporate partnerships with community organizations and families.

EXAMPLES OF TIER 2 SERVICES MAY INCLUDE:

● A daily report card, daily teacher check-in, and/or home-school note system.
● Function-based behavior support plans.
● Small group "lunch bunch."
● Student and/or adult mentorships.
● Restorative justice practices.
● Small group interventions for students with similar needs (e.g., social skills group).
● Brief, individualized interventions.

● BRISC The Brief Intervention Strategy for School Clinicians (BRISC) is a research-based, four-session, engagement, assessment, brief intervention, and triage strategy for mental health practitioners working in high schools. BRISC was developed to provide a flexible and efficient method to aid the many students who are experiencing mental health stressors in a typical school.

● The Student Checkup The Student Checkup is a semi-structured school-based motivational interview designed to help adolescents adopt academic-enabling behaviors.

V. Framework for Implementation: TIER 3 SUPPORTS

Tier 3 supports are intensive interventions designed for few students (1-5% of the total student population) who require substantial and/or individualized support to manage chronic social-emotional or behavioral health problems.

1-5% 95%
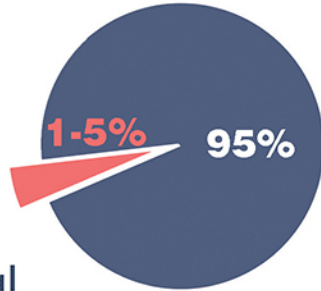
Within the school setting, these services would most likely be provided by credentialed mental health professionals in collaboration with other professionals, teachers/administrators, families, and community partners to provide "wrap-around" care. Mental health professionals may be district employees (school psychologists, school counselors, school social workers, etc.), or they may be contracted professionals from within the community.

For many students, transportation and scheduling conflicts are barriers to accessing support outside of school. For these reasons, school districts may seek to have MOUs with community partners that allow providers to come into the building to provide services during school hours.

EXAMPLES OF TIER 3 SERVICES MAY INCLUDE:

- Comprehensive threat assessment.
- Trauma-informed safety and re-entry plans for students who have previously indicated a risk of harm to themselves or others.
- Individual, group, or family therapy.

- CBITS The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills for students in grades 5-12. Professionals can register for free on the website for training and implementation information.

- Bounce Back Bounce Back is a school-based group intervention for elementary students exposed to stressful and traumatic events. Designed to be administered by clinicians, Bounce Back is based on the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. The Bounce Back program includes 10 group sessions, 1-3 group parent sessions, and 2-3 individual student sessions. Professionals can register for free on the website for training and implementation information.

SERVICE
DELIVERY
MODELS

VI

VI. Service Delivery Models

School-based mental health care can occur in a variety of ways. First, it is important to recognize that in a comprehensive system of care, "mental health wellness" is everyone's responsibility. From the parents, to the teachers, to the students, and to the administrators, the whole school community should be engaged in promoting positive mental health practices and caring for mental health needs as they arise. Additionally, in a truly comprehensive model, schools will need to utilize the expertise of mental health professionals. This expertise needs to be leveraged at all levels; prevention (Tier 1), early intervention (Tier 2), and intensive intervention (Tier 3).

Models will differ in the way in which mental health professionals are employed and utilized in schools. Although there are a number of variations, these variations break down into two main types:

1 School employed mental health professionals

2 Community-agency employed mental health professionals that operate in schools.
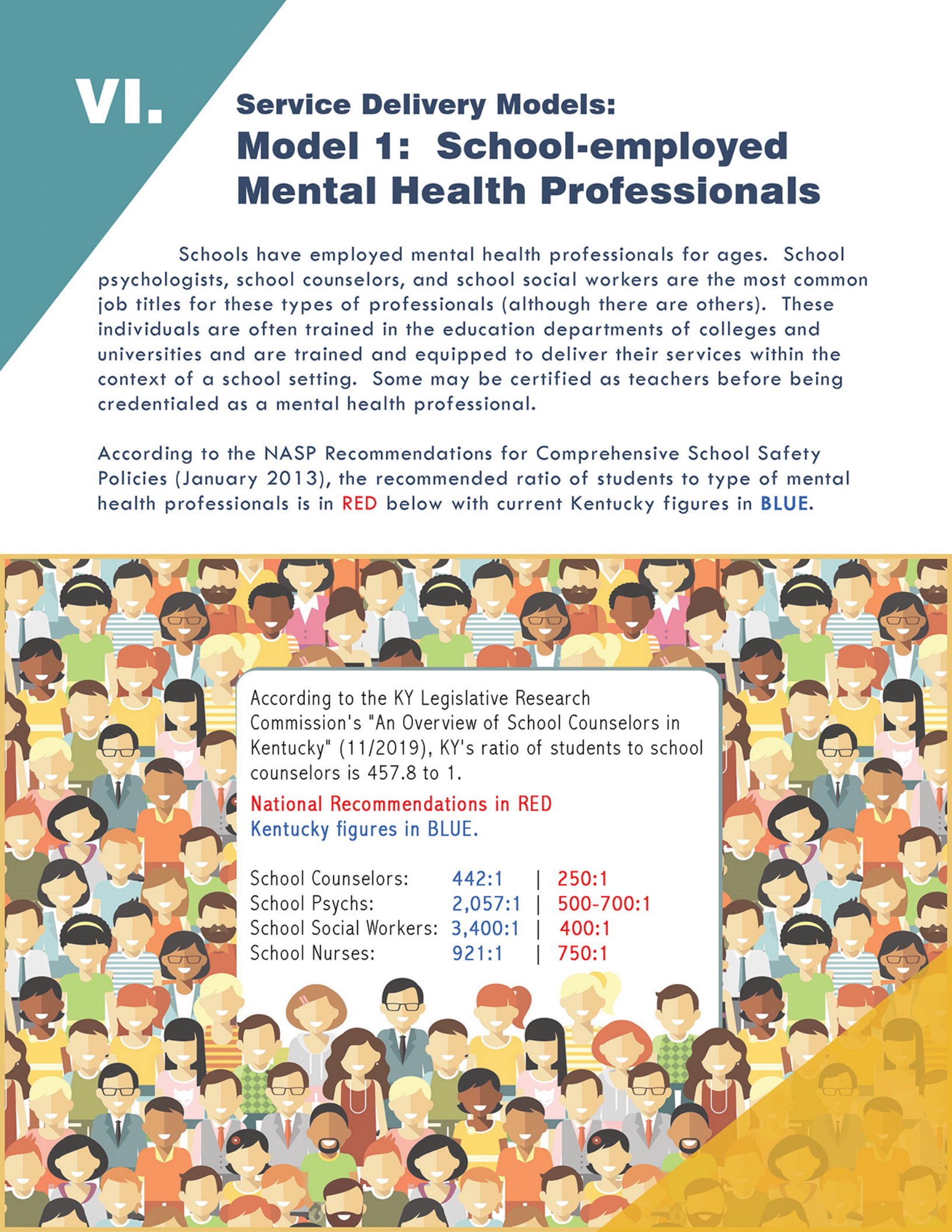
In some cases, mental health professionals are employed by schools and carry out responsibilities for mental health care exclusively in the context of an employing school and/or district. In other cases, mental health professionals are not employed by the school but utilized to deliver mental health care within a school setting by means of a contract or similar agreement which spells out the responsibilities of the school/district and the employing agency for the mental health professional. On the surface, it may be difficult to tell the difference between the two types.

VI.

Service Delivery Models:
Model 1: School-employed Mental Health Professionals

Schools have employed mental health professionals for ages. School psychologists, school counselors, and school social workers are the most common job titles for these types of professionals (although there are others). These individuals are often trained in the education departments of colleges and universities and are trained and equipped to deliver their services within the context of a school setting. Some may be certified as teachers before being credentialed as a mental health professional.

According to the NASP Recommendations for Comprehensive School Safety Policies (January 2013), the recommended ratio of students to type of mental health professionals is in RED below with current Kentucky figures in BLUE.

According to the KY Legislative Research Commission's "An Overview of School Counselors in Kentucky" (11/2019), KY's ratio of students to school counselors is 457.8 to 1.

National Recommendations in RED
Kentucky figures in BLUE.

|		
School Counselors:	442:1	250:1
School Psychs:	2,057:1	500-700:1
School Social Workers:	3,400:1	400:1
School Nurses:	921:1	750:1

VI. Service Delivery Models:
Model 1: School-employed Mental Health Professionals

In some cases in Kentucky, staff with mental health backgrounds are employed and given roles such as staffing **Family Resource and Youth Service Centers (FRYSCs)**. Additionally, schools are sometimes employing other "specialists" such as **Board Certified Behavior Analysts (BCBA)** or **Licensed Clinical Alcohol and Drug Counselors** that operate in mental health related capacities. School nurses can also be found playing an important role in delivering mental health services. In some cases, these staff are employed by schools while in other cases they are employed by community-agencies but are "co-located" within the school.

These school-employed staff are typically integrated into the school setting and considered a full member of the school faculty. This has pros and cons. Benefits include direct knowledge and experience of the school culture and climate, being versed in the internal rules and procedures of the school, and greater familiarity with the students, their families, and the school community.

Drawbacks include being assigned roles and duties as part of the larger school context that interfere with, complicate, and/or de-emphasize their role as a mental health professional.
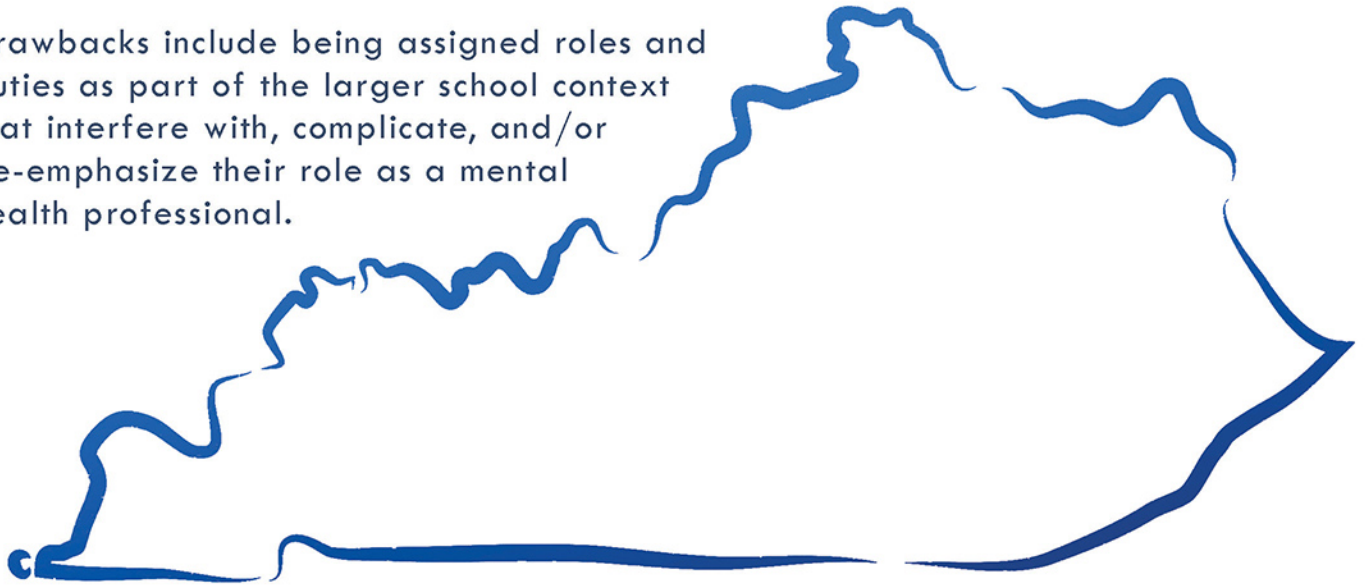
To truly operate as a mental health professional in their setting, these staff often need assistance with...

☑ Administrative affirmation and protection of their role as a mental health professional in a school setting;
☑ Opportunities to operate at each level of prevention (Tier 1), early intervention (Tier 2), and intensive intervention (Tier 3);
☑ Professional development tailored to their role; and
☑ Advocacy for their role and education of other staff and school community members about their role.

VI. Service Delivery Models:
Model 2: Community-agency Employed Mental Health Professionals that Operate in Schools

The other primary model of mental health service delivery in schools is that of community-agency employed mental health professionals that are "invited" into the school setting to serve the school's students. In this model, these staff are often "guests" of the school under some type of contract, agreement or understanding that clarifies roles of school staff and agency staff in the process of serving students (e.g., MOUs). These individuals are sometimes referred to as "co-located" with school personnel, meaning they share the same space but not the same employer.

There are pros and cons of this model as well. Benefits of this model can include less "workforce expense" and management for the school and/or district, greater diversity (and in some cases numbers) of professionals available to provide care for the students, and greater community-agency investment and involvement in the school and/or district. Drawbacks of this model can include challenges with role and responsibility clarification through the contracting/agreement process, limited influence in the selection process of staff, limited influence on other agency factors that can impact responsibilities and performance of these staff, challenges with integration into school culture and climate, and limitations of knowledge of the internal rules and operating procedures of the school/district.

Professionals utilized in this fashion need assistance with...

☑ Introduction and integration into the culture and community of the school;

☑ Orientation and training the school's operating procedures and systems;

☑ Administrative affirmation and clarification of their role as a mental health professional in the school setting;

☑ Opportunities to operate at each level of prevention (Tier 1), early intervention   (Tier 2), and intensive intervention (Tier 3);

☑ Professional development tailored to education in addition to the traditional clinical professional development they will receive.

VI. Service Delivery Models:
Model 2: Community-agency Employed Mental Health Professionals that Operate in Schools

While school-employed mental health professionals generally include the categories of psychologists, counselors, and social workers, there is a much wider variety of professional titles for community-agency employed mental health professionals. In Kentucky, school psychologists, counselors, and social workers are credentialed by the same agency, the Education Professional Standards Board (EPSB).

Some of the variation of titles outside of the school setting is due to separate disciplines that practice some form of mental health care and separate credentialing agencies for each of these disciplines. A good summary of these differences has been developed by the National Alliance on Mental Illness (NAMI). Not all of these individuals are found delivering services to students in schools, but some do. Many, if not most, are involved in caring for the mental health needs of students at some level (inside or outside of the school setting).

VI.

Service Delivery Models:
Model 2: Community-agency Employed Mental Health Professionals that Operate in Schools

This model of mental health service delivery hinges largely on the contracts and agreements mentioned earlier.   These usually take the form of a Memorandum of Understanding (MOU) and specify roles and responsibilities of all the parties involved to ensure integration, efficiency and effectiveness of operation. MOAs and MOUs can sometimes be intimidating for school personnel to consider. Information on the development of these can be found in chapters 4 & 5 of Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide.

Examples of MOUs can be found on the Midwest PBIS Network website.

SCHOOL &
COMMUNITY
CRISES

VII

VII. School & Community Crises

Introduction

Having an established school mental health framework assists districts in preventing potential crises from occurring as well as supporting students and staff when they do. Effective crisis prevention and response requires organized, well-trained teams; early intervention; collaboration with community resources; tiered supports depending on level of need; and follow-up care. As discussed previously, these are also core tenets of school mental health care.

Crisis Response

As with many other aspects of mental health, schools are often the primary location for support after a crisis event. Schools can be the most efficient place to restore a feeling of safety and normalcy while also identifying individuals at risk, providing mental health intervention, and connecting with community resources. Crises can occur at any time and in a variety of ways. Due to the often unexpected nature of crisis events, it is important that schools have designated crisis plans and crisis response teams that are trained and prepared to support their students and staff. School Psychologists, as well as other school mental health professionals, are important assets to any crisis response team.

What is PREPaRE?

The National Association of School Psychologists (NASP) PREPaRE model is the only "comprehensive, nationally available training curriculum developed by educators (each of whom have had firsthand crisis response experience and training) for educators" (NASP, 2020). This curriculum was designed in close alignment with 2013 and 2019 federal school crisis and emergency management guidelines. PREPaRE uses many of the same concepts as an **Interconnected Systems Framework (ISF)** for mental health, including a focus on overall school climate, building upon a school's available resources, and using a multitiered approach to service delivery.

The PREPaRE curriculum focuses on five crisis preparedness mission areas (prevention, protection, mitigation, response, and recovery) and emphasizes the following hierarchical and sequential activities:

P Prevent & Prepare for Crises

R Reaffirm Physical Health & Welfare and Perceptions of Safety & Security

E Evaluate Psychological Trauma Risk

P Provide Interventions

a and

R Respond to Mental Health Needs

E Examine the Effectiveness of Crisis Preparedness

PREPaRE MODEL

VII. School & Community Crises

PREPaRE WORKSHOP

The PREPaRE curriculum is currently in its third edition and includes two core workshops.

❶ **Workshop 1 - *Comprehensive School Safety Planning: Prevention Through Recovery*,** is a one-day workshop for school mental health professionals, school administrators, school security officers, and other relevant school personnel. : The focus is enabling schools to establish and sustain comprehensive school safety and crisis prevention, mitigation, and preparedness. Like an ISF, PREPaRE encourages schools to use existing staff and resources to integrate a crisis prevention and preparedness program.

❷ **Workshop2 - *Mental Health Crisis Intervention: Responding to an Acute Traumatic Stressor in Schools*,** is a two-day workshop for school mental health professionals. This workshop is designed to help crisis intervention team members meet the mental health needs of their population following a crisis event. Crisis team members are taught how to prepare and prevent psychological trauma, reaffirm safety, evaluate trauma and conduct psychological triage, respond to psychological needs based on a tiered approach, and examine effectiveness of crisis intervention.

The PREPaRE curriculum also includes two workshops for Training of Trainers. In these workshops participants who have already completed an in-person (face-to-face) version of the core workshops are given necessary information and guidance in order to be able to train others in PREPaRE. This training of trainers model allows for increased national and international availability of training in crisis prevention and response.
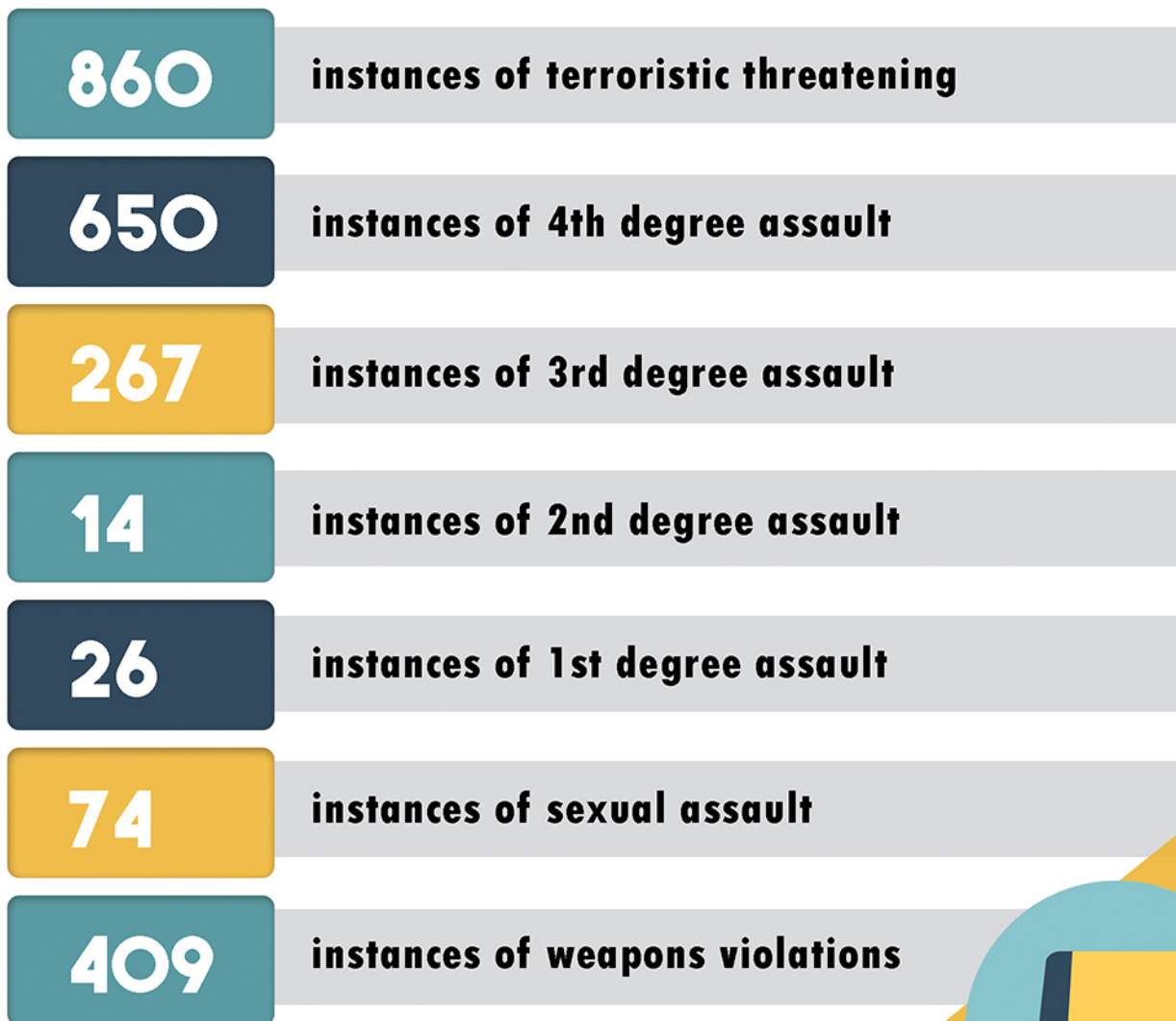
☎ For more information or to have your school district or organization arrange for PREPaRE training, check KAPS for upcoming training opportunities, contact the KAPS Crisis Committee: kapscrisischair@gmail.com

✉ Or you can contact the NASP PREPaRE Coordinator at prepare@naspweb.org, by phone at (866) 331-NASP or visit NASP.

VII. School & Community Crises

Threat Assessment

The Kentucky Center for School Safety (KCSS, 2019) reports that during the 2017-2018 academic year, Kentucky public schools reported:

860 instances of terroristic threatening

650 instances of 4th degree assault

267 instances of 3rd degree assault

14 instances of 2nd degree assault

26 instances of 1st degree assault

74 instances of sexual assault

409 instances of weapons violations

A school-based threat assessment is warranted when a student makes a threat of violence, or engages in violent behavior targeting someone other than themselves. The purpose of threat assessment is to prevent violence by analyzing the severity of the threat; understanding the context and meaning behind the student's behavior; identifying stressors and protective factors; and helping students resolve conflicts. (Cornell, 2018).

Threat Assessment
Threat assessment is "a problem-solving approach to violence prevention that involves both assessment and intervention with individuals who have threatened violence toward others" (Cornell, 2018, p.3).

VII. School & Community Crises

Threat Assessment

These assessments are carried out by school-based threat assessment teams consisting of a school psychologist, building administrator, school resource officer, school counselor, and/or other professionals (e.g., school nurse, school social worker). Often, these individuals will also serve on the school's mental health team. These teams should work together to provide supports following a threat. Once a threat is made, Cornell (2018) outlines five key steps for conducting a school-based threat assessment:

Evaluate the Threat

Evaluate the threat. School threat assessment teams shall interview the student who made the threat, the intended victims, and other witnesses. The exact nature and content of the threat should be documented (e.g., oral, written, or graphic communication, weapons possession, etc.). Gather information regarding the student who made the threat, including circumstances and intentions surrounding the threat.

Resolve the Threat

Attempt to resolve the threat as transient. Transient threats are those that are not serious; they may be displays of inappropriate humor or temporary anger, or the student may be repeating information without understanding how those around them will respond to it. Transient threats can be typically resolved with an explanation or apology and do not require safety plans. The student who made the threat may require additional counseling.

Respond to a Threat

Respond to a substantive threat. Threats with a clear intent to harm are considered substantive threats. Substantive threats can be serious or very serious. Serious threats typically involve threats to hit, punch, or beat somebody up, whereas very serious threats are those involving death, rape, or weapon use. All substantive threats require that the threat assessment team notify intended victims and supervise the student until the conflict is resolved. *Safety measures are prioritized and occur before disciplinary measures.*

Conduct Safety Evaluation

Conduct a safety evaluation for a very serious substantive threat. When very serious threats occur, law enforcement should be notified and a mental health assessment should be conducted with the student who made the threat. The team then identifies support needs for the student and designs a safety plan. The purpose of the safety plan is two-fold: to reduce the risk of violence in the future and to ensure access to Tier 3 mental health services and support.

Implement Safety Plan

Implement and monitor the safety plan. The student's safety plan is put into place, monitored, and adjusted as needed.

VII. School & Community Crises

Threat Assessment

Threat Assessment Resources:
- Comprehensive School Threat Assessment Guidelines ("Virginia Model")
- KDE Threat Assessment Tools
- KCSS Emergency Management Resource Guide

Suicide Prevention

According to the National Institute of Health (NIH) suicide was the second leading cause of death for children (10-14 years) and youth (14-24 years) in 2018. Closer to home from 2013 to 2017, there were 142 deaths by suicide in Kentucky for individuals 18 or younger (Kentucky Prevention and Research Center). Just in 2018, 29 died by suicide for the same age group. Many of these individuals attended public schools in Kentucky. Data from the 2019 Kentucky Youth Risk Behavior Survey (KY-YRBS) indicated 15% of Kentucky high school students reported having seriously considered suicide within a 12-month period. In the middle school population, 17.4% reported they have seriously considered killing themselves at some point in their lives.

Kentucky public schools and the Kentucky Department of Education (KDE) are required by law to have suicide prevention programs for middle and high school students, and staff who come in contact with those students.

Suicide Prevention Information for Middle and High School Students

KRS 156.095 requires that every public school shall provide suicide prevention awareness information in person, by live streaming, or via a video recording information to all students in grades six (6) through twelve (12) by September 15 of each year. The Cabinet for Health and Family Services posts suicide prevention awareness and training information on its webpage.

Suicide Prevention Education for Middle and High School Staff

KRS 156.095 requires all school district employees with job duties requiring direct contact with students in grades six (6) through twelve (12) to fulfill one hour of high-quality (in-person, live streaming, or video recording) professional development training every year to review suicide prevention. In years that training is not provided, new hires shall be provided suicide prevention materials for review. This training may be included in the four days of professional development under KRS 158.070. KRS 161.011 permits suicide prevention training for classified employees.

Suicide Prevention

There are many research-based programs and resources school psychologists can use to help their school districts create a robust, multi-tiered suicide prevention program to support students, staff, and communities. Below are links to some of those programs and resources.

American Foundation for Suicide Prevention

Centers for Disease Control and Prevention

Kentucky Department of Education

National Association of School Psychologists
   Tips for Parents and Educators - English
   Tips for Parents and Educators - Spanish

Suicide Prevention Resource Center

NATIONAL SUICIDE PREVENTION LIFELINE™

1-800-273-TALK

www.suicidepreventionlifeline.org

Crisis Text Line:
Text HOME to 741741

CONCLUSION
KEY POINTS
NEXT STEPS

VIII

VIII Conclusion

The implementation of a school-wide mental health framework is no easy task -- it requires collaboration and open communication between schools, families, and community partners; buy-in from stakeholders including teachers and administrators; supportive and inclusive school cultures; and prioritization of social-emotional well-being. However, when mental health needs are met, the positive outcomes for students are illimitable.

Key Points

Safe & Empowered Staff

Ensure that staff feel safe and empowered to express their needs. A mental health framework will not sustain if staff feel overwhelmed, unsupported and unheard.

Roles Established

Roles and responsibilities within the multidisciplinary mental health team should be clearly established.

Evidence Based Decisions

Decisions should be based on data collection and analysis, and programming should be evidence-based.

Flexibility is Key

Flexibility is key; students may flow across tiers, and services offered may change as needs change.

VIII Conclusion

Next Steps

In House Mental Team

Establish a mental health team within your building, incorporating school-based mental health providers, administrators, teachers, school nurses, family resource coordinators, and/or school resource officers. Incorporate this team into your existing PBIS structure.

Identify Community Support

Identify community supports and establish working relationships with them. Create an active, two-way communication and referral system with these partners.

Trauma Informed Practices

Incorporate trauma-informed, culturally-competent practices into your school culture. Allow space for professional development in these areas.

Conduct Needs Assessment

Conduct a needs assessment to determine staff/building needs and available resources. Determine the organization's readiness to implement modifications or changes.

Create Action Plan

Create an action plan including goals, action steps, and a timeline for implementing a mental health ISF. Identify managers responsible for each step.

IX Resources List

State Organization Resources

Kentucky Association for Psychology in the Schools

Kentucky Association for School Social Work

Kentucky Cabinet for Health and Family Services

Kentucky Center for School Safety

Kentucky Counseling Association

Kentucky Psychological Association

Kentucky School Counselor Association

National Organization Resources

National Association of School Psychologists

National Center on Safe Supportive Learning Environments

National Center for School Mental Health

National Child Traumatic Stress Network

National School Mental Health Curriculum

Substance Abuse and Mental Health Services Administration

PBIS / MTSS Resources

Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS Volume 2: An implementation Guide

Center on PBIS

Consumer Guide to Selecting Evidenced Based Mental Health Services within a PBIS model

Midwest PBIS Network

IX   Resources List

Curriculum / SEL Resources

6 Minute SEL

Advancing Racial Equity in Schools

The Collaborative for Academic, Social, & Emotional Learning (CASEL)

GLSEN

Harmony SEL

Random Acts of Kindness

Sources of Strength

Welcoming Schools

Threat Assessment Resources

Comprehensive School Threat Assessment Guidelines ("Virginia Model")

KDE Threat Assessment Tools

KCSS Emergency Management Resource Guide

Suicide Prevention Resources

American Foundation for Suicide Prevention

Centers for Disease Control and Prevention

Kentucky Department of Education

National Association of School Psychologists

Suicide Prevention Resource Center

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