



AWARE Iowa School Mental Health Framework

Integrating School Mental Health Supports within a Multi-Tiered System of Supports

June 2020



State of Iowa
Department of Education
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Acknowledgements

A special thanks to Finessa Ferrell, Colorado Education Initiative and the Colorado Department of Education for their generous consultation and permission to adapt the Colorado School Behavioral Framework as a model for the development of the AWARE Iowa School Mental Health Framework. The Iowa Department of Education’s Project AWARE grant team would also like to acknowledge the following individuals and groups for their help and expertise in informing the development of the AWARE Iowa School Mental Health Framework.

- School Transformation Grant Team
 - Kay Augustine, Iowa Department of Education
 - Susan Bruce, Iowa Department of Education
- Iowa Learning Support Advisory Team
- Sioux City Community School District
- Davenport Community School District
- Waterloo Community School District
- Iowa Department of Education Learning Supports Team

The AWARE Iowa School Mental Health Framework was supported under grant number 5H79SM061872-02 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Introduction

There has been a demand across Iowa in recent years to meet the needs of our children's mental health and social-emotional well-being. The AWARE Iowa School Mental Health Framework reflects the work of the school districts that partnered on the Now Is the Time Project AWARE Iowa grant to build comprehensive mental health supports. Mental health is a dimension of overall health and includes a continuum from high level wellness to severe illness. This document will use the term School Mental Health to describe the AWARE grant work. It is intended to be a resource for school districts that want to establish school mental health supports, and to celebrate the work of the AWARE Iowa Grant Partner districts.

School Mental Health is a part of Iowa's Collaborating for Iowa's Kids (C4K) Social-Emotional-Behavioral Health (SEBH) state efforts. C4K is a collaborative infrastructure across the Iowa Department of Education, Area Education Agencies (AEA), and school districts to maintain the development, delivery, and support system to increase learner success. Concurrent to the AWARE grant, stakeholder groups worked within the C4K structure, to select an agreed-up term, Social-Emotional-Behavioral Health (SEBH). SEBH pulls behavioral well-being and mental health together into a single term and represents the support for students' mental health and emotional well-being. SEBH also aligns with the language of Iowa's Children's Behavioral Health Advisory Board. Because this Framework represents the work of the AWARE Grant, School Mental Health will be used in this Framework document. Moving forward, Iowa will use SEBH as the comprehensive term to support learner behavioral well-being and mental health.

School mental health includes practices to address this continuum from high level emotional wellbeing to significant student mental health challenges. School behavioral health may include, but is much broader, than a school-based or linked mental health clinic. School mental health services refer to a continuum of supports for school-age children that are integrated throughout the school community; universal strategies to promote the social and emotional well-being and development of all students; targeted, brief strategies to support students at risk of or with mild mental health challenges; and intensive, ongoing strategies to support those with significant needs, including a streamlined referral process with community mental health providers to create a seamless service delivery model for children, adolescents, and their families. Various family, school, and community resources are coordinated to address barriers to learning as an essential aspect of school functioning.

The Need for School Mental Health

According to the American Psychological Association, less than half of children with mental health challenges get treatment, services, or support. Research shows that the earlier a mental health challenge is identified and treated, the better the outcome. There is also increasing evidence supporting the connection between social-emotional development, mental health, and academic achievement (SAMHSA, 2011). Because students are much more likely to seek mental health support when services are accessible in schools (Slade, 2002), schools benefit from comprehensive mental health systems that create positive learning environments where all students can flourish. Addressing barriers to learning, including mental health challenges, through learning supports is an essential function of schools. Schools, families, and community mental health providers can work together to include

comprehensive systems that integrate mental health supports into daily academic life within the Multi-Tiered Systems of Support (MTSS).

The Benefits of School Mental Health

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

- Social and emotional supports and skill building
- Positive, supportive relationships
- Greater school engagement, with children being better prepared and able to concentrate on learning
- Families participating and partnering in their children's education
- Preparation of school staff to address students' mental health needs
- Early identification of mental health challenges through appropriate screening/identification, assessment, and follow-up
- Emphasis on school attendance and reductions in dropouts
- Prevention and response to crises
- School climate that supports teaching and learning; and efforts to reduce stigma associated with mental illness

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

- Help all youth enhance their mental health and emotional well-being
- Provide better access to services
- Improve efficiency and coordination of services among school professionals and community service providers
- Ensure more students' and families' consistent participation in support and treatment through linkages with the school's wellness programs
- Reduce the stigma associated with mental health treatment by promoting resilience in the school environment while having close relationships with clinics and mental health providers

The Iowa Opportunity

With the changing needs in schools, along with federal requirements through Every Student Succeeds Act (ESSA), the opportunity to implement high quality mental health systems in schools in Iowa is needed and supported. In spring 2018, the Iowa Department of Education administered the first ever Conditions for Learning Survey, which gathers students' perspective on their learning environments, including Physical and Emotional Safety, Adult-Student and Student-Student Relationships, and Expectations/Boundaries. The survey will be administered annually to students in grades 3 through 12.

This work, accompanied by the Differentiated Accountability system, allows schools the opportunity to examine the Conditions for Learning in their buildings, and prioritize a safe, health, and caring learning environment for all.

Along with the Conditions for Learning, landmark legislation ([Senate File 2113](#)) was passed in 2018, requiring protocols and annual training for school personnel on suicide prevention, Adverse Childhood Experiences (ACES), and toxic stress response mitigation. Iowans are invested in creating a safety net for our youth by preparing adults to better recognize and support the mental health needs of children and youth. While barriers and challenges still exist, Iowa communities are positioned to realize greater academic achievement, enhanced student and staff well-being, and improved school climate and culture through school mental health systems.

In 2018, the Iowa legislature passed [House File 633](#) (Operational Sharing Extension Act) and [House File 2441](#) (School Funding Flexibility Act). Both legislative acts included provisions that allowed school districts more flexibility for behavioral supports for students.

In 2019 the Iowa legislature passed [House File 690](#), which established the Iowa Children's Behavioral Health Board, recognizing an Iowa children's mental health system was needed to:

- Improve well-being and build healthy and resilient children and families
- Provide educational growth
- Coordinate care and services across systems

The Board is co-chaired by the Director of the Iowa Department of Human Services and the Director of the Iowa Department of Education. Membership population and representation is designated in House File 690.

AWARE Iowa School Mental Health Framework

The AWARE Iowa School Mental Health Framework aligns with the Iowa State Board of Education goals to **Create a Safe, Healthy, and Welcoming Learning Environment**, including:

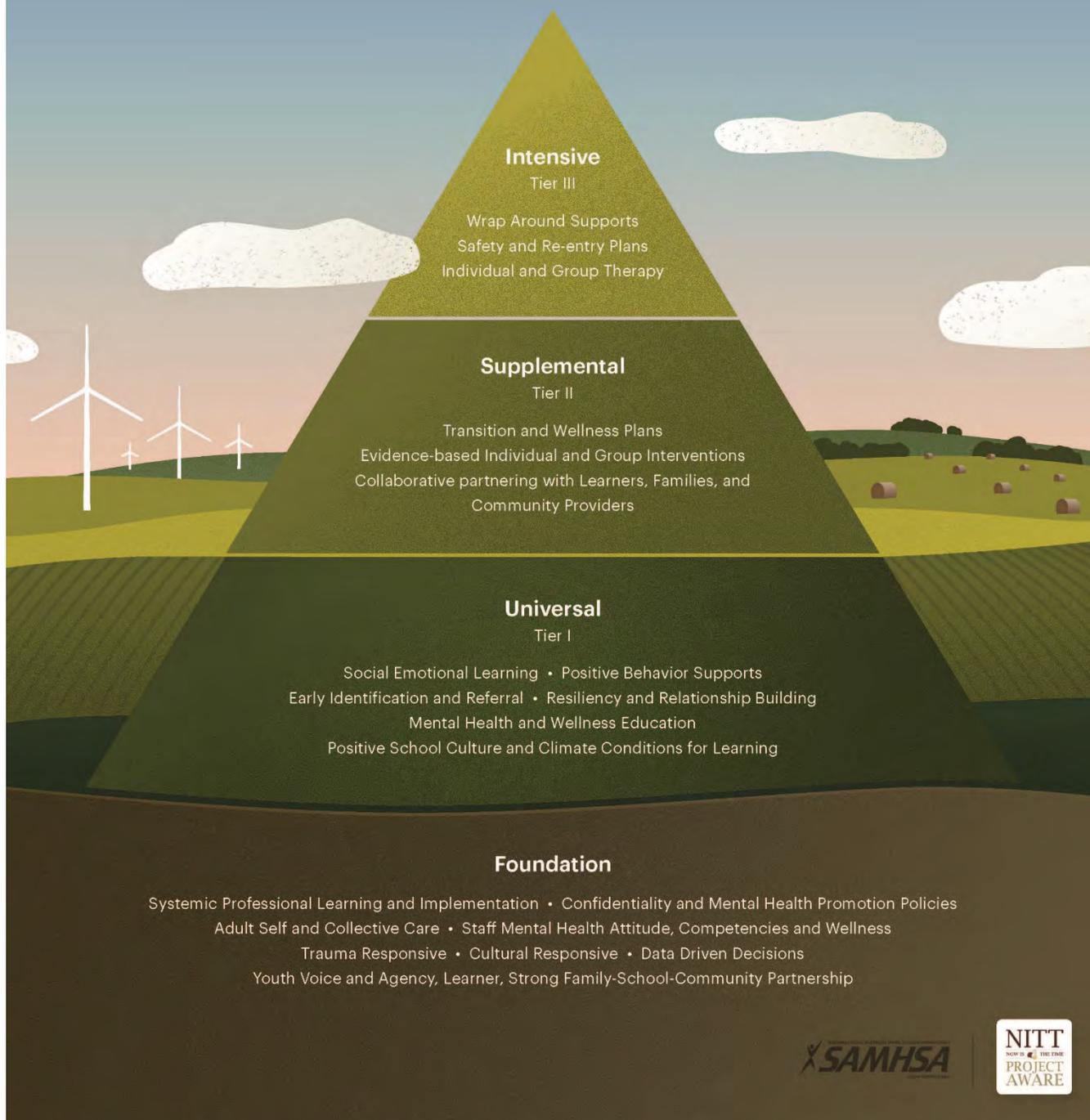
- Goal: All Iowa schools will foster a culture and climate in which students feel safe and supported.
- Goal: All students have access to mental health services and supports in schools.
- Goal: All schools will create an environment that promotes both academic and social-emotional growth.

To reduce barriers to learning, schools need comprehensive systems that integrate social-emotional behavioral health (SEBH) supports into the daily academic and social life of schools. This project uses the multi-tiered systems of support (MTSS), Iowa's every day educational decision-making process to support student needs in a holistic way. The overlap in foundational components is intentional to help schools take advantage of their already existing infrastructure. Essential to this process is coordinating the resources dedicated to students' academic success, mental health, and well-being to assure full integration and equitable distribution of services in schools.

The AWARE Iowa School Mental Health Framework encourages district and school-based teaming to facilitate mental health supports for school-age children. Teams could be pre-existing MTSS teams, health and wellness, school climate and culture or leadership teams with additional stakeholders to add perspectives. The primary responsibility of a team is to coordinate and monitor the integration of behavioral health systems and practices within a strong, collaborative MTSS framework (See Iowa's [ESSA Guidance and Supports](#)). Effective teams should:

- Have comprehensive representation from various stakeholders, including administrators, teachers, other educators, community and school-based providers, families of youth with lived experience, and youth themselves whenever possible
- Collect and use data reflecting their local needs to inform next steps and to create sustainable school mental health policies and practices
- Be committed to ongoing learning and collective self-care

AWARE Iowa School Mental Health Framework



Foundational Best Practices

The foundational best practices are critical to the development of students' social, emotional, and mental health. The foundational elements drive districts' and schools' abilities to engage in comprehensive school mental health efforts.

Strong Family-School-Community Partnerships

Family-School-Community partnerships provide a foundation to leverage resources for students' mental health needs, and are critical for establishing effective crisis response and referral systems between school and community services. Research explains that "mental health resides not only within the child but also within the influential web of interactions surrounding the child, including family, the school, and the neighborhood and community in which the child lives" (Kellam, Ensmiger, & Branch, 1975, from SAMHSA, 2011, p. 5).

The district and school teams engage families, community members, individuals with lived experiences, youth, and community organizations on leadership and action teams to advance student mental health and learning. Community-based mental health service providers are welcomed, collaborative partners with school personnel, youth, and families in the design and sometimes delivery of universal, targeted, and intensive school behavioral health supports. In Iowa, school improvement plans require demonstration of school, parental, and community involvement [[Iowa Code 256.7\(21\)\(a\)](#)]. In addition, [The Iowa School Performance Profiles](#) include each school's scores on a set of state and federal accountability measures. The accountability measures include a unique indicator of school climate based on student surveys of engagement, safety and overall learning environment called Conditions for Learning. In 2019, parent and teacher surveys were piloted as a Conditions for Learning resource option.

Youth Voice and Agency – Youth Engaged in Collaborative Partnerships

Youth with lived experience are valued, collaborative partners in the development and implementation of universal, supplemental, and intensive school mental health supports. All youth are educated about mental wellness within the school curriculum and are empowered to understand and make decisions about their individual mental health and wellness whenever possible.

Mental Health Stigma Reduction

District, school, and community leaders make intentional efforts to reduce the stigma around mental health. "The Surgeon General identified the stigma surrounding mental illness as one of the primary reasons that individuals and families don't seek help" (U.S. Public Health Service, 1999 from SAMHSA, 2011, p. 8). Along with staff professional learning, the school community, families, and students engage in mental health stigma reduction efforts. Student efforts are supported through project-based learning assignments, service-learning, and youth campaigns. School personnel engage learners, families and the community in joint efforts to reduce the stigma around mental health.

Systemic Professional Learning and Implementation

Staff acquire the knowledge, tools, and resources to promote the positive development of students' social, emotional, and mental health. Systemic professional learning is coordinated with school and district improvement priorities and reflected in the school improvement plan. In order to be useful and effective, professional learning is sustained across time and progresses from introductory to in-depth. Staff professional development opportunities address social-emotional learning, trauma sensitive practices, culturally responsive schools, staff self-care, child and adolescent mental health, and mental health systems. Staff have the knowledge, tools, and resources to promote the positive development of students' social-emotional and mental health, or they have ready access to learn more. School leaders schedule staff professional development on mental health topics throughout the school year.

Under [Senate File 2113](#) (effective July 1, 2019) Iowa School Boards must require annual training for school personnel on suicide prevention, Adverse Childhood Experiences (ACES) and Toxic Stress Response mitigation.

Mental health services and systems are integrated within a strong, collaborative MTSS framework. There is strategic alignment toward a shared vision of success for all, with seamless transitions for youth across all programs and supports (e.g. Positive Behavioral Interventions and Supports (PBIS), mental health, alcohol or other drugs, suicide prevention, response following a critical incident, trauma sensitive practices, resiliency, and social-emotional learning).

Culturally Responsive Evidence Based Practices

According to the National Center for Culturally Responsive Educational Systems (NCCREST), “cultural responsiveness is the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures.” Adults in the school take a strengths-based approach, recognizing and building on the strengths of students and families. They are respectful of the different backgrounds, experiences, and home cultures that students and families have, and work to accommodate and honor students and families. Behavioral health supports follow the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#) and guidance from [Cultural Competence & Adaptation/SAMHSA-HRSA](#) in providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Positive School Climate and Culture

District and school leaders prioritize a positive school climate and culture. Positive school climate and culture is a collective sense of purpose and commitment to ensure the well-being, sense of belonging, safety and success of every learner. It is a critical factor in school success, and can improve attendance, achievement, and retention and graduation rates. Schools work to create a positive school climate and culture by prioritizing engagement (relationships, respect for diversity, wellness, and school participation), safety (emotional and physical safety), and the school environment (physical, academic, and disciplinary). Iowa's measure for school climate and culture is the Conditions for Learning ([CfL](#)) Survey, administered every spring and included in the Every Student Succeeds Act ([ESSA](#)). District and building teams use [CfL data](#) to inform practice.

Confidentiality and Mental Health Promotion Policies

School board policies maintain the confidentiality of student records, including information related to mental health services. School district procedures respect student and family privacy in order to facilitate meaningful partnership. Information from student records is available only to school staff and officials who require this information to perform their professional duties. Sharing information with other individuals or organizations outside the school system requires parent/guardian consent or as otherwise authorized by statute. Schools follow Family Educational Rights and Privacy Act ([FERPA](#)) and the Health Insurance Portability and Accountability Act ([HIPAA](#)) laws to ensure compliance of [both laws](#).

Schools include comprehensive school mental health strategies in their school improvement plans to ensure school mental health initiatives are prioritized, implemented and evaluated. School leaders create a supportive context for this work and hold themselves and their staff accountable to effectively implement school mental health systems. District policies and practices are consistent with and promote the mental health and wellness of students and staff. Good mental health contributes to better learning for students and better work performance for school staff. Youth and families from diverse backgrounds are engaged in all aspects of school mental health policy and program development.

Staff Mental Health Attitudes, Competencies, and Wellness

Adults in schools shift their perspectives to understand that attention to their students' social-emotional and mental health needs is critical for their academic success.

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

Staff self-care is not only part of the comprehensive school health model, it is a necessary ingredient to the success of students. School leaders provide staff with the knowledge, tools, and resources to be self-aware and promote their own health and well-being. A focus on school employee wellness programs can increase recruitment, retention, and productivity of staff.

Data Driven Decisions

Data-based continuous improvement means ongoing, reflective analysis of data along with a commitment to act accordingly. To document the impact of school mental health on academic indicators, teams focus on data. A process is used for collecting, analyzing, and sharing systemic data for decision making and evaluation of effectiveness.

Progress monitoring ensures an intervention is implemented with fidelity and achieves the intended outcome for the student. Progress monitoring is most effective when it occurs in natural settings throughout the school day and when it includes multiple measures, including those from the home and community. Mental health professionals work closely with the school to share appropriate information with educators, ensure students are transferring their mental health skills in multiple environments, and make certain students are receiving the interventions they need. Multiple data sources are used to closely monitor and/or improve the intervention as needed to positively impact student outcomes.

Tier 1 – Universal Supports for ALL STUDENTS

Tier 1 includes the supports that all students receive within a district and school to build their social-emotional skills and mental wellness.

Positive Behavior Supports

Positive behavior supports are implemented school- and district-wide for all students. Behavior is defined, taught, and addressed proactively. Rather than focus on control and punishment, schools create positive school and classroom environments that focus on social-emotional and mental health skill building, with clear and consistent expectations. Adults are thoughtful and intentional about developing positive, supportive interactions with students. Daily supportive interactions by adults toward students allow students the opportunity for resiliency and to develop connectedness to staff, enhancing educational opportunities now and in the future. Schools use a strength-based approach to problem-solving, encouraging resilience, and demonstrating a curiosity about the reasons for student's behaviors. Exclusionary discipline practices are curtailed in order to promote academic success. PBIS is an evidence-based framework supported by the Iowa Department of Education for providing multi-tiered behavior supports.

Trauma Responsive Practices

Traumatic experiences in early childhood can impact relationships, behavior, and learning. Many students experience the direct and/or indirect impacts of family or community violence, which can lead to a basic mistrust in human relationships and over-protective responses. Trauma sensitive practices are based upon relationships with adults that build trust and safety. Adults in the school address students' needs in holistic ways, taking into account their experiences, relationships, culture, self-regulation skills, academic competence, and physical and emotional well-being. Schools focus on building resiliency by not only providing tools to cope with extreme situations, but by also creating a foundational culture of respect and support. Classroom instruction includes choices in learning, and

interventions with students are collaborative. They empower youth to take responsibility for their behavior by building the skills they need to regulate their emotions.

Mental Health and Wellness Education

Students are exposed to practices that promote high level wellness, mentally as well as physically. Schools educate about sleep, mind-quieting practices, healthy eating habits, and exercise to promote both physical and mental wellness. Students learn the signs and symptoms of a mental health challenge, understand the importance of getting help, and know how to support another student to seek the help they need. Schools emphasize that safe and nurturing relationships and environments are important to wellness. In Iowa, health and wellness literacy requirements are addressed in Iowa Code [section 279.50](#), Iowa Code [section 256.11](#), and Iowa Code [section 256.9](#).

Social Emotional Learning

Social Emotional Learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to: understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions (CASEL, 2018). Social and Emotional (SE) competencies are important for whole-student development and well-being. A purposeful focus on implementing strong SE competencies fosters an environment where all individuals feel supported and can thrive. Based on research and recommendations from stakeholders, the Iowa Department of Education selected to use the SEL Framework from the Collaborative for Academic, Social, and Emotional Learning (CASEL.org) in the development of [Iowa's Social-Emotional Learning Competencies](#). This framework is based on five Competencies, which include: Self-Awareness, Social-Awareness, Self-Management, Relationship Skills, and Responsible Decision-making to provide examples of Competencies, Learning Targets and Developmental Indicators for Iowa schools. The use of this framework and resources are optional and schools are encouraged to select the SEL framework that best fits their context.

Iowa already has [Early Learning Standards](#) that include SEL. Schools use the process of Implementation Science to thoughtfully consider the data they have, including the Conditions for Learning survey data, and through multiple stakeholder groups develop a vision and process for implementing SEL into their system and instructional practices. After first providing the adults in the school with professional development, the school then embarks on weaving SEL into the fabric of the school and community. There are three main concurrent components of SEL that include: (1) direct instruction; (2) embedding the competencies within school and classroom environments and practices; and (3) embedding the competencies within existing curriculum.

Social Emotional Learning needs to be a part of a school's Multi-tiered System of Supports and Schools and considered in total with behavior and initiatives focused on trauma-informed practices and addressing mental health for adults and students in the building. Schools that integrate skills-based social and emotional learning opportunities throughout the school day, across classes, within existing curriculum content, and across grade levels have greater impact than if they simply set aside twenty minutes a week for social and emotional learning (Jones & Bouffard, 2012).

A trauma-responsive environment that supports student’s need to feel safe and supported, paired with strong adult social-emotional competencies and SEL supports for students, helps ensure students will cultivate healthy behaviors and have opportunities to thrive in the face of difficulties and hardships. Partnering with families helps to further develop these skills at home, helping to generalize and expand learning. In Iowa, numerous existing standards across content areas already encompass social, emotional learning. [Definitions and resources for Social Emotional Learning](#) are available on the Iowa Department of Education website.

Early Identification and Referral Process

School leaders work with all school staff and mental health experts to create a streamlined referral system for students with mild to critical mental health needs. The referral system works within the larger MTSS. All school staff members understand how and to whom they should refer students for more specialized services, and teams within MTSS are utilized to refer, track, and monitor students and interventions. Families receive information about how to access the referral system and support services, and a process exists for communicating with families when a referral is made. Schools ensure adequate systems and resources are in place, so that students who are referred get the support they need. While the referral process may vary by school, all schools include appropriate documentation and ensure student and family confidentiality ([Referral Process Sample](#)).

Schools establish procedures to identify students early who may need additional mental health supports. Examples include:

1. **Training staff to recognize the signs and symptoms of a mental health concern.** Several programs exist to educate staff on the signs and symptoms of a mental health concern, how to provide initial support to the individual, and ways to connect the individual to appropriate supports. Examples include Youth Mental Health First Aid, Kognito, Gatekeeper, etc.
2. **Using a mental health screener.** Districts and schools are thoughtful in their approach to universal mental health screening. Selection of a screener is purposefully aligned with a district’s data showing need and with the intended use of the data. Schools conduct mental health screening to identify students who may have unmet mental health needs, such as depression or suicidal thinking. Districts and schools ensure that appropriate tiered interventions are in place and that students are not over-pathologized or labeled (Adelman and Taylor, 2010, p. 34-43).
3. **Using existing student data in an Early Warning System (EWS).** An EWS is a system based on student data (usually attendance, behavior, and course completion) to identify students who exhibit behavior or academic performance that puts them at risk of dropping out of school. Students identified through an EWS are matched to appropriate interventions, one of which might be the mental health referral system and supports.

Tier 2 – Secondary or Targeted Interventions for SOME STUDENTS

Effective Group and/or Individual Interventions

Schools offer effective group and/or individual interventions that build students' skills to manage mental health challenges. School and community mental health professionals collaborate together to strategically plan for how students will receive interventions throughout the school day.

Transition and Wellness Plans

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

Tier 3 – Tertiary or Intensive Interventions for FEW STUDENTS

When Tier 1 and Tier 2 interventions do not meet students' needs, other interventions should be used. Tier 3 interventions should be linked with the System of Care principles discussed further on in the guide.

Counseling and Support Teams

Students who have intensive needs will struggle to learn without the proper support in place. Schools partner with community organizations as necessary, to ensure the availability of counseling and therapy services for individuals and/or groups. Schools include opportunities throughout the school day for students to receive the services they need. Wraparound supports are used when available.

Emotional Regulation and Entry/Re-Entry Plans

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

Districts and schools have a thorough re-entry plan in place to support students and their families when transitioning back to school from hospitalization or residential treatment. Community treatment facilities

communicate with the school (with parent consent) to support the re-entry plan. Wraparound supports are developed, if needed. Re-entry plans include identification of a case manager to support the student and family; meetings conducted with a strengths and mental health lens; development of an emotional regulation plan; clear steps for addressing long-term absence and missed work, allowing for adjustments in classwork/ homework upon return; implementation of daily check-ins with youth; provision of regular feedback to the family on the student's adjustment back to school; and provision of family peer-to-peer support, if available (Sample Re-entry Checklist: [Student Transition Return to School Guidelines Sample](#)).

Following a disaster or critical incident, the school activates its comprehensive safety and response management plan in order to mitigate reactions for those whose coping may be overwhelmed. Staff respond to trauma reactions, including contacting higher-risk students, rather than waiting for them to come forward for assistance. It is important to align with Iowa's required [emergency operations plans](#) and [online supports](#).

System of Care

"A system of care is a spectrum of effective, community-based services and supports for children and youth who or at risk for mental health and related challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life" (Stroul, et. al., 2012, p. 1).

Appropriate Information Sharing

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

Continuous Communication Loop

Constant and effective communication loops exist between the mental health professionals and the team leading the school mental health work. This helps to ensure the students' needs are met and the skills they have gained in their social, emotional, or mental health interventions are transferred across multiple settings.

Supported Navigation through Systems of Care

Supported navigation is an empathetic process where an educator (likely a school counselor, psychologist, nurse, or social worker) introduces a student to the local mental health specialist and helps the student navigate the process of care coordination between the mental health professionals within and outside of the school. The school supports families, or youth in certain circumstances and at certain ages, to provide authorization for release of information. In Iowa, Pediatric [Integrated Health Homes](#) provide coordinated support and case management for children with Serious Emotional Disturbance (SED) for medical, behavioral and community services.

Wraparound Support

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

Family Driven and Youth Guided Support

As part of the System of Care principles, youth-guided services and family partnering are integral to the success of student interventions. Family partnering is a critical piece to help families navigate the complex mental health system. Educators value parents and students as experts in the knowledge and understanding of their own life experiences. Family members help develop local policies and serve on committees in relationship to this work. Individual intervention plans are family-driven, in recognition of parent expertise on their child, and youth-guided, in recognition of the information they can offer about themselves, once asked and included. Goals are articulated first by students and families, then by school staff. As soon as a community-based mental health professional is working with a student, that provider is included.

Three Models for Specialized Service Delivery

A comprehensive school mental health system melds a system of care approach with an MTSS by using one of three models of service delivery. In all models, the leadership team:

1. Focuses on building the capacity of all educators to promote mental health, as well as the competencies of services providers to provide interventions to students with mental health challenges.
2. Fosters collaborative relationships with community providers.
3. Builds relationships for improved co-planning with students and families.

Common Best Practices for Specialized Service Delivery Models

1. A memorandum of understanding (MOU) exists between the community mental health professional and the district and school. (Sample: [Memorandum of Understanding Sample](#))
2. Culturally and linguistically appropriate services [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#) are delivered.
3. Community and school mental health professionals are integrated into the school culture, and a common language between the school staff and mental health professionals exists.
4. Community and school mental health professionals have a strong working relationship with clear boundaries and specific role differentiation.
5. School staff, leaders, and local and school mental health professionals agree about when to provide student services during the school day based on student need and thoughtful collaboration amongst educators, families, and mental health professionals.
6. School staff and school mental health professionals have a clear understanding of how they communicate with and work with local mental health professionals.
7. Appropriate physical space is allocated within the school for mental health care service delivery. Rooms include adequate space and privacy.
8. Community and school mental health professionals help schools implement effective progress monitoring within the school setting.
9. Community and school mental health professionals help bridge the gap in communication between the school staff, families, and students.
10. Community and school mental health professionals help school staff build capacity to identify and refer students in need of mental health services.
11. The district and school leaders and the mental health professionals have a common understanding of legal responsibility.
12. A community and school mental health professional sit on the school team that leads the mental health work for the district and school.
13. Community and school mental health professionals work closely with other youth serving agencies to improve student mental health.
14. Community and school mental health professionals ensure that prevention and early intervention are emphasized and, if needed, ensure coordination of existing intervention and service plans, such as IEP and 504 plans, with mental health interventions. Sample form for referral considerations for students with Individualized Education Plan: [Sample Building Process for Behavior Special Education](#) and sample form for considerations for students without Individualized Education Plans: [Sample Building Process for Behavior GenEd](#).

Model 1: School-Based Services Model

A district and school may contract with a community mental health therapist or private, licensed mental health therapist to provide mental health therapy at the school during the day. Services include direct therapy, (i.e. group and/or individual therapy), as well as indirect services (i.e. consultation and collaboration with school and parents). Services are paid for by a third party, such as Medicaid insurance or a community fund. In this model, collaboration evolves to co-leadership of a comprehensive school mental health approach. Schools focus on seamless referrals, well-planned role distinctions, and goal-oriented collaborative teaming across systems to support students and families. The Integrated Systems Framework (ISF) provides guidance on integrating PBIS and school-based mental health supports [Mental Health Integration \(ISF\)](#).

Model 2: Co-Located School-Based Health Center Services Model

Federally Qualified Health Centers (FQHC) may, through a mutual agreement with a district, locate a clinic within a school and provide comprehensive health services, including mental health services, to students. FQHCs bill for services usually through Medicaid, private insurance or self-pay. It is staffed by a multidisciplinary team of medical and mental health specialists, and services are designed to identify problems early, provide continuity of care, and improve academic participation. In this model, schools work to find ways to promote equal access for students to community mental health services co-located in schools. Schools allow for collaboration and coordination of services by the community provider, school personnel and families.

Model 3: Community-Based Services Model

In this model, universal and selected mental health supports are designed and implemented by school staff. Children with acute or chronic mental health needs are referred for community-based services. Schools map community-based resources and explore collaborative partnerships. District and school leaders work to ensure there is a way to embed the community mental health professional into the culture of the school, and local mental health professionals help school staff build the capacity to identify and refer students with mental health challenges.

Common to All Models

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

Linking to Early Childhood

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

Common goals for improving infant and young children's mental health include:

- Increased availability and use of high quality social-emotional and mental health training and support
- Increased number of supportive and nurturing environments that promote children's healthy social and emotional development
- Increased number of environments providing early identification and mental health consultation
- Improved knowledge and practice of nurturing behaviors among families and early childhood professionals
- Increased number of mental health services for children with persistent, serious challenging behaviors
- Decreased number of out-of-home placements of children

The [Iowa Early Learning Standards](#) emphasize developmentally appropriate content and skills children may know or be able to do prior to entering Kindergarten. The content area of social and emotional development provides helpful benchmarks and adult strategies to help children begin to label feelings, empathize with others, and self-regulate.

Promoting Success

Along with the best practices, districts and schools need a person in-district who can champion creating comprehensive school mental health systems and work to integrate community and school mental health services into a continuum of care. While planning to implement a comprehensive school mental health system, it is important to remember that an individual student's needs may fall anywhere on the tiered pyramid depending on individual circumstances, and changing needs for support overtime. Students should not be labeled by the service they are receiving. While the pyramid is fixed; students' needs are not.

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

- Collaborate with community agencies for youth, especially youth involved in multiple systems

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

AWARE Partner District Model #1: Waterloo Community School District

Waterloo Community School District is an excellent example of a district with Federally Qualified Health Center, co-located services (Model 2). Waterloo Community School District partners with the community to host Success Link, which provides an array of on-site community supports for students and families.

Success Stress, a part of Success Link, connects students to comprehensive health services, including a school based mental health program. Success Street is a collaboration made up of many local providers who bring their services directly into the schools where they can be accessed more easily by students and families.

Success Street offers a full range of comprehensive health services, including services for mental health, physical health, oral health, reproductive health, and substance abuse. The full range of comprehensive mental health services include:

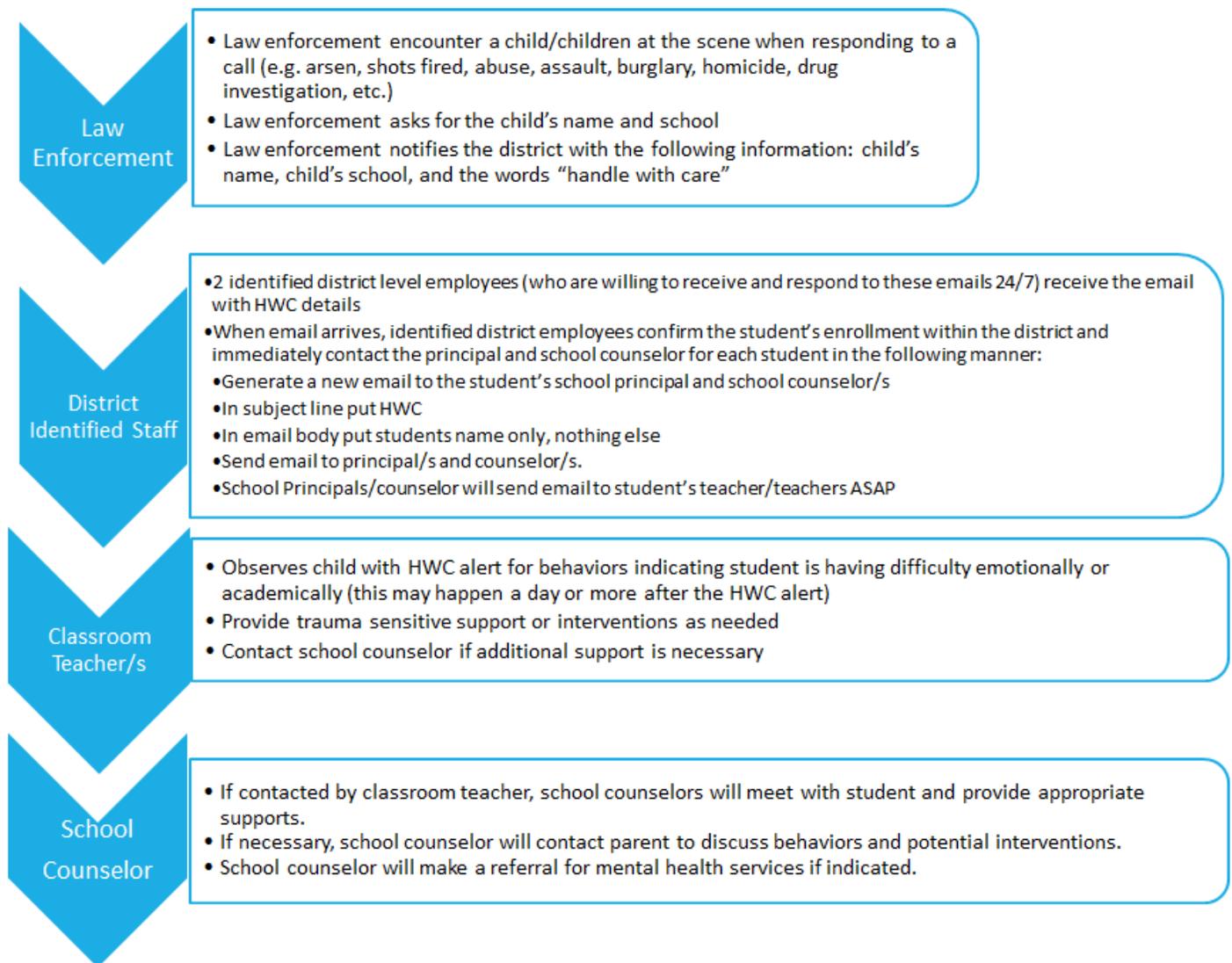
- Individual Counseling
- Play Therapy
- Family Therapy
- Group Therapy
- Diagnostic Evaluation
- Consultation
- Interventions
- Referrals

Success Street employs four master level mental health practitioners to provide mental health services to students and their families. They have three “home offices,” located at each of the two high schools and one alternative school, and they travel to other schools within the district to provide services to students at other buildings. The practitioners work collaboratively with parents, school staff, and other professionals in order to surround each student with quality care. Success Street mental health services are provided at no cost to parents.

AWARE Partner District Model #2: Davenport Community School District

Davenport Community School District has worked hard to partner with community organizations to better support their students. One example of this is their Handle with Care (HWC) initiative, which is a collaboration between Scott County Law Enforcement, Scott County Public and Private Schools, Community Mental Health Providers, and Scott County Kids.

HWC is a trauma-informed response model developed by the West Virginia Defending Childhood Initiative. The goal is to mitigate the negative effects experienced by children's exposure to trauma, and to increase knowledge and awareness of trauma, specifically among law enforcement and educators. The HWC process is outlined in the visuals below.



HANDLE WITH CARE

LAW ENFORCEMENT

When a child is exposed to a traumatic event, a law enforcement officer will contact the designated school personnel who will take the initial information (Handle With Care Notice)



SCHOOL DISTRICT



The designated school personnel will then ensure notification is provided to appropriate Teaching Staff and School Personnel

TEACHING STAFF & SCHOOL PERSONNEL



Additional Support Needed

Classroom Interventions
Awareness
Observation
Support

No Additional Support Needed



SCHOOL COUNSELOR OR SOCIAL WORKER

Interventions
Assessment



Additional Support Needed

No Additional Support Needed

CONTINUE WITH CLASS/REGULAR ACTIVITY



BACK TO CLASS- CONTINUE TO BE AWARE AND SUPPORT AS NEEDED



MENTAL HEALTH THERAPIST

Contact Family Services and Children's Aide for additional supports



AWARE Partner District Model #3: Sioux City Community School District

Sioux City Community School District worked hard to implement a school-based mental health services system (Model 3). While mental health counselors had been coming into the school buildings to provide services to individual students for some time, they needed a comprehensive system to track, monitor, and coordinate services being provided. They worked to (1) streamline the services being provided through a Request For Proposals (RFP) with one community mental health provider, (2) increase communication and support for the students by putting in place a [Memorandum of Understanding Sample](#) with the provider, and (3) streamline the building level referral process by identifying a single point of contact and processes/procedures for mental health referrals.

Sioux City Community School District issued a Request for Proposals (RFP), requesting community organizations to submit a plan and budget for delivering school based mental health services to students in the district. Based on the proposals they received, Sioux City selected one provider. The two organizations (district and provider) then created and signed an MOU, detailing specifics around data sharing, billing procedures/processes, and role and responsibilities. The district then trained the mental health providers in district initiatives including PBIS and trauma sensitive practices, to ensure they had a shared understanding of the larger picture of the school system and available support. Sioux City AWARE used the [Advancing Education Awareness: Integrated Systems Framework \(ISF\)](#) model to inform the development of school-based mental health supports within a Multi-Tiered System of Support (MTSS).

Within each building, Sioux City Community School District worked to streamline the process for mental health referrals. The school counselor was designated as the single point of contact for mental health referrals within that building. Whenever a student was identified as possibly needing mental health services, that name was given to the counselor. The counselor then met with the students to determine if a referral to a mental health professional was necessary.

Glossary

Community mental health providers are professional therapists from the community who are clinically licensed by the Iowa Department of Public Health.

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

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

Integrated Systems Framework is a structure and process to integrate Positive Behavioral Interventions and Supports 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 learners. 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.

Intensive strategies/supports refer to instruction, assessment, and programs/practices provided for and about students with significant learning and/or mental/behavioral needs. Also referred to as tier three strategies/supports.

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

Multi-Tiered Systems of Supports (MTSS) is a school-wide plan to systematically provide differing levels and intensity of support based on student responsiveness to instruction and intervention.

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

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

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

Targeted strategies/supports refer to instruction, assessment, and programs/practices provided for and about students with learning and/or mental/behavioral needs of moderate intensity. Also referred to as tier two and/or supplemental strategies/supports.

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

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

Universal strategies/supports refer to instruction, assessment, and programs/practices provided for and about all students in the school. Also referred to as tier one strategies/supports.

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

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