Assessing Comprehensive School Mental Health Systems with a Teaming Approach: A Case Study

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Positive mental health is an essential aspect of development from childhood through adulthood. Mental health includes emotional, psychological, and social well-being. It influences cognition, feelings, and behaviors. Mental health wellness determines how an individual responds to stress, engages with interpersonal relationships, and makes healthy choices. School systems often prioritize these important areas of development in education and are called to be a conduit to providing mental health supports and services for students.

School-aged children and adolescents often experience mental health struggles and challenges that impact their ability to access and participate fully in learning. The COVID-19 pandemic has exacerbated these challenges and intensified the calling for schools to provide school-based mental health services in educational environments. There is a palpable need for schools to leverage their systems to increase evidence-based mental health services to support these unmet needs.

This study involved the engagement and participation of team members from the student support services teams across three elementary schools in the district. Through a professional development offering, team members were introduced to an evidence-based model for assessing and implementing comprehensive school mental systems. The study included the use of the National School Mental Health Curriculum and School Mental Health Quality Assessment-School as evidence-based improvement planning tools. The focus of the study was to improve team

members' understanding of comprehensive school mental health best practices and to develop capacity to lead school mental health improvement efforts in the district.

Overall, the study evaluated an intervention to determine its function and contribution to preparing school teams to lead school mental health systems improvement efforts. Data analysis illustrated the participants' experience in engaging in the professional development offering and helped guide improvement for implementation of professional development. The study's recommendations were designed to inform local district planning efforts and to suggest implications for practice at the state and federal level.

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Preface

The creation of this dissertation is credited to the contributions of many cherished people in my life. This work celebrates the power of encouragement and support. I am forever grateful to those who embody leading well by empowering others. My sincere appreciation and admiration shine bright to the following:

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1.0 Naming and Framing the Problem of Practice

1.1 Broader Problem Area

Mental health is a critical component to the development of child and adolescent wellness. The Centers for Disease Control and Prevention (CDC, 2020) described mental health disorders in children as "serious changes in the way children typically learn, behave, or handle their emotions," causing distress and compromising their ability to function. This definition encompasses a wide range of disorders, such as depression, oppositional defiant disorder (ODD), attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), obsessive compulsive order (OCD), and post-traumatic stress disorder (PTSD), with varying degrees of severity (CDC, 2020).

The Pennsylvania Department of Education (PDE, 2020) estimated that "approximately 30% of school aged children will experience a behavioral, mental, or developmental condition in any given year" (para. 2). The National Alliance on Mental Illness (NAMI, 2020) reported that "one in five youth have a mental health condition, with half of mental health conditions developing by age 14" (para. 1). However, NAMI's (2020) statistics show that still fewer than half of youth with mental health conditions receive treatment (para. 1). Mental health conditions that are undiagnosed, untreated, and unsupported significantly impact a student's ability to learn and develop, thus, leading to further behavioral and emotional decline.

Additionally, the rates of depression, suicide, and self-harm among young people have been increasing. According to the National Academies of Sciences, Engineering, and Medicine (NASEM, 2019), "In 2015, suicide was the second most common cause of death among young

people ages 15 to 24, and between 2005 and 2014, the proportion of adolescents experiencing a major depressive episode increased from 8.7 percent to 11.3 percent" (p. 1). Thus, mental health disorders create afflictions for individuals and their families, often resulting in ongoing struggles to lead a healthy and productive life.

Beyond personal and family burdens, mental health disorders also carry social impacts, including financial costs. Mental health disorders account for the highest rates of disabilities in the United States population and contribute to rates of school dropout, incarceration, substance use, and homelessness (NASEM, 2019). It is projected that in the United States, mental health and substance use treatment spending from all public and private sources is expected to total $280.5 billion in 2020, an increase from $171.7 billion in 2009 (U.S. Department of Health and Human Services, 2014). The economic strain is further impacted since mental health disorders are associated with loss of earnings, low productivity, and other indirect costs. The nation's future is dependent on a healthy adult population that will contribute economically and through civic engagement.

Investing in mental health wellness and the development of current and future generations not only ensures benefits for individuals and families, but also provides economic benefits (NASEM, 2019). Research in the field has shown that early intervention can be effective in preventing and mitigating negative outcomes for students with mental health disorders (NASEM, 2009). Students with mental health disorders who do not receive appropriate supports and effective interventions are at risk for negative outcomes, such as compounding mental health problems, drug and alcohol abuse, and school failure. Furthermore, longitudinal research indicated that students with mental health disorders experience difficulties into adulthood, including higher rates of

substance abuse, marital discord, employment problems, and institutionalization for crimes (Sanchez et al., 2018).

Increasing supports and access to mental health services is a key area of improvement to the safety of students and schools, as well as individual academic and social development (National Association of School Psychologists [NASP], 2018). Given that children spend much of their time in the educational setting, schools play a vital role in both promoting mental health wellness and reducing the prevalence of mental health disorders by linking students with effective services and supports.

Students struggling to maintain mental health wellness often display both learning and behavioral difficulties, making the development of effective instruction and programming challenging for teachers (Sutherland et al., 2008). Students may experience difficulty initiating and sustaining engagement in the learning process and demonstrating effective relational skills with peers and adults. These difficulties present complex challenges that continue to evolve and persist within school systems and environments.

These challenges manifest in school districts and school buildings in a variety of ways. Student mental health wellness impacts student school attendance, attention level, concentration level, internalizing behaviors, externalizing behaviors, social relations, and overall academic performance. Further, students are experiencing mental health needs at younger ages, and as they ascend through matriculation, recurrence and severity rates are increasing. There is a lack of systemic approaches and district-wide planning for addressing mental health interventions from primary to secondary levels. This void is more present in the primary years as pathways for support are not as developed or identified, especially for students in need of interventions and services.

Over the years, these needs have been expressed by teachers, school counselors, school psychologists, and administrators. These professionals often share beliefs that they do not have the expertise, availability within schedule, resources, or systemic supports to meet the needs of students struggling with mental health issues. Using current research as a guide to determine how to build capacities to identify young students with mental health needs and develop a continuum of support for children within elementary school would support this present need.

1.2 Organizational System

The organization where the problem of practice presents is a mid-size suburban K-12 public school district. The district is located in southwestern Pennsylvania and situated in a 10-square-mile radius. The district serves approximately 4,100 students and employs around 300 professional staff members and 200 classified and support staff members. There are six school buildings that comprise the K-12 landscape: three elementary schools, one middle school for grades five and six, one middle school for grades seven and eight, and a high school.

The community the school district serves is primarily a residential area known to be a family-oriented community. The school district is consistently ranked as high-performing among top districts regionally and in the state. Additionally, the district is often recognized for teacher and student nominees or recipients of local, state, and national awards. Behind these markers of success exists a belief and commitment to continuous improvement. The district supports the practices of customizing learning, nurturing potential, and delivering excellence, all of which contribute to the culture of ongoing improvement and embracing change to enhance teaching and

learning experiences. Given these philosophical viewpoints, new ideas and programs are welcomed and quickly implemented.

The district recently exceeded state requirements in implementing specific progressive and supportive measures related to student mental health and well-being. For example, full-time elementary school counselors were employed in all buildings before this practice was recommended in the field. Additionally, the school psychology and nursing staff has expanded with new hires in recent years.

To further the district's commitment to supporting students, the district included a goal area in the 2015 strategic plan to increase services and programs to enhance student wellness. This goal was partially fulfilled with the completed staffing increases, professional development on related and relevant topics, and a refined counseling curriculum. The development of an updated strategic plan is underway, and the topic of student wellness remains a priority.

Lastly, the district welcomes and fosters relationships with parent leaders and community groups that focus on improving student health and wellness, such as the Parent Teacher Council and Youth Steering Committee. The district works collaboratively with these partners to promote and develop events that support student wellness. In recent years, district staff have presented on the topic of student wellness to the district and facilitated a panel on drug and alcohol use. Overall, the district's efforts contribute to a building momentum toward district-wide system change in the area of student mental health and wellness.

However, these efforts are met with some challenges and barriers. Exploring the continuum of services district-wide and coordinating services is a recognized need. Competing priorities have been a hindering factor to conducting such inquiry. The examination of practices to determine what services and resources are being used and result in effective support is critical. Also, an

enduring challenge is an existing and sustaining belief among some stakeholders that school environments should remain separate from influencing the health care of students. There is also a belief among some stakeholders that given the high performing nature of the district and the resources available to the majority of families, that mental health needs are minimal and not a priority for the school system. Finally, a known barrier is the need for alignment between stakeholder groups invested in the arena of mental health supports for students. The systems around and between stakeholder groups are supported through the spirit of collaboration, but common goals have not been established through a collective vision, making it difficult to have clear direction. Thus, stakeholder groups follow their own trajectory, resulting in disjointed services and programs.

Conversely, there are dynamics within the organization that will help resolve the problem and reduce the existing barriers. The topic of mental health in children and adolescents is increasingly discussed in the larger society, and this dialogue has positively impacted schools in recent years. Further, the COVID-19 pandemic has provided a spotlight on this topic and appears only to be intensifying as the global crisis continues to unfold. The timing is suitable for further exploration and investigation of supporting mental health in schools. Even though stakeholder groups have historically operated in a disjointed fashion, many individuals are engaged with this topic. There is a palpable sense of urgency developing within and across stakeholder groups, with an expanding number of key cohorts leading the work.

There are also fresh perspectives developing with new additions to district roles, the school board, and parent leaders. The new viewpoints have made small inroads toward addressing this problem of practice in the past few months. For example, attaining support and approval for a new

Student Assistance Program provider and a Social Emotional Wellness Consultant are considered building blocks for movement.

Lastly, the district's openness toward improvement and known ability to implement initiatives swiftly will help support the overall change process. The district is also fortunate to have the financial capacity to allocate monetary and peripheral resources to addressing the problem. Even provided the strong involvement of parents and the district's progress, there are still critical mental health needs experienced by children and adolescents across the district community. Mental health issues exist in all communities. Making interventions available in schools provides the opportunity for any student experiencing a need to access services. The district's work in this realm will lead to social justice aims through dismantling historical barriers like public stigma, self-stigma, and challenges to accessing care. The outcomes of addressing this problem may provide an avenue to improve equity for students in need of services in the area of student health and mental well-being.

The divergence between dynamics sustaining the problem versus elements working to address the problem have been discovered in various ways, including empathy interviews, stakeholder analysis, document analysis, and fishbone diagrams. These various improvement tools were utilized to gain a comprehensive understanding of the cause and effect of the problem space. Globally, the fishbone diagram (see Appendix A) captures the key characteristics and contributing factors creating and sustaining the problem of practice within the organization.

1.3 Stakeholders

Various stakeholders in the organizational system contribute toward and interact with the problem of practice. The following is a description of the stakeholders and the existing dynamics and influences within the system. Appendix B provides a visual representation of power and interest factors among the stakeholder groups.

1.3.1 School Board Directors

School board directors are well connected to community constituents and advocate for concerns or ideas expressed by residents. They are committed to their role as elected officials and prioritize responsiveness to their community. The school board directors often participate in a number of committees and interest groups that relate to overall school operations as well as school health and student well-being. This stakeholder group is an essential conduit for communication to the community and as liaisons to other interest groups. They represent the district's plans, progress, and achievements to the local community.

Each school director has a different level of connection to the work of supporting student mental health. At times, their interests, backgrounds, and beliefs drive their focus and work. Collectively, the directors are highly effective and entrust district administration to identify problems and solutions. They support recommendations from district administration and work alongside administration through changes and challenges. Providing rationale, data, and well-developed proposals will help ensure that the board is receptive to change initiatives in relation to student mental health.

The school board directors have a high level of collaboration with district administrators and participate in the Parent Teacher Council. They also have relationships with school-based mental health school professionals and students. The school board directors also hold significant power in the system given their decision-making authority and interest in representing the community.

1.3.2 Administrators

School district administrators support building-level or program-specific functions and responsibilities. There is not a designated administrator providing oversight to the implementation and assessment of mental health supports. Instead, individual buildings and levels throughout the district provide resources, supports, and services to match the needs they have identified. As a result, students across the district experience a limited continuum of services, as well as inconsistent and varied access to prevention and intervention. Further, administrators overseeing the components of mental health services are not well-versed in school-based mental health models or necessarily supportive of providing such services.

The majority of administrators are aligned in understanding the need for school-based mental health services and recognize the urgency of offering more resources to students. This stakeholder group shares the understanding that student mental health needs have increased significantly over the past years, both in number and in complexity. They also describe feeling ill equipped to support students and staff when challenging mental health needs present. A few outliers are present, some of whom see the need but do not feel it is in the school's purview to provide the needed service. Other outliers see the need. But, they do not feel it is part of their role

to pursue understanding or perceive barriers as insurmountable. There is an undercurrent of division within this stakeholder group.

Administrators are very connected to the other stakeholder groups in relation to this problem of practice. Administrators are key decision-makers and hold a substantial amount of power in this system. For this reason, it is critical for administrators to work collaboratively and systematically in the supervision and execution of school-based mental health district wide.

1.3.3 School-Employed Mental Health Professionals

This stakeholder group includes school professionals such as psychologists, social workers, counselors, nurses, and other school health professionals delivering prevention and intervention strategies. Current programming does not yet foster a unified or systemic approach to providing mental health services for students. Systems coordination to support alignment of practices among school employed mental health professionals within and across departments is recognized as an area needing evaluation and development. There is prime opportunity for engagement in self-assessment, programming evaluation, and strategic improvement for servicing and supporting student mental health. Without the support of comprehensive systems to coordinate and align services, the members of this stakeholder group often navigate and respond to individual student needs to the best of their own capacity.

The understanding and knowledge of this stakeholder group is central to improving the systems around student mental health services. This group represents the resident experts in student mental health in the district's school system. Their expertise and insights will be needed and essential to formulating actionable, intentional, and effective changes in school mental health systems.

Given the focus of their daily work, members of this stakeholder group are well connected to students, parents, and teachers. They also have established connections in other staff groups in their assigned buildings and within their department. Their presence and support are often needed in their assigned buildings, which can make it more challenging for this group to develop relationships with district-wide administrators, school board directors, or cross-department colleagues. This group has high interest in this topic, but making service delivery changes is outside their sphere of influence.

1.3.4 Community-Based Mental Health Professionals

Community-based mental health professionals deliver treatment and support to students in the school setting rather than in a traditional clinic. These professionals, often licensed therapists, enhance access to services for students and help facilitate coordination of care. Integration of community-based agencies provides students with specialized interventions. This stakeholder group can offer intensive interventions and services like individual therapy, behavior assessment, crisis management services, group therapy, and family therapy.

Integration of and access to community-based mental health providers in the school setting is not comprehensively present throughout the district. It exists only in a microcosm at the high school level for students receiving emotional support through special education. The lack of accessibility to services supported by community-based mental health providers is evident at all buildings, especially in the primary grades when early intervention is key to effective support.

Consequently, the relationship between community-based mental health professionals and the other stakeholder groups is very limited. The relationship revolves around referring students to services outside of school. The established district-wide practice is to refer out when concerns

arise and to provide parents information about agencies in the community. This lack of partnership contributes to the issue of disconnection between multiple systems when working to support students. The community-based mental health professionals group has significant interest in the problem but no power to influence change in the school setting.

Developing partnerships with community-based agencies is at the core of enhancing and improving a continuum of services for students. There is a large body of work to be done to foster partnerships across stakeholders. It is important to recognize the current barriers between stakeholders and to address these strategically. The mindset must be centered on building a sustainable collaborative partnership focused on continual design, implementation, evaluation, and adjustment of services.

1.3.5 Parent Teacher Council Wellness Committee

The Parent Teacher Council (PTC) is an umbrella organization that provides coordination and leadership for the PTA/PTO groups across the district. The PTC recently created a Wellness Committee that involves parents, school board directors, and other residents. The overarching goal of the PTC Wellness Committee is to work collaboratively with established student-centered groups to support overall healthy living and well-being. This committee's recent focus has been to address issues related to social and emotional development of students, based on the needs parents have observed and as a response to the impact of COVID-19. The PTC Committee's work, while invaluable to the community, appears siloed since it is not connected to the school district's work. The PTC Wellness Committee has interplay between the school and community; however, it is not directly attached to district goals or initiatives.

There is potential with this problem area to examine expansion of partnership between PTC Wellness Committee and the district, specifically with developing shared priorities, initiatives, and overall agency for supporting mental health. It is critical to consider leveraging this stakeholder group to interface with community-based mental health providers and use this base to break down perceived barriers.

The PTC Wellness Committee has developed a growing member base and has direct access to school board directors, parents, and residents. However, there is limited interaction and collaboration between this group and the district. Given this structure, this stakeholder group has limited power to implement change in the school context, yet has a driven and dedicated interest in the realm of student mental health.

1.3.6 Students

Students' perspectives on mental health services and supports in schools vary. Students are the nexus for all the stakeholder groups. Students are, in turn, affected by the efforts and work of the individual groups and the stakeholders in entirety. Student voice is often solicited and valued by the stakeholder groups. However, it is not typically used to drive decision-making and does not seem to carry as much weight as the perspectives of the other stakeholders.

Students carry more power in this system than recognized by stakeholders. They identify concerns regarding their mental health through student surveys and interactions with staff and stakeholders. There have been grassroots efforts from some students to begin initiatives to support student well-being from a peer-to-peer perspective.

1.4 Statement of the Problem of Practice

Student mental health needs continue to manifest, with implications reaching into the school setting and beyond. Daggett (2021) captured the urgency for schools to develop supportive measures: "The longer we take to get started, the harder the work becomes for all of us-administrators, teachers, counselors, and parents alike. So let's dive in now, before our problems become more difficult, the costs greater, and the stakes higher" (p. 8). Continuing and expanding upon the type of work Daggett described will help the organization build and develop capacities for systemic change with school mental health systems. Currently in the district, the needs of students are being served differently at each elementary school based on staffing availability and awareness of supports and resources. Given the personalized nature of response to students, the approach to providing services is different and varied across the elementary schools. There is a need to establish a consistent approach between buildings in order to ensure effectiveness and equity of interventions and services for students in kindergarten through fourth grade experiencing mental health needs.

Therefore, the resulting problem of practice in the organization is a need to identify a systematic approach for addressing mental health interventions within the elementary level across the district. Developing a plan for early intervening for mental health at the elementary level is critical to providing students with accessible and comprehensive mental health supports and services. Enacting change in this area will include leveraging the expertise and knowledge of those professionals most connected to the problem space. These professionals consist of those serving on the student assistance services teams across the three elementary schools in the district. Creating change is feasible through harnessing their influence and use of evidence-based tools for improvement planning.

Overall, the elementary schools serve as the entry point and connection point to support and develop student mental health wellness at the earliest age possible. The rate of mental health disorders in school-age children continues to rise and manifest in school settings. When mental health disorders present during childhood and adolescence, schools that provide effective early intervention improve results for students related to learning and long-term outcomes. Early intervention for mental health treatment has been proven to decrease mental health symptoms (Sanchez et al., 2018). Providing access to appropriate services and investing in prevention and early intervention will decrease crisis response scenarios as a student ages and decrease recurrent mental health problems (Colizzi et al., 2020). Further, this work will also bring coordination, alignment, and equity to the processes and systems that support the student population during the primary years.

2.0 Review of Supporting Knowledge

2.1 Defining School-Based Mental Health

Given the rising prevalence of children's mental health disorders, schools face increasing demands concerning the mental health needs of their students. Schools are recognized as important and appropriate key sites for mental health promotion and access to interventions (Humphrey & Wigelsworth, 2016). Strong evidence and advocacy exist for delivering mental health interventions at schools and for integration of school and mental health personnel in school communities (Capp, 2015).

The delivery of mental health interventions in schools is described as school-based mental health (SBMH) and is recommended as a way to increase access to evidence-based interventions and supports for children (Gronholm et al., 2018). SBMH offers prevention efforts and intervention strategies by providing a range of services delivered by school professionals (e.g., school psychologists, school social workers, school counselors, school nurses, and other school health professionals) and community-based providers or agencies in the school setting. The continuum of SBMH services can include intervention, prevention, identification, and treatment in a school provided through integration of student intervention teams and partnerships with community providers (Freeman & Stephan, 2015). Exploring the importance of school-based mental health while examining conceptual frameworks and assessment tools will support school districts to improve the design and implementation of mental health services in school communities.

2.2 Importance of School-Based Mental Health

2.2.1 Influences Outcomes

Most mental health disorders occur early in life. By adolescence, about 30 to 40 percent of youth in the United States will have been diagnosed with at least one mental health disorder (Sanchez et al., 2018). Over the last few years, there has been an increase in the rates of anxiety, depression, loneliness, self-harm, and suicide in children and adolescents, especially among young children. The Centers for Disease Control and Prevention have reported that one out of six children ages two to eight are diagnosed with a mental health and behavioral disorder (Daggett, 2021).

In addition, data provided by health insurance providers shows a steady increase in the rates of clinical depression in children and adolescents. Specifically, there has been an increase in claims related to mental health in children and young adolescents over the past five years (Daggett, 2021). Further, depression is prevalent among our youngest children. Children as young as three are being designated as higher risk for depression, specifically if they have other mental health or behavioral concerns, like ADHD or anxiety (Daggett, 2021).

When children and adolescents do not receive the help they need to treat and manage mental health disorders or episodes, the problems manifest and magnify. The National Institute of Mental Health determined that only a third of children and youth experiencing mental health disorders receive effective diagnoses and treatment (Brueck, 2016). Further, Daggett's (2021) research concluded that only 33 percent of boys and 45 percent of girls seek treatment for mental health concerns (p. 11). When left untreated, mental health disorders that emerge during early and middle childhood persist and are related to significant problems in adolescence and adulthood,

such as impaired social functioning, suicidality, substance misuse, criminality, lower educational and occupational attainment, and lower quality of life (Sanchez et al., 2018).

In addition to long-term impacts, mental health disorders affect learning outcomes. Mental health and social and emotional outcomes are closely tied to academic success (Capp, 2015). Mental health disorders affect concentration, energy level, cognitive functioning, and executive functioning, resulting in disruption and disengagement from learning and social experiences. This disruption to students' ability to learn manifests in low academic performance, attendance issues, discipline referrals, school dropout rates, and peer relationships (Moon et al., 2017).

In addition to these consequences, students experiencing mental health disorders affect others around them, thus interfering with the learning process and school experience of others, including their peers, teachers, and administrators (Capp, 2015). Given these significant barriers, NASP (2016) argued the need for SBMH: "School mental health services support the mission and purpose of schools: learning."

2.2.2 Increased Access

While most mental health disorders can be managed through effective treatment, fewer than half of children and adolescents needing services receive them. Children and adolescents engaging in community-based mental health models often face disparities and accessibility barriers. These barriers include unequal access to services, financial constraints, insurance coverage discrepancies, shortages of child mental health professionals, and stigma related to mental health care (National Center for School Mental Health [NCSMH], 2019). SBMH addresses these concerns by removing barriers to accessibility of mental health services, improving coordination of services, and reducing perceived stigma. Likewise, SBMH services are found to

be effective for supporting hard-to-reach populations, specifically children in racial or ethnic minorities or those living in rural locations (Moon et al., 2017). These outcomes point to an urgent need to promote and improve access to mental health care and support for children (Brueck, 2016).

Schools have been identified as an optimal place to provide mental health services to children and adolescents. Considering the significant amount of time that children spend in school, this context offers an ideal point of entry to mental health care for children (Moon et al., 2017). The school setting provides a natural and authentic environment for identification, prevention, intervention, constructive development, and communication between school and families (NASP, 2016). Also, the school setting fosters consultation and support for educators to increase awareness of the effects of childhood mental health in the schools.

Additionally, early prevention and intervention can preclude substantial mental health problems from developing (Mental Health America, 2016). Moon et al. (2017) determined that "early prevention and intervention in schools (e.g., teaching positive behaviors) have been recognized as crucial for reducing future behavioral problems, which are often the precursors of psychiatric diagnoses in middle childhood or adolescence" (p. 385). Consequently, the elementary school years are pivotal to effective prevention and early intervention.

Increasing and providing access to services and supports reflects one of the main tenets of education, which is to prepare students for an everchanging and unpredictable future. There is an urgent and palpable call for schools to change, particularly following the initial COVID-19 pandemic, which limited access to services and contributed to intensified mental health episodes (Lee, 2020). Research and evidence regarding the long-term mental health effects of a large-scale pandemic on children and adolescents is very limited (Lee, 2020). It will be essential to monitor the mental health of young children and adolescents and to study the impact of the pandemic on

their well-being. A key component to a universal and public health response to the COVID-19 pandemic includes prioritizing the mental health of children and adolescents (Imran et al., 2020). Given this need, schools have an absolute duty to evolve and support comprehensive mental health services in the school setting. Daggett (2021) captured this calling in relation to school systems by stating, “We owe it the students of today, who will become the citizens of tomorrow” (p. 8).

2.3 Framework for School-Based Mental Health

There is diversity and variance in how mental health services are delivered in school settings. However, as SBMH practices have expanded over the past several decades, there is an emerging and developing consensus about what constitutes successful SBMH services. Rones and Hoagwood (as cited in Doll et al., 2017) suggested that high quality SBMH should be child centered, family focused, culturally competent, and establish a continuum of service options that can be individualized to meet the needs of each child. Other findings suggested that SBMH services should be population based and embedded in a comprehensive multitiered public health model of prevention and intervention (Moon et al., 2017). Developing a multitiered approach that offers support through the increasing intensity of intervention based on student need allows for all students to access and receive the appropriate level of services and supports.

One multitiered conceptual framework includes provision of mental health services at three distinct levels, with an array of services at each. This three-tiered framework provides a continuum of supports that range from universal to selective to indicated. In this model, the first tier is considered universal, and mental health promotion for all students occurs. Supports in the universal tier provide school-wide prevention and promote healthy social and emotional understanding and

skills (Freeman & Stephan, 2015). The second tier is considered selective interventions, or early interventions for students identified as at-risk for a mental health concern. This second tier consists of targeted mental health services to reduce the cause of the problem behaviors and building healthier emotional and social functioning (Freeman & Stephan, 2015).

The top and third tier reflects indicated interventions, or intensive interventions that target the smallest population of students and address the needs of individuals who exhibit serious mental health concerns or symptoms (Cowan et al., 2013). Students receiving indicated or intensive interventions typically require multi-disciplinary teams, which include school and community-based agency coordination and integration. Figure 1 illustrates this multitiered conceptual framework by showing the tiers and examples of providers and activities.

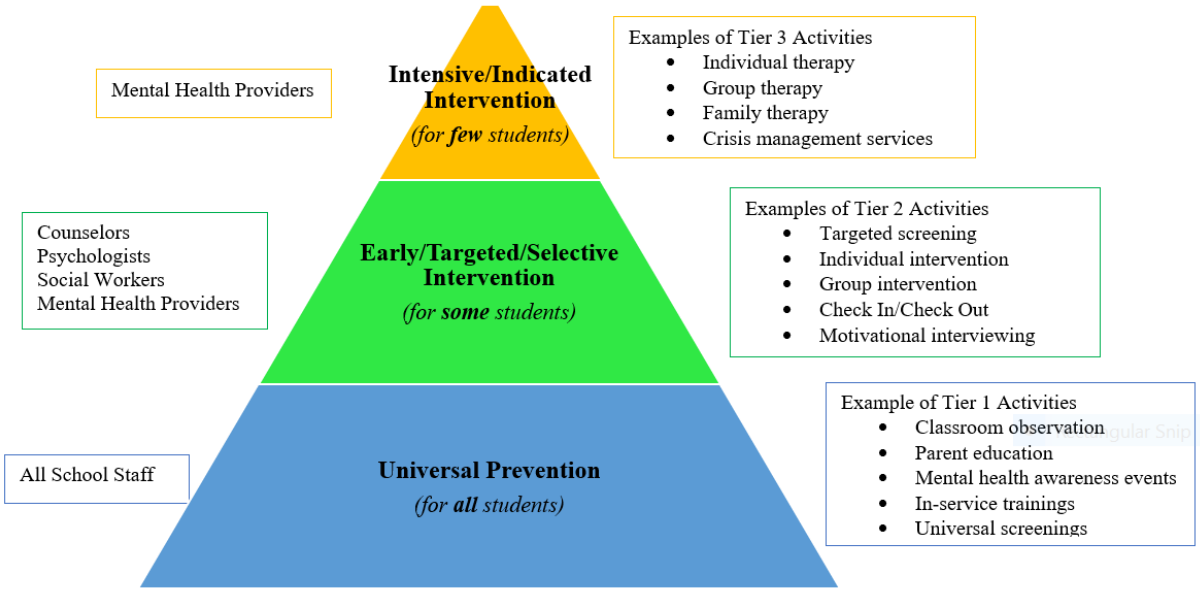

Figure 1. Three-Tiered Approach to SBMH

The multitiered framework highlights the importance of partnership and collaboration between school employees and community-based mental health providers throughout the tiers. Effective SBMH frameworks have a strong foundation of district and school professionals working

in strategic partnership with students and families, as well as community health and mental health partners (Cowan et al., 2013).

2.4 Core Components of School-Based Mental Health

The quality of SBMH is directly linked to how comprehensive its services are, which has resulted in the term *comprehensive school mental health program* to better define SBMH systems and services (Cowan et al., 2013). As SBMH evolved over time, eight best practices or core components for implementation of SBMH services have been identified. These eight core components help schools define and evaluate a continuum of comprehensive services within school settings (NCSMH, 2019). Each core component of a comprehensive school mental health system is described below.

2.4.1 Well-Trained Educators and Specialized Instructional Support Personnel

A comprehensive SBMH system ensures that all school professionals and specialized instructional support staff (e.g., school counselors, social workers, school psychologists, school nurses) receive ongoing and relevant training. Training and professional development should include research-based information and evidence-based interventions to support mental health needs. For example, equipping school professionals with social and emotional skills training and mental health literacy will help to best support student mental health (NCSMH, 2019). In addition, specialized instructional support teams must be adequately staffed. Staffing is important for schools to provide the necessary assessments, diagnosis, counseling, educational, and therapeutic

services to support student needs. A well-trained and supported professional staff is the foundation for comprehensive services.

2.4.2 Family-School-Community Collaboration and Training

Designing a continuum of SBMH services is grounded in collaboration. Key stakeholders must be committed to working together to address the interconnected academic, social, emotional, and behavioral needs of all students (NCSMH, 2019). A high level of collaboration among schools, families, and community agencies is necessary to create shared vision and goals (Lever et al., 2015). Effective partnerships coordinate resources and strategies to improve the effectiveness, efficiency, and sustainability of services. An integrated approach allows for a full complement of services to be available and responsive to student needs.

2.4.3 Needs Assessment and Resource Mapping

Conducting a needs assessment to identify programmatic and system needs is critical to identifying priorities. Utilizing a school mental health needs assessment informs decisions about planning, implementation, and improvement (NCSMH, 2019). Resource mapping, a strategy to identify and analyze current existing services and resources, will help to identify mental health services and programs available in the school and community. The process of resource mapping helps teams understand what types of services are offered, how the services can be accessed, and identifies existing gaps. Using both needs assessment and resource mapping approaches gives opportunity to tailor SBMH programs by highlighting areas of strengths and needs (Lever et al., 2015).

2.4.4 Multitiered System of Support

Designing and implementing a multitiered approach is foundational to supporting a comprehensive school mental health system. This essential component offers layered opportunities for prevention and intervention to students with varying intensities. The multitiered approach ensures that all students have access to the array of services offered throughout the tiers. Providing professional development and developing effective partnerships are also foundational elements that support these tiers (NCSMH, 2019).

2.4.5 Mental Health Screening

It is important to detect and identify mental health problems early and to link students to supports and services. Mental health screenings provide a pathway to early identification and intervention services. It is imperative to have a system in place for the mental health screening process. Mental health screenings can be implemented using a systematic tool or process with a large student population or with a smaller group of students. Qualified professionals help facilitate the process for screening and the data collection review so that necessary referrals are made promptly for further assessment, services, and supports (NCSMH, 2019).

2.4.6 Evidence-Based and Emerging Best Practices

SBMH services using evidence-based interventions and best practices within the tiers of supports increase access for students to effective practices and improve student outcomes. The NCSMH (2019) argues that, “It is important that the practice is based on population strengths and

needs, is culturally relevant, and can be implemented given current workforce capacity, cost, and organizational infrastructure" (p. 25). Further, use of evidence-based practices for staff wellness and school climate create positive adult experiences and has a positive impact on student mental health. Overall, this approach supports the individualization and personalization of services by matching established practices with student needs.

2.4.7 Data

It is critical to make data-driven decisions throughout the design, implementation, and assessment process of SBMH. Determining and using a data collection system in conjunction with readily available student data provides informative student-specific information about needed supports, progress monitoring, and outcomes (NCSMH, 2019). The use of multiple data sources helps match mental health interventions with student need and contributes to measuring outcomes for effectiveness. Such data helps SBMH teams navigate decisions about what strategies to implement next and how to adjust interventions as needed (Cowan et al., 2013). Moreover, the use of data systems to allow for easy collection, retrieval, and sharing among mental health team members enhances the use of reliable and valid data.

2.4.8 Funding Diversification

There are various ways that school districts can knit together the financial resources to offer mental health services to students. Leveraging diverse funding streams is imperative to the creation, capacity, and longevity of SBMH programs. Successful and sustainable SBMH programs receive funding from a variety of sources, such as project grants, federal block, legislative

earmarks, state funding, district funding, and third-party reimbursement (NCSMH, 2019). Blended or braided funding from multiple sources is the foundation of sustainable programs and services. Creating multiple and diverse funding streams help supports the capacity to offer a full continuum of services by engaging a variety of stakeholders and building financial sustainability (Lever et al., 2015). Being flexible and strategic with acquiring and designating funds contributes to the overall success of a comprehensive school mental health system.

2.5 Benefits of School-Based Mental Health

2.5.1 Psychological and Academic Outcomes

There is growing data to show the effectiveness and beneficial impact of SBMH services in schools. Studies of SBMH support the efficacy of service integration in the school setting (Sanchez et al., 2018). Over the past decade, documentation and data has shown the value of SBMH services on both long-term psychological outcomes and academic performance. Researchers have found improvements in students' self-awareness, social awareness, decision making, and relationship skills, as well as academic performance, including standardized testing (NCSMH, 2019). Also, SBMH services result in improvements in attendance, academic performance, student engagement, and feelings of school connectedness, while correlating with fewer special education referrals, disciplinary actions, and restrictive placements or in-patient hospitalizations (Center of Excellence for Children's Behavioral Health, 2015). Sanchez et al. (2018) found that school-based services delivered by school personnel had the largest effect to decreasing mental health problems for students receiving tier three or intensive intervention.

Sanchez et al. (2018) also discovered that integrating mental health services into students' academic instruction, targeting externalizing problems, and implementing the intervention multiple times a week had strong effect to decreasing mental health problems.

2.5.2 Accessing Care

Integration of SBMH services enhances access for all students by removing barriers to accessibility. The familiarity and convenience of the school setting as well as the ease of coordinating with insurance carriers supports accessibility (Doll et al., 2017). Parents are not required to take the student out of school or determine evening or weekend times for appointments, resulting in higher levels of access to care in schools than traditional community-based settings (NCSMH, 2019). Given the ease of accessibility, this encourages parents and students to seek mental health care and promotes a longer lasting commitment to following through with recommended treatments. Sanchez et al. (2018) found that, "Indeed, youth referred to school-based services are more likely than youth referred to community-based services to successfully engage and attend at least 3 sessions" (p. 153).

Additionally, access to SBMH services promotes early identification and intervention. Providing universal supports and targeted services at the onset of emerging mental health disorders helps to address problems early and link students to services and supports. Furthermore, early identification supports and treatment services result in less intensive and expensive provision of care (Humphrey & Wigelsworth, 2016). The NCSMH (2019) summarized the positive impacts: "Early identification and treatment are associated with positive outcomes for both students and society, including saving money by reducing the need for more costly and intensive psychological services" (p. 19).

2.5.3 Reducing Stigma

Stigma associated with mental illness impedes social relations, lowers self-esteem, and prevents individuals from seeking the care they need. Link et al. (2020) stated that, “The stigmatizing attitudes that may contribute to these problems begin early in life, and schools are important contexts in which mental health problems are experiences and stigma is enacted” (p. 2). Given that schools are an influential socializing institution, efforts to reduce stigma in schools by improving knowledge and attitude about mental illness are vital.

The natural setting of schools helps to decrease the stigma associated with mental health in a variety of ways. Providing services in a familiar setting helps students and families to avoid the stigma associated with receiving services in a medical setting (Doll et al., 2017). The comfort of being in the school setting encourages acceptance, understanding, and buy-in of needed services from students and families. Also, schools play a fundamental role in changing public attitudes and perceptions. Schools can further normalize mental health disorders by leveraging their ability to support prosocial interactions and experiences for and with people experiencing mental health disorders (Wahlbeck, 2015). Another avenue to confronting stigma is schools’ capacity to advocate against stigmatizing messages and to provide training and education to students, teachers, families, and the community about mental health literacy and wellness (NCSMH, 2019).

2.6 Barriers to School-Based Mental Health

2.6.1 Disconnection of Multiple Systems

One repeatedly identified barrier are the traditional siloes of school professionals and community-based agency professionals. Both sets of professionals have limited familiarity with each other's discipline, credentials, and expertise (Cowan et al., 2013). For example, school professionals follow educational laws (e.g., Individuals with Disabilities Education Improvement Act, Family Educational Rights and Privacy Act) to direct their sphere of work, engage their capacities, guide diagnostic abilities, and intervention procedures. Community-based professionals adhere to health care laws and regulations (e.g., Health Insurance Portability and Accountability Act) and may concentrate on providing service and treatment for specific areas or populations (Cowan et al., 2013). This naturally creates tensions and can undermine collaborative ownership into programs.

Doll et al. (2017) described these frictions occurring when members of student intervention teams hold divergent opinions, feel their professional expertise was undervalued, or believe their program ownership was challenged. Cowan et al. (2013) suggested effective partnerships consider the differences in use of terminology, confidentiality, diagnostic functions, information sharing, licensures, continuing education requirements, and funding. Additionally, integration of care in the school setting requires professionals and community-based professionals to build a sustainable collaborative partnership focused on continual design, implementation, evaluation, and adjustment of SBMH services (Doll et al., 2017).

2.6.2 Securing Funding

The cost of providing SBMH can be an obstacle for school systems. Insufficient national funding coupled with decreasing state and local funding is a challenge that school communities face in sustaining SBMH services. Implementation and sustainability can be costly, depending on schools' needs for investment of school professionals, trainings, and the array of evidence-based programs and resources. In the public school setting, families do not pay directly for educational and related services provided by schools (Behrens et al., 2012). This brings a complex dimension of third-party reimbursement to the financial infrastructure of SBMH. With third-party reimbursement, community-based professionals bill public programs (e.g., Medicaid) or private insurance carriers for reimbursement of various services.

A related difficulty can occur when a student in need of services is uninsured or when a community-based professional does not have appropriate credentials to provide service under certain insurance plans. Students in these scenarios are then unable to engage in the supports, so discovering alternative avenues to fund their participation is essential. The process of finding potential funding sources to support these needs can be laborious and time intensive for schools.

Given the dearth of stable national, state, or local funding, often SBMH is primarily funded through government or foundation grants. Relying on grant money is not a stable or consistent approach to funding long-term. Additionally, the effectiveness and need for SBMH is questioned when grant monies end and then, consequently, services also subside (Freeman, 2011). To develop and expand SBMH, securing long-term sustainable funding is a challenge. Schools must have the capacity to maximize third party reimbursement and pursue a blended funding strategy.

2.6.3 Federal, State, and Local Policies

Policy reform related to SBMH has increased in recent years, but not at the level needed to sustain program implementation across schools. The majority of policies and initiatives stem from federal offices such as the United States Department of Education (USDOE) and the Department of Health and Human Services (Kutash et al., 2006). Stemming from the USDOE, the Individuals with Disabilities Improvement Education (IDEIA) Act reauthorized in 2004 and the Every Student Success Act (ESSA) enacted in 2015 both acknowledge the importance of student health and wellness, including mental health. IDEIA has a narrow focus on students who have an identified disability, while ESSA legislation is aimed more broadly to support the mental health and well-being of all children and adolescents (Mental Health America, 2017). Both pieces of legislation contain language, guidelines, and regulations designed to address the challenge of student mental health well-being. Nonetheless, a major challenge with these pieces of federal legislation is the lack of specificity regarding concepts and structures for implementation of SBMH (Kutash et al., 2006).

Attempts to expand federal legislation to result in greater access to comprehensive SBMH services and supports have faced resistance for more than a decade. In March of 2015, the Mental Health Schools Act (MHSA) was introduced to amend the Public Health Service Act of 1944. Advocating for change based on public heath needs and building upon the Safe Schools and Healthy Students Program, MHSA promoted access to care through an efficient model of SBMH (Brueck, 2016). MHSA supported and promoted expanding funding, programming, professional development, training, and resources for mental health in schools. Even with a high level of endorsement and sponsorship, MHSA failed to gain the political momentum necessary for

adoption. Since 2007, five other legislative pieces similar to MHSA have been presented in Congress, each expiring in the same session in which they were introduced (Brueck, 2016).

Federal policies give little direction on achieving successful implementation and outcomes for SBMH, consequently impeding the capacity for state and local policy to provide robust promotion and policy coherence for SBMH. This results in state-level decisions being made about legislation and policy, causing a ripple effect that exacerbates equity and access issues of mental health care in schools. State-led efforts in this arena vary greatly across the nation.

Specific to Pennsylvania, the enactment of Act 71 in 2014 requires school entities to adopt specific practices related to suicide prevention and awareness (PDE, 2021). Additionally, Act 44 of 2018 mandates implementing certain elements of trauma-informed educational awareness and substance use awareness (PDE, 2021). These mandates and supportive measures trend toward progress in the arena of mental health. However, a need remains for federal, state, and local legislative actions to expand and support large-scale change aimed at improving the mental health of America's children and youth.

2.6.4 Perceptions and Stigma

Even though SBMH has been found to help destigmatize mental health, a gap remains between public perceptions and scientific knowledge about mental health. The NCSMH (2019) found that public discussion regarding mental health traditionally considers it an individual illness and does not view implications for social and public health. There is a need to improve public perception in understanding mental health as a public health issue. Expanding this perception will increase the acceptance and use of a full continuum of mental health strategies in schools, such as prevention, early intervention, and treatment (NCSMH, 2019).

Moreover, stigmatization of people with mental health disorders negatively influences the provision of mental health services. Stigma adversely influences the significance of mental health services, resource allocation, legislation advocacy, and funding streams. Stigma often manifests as discrimination and stereotyping of people with mental health disorders, furthering the knowledge gap. Wahlbeck (2015) determined that across cultures, "Overall, there is a lack of parity between mental and physical orders, in that people with mental disorders as well as the services they are provided are less valued" (p. 40). Stigma also limits staff, student, and parental acceptance of and willingness to actively support providing and participating in services.

2.7 Conclusions and Implications for the Inquiry Site

In summary, there is ample evidence that access to comprehensive SBMH services improves student learning and overall well-being. School systems are positioned as prime conduits for delivering services and advocating for mental health wellness as a public health priority. Even though the value of providing comprehensive SBMH services is evident and incontestable, implementation and sustainability of SBMH faces multifaceted barriers. The ultimate defense to battle these barriers is for school systems to commit to high levels of collaboration and partnership with all key stakeholders. To support the mental wellness of a community's children and adolescents, inclusion of all key stakeholders throughout design, implementation, and assessment of SBMH is critical. Authentic, engaging partnerships are essential to the development of effective and enduring SBMH programs.

To assist and support schools with developing SBMH programs, the use of professional development offerings and self-assessment strategies aligned with quality indicators of a

comprehensive school mental health system may be a tool for strategically identifying and supporting areas of improvement. The National School Mental Health Curriculum, a professional development learning series, was co-developed by the Mental Health Technology Transfer Center and the NCSMH. A corresponding self-assessment tool for schools, School Mental Health Quality Assessment-School (SMHQA-S), was developed by NCSMH with the purpose of increasing the quality and sustainability of comprehensive SBMH. These tools assess the readiness of schools to provide comprehensive SBMH, help identify areas of strength and need through quality indicators, and provide professional learning to support future growth.

This effort requires the engagement and participation of key stakeholders who have the agency and capacity to pursue recommended change efforts stemming from professional learning and self-assessment. However, key stakeholders may not be knowledgeable about evidence-based tools and may not have the depth of understanding or knowledge regarding comprehensive school mental health to be able to lead change efforts in this area. This study identifies key stakeholders as members of the elementary student support services team across the district. Thus, this study will explore the team members' experiences and responses to engaging with the National School Mental Health Curriculum and the SMHQA-S as a way to support continued development of a comprehensive school mental health system within the district.

3.0 Theory of Improvement and Implementation Plan

3.1 Theory of Improvement and Aim

The current study is rooted in an improvement science approach. Improvement science provides a methodic way of improving a system by defining problems, understanding problems, and utilizing tests of change to guide and produce improvement. Through the practice of improvement science, a theory of improvement is developed and an improvement aim frames the desired outcome (Hinnant-Crawford, 2020). Using an improvement science approach provides opportunity to evaluate a change idea and its efficacy in relation to the theory of improvement and improvement aim (Bryk, et al., 2015).

The theory of improvement for this study involves the engagement and participation of team members from the student support services teams across the three elementary schools in the district. The team members will engage in a process that ultimately improves school mental health systems and supports student mental wellness (see Appendix C). The aim for the study is to introduce team members to an evidence-based model for school mental health services. In order to support the aim, the overall theory of improvement is grounded in the idea of improving the participants' understanding of areas of comprehensive school-based mental health.

One particular component to facilitate change related to the theory of improvement is to improve the team members' understanding of comprehensive school mental health best practices and to develop capacity to engage as a stakeholder team in a school mental health systems self-assessment. This process contributes to the district's capability to lead school mental health improvement efforts by fostering aptitude and competence of team members from several building

locations. This approach also brings stakeholders together to focus on the development of systemic processes and coordination of evidence-based practices rooted in research. Further, this approach engages a variety of specific professional roles and harnesses the expertise and perspective of team members.

3.2 Inquiry Questions

The current study is an evaluation of an intervention to determine its function and contribution to preparing school teams to lead school mental health systems improvement efforts. The purpose of the study is to evaluate the team members' understanding of a comprehensive school mental health system and implementation process of using a self-assessment improvement tool for a comprehensive school mental health system. Exploring and evaluating these areas will help determine the value and implementation process for using the National School Mental Health Curriculum and the self-assessment School Mental Health Quality Assessment-School (SMHQA-S) as a district wide improvement tool.

The current study is based on the following inquiry questions:

1. How well do participants engage in the professional development module?
2. What do participants report about their participation in the professional development?
3. What suggestions do participants have about implementing the professional development in other schools?

Table 1 provides an overview of alignment between the inquiry questions and the data collection process.

Table 1. Alignment of Data Collection Measures with Inquiry Questions

Inquiry Question	Data Collection Process
1. Engagement	Based on author's direct observation during professional development session: • Percentage of participants who attended • Percentage of participants who remained for the duration of presentation • Percentage of participants who remained for the duration of presentation and completed the self-assessment questionnaire
2. Report of participation	Follow-up discussion led and facilitated by the author during the week following the professional development session • Analysis of notes from this meeting will reveal the participants' experience with and response to the professional development session
3. Suggestions for improvement	Based on the same follow-up discussion led and facilitated by the author during the week following the professional development session • A list of specific suggestions for improving implementation of the professional development offering

3.3 Participants

The participants engaging in the intervention include team members from the student support services teams across the three elementary schools in the district. The team members are school-employed mental health professionals, teachers, and administrators providing oversight for the work of the group. The participants may include representation from the elementary school psychologists, school counselors, special education teachers, general education teachers, and building principals. These team members are directly responsible for planning and delivering mental health prevention efforts and intervention strategies to elementary students.

There is a direct relationship between these participants and fully understanding and developing the problem of practice. Their collective and individualized expertise and knowledge

is essential to creating intentional and actionable change. Additionally, these members contributed to defining the problem of practice through feedback elicited during empathy interviews, semi-structured interviews, and surveys. They have identified areas for improvement and have intrinsic motivation for change. Given the district's resolve to support evolving student needs and to address the repercussions of the COVID pandemic on student mental health, there is a palpable momentum behind development and growth in this problem sphere.

Additionally, this group of participants has influence among other stakeholder groups, especially cross-departmentally in the district. There are established relationships between the participants and the K-4 professional staff and K-4 classified staff. These connections are present in each building and across buildings, fostering opportunity for supporting change in this area.

Further, the participants often engage in positive and helpful interactions with students creating a natural and authentic connection. This connection is also deeply present between the participants and parents. This level of connectedness and trust is essential in building effective and sustainable change for supporting student mental health. Participants have been identified as essential to this work given their high interest in this problem space. Overall, their ability to effect change for improvement in student mental health interventions facilitates creating comprehensive school mental health system.

3.4 Intervention

To begin the study, team members were invited to participate in the National School Mental Health Curriculum, Module Three: Needs Assessment/Resource Mapping. Team members completed the professional development module together during a scheduled department meeting.

The module included a recorded video presentation of a narrated PowerPoint. Appendix E shows the slides that comprise this professional development module. The team members then finished the professional development offering by completing the corresponding section on the self-assessment SMHQA-S, Quality Indicator Two: Needs Assessment/Resource Mapping. The participants responded to the self-assessment questions with a group response. The self-assessment questions are included in Appendix F.

3.5 Data Collection

The data collection plan included eliciting participants' responses and feedback at a group meeting during the week after the professional development session. The author conducted a group meeting at a scheduled meeting time for discourse and discussion to occur in regard to the intervention. The purpose of this meeting was to gather information about the implementation of the intervention to improve future offerings of the training. The questions that guided this conversation are as follows:

1. What did you like about the professional development session?
2. What aspects of the professional development session did you not like or find challenging?
3. Was the professional development easy to follow and understand?
4. Do you feel the time allotted for the professional development was an appropriate amount?
5. What information did you find most useful from the professional development session?

6. After participating in this professional development offering, are there other topics you want to learn more about?
7. What suggestions do you have for implementing this professional development session in other buildings across the district?

The professional development session and subsequent facilitated discussion were conducted in-person. The intervention and data collection process were repeated as shown in Table 2.

Table 2. Intervention Timeline and Data Collection

Location	Intervention Activity	Date	Anticipated Time
School 1	Professional Development Session	January 2022	1 hour
School 1	Facilitated Discussion	January 2022	40 minutes
School 2	Professional Development Session	January 2022	1 hour
School 2	Facilitated Discussion	January 2022	40 minutes
School 3	Professional Development Session	February 2022	1 hour
School 3	Facilitated Discussion	February 2022	40 minutes

3.6 Analysis of Data

Data analysis included a review of notes recorded separately from each follow-up facilitated group meeting. Review of notes occurred with the goal of identifying what participants report about their participation in the professional development training. Specifically, answers to each of the facilitator's questions were uploaded into a document and categorized according to topic. For example, one topic might be related to ease of use of the training and another related to topic relevance for the participants. Data was organized by school. As adjustments were made with

delivery of the intervention, the author looked for changes in responses to the questions across the three schools.

Overall, data analysis illustrated the participants' experience in engaging in the professional development offering and helped guide improvement for implementation of professional development. The resulting data was used to determine potential use of the National School Mental Health Curriculum as a resource to provide future professional development and use of the SMHQA-S as an improvement tool within the district. The study's recommendations for change are designed to inform local district planning efforts and contribute to program evaluation in the area of supporting student mental wellness.

4.0 Results

4.1 Study Results

The focus of this study was to evaluate the participants' understanding of a comprehensive school mental health system and the implementation process of improvement tools rooted in evidence-based research. Through the use of the National School Mental Health Curriculum and the SMHQA-S, the participants explored the value of these resources for improvement efforts within a professional development session. Data is reported collectively instead of divided out by separate sessions since the data collected across the three school buildings was consistent. The results of the study are organized and shared according to the following inquiry questions:

1. How well do participants engage in the professional development module?
2. What do participants report about their participation in the professional development?
3. What suggestions do participants have about implementing the professional development in other schools?

4.2 Inquiry Question 1

How well do participants engage in the professional development module?

This question was designed to assess the participants' level of engagement and time of engagement in the professional development session. Sixteen participants attended the professional development session. The number of participants who remained for the duration of

the presentation was 15 out of 16, or 94 percent of participants. Engagement was the same, with 15 out of 16, or 94 percent of participants remaining for the duration of the presentation and completing the self-assessment tool. Table 3 outlines the participation for each session.

Table 3. Participant Engagement

<table>
<tr><td colspan="3">Engagement</td></tr>
<tr><td>Indicator</td><td>Total Participation Across Sessions</td><td>Total Participation per Session</td></tr>
<tr><td>Percentage of participants who attended</td><td><table><tr><td>Count</td><td>%</td></tr><tr><td>16</td><td>100</td></tr></table></td><td><table><tr><td>Session</td><td>Count</td><td>%</td></tr><tr><td>1</td><td>5</td><td>100</td></tr><tr><td>2</td><td>5</td><td>100</td></tr><tr><td>3</td><td>6</td><td>100</td></tr></table></td></tr>
<tr><td>Percentage of participants who remained for the duration of presentation</td><td><table><tr><td>Count</td><td>%</td></tr><tr><td>15</td><td>94</td></tr></table></td><td><table><tr><td>Session</td><td>Count</td><td>%</td></tr><tr><td>1</td><td>5</td><td>100</td></tr><tr><td>2</td><td>5</td><td>100</td></tr><tr><td>3</td><td>5</td><td>83</td></tr></table></td></tr>
<tr><td>Percentage of participants who remained for the duration of the presentation and completed the self-assessment questionnaire</td><td><table><tr><td>Count</td><td>%</td></tr><tr><td>15</td><td>94</td></tr></table></td><td><table><tr><td>Session</td><td>Count</td><td>%</td></tr><tr><td>1</td><td>5</td><td>100</td></tr><tr><td>2</td><td>5</td><td>100</td></tr><tr><td>3</td><td>5</td><td>83</td></tr></table></td></tr>
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4.3 Inquiry Question 2

What do participants report about their participation in the professional development?

This inquiry question evaluated the participants' experience with and response to the professional development session. Six questions were asked to guide the discussion. Analysis of

notes from the follow-up discussion revealed the experience of participants. The participants' responses were synthesized across groups for commonalities, and substantial dissimilarities were reported. Table 4 provides a summary of the common themes for each question that participants discussed.

Question 1 asked participants to describe what they liked about the professional development session. Common trends across the participants' responses included finding value in the use of the structured self-assessment, completing the session with a team approach, and the provision of dedicated time to focus on concepts of mental health. One participant shared, "It was beneficial to have time set aside to think about it. Process it and talk about it as a team."

Participants also commented that having a focus on student mental health meets a great need given the evolution of student mental health and the impact on the school experience. A participant shared that over the course of the participant's career, discussing and planning for student mental health has not happened before. Another participant expressed that there has not been an evaluation or process to assess mental health supports and services, and this is a much-needed focus for the district.

Question 2 explored aspects of the professional development session participants found challenging or did not like. Participants identified that the terminology and the readability of the self-assessment were at times challenging to understand and process. Also, participants discussed the desire for the National School Mental Health Curriculum module to provide more specific examples or case studies in relation to conducting needs assessment and resource mapping in a school setting. One participant described this need by saying, "I related the most to the case study examples and wish there was more included in this presentation." Another participant commented that the visual images were difficult to view during the presentation due to color contrast.

Assessing the ease of use and clarity of presented information was the purpose of Question 3. The participants responded that the material was easy to follow and understand. There was also a trend in responses of wanting to further engage in learning about mental health supports and the tools used in the professional development session. Several participants expressed a desire to continue using the presented resources. In addition, these participants asked for future sessions to be provided to continue discussion, learning, and planning. All participants agreed that they would like to be involved in future professional development and planning efforts.

Participants were asked to evaluate the appropriateness of the allocated time for the professional development session in Question 4. Collectively, participants felt that time dedicated to the video module was appropriate and that additional time to discuss the self-assessment tool as a team would be beneficial. Participants also appreciated that the SMHQA-S was presented and completed with a team approach. A participant commented, "By having a variety of roles involved in this discussion, we were able come together and bring different aspects and perspectives to the questions on the self-assessment."

Question 5 asked participants to share what information they found most useful and relevant to their understanding and practice. The participants responded that learning about the importance of and how to complete a needs assessment in the area of mental health services is relevant and useful. Participants also acknowledged their understanding deepened in relation to the purpose and design of a resource map in the area of school mental health. Further, participant discussion showed specific learning points when group members discussed concepts like strategic abandonment, team diversification, comprehensive system, continuum and tiers of services, and universal screener.

Several participants acknowledged that a needs assessment had not been conducted since the start of their employment but that they see high value in this being completed. One participant said, “This would give us an idea of what we have, don’t have, and we would be able to reallocate resources with purpose instead of just adding more.” Another participant added this would be best completed through an intentional process that involves a team of people. Also, participants talked about the importance of having a resource list that is current, easy to maintain, and shared. A participant captured this need by commenting, “I have a list of outside providers to give to parents. But this is only my list that I have changed over the years. It is hard to keep current. It would help if the community resource list was universally used across the district and centrally maintained.”

Determining additional professional development topics that participants want to learn further about was asked through Question 6. Participants discussed the need for professional development on supporting student mental health with a multi-tiered system of support approach. They specifically identified the need for learning more about effective practices in a tiered approach, especially with Tier 2 and Tier 3 interventions. Discussion responses also included the idea that dedicated time for professional development is needed in this area and indicated having a core team at the building level to guide progress would be essential.

Participants discussed the idea of developing a roadmap or reference guide to follow for determining mental health needs and appropriate services. They described this as a “roadmap for tiers of support.” Another shared theme participants discussed was the need and desire for increasing students’ access to therapeutic supports. In regard to this need, a participant stated, “In many situations we come up short with support for students and families because we don’t have access to therapeutic supports. School staff can’t do it all, especially for complex students that need case management.”

Table 4. Common Themes of Participant Experience

Participant Experience	
Question	Common Themes
1	Dedicated Time Needs Assessment Teaming Approach
2	Readability Case Studies
3	Useability Expand Learning
4	Teaming Approach Additional Time
5	Conducting Needs Assessment Design of Resource Mapping Continuum of Services
6	Multi-tiered System of Support Dedicated Time Teaming Approach

4.4 Inquiry Question 3

What suggestions do participants have about implementing the professional development in other schools?

This question was asked of participants with the goal of generating specific suggestions for improving implementation of the professional development. If possible, the suggestions were put

into action for the next PDSA cycle to test improvement. Suggestions were gathered for future professional development implementation within the district.

Participants involved in the first professional development session shared that it would be helpful to receive a copy of the National School Mental Health Curriculum Module 3 PowerPoint and a copy of the SMHQA-S in advance of the professional development session. The author of this study was able to implement this improvement suggestion in the second cycle. Copies of the resources being presented were shared with session two participants through email three days in advance of the meeting. The result of this improvement suggestion was evident in participant response during the follow-up discussion. Participants who engaged in the second iteration of this study shared that the intentionality behind providing the resources prior to professional development helped the team have a shared focus and foundational level of knowledge. Participants described that this helped the group maximize time together. These points were shared in the first question related to participant experience about what they liked about the professional development. This improvement change was also carried forward for the participants in session three.

Session two participants suggested dedicating more time to the professional development session and including an additional general education teacher representative. This group specifically described the potential value of including one general education teacher representative from grades Kindergarten through 2 and grades 3 and 4 since teachers of these grade bands may bring different perspectives based on students' development and age. Another suggestion was to include a paraprofessional staff representative due to their direct role with supporting students.

The author of this study was not able to implement the suggestion of providing more time to this professional development or expanding the team to include a paraprofessional due to the

time constraints of the participants' work schedules. However, the author was able to implement the improvement change of including an additional general education teacher representative with the third iteration of this study. Similar to the participant response in the prior session, the session three participants recognized the benefit of an additional general education teacher representative and expressed this in response to Question 1 regarding aspects they liked about the professional development. Overall, the specific suggestions for improving implementation of the professional development are shown in Table 5.

Table 5. Improvement Suggestions

Improvement Suggestion		
Improvement Suggestion	Implemented in Study	Not Implemented in Study
Providing a copy of resources being used in advance of training	X	
Allocating more time to complete professional development session		X
Including a general education teacher representative from each grade ban (K-2, 3-4) on the team	X	
Including a paraprofessional staff representative on the team		X

4.5 Results Summary

The intentional design of the professional development session contributed to participants' understanding of a comprehensive school mental health system and of a needs assessment and resource mapping process. The use of the National School Mental Health Curriculum and the SMHQA-S supported participants' engagement and experience with evidence-based improvement tools. The participants' attendance and engagement for the duration of the study were high. Participants' responses highlighted their individual and collective understanding and their improved knowledge of a comprehensive mental health system. The participants' responses indicated that they found value in the professional development session, and they expressed a desire to continue improvement work in this area. Suggestions for improvement were actionable and transferable to this study and future district endeavors. Overall, this study produced applicable improvement for participants and for informing local district planning efforts.

5.0 Discussion and Implications

5.1 Discussion

This study examined the participants' understanding of a comprehensive school mental health system and introduced team members to an evidence-based model for school mental health services. Using the National School Mental Health Curriculum and the SMHQA-S provided participants the opportunity to explore and evaluate the value and implementation process of these tools. The findings and implications for practice directly relate to the study's initial inquiry questions:

1. How well do participants engage in the professional development module?
2. What do participants report about their participation in the professional development?
3. What suggestions do participants have about implementing the professional development in other schools?

5.1.1 Inquiry Question 1

How well do participants engage in the professional development module?

5.1.1.1 Interpretation of Results

The study revealed that participants had a high level of engagement in the professional development. The level of engagement across sessions was high with attendance at 100 percent and additional indicators of engagement at 94 percent. Additionally, all team members returned

for the follow-up meeting to discuss their experience with the professional development session. The data in this area of the study shows that participants are interested in discussing and learning about the topic of comprehensive school mental health. It can also be concluded that involving professionals from various roles contributed to the dynamic of engagement with this study.

5.1.2 Inquiry Question 2

What do participants report about their participation in the professional development?

5.1.2.1 Interpretation of Results

Findings suggest that participants liked the professional development session and found the material to be meaningful and relevant to their professional work. Results indicate that the participants benefited from the dedicated time to meet as a team. Using evidence-based tools in conjunction with a teaming approach received positive feedback. Results reveal that participants identify completing a needs assessment and resource mapping initiative as an initial priority. Further, findings show that participants have a need and desire to learn more about comprehensive school mental health concepts and models for offering a continuum of services.

5.1.3 Inquiry Question 3

What suggestions do participants have about implementing the professional development in other schools?

5.1.3.1 Interpretation of Results

Participants during each session suggested ideas that would improve the implementation of the professional development in other schools. The strategies generated were different in each session. The findings suggest there is a link between the improvement ideas and enhancing engagement and strengthening understanding for future participants. Data shows participants valued the concept of a multi-disciplinary team and structuring sessions to develop deeper knowledge of concepts. The suggestions for improvement that were implemented produced meaningful and positive change in this study.

5.2 Implications for Practice at the Inquiry Site

It is essential to student well-being that school districts intentionally plan for comprehensive mental health services as mental health needs in children and youth across the United States have reached a critical point. The COVID-19 pandemic has exacerbated this mental health crisis, and providing school mental health support must be a priority to combat immediate and long-term adverse effects of the pandemic for students (U.S. Department of Education, 2021). The findings of this study shaped specific recommendations for the inquiry site to increase high-quality, evidence-based mental health services for all students in the district. The recommendations can also be applied to other districts and used as actionable strategies to strengthen and expand access to services for children and youth.

Developing and fostering knowledge and understanding is a foundational step for the inquiry site. Administrators should explicitly plan for professional development focused on mental health literacy and a comprehensive school mental health system for all staff. In addition, the study

revealed the need for all staff to develop a thorough sense of the multi-tiered systems of supports model, especially in the construct of student mental health. Engaging in training on the topic of multi-tiered supports locally or through state offerings would be beneficial to development of systems and supports.

In regard to teaming development, it is essential to create and support a multi-disciplinary teaming approach in each building and across the district. It is recommended that each district building establish a team of professionals to focus on school mental health improvement. The professionals should represent a variety of roles, including school psychologist, school counselor, special education teacher, general education teacher, building administrators, and central office administrators. Building-level teams should include multiple general education teacher representatives based on grade ban or content area. Further, including a paraprofessional representative on the team will bring additional value and diversification. Consideration should be made to engaging classified staff, parent representation, and community providers when relevant and appropriate to understanding and planning change efforts. Expanding the team will help to elicit diverse perspectives and strengthen capacity for change within the buildings and across the district.

These teams should meet on a regular basis at the building level and also collectively as a district team to ensure alignment with the process and implementation of change efforts. Since school mental health services is an expansive and multi-faceted area of school health, a central office administrator(s) should lead the teams and serve as district point of contact. An appropriate amount of time during the school day should be established and dedicated for team meetings. Time should allow for intentional discussion and deep thinking for participants while fostering a teaming approach. Preparing participants in advance of a team meeting and professional development

session will cultivate focus and a common understanding of the learning. Providing the agenda outline, purpose, and brief introduction to general concepts and guiding resources before meetings will facilitate learning and focus.

The building-level teams and district-level team need access to evidence-based tools and technical assistance to further their capacity to initiate and sustain change efforts. All building-level teams in the district should complete the eight modules of the National School Mental Health Curriculum and the corresponding sections of the SMHQA-S as a starting point for conducting a needs assessment and building a resource map. The results of the SMHQA-S will create a building-level needs assessment and also a collective a district-level needs assessment. Based on these results, teams will plan accordingly to improve access to mental health services for all students.

While completing the SMHQA-S, the teams should make use of the School Health Assessment and Performance Evaluation System (SHAPE), which is a web-based platform that offers a workspace and targeted resources to support school mental health quality improvement. The SHAPE will house the self-assessment results and provide teams access to a vast amount of evidence-based planning tools. Teams should use the SHAPE dashboard to receive customized planning reports, complete strategic planning efforts, and track implementation progress. Simultaneous to the needs assessment work, the district-level team should develop a resource list of community providers that is accessible to identified staff and devise a system for keeping the document current.

In addition, the district-level team should explore and implement the use of a universal screener in the area of social and emotional health. This screener will identify students in need and create alignment between need and services. A universal screener will help in developing better methods of identifying, evaluating, and treating students' needs. It will facilitate early

identification of students and provide opportunity for intervention for students at risk. The process and results of a universal screener can also drive focus for professional development and expansion of evidence-based services.

Further, there is a need for the district to partner with community-based mental health providers to broaden understanding of child and adolescent needs and services. As a component to providing a continuum of services, the district should pursue a partnership and contract with a community provider to deliver therapeutic Tier 3 services to students. This partnership and contract should include specifics and expectations for the referral process, treatment process, communication systems, and maintenance of confidentiality. In addition, the contract should include provisions for funding for noninsured students and additional supportive roles of the therapist, such as attending student assistance meetings, providing professional development to staff, or enhancing Tier 1 supports. The first step in this process is to interview local community providers while collaborating with the County School Based Liaison for support and guidance.

Moreover, there is a need for an initiation of additional partnerships to bring a well-developed understanding of current student mental health needs in schools. It is recommended that the district develop partnerships with other school districts that employ exemplar models of school-based mental health services and systems for the purpose of benchmarking. These partnerships should be explored at the local, national, and international level. District-level team members would engage in the process of benchmarking and contribute to improvements within the district based on their findings.

Likewise, to expand the district's ability to dismantle the barrier of stigma and advocate for policy and funding changes, initiating and facilitating a roundtable of internal and community stakeholders is recommended. The roundtable should meet quarterly and allow for dialogue on the

topic of student mental wellness. Participants will share expert knowledge and relevant advice while providing a space for the exchange of ideas on the topic of mental health.

Overall, the recommendations for the inquiry site should be implemented over a span of several years to ensure intentionality and sustainability. Table 6 shows a timeline for implementing the change recommendations at the inquiry site over a three-year period.

Table 6. Implementation at the Inquiry Site

Implementation at the Inquiry Site		
Year 1		
Recommendations	**Timeframe**	**Resources Needed**
Provide professional development in the areas of mental health literacy and multi-tiered supports	August-June Three times a year provide professional development offering to all staff during scheduled in-service days	District funds or grant funds for professional development
Develop building-level teams/district level team Meet as a building-level and district-level team	September-April Building-level teams --Meet monthly during the school day for half day District-level team -Meets quarterly for a half day	Substitutes needed for all participants for half-day coverage District meeting space/location to accommodate participants
Complete all modules of National School Mental Health Curriculum and SMHQA-S using SHAPE	September-April Complete during monthly meetings	Access to SHAPE web platform (no cost)
Develop district wide resource community provider reference guide	December-February Devise after module on Needs Assessment/Resource Map is completed Complete during monthly and quarterly meetings	Collaboration with community providers
Construct building needs assessment and resource map	May-August Complete during monthly and quarterly meetings	Workshop pay during summer months for specific team members involved

Table 6 continued

Construct district needs assessment and resource map	Continue work throughout summer months	
Establish partnership for consultative technical support	<u>September-January</u> Explore partnerships at regional and state level Develop contract with consultant <u>January-August</u> Consultant attends district-level meetings and collaborates with central office admin as needed	District funds or grant funds may be needed for securing consultant agreement
Develop partnership with a community provider to deliver a school-based mental health model	<u>January-February</u> Conduct interviews <u>March</u> Develop contract with selected provider <u>April-August</u> Collaborate and plan for implementation	Time of central office administrators and selected building-level representatives for interviews and collaborative planning District funding or grant funding for additional services not covered by third-party insurance
Year 2		
Recommendations	**Timeframe**	**Resources Needed**
Continue providing professional development in the areas of mental health literacy and multi-tiered supports	<u>August-June</u> Two times a year provide professional development offering to all staff during scheduled in-service days	District funds or grant funds for professional development
Continue work of building-level and district-level team	<u>September-June</u> Building-level teams --Meet monthly during the school day for half day District-level team -Meets quarterly for a half day	Substitutes needed for all participants for half-day coverage District meeting space/location to accommodate participants
Continue consultative technical support to teams	<u>September-August</u>	District funds or grant funds may be needed for consultant fees

Table 6 continued

	Consultant attends district-level meetings and collaborates with central office admin as needed	
Research and select universal screener	<u>September-January</u> Research universal screeners Develop a pilot implementation plan for Spring <u>February-June</u> Implement pilot plan Assess effectiveness and develop plan for expansion	District funds or grant funds to purchase universal screener, professional development, and supporting materials
Implementation of school-based model to include community provider direct service	<u>September-August</u> Based upon projected student need, therapist coverage would be assigned to each building during the school week, scale up as needed	Time of central office administrators and selected building-level representatives for collaborative planning District funding or grant funding for additional services not covered by third-party insurance
Develop and facilitate roundtable	<u>September-January</u> Determine roundtable participants Determine focus for first discussion prepare for first roundtable <u>February-April</u> Host first roundtable meeting during school day, plan for 1-2 hours in length	Substitutes needed for roundtable participants District meeting space/location to accommodate participants

Table 6 continued

Year 3		
Recommendations	**Timeframe**	**Resources Needed**
Continue providing professional development in the areas of mental health literacy and multi-tiered supports	August-June Two times a year provide professional development offering to all staff during scheduled in-service days	District funds or grant funds for professional development
Continue work of building-level and district-level team Complete SMHQA-S to assess progress and complete further improvement planning	September-June Building-level teams --Meet monthly during the school day for half-day District-level team -Meets quarterly for a half day	Substitutes needed for all participants for half-day coverage District meeting space/location to accommodate participants
Continue consultative technical support to teams	September-August Consultant attends district-level meetings and collaborates with central office admin as needed	District funds or grant funds may be needed for consultant fees
Implement universal screener district wide	August-June Administer to student K-12 two times a year	District funds or grant funds to purchase screener, professional development, or supplemental materials
Implementation of school-based model to include community provider direct service	September-August Based upon projected student need, therapist coverage would be assigned to each building during the school week, scale up as needed	Time of central office administrators and selected building-level representatives for collaborative planning District funding or grant funding for additional services not covered by third-party insurance

Table 6 continued

Continue to facilitate roundtable	<u>September-June</u> Determine roundtable participants Determine focus for roundtables Meet quarterly throughout the year	Substitutes needed for all roundtable participants District or community meeting space/location to accommodate participants

5.3 Implications for Practice at the State and Federal Level

It is a pivotal moment in time for school systems to reconceptualize how to provide comprehensive mental health supports and services. To reform the current landscape, support from the state and federal level is key. The federal, state, and local levels must converge with shared purpose to integrate current research with the practice of prevention and intervention in school systems.

Given the far-reaching impact of mental health, legislative requirements will support implementation of services in school systems and increase access for all students. Clear legislation and policies will help support consistent and comprehensive approaches to support mental health in schools. Leveraging policy and funding will help close the gaps to accessing services for students.

Legislative efforts must focus on improving the quality and accessibility of services to students. Provisions within the legislation must relate to building the capacity of personnel and increasing access to services for students. Requiring ongoing professional training and the development of a partnership between mental health providers and school districts will create sustainable change. Legislation that supports increasing the number of school mental health

providers and requiring direct mental health services to be delivered in schools through evidence-based practices will contribute to effective model development.

One avenue to making legislative change is to expand upon current federal programs like Substance Abuse and Mental Health Services Administration or Safe and Supportive Schools to help connect mandates to schools in a meaningful and swift manner. Implementing provisions through law can also be achieved through state legislation. As seen with Act 71 and Act 44 in Pennsylvania, this work can be accomplished through mandates related to personnel, resource allocation and local policy. State policies are needed to provide guidance for local schools while giving flexibility to meet the specific and contextual needs of their student population.

The passing of legislation must also entail allocation of funding to support implementation of the law. Federal and state funding must be directed toward hiring school mental health providers and expanding school-based partnership services. Federal and state funding should also be available to support the implementation of professional development and training for personnel. Allocating direct funding and grant monies will put legislative mandates into action. The allocations of funds can help remove barriers for students and families. For example, funding can be used to remove the eligibility requirements such as insurance, so students receive interventions earlier.

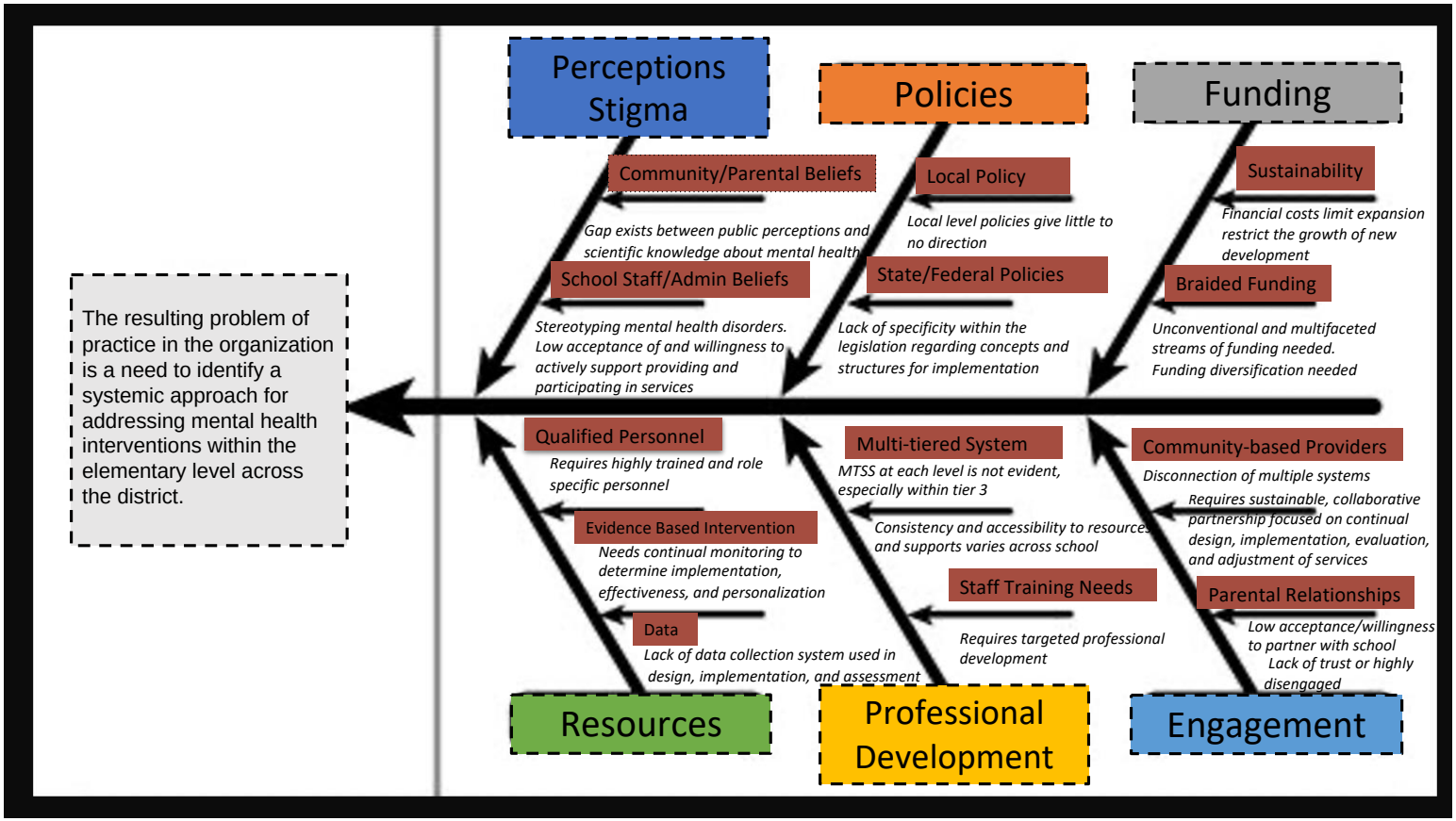
Moreover, coordinating federal, state, and local resources to create an appropriate funding stream for school mental health services is critical. An appropriate funding stream ensures long-term programming and increases the likelihood of students receiving needed services. One example of this coordination is for schools that allocate a certain percentage of local funding for progressive mental health approaches to be eligible for additional state or federal grant opportunities.

Another way to coordinate efforts is to devise a statewide task force that is focused on understanding the barriers to developing comprehensive mental health school systems. The statewide task force would focus on understanding funding needs, policy needs, and reviewing existing approaches compared to effective practices. This task force would then make recommendations for improving mental health programs and services within schools. This would be a driver for additional legislative, funding, and local policy development.

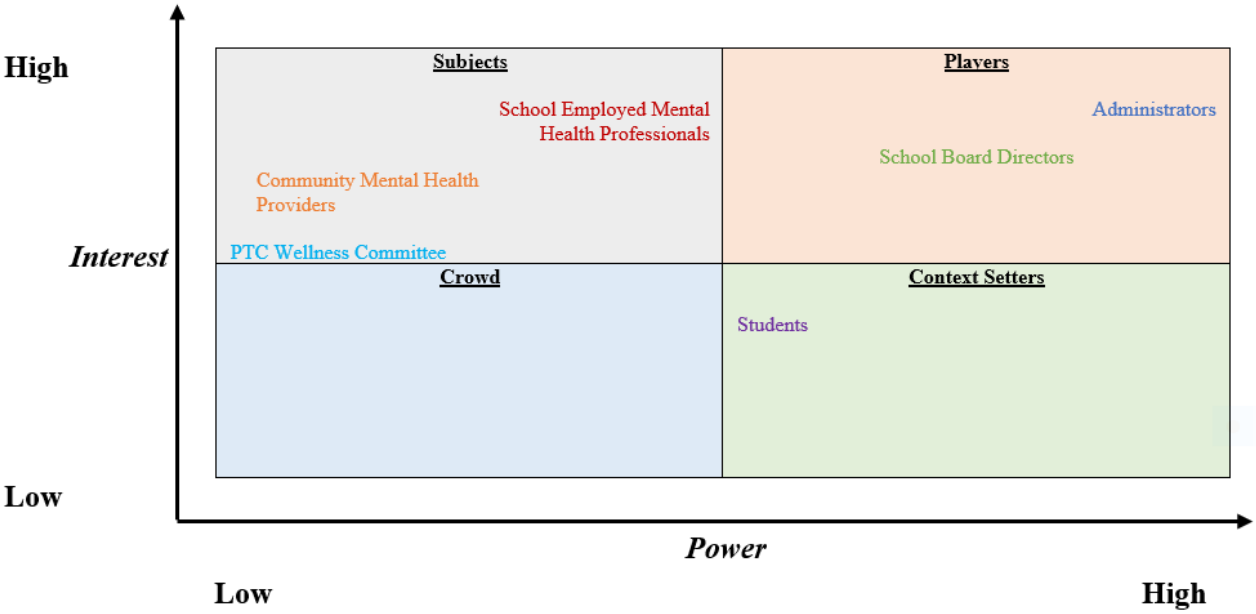
5.4 Conclusion

Schools are increasingly called upon to provide for the holistic well-being of students. To deliver effective and skilled services and supports, schools must build and sustain comprehensive mental health systems using evidence-based practices and resources. The intended aims of this study were met by introducing participants to an evidence-based model for school mental health services. The participants engagement through the professional development session also increased their understanding of comprehensive school mental health effective practices and supported a teaming approach with completion of a self-assessment tool. The specific use of the National School Mental Health Curriculum and the SMHQA-S cultivated meaningful outcomes and provided participants with useful evidence-based resources for continued program evaluation and improvement planning. The study's key findings and recommendations will inform local district planning and contribute to improvement in the area of supporting student mental wellness.

Appendix A Fishbone Diagram

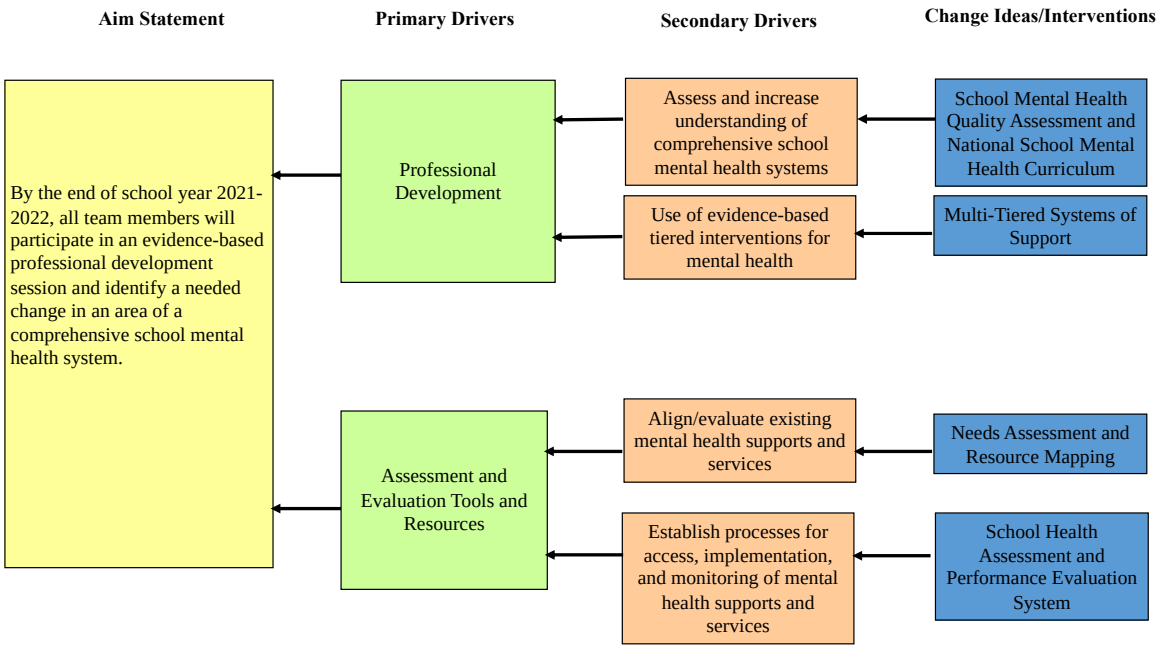


Appendix B Power Versus Interest Grid

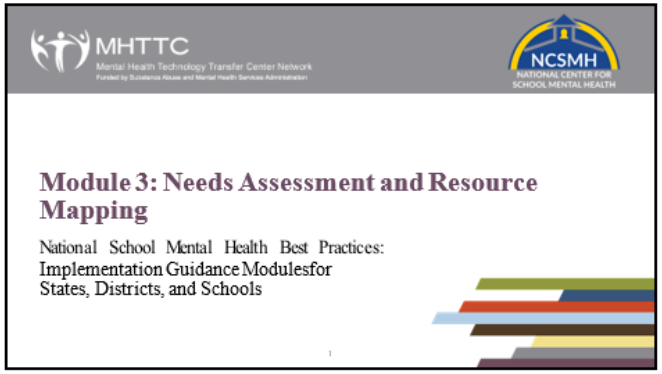


Note: Adapted from "Working with Evaluation Stakeholders: A Rationale, Step-wise Approach and Toolkit", by J.M. Bryson, M.Q. Patton, and R.A. Bowman, 2011, *Evaluation and Program Planning, 34,* p. 5. Copyright 2010 by Elsevier Ltd.

Appendix C Driver Diagram



Appendix D National School Mental Health Curriculum Module Three: Needs Assessment/Resource Mapping



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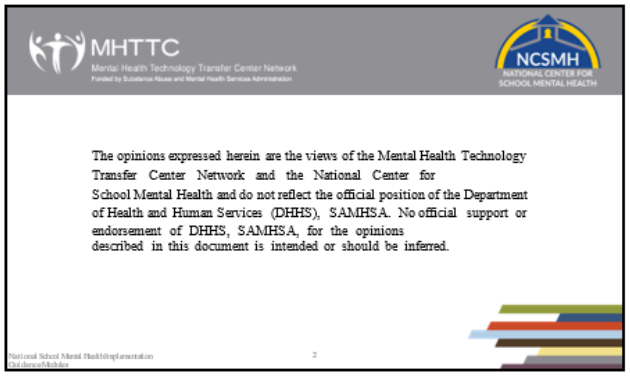

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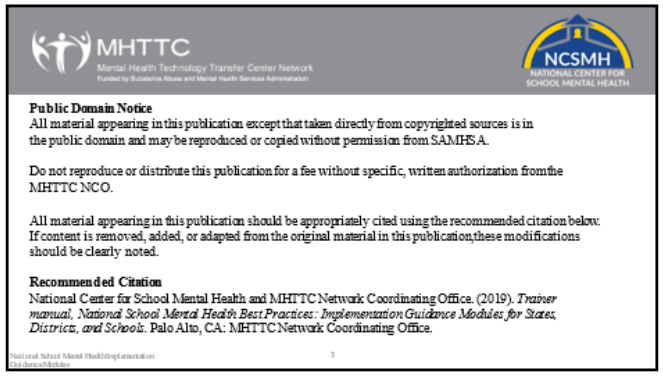


3

4

What Is a Needs Assessment?

A collaborative process used by a system to identify:

- gaps between current and desired conditions
- system strengthsin

an effort to:

- clarify priorities
- inform quality improvement
- advance action planning

5

Why Conduct a School Mental Health Needs Assessment?

Allows a district or school to:

- Identify and address mental health needs that are the most pressing.
- Understand how well existing services and supports are meeting student needs.
- Identify and leverage system strengths.
- Inform priorities and actions for school mental health programming.

6

What Is Resource Mapping?

An active process to **identify, visually represent, and share information** about internal and external supports and services to inform effective utilization of assets.

7

Value of Resource Maps

- Identify valuable local resources.
- Improve awareness and access.
- Enhance communication and collaboration.

8

How Do Needs Assessment and Resource Mapping Fit Together?

- Needs assessment identifies the pressing strengths, needs, and challenges in a system.
- Resource mapping offers a clear representation of resources available to address identified needs or enhance identified strengths.

9

Quality Indicators

Needs Assessment and Resource Mapping

- Assess student mental health needs.
- Assess student mental health strengths.
- Use needs assessment results to select, plan, and implement services and supports.
- Conduct resource mapping to identify existing services and supports.
- Use resource map to select, plan, and implement services and supports.
- Align existing services and supports.

10

Needs Assessment Topics

- Student stressors and mental health concerns
- Knowledge of mental health supports in school
- Preferences for different types of mental health and wellness services
- Usage of and satisfaction with current mental health and wellness services
- Feedback and recommendations about current mental health and wellness services provided in school

11

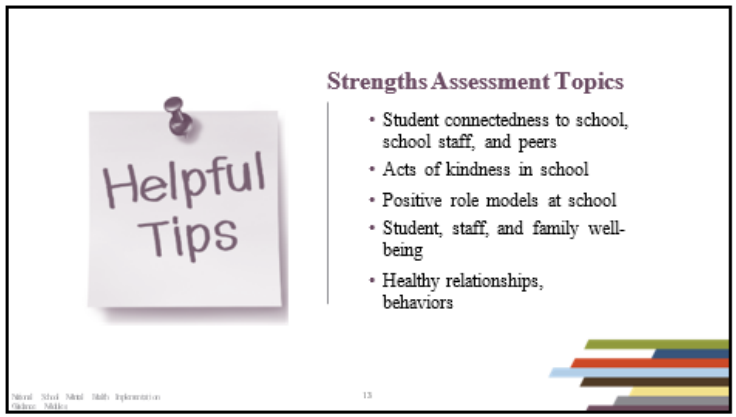
Quality Indicator

To what extent did your district/school use best practices to **assess student mental health needs**?

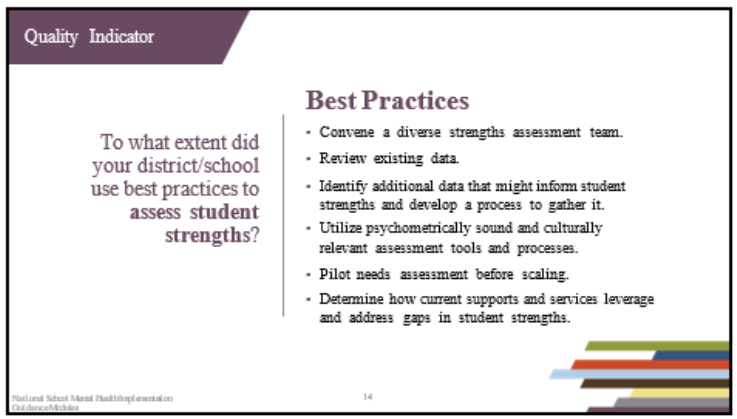
Best Practices

- Convene a diverse needs assessment team.
- Review existing data.
- Identify additional data that might inform studentneeds and develop a process to gather it.
- Utilize psychometrically sound and culturally relevant assessment tools and processes.
- Pilot needs assessment before scaling.
- Focus data collection on determining the most pressing needs and how well current services andsupports are meeting those needs.

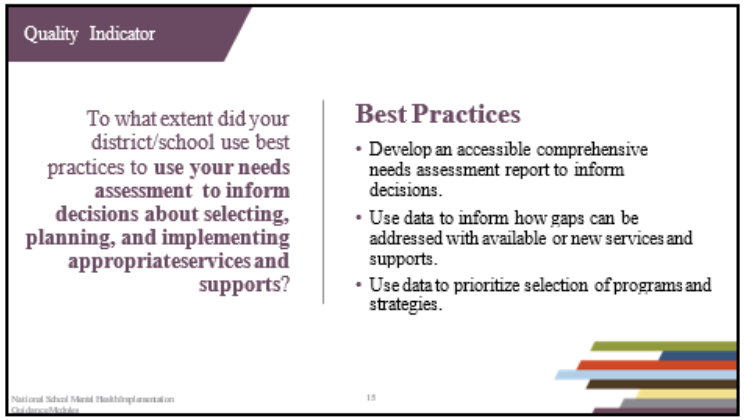
12


Helpful Tips
Strengths Assessment Topics
• Student connectedness to school, school staff, and peers
• Acts of kindness in school
• Positive role models at school
• Student, staff, and family well-being
• Healthy relationships, behaviors

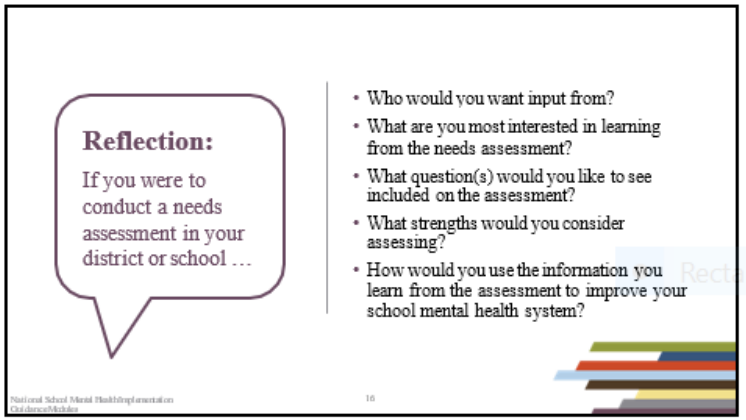
13


Quality Indicator
To what extent did your district/school use best practices to assess student strengths?
Best Practices
• Convene a diverse strengths assessment team.
• Review existing data.
• Identify additional data that might inform student strengths and develop a process to gather it.
• Utilize psychometrically sound and culturally relevant assessment tools and processes.
• Pilot needs assessment before scaling.
• Determine how current supports and services leverage and address gaps in student strengths.

14


Quality Indicator
To what extent did your district/school use best practices to use your needs assessment to inform decisions about selecting, planning, and implementing appropriateservices and supports?
Best Practices
• Develop an accessible comprehensive needs assessment report to inform decisions.
• Use data to inform how gaps can be addressed with available or new services and supports.
• Use data to prioritize selection of programs and strategies.

15


Reflection:
If you were to conduct a needs assessment in your district or school …
• Who would you want input from?
• What are you most interested in learning from the needs assessment?
• What question(s) would you like to see included on the assessment?
• What strengths would you consider assessing?
• How would you use the information you learn from the assessment to improve your school mental health system?

16

Quality Indicator

To what extent did your district/school use best practices to **conduct resource mappingor have access to an updated resource map or guide to identify existing school and community mental health services and supports**?

Best Practices:

- Use multiple sources to identify existing resources.
- Create and foster school-community partnerships to ensure ongoing communication.
- Develop a user-friendly, updated, comprehensive resource map or guide.
- Include target outcomes and evidence of impact.
- Ensure the resource map is accessible to diverse stakeholders.
- Establish a process to regularly evaluate, update,and improve the map or guide.

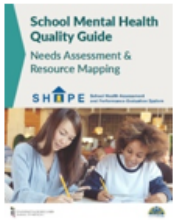
17

Resources

School Mental Health Quality Guide: Needs Assessment and Resource Mapping

Provides guidance to advance school mental health quality and sustainability

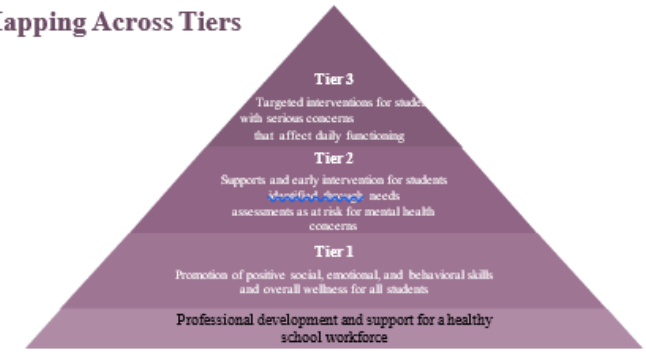
Includes:
- Background
- Best practices
- Action steps
- Examples from the field
- Resources



NCSMHI, 2020

18

Mapping Across Tiers



19

Reflection:
What services and resources will be mapped?

Considerations:

- What kind of services and resources do youwant to map?
  - Available in the school building, and/or available in the community?
- What are your inclusion criteria?
  - Neighborhood, community, district, state, national
  - Distance from school (e.g., within 5 miles, 10 miles)
  - Resources across the full 3-tiered framework
- What other guidelines do you want to placeon your team's mapping process?

20

School Example

One Midwestern high school with approximately 1,700 students conducted a team-based resource mappingprocess to assess behavioral health capacity and resources currently available inside and outside the school. Their process revealed the following:

- A lot of support is available in the school, but students, families, and staff are often unaware of the services and how to access them.
- Tier 1 and Tier 2 services and supports are available, but limited.
- Tier 2 and Tier 3 services and supports from the school-based health center can be better utilized.

21

Quality Indicator

To what extent did your district/school use best practices to **use an updated resource map or guide to inform decisions about selecting, planning, and implementing** appropriate services and supports?

Best Practices

- Pair needs assessment data with a resource map to consider how needs can be met with existing supports and services.
- Reduce or abandon supports and services that lack evidence of impact.
- Identify areas of need not adequately addressed and consider how to address unmet needs.

22

Resources

Resource Map of School-Based Providers

Roles of School Based Mental Health Professionals

A reference to better understand the roles of school based mental health professionals and the services they provide

Person/Position	Availability	Contact	Students Served	Unique Roles
"John Doe Dean of Student Support	Mon – Fri 8:30 – 3:30	johndoe@gmail.com	ALL	Provide student and staff support for restorative processes
Jane Doe, LCSW-C BCPS School Social Worker	Fri 8:30 – 3:30	janedoe@bcps.k12.md.us	All students, but must meet all outline IEP requirements (Can meet with any student 1-2 sessions before guardian consent)	Home-school-community liaison
Johnny Appleseed, Ed.S., NCSP BCPS School Psychologist	Fri 8:30 – 3:30	jappleseed@bcps.k12.md.us		Conduct psychological and academic assessments for IEP, individualized instruction and academic interventions, support student academic achievement (Services provided for 6-8 weeks)
Mr. Smith, M.A. UM School Mental Health Clinician	Tues 8:00 – 4:00 Wed 8:00 – 2:00 Fri 8:30 – 4:00	mrsmith@bmore.edu (410) 840-2121	General education students with consent from guardian (Can meet with any student 1-2 sessions before guardian consent)	Prevention activities, early intervention, classroom observations and presentations, conflict mediation, medication management (with UM SMH Psychiatrist)
Mrs. Smith, B.A. UM School Mental Health Extern	Tues 8:00 – 1:30 Thurs 8:00 – 4:00	mrssmith@umab.edu		

Not a Mental Health Professional and also below do not apply

Roles of ALL School Based Mental Health Professionals:

- Crisis intervention (i.e. danger to others or self)
- Assess emotional and behavioral disorders
- Provide evidence-based social/emotional/behavioral interventions for children and families
- Conduct individual, family, and group therapy
- Monitor student progress
- Provide classroom based supports with focus on positive coping skills in and outside the classroom
- Provide consultation services to staff, school teams, families to address behavioral concerns, attendance, and truancy
- Provide staff professional development
- Participate in school teams (i.e. IEP, Attendance, Champion Team)

New Song Learning Center, 2017)

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District Example

One small school district (8 schools, 6,000 students) in upstate New York developed a resource map template and obtained feedback from district and school stakeholders before completing it.

Resource Mapping Goals:

- Increase awareness of school mental health services among school staff and administrators
- Provide clear information about how to refer students
- Serve as a reference in Student Support Team meetings for planning student interventions

The resource map detailed resources both within the community and across the school district. The 12 sections contained information on mental health resources, emergency mental health, parent resources, regional wraparound services, and services for persons with developmental disabilities, as well as services identified within 7 outlying counties that youth either move to or from.

The map was disseminated via a workshop-based training. A team was identified to annually modify and update the map.

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Quality Indicator

To what extent did your district/school use best practices to **align existing mental health supports and services**?

Best Practices

- Identify and gather information about current or prospective school mental health supports.
- Identify areas of overlap or misalignment.
- Make decisions about how to align existing services and supports to avoid duplication.
- Reduce or abandon supports and services that are redundant.
- Develop a team-based process for ensuring complementarity of new initiatives.

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Working Smarter: Initiative Alignment

1. Gather your team.
2. Create an inventory of initiatives using a triangle to consider where the initiatives would be placed across the tiers (Tier 1: mental health promotion, Tier 2: prevention, Tier 3: intervention).
3. Identify areas of duplication/overlap.
   - Make team decisions about *strategic abandonment.*
4. Identify areas of need.
   - Develop a process to select new initiatives.
5. Plan for monitoring implementation.

Adapted from: Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts (PBIS, 2017)

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Resources

Working Smarter: Initiative Alignment Map

Name of Service or Program	Tier(s)	Referral or Selection Process	Target Outcomes	Team Members Involved	Evidence of Success
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					

(NCSMH, 2018)

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Discussion

How does this content fit with your district understanding and implementation of school mental health needs assessment and resource mapping?

Strategic Planning

- State a specific goal for your district within this domain.
- List 3 potential action steps to move this goal forward.

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Resources

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MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

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Appendix E School Mental Health Quality Assessment: School Quality Indicator Two: Needs Assessment/Resource Mapping

School Mental Health Quality Assessment—School Version

The School Mental Health Quality Assessment School Version (SMHQA-S) is designed for school teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement. The SMHQA-S covers seven domains of comprehensive school mental health, which includes a full continuum of supports for the well-being of students, families and the school community.

Instructions: Complete this assessment with an existing team or identify a new team. Broad and diverse participation ensures meaningful assessment, successful planning, and implementation. Your team may include school- community-employed staff and other partners and stakeholders, including youth and families. Questions will ask you to report on the mental health system in your school. Many schools have a range of school mental health implementation and quality.

Quality Domains:

If this is your first SMHQA-S, we recommend you report on the previous school year. Otherwise, you may select any time frame you wish (e.g., last month, last six months).

What if we have difficulty answering a question? Make an informed guess. You may also reassess at any time with different team members who may have more information about school mental health systems in your school.

Using Your Results: Most teams start out with low scores. Do not be discouraged! Instead, use your results to prioritize and plan key improvement areas. This a quality improvement tool to facilitate structured conversations, drive strategic planning, provide a metric for reassessment, and optimize all aspects of your school mental health system over time.

Needs Assessment/Resource Mapping

A needs assessment is a collaborative process used by a system to identify gaps between current and desired conditions and system strengths. It allows a school to identify and address mental health needs that are the most pressing, understand how well existing services and supports are meeting student needs, identify and leverage strengths, and inform priorities and actions for school mental health programming.
Resource mapping is an active process to identify, visually represent, and share information about internal and external supports and services to inform effective utilization of resources. The resource map or guide that results from this process is often based your school's needs assessments and other information about strengths and needs in your school and community. A resource map may also be referred to as an asset map or environmental scan.

To what extent did your school use best practices to...

	Best Practices	Never	Rarely	Sometimes	Often	Almost Always	Always
1. ... assess student mental health needs?	• Convene a team that includes diverse groups (e.g., parents, students, school and community health and mental health providers, school administrators, school staff) • Review existing data (e.g., office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates) to identify needs • Identify additional data that might inform student needs and develop a process to gather it • Utilize needs assessment tools and processes that are psychometrically sound and culturally relevant • Pilot needs assessment with students, families and other relevant groups for feedback and revisions before large-scale data collection • Summarize and review needs assessment data to determine: o most pressing needs impacting most students (Tier 1), some students (Tier 2), and just a few students (Tier 3) o patterns of needs (e.g., emotional/behavioral, medical, basic [e.g., food, housing], social support, financial needs, family functioning) o how well current services and supports are meeting student needs	1	2	3	4	5	6

		Never	Rarely	Sometimes	Often	Almost Always	Always
2. ... assess student mental health strengths?	• Convene a team that includes diverse groups (e.g., parents, students, school and community health and mental health providers, school administrators, school staff) • Review existing data (e.g., school climate surveys, focus groups) to identify strengths. • Collect data to identify student strengths and developmental assets (e.g., school connectedness, social skills, belonging, gratitude, self-determination, grit, self- awareness, self-management, personal responsibility, decision making) • Utilize strengths assessment tools and processes that are psychometrically sound and culturally relevant • Pilot your strengths assessment with students, families and other relevant individuals for feedback and revisions before large-scale data collection • Summarize and review strengths assessment data to determine how current supports and services leverage and address gaps in student strengths	1	2	3	4	5	6
3. ...use your needs assessment to inform decisions about selecting, planning, and implementing appropriate services and supports?	• Develop a comprehensive needs assessment report that is relevant and easily accessible to inform decisions • Use needs assessment data to inform how gaps can be addressed with existing or new services and supports • Use needs assessment data to prioritize selection of areas of focus, programs and strategies, and action steps	1	2	3	4	5	6
4. ...conduct resource mapping or have access to an updated resource map or guide to identify existing school and community mental health services and supports?	• Use multiple sources to identify mental health resources (e.g., SAMHSA's Behavioral Health Treatment Services locator, 211 from United Way) available to students and families acrossa multi-tiered system of supports • Create and foster school-community partnerships to ensure ongoing communication about existing and new programs, services, and supports available to students and families • Develop a user-friendly, updated, comprehensive resource map or guide that includes data (e.g., name of the program/organization, description of service, website,	1	2	3	4	5	6

	address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, any other unique considerations– e.g., language, culture, immigration status) about each resource • Include target outcomes and evidence of impact for each service • Ensure resource map or guide is easily accessible to diverse groups • Establish a process and dedicated staff time to regularly evaluate, update and improve the resource map or guide						
5. ... use an updated resource map or guide to inform decisions and selection, planning, and implementation of appropriate services and supports?	• Pair needs assessment data with resource map to consider how needs can be met with existing school and community supports and services • Consider reducing or abandoning services and supports that lack evidence of impact • Use resource map to identify areas of need that are not adequately addressed by existing supports and services and seek to identify existing or develop new referral options to meet the need	Never 1	Rarely 2	Sometimes 3	Often 4	Almost Always 5	Always 6
6. ...align existing mental health supports and services?	• Use your diverse team (school staff, community partners, parents, and students) to identify and gather information about current or prospective school mental health supports and services (Include who is implementing, how students are identified, data collected/analyzed, the intended target outcome(s), and training and ongoing support involved) • Identify areas of overlap and/or misalignment • Make decisions about how to align existing services and supports to avoid duplication • Consider reducing or abandoning services that are redundant • Develop a team-based process for ensuring complementarity of initiatives	1	2	3	4	5	6
Needs Assessment/Resource Mapping Total (Questions 1-6): ___ Needs Assessment/Resource Mapping Average (Total/6): ___							

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