The Wisconsin School Mental Health Framework

Building and Sustaining a Comprehensive System

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Key

Glossary:
Words or phrases in green are defined in the Glossary at the end of the document.

Foreword

Schools must be empowered to promote student and staff mental health. By doing this work, schools make it possible for every Wisconsin student to fully benefit from quality education programs, enrichment opportunities, and special education supports. This framework provides a vision to help build the necessary components to implement effective mental health promotion, early intervention, and treatment supports in schools. A key aspect of this vision is approaching mental health as an asset that can be developed in schools, rather than a problem that needs to be addressed. Using this perspective, schools can expand their focus beyond solely treating mental health challenges to promoting wellbeing for all students and staff. It is our hope that this document will guide schools and districts in their efforts to proactively examine and change the policies, practices, and procedures that lead to inequities and act as roadblocks to student and staff wellbeing.

This work is often championed by our school counselors, psychologists, social workers, and nurses; however, it is important to remember that all school staff play an essential role in promoting student wellbeing through positive relationships, modeling social and emotional skills, identifying student needs, and actively participating in planning and implementing mental health supports in their schools. School mental health efforts exist within a larger system of care that relies on collaboration across the whole school-community. From librarians and bus drivers to community leaders, out of school-time professionals, and community health and mental health providers, everyone must work to break down silos, advocate for policies and practices that support wellbeing, and decrease mental health stigma, all in order to achieve the vision of wellness for all Wisconsin students and staff.

Many schools and districts have started the journey towards proactively building and supporting student and staff mental health, and they have seen the benefits when mental health supports are a coordinated and integrated part of the academic and behavior supports already provided in schools. Taking small steps towards improving school mental health systems and integrating mental health services into the work already being done in the local community can make school mental health work more manageable, effective, and sustainable. We thank all the school staff, students, families, and community members who continue to advocate for the importance of this work in their school communities. By doing this work together, we can empower schools and support student and staff mental health and wellbeing.

Sincerely,
Jill K. Underly, PhD, State Superintendent

Acknowledgements

Written By:

Liz Krubsack, MS, LPC
School Mental Health Consultant
DPI

Julie Incitti, MSW, CASPW
School Social Work Consultant
DPI

In Consultation With:

Elizabeth H. Connors, PhD,
Assistant Professor of Psychiatry (Psychology)
Child Study Center, Yale School of Medicine
Director of Quality Improvement,
National Center for School Mental Health, University of Maryland School of Medicine

Wisconsin Comprehensive School Mental Health Framework Workgroup

Future Cain, MEd
Statewide Project Coordinator
Wisconsin Center for Resilient Schools

Brian Dean
School Safety Consultant
DPI

Andréa Donegan, MS, NBCT
School Counseling Consultant
DPI

Beth Herman
Assistant Director, SSPW
DPI

Molly Herrmann, MS
Project AWARE Consultant
DPI

Jodi Hubbard, MS
Statewide Coach
Wisconsin Center for Resilient Schools

Jessica Nichols
Statewide Coordinator,
Early Childhood Equitable MLSS
Wisconsin DPI Discretionary Grant

Timothy Peerenboom
School Psychology Consultant
DPI

Rachel Pufall, MSE
Statewide Coach
Wisconsin Center for Resilient Schools

Jackie Schoening, LCSW
Regional Coordinator
Wisconsin Safe and Healthy Schools Center

Melanie Sickenger, MS, MSE
Education Consultant
DPI

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# Wisconsin's Vision for Student and Staff Wellbeing

Introduction to Wisconsin's Vision

Student and school staff mental health, including social and emotional wellbeing, is central to a healthy school community. In Wisconsin, schools strive to create learning environments where all students and staff feel healthy, safe, supported, engaged, and challenged. This environment contributes to a solid foundation for all students to graduate from high school mentally healthy and ready to be contributing members of their communities. Wisconsin schools also strive to create workplace environments where all school staff feel supported, valued, and connected to the sense of purpose that brought them to the profession.

To realize this vision, districts and schools partner with students, families, and the community to build a **comprehensive school mental health system (CSMHS)**. A CSMHS provides a continuum of services and supports to promote student and staff mental health and wellbeing. A CSMHS is not limited to treating mental illness or substance use disorders. Rather, it includes services and supports that promote social and emotional **wellbeing**, foster positive mental health and school culture and eliminate systemic barriers to wellbeing and success for all students (Lever 2019). A CSMHS increases health equity by ensuring all students and staff have access to the prevention, early intervention, and treatment supports that they need, when they need them, free of stigma.

Building and sustaining a CSMHS is an investment in student, family, and staff wellbeing and a thriving community. Universal and targeted elements of a strong CSMHS have been shown to impact higher graduation rates (Lehr et al. 2004), increase student engagement and connectedness to school (Greenberg et al. 2005), increase academic achievement (Kase et al. 2017), and decrease the need for restrictive placements (Bruns 2004). Benefits to students and staff include increased access to mental health care (Guo 2010), positive psychosocial outcomes (Durlak et al. 2007), and improved school climate (Astor 2017). Fig 1 illustrates the many benefits of CSMHS.

Figure 1
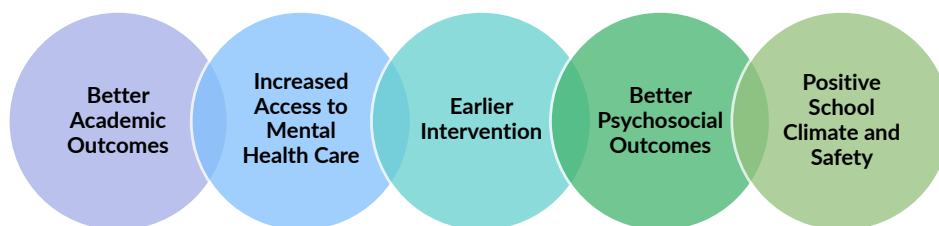
A **CSMHS** increases health equity by ensuring all students and staff have access to the prevention, early intervention, and treatment supports that they need, when they need them, free of stigma.

What is Mental Health?

Building and sustaining a CSMHS requires an accurate, shared understanding of mental health throughout the school community. **Mental health** is something that everyone has, from infancy to adulthood, and it affects how people think, feel, and act. Although it is often thought of as the opposite of mental illness, mental health is both the absence of illness and the presence of a high level of wellbeing. Mental health is a state in which an individual (CDC 2018; WHO 2018):

- Has positive emotions and moods (e.g., contentment, happiness) with few negative emotions (e.g., depression, anxiety)

- Feels fulfillment and satisfaction with life

- Has the ability to cope with everyday life stressors (**resilience**)

- Realizes their abilities

- Can work productively and make contributions to their community

Mental health is also dynamic and fluid; a student or staff member experiencing a mental health challenge at one point in time will not always be experiencing that challenge. The same is true about positive emotions, life satisfaction, and a sense of fulfillment. People can heal, transform, and recover from mental health challenges; this is the norm, not the exception.

With this definition of mental health in mind, schools can approach student and staff mental health as an asset that is developed in school settings. Research shows that students and staff with high levels of wellbeing and few mental health challenges are able to regulate their emotions, cope with stressors, and demonstrate behavior appropriate for the context. Compared to their peers, students with few mental health challenges and high levels of wellbeing (Arslan et al. 2020):

- Feel greater connection to their school

- Have better academic performance

- Demonstrate more prosocial behaviors

- Report less bullying and victimization in school

The resources and supports provided as part of a CSMHS increase student and staff wellbeing while decreasing the risk of developing mental health challenges and promoting recovery. A CSMHS is designed to promote mental health.

People can heal, transform, and recover from mental health challenges; this is the norm, not the exception.

Social Influencers of Mental Health

Mental health is impacted by the complex set of social and environmental factors that affect an individual's development, functioning, and quality of life. These characteristics, or social determinants of health, include the "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes" (CDC 2021). Though the term "social determinants" is often used, none of these factors directly determine outcomes, and many of them vary throughout life. Instead, these factors can be viewed as social influencers of health that may promote or hinder wellbeing (Hayes 2018; CHHCS et al. 2020).

Social influencers can be categorized into five main groups, including: economic stability, social and community context, neighborhood and environment, education, and healthcare. Figure 2 lists examples of influencers in each category. Some influencers, such as food insecurity, racism, and discrimination, inhibit wellbeing and contribute to **chronic stress and trauma**. Other influencers, such as appropriate access to mental health providers, graduation, and food security, contribute positively to wellbeing.

Despite exposure to negative social influencers of health, not all people will have adverse mental health outcomes. The impact of exposure to negative influencers can be buffered by an individual's capacity for resilience, or "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress" (APA 2012). While differences in power between individuals and systems can influence an individual's ability to anticipate and adapt to change (Ungar 2018) resilience can be learned and developed (Srivastava 2011). Community partners extend the work of schools to improve the characteristics in student's and family's environments that support wellbeing. School systems have an opportunity to promote individual and community resilience and leverage positive social influencers while mitigating negative influencers through their CSMHS.

School systems have an opportunity to promote individual and community resilience and leverage positive social influencers while mitigating negative influencers through their CSMHS

Figure 2

Economic Stability
EX: Food security, housing stability, poverty, employment

Social and Community Context
EX: Civic engagement, racism and discrimination

Neighborhood and Environment
EX: Safe transportation, clean air and water

Healthcare
EX: Insurance coverage, access to primary care, health literacy

Education
EX: Language and literacy, early childhood supports, graduation

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School Mental Health Framework
Components of a Comprehensive System

Integrated into academic and behavior systems

Continuum of mental health supports

Collaboration

Needs assessment and resource mapping

Mental health referral pathways

Sustainability

Data

Infused with the guiding principles of trauma sensitive schools
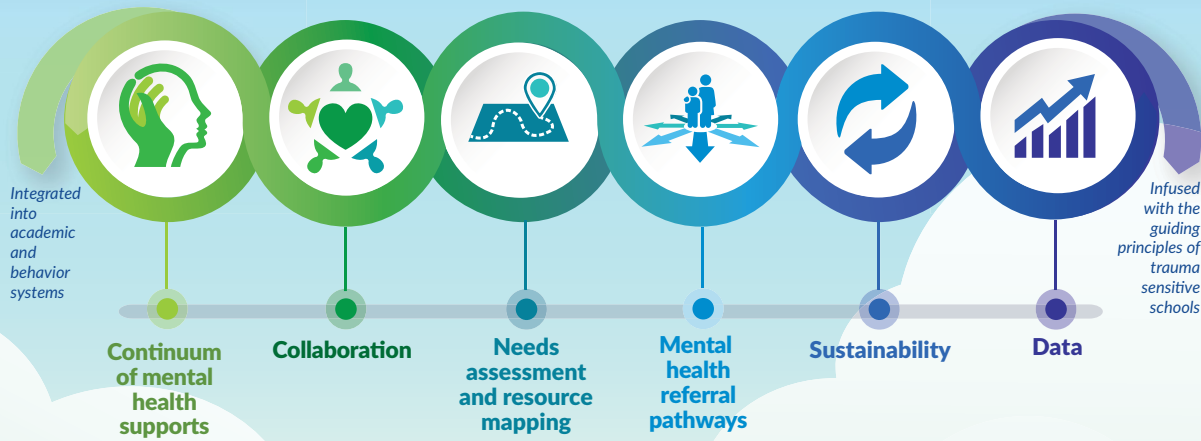
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Wisconsin's Framework for Comprehensive School Mental Health

Introduction to Comprehensive School Mental Health

Wisconsin's Comprehensive School Mental Health Framework applies Wisconsin's **equitable multi-level system of supports (MLSS)** to school mental health. An MLSS is a data-driven, problem-solving framework that utilizes a continuum of evidence-based practices to improve outcomes for all students (OSEP 2021). It includes universal programming to support all students, early intervention, and intensive interventions for those students who need additional support. Wisconsin's equitable MLSS includes all students and staff, considers the whole child and system, and focuses on providing equitable services and resources (DPI 2017c).

Rather than creating a separate system for mental health service delivery, schools can leverage existing structures of their equitable MLSS as it applies to academic and behavioral supports to integrate the six components of CSMHS 1) a continuum of mental health supports; 2) collaboration; 3) needs assessment and resource mapping; 4) mental health referral pathways; 5) sustainability; and 6) data. This document provides an overview of necessary considerations for building and sustaining the six components of a CSMHS to promote mental health for all students and staff.

Building CSMHS with a Trauma Sensitive Lens

Schools and districts should approach the work of building and sustaining a CSMHS with a **trauma sensitive lens**. A trauma sensitive lens infuses the guiding principles of safety, trustworthiness, choice, collaboration, empowerment, and **cultural responsiveness** into all aspects of the school (DPI 2017). In a school implementing a CSMHS with a trauma sensitive lens, staff understand the prevalence and impact of trauma, work to form positive relationships with students and families, and engage students and families as experts in their own experience and agents of their own healing. Trauma's impact on learning and development is addressed with regulatory and resilience-building practices integrated into instruction, services, and support for students and staff. When concerns arise, schools examine these concerns first by looking at how the system may be contributing to the issue, rather than pathologizing individual behavior. School staff routinely examine how policies, practices, and interpersonal interactions uphold the guiding principles of trauma sensitivity and change those that may be contributing to harm, traumatization, and re-traumatization.

A trauma sensitive lens infuses the guiding principles of safety, trustworthiness, choice, collaboration, empowerment, and cultural responsiveness into all aspects of the school.

The ability of a CSMHS to promote student and staff mental health is enhanced when implemented through a trauma sensitive lens. School mental health teams infuse Wisconsin DPI's guiding principles for **Trauma Sensitive Schools (TSS)** into their CSMHS in the following ways:

DPI's Model to Inform Culturally Responsive Practices describes the beliefs, knowledge, and skills Wisconsin educators and schools cultivate to reach and teach diverse learners and achieve equity within their multi-level systems of supports.

https://dpi.wi.gov/rti/equity

Cultural Responsiveness: School leaders seek to understand the unique values, beliefs, and behaviors of the school community and apply that understanding to implement practices that adapt to the broad diversity of race, language, and culture. The school community recognizes the history of systemic oppression in education and mental health systems and works to prevent and redress these harms.
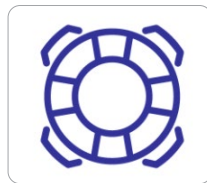
Safety: Physical, emotional, and psychological safety is enhanced through predictable routines, caring relationships, and positive school climates free from violence. Universal programming, including mental health stigma reduction efforts and a focus on social connectedness, increases real and perceived safety between students, staff, and caregivers.

Trustworthiness: Students, staff, and caregivers perceive the school system and individuals within it as honest, truthful, and reliable. Schools foster trustworthiness when individuals are treated with respect and cultural identities of groups and individuals are considered assets.
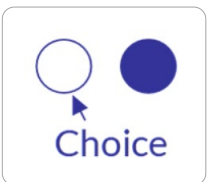
Choice: Staff, students, and caregivers have authentic opportunities to collaborate and co-create programs, practices, policies, and procedures of the school and district. Staff engage students in problem-solving to promote power-sharing and agency. Individual student planning is family-driven and youth-guided.

Collaboration: School staff trust students and families as experts in their own situations. They listen to what families say about their children's interests and challenges related to mental health and talk with students about how they want to be supported. Staff engage cultural groups in the school community in the creation, implementation, and improvement of the CSMHS.

Empowerment: School leaders provide space and opportunities for students and staff to recognize their own brilliance and shine by encouraging experimenting, providing opportunities to build mastery, and fostering a growth mindset. The school community uses person-first language and recognizes people with mental health challenges as strong and capable.

Leadership teams can enhance their CSMHS by using the following questions to examine any policy, practice, program, or procedure that they are implementing or considering adopting:

How does this policy, program, practice, or procedure:

- Increase relationships, connections, partnerships, and strengthen the community?

- Promote safety, trustworthiness, choice, collaboration, empowerment, and cultural responsiveness?

- Support staff wellbeing and growth?

- Incorporate regulatory practices?

- Focus on adult practices and changes to the system, as opposed to a focus on "fixing" individuals?

- Build resilience, mastery, and hope?

- Honor the behaviors, beliefs, and historical experiences of families and communities?

Comprehensive School Mental Health System Components

The following section provides an overview of each of the six components of Wisconsin's CSMHS framework. Each component description includes an overview of definitions and best practices, tips for implementing each component with a trauma sensitive lens, and a Wisconsin school district example of each component.

Continuum of Supports

The continuum of supports provides an array of **mental health promotion, early intervention, and treatment services**. This continuum of system-wide proactive and responsive supports is built to match student's mental health, behavioral, social, and emotional strengths and needs as they shift over time. This continuum, often organized based on the level of need, creates a flexible and responsive web of supports for all students. The focus of the continuum of supports is building resilience and protective factors rather than categorizing students based on their perceived deficits. The continuum includes strong mental health promotion policies and practices, early intervention and treatment services, and crisis support. Schools should incorporate student and family input when selecting programs and services for the continuum of supports.
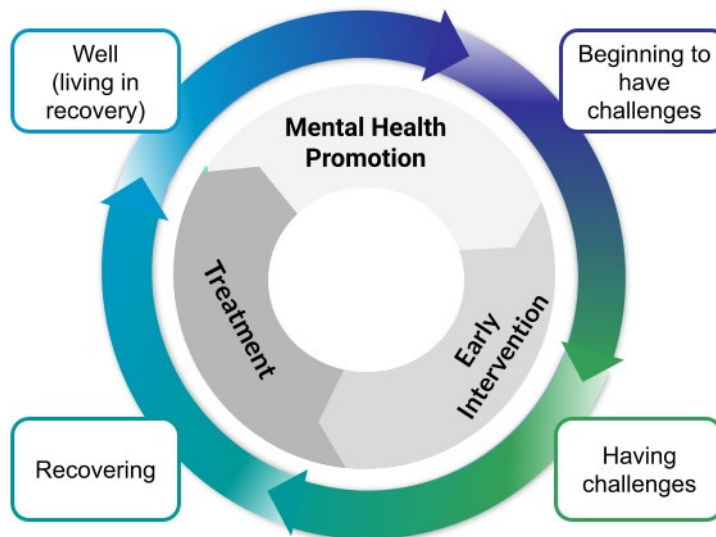
Strong Mental Health Promotion Policies and Practices

The continuum of supports is anchored in strong universal mental health promotion policies and practices, which provide a robust foundation of positive mental health for all students and staff. Universal mental health promotion activities proactively promote developmental, academic, behavioral, social, and emotional wellbeing for all students, including those at risk for or experiencing a mental health challenge (NCSMH 2020c). Mental health promotion activities are implemented across whole districts, schools, classrooms, grade levels, and school-sponsored programs.

When schools provide a strong universal level of mental health promotion policies and practices, the need for early intervention and treatment supports is reduced. In fact, universal practices that promote mental health ensure that the continuum does not become "top-heavy," with many students needing intensive support. When data indicate that a large percentage of students are facing a similar concern, school mental health teams reevaluate and make adjustments to their universal service delivery. This investment in wellbeing decreases the need for more costly and time-intensive services. Examples of practices that promote a strong universal level include:

- Integrated **Social and Emotional Learning (SEL)** for students and staff

- **Mental health literacy, stigma** reduction, and cultural competence education for students and staff

- Skills-based health education

- Peer-to-Peer suicide prevention and support

- **Positive Behavior Interventions and Supports (PBIS)**

- Youth development and other **Out-of-School-Time (OST)** programming

- **Restorative practices** and discipline policies

- Family-centered attendance policies and procedures

- **Staff wellness and compassion resilience programs**

- Substance use prevention

> **Social and emotional learning** helps students and staff develop social and emotional competencies that act as protective factors and promote wellbeing.

Early Intervention and Treatment Services and Supports

The continuum of supports also includes tailored services that provide additional resources when universal mental health promotion efforts do not meet student needs. Early intervention (selected) services "support students who have been identified through a systematic, equitable process as experiencing mild distress, mildly impaired functioning or as at-risk for a given problem or concern" (NCSMH 2020a). Pupil services professionals provide small group, and brief individual supports to build students' skills to manage

mental health challenges and cope with life stressors. Examples of early intervention services include:

- Group interventions

- Brief individual interventions (e.g., **Solution-focused Therapy** or **Motivational Interviewing**)

- Daily check-ins

- Mentoring

The continuum of supports also includes treatment services and supports (intensive) for students that are already experiencing mental health challenges including substance use disorders. Treatment services are delivered more frequently and provide a higher level of intensity of support than early intervention services. They are also tailored to meet the student's individual needs and often include community mental health services. School and community mental health professionals collaborate to strategically plan how students will receive services and supports during and outside of the school day. Examples of treatment services include:

- Case management of treatment services by pupil service professionals, including supporting clinical goals in the educational environment

- Individual, group, and family therapy

- **Wraparound services**

- Day treatment or inpatient hospitalization

- Re-entry supports for students returning to school after hospitalizations

Crisis Support

There are times when students, adults, and communities may need immediate support to help them through a crisis or high-stress event. The continuum of supports includes planning for these situations and training staff on how to respond, including techniques to de-escalate high-stress interactions, strategies to support an individual through an acute crisis experience (e.g., panic attack, potentially traumatic experience, family crisis), responding to talk of self-harm or suicidal ideation, and recovery from traumatic events in the community. In the event of a mental health emergency, predetermined action plans can guide school and community provider response. Action plans should include opportunities for staff to maintain supportive connections and regular check-ins when students are in crisis, hospitalized, or engaged in intensive treatment to increase support and safety. Staff peer support networks can be set up to debrief stressful situations and crisis events.

Systems of Care

Across the continuum of supports, school professionals collaborate with community partners to create a **system of care** to wrap services around the student. A system of care is a "spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life" (Stroul et.al, 2010). School mental health services and supports are one part of a system of care. Fig. 3 demonstrates the many components of Wisconsin's children's mental health system of care. School mental health teams work to build relationships with county and tribal supports, mental and physical health care providers, organizations that provide for basic needs, faith-based organizations, and other key partners to enhance the continuum of school-based supports.

Figure 3

Evidence-Based Practices in the Continuum of Supports

All services and supports for students and staff should include **evidence-based practices (EBPs)**. Evidence-based mental health practices are those shown to be effective by research and should align with the school or district's population and values. CSMHS includes strategies, practices, and programs with the highest level of evidence possible in order to increase the likelihood of achieving desired outcomes. These practices provide youth access to quality interventions matched to their strengths and needs. When strong evidence is not yet available in a particular area, schools may include emerging best practices or **evidence-informed practices** to fill the gaps in their continuum of supports. All practices should be continuously monitored and evaluated to assess local **fidelity**, adaptations, other implementation outcomes, and targeted student outcomes.

When selecting and implementing practices, schools can leverage locally collected wisdom that identifies treatments and supports that have worked best with people with similar demographics in the local or tribal communities (Daleiden et al 2005). Schools should be mindful of the historical exclusion of a full range of cultural backgrounds in the research and development of evidence-based practices and select those that have demonstrated outcomes for cultural groups represented in the school community (Samuels et al. 2009). Mental health teams should select and implement practices that best match their community's strengths and needs, are culturally relevant, and are feasible to implement given cost and staff time. When there are no options of EBPs that have been established for or validated with individuals who reflect the diverse characteristics of the student body, schools may need to develop and evaluate programs based on best available evidence or select available EBPs and carefully monitor needed adaptations during implementation.

It is important to note that simply choosing to implement an EBP is not adequate to meet the mental health needs of students. These practices must be continuously supported over time through various post-training, ongoing implementation supports in order to be implemented with consistency and fidelity. Implementation of an equitable MLSS facilitates the use of EBPs through the allocation of resources, the development of policies, training, and coaching to staff, strong leadership, and the use of accountability measures. These components of capacity and infrastructure influence a program's success (NIRN 2015) and are essential to ensuring that practices are implemented with fidelity and that students receive the researched benefits of the practice.

Tips

- Choose mental health supports that are linguistically and culturally appropriate.

- Focus your efforts on building strong universal supports, especially those that promote social and emotional skill-building in students and staff.

- Remember to ask students and families what they want and need as interventions are selected and planned. They are the experts in their mental health.

For additional guidance on applying the TSS lens across the continuum of supports, review DPI's TSS Online Professional Development System.

Continuum of Supports District Spotlight

Neenah Joint School District (NJSD) is a suburban PreK-12 district located in eastern Wisconsin with over 6,700 students. When NJSD identified some concerning trends in their local Youth Risk Behaviors Survey (YRBS) data, the district explored how they could increase inclusion, engagement, and social and emotional skills in students. NJSD saw an opportunity to build on their PBIS system to provide additional universal mental health supports to students., This included implementing "Community Circles", which are 15-minute meetings scheduled into each school day used to support the social and emotional well-being of students at all grade levels. NJSD also built a partnership with a local agency to provide child abuse and sexual assault prevention programs to students and also engaged in several peer-to-peer and community education efforts to increase mental health literacy and suicide prevention and decrease stigma related to mental illness. Across the continuum of supports, NJSD has also worked to improve equity by hiring an Equity and Inclusion Coordinator to focus on closing the opportunity and experience gaps for minority students. and partnering with racially and ethnically diverse school-based mental health therapists to serve student populations that have been marginalized or are underserved. The NJSD's multi-year efforts to strengthen their continuum of supports resulted in a decrease in community stigma around mental illness and a dramatic improvement in YRBS data related to suicide and mental health.

Collaboration

Comprehensive school mental health systems rely on collaboration and teaming across key stakeholders, such as school and district staff, community partners, Out-of-School Time providers, students, and families. The work of supporting student mental health and wellbeing cannot rest on the shoulders of schools alone. Collaboration among school, community, student, and family stakeholders is essential to creating a seamless path to mental health support across agencies and systems and relies on a shared commitment from all stakeholders to promote wellbeing in their specific roles. There are many different ways for stakeholders to collaborate on the implementation of a CSMHS. Student wellbeing should be a shared responsibility across all school staff and community stakeholders.

School Mental Health Team Collaboration

One form of collaboration is having active school and district-level mental health teams to lead the development, implementation, and sustainment of the CSMHS. A **school mental health team** is "a group of school and community

stakeholders at a school or district level that meets regularly, uses data-based decision making, and relies on action planning to support student mental health" (NCSMH 2020e). Where possible, schools and districts repurpose existing teams and integrate with existing equitable MLSS teams to connect to broader school improvement efforts.

All CSMHS require both school and district-level teams. Each team oversees implementation and gauges the effectiveness of certain aspects of the mental health system. For example, school-level mental health teams engage in **needs assessment** and **resource mapping** for their building, collect and analyze data, implement and evaluate school mental health policies and practices set by the district, and implement and evaluate the **mental health referral pathway.** District-level leadership teams focus on creating policies and practices, coordinating training, coaching, funding resources across schools, and building community partnerships. Together, these teams engage in similar activities at different levels to implement a coordinated system.

Highly collaborative CSMHS utilize a linked team structure between school and district-level teams to promote communication and progress toward shared mental health goals. The regular flow of information among and across school mental health teams helps the separate parts of the system work in unison. These linkages also bolster teams' efforts to seamlessly analyze and reallocate funding, build staff capacity to implement supports through professional development and coaching, coordinate mental health referral pathways, choose evidence-based practices, and use data to ensure a sustainable system that is implemented with fidelity.

Additional Roles for Collaborators

In addition to participating in school mental health teams, stakeholders can collaborate to support student and staff wellbeing in many other ways. In fact, all school community members roles in supporting mental health for all students and staff, not just pupil services providers and community mental health clinicians. The following list demonstrates the many roles stakeholders can play to be strong collaborators in school mental health efforts.

Students and Families
Students can engage in peer-to-peer teaching and learning, mentorship, and activities that support mental health awareness and prevention. Caregivers guide the emotional development of their students, stay connected to their learning, engage in problem-solving with school staff, and advocate for support when needs arise. Both students and caregivers can provide valuable insight as members of school mental health teams and through participation in the needs assessment processes.

District Leaders
School board members, district superintendents, and pupil services directors can integrate student and staff mental health and wellbeing into the strategic plan, board policy, and district procedures and advocate for essential funding and resources to sustain CSMHS.

School Administrators
School administrators can message mental health as an asset and emphasize the importance of CSMHS as a vehicle for equity. They can collaborate on organizing the system, support consistent processes and policies for implementing all components of a CSMHS, align funding, and model wellbeing skills for staff.

Pupil Services Staff
Pupil services staff, such as school counselors, school social workers, school nurses, and school psychologists, provide leadership on creating and maintaining a CSMHS. These professionals use their unique training to provide consultation and coaching to staff, assessment and intervention to students and systems, supports to families, and bridge schools and community resources.

Coaches
Internal and external coaches can provide a critical link between training in a mental health support and students or staff benefiting from the practice. Coaches provide intentional, job-embedded professional learning designed to support teachers and staff in implementing mental health practices with fidelity.

Teachers and Support Staff
Classroom teachers, paraprofessionals, and all other school staff create safe, supportive school environments and build positive relationships with students. They can identify and refer students for supports, partner with community providers, model positive behaviors, teach social and emotional skills, and help students apply wellbeing strategies in the classroom (MHTTC 2020).

Community Partners
In addition to delivering treatment services to students and families, community mental health providers can collaborate with school staff in planning and implementing the CSMHS and provide training and consultation on mental health. Other community partners such as county human services, libraries, recreation department programs, early learning centers, local health departments and tribal nations, organizations providing basic needs, and community advocacy organizations work with schools to promote student and staff wellbeing.

Out-Of-School Time (OST) Program Staff
OST program staff can provide safety, supervision, and specialized programming to meet academic goals and support wellbeing. OST professionals can partner with other school staff to extend academic and social emotional learning and provide resilience-building opportunities beyond the school day.

Tips on Collaboration through a TSS lens:

- Consider using DPI's Culturally Responsive Problem Solving Guide to learn how to interrupt bias in team processes.

- Create structure and predictability of team processes by tracking meeting attendance, creating and using an agenda, focusing on making actionable decisions, following up on the status of action items, and defining member roles and responsibilities.

- Ask diverse stakeholder groups about their interest in collaborating around mental health, and work to understand and eliminate any identified barriers to participation.

- Advocate for and support youth and caregiver membership on leadership teams.

Collaboration District Spotlight

Philips School District, a rural district in northern Wisconsin, uses collaboration to improve school mental health supports in an under-resourced area of the state. Before the 2018-19 school year, students in the district did not have regular access to a community mental health provider. Students who did receive community mental health supports often had to miss a half-day of school to travel to and from their appointments that were located more than an hour from the school. To address this problem, the district built community partnerships to increase access to mental health supports and bolster universal mental health promotion efforts. Phillips contracted with a mental health clinic outside of the community to provide counseling services in the school building. The district also established a partnership through a Memorandum of Understanding (MOU) with a local domestic and sexual violence agency to provide onsite hours for their services. Additionally, they established a partnership with their county Mental Health and Alcohol or Drug Abuse (AODA) Coalition, including all three school districts in Price County, the local Public Health Department, and the local hospital, to ensure a shared voice in county-wide initiatives related to school mental health. The group meets monthly to discuss concerns, projects, activities, and updates related to mental health at individual schools. The group also plans for county-wide community and school education, policy and procedure updates, initiatives, and data collection and utilization. Together, these collaborations have resulted in system improvements such as county-wide suicide prevention training, a "Return to Learn" procedure that outlines how a student might return to classes after a crisis or sickness, access to a community mental health provider in the school setting, a peer support program, and a strengthened mental health referral pathway.

Needs Assessment and Resource Mapping

School mental health teams should regularly assess the CSMHS to determine the assets and needs of the community and analyze how well the continuum of supports meets those needs and leverages strengths and resources. Needs assessment and resource mapping are complementary processes that can guide system planning and implementation and ensure that appropriate interventions are available when student needs arise. They also provide an opportunity to engage community stakeholders and enhance collaboration with community partners.

When used in conjunction, needs assessment and resource mapping processes can help teams identify the gaps in services and supports and allocate resources to best meet the needs of students. These processes can also help school mental health teams identify programs that need to be reduced or eliminated because they are not meeting the needs of the community. Together, needs assessment and resource mapping processes highlight the strengths in the community's system of care and gaps and challenges in meeting the needs of all students, staff, and families.

Needs Assessment

School mental health teams perform needs assessments to gauge the overall strengths and needs of the student body, staff, families, and community being served. The needs assessment process includes identifying programmatic and system needs to inform decisions about school mental health planning, implementation, and quality improvement efforts (NCSMH 2020d). Teams may use a variety of existing school-level data points as well as new information gathered from students, staff, families, and community partners to identify programmatic priority areas of focus, including how social influencers of health are impacting the school community. Needs assessment processes can also evaluate system needs by identifying the quality of implementation of the six components of the CSMHS.

Resource Mapping

Resource mapping is an "active, ongoing process to identify, visually represent, and share information about internal and external supports and services; it is used to inform effective use of resources." (NCSMH 2020d). This process is used to catalog the mental health and wellbeing resources available in both the school and community that can meet the identified needs of students, families, and staff. Resource maps include information on resources across the continuum of supports and often provide details such as basic contact information and eligibility requirements for participating in the service. The resource mapping process increases the likelihood that staff, students, and caregivers are aware of all potential options when considering the best resources to support a student. It also helps school mental health teams identify gaps or duplication of efforts in the continuum of mental health supports.

Tips on Needs Assessment and Resource Mapping through a TSS lens:

- When building a resource map, ask students and families about the resources they feel are important to include and supports that may not be formally identified.

- When engaging in a needs assessment, including a variety of questions about strengths and needs, such as:

  - What are the two greatest stressors faced by students?

  - If you need counseling related to stress or other concerns, where would you go for help?

  - Would you recommend the available mental health services to another student?

  - What actions would you recommend to improve current services and supports?

- Check out DPI's resource mapping checklist to help you get started!

Resource Mapping District Spotlight
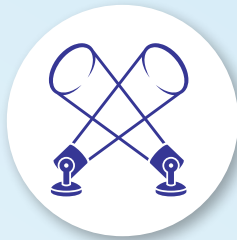
When the **Chippewa Falls Area Unified School District**, a mid-sized district in northwestern Wisconsin, increased its focus on school mental health supports, they identified a need to utilize a structure and process to increase the interconnectedness of their school-based mental health therapy program and their existing PBIS system. Using the **Interconnected Systems Framework (ISF)**, the district established the goal of building opportunities for school-based therapists to provide consultation and support to staff in need of strategies and resources to use with students. This led the district to form a leadership team that engaged in the resource mapping process. The resulting resource map was incorporated into a district website, Cardinal Care, where staff, students, parents, clinicians, and community members can access referral forms, information about therapists, a virtual calming room, and the resource map. The district updates this resource map periodically to ensure that available resources continue to meet the strengths and needs of the school community as identified in the needs assessment process. The resources mapping process led to increased staff knowledge and awareness of available supports, an improved mental health referral pathway, and greater collaboration with community mental health providers.

Referral Pathways

School Mental Health Referral Pathways include formal policies and procedures that ensure that students with emerging and established mental health challenges are identified, referred, assessed, and connected to appropriate resources, both in the school and the community. A referral pathway exists to identify students needing added support when any particular level of support within the continuum is not effectively serving the student. Referral pathways are important because this type of process can provide the next steps for staff when they identify a student in need, coordinate supports within schools and between schools and outside organizations, and improve student outcomes through early identification and intervention (DPI 2020). Referral pathways rely on existing equitable MLSS processes, such as problem-solving and progress monitoring. Students and caregivers lead decision-making in each of these steps. School mental health referral pathways can be both internal (i.e., school-based services and supports) and external (i.e., community-based services and supports). Examples are shown in Figure 4. Effective referral pathways allow school teams the ability to navigate both internal and external supports and connect students with appropriate interventions as they are needed.

Schools can build and improve their mental health referral pathways with the following five steps:

1. Establish a school mental health team

2. Map available resources and interventions

3. Determine referral management procedures

4. Develop guidelines for additional data collection

5. Create decision rules for triaging referrals

Figure 4

EXAMPLES OF INTERNAL REFERRAL

- A request from a classroom teacher for a pupil services professional to talk with a student who made a concerning statement of self-harm during class
- Providing a family with information about days the in-school food pantry is open
- Referring a student to work with a school-based community mental health provider

EXAMPLES OF EXTERNAL REFERRAL

- Referring a student who is experiencing anxiety to a community-based mental health clinic
- Helping a parent enroll their student in an after school mentoring program provided by a local youth development organization
- Connecting a family with county-provided wraparound services

When formalizing the referral pathway, teams should leverage existing equitable MLSS structures to create an integrated system for identifying all types of student, staff, and family needs and connecting them to appropriate resources.

Best Practices for Identifying Student Need in a Referral Pathway

School mental health teams should consider how students are initially identified and referred to services. Traditional methods of identifying student needs (e.g., office discipline referrals, teacher referrals) tend to overemphasize observable behaviors and leave out groups of students with internalizing behaviors. A number of best practices in initial identification of students can mitigate these biases and promote equity of access to supports, including universal mental health awareness and training campaigns throughout the school community, student and teacher training in mental health literacy and how to access the mental health referral pathway, and **universal mental health screening**.

 Universal mental health screening utilizes a process to generate new and useful information about students' strengths and risk factors and is an evidenced-based and proactive method for monitoring universal supports (DPI 2018; Romer et al. 2020). Culturally and linguistically relevant and technically adequate screening tools can help avoid the biases inherent to individual staff and team interpretations of student behaviors. When selecting universal screeners, school mental health teams rely on student and family input to critically examine potential screeners and the screening process for potential inequities and bias.

Universal mental health awareness campaigns and student and staff mental health literacy training can increase the community's accurate knowledge about mental health and decrease the stigma associated with mental illness. Additionally, training students, caregivers, and school staff in how to access the school's mental health referral pathway can increase the likelihood that they know how to connect to supports when needs arise. These best practices increase the likelihood that the people who interact with students are well-equipped to identify student mental health challenges and take appropriate action.

Tips on School Mental Health Referral Pathways through a TSS lens:

- Pilot any universal screeners under consideration with a small set of students and families for feedback before deciding on a tool and fully implementing it.

- Consider the perspective of student and family preferences and prior experience with mental health professionals when making referral decisions.

- Leverage student's natural supports in their family or community in addition to clinical supports.

- For more information and support, check out DPI's referral pathways and mental health screening pages!

Referral Pathways District Spotlight
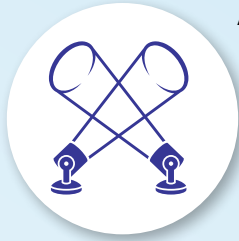
Arrowhead Union High School District, a school district in Southeastern Wisconsin with about 2,100 students, reached out to area partners when they recognized a need to improve their school mental health referral pathway. The district performed a needs assessment and identified that students were missing instruction due to having to travel to receive mental health treatment services. To address these concerns, the district worked to improve both internal and external referral processes. Improvements included sending a recurring email providing a referral form to staff every two weeks, implementing universal screening in the 9th and 11th grade, and contracting with a mental health systems navigator. The mental health navigator works to provide information, coordination, and connection between school mental health supports, families, and community supports so that families can successfully engage with the mental health system. The district also worked to expand its referral pathway by developing a partnership with a local mental health agency to provide therapy to students on campus via a school-based clinic. These improvements led to greater student access to services through increased flexibility and coordination of the referral pathway.

Sustainability

School mental health teams consider how to ensure continuity of services and supports across time as students, family, and community needs shift. To accomplish this, school mental health teams work toward sustainability, including "strategies that optimize the financial and nonfinancial assets needed to maintain and improve school mental health systems" (NCSMH 2020). A number of factors contribute to sustainability, such as funding, retention of well-trained staff, stakeholder support and buy-in, system data tracking, adopting and advocating for school mental health policies and procedures, and integration with existing equitable MLSS features. Together, these factors increase the likelihood that a school will have the structures, funding, and collaborators necessary to implement and sustain a comprehensive system.

Since CSMHS rely upon ever-changing federal, state, tribal, and local funding structures to sustain them, funding school mental health programs relies on advocacy, creativity, and innovation to leverage a variety of resources. School leaders examine ways to leverage existing district resources to increase permanent funding to school mental health work while utilizing various other strategies to increase sustainability. Strategies include:

- Using diverse funding sources
- Combining categorical and block grant funds across multiple agencies
- Accessing Medicaid reimbursement
- Matching funding to service delivery across multiple levels of service

- Monitoring and advocating for mental health promotion policies and new funding opportunities at local, state, tribal, and federal levels

School leaders also create sustainability in their CSMHS by prioritizing the retention of the knowledge and skill base that drives the implementation of the system. This includes investing in adequate staffing and materials to implement the continuum of supports, providing ongoing training and coaching to build a knowledgeable and skilled staff, and engaging in best practices to retain staff members. Understanding the specific training, expertise, and roles of professional staff, such as that of pupil service professionals, helps to best leverage their skills and ensure a building is staffed appropriately. Sustaining a CSMHS requires attention to workloads, job descriptions, and nationally recommended ratios of students to staff.

In a sustainable system, new staff are provided adequate training in mental health strategies, policies, and procedures, and are supported in the initial implementation. School leaders work to build healthy staff cultures by providing opportunities for staff to collaboratively define the values, beliefs, behaviors, customs, and practices that define the work culture (Rogers Behavioral Health 2018). They also provide opportunities for staff to develop individual compassion resilience skills that help staff to use energy productively and work toward school goals, even in the face of adversity.

School mental health teams also increase the sustainability of the CSMHS by building support and creating buy-in for the work through aligned visioning and communication planning. Aligning a district's vision and plan for advancing CSMH are important tools for communicating its goals and priorities to all stakeholders. A districtwide vision and aligned long-term school mental health goals build commitment and shared language among all stakeholders. Additionally, sustained communication with stakeholders about the importance of district mental health work builds awareness and understanding and strengthens the case for prioritizing and investing in mental health resources for students and staff. Communication plans are a vital tool for championing district mental health work and building sustainability.

Additionally, school mental health teams work to integrate their school mental health efforts with existing equitable MLSS structures. Rather than creating something new, school leaders broaden the scope of existing teaming and data structures to implement one continuum of social, emotional, behavioral, academic, and mental health supports. School mental health teams function as part of existing equitable MLSS implementation teams, expanding membership to accommodate the knowledge and expertise of community mental health and other relevant partners (Eber et al., 2019). They also utilize existing data structures to evaluate school mental health practices for effectiveness and eliminate programs that are not producing expected outcomes so that the funding can be funneled to another program or practice (NCSMH 2018). An integrated approach encourages the strategic allocation of resources across programs and practices and increases sustainability of a CSMHS.

Advocating for school mental health promotion policies at the local, state, tribal, and national levels is another way to sustain a CSMHS. Within a school, social norms campaigns, stigma reduction efforts, and community education in advocacy can provide a solid foundation for future change efforts. In the larger policy arena, members of the school community can advocate for health insurance coverage, funding to increase numbers of school mental health professionals and community providers, funding for helping families navigate the complex system of resources and care, peer support programs, and many others. Students can lead advocacy work to build resilience and hope for the future.

Tips on Sustainability through a TSS lens:

- Work to build a compassionate work culture for staff using the Compassion Resilience Toolkit.

- Partner with and invest in caregivers, community members, and students to lead mental health literacy, stigma reduction efforts, advocacy efforts, and peer-peer support networks.

- Advocate for and use diverse funding sources to invest in strategies that address systems-level barriers to student and staff wellbeing.

- Provide ongoing training and coaching to new and returning staff in the philosophy, strategies, and goals of a CSMHS

Sustainability District Spotlight
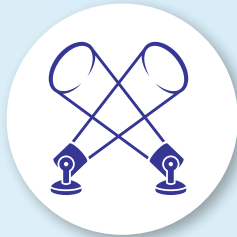
Kimberly Area School District, a suburban district with about 5,000 students in Northeastern Wisconsin, utilizing creativity and innovation in building a sustainable program for supporting student transitions between levels of care. When school leaders identified a gap in communication and support for students returning to school from an intensive mental health intervention, they created the Triumph Program to provide mental health services and learning support to students. In order to make this program a reality, Kimberly School District leveraged an established collaboration with neighboring Kaukauna Area School District and the Little Chute Area School District to bring this intensive school-based mental health intervention to students. While the program initially utilized a single source of grant funding to cover the costs, it has since moved to a cost-sharing model with the other districts to improve the sustainability of the program. This includes blending and braiding various funding sources such as insurance payments, grants, and district funding. Kimberly Area School District also fosters sustainability by expanding partnerships with area mental health providers and continuously using implementation and impact data to ensure the effectiveness of the program. These efforts have led to a flexible program that continues to produce improvements in student mental health while adapting to ever-changing financial and community supports.

Data

Comprehensive school mental health systems are driven by the strategic use of data on the implementation and impact of services and supports. Both quantitative and qualitative data should be collected and reviewed by teams in an ongoing manner to inform priorities and action steps to continuously improve the CSMHS. Teams strategically review data to:

- Identify gaps in services and supports

- Identify populations of students disproportionately impacted by mental health challenges or inequitable access to supports

- Identify individual and aggregate student strengths and resilience

- Monitor implementation progress and fidelity to inform necessary changes to the implementation

- Assess impacts of implementation on short and long term student outcomes (NCSMH 2020b)

Teams collect and analyze **implementation data** to gauge the extent to which mental health practices are appropriate and being used to fidelity. Useful data sources include practitioner self-assessment and feedback, **fidelity** measures, and data on service delivery. Teams monitor these data to ensure that students receive the evidence-based practices as intended. Besides fidelity measures, teams also collect and analyze other types of implementation data to assess the quality and functioning of the mental health system. These data sources can include the implementer's perceptions of acceptability, feasibility, appropriateness, cost, and adoption of a program or practice (Proctor et al., 2011). These data can inform specific implementation supports and help track any adaptations that are made to tailor implementation locally. Schools can use these data to balance fidelity to a practice with the need to make a practice relevant and feasible in their given context.

Teams collect and analyze **impact data** to measure the effects of programs, policies, and practices. School mental health leadership teams leverage existing educational, health, and school climate and safety data to understand mental health system impacts. Data must include information on whether or not programs and practices are producing desired outcomes. While schools often use behavioral data to assess mental health needs and program outcomes, various sources from school, district, and community data can provide a clearer picture of outcomes. Figure 5 lists several possible sources of impact data. Leadership teams disaggregate these data to better understand inequities in the system and inform adjustments to implementation to better support specific populations. For example, disaggregated data could help a team understand if lesbian, gay, bisexual, transgender, and queer (LGBTQ+) students are reporting greater levels of depression or if students receiving specialized instruction are reporting more frequent incidents of bullying.

All of these types of data are used to inform efforts to improve school mental health system delivery. **Continuous improvement** is an ongoing effort to improve a framework, process, program, and innovation and requires an organizational commitment to continual learning, self-reflection, adaptation, and growth (DPI 2020). Teams across the system can use implementation and outcome data in a continuous improvement problem-solving process to inform planning and decision-making. Teams should engage in frequent monitoring of implementation so they can quickly adjust implementation plans. Teams make small adjustments to the system using frequent **Plan, Do, Study, Act (PDSA)** cycles to increase the likelihood that the change will lead to an improvement.

Figure 5
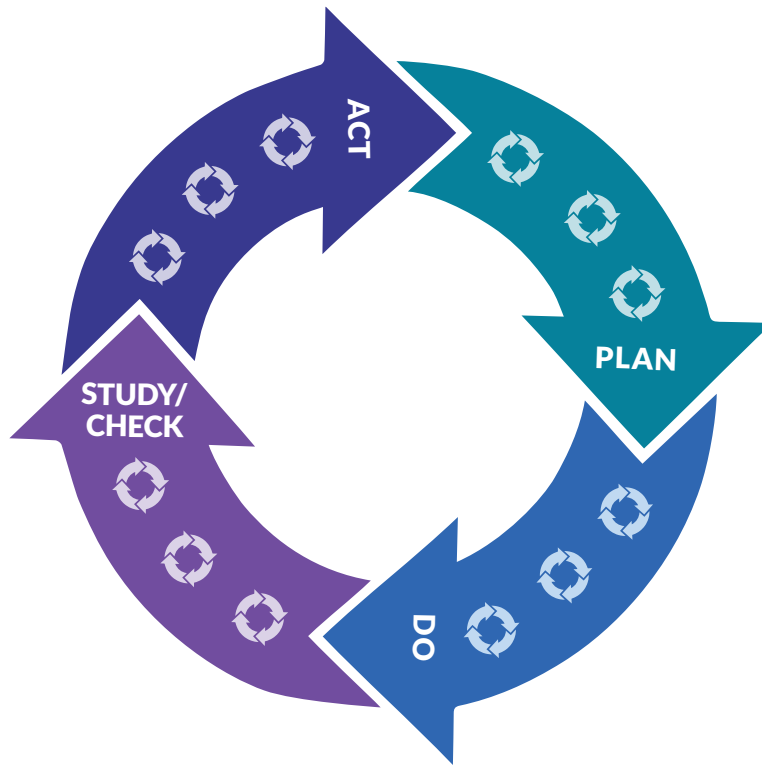
Tips on Data through a TSS lens:

- When sharing data with stakeholders, use an asset-based lens that demonstrates the strengths and accomplishments of the students, staff, and the community.

- Partner with students and caregivers to understand the data patterns observed when data are disaggregated to inform planning and implementation of the system.

- Closely monitor implementation efforts by regularly soliciting implementer feedback about feasibility and adaptations.

- Check out DPI's Data Inquiry Journal for tools to document ongoing data investigation and design continuous improvement plans.

Data District Spotlight

When **Racine Unified School District,** a large urban district in southeastern Wisconsin, began its journey of implementing a comprehensive school mental health system, the implementation team recognized the need to collect, review and make data-informed decisions as the program developed. The team collected and reviewed various data points every quarter to meet this need, including community mental health provider demographics, service delivery, outcomes data, school-level attendance and suspension data, and academic testing data. In reviewing first-year data, the team of evaluators discovered a disproportionate number of referrals to treatment services for students of color between the ages of 8 -10. Based on the data review and follow-up interviews with staff, the team adjusted universal service delivery by planning and implementing additional strategies to increase staff knowledge of trauma, cultural competence, and use of culturally responsive practices in the classroom setting. The district's diligence in collecting multiple types of data and stakeholder-informed interpretation of those data led to more equitable access to school mental health services at all tiers of support.

Building and Improving a Comprehensive School Mental Health System

Getting Started

CSMHS in Wisconsin varies greatly in its strengths and areas of growth. Even school teams with the most established CSMHS can set quality improvement goals to continue to advance their system in one or more of the components of a CSMHS. School staff and community partners who wish to build or improve their system can make a big impact with small changes.

When planning the first steps towards systemic implementation, consider the following tips for action:

- Remember to start small. Identify and implement a small change to the existing mental health system and monitor its impact to inform iterative changes before scaling up.

- Think about how to leverage available community-based and Out-of-School Time resources to promote wellbeing.

- Build upon existing equitable MLSS components (e.g., teaming structures, data analysis procedures, school and community partnerships, etc.) rather than creating a separate mental health delivery system.

- Seek student, staff, family, and community support and vision for the work.

- Keep in mind that the work of building a CSMHS is not linear. You can develop, improve, and sustain one or more components at a time, depending on your strengths, needs, priorities, and capacity.

- Learn what you can from other districts doing this work. Connect with regional and state learning collaboratives doing common work.

- Visit DPI's Implementation Toolkit for tools and resources for implementing a CSMHS.

Remember, building a CSMHS is a multi-year, continuous change process. Schools should approach this work in a manageable way that is meaningful to the community based on their needs, resources, infrastructure, and collaborative experiences. Many Wisconsin school districts have already taken steps to promote students and staff mental health; the work of building a CSMHS is ensuring that those efforts are integrated into a larger system of supports that promotes wellbeing for all students, staff, families, and the community.

Glossary

Chronic Stress - "the physiological or psychological response to a prolonged internal or external stressful event. The stressor need not remain physically present to have its effects; recollections of it can substitute for its presence and sustain chronic stress." (APA 2020)

Compassion Resilience - The ability to maintain physical, emotional, and mental well-being (using energy productively) while compassionately identifying and addressing the stressors that are barriers to learning for students and caregivers and colleagues being able to effectively partner on behalf of children. It also includes the ability to identify, prevent, and minimize compassion fatigue within oneself. (Rogers Behavioral Health 2021)

Comprehensive School Mental Health Systems (CSMHS) - An application of an MLSS that includes services and supports that promote social and emotional wellbeing, foster positive mental health, and eliminate systemic barriers to wellbeing and success for all students and staff and includes six components: 1) a continuum of mental health supports; 2) collaboration; 3) needs assessment and resource mapping; 4) mental health referral pathways; 5) sustainability; and 6) data.

Continuous Improvement - "An ongoing effort to improve a framework, process, program, and innovation and requires an organizational commitment to continual learning, self-reflection, adaptation, and growth." (DPI 2020)

Continuum of supports - "A multi-level system of proactive and responsive supports built to match the range of learners' developmental, academic, behavioral, social, and emotional needs." (DPI 2017c)

Cultural Responsiveness -The beliefs, knowledge, and practices educators, schools, and districts need to reach and teach diverse students, including becoming self-aware, examining the system's impact on families and students, believing all students will learn, understanding we all have unique identities and world views, knowing the communities, leading, modeling, and advocating for equity practices, accepting institutional responsibility, and using practices and curriculum that respect students' cultures. (DPI 2019)

Early intervention - "Supports provided to students who have been identified through a systematic, equitable process as experiencing mild distress, mildly impaired functioning or as at-risk for a given problem or concern." (NCSMH 2020a)

Equitable Multilevel System of Supports (MLSS) -"A data-driven, problem-solving framework that utilizes a continuum of evidence-based practices to improve outcomes for all students." (OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports 2021)

Evidence-based Practices (EBPs) - Practices known and shown to be effective by research. (DPI 2017c)

Evidence-informed Practices - "Practices that use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature." (US Department of Health and Human Services 2021)

Fidelity - "The degree to which teachers or staff are able to use the innovation or instructional practices as intended. " (NIRN 2021)

Impact data - Data that demonstrate the long-term effects or changes that occur as a result of the services, programs, practices, or policies implemented within a comprehensive school mental health system. (NCSMH 2020b)

Implementation data - Indicators of successful implementation of a new program or practice. Examples of indicators include fidelity measures, implementer's perceptions of acceptability, feasibility, appropriateness, cost, and adoption of a program or practice. (Proctor, 2010)

Interconnected Systems Framework (ISF) - "A structure and process to integrate Positive Behavioral Interventions and Supports and School Mental Health within school systems that blends resources, training, systems, data, and practices." (Barrett 2019) ISF is one example of a CSMHS.

Mental health - A state of wellbeing in which an individual has positive emotions and moods with few negative emotions, feels fulfillment and satisfaction with life, has the ability to cope with normal life stressors, realizes their abilities, and can work productively and make contributions to their community (CDC 2018; WHO 2018).

Mental Health Literacy - "Knowledge and beliefs about mental disorders which aid their recognition, management or prevention, including: (a)the ability to recognize specific disorders (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information." (Jorm 1997)

Mental Health Promotion - "Activities that promote positive social, emotional, and behavioral skills and well-being, which are designed to meet the needs of all students regardless of whether or not they are at risk for mental health problems." (NCSMH2020c)

Mental Health Referral Pathway - "Processes and procedures used to identify student mental health needs and connect students with the appropriate mental health supports and resources." (DPI 2019)

Mental Health Stigma - "Negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual." (APA 2020)

Motivational Interviewing -"A collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion." (Miller and Rollnick 2013)

Needs Assessment - "A collaborative process used by a system to identify gaps between current and desired conditions and system strengths. A 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 strengths, and inform priorities and actions for school mental health programming." (NCSMH 2020d)

Out-of-School-Time (OST) Programs - "A supervised program that young people regularly attend when school is not in session. This can include before- and after-school programs on a school campus or facilities such as academic programs (e.g., reading or math focused programs), specialty programs (e.g., sports teams, STEM, arts enrichment), and multipurpose programs that provide an array of activities (e.g., 21st Century Community Learning Centers, Boys & Girls Clubs, YMCAs). " (CDC 2018a)

Plan,Do,Study,Act (PDSA) Cycles - "An improvement cycle that uses a process to make quick, incremental improvements to a program or practice. They can be used to test the feasibility and impact of a new way of work prior to attempting to use it more broadly." (SISEP 2015)

Positive Behavior Interventions and Supports (PBIS) - "A systemic approach to proactive, school-wide behavior within an equitable multi-level system of supports framework. PBIS applies evidence-based practices and strategies for all students to increase academic performance, improve safety, decrease problem behavior, and establish a positive school culture." (DPI 2021)

Resilience -"The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress." (APA 2012).

Resource Mapping - "An active, ongoing process to identify, visually represent, and share information about internal and external supports and services; it is used to inform effective use of resources." (NCSMH 2020d)

School Mental Health Team - "A group of school and community stakeholders at a school or district level that meets regularly, uses data-based decision making, and relies on action planning to support student mental health." (NCSMH 2020e)

Social and Emotional Learning (SEL) - "The process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions." (DPI 2018)

Social Influencers of Health - "Conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes" (CDC 2021).

Solution-focused Therapy - "Brief psychotherapy that focuses on problems in the here and now, with specific goals that the client views as important to achieve in a limited time." (APA 2020)

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

Trauma - Exposure to an event that threatens or harms the physical or emotional integrity of the individual or someone close to them and overwhelms the person's ability to respond, and creates significant difficulty in functioning (DPI 2017b)

Trauma Sensitive Schools (TSS) - "An innovation in which schools infuse the core principles of safety, trust, choice, collaboration, empowerment, and cultural responsiveness into their equitable Multi-level System of Support's practices, assessments and program adjustments. TSS acknowledges the high prevalence of traumatic exposure for students, the importance of staff well-being and strives to meet the unique needs of all learners." (DPI 2017b)

Treatment Services - Services that "address mental health concerns for students who are already experiencing significant distress and impaired functioning. These supports are individualized to specific student needs, and include services provided by mental health professionals." (NCSMH 2020a)

Universal Mental Health Screening - "A process to generate new and useful information about students' strengths and risk factors." (DPI 2018) and is an evidenced-based and proactive method for monitoring universal supports. (Romer 2020)

Wellbeing - Emotional, social, and physical health; as well as other components that factor into a person's overall ability to reach a state of flourishing and fulfillment. (CDC 2018b; WELCOA 2021)

Wraparound Services -"Wraparound is a planning process that brings people together from different parts of a [student]'s life. This team creates a wellness plan built around the [student]'s strengths and needs to meet the goals of the [student] and their family. The goal is a system of care in which children and families are valued, understood, and supported in their communities. Some examples of wraparound services include Coordinated Services Teams (CST) Initiatives , Rehabilitation, Empowerment, Natural Supports, Education, and Work (RENEW). " (DHS 2021)

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