



# School Mental Health Toolkit



**MENTAL HEALTH  
COLORADO**



Mountain Plains (HHS Region 8)

**MHTTC**

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



## ACKNOWLEDGEMENTS

The Toolkit was developed through a collaboration between Mental Health Colorado and the Western Interstate Commission for Higher Education (WICHE) Mental Health Program and is based on the Colorado School Mental Health Toolkit.

The School Mental Health Toolkit can be accessed online at [mentalhealthcolorado.org/schooltoolkit](https://mentalhealthcolorado.org/schooltoolkit) and at [Mental Health Technology Transfer Center](https://www.mhmttc.org) (MHTTC).

The School Mental Health Toolkit is funded by the Substance Abuse and Mental Health Service Administration (SAMHSA) and the Mountain Plains MHTTC. Mountain Plains MHTTC (network) is a partnership between University of North Dakota and WICHE.

While we have highlighted a few programs, we are not endorsing any particular programs or resources, nor did we receive any compensation for including any of these programs in this toolkit. The programs and examples provided are not meant to be prescriptive; they are simply a starting point to think about what practices might be best suited for your school and community.

## Introduction to the School Mental Health Toolkit

We believe that mental wellness is central to ensuring a child's best start. Schools—where children spend most of their waking hours—often recognize that addressing a student's mental health and social emotional needs lead to better outcomes. Students are healthier, happier, and more likely to succeed. Yet many schools lack the resources to provide effective mental health services. **We've created this Toolkit to help community advocates, schools, and local leaders work together to: assess, identify, prioritize, and fund school-based mental health services.**

Mental Health Colorado worked with the Western Interstate Commission for Higher Education Mental Health Program to develop this Toolkit, and our [organization](#) is committed to helping advocates implement mental health strategies in school districts across the country.

This Toolkit will show you how to promote school-based mental health and wellness programs that work. It contains resources and steps you can use to make schools the best they can be and ensure every child has a path to success.

Take a look at the **Getting Started** page in the Toolkit to begin your journey.

You can contact us at [mountainplains@mhttcnetwork.org](mailto:mountainplains@mhttcnetwork.org)  
Or contact Stefanie Winfield, School Mental Health Coordinator for the Mountain Plains MHTTC, at 303-541-0225.

### IS THIS TOOLKIT FOR ME?

**Anybody can use this Toolkit. You might be a community advocate, parent, teacher, school administrator, school board member, legislator, health care provider, or student.**

**A key ingredient to successful school change is working collaboratively with others in your community; a good first step is to share this Toolkit with your community partners.**

**It is important to recognize that while we have outlined best practices and examples, every individual, school, and community is different and has different identities and backgrounds. As you read through this toolkit, consider how these practices may, or may not, fit in with your community's cultural backgrounds, values, and current practices. It is vital that youth in your schools and district and members of your community are involved in each step of the decision-making process for promoting school mental health.**

# 6 Steps to Change

## Advocating for Better Mental Health in Schools

### Identify

# 01

Identify a champion within the school system. This can be a teacher, administrator, school board member, parent, nurse, counselor, psychologist, or anyone within the school who is passionate about mental health and social emotional learning.

### Assess

# 02

Many schools have mental health and social emotional learning programs already in place. Whether you are advocating for changes in one school or in an entire district, it is important to determine what services exist, what is working effectively, and what is lacking or absent. After reviewing the **What works?** section in this toolkit, use our **School Needs Assessment Tool** to ask school officials which services they already provide, and what they feel is missing.

### Promote

# 03

Identify the best practices to promote. After the assessment is complete, identify which best practices:

- Are needed in the school/district
- Are wanted or have been requested by youth or others in your community
- Schools are willing to implement
- You are most passionate about

### Support

# 04

Work with your identified school champion to build school—and community—support for implementing new mental health and social emotional learning practices within the school or district. Use the **What do I need to know?** section of this toolkit to share data and facts about why mental health matters in schools.

### Share

# 05

Share both the school assessment and funding information with interested members of the school and community. Offer to help identify potential short-term and sustainable funding sources within the district, using the **How can initiatives be funded?** section. Identify community partners, grant opportunities, and other potential funding sources (such as local initiatives or local companies) that would help finance mental health services in your school or district.

### Follow Up

# 06

Once you've identified your school champion, chosen best practices to implement, and determined funding opportunities, you will need to regularly follow up. If you are a community or school leader who is able to make these changes internally, share your outcomes with other schools who might benefit. If you are a parent, student, or community advocate who is unable to make these changes directly—keep showing up. Meet regularly with your school and community partners, speak at school board meetings, and call administrators to ensure changes are happening.



# Getting Started



## What do I need to know?

Facts and talking points to help advocates communicate the importance of services for mental wellness in schools.



## How do I Make Changes?

An overview of what success can look like, partners who might be involved with making change, and how to get your message heard by the right people at the right time.



## What Works?

Which school mental health and social emotional initiatives, programs, services, and approaches really work? Our top 10 approaches.



## How can initiatives be funded?

You'll learn about sources of funding for different types of programs, initiatives, and supports, and how to set the wheels of funding in motion.



## Where can I find more resources?

Additional resources about best practices in school-based mental health prevention and intervention

# What do I need to know?

Schools help shape children's and adolescents' development. Children spend more than half of their waking hours in schools.<sup>1,2</sup> Data indicates that students are substantially more likely to seek mental health support when school-based services are available.<sup>3</sup> School-based services may help reduce the stigma in seeking help for mental health concerns, one of the primary reasons that individuals and families do not seek support.<sup>4</sup>

## Why does this matter?

Research supports the importance of mental health services in schools. However, there are several notable and widespread gaps in services across school districts. Many schools lack:

- Full-time mental health and substance use providers in schools
- Adequate mental health and social emotional learning training for school staff
- Access to mental health services where transportation to mental health centers is a challenge, especially in rural areas

In order to close these gaps, the first step is to identify a champion within a school and/or district who will promote school mental health and social emotional programs. We've created the **Talking Points** tool to help build your case. This includes data and talking points to address common arguments used against funding mental health in schools.



# Why are prevention and wellness programs and other services and approaches for mental health concerns so badly needed in schools?

## Common Challenges

**The notion that the mental health of children and adolescents is not a pressing issue.**



**The belief that school isn't the place for addressing students' mental health—that it should be done by another agency.**

## Key Talking Points

Students are in increasing need of support and not receiving it.

Schools, being the place where children spend more than half of their waking hours,<sup>12,13</sup> offer a unique platform for access to and support for children and adolescents with psychological difficulties.<sup>14</sup>

Addressing student mental health in schools leads to better school performance.

## Data to build your Case

About 3.5 million adolescents in the United States (14.4% of all 12-17 -year-olds) reported at least one major depressive episode in the year prior to being surveyed.<sup>6</sup> This percentage has steadily increased from 2010–2018.<sup>7</sup>

In 2017, suicide was the 2<sup>nd</sup> leading cause of death for youth ages 10-24.<sup>8</sup>

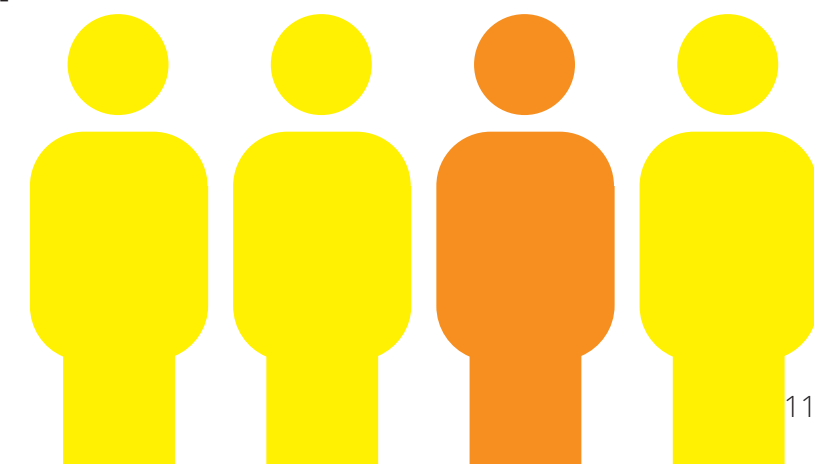
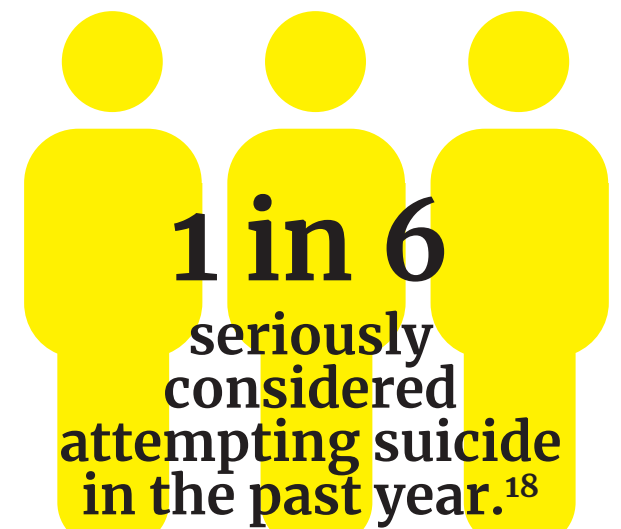
Currently over 58% of adolescents with a major depressive episode do not receive treatment.<sup>9</sup>

In 2015, 14% of high school youth made a plan about how they would attempt suicide, and almost 8% attempted suicide one or more times.<sup>10</sup>

The National Survey of Children's Health found that rural children are more likely to experience adverse childhood or traumatic experiences than those living in urban communities - due in part to the fact that rural children are more likely to live in poverty than their urban counterparts. Childhood trauma contributes to a variety of poor mental health outcomes, including depression and risk of thoughts of self-harm.<sup>11</sup>

Students are substantially more likely to seek behavioral health support when school-based services are available.<sup>15</sup>

In a multiple school-based intervention programs in urban areas, students showed a statistically significant improvement in functioning, and stabilization in their functioning.<sup>16,17</sup>



# Why are prevention and wellness programs and other services and approaches for mental health concerns so badly needed in schools? (cont'd)

## Common Challenges

## Key Talking Points

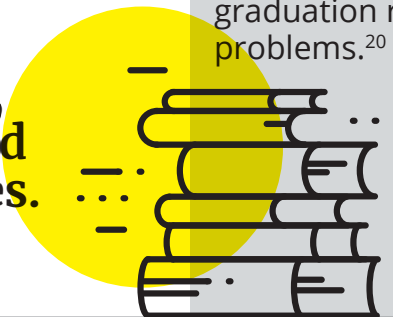
## Data to build your Case

**The stigma around mental health leads to lack of conversation, and students afraid to reach out for help.**

It is possible to implement stigma-reduction campaigns that work via change in teacher, school staff, student, and family attitudes.

In a review of 72 stigma-reduction campaigns, both education and contact had positive effects in reducing stigma for adults and adolescents with mental illness.<sup>19</sup>

**School administrations don't see the return on investment from prevention, wellness, and mental health and substance use services.**



Investing in these programs benefits schools through better test grades, increased graduation rates, and decreased discipline problems.<sup>20</sup>

Social emotional learning programming has been found to improve students' achievement test scores by 11 to 17 percentile points.<sup>21</sup>

Research indicates that students who use mental health services in school-based health centers are two times more likely to stay in school than students who did not use school-based health center services.<sup>22</sup>

**There aren't enough providers available, especially in rural areas.**

This is a nationwide challenge that requires creative and dynamic solutions such as competitive pay to reduce turnover, collaboration with other agencies when funding positions, supporting lower level staff in pursuing higher levels of degrees and licensure, implementing policies to fight burnout, and pursuing telehealth.

Over 60% of people living in rural areas live in a mental health shortage area.<sup>23</sup>

Implementing best practice programs and initiatives is especially beneficial in rural schools, where students often have limited access to supports.



**IN RURAL AREAS,  
FOR EVERY  
3,448  
people  
there is  
one  
mental  
health  
provider**  
COMPARED TO 1 PER 2128  
URBAN INDIVIDUALS<sup>24</sup>

# What Works?

We've provided a Top 10 list of school-based mental health best practices that positively impact student performance and have given some examples of each. These approaches and programs are not in any particular order of importance, as each school or school district has unique needs.

The practice strategies identified in the what works section cannot be implemented without understanding and responding to the culture of children and youth as well as their individual voices. Mental health strategies can only be effective when developed and implemented with the culture and expertise of the youth who would be served.

It is also important to note that many districts, schools, and teachers are already implementing one or more best practice. This list is not meant to add more for school staff to do—it's meant to help build on the successes and strengths already present in your schools and classrooms so that you can act more intentionally in your promotion of school-based mental health.



There are more approaches and programs—we've just highlighted some examples—so after reading this section we urge you to go to the Substance Abuse and Mental Health Service Administration's [National Registry of Evidence-based Programs and Practices \(NREPP\)](#) to learn more about programs that are backed by research.

After you've read through these best practices, use our **School Needs Assessment Tool** to identify—in partnership with your school (or district) champion—which programs your school or district already has in place and what is missing.

Substance use prevention and treatment programs are more successful when integrated in overall wellness and health plans. Universal school-based substance use prevention programs build social, emotional, cognitive, and substance refusal skills and provide accurate information on rates and amounts of peer substance use. Interventions focused on youth aged 10 to 18 have been shown to impact initiation and escalation of substance use.<sup>25</sup>

## 01. Make mental health part of an overall wellness strategy

Wellness is described by the World Health Organization as a state of "complete physical,

### BEST PRACTICE HIGHLIGHT

**A school or district can form a Wellness Team to promote student (and staff) wellness. In many states, schools are required to use and report on school improvement plans. A Wellness Team can help work toward improvement plan goals relating to health and wellness.**

mental, and social well-being, and not merely the absence of disease or infirmity."<sup>26</sup> Mental and emotional health is a cornerstone of wellness. While overall health is nurtured through nutrition, exercise, sleep, and medical care, mental health is also nurtured through positive experiences; loving, stable relationships; and intentional, direct support that helps develop critical social emotional skills.<sup>27</sup> Mental wellness should be discussed as part of overall wellness, as this framework helps remove stigma and increase support for services.

Several programs across the country help schools address wellness; these examples provide some helpful ideas, resources, and easily implementable programs for a wellness team to promote in their own schools:

**Schools That Care:** After multiple student and parent deaths by suicide within a few years, two school districts in Kansas' rural Marshall and Nemaha counties developed the Schools That Care project. The project is the product of a partnership between the school districts, the School-Business Educational



Consortium, the local hospital, a local mental health agency, and a telecommunications business. The Schools That Care project provides mental health treatment housed in the school, referrals to community mental health treatment, education about mental wellness, and case management for students and their families. This project also designated staff to evaluate and strategically plan the mental health programming, created wellness teams for the school districts, and created and updated policies and procedures related to mental health.

AIM XL (Assess, Identify, Make It Happen): [The Center for Rural School Health & Education](#) supports schools through engaging in a strategic planning process to promote student health. Stakeholders engage in the planning process to develop a comprehensive health and wellness plan using the [Whole School, Whole Community, Whole Child](#) (WSCC) model. They have created a step by step [AIMXL Do IT Yourself Guide](#) for districts to engage in the planning process.

[Communities That Care](#): Communities That Care coaches communities across the country through an evidence-based, prevention science process that reduces levels of youth problems and helps them thrive. They offer an online workshop and a guide for engaging in this work.

[keepin' it REAL \(kiR\)](#) is a scientifically proven, effective substance use prevention and social and emotional competency enhancing program focusing on the competencies linked to preventing substance use and misuse. Featured as a cost-effective and powerful program by the U.S. Surgeon General, the lessons are designed to promote interaction among students as well as between students and teachers. Students also learn how to assess risk, value their perceptions and feelings, and communicate effectively. This program also created [keepin' it REAL Rural](#), which is based on research with and experiences from youth in rural school districts.

[Project ALERT](#): Developed over a ten-year period by the RAND Corporation, Project ALERT increases the likelihood of teens to remain drug-free. It is a free, digital classroom-based substance use prevention program. The online curriculum resources include fourteen easy-to-follow lessons.

[Youth Mental Health First Aid \(MHFA\)](#): Mental Health First Aid is an evidence-based training program that empowers individuals to identify, understand, and respond to others who might experience a mental health or substance use disorder crisis. Just as basic first aid is to scrapes and bruises, MHFA is to mental health struggles.

## 02. Screen for and identify issues to refer students to needed services

While all students benefit from mental wellness and social emotional learning, some students need additional mental health services. However, it's hard to help students if you don't know which ones need help. Screening for and early identification of potential problems are crucial first steps in promoting mental health.

The gold standard is to screen all students for mental health and ensure educators and staff know how to recognize early signs and symptoms of mental health concerns. Universal screening can be controversial for schools, however. Administrators may be nervous about identifying students that need help if services are unavailable, particularly in rural or under-resourced communities. Additionally, parents might have concerns about stigma or other issues around school screenings and may hesitate to provide consent. There are ways to screen students that both school officials and parents can support.

**A warm handoff system works best, meaning that when school personnel refer a student to another provider the transition is conducted in person, with the student (and family, if possible) present.**



Districts have found success using a Tier 1 SEL screener followed by a more targeted risk and mental health assessment tool when needed. Schools participating in universal screening report identifying students at risk of self-harm that otherwise would have not been identified. It is important to have a plan in place for student support prior to beginning screening that includes response strategies and parent involvement.

The following resources can help you decide how to implement universal screening in your district:

[Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools](#): This toolkit was developed by the Substance Abuse and Mental Health Service Administration (SAMHSA). This toolkit provides a framework and detailed set of steps and considerations for developing universal screening procedures in schools. It also has resources to assist throughout the process of planning, developing capacity, executing screening procedures, and evaluating and assessing individual students and the screening process overall.

[The Colorado Education Initiative Universal Screening Toolkit](#) is an excellent resource for school districts in the preparation and implementation of any level of student screening.

### BEST PRACTICE HIGHLIGHT

**Along with sports physicals and vaccinations prior to fall enrollment, a child's pediatrician or family practitioner can administer mental health screening to cover signs and symptoms of depression, anxiety, ADD/ADHD, or other mental health obstacles that might impact a student in school.**



### BEST PRACTICE TIP

## Fall Enrollment Requirements

**Sports Physical**



**Vaccinations**



**Mental Health Screening**



Identify students who may need additional services



There are many universal screening tools to choose from. Here are a few examples to get you started:

**[Devereux Student Strengths Assessment \(DESSA\)](#)**: The DESSA is a strength- and resilience-based social emotional screener which can be used for grades K-8. Many schools use the results to help guide their Tier 1 and Tier 2 interventions (more on this under Best Practice 8) and evaluate the effectiveness of their chosen interventions.

**[The Behavior Intervention Monitoring System 2 \(BIMAS-2\)](#)**: The BIMAS-2 is an assessment that is suitable for students K-12, and can be used to screen for students who need additional support, monitor changes in student behavior and mental health characteristics, and evaluate the effectiveness of an intervention.

**[The Behavioral and Emotional Screening System \(BASC-3\)](#)** can be used for grades P-8. From preschool to 2nd grade, the results are based on teacher and parent reports of the student and from 3rd grade to 12th grade, the student self-reports, in addition to the teacher and parent, providing multiple perspectives on a student's functioning. Like the previous assessments, the BASC-3 can be used to inform, monitor, and evaluate SEL interventions.

It is also available in Spanish for both parents and students and in a brief assessment format.

**[CRAFT](#)**: This screening tool is an evidence-based tool designed to identify substance use, substance-related risk behaviors, and substance use disorder in youth ages 12-21. It can be used to inform early intervention and counseling for youth.

In addition to screening, schools need to have a referral system in place for students who have been identified as needing additional resources. A seamless system of referral for further evaluation or services means creating a referral system that requires little or no extra work for the parent and minimizes the chances that a student could fall through the cracks.

**We've highlighted some schools that have student screening tools. These can serve as models or jumping off points for other schools and districts:**

A number of Colorado school districts implemented a social emotional universal screener in two school settings: K-5 elementary schools and high schools. Results of the fall and spring universal assessments provided the school districts with concrete data to drive whole-school professional development

**A recent analysis of school-based, universal SEL programs involving more than 270,000 kindergarten through high school students found that these students demonstrated significantly improved social and emotional skills, attitudes, behavior, and an 11-percentile point gain in academic achievement.<sup>29</sup>**



opportunities, implement school-based individual mental health services, and evaluate the need for additional behavioral health support, as well as prevention curricula throughout all tiers of the Multi-Tiered System of Support model.

### **03. Incorporate social and emotional learning (SEL) in schools**

Social emotional learning is the process through which children acquire and 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

#### **BEST PRACTICE HIGHLIGHT**

**An important SEL best practice is to align programs with the developmental stage of the students the program is targeting. Mental health and substance use programs that use a social influence approach (harnessing the power of social influences on youth thinking, including peers, the media, and family) are helpful.<sup>30</sup>**

maintain positive relationships, and make responsible decisions.<sup>28</sup> These skills are quite a bit different from the traditional “reading, writing, and arithmetic” taught in schools, but research has proven that social emotional skills are essential to success in school, work, and life. Furthermore, building social emotional learning helps students gain resilience, which is the capacity to recover quickly from difficulties.



**BEST PRACTICE HIGHLIGHT**

**Clinics need to be accessible and well understood by the students, teachers, and families in order to be effective. The [School-Based Health Alliance](#) is a national non-profit organization that supports existing and emerging school-based health centers through policy development and advocacy on federal, state, and local levels. They also offer training, professional development, and evidence-based resources to assist in the development and management of a school-based health center. They are a useful resource if you are advocating for a clinic at your school.**

Each school has their own unique social-emotional needs and it is important to choose an SEL curriculum based on those needs. Many schools use results from student social emotional screening to inform the curriculum they choose so they can have the greatest impact on their students. It may also be helpful to reach out to teachers and other school staff that are with students throughout the day. They likely have a unique insight in what skills and curriculums students may benefit most from.

[Collaborative for Academic, Social, and Emotional Learning \(CASEL\) Program Guides](#): The CASEL Guide provides a framework for evaluating social emotional programs and provides a list of well-designed, evidence-based SEL programs. The guide also has best-practice strategies for district and school teams on how to select and implement SEL programs and offers recommendations for future priorities to advance SEL research and practice.

The Harvard Graduate School of Education offers a resource, [Navigating SEL from the Inside Out](#), that provides background information on social emotional learning, recommendations for adapting SEL to out-of-school-time settings, and summaries and individual profiles for 25 of the most popular SEL programs.

One free SEL curriculum that is an option is [Random Acts of Kindness](#) which offers educator resources, including free K-12 lesson plans with developmentally appropriate lessons that teach kids important social emotional skills. The Random Acts of Kindness program includes online lessons and activities with the intent to build social emotional learning opportunities and create positive classroom and school environments.

## **04. Establish and use school-based health centers (SBHCs) for mental health and substance use services in addition to physical health care**

School-based health centers are clinics located on school campuses that offer both physical and mental health services. They are an effective way to improve students' access to care, particularly in low-income communities where youth may have social, economic, and geographic barriers to care.<sup>31</sup>

Data indicate that students are substantially more likely to seek mental health and substance use support when it is available at school.<sup>32</sup> Furthermore, school-based clinics positively impact a variety of outcomes: one study showed GPA increasing by 5% and alcohol use decreasing by 15%.<sup>33</sup>



**RURAL TIP**

**School-based health centers are especially helpful in rural areas, where resources may be more spread out geographically and transportation to separate provider offices is difficult.**

**Here is one example of how school-based health care can be implemented:**

[Park County RE-2 School District in Colorado](#) has partnered with Summit Community Care Clinic to remove the rural barriers of time and travel to those students, families, and staff that need access to mental health, dental, and medical services by offering an on-site School-Based Healthcare Clinic. This partnership is funded by both Caring for Colorado and the Colorado Department of Public Health and Environment. The School-Based Healthcare Clinic has been in operation for one school year and has provided mental health services to approximately 38 students in preschool through 12th grade. Students, families, and staff have access to services through self-referral, in addition to staff-referral of students through the Response to Intervention process when significant mental health needs are identified. The Clinic has served many students who would not otherwise receive mental health services due to the very limited resources in the rural community.

Another resource is the National Quality Initiative's [Collaborative Improvement and Innovation Network \(CoIIN\)](#). This initiative is a collaboration between the School-Based Health Alliance and the National Center for School Mental Health. CoIIN works to improve the quality and quantity of school-based health centers across the country by promoting the use of standardized performance measures and other sources of data, increasing the accessibility of evidence-based best practices, and advocating for state policies that support the creation and sustainability of high-quality school-based health centers.

## 05. Create partnerships with mental health professionals

Close relationships between schools and community mental health and substance use professionals are key to promoting mental health in schools. Schools could either provide their own mental health services internally or contract with community providers. Either way, community partnerships are essential.



“Partnerships have been a huge help in making connections with agencies and taking some of the work out for the parent.”

— School-Based Mental Health Professional

### BEST PRACTICE TIP

**Especially in areas where mental health services or providers are limited, it is important to look to other valued community resources for partnership opportunities. This could include collaborating with faith-based organizations or organizations that are made up of and serve people of diverse racial, ethnic, and cultural backgrounds.**

**To build successful partnerships, schools should:**

- Ensure communication between providers within and outside of school, and with parents
- Ensure written, informed consent and confidentiality for services provided
- Improve the potential for sustainability by collecting data on outcomes
- Consider the interests of both the school and community partners

**Examples of school and community partnerships:**

There are a variety of ways to foster these partnerships, for example:

1. Schools contract or collaborate with providers from an outside agency who deliver school-based or telehealth services<sup>34</sup>

[Wyoming Trauma Telehealth Treatment Clinic](#):

The WTTTC uses videoconferencing to connect individuals who have experienced domestic and/or sexual violence with psychology doctoral students at the University of Wyoming. Sessions are free to clients and students gain valuable clinical experience. This clinic is a partnership between the University of Wyoming psychology department, the University of Wyoming Center for Rural Health Research and Education, and communities throughout Wyoming.

2. School-based mental health centers employ providers on site<sup>35</sup>

In two small towns in Montana, Eureka Public Schools and Columbia Falls High School have partnered with North Valley Hospital to form [school-based health clinics](#). These clinics offer students and families access to chronic and acute medical and wellness services, health education, and behavioral health services, including telehealth services, therapy, and medication management.

- Schools develop a referral system to outside providers who provide services at their own sites

The process for developing a referral system to outside providers looks different for every school district and community. In a number of communities, schools and agencies have started by conducting a landscape analysis. This process involves researching and finding all of the providers in the area and documenting what services they provide, what topics they specialize in, and what insurance they accept and/or the cost of services. This in-depth process allows for students to be referred to the service provider that best fits their needs, while taking into account their budget for services and other factors such as travel time or distance.

- Schools provide their own school-supported mental health model and ensure parent/student consent for communications with other health care providers

In Utah, Jordan School District is able to employ over 65 school psychologists who provide mental health services to students. They also have a Family Education Center that provides counseling services, as well as educational and support groups to families and students on topics such as anger management and anxiety. For situations in which the school is not able to provide needed mental health services, the district has many partnerships with local mental health agencies to refer students to. In 2019, Utah passed a bill that will allow schools to bill Medicaid for certain mental health services, which is likely to greatly expand the types and intensities of the services they can provide for students and families.

While self-care is important, teachers and other school staff need support that goes beyond self-care and boundary setting. For example, staff who experience traumatic incidents with their students might need help transitioning back to classrooms after these incidents. Schools can help teachers and other school staff understand the issues and support them to be reflective in their needs.<sup>38</sup>

**Example of a staff wellness program:**

Employee Assistance Programs: These programs are available for all staff, including teachers. This could be a way of embedding school staff mental health support into standardized procedures and benefits in your school or district. EAPs could provide tips and guidance for positive mental health, provide staff with counseling resources and stress reduction tips, and encourage the formation of local school Wellness Committees.

**School Staff Wellness Resources:**

[Kaiser Permanente Thriving Schools](#): This program aims to improve the health of all children and staff in schools. Their website offers many resources, including informational webinars, guides and toolkits

**BEST PRACTICE HIGHLIGHT**

**Teachers are an essential factor to the implementation of the mental health best practices in schools. Support their wellness by leveraging the work they already do: talk to them about their wellness and the mental health needs of their students.**

for championing school wellness and implementing mindfulness in schools, and research and information about the effects of teacher wellbeing on performance and student outcomes. These resources are beneficial for teachers, school leaders, and other school staff. Thriving Schools also partners directly with over 300 schools in the country to help develop healthful systems and practices in schools and foster school cultures that support student and staff physical and mental wellness. Kaiser Permanente also has numerous [toolkits](#) available that can help a school or district start a wellness committee or workforce health program, as well as information on integrating specific areas of wellness, such as healthy diet and exercise, into a school's culture and resources.

**BEST PRACTICE HIGHLIGHT**

**One small rural school district provides “listening sessions” for teachers. Teachers are given 30 minutes per week to participate in these listening sessions on a voluntary basis while school administration provides coverage for their classroom. This creates a culture of support where teacher wellness is valued.**

## 06. Emphasize teacher and school staff wellness

A trusting relationship between staff and students and a positive classroom atmosphere are important prerequisites for successful mental health intervention.<sup>36</sup>

However, many school staff feel overwhelmed by emotional and behavioral challenges in their classrooms. Burnout cascade, where difficulties with student behavioral management can negatively affect staff-student relationships and the classroom environment, might harm both teacher and child mental health.<sup>37</sup>

**BEST PRACTICE HIGHLIGHT**

**One-time “one and done” trainings for staff aren’t as effective at creating lasting change— staff need continued training and coaching, periodic refreshers, and troubleshooting check-ins to assure that changes are taking root.**

**BEST PRACTICE HIGHLIGHT**

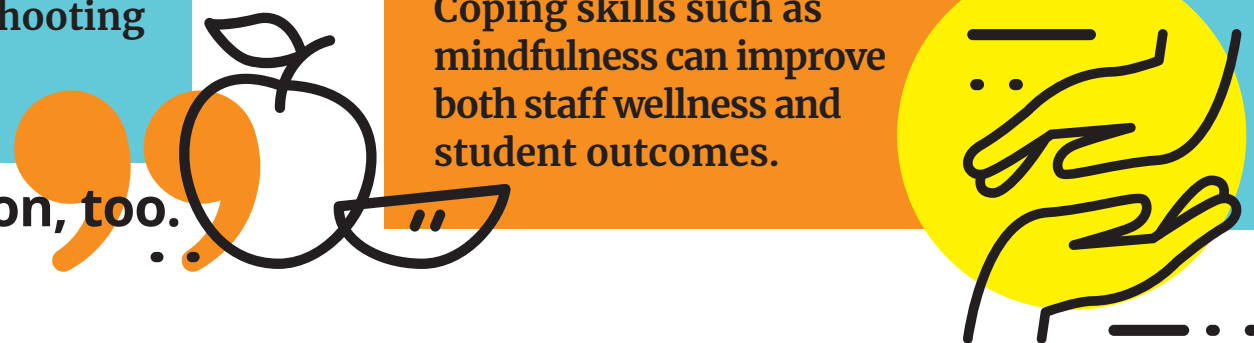
**Facilitate a sense of community among staff colleagues by providing formal opportunities—and time—for staff to talk through and process difficult events. These community platforms may include designated leaders or mentor teachers who provide support for other classroom teachers.<sup>39</sup> Coping skills such as mindfulness can improve both staff wellness and student outcomes.**

**STUDENT INVOLVEMENT SUCCESS**

**VOIHCE (Voicing our Imperative Health Concern Everyday), a student youth advisory board from Adams City High School (ACHS) in Colorado is focused on addressing youth health issues. With support from adult advisors, VOIHCE works to increase awareness about issues like peer pressure, domestic violence, suicide, depression, and teen pregnancy prevention, and to empower teens to take responsibility for their own health. VOIHCE members have testified at the legislature on various issues important to them, and, thanks to the VOIHCE members, the Adams City school-based health center integrated mental health services in 2010.<sup>48</sup>**

**Teachers need mental health support or education, too.**

– Colorado Youth





The National Association of Chronic Diseases has a [Guide to Improving School Employee Wellness](#) that provides a framework for how districts can build support for employee and school wellness, assess for wellness needs in their schools and district, implement programming and resources to support their staff, evaluate the effectiveness of their interventions, and maintain employee wellness as a priority. This guide focuses on how the health and wellness of schools, staff, and students are deeply intertwined and impact one another. A comprehensive approach is crucial to success.

[Happy Teacher Revolution](#): Happy Teacher Revolution provides training for Revolutionaries so that they can lead support groups in their communities. These groups provide teachers with a community to discuss challenges and successes in their work as educators.

## 07. Reduce stigma

The stigma—or perceived shame—surrounding mental health issues is one of the primary reasons that individuals and families do not seek services.<sup>40</sup> By addressing the misconceptions and fears about mental health and educating students and teachers, schools can reduce stigma.<sup>41</sup>

### BEST PRACTICE HIGHLIGHT

**Schools, communities, and families can work together toward creating a culture free of mental health stigma. Best practices should include both staff training and student-based learning such as the “Culture of Care” project, where schools and other community partners directly communicate to students that it is ok to ask for help.”<sup>42</sup>**

### RURAL TIP

**The need for stigma reduction is likely greatest in rural and frontier areas where many people have a fierce value of independence and self-sufficiency, which may cause them to avoid seeking help for mental health and substance use challenges.**

Stigma-reduction programs and initiatives such as the following can provide some ideas to help decide what your schools might do:

[Active Minds](#): Active Minds is a primarily youth-led mental health advocacy organization that is active in over 600 colleges and high schools across the country. They aim to increase awareness and education about mental illness and suicide through student advocates, their Send Silence Packing suicide prevention exhibit, speakers who provide mental health education for students and communities, and their Healthy Campus Award which recognizes those schools that prioritize student wellness.

[Make it OK](#): This stigma reduction website contains information related to mental illnesses, what stigma is, tips for having conversations about mental illness, and a variety of resources and tools, such as posters, flyers, PowerPoints, fact sheets, newsletter templates, and links to the podcast, The Hilarious World of Depression, which uses humor as a way to start a conversation about mental illness.

[NAMI Share Your Story](#): The National Alliance on Mental Illness provides numerous opportunities for individuals to share their mental health story, including OK2TALK.org and You Are Not Alone at notalone.nami.org. Both of these online resources offer a platform for sharing videos, pictures,

### BEST PRACTICE HIGHLIGHT

**To help fight stigma, schools should consider addressing mental health in face-to-face conversations with parents, such as at back-to-school night or other parent meetings, instead of simply sending letters home.**

poetry, prose, art and any other mediums of creative expression. These resources are intended to provide a place for people to reach out if they need help, connect with other people experiencing similar challenges, and learn more about the lived experiences of mental illness. You can also reach out to your local NAMI for more resources.

[I Got You \(IGU\)](#): Healthy Life Choices for Teens: The IGU program was developed in rural east central Mississippi in 2012. The program was developed by a number of community partners, including local schools, local domestic violence shelters, the Mississippi Department of Education and Attorney General's Office, and local mental health providers. The program was designed to increase students' ability to recognize high-risk behavior, understand why seeking help is important, and provide resources for students.

Intentional inclusion of mental health in health and wellness curriculum: New York was the first state in the nation to require mental health instruction for all grades, as a result of legislation passed in 2016. Many districts have started to incorporate mental health education into general health education classes as a means to encourage conversations about mental health. It's important that students know it's ok to not feel ok and what to do when they need help. This starts with everyday conversations about mental health.

BEST PRACTICE HIGHLIGHT

**Multi-tiered System of Supports establishes three “tiers” of support in the school:**

**Tier 1—resources and programming for all students**

**Tier 2—resources and programming for students found to be at a higher risk of school-related problems, such as students who have already had discipline issues, or students who have been enrolled in several schools for shorter periods of time**

**Tier 3—supports provided to individuals, perhaps referred by a teacher or revealed in a screening.<sup>44</sup>**

**When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look into the reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce.**

– Thích Nhất Hạnh



RESOURCE HIGHLIGHT

The [Colorado Framework for School Behavioral Health Services](#) outlines a true gold standard system of care. The Framework includes three different models of service delivery for students with high behavioral health needs: co-located services in schools, school-based community therapists, and seamless referral systems, to respond to each community's location, needs, and resources.

## 08. Use positive behavioral intervention and supports (PBIS)

Positive behavioral intervention and supports (PBIS) is a prevention-based framework designed to build social emotional learning into the everyday school curriculum. The core of PBIS is school-wide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. The purpose of school-wide PBIS is to establish a climate in which appropriate behavior is the norm.<sup>43</sup> Teaching-oriented, positive, and preventive strategies are emphasized for all students in this framework.

### **Resources for implementing positive systems of support:**

Positive Behavioral Interventions and Supports (PBIS): The PBIS website has a number of [guides](#) to help you implement PBIS throughout your school and district. The website also has examples of activities, policies, and systems that have worked

for other schools across the country. For example, [one school district in California](#) found ways to integrate PBIS into their school handbook of policies and expectations. This kind of work ensures that positive behavioral interventions and supports are the standard at your school and that students, teachers, and parents understand what is expected of them. A PBIS framework has been found to be a crucial part of a variety of evidence-based practices marked “effective” or “promising” by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Multi-Tiered System of Support (MTSS): MTSS is a systemic approach for identifying and coordinating evidence-based interventions that can be used in combination with PBIS. It is based on the concept of tiered levels of support that act as universal prevention, targeted supports and early intervention, and intensive and individualized supports and intervention. For example, North Dakota provides an [MTSS framework](#) for SEL implementation for all school districts across the state. It provides reasonable expectations and goals for what skills students should know by the end of each grade. It also provides guidance for choosing evidence-based SEL curriculum. [CASEL](#) and [The Washington Office of Superintendent of Public Instruction](#) have resources for utilizing a multi-tiered systems of support framework in your school.

Project AWARE: Following the Sandy Hook tragedy in 2012, former President Barack Obama partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) to form the Now Is The Time initiative to make grants available to communities throughout the country in order to build partnerships in states between State Educational Agencies, State Mental Health Agencies, and Local Education Agencies. Project AWARE aims to improve mental health awareness and response in schools and communities, increase training on mental health for school staff and other adults, and to connect students and their families to appropriate behavioral health services. So far, 70 grants have been awarded in 28 states and Puerto Rico.

SCHOOL

## Trauma Informed Schools

### Step 01.

Create a shared understanding of trauma among all staff

### Step 02.

Support all children to feel safe, both socially and emotionally

### Step 03.

Address student needs in holistic ways, taking into account their cultural background, relationships, academic competence, and physical and emotional well-being

### Step 04.

Purposefully connect students to the school community and provide opportunities to practice newly developing skills

### Step 05.

Embrace teamwork and share responsibility for all students

### Step 06.

Anticipate and adapt to the ever-changing needs of students<sup>47</sup>

## 09. Incorporate trauma-informed principles

A child's ability to cope is significantly undermined after witnessing or experiencing one or more overwhelmingly stressful event, such as violence between caretakers or being abused. Traumatic experiences in one's childhood can diminish concentration, memory, and other abilities students need to succeed in school, and it can lead to poor coping skills, substance use, and smoking.<sup>45</sup> Once schools understand the educational impacts of trauma, they can become safe, supportive environments where students make positive connections with adults and peers, manage their trauma symptoms so they can behave appropriately, and feel confident to learn.

**Trauma-informed programs can be implemented in a variety of ways, some of which we have included as examples here:**

[Cognitive-Behavioral Intervention for Trauma in Schools \(CBITS\)](#): CBITS is a set of school-based,

cognitive-behavioral, skills-based interventions designed for students who have experienced traumatic events. The program aims to improve the well-being of traumatized students by using a variety of proven cognitive-behavioral therapy techniques to reduce symptoms of post-traumatic stress disorder (PTSD), anxiety, and depression and to improve behavior, social functioning, grades and attendance, peer and parent support, and coping skills. The program is designed to be culturally and organizationally appropriate for the school setting. This program has been designated an "effective" evidence-based practice by SAMHSA.

[Support for Students Exposed to Trauma \(SSET\)](#): SSET is an evidence-based, school-based program for delivery by teachers and school counselors. The program consists of ten 45-minute lessons designed to be delivered during one class period. These lessons focus on: Common reactions to trauma, relaxation techniques, coping strategies, learning to approach difficult situations, developing a trauma narrative, and problem solving. These online trainings are free and materials are included on their website.





[The National Child Traumatic Stress Network](#) is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services and jointly coordinated by UCLA and Duke University. They provide free training modules, handouts and useful materials for school support personnel. The NCTSN System Framework for Trauma-Informed Schools provides strategic guidance to achieve the vision of a trauma-informed school.

[The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success](#) is the handbook from The Washington State Office of the Superintendent of Public Instruction's Compassionate Schools Initiative and provides practical strategies for implementing trauma-informed practices in the school setting. It is free and available to download.

[Restorative Justice \(RJ\)](#): Schools are moving away from "zero tolerance" and other policies that rely on suspension and expulsion to deal with student discipline, as these methods are not particularly effective. Restorative Justice focuses on repairing harm rather than punishment. Its main principles are 1) repair: crime causes harm, and justice requires

repairing that harm; 2) encounter: the best way to determine how to do that is to have the parties decide together; and 3) transformation: this can cause fundamental changes in people, relationships, and communities. 46 Restorative Justice programs can help decrease drop-out rates and other ways students fail to complete their education, thereby helping some of the most at-risk students stay in school. The Restorative Justice framework has been found to be a crucial part of several evidence-based practices marked "effective" or "promising" by SAMHSA.

System of Care: A system of care requires multiple agencies working together to improve students' outcomes and often involves screening and referral. These systems should be youth and family driven.<sup>47</sup> In California, their [Children and Youth' System of Care](#) is a partnership between the California Department of Social Services, the Department of Health Care Services, the Department of Education, the Department of Rehabilitation, the Department of Developmental Services, and the California Health and Human Services Agency and multiple counties across the state. All child and youth serving agencies are involved, including the public mental health system, child welfare, healthcare and disability systems, and education.

## 10. Prioritize suicide prevention

In 2017, suicide was the 2nd leading cause of death for youth ages 10-24.<sup>49</sup> Students who feel safe at school are over three times less likely to attempt suicide.<sup>50</sup> The school setting is ideal for youth suicide prevention efforts. Indeed, the "school contagion" phenomenon, wherein one student suicide prompts one or more others among students, can have devastating consequences on the families, the community, and students and their learning environment.

When thinking about how to prioritize suicide prevention, it is important to recognize that holistic wellness promotion approaches that begin early in a child's life and sustain throughout their childhood and adolescence are oftentimes more effective than time-limited suicide prevention and intervention programs. Many of the Best Practices in this toolkit (such as Best Practices 1, 2, 3, 4, 5, 7, and 9) are effective ways of preventing negative experiences that may contribute to suicidal ideation, intervening early in potentially traumatic or high-risk situations, and promoting overall resilience and youths' strengths and abilities to cope with stresses in life.

As youth suicide rates climb across the country, it is recommended that schools engage in safe, straightforward conversations and screenings to support those most vulnerable to suicide. As part of this, increased training for teachers and students alike will help identify and encourage students at risk to seek help.

Here are a few examples of programs, initiatives, and resources developed specifically for suicide prevention, intervention, and postvention:

[Suicide Prevention Resource Center \(SPRC\) and Out for Equity Program](#). LGBTQ+ youth have much higher rates of suicide attempts than their non-LGBTQ+ peers. SPRC put together a paper about reducing LGBTQ+ suicide attempts and deaths by suicide that highlights a successful program



for use in schools, “Out for Equity.” The [Suicide Prevention Center](#) also has information on the current suicide prevention plans for all 50 states.

**Sources of Strength:** Sources of Strength is a program which works to help prevent student suicide by building a support system within the school. The program teaches students skills to use in a mental health crisis, while preventing suicide by encouraging students to ask for help and promoting connections between peers and caring adults. It was listed as an evidence-based practice by SAMHSA in 2015 and has been implemented in urban, rural, and tribal settings throughout the country.

**Signs of Suicide.** The Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students.

**Applied Suicide Intervention Skills Training (ASIST):** ASIST is a two-day, evidence-based training that provides participants with the skills to identify when someone may be having thoughts of suicide,

to intervene and provide suicide first aid for the individual, and to help a person stay safe until the person is able to receive professional treatment. This training is appropriate for any member of the community, including teachers, parents, and other people in caregiving or helping roles.

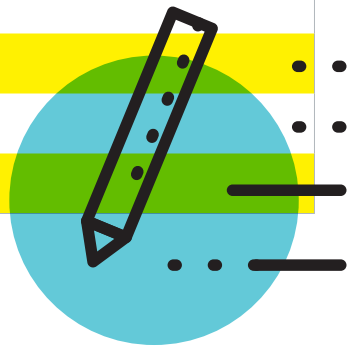
**Community Assessment and Coordination of Safety (CACs):** An interactive, online suicide risk assessment tool for ages ten-adult that includes risk questions inspired by evidenced-based tools such as the Columbia-Suicide Severity Rating Scale (C-SSRS) and SAMHSA’s SAFE-T Evaluation. In the hands of mental health and helping professionals, CACS provides school counselors, psychologists, and social workers access to a thorough suicide assessment, five-minute screener, safety plan template, and resource directory to help save more lives from suicide.

## School Needs Assessment Tool: A Checklist

After reading the **What works?** section of this toolkit, reach out to your school champion and/or a school or district administrator to assess needs. For each of these best practices, determine with your team or among your core leadership (which may vary depending on how you are addressing mental health in your district or school) which score best matches to your progress in each of the 10 best practices and write this score next to each practice. It may also be beneficial to include students or teachers in this assessment process to provide a more nuanced and complete picture of mental health programming in your school or district.

- 1—We are not implementing this
- 2—We are not formally implementing this, but have some related efforts
- 3—We have a plan in place to implement this
- 4—We are implementing this
- 5—We have policies in place to implement and evaluate this and it is sustainable

Assessment Score (1–5)	Best Practice
	A school wellness team, or other effort to make mental wellness part of an overall wellness strategy (pg. 15)
	An established process for mental health, suicide, or substance use screenings and referrals (pg. 16)
	Social emotional learning programs (pg. 19)
	School-based mental health and substance use services (pg. 21)
	Active partnerships with community mental health professionals (pg. 22)
	Teacher and school staff wellness programs and support (pg. 24)
	Stigma reduction programs (pg. 26)
	Positive behavioral intervention and supports (pg. 29)
	A trauma-informed program or approach (pg. 30)
	Suicide prevention efforts (pg. 33)



### IN ADDITION, ASK YOUR SCHOOL LEADERS:

1. What do you consider the biggest mental health or social emotional learning needs in your school/district?  


---



---
2. What kind of funding and implementation needs do you have?  


---



---
3. Are there any policies within the district or at the local/state level that currently prevent or act as a barrier to fully implementing mental health programming in your schools?  


---



---



# How do I make Changes?

The **School Needs Assessment Tool** will help you begin to assess what your school/district needs to improve or increase mental health services in schools.

Many schools and school professionals already support the idea of mental health in schools. They are already sold on the data and needs, and they understand that better mental health and social emotional learning in schools helps students succeed. Many schools and school staff are also already implementing some kind of programming, services, or practices that benefit students' social emotional learning and mental health. However, their schools might still need resources and guidance. Through interviews with community members, parents, behavioral health providers, and school staff and leaders, we identified several top characteristics to implement a successful school-based mental health program. These included:

- Sustainable funding sources
- Collaboration and resource sharing
- Strategic plans and benchmarks of progress
- Incentives for schools or districts to implement new mental health programs.
- Train-the-trainer models (people are trained to then train others in the community)
- Youth and community involvement in the decision-making, implementation, and evaluation process

We combined the results of these interviews with our own research to answer the question:

## What does success look like?

Many of the best practices in the **What works?** Section of this Toolkit have been implemented in schools, and their programs can serve as models.

Once you have identified services that are missing from your schools, and one or two best practices that your schools might be willing to implement, plan ahead to determine what successful implementation should look like for your school or district. We've identified six key components to success:

### Collaboration success:

One Mental Health Center partnered with a mountain community high school to split the costs of a therapist placed at the school. There were 9 crisis calls the semester before the therapist was based at the school and zero calls the semester after the therapist began.



**Student involvement Success:** The [Expressive Approaches to Social and Emotional Wellbeing toolkit](#), created by Children’s Hospital Colorado and applicable for youth-serving professionals across the country, includes six sections to help engage youth in discussing emotional wellness through arts and expression. This toolkit is matched to the CASEL competencies (see Best Practice 3).

**Encourage youth voice. Not only do youth have vital knowledge about the lived experience of mental health in adolescence, they can provide creative and innovative ideas for change that many adults may overlook. Also, research shows that adolescents are more likely to make decisions based on what their peers do— involving youth in mental health awareness and promotion efforts can act as a form of positive influence, even for those adolescents who aren’t directly involved in the work.<sup>51</sup> In the case of promoting policy change, when legislators hear from young people directly, it can be more impactful than when they hear from a professional. It’s something that we’ve seen be successful.**

– State Personnel

## 6 points on success

1. Success means **involving students**. For example, they can participate in advocacy by sharing their own stories and organizing groups to address school administrators, school boards, or lawmakers.
2. Success means all voices in the community are a part of each step of the process, which includes **being culturally and linguistically sensitive and responsive to the unique needs of your students and your community**. This means collaborating with the youth and families in your community, partnering with organizations with diverse expertise that are valued by your community, and providing services and resources in the appropriate languages for students and families.
3. Successful implementation involves **collaboration between schools and organizations** such as Community Mental Health Centers, faith-based organizations, telehealth services, state agencies, and county agencies.
4. Success means **implementing school-based services in an effective and sustainable way** – that means using evidence-based practices (see [What works?](#) section) whenever possible and developing lasting ways of funding (see [How can initiatives be funded?](#) section for ideas).
5. Success means **engaging communities and tapping into other community organizations that already exist**.

**Don’t just assess what’s bad, assess what’s good and how to build on that.**

– School Mental Health Services Provider

6. Successful implementation **includes collecting and reporting outcome data to ensure programs remain effective**. This will help both reshape programs that don’t work and build on programs that do.

**Promote peer-to-peer advocacy and learning. If one school principal tells another about a program, that’s a much better messenger.**

– Mental Health and Substance Use Disorder Leader


## What (and who) drives success?

After you’ve identified practices you want in your school or district, and you have an idea of what successful implementation should include, work with your community, school stakeholders, and partners to advocate for specific changes.

Your first step should be to identify where the change needs to happen. Often, the changes you want to see are at a local level, in your school district, city, or county. School improvements that you are advocating for may require various policy or law changes at the local level. To drive policy change at a local level, you might start by:

1. Addressing the school board in public meetings to communicate your ideas and priorities. In many cases, inviting youth to speak to school boards can be particularly impactful.

**Build a state-wide network of advocates to support you with your work and to advocate statewide and locally for school mental health. This toolkit is meant to be used by schools and advocates to support you in this work. Community advocates can help by talking to their legislators and informing public policy by identifying the most pressing barriers to mental health care in schools, as well as the most promising solutions.**



Click [here](#) to get a ready-to-go fact sheet about children's mental health to give to policy makers.

**In one large county, a parent mailing campaign helped win a property tax increase to support hiring more teachers. Concerned parents organized themselves and emailed pre-printed postcards to registered voters, writing personal notes and urging recipients to vote in the upcoming election.**

2. Reaching out to other elected officials such as mayors, County Commissioners, and even the Sheriff's office to communicate your ideas and priorities.
3. Helping to elect officials that share your priorities—this includes reaching out to candidates prior to elections to assess how committed they are to improve mental health services in schools.

Sometimes changes or improvements require changes through amendments to local charters; proposing or supporting city or county ballot initiatives can pave the way for new or increased programs and initiatives (see [How can initiatives be funded?](#) for more on this).

You may need to engage **state agencies or legislators** if the changes you want to see require state level funding, statewide implementation, or changes in state statute or regulations. Your school champion, school administrators, local elected officials, and even organizations like [Mental Health Colorado](#) can help identify where and how change needs to happen.

## How do I gather support?

In our [Six-Steps-to-Change](#) tool, we've identified the need for both school and community support. Start by talking about the need for mental health services in schools, and potential solutions, with key people.

**Communicating one-on-one.** The simple act of reaching out to stakeholders and decision makers, voicing your opinion on an issue, and presenting relevant facts and data is an important tool. Use data to illustrate and support your position and to counter any opposing views. Strategies for reaching individuals include:

- One-on-one communication and networking, including in-person meetings
- Direct email communication
- Phone calls

**Building public will and gaining the support of leadership.** Forming coalitions with community organizations creates strength in numbers and is convincing to leadership. Pull in like-minded partners whenever you can. Start with the champion you've identified in the school or district (Note: if you are a teacher or student within a school—you are the ideal champion. Start by identifying a partner).

Along with your in-school champion, reach out to existing coalitions in your community, and build from there. Strategies for reaching a wider audience include:

- Media outreach – use the media liaisons among your partner organizations and/or schools when available, or reach out to the news outlets in your area. Write op-eds, or engage reporters
- Digital platforms – social media, websites, and digital advertising

**Teachers can be important impact leaders. National organizations like [Teach Plus](#) and [Educators for Excellence](#) work to empower teachers to take leadership in policy and practice issues through their work in communities identifying and training teacher leaders, creating teacher-led policy recommendations, and engaging in teacher-led advocacy for the improvement of our educational system.**

- Community events and presentations
- Professional development and networking events
- Professional associations, membership groups

Schools, counties, and the state all must consider many different important and compelling priorities, needs, and demands for their resources and budgets. Some decision-makers may not be aware of just how important school mental wellness approaches and programs are. Different audiences care about different things, so it is vital to tailor your message to your audience in a way that they'll hear it best. Use your [School Needs Assessment Tool](#) and [Talking Points](#) to engage in these discussions.

# Who's who in schools?

When you have an idea or a resource that you'd like to have considered in your school or district, who you reach out to depends on a variety of factors. These include school staff's differing roles, how involved the different staff or agencies are in similar programs or initiatives, and, perhaps most importantly, who you know and already have a connection with. Sometimes it might make sense to go straight to a school board, while other times it might be best to start with your school's counselor, teacher, or principal.

**Teachers** are in their classrooms every day. They know what has worked and what hasn't. They can be a great source of information in determining school mental health priorities and can be key partners in the advocacy process.

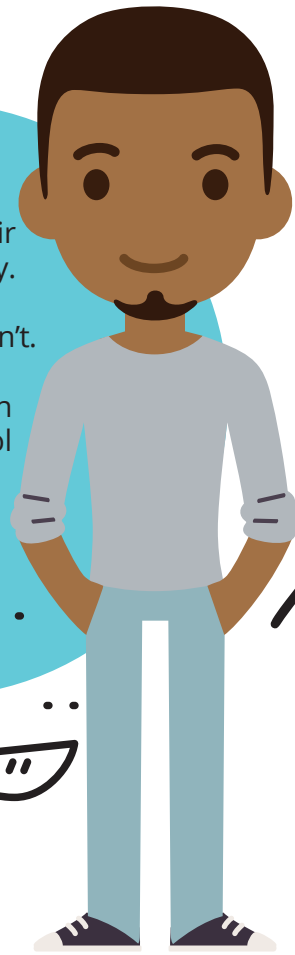
A **school mental health professional** has a Special Service License or from the state education agency (SEA) or similar licensure. These professionals may have information about programs and approaches that help with wellness and mental health and substance use challenges. They typically specialize in prevention, wellness, and mental health and can serve as important sources of information. School social workers and school psychologists are examples of school mental health professionals, but others may work in this capacity as well.

The **principal** oversees the daily operations of an individual school within a district. Principals can advocate for new or increased programs in their schools.

The **school board** is ultimately responsible for most decision making in the local school district. The school board is made up of elected community members, so they must consider the requests of their constituents.

The **superintendent** oversees the daily operations of the school district as a whole. They are generally responsible for providing recommendations to the school board in a variety of areas and handling the financial matters of the school district.

**School districts** are considered local education agencies (LEA). An LEA is the federal designation for the administrative unit responsible for receiving grant awards.





## What are the differences between school counselors, social workers, and psychologists?

*School Counselor*—A counselor often wears many different hats. Counselors receive specialized education and training in school counseling. They often serve as the first point of contact for a student with mental health needs and connect them to services. A counselor provides counseling services for students who may struggle academically, have challenges at home, have gone through a difficult situation, etc. A counselor may have information about programs and approaches that help with wellness and mental health and substance use challenges, and who can advocate to the principal for these programs.

*School Social Worker*—School social workers have at least a master's degree in social work and provide mental health services in schools. Schools often are one of the first places where mental health issues are recognized and addressed, so school-based social workers might serve as the primary mental health providers for students.

*School Psychologist*—A school psychologist may provide direct services to students like testing and counseling, and consult with teachers, families, and other school staff, like counselors and school social workers. They often work with administrators to improve school practices or policies, and coordinate with other providers in the community when a child needs additional services. School psychologists typically receive training in innovative and evidence-based approaches to prevention, wellness, and mental health, and can serve as an important source of information.

### RURAL TIP

**Educational Services Agencies (ESAs) and Regional Educational Service Agencies (RESAs) exist in nearly every state, though they may go by a different name. These collaborative boards serve as a link between the State Education Agency and local school districts. They help bring needed services to public school personnel and students by helping school districts in an area pool resources and cut costs. They are hubs of information for school districts and important partners for advocates. The Association of Educational Service Agencies has a [directory](#) where you can find agencies in your state.**

[Here](#) is some additional information about the roles of individuals within the school system to help you understand how the “system” works, who makes what types of decisions, and to help you decide who to reach out to for your school's mental health needs.

## Who's who in the community?

In addition to schools themselves, other community agencies play a part in promoting wellness in schools and helping students with mental health and substance use concerns. **In many states, counties have a central role in the planning and funding of decisions for their areas.**

Here are some of the community and county organizations that might support your efforts:

### *County Departments of Human Services*

Every county has a department of human services, though it may go by a different name. County departments are the main provider of direct social services to families, children, and adults. County departments of human services vary in their involvement in school-focused initiatives, but they are potentially a great partner for new initiatives and can work closely with school districts in helping to arrange mental health and substance use treatment services for students in need.

### *Community Mental Health Centers*

Many states have community mental health centers that provide publicly and privately funded mental health and substance use treatment to children, families, adults, and older adults. These centers can be a valuable partner and ally for advocates looking to get mental health therapists in their schools, open a school-based health center, or start programs to reduce the stigma of mental health and substance use challenges.

### *Collaborative Management of Multi-Agency Services*

You may find most of the partners you need in one place if your county has a multi-agency collaborative group or similar program. These groups are tasked with blending and pooling funding for needed interventions and initiatives in their area, and tackle issues on an individual level and larger community level. The programs

typically include staff from county public health, child welfare and human services departments, local judicial districts, local school district(s), law enforcement, and the local community mental health center. Visit your county's website to find out if your county has such a program.

### *County Commissioners & Leadership*

County leadership oversees the general functioning of counties, like maintenance of roads and establishing taxes and fees. They also make decisions about the county's budget and they are typically elected by the public and serve limited terms, which means that listening to and serving their constituents are high priorities for them. While county governments don't directly oversee the school districts in their areas, they are in charge of the public health and human services offices, and they can be critical partners for advocates trying to advance a cause.

### *Public Health*

Each county has either a department, board of public health, or a "shared" agency with other counties that focus on a wide variety of health issues. They initiate, collaborate on, and fund mental health and substance use initiatives. Local public health agencies are an important partner in community collaborations that are often involved with school initiatives.

### PARENT TEACHER ASSOCIATION

**The mission of the PTA is to make every child's potential a reality by engaging and empowering families and communities to advocate for all children. The benefits of family-school-community partnerships are many: higher teacher morale, more parent involvement, greater student success, and more. That is why PTA developed the [National Standards for Family-School Partnerships Implementation Guide](#), a tool for empowering people to work together with an end goal of building family-school partnerships and student success.**

### RURAL TIP

**In smaller, rural counties, it is even more important to get multi-agency collaboration when working to increase school-based prevention, wellness, and mental health resources. Rural agencies often have more limited budgets than their urban counterparts, and financial collaboration is key to successful funding of new initiatives. Local agencies are often already well-connected, such as in a Collaborative Management Program - you won't have to "reinvent the wheel" to encourage collaboration.**





**Voters in Summit County, Ohio passed a [ballot initiative](#) in 2019 to renew funding for the Alcohol, Drug Addiction, and Mental Health Board. In 2018, this mill levy generated \$34 million dollars which helped fund mental health and recovery programs for children, adults, and families in the county. Summit County is just one of over 40 counties in Ohio that passed mill levy ballot initiatives related to mental health and social services in the recent 2019 election.**

## Who's who at the state?

### *The Department of Education*

The state department of education may promote, fund, and support many programs designed to improve student wellness, improve mental health, and prevent substance use. This department dictates what Academic Standards schools must meet in the state. In some states, there are emotional and social wellness standards that must be met. These are often found in the Comprehensive Health and Physical Wellness content areas. Some states provide resources to help schools better meet the needs of their students and provide a high-quality educational experience.

### *The Department of Human Services*

The state department of human services operates numerous programs designed to help students and their families at home, such as food assistance, financial assistance, and similar benefits for families. Many of their offices and programs support health in schools. For example, some states may have offices that fund mental health therapists to work on-site at schools and provide grants to community-based behavioral health programs.

### *The Department of Health*

A state's department of health often works to promote all types of prevention and wellness, from monitoring air pollution to preventing suicide. Its many prevention programs may include wellness and mental health and substance use treatment in schools. It could fund and guide suicide prevention programs, school-based health centers,

and student-focused substance use disorder prevention campaigns (learn more in the What works? section of this Toolkit). Some departments may use state funds and federal grant funds, and they may offer grants to communities and schools.

### *The General Assembly*

Sometimes, your idea may go beyond locally funding or implementing best practices in one school or district. You may opt to request for state funding and/or statewide implementation of a best practice that requires a change in statute. When this is the case, you (or your school or community partners) will want to reach out to your State legislature. The General Assembly meets from January to May to review, discuss, and vote on bills and to establish the state budget for the following year. If you're unfamiliar with the process, you can learn more about how the legislature works from the [National Conference of State Legislatures](#).

## What next?

Once you've assessed your school or district's needs, identified practices you would like implemented, and started to garner school and community support, you may face a significant hurdle to implementing mental health services in schools: money. Our **How can initiatives be funded?** section can help.

# How can initiatives be funded?



Learn more about federal funding in this [guide for federal education programs](#) that can fund K-12 universal prevention and social and emotional learning activities.



Not every type of mental health program requires funding (see the **How do I make changes?** section of this Toolkit for how to advocate for policy changes), but when trying to initiate or enhance prevention, wellness, and mental health services and programming in schools, funding is one of the most important and most daunting obstacles.

Here you'll find lessons learned about school funding, an overview of how schools are funded and potential sources to help fund mental health services and programs.

## Lessons learned

Experts and stakeholders agree that one of the primary challenges to implementing new initiatives and programs in the public school system is securing sufficient and sustainable funding. Here are some local "lessons learned" from interviews and focus groups:

- Share resources among agencies. Agencies can often "pitch in" and each pay a portion of the cost of a staff position, new curriculum, or teacher training.
- Take advantage of federal funding. Medicaid dollars typically only cover specific services to specific individuals, but this funding is becoming increasingly flexible for use in prevention and wellness programs, where lots of students are served, not just individual Medicaid recipients. For example, a school psychologist funded in part by Medicaid dollars might see students individually or may visit classrooms to teach social emotional wellness programs.
- Plan for sustainability. Grants are often crucial to getting new initiatives started, but you must plan for how to sustain the program once the grant funding is depleted. Start planning for long-term funding and sustainability solutions during the grant writing process.

We work closely with the school district. We work collaboratively where the needs are and how resources can complement what schools already have (some already have counselors); we integrate and provide services in other districts that don't have that support.

– State Agency Personnel

#### RURAL TIP

Smaller rural school districts, mental health centers, and county agencies are often so stretched due to chronic workforce shortages that they lack the resources to compete for grants, while larger agencies may employ their own grant writers. Finding ways to support rural agencies with help for grant writing can increase their chances of receiving grant funding.

## Public school funding

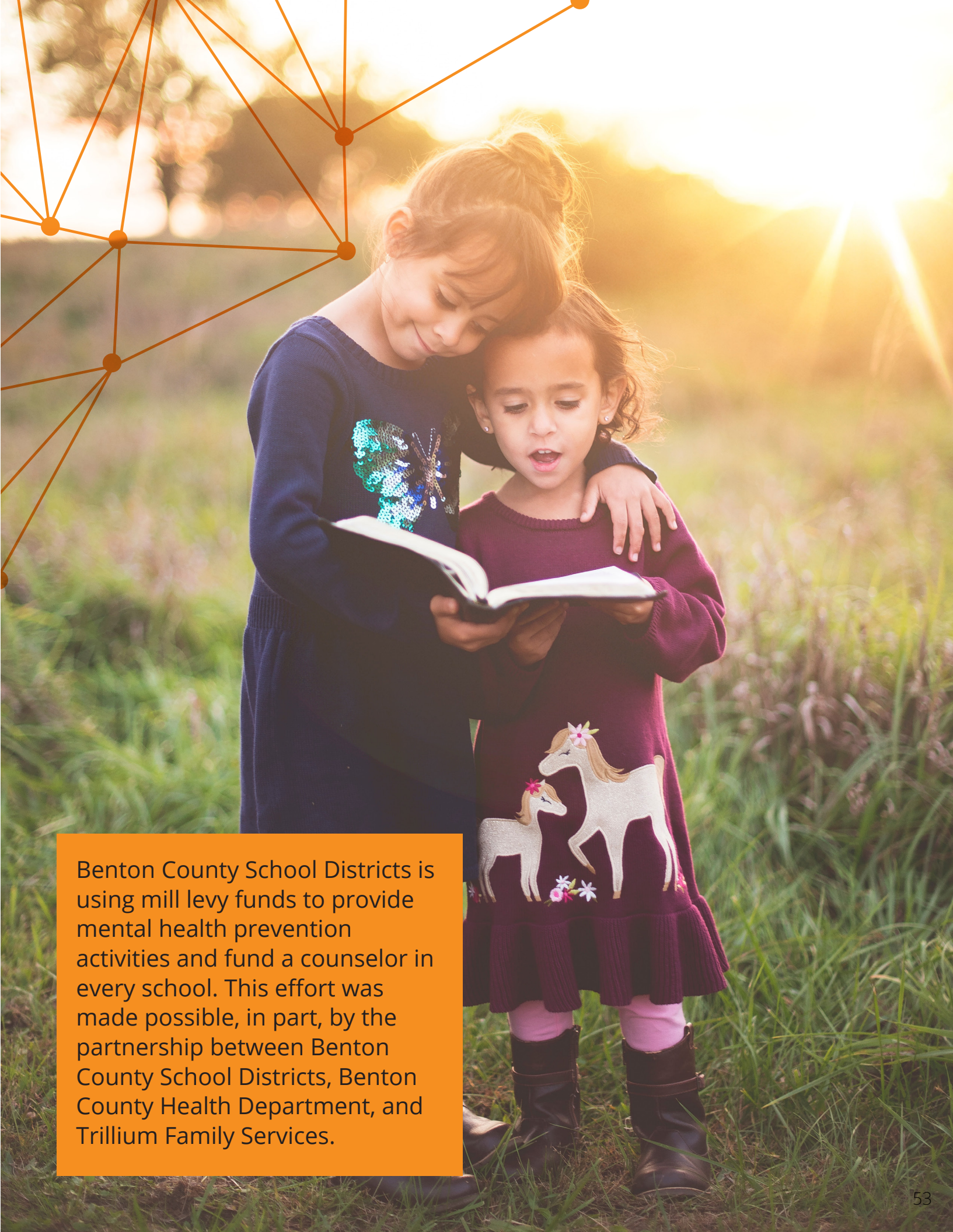
Understanding how schools in your state are funded will help you decide where and how to target your school mental health efforts. Public schools can be funded by a mix of local property taxes, state income and sales taxes, and a bit of federal funding (which is usually higher for schools that serve more low-income students, and schools that pursue certain federal grants). Contact your state department of education or look online to find out how schools in your state or county are funded.

In some areas, local contributions come from property taxes and other local funds and levies, so school districts where property values are high fund a higher proportion of their budgets from local sources than less affluent districts.

Additionally, schools might use other sources of discretionary funding, such as Parent Teacher Association (PTA) funding for school health and wellness programs. Connecting with your school's local PTA might be an opportunity to prioritize mental and social emotional health in your school or district.

**Depending on the size and scope of your project or initiative, you might pursue many funding avenues, such as:**

- Local mill levies to increase property taxes
- Other ballot measures, such as sales taxes
- Re-prioritizing use of existing school, district, city or county budgets
- Seeking to get existing funding earmarked for your project
- Asking for additional funding via national, state, and local grants or from the state legislature

A photograph of two young girls standing in a grassy field at sunset. The girl on the left is taller, with her hair in a bun, wearing a dark blue long-sleeved top with a sequined butterfly. She has her arm around the shoulder of the shorter girl on the right. They are both looking down at an open book held by the shorter girl. The shorter girl is wearing a maroon sweater with a white unicorn and floral pattern. The background is a soft-focus field of tall grass with a bright sun low on the horizon, creating a warm, golden glow. A network of orange lines with circular nodes is overlaid on the top left of the image.

Benton County School Districts is using mill levy funds to provide mental health prevention activities and fund a counselor in every school. This effort was made possible, in part, by the partnership between Benton County School Districts, Benton County Health Department, and Trillium Family Services.

# How to Find Funding



## What is a mill levy?

The mill levy in a school district sets the rate that is charged for property taxes. Districts that want to raise property taxes to collect more money must ask voters for approval first. The money generated from this tax stays in the community and could go directly to the school district for a specified purpose.

## Ballot Measures

**FOR RESOURCES LIKE:** Community mental health programs and services, school-based services, or even statewide funding, by way of local or state tax measures

## Grants

### State Grants, Foundation Grants, Federal Grants

**FOR RESOURCES LIKE:**

New programs, additional staff, assistance with new curriculum and approaches, consultation and assistance with new approaches, teacher and staff trainings, research on effectiveness, large-scale teacher and staff trainings

## Legislature

**FOR RESOURCES LIKE:**

State funding to support district-wide new staff positions, larger scale adoption of new programs and approaches, statewide initiatives and services such as Mental Health First Aid

## Partners

### County and Community

**FOR RESOURCES LIKE:**

School-based staff and services such as screenings, referral systems, mental health and wellness trainings

## School District

**FOR RESOURCES LIKE:**

District-wide trainings, adoption of social emotional curricula, positive behavioral intervention and supports (PBIS), establishment of System of Care with other community partners.

## Individual School

**FOR RESOURCES LIKE:**

Full- or part-time school-based therapists, inexpensive teacher trainings, referral programs with community providers

Utilizing the Kaiser Permanente's Thriving Schools School Employee Wellness grant program and a partnership with the Teacher's Association of Baltimore County, eight schools in a district in Baltimore County were able to implement a number of staff wellness initiatives, including stress reduction activities, staff breakroom renovations, physical activity opportunities, and nutrition education opportunities.

The [Community Toolbox](#) offers a toolkit that walks through the process of applying for a grant, starting with identifying the issue to be funded and ending with sustaining funding for a given program or initiative. For schools or districts that are unfamiliar with applying for grants or who are unable to fund a grant-writing staff person, this resource could be essential.

Read about [three national success stories](#) in funding and sustaining the integration of mental health services in schools. They knew the 3 E's essential to Medicaid and insurance reimbursement for services in schools: eligible services, eligible clients, and eligible providers.

## How to find grant funding

Grant opportunities can be found through state departments, philanthropic organizations, and national sources. For example:

### State grants:

Explore funding options and current grants operating at a state level with each of the following departments:

Department of Education

Department of Human Services,

Department of Health

As an example, the School-Based Mental Health Qualified Grant program in Utah provides funds to eligible Local Education Agencies to help them provide school-based mental health services, such as counseling and trauma-informed care. The grant is intended to pay for hiring new mental health providers in schools and entering into contracts with local mental health centers and providers.

### National Grants:

These sites track potential federal grant opportunities:

[www.grantwatch.com/](http://www.grantwatch.com/)

[www2.ed.gov/programs/mentalhealth/index.html](http://www2.ed.gov/programs/mentalhealth/index.html)

### Foundation Grants:

There are too many local and national foundations to mention here, but these are a few national foundations that are active in funding educational and mental health initiatives:

[Robert Wood Johnson Foundation](#), [National Education Association](#), [Cambia Health Foundation](#), and [Kaiser Permanente's Thriving Schools Initiative](#).

Another way to find foundations and foundation grants in your area is through these sites:

[GrantsAlert.com](http://GrantsAlert.com)

<https://www.cof.org/community-foundation-locator>.

<https://grantspace.org/find-us/>

## Is there any other funding I can pursue?

Determined advocates can find other sources of funding, from local philanthropic groups like the Rotary Club, local businesses and charities, and Chambers of Commerce. As you identify community partners, ask whether they are able to fund programs and services in schools—or in the community—to address student mental health needs. If so, arrange a meeting between a potential funder, your school champion(s), and school administrators to discuss next steps for crafting a proposal. Funders may want to choose which best practices and potential services are most appealing to them.



## How does Medicaid funding help?

Medicaid reimbursement funding can be used to finance a variety of health services and programs in schools. Cost reconciliation reimbursements can be utilized to provide additional health services to address unmet health needs of all students. Some examples of these additional services: anti-bullying programs, suicide prevention programs, health-related professional development and training, hiring health professionals (nurses, counselors, and therapists), insurance outreach and enrollment programs, and medically related supplies and equipment.

Every state has different regulation over how Medicaid funding can be used in schools. Reach out to your state's Medicaid administrator, which is often housed in your state's department of health, human or social services, welfare, or similar departments, to learn more about Medicaid funding, grants, and special projects. You can find your state's Medicaid administrator [here](#).

Now that you know a bit more about how funding for school-based mental health services can work, revisit the **Six-Steps-to-Change** tool. If you haven't already, be sure to check out the **What works?** and **How do I make changes?** sections of this Toolkit to learn about what types of programs to advocate for and strategies for success.

### Funding Highlight

In 2017, the Children's Mental Health Workgroup passed House Bill 1713 in Washington state, which established an agreement between the Office of Superintendent of Public Instruction (OSPI) and the Health Care Authority (HCA). OSPI was given the task of developing a pilot program for providing a lead staff person to coordinate system-wide activities supporting the State Medicaid Plan and the delivery of mental health service to Medicaid eligible students in two school districts, Capitol Region Educational School District 113 and Northeast Educational School District 101. The intent of this bill is to increase access to care for students who need mental health supports and investigate the benefits of having a dedicated staff person available to coordinate between the local school districts and the State Medicaid Plan.

# Where can I find more resources?

If you need more information than outlined in this Toolkit, there are many national initiatives and resources, mental health and substance use prevention efforts, and evidence-based programs and practices for schools. A few are highlighted here:

## Best Practices

### [Blueprints for Healthy Youth Development](#)

This resource provides a registry of evidence-based positive youth development programs designed to promote the health and wellbeing of children and teens, along with costs where available. Programs are family, school, and community-based and target all levels of need—from broad prevention programs that promote positive behaviors while decreasing negative behaviors, to highly-targeted programs for at-risk children and troubled teens that get them back on track.

Programs are identified based upon an initial review by the Center for the Study and Prevention of Violence (CSPV) and a final review and recommendation from a distinguished [Advisory Board](#) consisting of experts in the field of positive youth development. So far, more than 1,400 programs have been reviewed, but fewer than 5% of them have “made the cut” to be on this registry. Blueprints program Fact Sheets also report on endorsements from other federal and private agencies that have reviewed and rated the programs.

[SAMHSA's Evidence-Based Practices Resource Center](#) provides communities, providers, and others with the information and tools they need to incorporate evidence-based practices into their communities or mental health services. The Resource Center is an online searchable database that allows you to customize your search to quickly identify the most relevant resources for their particular needs. Start by searching for programs for children and youth.

## National Centers

[The Mental Health Technology Transfer Center Network \(MHTTC\)](#) is a national resource funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). They provide education, research, resources, and tools that aid in mental illness prevention, treatment, and recovery support. They serve 10 different Regional Centers as well as a National American Indian and Alaskan Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

### [National Center for Rural School Mental Health](#)

This center is a partnership between the University of Missouri, the University of Michigan, the University of Montana, and rural schools and districts around the country. It is funded by the United States Department of Education, Institute of Education Services. They aim to develop a system and numerous tools to help rural schools identify, prevent, and intervene on student mental health concerns.

### [National Center for School Mental Health](#)

The NCSMH works collaboratively with local, state, and national partners to advance high quality, sustainable, and comprehensive school mental health systems, conducts and evaluates research on mental health promotion, prevention, and interventions in school, and trains and supports multidisciplinary stakeholders. They engage in policy advocacy on the school, district, state, regional, and national levels aimed to improve learning and promote student success across the country. Their website has resources about screening for social and emotional health, building comprehensive school mental health systems, and multi-tiered systems of support interventions.

## HELPFUL HINT

**In Blueprints, it is helpful to search for elementary, middle, and high school aged mental health and substance use programs for a school setting.**

### [National Child Traumatic Stress Network](#)

The National Child Traumatic Stress Network was developed nearly two decades ago as part of the Children's Health Act. It is intended to increase the standard of care and access to services for children and families who have experienced traumatic events. The network includes healthcare providers, family members, researchers and policy experts. There are currently 100 funded centers across the country. Their website provides extensive information about trauma and its impact on children and families, what trauma-informed care is and why it is important, and resources for implementing trauma-informed care in a variety of settings.

### [National Education Association](#)

The NEA is a national organization that advocates for educational professionals and the improvement of public schools for students. Their website has resources for teachers, grants available from the NEA and their partners across the country, and information about the numerous political issues they are involved in.

### [Rural Health Information Hub](#)

The RHI Hub is funded by the Federal Office of Rural Health Policy and is a clearinghouse on rural health issues. The site contains vast amounts of information on rural community and health concerns, toolkits and models for what has

worked in rural communities across the country, and evidence-based rural healthcare interventions. They also provide a database for current and past rural funding opportunities in the U.S.

### [The School Health Assessment and Performance Evaluation \(SHAPE\) System](#)

The SHAPE System was developed by the National Center for School Mental Health with the goal of ensuring that school mental health systems are high-quality and sustainable. It is an online platform that provides the School Mental Health Quality Assessment which a school or district can use to document school mental health components, assess the comprehensiveness of their system, and monitor improvement over time.

### [Stop Bullying](#)

Stop Bullying has resources and information on bullying, cyberbullying, and prevention in numerous aspects of a youth's life. They offer a free online Bullying Prevention training module for Continuing Education credit.

## Hotlines

[Farmer Stress Hotline](#): 1-800-691-4336

[Suicide Prevention Lifeline](#): 1-800-273-8255

[SAMHSA's National Helpline](#): 1-800-662-HELP (4357)

## Endnotes

- 01 Fazel, Mina, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford. "Mental Health Interventions in Schools in High-Income Countries." *The Lancet Psychiatry* 1, no. 5 (2014): 377-387.
- 02 Connecting social and emotional learning with mental health. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning, 2008. Accessed November 27, 2017.
- 03 Slade, Eric P. "Effects of school-based mental health programs on mental health service use by adolescents at school and in the community." *Mental Health Services Research* 4, no. 3 (2002): 151-166.
- 04 Mental Health: A Report of the Surgeon General. Washington, D.C.: U.S. Department of Health and Human Services, 1999.
- 05 Nguyen, Theresa, Michele Hellebuyck, Madeline Halpern, and Danielle Fritze. *The State of Mental Health in America: 2018*. Report. Alexandria: Mental Health America, 2018.
- 06 Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- 07 Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- 08 National Center for Health Statistics. "Death Rates Due to Suicide and Homicide Among Persons Aged 10-24: United States, 2000-2017." 2019. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db352-h.pdf>
- 09 Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- 10 Center for Disease Control and Prevention. (2015) Suicide: Facts at a glance [PDF]. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>
- 11 Kirk, M. (2018, February 22). The Shape of Childhood Trauma in the U.S. Retrieved from <https://www.citylab.com/equity/2018/02/where-american-kids-are-in-crisis/553682/>
- 12 Fazel, Mina, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford. "Mental Health Interventions in Schools in High-Income Countries." *The Lancet Psychiatry* 1, no. 5 (2014): 377-387.
- 13 Connecting social and emotional learning with mental health. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning, 2008. Accessed November 27, 2017. <http://www.promoteprevent.org/content/connecting-social-and-emotional-learning-mental-health>.
- 14 Fazel, Mina, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford. "Mental Health Interventions in Schools in High-Income Countries." *The Lancet Psychiatry* 1, no. 5 (2014): 377-387.
- 15 Slade, Eric P. "Effects of school-based mental health programs on mental health service use by adolescents at school and in the community." *Mental Health Services Research* 4, no. 3 (2002): 151-166.
- 16 Prevention & Intervention Program: 2013 Annual Report. Denver, CO: Omni Institute, Inc., 2013
- 17 Montanez, E., Berger-Jenkins, E., Rodriguez, J., McCord, M., & Meyer, D. (2015). Turn 2 us: Outcomes of an urban elementary school-based mental health promotion and prevention program serving ethnic minority youths. *National Association of Social Workers*. doi: 10.1093/cs/cdv004
- 18 Centers for Disease Control and Prevention. "High School Youth Risk Behavior Surveillance System." 2017. Retrieved from <https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=XX>
- 19 Corrigan, Patrick W., Scott B. Morris, Patrick J. Michaels, and Nicolas Rusch. "Challenging the Public Stigma of Mental Illness: A Meta-Analysis of Outcome Studies." *Psychiatric Services* 63, no. 10 (2012): 963-73.
- 20 Ballard, Kristin L., Mark A. Sander, and Bonnie Klimes-Dougan. "School-Related and Social-Emotional Outcomes of Providing Mental Health Services in Schools." *Community Mental Health Journal* 50, no. 2 (2013): 145-49.
- 21 Baskin, T.W et al. "Supplemental Material for Does Youth Psychotherapy Improve Academically Related Outcomes? A Meta-Analysis." *Journal of Counseling Psychology* 57, no. 3 (2010): 290-96.
- 22 Brown, Michael B., and Larry M. Bolen. "The School-based Health Center as a Resource for Prevention and Health Promotion." *Psychology in the Schools* 45, no. 1 (2008): 28-38.
- 23 Mohatt, Dennis F. "Rural Mental Health: Challenges and Opportunities Caring for the Country." Western Interstate Commission for Higher Education Mental Health Program.
- 24 Larson EH, Patterson DG, Garberson LA, Andrilla CHA. *Supply and Distribution of the Behavioral Health Workforce in Rural America*. Data Brief #160. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Sep 2016.
- 25 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.
- 26 "What is wellness?" University of California Davis Student Health and Counseling Services. Accessed December 3, 2017. <https://shcs.ucdavis.edu/wellness/what-is-wellness>.
- 27 Elder, E & Ferrell, F. *Colorado Framework for School Behavioral Health Services*. Denver, CO: Colorado Education Initiative, 2013.
- 28 "What is SEL?" Collaborative for Academic, Social, and Emotional Learning. Accessed December 3, 2017. <http://www.casel.org>.
- 29 Durlak, Joseph A., Roger P. Weissberg, Allison B. Dymnicki, Rebecca D. Taylor, and Kriston B. Schellinger. "The impact of enhancing students' social and emotional learning A meta-analysis of school based universal interventions." *Child Development* 82, no 1 (2011): 405-432.
- 30 Onrust, Simone A., Roy Otten, Jeroen Lammers, and Filip Smit. "School-Based Programmes to Reduce and Prevent Substance use in Different Age Groups: What Works for Whom? Systematic Review and Meta-Regression Analysis." *Clinical Psychology Review* 44, (2016): 45-59.
- 31 Anyon, Yolanda, Megan Moore, Elizabeth Horevitz, Kelly Whitaker, Susan Stone, and John P. Shields. "Health Risks, Race, and Adolescents' use of School-Based Health Centers: Policy and Service Recommendations." *The Journal of Behavioral Health Services & Research* 40, no. 4 (2013): 457-468.
- 32 Slade, Eric P. "Effects of school-based mental health programs on mental health service use by adolescents at school and in the community." *Mental Health Services Research* 4, no. 3 (2002): 151-166.
- 33 Promoting Health Equity Through Education Programs and Policies: School-Based Health Centers. Washington, D.C.: Community Preventative Services Task Force, 2016.
- 34 Fazel, Mina, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford. "Mental Health Interventions in Schools in High-Income Countries." *The Lancet Psychiatry* 1, no. 5 (2014): 377-387.
- 35 Anyon, Yolanda, Megan Moore, Elizabeth Horevitz, Kelly Whitaker, Susan Stone, and John P. Shields. "Health Risks, Race, and Adolescents' use of School-Based Health Centers: Policy and Service Recommendations." *The Journal of Behavioral Health Services & Research* 40, no. 4 (2013): 457-468.
- 36 Paulus, Frank W., Susanne Ohmann, and Christian Popow. "Practitioner Review: School-Based Interventions in Child Mental Health." *Journal of Child Psychology and Psychiatry* 57, no. 12 (2016): 1337- 1359.
- 37 Fazel, Mina, Kimberly Hoagwood, Sharon Stephan, and Tamsin Ford. "Mental Health Interventions in Schools in High-Income Countries." *The Lancet Psychiatry* 1, no. 5 (2014): 377-387.
- 38 Tupper, Kenneth W. "Teaching Teachers to just Say "know": Reflections on Drug Education." *Teaching and Teacher Education* 24, no. 2 (2008): 356-367.
- 39 Paulus, Frank W., Susanne Ohmann, and Christian Popow. "Practitioner Review: School-Based Interventions in Child Mental Health." *Journal of Child Psychology and Psychiatry* 57, no. 12 (2016): 1337- 1359.
- 40 Mental Health: A Report of the Surgeon General. Washington, D.C.: U.S. Department of Health and Human Services, 1999.
- 41 Elder, E & Ferrell, F. *Colorado Framework for School Behavioral Health Services*. Denver, CO: Colorado Education Initiative, 2013.
- 42 Colorado Framework for School Behavioral Health Services Gaps and Barriers Analysis. Denver, CO: Colorado Education Initiative, 2013.
- 43 "Positive Behavioral Intervention and Supports in Schools." OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Accessed December 3, 2017. <https://www.pbis.org/school>.
- 44 "Positive Behavioral Intervention and Supports in Schools." OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. Accessed December 3, 2017. <https://www.pbis.org/school>.
- 45 "The Problem: Prevalence of Trauma." Helping Traumatized Children Learn. Accessed December 3, 2017. <https://traumasensitiveschools.org/trauma-and-learning/the-problem-prevalence>.
- 46 "Restorative Justice." Center for Justice and Reconciliation. Accessed December 3, 2017. <http://restorativejustice.org/restorative-justice/#sthash.ore3Lhx8.dpbs>.
- 47 Elder, E & Ferrell, F. *Colorado Framework for School Behavioral Health Services*. Denver, CO: Colorado Education Initiative, 2013.
- 48 "The Problem: Prevalence of Trauma." Helping Traumatized Children Learn. Accessed December 3, 2017. <https://traumasensitiveschools.org/trauma-and-learning/the-problem-prevalence>.
- 49 07 Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- 50 Brummett, Sarah, Emily Fine, Jarrod Hindman, and Lindsey Myers. *Office of Suicide Prevention Annual Report 2016 – 2017*. Denver, CO: Colorado Department of Public Health and Environment, 2017.
- 51 Bulanda, J. J., Bruhn, C., Byro-Johnson, T., & Zentmyer, M. (2014, 05). Addressing mental health stigma among young adolescents: Evaluation of a youth-led approach. *Health & Social Work*, 39(2), 73-80.