

Creating Safe, Healthy, and Supportive Learning Environments to Increase the Success of all Students

The Final Report of the
Massachusetts Behavioral Health
and Public Schools Task Force

AUGUST 2011

In calling upon schools to address behavioral health as a barrier to learning, the Task Force understands that we must not impose additional burdens on school staff or merely push problems further onto the shoulders of teachers. Rather, the goal is to assist schools to create supportive problem-solving systems, and to organize the statewide infrastructure in a deliberate and transparent way so as to enable the district, community, region, and state to support schools in helping students succeed. As a whole, these recommendations represent concrete action steps to build the essential state infrastructure to create safe, healthy, and supportive learning environments to increase the success of *all* students.



Mitchell D. Chester, Ed.D.
Commissioner

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August 1, 2011

Dear Members of the General Court:

I am pleased to submit this *Final Report of the Task Force on Behavioral Health and the Public Schools* pursuant to Section 19 of Chapter 321 of the Acts of 2008 (the Act), subsection (a) that reads in part:

There shall be a task force on behavioral health and public schools... to build a framework to promote collaborative services and supportive school environments for children, to develop and pilot an assessment tool based on the framework to measure schools' capacity to address children's behavioral health needs, to make recommendations for using the tool to carry out a statewide assessment of schools' capacity, and to make recommendations for improving the capacity of schools to implement the framework...

Over the past two and one-half years, the *Task Force on Behavioral Health and the Public Schools* (Task Force) designed and revised a Framework to increase the capacity of schools to collaborate with behavioral health providers as well as provide supportive school environments that improve educational outcomes for children with behavioral health needs. The Framework addresses areas such as leadership; professional development for school personnel and behavioral health providers; clinically, linguistically, and culturally appropriate behavioral health services; and policies and protocols for referrals. In addition to the Framework, the Task Force created an Assessment Tool to measure schools' capacities in these areas.

This Final Report is the result of 15 meetings of the Task Force held between December 2008 and June 2011. The Report reflects the collective wisdom of the Task Force members, a review of promising practices and solutions from innovative initiatives in Massachusetts and across the country, and the information gathered through schools' use of the Assessment Tool.

Pursuant to the Act's direction the Report is being submitted to the Governor, the Child Advocate, and the General Court. Copies are being filed with the Clerks of the Senate and the House of Representatives; the Joint Committee on Mental Health and Substance Abuse; the Joint Committee on Children, Families, and Persons with Disabilities; and the Joint Committee on Education.

I support the vast majority of recommendations for statewide use of the Framework contained in the Report. However, I have reservations about some recommendations based upon my judgment that they add more burden than benefit for our districts and schools. A description of my reservations is provided in the beginning of the recommendations section.

I wish to acknowledge all Task Force members and others for their significant dedication and contributions. I also thank the school and district personnel who participated in the pilot and statewide assessment. I reiterate my support for this work and believe that in general these recommendations can move this important work forward in a productive manner to help students in the Commonwealth's schools be successful.

Associate Commissioner John L.G. Bynoe III, Department staff, and Task Force members are available to respond to questions pertaining to details of this Report.

Sincerely,

Mitchell D. Chester, Ed.D.
Commissioner of Elementary and Secondary Education

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The Complete Final Report Documents Include:

- Executive Summary of the Final Report of the Massachusetts Behavioral Health and Public Schools (BHPS) Task Force
- Final Report of the Massachusetts BHPS Task Force
- Appendix A: The BHPS Framework
- Appendix B: The BHPS Assessment Tool
- Appendix C:
 1. Participating sites in the pilot and statewide assessments
 2. Task Force members and participating guests
 3. Statewide assessment methodology
 4. Bibliography

Creating safe, healthy, and supportive school environments with collaborative services is a necessary foundation for improving education outcomes for all students, especially those with behavioral health challenges. Section 19 of [Chapter 321](#) of the Massachusetts Acts of 2008, an *Act Relative to Children's Mental Health* (the Act), required the creation of a Task Force on Behavioral Health and Public Schools (Task Force). This Task Force is chaired by Commissioner Mitchell D. Chester of the Department of Elementary and Secondary Education (ESE) and includes parents and professionals representing a variety of state agencies, organizations, and disciplines, as outlined in the legislation (see Appendix C2 for a complete list of Task Force members and participating guests). This report, *Creating Safe, Healthy, and Supportive Learning Environments to Increase the Success of All Students*, is the result of the work of the Task Force.

The Issue Addressed by the Task Force

Behavioral health refers to the social, emotional, mental, and behavioral well-being of *all* students. Behavioral health concerns both the reduction of problem behaviors and emotional difficulties, as well as the optimization of positive and productive functioning. Too many students with behavioral health challenges are doing poorly in school. Some are failing tests, missing classes, and dropping out. Others are suspended or expelled in record numbers. Behavioral health challenges occur among students who are both targets of bullying and those who are the aggressors of bullying. Research tells us that behavioral health is intricately connected to academic and social success at school. Yet, students with these challenges are often misunderstood and not provided the welcoming environment and supportive services that all students need to be successful.

Improving educational outcomes for students with behavioral health challenges requires that schools – the place where children and youth spend most of their waking hours – become environments that provide support at three levels of care and instruction (promotion, prevention, and intervention). More specifically, these levels: 1) foster the emotional wellbeing of *all* students through school-wide approaches to support positive behavioral health, 2) provide supports to intervene early to minimize escalation of identified behavioral health symptoms through targeted collaborative supports, and 3) provide and participate in coordinated care for the small numbers of students demonstrating considerable needs. These three levels should not be treated as silos; activities to address each level must take place throughout the whole school, in classrooms, in small groups, and with individual students and their families.

The Commonwealth currently does not have a complete, coordinated statewide infrastructure to create supportive school environments and collaborative services that can enable schools to work consistently at each of these levels. Currently there is no robust system in place that supports educators, behavioral health providers, families, and other caregivers to collaborate on shared goals for students' success in school.

The Creation of the Framework

The Massachusetts Legislature included Section 19 in the *Act Relative to Children's Mental Health* to create an infrastructure across the Commonwealth to assist schools to create "safe, supportive, environments" and to increase support for students, particularly students with behavioral health challenges through "collaborative services." The law required the Task Force to develop an organizational structure or framework that can enable schools and districts – together with parents, local community organizations, and chosen providers – to create supportive school environments. In response to this charge, the Task Force created the Behavioral Health and Public Schools Framework (Framework) divided into the following six sections that are critical to making necessary organizational changes to support all students. The Framework includes providing support at three levels of care and instruction through tailored local solutions. As described above in more detail, the three levels relate to promotion, prevention, and intervention. (See Appendix A for the Framework.)

I) Leadership by school and district administrators to create supportive school environments and promote collaborative services.

II) Professional development for school administrators, educators, and behavioral health providers on topic areas needed to enhance schools' capacity to create supportive school environments and collaborative services.

III) Access to resources and services through the identification, coordination, and creation of school and community-based behavioral health services that improve the school-wide environment.

IV) Academic and non-academic strategies that are effective inside and outside the classroom to ensure the success of all students.

V) Policies and protocols that effectively support a clear organizational structure at school to support positive behavioral health strategies.

VI) Collaboration with families that includes regular communication with,

and active involvement of, families to improve support for students.¹ The Act also required the Task Force to develop, pilot, and conduct a statewide assessment based on the Framework in order to “measure schools’ capacity to address children’s behavioral health needs.”

Finally, the Act required the Task Force to make recommendations to the Governor, the Legislature, and the Office of the Child Advocate for the statewide use of the Framework. Statewide utilization of the Framework will allow Massachusetts to ensure more effectively that supports from the state agencies and community organizations align with the environments being created inside schools.

Statewide Findings from Schools’ Use of the Assessment Tool

The Task Force designed the Assessment Tool to measure schools’ self-reported capacity to implement the Framework to promote students’ behavioral health. Data were gathered from a total of 39 elementary, middle, and high schools from across the state. Seventeen (17) schools piloted the Assessment Tool in fall 2009, and 22 schools participated in the statewide assessment in fall 2010.

The summary of findings below presents highlights of those areas schools identified as needing additional action at the school level, as well as areas where additional guidance and support might be needed for implementation of the Framework. These findings form the basis for the Task Force recommendations made in this report, which articulate the supports required to increase schools’ capacity to implement the Framework statewide.

In the **Leadership** section, schools identified the need for:

- School leaders to develop professional development plans that increase the skills of staff in promoting behavioral health
- School leaders to develop behavioral health policies and protocols to support students with behavioral health needs
- Effective leadership in the development of a strategic plan as well as vision and mission statements to guide practice
- The development of a district-wide action plan to address supportive school environments and intensive services
- Data systems to monitor and track the behavioral health outcomes of the students

In the **Professional Development** section, schools identified the need for:

- Professional development strategies for addressing students’ behavioral health needs

¹ Section VI in the Framework – Collaboration with Families – was not mandated as a section in the Act. It was added by Task Force members to highlight the importance of school-family partnerships for addressing the needs of students with behavioral health concerns.

- Additional training on crisis management
- Training on state and district policies
- The creation of professional development committees
- Focused trainings on diversity and cultural sensitivity
- Guidance on building skills to help students develop safe, caring relationships with adults and peers
- Guidance on developing relationship between school staff and families

In the **Access to Resources and Services** section, schools identified the need for:

- Guidance, and increased action, on “mapping of services and resources” to identify strengths and gaps in the school and community-based behavioral health services
- More resources for school staff, including after-school programming, community-based services, and culturally sensitive resources

In the **Academic and Non-Academic Supports** section, schools identified the need for:

- Strategies to monitor continuously the progress of targeted interventions
- Guidance and resources to develop strategies to implement evidence-based primary prevention programs that support and promote the development of healthy and respectful behaviors
- Strategies to develop procedures related to accessing the Children’s Behavioral Health Initiative (CBHI)

In the **Policies and Protocols** section, schools identified the need for:

- Additional guidance focused on protocols to ensure effective communication for families using CBHI services
- Guidance on protocols to encourage effective partnerships through formal agreements with community-based providers
- Improved communication with district-level administrators
- Enhanced efforts with students who are living in out-of-home placements or who are not eligible for [MassHealth](#)

In the **Collaboration with Families** section, schools identified the need for:

- Guidance on professional development trainings for educators that focus on awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disability, socioeconomic level, and gender roles)
- Guidance on mechanisms to share information regularly with families about school-wide programs that address the behavioral health of students
- Improved communication with families and more time to develop relationships with families
- Creation of opportunities for family collaboration and involvement with schools

Task Force Recommendations for Statewide Use of the Framework

It is the vision of the Task Force that by 2017 all public schools in the Commonwealth will implement the Behavioral Health and Public Schools Framework to create safe, healthy, and supportive school environments with collaborative services so that all students – including those with behavioral health challenges – can be successful in school. The Commonwealth will provide the infrastructure and supports at the state and district levels to enable schools to create these environments.

In order for all schools to successfully implement the Framework, leadership and participation at all levels will be required – from the Department of Elementary and Secondary Education (ESE), the Executive Office of Education (EOE), the Office of the Child Advocate, and the Executive Office of Health and Human Services (EOHHS); from superintendents and school committees, principals, classroom teachers, and parents; and also from community and regional educational collaboratives, mental health centers, community based organizations, and regional offices of state agencies. Accordingly, the Task Force proposes laws, policies, funding, and activities that will impact each of these levels. While the core of the work will ultimately take place at the school level, schools cannot do this work without support from the entire educational system, their communities, and the Commonwealth.

The Task Force acknowledges that using this Framework on a statewide basis represents a paradigm shift. This shift recognizes that positive whole school environments are necessary to improving the behavioral health of all students. While this shift is designed to reduce burdens on schools and better use existing resources, it will take time to enable and support schools to understand and implement the Framework across the state. Accordingly, the Task Force recommendations reflect a phased-in approach, with each recommendation building on the implementation of the others. Some aspects of the recommendations may not require funding; schools, districts, ESE and the legislature can take action on these items immediately starting in the first phase of implementation and continuing forward. However, other aspects of the recommendations will require additional dedicated staff and financial resources for ESE and schools in order to proceed in an optimal fashion.

Chairman of the Behavioral Health and Public Schools Task Force, Commissioner Mitchell Chester, is transmitting the vast majority of recommendations contained in this report with his support based upon his belief that they will go a long way toward helping more students in schools across the Commonwealth be successful. However, there are three components about which the Chair has reservations, but which are included in this Report to honor the support Task Force members afford to them.

Commissioner Chester's three concerns and their rationale are described briefly below:

- Recommendation #2 includes a component to *require* schools to complete the Assessment Tool. The Commissioner believes that it would be most appropriate and helpful to schools and districts to encourage and support the use of the Assessment Tool and to disseminate it as a resource, rather than requiring the use of the Assessment Tool. This would allow schools to determine if the tool is the most helpful means for them to reflect, set goals, and work towards full implementation of the Framework.
- The Commissioner believes that Recommendation #4 is not necessary. Other recommendations contain related information calling for the Framework to be included in MGL Chapter 71 (*in Recommendation #2*), and for the ESE to take on the role of continuously refining and improving the Framework and Assessment Tool (*in Recommendation #5*).
- Recommendation #9 includes the statement: "An important means to ensure that these functions get carried out is to *designate a senior level position of school and behavioral health coordinator*." The Commissioner wishes to emphasize that this type of position may be one of several models that can be successful for schools. As noted in this report, Recommendation #9 requires further study of the functions and costs related to district and school implementation of the Framework. Commissioner Chester believes that a more helpful focus may be on how schools can address the activities covered by this type of role in innovative ways, including how it can be implemented using existing resources and positions.

Recommendation #1 – Coordinated Message from State Leadership

The Task Force recognizes and commends the Governor's steadfast prioritizing of education and focus on reducing the achievement gap. In order to capitalize on the reform environment that exists in our Commonwealth, the Task Force believes that now is the critical time to address the role of behavioral health, as it is broadly defined in this document, to ensure that we reach the Governor's goal of ensuring that all children are successful at school. The Task Force respectfully recommends a specific role for each component of state leadership in articulating a clear, strong message to the public recognizing that school climate and behavioral health are essential to learning, and that safe, healthy, and supportive learning environments increase the success of all students. Such a message would give schools permission to put behavioral health on the "front burner," something school leaders have repeatedly told Task Force members they need and desire. This coordinated message would be disseminated from all levels of government, as illustrated by the following examples. First, through the issuance of a Proclamation, the Governor can convey the Commonwealth's commitment to implementing the Framework statewide. Second, the Secretaries of Education and EOHHS and all members of the Child and Youth Readiness Cabinet can publicly endorse the use of the

Framework across the Commonwealth. Third, the ESE Commissioner can disseminate the Framework to all principals and superintendents in the Commonwealth, accompanied by a memorandum encouraging all schools and districts to implement the Framework. Fourth, in any legislation that is passed in furtherance of these recommendations, the Legislature can articulate a set of findings about the importance of behavioral health to learning and the need for all schools to create safe and supportive learning environments.

Recommendation #2 – Statewide Implementation of Framework

The Task Force recommends that the legislature amend MGL Chapter 71 Section 59C to require schools and districts to develop action plans to implement the Framework as part of their School Improvement Plans by 2017. In preparation for this 2017 deadline, schools will also be required to complete the (Self) Assessment Tool by 2016, although they are welcome and encouraged to use the (Self) Assessment Tool to begin this work at any time. These recommendations recognize that full implementation of the Framework will encompass several tasks, including each school assessing its own needs, setting priorities and developing action plans. The Task Force recommends that ESE use its existing authority to encourage and support schools to begin this process as soon as possible.

Recommendation #3 –

Establishment of [Entity] on Schools and Behavioral Health

The Task Force recommends that the legislature establish an [Entity] on Schools and Behavioral Health, chaired by the ESE Commissioner, through an amendment to the Massachusetts General Laws (MGL) Chapter 69. As multiple areas of expertise within the state and the broader community are required to move this work forward over the next five years, the [Entity] will be comprised of state officials, parents, educators, experts, advocates, and other community representatives and will be convened within three months of the passage of the legislation. The [Entity] will assist ESE with the statewide implementation of the Framework; gather feedback from early-adopter schools and the Centers of Excellence Grant Program (*Recommendation #8*); specifically address the functions associated with the role of a school and behavioral health coordinator (*Recommendation #9*); analyze and develop recommendations based on data gathered by ESE from schools' completion of the Assessment Tool and refine the tool to ensure that it guides schools to engage in a dynamic process leading to meaningful action plans; oversee evaluation of student and school outcomes; and facilitate solutions to challenges as they arise in the implementation process. The [Entity] will make annual reports on its findings to the Legislature, the Governor, the Office of the Child Advocate, and the Child and Youth Readiness Cabinet. By 2013, the [Entity] will specifically make recommendations with respect to professional development (*Recommendation #7*) and, by 2015, it will make recommendations regarding tools and resources needed at the school and district levels for the full implementation of the Framework (*Recommendations #8 and #9*). Until the [Entity] is established, it

is recommended that the Task Force remain constituted and continue to meet monthly to continue its work.

Recommendation #4 –

Establishing the Framework and Assessment Tool in Law

The Task Force recommends that MGL Chapter 69 be amended to develop procedures for updating, improving or refining the Framework and Assessment Tool at least biennially.

Recommendation #5 – Technical Assistance from ESE

The Task Force recommends that ESE serve in a technical assistance role to schools and districts as they develop the capacity to meet the 2017 goal of implementing the Framework in all schools across the Commonwealth. The ESE's multiple roles will evolve with each phase of the implementation process (*Recommendation #8*). These roles will include: staffing the [Entity] on Schools and Behavioral Health (*Recommendation #3*), encouraging and assisting schools to use the Assessment Tool as they develop action plans to implement the Framework, sharing model protocols, aligning efforts to promote behavioral health with other statewide initiatives, reporting on data gathered from the Assessment Tool to the [Entity], continuously refining the Framework and Assessment Tool, updating it on at least a biennial basis, maintaining and updating the website, and administering and evaluating the Schools and Behavioral Health "Centers of Excellence" grants (*Recommendation #8*).

Recommendation #6 –

Using the Framework for Coordinating Initiatives and Support

Coordinating education initiatives: The Task Force recommends that schools, districts, and ESE use the Framework as an organizational structure to coordinate multiple initiatives, such as dropout and truancy prevention, non punitive discipline, and others that lead to safe, healthy, and supportive learning environments. The actions a school must take to address many of these initiatives are strikingly similar and using the Framework as a common organizational structure will increase the effectiveness and efficiency of school's efforts.

The Legislature can consider incorporating the Framework as an organizational structure into legislation that addresses related initiatives, as was done in [An Act Relative to Bullying](#) (Chapter 92 of the Acts of 2010), which required ESE's [Model Bullying Prevention and Intervention Plan](#) to be organized by and consistent with the Framework, and in the pending legislation related to CHINS reform (S00066), which uses language similar to the bullying legislation.

Support to schools from state agencies: The Task Force believes that schools must be supported in and assume their role at the center of Framework implementation. While districts and schools must implement a

coordinated and coherent set of actions in support of whole school safe, supportive environments, the state has an obligation to go beyond encouragement and take definitive steps to support these efforts at the local level. Therefore the Task Force recommends that as soon as practicable, the Child and Youth Readiness Cabinet establish an Extended Committee that includes ESE, practitioners, experts, and advocates to help state agencies identify how they can support schools as schools implement the Framework.

Recommendation #7 – Professional Development

The Task Force acknowledges that professional development is essential for educators, administrators, and behavioral health providers so that the workforce has the knowledge and skills to implement the Framework as a strategy to address behavioral health barriers to students' educational success. The Task Force's statewide assessment found that educators identified professional development as the area of highest need in all six areas of the Framework. The Task Force therefore recommends that ESE, educational collaboratives, and community partners, as well as school-based behavioral health professionals, all play a role in creatively meeting the need for ongoing professional development.

Recommendation #8 – Phased-in Implementation

The Task Force recommends that statewide implementation of the Framework take place in multiple phases and at multiple levels.

- Phase 1 – Many aspects of implementation at the state, district, and local levels can occur immediately and without additional funding. In fiscal year 2011-2012 (FY12), ESE will continue providing support to those schools and districts that choose to become “early adopters” of the Framework by completing the Assessment Tool and developing action plans for implementation. Schools and districts can also choose to identify individuals and/or teams who might begin taking on some of the necessary administrative functions (*Recommendation #9*) in order to start developing the capacity for eventual implementation.
- Phase 2 – Beginning in FY13, ESE will administer, subject to appropriation, the Schools and Behavioral Health “Centers of Excellence” Grant Program. A small number of schools, districts, and/or educational collaboratives will be selected to serve as Centers of Excellence as they create safe, healthy, and supportive learning environments that increase the success of all students. These schools will complete the Assessment Tool and develop action plans to implement the Framework as part of their School Improvement Plans. The schools will designate individuals to participate on the [Entity] (*Recommendation #3*) to inform the work of this group in determining the steps needed for statewide implementation. The schools will also participate in an evaluation of their work that will help determine, among other things, the need for school and behavioral

health coordinators to implement the Framework effectively statewide (*Recommendation #9*).

- Phase 3 – Between FY15-FY17, ESE and the [Entity] will utilize lessons learned through the Centers of Excellence and other implementation efforts to assist schools across the Commonwealth with developing the capacity to implement the Framework. During this period the [Entity] will make recommendations, based on the evaluation of the Centers of Excellence, regarding the need for additional funding to implement the Framework statewide.
- Phase 4 – Beginning in FY17, all schools across the Commonwealth will be prepared to begin carrying out action plans to implement the Framework as part of their School Improvement Plans (*Recommendation #2*).

Recommendation #9 –

Staffing Implementation at the School and District Levels

The Task Force has learned from its research and the feedback it has received from schools that successful implementation will be possible if schools and districts have the capacity to undertake certain administrative functions. These include coordinating the implementation of the Framework within the school and the district, establishing relationships and partnerships with community agencies, ensuring that families of students with behavioral health challenges are engaged in the activities of the school, identifying professional development needs, assisting with completion of the Assessment Tool, mapping available resources, providing support to classroom staff, and maintaining a dual focus on both child-specific and system-level needs. An important means to ensure that these functions get carried out is to designate a senior level position of school and behavioral health coordinator at the school and/or district level. Several schools that participated in the statewide assessment called for such a position; the funding implications of such a position will require additional study by the [Entity]. The Task Force members acknowledge and appreciate the extraordinary efforts state leaders have taken to limit the impact of declining resources on education. At the same time, the Task Force is quite aware of the continued financial challenges and constraints on the state and school districts. There are several possibilities for ways to operationalize such a position in schools across the Commonwealth. The Task Force recommends that the [Entity] (*Recommendation #3*) study these possibilities and make further recommendations to the legislature by 2015 on the most efficient ways of ensuring that every school has the capacity to carry out the essential functions. Data gathered from the evaluation of the Centers of Excellence Grant Program will be instrumental in addressing the following:

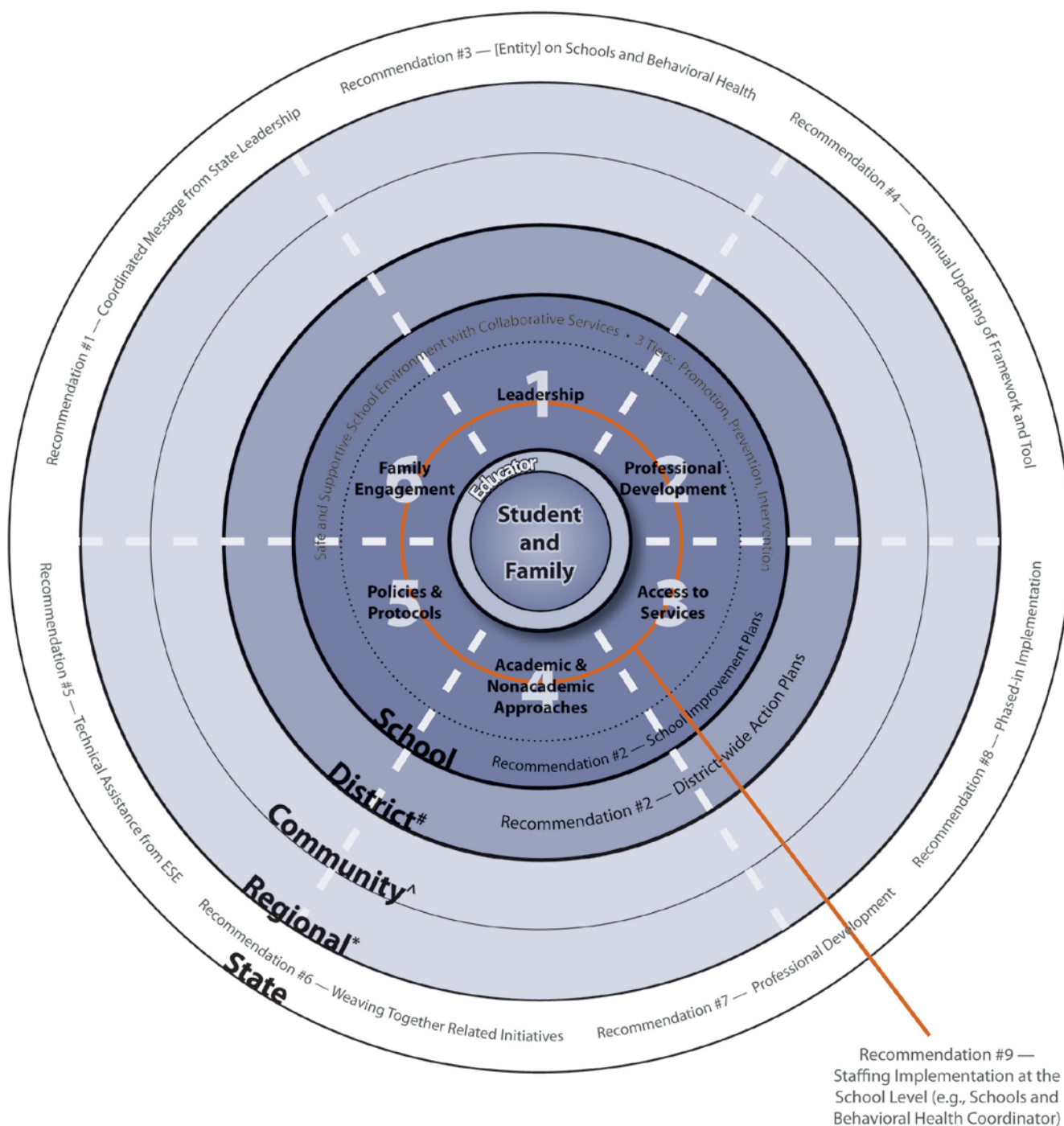
- Which administrative functions are more appropriately allocated to the district level and which are more appropriately allocated to the school level?

- What is an effective staffing level for carrying out these functions, and what professional qualifications should be required?
- How should this position differ in different contexts – e.g., in rural and urban districts, small and large districts, elementary schools and high schools?
- When does this require the establishment of a brand new position, and when can these functions be satisfied by reallocating responsibilities among existing positions?
- What role can/should educational collaboratives play in ensuring these functions take place in schools and districts?
- What are the funding implications, and what creative cost effective funding mechanisms can be developed?

The [Entity] will be able to structure a process that invites and incorporates the valuable professional wisdom from the community on these and other topics.

A Visual Representation of the Recommendations and the Role of the Framework

The following visual representation helps explain how the Framework can organize activities at all levels of the statewide infrastructure. This model is designed also to depict the relationship between the Framework and the nine recommendations developed by the Task Force. The six Framework areas are shown in the model at the school level, surrounding students and families. There is a clear emphasis on the importance of the individual student, while at the same time maintaining a focus on the *whole school environment* as well as the *statewide infrastructure*. The model conveys the breadth of the infrastructure that is necessary to support individual students and their families, emanating from the local to the state government.



Includes school committees and superintendents

^ Includes community mental health providers and youth-serving agencies

* Includes collaboratives, CSAs and regional offices of the state agencies

The Task Force understands that, in calling upon schools to address behavioral health as a barrier to learning, we must not impose additional burdens on school staff or merely push problems further onto the shoulders of teachers. Rather, the goal is to assist schools to create supportive problem-solving systems, and to organize the statewide infrastructure in a deliberate and transparent way so as to enable the district, community, region, and state to support schools in helping students succeed. The recommendations offered in this Report provide a thoughtfully-designed plan to create this essential state infrastructure. As a whole, these recommendations represent concrete action steps to build the essential state infrastructure to create safe, healthy, and supportive learning environments to increase the success of *all* students.

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I. Introduction

Creating safe, healthy, and supportive school environments with collaborative services is a necessary foundation for improving educational outcomes for all students, especially those with behavioral health challenges. Behavioral health refers to the social, emotional, mental, and behavioral well-being of *all* students. Behavioral health relates to the reduction of problem behaviors and emotional difficulties, as well as the optimization of positive and productive functioning.

Improving educational outcomes for all students, including those with behavioral health challenges, requires that schools – the place where children and youth spend most of their waking hours – become environments that provide support at three levels of care and instruction (promotion, prevention, and intervention). More specifically, these levels: 1) foster the emotional wellbeing of *all* students through school-wide approaches to support positive behavioral health and prevent behavioral health challenges, 2) provide supports to intervene early to minimize escalation of identified behavioral health symptoms through targeted collaborative supports, and 3) provide and participate in coordinated care for the small numbers of students demonstrating considerable needs. The Commonwealth currently does not have a complete statewide infrastructure to create supportive school environments and collaborative services that can enable schools to work consistently at each of these prevention and intervention levels. There is no robust system currently in place that supports educators, behavioral health providers, families, and other caregivers to collaborate on shared goals for students' success in school.

The Massachusetts Act Relative to Children's Mental Health

This Report is the result of the work of the Massachusetts Task Force on Behavioral Health and Public Schools (Task Force), convened pursuant to Section 19 of [Chapter 321](#) of the Massachusetts Acts of 2008, an *Act Relative to Children's Mental Health* (the Act). Task Force members and participating guests are listed in Appendix C2. Chaired by the Commissioner of Elementary and Secondary Education (ESE) Mitchell D. Chester and facilitated by ESE staff, the Task Force met regularly during the two and one-half year period from December 2008 to June 2011. The Task Force includes parents and professionals representing a variety of state agencies, organizations, and disciplines, as outlined in the legislation.

The work of the Task Force was guided by the following three main mandates in the Act:

- 1. Build a Framework.** The Task Force worked to create and refine the Behavioral Health and Public Schools Framework (Framework) throughout the last two years, and incorporated input from a wide-range of perspectives among the Task Force participants, as well as from other stakeholders. The latest version of the Framework is included as Appendix A, and a live version is available via <http://BHPS321.org>. The Act charged the Task Force with creating a Framework that addresses the following components:
 - **Whole school environments with collaborative services.** The Act directed the Task Force to build a Framework “to promote collaborative services and supportive school environments for children.” This directive placed Massachusetts at the forefront among states in setting forth a coherent research-based approach for addressing behavioral health barriers to learning. The Act’s focus on whole-school environments is based on the growing national recognition that safe, healthy, and supportive school communities are the necessary foundation for the promotion of positive behavioral health *and* for effective learning for all students. According to national experts, whole-school safe and supportive environments are the foundation for creating schools that are free of bullying, schools that are trauma-sensitive, and schools that teach students to be accountable for their behavior through positive - rather than punitive - approaches. This results in minimizing the use of suspensions and expulsions, and in increasing graduation rates and academic achievement levels.² Collaborative services embedded seamlessly into these safe and supportive school-wide environments can address challenges to success at school by identifying and addressing emerging behavioral health difficulties and ensuring that students with identified behavioral health needs are welcomed into and able to participate as effective learners in the school environment.
 - **Multiple areas of focus.** To guide the implementation process of creating safe, supportive school environments with collaborative services, the Act provides an organizational structure or “framework” composed of five areas in which schools will assess their needs and resources and focus their activities – leadership; professional development; access to clinically, culturally, and linguistically appropriate services; academic and non-academic strategies; and policies and protocols. The Task Force’s early discussion led to the addition of “collaboration with families” as a *sixth* Framework area. The Act called upon the Task Force to describe the array of activities needed in each area for effective school implementation.

² See the Appendix C4 Bibliography for specific reports from national experts.

- **Positive educational outcomes.** Improving educational outcomes is a core goal of the Act, which specifies that the Framework be designed to enable “children with behavioral health needs [to] form relationships with adults and peers, regulate their emotions and behaviors, and achieve academic and non-academic school success and reduce truancy and the numbers of children dropping out of school.” The Act further mandates that the Framework be designed to “improve outcome measures such as rates of suspensions, expulsions, and other punitive responses, hospitalizations, absenteeism, tardiness, truancy, and drop-out rates, time spent on learning and other measures of school success.”
- 2. Assess schools’ capacity to address students’ behavioral health needs.** The Act directed the Task Force to develop, pilot, and conduct a statewide assessment based on the Framework in order to “measure schools’ capacity to address children’s behavioral health needs.” The Task Force developed an Assessment Tool based on the Framework and piloted it in 17 schools. The Task Force revised the Assessment Tool based on the pilot findings and conducted an expanded assessment that included an additional 22 schools. The findings from the statewide assessments are included in this Report (in II. Statewide Findings), and the latest version of the Assessment Tool is in Appendix B and on <http://BHPS321.org>
- 3. Make recommendations for the statewide use of the Framework.** The Act charged the Task Force to develop recommendations for the Governor, the Legislature, and the Office of the Child Advocate regarding the statewide use of the Framework. These recommendations are provided in this Report.

The Work Process of the Task Force

During the initial stages of the Task Force’s work, members held substantive discussions about the urgent need to address behavioral health as a barrier to learning, and about the challenges that arise as education and behavioral health systems attempt to collaborate. Opportunities for solutions to these challenges were offered by Task Force members, particularly by educators from the innovative grant programs serving on the Task Force.³

³ The Act required that Task Force members include educators from innovative grant programs in the Commonwealth, including the state Safe and Supportive Learning Environments grant program and the Integrated Comprehensive Resources in Schools program, or other similar programs. In addition to input from these programs, the Task Force also invited representatives and received significant participation from the Winchendon project, the Assabet Valley Collaborative, and Children’s Hospital Neighborhood Partnerships, which are three innovative privately funded Massachusetts initiatives. Contact achievement@doe.mass.edu for additional information about these initiatives.

The Task Force used the charge of the legislation to organize the professional wisdom shared by Task Force members, as well as the promising practices and solutions offered by existing innovative school initiatives, to create the Behavioral Health and Public Schools Framework. This Framework is intended to serve as an organizational structure for the array of activities needed for schools to promote effectively the behavioral health of *all* students through whole-school supportive environments with collaborative services. The Task Force further ensured that the Framework addresses improving outcome measures of school success for all students, particularly those with behavioral health challenges, and that the Framework can be tailored to fit the specific needs of each district and school.

After developing the Framework, the Task Force addressed the next legislative mandate to develop a tool to assess schools' capacity to implement the Behavioral Health Framework. A working group of Task Force members and ESE staff created a self-report Assessment Tool based on the components of the Framework. In developing this Assessment Tool, the Task Force was guided in part by the evaluation tool developed for the ESE's Safe and Supportive Learning Environment (SSLE) grant program, which uses a whole school framework to create supportive learning environments.⁴

The Task Force piloted the Assessment Tool in 17 schools in the fall of 2009. Several Task Force members, who are also researchers from the University of Massachusetts at Boston, compiled the results of the pilot assessment and determined that the tool was a valid and reliable measure of schools' capacity to implement the Framework, and could be used in the statewide assessment mandated by the legislation.⁵

Based on the information submitted by schools through the piloting of the Assessment Tool, and on the information gathered through follow-up interviews conducted by Task Force members, the Task Force developed revised versions of the Framework and Assessment Tool and created a website to host online versions of these documents in preparation for the statewide assessment.⁶ Schools across the Commonwealth were selected through a stratified sample to

⁴ The development of the Framework and Assessment Tool was influenced by successful work among school districts receiving funding through the state Safe and Supportive Learning Environment (SSLE) grant program (also known as the "trauma sensitive schools" project) promulgated pursuant to MGL c. 69, § 1N(b). The evaluation tool used by grant recipients of the Safe and Supportive Learning Environments program was developed by the ESE and based on grantee input as well as the report *Helping Traumatized Children Learn*, by Massachusetts Advocates for Children.

⁵ See the Task Force's Interim Report, issued December 2009, for more details:

<http://www.doe.mass.edu/research/reports/1209behavioralhealth.doc>

⁶ The full framework can be accessed via a link in the lower left of <http://BHPS321.org>, or directly via <http://bhps321.org/viewframeworkall.asp>. The Assessment Tool can be perused by using TEST1, TEST2, TEST3, TEST4 or TEST5 as the username and password (using the same number for both the username and password).

participate voluntarily in the statewide assessment, which was conducted in the fall of 2010. Task Force members and ESE staff provided support and technical assistance to participating schools. As with the pilot of the Assessment Tool, several Task Force members who are researchers from the University of Massachusetts at Boston volunteered to compile the results, which reflect a measure of schools' capacity to implement the Framework. The findings of the pilot and statewide assessments are included in this Report and form the basis for the recommendations of the Task Force that articulate the supports required for statewide implementation of the Framework.

The Behavioral Health and Public Schools Framework

Whole school environments that are safe, healthy, supportive, and offer collaborative services are critical to addressing behavioral health needs, and are also an essential component to bullying prevention; inclusion of students with disabilities; reduction of dropouts, truancy, suspensions and expulsions; increasing academic achievement, and other important goals. The six areas of the Framework provide an organizational structure to enable each school to weave together these goals, so that each initiative can benefit from the other without overburdening educators. None of these critical goals can be accomplished in isolation. Using the Framework, schools can address behavioral health needs and at the same time bring these goals and initiatives together in order to develop safe and supportive schools that collaborate effectively with behavioral health professionals.

Below are brief summaries of the six sections included in the Framework developed by the Task Force. See Appendix A for the full Framework.

I) Leadership by school and district administrators to create supportive school environments and promote collaborative services. This section requires leaders at the district-level to create a vision, identify outcome goals, develop a district-wide action plan, and collect and analyze relevant data. At the school level, leaders establish a process to develop and implement an ongoing professional development plan, improve access to resources and services, promote effective academic and non-academic supports, include approaches that address barriers posed by behavioral health challenges, develop policies and protocols, and collaborate effectively with families.

II) Professional development for school administrators, educators, and behavioral health providers on topic areas needed to enhance schools' capacity to create supportive school environments and collaborative services. Professional development should occur at the pre-service and in-service levels;

include all administrators, educators, and staff; and be cross-disciplinary in approach.

III) Access to resources and services through the identification, coordination, and creation of school and community-based behavioral health services that improve the school-wide environment. The Framework calls upon schools to identify gaps in services and re-allocate resources; help families access services that are clinically, linguistically and culturally appropriate; and provide opportunities for confidential conferencing on individual students.

IV) Academic and non-academic strategies that are effective in the classroom and outside of the classroom to ensure the success of students with behavioral health needs. The Framework recognizes that students' competencies in both academic and non-academic areas play a critical role in behavioral health and in overall school success.

V) Policies and protocols that support a clear organizational structure at school. Protocol areas include confidential communication, consultation for school and community-based providers, flexible scheduling, safety for all students (including appropriate reporting of suspicions of abuse or neglect and reporting and follow through on reports of bullying), discipline policies that balance accountability with an understanding of students' behavioral health needs, smooth transitions back to school from hospitalization or placement, structured time for staff to plan for children's needs, protocols that incorporate behavioral health in academic planning , and plans for both crisis prevention and intervention.

VI) Collaboration with families that includes regular communication with, and active involvement of, families to improve support for students. This includes collaboration with the families of students with behavioral health concerns.⁷

The remainder of this Report provides the compiled findings from schools' use of the Assessment Tool (section II. Statewide Findings), and the Task Force's recommendations for statewide use of the Framework (section III. Recommendations).

⁷ It is important to note that section VI of the pilot framework – collaboration with families – was not mandated by the Act. This section was added by Task Force members to highlight the importance of school-family partnerships for addressing the needs of students with behavioral health concerns.

II. Statewide Findings

Introduction to the Findings

The Task Force created the Assessment Tool to measure schools' self-evaluation of their capacity to implement the Framework. The Assessment Tool was designed to assist schools in examining their current practices to support students' behavioral health at all intervention levels, ranging from promotion and prevention efforts for the whole school community to intensive supports for individual students. Seventeen (17) school districts piloted the tool in the fall of 2009 and provided feedback and suggestions for improvement. After the pilot, the Assessment Tool was modified to reduce redundancy and clarify items, and to become more user friendly by making it a web-based tool. Approximately 100 schools were invited to participate in the post-pilot statewide assessment, and as a result, data were gathered from 22 additional school districts.

Given the wealth of information gathered in both the pilot and statewide assessments, the findings presented here consolidate both rounds of data collection to build our understanding of the current capacity of schools in the Commonwealth to implement the Framework and identify their specific needs for additional support and guidance to increase capacity. Thus, this section reports the findings from the Assessment Tools completed by the 39 total schools. The merging of data from the two assessment periods strengthened the statistical properties of the data and assessment, and was determined to be valid because there were no statistically significant differences between the results of the pilot and statewide assessments.⁸

Highlights of the Findings

The 39 participating school districts identified the behavioral health support strategies and interventions they were effectively implementing. They also identified areas where additional school-based action and efforts were needed, as well as areas where additional guidance and support might be needed to fully implement the Framework. Each school rated its current implementation on a scale of 1 (implemented to some extent) to 4 (fully implemented). Each school also ranked the priority for action for each item on a scale of 1 (sustain current course of action) to 2 (modify or enhance current course of action).

⁸ Please see Appendix C3 "Statewide Assessment Methodology" for additional information regarding selection and recruitment of schools, data collection and analysis procedures, assessment comparisons, and statistical properties of the Assessment Tool.

Qualitative data, or narrative data, were examined for each Framework section, and these data echoed the findings from the quantitative portions of the Tool. The findings below informed Task Force recommendations on ways to increase the capacity of schools to implement the Framework. The highlights of these findings are presented in Table 1 below.

I) Leadership is demonstrated by school and district administrators creating supportive school environments and promoting collaborative services in the interest of students' behavioral health. Overall, schools reported that leadership strategies to address behavioral health needs at the school and district-levels were “moderately” implemented (average total rating of 2.49 on the 1 to 4 scale). This area was identified also as being in great need for future action and priority.

Respondents indicated that school leaders provide the vision for implementing effective strategies to build students' strengths and promote school success. However, there is a great need for school leaders to develop professional development plans that increase the skills of the school staff in promoting behavioral health. It is also important that staff be involved in the development of behavioral health policies and protocols connected to supporting students with behavioral health needs. High priority for future action included the development of a district-wide action plan to address supportive school environments and collaborative services, policies and protocols to support behavioral health needs, and data systems to monitor and track the behavioral health outcomes of the students.

Narrative data highlighted the need for more effective leadership in school-based or community-based team meetings, developing family relationships, creating positive school climate, and developing a strategic plan as well as vision and mission statements to guide practice. Guidance was most frequently requested by schools in the areas of supporting the district as it sets measurable behavioral outcome goals and uses data systems to collect, track, and analyze the data related to these goals.

II) Professional development targets school administrators, educators, and behavioral health providers on topic areas needed to enhance schools' capacity to implement the Framework to promote students' behavioral health. Overall, professional development strategies addressing behavioral health needs had the lowest rate of implementation of all the Framework sections. Professional development strategies for teachers, administrators, and all staff were “moderately” implemented (average total rating of 2.19 on the 1 to 4 scale) across the participating schools. Professional development was also identified as having the greatest priority for future action.

Implementation was highest in the professional development opportunities that target strategies to create a supportive classroom community and safe, caring relationships between adults and peers. Other specific strategies effectively implemented included de-escalation interventions to avoid physical restraint. The vast majority (greater than 70%) of respondents indicated a need to increase their efforts and/or action for more than half of the professional development strategies. Specifically, these areas identified for future action included the following:

- Identification of school problems and how behavioral health symptoms may manifest in a school setting
- How behavioral health problems impact all aspects of a student's functioning from learning to behavior in school, at home, and in the community
- Administrator skills in managing and evaluating policies and protocols related to supporting students' behavioral health
- Administrator skills in supporting well-being of educators and behavioral health staff
- Meaningful ways for school leaders to engage a broad range of students in school planning and decision-making groups with staff
- Administrator skills in using disciplinary approaches that balance accountability with an understanding of behavioral health needs of students
- Staff skills in building relationships and communicating with all families
- Separate roles and common objectives of school staff and behavioral health providers
- Understanding of the school as a host environment, including familiarity with school and district structures and requirements for community behavioral health providers
- Familiarity with child and youth-serving systems, including state agencies and state-sponsored resources

Narrative data reiterated a desire for additional training on crisis management as well as state and district policies, the creation of professional development committees, and focused trainings on diversity and cultural sensitivity. Schools most frequently requested guidance in the areas of building skills to help students develop safe, caring relationships with adults and peers, as well as staff developing relationships with families. Schools also requested guidance on topics such as strategies to support students' self-regulation of emotions, behaviors, and attention to achieve academic success; identifying early warning signs or behavioral health symptoms including those related to trauma and other environmental risk factors; and school-wide and individual approaches that help meet the needs of at-risk students.

III) Access to resources and services includes the identification, coordination, and creation of school and community behavioral health services that improve the school-wide environment. The Framework also includes the recognition that resources are needed that are clinically, linguistically, and culturally appropriate for students and their families. Overall, schools reported that access to resources and services strategies to address behavioral health needs at the school and district-levels were implemented “to a great extent” (average total rating of 2.65 on the 1 to 4 scale).

Respondents reported the most effective practices were those related to confidentiality of student behavioral health records and in-district referral systems for students with behavioral health needs. Guidance was requested and priority for action focused on mapping services and resources to identify strengths and gaps in school- and community-based behavioral health services. Narrative data highlighted limited resources for school staff, including inadequate after-school programming and inconsistent access to community-based services and culturally sensitive resources.

IV) Academic and non-academic approaches enable all students to learn and have success in school, including those with behavioral health needs. Overall, schools reported the highest rate of implementation in the area of academic and non-academic support strategies to address behavioral health needs. The strategies in this area were rated as being implemented “to a great extent” (average total rating of 3.09 on the 1 to 4 scale).

The most effective practices were reported in the areas of maintaining high quality instruction and high academic standards for all students, targeting academic supports for students at-risk for academic difficulties, creating safe learning environments, and encouraging the development of positive relationships between students and adults. Areas targeted for growth included strategies to monitor continuously the progress of targeted interventions; implementation of evidence-based primary prevention programs that support and promote the development of social, healthy, and respectful behaviors; and procedures regarding the Children’s Behavioral Health Initiative (CBHI).

Narrative data indicated that administrators were supportive of addressing behavioral health services but lacked enough time or money to access additional resources. Guidance was sought for evidence-based primary prevention programs that support and promote the development of social, healthy, and respectful behaviors, and for identifying procedures to inform families of CBHI.

V) Policies and protocols provide a foundation for schools to implement the Framework and promote behavioral health. Overall, schools reported that

policies and protocols to address behavioral health needs at the school and district-levels were implemented “to a great extent” (average total rating of 3.10 on the 1 to 4 scale).

Respondents reported high degrees of implementation in the areas of appropriate reporting and documentation of suspected child abuse or neglect (known as “51A reports”), and confidentiality protocols and procedures. Priority actions focused on protocols to ensure effective communication for families using CBHI services and protocols to encourage effective partnerships through formal agreements with community-based providers. These strategies were also the areas where schools indicated interest in additional guidance. Narrative data noted a preference for policies and protocols in electronic format, as well as a more dynamic policy handbook. They also focused on the need for improved communication with district-level administrators, better clarification of policies including absences, and enhanced efforts with students who are living in out-of-home placements or who are not eligible for [MassHealth](#).

VI) *Collaboration with families* includes fostering connections between home and school in order to increase schools’ capacity to improve students’ behavioral health. Overall, schools reported that strategies regarding collaboration with families were implemented “to a great extent” (average total rating of 2.93 on the 1 to 4 scale).

Respondents’ highest areas of implementation were strategies in which administration and staff create a safe, welcoming environment where all families feel that their voices are valued, and where families have the opportunity to communicate the needs of their families with classroom-based staff and school leaders. They also reported working effectively with families to identify, encourage, and build upon students’ strengths, and engage in shared-decision making about their child and other school policies.

Priority for future action and guidance was requested for professional development trainings that focus on awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disability, socioeconomic level, and gender roles), and on mechanisms to share information regularly with families about school-wide programs that address the behavioral health of students. Narrative data identified a desire for improved communication with families and more time to develop relationships with families, as well as the need to create opportunities for family collaboration and involvement with schools.

In summary, this representative study examined the current practices and needs of schools in the Commonwealth as they work to promote their students' behavioral health. Overall, the schools reported effectively providing academic and non-academic support services to promote positive academic and behavioral health for all students. Schools also reported effectively maintaining necessary policies and procedures. While the responses confirm the importance of training and implementation in all areas of the Framework, there was a particular urgency identified in certain areas. The Framework sections in which schools reported less implementation – and in which they are seeking the greatest growth and future action – was the section of professional development for staff, teachers, and administrators, as well as the section on leadership at the school and district level. The findings from this assessment guided the Task Force's recommendations for increasing schools' capacity to implement the Framework, discussed in the next section (III) of this Report.

Table 1: Highlights of Assessment Findings

Framework section	Overall average implement level (1-4 scale) across sample schools	Percentage of action items in which more than one-half of the sample schools seek to increase action	Highest implemented action step within the section	Lowest implemented action step within the section
I – Leadership	2.49	90%	School administrators create leadership, vision, and support for building students’ strengths.	Superintendent and school committee set measurable outcome goals that will help student with behavioral health needs succeed in school.
II – Professional Development	2.19	96%	Professional development opportunities address staff skills in de-escalation and intervention strategies that are alternatives to physical restraints.	<i>For community providers</i> – Training increases understanding of the school as a host environment. <i>For school staff</i> – Training increases understanding of separate roles and common objectives of school staff and behavioral health providers.
III – Access to Resources and Services	2.65	44%	Standard and compliant practice of confidentiality of student behavioral health records.	Schools mapped resources and created recommendations to address gaps in resources and services.
IV– Academic and Non-academic Supports	3.09	46%	School encourages and supports the development of positive relationships between students and adults.	Referral procedures in place to educate caregivers of services through Community Service Agencies (CSAs) as part of the Children’s Behavioral Health Initiative (CBHI).
V – Policies and Protocols	3.10	17%	Appropriate reporting and documentation of suspected child abuse or neglect under section 51A of chapter 119 of the Massachusetts General Laws.	Policies that ensure effective communication for families using CBHI services, and protocols to support consultation and effective partnerships with community-based providers.
VI – Collaboration with Families	2.93	47%	Schools create a safe, welcoming environment, and Families can communicate the needs of their families and children with school staff and leaders.	Monitoring family involvement by systematically examining attendance and inviting family feedback about areas of concern and interest.

III. Recommendations for Statewide Use of the Framework

Guiding Vision and Goal

Creating ***safe, healthy, and supportive school environments with collaborative services*** is a necessary foundation for improving educational outcomes for all students, especially those with behavioral health challenges. The Task Force designed the recommendations that follow to ensure that the Commonwealth provides its schools with the support and guidance they need to implement the Behavioral Health and Public Schools Framework as a mechanism for creating the type of school environment described above. The recommendations respond to the mandate to the Task Force, in Section 19 of Chapter 321 of the Acts and Resolves of 2008, to provide recommendations to the Governor, the Legislature, and the Office of the Child Advocate for the statewide utilization of the Framework based on the results of the statewide assessment summarized in section II of this Report.

Vision: By 2017 all schools in the Commonwealth will implement the Behavioral Health and Public Schools Framework to create safe, healthy, and supportive school environments with collaborative services so that all students – including those with behavioral health challenges – are successful in school. The Commonwealth will provide the infrastructure and supports at the state and district levels to enable schools to create these environments.

Task Force Recommendations for Statewide Use of the Framework

It is the vision of the Task Force that by 2017 all public schools in the Commonwealth will implement the Behavioral Health and Public Schools Framework to create safe, healthy, and supportive school environments with collaborative services so that all students – including those with behavioral health challenges – can be successful in school. The Commonwealth will provide the infrastructure and supports at the state and district levels to enable schools to create these environments.

In order for all schools to successfully implement the Framework, leadership and participation at all levels will be required – from the Department of Elementary and Secondary Education (ESE), the Executive Office of Education

(EOE), the Office of the Child Advocate, and the Executive Office of Health and Human Services (EOHHS); from superintendents and school committees, principals, classroom teachers, and parents; and also from community and regional educational collaboratives, mental health centers, community based organizations, and regional offices of state agencies. Accordingly, the Task Force proposes laws, policies, funding, and activities that will impact each of these levels. While the core of the work will ultimately take place at the school level, schools cannot do this work without support from the entire educational system, their communities, and the Commonwealth.

The Task Force acknowledges that using this Framework on a statewide basis represents a paradigm shift. This shift recognizes that positive whole school environments are necessary to improving the behavioral health of all students. While this shift is designed to reduce burdens on schools and better use existing resources, it will take time to enable and support schools to understand and implement the Framework across the state. Accordingly, the Task Force recommendations reflect a phased-in approach, with each recommendation building on the implementation of the others. Some aspects of the recommendations will not require funding; schools, districts, ESE and the legislature can take action on these items immediately starting in the first phase of implementation and continuing forward. However, other aspects of the recommendations will require additional dedicated staff and financial resources for ESE and schools in order to proceed in an optimal fashion.

Chairman of the Behavioral Health and Public Schools Task Force, Commissioner Mitchell Chester, is transmitting the vast majority of recommendations contained in this report with his support based upon his belief that they will go a long way toward helping more students in schools across the Commonwealth be successful. However, there are three components about which the Chair has reservations, but which are included in this Report to honor the support Task Force members afford to them. Commissioner Chester's three concerns and their rationale are described briefly below:

- Recommendation #2 includes a component to *require* schools to complete the Assessment Tool. The Commissioner believes that it would be most appropriate and helpful to schools and districts to encourage and support the use of the Assessment Tool and to disseminate it as a resource, rather than requiring the use of the Assessment Tool. This would allow schools to determine if the tool is the most helpful means for them to reflect, set goals, and work towards full implementation of the Framework.
- The Commissioner believes that Recommendation #4 is not necessary. Other recommendations contain related information calling for the Framework to be included in MGL Chapter 71 (*in Recommendation #2*),

and for the ESE to take on the role of continuously refining and improving the Framework and Assessment Tool (*in Recommendation #5*).

- Recommendation #9 includes the statement: “An important means to ensure that these functions get carried out is to *designate a senior level position of school and behavioral health coordinator*.” The Commissioner wishes to emphasize that this type of position may be one of several models that can be successful for schools. As noted in this report, Recommendation #9 requires further study of the functions and costs related to district and school implementation of the Framework. Commissioner Chester believes that a more helpful focus may be on how schools can address the activities covered by this type of role in innovative ways, including how it can be implemented using existing resources and positions.

Recommendation #1 – Coordinated Message from State Leadership

The Task Force recognizes and commends the Governor’s steadfast prioritizing of education and focus on reducing the achievement gap. In order to capitalize on the reform environment that exists in our Commonwealth, the Task Force believes that now is the critical time to address the role of behavioral health, as it is broadly defined in this document, to ensure that we reach the Governor’s goal of ensuring that all children are successful at school. The Task Force respectfully recommends a specific role for each component of state leadership in articulating a clear, strong message to the public recognizing that school climate and behavioral health are essential to learning, and that safe, healthy, and supportive learning environments increase the success of all students. Such a message would give schools permission to put behavioral health on the “front burner,” something school leaders have repeatedly told Task Force members they need and desire. This coordinated message would be disseminated from all levels of government, as illustrated by the following examples. First, through the issuance of a Proclamation, the Governor can convey the Commonwealth’s commitment to implementing the Framework statewide. Second, the Secretaries of Education and EOHHS and all members of the Child and Youth Readiness Cabinet can publicly endorse the use of the Framework across the Commonwealth. Third, the ESE Commissioner can disseminate the Framework to all principals and superintendents in the Commonwealth, accompanied by a memorandum encouraging all schools and districts to implement the Framework. Fourth, in any legislation that is passed in furtherance of these recommendations, the Legislature can articulate a set of findings about the importance of behavioral health to learning and the need for all schools to create safe and supportive learning environments.

Recommendation #2 – Statewide Implementation of Framework

The Task Force recommends that the legislature amend MGL Chapter 71 Section 59C to require schools and districts to develop action plans to implement the Framework as part of their School Improvement Plans by 2017.

In preparation for this 2017 deadline, schools will also be required to complete the (Self) Assessment Tool by 2016, although they are welcome and encouraged to use the (Self) Assessment Tool to begin this work at any time. These recommendations recognize that full implementation of the Framework will encompass several tasks, including each school assessing its own needs, setting priorities and developing action plans. The Task Force recommends that ESE use its existing authority to encourage and support schools to begin this process as soon as possible.

Recommendation #3 –

Establishment of [Entity] on Schools and Behavioral Health

The Task Force recommends that the legislature establish an [Entity] on Schools and Behavioral Health, chaired by the ESE Commissioner, through an amendment to the Massachusetts General Laws (MGL) Chapter 69. As multiple areas of expertise within the state and the broader community are required to move this work forward over the next five years, the [Entity] will be comprised of state officials, parents, educators, experts, advocates, and other community representatives and will be convened within three months of the passage of the legislation. The [Entity] will assist ESE with the statewide implementation of the Framework; gather feedback from early-adopter schools and the Centers of Excellence Grant Program (*Recommendation #8*); specifically address the functions associated with the role of a school and behavioral health coordinator (*Recommendation #9*); analyze and develop recommendations based on data gathered by ESE from schools' completion of the Assessment Tool and refine the tool to ensure that it guides schools to engage in a dynamic process leading to meaningful action plans; oversee evaluation of student and school outcomes; and facilitate solutions to challenges as they arise in the implementation process. The [Entity] will make annual reports on its findings to the Legislature, the Governor, the Office of the Child Advocate, and the Child and Youth Readiness Cabinet. By 2013, the [Entity] will specifically make recommendations with respect to professional development (*Recommendation #7*) and, by 2015, it will make recommendations regarding tools and resources needed at the school and district levels for the full implementation of the Framework (*Recommendations #8 and #9*). Until the [Entity] is established, it is recommended that the Task Force remain constituted and continue to meet monthly to continue its work.

Recommendation #4 –

Establishing the Framework and Assessment Tool in Law

The Task Force recommends that MGL Chapter 69 be amended to develop procedures for updating, improving or refining the Framework and Assessment Tool at least biennially.

Recommendation #5 – Technical Assistance from ESE

The Task Force recommends that ESE serve in a technical assistance role to schools and districts as they develop the capacity to meet the 2017 goal of implementing the Framework in all schools across the Commonwealth. The ESE's multiple roles will evolve with each phase of the implementation process (*Recommendation #8*). These roles will include: staffing the [Entity] on Schools and Behavioral Health (*Recommendation #3*), encouraging and assisting schools to use the Assessment Tool as they develop action plans to implement the Framework, sharing model protocols, aligning efforts to promote behavioral health with other statewide initiatives, reporting on data gathered from the Assessment Tool to the [Entity], continuously refining the Framework and Assessment Tool, updating it on at least a biennial basis, maintaining and updating the website, and administering and evaluating the Schools and Behavioral Health "Centers of Excellence" grants (*Recommendation #8*).

Recommendation #6 – Using the Framework for Coordinating Initiatives and Support

Coordinating education initiatives: The Task Force recommends that schools, districts, and ESE use the Framework as an organizational structure to coordinate multiple initiatives, such as dropout and truancy prevention, non punitive discipline, and others that lead to safe, healthy, and supportive learning environments. The actions a school must take to address many of these initiatives are strikingly similar and using the Framework as a common organizational structure will increase the effectiveness and efficiency of school's efforts.

The Legislature can consider incorporating the Framework as an organizational structure into legislation that addresses related initiatives, as was done in [An Act Relative to Bullying](#) (Chapter 92 of the Acts of 2010), which required ESE's [Model Bullying Prevention and Intervention Plan](#) to be organized by and consistent with the Framework, and in the pending legislation related to CHINS reform (S00066), which uses language similar to the bullying legislation.

Support to schools from state agencies: The Task Force believes that schools must be supported in and assume their role at the center of Framework implementation. While districts and schools must implement a coordinated and coherent set of actions in support of whole school safe, supportive environments, the state has an obligation to go beyond encouragement and take definitive steps to support these efforts at the local level. Therefore the Task Force recommends that as soon as practicable, the Child and Youth Readiness Cabinet establish an Extended Committee that includes ESE, practitioners, experts, and advocates to help state agencies identify how they can support schools as schools implement the Framework.

Recommendation #7 – Professional Development

The Task Force acknowledges that professional development is essential for educators, administrators, and behavioral health providers so that the workforce has the knowledge and skills to implement the Framework as a strategy to address behavioral health barriers to students' educational success. The Task Force's statewide assessment found that educators identified professional development as the area of highest need in all six areas of the Framework. The Task Force therefore recommends that ESE, educational collaboratives, and community partners, as well as school-based behavioral health professionals, all play a role in creatively meeting the need for ongoing professional development.

Recommendation #8 – Phased-in Implementation

The Task Force recommends that statewide implementation of the Framework take place in multiple phases and at multiple levels.

- Phase 1 – Many aspects of implementation at the state, district, and local levels can occur immediately and without additional funding. In fiscal year 2011-2012 (FY12), ESE will continue providing support to those schools and districts that choose to become “early adopters” of the Framework by completing the Assessment Tool and developing action plans for implementation. Schools and districts can also choose to identify individuals and/or teams who might begin taking on some of the necessary administrative functions (*Recommendation #9*) in order to start developing the capacity for eventual implementation.
- Phase 2 – Beginning in FY13, ESE will administer, subject to appropriation, the Schools and Behavioral Health “Centers of Excellence” Grant Program. A small number of schools, districts, and/or educational collaboratives will be selected to serve as Centers of Excellence as they create safe, healthy, and supportive learning environments that increase the success of all students. These schools will complete the Assessment Tool and develop action plans to implement the Framework as part of their School Improvement Plans. The schools will designate individuals to participate on the [Entity] (*Recommendation #3*) to inform the work of this group in determining the steps needed for statewide implementation. The schools will also participate in an evaluation of their work that will help determine, among other things, the need for school and behavioral health coordinators to implement the Framework effectively statewide (*Recommendation #9*).
- Phase 3 – Between FY15-FY17, ESE and the [Entity] will utilize lessons learned through the Centers of Excellence and other implementation efforts to assist schools across the Commonwealth with developing the capacity to implement the Framework. During this period the [Entity] will make recommendations, based on the evaluation of the Centers of

Excellence, regarding the need for additional funding to implement the Framework statewide.

- Phase 4 – Beginning in FY17, all schools across the Commonwealth will be prepared to begin carrying out action plans to implement the Framework as part of their School Improvement Plans (*Recommendation #2*).

Recommendation #9 –

Staffing Implementation at the School and District Levels

The Task Force has learned from its research and the feedback it has received from schools that successful implementation will be possible if schools and districts have the capacity to undertake certain administrative functions. These include coordinating the implementation of the Framework within the school and the district, establishing relationships and partnerships with community agencies, ensuring that families of students with behavioral health challenges are engaged in the activities of the school, identifying professional development needs, assisting with completion of the Assessment Tool, mapping available resources, providing support to classroom staff, and maintaining a dual focus on both child-specific and system-level needs. An important means to ensure that these functions get carried out is to designate a senior level position of school and behavioral health coordinator at the school and/or district level. Several schools that participated in the statewide assessment called for such a position; the funding implications of such a position will require additional study by the [Entity]. The Task Force members acknowledge and appreciate the extraordinary efforts state leaders have taken to limit the impact of declining resources on education. At the same time, the Task Force is quite aware of the continued financial challenges and constraints on the state and school districts. There are several possibilities for ways to operationalize such a position in schools across the Commonwealth. The Task Force recommends that the [Entity] (*Recommendation #3*) study these possibilities and make further recommendations to the legislature by 2015 on the most efficient ways of ensuring that every school has the capacity to carry out the essential functions. Data gathered from the evaluation of the Centers of Excellence Grant Program will be instrumental in addressing the following:

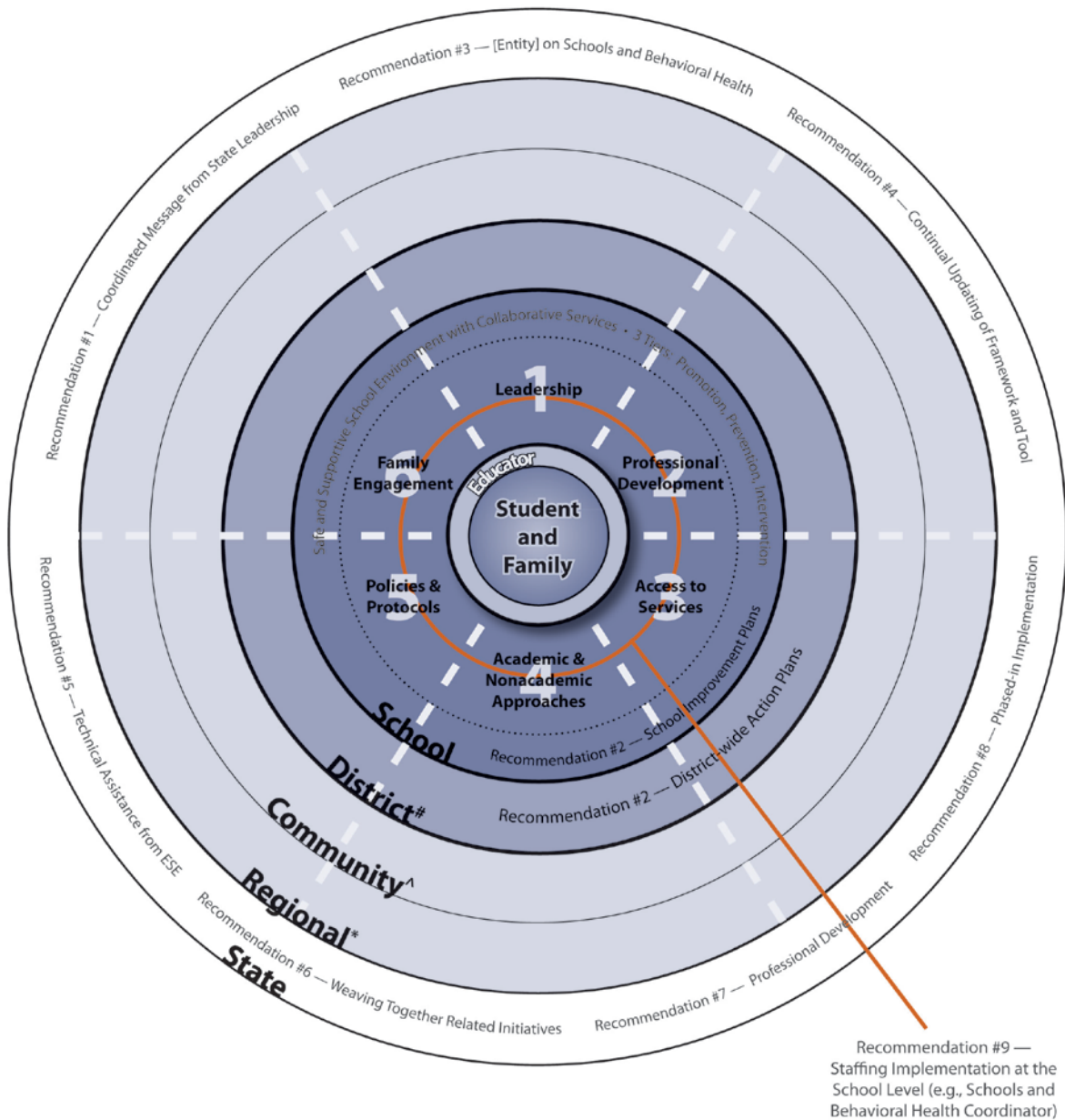
- Which administrative functions are more appropriately allocated to the district level and which are more appropriately allocated to the school level?
- What is an effective staffing level for carrying out these functions, and what professional qualifications should be required?
- How should this position differ in different contexts – e.g., in rural and urban districts, small and large districts, elementary schools and high schools?

- When does this require the establishment of a brand new position, and when can these functions be satisfied by reallocating responsibilities among existing positions?
- What role can/should educational collaboratives play in ensuring these functions take place in schools and districts?
- What are the funding implications, and what creative cost effective funding mechanisms can be developed?

The [Entity] will be able to structure a process that invites and incorporates the valuable professional wisdom from the community on these and other topics.

A Visual Representation of the Recommendations and the Role of the Framework

The following visual representation helps explain how the Framework can organize activities at all levels of the statewide infrastructure. This model is designed also to depict the relationship between the Framework and the nine recommendations developed by the Task Force. The six Framework areas are shown in the model at the school level, surrounding students and families. There is a clear emphasis on the importance of the individual student, while at the same time maintaining a focus on the *whole school environment* as well as the *statewide infrastructure*. The model conveys the breadth of the infrastructure that is necessary to support individual students and their families, emanating from the local to the state government.



* Includes school committees and superintendents

^ Includes community mental health providers and youth-serving agencies

* Includes collaboratives, CSAs and regional offices of the state agencies

Student and family. The Task Force model places the student and family at the center of concentric circles of support, signifying the centrality of families to the student’s educational process. Importantly, the diagram does not separate the student from the family. In the Task Force model, the importance of the individual student is clearly emphasized, but it is also very clear that a *whole*

school environment and a *statewide infrastructure* are required to support each individual.

Educator. Encircling the student and family is the role of the educator. The term “educator” applies broadly to all of the adults within the school building who work directly with an individual student and his or her family, whether they are classroom teachers, administrators, or other professional or paraprofessional support staff. Students’ school academic and social success is dependent in large part on their ability to form meaningful relationships with their educators, but behavioral health challenges can sometimes be a barrier to these relationships. Educators cannot be expected to confront these barriers alone; just as they provide critical support to students and families, they also need the support of their school leaders and the wider community to meet the challenge of educating every student. Thus, the Framework focuses on supporting the educators as well as students. The whole educational infrastructure must focus on supporting the alliance between educators and their students (and families), and ensuring that behavioral health needs do not get in the way of these crucial relationships.

School. The next level of the diagram is the school. The school is the first level of the infrastructure that is necessary to support the success of all students, including those with behavioral health needs, and the ability of their educators to foster this success. The six areas of the Framework are clearly enumerated to illustrate the integral role that each plays in creating the overarching school environment.⁹ If any one of the Framework areas is missing the supportive foundation will be incomplete. Thus each area of the Framework must be considered in developing the School Improvement Plan (*Recommendation #2*). The lines dividing each area of the Framework are porous to reflect that the areas are fluid and all work together to reinforce each other.

Finally, the diagram reflects the important role of the “school and behavioral health coordinator” and the associated administrative functions that the Task Force recommends in this Report (*Recommendation #9*). These functions include assisting the school principal to draw all of the areas of the Framework together, assessing the needs of the school in each area of the Framework, implementing student support plans across the school and with community providers, and connecting the school to resources in the surrounding community that will assist the school in implementing the Framework.

⁹ The purpose of the statewide assessment conducted by the Task Force was to collect data on the capacities of individual schools to implement the various areas of the Framework. The reader can therefore picture the data discussed in the Statewide Findings section (II) of this Report (page 7 of this document) as populating this school level of the diagram – they reflect schools’ assessments of their own strengths and challenges in implementing each element of the Framework.

District. The District level includes school committees, the superintendent, and district administrative and support staff. It is essential that leaders at the district-level create a vision, identify outcomes goals, develop a district-wide action plan, and collect and analyze relevant data (*Recommendation #2*).

Community and Region. The next two levels of the diagram are the Community and the Regional levels. The Community level includes town governments, community health and mental health providers, and youth-serving non-profits and community agencies. The Regional level includes educational collaboratives; Children’s Behavioral Health Initiative (CBHI) Community Service Agencies (CSAs); community-based organizations; private providers and therapists; and the regional offices of youth-serving state agencies such as the Department of Children and Families, the Department of Mental Health, the Department of Youth Services, and the Department of Transitional Assistance. Each of these levels of the infrastructure will play an important role in assisting schools to provide the safe and supportive whole school environments with collaborative services necessary to meet the needs of students with behavioral health needs.

The lines demarcating the various Framework elements extend out to these levels of the infrastructure model to indicate that the assistance and resources provided to schools by *outside* agencies will be most effective when they align with the whole school environments being created *inside* school buildings. The concentric circles and the dashed lines of each Framework area effectively create a series of “compartments” at each level. Outside entities can “fill in” these compartments with the resources they have available to assist schools with each Framework element.

Each agency, whether at the district, community, or regional level, should ask itself, “*What can we do to support the role of school leadership to implement the Framework? What can we do to assist with professional development? What can we do to help improve access to services? What policies and protocols would assist in coordination and collaboration for this work? How can we help families engage in and be part of the student’s education?*” Likewise, schools can “fill in” the “compartments” at each level with the resources or assistance they would like to *seek* from various outside agencies. The goal is to have the assistance sought by schools be aligned with the assistance provided by outside agencies.

State. The final level of the diagram is the state level. Embodied here are the recommendations that the Task Force believes are necessary to enable schools to provide safe and supportive whole school environments with collaborative services for all students across the Commonwealth. The dashed lines do not reach out to the state level because many of the recommendations made by the Task Force are cross-cutting – such as a school and behavioral health coordinator being an important means for ensuring necessary functions get

carried out in each school – and do not pertain solely to one element of the Framework. At the state level there must be recognition of the importance of this work (*Recommendation #1*), an infrastructure to support schools and districts (*Recommendations #3 and #5*), a commitment to incorporate the Framework systemically into related laws (*Recommendation #2, 4, 6*), necessary professional development (*Recommendation #7*), and funding to support the statewide utilization of the Framework (*Recommendations #8 and #9*).

In order to oversee and support this work at the highest levels, the Task Force recommends the establishment of an [Entity] on Schools and Behavioral Health (*Recommendation #3*). This [Entity], chaired by the ESE Commissioner, will work closely state agencies and others to move this initiative forward, supporting districts and schools to ensure the success of students with behavioral health needs, and making further recommendations to facilitate the assistance of communities and regions in the Commonwealth to support schools. The [Entity] will harness the talents of both those inside the agencies and those outside state agencies to ensure that implementation of the Framework leads to improved educational success for all of the Commonwealth's students.

IV. Conclusion

The Task Force conceived the Behavioral Health and Public Schools Framework as a living document that outlines all of the areas to consider when creating whole school environments with collaborative services. To leave out one of these areas is to potentially overlook a critical aspect of implementation. Using the Framework, schools can develop action plans that identify and address needs particular to each school and district. It is important to remember that some districts and schools will have strengths from which to build in one area; others will need to focus on an entirely different area due to the needs of its students. The Framework, therefore, is not a program that must be followed in “lock-step” fashion; its goal is to enable schools and districts to develop plans to address particular identified local needs that can be supported by the Commonwealth.

The Task Force recognizes that, in calling upon schools to use this Framework to create supportive learning environments and to address behavioral health challenges as a potential barrier to learning, we must not impose additional burdens on school staff or merely push problems further onto the shoulders of teachers. Rather, the goal is to assist schools with developing compassionate, problem-solving systems that include three levels of support for students: 1) school-wide approaches to promoting positive behavioral health and preventing behavioral health challenges; 2) structures for intervening early through targeted collaborative efforts; and 3) coordinated care for the small numbers of students demonstrating considerable needs. It is essential to build a statewide infrastructure in a deliberate and transparent way so as to enable the district, community, region, and state to aid schools in helping students succeed. The recommendations offered in this Report provide a thoughtfully-designed plan that is based on information gathered through the use of the Assessment Tool among a diverse group of Massachusetts public schools.

The Task Force understands that using this Framework on a statewide basis represents a paradigm shift. While this shift is designed to reduce burdens on schools and better use existing resources, it will take time to enable and support schools to understand and implement the Framework across the state. Accordingly, the Task Force recommendations reflect a phased-in approach, with a road map to build the essential state infrastructure to create safe, healthy, and supportive learning environments to increase the success of *all* students.

Appendix A: The Behavioral Health and Public Schools Framework

The Behavioral Health and Public Schools Framework

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The Complete Final Report Documents Include:

- Executive Summary of the Final Report of the Massachusetts Behavioral Health and Public Schools (BHPS) Task Force
- Final Report of the Massachusetts BHPS Task Force
- Appendix A: The BHPS Framework
- Appendix B: The BHPS Assessment Tool
- Appendix C:
 1. Participating sites in the pilot and statewide assessments
 2. Task Force members and participating guests
 3. Statewide assessment methodology
 4. Bibliography

The Behavioral Health and Public Schools Framework

Introduction to the Framework

The Framework as set forth below was developed by the Task Force members and then edited to reflect suggestions and feedback from schools' use of the Assessment Tool (pilot in fall 2009 and larger assessment in 2010). It is a living document designed to be updated periodically and revised as the Commonwealth's public schools address behavioral health; connect behavioral health to other initiatives; and weave together many existing initiatives, such as dropout and truancy prevention, trauma-sensitivity, and anti-bullying – all of which are necessary to create safe, healthy, and supportive environments with collaborative services.

The organizational structure of the Framework is designed to enable schools to tailor local solutions to address the needs of their communities. It recognizes that in some communities district administrators may be the catalyst for implementing the recommendations, and in others leadership will start at the school level but will require district backing. The Framework goal is not to have each school implement all the activities below, but rather, to choose those particular activities the school or district finds helpful to address its own needs. An Assessment Tool was developed by the Task Force to be aligned with the Framework and help schools assess their capacity to promote behavioral health. The Tool provides a structure for reflection and for schools to identify the degree to which they are implementing various strategies, and to determine which areas warrant a new course of action. The areas identified for change would inform a school's action plan and can be incorporated into district and school improvement plans. The goal of these action plans is to create supportive environments with collaborative services that will enable all students – including those with behavioral health needs – to achieve at their highest potentials.

The Framework includes the concepts of the three-tier public health triangle. The first tier is the fostering the emotional wellbeing of all students through school-wide safe supportive environments. The second tier calls for supports and services that are preventive and enable schools to intervene early to minimize escalation of identified behavioral health symptoms and other barriers to school success. The third tier includes intensive services and schools' participation in coordinated care for the small number of students demonstrating significant needs. These three levels – whole school, preventive supports and services, and intensive services – should not be treated separately or as silos. Activities to address each level must take place throughout the whole school, in classrooms, in small groups, and with individuals and families. Coordination will be essential both to develop safe, healthy, and supportive school environments, and to ensure that services connect students to a supportive school culture.

This three-part design is woven among each of the six main sections of the framework:

I) Leadership by school and district administrators to create supportive school environments and promote collaborative services that reliably address each of the three levels.

II) Professional development for school administrators, educators, and behavioral health providers, both together through cross-disciplinary trainings and separately.

III) Access to resources and services by identifying, coordinating, and creating school and community behavioral health services to improve the school-wide environment. The framework recognizes the need for resources that are clinically, linguistically, and culturally appropriate for students and their families.

IV) Academic and non academic approaches that enable all children to learn, including those with behavioral health needs, and that promote success in school.

V) School policies, procedures, and protocols that provide a foundation for schools to implement and support this work.

VI) Collaboration with families where parents and families are included in all aspects of their children's education.

Guiding Principles

Behavioral health refers to the social, emotional, and behavioral well-being of *all* students, including but not limited to students with mental health needs. Behavioral health relates to the reduction of problem behaviors and emotional difficulties, as well as the optimization of positive and productive functioning. Below are the guiding principles behind the content of the Behavioral Health and Public Schools Framework; they are also the recommended guiding principles for schools to use in their work to support students' behavioral health and educational success.

1. The behavioral health of students has a major impact on their learning. Addressing behavioral health needs in a proactive manner - rather than a reactive or ineffective one - will enable schools to increase the resources available to promote educational goals.
2. A positive and supportive school environment reduces the prevalence of challenging, dangerous, and disrespectful behaviors; and results in better student attendance, attention, motivation, and consequently, better educational outcomes. This type of school environment: a) promotes behavioral health for all students, b) prevents problems through early intervention supports and services, and c) provides intensive intervention for students and crisis intervention for students with serious or acute needs.
3. School leaders and school administrators acknowledge the importance of behavioral health and dedicate resources accordingly as part of an overall effort to reduce barriers to learning.
4. Schools establish and use measurable goals and objectives to determine whether behavioral health initiatives, programs, and services are successful. These may include improving attendance and graduation rates, as well as decreasing office referrals, bullying incidents, suspensions, and expulsions.

5. Schools recognize and make use of the expertise of school mental health professionals, including the many in-school staff providing behavioral support and services to students and families, including social workers, adjustment counselors, and nurses. Schools also recognize the supportive behavioral health role that can be played by paraprofessionals and others, including the school secretary, bus drivers, classroom aides, and others.
6. A School and Behavioral Health Support Team is necessary to assess the behavioral health needs of the school community as well as plan, coordinate, and evaluate support programs and services. For efficiency and to minimize redundancy, schools are encouraged to use existing, well functioning teams with coinciding goals for this purpose.
7. Schools identify ways in which community service providers, (e.g. Community Service Agencies of the Children's Behavioral Health Initiative and others), state and local agencies, and other community resources (e.g., faith community, after-school and/or recreation programs, colleges and universities, business partners) can help address behavioral health services gaps. Schools facilitate access to such services and supports by establishing ongoing relationships with community-based service providers, and by providing families with relevant information about community services.
8. The school curricula systematically promote behavioral health, and help prepare students for lifelong success in the workplace, in the community, and in personal relationships. This includes instruction in areas such as social problem solving, life skills, social-emotional development, interpersonal communication, self-regulation, and bullying and violence prevention.
9. Families are essential partners in schools' efforts to support behavioral health needs. Parental input, particularly from parents of students with behavioral health challenges, helps identify and prioritize the needs of the school community. Parents of students with behavioral health challenges are welcomed and included to the greatest extent possible in the planning and evaluation of programs and services.
10. Behavioral health programs and services respect ethnic and cultural diversity, language differences, and the unique nature of specific disabilities and risk factors. Services are also strength-based, child-centered, and family-driven.
11. School districts offer professional development for all school personnel and community-based providers to help them: 1) interact sensitively, respectfully, and supportively with students and families; 2) identify students at risk for behavioral health needs; and 3) help coordinate, support and deliver behavioral health services.

The Six Framework Sections in Detail

SECTION I) LEADERSHIP

This section addresses leadership by school and district administrators and other school personnel that can create systems and services within schools that promote supportive school environments, and that promote collaboration between community-based behavioral health providers and school staff to support positive outcomes for students within the scope of confidentiality laws. In some communities district administrators may be the catalyst for implementing these tasks, and in other communities, the leadership will start at the school level but will require district backing.

STRATEGY A. District leadership

District leadership, in partnership with the school committee, can play an essential role in supporting behavioral health in schools by developing the vision, outcome measures, and a plan to implement the Framework in its district. It is also the role of leadership to support the collaboration between behavioral health providers and the schools in the district. Regular communication between the school committee, the superintendent, other district administrators, and school administrators regarding any district-wide and school-based plans is strongly encouraged to support the comprehensive implementation of this Framework.

ACTION STEPS

[1.] District vision statement. District administrators and school committees can develop and approve, with staff, student, family, and community input, a written vision statement for implementing this Framework. A vision statement can address approaches that meet the Framework's three-part design to implement: 1) supportive school environments that promote the behavioral health of all students through whole-school supportive environments; 2) early interventions that provide collaborative approaches to identify and address behavioral health symptoms early; and 3) intensive services that coordinate intensive interventions for students with significant needs.

[2.] Outcome goals. The district administrators and the school committee can set student outcome goals for areas that need improvement. Suggested outcomes measures include attendance; school engagement; grade progression; high school graduation rates; time spent on learning; rates of suspensions, expulsions, and office referrals for discipline; and/or other areas of concern related to the entire district or specific schools. Progress toward the outcome goals may be regularly reviewed to inform district and school plans, and to re-assess their relevance.

[3.] District-wide action plan. After the development of a district vision statement for implementing the Behavioral Health Framework, it is the role of the superintendent and other school administrators to carry out the vision statement by leading principals, school staff, community partners, and families to create a district-wide action plan for addressing behavioral health supports.

- District plans can instruct schools to weave the approaches to supportive school environments, early intervention, and intensive services into School Improvement Plans with the goal of achieving the designated educational outcomes. The plans can guide how schools and behavioral health providers will collaborate to achieve the outcome goals.
- These district plans can also set forth the district's collaboration with behavioral health providers and other community organizations, such as a public educational collaboratives, to coordinate services for students in all district schools, designate staff responsible for monitoring access to services and resources, and support collaboration between school-based teams and community services.
- Plans can also identify which leadership tasks are best addressed at the district level and what topics are best suited for school leaders, as well as mechanisms for enhancing coordination regionally.

[4.] Data Systems. Districts can consider their current data system's capacity to collect, track, analyze, and share data related to their behavioral outcome goals. Relevant data will allow districts to evaluate the effectiveness of programs, identify best practices, and drive the decision making process. Additionally, districts can consider the internal structure, specifically personnel, needed to collect meaningful and accurate data.

STRATEGY B. School leadership

Principals and other school administrators play an important leadership role in establishing, monitoring, and improving the organizational structure and functions of a school in order to integrate effectively behavioral health approaches into existing school operations. Many of the leadership tasks and activities described in this section fall naturally into pre-existing structures; for others it may be necessary to create new teams or forums. It is the role of the principal and other school administrators to establish goals and objectives that align with district goals, and to communicate regularly with all school staff on activities and progress related to these goals and objectives. The school level activities include, but are not limited to, the following.

ACTION STEPS

[1.] A School and Behavioral Health Support Team. A school-based team, led by a principal or other school administrator, and including parents, students, staff representing various perspectives, and community organizations, can be identified to determine how best to incorporate the district-wide behavioral health plan or framework elements into existing School Improvement Plans. The incorporation of these recommendations can be accomplished through a strategic planning process or mapping (needs analysis) activity. The team can identify potential barriers or challenges to implementing these recommendations and create a process to continually oversee and evaluate the effectiveness of any plans.

[2.] Professional development. School leaders, with staff input, can develop a long-term professional development plan to increase skills among school staff and other stakeholders to implement the district's plan to promote students' behavioral health. Plans for training can consider the following guidelines: 1) address multiple skill levels

and cross-disciplinary topics; 2) incorporate diverse approaches for staff development such as coaching, team teaching, and mentoring; 3) recognize that school-based behavioral health staff, irrespective of their titles, may have skills that bridge the divide between the educational and health systems, or may have specialized skills that can be put to use in the cross training of educators and community behavioral health providers; 4) support and encourages the pursuit of certification, licensure, and professional distinctions; 5) designate training time each school year to address behavioral health issues with available resources (e.g., substitute teachers, release time, stipends) to support staff participation; and 6) school-based and community behavioral health providers train together and learn from each other to promote collaboration.

In addition to evaluating the needs of staff for professional development, leadership should be encouraged to assess their own needs for training to enable them to develop their understanding of the most effective ways to promote behavioral health among students as well as support staff in this work. *(See Framework Section II for the complete description of professional development recommendations.)*

[3.] Access to resources and services. This function involves school leaders setting up structures to enhance the school's capacity and resources to promote behavioral health. There are three basic components to this function: 1) a "mapping" process to identify the adequacy of the schools' resources to meet this task and to reallocate resources within the school to address gaps; 2) a structure for exploring partnerships with community agencies, including recreational, cultural, and behavioral health; and 3) a structure for confidential conferencing on individual students at school, and as appropriate in the community. *(See Framework Section III for a complete description of access to services recommendations.)*

[4.] Academic and non-academic supports. School leaders can provide the vision, support connections with behavioral health providers, and oversee the implementation of effective activities and strategies that build on students' strengths and promote success in school. Strategies fall into a three-part structure – supportive school environments, early interventions, and intensive services. *(See Framework Section IV for the complete description of academic and non-academic support recommendations.)*

[5.] Policies and protocols. The creation and revision of behavioral health policies and protocols involves school leaders, with the input of staff, to address topics such as – but not limited to – referrals, consultation, creating formal relationships with providers, discipline, safety, and filing abuse and neglect reports. In particular, it is school leaders who can ensure that staff and external providers understand and use best practices for maintaining the confidentiality of individual students with behavioral health needs. Schools can consider surveying families of students with behavioral health needs to identify specific policies, protocols, and procedures that need to be adapted to better support these students and families. The School and Behavioral Health Support Team, after further study, could make recommendations about the revisions necessary to better support students' behavioral health. *(See Framework Section V for the complete description of policy and protocol recommendations.)*

[6.] Collaboration with families. School leaders are encouraged to set up systems to enable staff to effectively partner with families, including those whose children have

behavioral health challenges, in supporting the educational success of their children. This includes promoting behavioral health through supportive school environments that partner with families, and supporting parents to identify and address needs early and to participate in coordinated intervention services (including the Children's Behavioral Health Initiative) when needed. This also includes ensuring that staff are culturally proficient and have the skills and resources to communicate and collaborate with families. (See Framework Section VI for the complete description recommendations for collaboration with families.)

SECTION II) PROFESSIONAL DEVELOPMENT

This section addresses professional development for school personnel and behavioral health service providers that can clarify roles and promotes collaboration within the scope of confidentiality laws; increase cultural competency; increase school personnel's knowledge of behavioral health symptoms, the impact of these symptoms on behavior and learning, and the availability of community resources; enhance school personnel's skills to help children form meaningful relationships, regulate their emotions, behave appropriately and succeed academically, and to work with parents, who may have behavioral health needs; increase providers' skills to identify school problems and to provide consultation, classroom observation and support to school personnel, children and their families; and increase school personnel's and providers' knowledge of the impact of trauma on learning, relationships, physical well being and behavior, and of school-wide and individual approaches that help traumatized children succeed in school.

This section describes the professional development guidelines and professional development topic areas that are needed to enhance the school's capacity to improve students' behavioral health through supportive school environments, early interventions, and intensive services.

STRATEGY A. Professional development for all staff

It is recommended that the school/district offer trainings for *all school/district and community behavioral health staff* to build skills and improve student outcomes. Training in particular topics may be appropriate and necessary for all staff, including educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, and paraprofessionals.

ACTION STEPS

Specific topics that can be addressed through professional development for all staff include the following:

1. Helping students develop safe, caring relationships with adults and peers.
2. Supporting students to self-regulate their emotions, behaviors, and attention to achieve academic success.
3. The ability to identify the early warning signs and variety of symptoms of students in distress including the impact of trauma and other environmental risk factors (e.g.,

stress, homelessness, violence) on learning, relationships, behavior, physical health, and well being.

4. Knowledge of school-wide and individualized behavioral health approaches/services that help meet needs of at-risk students.
5. Specific knowledge of strategies and protocols to develop effective linkages and collaborations with external services.
6. Understanding the separate roles and common objectives of school staff and behavioral health providers that promote collaborative efforts and supportive school-wide environments. Developing proficiency in de-escalation strategies and interventions that are alternatives to physical restraints.
7. Addressing the needs of diverse student populations, including specific training on cultural sensitivity to the needs of groups served by the school.
8. Increasing familiarity with relevant child and youth-serving systems, including state agencies and state sponsored behavioral health resources (e.g., Children's Behavioral Health Initiative-CBHI/MassHealth), and their potential intersections with education.
9. Discussing sensitive, confidential, and/or privileged student information.
10. Training on crisis prevention, intervention and management, including identifying early signs of crisis to enable preventive actions.

STRATEGY B. Professional development for administrators and other school leaders

It is recommended that *administrators and other school leaders* receive support to build skills that improve student outcomes.

ACTION STEPS

Specific topics that can be addressed through professional development for all administrators and other school leaders include the following:

1. Engaging school staff in their role to support the well-being and healthy development of all students.
2. Ways to support the well-being of educators and behavioral health staff.
3. Ways to engage meaningfully a broad range of students and families in school planning and decision-making groups with staff.
4. Disciplinary approaches that balance accountability with an understanding of behavioral health needs of students.

5. Managing and evaluating the policies and protocols related to supporting students' behavioral health as recommended in Framework Section V.
6. Analyzing and using data to inform decision making about services and interventions.
7. Developing flexible approaches that support external behavioral health providers who offer services in the school setting (e.g., making space available).
8. Enabling administrators to help and support staff to build effective relationships with students and families.
9. Creating school-based and district-based committees comprised of staff and leadership to survey and plan professional development to meet the needs identified by staff.

STRATEGY C. Professional development for teachers and instructors

It is recommended that *teachers and administrators* receive support to build skills that improve student outcomes.

ACTION STEPS

Specific topics that can be addressed through professional development for teachers and instructors include the following:

1. The ability to create a caring classroom community.
2. Strategies and approaches to improve instruction that support students with or who may be at risk for developing behavioral health needs.
3. Strategies to manage classroom behaviors, including ways to de-escalate and reduce disruptive behavior.
4. Understanding a teacher's/instructor's particular role in crisis intervention for an individual student or group of students.

STRATEGY D. Professional development for school and community behavioral health providers

It is recommended that *all school-based and community behavioral health providers*¹⁰ receive support to build skills that improve student outcomes. This group is intended to include health education and physical education teachers as well, whose disciplines focus on educating young people on principles of good social, emotional, and behavioral health as well as physical health.

¹⁰ Broadly defined to include nurses, psychologists, school adjustment counselors, social workers, guidance counselors, therapists or clinicians employed by a school, district or community agency.

ACTION STEPS

Specific topics that can be addressed through professional development for school and behavioral health providers include the following:

1. Understanding the school as a host environment, including familiarity with school and district structures and requirements (e.g., special education).
2. Identification of school problems and how behavioral health symptoms may manifest in a school setting.
3. Understanding of how behavioral health problems impact all aspects of a student's functioning, including learning and behavior in school, at home, and in the community.
4. Strategies for positive and appropriate responses to student's needs, in the classroom and throughout the school.
5. Providing classroom observations, consultations with educators, and ways to support school personnel, students and their families.
6. Strategies and protocols that reflect an understanding of, and appreciation for, the specific needs and structure of the school environment, that will help ensure a collaborative relationship between community-based providers and school staff.

SECTION III) ACCESS TO RESOURCES AND SERVICES

This section addresses access to clinically, linguistically and culturally-appropriate behavioral health services, including prevention, early intervention, crisis intervention, screening, and treatment, especially for children transitioning to school from other placements, hospitalization, or homelessness, and children requiring behavioral health services pursuant to special education individual education plans.

This section describes the infrastructure that can enhance the school's capacity to improve students' behavioral health through supportive school environments, early interventions, and intensive services. Approaches in all three parts can be clinically, linguistically, and culturally appropriate. [See Framework Section I. B.(3) for the significant role leadership plays in effectively addressing the goals of this section.]

STRATEGY A. Identifying gaps and re-allocating resources within the school

The school's capacity to promote students' behavioral health through supportive school environments, early interventions, and intensive services can be enhanced through a process of understanding current resources/services and making recommendations to fill any resource/service gaps.

ACTION STEPS

[1.] Mapping resources. This involves a process to identify the school's capacity to provide resources across the three-part approach. It is recommended that as part of any strategic planning or review of *School Improvement Plans*, school leaders, with input from families and staff, assess the adequacy of behavioral health approaches. Behavioral health approaches are defined broadly and can include supports to create supportive school environments and provide early interventions, and intensive services. This "mapping process" can recognize that school staff, irrespective of their titles, may have skills to assist in providing these behavioral health supports.

The mapping process can address the following areas:

- **Strengths and unmet needs.** An analysis of the existing and needed resources and services to promote a positive school-wide culture and to develop effective social and emotional skills in all students can be done.
- **Communication.** An assessment of strategies for maintaining and improving communication processes among school staff, including but not limited to general education, special education, school administrators, professional support personnel (e.g., nurses, therapists, social workers), and the homeless liaison; with families; with other youth serving state agencies (e.g., the Department of Children and Families, the Department of Youth Services, Department of Public Health, Department of Early Education and Care, and the Department of Mental Health); and with community behavioral health providers.
- **Roles of school/district staff and community providers.** An analysis of the roles, functions, and availability of school/district and community staff, including behavioral health staff, in order to identify gaps in programs and services.

[2.] Developing recommendations to fill resource and services gaps. Once the mapping process is complete, schools can develop recommendations and action steps to fill resource and service gaps. This may include decisions on new curriculum, reorganization of staff (either within the school or within the district), and identifying potential community agencies to provide services to meet the remaining needs. The process recognizes that school nurses, teachers, and administrators, in addition to traditional behavioral health staff, may have skills that bridge the divide between the educational and health systems, or have specialized skills that can be put to use in the cross training of educators and behavioral health staff.

The recommendations can, at a minimum, address the school's ability to implement the following components:

- Promoting a positive school wide environment
- Establishing ongoing relationships with families
- Developing effective social and emotional skills in all students
- Intervening early with at-risk students through small group and individual approaches
- Obtaining appropriate evaluations
- Arranging consultations and observations in classrooms
- Providing referrals to community resources where needed
- Addressing student's health needs

- Responding quickly and comprehensively to students in crisis
- Communicating regularly with students' community-based providers
- Ensuring interventions are coordinated so that services enhance students' abilities to function well within the classroom and whole school environment
- Supporting students' transition to and from other placements (e.g., hospitals, Department of Youth Services, foster care, and home tutoring).

STRATEGY B. Access to resources and services in schools

Access to school and district behavioral health services promotes a supportive and positive learning environment in which all students can develop effective social and emotional skills.

ACTION STEPS

[1.] All students in need of school behavioral health resources and supports have access to clinically, linguistically, and culturally appropriate services, as well as sensitive to the challenges faced by LGBT (lesbian, gay, bisexual, and transgendered) youth.¹¹

[2.] In-district referral system. The early identification and referral of students with behavioral health needs, the availability of referral information for families seeking behavioral health screening or diagnostic evaluations, and ongoing reassessment of students' behavioral health needs are important tasks for school staff. These needs may include, but are not limited to, issues related to special education, behavior, stress, substance abuse, trauma, or physical well-being.

[3.] School services can include district-wide, school-wide, classroom-based, small group, and individual student activities and supports that address both the learning and social needs of students. *(See Framework Section IV for a discussion of the array of services and supports that promote the Framework's three-part approach.)*

[4.] There is a shared standard and practice around confidentiality of student behavioral health records.

STRATEGY C. Access to resources and services with community organizations

To the extent the mapping process identifies gaps in resources that can be filled by community agencies, schools can collaborate with community agencies. Formal or informal collaboration with community agencies and behavioral health providers can help provide supportive school environments, early interventions, and/or intensive services. District leadership is needed to develop relationships with directors of community-based agencies to address district-wide needs and to facilitate relationships between agency leadership and individual school principals and the district's School and Behavioral Health Coordinators.

¹¹ This includes the need for LGBT youth to be comfortable and aware that service providers are accepting and sensitive to the particular set of issues and challenges they face. (School counselors should be encouraged to identify their offices as a LGBT "safe zone.")

ACTION STEPS

[1.] All students in need of external (e.g., community-based) services have access to resources that are clinically, linguistically, and culturally appropriate as well as sensitive to the challenges faced by LGBT (lesbian, gay, bisexual, and transgendered) youth.

[2.] Collaborative efforts with community agencies address the variety and scope of student needs and gaps in services. These efforts and relationships may help provide recreational, cultural, and financial resources; and after-school, youth development, art, culture, and literacy opportunities (e.g., libraries, museums, local volunteers) that contribute to a school's supportive environment.

[3.] Collaboration between school and community behavioral health providers can address student specific issues, including diverse interventions such as small group, individual supports, school re-entry plans. These efforts can create supports for school staff including classroom consultation on general as well as student-specific scenarios, observations, and plans for school and community provider responses to crisis when necessary.

[4.] When formal agreements or contracts between schools and community behavioral health organizations are necessary, they can specify the details of the collaborative relationship and address expectations. Below are some examples of the type of content that can be included in these agreements.

- The role of each entity, including but not limited to what services will be provided.
- Plans for ensuring consistent access to services across schools in the district.
- Plans for addressing issues related to waiting lists.
- Confirmation of the location of any services that will take place.
- Payment amounts, timelines, and mechanisms.
- Process for communication, and parameters regarding confidentiality.
- Plans for evaluation and reporting.
- Specifics regarding any relevant processes for referrals and outreach to families.
- Details regarding the conditions under which the agreement will terminate.

[5.] Particular attention can be paid to those community-based services that are available for some students through CBHI/MassHealth. It is strongly recommended that formal relationships with CBHI/MassHealth service providers include:

- Designation of a school administrator or other high-level staff to oversee the operation and implementation of CBHI protocols, including the specific procedures related to CBHI and the interface with special education laws and services.
- An effective school referral system for all CBHI services, including Intensive Care Coordination (ICC) and Mobile Crisis Intervention (MCI) services that outlines the following elements:
 - Education and outreach to families, jointly planned by the Community Service Agency (CSA) and district/school;
 - Clear expectations;
 - Facilitated referrals for interested families/students;

- Structures for frequent communication between school and families;
- Mechanisms for coordination with providers of specific MassHealth behavioral health services, especially ICC and MCI;
- Guidance for participation in the ICC Wraparound team process;
- Guidance for collaboration with MCI related to behavioral health crises;
- Resources for understanding the interface between MassHealth and special education entitlements; and
- Inclusion of a student's behavioral health and/or ICC providers in any school-based team meetings upon consent from parents/guardians or a student age 18 and older, with the family's consent. At the family's request, school staff are also encouraged to participate in community-based meetings, including the Individual Care Planning Teams formed for children and youth in the MassHealth ICC program.

STRATEGY D. Confidential conferencing on individual students

Conferencing on individual students work is confidential and often carried out by School and Behavioral Health Support Teams, such as Child Study, Student Support, or IEP (Individualized Education Program) teams, or other structures for students who require specific support programs and services.

ACTION STEPS

[1.] Parents/guardians can be reassured that confidentiality will be respected in all of these settings. A copy of the school's policy on confidentiality can be made available to all families.

[2.] A student's external behavioral health provider can participate in these groups, when possible, upon consent from the parent/guardian or a student age 18 and older.

[3.] At the parent/ guardian's request, school staff can also participate in community-based teams, for example, the Individual Care Planning Teams formed for youth in the MassHealth Intensive Care Coordination program.

[4.] These groups can work together to establish common goals for the student's success, and to ensure that student needs are being addressed in a comprehensive and well-coordinated manner at each of the three levels. The common work of these individual student-focused groups includes continuously monitoring the growth of each student and calibrating strategies (in addition to individual services), that take place within the classroom, the school-wide environment, and as appropriate, in the community.

SECTION IV) ACADEMIC AND NON-ACADEMIC SUPPORTS

This section addresses effective academic and non-academic activities that can build upon students' strengths, promote success in school, maximize time spent in the classroom and minimize suspensions, expulsions, and other removals for students with

behavioral health challenges.

The overarching goal for academic and non-academic supports is to ensure that classrooms enable all students to experience success in the school environment. The school environment is a unique setting that can address the development of the whole child. The academic and non-academic supports indicated in this section are organized based on the three-part approach of supportive school environments, early interventions, and intensive services. The recommended strategies indicated throughout this section are designed to be implemented in collaboration with families and caregivers. (Additional recommendations about collaborating with families are provided in Framework Section VI.)

STRATEGY A. Supportive school environments

Supportive school environments encompass the universal supports, strategies, and programs available to all students in the school that promote overall well-being and positive educational outcomes. These strategies and programs include school-wide behavioral supports, classroom-wide prevention initiatives, and community programs that are available to students.

ACTION STEPS

[1.] High quality instruction with school-wide academic standards. Students come to school with a variety of skills and abilities, and the mantra “All children can learn” highlights the capacity for students to obtain new skills to be successful in life. Setting high standards and expectations for all students means recognizing the individuality of each student and identifying instructional techniques that support his/her growth. This requires maximizing time spent on learning with opportunities for individualized instructional supports.

[2.] Screening of academic and behavioral development. Monitoring the academic and social, emotional, and behavioral development of each student can foster effective learning of all students and can identify when additional supports are needed. Through universal systematic screening procedures, early intervention and support services can be put into place that can prevent the development of academic or social/emotional difficulties. This student data can be used by teachers to inform and improve classroom environments, instruction techniques, etc.

[3.] Predictability. Classroom and school environments that are predictable can be particularly helpful for all students, but especially for those with behavioral health needs. This includes:

- Clear behavioral expectations of students;
- Established school and classroom routines;
- Clearly communicated class schedules;
- Predictable and positive responses/reinforcement, even when students require correction on behavior or academics; and
- Carefully planned transitions involving new people and places, and reminding students of classroom rules as they move on to new activities.

[4.] Effective primary prevention programs. There are numerous evidence-based prevention programs that support and promote the development of behavioral health that have been recognized by federal agencies. These include, but are not limited to, Positive Intervention Supports (PBIS), Response to Intervention (RTI), Collaborative for Academic, Social, Emotional Learning (CASELS), Social Emotional Learning (SEL), and Second Step.

The unique needs of each school and classroom can be considered when planning and implementing one of these programs. These programs are most effective when consistently implemented by teachers, and also require the involvement of the entire school community (e.g., bus drivers, lunch, and janitorial staff, etc.). A focus on the following skills is recommended when making a selection for a primary prevention program:

- Model, teach, and reward pro-social, healthy and respectful behaviors. Similarly, problem behaviors and consequences are clearly defined.
- Utilize positive approaches to promoting behavioral health, including collaborative problem solving, resiliency, team work, and positive behavioral supports that aid in social and emotional development.
- Sensitively address behavioral issues in classroom so that learning can continue and the child is not unnecessarily removed from class.
- Teach students to modulate emotions, recognizing the association between positive peer relations, adult connections, and self-regulation and the impact on academic success.
- Utilize effective approaches to address difficult emotional states (e.g., anger, jealousy), and address underlying reasons for difficult behaviors by identifying and processing feelings.
- Develop collaborative discipline approaches that include student input, which balance accountability with an understanding of underlying behavioral health needs.

[5.] Positive relationships between students and adults. Supportive connections between adults and students can serve as a foundation for the development and promotion of behavioral health. Supports to encourage positive relationships between students and adults can include:

- Opportunities for staff and students to develop relationships that extend beyond the academic role (e.g., at lunch time or with an extracurricular project).
- Promotion of student engagement in school events and extracurricular activities (e.g., sports, clubs).
- Thoughtful attention to fostering relationships with adults with whom the student already has a natural affinity.

[6.] Students' strengths (islands of competence). Where appropriate, work from students' abilities, strengths, and interests in specific academic classes or extracurricular activities as a base for helping them with academic or behavioral health challenges. Communication with families and any after-school and community programs that support development in these areas of interest can reinforce student learning and build opportunities within the school environment.

[7.] Physical well-being. Students' physical health, including dental and nutritional needs, greatly impacts their ability to meet the academic and social demands of the school environment. The involvement of the school nurse as part of the School and Behavioral Health Support Team is critical to identifying students with somatic difficulties stemming from behavioral health needs.

[8.] Safe learning environments. School environments can be physically, socially, and psychologically safe for all students. Safe classrooms have clearly established behavioral expectations and crisis or safety plans in place to deal with difficult and unsafe situations. Safe classrooms also have clear distinctions between office-referral and classroom-managed behavioral difficulties to prevent unnecessary or excessive disciplinary referrals. In situations where problem behaviors occur, options exist to allow for classroom instruction to resolve the situation. In case of an emergency in the classroom, all students can be familiar with the school's emergency plans. (See *Framework Section V* for additional information about safety and discipline policies.)

[9.] Involvement of students in evaluating the effectiveness of programs and services. Students hold a unique and critical perspective on the school experience and the programs and services available. Creating opportunities to hear the perspective of the students is critical to maintaining effective programs; yet this also requires hearing from students who are not necessarily experiencing success in school. Fostering student leadership and supporting positive youth development may require school staff to accept feedback that creates discomfort but this feedback also has the potential to identify challenging situations for struggling students. Enabling a broad range of students, not just the "typical leaders" to participate in evaluation and decision-making is beneficial.

STRATEGY B. Early interventions

Early interventions provide collaborative approaches to identify and address behavioral health symptoms early. These targeted interventions are the supports, strategies, and programs available to students who need additional services to be successful in the school environment. The universal, systematic screening procedures, referenced above under "universal supports," can be the foundation for data-based decision making and identifying students who are in need of targeted intervention and support services. Using a School and Behavioral Health Support Team recommended in Framework Section I., school staff can come together using a problem solving approach to identify short-term interventions for students at-risk of academic or social-emotional challenges to reduce present and future barriers to learning.

[1.] Targeted academic supports. Targeted interventions can address areas in which the students experience academic difficulties (e.g., math, reading, or writing). Difficulties in one of these basic areas can impact the skill development in the other academic content areas (e.g., science, history); therefore, it may be helpful to consider a range of academic supports. Academic supports may include interventions such as small group tutoring, after school programming, and classroom-based strategies that provide targeted academic supports. Academic approaches for students with behavioral health challenges may include, but not be limited to, modifying the curriculum, breaking the subject into smaller "chunks," and using language-based approaches to help the student stay focused through active and positive verbal interplay.

Educators will need to recognize that some students with behavioral health challenges may more easily lose focus or dissociate than their peers. This requires a certain flexibility and willingness to accept that some students with behavioral health challenges may more easily miss part of the discussion and need, for example, careful repetition of directions so that the student does not get behind in a lesson. Other students may be reactive and teachers need to know how to respond in ways that support the student to behave appropriately and maintain the student's presence in the classroom. When small groups are used for tutoring and after school programming, it is essential that the instructors understand how to respond to a student who may have symptoms of reactivity, withdrawal, or other behavioral health indicators. For students with special educational needs, these approaches may be included in the student's Individualized Education Plan (IEP).

[2]. Social-emotional supports. Small group settings that are focused on social-emotional development can be organized to support students at-risk for socio-emotional difficulties. These supports can reinforce the lessons from the primary prevention curriculum discussed above. Social-emotional supports may include social skills groups, mentoring programs with mentors who have been trained to work with students with particular behavioral health challenges, group counseling, art therapy classes, and targeted lessons on topics such as conflict resolution and self regulation.

[3.] Flexible programming. While predictability is needed in the school and classroom environments, it must be balanced against flexibility in how the educator encourages the students to overcome inevitable setbacks in order to continue to learn. In addition, flexible scheduling of services and programs can increase access to both academic and non-academic supports for certain students. This may require changes in school policies (*see Framework Section V*). Flexible access to extra-curricular activities, particularly for disengaged students and students in out-of-home placements, can afford them an opportunity to build on an area of strength or interest, maintain community and peer connections, and ultimately experience increased engagement in school. School protocols can also foster opportunities for a broad range of students to take on leadership roles in planning and decision-making.

[4.] Ongoing monitoring of progress. Along with the implementation of targeted interventions is the need for continuous monitoring of progress to determine the effectiveness of the implemented strategy. Strategies that do not demonstrate meaningful student progress can be reviewed to determine how the approach could be refined, including analyzing if the strategy is an appropriate match for addressing the targeted student needs. It can be the role of the School and Behavioral Health Support Team to monitor student progress in collaboration with classroom-based staff and behavioral health staff.

STRATEGY C. Intensive services

Intensive services are the supports, strategies, and programs that address the behavioral health of the students demonstrating significant needs. The educational outcomes of students identified as having an emotional disturbance continue to be the

worst of any disability group.¹² These students have significant deficits in academic achievement, and approximately 50 percent drop out of high school.¹³ These programs and strategies can include structured behavioral programs, Alternative Education programs and schools, diagnostic placements, case management, and psychiatric hospitalization re-entry strategies.

ACTION STEPS

[1.] Intensive academic supports. Intensive academic supports can connect with and build on the targeted academic supports described above. Intensive academic supports provide individualized academic strategies that are tailored to a student's specific academic strengths and challenges. Effective intensive supports merge academic skill development with strategies that develop socio-emotional competence. Intensive academic supports may include strategies such as individual academic coaching and tutoring, as well as Alternative Education programs and schools. It is very important that services provided to students with intensive needs, often through the special education process, are designed to connect these students to the school community as much as possible. If a student has wrap-around services through CBHI, state agencies, or other organizations, coordination is critical so that students can work on the goals set forth in IEPs and student support plans during the school day as well as outside of school.

[2.] Crisis situations. While all students can be familiar with the school's emergency plans in the event of a disaster or crisis (*see Framework Section V for more information*), particular strategies may be needed for students with significant behavioral health needs. Specific behavioral intervention and individual crisis support plans may need to be developed, shared, and coordinated with the school and community-based behavioral health providers. These plans identify strategies to support the student in a respectful and helpful way, while also ensuring the safety of all students. For students receiving CBHI services, schools should be aware of the availability of the Mobile Crisis Team to work with the school, and in some circumstances come to the school if the team determines that is appropriate. In addition, the school should adapt its disaster or crisis emergency policies (*see Framework Section V*) to *include* particular strategies to support students with significant behavioral health needs in following these emergency plans, as they may become triggered by the crisis event, or even by the potential for the event.

[3.] Transitions to and from out-of-home placements (e.g., Department of Youth Services, foster care, homelessness, hospitalization, special education segregated placements). Carefully planned transitions to and from school are critical to ensure school connection for students who have been in, or are going to, an intensive placement. Flexible academic programming can support successful school exit and re-entry (*see Framework Section V for protocols to support successful transitions*).

[4.] Collaboration and coordination around medical treatment plans. Students with significant behavioral health needs may be receiving medical treatments and may be impacted by the effects of these treatments. For example, a student who is prescribed a

¹² Bradley et al., 2004

¹³ Reid, Gonzalez, Nordness, Trout, & Epstein, 2004

new psychotropic treatment may experience side effects that require modifications in their school plan (e.g., access to gum or water throughout the day, a delayed school start). Coordination between the school staff and community behavioral health providers can promote consistency and continuity of care, enhance generalization of coping skills across settings, and increase the opportunity for the student with behavioral health needs to be successful in the school environment.

[5.] Referral procedures to Community Service Agencies (CSA). For eligible students who are identified as having an emotional disturbance, the school has procedures in place to educate the family and/or caretakers on the services available through the CSA as part of the Children's Behavioral Health Initiative. (See Framework Sections III and V, as well as Attachment A: Additional Information and Definitions for additional information).

SECTION V) SCHOOL POLICIES, PROCEDURES, AND PROTOCOLS

This section addresses policies and protocols for referrals to behavioral health services that can minimize time out of class, safe and supportive transitions to school, consultation and support for school staff, confidential communication, appropriate reporting of child abuse and neglect under MGL Chapter 119, Section 51A, and discipline that focuses on reducing suspensions and expulsions and that balances accountability with an understanding of the child's behavioral health needs and trauma.

Policies and protocols provide the foundation for schools to implement the recommendations outlined in this Framework to address supportive school environments, early interventions, and intensive services. As suggested in Framework Section I, school leaders and administrators are encouraged to engage staff in determining which of its district and school policies and protocols require review and to identify new ones that will ensure the success of all students. Schools could consider making policies available in an electronic format, and/or creating a more dynamic policy handbook. Frequent and improved communication with district administrators will ensure that there is a uniform understanding and implementation of policies and procedures across all schools in the district. The following are policies and protocols that can be considered or reconsidered.

STRATEGY A. Confidential communication

To respect student and family privacy and to increase collaboration between schools and behavioral health programs, it is critical to create clear protocols around confidentiality. School and district leadership can establish action steps that will be taken if the protocols for confidential communication are not followed.

ACTION STEPS

[1.] Communication best practices. In particular, school leaders can ensure that staff understand and use best practice for maintaining confidentiality of individual students with behavioral health needs. This includes refraining from conversations about specific students while in audible range of others, and refraining from disclosing specific student

information to outside sources without explicit permission from the family. This caution must be exercised by School and Behavioral Health Support Teams, such as Child Study, student support, child protective, and/or IEP teams for identified students who require support programs and services. School leaders oversee these different groups and can work to improve appropriate communication and coordination of services while implementing measures to ensure student confidentiality.

[2.] Information release forms. The use of Release of Information Forms allow families to address concerns about sharing personal material and can outline specific means the school will employ to limit access and monitor use of any protected school or health information in the student record. It is recommended that forms allow families to easily specify both what information they are allowing the school to **obtain**, and what information they are allowing the school to **release**. A separate form can be filled out for each collaborating organization. Federal confidentiality regulations restrict the use of a single blanket release form; therefore, this practice is not recommended.

STRATEGY B. Student and school safety

Individual student and school safety requires appropriate planning, policies and reporting, and includes the following.

ACTION STEPS

[1.] Reporting of child abuse and neglect under section 51A of Chapter 119. Policies can create specific procedures to ensure that documentation of suspected child abuse or neglect based on guidelines that are consistent with the Department of Children and Families (DCF). [*For related information, see the Departments of Elementary and Secondary Education (ESE) and Children and Families (DCF) August 2010 [Joint Advisory Regarding School District Officials' Duty to Report Suspected Child Abuse and Neglect](#).*]

[2.] Filing of Child in Need of Services (CHINS) petitions under the Massachusetts General Laws. Policies can also specify protocols for referrals to local Juvenile Courts for a Child in Need of Services (CHINS), and can include documentation of these referrals, notification of parents, and outcomes of referrals.

[3.] Domestic violence. Schools can set policies that ensure safety for students when domestic violence has occurred by supporting the implementation of laws regulating restraining orders, safety plans, and records release.

[4.] Student crisis plan. Specific behavioral intervention and crisis support plans can be developed and in place for students with intensive needs (*see Framework Section IV*).

[5.] School emergency plans in the event of a crisis or disaster. All students and staff can be familiar with the schools emergency plans in the event of a disaster or school crisis, including procedures for: exiting and returning to the school building, school staff roles and points of contact, and techniques to maintaining a positive environment that increases the sense of security and safety for students. Emergency

plans can also include behavioral health supports for all students and staff when needed, including how to access grief counselors and emergency food and shelter options.

STRATEGY C. Discipline policies balance accountability with an understanding of students' behavioral health needs

Reducing the number of suspensions and expulsions will be enhanced by discipline policies that recognize underlying difficulties children may have with forming relationships, modulating emotions and behaviors, and achieving academic and non-academic success. It is recommended that discipline policies also consider ways to address the following.

ACTION STEPS

[1.] Implement universal interventions and supports to establish a safe and positive school climate. Rather than a “zero tolerance” approach to problem behaviors, discipline policies can promote a proactive approach to understanding students with challenging behaviors and providing them with a differential response with the aim of keeping these students in class and in school.

[2.] Develop and use alternatives to suspensions, expulsions, and physical restraints whenever possible, such as in-school suspensions (ISS) with a teacher or tutor as overseer and assignments from class that the student is expected to work on during this time, or detention which extends the student's school day and keeps the student within a structured environment longer.

[3.] Implement a range of academic and non-academic supports and prevention approaches (*see Framework Section IV*) to address school issues and promote positive behaviors. These services create opportunities for staff to intervene early and develop a range of de-escalation strategies to prevent disciplinary referrals.

[4.] Collect and analyze data on office referrals, suspensions, and expulsions in order to inform and refine discipline approaches.

[5.] Develop intervention networks such as school-based behavioral health services, linkages to community services such as Mobile Crisis Intervention (MCI), referrals to wraparound programs (Intensive Care Coordination for eligible students), and other programs for students who are at risk of dropping out or school failure.

STRATEGY D. Access policies

Established policies and procedures for ensuring access to supports and services include the following.

ACTION STEPS

[1.] Transitions and school exit and re-entry. Established policies and procedures to support and integrate students with behavioral health needs exiting to or returning from out-of-home placements are important. Protocols can designate a contact person to coordinate transitions, including welcoming and checking in on a student, informing appropriate staff of transition plans and/of flexible academic schedules, and ensuring access to needed services.

[2.] Flexibility of scheduling. Flexibility around school policies for access to academic and extracurricular activities, particularly for disengaged students and students in out-of-home placements, can allow all students to participate.

[3.] Well-established referral systems. Policies and protocols for referrals to behavioral health services in the school or to community behavioral health providers will help ensure students have access to appropriate and timely services.

[4.] Consultation Protocols. Schools can develop protocols that facilitate support for educators through case consultations with internal and external experts. The opportunities for consultation and/or classroom observation on individual students are increased when parents are informed and/or offered the opportunity to participate in consultations about their children.

[5.] Formal agreements with community providers. Such formal agreements between schools and community providers can be established to provide specific school-based or external services to individual or groups of students. The formal agreement can describe the nature of the relationship and address the issues outlined in Framework Section III.

[6.] Children's Behavioral Health Initiative (CBHI) protocols regarding MassHealth services. These policies assist districts and schools in establishing communication, information gathering, and problem-solving regarding local experiences with MassHealth referrals, access to services, and coordination with the provider network. Clarification of the process of accessing MassHealth would be beneficial for school staff who may wish to assist families with a referral.

SECTION VI) COLLABORATION WITH FAMILIES

Families are encouraged to participate as partners in every facet of the education and development of their children. Collaboration among schools, behavioral health providers, and families is a central theme of each part of this Framework. This section describes specific strategies to effectively engage and collaborate with students' families in order to increase the school's capacity to promote students' behavioral health through supportive school environments, early interventions, and intensive services. Providing resources for families and fostering effective communication with them are essential elements of successful collaboration. The Framework also recognizes that schools and communities will need to be intentional and deliberate in order to fully engage families from all cultures, languages, and socio-economic levels.

STRATEGY A. Building the school-wide foundation for effective collaboration with

families

ACTION STEPS

[1.] District and school leaders articulate their intent to engage families as essential partners in their efforts to promote behavioral health by including in district vision statements and school improvement plans activities that involve all families, including families of students with behavioral health challenges. This engagement includes parent participation in developing strategic plans, identifying professional development goals, assessing and prioritizing needs, evaluating progress, and reviewing policies, including those related to confidentiality.

[2.] District and school leaders ensure that the needs of all families in the community are reflected in Action Step 1 through outreach to culturally and linguistically diverse families, including translation and interpreter availability as needed.

[3.] School personnel receive professional development and demonstrate awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disabilities, socioeconomic levels, sexuality, and gender roles), including culturally-specific beliefs and concerns related to behavioral health.

[4.] School-based and community behavioral health providers are reflective of the cultural and linguistic make-up of the student population, to the greatest extent possible.

[5.] School staff work together to create a safe, welcoming environment in which all families feel that their voices are valued. Examples of this include: 1) stocking waiting areas with reading material of interest to families; 2) setting up a family center where they can meet, talk, get information on subjects that concern them, or pick up materials; and 3) creating mechanisms where families can voice their thoughts and suggestions, including opportunities for anonymous feedback.

[6.] School leadership and staff receive professional development and skill-building on interacting with families in an effective and supportive manner, being comfortable and knowledgeable in addressing students' emotional and behavioral challenges with parents, and providing information on community resources.

[7.] The school maintains and communicates the philosophy that families are the single greatest influence on their children's achievement, and that the school, as do they, wants the best for their children.

[8.] Respect for families is reflected in the usage of "people first language" (e.g., "student with bipolar illness" rather than "mentally ill student").

[9.] The school partners with Parent Teacher Organizations/Associations (PTO/PTA), School Councils, Special Education Parent Advisory Councils, and similar organizations to share information regularly about school-wide programs and school efforts to address the behavioral health of all students, and to provide educational forums to parents on

topics related to promoting behavioral health,¹⁴ as well as social programs that provide opportunities for families to engage in the school community, e.g. game or movie nights, pancake breakfasts, etc. Families are surveyed to gather input on particular topics for forums, and interests for activities or social gatherings. Planning may include the need to provide transportation and child care to facilitate the attendance of some families at these events, as well as the need to ensure that notice of events is provided in the language of the home, and that there is interpreter availability or multiple events held in different languages to accommodate the linguistic diversity of the school community.

[10.] The school tracks and analyzes its success at engaging families through measures such as attendance; feedback requested following activities; and surveys asking families to indicate what methods of communication, times of day, topic areas, and activities would be of most interest to them.

STRATEGY B. Communication with individual families

Providing professional development to staff and establishing policies that meet the individual needs of families, fostering frequent and regular home-school communication, and enhancing trust by maintaining confidentiality and respect can promote the collaboration with families that is so essential for promoting behavioral health and achieving positive educational outcomes.

ACTION STEPS

[1.] Families are engaged in shared decision-making about their children and protocols are in place for meaningfully and effectively involving families in educational planning for students. The school ensures that there is persistent and effective outreach to engage families in all discussions related to assessing needs and planning supports for their children. This may mean providing particular support and encouragement to families of students with significant behavioral health challenges.

[2.] School staff members regularly communicate with families to update them on their children's academic and social-emotional progress, discuss concerns, identify student's strengths and interests, hear from families about any concerns they might have, and ask for assistance in meeting student needs. This includes a system for regularly sharing information not only on student problems but on student accomplishments. Communication is flexible and reflects each family's preferences for how information is conveyed (e.g., phone calls, letters, in-person meetings). Staff communication with families may include information about the specific skills and strategies that have been developed for their child in order to foster improved coordination and reinforcement of learning skills at home, as well as information regarding any adjustments in the school environment that have been made to address concerns and increase the student's sense of comfort and safety at school.


¹⁴ Educational forums and other types of communication could provide information to families on social-emotional development such as helping students in forming relationships, self-regulating emotions and behaviors, problem-solving, and violence prevention. By staff sharing this information with families, parents are enabled to reinforce skill-building at home, and parents may feel more comfortable raising concerns with school staff about a child's emotional or behavioral challenges when they first emerge.

[3.] School policies and protocols allow for flexibility to schedule parent meetings at various locations (including outside of the school environment), and at times that are convenient for families who work several jobs or who cannot leave work to meet with the school. Home visits or parent meetings may be scheduled during the school day and teachers are provided coverage to meet with parents. School policies and practice ensure that there will be interpreters available for school meetings when needed.

[4.] Individual families are assured that all communications related to their children are handled with careful and consistent regard to confidentiality, as articulated in school policies and protocols. The Release of Information form that parents are invited to sign includes a provision for placing limitations on the type of information that can be shared by the school or with the school, to ensure that a family's concerns about privacy are acknowledged and respected.

[5.] Parents are given the opportunity to sensitize their children's teachers to concerns related to adoption, foster care, homelessness and other issues that affect families so that teachers can adapt their curriculum and approaches to prevent emotional impact and enhance student success.

[6.] The school serves as a resource for individual families regarding information and referrals on community support resources (e.g., behavioral health and medical services, public assistance, housing, etc.). Families are encouraged to share feedback with school staff about the quality and responsiveness of community resources and services.



Attachment A: Additional Information and Definitions

1. The Children's Behavioral Health Initiative (CBHI)

CBHI is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services. Its mission is (1) to strengthen, expand and integrate Massachusetts state services into a comprehensive system of community-based system of care; and (2) to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school, and community. CBHI and MassHealth (the Massachusetts Medicaid Program) are responsible for implementing the remedy in the *Rosie D* lawsuit, which involves the creation of several new MassHealth services to members under 21, along with enhancement of emergency behavioral health services for members under 21, known as **Mobile Crisis Intervention (MCI)**. Among the new MassHealth services is **Intensive Care Coordination (ICC)**, a team-based and family-centered process for developing sustainable Individualized Care Plans for children and youth with complex behavioral health needs, using the Wraparound care planning process. ICC is provided by local entities called Community Service Agencies (CSAs), which also provide **Family Partners** to work with families of children and youth. Family Partners are caregivers who have received special training to engage families and help them navigate the complexities of the service system. In addition, CSAs are responsible for convening local System of Care (SOC) committees, which provide a forum for local stakeholders to make Wraparound and collaborative, family-centered approaches work effectively in their community. MassHealth also pays for three new home and community-based services for members under 21:

- **In-Home Therapy**, a flexible service that allows providers to deliver intensive family therapy to the child or youth in the home, school, or other community settings. A clinician and a trained paraprofessional work with the family to develop and implement a treatment plan, identify community resources, set limits, establish helpful routines, resolve difficult situations, or change problematic patterns that interfere with the child's development.
- **In Home Behavioral Services** are for a child or youth who has challenging behaviors that interfere with everyday life. Services are provided by a behavioral health clinician, such as a therapist, who is skilled in understanding and treating difficult behaviors in children and youths. A clinician and a trained paraprofessional work closely with the child and family to create and implement specific behavior plans to improve the child's functioning.
- **Therapeutic Mentoring** offers structured, one-to-one, strength-based support services between a therapeutic mentor and youth for the purpose of addressing daily living, social and communication needs and achieving goals established in an existing behavioral health treatment plan for outpatient or In-Home Therapy or in an individual care plan for youth in ICC.

2. School and Behavioral Health Support Team

The term School and Behavioral Health Support Team is used to refer to any school-based team that is established or created to deal with behavioral health issues in schools. These can include but are not limited to Crisis Intervention Team, Wrap-Around Services Team, Student Support Teams, IEP Teams, etc. In small districts, the need for one team to serve all schools may be appropriate. In larger districts, a team may be

needed in each school with all teams coordinated across the district by administration. It is important for the school-based teams to coordinate and communicate with the MassHealth Intensive Care Coordination teams (ICC) that are convened by the regional Community Service Agencies.

3. Behavioral Health Providers

Behavioral health providers are defined broadly to include school nurses, school psychologists, school adjustment counselors, social workers, and guidance counselors and community-based behavioral health providers, including therapists, social workers and clinicians. State certification information for these types of positions is categorized under Professional Support Personnel.

The Massachusetts Department of Elementary and Secondary Education

Policies and Protocols for Truancy Prevention Programs

- In order to prevent truancy schools must provide high quality engaging academic instruction and assistance, as well as promote healthy behaviors and safe and supportive school climates. Effective truancy prevention programs aim to promote attendance, engage students in learning, help students achieve, intervene early and provide supports where needed. Truancy can be caused by a number of factors; thus, preventing and addressing truancy must be through a comprehensive and proactive approach with multiple coordinated strategies methods.
- The six sections of the Behavioral Health and Public Schools (BHPS) Framework address the essential components of truancy prevention (leadership, professional development, access to resources and services, academic and non-academic approaches, policies and protocols, and collaboration with families). The Department of Elementary and Secondary Education (ESE) encourages schools to consider the Framework as guidance for creating and improving policies and procedures related to truancy prevention, and to use the associated Assessment Tool as a structure for reflecting on current practice and goal-setting. The guiding principles of the Framework are also closely aligned with truancy prevention efforts and helped to inform the components noted below.
- The ESE encourages schools to implement a truancy prevention program that meets these criteria by adopting policies and protocols that incorporate these key elements. The ESE will pursue avenues for providing technical assistance to school districts and will post information about opportunities as they arise on the ESE Dropout Reduction web pages.

**CRITICAL COMPONENTS OF EFFECTIVE TRUANCY PREVENTION EFFORTS:
KEY ELEMENTS FOR MEETING TRUANCY PREVENTION PROGRAM
CERTIFICATION CRITERIA**

These components are adapted from the BHPS Framework guiding principles and research and guidance from national organizations, including but not limited to the National Center for School Engagement.

1. School leaders and members acknowledge that truancy has a major negative impact on student learning.
2. School leaders and members address truancy in a proactive manner that attends to the variety of causes, which can include: personal, academic, school climate, and family. As such, district-wide attendance policies and supports are created by school officials and community members, and are publicly distributed to students and families.
3. School leaders and school administrators acknowledge the importance of a positive school climate and classroom environment and dedicate resources accordingly as part of an overall effort to address truancy and reduce barriers to learning.
4. The school creates a positive and supportive school environment that reduces the prevalence of challenging, dangerous, and disrespectful behaviors. This type of environment also results in better student attendance, attention, motivation, and consequently, better educational outcomes. This environment: a) promotes attendance for all students, b) prevents problems through early intervention supports and services, c) provides intensive intervention for students and crisis intervention for students who are truant, d) includes alternatives to suspensions and expulsions, and e) creates incentive systems that encourage attendance and positive school behavior.
5. The school curricula provides engaging, meaningful, and relevant opportunities for students to learn content, and helps prepare students for lifelong success in the workplace, in the community, and in personal relationships. This includes instruction in areas such as social problem solving, life skills, social-emotional development, interpersonal communication, self-regulation, and bullying and violence prevention.
6. The school's truancy prevention programs and services respect ethnic and cultural diversity, language differences. Services are also strength-based, child-centered, and family-driven.
7. School leaders recognize and make use of the expertise of school staff (including social workers, adjustment counselors, nurses, and school psychologists) to provide support and services to students and families. School leaders and staff also recognize the supportive role that can be played by paraprofessionals and others, including the school secretary, bus drivers, classroom aides, and others.

8. A school-based team is used to assess the overall needs of the school community as well as to plan, coordinate, and evaluate support programs and services which promote attendance and address truancy. The school-based team also addresses individual student cases of truancy. For efficiency and to minimize redundancy, schools are encouraged to use existing, well functioning teams with coinciding goals for this purpose.
9. School administrators and staff engage families as essential partners in the school's efforts to prevent truancy and promote attendance. Parental/guardian input helps identify and prioritize the needs of the school community, and their advice, experience, and expertise are sought and utilized regularly, not just when things are not going well. Parents/guardians are welcomed and included to the greatest extent possible in the planning and evaluation of programs and services. When including parents/guardians in truancy prevention and addressing truancy issues, the school is intentional and deliberate in efforts to engage families from all cultures, languages, and socio-economic levels.
10. School leaders and staff identify ways in which community partners (e.g., law enforcement, faith community, after-school and/or recreation programs, colleges and universities, business partners, and other state/local agencies) can help address services gaps. School staff with appropriate expertise help facilitate access and help coordinate such services and supports by establishing ongoing relationships with community-based service providers, and by providing families with relevant information about community services.
11. The school and/or school district offers professional development for all school personnel and community-based providers to help them: 1) engage parents/caregivers and students as partners in the students' learning in a manner that is sensitive, respectful, and supportive; 2) identify students at risk for truancy; and 3) help coordinate, support and deliver appropriate services.
12. The school establishes and uses measurable goals and objectives to target prevention efforts. Ongoing monitoring of these intervention efforts can determine whether truancy prevention efforts are successful and what modifications may be needed to more effectively foster school attendance.

Appendix B: The Behavioral Health and Public Schools Assessment Tool

Behavioral Health and Public Schools (BHPS) Self-Assessment Tool for Schools

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The Complete Final Report Documents Include:

- Executive Summary of the Final Report of the Massachusetts Behavioral Health and Public Schools (BHPS) Task Force
- Final Report of the Massachusetts BHPS Task Force
- Appendix A: The BHPS Framework
- Appendix B: The BHPS Assessment Tool
- Appendix C:
 1. Participating sites in the pilot and statewide assessments
 2. Task Force members and participating guests
 3. Statewide assessment methodology
 4. Bibliography

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Behavioral Health & Public Schools Self-Assessment Tool for Schools

I. Leadership:

Strategy A. District leadership

District leadership in partnership with the school committee, plays an essential role in the process of supporting behavioral health in schools.

01. District vision statement. The district has a written vision statement that addresses approaches to supportive school environments, early interventions, and intensive services.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. Outcome goals. The superintendent and school committee set measurable behavioral outcome goals that reflect the contributing factors that will help students with behavioral health needs succeed in school and deal with life's challenges.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

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Guidance and Training

☐ We would like to seek guidance and training on this.

03. District-wide action plan. There is a district-wide behavioral health plan that addresses the three-part approach of supportive school environments, early interventions, and intensive services.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. Data systems. The district has a system that allows for the collection, tracking, and analysis of data related to behavioral outcome goals.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 05)

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Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

I. Leadership:

Strategy B. School leadership

School administrators work in partnership with other key personnel to play a leadership role in the integration of behavioral health supports and services into existing school operations.

01. A principal or other school administrator leads a School and Behavioral Health Support team to determine how best to incorporate the recommendations described in the Behavioral Health and Public Schools Framework into existing School Improvement Plans.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

02. School leaders develop and oversee a professional development plan to increase skills among themselves, school staff, and behavioral health providers to implement the district's/school's

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approach to promoting students' behavioral health.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. School leaders set up structures to enhance the school's capacity to promote students' behavioral health through resource mapping, partnerships with community agencies, and confidential conferencing on individual students.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. School leaders provide the vision and support for implementing effective activities and strategies that build on students' strengths and promote success in school.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent

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☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

05. School leaders are involved in the creation and revision of behavioral health policies and protocols, with the input of staff and parents of students with behavioral health challenges, to address a range of topics connected with supporting the behavioral health needs of students.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

06. School leaders are involved in setting up systems that enable staff to partner effectively with families, especially those whose children have behavioral health challenges, in supporting the educational success of their children, including supporting family involvement in the implementation of supportive school environments, early interventions, and intensive services.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

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Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 07)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

I. Leadership

Part 2 - Additional Information

01. What are the school's greatest strengths related to implementing the strategies and action steps in this area (Leadership)?

02. What are the school's greatest challenges or weaknesses related to implementing the strategies and action steps in this area (Leadership)?

03. Does the district currently have a vision for implementing 1) supportive school environments, 2) early interventions, and 3) intensive services for students with behavioral health needs? If so, what is the vision and how is this vision currently communicated to staff, parents, and community partners?

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04. Does the school currently incorporate the District Plan or the elements of the behavioral health framework into existing School Improvement Plans? If so, what is included in School Improvement Plans and how are these plans currently communicated to staff, parents, and community partners?

05. Are there any current school/district groups that address behavioral health programs and services? If so, indicate what are they and if the committees are district-wide or school-based.

06. Is there anything else you would like to add about this topic?

II. Professional Development:

Strategy A. Professional development for all staff

Sufficient and appropriate professional development opportunities are offered to all school/district and community-based behavioral health staff.

01. The staff is supported in building skills to help students develop safe, caring relationships with adults and peers.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. The staff is trained in supporting students to self-regulate their emotions, behaviors, and attention to achieve academic success.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. . Professional development addresses staff skills in identifying the early warning signs of behavioral health symptoms, including those related to trauma and other environmental risk factors.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. Training increases knowledge of school-wide and individualized approaches/services that help meet the needs of at-risk students.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

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06. Professional development opportunities address staff skills in building relationships, and communicating with all families.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

07a. Training increases staff understanding of the separate roles and common objectives of school staff and behavioral health providers.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

07b. Professional development opportunities address staff skills in de-escalation strategies and interventions that are alternatives to physical restraints.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent

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☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

08. Training increases cultural sensitivity to and addresses the needs of the diverse student populations within the school.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

09. Training increases staff familiarity with relevant child-serving systems, including state agencies and state-sponsored resources.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

10. Professional development opportunities address staff skills in discussing sensitive, confidential, and/or privileged student information.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

11. Training increases staff skills in crisis prevention, intervention, and management.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 12)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

II. Professional Development:

Strategy B. Professional development for administrators and other school leaders

Sufficient and appropriate professional development opportunities are offered to administrators and other school leaders.

01. Professional development opportunities address administrator skills in engaging school staff in their role to support the well-being and healthy development of all students.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

02. Training seeks to increase administrator skills in ways to support the well-being of educators and behavioral health staff.

Current Implementation Level:

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We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. Training addresses meaningful ways for school leaders to engage a broad range of students in school planning and decision-making groups with staff.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. Professional development opportunities address administrator skills in disciplinary approaches that balance accountability with an understanding of behavioral health needs of students.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

05. Training seeks to increase administrator skills in managing and evaluating the policies and protocols related to supporting students' behavioral health.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

06. Professional development opportunities address administrator skills in analyzing and using data to inform decision making about services and interventions.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

07. Professional development opportunities address administrator skills in developing flexible approaches that support external behavioral health providers who offer services in the school setting.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

08. Professional development opportunities build administrators' skills to help and support staff in developing effective relationships with students and families.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

09. Professional development addresses the creation of school-based and district-based committees comprised of staff and leadership to plan trainings that meet the needs identified by staff.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent

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- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 10)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

II. Professional Development:

Strategy C. Professional development for teachers and instructors

Sufficient and appropriate professional development opportunities are offered to teachers and instructors.

01. Training addresses teacher/instructor ability to create a caring classroom community.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent

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- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. Training provides teacher/instructor strategies and approaches to improve instruction that support students with or who may be at risk for developing behavioral health needs.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. Training provides teacher/instructor strategies to manage classroom behaviors, including ways to de-escalate behavior to reduce disruptive behavior.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. Professional development opportunities increase understanding a teacher/instructor's particular role in crisis intervention for an individual student or group of students.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 05)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

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II. Professional Development:

Strategy D. Professional development for school and community behavioral health providers

Sufficient and appropriate professional development opportunities are offered to school-based and community behavioral health providers, including nurses, psychologists, school adjustment counselors, social workers, guidance counselors, health education and physical education teachers, as well as therapists and clinicians employed by a school, district or community agency.

01. Training increases understanding of the school as a host environment, including familiarity with school and district structures and requirements.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. Professional development opportunities address identification of school problems and how behavioral health symptoms may manifest in a school setting.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

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03. Training supports an understanding how behavioral health problems impact all aspects of a student's functioning from learning to behavior in school, at home, and in the community.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. Professional development opportunities address strategies for positive and appropriate responses to student's needs, in the classroom and throughout the school.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

05. Training seeks to increase skills in classroom observations, consultations with educators, and ways to support school personnel, students and their families.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent

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☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

06. Professional development opportunities address strategies and protocols that increase the understanding of the needs of the school environment and ensure effective collaboration between community-based providers and school staff.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 07)

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

II. Professional Development

Part 2 - Additional Information

01. What are the school's greatest strengths related to implementing the strategies and action steps in this area (Professional Development)?

02. What are the school's greatest challenges or weaknesses related to implementing the strategies and action steps in this area (Professional Development)?

03. If your district has created or conducted cross-disciplinary training to build capacity in addressing behavioral health issues, describe what has been done.

04. Provide information about consultants or other professionals that have trained by or presented to school staff on behavioral health issues, including their backgrounds and topics addressed.

05. Discuss any evaluation or assessment activities of professional development offered to school staff and that address any conclusions or resulting actions taken by your school or district.

06. Is there anything else you would like to add about this topic?

III. Access to Resources and Services:

Strategy A. Identifying gaps and re-allocating resources

The school's capacity to promote students' behavioral health through supportive school environments, early interventions, and intensive services is enhanced through a process of understanding current resources/services and making recommendations to fill any resource/service gaps.

01. The school maps its resources to identify strengths and unmet needs, communication protocols,

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and the roles of school/district staff and community providers.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. The school develops recommendations to fill the resource/service gaps identified in the mapping process.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 03)

Current Implementation Level:

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We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

III. Access to Resources and Services:

Strategy B. Access to resources and services in schools

Access to school and district behavioral health services promotes a supportive and positive learning environment in which all students can develop effective social and emotional skills.

01. All students in need of services at school have access to resources that are clinically, linguistically, and culturally appropriate, as well as sensitive to the challenges faced by GLBT (gay, lesbian, bisexual, and transgendered) youth.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. In-district referral systems for students with behavioral health needs are in place.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent

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☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

03. Services include district-wide, school-wide, classroom-based, small group, and individual student activities and supports.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. There is a shared standard and practice around confidentiality of student behavioral health records.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 05)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

III. Access to Resources and Services:

Strategy C. Access to resources and services with community organizations

The school/district establishes partnerships with community agencies to fill any gaps in school-based and district-based resources/services to promote students' behavioral health.

01. All students in need of external (community-based) services have access to resources that are clinically, linguistically, and culturally appropriate, as well as sensitive to the challenges faced by GLBT youth.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

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- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. Partnerships with community agencies reflect the variety and scope of student needs and gaps in services (recreational, cultural, youth development, etc.).

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. Coordinated relationships between schools and community behavioral health providers include the potential for diverse interventions, establishing protocols, and increasing plans to respond to crisis.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. The school establishes formal agreements with community-based behavioral health providers.

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Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

05. The school pays particular attention to those community-based services that are available for some students through CBHI/MassHealth.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

06. Partnerships address specific issues related to CBHI and the interface with Special Education laws and services.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

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We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 07)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

III. Access to Resources and Services:

Strategy D. Confidential conferencing on individual students

Confidential conferencing on individual students ensures that well-coordinated supports are available for the student and that common goals for success are established.

01. School-based teams convene to address student-specific support programs and services, and include the student's community behavioral health providers, if parent/caregiver consents to such involvement. Parents are provided copies of confidentiality policies for schools and community-based providers.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent

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☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

02. Community based teams convened by behavioral health providers include school staff, if parent/caregiver consents to such involvement.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

03. Conferencing on students ensures that comprehensive supports and services are available to the student.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. Conferencing on students ensures that supports and services are coordinated and that goals for student success are consistent for both school and community team members.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 05)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

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III. Access to Resources and Services

Part 2 - Additional Information

01. What are the school's greatest strengths related to implementing the strategies and action steps in this area (Access to Resources and Services)?

02. What are the school's greatest challenges or weaknesses related to implementing the strategies and action steps in this area (Access to Resources and Services)?

03. Describe any activities and supports in place that promote students' behavioral health through supportive school environments, early intervention, and coordinated services.

04. Identify existing school community-partnerships that address gaps in resources/services that cannot be met in the school/district.

05. Describe the efforts of the school staff and community providers to participate in confidential conferences? How does each group maintain the confidential nature of these child-specific meetings? How are parents assured of confidentiality?

06. Is there anything else you would like to add about this topic?

IV. Academic and Non-Academic Supports:

Strategy A. Supportive school environments

The school has universal supports, strategies, and programs to create supportive school environments that promote overall well-being and positive educational outcomes for all students.

01. The school maintains high quality instruction and high academic standards are set for all students. Instructional techniques that support individual student growth are identified and implemented.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

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Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. The school monitors the academic and social/emotional development of each student through systematic screening procedures in order to foster effective learning and identify situations when additional supports are needed.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. All classrooms in the school create predictable environments for all students, but especially those with behavioral health needs.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. The school has evidence-based primary prevention programs in place that support and promote the development of social, healthy and respectful behaviors.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

05. The school encourages and supports the development of positive relationships between students and adults.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

06. Where appropriate, the school builds on students' abilities, strengths, and interests in specific academic classes or extracurricular activities (islands of competence).

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent

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- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

07. The school promotes physical and emotional health and well-being, and the school nurse is included on the Behavioral Health Support Team.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

08. The school creates safe learning environments through clearly established behavioral expectations and emergency safety plans.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

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Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 09)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

IV. Academic and Non-Academic Supports:

Strategy B. Early interventions.

The school has early interventions that include supports, strategies, and programs available to targeted students who need additional supports in order to help them be successful in the school environment.

01. The school has in place targeted academic supports for students at-risk for academic difficulties, and educators are both aware that students with behavioral health challenges may require additional supports but are also skilled in identifying and providing the specific approach needed.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

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We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. The school has in place social skills groups, skilled mentoring programs, group counseling, art therapy, and targeted lessons on conflict resolution, self-regulation and other topics, for students at-risk for social-emotional difficulties.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. The school allows for flexible programming to increase access to academic and non-academic activities required to meet the diverse needs of students and facilitate their success at school.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

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04. The school continuously monitors the progress of targeted interventions.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

05. The school has referral procedures in place to educate the family/caretakers on the services available through the Community Service Agencies (CSA) as part of the Children's Behavioral Health Initiative (CBHI).

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 06)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

IV. Academic and Non-Academic Supports:

Strategy C. Intensive services

The school has intensive intervention services that include supports, strategies, and programs available to identified students who demonstrate significant needs and require additional supports in order to help them connect with the school community and be successful in the school environment.

01. 01. The school has in place intensive individualized academic supports to enhance school success of students with behavioral health needs. The school also has in place social-emotional supports that both connect the student to the school community and increase competence in developing relationships and regulating emotions and behaviors.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

02. The school develops, in coordination with students' community-based providers, individual behavioral interventions and crisis support plans for students who require them. The school's disaster/crisis emergency policies include particular strategies to support students with significant behavioral health challenges.

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Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. The school develops transition plans for students who have been in or are going to an out-of-home placement to ensure school connection.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. The school has systems in place that facilitate collaboration and coordination around medical treatment plans between school staff and community behavioral health providers to promote consistency and continuity of care

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

05. The school has referral procedures in place to provide information to the family/caretaker on the services available through the Community Service Agencies (CSA) as part of the Children's Behavioral Health Initiative (CBHI).

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 06)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

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We plan to... (check one)

- ☐ 1=sustain current course of action
☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

IV. Academic and Non-Academic Supports

Part 2 - Additional Information

01. What are the school's greatest strengths related to implementing the strategies and action steps in this area (Academic and Non-Academic Supports)?

02. What are the school's greatest challenges or weaknesses related to implementing the strategies and action steps in this area (Academic and Non-Academic Supports)?

03. Describe school/district wide universal supports currently in place and their success.

04. Analyze targeted interventions currently being implemented.

05. Identify community behavioral health providers that can partner with the district around intensive interventions.

06. Is there anything else you would like to add about this topic?

V. School Policies, Procedures and Protocols:

Strategy A. Confidential communication

Policies and protocols can ensure confidential and effective communication to meet student needs.

01. A form is available for parents/guardians to release student information to inform programming and service delivery decisions.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
☐ 2=to a moderate extent

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- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. There is an information release protocol between the district/school and state agencies and community organizations to confidentially and efficiently share student information.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 03)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

V. School Policies, Procedures and Protocols:

Strategy B. Student and school safety.

Policies and protocols can ensure student and school safety.

01. Policies are in place to ensure the appropriate reporting and documentation of suspected child abuse or neglect under section 51A of chapter 119 of the Massachusetts General Laws.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

02. Policies are in place to ensure effective, sensitive, and appropriate use of a Child in Need of Services (CHINS) report under Chapter 119 of the Massachusetts General Laws.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

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Guidance and Training

☐ We would like to seek guidance and training on this.

03. Policies ensure the safety for students who are impacted by domestic violence, and include protocols for implementing laws regulating restraining orders, safety plans, and student records release.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. Specific behavioral intervention and crisis support plans are in place for students with intensive needs.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

05. All students and staff are familiar with crisis/emergency plans in the event of a disaster or crisis.

Current Implementation Level:

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We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 06)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

V. School Policies, Procedures and Protocols:

Strategy C. Discipline policies

Policies and protocols can establish discipline practices that focus on reducing students' time away from the educational setting, and balance accountability with an understanding of students' behavioral health needs.

01. Discipline policies support universal behavioral interventions to establish a safe and positive school climate for all students.

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Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. Discipline policies promote the use of alternatives to suspensions, expulsions, and physical restraints whenever possible.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. Discipline policies create opportunities to intervene early and develop a range of de-escalation strategies to prevent disciplinary referrals.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

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We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. Discipline policies reflect the collection and analysis of data, such as office referrals, suspensions, and expulsions, to refine discipline approaches.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

05. Discipline policies and intervention networks are in place to reduce and prevent truancy, suspensions, expulsions, and dropouts.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

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Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 06)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

V. School Policies, Procedures and Protocols:

Strategy D. Access policies

Policies and protocols ensure student access to a full range of behavioral health services.

01. Procedures are established that support and integrate students with behavioral health needs that exit or return to school from out-of-home placements.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

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02. School policies encourage student engagement through flexible scheduling of academic classes and extracurricular activities.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. Protocols establish an effective referral system to behavioral health services both inside the school setting as well as to community organizations and agencies.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. Protocols that support consultation policies.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

05. Protocols encourage effective partnerships through formal agreements with community-based providers.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

06. Protocols are in place ensure effective communication and information for families using CBHI services through MassHealth.

Current Implementation Level:

We do this... (check one)

☐ 1=to some extent

☐ 2=to a moderate extent

☐ 3=to a great extent

☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

☐ 1=sustain current course of action

☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 07)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

V. School Policies, Procedures and Protocols

Part 2 - Additional Information

01. What are the school's greatest strengths related to implementing the strategies and action steps in this area (School Policies, Procedures and Protocols)?

02. What are the school's greatest challenges or weaknesses related to implementing the strategies and action steps in this area (School Policies, Procedures, and Protocols)?

03. Discuss the results of a recent school climate survey and the strengths and weaknesses.

04. Describe how the policies and protocols strengthen the school/district's vision to support

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students' behavioral health needs, pro-social behavior and a positive school climate.

05. Consider how the policies and services can support the behavioral health needs of children who are not MassHealth eligible.

06. Is there anything else you would like to add about this topic?

VI. Collaboration with Families:

Strategy A. Building the school-wide foundation for effective collaboration with families

A school-wide foundation is built for effective collaboration with families.

01. District vision statements and school improvement plans include family participation, particularly families of students with behavioral health challenges, as partners in school efforts to promote behavioral health, including participation in all aspects of strategic planning.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

02. District and school leaders reach out in an intentional and deliberate way to culturally and linguistically diverse families to ensure that their needs are reflected in the strategic planning process.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

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We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

03. School leaders and staff receive professional development and demonstrate awareness and sensitivity to cultural, linguistic, and other aspects of family diversity, including culturally-specific beliefs and concerns related to behavioral health.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

04. School and community behavioral health providers are reflective of the cultural and linguistic make-up of the student population to the greatest extent possible.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

05. The school administration and staff create a safe, welcoming environment in which all families feel that their voices are valued.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

06. School leaders and staff receive professional development on communicating in a supportive and effective manner with families, addressing students' emotional and behavioral challenges with parents, and providing information on community resources.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

07. The school maintains and communicates the philosophy that families are the single greatest influence on their children's achievement, and that the school, as do they, wants the best for their children.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

08. Respect for families is reflected in the usage of “people first language” (e.g., using “student with bipolar illness” rather than mentally ill student.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

09. The school partners with parent organizations to plan and hold school-wide programs that engage families in the school community and share information on school efforts to promote behavioral health.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

Guidance and Training

☐ We would like to seek guidance and training on this.

10. The school tracks and analyzes its success at engaging families through measures such as attendance at family programs, feedback requested following activities, and surveys asking families about interests and needs.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 11)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

☐ We would like to seek guidance and training on this.

VI. Collaboration with Families:

Strategy B. Communication with individual families

Schools foster communication and collaboration with families by providing professional development to staff and establishing policies that meet the individual needs of students and families, foster home-school communication, and enhance trust by maintaining confidentiality. This collaboration is essential to achieve positive educational outcomes and promote behavioral health.

01. The school maintains protocols that support meaningful and effective involvement of families, particularly families of students with behavioral health challenges, in shared decision-making regarding educational planning for their children. The school provides persistent and effective outreach tailored to engage all families in all discussions to address their students' needs.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

02. The staff communicates regularly with families to update them on academic and social-emotional progress, discuss successes and concerns, identify student strengths and interests, and ask for assistance in meeting student needs. The means of communication is flexible and responsive to family preference.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

Guidance and Training

☐ We would like to seek guidance and training on this.

03. School policies and protocols allow for flexibility in the scheduling of parent meetings, (e.g. times, locations, home visits), and ensure the availability of interpreters and translated materials as needed.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

04. The school maintains stringent protocols related to confidentiality, and families are able to limit their release of information to and from the school as they deem appropriate. School staff acknowledge and respect families' concerns about privacy.

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

☐ We would like to seek guidance and training on this.

05. Families have an opportunity to sensitize their children's teachers to concerns such as adoption, foster care, homelessness and other issues so that teachers can adapt their curriculum to prevent emotional impact.

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Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

06. The school serves as a resource for families regarding information on community support services (e.g., behavioral health and medical services, housing, public assistance, etc.).

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent
- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

Optional: Any additional action step(s) used to address this strategy

Type (optional) additional action step here. (Action Step 07)

Current Implementation Level:

We do this... (check one)

- ☐ 1=to some extent

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

- ☐ 2=to a moderate extent
- ☐ 3=to a great extent
- ☐ 4=in a fully implemented way

Action Plan:

We plan to... (check one)

- ☐ 1=sustain current course of action
- ☐ 2=modify or enhance current course of action

Guidance and Training

- ☐ We would like to seek guidance and training on this.

VI. Collaboration with Families

Part 2 - Additional Information

01. What are the school's greatest strengths related to implementing the strategies and action steps in this area (Collaboration with Families)?

02. What are the school's greatest challenges or weaknesses related to implementing the strategies and action steps in this area (Collaboration with Families)?

03. Describe which activities have worked best to engage families in school and their students' education.

04. Identify behavioral health providers that offer a variety of culturally and linguistically appropriate services for your school/district's families.

05. Identify behavioral health providers that offer a variety of culturally and linguistically appropriate services for your school/district's families.

06. Is there anything else you would like to add about this topic?

Behavioral Health & Public Schools Self-Assessment Tool for Schools

Outcomes Data

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

One of the major goals of the Behavioral Health Framework and Behavioral Health Assessment Tool is for it to be used to help schools increase students' school performance. School performance may be measured through a variety of available data. By implementing new or enhanced strategies aligned with the Behavioral Health Framework, it is expected that your school's outcome data will be positively impacted over time.

Please use the table below to track your current data, your priorities for improvement, and your goal numbers/rates. Please feel free to include any additional data that provides an increased understanding of your school's outcomes.

NOTE: Where available, data from the ESE School/District Profiles for the most recent year has been pre-loaded into this form. You may add to or update this information as desired.

Attendance Rate Current Data (number and/or rate) _____

- Priority (Low, Medium, High) _____
- Goal (number and/or rate) _____

Disciplinary Referrals Current Data (number and/or rate) _____

- Priority (Low, Medium, High) _____
- Goal (number and/or rate) _____

In-school and out-of-school suspension rates Current Data (number and/or rate)

- _____
- Priority (Low, Medium, High) _____
 - Goal (number and/or rate) _____

School or district high school graduation rate Current Data (number and/or rate)

- _____
- Priority (Low, Medium, High) _____
 - Goal (number and/or rate) _____

Other Current Data (number and/or rate) _____

- Priority (Low, Medium, High) _____
- Goal (number and/or rate) _____

Behavioral Health & Public Schools Self-Assessment Tool for Schools

General Questions

A. Areas for Attention

FOR THE ONLINE VERSION OF THIS SCHOOL SELF-ASSESSMENT TOOL, VISIT [HTTP://BPHS321.ORG](http://BPHS321.ORG).

01a. Has your school/team selected any of the six areas in this assessment tool for increased attention or modified efforts? Yes? ____ Not at this time? ____

01b. Provide details or comments, if desired:

02a. If yes, has your school/team determined a plan regarding these efforts (including next steps, a timeline, and persons responsible)? Yes? ____ Not at this time? ____

02b. Provide details or comments, if desired:

General Questions

B. Additional Areas to Address

01. Is your school implementing any activities related to improving the behavioral health of students that was not captured by this tool? If yes, please briefly describe.

02. How does the information provided in this tool relate to other school or district initiatives, strategies, or priorities?

03. How can the Department of Elementary and Secondary Education (ESE) or other state agencies or systems support your work to improve the behavioral health of students?

04. Please provide any general information or specific examples for how the district supports the school efforts to improve the behavioral health of students.

Appendix C: Participants, Methodology, and Bibliography

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C2. Task Force Members and Participating Guests	3
C3. Statewide Assessment Research Methodology	7
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The Complete Final Report Documents Include:

- Executive Summary of the Final Report of the Massachusetts Behavioral Health and Public Schools (BHPS) Task Force
- Final Report of the Massachusetts BHPS Task Force
- Appendix A: The BHPS Framework
- Appendix B: The BHPS Assessment Tool
- Appendix C:
 1. Participating sites in the pilot and statewide assessments
 2. Task Force members and participating guests
 3. Statewide assessment methodology
 4. Bibliography

APPENDIX C1:

Participating Sites in the Pilot and Statewide Assessments

The following 39 schools and collaboratives (listed alphabetically by district) were among the 130 invited by the Commissioner of Elementary and Secondary Education to complete the pilot version or statewide version of the Assessment Tool for the Behavioral Health and the Public Schools Task Force between September 2009 and October 2010.

Commissioner Chester and the Task Force are grateful to all the districts, schools, collaboratives, and participating team members for their willingness and effort undertaken to use the Assessment Tool to reflect upon and document their current strategies, action steps, and priorities for improvement. Their contributions to the work of the Task Force are extremely helpful and appreciated.

- Assabet Valley Collaborative
- Barnstable Public School District--Barnstable High School
- Beverly Public School District—Ayers Ryal Side Elementary School
- Blackstone Valley Regional Vocational Technical School District
- Bristol-Plymouth Regional Vocational Technical School District
- Brockton Public School District--Louis F. Angelo Elementary School
- Brookline Public School District--Brookline High School
- Cambridge Public School District--Graham and Parks School (PK-8)
- Chelsea Public School District--Eugene Wright Middle School
- Codman Academy Charter Public School District (9-12)
- Everett Public School District--Madeline English School (PK-8)
- Four Rivers Charter Public School District (7-12)
- Foxborough Regional Charter School District (K-12)
- Groton-Dunstable Regional School District--Boutwell School (PK)
- Holyoke Public School District--Holyoke High School
- Hudson Public School District—C. A. Farley Elementary School
- Lawrence Family Development Charter School District (K-8)
- Lawrence Public School District--Henry K. Oliver School (1-8)
- Lowell Public School District—S. Christa McAuliffe Elementary School
- Ludlow Public School District--Ludlow Senior High School

- Lynnfield Public School District--Summer Street School
- Medfield Public School District--Dale Street School (4-5)
- New Bedford Public School District--New Bedford High School
- North Central Charter Essential School District (7-12)
- North Middlesex Regional School District--Ashby Elementary School
- Northborough-Southborough Regional District--Algonquin Regional High
- Pioneer Valley Regional School District--Pearl E. Rhodes Elementary School
- Pittsfield Public School District--Williams Elementary School
- Quabbin Regional School District--Hardwick Elementary School
- Quincy Public School District--Atlantic Middle School
- Randolph Public School District--Randolph High School
- Salem Public School District--Collins Middle School
- Seven Hills Charter School District (K-8)
- Springfield Public School District--Sumner Avenue School (PK-5)
- Sturbridge Public School District--Burgess Elementary School
- Topsfield Public School District--Steward Elementary School
- Up-Island Regional School District--West Tisbury Elementary School
- Weymouth Public School District--William Seach Elementary School
- Winchendon Public School District--Murdock Middle-High School

APPENDIX C2:

Task Force Members and Participating Guests

As Chairman of the Behavioral Health and the Public Schools Task Force, the Commissioner of Elementary and Secondary Education, Mitchell Chester, thanks all Task Force members, designees, guest participants, and presenters who have contributed to the efforts of the Task Force between December 2008 and June 2011. Those individuals are listed below, after staff from the Department of Elementary and Secondary Education, and they are listed with their organizations and titles during the time of their participation with the Task Force.

Massachusetts Department of Elementary & Secondary Education

Commissioner Mitchell D. Chester, Ed.D., *Task Force Chair*

Bob Bickerton, *Senior Associate Commissioner*

Associate Commissioner John L.G. Bynoe III, *Commissioner's Designee*

Rachelle Engler Bennett, *Director of Learning Support Services & Task Force Co-Facilitator*

Jenny Caldwell Curtin, *HS Graduation Initiatives Coordinator & Task Force Co-Facilitator*

Marcia Mittnacht, *Director of Special Education Planning & Policy*

Madeline Levine, *Assistant Director of Special Education Planning & Policy*

Dianne Curran, *Legal Office*

Emily Caille, *Education Specialist C*

Shawn Connelly, *Education Specialist C*

Carol Goodenow, *Education Specialist C*

Sarah Slautterback, *Education Specialist C*

TASK FORCE MEMBERS

American Federation of Teachers, Massachusetts

Angela Cristiani, *School Psychologist*

Brockton Public Schools

Kathleen Moran, *Principal of Brookfield Elementary School*

Marybeth O'Brien, *Fourth Grade Teacher in Huntington Elementary School*

Children's Hospital Boston

Karen Darcy, *Registered Nurse*

Shella Dennery, *Children's Hospital Neighborhood Partnerships (CHNP) Director*

John Riordan, *Director of Community Partnerships*

CQI: Consumer Initiatives

Jonathan Delman, *Executive Director*

Cutchins Programs for Children and Families, Inc.

Andrew Pollock, *Executive Director*

Department of Early Education and Care, Massachusetts

Designees for Commissioner Sherri Killins:

Anita Moeller, *Director of Interagency Partnerships*

Larisa Mendez-Penate, *Comprehensive Services Specialist*

Kelly Schaffer, *Policy Analyst*

Department of Children & Families, Massachusetts

Designee for Commissioner Angelo McClain:

Susan Stelk, *Manager of Education Services*

Department of Mental Health, Massachusetts

Barbara Leadholm, *Commissioner*

Joan Mikula, *Assistant Commissioner for Child/Adolescent Services*

Donna Beverly

Marion Freedman-Gurspan, *Director of Policy & Planning,
Division of Child-Adolescent Services*

Department of Public Health, Massachusetts

Designees for Commissioner John Auerbach:

Donna E. Johnson, *Director, Division of Primary Care & Health Access*

Jennifer Tracey, *Bureau of Substance Abuse Services*

Brian Miller, *Bureau of Substance Abuse Services*

Department of Transitional Assistance, Massachusetts

Designee for Commissioner Julia E. Kehoe

Lydia Conley, *Deputy Assistant Commissioner for Policy, Program & External Relations*

Department of Youth Services, Massachusetts

Jane E. Tewksbury, *Commissioner*

Christine Kenney, *Director of Educational Services*

Executive Office of Education, Massachusetts

Marisa Goldberg Cole, *Deputy Chief of Staff*

Executive Office of Human & Health Services, Massachusetts

Designees for Secretary JudyAnn Bigby:

Emily Sherwood, *Director of Children's Behavioral Health Initiative (CBHI)*

Jack Simons, *Assistant Director of CBHI and also the designee for Thomas Dehner,
Director of the Office of Medicaid*

Margot Tracy, *Policy Analyst*

Federated Dorchester Neighborhood House

Mark Culliton, *Chief Executive Officer*

The Guidance Center, Inc.

Susan Ayers, *Executive Director*

Ludlow Public Schools

Brett Bishop, *Principal of the East Street Elementary School*

Massachusetts Advocates for Children

Jerry Mogul, *Executive Director*

Susan Cole, *Senior Project Director, Trauma and Learning Policy Initiative*

Massachusetts School of Professional Psychology

Bob Lichtenstein, *Director, School Psychology Program*

Massachusetts Secondary School Administrators' Association

Phil Flaherty, *Assistant Director*

Linda Hayes, *Assistant Director*

Noel Pixley, *President, Principal of Burgess Middle School (Hampden-Wilbraham)*

North Central Charter Essential School & Reading Public Schools

Sara Fernandes, *Counselor (NCCES) then Behavioral Health Coordinator (RPS)*

Ashley Williams

Office of the Child Advocate

Elizabeth Armstrong, *Deputy Director and designee for Child Advocate Gail Garinger*

Parent/Professional Advocacy League

Lisa Lambert, *Executive Director*

Deborah Jean Parsons, *Director of Policy, and Program Director for the South Shore Educational Collaborative*

Parent advocate

MaryAnn Tufts

Parent representatives

Chantell Albert, *Randolph*

Denise Robertson, *Lyn*

South Shore Mental Health Center, Inc.

Harry Shulman, *President & CEO*

Aymsley Brien

University of Massachusetts, Boston

Melissa Pearrow, *Associate Professor in the Department of Counseling and School Psychology (and Massachusetts School Psychologists Association Past-President)*

Youth Opportunities Upheld (Y.O.U.), Inc.

Maurice Boisvert, *President & CEO*

PARTICIPATING GUESTS

Assabet Valley Collaborative

Nicki Logan Eastburn, *Family Success Partnership (FSP) Director*

The Blue Cross Blue Shield of Massachusetts (BCBSMA) Foundation

Katelin Lucariello

Marcy Ravech, *Associate Director of Policy & Research*

Massachusetts Administrators for Special Education (ASE)

Carla Jentz, *Executive Director*

Massachusetts Appleseed Center for Law and Justice

Joan Meschino, *Executive Director*

Sandra Carter, *Research & Policy Associate*

Maureen Meredith, *Law Fellow*

Quincy Public Schools

Janet Powell, *Director of Pupil Personnel Services*

Joseph Boss, *Behavioral Growth and Development Program Administrator*

Peggy Farren, *North Quincy High School Psychologist*

Deborah Parrish, *Casa Start Counselor*

Ruth Whitmer, *Lincoln-Hancock Community School Principal*

Adam Wolf, *Atlantic Middle School Assistant Principal*

Rhode Island College

Thomas Kochanek, *Professor, School of Education and Human Development and Evaluator for the Integrated Comprehensive Resources in Schools (ICRS) Grant*

Psychologist and Special Education Educator and Administrator

Kathleen Meagher, *Clinical Psychologist at the Lynn Community Health Center SBHC, and Transition Specialist at the Shore Educational Collaborative.*

Trauma and Learning Policy Initiative (a joint partnership between Massachusetts Advocates for Children and Harvard Law School)

Anne Eisner, *Coordinator, Trauma and Learning Policy Initiative*

Michael Gregory, *Harvard Law School Assistant Clinical Professor of Law*

University of Massachusetts, Boston

Esther Seibold, *Assistant Professor, College of Nursing and Health Sciences*

Evelyn Frankford, *Visiting Fellow, Center for Social Policy*

Phakdey Chea Yous, *Graduate Assistant, School Psychology*

Nicole Holbrook, *Graduate Assistant, School Psychology*

The Winchendon Project

Catherine Apostoleris, *Co-Director*

Susan Buchholz, *Coordinator*

Joanne Bunnell, *Teacher, Murdock Middle-High School*

Gail Casavant, *Learning Supports Facilitator*

Brooke Clenchy, *Superintendent of Winchendon Public Schools*

Nicholas DeSimone, *Principal, Murdock Middle-High School*

Bethany Duval, *School-Based Behavioral Health Clinician*

Jane Greenleaf, *School Adjustment Counselor, Winchendon Public Schools*

Christine Philput, *Chair, Winchendon School Committee*

APPENDIX C3:

Statewide Assessment Research Methodology

As mandated in the Act Relative to Children's Mental Health (M.G.L. 321, Section 19), a Task Force on Behavioral Health and Public Schools was created to build a Framework to promote collaborative services and supportive school environments for children, to develop and pilot an Assessment Tool based on the Framework to measure schools' capacity to address children's behavioral health needs, to make recommendations for using the Assessment Tool to carry out a statewide assessment of schools' capacity, and to make recommendations for improving the capacity of schools to implement the Framework.

In December 2009, an Interim report was submitted to the legislation that (i) described the Framework; (ii) explained the Assessment Tool and the results of its pilot use; and (iii) proposed methods of using the Assessment Tool to assess statewide capacity of schools to promote collaborative services and supportive school environments. This self-report pilot Assessment Tool was designed to assist schools as they examine their current practices to support students' behavioral health at all intervention levels, ranging from prevention efforts for the whole school community to intensive supports for individual students. This pilot Assessment Tool served as the foundation for the statewide assessment. The findings from this statewide assessment are included in the Main Report document in Section II – Statewide Findings. This Appendix C3 includes supplementary information, such as the selection and recruitment of schools, data collection and analysis procedures, statistical properties of the Assessment Tool, and assessment findings.

Background Information and Procedures

In the pilot stage, 15 school districts completed the Assessment Tool and provided feedback and suggestions for improvement. These findings were reported in the [*Interim Report to the Legislature: The Behavioral Health and Public Schools Task Force*](#). For the statewide assessment, the Assessment Tool was enhanced by formatting it into a web-based tool. Webinar sessions and technical assistance were offered to schools as they completed the survey. The tool itself was modified to reduce redundancy and clarify items, which brought the number of questions down from 122 items to 98 items. It was also re-designed to help schools identify areas where schools needed additional guidance and strategies that could enhance behavioral health services by creating an action plan upon completion.

For the statewide assessment, 20% of the Commonwealth's school districts were targeted to obtain a stratified sample based on geography, school type,

school size, income level, and achievement levels using Student Information Management System (SIMS) data. Roughly 100 schools were asked to participate and, in total, data were gathered from 24 school districts. The schools completed varying amounts of the tool, with 70% of the school completing more than 70% of the items.

Given the wealth of information gathered in both the pilot and statewide assessments, there was an attempt to determine if the data from both trials could be consolidated. The two versions of the Assessment Tools were independently compared by one doctoral-level researcher and two graduate assistants. Basing the comparison on the 98-items of the statewide Assessment Tool, the three raters had 100% agreement on 81-items at the first review. The remaining 17-items were re-examined until all reviewers agreed. The samples were compared and overall the findings from the two samples were similar (i.e. professional development was identified as the domain with weakest implementation and academic and non-academic supports was the domain with the greatest implementation). Moreover, no statistically significant differences were found between the means of the six domains. Thus, it was determined to be a valid use of both samples to consolidate the data. This also made the data more robust and strengthened the statistical properties of the Assessment Tool. Henceforth, the information will include the data and findings from the combined samples.

Participating Schools

The 39 school districts that completed the Assessment Tool represented 10 of the 11 counties in the Commonwealth (see Figure 1). Participating schools were primarily comprised of elementary schools (36%) and high schools (34%), with remaining participants being K-8 (16%), middle school (8%), K-12 (3%), or early childhood centers (3%). The sample of schools was relatively reflective of the composition and demographics of schools throughout the Commonwealth (e.g., attendance rates, suspension rates, limited English proficiency, low income, etc.). The majority of participating schools were part of public districts (31), with 6 Charter Schools, and 2 Vo-Tech High Schools.

Each site identified a primary contact/coordinator as well as team members assisting with the Assessment Tool's completion. The majority (60%) of respondents identified the school administrator as the professional primarily responsible for the completion of the tool. School support administrators and personnel (e.g., Head of Guidance, school psychologists, school adjustment counselors, and school nurses) were the primary contact in 25% of the schools, with the remaining schools identifying a district administrator (14%). Almost every team included a school-based mental health professional (e.g., school psychologist, school adjustment counselor/ social worker, and/or guidance counselor) and the majority of teams included an educator (general or special

education teacher – 70%). School nurses were members of the team in 40% of the respondents, and 11% of the teams included parents/family members.

Materials

The statewide Assessment Tool was comprised of 98-items that examined the current level of implementation and priority for future action within the six areas of the Framework. Implementation levels were scored based on the school's current practices based on a 4-point scale. The responses ranged from 'To some extent' – 1, "To a moderate extent" – 2, "To a great extent" – 3, and 'A fully implemented way' – 4. Thus, higher scores represented more skilled and consistent implementation of strategies. Respondents also indicated their priority for future action on the strategies with the options to either sustain -1, or increase/enhance -2 their efforts. With each item, schools could also indicate specific areas where they would like additional guidance and support.

The statistical properties of the Assessment Tool were examined for reliability and consistency. As expected, there was an inverse and significant correlation between the level of implementation and the priority for action (see Figure 2). In other words, the more frequently the action step was implemented, the less it was a priority to address it. The opposite was also true in that the less frequently the item was implemented, the higher a priority it was for action.

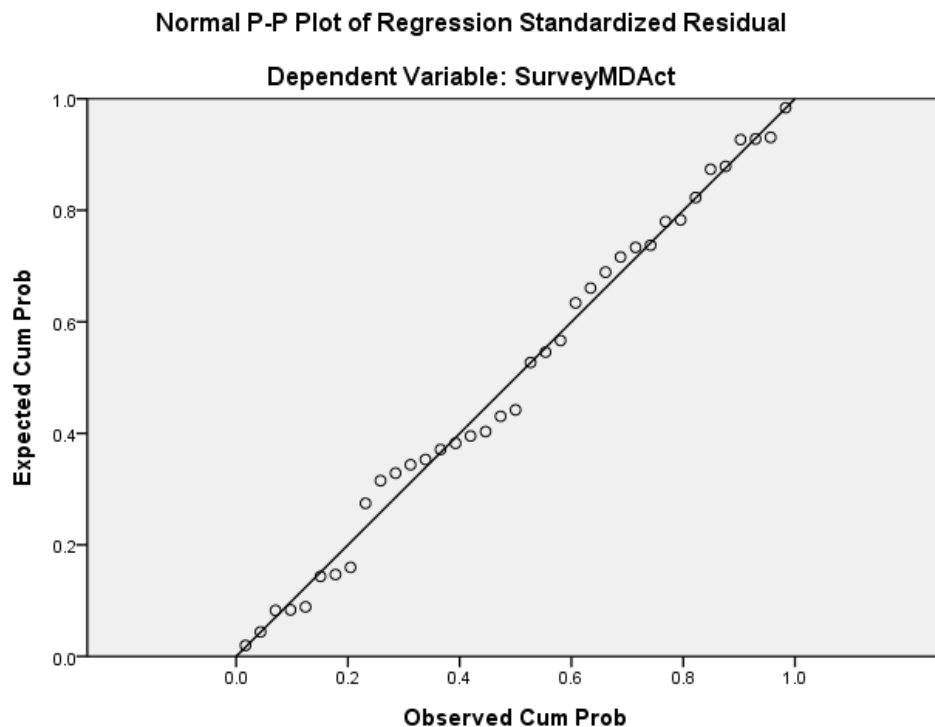


Figure 2. Correlation between Implementation and Priority of Action for Survey

The internal consistency reliability coefficient (Cronbach's alpha) was calculated to ascertain the degree to which the items in each section correlated with one another, or measured the same construct. Generally a cut-off of .80 is required for a "good scale", and all of the six domains demonstrated a level of reliability that exceeds this standard. The reliability coefficients were as follows:

- | | |
|--------------------------------------|-----|
| • Leadership | .87 |
| • Professional Development | .97 |
| • Access to Resources and Services | .92 |
| • Academic and Non-academic Supports | .92 |
| • Policies and Procedures | .92 |
| • Collaboration with Families | .93 |

Review of the Assessment Findings

Using all 39 school respondents, the average implementation of each strategy was calculated in addition to calculating the mean for each of the six domains. These findings are reviewed by domain – first, exploring the level of implementation and, second, examining the items and desire to increase or enhance work in the particular strategy. These findings are presented in Figure 3 with detailed information listed in Tables 1 and 2.

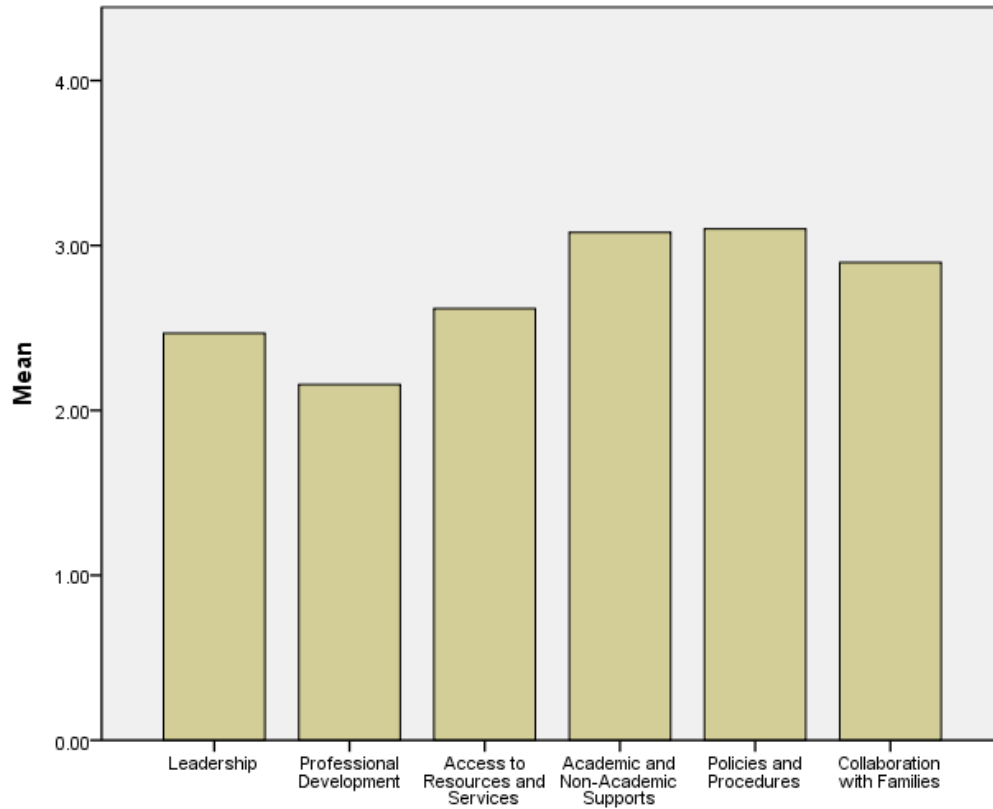


Figure 3. Average Implementation of Behavioral Health Strategies by Domain (range 1 to 4).

Leadership: *Leadership* is demonstrated by school and district administrators creating supportive school environments and promoting collaborative services in the interest of students' behavioral health. Overall, schools reported that leadership strategies to address behavioral health needs at the school and district-levels were “moderately” implemented (2.49). This area was also identified as being in great need for future action and priority (1.65), as the majority of respondents indicated a priority to increase or enhance their action on 90% of the strategies.

Respondents indicated that school leaders provide the vision for implementing effective strategies to build student's strengths and promote school success. However, there is a great need for the school leaders to develop professional development plans that increase the skills of the school staff in promoting behavioral health as well as their involvement in behavioral health policies and protocols connected to supporting students with behavioral health needs. High priority for future action included the development of a district-wide action plan to address supportive school environments and intensive services, policies and protocols to support behavioral health needs, and data systems to monitor

and track the behavioral health outcomes of the students. Narrative data highlighted the need for more effective leadership in team meetings, parent relationships, positive school climate, and the development of a strategic plan as well as vision and mission statements to guide practice.

Guidance was most frequently requested in the areas of supporting the district as it sets measurable behavioral outcome goals and data systems to collect, track, and analyze the data related to these goals.

Professional development: *Professional development* targets school administrators, educators, and behavioral health providers on topic areas needed to enhance schools' capacity to improve students' behavioral health. Overall, professional development strategies addressing behavioral health needs had the lowest rate of implementation (2.19) of all the domains and as having the greatest need for additional action (1.66). Professional development strategies for teachers, administrators, and all staff were "moderately" implemented. The majority of respondents indicated a priority to increase or enhance their action on 96% of the strategies. Furthermore, at least 75% of the schools sought to increase or enhance their actions on approximately 60% of the strategies.

Implementation was highest in the professional development opportunities targeting strategies to create a supportive classroom community and safe, caring relationships between adults and peers. Other specific strategies effectively implemented included de-escalation interventions to avoid physical restraint. The vast majority (e.g., greater than 70%) of respondents indicated a need to increase their efforts and/or action for more than half of the professional development strategies. More specifically, these areas included the following:

- Identification of school problems and how behavioral health symptoms may manifest in a school setting
- How behavioral health problems impact all aspects of a student's functioning from learning to behavior in school, at home, and in the community
- Administrator skills in managing and evaluating policies and protocols related to supporting students' behavioral health
- Administrative skills to support well-being of educators and behavioral health staff
- Meaningful ways for school leaders to engage a broad range of students in school planning and decision-making groups with staff
- Administrative skills in disciplinary approaches that balance accountability with an understanding of behavioral health needs of students

- Staff skills in building relationships and communicating with all families
- Separate roles and common objectives of school staff and behavioral health providers
- Understanding of the school as a host environment, including familiarity with school and district structures and requirements for community behavioral health providers.
- Familiarity of child-serving systems, including state agencies and state-sponsored resources

Narrative data reiterated a desire for additional training on crisis management as well as state and district policies, the creation of professional development committees, and focused trainings on diversity and cultural sensitivity. Guidance was most frequently requested in the areas of building skills to help students develop safe, caring relationships with adults and peers, as well as staff developing relationships with families. Other areas for guidance included strategies to support students to self-regulate emotions and behaviors and attention to achieve academic success, identify early warning signs or behavioral health symptoms including those related to trauma and other environmental risk factors, and school-wide and individual approaches that help meet the needs of at-risk students.

Access to resources and services: *Access to resources and services* includes the identification, coordination, and creation of school and community behavioral health services that improve the school-wide environment. The Framework also recognizes the need for resources that are clinically, linguistically and culturally appropriate for students and their families. Overall, schools reported that access to resources and services strategies to address behavioral health needs at the school and district-levels were implemented “to a great extent” (2.65). There was a modest need to increase or enhance actions in this section (1.45), though only one item was identified where the vast majority of respondents sought to increase action (e.g., mapping resources).

Respondents reported the most effective practices related to confidentiality of student behavioral health records and in-district referral systems for students with behavioral health needs. Guidance was requested and priority for action focused on mapping services and resources to identify strengths and gaps in the school- and community-based behavioral health services. Narrative data highlighted limited resources for school staff, including inadequate after-school programming and inconsistent community-based services, and culturally sensitive resources.

Academic and non-academic supports: *Academic and non-academic approaches* enable all children to learn, including those with behavioral health needs, as

well as promoting success in school. Overall, schools reported the highest rate of implementation in the area of academic and non-academic support strategies to address behavioral health needs. The strategies in this area were rated as being implemented “to a great extent” (3.09). There was less need to increase or enhance actions in this section (1.47) and no specific items were indicated by the vast majority of respondents.

The most effective practices were reported in the areas of maintaining high quality instruction and high academic standards for all students, targeting academic supports for students at-risk for academic difficulties, creating safe learning environments, and encouraging the development of positive relationships between students and adults. Areas targeted for growth include strategies to continuously monitor the progress of targeted interventions, to implement evidence-based primary prevention programs that support and promote the development of social, health and respectful behaviors, and procedures regarding CBHI.

Narrative data discussed administrators supportive of addressing behavioral health services but lacking enough time or money to access additional resources. Guidance was sought for evidence-based primary prevention programs that support and promote the development of social, health and respectful behaviors and procedures to inform families of CBHI.

Policies and protocols: *Policies and protocols* provide a foundation for schools to implement and support work that promotes behavioral health. Overall, schools reported that policies and protocols strategies to address behavioral health needs at the school and district-levels were implemented “to a great extent” (3.10). This was the area with the lowest rate to enhance or increase action (1.34).

Respondents reported high degrees of implementation in the areas of appropriate reporting and documentation of suspected child abuse or neglect (51A) and confidentiality protocols and procedures. Priority actions focused on protocols to ensure effective communication for families using CBHI services and protocols to encourage effective partnerships through formal agreements with community-based providers. These strategies were also the areas where schools were seeking additional guidance. Narrative data indicated a preference for policies and protocols in electronic format, as well as a more dynamic policy handbook. They also focused on the need for improved communication with district-level administrators, better clarification of policies including absences, and enhanced efforts with children who are living in out-of-home placements or who do not have eligible for MassHealth.

Collaboration with families: *Collaboration with families* includes fostering connections between home and school in order to increase schools' capacity to improve students' behavioral health. Overall, schools reported that collaboration with families strategies to address behavioral health needs at the school and district-levels were implemented "to a great extent" (2.93). There was a modest amount of need to increase or enhance actions in this section (1.46).

Respondents' highest rates of implementation were with strategies in which administration and staff creates a safe, welcoming environment where families feel that their voices are valued and that families have the opportunity to communicate their needs with classroom-based staff and school leaders. They also reported working effectively with families to identify, encourage, and build upon students' strengths and engage in shared-decision making about their child and other school policies.

Priority for future action and guidance was requested with professional development trainings that focus on awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disability, socioeconomic level, and gender roles) and on mechanisms to regularly share information about school-wide programs that address the behavioral health of students. Narrative data identified desire for improved communication with families and more time to develop relationships with families, as well as the need to create opportunities for family collaboration and involvement with schools.

Table 1. Implementation Levels by Domain

Framework Section	Overall Average Current Implement Level (1-4 scale)	Highest implemented action step within the section	Lowest implemented action step within the section
I – Leadership	2.49	School administrators create leadership, vision, and support for building students' strengths.	Superintendent and school committee set measurable outcome goals that will help student with behavioral health needs succeed in school.

II – Professional Development	2.19	Professional development opportunities address staff skills in de-escalation strategies and intervention that are alternatives to physical restraints.	<i>For community providers</i> – Training increases understanding of the school as a host environment. <i>For school staff</i> – Training increases understanding of separate roles and common objectives of school staff and behavioral health providers.
III – Access to Resources and Services	2.65	Standard and compliant practice of confidentiality of student behavioral health records.	Schools mapped resources and created recommendations to address gaps in resources and services.
IV– Academic and Non-academic Supports	3.09	School encourages and supports the development of positive relationships between students and adults.	Referral procedures in place to educate caregivers of services through CSAs as part of CBHI.
V – Policies and Protocols	3.10	Appropriate reporting and documentation of suspected child abuse or neglect under section 51A of chapter 119 of the Massachusetts General Laws.	Policies that ensure effective communication for families using CBHI services, and protocols to support consultation and effective partnerships with community-based providers.
VI – Collaboration with Families	2.93	Schools create safe, welcoming environment, and Families can communicate the needs of their families and children with school staff and leaders.	Monitoring family involvement by systematically examining attendance and inviting family feedback about areas of concern and interest.

Table 2. Priority Levels by Domain

Framework Section	Overall Average Current Priority Level (1-2 scale)	Increase Action Percentage by Item*	Specific Items in which 70% of Schools Seek to Increase or Enhance Action
I – Leadership	1.65	90%	<ul style="list-style-type: none"> • District-wide action plan. There is a district-wide behavioral health plan that addresses the three-part approach of supportive school environments, early interventions, and intensive services. (75%) • School leaders develop and oversee a professional development plan to increase skills among school staff and behavioral health providers to implement the district’s/school’s approach to promoting students’ behavioral health. (74%) • School leaders are involved in the creation and revision of behavioral health policies and protocols, with the input of staff, to address a range of topics connected with supporting the behavioral health needs of students. (73%)
II – Professional Development	1.66	96%	<ul style="list-style-type: none"> • Professional development opportunities address identification of school problems and how behavioral health symptoms may manifest in a school setting. (79%) • Training supports an understanding how behavioral health problems impact all aspects of a student’s functioning from learning to behavior in school, at home, and in the community. (76%) • Training seeks to increase administrator skills in ways to support the well-being of educators and behavioral health staff. (75%) • Training seeks to increase administrator skills in managing and evaluating the policies and protocols related to supporting students’ behavioral health. (75%) • Professional development opportunities address staff skills in building relationships, and

			<p>communicating with all families. (74%)</p> <ul style="list-style-type: none"> • Training increases understanding the separate roles and common objectives of school staff and behavioral health providers. (74%) • Training addresses meaningfully ways for school leaders to engage a broad range of students in school planning and decision-making groups with staff. (73%) • Professional development opportunities address administrator skills in disciplinary approaches that balance accountability with an understanding of behavioral health needs of students. (72%) • Training increases understanding of the school as a host environment, including familiarity with school and district structures and requirements. (72%) • Training seeks to increase skills in classroom observations, consultations with educators, and ways to support school personnel, students and their families. (72%) • Professional development opportunities address strategies for positive and appropriate responses to student's needs, in the classroom and throughout the school. (71%) • Training increases familiarity of relevant child-serving systems, including state agencies and state-sponsored resources. (71%) • Training provides teacher/instructor strategies to manage classroom behaviors, including ways to de-escalate behavior to reduce disruptive behavior. (71%) • Training provides teacher/instructor strategies and approaches to improve instruction that support students with or who may be at risk for developing behavioral health needs. (70%) • Professional development opportunities increase understanding a teacher/instructor's particular role in crisis intervention for an individual student or group of students. (70%)
III – Access to Resources and Services	1.45	44%	<ul style="list-style-type: none"> • The school develops recommendations to fill the resource/service gaps identified in the mapping process. (70%)

IV– Academic and Non-academic Supports	1.47	46%	<ul style="list-style-type: none"> No items
V – Policies and Protocols	1.34	17%	<ul style="list-style-type: none"> Protocols are in place ensure effective communication and information for families using CBHI services through MassHealth. (84%)
VI – Collaboration with Families	1.46	47%	<ul style="list-style-type: none"> School staff receives professional development on and demonstrate awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disability, socioeconomic level, and gender roles). (72%)

Seeking Additional Guidance

Specific information was also sought to determine the particular strategies in which schools were seeking additional guidance as they provide for the behavioral health needs of their students. This information was gathered exclusively from the statewide assessment participants. They are listed here sequenced by the highest number of requests for Guidance:

- Outcome goals. The superintendent and school committee set measurable behavioral outcome goals that reflect the contributing factors that will help students with behavioral health needs succeed in school and deal with life’s challenges.
- The staff is supported in building skills to help students develop safe, caring relationships with adults and peers.
- Data systems. The district has a system that allows for the collection, tracking, and analysis of data related to behavioral outcome goals.
- The staff is trained in supporting students to self-regulate their emotions, behaviors, and attention to achieve academic success.
- Professional development addresses staff skills in identifying the early warning signs or behavioral health symptoms, including those related to trauma and other environmental risk factors.

- Training increases knowledge of school-wide and individualized approaches/services that help meet the needs of at-risk students.
- Professional development opportunities address staff skills in building relationships, and communicating with all families.
- Training increases understanding the separate roles and common objectives of school staff and behavioral health providers.
- Training addresses the needs of diverse student populations.
- Training increases familiarity of relevant child-serving systems, including state agencies and state-sponsored resources.
- Professional development opportunities address identification of school problems and how behavioral health symptoms may manifest in a school setting.
- The school maps its resources to identify strengths and unmet needs, communication protocols, and the roles of school/district staff and community providers.
- The school develops recommendations to fill the resource/service gaps identified in the mapping process.
- School staff receives professional development on and demonstrate awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disability, socioeconomic level, and gender roles).
- The school has mechanisms in place to regularly share information about school-wide programs and school efforts to address the behavioral health of students.

Summary

The findings presented in this report utilize the wealth of information gathered from both the pilot and Statewide Assessment processes. The tool examined the current practices and needs of schools in the Commonwealth as they address their students' behavioral health needs and promote the positive development of all students. The Assessment Tool was determined to be a reliable instrument that can help guide schools as they address the behavioral health needs of students.

The findings from the assessment process indicate that, overall, schools effectively provide Academic and Non-academic Support services to promote positive academic and behavioral health for all students. These areas were perceived as areas of strength by the schools as they broadly addressed the needs and development of their communities. Moreover, there were strong indications that they appropriately implement the necessary Policies and Procedures to ensure the confidentiality and protections for their students. There are exceptions to these areas specifically related to the CBHI initiatives.

The domains in which they reported less implementation, and in which they are seeking the greatest growth and future action, are in the areas of Professional Development for staff, teacher and administrators and Leadership at the school- and district-level. These areas for growth are also identified as challenging based on the limited time for Professional Development and the competition with trainings focused solely on academic development. The findings from this assessment can help guide recommendations to fully implement the Behavioral Health and Public Schools Framework, as well as highlight the infrastructures needed at the Massachusetts Department of Elementary and Secondary Education to support its use by districts.

APPENDIX C4:

Bibliography

The following reports and articles informed and support the Task Force recommendations.

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Kutash, K., Duchnowski, A. J. & Lynn, N, (2006). *School-based mental health: An empirical guide for decision-makers*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies., Research and Training Center for Children’s Mental Health. <http://rtckids.fmhi.usf.edu/rtcpubs/study04/default.cfm>

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National Assembly on School-Based Health Care’s School Mental Health-Capacity Building Partnership, which is a national initiative made possible through a cooperative agreement between the National Assembly on School-Based Health Care (NASBHC) and the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH). (2009) <http://csmh.umaryland.edu/resources/CSMH/partnership/10criticalfactors.pdf>

Osher, D.M. (2002). “Creating Comprehensive and Collaborative Systems,” *Journal of Child and Family Studies*, 11, 91-99).

The following organizations and initiatives informed the Task Force recommendations.

The Assabet Valley Collaborative Family Success Partnership:
<http://www.avcollaborative.org/style5.cfm?category=3MEMBER&ID=33>

Center for School Mental Health, University of Maryland School of Medicine
<http://csmh.umaryland.edu/>

Durlak, J., Weissberg, R., Dymnicki, A., Taylor, R., and Schellinger, K. (2011). "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions," *Child Development*, 82, 405–432. <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2010.01564.x/pdf>

Integrated Comprehensive Resources in Schools
<http://www.doe.mass.edu/sda/framework/level4/StudentsNeeds.doc> (pages 4-8)

National Center for Mental Health in Schools at UCLA: <http://smhp.psych.ucla.edu/>

The Safe and Supportive Learning Environments (Trauma Sensitive Schools) Program: <http://www.doe.mass.edu/tss/>

The Winchendon Project: <http://www.thewinchendonproject.com/>

