



Department of
Education

Tennessee Comprehensive School- Based Mental Health Resource Guide

Tennessee Department of Education | October 2018

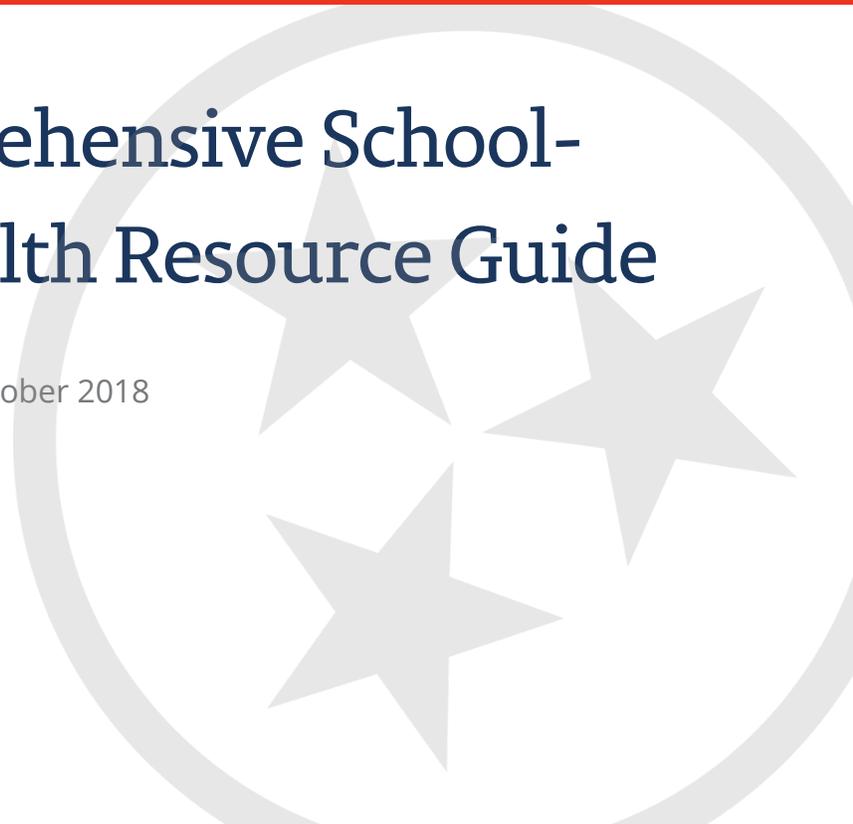


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The [Colorado Framework for School Behavioral Health Services](#) and [Wisconsin School Mental Health Framework](#) were used as resources in developing this guide.

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Executive Summary

The *Tennessee Comprehensive School-Based Mental Health Resource Guide* was developed based on lessons learned through the Project AWARE (Advancing Wellness and Resiliency in Education) Substance Abuse and Mental Health Services Administration (SAMHSA) grant. Specifically, Tennessee AWARE supported the local implementation of comprehensive school mental health services within the Anderson County, Lawrence County, and Lauderdale County school districts. All three districts utilized a multi-tiered system of supports approach for implementing school mental health strategies.

The purpose of this guide is to help districts identify current school mental health resources and supports, discover areas that need to be better linked or coordinated, and/or list new areas that need to be developed in order to provide a comprehensive system of supports. It is important to be intentional about embedding student mental wellness into everything schools are doing to support students.

By building comprehensive school mental health supports and services, school districts will enable students to achieve their full potential as life-long learners and successful citizens. The department is committed to supporting mental health wellness and resiliency for all students.

Introduction

What is comprehensive school-based mental health?

Mental health is a dimension of overall health and includes a continuum from high-level wellness to severe illness. Comprehensive school-based mental health addresses the social-personal development of school-age children including wellness/resiliency, mental health, substance abuse, effects of childhood trauma, and the stigma associated with mental illness.

Importance of Comprehensive School-based Mental Health Supports and Services

Mental and emotional health are critical for student success. Unfortunately, mental health disorders are the most common diseases of childhood.¹ One out of every five children ages 2–17 in Tennessee has a mental health condition,² yet less than half of children with mental health challenges receive treatment, services, or support.³ Half of all mental illness occurs before the age of 14, and 75 percent

¹ Youth Mental Health First Aid Training Manual, National Council on Behavioral Health, 2015.

² SCORE – State Collaborative on Reforming Education, *Research on Improving Student Health and Academic Success*, July 2017.

³ Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. (2007). Age of onset of mental disorders: A review of recent literature. *Current opinion psychiatry*, 20,359-364.

by the age of 24.³ More than 60 percent of children in juvenile detention have a diagnosable mental illness,³ and suicide is the second leading cause of death for young people ages 10–19 in Tennessee.⁴

Providing comprehensive school-based mental health services and supports is an effective way to address the mental health needs of children and improve the learning environment. Young people with mental illnesses are frequently absent from school, and many experience reductions in academic achievement. Among students with disabling conditions, young people with mental illness are the most likely to drop out of school. Only one-third of young people with mental illness advance to postsecondary education.⁴

According to the American Academy of Pediatrics, school mental health programs offer the promise of improving access to mental health resources for children and adolescents.⁵ Schools are uniquely positioned to identify and support students after a mental health professional has diagnosed them with a mental illness. Research has shown that when comprehensive school-based mental health services are provided, there is improved academic performance, fewer special education referrals, a decreased need for more restrictive placements among students at high-risk, and higher graduation rates.⁶

What is a multi-tiered system of supports (MTSS)?

[Tennessee's multi-tiered system of supports](#) (MTSS) framework is an over-arching overview of practices, programs, and interventions that meet students' needs both within an individual classroom and across the school building. The continuum of mental health supports for school-age children should be integrated throughout the school community using MTSS. The MTSS framework includes strategies to promote the social and personal well-being and development of all students (Tier I), strategies to support some students at risk of or with mild mental health challenges (Tier II), and strategies to support those few students who have not made significant progress as a result of earlier interventions and/or need more individualized and intensive supports (Tier III). MTSS is a layered approach, and when effectively and consistently implemented, it is key to the success of providing mental health supports to students.

⁴ Tennessee Department of Health (2015). Tennessee Death Certificate Data 2013. Nashville, TN: TDOH Office of Health Statistics and Research.

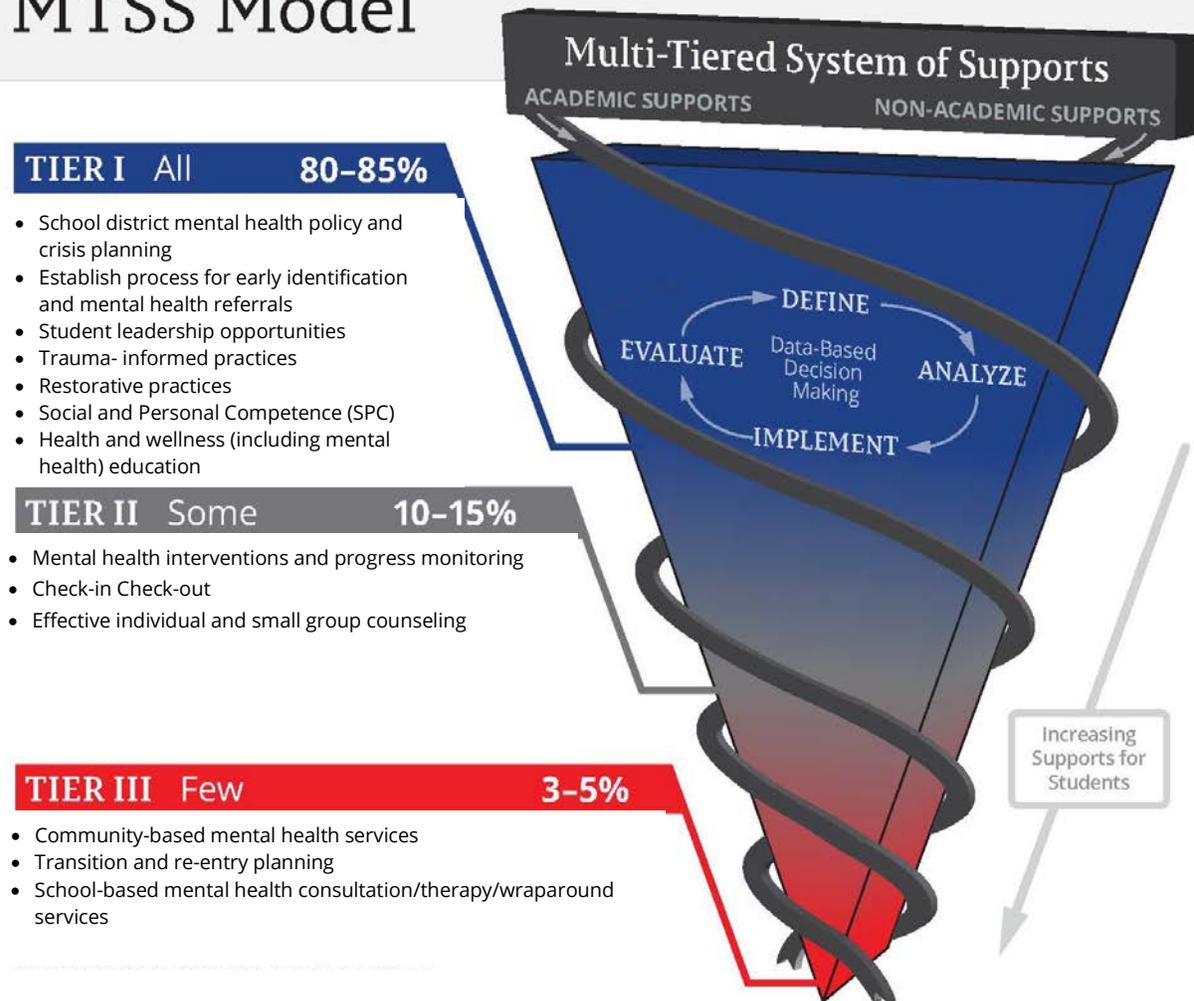
⁵ Pediatrics June 2004, VOLUME 113 / ISSUE 6, School-based Mental Health Services

⁶ The Impact of School Mental Health: Educational, Social, Emotional, and Behavioral Outcomes, University of Maryland School of Medicine, July 2013

Tennessee MTSS Model

Guiding Principles

Leadership • Culture of Collaboration • Prevention & Early Intervention



Tier I: Building a Foundation for Mental Wellness and Resilience for ALL Students

In Tier I, all students receive support and guidance on appropriate grade-level expectations for academic, social, personal, and behavior skills. Below are effective Tier I school mental health practices to build a foundation for mental wellness and resiliency for all students.

School District Mental Health Policy and Crisis Planning

The development of a school district mental health policy that supports the implementation of

comprehensive mental health services and supports is important. The development and adoption of strong suicide, bullying and hazing, discipline, and mental health policies establish a foundation to provide consistent and effective student mental health services and supports. Districts should adopt school mental health policies based on the [Tennessee State Board of Education's School Mental Health Standards and Guidelines](#).

In Tennessee, Public Chapter 623 provides that each local education agency shall adopt a policy on student suicide prevention that shall include prevention, intervention, and postvention guidance. All school staff are required to receive annual suicide prevention training. Suicide prevention guidance and resources can be found on the department's website ([here](#)). Also, schools should develop and activate their emergency operations plan with the goal of mitigating long-term emotional suffering of survivors and restoring a supportive and productive learning environment. For emergency preparedness information and resources, access the department's [school safety web page](#). [Tennessee Schools PREPARE](#) can assist schools in the recovery portion of their emergency management plan.

Early Identification and Mental Health Referrals

School counselors can coordinate the early identification and referral processes that school staff should utilize to address student mental health concerns. It is important for schools to have a formal mental health referral process in place to make sure student confidentiality is protected and parents/guardians are contacted. According to T.C.A. § 49-2-124, parents must provide written, active, informed, and voluntary signed consent for any mental health screening. All school staff members must understand how and to whom they should refer students for more specialized services. Support teams provide suggestions on possible interventions and strategies that a student and their family could access to meet their unique needs. Families also need to receive information about how to access the referral system and support services. Students should have the opportunity to make a self-referral and be encouraged to do so if needed. An example of an electronic referral pathway toolkit can be accessed [here](#).

School Climate and Connectedness

Positive school climate and connectedness are critical for

Lauderdale County Schools' students have been active members of the student advisory council for AWARE by promoting mental health anti-stigma awareness campaigns and the importance of a positive school climate. Students were involved in community events, developed anti-stigma awareness public service announcements, and spoke at a variety of venues about the importance of student mental health and the benefits of a positive school climate. The students also promoted mental health awareness through participation in events with their peers from other school districts. Student leadership opportunities have not only increased mental health awareness and improved school climate but developed important life-long leadership skills for students.

students, staff, and families to feel valued as well as physically and emotionally safe. Universal strategies for building a strong, positive school climate that fosters student connection include consistent schoolwide behavior expectations, student leadership opportunities, a positive behavior acknowledgement system, and a schoolwide discipline policy utilizing restorative practices.

Strategies to develop a school climate that supports postsecondary readiness can be found on the department's website ([here](#)). General school climate resources are located on the department's [school climate web page](#).

➤ **Student Leadership Opportunities**

Engaging students in leadership development opportunities is an excellent strategy to improve school climate and connectedness. Some examples of student leadership opportunities to address mental health include: creating student mental health advisory committees to develop mental health anti-stigma campaigns, encouraging students to participate in the department's [school climate survey](#), using the school climate survey results to make changes in school climate, and providing students opportunities to be involved in extra-curricular activities (e.g., student council, athletics, performing arts, STEM, etc.).

➤ **Trauma-Informed Practices**

Many students experience the impact of family or community violence, or what experts call adverse childhood experiences (ACEs). ACEs are toxic to brain development and—left unaddressed—make it more difficult for a child to succeed in school, live a healthy life, and contribute to the community. Schools play an important role in addressing ACEs and preventing the development of additional cognitive and emotional challenges among students.

Understanding the impact of ACEs in the lives of children in the community has been the driving force behind Fall-Hamilton Elementary School's (Metro Nashville Public Schools) focus in becoming trauma-informed. Faculty and staff participated in monthly after-school professional learning communities supported by the district, experts in the field, and community partners focusing not only on the problem of trauma in the lives of children, but also solutions to mitigate these effects. Faculty and staff were provided professional development on a variety of topics including: implementation of classroom peace corners, de-escalation strategies, preventing problem behaviors through empathy and compassion, and teacher self-care.

These trauma-informed approaches have made a big impact on students. Behavior referrals dropped from 200 in the 2015-16 school year to 48 in 2016-17; and comparative data to the Achievement Network benchmark assessment, students out-performed the network of over 300 schools in all four areas in literacy and performed at or above the network in 4 out of 5 categories in mathematics.

Trauma-informed practices help educators understand the reasons behind students' behavior and are based upon students having positive relationships with adults. The department provides training on ACEs and trauma-informed practices. Information regarding the training, *Building Strong Brains: Strategies for Educators*, can be found [here](#).

➤ **Restorative Practices**

Restorative practices are based on the premise that individuals and/or groups in conflict benefit from working together to find resolutions and repair the damage caused to their relationship. A trauma-informed response, restorative practices focus on the relationship between the perpetrator of the crime (i.e., incident requiring disciplinary response) and members of the school community, including victims, bystanders, and their families. More information regarding restorative practices can be found on the [International Institute for Restorative Practices website](#).

Social and Personal Competence (SPC)

Social and personal competence (SPC) is an important component of supporting student mental health, behavior, and academics. SPC is necessary for children and adults to manage emotions, establish and achieve positive goals, develop and maintain positive relationships, and make responsible decisions. Universal strategies that promote SPC include class meetings, cooperative learning groups, and student focus groups. Additionally, offering character education in schools (see T.C.A. § 49-6-1007(a)) can support students in developing positive values and complement the promotion of social and personal competence. Additional information on SPC can be found on the department's website ([here](#)).

Health and Wellness

Often, students and adults are not aware of the signs, symptoms, and impact mental illnesses can have on an individual's ability to successfully navigate typical life expectations and demands. Utilizing mental health education curricula as part of a robust comprehensive health education program provides students with a basic understanding of mental health wellness concepts. With explicit teaching, students and adults can learn to recognize signs and symptoms that someone is in trouble and know how to support a student to seek the help he/she needs. School counselors provide training, education, and consultation with faculty and staff regarding student behavior and mental wellness. One of the most effective adult mental health awareness/suicide prevention training best practices is [Youth Mental Health First Aid](#). The department's health education standards can be accessed [here](#).

Tier II: Intervening Early to Address Mental Health Risks for SOME Students

Some students will require supplemental services beyond Tier I supports. Tier II supports include interventions that are systematic and evidence-based for students who are at risk due to behavioral and/or mental health concerns. Intervention is provided in addition to Tier I supports. The effective

components to use to intervene early to address mental health risks for some students include the following:

Mental Health Interventions and Progress Monitoring

The Tennessee State Board of Education approved the [Comprehensive School Counseling Model of Practice and Student Standards](#) in April 2017. This comprehensive framework and standards describe the day-to-day activities of all professional school counselors working with students from kindergarten to 12th grade. The new model states that school counselors will spend 80 percent of their time providing direct services to students, which includes prevention and intervention programs/curricula as well as student planning, responsive services, and student support services such as referrals to school and community resources.

According to Tennessee’s Comprehensive School Counseling Policy, a school counselor may refer or help facilitate a referral of a parent or legal guardian’s student to a counselor or therapist for mental health assessments or services. If a school counselor refers a student to a counselor or other mental health provider, neither the school district nor the school counselor shall bear the cost of such services provided to the student (T.C.A. § 49-6-303). School counselors are not licensed to provide therapy; however, licensed professional counselors, licensed clinical social workers, licensed psychologists, or licensed psychiatrists can provide school-based therapy services. If a student has TennCare insurance, the student can also be seen by a master’s-level prepared therapist working under the supervision of a licensed mental health provider. It is important that school personnel use various types of data such as student academic information, office discipline referrals, attendance, student observation, and intervention data to assess student progress.

Another example of a progress monitoring strategy is [Check In Check Out](#), a class-wide teacher consultation model for increasing teacher capacity and decreasing disruptive behavior.

Effective Individual and Small Group Counseling

Effective individual and group counseling interventions can provide students with the support and skills needed to remain in school and benefit from their academic instruction. Schools offer individual and small group counseling and/or individual interventions by school-employed mental health providers such as school counselors, school psychologists, and school social workers. These interventions help build students’ capacity to manage their mental health challenges. Frequently, school and community mental health professionals collaborate together to strategically plan how students will receive interventions during the school day. An extensive list of evidence-based programs can be found in the [School Mental Health Tools and Resources](#) section of this guide.

Tier III: Providing Intensive Individualized Interventions for a FEW Students

Tier III interventions address the needs of a small percentage of students who either have significant

mental health needs, as identified through data, or who have received Tier II interventions but are not making sufficient progress or are increasing in need. These students' challenges are at a level of intensity greater than those in Tier II and leave students at risk of academic failure, postsecondary enrollment and completion, and/or significant social and personal consequences. Some examples include students who are suicidal, whose behavior poses a significant risk to their peers and/or school staff, or who are struggling to attend school at all due to extreme anxiety or depression. Providing effective intensive individualized interventions for a few students should include the following components:

Community-based Mental Health Services

Depending on how a school district chooses to structure the delivery of Tier III services, some students may receive support at the Tier I and Tier II levels by school staff and then be referred for Tier III services to a community mental health provider. In this model, school staff map available community-based resources and explore collaborative partnerships. To find mental health services and resources in your community, use the [SAMHSA mental health services locator](#) or the [TDMHSAS licensed mental health and substance abuse provider services locator](#).

Transition and Re-entry Planning

Special planning should be provided to support students when they transition from one school level to another (e.g., elementary to middle or middle to high school), when they change schools within the district, when they move from a traditional school to an alternative school and back again within the same school district, and/or prior to graduation to ensure a successful transition to postsecondary placements. Also, community treatment facilities should communicate with the school (with parental consent) to establish a transition plan to support students returning from hospitalization or residential treatment.

School Mental Health Consultation/Therapy/Wraparound Services

Some school districts provide school-based Tier III services through partnerships developed with community mental health providers or through school-dedicated staff. In this model, schools provide opportunities throughout the

Cherokee Health Systems (CHS), a non-profit federally qualified health care organization, partners with Anderson County Schools to effectively implement school-based mental health therapy services. CHS welcomes underserved, underinsured, and uninsured individuals and turns no one away due to inability to pay. Partnering with CHS has improved visibility and accessibility of treatment services, decreased stigmatization of mental health care, and increased ability to evaluate and treat seemingly unreachable students. Furthermore, school-based therapy improved connections between families and the school community, decreased academic interruptions, permitted school-specific difficulties to be addressed in a timely manner, minimized disruption to parent work schedules, and provided additional support for teachers, school counselors, and administrators.

day for students to receive school-based therapy from a licensed provider after securing parent/guardian consent. Schools are encouraged to coordinate efforts between multiple child-serving agencies by using a wraparound or team-based approach (e.g., [System of Care Initiative](#)) to provide intensive case management services. Mental health staff who are providing Tier III services are licensed and have the skills and knowledge to provide effective wraparound supports.

Also, schools can choose to allow public or private mental health clinics to co-locate a satellite clinic within a school and provide direct mental health services to students utilizing a clinic-employed mental health provider who bills families for services through Medicaid, private insurance, or self-pay. The remaining continuum of mental health services, particularly at the Tier I and Tier II levels, may be provided by school-employed mental health providers as part of the district service delivery model. The [Comprehensive School Counseling Policy](#) outlines Tier I and Tier II specific services and supports school counselors provide to students. Also, schools find ways to promote equal access to co-located clinic services to allow for collaboration and coordination of services by the clinic provider, school personnel, and families.

Another wraparound service some school districts utilize is the system of care model implemented through a Tennessee Department of Mental Health and Substance Abuse Services federal grant. The [System of Care Across Tennessee](#) model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access to care. System of Care Across Tennessee is focused on expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families.

Johnson City Schools established school-based clinics in each of their schools with therapists and case managers to support school counselors. Funded originally by a federal grant, the district was able to sustain all services due to the program's overwhelming success through a blend of public and private funding. Community partners (Frontier Health, Johnson City Police Department, Johnson City Juvenile Court, and Johnson City Schools) increased their funding, and TennCare services reimbursements helped provide additional financial sustainability. The development and maintenance of strong partnerships, strategic planning, and successful modeling all contributed to sustaining these crucial mental health services.

How to Get Started in Your School District

Implementation Steps

The critical steps to support full implementation of a comprehensive school mental health approach include:

1. Identify local champions and secure strong school district administrative support for this work. Secure support from additional stakeholders including school-level staff, school board members, community agencies, and families. Connect other school district leaders with school administrators to share benefits experienced through implementing a comprehensive school mental health approach. Use district data to make the case for additional school mental health supports. Resources: [The Connection between Mental Health and Academics](#), [Tennessee Children's Mental Health Data Brief](#), [TN Youth Risk Behavior Survey Data](#)
2. Identify a school district team to champion the comprehensive school mental health work using a multi-tiered system of supports. Suggested team members include school counselors, school psychologists, school social workers, school nurses, coordinated school health directors, school safety directors, administrators, teachers, parents, and students.
3. Partner with parents and students throughout the development, implementation, and monitoring process. Resource: [Youth and Adult Partnership Resources](#)
4. Collaborate with community agencies serving youth, especially youth involved in multiple systems. Resource: [TDMHSAS System of Care Across Tennessee](#)
5. Develop a vision and mission statement to support the implementation of comprehensive mental health services and supports. Resource: [Sample vision and mission statements](#)
6. Conduct an environmental scan to determine what is currently being provided in schools and identify potential community mental health resources. Resource: [School Mental Health Needs Assessment](#)
7. Develop an implementation plan with realistic time frames. System change takes time. It is important to focus on current school/district strengths and then prioritize goals. The plan should identify the students to be served, objectives, delivery methods, timeline, anticipated outcomes, and strategies for integration into the school/district improvement plan. The plan should also identify those persons responsible for implementation and necessary resources. Resource: [School Mental Health Needs Assessment Planning Template](#)
8. Identify and address any student mental health service inequities/disparities. Resource: [Reducing Mental Health Disparities](#)
9. Provide mental health awareness learning opportunities to community members/leaders, school staff, parents, and students. Resources: [Youth Mental Health First Aid Training for Adults](#), [TDOE Health Education Standards](#), [Mental Health 101](#), [I.C. Hope](#), [NAMI Ending the Silence](#)
10. Identify alternatives to exclusionary discipline. Resources: [International Institute for Restorative Practices](#), [Tennessee Behavior Supports Project](#)

11. Promote positive school climate practices. Resources: [Department's school climate web page](#)
12. Provide resiliency supports to enhance wellness among students and staff. Resources: [ACEs- Building Strong Brains Tennessee](#)
13. Establish methods and determine resources for continuous assessment, evaluation, and quality improvement. Resources: [School Mental Health Needs Assessment](#), [School Mental Health Referral Pathways Toolkit](#), Continuous Quality Improvement (CQI) Measurement Tools (i.e., [Sample Student Support Services Feedback Survey Student](#) and [Parent](#) versions and [School-based Mental Health Partnership Performance Rating Tool](#))

Potential Funding Resources to Support School Mental Health

There are numerous avenues to pursue when funding a comprehensive school mental health program. Depending on the type of school, mental health services or resources the school district wants to provide will determine which source of funding should be pursued. Sometimes multiple funding sources can be braided to provide needed support for a particular service or resource. Federal law authorizes districts to coordinate spending from different grant programs provided the activities are permitted under the grant program and the district or school maintains documentation on how federal funds are spent. Potential funding resources are listed below and are categorized by local, state or federal funding streams.

Local

Within your local community, the following types of organizations may be receptive to supporting some aspect of school mental health services provision.

- Civic and business groups such as Eastern Star, Elks Club, Junior Auxiliary, Kiwanis, Lions Club, Rotary, The Veterans of Foreign Wars of the U.S. (VFW), American Legion, and Chambers of Commerce
- Community mental health organizations
- Non-profit child-serving organizations (e.g., YMCA, Drug Prevention Coalition, etc.)
- Private giving
- Family health insurance (e.g., private and public, TennCare)

As part of the Tennessee AWARE grant, the three pilot school districts were able to partner with community-based behavioral health providers to use TennCare and private third party insurance billings to provide school-based therapy services for students. Costs to school districts were minimal for providing this valuable support for their students.

State

Several state-funded programs and federal flow-through programs fund school mental health services and supports for students and sometimes staff.

- State Basic Education Program (BEP) funding can be used to hire school counselors and school psychologists.
- Department [school safety grants](#) can be used to fund school behavioral health services and supports.
- Coordinated school health funds can be used to provide student and staff mental wellness supports and services.
- The Tennessee Department of Children’s Services provides annual grants to address [ACEs](#).
- The [TDMHSAS](#) has contracted programs to provide mental health services and supports to schools. (i.e., [Project Basic](#) and [School Behavioral Health Liaison](#)).

Federal

Grant opportunities to fund school mental health services and programs are periodically offered by the [U.S. Department of Education](#), [Substance Abuse Mental Health Services Administration \(SAMHSA\)](#), and [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#).

The following federal funds flow through the department and can be accessed to support some aspects of school mental health:

- Every Student Succeeds Act (ESSA)
 - ESSA programs with explicit authority for prevention-related activities
 - Improving the Academic Achievement of the Disadvantaged, Title I, Part A
 - Teacher and Principal Training and Recruiting Fund, Title II, Part A
 - 21st Century Community Learning Centers, Title IV, Part B
 - School Improvement Grants (SIG), Title I, Part A, Section 1003(g)
 - Rural Education Initiative, Title VI, Part B, Subparts 1 and 2
 - Safe and Drug-Free Schools and Communities Act, Title IV, Part A
 - McKinney-Vento Homeless Education Assistance Improvements Act of 2001,
- Subtitle
 - B of Title VII of the McKinney-Vento Homeless Assistance Act
 - Promise Neighborhoods/Fund for the Improvement of Education, Title V,
- Part D
 - Elementary and Secondary School Counseling Program, Title V, Part D
 - Neglected, Delinquent and At Risk Youth, Title I, Part D
 - ESSA Programs with Implicit Authority for Prevention-Related Activities
 - Migrant Education Program, Title I, Part C
 - Dropout Prevention Act, Title I, Part H
- Special Education IDEA

Tips for Working with Community Mental Health Providers in Schools

Schools are encouraged to work with available community partners (e.g., youth serving agencies, social service agencies, behavioral health providers, hospitals, county boards, law enforcement, businesses, etc.) to address mental health issues in the community and at school. Memoranda of understanding (MOUs) assist both school districts and providers in outlining clear, accurate, and respectful relationships between partners. It is expected that no money changes hand with an MOU. When fees and payments are included in the partnership, a contract is required. Districts should seek their own legal consultation in formulating and finalizing an MOU or contract to meet their unique needs.

The following questions can guide schools in developing documents designed to deepen collaboration:

- What are the goals of the collaboration between your school and the agency and expected outcomes?
- What training, if any, will you provide your partners (e.g., trauma-informed schools, facility emergency procedures, school procedures, social and personal learning)?
- How will providers communicate to schools (and vice versa) to assure youth have streamlined services and treatment planning? How will urgent mental health needs be addressed when the provider is off-site?
- Who will be the contact person at the school to arrange for the youth to be available for treatment? Transition back to class? Communicate absences and school functions to providers?
- Where will services be delivered to assure a warm and confidential environment for treatment?

School Mental Health Tools and Resources

To further assist school districts in achieving this goal, the department has developed tools and resources to successfully implement a comprehensive school mental health system.

Professional Development Resources

The department provides technical assistance to school districts to guide them in the development and implementation of a comprehensive plan for mental health services and supports for students. As part of the Tennessee AWARE grant, the department developed numerous school mental health tools and resources (see list below). To request technical assistance, contact the department's [Office of Student Support-Tennessee AWARE](#).

Implementation Tools

The school mental health implementation tools listed below are available on the department's [Tennessee AWARE web page](#). These tools support the building of an infrastructure to effectively assess, plan, implement, and monitor the delivery of a comprehensive school mental health system.

School Mental Health Infrastructure

- [School Mental Health Needs Assessment](#) and [Planning Template](#)
- Student Behavioral Health Referral Pathway Tools
 - Request for Student Mental or Behavioral Health Services
 - School Response to a Request for Services
 - Linkage to Behavioral Health Services Form
 - Provider Response Form
- CQI Measurement Tools
 - [School District Parent Feedback Survey](#) (feedback regarding their child's school-based therapy service quality)
 - [School District Youth Feedback Survey](#) (feedback regarding the youth's school-based therapy service quality)
 - [School-based Mental Health Partnership Performance Rating Tool](#)

Implementation Resources

Additional school mental health resources are listed below and can be used to establish, expand, and/or sustain services and supports.

Making the Case for School Mental Health

- [The Connection between Mental Health and Academics](#)
- [Tennessee Children's Mental Health Data Brief](#)
- [Sample Vision and Mission Statements for School Mental Health](#)

Funding School Mental Health Services

- [ESSA Implementation Resources \(coordinated spending guide\)](#)
- Tennessee [ESSA](#) Plan
- [What are some strategies to sustain school mental health programs?](#)

Reducing Mental Health Disparities

- [Resources for Reducing Mental Health Disparities](#)

Partnering with Students and Parents/Guardians

- [Youth and Adult Partnership Resources](#)

Tier I, II, and III Resources

The resources listed below are organized by tiers to correspond to the multi-tiered system of supports. These resources were collected from a variety of state and national sources including the [National Registry of Evidence-based Programs](#).

Tier I: Building a Foundation for Mental Wellness and Resiliency for All Students

General Resources

[National Registry of Effective Prevention Programs](#)

[What Works Clearinghouse](#) (U.S. DOE)

[Tennessee Department of Mental Health and Substance Abuse Services – Supports for Children, Young Adults, and Families](#)

School Climate and Connectedness

[Department School Climate Web Page](#)

[Tennessee Behavior Supports Project](#)

[International Institute for Restorative Practices](#)

[Building Strong Brains: Strategies for Educators](#)

[National Child Traumatic Stress Network](#)

Social-Personal Competence

[K-12 Social and Personal Competencies Resource Guide](#)

Health and Wellness

[Youth Mental Health First Aid Training for Adults](#)

[Health Education Standards](#)

[Mental Health 101](#)

[I.C. Hope](#)

[Ending the Silence](#)

School District Mental Health Policy and Crisis Planning

[State Board of Education School Mental Health Standards and Guidelines](#)

[Tennessee PREPARE Crisis Planning](#)

[Model Student Suicide Prevention Policy](#)

Tennessee Comprehensive School Counseling Program

[Tennessee Comprehensive School Counseling Model Implementation Guide](#)

[Tennessee Counseling Association \(Tennessee School Counselor Association\)](#)

Suicide Prevention Education

[Suicide Prevention Education Resources](#)

[Tennessee Suicide Prevention Network](#)

[JASON Foundation](#)

Tier II: Intervening Early to Address Mental Health Risks for Some Students

Progress Monitoring

[Check In Check Out](#), a class-wide teacher consultation model for increasing teacher capacity and decreasing disruptive behavior.

Effective Individual and Small Group Counseling

[Why Try](#) is a resilience education curriculum that provides simple, hands-on solutions for dropout prevention, violence prevention, truancy reduction, and increased academic success.

[Ripple Effects](#) is a program that provides social emotional learning and behavioral interventions for students.

[CBITS](#) (Cognitive Behavioral Intervention for Trauma in Schools) is a school-based, group and individual intervention designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems and to improve functioning, grades and attendance, peer and parent support, and coping skills.

[Peaceful Alternatives to Tough Situations](#) (PATTs) is a school- and community-based, aggression management program designed to help students engage in positive conflict resolution skills, forgive transgressions, and reduce physically and emotionally aggressive behavior.

[Superflex](#) helps students develop further awareness of their own thinking and social behaviors and learn strategies to help them develop better self-regulation across a range of behaviors. This program is intended for students with social and communication difficulties.

[Zones of Regulation](#) is a systematic, cognitive behavior approach used to teach self-regulation by categorizing all the different ways we feel and states of alertness we experience.

[Bounce Back](#) is a school-based group intervention for elementary students exposed to stressful and traumatic events.

Tier III: Providing Intensive Individualized Interventions for a Few Students

Community-based Mental Health Services

To find mental health services in your community, use the following links to identify local resources:

[TDMHSAS Licensed Mental Health and Substance Abuse Provider Services Locator](#)

[SAMHSA Mental Health Services Locator](#)

[Tennessee Association of Mental Health Organizations](#)

School Mental Health Consultation/Therapy/Wraparound Services

[TDMHSAS System of Care Across Tennessee](#)