

Multilevel Systems of Support for School Mental Health — Resource Sheet

Created collaboratively by CSDE and CHDI

Why School Mental Health Matters:

- In a typical classroom of 25 students, five will meet criteria for a mental health disorder.
- Three out of four children who receive mental health services access them in schools.
- Youth are six times more likely to complete mental health treatments in schools than in other community settings.
- Students who participate in social/emotional learning programs have better academic and social outcomes.

Evidence-based and promising practices provided in a multilevel system of supports offer a comprehensive approach to addressing students' needs. *Universal Interventions (Tier 1)* are mental health-related activities, including promotion of positive social/emotional and behavioral skills and wellness, which are designed to meet the needs of all students regardless of whether they are at risk for mental health problems. These activities can be implemented schoolwide, at the grade level, and/or at the classroom level. *Selective Interventions (Tier 2)* to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as mental health “prevention” or “secondary” prevention services. *Indicated Interventions (Tier 3)* to address mental health concerns are individualized to meet the unique needs of each student already displaying a particular concern or problem and significant functional impairment. Sometimes these are referred to as mental health “intervention,” “tertiary” or intensive services. Interventions and supports should include those provided by school-employed, community-employed and school-based professionals.

This resource sheet is provided to assist schools and districts in identifying evidence-based and promising practices available in Connecticut to support trauma-informed school mental health. This is not meant to be a comprehensive list. These programs are either available through state agencies or are part of the federally-funded Project AWARE grant, which is overseen by both the Connecticut State Department of Education (CSDE) and the Department of Children and Families (DCF). *Listings noted with a star (*) are available at no cost.*



Assess School Mental Health Quality*

The School Health Assessment and Performance Evaluation (SHAPE) system is a free, interactive online system that schools and districts can use as a first step to assess and improve school mental health accountability, excellence and sustainability. For further information on SHAPE, please go to theshapesystem.com/. You may also contact Rebekah Behan (CHDI) at behan@uchc.edu.

TIER 1: UNIVERSAL INTERVENTIONS (SCHOOLWIDE)



Recognize, Express, and Regulate Emotions

RULER (Recognizing, Understanding, Labeling, Expressing and Regulating Emotions) is a social-emotional learning curriculum that helps students become more aware of their emotions, ability to put their feelings into words, and manage their responses. Further information can be found at ei.yale.edu/ruler/ruler-overview/. You may also contact dena.simmons@yale.edu.

TIER 2: SELECTIVE INTERVENTIONS (TARGETED)**Respond to Children in Crisis***

Connecticut's Mobile Crisis Intervention Services for children and adolescents experiencing a behavioral or mental health crisis is accessed at no cost by calling 2-1-1. Mobile Crisis coordinates with schools to promptly de-escalate, assess and refer children with mental, emotional or behavioral health issues to the appropriate care, and plans for any needed follow-up with the child and family. You may reach the Mobile Crisis Intervention Services by phone at 2-1-1 or go to their Web site at empsct.org.

**Assess, Screen, and Refer Substance Use Risk***

Adolescent Screening, Brief Intervention and Referral to Treatment (A-SBIRT) is an evidence-based approach which provides a brief assessment tool to guide trained school staff to identify substance use risk among youth and guides brief intervention and referral. For further information, please contact Melissa Sienna (DCF) at melissa.sienna@ct.gov.

**Help Students Recover from Trauma***

Cognitive Behavioral Intervention for Trauma in Schools (CBITS, Grades 5-12) and Bounce Back (Grades K-5) are brief, evidence-based 10-week therapy groups developed for use in schools to help build coping skills and reduce symptoms among children exposed to violence, abuse and other traumas. Schools participating in Connecticut's CBITS Initiative receive ongoing training, consultation, and support for implementation and data collection at no cost. To learn more about CBITS and Bounce Back, you may go to chdi.org/cbits or contact Diana Perry (CHDI) at dperry@uchc.edu.

**Recognize Suicide Warning Signs**

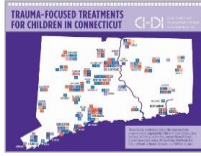
Question, Persuade, Refer (QPR), designed as a suicide prevention tool, provides all school staff with core skills necessary to recognize the signs of suicide risk, build basic skills to manage behavioral health crises, and refer youth to appropriate interventions. Further information is available at qprinstitute.com. You may also contact: Katherine White at kathy@qprinstitute.com.

**Primary Mental Health Program**

Primary Mental Health Program (PMHP) is a CSDE grant designed to assist school districts to better serve primary grade children (Pre-K through 3) through the detection and prevention of emotional, behavioral and learning concerns. Child associates provide supportive one-to-one group interactions through "Child-Led-Play" activities. Student participation in PMHP reduces negative adjustment behaviors and improves self-confidence, social skills, learning skills and other school-related competencies. For more information, contact Agnes Quinones at agnes.quinones@ct.gov.

TIER 3: INDICATED INTERVENTIONS (INTENSIVE)**Reduce School-Based Arrests and Link Students to Care***

The School-Based Diversion Initiative (SBDI) helps schools reduce arrests by connecting at-risk students to community mental health services and supports. SBDI builds schools' capacity to improve student outcomes through training; collaboration with police, families and behavioral health providers; and enhancements to school discipline policy to include restorative practices. More information is available at ctsbdi.org or you may contact Yecenia Casiano (CHDI) at casiano@uchc.edu.



Improve Outcomes for Children with Trauma Needs

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Attachment, Regulation and Competency (ARC) are trauma-informed, evidence-based treatments currently being disseminated across Connecticut to help improve outcomes for children with identified clinical needs. A map of trauma-focused treatment providers in Connecticut is available at the Child Health and Development Institute of Connecticut at chdi.org/our-work/mental-health/evidence-based-practices/. You may also contact: Jason Lang (CHDI) at jalang@chdi.org.

MULTI-LEVEL SERVICES AND SUPPORTS



Positive Behavioral Interventions and Supports (PBIS)

Funded by the U.S. Department of Education's Office of Special Education Programs and the Office of Elementary and Secondary Education, the Technical Assistance Center on PBIS supports schools, districts and states to build system capacity for implementing a multi-tiered approach to positive student social/emotional and academic outcomes, including those with disabilities and from underrepresented groups. Further information is available at the PBIS Web site at pbis.org/. You may also contact Eben McKnight at mcknight@ctserc.org.



Restorative Practices

Restorative Practices represent a philosophy that recognizes the importance of prioritizing the relationships and connections between and among all people within a school community, and provides a framework for creating positive school climate and culture. For more information on Restorative Practices, please go to neatoday.org/2019 or [SDE/Publications Restorative Practices](http://SDE/Publications/RestorativePractices).



School-Based Health Centers

School-Based Health Centers (SBHCs) are comprehensive primary care facilities located in or on the grounds of schools. They are licensed by the Department of Public Health (DPH) as outpatient or hospital satellite clinics. SBHCs ensure that students, particularly those that are uninsured and underinsured, have access to comprehensive health and preventative services. SBHCs assist schools in educating students by improving their well-being and addressing the health issues that interfere with learning. For more information, please go to the DPH Web site at DPH or the Connecticut Association of School-Based Health Centers Web site at ctschoolealth.org/.



Promote Early Social Emotional Competence*

The Pyramid Model helps preschool students develop early understanding of social rules, norms, and behaviors necessary to enjoy success in larger social settings and groups. For additional information, please go to pyramidmodel.org. You may also contact Deb Resnick (Connecticut Office of Early Childhood) at deb.resnick@ct.gov.