

OKLAHOMA SCHOOL-BASED MENTAL HEALTH TOOL-KIT



OKLAHOMA

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INTRODUCTION

Research from The National Alliance on Mental Illness and the National Research Council indicates that effective comprehensive school mental health systems contribute to improved outcomes, such as reduced absenteeism, decreased behavioral concerns, improved school climate, and enhanced academic performance.

This document was developed to provide a toolkit for Local Education Agencies in the state of Oklahoma. This framework serves as a technical assistance guidance document designed to help agencies create a comprehensive school mental health program. Districts may utilize and replicate any item in this tool kit.

This document does not constitute legal advice.



SCHOOL CLIMATE

A favorable school climate supports each student's path to healthy development by setting a wide range of norms, goals, values, interpersonal relationships, leadership practices, and organizational structures within the school community.

Students learn best in an environment where they feel safe, supported, challenged, and accepted. When school communities focus on improving school climate, students are more likely to engage in the curriculum, develop healthy relationships, and demonstrate positive behaviors.

Universal interventions may include teaching school-wide positive behavior expectations and responding to behavior with clear and consistent expectations and consequences. School climate focuses on all students and has a strong emphasis on family involvement.

Families possess extensive knowledge about their children and play a crucial role in offering substantial support to the educational community. Families should be involved in determining the academic support services their children receive. By establishing connections with families, schools can foster positive relationships, leading to a supportive and favorable learning environment for all students.

The Oklahoma school climate program utilizes Positive Behavioral Interventions and Supports (PBIS) through a Multi-Tiered System of Supports (MTSS).

More information on PBIS can be found [here](#)



SCHOOL CLIMATE

Develop a wellness intervention model that provides organizational support:

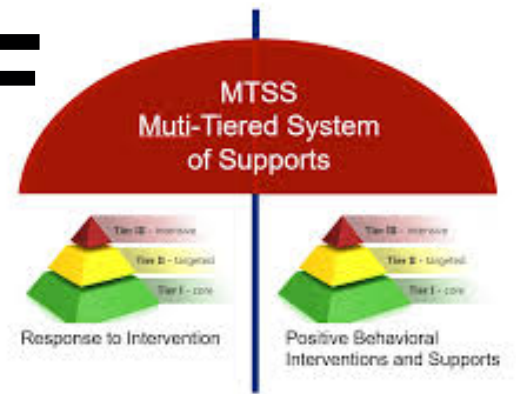
- Provide trauma-informed professional development to faculty and staff.
- Develop a staff wellness survey to identify the needs of your district's staff.
- Create systems for staff relief.
Create a wellness campaign for staff.

Develop an interpersonal model of staff wellness:

- Develop a relationship map across the building.
- Staff connectedness and an atmosphere of respect and trust protect against burnout and increase job satisfaction.
- Teachers are the experts in their classroom.
- Give teachers autonomy to teach the curriculum according to their expertise.
- Connect staff to Employee Assistance Programs.
- Post contact information in locations frequented by staff.
- Utilize student progress data to inform targeted interventions by teachers, enabling them to observe the impact of their efforts and fostering a sense of efficacy. This, in turn, enhances their effectiveness in the classroom.
- Create wellness campaigns and competitions for staff and students.
- Utilize the Multi-Tiered System of Supports model to provide individual staff support.
- Provide instructional coaching and group support for new and emergency certified teachers.



MULTI-TIERED SYSTEMS OF SUPPORT



MTSS is a prevention-based framework structured to serve the needs of all students, and it is not a one-size-fits-all program. In universal access-based MTSS, tiers organize students' needs and allocate available resources. An MTSS framework should build upon the school community's strengths, align with the students' needs, and move the future of education forward (McCart & Miller, 2020).

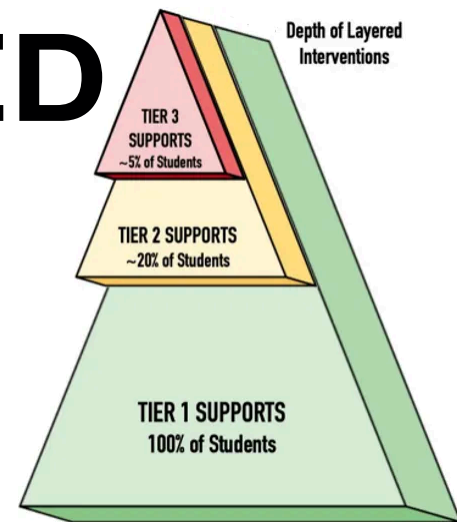
Active involvement of families and students is vital for successful planning and provision of services. Collaborative partnerships between families and the Local Education Agency (LEA) are crucial for promoting mental health and well-being within the entire school community. The engagement of parents is pivotal for the effectiveness of school mental health services and support. Before delivering mental health services within the school setting or making referrals to outside agencies, it is imperative to secure parental consent.

School-based mental health programs focus on embedding trauma-informed principles and strategies that address the behavioral and learning needs of their students and community in these four core components:

- **Data-Based**
- **Decision Making**
- **Sustainable Teaming System**
- **Evidence-Based Practices Continuous Improvement Cycle**

MTSS is both a prevention and intervention framework. MTSS is used to address the biological, behavioral, and learning needs of all students and their school communities. The framework has been scientifically proven to be highly effective in improving all student outcomes, addressing limited resources, and providing enhanced professional development in rural and suburban schools. The goals of trauma-informed and multi-tiered behavioral support share a similar scientific basis. Both practices and interventions create a safe and predictable school climate, enhance the social environment, and reduce problematic behavior. (McIntosh, Ty, & Miller, 2014).

MULTI-TIERED SYSTEMS OF SUPPORT



When school-based mental health providers work as a team, they provide a continuum of services through a multi-tiered system of support (MTSS). This enables schools to foster mental wellness for all students while also identifying those who require targeted or intensive intervention. Understanding the importance of a continuum of support is crucial to ensure that all students receive the appropriate assistance.

PBIS and Tier 1 Mental Health and Behavioral Health Curricula account for school mental health Tier 1 support.

Tier 1 educational and preventive services are evidence-based, focusing on universal support for all students and are offered through whole-school and classroom instruction and activities. These may include presentations on substance use education, self-care, and mental health awareness curriculum. Staff professional development topics may consist of suicide prevention, self-care, and mandatory reporting.

Tier 2 services are designed to provide targeted interventions for students who require additional support. These may include skills-based small groups, small group counseling, short-term treatment, collaboration and consultation, and referrals for community services.

Tier 3 services are provided to students who require intensive support. Intensive school-based or community services may include crisis intervention, collaboration and consultation, referral for long-term individual counseling, and referral to outside services.

Resource Mapping

Conducting a Needs Assessment

A needs assessment is a collaborative process used by a school, district, or agency to identify strengths and gaps, clarify priorities, inform quality improvement, and advance action planning. A needs assessment should integrate available data and perspectives from a wide range of stakeholders. School mental health should be tailored to meet the unique needs of a school or district. A needs assessment can help teams develop and assess existing mental health services and supports, as well as identify the most pressing mental health concerns. Conducting a needs assessment can also help teams identify strengths; teams should determine how to use their strengths to help address gaps, inform action planning, and allocate resources appropriately.

Reviewing Needs Assessment Data

When analyzing the needs assessment, teams should take into account other data sources and build upon existing efforts. Data may be gathered from office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, crisis referrals, emergency petitions, school climate and behavioral surveys, minor incident reports, homework completion rates, homelessness rates, etc. Identify other data that might also be useful for your school. Links to needs assessment tools are located in the resources section.



Resource Mapping

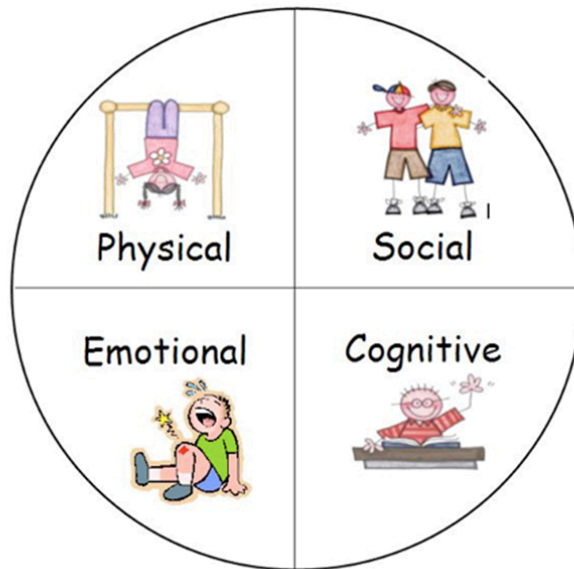
Resource mapping is an ongoing process that involves identifying, visually representing, and sharing information about internal and external supports and services. This process is used to inform the effective use of resources. In school mental health, resources in schools and the surrounding community can be mapped across a multi-tiered system of supports. A resource map (also referred to as an asset map or environmental scan) can be a map that shows the location and type of available services or a directory/guide that lists available services and resources. Including information about eligibility and details can help improve student follow-through and coordination of care. Because schools often collaborate with multiple agencies (e.g., health, juvenile services, social services, behavioral health) and programs, understanding the services provided by each agency or program reduces duplication and inappropriate use of services. Strategically mapping a list of school-based and community supports is a helpful tool for teams to match identified needs for students and families to appropriate referrals.

Determine who will participate in the mapping process. Include a broad-ranging group that understands and represents the community. Collaborate with your Systems of Care agency and Community Coalition to work together and map the resources available in your community.

Consider members from the following groups:

- Teachers and school administrators
- Families and students
- School and community health and behavioral health providers
- Child welfare
- Juvenile justice
- Community leaders

PROGRAM PLANNING



Supporting the Whole Child

School-Based Mental Health Professionals, with their unique skills, assist and strengthen schools and districts by providing comprehensive support. Collaboration, consultation, and direct services are provided within a multi-tiered system of supports, which emphasizes evidence-based interventions, data-based problem-solving practices, student voice, and family resource connections.

School communities use tiered supports for educational and behavioral health outcomes for all students. The flexibility of this framework allows students to move fluidly within tiers of intervention as needed. This process is not linear nor on a timeline. Mental health is a critical component of MTSS.

Comprehensive school mental health systems rely on a robust foundational MTSS within the district and schools. A successful school based mental health program relies on collaboration between administrators, educators, school-based psychologists, social workers, school counselors, nurses, students, families, and community partners.

PROGRAM PLANNING



Use the following criteria to select an evidence-based intervention or curriculum:

Does the curriculum or intervention appear in a national registry? Check the What Works Clearing House, Best Evidence Encyclopedia, etc.

Does the curriculum or intervention include a review of scientifically published research that demonstrates replicated positive effects?

Is the curriculum or intervention evidence-based or evidence-informed? To determine this, check the evidence level determined by a national registry. Use the table below to select the most substantial evidence. Rule out any practice that does not fit evidence-based practice criteria.

Evidence-based practice	Promising practice
<ul style="list-style-type: none">• Shown to have a positive effect on student outcomes• The research design allows one to infer that the practice led to child or student improvement• Multiple high-quality studies have been conducted• Reviewed by a reputable organization (e.g., What Works Clearinghouse)	<ul style="list-style-type: none">• Shown to have positive effects on learner outcomes• The research design does not clearly demonstrate that the practice led to child or student improvement• Insufficient number of studies conducted to demonstrate its effectiveness

The National Center for Rural School Mental Health has put together an intervention hub and other resources for building out school mental health programming. Interventions can be filtered by tier. These resources are evidenced based. More information can be found by clicking on the link below.



TEAMING ROLES

Each team member brings a valuable lens to meet the needs of the whole student. Collaboration and continuity of care are key elements in meeting students where they are and fostering student success. All team members work together, and although each provider plays a specialized role, some support may overlap to promote the well-being of the whole child. These professionals provide direct and indirect student services to ensure seamless access to support for all students to learn, thrive, and grow. Districts often have challenges determining where roles overlap. The information below is designed to help districts learn how to build a team and each member's role on that team.

SCHOOL COUNSELORS

Teach school-wide school counseling classroom lessons based on the Student Standards. Facilitate small group counseling. Provide individual student support, academic planning, and goal setting. Provide short-term counseling for students. Make referrals for long-term support. Collaborate and consult with families, teachers, administrators, and the community. Advocate for students at student-focused meetings. Analyze data to identify student issues, needs, and challenges. Act as a systems change agent to improve access, achievement, and opportunities for all students. Serve on the school crisis team and help conduct suicide assessments. School counselors are prevention-focused. They deliver life skills and wellness instruction and Tier 1 support to the whole school. They also work one-on-one and in small groups to provide Tier 2 psychoeducational groups to students. Recommended individual-to-provider ratio: 250 to 1.

SCHOOL SOCIAL WORKERS

Facilitate and link engagement between students, families, schools, and communities. Advocate for the promotion of equal access to services and support. Guide home and family situations to support student success. Provide a multi-tiered system of support in behavior and mental health services. Assist students with developing wellness and life skills. Assist in crisis intervention. Help students cope with family, grief, medical, substance use, and sexuality issues. Provide assessments for behavioral health, assess school climate, and develop safety plans. Obtain and coordinate community resources and systems of care that provide external and wrap-around services for students and families. Provide training and communication policies and procedures for reporting child abuse and neglect. Recommended individual-to-provider ratio: 250 to 1

SCHOOL PSYCHOLOGISTS

Utilize data-based decision making. Engage in consultation and collaboration. Facilitate implementation of a multi-tiered system of support to provide academic, behavioral, and mental health services and interventions. Develop school-wide practices to promote learning. Provide services to promote safe and supportive schools. Collaborate with family, school, and community. Ensure accessible opportunities for all student populations. Research and conduct program evaluations of evidence-based practices. Support district- and school-wide crisis preparedness, response, and recovery. Conduct psychological and academic assessments. Recommended individual-to-provider ratio: 500 to 1

TEAMING ROLES

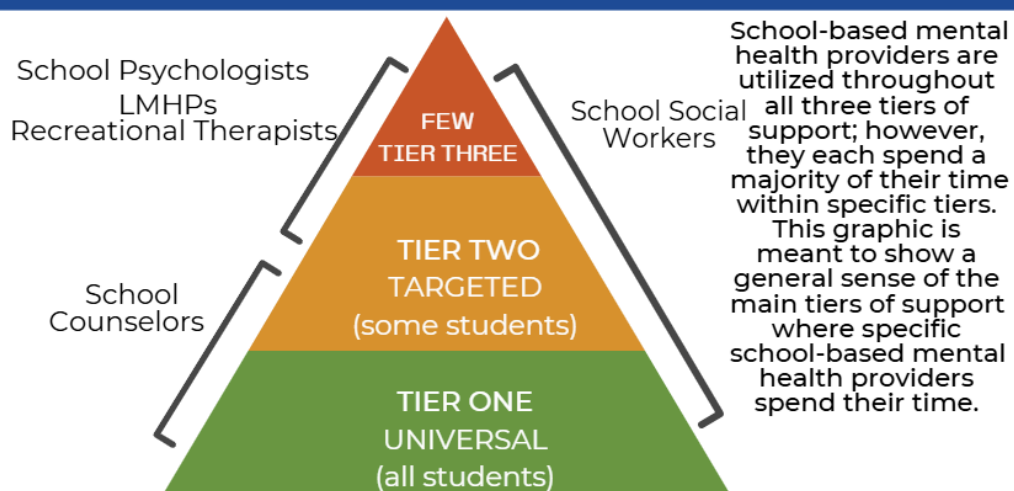
RECREATIONAL THERAPISTS

Teach and develop skills through the APIED (Assessment, Planning, Implementing Interventions, Evaluating treatment, and Documentation) process. Through structured recreational activities, assist students in mastering and generalizing skills related to school and the community. Provide expertise in leisure, recreation, inclusion, and goal-oriented activities, and plan for student transitions. Help close gaps and ensure the education and life success of students with disabilities. Consider that each provider will be serving students with intensive needs and could have caseloads of up to approximately 50 students actively receiving services at any one time. These professionals function primarily at Tier 2 and Tier 3.

LICENSED MENTAL HEALTH PROFESSIONALS

Conduct individual psychotherapeutic interventions. Conduct small group psychotherapy interventions. Help develop and implement universal support for Tier 1, as well as streamlined support for Tier 2 and Tier 3. Provide professional development centered around prevention, mental health, and wellness. Collaborate with students, teachers, parents, administrators, and community members to enhance student mental health support. Consider that each provider will be serving students with intensive needs and could have caseloads of up to approximately 50 students actively receiving services at any one time. These professionals function primarily at Tier 2 and Tier 3.

WHERE DO SCHOOL-BASED MENTAL HEALTH PROVIDERS SPEND MOST OF THEIR TIME WITHIN MTSS?



TEAMING- MDT'S

Multi-Disciplinary Teams facilitate communication, collaboration, and mutual support among individual team members who might otherwise work in isolation. To best support the whole child, school multidisciplinary teams develop a vision and prioritize improvement efforts to ensure that the school mental health system meets the individual needs of all students and the larger school community. They work to maximize resources and to integrate mental health services to meet the needs of students and their families. The purpose of this team is to collaborate between professionals in the building to provide wrap-around services such as crisis response, threat assessment, and student referrals to outside services. Each person sees the student from a different lens and shares those insights with the team to make data driven decisions about the student.

Guidance on Multi-Disciplinary Team Participants

- School Administrator
- School Counselor
- School Based Mental Health Professional
- School Resource Officer-if available
- School Climate Specialist-if available
- Special Education Teacher-if available
- School Psychologist-if available
- School Nurse-if available
- Community Mental Health Provider

Functions of Prioritizing Mental Health in Multi-Disciplinary Teams

- Promote awareness of school mental health needs and resources
- Use a data-driven process to align student services within a multi-tiered system of supports
- Train, coach, and support school teams in mental health best practices and provide technical assistance
- Foster school partnerships with community, family, and students
- Act as a liaison between community mental health agencies and schools
- Shape district guidelines and standards of school mental health policy and practice

Teaming Quality Indicators

- Represents the composition of the community served
- Youth, community, and family partnership are cultivated
- All tiers are addressed
- Duplication is avoided and efficiency is promoted
- Best practices for meeting structure/process are followed
- Roles/responsibilities are delineated
- Effective referral processes to school and community services are utilized
- Data-based decisions are made to determine student interventions
- Data is routinely disseminated and reviewed

Best Practices for Effective Teaming

- Schedule and hold regular meetings
- Track attendance and troubleshoot as needed
- Create and use an evidence-based agenda
- Focus on making actionable decisions
- Follow up on the status of action items
- Provide clear self-referral information for students and families
- Promote direct contact with the school-based provider
- Use referral feedback meetings or forms
- Maintain and utilize a current community resource map

TEAMING-MDT

School Multi-Disciplinary Teams (MDTs)

Mental Health Intervention Teams serve as a function of the Multi-Disciplinary Team. Smaller districts may have one team that serves as both the District Advisory Team and School Site Team. It is best practice to align initiatives to avoid duplication of effort and to increase effectiveness between similar LEA programs and teams. LEAs should develop operating procedures for each component. Teams should think through how practices and procedures can be combined to achieve the desired results for mental health and wellness for each student and staff member. Links for teaming tools are in the resource section.

School Site Team

- Awareness of school mental health needs and resources •Align student services using a data-driven process
- All student referrals and services are provided with parental consent in place
- Implement district school mental health policies and practices
- Foster school partnerships with community leaders, family members, and students

District Advisory Team

- Shape district guidelines and standards of school mental health policy and practice
- Train, coach, and support school teams
- Liaison between state agencies and schools
- Foster school partnerships with community leaders, family members, and students
- Inform and participate in training and technical assistance in the district



UNIVERSAL SCREENING

School mental health screening is defined as the use of a systematic tool or process to identify the strengths and needs of all students.

The purpose of screening (NCSMH, 2019):

- Enhances a Multi-tiered System of Supports, informing prevention and early intervention strategies
- Evaluates the effectiveness of a universal practices
- Provides information for decisions about necessary services within each tier
- Identifies personal strengths and wellness, in addition to recognizing risk factors and emotional distress
- Identifies students requiring monitoring or intervention (such as targeted assistance for emerging adjustment issues or intensive support for chronic behavioral challenges)
- Improves access to mental health supports

Screening and Early Identification: Identification is not Diagnosis A universal screener is not a diagnostic tool. Both universal screening (applied to all students in a school) and targeted screening (implemented for students with identified needs) are essential. This involves the careful selection of screening tools, the establishment of an implementation process, the provision of a referral process, and assessment of capacity to address identified needs. In this process, active engagement of families and students is crucial, and there should be a structured approach for notifying and obtaining active consent from parents/guardians.

Engaging Families in Establishing a Screening Process:

When schools prioritize the behavioral health of students and incorporate screening into their multi-tiered system of supports, it is crucial to include families and students in the early planning stages. Obtaining informed consent is required before screening or identifying students that may benefit from mental health services.

Parents hold primary responsibility for their child's health and well-being, serve as strong advocates within the community, and can support programs of this nature effectively. Similar to decisions about physical health, parents/guardians are the ultimate decision-makers regarding their child's care for any identified mental health concerns as they possess valuable insights into their child's typical emotions and behavior. Educating parents/guardians in the screening process before seeking consent is an advantageous approach (SAMHSA, 2017). More information on universal screeners can be found in the resources section.

DATA-DRIVEN DECISION MAKING

Analyze the results of your universal screener to identify any possible issues and to provide the team with baseline data.

Category	Definition	Solution Strategies and Guiding Questions
Prevent	Strategies are designed to maximize structure and increase engagement, thereby preventing problematic behaviors from occurring.	<p>Active Supervision Increase the amount of active supervision in specific locations by having more personnel present who are moving, scanning, and interacting with the students.</p> <p>Clear Routines and Procedures Ensure procedures are explicitly taught practices and consistently implemented so students know the routines.</p> <p>Transition Warnings Warn students of a transition at least one minute in advance and provide a clear indication of the transition.</p> <p>Activity Choice Incorporate choices across and within activities.</p> <p>Instructional Match If behaviors are linked to deficits in academic performance, modify the student's work to ensure it matches the class instructional level.</p>
Teach	Strategies are designed to formally and informally teach appropriate behaviors, as well as improve the quality of instruction in academic skills.	<p>Corrective Feedback Provide corrective feedback by demonstrating the appropriate behavior and then having the student practice.</p> <p>Extinction Remove the reinforcement that is maintaining the problem behavior.</p> <p>Safety Use safety precautions if behavior is harmful and ensure that staff are trained in de-escalation techniques.</p>
Reinforce	Strategies are designed to acknowledge when students exhibit socially appropriate behavior, thereby increasing the likelihood of these behaviors occurring again.	<p>Ensure that students receive recognition for engaging in appropriate behaviors immediately after exhibiting the behavior, using behavior-specific praise.</p> <p>Conduct a reinforcement preference assessment to ensure the reinforcement is strong enough for behavior change.</p>
Respond	Strategies are designed to effectively respond to problematic behaviors, thereby decreasing the likelihood that they will recur.	<p>Corrective Feedback Provide corrective feedback by demonstrating the appropriate behavior and then having the student practice.</p> <p>Extinction Remove the reinforcement that is maintaining the problem behavior.</p> <p>Safety Use safety precautions if behavior is harmful and ensure that staff are trained in de-escalation techniques.</p>

DATA-DRIVEN DECISION MAKING

Decide on Implementation Logistics

Once team members select a solution strategy, they can decide upon and document the implementation logistics. Decisions include:

- Who will run the intervention?
- When it will occur?
- By when should the goal be met?

Be specific when deciding on implementation logistics and once completed, add them to the to-do list of the behavior/mental health meeting agenda. This ensures that the information is properly documented and shared with relevant stakeholders.

Set Your Target

What outcomes are we looking to impact?

- Behavior
- Academics
- Attendance

Goal Setting

Once a solution strategy is chosen and the implementation logistics have been decided, a goal needs to be set.

- Set a reasonable goal, one that the students and teachers will be able to reach within the set timeline.
- Target one or two areas within your identified risk factor.
- Goals can also focus on teacher and/or student behavior, such as teachers engaging in active supervision to prevent the likelihood of problem behavior.

An example goal for the example problem statement above is “We will decrease the number of students across all grades reporting they often or always have difficulties with asking for help. The current percentage of students reporting always/often in September of 35% will be reduced to 15% in January.”

Monitoring Fidelity

To ensure progress is being made toward the goal, implementation of the steps identified in the solution strategy and implementation logistics areas should be measured. Fidelity measures can include:

- Teachers and staff self-monitoring their fidelity of implementation by filling out a checklist with questions concerning implementation.
- Observations of the teachers/staff, noting how many steps they are implementing and whether they are not implementing, partially implementing, or are implementing the solution strategy with fidelity.

Evaluating Effectiveness

- After the solution strategy has been implemented for the set amount of time, its effectiveness should be evaluated to ensure the desired outcomes are occurring.
- Look back over the intervention data and identify if there was an increase, decrease, or no change.
- Once the data have been inspected, the team can decide whether the goal was met or not.

DATA-DRIVEN DECISION MAKING

Progress Monitoring

Data-based individualization (DBI) is a research-based process for individualizing and intensifying interventions for students with severe and persistent learning and behavioral needs.

The process integrates evidence-based intervention, assessment, and strategies using five interactive steps:

STEP 1 | Validated Intervention Program:

The Foundation

The DBI process builds on an evidence-based and standardized intervention delivered with fidelity.

At this step, the team considers:

- Does the intervention target the student's academic and behavioral needs?
- Is the intervention based on the best available evidence?
- Does the intervention align with core instruction?
- Has the intervention been shown to work with most students?
- Are procedures in place to ensure the intervention is delivered as planned?

STEP 2 | Progress Monitor:

Did the Intervention Work?

At this step, staff regularly collect and analyze progress monitoring data to determine if the student is responding to the validated intervention.

Team considers:

- Does the tool meet technical standards for progress monitoring and match the desired academic or behavioral outcome?
- Were data collected regularly and with a consistent approach?
- Were progress data graphed?
- Was the goal set using a validated approach?
- Was the intervention effective for most students?

ANALYZING DATA

Do data indicate that the intervention is working?

If yes, move back to Step 1 and continue to provide the validated intervention and monitor progress.

If no, move to Step 3.

STEP 3 | Diagnostic Data:

Why Didn't the Intervention Work?

At this step, staff use diagnostic data to develop a hypothesis about why the student is struggling.

Team considers:

- Do multiple data sources confirm slow progress?
- Have both academic and behavioral explanations been considered? What do these data suggest
- about what needs to change?

STEP 4 | Intervention Adaptation:

What Change Is Needed?

The hypothesis, along with educator expertise, is used to develop an individual student plan for modifying or adapting the intervention to better meet the student's individual needs.

Team considers:

- Does the adaptation address the hypothesis?
- Does the plan address both academic and behavioral concerns when needed?
- Are procedures in place for implementing and monitoring the adapted intervention?
- Are only a few adaptations made at one time?

STEP 5 | Progress Monitor:

Did the Change Work?

Continue to collect, graph, and analyze progress monitoring data to determine if the student is responding to the adapted intervention.

Team considers:

- Are data collected according to the plan? Does
 - the graph indicate when adaptations were made? ANALYZING DATA
 - Do data indicate that the intervention is working?
- If no**, return to Step 3.
- If yes**, return to Step 5 and continue to provide the adapted intervention and progress monitor.

DATA-DRIVEN DECISION MAKING

Ongoing Continuous Quality Improvement

The School Health Assessment and Performance Evaluation (SHAPE) tool is accessible for evaluating mental health programs and sustainability efforts within schools. These complimentary services enable schools to develop a plan, assess program effectiveness, and receive ongoing district support.

To utilize the SHAPE system, schools can create a district account, granting access to the necessary tools and instruments for assessing program efficacy.

The SHAPE system offers the following capabilities:

- Mapping school mental health services and supports.
- Assessing system quality based on national performance standards.
- Receiving customized reports, along with strategic planning guidance and resources.
- Exploring additional SHAPE features, including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources.
- Collaborating with schools and districts in the region through district and state/territory dashboards.

For more information on SHAPE, please click the image below.



COMMUNITY COLLABORATION

School-Based Case Management and Wrap-Around Services

The Interconnected Systems Framework (ISF) expands upon MTSS by integrating School Mental Health programs with community services. A comprehensive school-based mental health framework utilizes prevention and intervention within MTSS. The Interconnected Systems Framework ensures that mental health is integrated into all aspects of the learning environment, connecting schools and communities.

The Purpose of Wraparound Case Management:

Wraparound services actively involve students and families in intervention services and ensures a comprehensive approach. The aim is to identify and connect pertinent services both within and outside the school environment. Wraparound case management is a collaborative, family-driven process that involves a team comprising professionals and existing supports. These services utilize a strengths and needs approach to increase family engagement and link the student and family to needed supports and services beyond the school environment.

Case Management Objectives:

- Ensure the student's active participation in recommended services and prevent dropout.
- Advocate for the needs of both students and families, emphasizing student-centered planning.
- Overcome obstacles to active engagement and foster motivation.
- Identify needed referrals, such as necessary services and treatment needs. Establish connections to essential services, both within the school and in the community.
- Monitor student and family crisis prevention and intervention, such as providing resources to keep utilities from being shut off or for food banks, etc.
- Monitor student progress and access referred services.
- Promote involvement in other community-based support groups and services.

As obstacles to services or intervention goals emerge, the MDT devises alternative and creative strategies to attain desired outcomes.



COMMUNITY COLLABORATION

Partnering with Mental Health Agency Providers

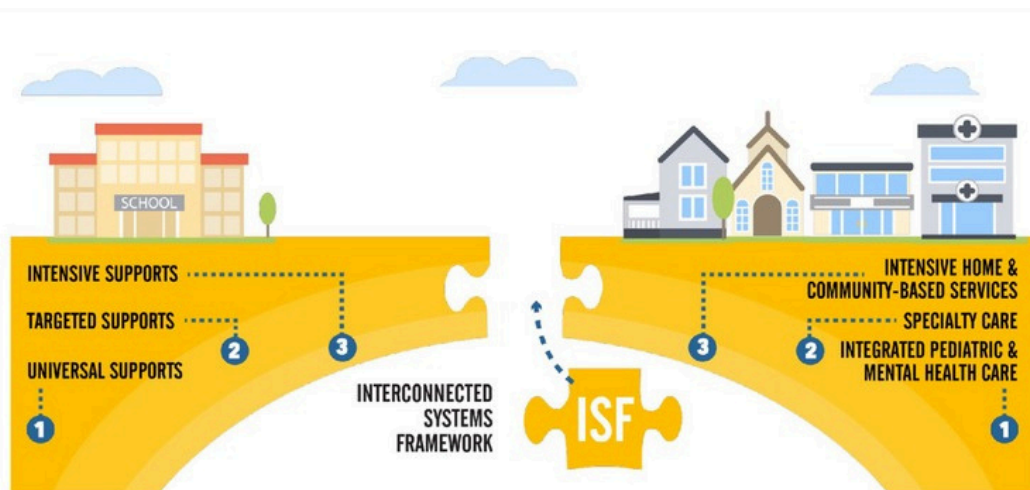
House Bill 4106 requires schools to have a Memorandum of Understanding (MOU) with a Certified Community Behavioral Health Center. Schools may have additional MOU's with any additional mental health agency Provider they deem fit to fill in gaps in the provision of services. This section provides guidance on partnering with mental health providers.

It takes a village to meet the needs of all our students. Partnerships and fostering those relationships in creative ways is essential to student wellness and mental health.

Suggestions Prior to Annual Approval

- Secure a Memorandum of Understanding for each partnering agency.
- Require the partnering agency to submit a state and national background check completed for each staff member who wishes to come into district building/buildings.
- Require the agency to submit updated staff credentials. Licenses and certifications are updated each year. This requirement allows your district to ensure the credentials of the professionals in your buildings are up to date.
- Require the agency and each staff member to sign a release of liability statement. LEA's may require a liability form for each agency partner staff member and a separate form from the agency as an entity if they wish.
- Require the agency to provide a picture badge for each staff member who wishes to come into district building/buildings.
- Keep a record of sign in/out sheets for agency partners. This will also help your district track data about when and by whom students are being seen for services.

The Oklahoma Department of Mental Health and Substance Abuse Services has a school based mental health division and has many resources your district may be able to access. More information can be found by clicking the image below.



COMMUNITY COLLABORATION

Community Coalitions

- These coalitions function as an extended multidisciplinary team for the community.
- These consist of local members from child/family serving agencies, ministerial alliances, CCBHC's, and providers who come together to provide resource mapping, crisis stabilization planning for the community, and provide technical assistance on community systems.
- These coalitions help schools reach out to each other in times of crisis.
- These coalitions are a valuable resource for schools to help multiple local districts and the community with professional development, resource allocation, and crisis stabilization plans for school or community-wide crises.
- Districts could benefit from designating a staff member to attend.

More information on your community coalition can be found by clicking the image below.



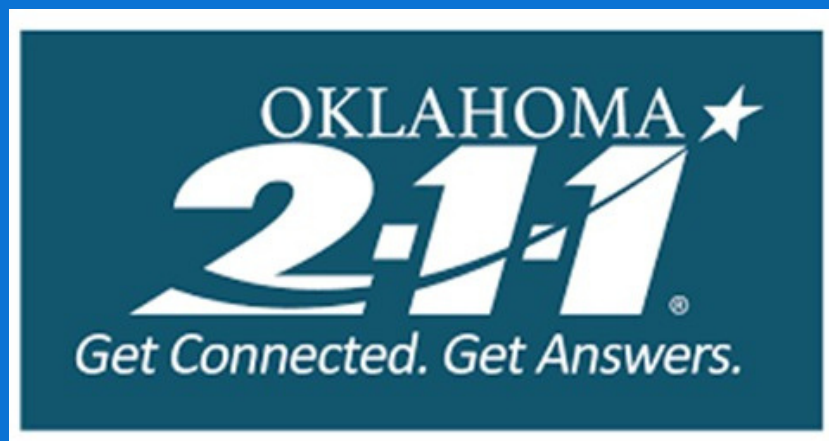
TOOL-KIT RESOURCES

Resources for Creating a Comprehensive School Mental Health System:

- [National Childhood Traumatic Stress Network: Educator's Resources](#)
- [National Center for Safe Supportive Learning Trauma Sensitive Schools Curriculum](#)
- [The Shape System](#)
- [SHAPE System Explanation Video for Schools](#)
- [The Mental Health Planning and Evaluation Template \(MHPET\)](#)
- [SHAPE Needs Assessment and Resource Mapping Resource](#)
- [Systems of Care Coalitions](#)
- [Oklahoma Prevention Needs Assessment](#)
- [PAX Good Behavior Game](#)
- [Botvin's Life Skills Training](#)
- [Youth Mental Health First Aid](#)
- [Legislative Updates](#)
- [Oklahoma Human Services-School Based Services](#)
- [Online Systems of Care Referral Sheet](#)
- [Mental Health Agency Data Base](#)
- [Find Help Resources Across the State](#)
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- [How to Apply to Become an NHSC Site](#)
- [NHSC Site Requirements](#)
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- [ODMHSAS Training Institute](#)
- [Mental Health Agency Database](#)
- [Behavior Interventions Services and Supports In Schools](#)
- [HIPPA Fact Sheet](#)
- [HIPPA Covered Entity Decision Tool](#)
- [PACES Protective Factors](#)
- [Center on PBIS | Resource: TIPS Fidelity Checklist](#)
- [What Works Clearinghouse](#)
- [Evidenced Based Practices Resource Center](#)
- [Blueprints for Healthy Youth Development Registry](#)
- [Tiered Intervention Hub](#)

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