Hosting Dialogue on Comprehensive Systems of School Mental Health

Dialogue Guides

Dialogue Guides are tools that promote an exchange of perspectives that is critical to building understanding and support for an idea or a practice change. The Dialogue Guides in this resource were co-created by an array of stakeholders with different perspectives who engage with school mental health at different levels of our systems.

These Dialogue Guides address the most pressing practical issues in a simple way by posing Reaction Questions. Then, through Application Questions, the guides go deeper into critical conversations, important stakeholders, and differences in the conversation at the state, local, family and individual levels. These Dialogue Guides use a format developed by stakeholders through the IDEA Partnership.

Co-creating Dialogue Guides is a practical way to bring stakeholders into the conversation and actively into the work. In complex issues, everybody is a learner and co-creation is an important new skill for leaders at every level.

The Dialogue Guides in this resource have been developed to:

- Introduce *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, a document that summarizes the insights of three expert panels around the core features of comprehensive school mental health systems. These expert panels were hosted by the National Workgroup on Comprehensive School Mental Health in partnership with SAMHSA and were supported by the Bainum Foundation.
- Translate expert input into conversations that reflect the realities of state and local practice around school mental health.
- Invite agencies, organizations and individuals to contribute to a co-created set of guides to foster conversations at the practice level.

- Engage agencies, organizations and individuals to use the guides in face-to-face and virtual settings that engage their networks.
- Contribute to a national conversation about school-based mental health that respects current initiatives and frameworks in use while finding commonalities that will unite decision-makers, administrators, practitioners, families and students in building more comprehensive systems.
- Understand the value of co-creation in building support among diverse stakeholders.
- Model the co-creation and the Dialogue Process, and encourage groups to customize the guides presented in this resource to co-create their own.

Using This Resource

The Dialogue Starters in each section address issues that are interconnected. Some questions may be rephrased and reset in the context of the core feature that is being explored.

- Dialogue Starters use many question formats in generating responses. To support conversation conveners, we have developed a number of **Response Strategies** that enable conversation more easily. These **Response Strategies** are embedded throughout the Dialogue Starters. For a face-to-face conversation, please download and have ready the **Response Strategies** description and provide a copy in face-to-face convenings. In virtual dialogue, the organizer should include the link to **Response Strategies** in the invitation and should plan to display the material during the dialogue session. In either format, do a brief overview to check for understanding of the **Response Strategies**.
- Each Dialogue Guide provides many *Dialogue Starters* that have been developed by stakeholders. Some are recommended for groups at every level of the system (state, local, school, family). Others are particularly relevant for state and/or local decision-makers.

- The dialogue convener/facilitator should review the *Dialogue Starters* provided and select those that fit the setting and the group.

  ◦ You may choose one question that an entire group explores together in an initial collaborative event.

  ◦ You may choose to select two or three questions, breaking the group into subgroups that share their conversation, and then determine the key takeaways and follow-up together.

  ◦ You may choose to convene a set of dialogues in which you explore the issue over time as part of a larger effort in bringing people together.

  ◦ You may have your own ideas about how to use these guides!

- While these guides are developed for your use, you may want to customize them for your setting. Using these as an example, you can develop some questions of your own with your stakeholders.

- As you begin to use the guides, you may find that your participants are unfamiliar with some of the vocabulary. It is important to convey that this is normal. Stakeholder groups have their own ways of referring to issues and concepts, and your goal is to learn from and with each other. It is useful to maintain a list of terms that are unfamiliar and develop the vocabulary list and simple definitions with your participants.

- We have provided a list of resources throughout the set of guides. These resources showcase useful information from trusted sources. They include materials from education and mental health. Some of these resources present specific frameworks that may have their own vocabulary and practices. The underlying concepts and goals across frameworks are compatible and are often very much aligned. Your participants may be more familiar with one or another of the frameworks that we reference, but you will find grounding beliefs and common ideas that help build understanding across stakeholder groups.

- These Dialogue Guides were co-created by stakeholders during the COVID-19 pandemic. As a result, there is attention to the needs of groups, including families and youth, throughout. For many of the guides, there is an intentional look at reimagining our systems based on the lessons of COVID-19 and the new resources that will be devoted to recovery.

- Across guides, we have focused on the knowledge and practices that **each** stakeholder group brings to development of a comprehensive system that is **collaboratively** developed.

Follow the **Dialogue Guide Padlet** to learn more about the Dialogue Guide process and to access the additional content and materials.

Learn more about school mental health by accessing the **SMH Quality Guides**.

Selected Resources

Cross-Cutting Resources for all the CORE Features

Each one of the eight CORE Features of comprehensive school mental health systems connects with others. For example:

- Data informs needs assessment and resource mapping
- Family, school and community teaming cuts across all areas of school mental health
- Youth voice is essential

The co-creation process of the Dialogue Guides recognizes this. For the purposes of this resource guide, we have decided to feature the Quality Guides within a single CORE feature. Please explore and use these to best advance the engagement you hope to achieve through use of these Dialogue Guides.

1. **Advancing Comprehensive School Mental Health Systems: Guidance from the Field**: *A partnership of national school mental health leaders and organizations has contributed to the development of this document on school mental health systems.* www.schoolmentalhealth.org/ Resources/Foundations-of-School-Mental-Health/Advancing-Comprehensive-School-Mental-Health-Systems--Guidance-from-the-Field/

2. **Co-created Resources for further exploration:** chhcs.padlet.org/chhcs1/CSMHS_DG

3. **SHAPE System:** The School Health Assessment and Performance Evaluation (SHAPE) system is a public-access, web-based platform that offers schools, districts, and states a workspace and targeted resources to support school mental health quality improvement.

4. **National Center for School Mental Health at the University of Maryland School of Medicine:**
   - **School Mental Health Quality Guides:** These valuable resources illustrate how each of the

CORE features of Comprehensive School Mental Health Systems (CSMH) do not stand alone, but are part of an integrated system, each connecting with the other. Thus, each guide is cross cutting. For purposes of this resource guide, we have embedded them within the 8 Core Features of CSMH System. These quality guides are a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine for The SHAPE System. The Quality Guides provide guidance to help school mental health systems advance the quality of their services and supports. The Quality Guides are updated to match the new National Performance Measures and are the next iteration of the playbook series. While some language and structure may be updated, the 8 CORE Features are integrated within these products. (adapted from the NCSMH website)

- **School Mental Health National Quality Assessment: Overview of Domains and Indicators:** www.schoolmentalhealth. org/media/SOM/Microsites/NCSMH/ Documents/Resources/11SHAPE_ QualityAssessmentDomains_Indicators.pdf

- **School Mental Health Now Action Alert:** www.schoolmentalhealth.org/media/SOM/ Microsites/NCSMH/Documents/School-Mental-Health-Now-Action-Alert-11.19.pdf

5. **Mental Health Technology Transfer Center (MHTTC):**
   - *Implementation Guidance Modules:* mhttcnetwork.org/centers/mhttc-network-coordinating-office/national-school-mental-health-implementation-guidance
   - *School mental health resources:* mhttcnetwork.org/centers/global-mhttc/ school-mental-health-resources

Resources focusing on the Core Features/Domains

#1: Well-Trained Educators and Specialized Instructional Support Personnel

- **National Education Association:** *Building a Diverse Workforce*: www.nea.org/your-rights-workplace/inclusive-workplaces/diversity

- **Health Resources and Services Administration (HRSA):** *Behavioral Health Workforce Projections, 2017-2030:* bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf

- **National Alliance of Specialized Instructional Support Personnel:** *Student Health and Wellbeing and more:* nasisp.org/issues-advocacy/student-health/

- **Center on Great Teachers and Leaders at AIR:** *Address Educator Shortages:* Address Educator Shortages

#2 Family-School Community Collaboration and Teaming

- **National Center for School Mental Health at the University of Maryland School of Medicine:**

  ○ School Mental Health Quality Guide: Teaming: includes Family-School Community Collaboration and Teaming

  ○ Family Advocacy for Comprehensive School Mental Health Systems: View new resources from the Family Run Executive Director Leadership Association (FREDLA) on Advocating for Comprehensive School Mental Health:

    - A Tip Sheet for Families

    - A Tip Sheet for Decision Makers

  ○ Effective School-Community Partnerships to Support School Mental Health: Created in partnership between the National Center for School Mental Health and the National Association of School Psychologists (NASP), this brief addresses the issues of school-community partnerships saying:

- **Substance Abuse and Mental Health Services Administration (SAMHSA)/DHHS:** *Resources for families coping with Mental Health and Substance Use Disorders:* www.samhsa.gov/families

- ***Youth MOVE:*** *Leveraging Youth Advocacy to Advance School Mental Health:* youthmovenational.org/leveraging-youth-advocacy-to-advance-school-mental-health/

- **Youth Engagement: Eight Successful Youth Engagement Approaches** youth.gov/youth-topics/tag/game-plan/approaches and **A Framework for Effectively Partnering with Young People**: assets.aecf.org/m/resourcedoc/aecf-aframeworkforeffectively-2019.pdf

#3: Needs Assessment and Resource Mapping

- **National Center for School Mental Health at the University of Maryland School of Medicine:**

  ○ School Mental Health Quality Guide: Needs Assessment and Resource Mapping: incorporates components of data and evidence based and emerging best practices. www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Needs-Assessment-&-Resource-Mapping-2.3.20.pdf

  ○ Assessing Social Influencers of Health and Education: www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/Assessing-Social-Influencers-of-Health-and-Education.pdf

4: Multi-Tiered Systems of Support

- **Center for Health and Health Care in Schools. Addressing Social Influencers of Health and Education Using MTSS**: Addressing Social Influencers of Health and Education Using MTSS:

- **National Center for School Mental Health at the University of Maryland School of Medicine:**

  ○ **Multi-Tiered Systems of Support Quality Guides:**

    - **Tier 1: School Mental Health Quality Guide: Mental Health Promotion Services & Supports:** www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Tier-1-Quality-Guide-1.29.20.pdf

- **Tier 2 & 3: Early Intervention and Treatment Services and Supports:** www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Early-Intervention-and-Treatment-Services-Guide-(Tiers-2-and-3)-2.18.pdf
- **Midwest PBIS Network:** *Interconnected System Framework:* www.midwestpbis.org/interconnected-systems-framework

5: Mental Health Screening

- **National Center for School Mental Health at the University of Maryland School of Medicine:**
  - **School Mental Health Quality Guide: Screening:** www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Screening-1.27.20.pdf
- **Substance Abuse and Mental Health Services Administration (SAMHSA)/ DHHS:**
  - **Identifying mental health and substance use problems of children and adolescents: A guide for child serving organizations:** store.samhsa.gov/product/Identifying-Mental-Health-and-Substance-Use-Problems-of-Children-and-Adolescents-A-Guide-for-Child-Serving-Organizations/SMA12-4700?referer=from_search_result
  - Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools www.samhsa.gov/sites/default/files/ready_set_go_review_mh_screening_in_schools_508.pdf

6: Evidence-Based and Emerging Best Practices

- **Substance Abuse and Mental Health Services Administration (SAMHSA)/ DHHS:**
  - **SAMHSA Evidence Based Practices Resource Center:** www.samhsa.gov/resource-search/ebp
  - **Resources for Trauma Informed Care:** www.samhsa.gov/childrens-awareness-day/past-events/2018/child-traumatic-stress-resources
  - **Behavioral Health Equity: LGBT:** www.samhsa.gov/behavioral-health-equity/lgbt

7: Data

- **National Center for School Mental Health at the University of Maryland School of Medicine:**
  - **School Mental Health Quality Guide:** *Impact* www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Impact-2.25-HR.pdf
- **Council of NonProfits:** *Data based decision making:*
  - *Telling the story of impact through data:* www.councilofnonprofits.org/trends-policy-issues/telling-the-story-of-nonprofit-impact-through-data
- **Ed Week:** *Data-Driven Decision-making:* www.edweek.org/data-driven-decisionmaking
- **Data Quality Campaign:** *Data Quality:* dataqualitycampaign.org/
- **The Data Literacy Project:** *Data Literacy:* thedataliteracyproject.org/

8: Funding

- **National Center for School Mental Health at the University of Maryland School of Medicine:**
  - School Mental Health Quality Guide: *Funding and Sustainability:* www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Quality-Guides/Funding-and-Sustainability-1.27.20.pdf
- **Council of Non-Profits:** *Collective Impact:* www.councilofnonprofits.org/tools-resources/collective-impact
- **Council of Chief State School Officers and Healthy Schools Campaign:** *Restart and Recovery: Leveraging Federal COVID Relief Funding & Medicaid to Support Student & Staff Wellbeing and connection opportunities for State Education Agencies:* www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Resources/CCSSO_RR_Leveraging_Federal-v3.pdf

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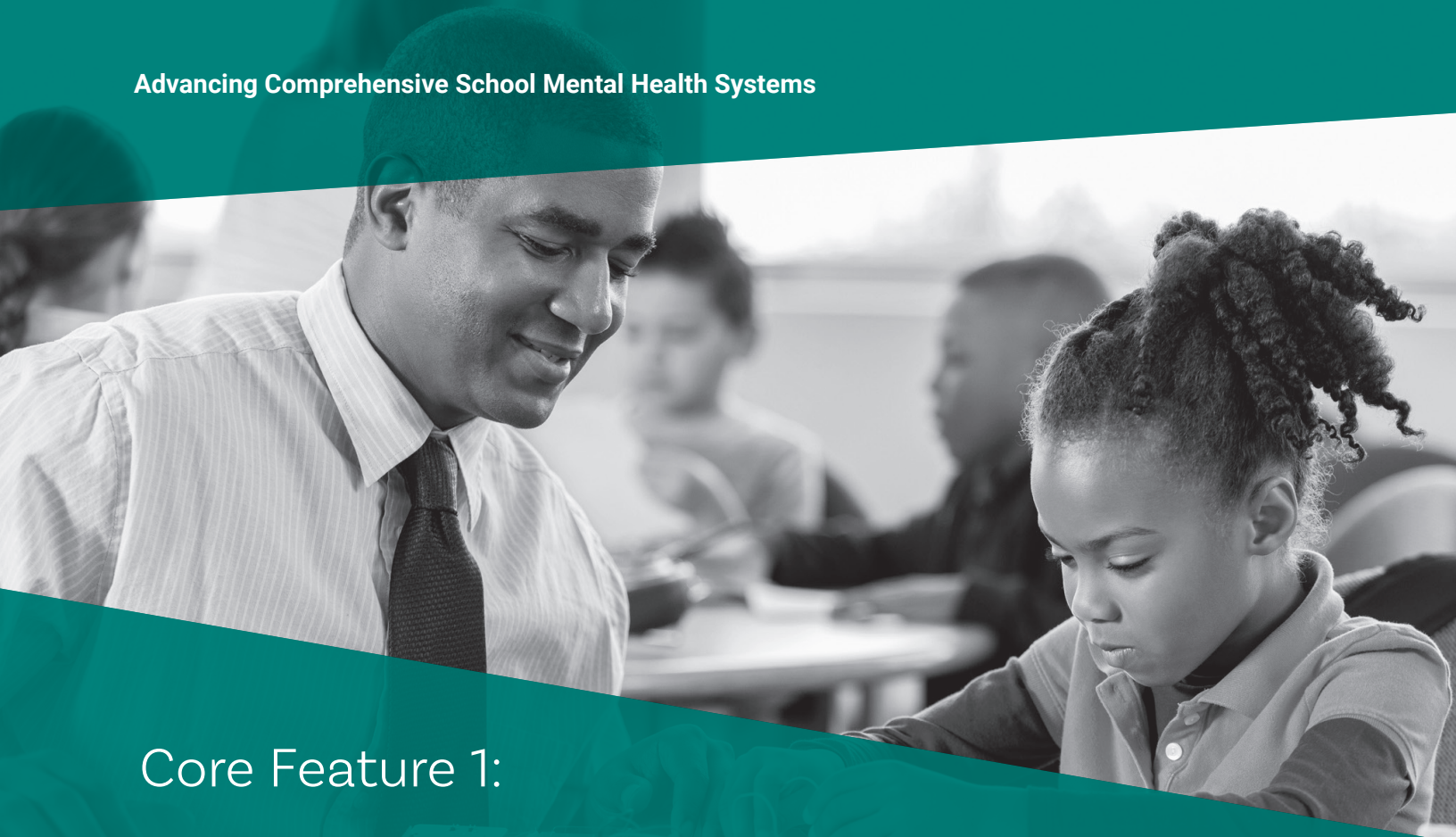
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Core Feature 1:

Well-Prepared Educators and Specialized Instructional Support Personnel (SISP)

What does it mean for educators and specialized instructional support personnel (SISP) to be well prepared?

For decades, it meant that they are knowledgeable about their content and skilled in delivery of that content. Today, it means much more. We know that success in school and life demand much more than academic preparation. Consequently, our expectations for school staff have expanded.

School staff are not mental health providers, but they must be knowledgeable about and invested in the mental health of their students. In co-creating this Dialogue Guide on well-prepared educators, we first look at the cross-sector agreements among national experts. Then we explore those issues with decision-makers, practitioners and families at state, local and organizational levels.

Across both groups, staffing, professional development and capacity building are the priority issues. While there is broad agreement with the Core Features, the array of stakeholders involved in co-creating this Dialogue Guide identified issues that are embedded in these common concerns. Consider how you may use these Dialogue Starters in your setting or in your organization. Collectively, we have a role in bringing attention to the need for comprehensive systems of school-based mental health.

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations on well-prepared educators by coming to the following critical agreements:

- A Comprehensive School Mental Health (CSMH) system is built on the foundation of a full complement of school and district professionals, including SISP who are well trained to support the mental health (MH) needs of students in the school setting.

- Administrators and educators are often on the front lines of promoting student MH and addressing MH concerns and must be adequately trained and supported to do so.

- Equipping educators with social and emotional skills and MH literacy will prepare them to best support student MH and create a healthier workforce.

- Specialized instructional support teams (e.g., school counselors, social workers and school psychologists, and other qualified professional personnel, such as school nurses and occupational therapists) must be adequately staffed to provide assessment, diagnosis, counseling, and educational, therapeutic and other necessary services to support student needs.

The conversation among stakeholders offered a practice-based view and focused on five themes:

- Educator preparation, ongoing professional development, and capacity building within the system

- Essential staffing

- Collaboration across school and community providers

- Pipeline issues and shortages

- Pandemic recovery and system redesign

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

- Shortage of School Psychologists
- National Education Association: Building a Diverse Workforce
- National Alliance of Specialized Instructional Support Personnel: Student Health and Wellbeing and more
- Center on Great Teachers and Leaders at AIR: Address Educator Shortages
- Dialogue Guide Response Strategies

Practice Issue 1

Educator Preparation, Ongoing Professional Development and Capacity Building Within the System

Reaction Questions:

1. In your view, what is the connection between educator preparation programs and the daily challenges of delivering instruction in school environments that have social, emotional, cultural and equity challenges?

   • What do your colleagues say about their preparation to understand MH needs?

2. Using a *1-10 Scale* (10 high), how effectively are we developing both the academic and the social/emotional/behavioral capacity of educators? Explain the insights behind your rating.

   • What advances this work?

   • What stands in the way?

3. What will it take to build capacity to address MH needs of students?

   • Is school staff training enough? Why or why not?

   • How might we build new capacity to address challenges?

4. Stakeholders identify **school culture** as an important element in building and sustaining a focus on school MH. Using the *Four Quadrants*, place each of the following in a quadrant that shows the extent to which each is playing a role in developing a supportive school culture. Tell us why you placed it there.

   • The role of school staff

   • The role of families

   • The role of community providers

   • The role of the local school board

Application Questions:

1. From your perspective, should induction programs begin to address school MH needs for faculty? Using the *Ifs, Ands and Buts* response strategies, give us your impression.

2. If professional development is intended to develop the will and the skill to address behavior, what would you look for (*Response Strategy: My Look Fors*) in high-quality professional development?

3. In your view, how could data around truancy, discipline and suspension provide insights about school MH approaches?

4. Using the iceberg visual in the response strategy *What Lies Beneath*, what is above the surface in systems that fail to connect data on truancy, discipline and suspension to the well-being of all students? What is beneath the surface?

5. How might school and community providers identify and coalesce around key data?

6. Is there a role for families as the connectors between school and community providers? How can family needs help align planning across groups?

Practice Issue 2

Essential Staffing

Reaction Questions:

1. From your perspective, what positions are "essential" in a CSMH system?

2. What would you look for (*Response Strategy: My Look Fors*) as indicators that these positions work together in a system that is comprehensive?

3. In your experience, in what ways does school leadership impact the use and effectiveness of essential staff positions?

4. In far too many places, the leadership vision for a CSMH system is lacking. Using the iceberg visual in the response strategy *What Lies Beneath*, what is above the surface that fails to develop the leadership vision for **comprehensive** systems? What is beneath the surface?

Application Questions:

1. Think about staffing across school and community providers as a *Give and Get* proposition.

   As you imagine the participation of community providers:

   • What do community providers "give" to help build more system capacity?

   • What do community providers "get" from joint staffing?

2. As you imagine the participation of school-based providers:

   • What do the array of school-based providers "give" to help build more system capacity?

   • What do schools get from joint staffing?

3. In your view, what is the role of clinical services in a full program of MH support?

   • What is your "look for" (*Response Strategy: My Look Fors*) in the collaboration across school and community providers?

4. Using a *1-10 Scale* (10 high), how important is it for school staff and community providers to use strength-based approaches? Explain the beliefs behind your rating.

Application Questions (State and Local Levels):

1. Using a *1-10 Scale* (10 high), to what extent is the connection between school and community providers a priority in training within and across agencies? Explain the insights behind your rating.

   • Are there models that might be exemplars? How can you find out?

2. Focus on the importance of connecting school and community providers as a priority for current and new initiatives. Now, using the *Four Quadrants*, place that need in one of the quadrants. Share your placement and your reasons.

   • When connecting related initiatives is a priority, what specific expectations should be included in funding opportunities?

Practice Issue 3

Collaboration Across School and Community Providers

Reaction Questions:

1. Think about the various stakeholders in school mental health (SMH). Who do you identify as potential SMH partners?

2. What are your "look fors" (*Response Strategy: My Look Fors*) in a true partnership?

3. In your experience, what will it take for school-based and community providers to become true partners in developing CSMH systems?

   • What do community providers need to know about delivering service in school environments?

   • What do school-based staff need to know about clinical interventions, services beyond the school day and services beyond the school environment?

Application Questions:

1. Using a *1-10 Scale* (10 high), to what extent do we consistently identify the potential partners who could contribute to our work? Explain the insights behind your rating.

2. Resources on CSMH systems often identify the need for equitable participation of stakeholders in developing systems that effectively serve needs.

   • In your view, what is the difference between equal participation and equitable participation?

3. In your view, is there a difference between participation and engagement? Describe each.

Application Questions (State Level):

1. Using the *Four Quadrants*, place the efforts to address equity and engagement in the credentialing process for school and community providers.

    • What promising preservice preparation programs are currently forming/operating?

Application Questions (Local Level):

1. If you have operating examples of collaboration around SMH …

    • What practices are in place?

    • What successes have you realized?

    • How might you move these examples toward a more CSMH system?

2. If you do not have operating examples of collaboration around SMH …

    • What stands in the way?

    • What help do you need to build this collaboration?

Practice Issue 4

Pipeline Issues and Shortages

Reaction Questions:

1. Many school-based roles, including educators, counselors, school nurses and school psychologists, have significant national shortages.

    • Using a *1-10 Scale* (10 high), to what extent is this issue addressed in CSMH planning? Explain the insights behind your rating.

    • What is the potential impact of these shortages on a CSMH system we envision?

2. Many community-based roles, including caseworkers and clinicians, have significant national shortages.

    • Using a *1-10 Scale* (10 high), to what extent is this issue addressed in CSMH planning? Explain the insights behind your rating.

    • What is the potential impact of these shortages on the CSMH system we envision?

Application Questions:

1. What do we know about the status of the current staffing and the supply of qualified personnel?

   • What do we need to know?

   • What practices are organizations and agencies putting in place to cope with shortages?

2. Which roles that we identify as essential are experiencing shortages:

   • In our state?

   • In our area?

3. What does the data around shortages mean for our planning a CSMH system?

4. What does the data around shortages mean for our understanding about the professional development needs for both school and community staff?

Application Questions (State Level):

1. Across agencies, what actions are underway to identify and communicate critical shortages?

2. Across agencies, what actions are underway to address critical shortages?

3. To what extent are agencies developing recommendations to address shortages in the near term?

4. What long-term initiatives for capacity building are under consideration?

   • By the state agencies?

   • By the professional organizations representing these disciplines?

Practice Issue 5

Pandemic Recovery and System Redesign

Reaction Questions:

1. In your view, how has the pandemic illustrated the critical connection between school and MH?

2. From your perspective, what systemic issues in education, in MH and in their relationship have the pandemic exposed?

3. In your experience, what creative and promising approaches have been introduced during the pandemic?

4. Following the pandemic, we talk about building back better. **If you** could influence action on one issue in system redesign:

   - Which position would you influence?

   - What would you encourage/discourage?

Application Questions:

1. We know that the work of many stakeholders must come together to address the many situations that have developed during the pandemic.

   - As school-based providers, what do we know about MH efforts that have supported students and families during the pandemic?

   - As community-based providers, what do we know about the school-based efforts that were in place during the pandemic?

2. What have we learned from the initial use of virtual and telehealth platforms that might offer new opportunities for collaboration between families and providers?

3. Every system has asked families to play an important role during the pandemic.

   - What are your "look fors" (*Response Strategy: My Look Fors*) in systems that want to include families meaningfully?

   - What observations tell you that families are not included meaningfully?

4. Using a *1-10 Scale* (10 high), how important is it to involve families as we redesign school-community collaboration. Explain the insights behind your rating.

5. What is your staff saying about collaboration?

   - How are you checking for understanding and agreement?

   - How are you reinforcing the collaboration and addressing concerns?

6. What are the privacy issues that could complicate collaboration and how are we addressing them?

Application Questions (State Level):

1. We know that the work of many agencies must come together at local and school levels. As a state agency, what is our role in bringing people together in shared work?

2. What attention are we giving to the privacy issues that respect individual rights **and** enable collaboration?

3. Using a *1-10 Scale* (10 high), to what extent do we map the current work in our own and related agencies as we plan new initiatives? Explain the insights behind your rating.

   - What factors advance and constrain our practice around mapping as a part of planning?

4. How are we messaging the importance of collaboration?

   - Do we consistently express our collaborative role in communications with the field?

- Do we intentionally model collaboration in high-value events and venues?

- Do we fund collaboration?

  - Where are the examples?

  - What have we learned?

5. As we build back better, are we prioritizing the connections across school and community providers in new funding. Using the *Four Quadrants*, place the expectation for funding to connect school and community providers as a priority for current and new initiatives.

   - What does your placement tell you about what needs to be done?

Core Feature 2:

Family, School and Community Collaboration and Teaming

School leaders increasingly realize that supporting school mental health requires going beyond the school environment with more than just the school staff. Education and mental health researchers alike stress that physical, social, emotional and mental health are interconnected and their determinants extend beyond the school day.

Students bring life issues into the school setting. To address these issues successfully, we must outreach to families and community groups that are focused on the larger issues in the lives of families, children and youth. Likewise, we must build the learning partnerships that will help us address the needs more completely.

In co-creating this Dialogue Guide on family, school and community collaboration and teaming, we first look at the cross-sector agreements among national experts. Then we explore those issues with decision-makers, practitioners and families at state, local and organizational levels.

Across both groups, leadership and inclusivity are priority issues. While there is broad agreement, in co-creating this Dialogue Guide the array of stakeholders identified the issues that are embedded in these common concerns. Consider how you may use these Dialogue Starters in your setting or in your organization. Collectively, we have a role in bringing attention to the need for comprehensive systems of school-based mental health.

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations on Family, School and Community Collaboration

and Teaming by coming to the following critical agreements:

- To promote student mental health, school-employed mental health staff, school administrators, community partners, policymakers, funders, providers, students and families must be committed to working together to address the interconnected academic, social, emotional and behavioral needs of all students.
- Collaborative partnerships guided by school-employed staff should work closely with communities and families to help improve student outcomes and impact academic, social, emotional and behavioral needs.
- Coordinating resources and strategies leads to efficient, effective and sustainable workflows in the busy context of the school setting. Using a collaborative team approach requires shared funding streams, data collection processes and data-sharing mechanisms, which can be complicated to navigate.
- Community partners can augment services within the school building and can link students to other services and supports in the community. In addition, they can champion what schools are doing to support mental health with key leadership, such as boards of education and policymakers.

- Successful and sustainable school mental health systems do more than co-locate services within the school building; they seek to integrate partners seamlessly so that the diverse complement of mental health supports and services are tightly coordinated to meet the student body's needs efficiently and effectively.
- Working directly with community partners broadens the availability of potential supports that can be available to students and families, enhancing access to mental health care. The roles and responsibilities of school and community partners will differ based on unique resources and needs.

The conversation among stakeholders offered a practice-based view and focused on five themes:

- Leadership issues in creating the Comprehensive School Mental Health Systems
- Navigating the Comprehensive School Mental Health Systems
- Building inclusive teams
- Boundaries created by language and funding
- Pandemic recovery and system redesign

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

- **School Mental Health Quality Guide: Teaming**
- **A Tip Sheet for Families**
- **A Tip Sheet for Decision Makers**
- **Effective School-Community Partnerships to Support School Mental Health**
- **Resources for families coping with Mental Health and Substance Use Disorders**
- **Leveraging Youth Advocacy to Advance School Mental Health**
- **Youth Engagement: Eight Successful Youth Engagement Approaches**
- **A Framework for Effectively Partnering with Young People**
- **Dialogue Guide Response Strategies**

Practice Issue 1

Leadership Issues in Creating Comprehensive School Mental Health Systems

Reaction Questions:

1. In your view, is leadership a title or a role?

2. Using the *Four Quadrants* response strategy, where would you place the family role in school comprehensive systems? Explain your placement.

3. Using the *Four Quadrants* response strategy, where would you place the youth role in school comprehensive systems?

4. We use the term "system" to describe comprehensive efforts. In your view, what makes a system real?

5. What do your colleagues say about the need and the efforts to build a comprehensive system? How do you respond to them?

Application Questions:

1. For years, the literature has described risk and protective factors that impact student well-being. What are some of the most well-known risk factors? What are the most well-known protective factors?

2. In your view, which school practices reflect an understanding of risk and protective factors? Which do not?

3. How might school leaders prepare to assume their role in comprehensive systems?

4. In what ways might school staff and community clinicians work together to deepen and extend services throughout and beyond the school day?

5. How might school leaders get to know the skills and limitations of their current staff?

   • In assigning school and community staff to roles in comprehensive systems, how can we use the full spectrum of skills?

   • Give some examples of how school and community staff can fill these needs.

6. Do current school staff and community providers know enough about each other to predict potential problems and address them? If not, what can we do to improve their understanding of each other's role?

7. Using the *If You* response strategy, choose a role that you believe has influence in leading a comprehensive system. Which role did you choose? Why did you choose that role and what are your priorities in that role?

8. Using the iceberg visual in the response strategy *What Lies Beneath*, describe what is known and unknown. What is above the surface in creating a comprehensive school mental health system? What is beneath the surface?

Practice Issue 2

Navigating Comprehensive School Mental Health Systems

Reaction Questions:

1. "Navigating" is the term that stakeholders consistently use in describing the effort to receive services. The term suggests that there is a significant challenge in building and delivering services. Choose one of the following and describe these challenges:

    • From the family perspective

    • From the youth perspective

    • From the school perspective

    • From the agency and/or provider perspective

2. Reduce barriers between service providers' demands that we need in order to build working relationships. Using a *1-10 Scale* (10 high), describe the extent to which schools have relationships with the full range of potential partners necessary to build a system that meets the needs of families and youth. Explain the insights behind your rating. Who are these partners?

3. Consider the multiple issues with privacy policies. What is the upside of privacy policies? What is the downside? What are the issues in navigating privacy?

Application Questions:

1. Using the iceberg visual in the response strategy *What Lies Beneath*, describe the effort to focus on family and youth roles in building comprehensive systems. Which issues are above the surface? What action initiatives are at the surface? What is beneath efforts toward deeper engagement?

2. Families are the support system across the life span. From the family perspective, what do you want from a school mental health system? From a youth perspective, what do you want from a school mental health system? What can school mental health systems do to understand their role in a "life span view"?

3. Using the *If You* response strategy, envision an effective school/provider/family collaboration. Choose an influential role in that collaboration. Which role did you choose and what are your priorities?

4. Envision an effective school/provider/family collaboration. Using the *Give and Get* response strategy, describe what each shares and learns about being "real partners" in a collaboration:

    • School and provider

    • School and family

    • Provider and family

Practice Issue 3

Building Inclusive Teams

Reaction Questions:

1. How do you and your networks/colleagues define:

   - Teaming?

   - Inclusive teaming?

2. How do beliefs about leadership impact inclusive teaming?

3. What are the typical roles that families are asked to play on teams? What new roles are being created?

4. Teams generally represent people and roles in implementing a practice. How could this impact inclusive teaming positively? How could this impact inclusive teaming negatively?

5. Some teams are said to be "one person deep" when it comes to representing a constituency. What issues are apparent in a "one-person deep" teaming design?

Application Questions:

1. Research suggests that it is important to have "one team" that coordinates aspects of a comprehensive system. In your view, what would this overarching team look like?

2. How would they connect to the full range of issues and efforts?

3. Using a *1-10 Scale* (10 high), rate your agreement with this statement: "In Comprehensive School Mental Health Systems, everybody is a leader, and everybody is a learner." Explain your rating.

4. Using the *Four Quadrants* response strategy, place the issue of trust-building across school staff, community providers and families. Explain your response.

Practice Issue 4

Barriers Created by Vocabulary and Funding

Reaction Questions:

1. Why do schools and agencies fail to align initiatives that have related goals?

2. How does the use of "professional language" divide schools and families?

3. How do differences in professional language divide school and clinical providers?

4. Using a *1-10 Scale* (10 high), rate the extent to which schools and agencies have a relationship that is deep and ongoing enough to develop their potential connections. Explain the insights behind your rating.

Application Questions:

1. Using the *Ifs, Ands and Buts* response strategy, respond to this statement: "We must learn to communicate complex information more simply!"

2. Using the iceberg visual in the response strategy *What Lies Beneath*, where would you place **differences in vocabulary** as a barrier to system building?

   • Where would you place **funding** as a barrier to system building?

   • What else is above and below the surface?

Practice Issue 5

Pandemic Recovery and System Redesign

Reaction Questions:

1. Given the role that families played during the pandemic, how should school include family voice in their recovery planning?

2. Using the *Give and Get* response strategy, what may schools "get" from learning about recovery with families in active roles? What could schools "give" to help families take an active role in recovery and redesign?

3. While the pandemic brought intense stress for students, families and schools, some positive efforts emerged. In your experience,

   • What effective efforts were launched?

   • What should we learn from these efforts?

Application Questions:

4. In your view, how will the shared experience in online learning during the pandemic influence options going forward?

5. Teletherapies grew rapidly during the pandemic. Reportedly, these options served some youth and families well.

   • In your view, will telehealth and teletherapy become accepted options for delivering services?

   • What does the introduction of new telehealth and teletherapy providers mean for collaboration in comprehensive systems of school mental health?

Core Feature 3:

Needs Assessment and Resource Mapping

Ideally, when we feel a need, we recognize it and build the resources to address it. But in our connected world, we know it takes a focused effort to express what we want, compare it to what we have and work to bridge the gaps. Over time, we have developed processes to do just that. Needs assessments and resource maps show us what to consider and where to look. They help us ensure that the voices of the people who need services are heard and included in our planning. They direct us to identify where current investments are operating and how they may be drawn into our shared priorities.

Needs assessment and resource maps can be inclusive processes that build the connections that will support common goals and shared work. Many agencies and organizations undertake these processes. The challenge ahead is to develop the inclusive practices that help us know the full scope of needs and the array of resources to collectively fill the gaps.

In co-creating this Dialogue Guide on needs assessment and resource mapping, we first look at the cross-sector agreements among national experts. Then we explore those issues with decision-makers, practitioners, and families at state, local and organizational levels. While there is a broad agreement, in co-creating this Dialogue Guide the array of stakeholders identified the issues that are embedded in these common concerns. Consider how

you may use these Dialogue Starters in your setting or in your organization. Collectively, we have a role in bringing attention to the need for comprehensive systems of school-based mental health.

The source document, ***Advancing Comprehensive School Mental Health Systems: Guidance from the Field***, summarizes the expert panel conversations on needs assessment and resource mapping by coming to the following critical agreements:

- Conducting a needs assessment offers a systematic process for identifying programmatic and systemic needs and helps staff determine priorities.

- A school mental health needs assessment, which could include student mental health and school climate surveys, informs decisions about school mental health planning, implementation and quality improvement.

- Resource mapping offers schools and districts a comprehensive view of school and community mental health services and resources available to students and families.

- Having a systematic process that helps individuals better understand specific details about the types of services offered, and how and when they can be accessed, can improve student follow-through with services and coordination of care.

- Together, needs assessment and resource mapping highlight strengths and gaps in the school mental health system and can inform prioritization of goals and action planning.

The conversation among stakeholders offered a practice-based view and focused on five themes:

- Authentic engagement of families and youth in the needs assessment and resource mapping processes

- Mapping as a living document

- Sharing power in decision-making

- Recognizing common purposes in discrete initiatives

- Inclusive participation in COVID-19 recovery and rebuilding

This Dialogue Guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

- **School Mental Health Quality Guide Needs Assessment & Resource Mapping**
- **Assessing Social Influencers of Health and Education**
- **Dialogue Guide Response Strategies**
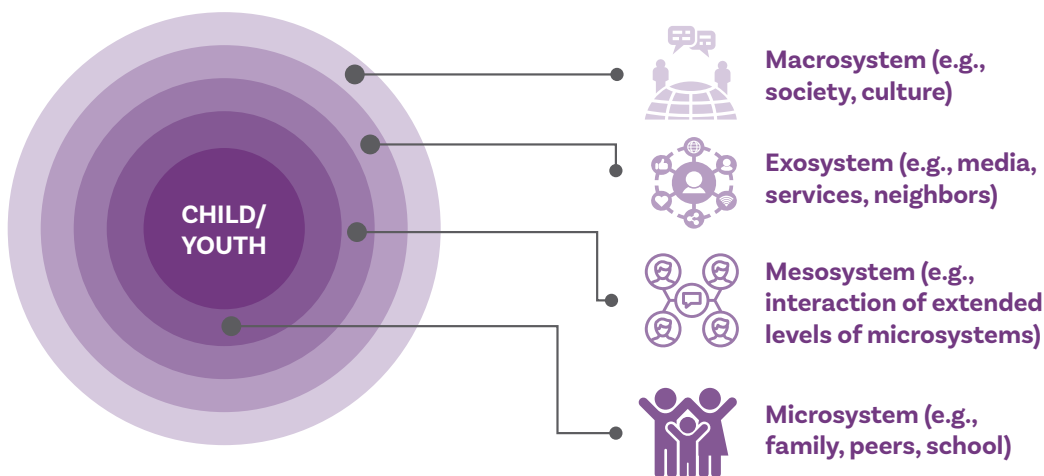
Practice Issue 1

Authentic Engagement of Families and Youth in the Needs Assessment and Resource Mapping Processes

Reaction Questions:

1. Why is authentic participation of families and youth important?

    *   In terms of programs and service?

    *   In terms of trust and engagement?

2. What do you look for (*Response Strategy: My Look Fors*) in assessing whether participation is authentic?

3. Families often talk about "token participation."

    *   What would token participation look like in a needs assessment and resource mapping process?

    *   In what ways should families/youth participate in the needs assessment?

4. Consider the Ecological Systems Model pictured in ***Advancing Comprehensive School Mental Health Systems: Guidance from the Field*** (p. 17) and presented here. How does the visual offer help to envision a Comprehensive School Mental Health system?

    Focus on each circle. Using the model, talk about how each circle is connected to the other circles.

Figure 1. Ecological Systems Model

CHILD/YOUTH

Macrosystem (e.g., society, culture)

Exosystem (e.g., media, services, neighbors)

Mesosystem (e.g., interaction of extended levels of microsystems)

Microsystem (e.g., family, peers, school)

Application Questions:

1. Using the *Give and Get* response strategy, what does a wider engagement of families and youth give to a needs assessment process? What benefits do families and youth get from acting in a more central role?

2. Using a *1-10 Scale* (10 high), rate the challenge in actively engaging families and youth as equal partners in needs assessment and mapping. Explain the insights behind your rating.

3. Using the iceberg visual in the response strategy *What Lies Beneath*, what is above the surface in the challenge to engage marginalized groups and families who have been underserved? What is below the surface?

4. Consider the Ecological Systems Model. As a child develops, the interaction within these environments becomes more complex. Choose one of the environments. Describe how promotion, prevention and intervention strategies are implemented in this environment.

Practice Issue 2

Mapping as a Living Document

Reaction Questions:

1. What does it mean to create a "living document?"

2. If a map of services is "living," how would it change over time?

3. Why is a living document important:

    • In terms of programs and services?

    • In terms of trust and relationships?

4. What would you look for (*Response Strategy: My Look Fors*) to determine whether services reflect changing needs?

Application Questions:

1. Think about your school's mental health services. What works? How do you know? What doesn't work? How do you know?

2. The Schools Health Assessment and Performance Evaluation (SHAPE) suggests reviewing data that schools regularly collect including 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 and more. Select one of these data sources. From your perspective:

    • How should data inform decisions about needs issues and services?

    • How should data help schools identify root causes?

3. Just as schools have important data sources available to them, so do communities. What community data should be important to schools?

4. The literature on modern systems often talks about the need for systems to be "nimble."

   • In your view, what does a nimble system look like?

   • What keeps systems from being more nimble?

Practice Issue 3

Sharing Power in Decision-Making

Reaction Questions:

1. Important work related to mental health is carried out in many places, including schools. Using the SAMHSA infographic, choose one area identified.

   • How does this information relate to school mental health?

   • What role could a community provider addressing this issue pay in planning a Comprehensive School Mental Health system?

2. From your perspective, is there a difference between authentic engagement and power sharing? If so, describe the difference.

3. In your view, what would it look like for a comprehensive school mental health system to share decision-making:

   • With communitywide efforts?

   • With other public agencies and private providers?

   • With family advocates?

4. In your experience, is it difficult for school mental health systems to share decision-making? Why or why not?

Application Questions:

1. Using the *Four Quadrants* response strategy, place the likelihood that school mental health systems will share decision-making:

   • With communitywide efforts

   • With other public agencies

   • With private providers

   • With families and youth

2. Describe the thinking that influenced your placement.

3. Using the *Give and Get* response strategy, what does a school mental health system give in sharing decision-making? What do they get?

4. Using the *If You* response strategy, choose a role of influence in a school mental health system.

    • Which role did you choose and why?

    • In that role, what would be your priorities for sharing decision-making power?

    • What are your concerns?

5. When a system is committed to sharing decision-making, how does it relate to dissenters?

Practice Issue 4

Recognizing Common Purposes in Discrete Initiatives

Reaction Questions:

1. In your experience, do people doing related work have working relationships?

    • Do school and agency leaders work together regularly?

    • Are community providers well known in schools?

    • From your perspective, how would you describe the working relationships between school and community providers?

2. How can families help systems see which services should be better connected?

3. In your view, what keeps systems from recognizing efforts that should be working together in serving families and youth?

Application Questions:

1. In your experience, are system boundaries only between schools and agencies?

    • Are there boundaries across programs within school settings?

    • Are there boundaries within agency and provider networks?

    • What does it take to "span boundaries"?

2. Researchers describe how different vocabulary and funding streams contribute to our challenges seeing common work.

    • How can a resource mapping activity help us identify and find related initiatives?

   • What stands in the way of working across related initiatives?

Practice Issue 5

Inclusive Participation in COVID-19 Recovery and Rebuilding

Reaction Questions:

1. Given the role that families have played over the past year, what do they uniquely add to our ability to define needs going forward?

2. In your view, what roles might families and youth expect to play in needs assessment and mapping?

3. In your view, will families and youth be content to accept what schools and agencies develop in recovery plans?

4. How might system leaders prepare to engage families and youth in new roles?

Application Questions:

1. Is recovery enough?

   • Is getting back to "normal" sufficient?

   • What is the message in the phrase "building back better"?

2. What gaps has the pandemic revealed?

   • In connectedness between systems and individuals?

   • In relationships and trust?

   • In responsiveness and accountability?

3. How can families and youth uniquely help close these gaps?

4. Given the short timeline to plan for using recovery funding, who has important insights to share? Who has the legitimacy and trust to convene inclusive partners?
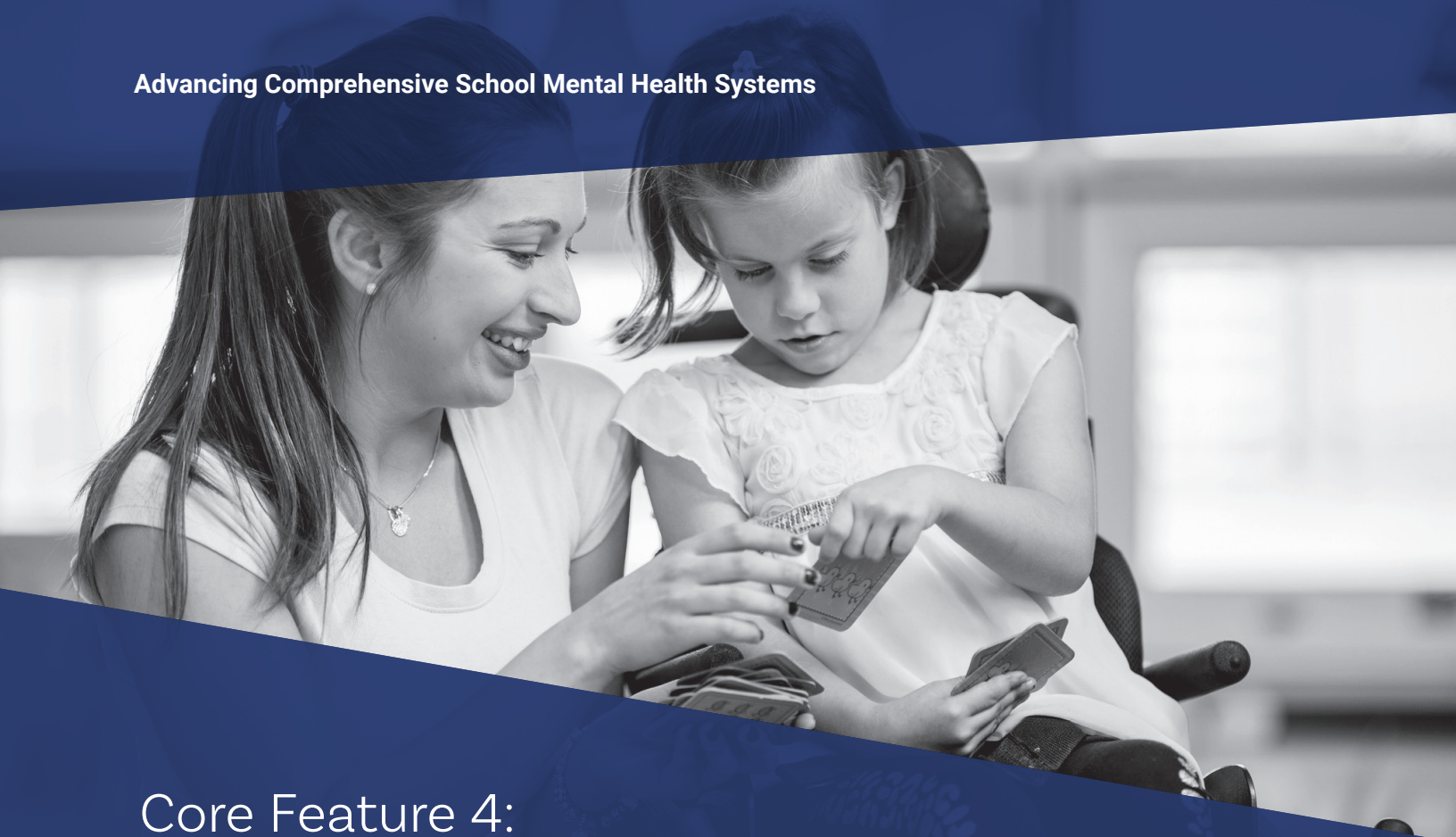
Core Feature 4:

Multi-Tiered Systems of Support (MTSS)

Multi-tiered systems of support (MTSS) follow a public health model. These approaches focus on what we should do for all. Then, using data, it applies evidence-based approaches to the continuing needs of some individuals and intensive strategies for a few individuals with the most significant needs. An MTSS approach enables schools to identify issues and identify the alternatives to address them. Through MTSS, we "tier" programs and activities to address schoolwide practices and the strategies to improve outcomes for specific groups.

When mental health services are integrated into the MTSS framework, we add new clinical options to the available alternatives and bring new insights and skills from an array of mental health partners. This increased capacity demands collaboration. School staff and mental health providers have different training and experience but are united in the drive to address the social, emotional and behavioral needs of students.

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations

on multi-tiered systems of support by coming to the following critical agreements:

- Many schools deliver instructional or behavioral intervention to students in varying intensities, also known as a multi-tiered system of support (MTSS), to address the academic needs of the larger student body, including (but not limited to) students with identified disabilities.

- Based on a public health framework, prevention is an underlying principle at all three tiers, with Tier 1 focusing on promoting mental health and preventing occurrences of problems, Tier 2 focusing on preventing risk factors or early-onset problems from progressing, and Tier 3 focusing on individual student interventions that address more serious concerns and prevent the worsening of symptoms that can impact daily functioning.

- Professional development and support for a healthy school workforce as well as family-school-community partnerships are foundational elements that support these three tiers.

- Matching the range of academic, behavioral and social needs within a school involves the layering of interventions from universal approaches to targeted programming for students with mild impairment and, for some students, adding on individualized interventions linked to the lower-tiered structures.

- The MTSS approach ensures that all students can access the service array, including students in both general and special education, and that all students will have exposure to universal mental health supports. The number of tiers in an MTSS can vary, though many districts employ a three-tiered model.

- Mental health promotion services and supports (Tier 1) are mental health-promoting activities,

including the strengthening or reinforcement of positive social, emotional and behavioral skills designed to support the well-being of all students, regardless of whether they are at risk for mental health problems. These activities might include efforts to support positive school climate and staff well-being. They can be implemented schoolwide, at the grade level and/or at the classroom level. Examples include schoolwide curricular lessons and grade-level or classroom presentations for all students, regardless of whether they are at risk for mental health problems.

- Early intervention services and supports (Tier 2) to address mental health concerns are provided for students who have been identified through needs assessments, screening, referral or other school teaming processes as experiencing mild distress or functional impairment, or being at risk for a given problem or concern. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Examples include small-group interventions for students identified with similar needs (e.g., students with asthma), brief individualized interventions (e.g., motivational interviewing, problem-solving), mentoring, and/or low-intensity classroom-based supports such as a daily report card or daily teacher check-in.

- Treatment services and supports (Tier 3) to address mental health concerns are provided for students who need individualized interventions for the significant distress and functional impairment they are experiencing. Examples include individual, group or family therapy for students who have been identified, and often diagnosed, with social, emotional and/or behavioral needs.

While there is broad agreement with the Core Features, in co-creating this Dialogue Guide the array of stakeholders identified five issues that are embedded in these common concerns. Consider how you may use these Dialogue Starters in your setting or in your organization. Collectively, we have a role in bringing attention to the need for comprehensive systems of school-based mental health.

The conversation among stakeholders focused on five themes:

- Alignment across frameworks in use in schools and communities
- Inclusive teaming in MTSS
- Commitments to an MTSS approach
- Critical steps in MTSS
- MTSS in COVID-19 recovery and redesign

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

- School Mental Health Quality Guide: Mental Health Promotion Services & Supports (Tier 1)
- School Mental Health Quality Guide: Early Intervention and Treatment Services & Supports (Tiers 2 & 3)
- Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework
- The Interconnected Systems Framework 201: When School Mental Health is Integrated within a Multi-tiered System of Support
- Dialogue Guide Response Strategies

Practice Issue 1

Alignment Across Frameworks in Use in Schools and Communities

Reaction Questions:

1. Using a "tiered system," an MTSS model describes how to use current services and develop new services to meet a variety of needs. MTSS describes what we do for all students, what we do for some students with specific needs and what we do for a few students with very significant needs. How might a school and its community partners organize current initiatives within these "tiers"?

2. In an MTSS model, how might the school's staff and clinical service providers share knowledge of evidence-based practices?

    • What do school staff need to know about the competencies that clinical staff bring to schools?

    • What do clinical staff need to know about planning for and delivering services in school environments?

3. In your view, what do "real" partnerships look like?

4. What do your colleagues/networks say about the benefits in shared work through our MTSS approach?

    • What do your colleagues/networks say about the challenges to shared work in our MTSS systems?

Application Questions:

1. Research suggests that it is important that one coordinated team designs school services. What does this imply:

    • About participation and roles?

    • About leadership?

2. To what extent do new collaborators know about:

    • Belief systems that ground the work of your collaborators?

    • Assumptions about your new, shared work?

    • Evidence-based practices used by your new colleagues?

3. Consider an example of complementary roles and resources pictured in ***Advancing Comprehensive School Mental Health Systems: Guidance from the Field*** (p. 22) and presented here.

In your experience, describe how this illustration compares to interaction.

• At your school and district level

• At your local/community level

• At your state agency level

Figure 4. An Example of Complementary Roles and Resources of Community Partners and School Districts in Comprehensive School Mental Health Systems [43]
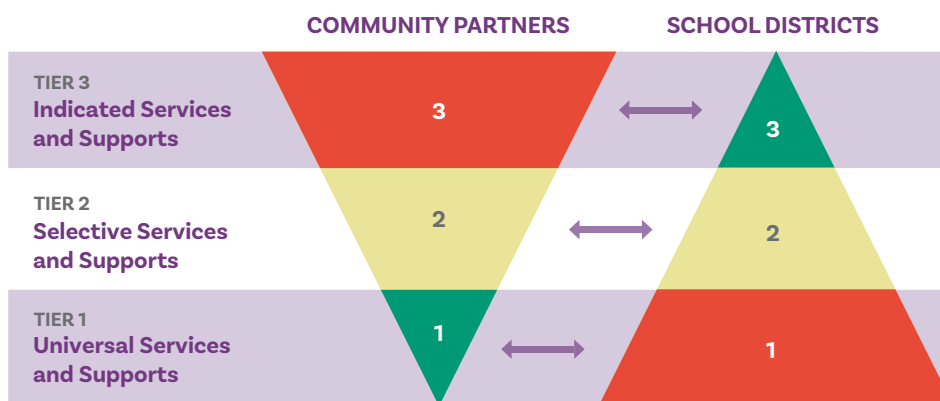
4. Using a *1-10 Scale* (10 high), rate the extent to which discrete initiatives find their common purpose and align their work. Explain the insights behind your rating.

5. Using the iceberg visual in the response strategy *What Lies Beneath*, "what stands in the way" of discrete initiatives finding their commonality and aligning for shared purposes?

6. In your view, do potential collaborators understand what disciplinary traditions, practice knowledge and experiences influence their ability to interact as true partners? How might we build the sense of partnership in these new partners?

7. Identity is a term that describes the values, beliefs and assumptions that shape our perspective and our reactions. Why is the identity as a collaborator important in terms of:

• Programs and services?

• Relationships between school staff and community providers?

• Relationships between families and systems?

Practice Issue 2

Inclusive Teaming in MTSS

Reaction Questions:

1. When a core team defines the MTSS plan, it is important that potential partners have important roles.

    • Who are the potential partners in an inclusive MTSS teaming process?

    • What roles might they play?

    • What barriers might prevent potential partners from being involved?

    • What could reduce or mitigate the barriers?

    Important Note: See Dialogue Guide 2 for more Reaction Questions on Inclusive Teaming.

Application Questions:

1. Using the *Give and Get* response strategy, which potential partners are often overlooked or underused?

    • What will we *Give and Get* in building a more inclusive system?

    Important Note: See Dialogue Guide 2 for more Application Questions on Inclusive Teaming.

Practice Issue 3

Commitment to an MTSS Approach

Reaction Questions:

1. Is a detailed plan that is grounded in MTSS enough to ensure a commitment?

    • Is it necessary?

    • Is it sufficient?

2. What do you look for (*Response Strategy: My Look Fors*) in determining whether there is a commitment to an MTSS approach?

3. During the DG process, stakeholders suggested that a Community of Practice (CoP) should be formed to support and sustain an MTSS approach. A CoP is a group of people who share expertise and passion about a topic and interact on a regular basis to further their learning (Wenger, McDermott, & Snyder, 2002).

- From your perspective, what would a CoP that supports MTSS look like?

- What would this CoP do?

Application Questions:

1. During the DG process, stakeholders suggested that a Community of Practice should be formed to support and sustain an MTSS approach. A CoP is a group of people who share expertise and passion about a topic and interact on regular basis to further their learning (Wenger, McDermott, & Snyder, 2002).

    - In an "MTSS community" how could new collaborators learn about each other?

    - How does an "MTSS community" make it more likely that we will cross the boundaries that separate us?

2. Using the *Give and Get* response strategy:

    - Describe what schools and providers "give and get" in a community.

    - Describe what families and youth "give and get" in a community.

Practice Issue 4

Critical Steps in MTSS

Reaction Questions:

1. In an effective MTSS process, partners measure the current levels of academic and behavioral indicators against the desired levels in a process called "benchmarking."

    - In your view, why is benchmarking a critical first and foundational step in MTSS?

    - From your perspective, why does a benchmarking system measure both academic and behavioral indicators?

    - How should benchmarking data inform decisions about services?

    - How might relationships between school and community providers impact the ability to respond to benchmarking data?

Application Questions:

1. Effective benchmarking is a regular process that provides data to confirm or adjust current measures.

    - What is the role of the school staff in benchmarking?

    - Do system partners have a role in benchmarking?

2. How should benchmarking data help identify the need for specific interventions?

3. How does benchmarking help identify specific students in need of intervention?

4. What should the progress monitoring of specific student interventions look like?

   • Who are the important reporters in the progress monitoring of specific student interventions?

5. How should the results of benchmarking and progress monitoring be used to build capacity in school staff and mental health provider staff?

6. What do school staff need to know about the strategies that community providers use?

   • What do community staff need to know about delivering services in school settings?

Practice Issue 5

## MTSS in COVID-19 Recovery and Redesign

Reaction Questions:

1. Using a *1-10 Scale* (10 high), how important is it to use an MTSS approach in planning recovery services? Explain the insights behind your rating.

2. Using a *1-10 Scale* (10 high), how important is it to use inclusive teaming in a redesign strategy? Explain the insights behind your rating.

Application Questions:

1. Using the iceberg visual in the response strategy *What Lies Beneath*:

   • What is above the surface in achieving the goal of "building back better"?

   • What is below the surface?

2. How will we ensure that the voice of families and youth themselves are included in our COVID-19 recovery planning?

   Important Note: See Dialogue Guide 2 on Inclusive Teaming.
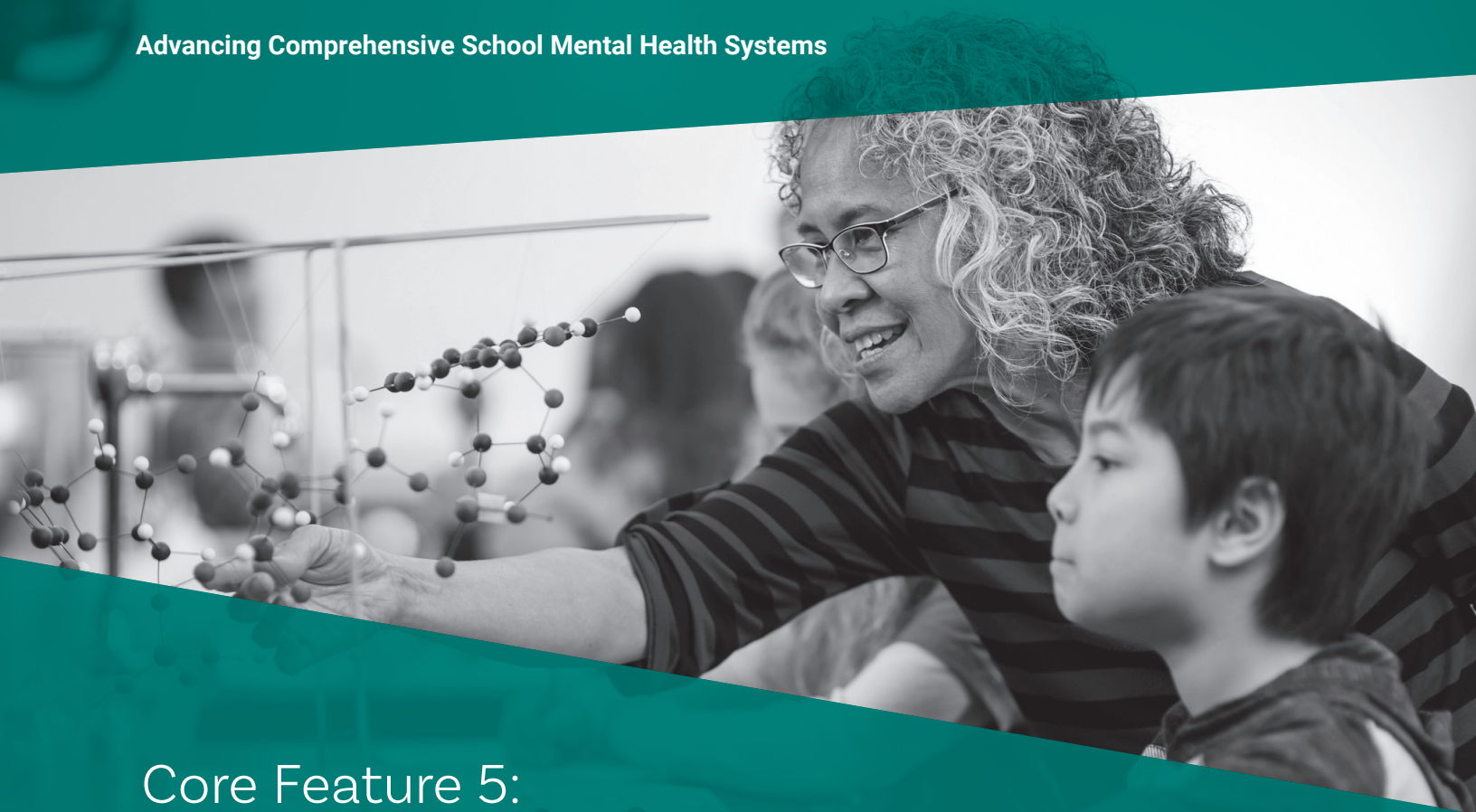
Core Feature 5:

Mental Health Screening in Schools

Schools have been a long-standing source of health screening of children. For decades, schools have conducted physical screenings to broadly describe the status of factors that are important to learning. More recently, schools have focused on social, emotional and mental wellness as factors that significantly impact learning. Consequently, many schools have added mental health to the array of screenings that help them identify needs, influence practice and shape policy.

Mental health screening is defined at schoolmentalhealth.org as "the use of a systematic tool or process to identify the **strengths and needs** of students. Screening is conducted for all students, not just students identified as being at risk for or already displaying mental health concerns. This might involve screening an entire population, such as a school's student body, or a smaller subset of a population, such as a specific grade level."

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations on Mental Health Screening in Schools by coming to the following critical agreements:

- Early identification and intervention lead to better outcomes for students.

- Given the high prevalence and recurrence of mental health disorders, it is important to identify

problems early and connect students to needed services and supports.

• Mental health screening, including assessment of the social determinants of mental health, is a foundational component of a comprehensive approach to behavioral health problem-prevention, early identification and intervention services.

• Screening can be conducted using a systematic tool or process with an entire population (e.g., a school's student body) or a group of students (e.g., a classroom or grade level).

• Screening should be conducted only when there is a system in place to promptly review screening data once it is collected and then make necessary referrals for further assessment, services and supports.

The conversation among stakeholders focused on three themes:

• Do the important stakeholder groups understand why and how we should screen at the student, classroom, school, district, state and community levels?

• Do our mental health screening practices at the student, classroom, school, district, state and community levels align?

• How is mental health screening addressed in student support teams operating at the school/district level?

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

• **School Mental Health Quality Guide Screening**

• **Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations**

• **Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools**

• **Dialogue Guide Response Strategies**

Practice Issue 1

Do the important stakeholder groups understand screening at the classroom, school, district, state and community levels?

Reaction Questions:

1. In your experience, what are some examples of a system screening tool?

   • What are some examples of an individual screening tool?

2. Many important groups are stakeholders in mental health screening in schools. Identify a stakeholder group and share why you think mental health screening is important to them.

   • What do stakeholders say in support of mental health screening in schools?

   • What concerns do stakeholders express?

3. Using a *1-10 Scale* (10 high; *Response Strategy: Using a 1-10 Scale*), how well do school staff members understand mental health screening in schools? Give reasons to support your rating.

4. Using a *1-10 Scale* (10 high; *Response Strategy: Using a 1-10 Scale*), how well does the community understand mental health screening in schools? Give reasons to support your rating.

Application Questions:

1. Best practice tells us that mental health screening should **only** be conducted when a system is in place to review findings and make recommendations and interventions. Given the importance of a mental health screening system:

   • What does your local system look like?

   • How does the system address mental health screening?

   • How would you learn more about the mental health screening system?

2. Think about the need to develop effective mental health screening in the system that you know.

   • If you could influence **one** role that could make a difference, which role would you choose and what would you do in that role?

3. A commitment to effective mental health screening is critical.

   • What are your "look fors" (*Response Strategy: My Look Fors*) in an effective system?

4. How do large group mental health screenings and individual screenings "fit together" in an effective system?

   • Give some examples from the system that you know.

5. In some locations, limitations have been imposed on mental health screening in public schools.

   • Have limitations been set on mental health screening practices in the system that you know?

   • Are these limitations set by statute, regulations, policy or practice?

   • Why is it important to know the source of the limitations?

6. Imagine a conversation with families about mental health screening in schools.

   • Using the iceberg visual (*Response Strategy: What Lies Beneath*), what is the conversation above the surface?

   • What questions, fears and beliefs lie below the surface?

7. In some cultures, mental health screening may be understood differently.

   • On a scale of 1-10 (10 high; *Response Strategy: Using a 1-10 Scale*), how responsive are we to cultural differences? How do you address different perspectives?

8. Mental health screening has a stigma in some circles.

   • What are your "look fors" (*Response Strategy: My Look Fors*) in detecting stigma?

   • How would you address each?

9. Imagine a conversation with school staff about mental health screening.

   • Using the iceberg visual (*Response Strategy: What Lies Beneath*), what is the conversation above the surface?

   • What lies below the surface?

Practice Issue 2

Do our mental health screening practices at the student, classroom, school, district, state and community levels align?

Reaction Questions:

1. Using a *1-10 scale* (10 high; *Response Strategy: Using a 1-10 Scale*), rate the extent to which school staff members make the connection between mental health screening and early identification, intervention and better outcomes for students. Support your rating.

2. Using a *1-10 scale* (10 high; *Response Strategy: Using a 1-10 Scale*), rate the extent to which community stakeholders make the connection between mental health screening and early identification, intervention and better outcomes for students. Support your rating.

3. In your experience, what do schools need to notice about student behavior and emotions? Why?

Application Questions:

1. Many schools have practices in place to identify social and emotional issues that need to be addressed.

   • In an effective system, how are these practices communicated to the staff and the community?

   • What should be done to convey the value of these practices?

2. Some states have adopted mental health screening tools that are implemented statewide.

   • How do statewide screeners serve to identify areas for policy initiatives?

   • How do statewide screeners serve to identify areas for professional development?

   • How do statewide screeners serve as a tool for districts and schools?

3. Some communities have initiated reports on the aspects of a healthy community.

   • In your view, which aspects of community health are most important to schools?

   • In your experience, to what extent does the system that you know seek and use information on community health?

4. In some district systems, social and emotional indicators are monitored at a particular grade level.

   • Using a *1-10 scale* (10 high; *Response Strategy: Using a 1-10 Scale*), to what extent does the system that you know discuss these indicators across grade levels?

   • Why might it be important to engage staff members across grades around these indicators?

5. Social and emotional indicators across levels of the system (preschool, elementary, secondary) vary.

   • Using the *Four Quadrants Response Strategy*, place the issue of learning about mental health practices across the grade span. Support your placement.

6. How well do we convey the practices around systemwide screening surveys and individual screenings to families?

   • Which practices need to continue?

   • Which practices need to end?

   • Which practices need to be improved?

7. Cultural sensitivity is an important concern in mental health screening.

   • What role does district leadership play in bringing attention to cultural issues in mental health screening?

   • What role does school leadership play in bringing attention to cultural issues in mental health screening?

   • What role could family leadership play in bringing attention to cultural issues in mental health screening?

8. Organizational culture exerts a significant impact on the effectiveness of school mental health screening. What are your "look fors" (*Response Strategy: My Look Fors*) in assessing the understanding and support for mental health screening?

9. Confidentiality practices address safety concerns in mental health screening.

   • How does confidentiality address safety issues for students?

   • How does confidentiality address safety issues for families?

   • What should schools do to respect confidentiality without creating barriers?

10. District and school teams are the "guardians" of confidentiality.

   • What practices should guide access to screening data?

   • What practices should be in place to ensure that confidentiality is maintained?

Practice Issue 3

How is mental health screening addressed in student support teams operating at the school/district level?

Reaction Questions:

1. In the system that you know, what teaming structures are in place?

   • To what extent do building level teams interact with each other?

   • Is a team in place that overarches the many building levels teams?

   • How does that team coordinate efforts?

2. Teams are the connectors that use system data and identify the need for individual screening. A screening tool is a brief list of questions relating to a youth's behavior, thoughts and feelings. A specific method is used to score the answers to the questions, and the score indicates whether the youth has a high likelihood of having a problem or is unlikely to have a problem.

   • How do effective teams connect system screening data to their individual screening practices?

   • How do effective teams ensure that the school community, including staff, providers, families and youth, understand their practices?

Application Questions:

1. Far too often, multiple initiatives address the same issue. How does an effective building team build coherence across initiatives that should be aligned?

    - What are the technical considerations (content, frameworks, etc.)?

    - What are the human considerations?

2. Teams often affiliate individuals who are the most knowledgeable about the aspects of school mental health. To be successful over time, these teams need to have an awareness of the general knowledge and support for school mental health.

    - In your view, how can school teams get and keep the "pulse" of school support for the practices they implement?

    - Using the *Give and Get Response Strategy*, what will a school team learn about their practices through greater planned interaction with staff?

    - Using the *Give and Get Response Strategy*, what will a leadership team learn about their practices through greater planned interaction with building teams?

3. What is the role of school teams in addressing family concerns in mental health screening?

    - In your view, what might a high rate of opting out indicate?

    - Using the iceberg visual (*Response Strategy: What Lies Beneath*), what issues are above the surface in opting out?

    - What issues lie beneath the surface?

    - How might school teams address the number of families who opt out of screenings?

4. We all have biases that can influence our perceptions of situations and the behavior of individuals in situations.

    - How can we build capacity for screeners to be aware of unconscious bias?

    - How can we ensure that policies and practices do not over identify or under identify groups of students for mental health issues?

5. How can effective teams manage existing screenings so that we don't overload staff or students?
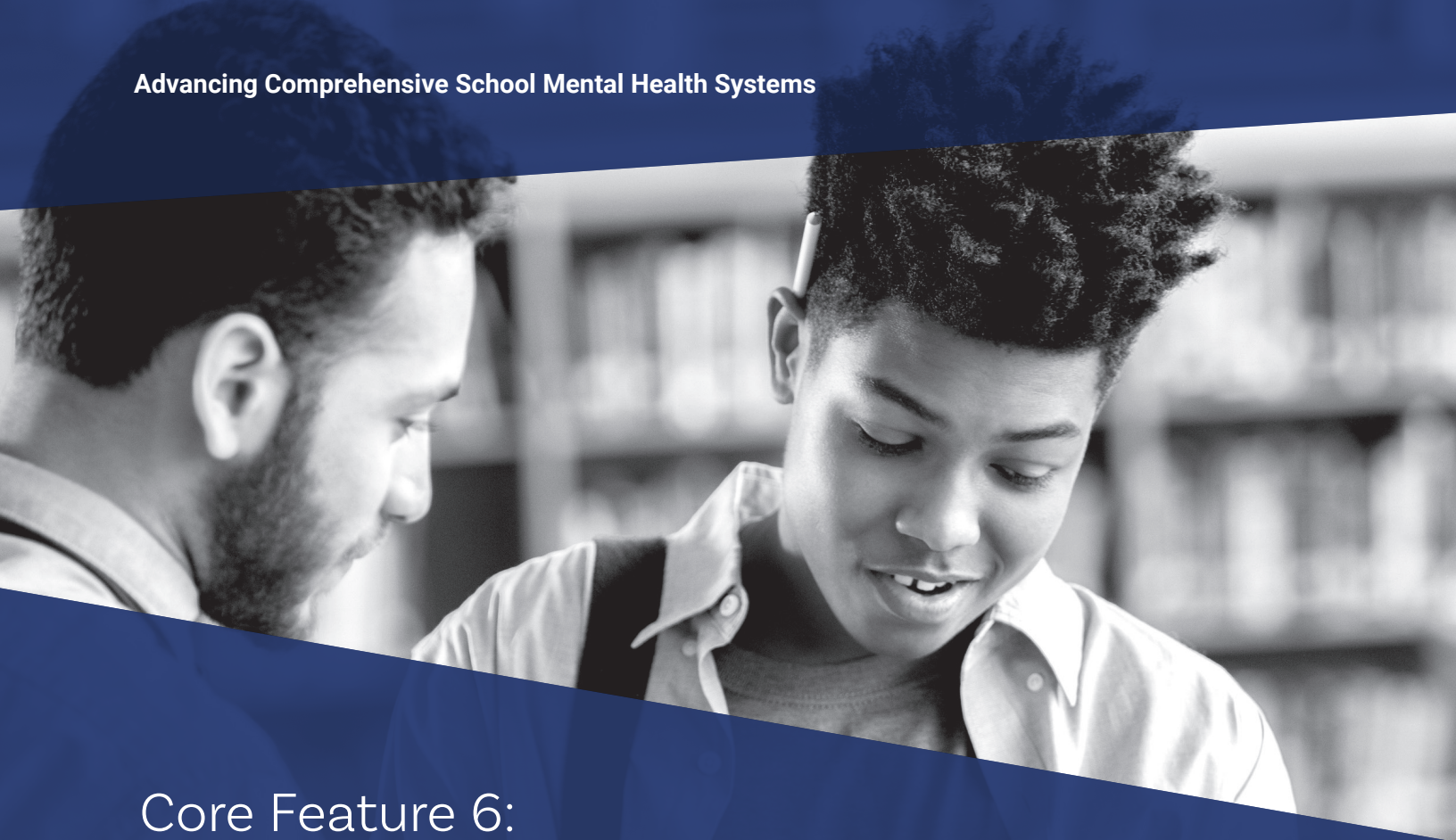
Core Feature 6:

Evidence-Based and Emerging Best Practices

The gap between the research and the extent to which practitioners use research to direct practice has been widely recognized. Over the past few decades, a movement toward evidence-based practice (EBP) has emerged and is growing across disciplines, including education and mental health. In mental health, EBP focuses on using the best available evidence in making decisions about prevention, promotion and intervention. As school staff and mental health practitioners build comprehensive systems, evidence-based practices are translated into a tiered system known as Multi-Tiered System of Supports (MTSS).

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations on evidence-based and emerging best practices by coming to the following critical agreements:

- Using research-based interventions and best practices within an MTSS increases the likelihood that youth will have access to effective

interventions matched to their strengths and needs.

- School districts can learn more about evidence-based interventions by accessing databases such as the What Works Clearinghouse (WWC) **https://ies.ed.gov/ncee/wwc/**.

- Evidence-based approaches that promote mental health and reduce mental illness are not solely directed at students; for example, strategies that

focus on social and environmental determinants of mental health, school climate, or staff wellness each have a positive influence on student mental health.

• MTSS also allows for the installation of practices to support specific target populations. For example, trauma-informed schools are increasingly adopting MTSS as a foundational framework for interventions across the continuum of mental health supports.

• In addition to ensuring that a practice has been tested through a scientifically rigorous process, it is important that the practice is based on population strengths and needs; is culturally relevant; and can be implemented given current workforce capacity, cost and organizational infrastructure.

The conversation among stakeholders focused on four themes:

• What existing evidence-based local or state school-based mental health programs are publicly available as resources, technical assistance and mentoring for the development/enhancement of new programs?

• In comprehensive systems, how do school and mental health partners share EBPs that might not be known to the other?

• How can we support trauma-informed practices for all partners in a comprehensive school mental health system?

• What kinds of professional development are effective in developing knowledge, skills and dispositions for effective school mental health systems? What is provided? What needs to be developed?

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

• **Advancing Comprehensive School Mental Health Systems**, Substance Abuse and Mental Health Services Administration (SAMHSA)
• **What Works Clearinghouse (WWC)**
• **National Implementation Research Network (NIRN)**
• **The National Center for Healthy Safe Children**
• **The National Center for School Mental Health**
• **The Interconnected Systems Framework 201**, Center on Positive Behavioral Interventions & Supports
• **Dialogue Guide Response Strategies**

Practice Issue 1

What existing evidence-based mental health programs are available as resources, technical assistance and mentoring for the development/enhancement of new programs?

Reaction Questions:

1. How do multiple sources, including federal, state and other investments, make it more likely that every school has access to evidence-based practices, regardless of resource challenges?

2. What other publicly available resources are available through your state and regional centers for professional development and technical assistance?

3. A community survey has identified an issue with anxiety among adolescents. The school staff and community providers know that the issue may look different to schools and families.

   • Based on your experience, how might they proceed?

   • How might you make them more aware of the resources available to help them come together and guide them in addressing their shared concern?

Application Questions:

1. Many excellent federal investments offer an array of evidence-based resources but are still unknown to sites that need the information they provide. How would you go about seeking publicly available information?

2. Once a school district has access to the available evidence-based practices, they must select the practices that have the greatest relevance to their need.

   • Using the *If You* Response Strategy, select one role of potential influence and describe how you would use your influence to promote the selection of evidence-based practices that meet the needs in your setting.

3. When multiple initiatives within a district or school practices, including evidence-based practices, are not aligned, confusion is likely. As a stakeholder, how would you make the case for a careful and informed process in selecting practices that have the best match to your needs?

   • What points might resonate with:

     ◦ School leaders?

     ◦ School staff?

     ◦ Mental health providers?

     ◦ Families and youth?

Practice Issue 2

In comprehensive systems, how do school and mental health partners share EBP that might not be known to the other?

Reaction Questions:

1. Using a *1-10 Scale* (10 high), rate the extent to which school staff and mental health providers work together regularly on shared challenges. Support your rating.

2. Why is it important for school staff and mental health providers to build a working relationship by partnering on challenges?

   • In terms of programs and practices?

   • In terms of supportive relationships?

   • In terms of responsive strategies and interventions?

Application Questions:

1. School staff and their mental health partners have different training traditions, access to different practices, and different experiences in service delivery. In your view, what will it take to build the ally relationship that underlies successful cross-sector support for school mental health systems?

2. What are your "look fors" (*Response Strategy: My Look Fors*) in detecting an authentic cross-sector partnership for school mental health?

3. Mental health providers have expertise in clinical practices that may be important in both community and school settings. School staff have expertise in delivering strategies in the school environment.

   • How can the expertise of each be respected and leveraged in a collaborative mental health system?

   • What technical issues (implementation strategies, tools and practices) need attention?

   • What human factors (familiarity, turf, role confusion, etc.) demand attention?

4. Using the *Four Quadrants*, place the issue of cross-sector collaboration in a quadrant.

   • Describe the thinking behind your choice.

5. Using the iceberg visual in the response strategy *What Lies Beneath*, describe the collaborative practice issues that are:

   • At the surface?

   • Above the surface?

   • Below the surface?

6. Communities of Practice (CoPs) have the potential to bring stakeholders together around shared work. Choose a role of influence and describe what you would do in that role to build a CoP that focuses on one of the following:

   - Encouraging school and community providers to share knowledge and deepen their connections.

   - Connecting schools' staff, community providers and families in one CoP.

   - Communicating the practice knowledge and lived experience to decision-makers.

   - A critical issue that you have recognized.

7. Using the *Give and Get Response Strategy*, describe:

   - What school staff members have to learn from community providers.

   - What community providers can learn from school staff.

   - What both community and school staff can learn from families.

Practice Issue 3

How can we support trauma-informed practices for all partners in a comprehensive school mental health system?

Reaction Questions:

1. In your view, what is the relationship between trauma and mental health?

2. From your perspective, why is it important to address the social and emotional health of educators and mental health practitioners?

3. Trauma literature often talks about "compassion fatigue." From your perspective, what might compassion fatigue look like?

Application Questions:

1. The relationship between trauma and mental health is an issue of current attention, yet some initiatives addressing these topics within systems are not well connected. In your view, why do systems fail to see these connections?

2. Practices associated with mindfulness, yoga, grief and loss training, and trauma training are often applicable to mental health practices in schools. How can we ensure that practices developed for one purpose are considered for more holistic application?

3. The literature on alignment often discusses the organization in which evidence-based practices are situated.

   - What is the connection between organizational health and aligned practices?

   - What are your "look fors" (*Response Strategy: My Look Fors*) in sensing the health of an organization?

Practice Issue 4

What kinds of professional development are effective in developing knowledge, skills and dispositions for effective school mental health systems? What is provided? What needs to be developed?

Reaction Questions:

1. In your view, what types of professional development (PD) are needed to make practice change stick?

2. Using a *1-10 Scale* (10 high), rate the following professional development strategies and formats:

   - Expert presentation

   - Interactive presentation

   - Co-created presentation

   - Scenarios

   - Problem-solving teams

   - One-time delivery

   - Spaced, ongoing delivery

   - Time-limited workgroups

   - Learning Communities/Communities of Practice

   - Other… please describe

Application Questions:

1. To go beyond information to understanding in our professional development offerings, what would we:

   - Start doing?

   - Stop doing?

   - Continue doing?

2. Even when implementers know what to do, they need support to make evidence-based practice part of **their own** practice.

    • Beyond initial training, what supports should we provide?

3. School culture plays an important role in selecting professional development practices.

    • What should school mental health partners consider when determining PD options?

    • How might school mental health partners judge the effectiveness of their PD offerings?

    • What accounts for choosing or continuing the use of a low-impact PD practice?

4. The professional development literature refers to the individual's ability **to use** their training actively to address opportunities and challenges as having "agency."

    • How can a comprehensive system of school mental health develop agency among its school and community partners?

    • What is at risk if they fail to develop agency among potential collaborators?

Core Feature 7:

Data

In recent years, the focus on data has been elevated in both education and mental health. Data systems and data-based decision-making are common themes for professional development and leadership development initiatives. Our focus on data has two sides. On the technical side, data quality and data systems are of critical importance. On the human side, the perceived value and connections across data sources advance or constrain its effective use.

Comprehensive school mental health systems must address both the technical and human sides of data. In co-creating this Dialogue Guide on data, we first look at the cross-sector agreements among national experts. Then, we explore those issues with decision-makers, practitioners and families at the state, local and organizational levels. Across these groups, the potential for data to improve practice is a priority issue.

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations on data by setting out four critical agreements:

• Data outcomes, data systems and data-driven decision-making are all critical components to supporting a comprehensive school mental health system.

• **Data outcomes**. Comprehensive school mental health systems must document the provision and impact of service and supports. Data may include student-level outcomes such as numbers of students referred to and receiving mental health supports, as well as documented improvement for students served. School-level outcomes, such as school climate, teacher retention and discipline practices, may also prove useful in

documenting the impact of universal mental health programming. Tracking and monitoring these outcomes at the school and district levels can improve understanding of the system and of student needs, gaps and service utilization patterns. School mental health systems routinely face barriers to systematically tracking individual student data, including:

- Lack of staffing capacity.

- Lack of technological options/infrastructure.

- Lack of knowledge, training and time to create a data collection system.

- Limited data sharing across systems (e.g., between school and community providers).

- **Data systems**. Use of existing student information systems and partnerships with experts in data collection (e.g., through university partnerships) can facilitate the collection of information to document services and outcomes.

- **Data-driven decision-making**. A critical component of school mental health systems is the use of comprehensive data for data-driven decision-making (DDDM) to inform school mental health planning and delivery. DDDM can inform decisions related to appropriate student supports and can be used to monitor progress

and outcomes across multiple tiers. Data can facilitate information sharing across team members, achieve common understanding of target concern(s), and inform decisions about which strategies to try to test and how to adjust interventions as needed.

While there is broad agreement with the Core Features, in co-creating this Dialogue Guide the array of stakeholders identified four issues with these common concerns. Consider how you may use these Dialogue Starters in your setting or in your organization. Collectively, we have a role in bringing attention to the need for comprehensive systems of school mental health.

The conversation among stakeholders focused on four themes:

- Data as a Picture of Success and Need
- Data Connections
- Stakeholder Participation in Data Systems
- Telling Data Stories

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

- **Data-Driven Decision Making**
- **Data Quality Campaign**
- **Data Literacy Project**
- **School Mental Health Quality Guide: Impact**
- **Telling the Story of Nonprofit Impact through Data**
- **Dialogue Guide Response Strategies**

Practice Issue 1

Data as a Picture of Success and Need

Reaction Questions:

1. A school reports a 92% attendance rate. What thoughts does this data raise for you?

2. When you hear that 90% of students in a certain school district qualify for free lunch, what might you assume about the kinds of interventions that should be in place:

   • For academic support?

   • For health?

   • For well-being?

3. When you read that a particular school within a district is performing academically above others, what thoughts come to mind about that school's climate and practices?

   • What thoughts come to mind about other schools?

Application Questions:

1. Think about the way that data is discussed in your setting. To what extent is the focus:

   • On meeting a performance standard for the school or district?

   • On strategies to support students in meeting the standard?

   • On why meeting the standard is important to the student's choices in school and life?

   What should we do to help the discussion focus on a more complete picture of the system and the student in the system?

2. Data dashboards are a popular tool in communicating data and the change in data. In your setting, does the discussion of data:

   • Go beyond the data dashboard to focus on the conditions for learning?

   • Go beyond academic interventions to consider social, emotional and behavioral supports?

   • Include a range of staff that might contribute insights and strategies?

3. Beyond professional development, to what extent do we understand what staff believe about data? How would you know whether:

   • Expectations are connected to interpretations of data?

   • Data training improves individual practice?

   • Staff members make logical connections across data sources?

   What other considerations will tell you that staff members are really making use of data in shaping their practice?

Practice Issue 2

Data Connections

Reaction Questions:

1. The connections between academic performance and psychological well-being are well documented. In your view, what are some of the common data points that should tell us about the well-being of students?

2. The expert panel pointed to the research that shows the factors that are important for us to consider in our data systems. These include:

   • School Connectedness

   • Engagement with Learning

   • Social and Emotional Wellness

   • Mental Illness

   • Interpersonal Relationships

   • Food and Housing Insecurity

   • Risk Behaviors

   Of the factors listed:

   • Which are well understood by the school community?

   • Which are less well understood?

3. What does your school staff say about the connection of these issues to their daily work?

4. How would you describe "school connectedness" to families and the community?

Application Questions:

1. What data is currently collected that could inform the factors listed above? Explain the connections.

2. Data is not always shared or acknowledged in different parts of the school system. Using the iceberg visual in the response strategy *What Lies Beneath*:

   • What is above the surface in sharing data across parts of the school system?

   • What lies beneath the surface?

3. What data from community providers might be connected to the factors identified by the expert panel?

4. To what extent:

   • Do school and community sources share relevant data?

   • Do school and community providers turn to each other to understand issues?

5. Using the *Give and Get* response strategy:

   • What can schools get from data discussions with community providers?

   • What do schools give in data discussions with community providers?

Practice Issue 3

Stakeholder Participation in Data Systems

Reaction Questions:

1. In your view, what is the value of observational data in our data systems?

   • How well do we use observational data from school staff?

   • Do we/could we invite families to contribute to our data?

2. Multiple stakeholders have different interests and insights. What structure do we have in place or need to create to communicate the data among the various stakeholders?

3. In our view, what is the right balance between quantitative and qualitative data when communicating with families and the community?

4. What is data literacy and how can we achieve it for families and the community?

Application Questions:

1. What value lies in our data systems investing in data literacy among stakeholders?

2. What unique insights can stakeholders contribute in designing data collection on our different populations (**e.g.,** *boys of color, Hispanic girls, non-English-speaking populations, LGBTQ+ outcomes*)?

3. What is the value of stakeholder participation in designing data systems on issues that are sensitive and demand perspectives beyond the school staff (**e.g.,** *disciplinary data and how it looks with different populations*)?

4. What other issues demand stakeholder participation in collecting and interpreting data?

5. In your view, how do data sharing and data input differ?

6. How can a stakeholder perspective help us construct a more holistic picture of student performance and well-being?

7. Using the *Four Quadrants* response strategy, place the following in one of the quadrants:

   • Stakeholders inform potential connections among data sources.

   • Stakeholders have opportunities to become more data literate.

   • Stakeholders have a role in analyzing and communicating sensitive data.

   Share your reasons for that placement.

Practice Issue 4

Telling Data Stories

Reaction Questions:

1. From your perspective, how would a data story make the data more understandable?

2. How could a data story be important:

   • In reaching important groups?

   • In communicating complex issues?

Application Questions:

1. In your view, can/should a system write its own data stories?

   • Why or why not?

2. Data stories are often said to represent the "people under the data."

   • What does that expression mean to you?

   • Why is it important in your work?

3. How could data stories be used to understand different perceptions:

   • By staff?

   • By stakeholders?

   • By the community?

Core Feature 8:

Funding

Few issues generate more uniform interest and attention than funding. In 2021, this is especially important as the Recovery Act will provide extraordinary dollars to schools and agencies to address mental health during the pandemic recovery. This is complicated by the short timeline for developing state and local plans for the use of funds provided and relatively short timeline for expending the funds

These constraints bring the relationships among stakeholders into sharp focus. These individuals and groups have unique perspectives on the needs to be addressed through current and new funding. Among the most important of these stakeholders are students and families, the intended beneficiaries of new funding. The situation raises the question, *"Can we overcome our system challenges to reimagine the system we need now?"*

In co-creating this Dialogue Guide on funding, we first looked at the cross-sector agreements among national experts. Then, we explored those issues with decision-makers, practitioners and families at the state, local and organizational levels.

Across both groups, the focus on using current funding, especially foundational funding, in a more informed and connected way is a priority issue. While there is broad agreement with the Core Features, in co-creating this Dialogue Guide the array of stakeholders identified issues of common concerns. Consider how you may use these Dialogue Starters in your setting or in your organization. Collectively, we have a role in bringing attention to the need for comprehensive systems of school mental health.

The source document, *Advancing Comprehensive School Mental Health Systems: Guidance from the Field*, summarizes the expert panel conversations

on funding by coming to the following critical agreements:

- Building and sustaining comprehensive school mental health systems require innovative strategies to leverage and apply various financial and nonfinancial resources in a school or district.
- Best-practice considerations include using diverse sources, combining categorical and block grant funds from across multiple agencies to achieve shared outcomes, leveraging funding and Medicaid reimbursement by developing relationships with other agencies, matching funding to service delivery across multiple tiers, and monitoring policy and new funding opportunities (e.g., education, behavioral health, health, climate/safety, juvenile justice) at the local, state and national/federal levels.

The conversation among stakeholders offered a future-focused view from the practice level and posed three themes as inquiries:

- 90% of new education funding under the Recovery Act will pass through to the local level. Who will have a role in decision-making?
- Beyond new funding, how can we use current funding in new and better ways?
- Will we resist the temptation to add before recognizing what is working and what is not?

This Dialogue Guide incorporates both sources. The guide offers *Reaction Questions* and *Application Questions* from which you can choose Dialogue Starters that will allow you to take these conversations into your work.

Resources

Resources to inform this content are available at:

- **American Rescue Plan Elementary and Secondary School Emergency Relief State Plans**
- **School Mental Health Quality Guide: Funding and Sustainability**
- **Collective Impact**
- **Restart and Recovery: Leveraging Federal COVID Relief Funding & Medicaid to Support Student & Staff Wellbeing and Connection: Opportunities for State Education Agencies**
- **Dialogue Guide Response Strategies**

Practice Issue 1

90% of new education funding under the Recovery Act will pass through to the local level. Who will have a role in decision-making?

Reaction Questions:

1. States have submitted plans for priorities and for distributing the dollars. Will state priorities translate to local spending?

    • What "big picture" challenges might the state see that are not apparent to local audiences?

    • How might these understandings impact priorities for local districts?

    • How will you find out?

2. Local districts often make decisions with their executive team (Superintendent, Assistant Superintendent, Principals, etc.). Why is it important that districts engage more broadly in making decisions about the Recovery Act funding?

Application Questions:

1. In your view, do local districts have working relationships with stakeholder groups that have important ideas about current and new challenges? If not, how can they begin to develop these connections?

2. Given the short timelines in planning for the use of funding, what should districts be doing now?

    • What should stakeholders be doing now?

3. Given the role that families were asked to play during the pandemic, how might they be expected to be included in planning?

4. Planning will necessarily include efforts to address the needs of currently undeserved and marginalized groups whose needs became evident during the pandemic.

    • Who are these groups, and what needs to be done to engage them meaningfully?

5. Given the national emphasis on mental health during the pandemic, both schools and agencies will receive funding to address school-age issues. We might expect schools, agencies and community providers to become allies. Consider the iceberg visual in the response strategy *What Lies Beneath*.

    • If the funding guidelines are "on the surface" of this collaboration, what is above the surface in working across schools, agencies and community providers?

    • What lies below the surface?

Practice Issue 2

Beyond new funding, how can we use current funding in new and better ways?

Reaction Questions:

1. New funding is not the only way to improve practices across schools and mental health providers. In fact, a focus on our foundational funding is an important long-term strategy: What is our obligation to rethink the use of foundational funding as part of a total plan to "build back better"?

2. Nonprofit funding has played an important role in bringing attention to specific issues and engaging specific groups. In a comprehensive plan to address school mental health, what is a role for time-limited nonprofit funding?

3. A recurring comment in conversations with practitioners is the many disconnected efforts in schools and agencies to serve families and students. Will these programs play a meaningful role or a confounding role in developing new strategies? Explain your perspective.

Application Questions:

1. Many believe that the way forward will require de-implementation of practices that don't have impact. How can we examine ways our current approaches actually create more harm (e.g., exclusionary discipline, punitive attendance policy)?

2. Some groups rarely get invited to planning tables, yet they represent parties with specific needs. How can we ensure that planning under the Recovery Act prioritizes equity?

   • What will we need to do to establish meaningful connections with underrepresented groups?

   • How will we maintain these relationships beyond the planning table?

   • What role can these new potential partners play in addressing challenges that the current system has been unable to address?

3. In our current system, stakeholder networks with deep connections to practitioners come together to advance their issues. These groups can play an important role in "building back better." Offer some ideas on how stakeholder networks can help. Who can do it and what can they do to:

   • Help communicate issues broadly?

   • Rally support for approaches?

   • Explain funding?

   • Discover shared interests?

   • Build deeper connections across groups and systems?

Practice Issue 3

Will we resist the temptation to add before recognizing what is working and what is not?

Reaction Questions:

1. The Recovery Act funding represents a significant new investment that will not likely be coming again for years. Given your experience with systems (education and/or mental health):

    • Which practices will inhibit effective collaboration?

    • Which habits will advance collaboration?

2. Several stakeholders shared this insight: "We cannot buy our way out of this. We cannot hire our way out of this." In your view, what do they mean?

3. Using a *1-10 Scale* (10 high), rate the extent to which multiple discrete programs target the same or related goals. Why do we continue to create separate programs?

Application Questions:

1. Stakeholders report a tendency to answer challenges with time-limited funding applied to the issue. They also report that efforts often fade and disappear with the funding. Given the importance of the Recovery Act in addressing wide-ranging issues, what do we need to:

    • Start doing?

    • Stop doing?

    • Continue doing?

2. In your view:

    • How does discrete funding contribute to siloed efforts?

    • How can discrete funding contribute to a shared solution?

    • What is the "sweet spot" for using discrete funding initiatives?

3. Some stakeholders say that spending one-time Recovery Act funding without aligning current practices and funding sources is like "building a house on shifting sand."

    • What does this comparison suggest about the need to examine our approaches to persistent challenges?

    • What does it suggest about the need for better connections across agencies in addressing academic preparation and well-being?

4. At a minimum, what must we expect systems to do in ending practices that do harm?

   - What are some of these practices?

   - Why have we tolerated these practices for so long?

   - What will it take to end them?

5. What would meaningful participation in the Recovery Act by each of the following parties look like?

   - Relevant agencies and investments

   - Interested stakeholders

   - Families and students