School Mental Health Quality Guide

Early Intervention & Treatment Services & Supports (Tiers 2 & 3)

SH🔔PE School Health Assessment and Performance Evaluation System

UNIVERSITY *of* MARYLAND
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School Mental Health Quality Guide: Early Intervention and Treatment Services and Supports (Tiers 2 and 3) is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine. The Quality Guides provide information to help school mental health systems advance the quality of their services and supports. This guide contains background information on early intervention and treatment services and supports, best practices, possible action steps, examples from the field, and resources.

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The mission of the National Center for School Mental Health (NCSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

What is Mental Health Early Intervention (Tier 2)?

Early intervention (Tier 2) services and supports address the mental health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern.

These students can be identified through needs assessments, screening, referral, or other school teaming processes. When mental health needs are identified early and culturally responsive, anti-racist, and equitable (CARE) supports are put in place, positive youth development is promoted, and the chronicity and severity of mental health concerns can be eliminated or reduced. Sometimes these are referred to as "*selective*" mental health "*prevention*" or "*secondary prevention*" services. Tier 2 services include services provided by all school-based mental health professionals, including school-employed and community-employed.

Examples include:

- Small group interventions for students with similar needs
- Transition support groups for newcomers
- Brief individualized interventions (*e.g., motivational interviewing, problem solving*)
- Mentoring
- Low-intensity classroom-based supports (*e.g., daily report card, daily teacher check-in, and/or home school note system*)

Value of Mental Health Early Intervention in Schools

- **Mental health problems often first emerge at school**, making it a natural setting for identification and early intervention.
- Early identification of problems **prevents worsening of symptoms.**
- Early intervention **promotes positive youth development.**

What is Mental Health Treatment (Tier 3)?

Treatment (Tier 3) services and supports to address mental health concerns are provided for students who are already experiencing significant distress and functional impairment.

Sometimes these are referred to as "*indicated*" mental health "*intervention*," "*tertiary*," or "*intensive*" services and are individualized to specific student needs. Tier 3 services include services provided by all school-based mental health professionals, including school-employed and community-employed.

Examples include:

Individual, group, or family therapy for students receiving general or special education who have identified, and often diagnosed, social, emotional, and/or behavioral needs.

Value of Mental Health Treatment in Schools

- Schools are **accessible.**
- Most children who **receive mental health treatment do so in schools.**
- Evidence-based treatment **effectively reduces symptoms and promotes well-being.**
- Treatment is **most effective when integrated into students' academic instruction.**

A mechanism to systematically identify students who would benefit from services and those that actually received services can help capture access to mental health interventions in schools and districts. Teams should also assess whether services and supports are based on research evidence.

Consider:

- Of students who are identified as needing mental health early intervention (Tier 2) or mental health treatment (Tier 3) services and supports, how many received them?
- To what extent are our system's mental health early intervention (Tier 2) or mental health treatment (Tier 3) services and supports evidence informed?

QUALITY INDICATOR 1

Determine whether Tiers 2 & 3 mental health services and supports are evidence informed

Best Practices

- **Create an intervention selection committee with diverse representation of stakeholders, including:**
  - School mental health and health staff
  - Community providers
  - Administrators
  - Teachers
  - Students
  - Caregivers

- **Use national evidence-based practice registries** (*e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, California Evidence-Based Clearinghouse for Child Welfare [CEBC], OJJDP Model Programs Guide, Society of Clinical Child & Adolescent Psychology Effective Child Therapies*) **and research literature to inform selection of evidence-informed interventions.**

- **Use resources that center and affirm the identities of individuals from groups that have been historically marginalized.**

- **In selecting an intervention, consider whether:**
  - Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and positive outcomes with the intended student population.
  - The settings (*e.g., urban/suburban/rural/frontier; school/outpatient/inpatient*) are comparable to the intended setting.
  - The outcomes are consistent with those valued and prioritized by members of the school community.
  - The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students.
  - The intervention is demonstrated to be effective with diverse cultural groups and identities.
  - The intervention is effective at reducing disparities.

- **Review evidence of success** (*e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data*) **in schools with similar characteristics and student populations.**

Sources of intervention evidence to consider

- **Published studies** describe how the program has been tested and the outcomes that it has influenced.

- **Evidence-Based Practice (EBP) developers** can describe available implementation supports, how to monitor fidelity of implementation, the feasibility of adaptation, and solutions to implementation challenges.

- **Other schools and communities implementing evidence-based practices** can describe their experience with implementation and, if relevant, adaptations to the EBP.

- **Evidence-Based Practice Registries** provide information about the EBP's evidence base, features, training requirements, and cost. Examples include:

  Model Programs Guide | IES What Works Clearinghouse | Blueprints for Healthy Youth Development | Society of Clinical Child & Adolescent Psychology

* *These sources of evidence are described in more detail in the **Evidence-Based Module Series** from the National Center for Healthy Safe Children.*

Ensure Tiers 2 & 3 services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your school

Best Practices

- **Collect data on social and cultural demographics** (*e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.*) **of individuals to ensure equitable engagement in Tiers 2/3 services and supports.**

- **Create an intervention selection committee with diverse representation** (*e.g., school mental health and health staff, community providers, school administrators, teachers, students, caregivers*)**.**

- **Consider intervention fit with unique school considerations through a review of:**
  - School's student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status
  - School's and community's mental health needs, and strengths

- **Evaluate fit of existing or prospective interventions with respect to the strengths, needs, and cultural/linguistic consideration of students, families, and communities to inform adoption, adaptation, or abandonment of interventions.**

- **Collaborate with diverse stakeholders** (*including students and families*) **to evaluate fit of existing or prospective interventions with respect to the strengths, needs, and cultural/linguistic considerations of students, families, and communities to inform adoption, adaptation, or abandonment of interventions.**

- **Pilot test new practices with school population to help inform fit.**

- **As appropriate, adapt the practice to fit school population's unique considerations, and evaluate impact of adaptations.**

Resources

- **The Selecting Evidence-based Programs Guide** provides detailed, practical information about EBP selection in schools. It includes worksheets and tools for your team to assess prospective or current EBPs based on student population, intervention target, tier of service, mode of delivery, readiness, and impact evaluation capacity.

- **Evidence-Based Programs in School Settings** is a 3-part series that covers selecting, preparing, and implementing evidence-based programs for schools.

Ensure adequate resource capacity to implement Tiers 2 & 3 services and supports

Best Practices

- Evaluate staffing capacity needed to implement services and supports, including staff training requirements, qualifications, and time.

- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in providing culturally responsive, anti-racist, and equitable Tier 2/3 interventions.

- Evaluate implementation supports *(e.g., ongoing training, coaching, peer support, supplies)* needed to implement services and supports with fidelity.

- Evaluate costs associated with training and implementation.

- Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system.

After selecting appropriate programs, develop an implementation plan. Consider:

Ongoing implementation support *(e.g., coaching and fidelity monitoring)*

Progress monitoring

Staff training

Goal setting

Resources

- **The Intervention Planning Form** helps team consider all the relevant details of the capacity needed for implementation prior to deciding to adopt a new practice or intervention. It supports the mapping of current or prospective programs and guides conversations about realistic capacity needed and available. The guide also helps team consider all interventions "side by side" to highlight any areas of duplication or overlap.

- **The Implementing Evidence-Based Practices in School Settings Checklist** supports planning and teaming processes by prompting teams to:
    - Develop a plan to track implementation of core components of EBP.
    - Monitor adaptations to EBP to check fidelity.
    - Ensure that quantitative and qualitative data are obtained to monitor fidelity.
    - Develop a plan to address low-fidelity adherence.

Support training and professional development, including ongoing implementation supports

Best Practices

- **Provide interactive trainings** *(with opportunity for skills practice, role plays, action planning)*.

- **Partner with school- and community-employed providers for training and resource opportunities.**

- **Provide ongoing support for implementation** *(by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes)*.

- **Ensure trainings and other implementation supports appropriately integrate principles of cultural responsiveness, anti-racism, and equity considerations relevant to the topic.**

  * Note: Distribution of materials and one-time didactic trainings without follow-up support are ***not*** best practices to support training and implementation of practices and are generally necessary but insufficient to support implementation in schools.

What does the research say about training?

- **One-time training may improve knowledge or attitudes, but not practice.**

- **Ongoing coaching and consultation predicts skill learning and application.**

- **Train-the-trainer models require substantial oversight.**

- **80% success after 3 years of implementation with appropriate planning and ongoing support.**

Action Steps: Staff Trainings

1. **Determine who will deliver the training, who will provide ongoing coaching, and what preparation each may need** *(e.g., current employees or outside consultants attending outside trainings).*

2. **Identify dates and times to conduct staff trainings.**

3. **Review training agenda/slides prior to facilitation to ensure opportunities for:**
   - **Skills practice**
   - **Role plays**
   - **Action planning**

4. **Create an observation and feedback schedule for coaches and implementers** *(e.g., biweekly observations of implementation with 30-minute scheduled feedback the same week).*

Monitor fidelity of the implementation of Tiers 2 & 3 services and supports

Best Practices

- **Identify fidelity monitoring tools specific to the practice being implemented or develop a tool specific to the practice and the implementation context in school** *(based on fidelity monitoring tools for similar evidence-based practices)*. **Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice, and/or talking with those implementing or receiving the practice.**

- **Ensure the fidelity monitoring tool or system measures the following:**
  - Adherence to intervention's core content *(what is being implemented)*
  - Quality of program delivery *(manner in which facilitator delivers/implements program)*
  - Disparities, inequities, and disproportionalities related to the implementation of early interventions and treatment services and supports
  - Logistics *(conducive implementation environment, number/length of sessions implemented)*
  - Participant responsiveness to and staff engagement in services and supports by cultural group or identity *(e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)* relevant to the program and school community

- **Determine frequency of fidelity measurement based on what is feasible and will yield actionable information.**

- **Establish a benchmark for acceptable levels of feasibility** *(e.g., not acceptable, adequate, excellent)*.

- **Monitor and track changes or adaptations to the practice.**

- **Provide feedback to implementers and use the results to continuously improve, adapt, and sustain implementation.**

What is fidelity monitoring?

Fidelity monitoring is a system of evaluating the degree to which an intervention or program is implemented as intended.

This requires:

- Clarifying what the intervention or program intends to achieve.

- Monitoring and tracking the extent to which intentions are achieved.

- Analyzing why actions and/or methods are leading to observed outcomes.

Resource

The Fidelity Monitoring Checklist can be used for fidelity monitoring planning, including:
- Identifying fidelity monitoring tools
- Determining frequency of fidelity measurement
- Establishing benchmark for acceptable levels of fidelity
- Monitoring adaptations

Tips: Fidelity Monitoring

- **Plan ahead for fidelity monitoring methods and tools before implementation.**
- **Decide how to strike a balance between fidelity and adaptation.**
  - **Fidelity**: Degree to which a program or practice is implemented as intended.
  - **Adaptation**: How much, and in what ways, a program or practice is changed to meet local circumstances.
- **Share fidelity data back with implementers and other key members of the team to make continuous improvements.**
- **Consider:**
  - **Some evidence-based programs already have a fidelity monitoring tool, and in other cases the tool may need to be developed.** This can be as informal as routine check-ins about implementation using the initial training materials as a guide. Or, fidelity monitoring methods can include a records review with a tool or checklist of items that might indicate the practice was implemented as intended. **The most common way to monitor fidelity is via a formal observation of implementation with ratings of specific aspects of the implementation.**
  - **Adaptation is a natural part of implementation.** Document it and determine how much and what type of adaptations are appropriate as a team with input from implementers and program developers or trainers. Your team will need to decide how to balance fidelity benchmarks and adaptations for each program or practice being implemented.
  - Finally, **create feedback loops with the data,** meaning that the **findings are used constructively to learn from and support implementers over time.** Make sure to provide feedback on strengths and areas for improvement. Fidelity data can also be used within district or school mental health teams to indicate how well the program or practice is fitting in the school context. Some programs or practices will inevitably be a better fit than others, and fidelity data can be used to make decisions about whether or not to continue implementation.

Ensure intervention goals are specific, measurable, achievable, relevant, and time bound (SMART)

Goals may be documented in a treatment plan, individualized education program (IEP), or other charting or documentation system to track student response to intervention over time.

Best Practices

- Work with the student, family, and school staff to establish specific goals for the student's success; this typically involves standardized data collection, observation, and/or discussion.

- Ensure goals are specific *(concrete, detailed, and well-defined)* and aligned with student and family's cultural values, beliefs, strengths, and needs.

- Include strengths-based and person-first language *(where appropriate)*.

- Establish a measurement plan and set an achievable benchmark. What is achievable will depend on the baseline.
  - *For example, if the student is not currently staying in school any days of the week, an achievable goal might be to stay in school 2 out of 5 days to start. Or, if the student is currently referred to the front office once per day, an achievable initial goal might be to decrease office referrals from 5 to 3 per week.*

- Ensure goals are time specific, meaning there is a target date identified and interim steps are included to monitor progress during a specific timeline for goals to be achieved.

SMART Goal Example

By _____, _____ will increase
   [future date]   [student name]

the times they demonstrate positive coping

skills *(e.g., belly breathing, taking a break,*

progressive muscle relaxation) from _____
                                  [current baseline]

times per week to _____ times per week
                    [goal]

when frustrated in the classroom.
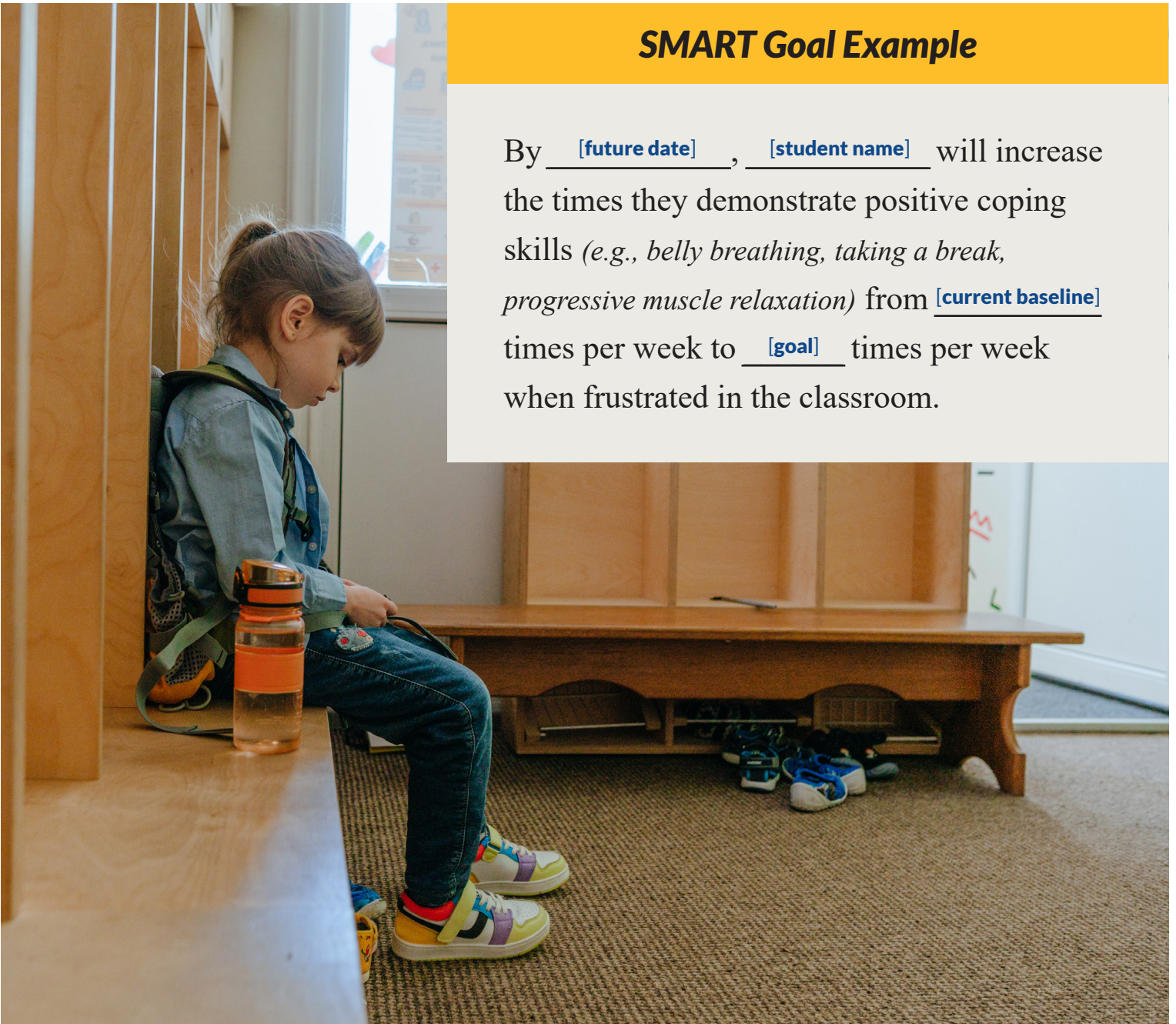
Resources

- **The SMART Goals Worksheet**:
  - Provides guidance for the development of SMART goals.
  - Can be used with students, family members, and/or teachers for collaborative goal development.
  - Guides assessment of potential obstablces and solutions, as well as benefits of the goal and action steps.

- ***The University of Maryland* School Mental Health Program Treatment Planning Guide**:
  - Includes suggested SMART goals for a wide variety of specific student concerns.
  - Provides reminders to include a baseline, make sure the goal is measurable, and indicate how the goal will be tracked or monitored over time.

Monitor individual student progress across tiers

Best Practices

- Establish a clear process and logic for students moving from one tier to a higher or lower tier, considering student strengths and progress on target difficulties.

- Use multiple data sources and reporters.

- Use validated assessment tool(s) or clearly measured targets that are trauma informed and healing centered for individual progress/goal attainment.

- Ensure the progress monitoring data is aligned with the purpose of the service or support the student is receiving.

- Provide culturally responsive, healing centered feedback to the student, family, and school staff *(when appropriate)* about progress monitoring data to inform collaborative decision-making about changes services and supports.

Action Steps: Monitor Individual Student Progress

1. **Decide where to start** *(e.g., 1 student group, several identified clinicians, 1 school, 1 type of support or service delivered)*.

2. **Identify individual student goals to monitor.**

3. **Identify a standardized or individualized measure to track progress that fits with student goals.**

4. **Identify data collection interval** *(e.g., weekly, monthly, quarterly)*.

5. **Collect data from students, parents, and school staff** *(teachers, coaches, after-school staff)*.

6. **Discuss progress data with the student, family, and teacher to decide when to continue or change services.**

7. **Scale up monitoring to larger groups of students, clinicians, or school staff.**

Resources

- **The SHAPE Screening and Assessment Library** is a searchable library of free or low-cost screening and assessment measures related to school mental health, including academic, school climate, and social, emotional, and behavioral focus areas.

- **The Student Information Systems Data Brief** describes the practice of data-driven decision-making in schools and reviews commonly-used student information systems. It is designed to help schools and districts better navigate how to identify the best student information system for them.

Example from the Field

Education for Change, **a charter management organization in Oakland, CA, partnered with** *Seneca Family of Agencies*, **a community-based mental health provider, to deliver mental health services and supports in their 7 charter schools.** The *Seneca Family of Agencies/Education for Change* partnership team wanted to provide more guidance and accountability to school-based clinicians on progress monitoring practices to drive more data-driven decision making and effective services. They first focused on Tier 2 social skills groups. They partnered with 2 clinicians to better understand the supports needed to implement the new practice. Then, tools to identify and monitor intervention goals were developed and shared with clinicians to gather feedback over three months about the feasibility and clinical utility of the progress monitoring tool. The team also collected information in the pilot phase about how to make the practice part of routine workflows to improve data collection and inform decision making. Best practices and "tips" were developed based on clinician feedback to support continued implementation.

Implement a systematic protocol for emotional and behavioral crisis response

In addition to the early intervention and treatment service array, schools need to be prepared to address mental health crisis situations that occur both inside and outside the school walls. Having and implementing a systematic protocol for emotional and behavioral crisis response is important to ensure the safety and security of all involved.

Best Practices

- Develop a protocol for emotional and behavioral crisis response based on team *(staff, family, student, community partner)* input that includes specific types of behaviors or crises, risk assessment of harm to self or others, who will respond in each instance, and how to connect students to the appropriate services and supports.

- Include guidelines and procedures for contacting the caregiver/guardian, providing feedback to teachers and school staff, and supporting a student's successful transition back to class.

- Integrate restorative practices when addressing emotional and behavioral health crises.

- Limit involvement of law enforcement *(e.g., School Resource Officers, community police)* in punitive discipline, and eliminate exclusionary disciplinary practices when possible.

- In evaluation of students, use best practices for assessing the impact of the student's unique cultural norms and linguistic or communication styles on the student's displayed behaviors to inform decisions about follow-up and/or referral.

- Include instructions that identify mental health provider coverage for each day of the week and offer crisis prevention and de-escalation tips that are trauma informed and healing centered; also include instructions for staff in the event of an emotional and/or behavioral crisis occurring at a time when there is limited or no mental health provider coverage in the building.

- Get feedback from students, families, school staff, school mental health and health providers, and community partners involved in a crisis response incident to inform continuous quality improvement efforts related to the crisis response system.

- Disseminate crisis response protocol and have it readily available for all school-based staff.

- Provide training and ongoing support for protocol implementation.

- Provide training and ongoing coaching or support for all school staff to use crisis prevention, de-escalation skills, and restorative practices that are trauma informed, healing centered, anti-racist, and culturally responsive.

- Revise protocol as needed based on feedback throughout the year.

- Ensure school community, including students and families, is aware of the behavioral crisis response protocol.

Action Steps: Create Protocols for Student Crises

1. **Specify:**
   - Types of crises.
   - Point person to respond.
   - Process for how to connect student with point person (*e.g., nearest adult calls/texts point person*).

2. **Include instructions for:**
   - Contacting guardians (*e.g., write example scripts for different situations that can be approved by school administrators ahead of time*).
   - Providing feedback to teachers/school staff after (*e.g., create sample agenda for a debriefing meeting or session*).
   - Responding when the point person is unavailable (*e.g., create list of back-ups, in the order they should be contacted*).

3. **Circulate:**
   - To staff, families, and community members.
   - In a desired format (*e.g., draft template for a letter to be tailored to fit the individual crisis and sent home with impacted students post-crisis*).

4. **Provide:**
   - Training (*schedule time for this at the beginning, middle, and end of the school year*).
   - Ongoing support (*debrief as a crisis team or administration after each event*).
   - Time to evaluate and revise protocol (*at least annually and based on staff, parent, student, and community feedback*).

Resources: Crisis Response

- **Example Crisis Response Protocol** is a basic version of a crisis response protocol at the school building level.

- **School Crisis Response Manual** from *San Francisco Unified School District* is an example of a school crisis response protocol developed for a specific school district. The purpose of the manual is to provide strategies for addressing school crisis intervention using a "crisis response." Crisis response is defined as *"an intervention designed to restore a school and community to baseline functioning and to help prevent or minimize psychological results following a disaster or crisis situation."*

- **Model School Crisis Management Plan** from *the Virginia Department of Education* offers model district policy and district and school crisis management plans. Provides guidance for specific types of crises or emergencies from individual students to schoolwide emergencies and natural disasters. Includes many tools such as sample statements and communications, planning surveys and checklists, training and drills for preparedness, forms, and informational handouts.

- ***National Education Association's* School Crisis Guide** provides guidance for schools to prevent, prepare for, respond to, and recover from such large-scale school crises, such as severe violence, hostage situations, or natural disasters that require an emergency response from the community.

For more resources,
visit the **SHAPE Resource Library** at
www.theSHAPEsystem.com
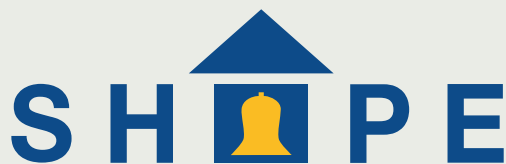
SHAPE School Health Assessment and Performance Evaluation System

School Mental Health Quality Guide *At A Glance:* Early Intervention and Treatment Services & Supports (Tiers 2 & 3)

QUALITY INDICATORS

1. Determine whether Tiers 2 & 3 mental health services and supports are evidence informed
2. Ensure Tiers 2 & 3 services and supports are equitable and reflective of your school's students and families
3. Ensure adequate resource capacity to implement Tiers 2 & 3 services and supports
4. Support professional development for Tiers 2 & 3 services and supports
5. Monitor fidelity of Tiers 2 & 3 implementation
6. Ensure intervention goals are specific, measurable, achievable, relevant, and time bound (SMART)
7. Monitor individual student progress across tiers
8. Implement a systematic protocol for emotional and behavioral crisis response

Best Practices

- **Convene a diverse intervention selection committee** and develop a process to ensure evidence-informed services and supports are implemented with fidelity.
- To **inform selection of evidence-informed interventions,** use national evidence-based practice registries, research literature, and resources that center individuals from groups that have been historically marginalized.
- **Review evidence of success** in schools with similar characteristics and student populations.
- Collect data on social and cultural demographics to **ensure equitable engagement in Tiers 2 & 3 services and supports.**
- **Evaluate fit of existing or prospective interventions** with respect to the strengths, needs, and cultural/linguistic considerations of students, families, and communities.
- **Pilot test new practices** with school population to help inform fit.
- Determine whether **staffing, implementation supports, and costs of services and supports are achievable** within current school mental health system.
- Provide **interactive trainings** which appropriately integrate principles of cultural responsiveness, anti-racism, and equity considerations relevant to the topic.
- Identify or develop **fidelity monitoring tools** and establish benchmarks for acceptable levels of feasibility.
- Work with student, family, and school staff to **establish specific goals for the student's success** which are aligned with student and family's cultural values, beliefs, strengths, and needs.
- Establish a **measurement plan** and set **achievable benchmarks**.
- Establish a **clear process and logic** for students moving from one tier to a higher or lower tier.
- Provide culturally responsive, healing-centered feedback to the student, family, and school staff about progress monitoring data to **inform collaborative decision-making** about changes to services and supports.
- **Develop an emotional and behavioral crisis protocol**, which includes guidelines for contacting caregivers, providing feedback to teachers and school staff, and supporting students' successful transition back to class.
- **Integrate restorative practices** when addressing emotional and behavioral health crises.
- **Limit involvement of law enforcement** in punitive discipline, and eliminate exclusionary disciplinary practices.
- Elicit stakeholder feedback to **inform continuous quality improvement efforts to the crisis response system.**
- **Disseminate crisis response protocol** to students, families, and all school-based staff, and **provide ongoing implementation support.**

School Mental Health Quality Guide *At A Glance:* Early Intervention and Treatment Services & Supports (Tiers 2 & 3)

Action Steps

- **Identify dates and times to conduct staff trainings, determine who will deliver the training, who will provide ongoing coaching, and what preparation is needed.**
- Review training agenda prior to facilitation to **ensure opportunities for skills practice, role playing, and action planning.**
- **Identify individual student goals** to monitor.
- Identify a standardized or individualized measure to **track progress that fits with student goals.**
- **Discuss progress data with the student, family, and teacher** to decide when to continue or change services.
- **Create and circulate protocols for student crises** and provide training, ongoing support, and opportunities for feedback.

Tips

- **Plan ahead for fidelity monitoring** methods and tools before implementation.
- Decide how to **balance fidelity benchmarks and adaptations** for each program or practice being implemented.
- **Share fidelity data** with implementers and other key team members to **make continuous improvements.**
- Use data findings constructively to **learn from and support implementers over time.**

Examples from the Field

- Oakland, California's *Education for Change* partnered with *Seneca Family of Agencies* to provide guidance on progress monitoring practices for school-based clinicians **to drive data-driven decision making in seven charter schools.**

Resources

- IES What Works Clearinghouse
- Blueprints for Healthy Youth Development
- Model Programs Guide
- *Society of Clinical Child & Adolescent Psychology*
- The Selecting Evidence-Based Programs Guide
- Evidence-Based Programs in School Settings
- The Intervention Planning Form
- The Implementing Evidence-Based Practices in School Settings Checklist
- The Fidelity Monitoring Checklist

- The SMART Goals Worksheet
- *The University of Maryland* School Mental Health Program Treatment Planning Guide
- The SHAPE Screening and Assessment Library
- The Student Information Systems Data Brief
- Example Crisis Response Protocol
- School Crisis Response Manual *from San Francisco Unified School District*
- Model School Crisis Management Plan *from the Virginia Department of Education*
- *National Education Association's* School Crisis Guide