

OCT / 03 / 2025

MICHIGAN'S GUIDANCE FOR A

Comprehensive School Mental Health System of Supports



Contents

Foreword From Dr. Rice	3
Acknowledgements	4
Introduction	7
The Value of a Comprehensive School Mental Health System	10
Core Features of a Comprehensive School Mental Health System	16
Well-Trained Educators and Specialized Instructional Support Personnel	17
Family, School, Community Collaboration and Teaming	19
Needs Assessment and Resource Mapping	22
Multi-Tiered System of Supports	24
Mental Health Screening	27
Evidence-Based and Emerging Best Practices	31
Data	34
Funding	38
Getting Started with a Comprehensive School Mental Health System	40
Glossary	43
References	48
Appendix A: The School Health Assessment Performance Evaluation (SHAPE) System	52
Appendix B: National Center for School Mental Health Quality Guides	54

Foreword From Dr. Rice

I am pleased to present Michigan's Guidance for a Comprehensive School Mental Health System of Supports to help intermediate school districts and local education agencies, both traditional public school districts and public school academies, address the mental health needs of students, educators, and school staff. This extensive guide will provide schools with a roadmap for developing, implementing, and evaluating mental health supports and services in our schools.

For most of my career, there was no dedicated funding in the State School Aid Act for children's mental health or safety. Prior to fiscal year 2019, there was no specific financial support for this work, but that changed when legislators approved and Governor Whitmer signed into law \$31.3 million in Section 31n funding in fiscal year 2019. That was followed in subsequent years by 31o, 31p, and 31aa funding, and increases in Section 31a funding. Six years later, for fiscal year 2025, the legislature approved and the governor signed into law more than \$250 million in funding for children's mental health/school safety. While we continue to have work to do financially to support our children's mental health, we have made tremendous strides in a short period of time.

Goal 3 of [Michigan's Top 10 Strategic Education Plan](#) is to improve the health, safety, and wellness of all learners. Schools can further their progress on this goal by creating safe and supportive environments through a comprehensive school mental health system. While our students, educators, and families have shown extraordinary resilience throughout these challenging times, the COVID-19 pandemic unquestionably exacerbated the need for increased social, emotional, psychological, and behavioral student supports. In good measure due to the increases in children's mental health funding

noted above, schools statewide have added more than 1,700 helping professionals and taken other actions to promote student well-being, enhance learning, and foster academic success. These additional helping professionals—social workers, school psychologists, counselors, and nurses—have been of tremendous value to students, and we need to continue to embellish their numbers in the coming years.

The Michigan Department of Education is committed to being responsive with technical assistance and to providing tangible mental health supports for districts and educators so they may support their students and staff. This guide combines the expertise of more than 50 stakeholders, including social workers, psychologists, counselors, nurses, teachers, administrators, parents, researchers, and many mental health experts. Group members started collaborating in 2023 to produce this comprehensive document of rich resources and practical guidance for developing comprehensive school mental health systems.

The importance of providing a physically and mentally safe learning environment has never been greater. I applaud and thank the stakeholders who advanced this effort by contributing their time and expertise. Most importantly, I commend the tireless efforts of the many educators who demonstrate a relentless commitment to providing their students with the mental health supports needed for them to be successful. When students feel physically and mentally safe, they are more

likely to reach their greatest potential in school and beyond.



***Michael F. Rice, Ph.D.,
State Superintendent***

Acknowledgements

The Michigan Department of Education extends its sincere thanks to the educators and leaders whose contributions were instrumental in the development of this document. These individuals shared their knowledge, expertise, recommendations, and perspectives. As a result, we believe this document will provide educators, school and district leaders, and their partners with helpful guidance to implement the comprehensive school mental health systems needed to support Michigan's students.

Workgroup Members:

Alisha Wolfsen, LMSW, Lapeer County Intermediate School District

Amanda Sherry, LMSW, Midland Public Schools

Amber Zarb, Ed.D., LICSW, LMSW-Clinical, C-SSWS

Amy Colton, Region 8 Comprehensive Center

Amy Hawtin, Ed.D., Oakland Schools

Amy Wassmann, Michigan Department of Education

Aneysa Rogers, LLMSW, Michigan Department of Health and Human Services

Angela Brigham, Ottawa Area Intermediate School District

Angela Gardner-Street, Michigan Association of School Social Workers

Ashley Sepeter, Michigan Department of Education

Ben Hicks, Michigan Association of Administrators of Special Education

Ben Karle, LMSW, St. Joseph County Intermediate School District

Beth Gruenbaum, Region 8 Comprehensive Center

Beverly Mattson, Region 8 Comprehensive Center

Bill Harris, Ann Arbor Public Schools

Carla Strome, Copper Country Intermediate School District

Michigan State Board of Education

Dr. Pamela Pugh, President

Ms. Ellen Cogen Lipton, Co-Vice President

Ms. Tiffany Tilley, Co-Vice President

Dr. Judith Pritchett, Secretary

Mr. Marshall Bullock II, Treasurer

Dr. Mitchell Robinson, NASBE Delegate

Mr. Tom McMillin

Ms. Nikki Snyder

Governor Gretchen Whitmer, Ex Officio

Michael F. Rice, Ph.D., State Superintendent, Ex Officio

Chelsea Kittridge-Farrell, Kent Intermediate School District

Christine Dillon, Ph.D., North Country Community Mental Health

Christopher Robinson, Michigan Department of Health and Human Services

Dana Billings, Michigan Department of Education

Delilah Smith, Michigan's Multi-Tiered System of Supports Technical Assistance Center

Dina Bansen, Michigan Association of School Psychologists

Dina Rocheleau, Glen Lake Community Schools

Erin M. Nostrandt MSW, LMSW, Saginaw County Community Mental Health Authority

Hendrina Cupery, Michigan Association of School Nurses

Jennifer Goodman, Pewamo-Westphalia Community Schools

Jennifer Taiariol, Ph.D., Wayne Regional Educational Service Agency & State of Michigan School and Mental Health Commission

Jill Ball, Tuscola Intermediate School District

Justin Tate, Michigan Department of Health and Human Services

Kathy Weaver, Michigan Association of School Social Workers

Kyle Snow, Region 8 Comprehensive Center

Lara Dixon, Ed.D., Michigan State University & Michigan Association of Secondary School Principals

Lauren Kazee, LMSW, Michigan Department of Health and Human Services

Lisa Gort, Holland Hospital

Mario Wilcox, LMSW, Michigan Department of Health and Human Services

Michelle Hutchison, LMSW, SSW, Michigan Department of Education

Natalie Kasiborski Ph.D., LMSW, MPH, School Community Health Alliance of Michigan

Nicholas P. Jaskiw, Newaygo County Regional Educational Service Agency

Nicole Wilbur, Michigan Association of School Social Workers

Noel Kelty, Ph.D., Michigan's Multi-Tiered System of Supports Technical Assistance Center

Noelle Duvall, Ingham Intermediate School District

Patricia I. Chinn, Oakland Schools

Paul Smokowski, Region 8 Comprehensive Center

Phoebe Gohs, Ph.D., Michigan Department of Education

Rané Garcia, Ph.D., Michigan Department of Education

Sami Hartley, Region 8 Comprehensive Center

Sara C. Lewandowski, Michigan Association of School Psychologists

Scott Hutchins, Michigan Department of Education

Sheila C. Williams-White, Ph.D., Michigan's Multi-Tiered System of Supports Technical Assistance Center

Stacey L. Meininger, Bay-Arenac Intermediate School District

Stephanie Irvine, Region 8 Comprehensive Center

Tamara Morrow, Michigan's Multi-Tiered System of Supports Technical Assistance Center

Tara Allen, Montcalm Care Network

Terri Czerwinski, MSN, RN, Michigan Association of School Nurses

Thomas Harwood, Ed.D., Royal Oak Schools & Michigan Association of School Psychologists

Val Donnan, Region 8 Comprehensive Center

Valerie Vandlen, Michigan's Multi-Tiered System of Supports Technical Assistance Center

Introduction

Mental health challenges among youth are rising, but most who need support aren't getting the care they need. Mental health is defined as the social, emotional, and behavioral well-being of students (Hoover et al., 2019). According to the Centers for Disease Control and Prevention (CDC, 2024), up to one in six children between the ages of 6 and 17 experience a **mental health disorder** each year, but only 20% of those in distress receive care from a mental health provider. The research is clear, children who experience unaddressed mental health issues have a higher chance of facing challenges in school, such as being more likely to repeat a grade, experience chronic absenteeism, and drop out of school (U.S. Department of Education (ED), 2024). That's why school-based mental health services are so crucial.

The growing mental health needs of our youth demand urgent attention, and schools can play a vital role in addressing these challenges.

When mental health challenges go unaddressed, they can significantly impact various aspects of students' lives, including academic performance, behavior, social interactions, and physical health. Early intervention and school-based support systems, such as mental health services, are essential for fostering healthier outcomes for students. Comprehensive school mental health systems provide an array of supports and services that lead to improved student and school outcomes, better social and emotional development, and safer school climates, while reducing the prevalence and severity of mental illness (Hoover et al., 2025).

**1 in 6
children
experience
a mental
health
disorder
each year.**

Mental health is defined as the social, emotional, and behavioral well-being of students.

Mental health services are broadly defined as any activities, services, and supports that address social, emotional, and behavioral well-being of students, including substance abuse.

Schools are a natural setting for collaboration across partners to promote student well-being and to support early identification and interventions for students with mental health concerns. Building a comprehensive school mental health system is a critical strategy Michigan schools can take to address mental health challenges.

(National Center for School Mental Health, 2023)

Purpose of The Guidance

This document provides a strategic overview and broad background context for school leaders, teachers, and other education professionals looking to promote well-being, improve academic outcomes, and reduce mental health issues for students by building a comprehensive school mental health system (CSMHS). The strategies and structures are aligned with Goal 3 of [Michigan's Top 10 Strategic Education Plan](#): Improve the health, safety, and wellness of all learners. Engagement with this document should lead to the following positive outcomes.

1. Increased awareness and understanding of the benefits of a **comprehensive school mental health system (CSMHS)**, the eight core features of a CSMHS, and evidence-based strategies for effective implementation.

2. Enhanced readiness for district and school teams to conduct a systematic **needs assessment** and **resource mapping** to evaluate the status of their district's and school's mental health system. This will enable teams to use the results, along with additional identified resources, to begin planning for or build upon their existing CSMHS.

Organization of the Guidance Document

The contents of this document were informed by national evidence-based practices and recommendations provided by federal, state, and local leaders. The document begins with an overview of the value of a CSMHS, providing essential context for



its importance, including definitions of foundational concepts and terms to establish a shared understanding among all readers.

Next, each of the eight core features of a CSMHS is described, accompanied by a curated selection of high-quality resources. These resources are designed to enhance further learning and equip school and district teams with the tools to effectively support initial implementation of a CSMHS.

After the description of the eight core features, you can find steps for getting started with a CSMHS. [Go to the Getting Started section](#). No matter where your school or district may be in its implementation of a CSMHS, actions can be taken to use this guidance document to develop a more effective and efficient system for supporting student mental health and well-being. The **School Health Assessment and Performance Evaluation (SHAPE) System** provides a virtual workspace and resources for schools, districts, and states to support the development of comprehensive school mental health systems, with the goal of increasing quality and sustainability.

Key vocabulary will be emphasized using bold and blue text when first introduced and defined in the [Glossary](#) at the end of this document. To jump straight to the definition of a term in the glossary, click on the word; to return to the section of the document you were reviewing, click the word in the Glossary. Additionally, a list of [References](#) is provided for further reading and validation, while [Appendices](#) offer resources to further support the implementation of a CSMHS.

How To Use This Guidance Document

District educational leaders, including intermediate school district (ISD) leaders, school educational leaders, [specialized instructional support personnel](#), and educators, can review the various sections of this document as a team and use them individually over time to support professional learning, collaboration, and communication within a CSMHS. The following guiding questions can help structure the review of this resource.

What did we learn?

What surprised us?

What is affirming?

How does what we read compare to our current status?

What are the implications for our staff, students, families, and community members?

What resources do we want to explore further?

The Value of a Comprehensive School Mental Health System

Why Address Mental Health in Schools

Mental health is vital to students' abilities to fully engage in academic, social, and personal aspects of life. According to the CDC (2024), mental health encompasses how youth think, feel, and behave, affecting their ability to achieve numerous milestones, including the following:

Handle stress

Develop fulfilling relationships

Navigate life's complexities

Adapt to change

Use appropriate coping mechanisms

Realize their potential

Meet their needs

Develop skills to navigate their environment successfully

When students have access to **mental health services** in school, they are six times more likely to receive the interventions they need to thrive (U.S. Department of Education (ED), 2021). When mental health struggles are unaddressed, they can lead to issues such as concentration difficulties, decreased motivation, depression, substance abuse, absenteeism, and a decline in academic performance.

Key Influencers on Student Mental Health

Mental health is complex, fluid, and dynamic, existing on a continuum where each student is affected differently depending on various social and environmental factors (Erickson et al., 2024), such as the following key influencers.

Family: Supportive family environments contribute to positive mental health, while family conflict and lack of parental involvement can increase stress and mental health challenges (Barrera et al., 2002; Smokowski et al., 2017).



Peers: Positive peer relationships enhance self-esteem and provide emotional support, while peer pressure and bullying can lead to increased risks of anxiety and depression (La Greca & Harrison, 2005; Smokowski & Evans, 2019).

Teachers and School Environment:

Supportive teachers and inclusive school policies promote a sense of belonging and security. Conversely, academic pressure and negative school experiences can exacerbate stress. Positive teacher-student relationships have been shown to lower anxiety levels and increase engagement, which in turn boosts academic performance (Roorda et al., 2017; Anderson & McCormick, 2020).

Societal Factors: Access to mental health services is crucial. Students with better access to care are more likely to receive timely interventions, reducing the severity of mental health issues (Smokowski et al., 2018).

Impact of Adverse Childhood Experiences and Trauma

Adverse childhood experiences (ACEs)

and trauma that occur in childhood, such as abuse, neglect, and household dysfunction, can also have lasting effects on youth mental health. According to the CDC, about 61% of adults surveyed across 25 states reported experiencing at least one type of ACE, and nearly 1 in 6 reported four or more types of ACEs (CDC, 2019). The 2019 Michigan Youth Risk Behavior Survey documented that 63% of Michigan high school students have reported one or more ACEs. Other traumatic events, including bullying in school,

are strongly linked to anxiety, depression, and other mental health challenges (Felitti et al., 1998; Espelage & Hong, 2017). The result of these experiences impact students' academic performance by leading to student absenteeism, lower grades, and higher dropout rates (Perfect et al., 2016). There is abundant evidence that schools with a positive school climate and integrated social and emotional learning are more likely than comparison schools to achieve higher standards of school safety, including less bullying, less student isolation, more positive peer and teacher-student relationships, and less weapon threat and use in schools (Astor et al., 2017).

Schools with a positive climate and integrated social-emotional learning achieve higher standards of safety (less bullying, isolation, and weapons) and more positive peer and teacher relationships.

Why Schools Play a Pivotal Role in Supporting Student Mental Health

The number of youth experiencing poor mental health, including symptoms such as depression, anxiety, hopelessness, and suicidal ideation, has risen dramatically over the past decade (CDC, 2024). In Michigan, for example, youth report higher rates of mental health concerns compared to national averages, while having less access to care (Reinert et al., 2022). Despite funding in the State School Aid Act to add more school mental health staff, Michigan still falls short of the recommended number of counselors, social workers, psychologists, and nurses per student (City Year, 2022).

When staffing is limited, a comprehensive systems approach helps schools promote mental well-being, identify student needs early, and provide appropriate support.

To effectively address the mental health crisis, schools can implement evidence-based mental health programs, provide staff with training to identify and respond to mental health concerns, and build partnerships with **mental health professionals** and organizations (Fazel et al., 2014). Schools can also offer a more accessible and less stigmatizing setting than traditional community-based mental health settings. When staffing limitations prevent individual intervention for every student, adopting a comprehensive systems approach allows schools to promote mental well-being, identify student needs early, and provide the appropriate level of support. These steps ensure that mental health services are accessible, effective, and sustainable.

The concept of mental health encompasses a continuum of interventions ranging from promoting positive social and emotional development to treating mental disorders (Adelman & Taylor, 2020). Schools are uniquely positioned to address the complex nature of student mental health by offering timely and accessible support. A CSMHS can promote student well-being, identify needs early, and match students to appropriate levels of intervention. **Evidence-based practices** that foster safe, supportive, developmentally appropriate, and **culturally and linguistically relevant** environments are essential for creating conditions that support the mental health of students from kindergarten through Grade 12 (Hoover et al., 2019).

Schools may provide one or more supports to students, including the following.

1. Identification for Additional Support Through a Multi-Tiered System of Supports

(MTSS): Schools can support students and staff through a tiered approach that promotes a positive school climate for all students, connects students who are at risk of mental health problems to early intervention services, and provides treatment for students with identified mental health needs.

2. Curriculum Integration: Schools may integrate into their regular curriculum evidence-based and age-appropriate instructional activities and content on **social and emotional learning (SEL)**, mental health, and well-being.

3. Educator Training: Educators may receive professional development in topics such as trauma-informed instruction and **mental health literacy** to prepare them to best support student mental health and create a healthier workforce. In addition, specialized instructional support personnel must be adequately staffed to provide assessment, diagnostic, counseling, educational, therapeutic, and other necessary services to support students.

4. Engagement of Families and Youth: Meaningful partnership with families and youth is essential to the success of comprehensive school-based mental health. Families and youth can provide valuable input into needs assessments, designing services and programs, providing feedback, and assisting in promoting awareness of children’s mental health needs and available services in the school (Hoover et al., 2025).



5. Emergency Operations Plans (EOP): [Michigan law \(MCL - Section 380.1308b - Michigan Legislature\)](#) requires that an intermediate school district (ISD) or local education agency (LEA), both traditional public school districts and public school academies, develop with input from the public an EOP for each school building operated by an ISD or LEA. Further, a biennial review of the EOP must be completed in partnership with at least one law enforcement agency. The Michigan State Police Office of School Safety (MSP OSS) provides [resources in support of K-12 schools](#) seeking to develop or update their EOP.

6. Monitoring Student Well-Being: Schools may ask about students’ emotional and mental health in climate surveys and may use screening tools to monitor well-being, identify student needs, and connect students to appropriate services (Hough et al., 2021).

Although these strategies offer significant potential benefits, they are not always consistently available or well-integrated across all schools. Furthermore, while school-based interventions are vital, they could be more effective with stronger coordination with community resources, ensuring long-term support for students, particularly those experiencing serious mental health challenges. In partnership with communities, schools can offer a seamless continuum of supports to students with and without mental health challenges (Hoover et al., 2025).

Building Resilience

While some students face a combination of risk and protective factors, many can learn to adapt and build **resilience** with proper support. Resilience, the ability to “adapt in the face of adversity, trauma, tragedy, threats, or significant sources of stress” (American Psychological Association, 2020), is essential for students to navigate life’s challenges.



Schools play a crucial role in fostering this resilience by creating environments that nurture both academic success and mental well-being.

Benefits of a Comprehensive School Mental Health System

Addressing mental health in schools is not only about enhancing academic performance, but also about nurturing students’ overall development and preparing them for life’s challenges. A CSMHS offers a full continuum of services—ranging from prevention to early intervention and intensive support—ensuring that students have access to the mental health resources they need. These systems create a supportive school environment that promotes student well-being, enhances learning, and fosters academic success. By improving school climate, encouraging student SEL, promoting mental health, and reducing the severity of mental health challenges, a CSMHS transforms a school into a healthier space for growth. The ultimate benefits of a CSMHS are far reaching.

For students, it provides timely access to mental health resources, reduces the **stigma** around seeking help, and leads to better academic and social outcomes (Weist et al., 2018).

For schools, it reduces behavioral issues, improves student engagement, and boosts academic performance (Hoover et al., 2019).

For communities, it results in healthier, more resilient youth who are better prepared to face future challenges and contributes to a healthier and more productive community overall.

Schools are well-positioned to lead a systematic approach that improves student mental health and well-being, while decreasing the risk of mental health challenges that interfere with daily life. According to Hoover et al. (2019):

Comprehensive school mental health systems provide an array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness. These systems are built on a strong foundation of district and school professionals, including administrators, educators, and specialized instructional support personnel, all in strategic partnership with students and families, as well as community health and mental health partners. The systems also assess and address the social and environmental factors that impact mental health, including public policies and social norms that shape mental health outcomes.

By providing appropriate mental health resources and services through a comprehensive system, schools can achieve the following (Hoover et al., 2019).

Break down barriers to create safe, supportive learning environments for all students.

Strengthen student resilience.

Reduce mental health stigma, risks, and racial and ethnic disparities.

Improve mental wellness and academic performance.

The Michigan Department of Education (MDE) advocates for advancing comprehensive school mental health systems by implementing the

eight core features of a CSMHS identified by the [National Center for School Mental Health \(NCSMH\)](#). These features work together to create a system that promotes student mental health and well-being, addresses mental health needs, and supports students' learning and development (Hoover et al., 2019). This approach integrates the MDE continuous improvement process (MDE, 2022) with the existing MTSS. Each of the eight core features of a CSMHS connects with others, and in no particular order, they include the following:

Well-trained educators and specialized instructional support personnel

Family-school-community collaboration and teaming

Needs assessments and resource mapping

Multi-tiered system of supports (MTSS)

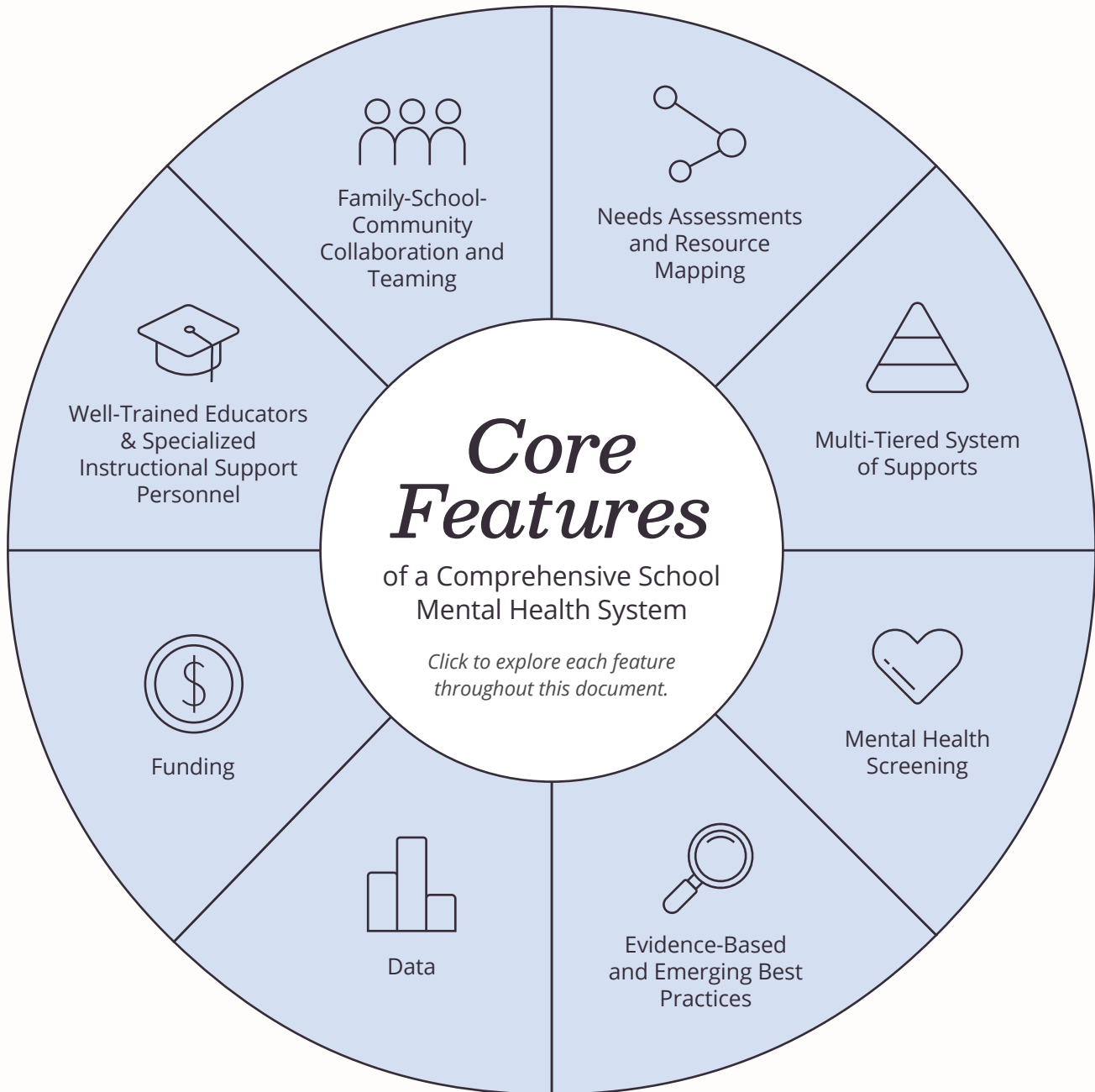
Mental health screenings

Evidence-based and emerging best practices

Data

Funding

This strategic integration ensures that schools are equipped to provide the right level of support to students while fostering a positive and supportive learning environment. Most school districts already have pieces of a school mental health system in place, such as school-employed staff, contracts with community providers, or mental health training for educators. The challenge is to build on the existing components and mobilize stakeholders to develop a vision for a CSMHS (Hoover et al., 2025).



In the following sections, each of the eight core features of a CSMHS is described and include a curated selection of high-quality resources. Descriptions for each of the core features were drawn from resources developed by the Wisconsin Department of Public Instruction (2021) and the NCSMH

(Hoover et al., 2019). Additional resources are available in Appendices A and B, and these resources are designed to enhance further learning and equip school and district teams with the tools to effectively support initial implementation of a CSMHS.



Well-Trained Educators and Specialized Instructional Support Personnel

A CSMHS relies upon well-trained educators and specialized instructional support personnel. According to a [meta-analysis](#) conducted by the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2020), students in schools where teachers participated in ongoing SEL-focused professional development exhibited significant improvements in emotional regulation, interpersonal skills, and academic performance. Educators are often on the frontlines of promoting student mental health and identifying and referring students who need additional support, while school mental health personnel can assess and address student mental health needs.

Educators benefit from professional learning in mental health literacy to understand common mental health concerns and how to identify warning signs in students and respond appropriately when students present with concerns. This response should include knowledge of the resources and services available to students through the school and established protocols and procedures for making referrals and connecting students to supports.

Educators may also benefit from training in classroom management strategies that allow them to create positive learning environments; in [trauma-informed practices](#) to allow them to understand the impact of trauma on students' learning and behavior and to utilize more effective techniques for engaging these students; and in strategies

for assessing and enhancing their own well-being, which can impact the well-being of their students and their classroom climate.

Educators are often on the frontlines of promoting student mental health and *identifying and referring* students who need additional support.

When developing a training calendar, schools and districts must consider the frequency and sustainability of professional development delivery. [Train-the-trainer](#) models or [asynchronous learning](#) options can help schools manage training costs and meet training demands caused by staff turnover. Trainings should include a clear call-to-action that specifies role-appropriate expectations for what staff will do with the information given to them. Regularly distributing

reminders about resources and protocols, highlighting local implementation success stories and program champions, and providing opportunities for staff to troubleshoot challenges and discuss innovative solutions can help engage educators in the school mental health system throughout the school year.



Learn More

[Roles and Functions of School Mental Health Professionals Within Comprehensive School Mental Health Systems \(School Mental Health\)](#): This study explores the core clinical competencies, time allocation, and responsibilities for the provision of mental health services of four school-based mental health professions (school nurse, school counselor, school psychologist, and school social worker).

[How to Talk About Mental Health \(Substance Abuse and Mental Health Services Administration\)](#): Educators are often the first to notice mental health problems in children and young adults. This website includes ways educators can help students and their families better understand mental health and resources that are available.

[Implementing School Mental Health Supports: Best Practices in Action \(National Center on Safe Supportive Learning Environments\)](#): This worksheet provides guidance, critical best practices, and potential adaptations for navigating implementation challenges related to school behavioral health services. Each of the six recommendations includes tangible best practices and an example of a school district and how they navigated the implementation challenge.



Family, School, Community Collaboration and Teaming

Effective comprehensive school mental health systems rely on collaboration and teaming among multiple organizations and entities. These groups may include school and district staff, mental health professionals, community partners, students, and families (NCSMH, 2020).

School and district staff may include psychologists, counselors, social workers, nurses, teachers, administrators, and coordinators responsible for school mental health-related initiatives.

School-employed staff and mental health providers may collaborate on the development and implementation of screening, referral, and intervention services within an MTSS.

Students can provide valuable insights into their own mental health needs and can be involved in planning and implementing mental health initiatives, particularly when success depends on effectively communicating with and engaging with their peers.

Families play a crucial role in supporting their children's mental health and well-being. Fostering family-school partnerships is essential for effective and responsive communication and collaboration on initiatives that promote student mental health, in and out of school.

Effective family-school-community partnerships are built on principles developed and shared jointly by all partners.

All team members must be committed to working together to address the mental health needs of each student. Teams should



aim to take a trauma-informed approach that recognizes the impact of trauma on students and families and is **culturally responsive** to addressing the needs of diverse student populations. In partnership with communities, schools can offer a seamless continuum of supports to students with and without mental health challenges.

Working collaboratively with community partners and families, schools can provide a more comprehensive array of services to students, increasing services and staff capacity within the school building and facilitating connections to additional resources in the community. Regular communication and collaboration among partners can lead to a more efficient use of resources, streamlining and coordinating access to services and reducing potential duplication of services. Successfully sharing information across collaborators using a common data system or

infrastructure ([bhworks](#), the care coordination platform supporting 31n(6)-funded providers) allows this capacity. Investing in teams and collaborative partnerships promotes a sense of shared responsibility for student mental health and well-being for everyone involved.

Learn More

[Supporting Parent and Family Engagement to Enhance Students' Academic, Social, and Emotional Learning \(CASEL\)](#): This brief from the Collaborative for Academic, Social and Emotional Learning (CASEL) summarizes research on how schools can support families to enhance students' academic, social, and emotional learning. The resources linked include evidence-based strategies and practices that schools can use to create strong, authentic partnerships between schools and families. The research summary is useful for schools, community partners, and families.

[Students and Communities Can Be Better Served Via Partnerships Between Community Organizations and Schools](#): This practice guide focuses on community-school partnerships and their potential to transform schools. An example of a fictional partnership between a school district and non-profit community organization is used to guide readers through the process to develop an effective community-school partnership. The key elements and strategies that lead to a successful community-school partnership are illustrated, including key questions to ask and key themes to consider.

[Toolkit for Schools: Engaging Parents to Support Student Mental Health and Emotional Well-Being \(CDC Healthy Schools\)](#): This toolkit was developed to provide practical resources for school teams to use in reaching out to families to build school connectedness and to support students' mental health and their emotional well-being. The resources in this toolkit focus on the Whole School, Whole Community, Whole Child model for family-school partnerships in creating an environment where students are healthy, safe, engaged, supported, and challenged.

[MiFamily: Michigan's Family Engagement Framework \(MDE\)](#): Developed specifically for Michigan schools, this guide reviews research and best practices on integrating family engagement into the school and program improvement process. This tool is for programs, school districts, and schools to use in developing and expanding home-school-program partnerships to support learning and healthy development.

[School Mental Health Quality Guide: Teaming \(National Center for School Mental Health\)](#): This guide contains background information on establishing school mental health teams, best practices, possible action steps, examples from the field, and resources to help school mental health systems advance the quality of their services and supports.



Investing in teams
and collaborative
partnerships
promotes a
sense of *shared
responsibility* for
student mental
health and
well-being for
everyone involved.





Needs Assessment and Resource Mapping

A needs assessment is a collaborative process used by a system to identify gaps between current and desired conditions and system strengths. It allows a school to identify and address student needs that are the most pressing, understand how well existing services and supports meet student needs, identify and leverage strengths, and inform priorities and actions for programming. 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 (Hoover, et al., 2019).

[The Michigan Integrated Continuous Improvement Process \(MICIP\)](#) is a pathway for districts to improve student outcomes by assessing whole child needs to develop plans and coordinate funding (MDE, 2022). The first step when developing a new plan using the MICIP process is to assess needs by looking at data from several sources—including academic, non-academic, and systems—as well as a variety of types—achievement, demographic, perception, and process—to identify gaps between the current state and desired future state. It is also critical that districts engage in a root cause process to identify not only “what” the needs are but also “why” they exist.

In addition to the MICIP, it is recommended that districts form teams and use the [School Mental Health Quality Assessment – District Version \(SMHQA-D\)](#) to assess the comprehensiveness of their school mental health system and identify priority areas for improvement. The SMHQA-D covers seven domains of comprehensive school

mental health, including a full continuum of supports for the well-being of students, families, and the school community.

As part of the needs assessment process, teams can evaluate these critical benchmarks:

If the school mental health team has adequate staffing capacity to provide supports that address student mental health concerns.

If professional development on mental health for school staff is relevant and delivered frequently enough to be retained.

How often students referred to community-based services are able to access supports that help them feel and function better.

Resource mapping is a proactive process to identify, visually represent, and share information about school and community-based mental health services, supports, and resources available to schools and families (NCSMH, 2020). The resource map or guide that results from this process is often based on the needs assessment; it may also be referred to as an asset map or environmental scan. Information about services featured in the resource map may include the physical location, contact information, types of services offered, specific mental health or other needs addressed by the services, and how students and families can access the supports available to them.

Resource maps should include a broad scope of resources that support and benefit student mental health, going beyond



medical and health services to include non-profit and other community-based resources that offer opportunities for mentorship, positive youth development, parenting support, extracurricular activities, connections to social services, and group-based support. The resource map should be as comprehensive as possible, informed by identified community needs, and routinely reviewed to ensure information about resources remains up to date.

Learn More

[School Mental Health Quality Guide: Needs Assessment and Resource Mapping \(NCSMH\)](#): This guide for school and district teams contains background information on definitions of needs assessment and resource mapping, how needs assessment and resource mapping fit together, best practices, possible action steps, examples from the field, and additional resources. The guide outlines specific action steps and links to a variety of external mapping resources.

[School Mental Health Quality Assessment – School Version \(NCSMH\)](#): This resource is designed for school teams to assess the comprehensiveness of their school mental health system and identify priority areas for improvement. The resource includes assessing tiered services and supports for all students, and the results enable a school to prioritize needs, drive strategic planning, and serve as progress monitoring of the school's mental health system over time.

[Resource Mapping in Schools and School Districts: A Resource Guide \(Center for School Mental Health\)](#): This resource provides district and school teams with an easy-to-follow guide on how to use resource mapping to link regional, community, and school resources with the district's vision, organizational goals, specific strategies for addressing problems, and student outcomes. It includes a section on how schools can maintain, sustain, and evaluate resources that are a part of their mapping efforts. In addition, the guide provides example templates for school districts to document their efforts.

[Resource Mapping Strategy \(Harvard Graduate School of Education\)](#): There are many programs, interventions, services, and resources available that can support student well-being and the development of a positive school culture and climate. Before adopting new programs or substantially changing current practices, it is helpful to review and consider school-based programs and resources that are already in place. This guide will help school leaders better assess the needs of the school and make informed decisions about where to focus change efforts through the process of resource mapping.



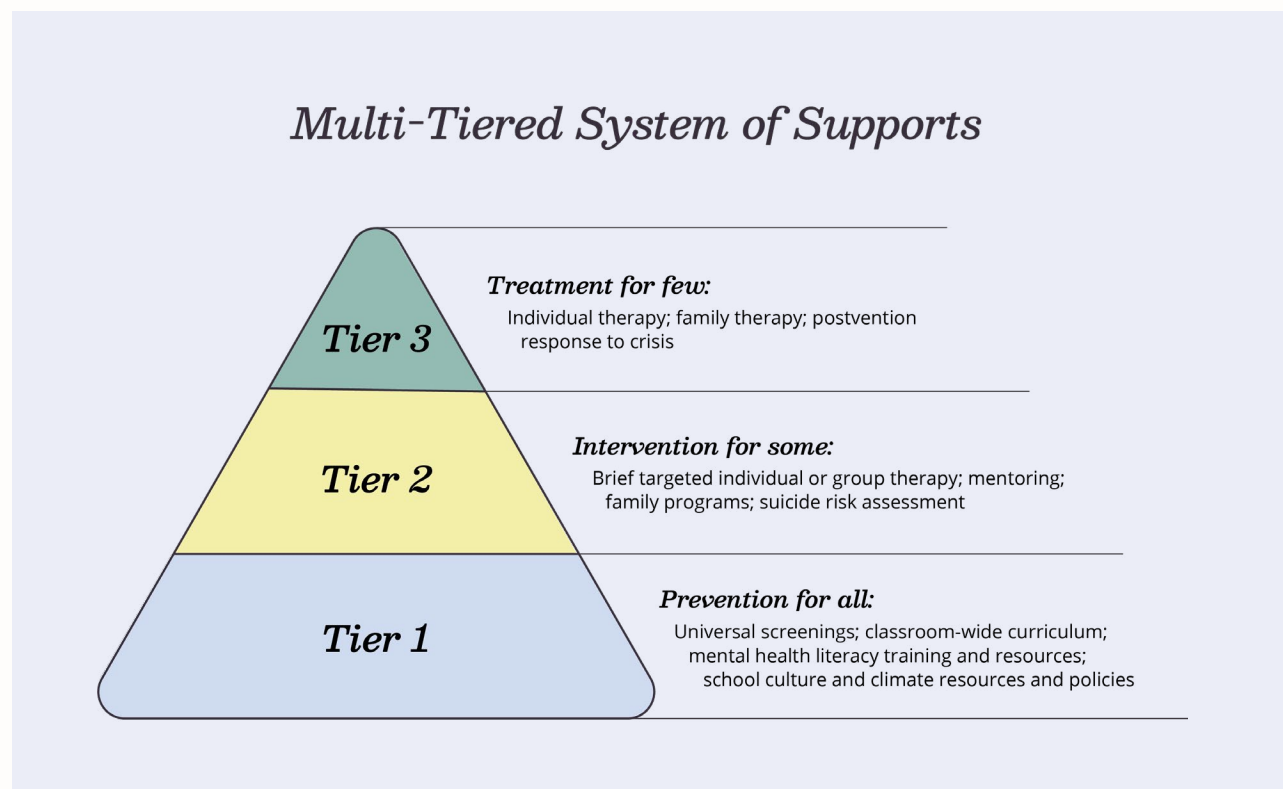
Multi-Tiered System of Supports

Many schools provide instructional services and supports with varying levels of intensity through Multi-Tiered System of Supports (MTSS) to address the academic needs of the entire student body. A CSMHS can also support students and staff through a tiered approach that promotes a positive school climate for all students, connects students who are at risk of mental health problems to early intervention services, and provides treatment for students with identified mental health needs (Hoover et al., 2025).

By using data, schools can identify services and activities that meet students' evolving needs, creating a flexible and responsive continuum of support for all students. According to the [Michigan Multi-Tiered System of Supports](#).

[Technical Assistance Center \(2024\)](#), the MTSS approach helps develop structures that ensure all students can access a range of mental health supports. Tiers are designed to be layered, with the intensification and individualization of supports matched to each learner's needs.

Tier 1 universal supports focus on promoting mental health and well-being for all students, regardless of whether they are at risk for mental health problems. They can be implemented schoolwide, at grade level, or in classrooms. These services and supports tend to focus on strengthening or reinforcing positive social, emotional, and behavioral skills and may include efforts to support positive school climate and staff well-being.



- Examples: Schoolwide curricular lessons and grade-level or classroom presentations for all students; universal screening; mental health literacy resources for educators and school staff; anti-bullying and harassment policies; and alternatives to exclusionary discipline.
-

Tier 2 early intervention services and supports are provided for students who have been identified through needs assessments, screening, or referrals as experiencing mild or moderate distress requiring targeted intervention, or as being at risk for developing a given behavioral issue or mental health concern. When the need for support is identified early, positive youth development is promoted, and concerns can often be addressed through less intensive intervention.

- Examples: Small-group level interventions; mentoring; brief individualized interventions; low-intensity classroom based supports; and [school-based youth peer support services](#).
-



Tier 3 treatment services and supports

build on tier 1 and tier 2 interventions by providing intensive, individualized interventions for students with highly accelerated, or severe and persistently challenged, academic and/or non-academic needs due to identified social, emotional, and/or behavioral needs.

- Examples: Individual, group, or family therapy for students who have been identified with social, emotional, and/or behavioral health needs.
-

Learn More

[MiMTSS Technical Assistance Center:](#)

Michigan’s Multi-Tiered System of Supports (MiMTSS) Technical Assistance Center (TA Center) is a state and federally funded project that helps intermediate and local school districts implement and sustain an MTSS in their schools to improve student outcomes in behavior and learning.

[Multi-Tiered System of Supports \(MDE\):](#) The Michigan Department of Education’s MiMTSS website is a rich source of information that includes resources, in-person and asynchronous professional learning opportunities, answers to common questions, timely news updates, and technical assistance.

[Michigan Department of Education Multi-Tiered System of Supports Practice Profile v. 5.0](#)

[\(MDE\):](#) The MTSS practice profile clearly defines standards or expectations for what MTSS looks like in practice and provides guidance for implementation of MTSS as indicated in Michigan’s state law. It describes specifically what actions educators and leaders take when using an MTSS framework as intended. The

tool identifies the five essential components of MTSS and its underlying philosophy, expected outcomes, and research base.

[Fiscal Guidance for Implementing a Multi-Tiered System of Supports \(MDE\)](#): This document provides Michigan school districts with guidance on how to coordinate the use of state and federal funds to support the implementation of an MTSS. The guidance begins with a brief overview of MTSS as defined by the MDE MTSS practice profile and general methods for coordinating state and federal funds. The overview is followed by descriptions of how federal and state funds may be used to implement example activities organized first by funding streams and then by the five essential components of MTSS. Lastly, three narratives showcase diverse districts applying the continuous improvement process to identify needs, develop plans, and fund activities to support the implementation of MTSS. Each district narrative offers unique insights into how districts are implementing MTSS and illustrates how coordinated funds may be used to improve learner outcomes.

By using data, schools can identify services and activities that meet students' evolving needs, creating a *flexible and responsive* continuum of support for all students.



Mental Health Screening

Mental health screening in schools as part of a CSMHS can help identify strengths and challenges in students, which can promote positive mental health and address challenges before they escalate. It is widely recognized when mental health issues are identified earlier, students are more likely to receive treatment sooner, which can lead to increased positive outcomes such as improved functioning at home, at school, and in social settings (Harvard University Center on the Developing Child, 2013). Screening identifies supports and interventions (e.g., individual, family, school, community, and system) to prevent or address mental health concerns. Screening instruments may assess individual, family, and community needs and strengths. This can be accomplished with a systematic tool or process that is culturally and linguistically relevant for the population, including standardized student-, caregiver-, and/or teacher-report measures, **mental health surveillance** data, or a structured **teacher nomination tool**.

Mental health 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 is termed "universal" when it is provided to an entire student population (i.e., a grade, school, district, or state) to identify students' strengths and needs ([National Center on Safe Supportive Learning Environments](#)). Screening can be anonymous or targeted, universal or individual, and can match the MTSS tiers. In general, universal screeners

should cover common themes, including both strengths and challenges (e.g., risk factors and protective factors for youth). SEL assessments focus on interpersonal and emotional domains (i.e., social skills, emotional regulation) and are often tied to program outcomes to evaluate change over time. Finally, mental health and substance use screeners are commonly used by schools to identify problem areas requiring special services (e.g., anxiety, depression, eating disorders, and substance abuse).

When mental health issues are identified earlier, students are more likely to receive treatment sooner, which can lead to increased positive outcomes such as improved functioning at home, at school, and in social settings.

With the help of properly trained staff and a plan for implementation, screening tools can provide schools with data to recognize students' strengths and challenges; in turn, this information can be used to inform next steps to understand and address students' needs. Mental health screenings can be especially impactful when they identify problems in childhood or adolescence, as opposed to allowing those issues to go undiagnosed until adulthood (NCSMH, 2023).



Universal screening for concerns such as social skills deficits, aggressive behavior, anxiety, or depression—particularly when implemented within an MTSS—may help students receive earlier services than they otherwise would and may prevent the need for more intensive therapeutic services. These universal anonymous screeners can provide **aggregate data** on classroom or school climate. In addition, screeners can be used for students receiving tier 2 and 3 interventions to make decisions about programming, need, and impact of supports. Mental health screeners are a subset of universal screeners that are used by specialized instructional support personnel to track the signs and symptoms of behavioral health issues (i.e., depression, anxiety, stress, trauma, eating disorders, and substance use) and may be used to assess the effectiveness of prevention and intervention supports related to student well-being. Mental health screeners can be used in universal screening with all students and/or may be used with students manifesting specific difficulties. Implementing effective mental health screening practices can be a crucial step in identifying students at risk and connecting them with appropriate resources.

Best practices for mental health screening (NCSMH, 2023) include the following suggestions.

Involve students and families in the planning and implementation process.

Ensure that screening tools and processes are culturally and linguistically relevant.

Assess student social and emotional strengths, mental health concerns, and adverse childhood experiences.

Prior to implementation, share information about screening in multiple formats for diverse cultures and languages. Engage students and families in a consent process before screening and offer the opportunity to opt in or opt out.

Ensure there is an updated list of internal and external mental health resources to support students/families after screening.

Roll out initial screening efforts gradually before scaling up.

Ensure there is a sufficient system and staff capacity to administer and respond to screening.

Immediately respond to risk of harm to self and/or others.

Have a defined and timely process to assess screening/assessment results that allows for **triaging** students to further assess the need for tiers 2 and 3 services and supports.

Have information sharing agreements/protocols in place to promote coordination of care.

Ensure that policies and procedures are trauma-informed, healing-centered, culturally responsive, and inclusive.

Learn More

[Choosing and Using Screeners and Assessments \(National Comprehensive Center & MDE\)](#): This guide gives an overview of the

distinguishing factors among different types of screeners and their purpose, audience, and considerations when selecting one to use.

[Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools \(SAMHSA\)](#):

This document provides a comprehensive overview of mental health screening in schools, including its benefits, different approaches, and considerations for implementation. It emphasizes the importance of using validated and reliable screening tools.

[Mental Health Screening Tools for Grades K-12 \(NCSSLE\)](#):

This document from the National Center on Safe Supportive Learning Environments (NCSSLE) discusses mental health screening tools for K-12 students, emphasizing their importance, implementation, and considerations for use.

[School Mental Health Quality Guide: Screening \(NCSMH\)](#):

The quality guides from the National Center for School Mental Health (NCSMH, 2023) provide information to help school mental health systems advance the quality of their services and supports. This guide contains background information on school mental health screening, best practices, possible action steps, examples from the field, and resources.

[The SHAPE System Screening and Assessment Library \(NCSMH\)](#):

The School Health Assessment and Performance Evaluation (SHAPE) System, a free online platform for district and school teams, includes screening tools appropriate for use in school mental health systems. Search for the screening or assessment tool that best fits the needs of your school by focus area (academic, school climate, or social/emotional/ behavioral), purpose, student age, language, reporter, and cost.

Every measure has been carefully reviewed and includes a summary with direct links to copies of the instrument and scoring information.

[School Wellness: Mental and Behavioral Health Screening \(Illinois State Board of Education\)](#): This webpage from the Illinois State Board of Education provides valuable insights from a recent landscape scan on mental and behavioral health screening practices in schools across the state. It offers a real-world example of how different districts are approaching this issue.

[Best Practices in Social, Emotional, and Behavioral Screening – An Implementation Guide](#): Universal social emotional behavioral (SEB) screening is one component of a comprehensive approach and is increasingly being adopted by schools and districts across the country. This guide summarizes the current state of research and practice related to universal SEB screening and provides practical and defensible recommendations.



Evidence-Based and Emerging Best Practices

Effective comprehensive school mental health systems provide a continuum of supportive interventions to students through established, evidence-based practices (EBPs) and emerging best practices. EBPs are interventions and programs that have been rigorously researched and proven effective in promoting student mental health and well-being. Using EBPs increases the likelihood that students will benefit from interventions matched to their strengths and needs. Databases such as the [What Works Clearinghouse \(WWC\)](#) from the Institute of Education Sciences can help schools and districts select evidence-based programs and practices that match their schools' needs and context.

EBPs are most likely to be effective when they match the community's needs and strengths, are culturally and linguistically relevant, and the school community feels that implementation is realistic, given available staffing capacity, training, schedules, and other resources. The [National Center for Healthy Safe Children](#) provides a step-by-step guide and a series of online learning modules for selecting and implementing EBPs in schools. When EBPs are implemented well, positive outcomes are more likely to occur. Planning for adequate initial staff training; ongoing supervision, coaching, or technical assistance; and data collection to monitor implementation fidelity and program outcomes is essential.

An MTSS can be used as an organizing framework for selecting EBPs and promising practices that support students at each tier of

need. This may include SEL and/or **positive behavioral interventions and supports (PBIS)** for all students at tier 1, targeted interventions at tier 2 for students with mild or moderate concerns or who are at risk of developing additional concerns, and more intensive individualized interventions at tier 3 for students with more significant needs.



Applying targeted services in the mental health context is complicated by the need for robust data on students' needs, such as from screeners and other assessments, as well as proven interventions that can be mapped to differing needs. MDE has identified [bhworks](#) as a care coordination platform that schools and their direct service providers can use to streamline the planning, delivering, and

monitoring of behavioral health interventions and services. This web-based platform is Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) compliant and aligns with MDE's data protection standards. Schools can integrate bhworks into their school mental health system to achieve the following.

Screen entire student populations using minimal resources.

Follow consistent best practices and standardized processes.

Allocate more time to providing student services.

Increase operational efficiency and reduce administrative burdens.

Gain insights into key drivers of outcomes with dashboards that aggregate data from multiple sites.

Offer telehealth services for anytime, anywhere access to care.

Facilitate coordinated care across traditional boundaries.

Access real-time data instantly.

At the time of publication of this guidance document, the bhworks platform is available to all ISDs and their State School Aid Section 31n(6)-funded providers at no cost, allowing schools to identify and deliver necessary interventions to support students' well-being. Other state funding, such as Section 31aa, may also be available for other providers to be added to the platform, or at the expense of the ISD or local education agency (LEA). For more information, email the [MDE Office of Health and Safety at MDE-OHS@Michigan.gov](mailto:MDE-Office-of-Health-and-Safety@Michigan.gov).

Learn More

[Best Practices In Coordinating School-Based Mental Health Care \(Hanover Research\)](#): This report provides an overview of school-based mental health services and best practices for coordinating the provision of mental health services with external community providers across all three MTSS tiers. The sections provide a broad overview, examine specific practices, and profile collaborative partnerships. Also, the report provides implementation suggestions within its Key Findings as it surveys current academic and policy research regarding the benefits of school-based care for academic and behavioral outcomes and organizational structure.

[Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders \(CDC\)](#): This guide describes six in-school strategies to promote and support mental health and well-being. It includes aligned approaches, or specific ways to put each strategy into action, as well as examples of evidence-based policies, programs, and practices.

[Is Positive Behavioral Interventions and Supports \(PBIS\) an Evidence-Based Practice? \(Center on PBIS\)](#): PBIS is a widely implemented framework for promoting positive school systems and fostering students' social, emotional, behavioral, and mental health. Numerous studies indicate that PBIS implementation improves student outcomes, educator practices, and school systems. This brief presents the findings of a systematic literature review exploring how tier 1 PBIS implementation affects valued educational outcomes. Findings demonstrate that PBIS can be designated as an evidence-based practice for reducing exclusionary discipline and improving social, emotional, and behavioral outcomes.

[Mental Health And Schools: Best Practices To Support Our Students, Implications for Policy, Systems, And Practice \(The Baker Center, 2023\)](#): This report highlights national- and state-level (Massachusetts) best practice recommendations for addressing behavioral health within school systems, with an emphasis on utilizing an MTSS approach. The report further addresses key components related to behavioral workforces in both schools and the community, in addition to evidenced-based practices for school-based behavioral health.

[Implementing School Mental Health Supports: Best Practices in Action \(NCSSLE\)](#): This worksheet provides guidance, critical best practices, and potential adaptations for navigating implementation challenges related to school behavioral health services. Each of the six recommendations includes tangible best practices and an example of a school district and how they navigated the implementation challenge.

[How to Talk About Mental Health \(Substance Abuse and Mental Health Services Administration\)](#): Educators are often the first to notice mental health problems. Find out about helpful information concerning student mental health, such as behavioral warning signs to look for in students, simple actions to support the mental health of students, and indicators of an effective school-based mental health program.



Data

Data is a powerful tool for teams to use in planning, implementing, and improving school mental health systems. **Data outcomes**, **data systems**, and **data-driven decision-making** are all critical components to supporting a CSMHS (Hoover et al., 2019), and teams should consider using each of them as key elements to support the implementation of a CSMHS.

By collecting, analyzing, and using data effectively, schools can identify student needs and strengths, understand gaps in services, track progress in implementing programs, and measure the impact of supports and interventions on important student outcomes. Data can help identify students most in need of mental health support as well as areas where existing programs may not be meeting the needs of all students. Information used to assess student mental health needs can include student data, such as demographics, disciplinary referrals, attendance records, mental health screening results, mental health program participation, **school climate survey** results, and **academic performance data**. Identify the existing data systems where these pieces of information reside and consider how they may be integrated to provide a more holistic view of the school mental health system.

Data allows schools to track student behavior and well-being progress over time and measure the effectiveness of mental health programs and interventions. This data can inform decisions about what interventions are working and

Data helps schools track student well-being over time and measure their mental health program's effectiveness.

Data outcomes consist of information that teams can use to monitor student needs, assess the quality of CSMHS implementation, and evaluate the impact of CSMHS services and supports on students. These data may include factors such as school and district system performance, school climate, teacher retention, and well-being of both teachers and students.

Data systems refer to the use of school information management and student information platforms to facilitate the collection of data.

Data-driven decision-making refers to the use of comprehensive data to inform school mental health planning and delivery to monitor the implementation of the CSMHS with students and its progress.

where improvements need to be made, guiding discussions about resource allocation, community partnerships, modifications to existing programs, staff training needs, and overall school-based mental health service delivery.

To effectively use data in a CSMHS, it's important to establish clear goals and objectives. Guide your selection of data points based on the questions or decisions you want it to inform and use a variety of data sources to get a comprehensive picture of student mental health needs and program effectiveness. This can include student-level, school-level, or even district-level data, as well as both **quantitative data** and **qualitative data**.

Schools should regularly schedule time to analyze data and to share and discuss findings with relevant constituents, including educators, administrators, families, and students. Where appropriate, demonstrating data transparency and communicating how it is being used to make decisions about CSMHS planning is essential for building trust, generating insights, and cultivating a habit of using data to drive decisions that improve student well-being.

Learn More

[School Mental Health Quality Guide: Impact \(NCSMH\)](#): This guide for district and school teams focuses on the long-term effects or changes resulting from implementing a CSMHS. It provides best practices, action steps, examples from the field, and other resources related to documenting and reporting the impact of school mental health systems. The guide emphasizes the importance of data in understanding successes, advocating for ongoing funding, and supporting sustainability.

[Advancing Comprehensive School Mental Health Systems, Core Feature 7 – Data Dialogue Guide \(NCSMH\)](#): This resource for districts and schools provides dialogue starters developed by vested partners to engage in deep conversations around data in a CSMHS. The dialogue guide incorporates constituent conversations on themes, such as success indicators, data connections, participation, and storytelling. The resource provides reaction and application questions to facilitate discussions on issues ranging from attendance rates to the balance between quantitative

Examples of quantitative data: grades, benchmark assessments, attendance rates, discipline data, aggregated screening results, number of students referred and receiving mental health supports, school staff retention, and family engagement activities.

Examples of qualitative data: surveys, feedback forms, focus groups, and interviews that collect feedback from students, staff members, and parents/caregivers.

and qualitative data in communication. It outlines critical agreements, emphasizing data outcomes, systems, and data-driven decision-making, while addressing challenges in tracking individual student data.

[Data-Driven Systems for Mental Health Programs in Schools](#): To ensure the success of school-based mental health programs, school districts need the frameworks, tools, processes, and data-driven systems to measure the outcomes of their programs to demonstrate the success of programs that are working. This online article outlines six steps districts can take to make informed decisions, track the effectiveness of interventions, and allocate resources more efficiently.


[Data Interpretation Topical Discussion Guide – Interpreting Mental Health School Climate Survey Data \(U.S. Department of Education\)](#): The guide’s purpose is to assist district and school teams in data interpretation and data-driven decision-making. It serves as a discussion guide to help users interpret and use school climate survey results related to the topic of mental health within their state, district, or school. The guide provides suggestions for meaningful interpretations based on viewpoints from survey participants (students, instructional staff, non-instructional staff, parents/guardians).

[Data Interpretation Guide on Making School Climate Improvements: Second Edition \(U.S. Department of Education\)](#): This guide focuses on assisting school and district teams in interpreting school climate survey results. The guide includes descriptions of and suggestions


on interpreting results from survey scale scores, item-level data, and average item grouping values. At the end of each section, there are links to a discussion guide for each topic area. The appendices include comparisons for districts, comparisons for schools, average topic area values, glossary of terms, and what not to compare using legacy scale scores.

[Wisconsin Department of Public Instruction Roadmap for School Mental Health Improvement](#): The Wisconsin School Mental Health Framework provides a vision for building more equitable, comprehensive, and integrated systems to promote well-being in schools. Regardless of a school or district’s current mental health infrastructure, school leaders can use a systematic change process to identify entry points to build a more Comprehensive School Mental Health System. The roadmap uses the principles of improvement science to move teams forward in their efforts to build more comprehensive systems.





By collecting, analyzing, and using data effectively, schools can *identify student needs* and strengths, understand gaps in services, *track progress* in implementing programs, and measure the *impact* of supports and interventions on important student outcomes.





Funding

A sustainable funding plan is crucial for developing, implementing, and maintaining a CSMHS that supports students at each tier. Effective school mental health programs depend on various funding sources, including federal and state grants, district budgets, service reimbursement revenue such as Medicaid, private donors, foundations, and local contributions. Michigan has expanded its **Medicaid School Services Program (SSP)** to cover all Medicaid-enrolled students, enabling school districts to seek Medicaid reimbursement for eligible school-based health services provided by qualified professionals. To fully leverage these opportunities, districts may need to establish Medicaid billing infrastructure in partnership with their ISD and assist Medicaid-eligible families with enrollment, ensuring that school-based health services are accessible at no cost to students and their families.

District and school leaders can consider the following strategies to increase funding for school mental health work:

Using diverse funding sources

Combining **categorical grants** and **block grants** from across multiple agencies

Leveraging funding and Medicaid reimbursement by developing relationships with other agencies

Matching funding to service delivery across multiple tiers

Monitoring policy and new funding opportunities at local, state, and national/federal levels

Revisiting funding needs to ensure continuity of services as community needs shift and funding durations, amounts, and restrictions vary

School mental health teams can attract *future investments* by demonstrating both a need and a history of *positive outcomes*.

School mental health teams can pursue a diverse combination of funding resources by monitoring legislative priorities and special projects, establishing relationships with researchers and state agency staff in need of local implementation sites, and partnering with community-based agencies with resources to provide training, interventions, and services to youth. School mental health teams can attract future investments by demonstrating both a need and a history of positive outcomes, including impact on academic functioning, school climate, and

student and staff well-being. Routine program evaluation can also support district and school leaders in making decisions about program continuation and resource allocation.

Learn More

[School Mental Health Quality Guide – Funding and Sustainability \(NCSMH\)](#): This guide contains background information on funding and sustainability as a starting point for CSMHS teams to advance the quality of their services and supports. The guide includes general information about federal, state, and other funding streams, as well as best practices, tips, possible action steps, examples from the field, and additional resources organized by five quality indicators.

[Fiscal Guidance for Implementing a Multi-Tiered System of Supports \(MDE\)](#): This document provides Michigan school districts with guidance on how to coordinate the use of state and federal funds to support the implementation of an MTSS. The guidance begins with a brief overview of MTSS as defined by the MDE MTSS practice profile and general methods for coordinating state and federal funds. The overview is followed by descriptions of how federal and state funds may be used to implement example activities organized first by funding streams and then by the five essential components of MTSS. Lastly, three narratives showcase diverse districts applying the continuous improvement process to identify needs, develop plans, and fund activities to support the implementation of MTSS. Each district narrative offers unique insights into how districts are implementing MTSS and illustrates how coordinated funds may be used to improve learner outcomes.

[MDE Grants Repository](#): The repository contains various details about federal, state, and Michigan endowment grants managed by MDE. The repository is live and is updated daily, Monday through Friday at 8 a.m., 1 p.m., and 6 p.m. If you have questions regarding the MDE Grants Repository, email the [Office of Strategic Planning and Implementation at MDE-OSPI@Michigan.gov](#).

[Medical Services Administration Bulletin \(Michigan Department of Health & Human Services\)](#): This policy describes the coverage and reimbursement for ISD nursing and behavioral health services for general education students and for the expansion of the existing school-based services program. It provides general information about eligibility of beneficiaries, covered services, and allowable and unallowable services.



Getting Started with a Comprehensive School Mental Health System

By familiarizing yourself with this guidance document, you've taken an important step toward implementing a CSMHS in your school or district. Some of the core features may have sounded familiar or represent elements already in place in your setting; other features may have felt new or aspirational. No matter where your school or district may be in its implementation of a CSMHS, here are some steps you can take to use this guidance document to develop a more effective and efficient system for supporting student mental health and well-being.

1. Identify your CSMHS team. Collaboration is at the core of comprehensive school mental health. You may already have a multidisciplinary committee or team focused on student mental health and well-being, or you may need to explore forming a new team. Teams typically include an administrator, behavioral health coordinator, members of related committees (e.g., MTSS, SEL, school climate committee, behavioral health assessment team, student support team), student support staff (e.g., school psychologist, school social worker, school counselor, SEL coach, school nurse), and other school staff (e.g., special education case manager, classroom teacher, paraprofessional, interventionist, school security) who are aware of and responsive to student needs. Ideally, teams provide roles for family and student representatives, whose perspectives can be

invaluable for assessing needs, identifying priorities and barriers, and promoting initiatives with their respective groups.

2. Select a school mental health champion.

The school mental health champion helps lead CSMHS team activities and serves as a primary contact for CSMHS team matters. Champions are most often an administrator, behavioral health coordinator, or mental health provider who has a passion for school mental health systems and a knowledge of tiered interventions.

3. Assess the current state of your CSMHS using the SHAPE System.

The [School Health Assessment and Performance Evaluation \(SHAPE\) System](#) provides a virtual workspace and resources for schools, districts, and states to support the development of a comprehensive school mental health system, with the goal of increasing quality and sustainability. Although there are many assessments available via the SHAPE System, we recommend that teams start out by completing the following:

a. School Mental Health Profile –

Complete either the [school](#) or [district](#) version, depending on your setting. Profiles can be completed by a school/district mental health champion, or as a collaborative effort by staff aware of currently available school mental

health services and supports, staffing, and data, as well as the types of student concerns addressed by those services and supports. The school mental health profile provides a snapshot of what is currently available as part of your CSMHS and can be a helpful tool to orient team members less familiar with your CSMHS landscape. We recommend reviewing and revising the profile each year.



b. School Mental Health Quality Assessment – Teams are encouraged to work together to complete the School Mental Health Quality Assessment (SMHQA) using the [school](#) or [district](#) version, depending on their setting. The SMHQA asks teams to rate the extent to which their school or district demonstrates best practices when implementing the eight core features of a CSMHS. If your school or district is completing the SMHQA for the first time, we recommend

answering questions based on what happened during the previous school year. Once the assessment is completed on the SHAPE website, users are given a custom report with their results.

4. Identify CSMHS priority areas. Review the SMHQA summary report with your team, paying particular attention to areas where you may have scored in the emerging or progressing range. Choose one or two areas to focus on in the upcoming school year. These do not need to be the core features where you scored the lowest; it's important that you choose areas where you feel your team can not only make a difference, but has the capacity, resources, support, and motivation to do so.

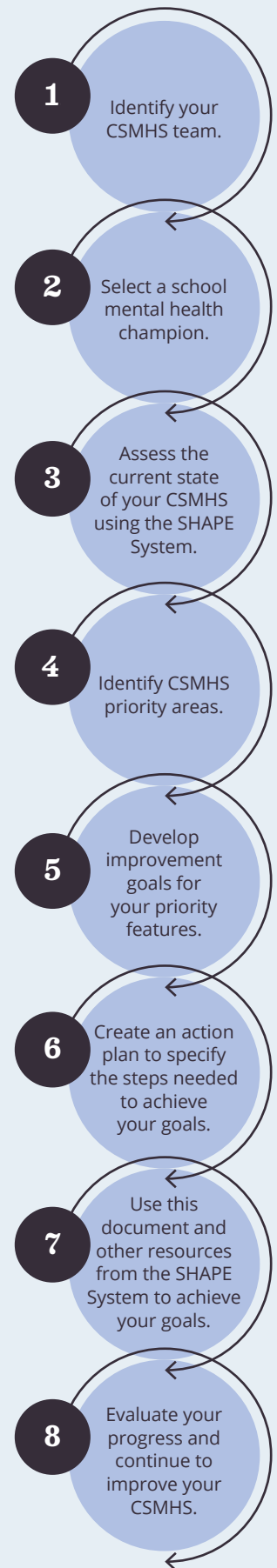
5. Develop improvement goals for your priority features. With your team, create three to five goals to direct your CSMHS team efforts over the upcoming year. For inspiration, you can look at the SMHQA questions in your selected priority feature areas where your team responded never, rarely, or sometimes. To help measure team progress, goals should be specific and measurable (i.e., you should be able to know when you've achieved them), with identified team members to report on progress and an anticipated date by which they will be achieved.

6. Create an action plan to specify the steps needed to achieve your goals. Goals are more likely to be achieved when you have a detailed plan specifying what you need to do to move from where you are to where you would like to be. Effective plans include both short-

and long-term action steps and specify who is responsible for accomplishing each task, how you will know the task is achieved, and the date by which each task should be completed. This plan can be revisited during team meetings to track progress, evaluate changes, and troubleshoot issues. If your school or district does not have an established action planning process, the SHAPE System offers a [Strategic Planning Guide](#) that is free to use.

7. Use this document and other resources from the SHAPE System to achieve your goals. Once you have identified the core features you would like to prioritize and have developed your goals, learn more about those features through the feature descriptions and “Learn More” resources in this document. Resources were reviewed and selected by teams of Michigan educators and helping professionals for their relevance and practicality. Additional resources can be found on the [NCSMH website](#), including the School Mental Health Quality Guides series (see [Appendix B](#) for links to each guide).

8. Evaluate your progress and continue to improve your CSMHS. Once you’ve made progress on your goals, we recommend reevaluating your CSMHS by retaking the SMHQA. If you have focused on just one or two areas, you can limit your reassessment to those domains where you expect to see progress. With your team, discuss whether you’d like to continue working on your initial priority areas, or choose another core feature to focus on during the upcoming school year. Repeat Steps 3–7 to continue improving the quality of your CSMHS.



Glossary

Academic performance data – Information collected to evaluate student achievement and learning outcomes. Data may include test scores, grades, attendance records, graduation rates, and other metrics that indicate how well students are performing academically.

Adverse childhood experiences (ACEs) – Potentially traumatic events that occur in childhood (0–17 years), which could impact an individual’s health and well-being.

Aggregate data – Data collected from multiple sources or individuals and then compiled into a summary format to create a broader picture. Aggregate data are often expressed in totals, averages, or other statistical measures.

Asynchronous learning – Instruction that does not occur in real time. In this mode of learning, participants access course materials, complete assignments, and engage with the content at their own pace and on their own schedule, rather than participating in live, scheduled sessions.

Block grants – Funds awarded for broad purposes and known for providing more flexibility to recipients. Recipients may use more discretion in determining how to allocate funds within a broad category or focus.

Categorical grants – Funds awarded for a specific, narrowly defined purpose. These grants come with strict guidelines on how the money can be spent.

Comprehensive school mental health system (CSMHS) – An integrated approach to addressing youth’s mental health needs by providing services, supports, and resources that include prevention, early intervention, and intensive support. CSMHS services and supports promote a positive school climate, social and emotional learning, positive mental health, and well-being, while reducing the prevalence and severity of mental health challenges.

Culturally and linguistically relevant – Responsive to the cultural backgrounds, languages, experiences, and perspectives of students. Culturally and linguistically relevant practices, materials, and approaches support equitable environments where all students can thrive. (See also Culturally responsive.)

Culturally responsive – Recognizes, respects, and incorporates cultural characteristics, experiences, and perspectives of ethnically diverse students in practices, materials, and approaches, such as those supporting student mental health. (See also Culturally and linguistically relevant.)

Data-driven decision-making – Process that involves collecting and analyzing qualitative and quantitative data to make informed decisions about the implementation of interventions or programs, including those related to comprehensive school mental health systems. (See also Qualitative data and Quantitative data.)

Data outcomes – Information on student needs, quality of implementation, progress, and impact of services and supports.

Data systems – Hardware and/or software data processing systems used to process, exchange, analyze, store, and retrieve data concerning students, schools, districts, and pertinent community organizations and services needed for a comprehensive school mental health system.

Evidence-based practices (EBPs) – Interventions and programs that have been rigorously researched and proven effective in promoting student mental health and well-being. Using EBPs increases the likelihood that students will benefit from interventions matched to their strengths and needs.

Medicaid School Services Program (SSP) – Michigan ISDs participate in a federal- and state-funded Medicaid reimbursement program that provides a unique opportunity to deliver healthcare services to children and adolescents in the school setting. The SSP's sole purpose is to assure students receive needed health care (medical, emotional, behavioral, and transportation-related) services at school.

Mental health – A person's social, emotional, and behavioral well-being. It influences how individuals think, feel, and behave, and plays a crucial role in how they handle stress, relate to others, and make decisions.

Mental health disorder – Disorders characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning.

Mental health literacy – Knowledge and understanding of mental health that enable individuals to recognize, manage, and seek help for mental health issues. Mental health literacy includes awareness of mental health conditions, understanding the factors that contribute to mental well-being, recognizing the signs and symptoms of mental health disorders, and knowing how to access appropriate resources and support.

Mental health professionals – An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, a registered professional nurse licensed or otherwise authorized to engage in the practice of nursing, a licensed master's social worker licensed or otherwise authorized to engage in the practice of social work, a licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling, a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy.

Mental health screening – Assessment of students through a systematic tool or process to determine whether they may be at risk for a mental health concern. Mental health screenings in the absence of risk factors can help identify students who may benefit from further evaluation or support.

Mental health services – Any activities, services, and supports that address social, emotional, and behavioral well-being of students, including substance abuse.

Mental health surveillance – The systematic collection, analysis, and interpretation of data related to the mental health of a community. Mental health surveillance can help schools and districts understand the prevalence of mental health conditions among students, track changes in mental health over time, and allocate resources effectively to support student well-being.

Meta-analysis – Examination of data from several independent studies of the same subject, to determine overall trends.

Multi-Tiered System of Supports (MTSS) – A comprehensive framework comprised of a collection of research-based strategies designed to meet the individual needs and assets of the whole child at all achievement levels. MTSS intentionally interconnects the education, health, and human service systems in support of learners, schools, centers, and community outcomes. The five essential components of MTSS are inter-related and complementary.

Needs assessment – Collaborative process to identify gaps between current and desired conditions and strengths within a system. A needs assessment allows a district or school to identify and address mental health needs that are the most pressing, understand how well existing services and supports are meeting student needs, identify and leverage strengths, and inform priorities and actions for school mental health programming.

Positive Behavioral Interventions and Supports (PBIS) – An evidence-based, tiered framework for supporting students’ behavioral, academic, social, emotional, and mental health. When implemented with fidelity, PBIS can improve social emotional competence, academic success, and school climate, as well as teacher health and well-being.

Qualitative data – Non-numeric information that captures the qualities, characteristics, and experiences of individuals or groups. Qualitative data might include information from interviews, open-ended survey responses, observations, focus group discussions, or case studies. This type of data provides rich, detailed insights into people’s perceptions, behaviors, motivations, and experiences that may not be easily captured through quantitative data (such as numbers or statistics).

Quantitative data – Information that can be measured, counted, or expressed through numbers or statistics. Quantitative data might include information from assessments, attendance rates, graduation rates, survey results with numerical scales, and other measurable aspects of student performance and school operations. This type of data allows for analysis of trends, comparison, and assessment of outcomes in a precise and objective manner.

Resilience – The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.

Resource mapping – Active process to identify, visually represent, and share information about school and community-based mental health services, supports, and resources available to schools and families.

School climate survey – A tool used by educational institutions to assess the perceptions and experiences of students, staff, parents, and sometimes community members regarding the school’s overall environment. This can include aspects such as safety, relationships, teaching and learning conditions, and the physical environment.

School Health Assessment and Performance Evaluation (SHAPE) System – Virtual workspace and resources for schools, districts, and states to support the development of comprehensive school mental health systems, with the goal of increasing quality and sustainability.

Social and emotional learning (SEL) – The process of developing students’ and adults’ social and emotional competencies—the knowledge, skills, attitudes, and behaviors that individuals need to make successful choices. SEL helps make individuals understand and regulate their emotions, successfully complete goals, take others’ perspective or point of view, develop positive relationships, and make responsible decisions.

Specialized instructional support personnel – Trained and licensed individuals who specialize in promoting mental well-being and addressing mental health challenges through diagnosis, treatment and support. These professionals include school counselors, psychologists, social workers, and other licensed personnel such as school nurses who provide services such as individual and group counseling, crisis intervention, mental health assessments, and the development of programs that promote social and emotional learning. They work closely with students, teachers, and parents to address mental health issues, enhance student coping skills, and create a positive and supportive learning environment. Their goal is to help students overcome barriers to academic success related to emotional or mental health challenges.

Stigma – Negative attitudes, beliefs, and stereotypes people may hold towards those who experience mental health conditions. Stigma can prevent or delay people from seeking care or cause them to discontinue treatment.

Teacher nomination tool – A form used to gather input from teachers to identify students who may need additional support.

Train-the-trainer model – A framework where employees are trained to become subject matter experts and then tasked with training other colleagues.

Trauma-informed practices – A set of practices that are intended to create safe and caring opportunities for students to learn without fear of further trauma that focus on relationship building and supporting students’ self-efficacy and coping skills.

Triaging – The process of quickly assessing and prioritizing students’ needs to determine the appropriate level of support or intervention in the context of a Multi-Tiered System of Supports.

References

- Adelman, Howard S. & Linda Taylor (2020). Embedding Mental Health into School Improvement Policy and Practice. *SciMed Central- Annals of Psychiatry and Mental Health*.
<https://www.jscimedcentral.com/public/assets/articles/psychiatry-8-1147.pdf>
- American Academy of Pediatrics [AAP] Council on School Health. (2016). Role of the School Nurse in Providing School Health Services. <https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:11e77155-8924-4338-8a7e-5dd0664d87ff>
- American Psychological Association. (2020). Building your resilience. <https://www.apa.org/topics/resilience/building-your-resilience>
- Anderson, C. M., & McCormick, C. B. (2020). School climate, student mental health, and academic achievement: An integrated review. *Educational Psychology Review*, 32(3), 665–698.
- Astor, R. A., Jacobson, L., Wrabel, S. L., Benbenishty, R., & Pineda, D. (2017) *Welcoming practices: Creating schools that support students and families in transition*. Oxford University Press
- Baker Center for Children and Families. (2023). *Mental health and schools: Best practices to support our students*. https://www.bakercenter.org/application/files/5616/8235/2328/Baker_Center_-_Mental_Health_and_Schools_Report_-_April_2023.pdf
- Centers for Disease Control and Prevention [CDC]. (2024). *Youth risk behavior survey data summary & trends report: 2013–2023*. U.S. Department of Health and Human Services. <https://www.cdc.gov/yrbs/dstr/pdf/YRBS-2023-Data-Summary-Trend-Report.pdf>
- Centers for Disease Control and Prevention [CDC]. (2023). *What is mental health?* U.S. Department of Health and Human Services. https://www.cdc.gov/mental-health/about/?CDC_AAref_Val=https://www.cdc.gov/mentalhealth/learn/index.htm
- Centers for Disease Control and Prevention [CDC]. (2019). Adverse childhood experiences reported by adults—United States, 2015. *Morbidity and Mortality Weekly Report*, 68(1), 1–17.
- City Year. (2022). Focus on Student Mental Health and Filling the Gaps. <https://www.cityyear.org/detroit/stories/our-impact/focus-on-student-mental-health-filling-the-gaps/#:~:text=Schools%20are%20uniquely%20suited%20to,far%20behind%20the%20national%20average>
- Collaborative for Academic, Social, and Emotional Learning [CASEL]. (2020). *Meta-analysis of the impact of social and emotional learning programs on student outcomes*.

- Erickson, P. J., Cermak, A., Michaels, C., Blake, L., Lynn, A., Greylord, T., & Benning, S. (2024). Mental health and well-being ecological model. Center for Leadership Education in Maternal & Child Public Health, University of Minnesota–Twin Cities. <https://mch.umn.edu/resources/mhecomodel/#:~:text=In%202020,%20we%20illustrated%20a%20Mental%20Health%20and%20Well-being%20SEM>
- Espelage, D. L., & Hong, J. S. (2017). Cyberbullying prevention and intervention efforts: Current knowledge and future directions. *Canadian Journal of Psychiatry*, 62(6), 374–380. <https://doi.org/10.1177/0706743716684793>
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*, 1(5), 377-387.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Harvard University Center on the Developing Child (2013). *A Guide to Mental Health*. <https://developingchild.harvard.edu/resource-guides/guide-mental-health/>
- Hoover, S., Lever, N., Bernstein, L., & Orenstein, S. (2025). *Advancing comprehensive school mental health systems: A tip sheet for families*. Family-Run Executive Director Leadership Association (FREDLA). https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/bainum/FREDLA_Tip-Sheet-for-Families_Final.pdf
- Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L., & Cashman, J. (2019). *Advancing comprehensive school mental health: Guidance from the field*. National Center for School Mental Health. University of Maryland School of Medicine. <https://www.schoolmentalhealth.org/resources/foundations-of-school-mental-health/advancing-comprehensive-school-mental-health-systems/>
- Hough, H., Witte, J., Wang, C., & Calhoun, D. (2021). *Evidence-based practices for assessing students' social and emotional well-being*. EdResearch for Action. <https://edresearchforaction.org/research-briefs/evidence-based-practices-for-assessing-students-social-and-emotional-well-being-2/#:~:text=Schools%20are%20encouraged%20to%20use%20validated%2C%20cost%2Dfree,to%20appropriate%20services%20through%20tiered%20support%20>

[systems.&text=A%20comprehensive%20system%20for%20monitoring%20student%20well%2Dbeing,allow%20for%20tiered%20referrals%20for%20special%20services](#)

La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendships, and romantic relationships: Do they predict social anxiety and depression? *Journal of Clinical Child and Adolescent Psychology*, 34(1), 49–61.

Michigan Department of Education [MDE]. (2022, October). *Michigan integrated continuous improvement process: Process guide*. https://www.michigan.gov/-/media/Project/Websites/mde/MICIP/Resources/MICIP_Process_Guide.pdf?rev=4bb9416a09024169821a7043bd27cd1b

Michigan Multi-Tiered Systems of Support Technical Assistance Center. (2024). Multi-tiered systems of support (MTSS) overview. <https://mimtsstac.org/about/our-model/multi-tiered-system-supports-mtss-overview>

Michigan Youth Risk Behavior Survey. (2019). <https://www.miacedata.org/>

National Center for School Mental Health [NCSMH]. (2023). *School mental health quality guide: Screening*. University of Maryland School of Medicine. <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Screening.pdf>

National Center for School Mental Health [NCSMH]. (2020). *School mental health quality guide: Needs assessment and resource mapping*. University of Maryland School of Medicine. <https://www.schoolmentalhealth.org/media/som/microsites/ncsmh/documents/quality-guides/Needs-Assessment-&-Resource-Mapping.pdf>

Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Saint Gilles, M. P. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health*, 8(1), 7–43. <https://doi.org/10.1007/s12310-016-9175-2>

Reinert, M., Fritze, D., & Nguyen, T. (2022, October). *The state of mental health in America 2023*. Mental Health America.

Roorda, D. L., Koomen, H. M. Y., Split, J. L., & Oort, F. J. (2017). The influence of affective teacher-student relationships on students' school engagement and achievement: A meta-analytic approach. *Review of Educational Research*, 87(2), 345–387.

- Smokowski, P. R., Rose, R. A., Bacallao, M., Cotter, K. L., & Evans, C. B. R. (2017). Family dynamics and aggressive behavior in Latino adolescents. *Cultural Diversity & Ethnic Minority Psychology, 23*(1), 81–90. <https://doi.org/10.1037/cdp0000080>
- Smokowski, P. R., Bacallao, M., Evans, C. B. R., Rose, R. A., Stalker, K. L., Guo, S., Wu, Q., Barbee, J., & Bower, M. (2018). The North Carolina Youth Violence Prevention Center: Using a multifaceted, ecological approach to reduce youth violence in impoverished, rural areas. *Journal for the Society of Social Work and Research, 9*(4), 575–597. <https://doi.org/10.1086/700257>
- Smokowski, P. R., & Evans, C. B. R. (2019). *Bullying and victimization across the lifespan: Playground politics and power*. Springer.
- U.S. Department of Education (ED). *Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs*. (2021). <https://www.ed.gov/sites/ed/files/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf>
- Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., Perales, K., Fairchild, A. J., & Hoover, S. (2018). Improving multitiered systems of support for students with “internalizing” emotional/behavioral problems. *Journal of Positive Behavior Interventions, 20*(3), 172–184.
- Wisconsin Department of Public Instruction. (2021). *Wisconsin’s standards for science and implementation resources*. <https://dpi.wi.gov/science/standards>
- Wisconsin Department of Public Instruction. (2023). *Roadmap for School Mental Health Improvement*. https://dpi.wi.gov/sites/default/files/imce/sspw/pdf/Roadmap_for_School_Mental_Health.pdf

Appendix A: The School Health Assessment Performance Evaluation (SHAPE) System

Teams are encouraged to create a SHAPE account and complete the School Mental Health Profile and School Mental Health Quality Assessment online to assess and improve their school's mental health system. These assessments are autoscored and can be used to document progress over time by retaking them at a later date. A description of each of the following School Mental Health Quality Assessment resources comes directly from the National Center for School Mental Health (2020).

[School Mental Health Profile—School Version](#)

The School Mental Health Profile documents the structure and operations of your school mental health system. This profile is part of the National School Mental Health Census, an effort to capture the status of school mental health nationally.

[School Mental Health Quality Assessment—School Version](#)

The School Mental Health Quality Assessment—School Version (SMHQA-S) is designed for school teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement. The SMHQA-S covers seven domains of comprehensive school mental health, which includes a full continuum of supports for the well-being of students, families, and the school community.

[School Mental Health Profile—District Version](#)

The School Mental Health Profile documents the structure and operations of your school mental health system. This profile is part of the National School Mental Health Census, an effort to capture the status of school mental health nationally.

[School Mental Health Quality Assessment—District Version](#)

The School Mental Health Quality Assessment—District Version (SMHQA-D) is designed for school district teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement. The SMHQA-D covers seven domains of comprehensive school mental health, which includes a full continuum of supports for the well-being of students, families, and the school community.

[Strategic Planning Guide](#)

This Strategic Planning Guide is a tool for teams who have completed the School Mental Health Quality Assessment and are ready to engage in a strategic planning process to improve school mental health. The School Mental Health Quality Assessment provides a comprehensive picture of an entire school mental health system, often surfacing numerous strengths and opportunities for improvement or growth. However, most school mental health systems have more opportunities for improvement than they can realistically address in a given school year. Therefore, this guide is designed to help teams prioritize one area for improvement, develop a measurable goal, and map out an initial plan including anticipated opportunities and barriers, action steps, and a timeline.

Appendix B: National Center for School Mental Health Quality Guides

The School Mental Health Quality Guides is a series developed by the National Center for School Mental Health (NCSMH, 2020) at the University of Maryland School of Medicine for the SHAPE System. The Quality Guides provide information to help school mental health systems advance the quality of their services and supports. Each guide contains background information on services and supports, best practices, possible action steps, examples from the field, and resources.

[School Mental Health Quality Guide: Early Intervention & Treatment Services & Supports \(Tiers 2 & 3\)](#)

[School Mental Health Quality Guide: Funding and Sustainability](#)

[School Mental Health Quality Guide: Impact](#)

[School Mental Health Quality Guide: Mental Health Promotion Services & Supports \(Tier 1\)](#)

[School Mental Health Quality Guide: Needs Assessment and Resource Mapping](#)

[School Mental Health Quality Guide: Screening](#)

[School Mental Health Quality Guide: Teaming](#)