



# Actionable Steps to Support Behavioral Health of Our School Communities

A Workbook for Districts Responding to Covid-19 School Closures and School Re-entry Plans Using Multi-tier System of Supports (MTSS)

First Published: 04.15.2021

Please expect continued updates with additional resources.



Updated: 04.15.2021

## Overview

This document is meant to synthesize in an easy to read format best practices and literature from the Office of the Superintendent (OSPI) in alignment around the ESSER fund guidelines for student well-being recovery plans, The American School Counselors Association (ASCA), The National Association of School Psychologists (NASP) and the National Association of Social Worker's (NASW) as well as online resources that will be comprehensively noted at the end of this document. The initial guiding documents for this adapted workbook being the NASP & ASCA [School Re-entry Plan](#) and the OSPI [COVID-19 Considerations for Reopening Schools Supporting Student and Staff Wellness](#).

**The Following document has been developed and adapted by:**

**Lane Krumpos, Behavioral Health Navigator**

**Taylor Freyberg, MSW Intern**

**PSESD**

**Renton, WA**

## Acknowledgements

We wish to acknowledge the following members of PSESD for their contributions:

Amy Okeze, Special Services

Kim Beeson, Student Support Services

Sarah Frazelle, Director Early Warning Indicator Systems & Multi-Tiered Systems of Support

Stacy Harris, School Nurse Administrator

*And the many School Counselors, Social Workers, and Student Support Directors across the PSESD region who have engaged in conversation throughout the year.*



## Goals

This information is intended to guide schools in the re-opening process after experiencing what is likely a global trauma. This document is intended to mitigate physical and emotional safety risks and organize the re-entry process through a multi-tiered systems of support model.

- Establish a **multidisciplinary team** dedicated to planning for **school reentry** and delegate tasks for the following:
  - Step 1: Plan for Staff Personal and Professional Development**
    - A. Staff Wellness
    - B. Staff Reentry Professional Development
      - Mental Health Awareness and Education
      - ACES
      - Race and Equity
  - Step 2: Plan for Family Engagement**
  - Step 3: Plan for Student Psychological Safety**
    - A. Implementation of Universal Support
    - B. Implementation of Universal Screeners
  - Step 3: Implementing MTSS for All**
    - A. Tier 1
    - B. Tier 2
    - C. Tier 3
  - Step 5: Plan for Physical Safety**
- References and Additional Resources

## Identify Multidisciplinary Action Team

*Purpose: A critical element to reentry is to identify a multidisciplinary action team to ensure you are responsive to the behavioral health needs of reentry along with reinforcing key roles and responsibilities. Use the space below to complete your team list.*

School Administrators:

Name:	Contact Information:



--	--

- School-Employed MH Professionals (e.g. school psychologists, school counselors and school social workers):

Name:	Contact Information:

- Teachers:

Name:	Contact Information:

- School Nurses:

Name:	Contact Information:

- Local Public Health Officials:

Name:	Contact Information:	<a href="#">MOU</a> Needed?




District and Community Shareholders/partners:

Name:	Contact Information:	<a href="#">MOU</a> Needed?

IT/Data/Research Individual

Name:	Contact Information:

Equity Team Member

Name:	Contact Information:

Special Education Team Member

Name:	Contact Information:

**Team Meeting Schedule:**



Weekly/Bi-Weekly?	Day:	Time:	Location:

**Possible responsibilities of this team include:**

- Identify reopening guidance from local, state and federal agencies:
  - Identify who and how is information on return to in-person learning being disseminated across schools and the community:

- Who and how are we communicating reentry, short-term recovery and long-term recovery plans with parents, families and other relevant community stakeholders? (emails, robo calls and personal calls, letters home, website, skyward, zoom, etc.?)

- [Resource Mapping: What are our available resources?](#)

[Resource Mapping Strategy](#)

*See list of regionally appropriate supports at end of document\**

- What data is available for tracking the behavioral health needs of students and families?

- Who is in contact with Community Based Organizations (CBO)? Name appointed person:

- How are your CBO's going to be seeing students once students are returning to in person learning? Note how these services will be operating upon arrival:

- Who is responsible for making decisions around temporary reallocation of resources depending on need (e.g., repositioning school nurses, family liaisons or social workers if certain parts of the district report more cases of COVID-19, and/or coordinating between gen-ed/sped departments)?

- Create and provide scripts for teachers and other staff to read to students to ensure consistent communication from a trusted and familiar adult.

*Purpose: Consistent messaging across our school community to create and support a sense of belonging to our students.*

- [Sample Script Outline](#)
- Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health [professionals](#).
- [Sample Referral \(See pg.10 in linked document\)](#)
- Leverage community resources (e.g., public libraries, community centers, ethnic specific supports, churches) to provide activities that support student social and emotional learning and academic growth on days students are not attending school in person.  
[Name who will coordinate this:](#)

- What are existing service gaps that have become apparent since the initial closure due to Covid-19? *Purpose: Identify and prioritize what the barriers are and what are our available and/or needed resources and alternatives.*

i.e. Students had a hard time accessing virtual classrooms.

- Reinforce the importance of **ongoing, relevant** professional development for staff.
- Develop and clearly communicate decision points for additional school closures and plans to support students' academic, social and emotional, and mental and behavioral health needs.

Situation:	Who will make call/triage:
1.	
2.	
3.	
4.	
5.	

## Step 1: Staff Professional and Personal Development

**Staff Wellness:** *In order for our staff to grow professionally and support the behavioral health needs of our students, their behavioral and mental health needs should be recognized and supported through creating a school culture of self care.*

**Acknowledge during the Covid19 Pandemic staff may have:**

- Potentially experienced their own loss or stress (financial, personal, social, physical/medical)
- Seen negative comments about the school's response or feedback from families
- Not been able to say goodbye to certain students or staff members who aren't returning to the school
- Mirror Behavior- The mental health of our staff impacts the mental health of our students and vice versa.

### **Team Action Steps:**

Task:	Designated Team Member:
Establish system wide approaches to address secondary traumatic stress and <a href="#">compassion fatigue</a> :	
Who disseminates information on employee wellness benefits (EAP, medical coverage, etc.)?	
Establishes COVID19 Sick Leave Policies with HR:	
How is self care part of our school culture and who is responsible for this within each building?	
Who is responsible for monitoring student/staff ratio? Ensure at minimum a maintenance of existing positions, and aspire to national recommendations <ul style="list-style-type: none"> <li>● School psychologists: 1:500 students</li> <li>● School counselors: 1:250</li> <li>● School social workers: 1:250</li> </ul>	
Identify specific resources for staff:	District Specific:

	EAP Contact Information:  Community Based Organizations:
--	--

### **Training and Resources:**

- [Support for Teachers Affected by Trauma | Home \(statprogram.org\)](https://www.statprogram.org/)
- [Self-Care for School Psychologists \(nasponline.org\)](https://www.nasponline.org/)
- [Coping With the COVID-19 Crisis: The Importance of Care for Caregivers \(nasponline.org\)](https://www.nasponline.org/)
- [Compassion Fatigue Checklist](#)
- [Self Care Toolkit- PSESD](#)

### **Staff Professional Development:**

*Purpose: Assure Staff Have Basic Triage/ Mental Health Concerns knowledge in addition to awareness of ACES and race and equity impacts specific to COVID19 when helping children and families.*

### **Part 1- Acknowledge General Symptomatology:**

- Depressed or anxious behavior
- Physical unease (i.e. stomach ache)
- Withdrawn
- Emotions different from standard
- Disruptive behavior/defiance

Refer to: <https://www.healthychildren.org/English/ages-stages/teen/Pages/Mental-Health-and-Teens-Watch-for-Danger-Signs.asp>

### **Training and Resources:**

- PSESD- Responding to Youth Mental Health



- Contact Behavioral Health Navigator, Lane Krumpo for scheduling and additional information. [LKrumpo@psed.org](mailto:LKrumpo@psed.org)
- Mental Health First Aid: <https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/>
- Suicide Prevention Training:
  - Networks For Life (meets ESA certification requirement): Contact Behavioral Health Navigator Lane Krumpo, [Lkrumpo@psed.org](mailto:Lkrumpo@psed.org) for more information and scheduling
  - Lifelines Suicide Prevention Training: Contact Behavioral Health Navigator Lane Krumpo, [Lkrumpo@psed.org](mailto:Lkrumpo@psed.org) for more information and scheduling

## **Part 2- Recognizing ACES**

**Recognize the potential for higher rates of certain adverse childhood experiences (ACES) and/or stressors during school closures, and underreporting of those stressors, that may put students at higher risk of trauma.**

These may include:

- Parental substance use and abuse
- Exposure to domestic violence
- Child maltreatment
- Homelessness (and general worsening of poverty and economic gaps)
- Financial/food/occupational/housing insecurity
- Mental health issues or exacerbation of underlying issues
- Family separation (some were away and couldn't return, or not seeing loved ones)

## **Training and Resources:**

- ACES Primer: <https://vimeo.com/139998006>
- ACES Infographic: <https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html#/embed>
- OSPI Trauma Informed Classroom Resources: <https://www.k12.wa.us/trauma-informed-schools-resources>
- [Building Trauma Sensitive Schools](#)
- Compassionate Schools
  - <https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/compassionate-schools-learning-and-teaching-support>
  - <https://www.k12.wa.us/student-success/health-safety/mental-social-behavioral-health/compassionate-schools-learning-and-teaching-support/heart-learning-compassion-resiliency-and-academic-success>
- **Healing Centered Schools Framework: Chicago Public Schools:** <https://www.cps.edu/strategic-initiatives/healing-centered/>

## **Part 2- Race and Equity Considerations:**

**Acknowledge and recognize stigma** that may occur as a result of COVID-19 and the intersectionality of current and historical institutionalized racism, including:

- Impact on Asian American students and staff
- African American/Black students and staff who were targeted due to wearing masks in public
- Undocumented students and families with no access to health care or who experienced detainment
- Those who became sick or tested positive for COVID-19
- Those who have a family member who became sick, tested positive for COVID-19 and recovered or passed away
- Those with allergies or respiratory illnesses that may result in coughing or sneezing
- Students with disabilities may or may not be able to adapt to new routines and the changes that have come about since the last time they were in school and/or their ability to wear or their understanding of mask wearing
- Students with disabilities may or may not be able to communicate the impact of racism
- Consider the impact of masks on the ability to read emotions and facial expressions, follow speech, participate in speech-related interventions, and generally participate and focus on academics.
- Consider additional impacts on English-language learners, students with disabilities, including those with physical disabilities or those who are deaf and hard of hearing.

**Team Reflection Questions:** When making decisions on reentry protocols, consider the following questions and the possible impacts on the population of students mentioned above.

1. What adverse impacts or unintended consequences could result from this change?

2. Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

3. Will it reduce disparities or discrimination?

4. What positive impacts on equality and inclusion, if any, could result from this proposal?

### **Training and Resources:**

- PSESD- Race Equity
  - <https://www.psesd.org/programs-services/equity-in-education>
  - <https://www.psesd.org/programs-services/learning-teaching-and-family-support-ltfs/enhancing-social-emotional-practices>
- SEL and Race Equity
- <https://centerracialjustice.org/register-for-a-training/>
- [Countering Coronavirus Stigma and Racism: Tips for Teachers and Other Educators \(nasponline.org\)](https://nasponline.org)
- [Why We Can't Afford To Whitewash SEL](#)

## Step 2: Family Engagement

### **Recommendations:**

- Ensure all efforts to engage and communicate with families are culturally sensitive.
- Ensure all written and oral communications are available in easily accessible formats and multiple languages; translation services can be made available upon request.
  - Check in with multilingual families to understand where they are primarily receiving communication from the school/district to help identify what modality of communication is working amongst different cultures and what needs improvement.
- Provide activities to help families feel comfortable sending their children back to school, such as:
  - Back-to-school open houses at the school or in the community, with the ability to ask questions, meet teachers and request opportunities to talk with school employed mental health staff
- A dry run of getting to school a couple weeks before the first day
- Engage families to get a better understanding of their concerns regarding student needs and ways to collaborate to support a successful reentry plan. This may include a needs

assessment survey for students and families to identify points of anxiety and triggers for future potential stress.

- Consider offering family education on specific strategies they can use at home to support successful reentry. This should also include information on how to seek support if they have specific concerns about their child. (i.e. guiding good choices)
  - Partner with local coalition
- Work with families to identify those who may need assistance with food, clothing and other basic needs.
- [CBO examples and non traditional MH CBO \(i.e. church\)](#)
- Provide a before and after school office hours for families to check in (zoom or in person)
- Offer a fun night (play a game, cooking together, art) to establish community and SEL activities.

### Family Engagement- Team Action Steps:

- Who is your family liaison?

- What are your procedures for schools conducting home visits?

- How are students and families part of district decision making efforts?

- Who is documenting student and family feedback and how is it followed?

- What upcoming family engagement events/training are you offering both school specific and district wide?

- Are your family engagement efforts culturally sensitive and available in multiple languages? If not, who is responsible for this task of ensuring equitable outreach?



- 
- How are you engaging your multilingual families in ensuring they are receiving communication from the school and engaged in decision making?
- 

### **Training and Resources:**

- <https://www.theathenaforum.org/>
- Local FYSPRT- <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/family-youth-system-partner-round-table-fysprt>
- <http://www.communityschools.org/>

## **Step 3: Understand Universal Support Need vs. Screeners**

### **Universal Screeners:**

*Screening may not be appropriate at this time* because the *need for support may be greater than the capacity* to refer out if all students are screened at the same time. Schools must assess their resources and decide what makes sense at this time.

\*This section is informed by (National Association of School Psychologists, 2020).

### **Acknowledge:**

- Universal screening is used to identify early signs of SEB (Social Emotional Behavior) concerns and facilitate intervention before they become a more significant impairment down the road.
- Student behaviors are typically assessed through brief rating scales, teacher nomination procedures, and discipline referrals.
- These measures rank the frequency and intensity of a student's observed behavior relative to their peers to identify risk of current or future SEB concerns.

- Similar to screening for academic concerns, SEB screening can be a first step in a multitiered system of support. Once students are identified as being at risk, students are then connected with necessary services and supports.

### **Key Components of Universal Screening:**

- Examine infrastructure to conduct universal social and emotional screenings, **recognizing typical base rates and norm comparison data may be skewed.**
- Generally, such screening processes should:
  - **Ensure staff capacity** to conduct the screening with fidelity
  - Reach out to **Community Based Organizations** to ensure their **capacity**
  - Have an established **purpose** ahead of time (e.g., helping identify students that may need follow up; helping identify capacity needs as a school/district; developing a system to provide tiered interventions)
  - Examine both **risk factors as well as protective and promotive factors** that reflect well-being and resilience
  - **Not be used for diagnostic purposes**
  - Help **monitor social and emotional functioning**
- Establish a plan to analyze data and follow-up as needed, including ensuring appropriate staff is available to implement next steps.

### **Universal Screener- Team Action Steps:**

#### **Universal Screener Implementation Checklist:**

- Do we have a referral process?

- Do we have the appropriate [MOU](#)'s in place?

- Do we have a screener selected?

- Do you have staff support to review data and connect students to supports?

- Do you have parent permission?



- Have you identified your purpose?

--

**Universal Screener Purpose: Identify what your purpose is for implementing a universal screener?**

Example: Resource allocation, indefyng how to improve your system, meeting the needs of students in that moment, etc.

**Universal Support:**

*Schools are encouraged to consider how **class-wide and school-wide intervention approaches can help support student Social-Emotional Behavior (SEB) functioning** both physically and psychologically. Staff should consider how they **promote strong connections with students** and strategies that work to increase their positive habits (e.g., social connections, self-care strategies) and decrease negative responses (e.g., fear, anxiety). These foundational skills will be **necessary to promote healthy student behavioral functioning** and will **ensure that eventual screening data can be used in its intended fashion after a reintegration period back to school has passed.***

**Acknowledge:**

- Many **students may be struggling with sufficient coping and problem-solving skills because of stressors at home and school.** How have they become resilient during this time?
- Anticipate student defiance or resistance as a method of communication.
- Many students may feel disempowered, victimized, abandoned or resentful. Others will have lost trust and faith in the school's ability to care for and protect them or may experience emotional numbing.
- Students have had inconsistent behavior and academic expectations for the previous several months. **Expectations and pro-social behavior should be explicitly and regularly retaught.**



- For some, returning to school will be incredibly challenging; whereas, the transition will be straightforward for others.
- Recognize the unique transition challenges of those entering a new school, either due to moving or aging up to a new school (e.g., kindergarten, new middle schoolers, high school freshman). Provide additional opportunities to get acquainted.
- Recognize that **home is not a safe place for some students** and develop a plan to identify and support them. The degree of stress experienced by students during this period will vary significantly. For some, **the impact on emotional well-being and neurology can be long-lasting, even after a return to the previous status quo**
- The **need for access to school-employed mental health professionals** (e.g., school psychologists, school counselors, school social workers) and school nurses **has never been higher.**
- Back to-school transitions will likely require more time than usual.
- Anticipate **significant fatigue and sleepiness, particularly among adolescents.** Implement a more **gradual reintroduction of academic rigor** compared with previous years, with a shift in focus and **expectations on social and emotional well-being, self-efficacy and adaptive skills.**

## Universal Support Team Action Steps:

### District Needs:

- Review protocols on Suicide Prevention, Bullying, Sexual Harrasment, etc.
  - Implement culturally responsive and restorative protocols.
- Ensure all students have access to Mental Health Professionals and School Nurses within their school building
- Review disciplinary policies- avoid punitive discipline such as suspension or expulsion that forces the student to leave the school environment, except for the most severe cases that put other students or staff in danger.

### School Based Needs:

- Establish back-to-school social events to allow peers and staff to re-connect. These may need to occur virtually, including virtual school tours and classroom visits.
- Consider establishing year-long homerooms or advisory periods that create opportunities for students to check-in before engaging in the instructional day.



- ❑ Put in a long-term plan to bolster the process of welcoming students to school each day (e.g., have staff greeting students as they exit the bus or at drop-off locations).
- ❑ Establish routines to make students feel welcomed amidst the potential for temperature checks, mask distribution and other health requirements as students enter the building each day.
- ❑ Certificated Mental Health Staff are encouraged to help teachers deliver class-wide interventions that address the SEB needs of all students.
- ❑ Adults working with these students should develop ways to empower students and provide unconditional positive support to build trust. Take extra time for relationship building.
- ❑ Teach and reteach expectations and routines, and avoid punitive approaches when managing physical distancing requirements when possible. Consider refraining from introducing new academic content until routines are firmly re-established.
- ❑ Consider opportunities for students to work cooperatively, feel empowered and assist others, which can prove restorative following significant disruption and collective stress. This can include planting or working in a community garden, helping to make masks for health care workers or others in the community or creating a drive to support local businesses.
- ❑ Provide students opportunities to voice concerns, challenges and needs.
- ❑ Make concerted efforts to build the school community and establish staff/student relationships (e.g., have staff learn student names, even those not in their classes or on their caseloads).

### **Training and Resources:**

- [Position Statement - Positive School Discipline \(pta.org\)](#)
- [Restorative School Practices in Action - ASCA \(schoolcounselor.org\)](#)
- Individual consultation on suicide prevention, intervention, and postvention protocols are available through PSESD. Contact Behavioral Health Navigator, Lane Krumpas for scheduling and additional information- [Lkrumpas@psed.org](mailto:Lkrumpas@psed.org)
- <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>

## Step 4: Implementing an MTSS for All Model

Your MTSS model is essential in assuring Behavioral Health for all students.

### The Tiers:

- Tier I: [Universal Instruction](#); High-Quality Classroom Instruction, Screening, and Group Interventions. Within **Tier 1**, all students receive high-quality, evidence based instruction provided by qualified personnel (i.e. mental health professionals) to ensure that their difficulties are not due to inadequate instruction.
- Tier II: [Targeted, Group Interventions](#); evidence-based supports are provided to students who are identified as struggling. Tier 2 interventions are typically implemented in small group settings, based on a similar need identified through assessment and for the sake of systematic efficiency.
- Tier III: [Intensive, Individualized Interventions](#); The supports implemented for students not responding to Tier 2 supports. Tier 3 supports provide more frequent, intense, and individualized interventions (i.e. individual counseling).

### Tier I Recommendations:

<u><b>Acknowledge:</b></u>	<u><b>Recommendation:</b></u>
Everyone has/ had a different experience from COVID-19, and <b>not everyone in each school will be in the same place in recovery.</b>	<ul style="list-style-type: none"> <li>● Teach skills in <b>validation</b>. Validate that some are disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some are scared, etc.</li> </ul>
<b>Anticipate significant academic, emotional and social regression</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Try to <b>build from some of the unique learning experiences students may have had at home.</b></li> <li><input type="checkbox"/> <b>Incorporate real time screeners, such as attendance, behaviors and academic performance (i.e. turning in homework, engagement)</b></li> </ul>

<b><u>Acknowledge:</u></b>	<b><u>Recommendation:</u></b>
<p><b>Recognize the potential negative impact of an environment</b> that still requires minimized social interactions, face coverings and lack of shared manipulatives or toys to help de-stress.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Schools may wish to invest in things like squeeze/stress balls for each individual student along with masks.</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reach out to local businesses to see if they can help provide these items.</li> </ul> </li> </ul>
<p>Acknowledge the potential loss experienced by students who cannot participate in various activities that contribute to their development and sense of self (e.g., sports, performances, traveling)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Make extracurricular activities accessible by temporarily eliminating certain requirements for participation</b> (example: gpa and/or attendance to participate in sport, etc.)</li> </ul>
<p><b>Check In/Check Out</b> (traditionally a tier II procedure that can be adapted as a tier I intervention)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>This could be implemented by utilizing paraprofessionals, admin. Staff, etc.</b></li> <li><input type="checkbox"/> <b>This could be implemented during common periods of instruction (i.e. english courses) to ensure every kid is being checked on daily/weekly in an individual manner.</b></li> </ul>

<b><u>Acknowledge:</u></b>	<b><u>Recommendation:</u></b>
Need for collective processing of school closure and Covid19 impacts.	<ul style="list-style-type: none"> <li>● <b>Facilitate classroom meetings in collaboration with a school-employed mental health professional to allow students to collectively process their experience.</b> <ul style="list-style-type: none"> <li>○ This may need to occur <b>more than once during the first few weeks of reentry</b> and may need to be repeated if additional school closures occur.</li> </ul> </li> </ul>
Universally address mindset and behavior standards (e.g., learning strategies, self management skills, social skills).	<ul style="list-style-type: none"> <li>● <b>Facilitate evidence-based psychoeducational classroom lessons with school-employed mental health professionals</b> <ul style="list-style-type: none"> <li>○ These can follow models that may already be in place in the building (e.g., restorative/community circles, advisory period, social and emotional learning lessons, if advisory n/a consider other common class periods such as english).</li> </ul> </li> </ul>

<b><u>Acknowledge:</u></b>	<b><u>Recommendation:</u></b>
<p>Acknowledge that students' social and emotional skills possibly regressed due to lack of social interactions.</p>	<ul style="list-style-type: none"> <li>● <b>Establish an intentional focus on antiracist social and emotional skill building, mental and behavioral health, personal safety and self-regulatory capacity</b> <ul style="list-style-type: none"> <li>○ <b>Avoid assuming that lack of demonstration of social skills represents willful disobedience</b> or purposeful insubordination. This should take priority over academics.</li> </ul> </li> </ul>
<p>Attendance rates may drop due to higher rates of school refusal or if attendance becomes optional due to medically fragile students or family members.</p>	<ul style="list-style-type: none"> <li>● <b>Have a system in place for school-employed mental health professionals to check in with students and families during the timeframe COVID-19 may still be a threat.</b></li> <li>● Establish protocols that attendance teams use to analyze the root cause of student absences. <ul style="list-style-type: none"> <li>○ Ensure the <a href="#">team is aware of what behavioral indicators</a> to look for in providing appropriate supports</li> </ul> </li> </ul>

### **MTSS Tier I- Team Action Steps:**

- Reallocate resources to meet the recommendations above.

What recommendations do you already have resources for:

What recommendations do you need additional support or resources for:

- Identify what psychoeducational Tier I education will be offered to students.

Who will be providing this education at each school?

- Invest in each student having their own stress management resources (stress balls, calm bottles, etc.)

How much funding is needed and who will be responsible for purchasing? Are there local business who can help provide materials?

- Provide Professional Development on Universal Social Emotional Learning:

Who will organize this training and how will it be accessible to all teachers?

- What school based mental health providers will be responsible for checking in with students and families when attendance starts to drop?

- Does this person clearly understand their key responsibilities and available resources?

- What current tier II supports could be adapted to tier I in order to meet the needs of universal support?

## **Training and Resources:**

*Purpose: Social and emotional learning curriculum should be intentionally embedded into core academic subjects to ensure they can be delivered in scenarios that would require an abbreviated school-day, hybrid virtual school day or an abrupt switch to virtual schooling.*

- Online/ Asynchronous Curriculum



- Second Step (<https://www.secondstep.org>)
- WhyTry (<https://whytry.org>) (also tier 2)
- <https://everfi.com/blog/k-12/16-resources-to-help-your-students-develop-self-regulation-skills/>
- <https://positivepsychology.com/self-regulation/>
- Mental Health in High School Curricula (T1):  
<http://mentalhealthliteracy.org/schoolmhl/wp-content/uploads/2015/06/DRAFT-6-2015-Version-New-Design.compressed.pdf>
- Battleground format for leading with behavioral health and SEL:  
<https://www.battlegroundps.org/social-emotional-learning/>
- Tacoma Public Schools SEL <https://www.tacomaschools.org/schools-and-learning-sites/digital-campus/return-to-school-guide/learning/whole-child>

## Tier II Recommendations:

### Resources and Recommendations:

- Curriculum for Kids Experiencing Trauma
  - *Bounceback* (K–5) in small group which can be delivered virtually. The authors have offered suggestions.
  - *Cognitive Behavioral Intervention for Trauma in Schools (CBITS)* (Grades 4–12)
- ❑ Curriculum for Anxiety
  - ❑ *Coping Cat* (ages 7 and up)
- ❑ Curriculum for Anger
  - ❑ *Keeping Your Cool* (ages 7 and up)
- ❑ Online/ Asynchronous Curriculum
  - ❑ Kimochis (<https://www.kimochis.com>)
  - ❑ Stanford Harmony (<https://www.sanfordharmony.org>)
  - ❑ Collaborative Learning Solutions (<https://www.clsteam.net>)
  - ❑ WhyTry (<https://whytry.org>)
- ❑ Peer to Peer: Consider matching up peer-buddies, particularly for students who may be at risk of a challenging transition. Peer-buddies can include same grade peers or matching older and younger students.
  - ❑ [Create a School-Based Mentor Program - ASCA \(schoolcounselor.org\)](https://www.schoolcounselor.org)
  - ❑ Sources of Strength- <https://sourcesofstrength.org/>



- Student Assistant Professionals to help facilitate groups.
- Mental Health in High School

### MTSS Tier II- Team Action Steps:

- Identify what Tier II supports are working:

- Identify what additional Tier II supports are needed:

- Identify what Community Based Organizations have services specifically geared towards Tier II students:

- What ways are you offering Tier II supports? (i.e., are groups social distancing/outdoors/etc. Do your CBO's have access to students in school to provide group sessions?)

- What current tier III supports could be adapted to tier II?

### Tier III Recommendations:

#### Acknowledge which Tier III services might be transformed for viability at the Tier I and Tier II level:

- Creating videos, worksheets, and other resources that reinforce coping strategies for use during independent study can be helpful
- All services and resources should be **developed through a culturally responsive lens, attending to cultural and language needs for groups and individual students.**
- All resources and implemented materials should be available in multiple languages for accessibility.



- School psychologists may choose to connect regularly with specific students via selected virtual classrooms, engaging in lessons on psychoeducation and coping skills.

## **Recommendations:**

- ❑ **Refer kids that have been flagged from a screener or check in immediately** following school referral guidelines
  - Ensure that there are **adequate resources**
  - [Sample Referral \(See Pg 8\)](#)
  - [Sample Protocol \(Suicide Prevention Specific\)](#)
  - [Sample MOU](#)
- **Resource mapping** at the Tier 3 level
  - **include a review of the school's current suite of interventions,**
    - Note how they are available (i.e. brick and mortar, virtual)
    - Make sure there are both options available to students
- Grief and Loss Support- Connect with local community based organizations around grief/loss that could not be processed (either personal or affecting the entire school community) <http://safecrossingsfoundation.org/> and <https://www.virginiamason.org/grief-services>
- [Suicide Prevention Resources Bitmoji Classroom- PSESD](#)

## **MTSS Tier III- Team Action Steps:**

- ❑ Identify what Community Based Organizations support Tier III students:

- ❑ Do these CBO's have access to provide services in person on school sites? If not, what location is available for students to contact their provider (i.e., a private room where students can virtually access MH providers via telehealth, etc.)

## **Training and Resources:**

- [Responding to COVID-19: Brief Action Steps for School Crisis Response Teams \(nasponline.org\)](#)
- [Addressing Grief \(nasponline.org\)](#)
- Crisis Response: Connect with your team on district procedures



- <https://www.k12.wa.us/student-success/health-safety/school-safety-center/safety-planning-toolkit>
- Trauma Relief Related To Death: <https://www.virginiamason.org/grief-services> for additional information contact Laura Takacs, [Laura.Takacs@virginiamason.org](mailto:Laura.Takacs@virginiamason.org)
- [Suicide Prevention Resources Bitmoji Classroom- PSESD](#)
- Individual consultation on suicide prevention, intervention, and postvention protocols are available through PSESD. Contact Behavioral Health Navigator, Lane Krumpus for scheduling and additional information- [Lkrumpus@psed.org](mailto:Lkrumpus@psed.org)

## Step 5: Plan for Physical Safety

*Identify habits or systems to be put into place now to help ensure both physical and psychological safety. Clear evidence and understanding of safety measures reinforces psychological safety, which is critical to overall safety. This includes social distancing and sanitation and hygiene considerations for settings where students are gathered closely (e.g., lunch, physical education classes, recess, transportation).*

### **Acknowledge:**

- Be prepared for the potential that many students have not had access to medical care, either due to physical distancing or loss of medical insurance, which may increase the need or requests to see the school nurse.
- Students may be experiencing higher levels of mental and emotional stress as a result of the pandemic and ongoing social unrest. This stress can impact a student's mental and behavioral health along with their physical health.
- Students who are stressed could experience stomach aches, headaches, fatigue etc. however, these symptoms are also associated with COVID.

### **Recommendations:**

- Create and share videos on the district and/or schools' websites and social media showing school leaders and other personnel demonstrating what the district is doing to clean and sanitize schools as well as other healthy hygiene habits (e.g., handwashing, covering coughs and sneezes). This should occur both prior to opening and ongoing.
  - Provide information on waivers for wearing masks.
  - Educate students on why some students have to wear masks and others don't.
- Maintain consistent guidelines to address situations where individuals or families refuse to wear a mask or follow social distancing expectations, while attempting to avoid

punitive disciplinary measures. Acknowledge and be prepared to address possible stigma or fear if some people are wearing masks and some are not.

- Consider changes to a calm or wellness room, such as keeping items sanitized or ensuring more than one student can maintain a safe distance. Develop a virtual wellness space that includes quotes, pictures, soothing music or videos and information on where to seek additional support if needed.
  - Avoid use of linens (blankets and/or pillows) that would be used with multiple students. Although these items are comforting they are high contact materials and can increase the viral spread between students/staff.
- Consider virtual visits or phone calls to the school nurse for non emergency concerns, and have spillover space to medically isolate at-risk individuals if needed.
- Mental and behavioral health staff should work with their school nurse to identify and define the appropriate actions needed to effectively support the physical and mental health of any student seeking support who also complains of physical symptoms.
- Assure ventilation in shared spaces.

### Physical Safety Planning- Team Action Steps:

- Identify do specialized instructional support personnel (e.g, school counselors, school psychologists, speech language pathologists) have adequate, *properly ventilated* space to conduct confidential sessions while maintaining social distancing requirements? If not, what steps are needed to ensure this:

- What is the process for sanitizing shared objects, including those used by school psychologists or school counselors. These may include testing materials, fidget items or other manipulatives.

- Do you have a plan for students who are immune-compromised or otherwise at risk, including those with family members testing positive for COVID-19, students with health problems or physical disabilities, individuals with respiratory problems/allergies, etc.?

- What is the expectation for using masks and other sanitization procedures?

- How is this process different for students or staff who have medical or physical needs or otherwise have been advised not to wear a mask?

- What is the attendance and sanitation guidelines for COVID[1]19-related illness and exposures (e.g., what to do if a student or staff tests positive for COVID-19 vs. student or staff exposure to COVID-19)? This includes guidance on virtual learning expectations during the period a student is home and a timeline of how long a student or staff member should remain symptom-free before returning to school.

- What information is being provided to families on mask wearing waivers? Is this information translated into multiple languages and how is dissemination of information accessible?

### **Training and Resources:**

- [Cleaning and Disinfecting Your Facility | CDC](#)
- <https://awsp.org/informed-principal/blog/blog-detail/awsp-blog/2021/03/30/osp-school-safety-tips-for-april>

### **Additional Resources:**

- National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools  
<https://mhttcnetwork.org/sites/default/files/2019-07/National%20SMH%20Curriculum%20Trainer%20Manual.pdf>
- Template for MDT team:

<https://dm0gz550769cd.cloudfront.net/shape/bb/bb5f91aef680ffb49dcee03f76bcdad0.pdf>

- UCLA Mental Health In Schools Welcome back to school edition:  
<http://smhp.psych.ucla.edu/pdfdocs/spring2021.pdf>
- Guidelines For Student Support Teams (SST):  
[https://www.dodea.edu/curriculum/specialEduc/upload/DoDEA\\_SST.pdf](https://www.dodea.edu/curriculum/specialEduc/upload/DoDEA_SST.pdf)

#### **Local Community Based Organizations:**

- **CBO Document King and Pierce County**
- [NAMI- King County BIPOC Mental Health Services](#)
- [Teen Link Resources](#)
- [Kids Mental Health Pierce County- Community Resources](#)

## References:

[MTSS Tiers & MTSS Interventions 101. \(2020, August 26\). Retrieved from](#)

<https://www.illuminateed.com/blog/2019/09/mtss-tiers-mtss-interventions-101/>

[National Association of School Psychologists. \(2020\). Providing effective social–emotional and behavioral supports after COVID-19 closures: Universal screening and Tier 1 interventions \[handout\].](#)

[National Association of School Psychologists and American School Counselors Association. \(2021\). School Reentry \[handout\] Retrieved from](#)  
[https://drive.google.com/file/d/1\\_0y25PMYzBHU0zwdqCSDqIHvShFN6UD9/view](https://drive.google.com/file/d/1_0y25PMYzBHU0zwdqCSDqIHvShFN6UD9/view)

[National Association of School Psychologists. \(2020\). \*Returning to School Following COVID-19\*](#)

[\*Related School Closures: The COVID-19 School Adjustment Risk Matrix \(C-SARM\)\*](#)

[\[handout\]. Author.](#)

[National Association of Social Workers \(NASW\). \(n.d.\). Retrieved from](#)

<https://www.socialworkers.org/Practice/School-Social-Work>

[OSPI. \(2021\). Considerations for Reopening Schools Supporting Student and Staff Wellness.](#)

[Retrieved from https://drive.google.com/file/d/1HaQzALE8gINOQRS12ywG\\_XMzWg-w1hKS/view](https://drive.google.com/file/d/1HaQzALE8gINOQRS12ywG_XMzWg-w1hKS/view)

**Informative link on ESSER funds:**

<https://www.k12.wa.us/sites/default/files/public/bulletinsmemos/bulletins2021/B005-21.pdf>



Updated: 04.15.2021