Nassau County

Mental Health & Wellness Strategic Plan

developed by:

The Nassau County Mental Health & Wellness Strategic Planning Committee

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Nassau County Mental Health & Wellness Strategic Plan

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The Nassau County Mental Health & Wellness Strategic Planning Committee
December 2021

Introduction

The Nassau County Schools Mental Wellness Collaborative has developed this guide to empower educators and school communities to address mental health issues affecting students, staff, and caregivers and to strengthen their mental fitness. The Collaborative's mission is to provide resources and best practices that raise awareness, build capacity, and cultivate partnership. Over 50 administrators and mental health professionals from Nassau County school districts and community-based organizations have contributed to this strategic plan, which addresses four key areas with actionable components:

- Mental Wellness Team Development and Leadership
- Staff Mental Wellness and Social and Emotional Literacy
- Interventions in Schools for Students
- Community-Based Partnerships

The guide includes helpful resources for each key component. In the future we hope to develop a new *Mental Wellness Community Bulletin Board* featuring creative strategies and success stories from Long Island Schools.

Any effort to address mental wellness, school safety, self-esteem, substance abuse, absenteeism, and behaviors that result in suspensions requires a systemic approach to examining the overall climate of the school. The quality of a school's climate may be the single most predictive factor in any school's capacity to promote social emotional well-being and academic achievement.

Everyone and everything in a school influences the climate of the school and what each stakeholder believes to be true about their ability and value. And so, a school climate journey begins with a committed leadership team that represents and gives voice to all stakeholders, and considers how everyone is influenced either positively or negatively by the people, places, policies, programs, and processes in our schools.

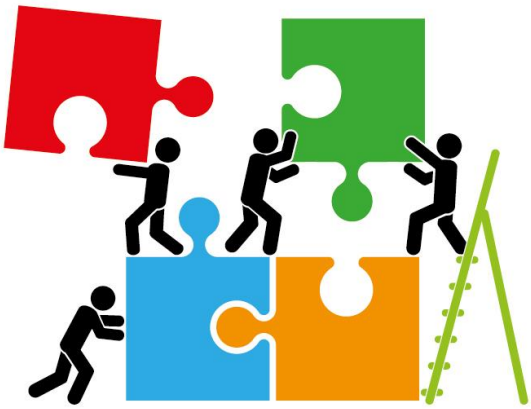
The Nassau County Schools Mental Wellness Collaborative

In January of 2018, the Nassau County Council of School Superintendents held its first meeting of the Mental Health and Related Services Committee. The committee was formed to address the ongoing concerns about mental health, substance abuse, mental wellness and SEL in Nassau County. Among the committee's initiatives was to collaborate with Nassau BOCES to develop a robust resource for professional development in these areas and to seek community-based service providers to partner with schools. The committee also sought to draw knowledge from the expertise of a wide range of professionals in education, mental health and wellness, substance abuse, community-based services, and social emotional learning. With this in mind, a stakeholder's group was formed to develop a mental health and wellness strategic plan to benefit the children of Nassau County. This group has come to be called the *Nassau County Schools Mental Wellness Collaborative.*

School Mental Wellness Leadership Teams

Beginning the Journey: The importance of having a team

It is essential to establish a dedicated team to lead the process of implementing policies and practices around social emotional learning and mental wellness, for both staff and students. In their analysis of implementation, Fixsen et al. (2001) found that having a designated team led to an 80% success rate in implementation over a 3-year period, compared to 14% success over a 17-year period for programs that did not have such teams. Establishing appropriate teaming structures and representative membership is needed in order to:



- develop the systems and practices needed to carry out teaching and learning
- ensure that students receive equitable access to supports
- create systems that support a healthy workforce
- evaluate the program's overall effectiveness.

At the district level, this work would be led by a team that includes cabinet level members who can make decisions regarding budgets, policy, job descriptions, professional development, and human resources. The primary focus of this team is on universal prevention to promote wellness for all. At the school level, these efforts would be led by administration and a leadership team that reflects the voice and choice of all stakeholders within the school's wellness efforts.

District and school leadership teams should also include representatives and direct participation from families, students, and community partners. The following chart represents a sampling of the individuals that should be invited to serve as team members.

School Team	District Team
● Building Administrator(s) ● Student support staff (psychologist, social worker, school nurse, counselor) ● Student(s) ● Family member(s) ● Teacher(s) ● Non-Instructional staff member(s)	● Central Office ● K-12 Administration ● Principals ● Pupil Personnel Staff ● Faculty from each school buildings ● Non-instructional staff representatives ● Parent Representatives ● Students ● Community Organization Representative

The wellness team would serve the following purposes:

- Act as an organized structure to plan and implement a comprehensive school mental health system benefitting both staff and students, utilizing a multi-tiered system of supports (MTSS). MTSS is a data-driven, problem-solving framework designed to improve outcomes for all students and which relies on a continuum of evidence-based practices matched to student needs.
- Coordinate initiatives across programs, supports, and services at the school and/or district level
- Assess existing strengths and needs, as well as potential obstacles to success
- Continuously evaluate the effectiveness of services and supports provided
- Advise, encourage and support the development of district/school-based initiatives, professional development, community outreach, etc.

It is recommended that teams start with small, practical goals and action plan steps that are doable and attainable and that would have a positive impact on overall wellness for both staff and students. The implementation of any new initiative should be carried out in four phases:

- **Exploration and adoption**: The decision to commit and explore adopting programs and practices that best meet the social emotional and mental wellness needs of staff and students

- **Installation**: Setting up the infrastructures for successful implementation

- **Initial implementation**: Try out the practices, work through any problems that arise, work out details, learn and improve before expanding (Ex: Try it out with a specific grade)

- **Full implementation**: Expand the practices/programs to other locations, times, and individuals and adopt as a set of standard practices (Ex: Full school roll out) *The National Implementation Research Network | NIRN* provides a wealth of information regarding implementation research and best practices.

Action steps to be carried out by effective leadership teams include:

- Efficient and productive meeting practices:
  - use of agendas
  - the assignment of roles and responsibilities to each team member (i.e. recorder, facilitator, data analyst and time keeper)
  - sharing of team minutes appropriately and consistently with stakeholders as determined by the team.

- Continuous use and sharing of data to guide decision making

- Open communication and transparency amongst all team members, building staff, district personnel and community partners

- The promotion of high visibility platforms to leverage all resources and ensure continued commitment to wellness (For example, school board discussion at the district level reviewing all team actions and decisions)

The following documents provide additional guidance on the development of effective teams:

- ***School Mental Health Teaming Playbook*** includes best practices and tips from the field from the Center for School Mental Health.

- ***Sample District Level Presentation- Launching a Team*** is a sample Health and Wellness Task Force presentation from the Oceanside School District.

Using a 3 Tiered System

All practices and interventions developed by the teams are based on an MTSS framework that provides targeted support to staff and students. The framework was designed to help schools

identify where staff and students are struggling in their social emotional learning and mental health wellness. It is organized in such a way as to provide interventions and support which become more intensified as students move from one level to the next.

MTSS supports the adults as well. The Every Student Succeeds Act (ESSA), the fundamental education law for public schools, cites MTSS as a way to increase teacher effectiveness.

Dr. Hill Walker of the University of Oregon has been credited with designing the original 3 tiered prevention model in 1995, based on his work with public health models which advocated health prevention rather than reaction. The MTSS model is a proactive preventative framework consisting of three tiers:

- **Tier 1:** All staff provide support for all students. 80% of students will respond favorably to well implemented interventions and practices
- **Tier 2:** Some staff provide additional support to targeted groups of students. This tier targets 10-15% of students
- **Tier 3:** Designated individual staff provide intensive and individualized supports to the remaining 5% of students

These same percentages also apply to the needs of staff in support and promotion of a healthy workforce. Anecdotal evidence suggests that this 3 tiered system can be applied to staff participation in the implementation of any new initiative and its subsequent success:

- **80% of staff** need to have buy-in and willingness to implement the interventions, as they were designed, with fidelity.
- **10-15% of staff** will vacillate between providing the interventions well and not giving them their all, and
- **5% of staff** will not advocate nor participate in providing the needed interventions.

Barrett, S., Yanek, K., Raulerson, C., Flammini, A., & Scheel, N. (March, 2021). Building a Culture of Staff Wellness Through Multi-Tiered System of Supports. Eugene, OR: Center on PBIS, University of Oregon. www.pbis.org.

It is therefore up to an administrator to encourage and provide a response to those not implementing, so as to avoid hindering the efforts of remaining staff members and the effectiveness of the initiative.. Limited staff participation will also make the efforts of the leadership team much more tenuous.

Collecting Data: Understanding the differences between surveys, assessments and screeners

Assessment is the process of gathering information and refers to a wide variety of methods or tools educators can use to evaluate, measure or document the education and/or mental health needs of individuals within the school setting:

1. Screening is an assessment process that helps to identify individuals who are at risk for needing additional supports and interventions. Screening assessments are used to determine if an individual requires specialized supports and can target emotional, social or intellectual needs. Screenings are universal in nature in that they are given to all members of a school group 3 times a year. This is part of the Tier 1 process. Screenings may be administered by multiple personnel within the school setting and are typically brief and not used for a definitive diagnosis.

2. Assessments may also be more diagnostic in nature. Based on the results of the screening data, diagnostic assessments are used to break down identified individual's skill deficits into their component parts in order to plan specialized interventions and supports. Some assessments are utilized as a Tier 2 data collection process to identify which supports are needed for groups of students who have specific needs in common. Tier 2 data would be used to help staff develop and implement group based supports and interventions. Those not responding to these Tier 2 interventions could then be given a more comprehensive Tier 3 assessment by a trained clinician that would help determine which additional intensive and individualized supports are needed. Tier 3 assessment results may be used for a definitive diagnosis. Supports needed may cross over a variety of life domain needs such as behavior management, counseling, drug abuse interventions and parent training.

3. Surveys are completed to collect data that may be used by school and district decision makers to improve the overall student and staff experience, including school climate. Surveys help to answer important questions that current available data cannot address. There should be an impetus, fact finding or problem solving need that becomes the reason for administering the survey.

Collecting Data: Uncovering needs through the use of surveys and screeners

The MTSS framework begins with a screening process which identifies the needs of staff and students at each tier. Because staff must guide and educate students through social emotional learning lessons and mental health related activities, it is important that leadership help school personnel uncover and understand their own individual needs and provide the appropriate support to help them do so. These needs can be brought to light through the use of surveys and needs assessment procedures.

Each stakeholder group is invited to participate in a district wide survey or screener so that all perspectives can be included in a Wellness Plan. Schools are encouraged to invite all school staff to respond anonymously to a school climate or social emotional needs survey in order to identify their unique patterns of need. Surveys can help schools recognize how different groups of staff members perceive the climate of the school as well as their own mental wellness and ability to carry out school practices. Survey results would also reveal what efforts are needed to address these unique needs.

The school and district mental wellness team would then analyze the survey results and identify the needs of all staff members. This data would then be used to develop professional development opportunities. Multiple sessions are recommended so that participants can have numerous opportunities to practice skills, gain competence, and receive coaching and feedback. Staff members experiencing strong social and emotional challenges are encouraged to contact a member of the mental wellness staff and / or community partners to discuss their needs in confidence and receive individual assistance.

Sharing Tier 1 assessment results is important because it shows stakeholders that their voices have been heard. If the team is seeking 80% buy-in by staff to understand and implement any new initiatives undertaken in response to survey/assessment results, it is imperative that staff view these results as the evidence to support the rationale and need to implement the new programs and/or procedures.

Involving the team in data collection:

Any assessment or data collection tool used for any purpose should be developed and organized using a team format. Collaboration between the team, staff, administrators, clinicians, community partners and/or other significant stakeholders should be part of this process. Some Tier 2 and all 3 Tier assessments, depending on the measurement tool being used, should be administered by a trained clinician. The team should provide guidelines and instruction as to how, where and when Tier 1 assessments are to be administered.

Subsequently, it is the team and the administrators who analyze universal or Tier 1 data and share these results with all staff. Transparency and discussion regarding assessment/survey results are then used to determine what action steps are needed to address any problems uncovered by the assessment/survey. Clinicians or other designated mental health personnel would share Tier 2 and 3 assessment results with other Tier 2 and 3 team members so that group and/or individual interventions and resources needed may be determined and put into place. It is important to remember that a mental health or behavioral professional should be a member of the team at all three tiers.

Resources for surveys, assessments, screeners

- The National Center to Improve Social-Emotional Learning and School Safety (CISELSS) has worked collaboratively with the OSDE to provide guidance on quality assessment methods to gauge adult well-being. Educator/Adult Well-being Assessments is a helpful document which outlines resources that cover educator well-being assessment, school climate and self-assessments, and examples of similar guidance from Illinois and Indiana state education agencies.

- ***Social Emotional Well Being Quality Assessments and Screeners:Educator Resources*** provides links to screeners and other helpful documents.

- ***Ready, Set, Go, Review: Screening for Behavioral Health Risk in School*** is a helpful guide from the Substance Abuse and Mental Health Services Administration (SAMHSA)

- **EDSCLS** is a school climate survey developed by the US Department of Education, which can be found at the following link:**https://safesupportivelearning.ed.gov/edscls**.

  Nassau BOCES provides detailed information regarding the EDSCLS survey on their website at: **Mental, Brain & Behavioral Health and Social Emotional Learning Resources including the EDSCLS Survey**. They are available to assist any district in the administration and evaluation of the EDSCLS survey.

To ensure culturally responsive practices in the development of teams, please refer to **Appendix A: *Special Considerations for Diverse Populations***

General Resources for Mental Wellness Teams

Links to customizable document templates:

(See Appendix D for instructions)

1. ***Creating a Mental Health Taskforce***
2. **Slide Presentation: *Mental Health Education and Awareness***
3. ***Procedure for Recognizing and Referring a Student for Social Emotional Support***
4. ***Intervention Procedure for Potentially Suicidal Student***

Protecting Youth Mental Health: The US Surgeon General's Advisory (2021) includes essential recommendations for the institutions that surround young people and shape their day-to-day lives—schools, community organizations, health care systems, technology companies, media, funders and foundations, employers, and government. They all have an important role to play in supporting the mental health of children and youth.

The National Implementation Research Network | NIRN contributes significantly to the best practices and science of implementation, organizational change, and system reinvention to improve outcomes across a variety of organizations that provide human services. It's Active Implementation Hub is a free online learning environment, available to all stakeholders involved in an active implementation process.

Mental Health Education Literacy In Schools: Linking to a continuum of Well-Being

This NY State Education Department Guide provides all school stakeholders with information on mental health education to be provided in schools, pursuant to Education Law §804 and Commissioner's Regulation §135.3. The guide also provides strategies for embedding mental health well-being within the broader context of the entire school's environment.

School Mental Health Quality Guide is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine for The SHAPE System. This document provides guidance to help school mental health systems advance the quality of their services and supports. It contains background information on school mental health screening, best practices, possible action steps, examples from the field, and resources.

Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework (June 2021) is a recent publication from the National Center for School Mental Health which describes how the use of a multi-tiered system of supports (MTSS) framework for Social Influencers of Health and Education (SIHE)-related interventions, promotes alignment with and can increase the benefits of other academic, social-emotional, and behavioral interventions already offered in school.

New York State Mental Health Education Readiness Guide, developed by the NYS School Mental Health Resource and Training Center was created for schools to use in its entirety or by selecting individual sections to best meet the needs of the district. The Center has developed assessment tools for educators, administrators, and student support services staff to evaluate existing curriculum content in health and other subject areas, as well as school and/or district-wide awareness initiatives that promote a better understanding of student mental health and wellness.

Mental Health Teaming Playbook, developed by the Northeast Positive Behavioral Interventions and Supports organization, provides practical information regarding the formation and functioning of school mental health teams within a multi-tiered system (MTSS) of school mental health supports and services.

Sample District Level Presentation- ***Launching a Team*** developed by the Oceanside School District's k-12 Health and Wellness Task Force, this slide show provides a sample step by step process for the development of a comprehensive health and wellness/social emotional learning plan for grades K-12 that meets the requirements of NYS Commissioner's Regulations on Health Education, adopted in May, 2018

2021-22: **Addressing Learning, Behavior, and Emotional Problems Through Better Use of Student and Learning Support Staff,** is one of many online resources from the Center for MH in Schools & Student/Learning Supports

CASEL Newsletters - The Collaborative for Academic, Social and Emotional Learning publishes a variety of free, online newsletters to which you may subscribe.

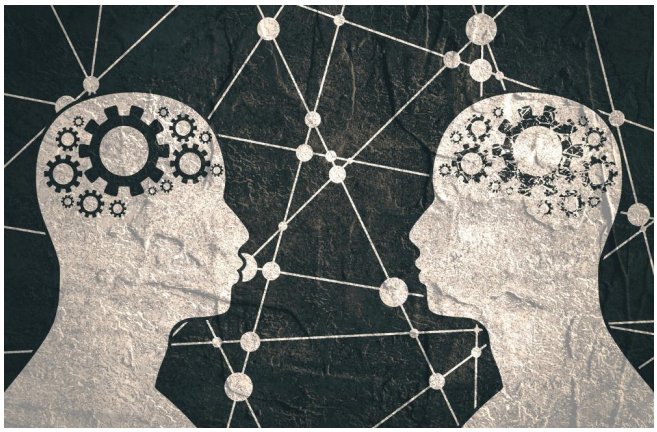
Resources: School Mental Wellness Leadership Teams

All resources for **Mental Wellness Teams, Surveys, and Assessments** may be found in the Resources section of this document..

Staff Mental Wellness and Social Emotional Literacy

Teaching social and emotional skills to school adults

When the social and emotional needs and skills of school adults are addressed, they are better able to model SEL skills for students and meet their and their families' needs. A consistently safe and supportive school relies on adults modeling the social and emotional skills that SEL programs teach to students. Learning and applying these skills in our personal and professional lives will help all school adults to enjoy mental wellness and to contribute to the wellness and success of our students.



A foundational element of a positive school climate is the development of a *shared mindset and intentional way of communicating with all stakeholders.* When school adults learn how to express their feelings and needs without judgment or blame, and to listen empathically for the feelings and needs of others, we open the door for beneficial dialogue to take place. We feel heard and are better able to detect what unmet needs might have caused a student to act out, disengage, or fail to thrive in school. Positive communication skills do not excuse poor behavioral choices. Rather, they allow us to understand the behavioral choices of others and invite them to collaborate with us on how to restore or resolve situations. When students and staff feel understood, we are all more willing to consider how we can "right a wrong."

Developing skills together

Developing Adult SEL skills follows the same process as teaching these skills to students.
We create a series of small group opportunities for all staff to meet and learn together. Effective Adult SEL trainings

- help staff to identify challenges and needs,
- introduce and model a behavioral skill or process to address a situation or need,
- provide time for practicing the skill with colleagues,
- include time to reflect on how it felt to use the skill and when it might be helpful,

- suggest ways to apply the skill in everyday encounters, and
- provide opportunities to share successes and challenges with colleagues.

When choosing strategies to develop Adult SEL, examine the language of the strategy to ensure that it presents a “doing with” rather than “doing to” approach to teaching a skill. Social and emotional learning is not about blaming people for how they behave or requiring them to behave differently. Rather, it is about learning and practicing a skill that will be beneficial to you and those with whom you interact. Social and emotional learning explores the challenging situations we all experience and invites us to consider beneficial ways of meeting our needs and those of others.

Achieving buy-in

Every adult that works in a school should be invited to participate in staff training. All staff interact with each other, students, and caregivers. The way we message others greatly influences their self-concept - what they believe to be true about themselves and in turn, their self-concept influences their choices of behavior. Thus everyone, and everything that happens to us in school contributes either positively or negatively to the climate of the school. It is essential that every building level and district administrator participate actively in trainings and model the skills being taught. When staff are treated in the same way we expect them to treat students and parents, schools will succeed in accomplishing the “buy-in” that is always sought yet seldom achieved when introducing new initiatives.

The overall goal is to include everyone and to keep the door open for involvement. Our greatest critics often have insights that will benefit us during the process. Before attempting to “adopt” a program or consistent way of communicating in a school, it is important to allow time for people to try out and reflect on the skills and concepts being taught. The process of ***Consensus Decision Making*** may be of great assistance when discussing new initiatives and generating sustainable staff support.

Planning staff development experiences

Effective staff development for social and emotional literacy focuses on:

- helping school adults to be self-aware, resilient and manage their emotions

- creating a shared mindset and way of communicating with all stakeholders, by providing ongoing training in how to communicate feelings and needs without judgment or blame, and listen empathically for the feelings and needs of others

- Exploring ways to teach, practice, and reflect on the skills and concepts being introduced through effective courses, book discussions, professional development presentations, and related media resources

The CASEL SEL Framework provides a detailed explanation of the Core SEL Competencies. No matter what a staff member's job responsibilities are, we all benefit from developing these skills together, along with our students and caregivers.

Exploring theories of practice as well as strategies

When considering different types of training for staff, it is beneficial for school wellness teams to identify the purpose of the training and distinguish between *theories of practice* which help schools develop an overarching framework, and *strategies* that help develop specific skills. Some staff members enjoy reading and learning about a theory of practice and the research behind it. Others prefer a "try it out tomorrow" strategy that they can use right away. Mental Wellness teams are encouraged to explore evidence and practice-based theories, involve volunteer staff members in their investigations, and then discuss and choose like-minded theories that resonate with their goals. These theories then serve as a framework to guide the choice of strategies that will be taught to staff. Establishing a theoretical framework prevents initiative overload, and ensures that strategies chosen align with and support that theory. This is an effective way to develop support for selected training, and begin to create a shared mindset and consistent way of communicating in a school.

To ensure culturally responsive practices in the development of adult communication skills, please refer to **Appendix A: *Special Considerations for Diverse Populations***

Resources: Adult SEL & Staff Development

All resources and recommended books for **Adult SEL & Staff Development** may be found in the Resources section of this document.

Interventions in Schools with Students

The quality of school climate is a significant predictor of student success, both academically and socially. The NYS Mental Health Mandate, enacted July 1, 2018, promotes the inclusion of instruction related to Mental Wellness into the health curriculum in secondary schools, and infused into daily instruction at all levels, Pre-K-12. Schools are encouraged to adopt an evidence based Social Emotional Learning (SEL) Program and provide additional Tier 1 interventions to the entire student population.

Seven major areas of focus for student mental health initiatives include:

- **Implementing Evidence Based Social Emotional Learning Programs**
- **Creating Building Level Initiatives and Strategies**
- **Supporting SEL Skills and Concepts Building-Wide**
- **Using Mental Health Screening /Assessments**
- **Addressing Child Sexual Abuse: Erin's Law**
- **Responding to Student Death and Trauma**
- **Monitoring Technology Use**

Implementing evidence based social emotional learning programs

An evidence based program (EBP) is a theory based prevention or intervention program that has been shown, through rigorous evaluation, to be effective. Reviewing, comparing, and selecting an evidence based program may provide benefits such as:

- Increasing the likelihood of sustainable success
- Training and implementation support from the publisher
- Promoting efficient use of limited resources

- Facilitating stakeholder buy-in
- Providing justification for funding and resources
- Raising the bar for the types of programs that are implemented

When choosing an evidence based program, the mental health leadership team should reach a decision based on a thorough needs assessment, the skill content and resources of the program, and an assessment of existing programs. A new program should be piloted with opportunities for evaluation and adaptation based on student and district needs. ***How to Choose & Use an SEL Program*** (Fretz, 2021) includes suggestions for program components to look for when reviewing and choosing a program.

While many districts use the CASEL Framework for social and emotional skill development, the Harvard Graduate School of Education has created a helpful tool called ***Look Inside Frameworks*** for learning about and comparing a variety of social and emotional frameworks.

Several Nassau County school districts have adopted evidence-based programs such as the examples listed below: For summaries of these and other evidence based programs, you may find the following comprehensive reports helpful:

The ***CASEL PreK-12 Program Guide*****,** was developed and is frequently updated by the Collaborative for Academic, Social and Emotional Learning for the purpose of:

- providing a systematic framework for evaluating the quality of classroom-based SEL programs

- applying this framework to rate and identify well-designed, evidence-based SEL programs with potential for broad dissemination to schools

- sharing best-practice guidelines for district and school teams on how to select and implement SEL programs

- offering recommendations for future priorities to advance SEL research, practice, and policy

Navigating SEL from the inside out, developed and updated by the Harvard Graduate School of Education, is a guide to evidence-based SEL programs, offering information on 33 PreK - 6 programs, including curricular content and program highlights. Practitioners from schools, early childhood education (ECE) providers and out-of-school time (OST) can use this resource to look “inside and across” programs to better understand program content and assess program fit with their district or community needs. New chapters in the 2021 edition include recommendations for achieving equitable SEL (including common barriers and best practices) and guidance on trauma-informed or trauma-sensitive approaches to SEL.

Examples of evidence-based SEL programs in use by Long Island Schools:

- ***Suite 360*** is a digital character development and behavior intervention program that can be used by a full district or an individual school, grades Pre-K to 12.

- ***Lions Quest*** is a comprehensive preK through high school social and emotional learning program that is grant funded by the LI Lions Quest Committee and includes an optional service learning component. The lessons in this curriculum use a four-phase instructional design in which students actively participate in discussing, practicing, reflecting on, and applying the skills that are learned.

- ***Second Step*** provides instruction in social and emotional learning with units on skills for developing empathy, emotion management, friendship skills, and problem solving for grades Pre-K -8.

- ***Ruler*** is a comprehensive curriculum which aims to integrate emotional language into existing academic curricula. One important part of this curriculum are the RULER skills: **R**ecognizing, **U**nderstanding, **L**abeling, **E**xpressing and **R**egulating emotions. This program may be used for grades Pre-K through 12.

- ***Sources of Strength*** is a suicide prevention program that references eight strengths, or protective factors, to boost resilience in the lives of young people. The program is appropriate for elementary on up.

- ***Responsive Classroom*** is an evidence-based approach to teaching and discipline that focuses on engaging academics, positive community, effective management, and developmental awareness. The program is geared towards grades K- 8.

Creating building level initiatives and strategies

Schools within the boundaries of Nassau County have taken the mental health mandate to heart. Mental health clinicians, partnering with administration, have created teams that provide building level support to students at all grade levels, providing strategies, events, and exercises for use with large and small groups of students. Two examples are provided below, as starting points for others to adopt, adapt, or create their own.

Reflection Day

Students are shown the graphic of an iceberg, and are taught that what is above the water line is what others can readily see. What is below is what we each keep hidden and to ourselves. Students are asked to drop the water line a bit, so that others can see what lies below. Students are encouraged to share their fears, feelings, concerns, issues, etc. Staff is available to provide support and follow up as necessary. This initiative can be linked to core values in each district, works well with a group, and can be done using a digital platform.

This activity is typically used to discuss culture, stereotypes and identity, but repurposed here for mental wellness.

Rose/Thorn/Bud

Source: MindfulSchools.org

Step 1: Define terms for the activity:

Rose - A highlight, success, small win, or something positive that happened

Thorn- A challenge you experienced or something that would benefit from more support

Bud - New ideas that have cropped up or something you are looking forward to

Step 2: Brainstorm: Give students or participants 30 seconds to a minute or so to reflect on their rose, thorn and bud.

Step 3: Share out: Each person has the opportunity to share one or more of their reflections and have the opportunity for feedback

Concierge program

Assign each teacher a mental health provider or administrator to check in on them or act as a concierge. It's like having your own case manager. The Concierge checks in with the teacher using a five finger scale (5 = I'm great, down to 1 = I need a minute). This gives the teacher the opportunity to share concerns, clear their plate and know that support is available. This is a way for the staff to check in regularly with students via the teachers (Mackler, personal correspondence, 2020).

Supporting SEL skills and concepts building wide

Like any other skill introduced in school curricula, students need to practice a social or emotional skill and apply it in their everyday experiences in order to be able to use the skill effectively. Schools often select a group of interested staff members to teach SEL lessons. The facilitators of the lessons might be teachers or members of the school's mental health staff. Most SEL programs recommend that classroom and academic teachers be the direct instruction teachers, since an important outcome of SEL lessons is improved teacher-student relationships. If a mental health professional introduces the lesson to a class, the classroom teachers should be present and actively participating in the lesson.

Once a skill is introduced, students need planned opportunities to practice and apply the skills in school and at home. The building level Mental Wellness leadership teams often take responsibility for providing every adult in the building with a "key concept" card or email summary of the specific skill components, so that all staff will know what skill was introduced and what is being practiced and reinforced. Materials for practicing and applying SEL skills are often provided in SEL lessons. These include suggested activities for academic, art, music, and physical education teachers to apply the skill or concept directly to the subject matter being taught by those teachers. Most programs also include suggested activities for caregivers to do with their children at home, which not only helps the child practice the skill, but increases family awareness and use of the strategies. In many schools, students are invited to choose, develop, and lead their own community service projects in which they use the listening, perspective taking, decision making, conflict resolution, etc. skills they are learning.

Of utmost importance is students consistently observing school adults modeling the SEL skills being taught, in their daily interactions with colleagues, students and caregivers. No matter how comprehensive an SEL program is, *"programs don't change schools, people do."* (Fretz, 2021.)

Using mental health screenings and assessments

Mental health screenings in schools allow staff to identify mental health concerns early and connect students with appropriate resources. Some schools are using screenings as a Tier One Universal Screening tool, while others may use screenings and assessments as part of a Tier 2 or 3 intervention resource. Clinicians are trained to administer and interpret findings. Universal screening may be accomplished under the supervision of school clinical staff, while Tier 2 and 3 screens/tools would be used in a more individualized setting.

Here are some examples of screening tools. Others may be found in the resources addendum.

- **Children's Depression Inventory 2** is a brief self-report that helps assess cognitive and behavioral signs of depression in children and adolescents.

- **BASC-3 Behavioral and Emotional Screening System** **(BASC-3 BESS)** offers a reliable, quick and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in grades PreK-12.

- **COVID-19 School Adjustment Risk Matrix** (C-SARM; NASP) is a NASP resource providing guidance on tiered support for students adjusting back to school following COVID-19. It includes a helpful chart for teachers to consider pre-covid levels of adjustment.

- **Pride Surveys** include student surveys for grades 4-6 or 6-12. They are used to gather information on school climate (i.e. bullying, harassment), as well as 50 risk and protective factor items.

Screenings for Student Gambling:

Student gambling can start at an early age. The New York Council for Problem Gambling reports 39.5% of youth ages 12-17 have gambled in the past year and 30% of these youth report they began at age 10 or younger. Young people who become problem gamblers also have higher rates of drug and alcohol abuse, violent and criminal acts, mental illness, and school and family problems. Gambling behaviors often co-occur with other childhood indicators of mental health concerns.

School mental health teams will benefit from an increased awareness of this behavior as shifts in cultural norms bring children into the culture of gambling. Recent legislation legalizing sports betting on internet platforms portends a burgeoning problem. Below is a helpful resource and two quick and simple screening tools that will help identify the at risk child.

- **The International Center for Responsible Gaming** provides information and screenings for adolescent gambling. Here are two resources:

- ***Development and Psychometric Evaluation of the Brief Adolescent Gambling Screen (BAGS)*** (Stinchfield, R. 2017) describes the development of the *BAGS* screening and includes the 3 questions asked in the screening.

- **South Oaks Gambling Screen: Revised For Adolescents (SOGS-RA)** is published by South Oaks Foundation, Inc., part of Northwell Health. A PDF of the revised screening questions and scoring instructions is provided.

A brief article on Student Gambling may be found in **Appendix C**.

Screening for Adolescent Substance Abuse: SBRIT

Early engagement with mood altering substances including alcohol, nicotine (cigarettes and Vape forms), marijuana and prescription drug use is well documented in schools across the country, as is the value for early intervention. Early identification of at-risk behaviors among school age youth can avoid costly consequences associated with drug use, as well as reduce costly health care utilization in later stages of use.

SBRIT (Screening, Brief Intervention, and Referral to Treatment) is a federally funded evidence-based approach to reducing use in adolescents. SBRIT focuses on prevention, early detection, risk detection, brief counseling and referral for assessment. It is endorsed by the American Academy of Pediatrics and the American Medical Association's guidelines for Adolescent Prevention Services and recommended for youth ages 11 and older.

The verbal administration of the five initial questions of SBRIT takes between 10 and 15 minutes. Included in this time frame are short conversations that support prevention and intervention strategies for students. SBRIT can be administered by properly trained school nurses, social workers, psychologists or school counselors. Funding is available to support staff training and reimbursement for administration is available under certain conditions.

- **SBRIT: Screening, Brief Intervention, and Referral to Treatment**

The **Nassau BOCES Mental, Brain & Behavioral Health & Social Emotional Learning** web page includes additional information about a variety of surveys.

Addressing child sexual abuse: Erin's Law

In August 2019, New York State signed Erin's Law into legislation. This law requires public schools to teach child sexual abuse and exploitation prevention classes to students in grades K through 8. In the summer of 2021, a group of educators from Nassau county school districts worked with Nassau BOCES to create information and support documentation to aid schools in rolling out Erin's law. Please contact Audre Midura (amidura@nasboces.org) or Beverly Forgash (bforgash@nasboces.org) at Nassau BOCES if you would like more information on the training tools created.

Resources related to Erin's Law:

- **Chapter 187 of the Laws of 2019**
- **Guidance for Erin's Law Resources memo**
- **NYSED Erin's Law FAQ**
- **Erin's Law: Curriculum and Instruction**

Responding to student death by suicide & other trauma

When a suicide occurs, it can disrupt the foundation of the school and larger community to the core. How school leaders respond can help minimize negative effects and reinforce resilience. In fact, effective postvention efforts serve as the first line for prevention of potential suicide contagion among vulnerable members of the school community.

The tragedy of suicide affects many schools each year, and it is essential for principals and other school leaders to have the resources they need to help them cope personally and professionally in the event of a student death. During the high-stress period after a suicide, these professionals must provide effective postvention (activities that reduce risk and promote healing after a suicide death) and facilitate an orderly return to the daily operation of the school.

A student suicide has a tremendous impact on the entire school as well as the broader community. School administrators, faculty, and staff are called on to provide leadership and strength to students and their families, even though they themselves may be shaken emotionally and unsure of the proper actions to take. They will be grappling with issues such as immediate crisis response, helping students and parents cope, and communicating with the school and wider community, as well as the media.

Resources: Suicide Prevention, Intervention and Postvention

- ***After Suicide: A Toolkit for Schools*** is a resource for schools looking to handle the aftermath of a suicide.

- ***A Guide for Suicide Prevention in New York Schools*** guides a district towards setting policies, providing professional development and educational programming around suicide using an MTSS approach.

- **The Long Island School Practitioner Action Network (LISPAN)** is a voluntary collaboration between Nassau and Suffolk County public school districts and private schools whose mission is to cultivate a "best practices" mindset regarding school crisis prevention, intervention, and postvention. Its governing committee is composed of school-based mental health crisis team members from LI school districts. The group coordinates monthly network meetings open to all schools.

- **Suicide Prevention, Intervention, and Postvention Consultants** is a local Long Island resource for crisis intervention.

Talking to Children about Loss and Trauma

- **Bereavement and grief in families: How to talk to children about loss in the family** is a video dealing with bereavement and grief in families and how to talk to children about loss in the family with Susan Thomas, the Director of The Center for HOPE (Healing, Opportunity, Perseverance, Enlightenment) at Cohen Children's Medical Center.

- ***Grief and Children* (aacap.org)** is a brief explanation of how children deal with grief.

Disaster and Trauma Resources

- American Academy of Child/Adolescent Psychiatry:

  Resources for Youth (aacap.org)

  Resources for Parents (aacap.org)

- **National Association of School Psychologists Mental Health Resources**
  - **PREPaRE** trains school-employed mental health professionals and other educators how to best fill the roles and responsibilities generated by their membership on

school crisis response teams. PREPaRE is the only comprehensive, nationally available training curriculum developed *by* educators (each of whom have firsthand school crisis response experience and formal training) *for* educators.

- **The Long Island School Practitioner Action Network (LISPAN)** is a voluntary collaboration between Nassau and Suffolk County public school districts and private schools whose mission is to cultivate a "best practices" mindset regarding school crisis prevention, intervention, and postvention. LISPAN's governing committee is composed of school-based mental health crisis team members from LI school districts. The group coordinates monthly network meetings open to all schools, which feature professional development by regional school crisis experts.

Templates for School Crisis Response Plans:

In Appendix D of this guide, two crisis response plan templates are provided for your customization and use in your crisis response plan. (See Appendix D for instructions).

Procedure for Recognizing and Referring a Student for Social Emotional Support

Intervention Procedure for Potentially Suicidal Student

Survivor school work on suicide prevention, intervention, and postvention:

- **Suicide Safety for Teachers: Suicide Prevention Resource Center** (SPRC) is the only federally supported resource center devoted to advancing the implementation of the **National Strategy for Suicide Prevention**. SPRC is funded by the U.S. Department of Health and Human Services' **Substance Abuse and Mental Health Services Administration** (SAMHSA).

- ***How to Talk to Children about Death*** is a helpful article for parents and teachers provided by the Child Development Institute

- ***Lifelines® Postvention: Responding to Suicide and Other Traumatic Death*** is a best-practices manual for middle and high schools that educates everyone in the school community on how to successfully respond to suicide and other traumatic deaths that profoundly affect the school population.

District policies regarding suicide

School districts often have policies and procedures around reporting students who are exhibiting warning signs related to suicidal ideation. Referrals and record keeping varies from district to district.

Mental Wellness teams could well be in the position of creating policies or reviewing and updating existing policies regarding suicidal ideation, referral systems, record keeping, honoring and memorializing death by suicide.

Monitoring technology use

The United States is experiencing a mental health crisis that has become even more prevalent throughout the COVID-19 pandemic. For people aged 10-25, death by suicide is currently the second-leading cause of death. Schools have a moral and ethical obligation to monitor the online behavior of students in order to prevent self-harm behavior and in more severe cases, suicide. Although the legality of this remains unclear there is consensus among experts that self-harm can be an early indicator of suicidal ideation, which is where schools can step in. Advancements in technology, such as keyword scanning and Artificial Intelligence (AI) now allow schools to monitor any potential self-harming activity of students online. Specifically, the three most common indicators that schools should monitor in terms of student suicide are:

1. Talking about wanting to die or kill oneself
2. Looking for a way to kill oneself, such as searching online for alternative or obtaining a gun
3. Talking about feeling hopeless or having no reason to live

The three most common indicators of student self-harm are:

1. Using a document, such as a digital journal, to write about harming themselves (i.e. cutting, scratching, burning, or hitting oneself with an object)
2. Images that are uploaded of cuts, burns, bruises, etc. and potentially shared with friends on an online forum
3. Sharing with friends that they have been harming themselves via online chat apps, email and/or shared documents

Overall, both keyword scanning and AI can be used by schools for self-harm detection and self-harm monitoring with the larger goal of helping with student suicide prevention.

Monitoring Resources

- ***Go Guardian Beacon*** is a suicide and self-harm prevention tool designed specifically for K-12 schools. Helps support all school communities in their efforts to address student suicide and self-harm.

- ***Lightspeed Solutions*** (formerly Relay) provides tools for safe online learning that allow school administrators and teachers to collect data about school performance and usage, help students stay on task, allow IT to manage all school devices on and off network, and spot concerning online behavior through real time alerts and comprehensive reports.

- ***Linewize*** allows teachers to specify lesson-related online resources and share them with students through the **my.linewize.net** website. Teachers can choose to restrict internet access to specific sites and applications or relax default filtering policies for the current lesson.

- ***Dyknow*** is a classroom management software program that empowers teachers to teach confidently with technology in 1:1 device environments.

- ***Social Sentinel/ Navigate 360*** is a linguistics and AI-based software solution platform whose purpose is to recognize signals of potential harm found in digital conversations, such as organization-owned emails and public social media posts.

To ensure culturally responsive practices in the development of interventions with students, please refer to **Appendix A: *Special Considerations for Diverse Populations***

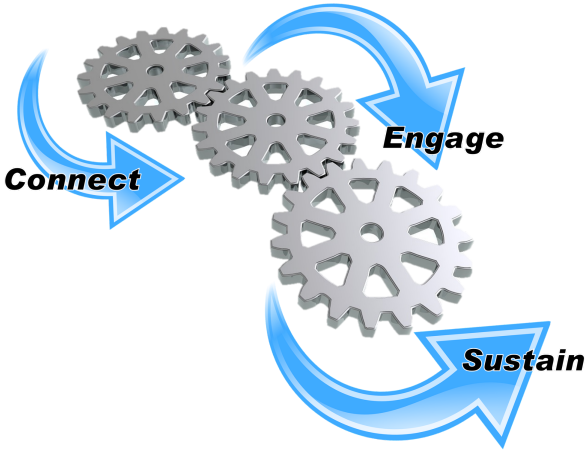
Resources for Interventions with Students

All resources for **Interventions with Students** may be found in the Resources section of this document.

Home Engagement

Engaging the Home: A Critical Component to Mental Health

Home Engagement references the development of a strategic and intentional plan to support the mental health and wellness of the student by those at home. Special note should be taken that the term "Home Engagement" was chosen with the understanding that the word "home" encompasses not only immediate family, but extended family, as some children are cared for by other relatives such as aunts and uncles, cousins, grandparents, or older siblings. "Home" also includes non-traditional "home" settings, for children who are living in foster care or in shelters.



With that being understood, a strategic plan for Home Engagement takes on a critical role for the long-term benefit and support of all children. As such, a school district should create a Home Engagement Strategic Plan (**HESP**).

Forming A Home Engagement Subcommittee

The creation and adoption of a **HESP** begins with a review and discussion of this guide. A first step includes an evaluation by the district's Mental Health Strategic Planning Committee as to who might best be involved in the **HESP** sub-committee. Following invitations to, and acceptance of potential sub-committee members, further evaluation should be conducted to provide stakeholder presence mapping. This process helps district leaders reflect on not only who has expertise or would be interested in this project, but also who may be impacted or influenced by this work.

An example of a well-rounded stakeholder presence map is provided below:

- **HOME**
    - Parent/guardian/caregivers
    - PTA representatives
    - SEPTA representatives

- **Mental Health School Staff**
    - Psychologists
    - Social workers
    - School counselors
    - School nurses

- **District and building administrators**
- **Teachers**
- **Students**

- **Community leaders**
    - Coaches/Sports teams
    - Scout leaders
    - Commerce leaders
    - Specialized parent groups
    - Cultural leaders
    - Ethnic leaders
    - Religious leaders
    - Political leaders

Evaluating Home Engagement Needs Across the District

Resource Mapping is an in-depth and strategic way to evaluate pre-existing data and resources for engagement. Districts might evaluate the following questions:

- What manners of home engagement are already utilized in the district?
- How is effectiveness being measured?
- How is the home voice being represented?
- What messages are being delivered to those at home?

With this information, the **HESP** sub-committee can then create a district-wide mission statement that reflects the importance of home engagement and establishes a foundation for home engagement, encompassing **PME** (Physical, Mental and Emotional) awareness.

Developing Your District's Home Engagement Strategic Plan

Following the adoption of a mission statement, the **HESP** sub-committee next creates a detailed district plan for engaging those at home. The content of this plan reflects the district theme and

message while also identifying the needs of those at home. The district plan is collaboratively developed by the **HESP** sub-committee members with many sources and viewpoints contributing to the final design.

A comprehensive plan would:

- include specific goals which delineate yearly and monthly topics and themes
- reflect intentional design for vertical alignment throughout the district and horizontal alignment across student age levels
- demonstrate a continuity and flow of topic focus to strengthen and deepen understanding of content
- include two types of engagement: active and passive engagement (detailed in the next section)
- provide equity of access to all community members of the school district, with the conveyance of message delivery offered in methods with and without reliance on technology
- have at its core an empirical method of measurement for efficacy and success

Ultimately, a well-formed district plan should be both consistent and sustainable over predetermined periods of time, keeping in mind that sustainable does not imply stagnant. The plan needs to be a “living document” that is capable of growing and adapting with the ever-changing needs of the school district and the community.

Securing Success in Your District’s Plan

Sufficient advanced planning is needed in order to create a prototype for an action plan. This planning should ideally commence with a wide-spread PME Health Comprehension and Literacy survey, that will contour the type and level of home engagement that needs to be provided by the district. Once the form and depth of engagement have been established, the HESP committee should create a schedule of regularly distributed or delivered engagement opportunities. As stated earlier, planned regularity is paramount to the success of a district’s home engagement plan.

Minimizing the barriers that might inhibit engagement needs to be kept as a priority, to ensure equity of engagement for the community. Possible barriers that might produce inequity may include things like language, access to technology, illiteracy, or cultural differences. One way to maintain equity is to ensure that the mode of engagement is offered in multiple languages,

representative of district demographics. The mode of delivery needs to include use of technology such as email, websites and podcasts, while maintaining concurrent parallel non-technological options such as a printed newsletter, take home flyers (colloquially referred to as “backpack stuffers”), or live presentations and workshops.

The content and message delivered through outreach should be created collaboratively by the committee representatives and driven by the needs identified through survey and experience, to support both the district and the student population. This content should align with the underlying theme set forth by the **HESP** committee, paying particular attention to maintaining a continuity of message that is intentionally planned across a timeline, and has intrinsic scaffolding designed to deepen levels of understanding.

As stated previously, the manner of engagement should be deliberately planned to include both passive and active delivery. Passive engagement is where the intended information or message is given or presented to the intended audience. The audience becomes a receptor of said knowledge, without the need to actually do any activity or research to deepen or reinforce the learning. **Passive engagement** includes methods such as:

- posting information on a District website or directing the audience to a pre-existing website
- distribution of a newsletter; production of a podcast; and posting to official District social media platforms like Facebook and Instagram
- distribution of student produced or commercially produced educational videos
- transmission of informational Robo-calls

Contrastingly, **active engagement** involves the intended audience physically and intellectually participating in the learning process. Active engagement includes methods such as:

- interactive workshops and classes
- **PME** Health Fairs
- community, parent/guardian/caregiver, and student input on the **PME HESP** committee
- creation of opportunities for volunteers to engage others directly

The **HESP** committee will determine the topics and concepts to be set forth by the district. These topics will be intentionally planned to reflect need, survey results, and alignment to the District's Mental Health Mission Statement.

Below is a sample list of topics that might be considered:

- **PME** Fitness IN and OUT of school
- Suicide
- Anxiety
- Neuroscience
- Brain-based learning
- Resilience
- Depression
- Positivity
- Optimism
- Prevention
- Wellness
    - Mental Wellness
    - Emotional Wellness
- Parenting Tools
- Healthy Eating
- Physical environment
    - Pleasant
    - Accessible
    - Educational
    - Safe
- Awareness of Community support/resources

Implementation of Deliverables and Goals

En principe, the **HESP** committee will plan its approach to engagement with specific goals that have been purposefully chosen to achieve deliverables. One such deliverable might be to have the District engage increased numbers of caregivers regarding the topic of **PME** wellness. This is a goal that can be empirically tracked by the district and used as an indicator to efficacy of the outreach. Another goal would have the District create a sample plan to unfold PME wellness and integrate it into the culture of the district itself. This might be accomplished through the creation of a shared resource database and fostering a culture of inter-district communication about methodology that has demonstrated success. The penultimate goal of the **HESP** committee's design will be to educate parents/guardians/caregivers regarding **PME** wellness and mental/emotional conditions. The ultimate goal of acceptance and support for those dealing with **PME** concerns is more existential and far less measurable.

The design of intrinsic-specific measurable goals will allow the HESP committee and the District to produce quantifiable data in the analysis of successful engagement.

The success of a particular manner of engagement will vary based upon the style. Here are some examples:

- Measured by:
    - Hits on Website
    - Plays on Podcast
    - Likes on Social-media
    - Physical attendance at workshop/classes
    - Views on videos
    - Acceptance rate on Robo-calls
    - Opt-out rate on Robo-calls or electronic mailers
    - Signatures on paper distributed flyers
    - Click through rate on electronic mailers
    - “Read” receipts on emails
    - Tracking of parent engagement with community-partner health providers (referral tracking, appointments, etc.)
    - Tracking of interaction with demographic subgroups
    - Requests/suggestions for future workshops/trainings
    - Completion of needs assessment survey as a baseline and then periodically throughout the year to determine efficacy of the engagement

- Feedback form following engagement
    - Paper questionnaire
    - Survey

- Tracking engagement from year to year
    - Efficacy of method of engagement can be assessed from year to year
    - successful methods should be continued and strengthened
    - less successful methods should be revised or eliminated

- Feedback from PTO/PTA’s or SEPTA
    - Anecdotal

Securing the Benefits of a Well-Designed Engagement Plan

Keeping education at the forefront, a well-designed engagement plan will foster an increased understanding of what PME wellness looks like and recognition of how the lack of PME wellness can manifest in children. Another beneficial outcome of a well-designed engagement plan should be a de-stigmatization of mental or emotional conditions, coupled with an increased sense of community and support.

To ensure culturally responsive practices in the development of home engagement initiatives, please refer to **Appendix A: *Special Considerations for Diverse Populations***

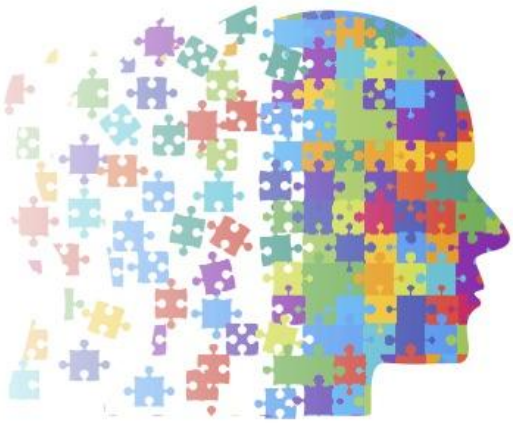
Resources for Promoting Home Engagement

All resources for **Home Engagement** may be found in the Resources section of this document.

Community-Based Partnerships

Creating a System of Care through
School & Mental Health Partnerships

Understanding the purpose of System of Care (SOC)



A System of Care (SOC) refers to a spectrum of effective, community-based services and supports for children and youth with, or at risk for, mental health, substance use, child welfare, juvenile justice, medical, developmental, social or other challenges. It is organized into an array of home and community based services and supports that are individualized, coordinated, family driven, youth guided, and culturally and linguistically competent.

New York State Children's Mental Health System- The BIG Picture

- *Inpatient psychiatric centers and units, State and Community operated*
- *Residential Treatment Facilities*
- *Community Residences*
- *Crisis Residences*
- *Teaching Family Homes*
- *Outpatient Mental Health Clinics*
- *School Based Mental Health Clinics*
- *Day Treatment*
- *Home and Community Based Services (HCBS)*
- *Healthy Steps*
- *Project TEACH*
- *NYS Systems of Care Initiative*
- *Health Homes Serving Children (care management)*
- *Family Peer & Youth Peer Support Services*
- *Child and Family Treatment Supports & Services (CFTSS)*

A SOC will cover all identified mental health support needs. These resources are best offered to the entire community when the school district creates a "partnership" with Community Based Organizations (CBO). Specific services may be obtained through a single-source provider or by contracting with multiple providers. These alliances may incur

financial obligation on the part of the district and/or may include services and resources that are grant funded or through public money.

- National Association of School Psychologists (NASP) - The NAPS describes "Nine Elements of Effective School Community Partnerships to address Student Mental Health, Physical Health and Overall Wellness.

Why Are Education and Mental Health Partnerships Important for Schools and Communities?

Engaging in partnerships improves child, school and community outcomes

The New York State Education Department (NYSED) and the New York State Office of Mental Health (OMH) strongly encourage school districts and local mental health systems to partner to ensure that children with mental health needs have expanded access to services. Such access leads to early intervention and support which has been proven to result in better school, family and community outcomes for children with emotional and behavioral issues. A SOC fosters a collaborative partnership between a School District and CBO to establish mental health access, while engaging community youth and their families from pre-Kindergarten programs through high school graduation and beyond. School mental health supports and services established through a SOC are a critical component of any educational system, on par with high quality academic instruction. A collaborative SOC can be a key factor in reducing disparities in academic achievement, physical and mental health, and access to quality care.

Explore the recommended **New York State Office of Mental Health (OMH)** resources below by clicking the provided link:

1. ***Improving School & Community Outcomes for Children & Adolescents with Emotional and Behavioral Challenges*** **-** This resource describes why collaboration is important, how to create a successful partnership and what factors must be considered.

2. ***The New York State (NYS) Mental Health System 101*** **-** This resource explains "What School District Leaders Should Know When Creating School and Mental Health Partnerships"

3. ***Education 101 for Mental Health Leaders*** - This resource outlines "What Local Mental Health Leaders Should Know when Creating Partnerships with NYS Schools"

Schools often grapple with how to strategically staff a full continuum of mental health supports and services, sometimes exclusively relying on either school or community partners. To foster an effective SOC, it is helpful to frame it not as either/or, for it is both.

Determining the needs of a school district

Best Practice

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

SHAPE houses the National School Mental Health Profile and the School Mental Health Quality Assessment (SMH-QA). These measures are designed for team completion at the school or district level to document the available school mental health system components, assess the comprehensiveness of a school mental health system, prioritize quality improvement efforts and track improvement over time.

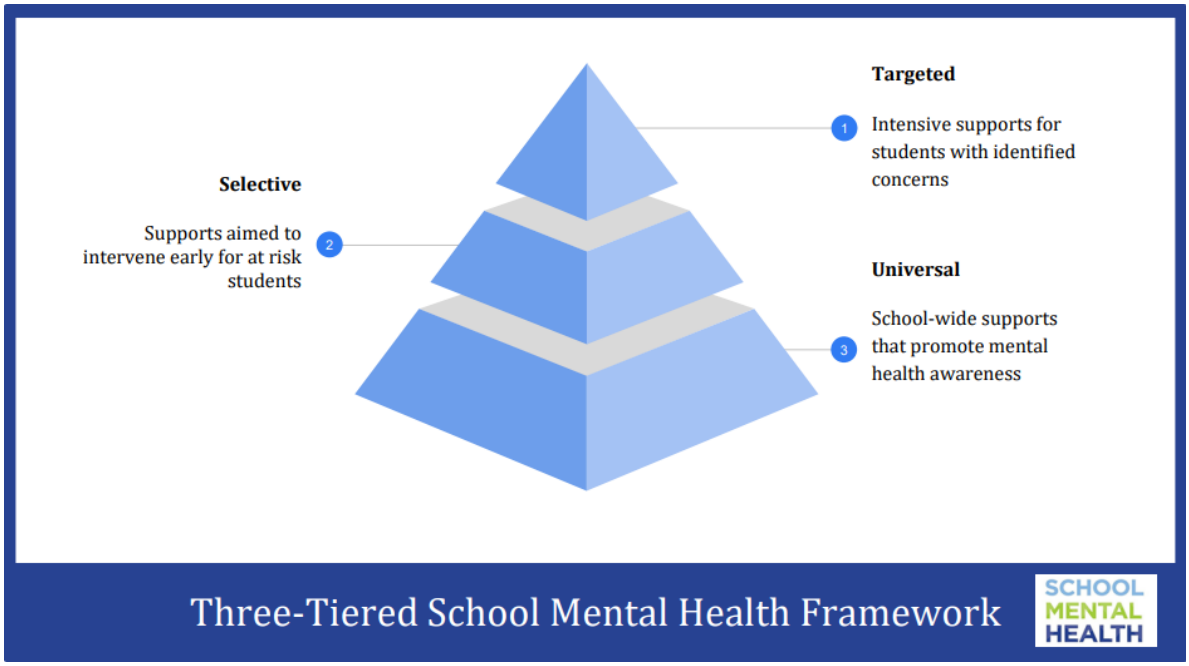
Schools and Districts can use SHAPE to:

- **Evaluate strengths and identify areas of growth** using the School Mental Health Quality Assessment
- **Document mental health services** across tiers of support
- **Engage school mental health teams** in meaningful, data-driven, strategic quality improvement
- **Utilize a robust resource center and quality guides** to steer school mental health quality improvement efforts

Selecting and approaching potential partners for services

Each partnership developed should be based on the specific needs of the local community. Once an assessment has been conducted and the needs of the district have been clearly identified, next steps involve selecting the appropriate type(s) of community partnership(s) to pursue.

A Multi-Tiered System of Support (MTSS) approach is recommended, as it ensures that all students can access the service array. This includes students in both general and special education, and ensures that all students have exposure to universal mental health support. The number of tiers in an MTSS can vary though many districts employ a three tier model:



A successful and sustainable SOC integrates a MTSS with community based services. This may require more than one partner. The roles and responsibilities of school and community partners will differ based on the unique resources available within the school district. Appropriate staffing, clear roles and responsibilities, and funding are among the elements that must be considered during the partnership process. There are **four key types of mental health partnerships** a school district may consider. Each partnership type is listed below, along with helpful examples and references to consider when selecting a community based partnership.

Partnership Types: An Overview

School-based/School-linked Mental Health Clinics

A **Community School Resources COSER** was approved by the New York State Education Department in 2017. This enables BOCES to contract with community mental health providers to work with component districts to provide access to early screening and other mental health supports related to community school initiatives. In Nassau County, BOCES provides access to partnerships through this CoSer.

School-based or linked Mental Health Clinics are one possibility among the many emerging behavioral health structures that can be used in School-Mental Health Partnerships. They can be part of a larger health clinic or a stand-alone model, including a satellite clinic. Taking the first steps in establishing a school-based mental health clinic can appear daunting, but many schools in Nassau County have established successful partnerships. There are also many schools linked with community-based Mental health clinics where coordination of services and

support for children and families is handled through a partnership focused on improving access and coordination of services.

The following are some examples available in **Nassau County**. Click the provided link to learn more.

A. On Campus Clinic Partnership

An on campus clinic offers an on-site location in which individuals can access mental health services provided by an individual or team of licensed clinical experts.

Of note: Article 31 clinics are responsible for sustaining themselves financially. They do not receive fiscal support comparable to property taxes or state aid to schools to pay for staff/services. The chief sources of revenue are Medicaid (for Medicaid-eligible children and services) and third-party insurance.

- **Article 31 Licensing** - This resource provides a description of Article 31 of the New York State Mental Hygiene Law, outlines which programs must be registered and defines statutory responsibilities

B. Off Campus Clinic Partnership

An off campus clinic offers a community-based location in which individuals can access mental health services provided by an individual or team of licensed clinical experts.

- **Behavioral Health Center (BHC) Partnership** - This example offers insight into a collaborative partnership revolving around a dedicated "Behavioral Health Center" centrally located within the community. This off campus clinic provides crisis evaluations, psychiatric assessments, short-term medication management/crisis therapy, care coordination support and ongoing education.

C. Community-Based Organization (CBO) Partnership

CBO partnerships offer mutual access to a mental health professional(s) who provide expert level clinical consultation services in a school as well as in an agency. In this role they are able to steer care coordination to ensure the appropriate level of care is afforded to students in need. Shared clinicians offer unique benefits that aid both the school district and the CBO. For example, these clinicians are immersed in the school culture and organically integrate into the school team. Shared clinicians provide insight into organizational procedures amongst other critical factors important to providing care. "Shared staff" allows for more effective communication and efficient service coordination across systems and amongst teams. Most often, clinicians are assigned roles with a clear delineation of responsibilities in a specific program or department within the district, while also maintaining related obligations at the CBO.

A successful partnership between a school district and a community agency can enhance the sustainability of programs in both systems and lead to a heightened awareness of the needs of the community.

- ***Meeting New Demands: School and Community Agency Partnerships*** - This feature article, available in Appendix B of this guide, offers comprehensive insight into the steps required in establishing a CBO partnership and the many benefits it generates.

- **School-Based Mental Health Consultation Service** - This example offers insight into a collaborative partnership revolving around psychiatric consultation services delivered by Board Certified Child & Adolescent psychiatrist directly in the school setting. This in-district model provides routine access to psychiatric assessments, student observations, expert clinical guidance, care navigation services, crisis support and professional development to support school clinicians and administrators.

- **School-based Virtual/Clinic Coordinated Mental Health Services** - This example offers a description of mental health services provided by Board Certified Child & Adolescent Psychiatrists or Psychiatric Nurse Practitioners, and Licensed Clinicians (LCSW,LMSW, LMHC). Services include behavioral health evaluation and short term intervention services, referrals and care coordination services, clinical consultation support and professional development to support school clinicians and administrators.

Note: Not all communities have access to comprehensive behavioral health organizations. Therefore, districts may find benefit in establishing partnerships with multiple organizations to meet the evolving needs of their school community.

Facilitating Effective Partnerships: Key Elements

Successful partnerships have found that when the following items are understood and negotiated up front between the school and the clinic, partnerships run smoothly and students and families get better results.

The interactive checklist provided below may be used as an itemized guide to ensure that all key elements are appropriately discussed and/or prepared for during the initiation of a partnership. (Clicking on a box will cross out the text, indicating that this element has been addressed.)

- ☐ *Clinic and school staff are clear about their respective participation on school teams (e.g., child study team, PBIS team, etc.).*
- ☐ *Mental health and school Pupil Personnel Services staff have reviewed and understand their different roles and responsibilities, especially when both are working with an identified student with a disability.*
- ☐ *In crisis situations, it is recognized that the mental health clinic does not replace the school's supports and is only part of the school's resources.*
- ☐ *Mental health providers interact with each school facility individually; there is flexibility to allow each clinic to fit into its host school's culture.*
- ☐ *The amount of time that school and clinic staff is expected to spend on collaborative activities is made clear at the outset.*
- ☐ *The school is willing to hire substitutes so staff can participate in training provided by the clinic to enhance the partnership.*
- ☐ *The clinic is clear about what services they are able to deliver, and the school is clear about what they expect.*
- ☐ *The school understands that Medicaid and private insurance only reimburse for certain services, so the clinic may not be able to provide every service requested or needed unless a funding source is procured.*
- ☐ *Providers are clear to parents, students and schools regarding possible waitlists; efforts to triage are transparent and effective.*
- ☐ *The school and clinic give consistent messages to parents and students about the differing roles and responsibilities of school and clinic staff.*
- ☐ *The partnership agreement includes a mechanism to ensure that communication among the leadership, building staff and clinic staff is on-going; with concerns addressed and disputes resolved in a timely manner.*

From the initial meeting onward, school and provider will have different philosophies, roles, and relationships to children and the community. Each will have their own approach, language and beliefs that are equally valuable and should be addressed in the beginning. Successful partnerships *share a common vision* in which to carry out their goals and objectives. The school and provider should reach an understanding of the vision and goals they bring to the partnership. These goals can be shared with others and assessed as the partnership progresses.

- **Effective partnerships begin with a school-wide needs assessment**. This SHAPE System resource is helpful in determining what current services can be leveraged and where the gaps lay.

Funding Partnerships

It is important for schools to understand the funding structure for children's mental health as it will impact what services and supports a mental health provider can commit to. Providers generally must render specific services to receive reimbursement. Simply put, such programs do not receive a budget backed by local property taxes as school districts do. They must provide reimbursable services to clients and meet other criteria to receive financial support. NYS is moving Children's Behavioral Health Services toward Managed Care, and will continue to be heavily dependent on Medicaid.

Not all children with emotional/behavioral problems are Medicaid eligible and not all services qualify for reimbursement under Medicaid. For non-Medicaid eligible children, private insurance, if available, can be used but reimbursement also depends on direct service provision and reimbursement is not always sufficient to cover any given service. Providers should make it clear what their limitations are and the policies that will apply in such situations.

The partners should also discuss how collaboration can improve the cost-efficiency of the clinic. For example, low cost or free use of space, utilities, maintenance, security, etc. can improve the cost effectiveness of the clinic.

- ***The NYS Mental Health System 101*** - Page 6 of this resource provides information on school Supportive Health Services Program.

Successful school community mental health partnerships are funded by a wide array of sources, including (but not limited to):

- **Legislative authorizations and federal block and project grants**
- **State or County funding**
- **Fee-for-service revenue from third party payers**

- **Private Individual donors and private foundation**s

A true partnership joins critical components of a community in a collaborative that provides a *comprehensive* public health approach to challenges schools face in their overall mission. Beyond expanding mental health and educational services and managing referral processes for families, perhaps the most important outcome of developing a school and community agency partnership is placing the whole village in the role of raising children.

To ensure culturally responsive practices in the development of community-based partnerships, please refer to **Appendix A: *Special Considerations for Diverse Populations***

Resources: Community-Based Partnerships

All resources for **Community-Based Partnerships** may be found in the Resources section of this document.

RESOURCES

Mental Health & Wellness Resources by Topic

For your convenience, all resources mentioned throughout this guide
are listed below by topic. Click on the title to access the resource.

Leadership Team and Survey Resources

General Team Development Resources

Links to customizable document templates:

(See Appendix A for instructions)

1. ***Creating a Mental Health Taskforce***
2. **Slide Presentation:** ***Mental Health Education and Awareness***
3. ***Procedure for Recognizing and Referring a Student for Social Emotional Support***
4. ***Intervention Procedure for Potentially Suicidal Student***

Protecting Youth Mental Health: The US Surgeon General's Advisory (2021) includes essential recommendations for the institutions that surround young people and shape their day-to-day lives—schools, community organizations, health care systems, technology companies, media, funders and foundations, employers, and government. They all have an important role to play in supporting the mental health of children and youth.

Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework (June 2021) is a recent publication from the National Center for School Mental Health which describes how the use of a multi-tiered system of supports (MTSS) framework for Social Influencers of Health and Education (SIHE)-related interventions, promotes alignment with and can increase the benefits of other academic, social-emotional, and behavioral interventions already offered in school.

The National Implementation Research Network | NIRN contributes significantly to the best practices and science of implementation, organizational change, and system reinvention to improve outcomes across a variety of organizations that provide human services. It's Active Implementation Hub is a free online learning environment, available to all stakeholders involved in an active implementation process.

Mental Health Education Literacy In Schools: Linking to a continuum of Well- Being

This NY State Education Department Guide provides all school stakeholders with information on mental health education to be provided in schools, pursuant to Education Law §804 and Commissioner's Regulation §135.3. The guide also provides strategies for embedding mental health well-being within the broader context of the entire school's environment.

School Mental Health Quality Guide is part of a collection of resources developed by the National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine for The SHAPE System. This document provides guidance to help school mental health systems advance the quality of their services and supports. It contains background information on school mental health screening, best practices, possible action steps, examples from the field, and resources.

Addressing Social Influencers of Health and Education Using a Multi-Tiered System of Supports Framework (June 2021) is a recent publication from the National Center for School Mental Health which describes how the use of a multi-tiered system of supports (MTSS) framework for Social Influencers of Health and Education (SIHE)-related interventions, promotes alignment with and can increase the benefits of other academic, social-emotional, and behavioral interventions already offered in school.

New York State Mental Health Education Readiness Guide, developed by the NYS School Mental Health Resource and Training Center was created for schools to use in its entirety or by selecting individual sections to best meet the needs of the district. The Center has developed assessment tools for educators, administrators, and student support services staff to evaluate existing curriculum content in health and other subject areas, as well as school and/or district-wide awareness initiatives that promote a better understanding of student mental health and wellness.

Mental Health Teaming Playbook, developed by the Northeast Positive Behavioral Interventions and Supports organization, provides practical information regarding the formation and functioning of school mental health teams within a multi-tiered system (MTSS) of school mental health supports and services.

Sample District Level Presentation- Launching a Team is a slide presentation developed by the Oceanside School District's k-12 Health and Wellness Task Force. It includes a sample step by step process for the development of a comprehensive health and wellness/social emotional learning plan for grades K-12 that meets the requirements of NYS Commissioner's Regulations on Health Education, adopted in May, 2018.

Survey, Assessment, and Screening Resources

The National Center to Improve Social-Emotional Learning and School Safety (CISELSS) has worked collaboratively with the OSDE to provide guidance on quality assessment methods to gauge adult well-being. ***Educator/Adult Well-being Assessments*** is a helpful document which outlines resources that cover educator well-being assessment, school climate and self-assessments, and examples of similar guidance from Illinois and Indiana state education agencies.

Social Emotional Well Being Quality Assessments and Screeners:Educator Resources provides links to screeners and other helpful documents.

Ready, Set, Go, Review: Screening for Behavioral Health Risk in School is a helpful guide from the Substance Abuse and Mental Health Services Administration (SAMHSA)

EDSCLS is a school climate survey developed by the US Department of Education, which can be found at the following link: **https://safesupportivelearning.ed.gov/edscls**.

Nassau BOCES provides detailed information regarding the EDSCLS survey on their website at: **Mental, Brain & Behavioral Health and Social Emotional Learning Resources including the EDSCLS Survey**. They are available to assist any district in the administration and evaluation of the EDSCLS survey.

Staff Development Resources

Adult SEL Resources

Adult SEL Toolkit & Survey, created by Panorama Education contains adult SEL activities, protocols, and professional learning resources to help educators recharge and foster resilience.

5 Simple Lessons for Social and Emotional Learning for Adults, an Edutopia article written by Elena Aguilar provides suggestions for how social emotional learning can be done in schools with children, teachers, administrators, and all other staff. The lessons can be done with a group or by an individual and are intended to build emotional awareness, self-management, social awareness, and relationship management skills.

CASEL FOCUS AREA 2 Strengthen Adult SEL is part of CASEL's Guide to Schoolwide SEL. It provides resources to help school administrators set the tone for a positive school climate by modeling SEL and fostering collaborative leadership.

Second Step SEL for Adults is a subscription based social-emotional learning program for K–12 educators. It includes learning tracks for staff and for school leaders and contains 4 Modules: Building Trust, Managing Stress, Advancing Equity and Developing Efficacy.

Mindful Schools: Mindful Communication and other online courses is a series of courses for educators and mental health staff to guide them in teaching mindfulness to elementary and secondary students, as well as develop their own Mindful Communication skills, based on Marshall Rosenberg's NonViolent Communication 4 step process.

Books for Leadership Teams and School Staff

Communication Skills:

Rosenberg, M.B. (2015). ***Nonviolent Communication: A Language of Life***. Encinitas, CA: PuddleDancer Press

Sofer, Oren J. (2018). ***Say What You Mean: A Mindful Approach to Nonviolent Communication***. Boulder, CO:
Shambhala Publications.

Purkey,W., Novak, J., Fretz, J. (2020). ***Developing Inviting Schools: A Beneficial Framework for Teaching and Leading.*** Teachers College Press

Interpersonal Neurobiology: The Science of Relationships

Siegel, D. (2015) ***Brainstorm: The Power and Purpose of the Teenage Brain,*** *New York, NY: Random House*

Siegel, D. & Bryson, T. (2014) ***No-Drama Discipline,*** *NY, NY: Bantum*

Siegel, D. (2010) ***Mindsight,*** *New York, NY: Bantum*

Collaborative and Proactive Solutions

Greene, Ross (2014). ***Lost at School: Why our kids with behavioral challenges are falling through the cracks and how we can help them.*** *New York, NY: Scribner*

Greene, Ross (2016). ***Lost and Found: Helping behaviorally challenging students (and while you're at it, all the others).*** *San Francisco, CA: Jossey-Bass*

Restorative Practices:

Costello, B., Wachtel, J. & Wachtel, T. (2019). ***The Restorative Practices Handbook for Teachers, Disciplinarians and Administrators.*** *Bethlehem, PA: International Institute for Restorative Practices*

Costello, B., Wachtel, J. & Wachtel, T. (2019). ***Restorative Circles in Schools: A Practical Guide for Educators.*** *Bethlehem, PA: International Institute for Restorative Practices*

Smith, D., Fisher, D., & Frey, N. (2017) ***Restorative Practices for Positive Classroom Management.*** *Alexandria, VA: ASCD*

Visible Learning and Mindframes

Hattie, J. & Zierer, K. (2018). ***10 Mindframes for Visible Learning: Teaching for Success.*** *New York, NY: Routledge*

Hattie, J. (2012). ***Visible Learning for Teachers: Maximizing Impact on Learning.*** *New York:NY, Routledge*

Social Emotional Learning

Frey, N., Fisher, D., Smith, D. (2019). ***All Learning is Social and Emotional: Helping Students Develop Essential Skills for the Classroom and Beyond.*** *Alexandria, VA: ASCD*

Hoerr, T. (2019) ***Taking Social-Emotional Learning Schoolwide: The Formative Five Success Skills for Students and Staff.*** *Alexandria, VA: ASCD*

Elias, M., Zins, J., Weissberg, R. (1997). ***Promoting Social and Emotional Learning: Guidelines for Educators-Digital Edition.*** *Alexandria, VA: ASCD*

Student Intervention Resources

Comprehensive Reviews: Evidence-based SEL programs:

The ***CASEL PreK-12 Program Guide*****,** is developed and frequently updated by the Collaborative for Academic, Social and Emotional Learning for the purpose of:

- providing a systematic framework for evaluating the quality of classroom-based SEL programs
- applying this framework to rate and identify well-designed, evidence-based SEL programs with potential for broad dissemination to schools
- sharing best-practice guidelines for district and school teams on how to select and implement SEL programs
- offering recommendations for future priorities to advance SEL research, practice, and policy.

Navigating SEL from the inside out, developed and updated by the Harvard Graduate School of Education, is a guide to evidence-based SEL programs, offering detailed information on 33 pre-K through elementary school programs, encompassing curricular content and program highlights. Practitioners from schools, early childhood education (ECE) providers and out-of-school time (OST) can use this resource to look “inside and across” programs to better understand program content and assess program fit with their district or community needs. New chapters in the 2021 edition include recommendations for achieving equitable SEL (including common barriers and best practices) and guidance on trauma-informed or trauma-sensitive approaches to SEL.

Evidence-based SEL programs currently in use by Long Island Schools: Examples

- ***Suite 360*** is a digital character development and behavior intervention program that can be used by a full district or an individual school, grades Pre-K to 12.

- ***Lions Quest*** is a comprehensive preK through high school social and emotional learning program that is grant funded by the LI Lions Quest Committee and includes an optional service learning component. The lessons in this curriculum use a four-phase instructional design in which students actively participate in discussing, practicing, reflecting on, and applying the skills that are learned.

- ***Second Step*** provides instruction in social and emotional learning with units on skills for developing empathy, emotion management, friendship skills, and problem solving for grades Pre-K -8.

- ***Ruler*** is a comprehensive curriculum which aims to integrate emotional language into existing academic curricula. One important part of this curriculum are the RULER skills: **R**ecognizing, **U**nderstanding, **L**abeling, **E**xpressing and **R**egulating emotions. This program may be used for grades Pre-K through 12.

- ***Sources of Strength*** is a suicide prevention program that references eight strengths, or protective factors, to boost resilience in the lives of young people. The program is appropriate for elementary on up.

- ***Responsive Classroom*** is an evidence-based approach to teaching and discipline that focuses on engaging academics, positive community, effective management, and developmental awareness. The program is geared towards grades K- 8.

Screening Tools:

- ***Children's Depression Inventory 2*** is a brief self-report that helps assess cognitive and behavioral signs of depression in children and adolescents.

- ***BASC-3 Behavioral and Emotional Screening System*** **(BASC-3 BESS)** offers a reliable, quick and systematic way to determine behavioral and emotional strengths and weaknesses of children and adolescents in grades PreK-12.

- ***COVID-19 School Adjustment Risk Matrix*** (C-SARM; NASP) is a NASP resource providing guidance on tiered support for students adjusting back to school following COVID-19. It includes a helpful chart for teachers to consider pre-covid levels of adjustment.

- ***Pride Surveys*** include student surveys for grades 4-6 or 6-12. They are used to gather information on school climate (i.e. bullying, harassment), as well as 50 risk and protective factor items.

Screenings for Student Gambling:

- ***The International Center for Responsible Gaming*** provides information and screenings for adolescent gambling. Here are two resources:

- ***Development and Psychometric Evaluation of the Brief Adolescent Gambling Screen (BAGS)*** (Stinchfield, R. 2017) describes the development of the *BAGS* screening and includes the 3 questions asked in the screening.

- ***South Oaks Gambling Screen: Revised For Adolescents (SOGS-RA)*** is published by South Oaks Foundation, Inc., part of Northwell Health. A PDF of the revised screening questions and scoring instructions is provided.

Screening for Adolescent Substance Abuse: SBRIT

SBRIT (Screening, Brief Intervention, and Referral to Treatment) is a federally funded evidence-based approach to reducing use in adolescents. SBRIT focuses on prevention, early detection, risk detection, brief counseling and referral for assessment. It is endorsed by the American Academy of Pediatrics and the American Medical Association's guidelines for Adolescent Prevention Services and recommended for youth ages 11 and older.

- **SBRIT: Screening, Brief Intervention, and Referral to Treatment**

The **Nassau BOCES Mental, Brain & Behavioral Health & Social Emotional Learning** web page includes additional information about a variety of surveys.

Resources for addressing child sexual abuse: Erin's Law

Chapter 187 of the Laws of 2019

- **Guidance for Erin's Law Resources memo**
- **NYSED Erin's Law FAQ**
- **Erin's Law: Curriculum and Instruction**

Suicide Prevention, Intervention and Postvention Resources

- ***After Suicide: A Toolkit for Schools*** is a resource for schools looking to handle the aftermath of a suicide.

- ***A Guide for Suicide Prevention in New York Schools*** guides a district towards setting policies, providing professional development and educational programming around suicide using an MTSS approach.

- **Suicide Prevention, Intervention, and Postvention Consultants** is a local Long Island resource for crisis intervention.

- **Suicide Prevention Center of New York (SPCNY)** at the NYS Office of Mental Health provides education and training for suicide safer communities.

Resources for Talking to Children about Loss and Trauma

- ***Bereavement and grief in families: How to talk to children about loss in the family*** is a video dealing with bereavement and grief in families and how to talk to children about loss in the family with Susan Thomas, the Director of The Center for HOPE (Healing, Opportunity, Perseverance, Enlightenment) at Cohen Children's Medical Center

- ***Grief and Children* (aacap.org)** is a brief explanation of how children deal with grief.

Disaster and Trauma Resources

- American Academy of Child/Adolescent Psychiatry:
  Resources for Youth (aacap.org)
  Resources for Parents (aacap.org)

- **National Association of School Psychologists Mental Health Resources**
  - **PREPaRE** trains school-employed mental health professionals and other educators how to best fill the roles and responsibilities generated by their membership on school crisis response teams. PREPaRE is the only comprehensive, nationally available training curriculum developed *by* educators (each of whom have firsthand school crisis response experience and formal training) *for* educators.

- **The Long Island School Practitioner Action Network (LISPAN)** is a voluntary collaboration between Nassau and Suffolk County public school districts and private schools whose mission is to cultivate a "best practices" mindset regarding school crisis prevention, intervention, and postvention. LISPAN's governing committee is composed of school-based mental health crisis team members from LI school districts. The group coordinates monthly network meetings open to all schools, which feature professional development by regional school crisis experts.

Templates for School Crisis Response Plans:

In **Appendix D** of this guide, two crisis response plan templates are provided for your customization and use in your crisis response plan. (See Appendix D for instructions).

- ***Procedure for Recognizing and Referring a Student for Social Emotional Support***

- ***Intervention Procedure for Potentially Suicidal Student***

Survivor school work: Suicide prevention, intervention, intervention and postvention

- ***Suicide Safety for Teachers:*** **Suicide Prevention Resource Center** (SPRC) is the only federally supported resource center devoted to advancing the implementation of the **National Strategy for Suicide Prevention**. SPRC is funded by the U.S. Department of Health and Human Services' **Substance Abuse and Mental Health Services Administration** (SAMHSA).

- ***How to Talk to Children about Death*** is a helpful article for parents and teachers provided by the Child Development Institute.

- ***Lifelines® Postvention: Responding to Suicide and Other Traumatic Death*** is a best-practices manual for middle and high schools that educates everyone in the school community on how to successfully respond to suicide and other traumatic deaths that profoundly affect the school population.

Resources for monitoring technology use

- ***Go Guardian Beacon*** is a suicide and self-harm prevention tool designed specifically for K-12 schools. Helps support all school communities in their efforts to address student suicide and self-harm.

- ***Lightspeed Solutions*** (formerly Relay) provides tools for safe online learning that allow school administrators and teachers to collect data about school performance and usage, help students stay on task, allow IT to manage all school devices on and off network, and spot concerning online behavior through real time alerts and comprehensive reports.

- ***Linewize*** allows teachers to specify lesson-related online resources and share them with students through the **my.linewize.net** website. Teachers can choose to restrict internet access to specific sites and applications or relax default filtering policies for the current lesson.

- ***Dyknow*** is a classroom management software program that empowers teachers to teach confidently with technology in 1:1 device environments.

- ***Social Sentinel/ Navigate 360*** is a linguistics and AI-based software solution platform whose purpose is to recognize signals of potential harm found in digital conversations, such as organization-owned emails and public social media posts.

Home Engagement Resources

School Mental Health Resource and Training Center, established by the Mental Health Association in New York State, provides extensive resources to support all NYS public and private schools to implement Chapter 390 of the Laws of 2016, requiring mental health instruction as part of the K-12 health curricula. The Center's staff and project partners are committed to helping schools:

- comply with the required mental health education of students
- identify resources and develop mental health lesson plans/curriculum
- develop and implement a plan for professional development
- establish community partnerships to support mental health education and services
- engage and support families

Parent and Family Engagement Guidance, developed by the New York State Department of Education, guides Local Educational Agencies (LEA) to develop and distribute a written family engagement policy.

Parent Engagement: Strategies for Involving Parents in School Health is an informative guide, developed by the Center for Disease Control and Prevention, U.S. Department of Health and Human Services

School, Family, and Community Partnerships: Your Handbook for Action, Second Edition 2002, translates lessons learned over 20 years of research and fieldwork into practical solutions for program development.

What School District Leaders Should Know When Creating School and Mental Health Partnerships was created in 2018 by the NY State Office of Mental Health (2018) as a "primer" on the NYS Children's Mental Health System

Community-Based Partnership Resources

Creating School & Mental Health Partnerships, developed by the School Mental Health Resource & Training Center includes insight into a system of care and how to create school mental health partnerships.

Education 101 for Mental Health Leaders outlines "What Local Mental Health Leaders Should Know when Creating Partnerships with NYS Schools."

General Mental Health Information and Resources, provided by the Office of Mental Health, offers access to a wide variety of mental health information pamphlets and guides.

Improving School & Community Outcomes for Children & Adolescents with Emotional and Behavioral Challenges describes why collaboration is important, how to create a successful partnership, and what factors must be considered.

Nine Elements of Effective School Community Partnerships to Address Student Mental Health, Physical Health, and Overall Wellness is a brief and helpful article by the National Association of School Psychologists (NASP).

SAMHSA's Strategic Prevention Framework is a planning system of five steps and two guiding principles designed to offer prevention planners a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing their states and communities.

School Health Assessment System and Performance Evaluation(SHAPE) provides a free tool to improve accountability, excellence and sustainability of mental health in schools, districts and states.

The New York State (NYS) Mental Health System 101 explains"What School District Leaders Should Know When Creating School and Mental Health Partnerships."

Understanding Systems of Care in NYS is a recorded webinar, presented by The Office of Mental Health, which explains what a school district needs to know about a System of Care.

What Local Mental Health Leaders Should Know when Creating Partnerships with NYS Schools is an Office of Mental Health resource that provides "A Primer for Understanding the New York State Education System".

Facilitating Effective Partnerships: Key Elements
An Interactive Checklist to Prepare

Successful partnerships have found that when the following items are understood and negotiated up front between the school and the clinic, partnerships run smoothly and students and families get better results.

The interactive checklist below may be used as an itemized guide to ensure that all key elements are appropriately discussed and/or prepared for during the initiation of a partnership. (Clicking on a box will cross out the text, indicating that this element has been addressed.)

- ☐ *Clinic and school staff are clear about their respective participation on school teams (e.g., child study team, PBIS team, etc.).*
- ☐ *Mental health and school Pupil Personnel Services staff have reviewed and understand their different roles and responsibilities, especially when both are working with an identified student with a disability.*
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- ☐ *The partnership agreement includes a mechanism to ensure that communication among the leadership, building staff and clinic staff is on-going; with concerns addressed and disputes resolved in a timely manner.*

Effective partnerships begin with a school-wide needs assessment - This SHAPE System resource is helpful in determining what current services can be leveraged and where the gaps lay.

Special Consideration for Diverse Population Resources

Abdullah, T., Brown, T.L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: an integrative review. *Clinical Psychology Review*, 31: 934-948.

Algozzine,B., Barrett,S., Eber, L.,George,H., Horner,R., Lewis,T., Putnam, B., Swain-Bradway, J., McIntosh,K., & Sugai, G.(2014). *School-wide PBIS Tiered Fidelity Inventory*. OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports. www.pbis.org.

Mental Health Disparities – Diverse Populations (n.d.). American Psychiatric Association.

Diversity and Culture in Child Mental Health Care (Jan. 2019). American Academy of Child and Adolescent Psychiatry.

Finding Mental Health Care for Children of Immigrants (May, 2019). American Academy of Child and Adolescent Psychiatry. no. 112.

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Chan,K., Rogers, J., Simon, M., Skelton, S., Thorius, K. (August 2014). Reframing School Based Mental Health Supports with an Equity Lens. *Great Lakes Equity Center Newsletter.*

Four Ways Culture Impacts Mental Health (July 11, 2019). *Mental Health First Aid*.

Identity and Cultural Dimensions (July 14, 2022). *NAMI Health Equity And Mental Health Series*, National Alliance on Mental Illness.

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APPENDIX A

Special Considerations for Diverse Populations

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October, 2022

All students and staff bring to school their identities, strengths, values, lived experiences and culture. Within a school population, there may be students who feel excluded from mainstream school experiences due to social, economic, and/or cultural/religious differences. For this reason, some student groups are particularly at risk for mental health concerns due to their feelings of marginalization from the dominant school culture. Diversity, Equity, and Inclusion (DEI) discussions in schools are an important consideration when developing a positive and productive school climate which fosters stable mental health and wellness for all. DEI reflections bring awareness to who we are, where we came from, and our perceptions of the world. Such discussions also make us aware that one's mental health is uniquely impacted by our varying backgrounds and experiences. "It is therefore essential that culture and identity be part of the conversation as we discuss both mental health and mental health care" (NAMI, 2022). These conversations must be guided by a culturally responsive lens that critically examines how the production and dissemination of knowledge is articulated about diverse populations, as presented by Ladson-Billings (1995) and Gay (2005).

This addendum is meant to guide school communities in taking a deliberate, deeper dive as they address mental health services that reach students, staff, and caregivers who may belong to vulnerable populations. Students, staff and members of your school community may be part of, but not limited to, the following types of distinct populations:

- Racial/cultural/language differences
- LGBTQ+
- Homeless
- Special Education students
- Undocumented students
- Food insecure

As building level clinicians and other school personnel, it is our responsibility to provide culturally competent and comprehensive mental and behavioral health services that reach these populations (McClure, 2022). Regardless of the number of students/staff that may fit into any of the above categories, it is essential that all Team Members help to develop services and interventions that meet the mental health needs of these populations. Students of diverse

populations will most likely benefit from the implementation of the *Nassau County Mental Health and Wellness Strategic Plan* if they have the ability to view the interventions as relevant and understandable.

Interactions with students from vulnerable populations are hopefully adapted to student experiences and preferences for learning. This in turn allows for inclusive practices to then take place with respect to mental health and wellness for the staff, students, and those in the community at large.

In keeping with the *Nassau County Mental Health and Wellness Strategic Plan* as designed, cultural and inclusive practices for special populations would include:

A. Consideration of language, lifestyle and cultural needs in ***Team Development and Leadership***

B. Consideration of language, lifestyle and cultural differences in ***Staff Wellness and Social Emotional Literacy***

C. Acknowledgement and adjustment for diversity, equity and inclusive practices in ***Interventions in Schools with Students***

D. Inclusion of practices for diverse families in ***Home Engagement***

E. Demographic considerations and engagement of diverse community members in ***Community Based Partnerships***

A. **Team Building**

In building your district and school teams, it is recommended that considerations be made to include Team Members that not only can make decisions, but that may reflect the culture, language and communication preferences of the parents, students, and community at large. For example, in a district with a large deaf community, considerations must be made to include and then accommodate the needs of this group when building your team, so that this population is appropriately represented. There may be a need for a subgroup of individuals who are knowledgeable about these needs to review and make suggestions to the group at large. Community members who speak certain languages, for example, or those who are familiar with the faith-based members of the community are important members of the team to include. There may be members of teams who cannot attend every meeting due to work obligations etc., and therefore, an “alternate” team member may have to fill in for this team member as needed. To strengthen efforts to promote diversity, equity and inclusion, teams should include the following practices:

1. Be mindful of expenses which may be incurred to allow for the community members to attend meetings. Childcare and interpretation services for example,

should be considered before any meeting, zoom call, etc. and discussed in the individual school plans.

2. Establish the cultural validity of data: Surveys, assessments, and screening devices need to be culturally sensitive and may require translation to other languages, or may need to be explained to team members not familiar with data collection activities. Failure to do so will result in data that is not accurately reflecting the community, staff, or students.

3. Provide teams with tools to assess the extent to which equitable responsive systems and practices are in place.

4. Mental Health Teams should be working in partnership with DEI committees and staff representatives.

5. If needed, an analysis of the demographic changes within the district with respect to the infusion of certain cultures, lifestyles, and languages should be performed to ensure that the team includes a significant (rather than token) number of representatives from these groups

B. Staff Mental Wellness and Social Emotional Literacy

Building systemic SEL throughout the state will require adults who have social, emotional, cognitive, and cultural competencies themselves (adult SEL competencies), and the skills to be able to translate knowledge of SEL to effective, evidence-based implementation equitably for all students (adult capacity). SEAs can support these competencies by providing opportunities for adults to collaborate effectively with colleagues, youth, families, and communities they serve (building supporting and trusting relationships); developing and supporting adult professional learning; and creating environments that support student and adult social and emotional development (CASEL, March 2020).

Promoting staff wellness and social emotional literacy that is considerate of staff and student backgrounds, should include the following practices:

1. Professional development opportunities include diversity-rich content that is integral to the teaching of social emotional wellness. Culture, exceptionality, and language are all part of training content.

2. In order to achieve “buy in” with staff for Social Emotional Literacy, the background, culture and experiences of the staff who have not been accustomed to sharing feelings and needs with others are considered. Not all educators are comfortable with or have developed competency in the skill of navigating and expressing emotions.

3. When exploring evidenced-based practices, consider differing cultural views of mental health and how these may be embedded in staff members' cultural experiences, both positive and negative. Differing perspectives may impact the development and success of a school team and staff's success in effectively learning social emotional strategies they are asked to teach to their students.

4. School policies and practices reflect a commitment to inclusiveness, as well as respect for the values and strengths of diverse racial and ethnic groups.

5. Diversity, equity and inclusion are the characteristics we bring to developing SEL skills.

6. SEL and DEI tools complement one another to deepen educational instruction, student learning and emotional intelligence. Social Emotional Literacy serves as a framework to examine the importance of the range of human experiences, and allows us to reflect on and appreciate diversity and foster an inclusive environment.

C. Interventions in Schools with Students

From birth, we are socialized into a cultural group by our parents, families, and communities, but over time our culture changes as a result of other influences like education, income, geographic location, (and) peers. Since culture affects how we think, how we communicate, how we interpret the world, how we problem solve, how we make decisions, it should be the central component of both teaching and learning.

(Ortiz, 2014)

Children's behaviors will vary and those variations may reflect the child's cultural differences. The teacher may need to teach a student a new way of behaving or learning, but they do that without communicating to the student that their way is better than the way things are done in a child's home or community. It is important that educators provide opportunities for students to understand that different contexts have different norms and expectations for behavior and learning. and that this new context may call for a behavior that is different from the one they are normally accustomed to using. A child's ability to adapt to this new context is critical to their academic and social success. Teaching and learning are cultural acts, and so that requires that interventions be linguistically and culturally responsive.

In their efforts to develop interventions and supports that reflect inclusive practices, schools should try to incorporate the following practices:

1. While providing appropriate academic, behavioral social/emotional interventions and mental health supports, there is understanding and incorporation of the influence of culture on the student's behavior, as well as acceptance of the intervention in order to obtain the most productive responses to the intervention or support.

2. Acknowledge students' identity as a strength.

3. Consider differing cultural values and religious beliefs.

4. Be aware that parenting practices and discipline methods the student is accustomed to may be different

5. The role of family and community in the student's life may be paramount to their adjustment in certain groups and to the interventions being introduced.

6. What is expected of children at different ages may be different in different cultures and families.

7. Consider that how and when feelings are shown varies by family.

8. In education, equity can be defined as *"when educational policies, practices, interactions, and resources are representative of, constructed by, and responsive to all people such that each individual has access to, can meaningfully participate, and makes progress in high-quality learning experiences that empowers them towards self-determination and reduces disparities in outcomes regardless of individual characteristics and cultural identities"* (Great Lakes Equity Center, 2012).

9. Screening tools are reviewed annually for sensitivity: culture, language, gender, exceptionality, internalizing/ externalizing, etc.

10. Referral documents are bilingual when appropriate.

11. Intervention teams track proportion of students from diverse populations experiencing success with an intervention or support through the disaggregation of intervention outcomes data. Data measures proportionality of outcomes for ALL students (by race, language, gender, exceptionality, etc.).

12. Assessment data are available for academic (e.g., reading, math, writing), behavioral (e.g., attendance, functional behavioral assessment, suspension/expulsion), medical, mental health, and social (including cultural congruence of student's school context) strengths/ needs across life domains where relevant.

13. Ensure that students in homeless situations have access to educational and other services that are needed to give them equal opportunity to meet the same "challenging state academic achievement standards" to which all students are held (McKinney-Vento, Assistance Act, 2008).

D. Home Engagement

There is abundant evidence in the literature that underscores the impact of engagement on achievement, graduation rates and college readiness. Students can be more successful in school settings that are culturally responsive and which create a positive environment for parent engagement. This is critical because it sets a stage of readiness for engagement that allows parents, teachers, administrators and community members to work more closely together. (Intercultural Development Research Association, 2022)

Family engagement is not about ways that families should partner with schools, but about ways that districts, schools, and educators must partner with and see families as assets for teaching and learning. Culturally responsive-sustaining family engagement is the practice of authentic, equal partnership with families, rooted in a deep knowledge and appreciation for the rich social and cultural identities, assets, habits and contexts that families bring to learning. (NYU Steinhardt, 2022)

To help schools maintain commitment to developing family and community engagement strategies, consider the following beliefs and practices:

1. View culturally and linguistically diverse families as important to the educational process.
2. Parents and caregivers are consulted with and engaged in school decisions that impact the quality of education provided.
3. Behaviors that are frequent and considered of the norm in one culture may not be viewed as such in others.
4. Schools develop protocols and supports that help all stakeholders manage conflicts related to cultural differences which may arise between a child and his/her parents and/or families and school personnel.
5. Faculty and teams respect the religious beliefs, customs, traditions, holidays, and events that are often culturally tied to a family's values and experiences. For example, important school events or assessments should not be scheduled during families' religious holidays.
6. Different ways of expressing emotions and problems or not believing in the advantages of expressing those emotions may have cultural relevance and differ between cultures.
7. Assess the family's acceptance of their child's identity.
8. There are challenges to engaging culturally, linguistically and racially diverse families in the educational experiences of their school-aged children; however, these challenges can be addressed through changes or enhancements to current school systems and policies.

9. Key strategies for promoting equity in family-school partnerships should include developing relationships, two-way home-school communication, and shared decision-making.

10. Evaluate regularly and ensure that the quality of engagement is high and focused on the anticipated positive outcomes of success for every student.

11. Carefully consider the discrepancies that may exist between the school-wide rules and expectations and what is considered socially appropriate in the student's own culture and community.

12. Efforts are made to increase positive experiences and connectedness at school for both the student and the family.

E. Community Based Partnerships

Family-school-community partnerships are a shared responsibility and reciprocal process whereby schools and other community agencies and organizations engage families in meaningful and culturally appropriate ways, and families take initiative to actively support their children's development and learning. Schools and community organizations also should make efforts to listen to parents, support them, and ensure that they have the tools to be active partners in their children's school experience. Research shows that when schools, parents, families, and communities work together, students earn higher grades, attend school more regularly, stay in school and are more motivated: This is true for students of all ages, all backgrounds, and across race and ethnicity. Furthermore, a variety of supports cutting across the spectrum of social, health, and academic needs may be necessary for school success. High quality schools have demonstrated track records connecting with community resources and families to improve student outcomes in all domains of development. (National Center for Safe Supportive Learning Environments, 2022)

To recognize and support collaboration between school, family and community, the following beliefs and supports should be considered:

1. School teams ensure that the community members selected for inclusion and participation in the Plan reflect the community's culture and include a diverse aspect of the community such as: faith-based organizations, retail establishments frequented by both students and family members and organizations that may employ parents of students within the district.

2. External agencies develop the capacity to support students and families from multiple cultures and backgrounds.

3. When partnering with mental health agencies in the community, consider sociocultural factors, health care disparities for marginalized groups as well as family/student personal preferences related to treatment.

4. Respect cultural perceptions of mental health services. Understanding individual and cultural beliefs about mental illness is essential for the implementation of effective approaches to mental health care within the schools. Attitudes toward **mental illness** vary among individuals, families, ethnicities, **cultures,** and countries. When working with students and families from diverse social, ethnic, religious backgrounds be aware of those differences by learning about our student's backgrounds and beliefs. (Abdullah,et.al. 2011).

Conclusion

"It is imperative that the sometimes-unique mental health considerations for students of diverse backgrounds be considered in the composition of the MH Strategic Plan for it to be fully successful. Therefore, it is critical that school-based mental health providers utilize strategies to promote school climates that are safe and affirming for these students" (C. Maline, Wycoff & Turner, 2022).

This may require:

1. Data analysis of demographic changes.
2. Additional training and knowledge of needs of the districts' diverse populations including culturally responsive beliefs regarding mental health which extends to staff as well as students and community.
3. Additional meetings or subcommittees to discuss and plan for these considerations.

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APPENDIX B

MEETING NEW DEMANDS:

*SCHOOL AND COMMUNITY AGENCY PARTNERSHIPS**

Barry Wilansky, M.A., CASAC, CPP

November, 2021

The time for foundational change and a re-imagining of what is possible in community life has presented itself in a Post-Covid world. The pandemic's impact on all aspects of family and community life is evident in the early analysis of data across multiple disciplines, from economics, to mental health, and academic performance. Concerns about racial justice, political discord and gun violence have deepened the challenges of finding our way through the pandemic and its consequences. All of this adds stress to every classroom in our system.

Schools and community agencies are facing an epochal demand for mental health services and at the same time, are increasingly aware of the costs associated with inadequate interventions. School mental health supports are a critical component of any educational system and can be a **key factor** in reducing disparities in academic achievement, as well as physical and mental health.

Funded and licensed community behavioral health programs are accessible in most school districts on Long Island. Historically, educators have long been reluctant to engage with the social-welfare business. The result has been an isolated development of this critical community support. Overcoming this hesitancy has been slow, but school systems have demonstrated their willingness to step away from their reluctance, when confronted with critical social issues. One notable example is the major role school systems played in stemming the tide of the polio epidemic, by engaging with outside systems to ensure the vaccination of millions of children in America.

Over time, once controversial actions like employing a school nurse with daily access to children, developing "health centers" directly in school facilities, or adding social workers as a faculty position are now broadly accepted by schools and the communities they serve. The multiple ways schools responded to the social service needs of their staff, students, and families during the pandemic, is further evidence of today's schools' commitment to the social well-being of all stakeholders.

*This document is adopted from, and adds commentary to *"School & Mental Health Partnerships"* prepared by NYS Office of Mental Health (2018)

The federal government's awareness that schools may be the strongest institution within a community to address the full range of children's and family's needs, is demonstrated in the *123 billion dollar* allocation that has been earmarked for school recovery. The allocation may very well be an acknowledgment that school systems often exceed the reach of religious, fraternal, and civil organizations. The manner in which districts choose to spend the money can build the sustainable partnerships needed to address the social wellness of children, which has a direct impact on every component of a school district's mission.

There are several models of establishing a system of care. This document suggests that a successful and sustainable partnership can best be achieved by creating a structured and contractual relationship between a school district and a carefully vetted community based not-for-profit agency. In such a customizable partnership, there are clear advantages when the agency is licensed and funded as a mental health/substance use treatment program.

The inextricable link between academic performance and physical and emotional well-being directs attention to the value of an integrated approach to education – one that connects a behavioral and mental health approach to learning. Professional staff shared, in the fullest way possible by a school district and a community agency, can help create social and emotionally healthy classrooms and enhance school climate. As educational experts and mental health experts share assignments in a school community, they will naturally cross-fertilize thinking on the developmental needs of children.

Nurtured over time a partnership can seamlessly integrate the full spectrum of mental health supports and services needed to confront today's challenges. There are more foundational similarities between a community agency and the local school district than previously understood.

- Schools access and engage community youth (and their families) from their Pre-K programs through the high school years. They have the capacity to shape values, beliefs, behaviors and character through policy and curriculum, and by influencing parenting and community norms and goals.

  Local community agencies in large measure share those goals. They reflect the beliefs, values and character of the same school community. Both systems, increasingly guided by the ***Strategic Prevention Framework*** and evidence based practices, develop programs which influence the same community. Thus**,** a unified research-informed approach to youth and family needs can guide program development within both systems.

- School systems and community agencies share similar means of governance through an elected board of directors representing community stakeholders, who govern by constitution, policy, by-laws, and regulation to achieve their primary mission. Professionals in both systems are state licensed and responsible to state licensing boards.

Unique differences between schools and community agencies can also be seen as a benefit. Since the calendar and hours of operation of the two systems are different, the partnership will dramatically increase access to services and compensate for the limitations of a school calendar. Similarly, shared staff providing services in agency offices *and* schools will extend the reach of both systems**.**

Building on the similarities of mission, structure, and methods a partnership can initiate a prevention-focused public health model, linked to student outcomes in the areas of:

- Education
- Mental Health
- Physical Health
- Child Welfare
- Substance Use
- Juvenile Justice
- Civic Education
- Caregiver Support

Direct access to school based mental health services **improves:**

- Physical and psychological safety
- Academic performance
- Social-emotional competencies

Direct access to school based mental health services **reduces:**

- Disciplinary referrals
- Dropout rates
- Substance misuse
- Involvement in the criminal justice system
- Acts of emotional and physical violence

A true partnership can be built upon acceptance of the different but interdependent missions of a free and public education system and that of an agency designed to address the social and emotional determinants of physical and emotional health within a community.

Careful selection of an appropriate partner for a school can be facilitated by private sector supports and government agencies. In Nassau County, the Superintendent of BOCES, Commissioner of Human Services, or Director of Mental Health and Substance Use Services can assist in the task.

During the initial period of exploring partner compatibility, one can begin with simple collaborative efforts such as a shared presentation on relevant community issues or a staff development training provided by an agency. Representatives from the agency might be appointed to serve on a school district committee or coalition. With growing confidence and

trust, the district might then contract for a specific agency service such as a substance use prevention program or targeted intervention program. Other examples include small group support for in-school or after-school suspension programs or parent education programs. Expanded collaborative efforts can precede a formal partnership that joins the two systems.

Arguably the greatest strength of collaboration is that of shared staff. Ideally, a shared mental health professional can be assigned a specific program responsibility in a school along with a related assignment in the community agency. Being involved in the culture and organizational procedures of the agency and the school, the staff member is in a unique position to help coordinate services and communication between the systems.

Shared staff requires a clear delineation of roles and responsibilities in each setting. Developing a Memorandum of Understanding (MOU) is a critical step in the process. An MOU would outline services, data collection responsibilities, a confidentiality protocol, and information sharing process.

A school and community agency partnership embodies the notion that social determinants of health greatly influence academic performance. It recognizes that socio-cultural shifts catalyzed by the evolution of an information superhighway, the influence of social media, and transitional thinking about substance use, gambling and sexuality, now require an educational response, informed by partners in the “social welfare business”. The resulting public health model can support and provide for greater well-being in school and in life.

A successful partnership between a school district and a community agency can enhance the sustainability of programs in both systems. Shared awareness of existing programs within the school and the community will help to avoid duplication of services that often occur when organizations are working independent of each other. Since the calendar and hours of operation of the two systems are different, the partnership will dramatically increase access to services and compensate for the limitations of a school calendar.

A partnership offers fiscal advantages, as some grants restrict access to schools or to private not for profit systems. A school and community agency partnership may be able to access these funding streams. New revenue opportunities and grants requiring school-community cooperation will generate an expansion of services to meet increased demands. A decision to create a partnership may prevent disruption or elimination of key school mental health services in the face of budget shortfalls or the end of a grant.

Some examples of the wide array of resources available to support partnerships include:

- Legislative Authorization and Federal Block Grants

- NY State agencies funding community agencies and schools such as:

    - Office of Mental Health Services,
    - Office of Addiction and Substance Use Services,
    - Department of Health,
    - Department of Education,
    - Office of Children and Family Services,
    - Title XX,
    - SAMSHA

- State and County funding secured through budget line items, local tax revenue, funding designated for the implementation of special programs and initiatives

- Fee for Service Revenues from third party payers, children's health insurance, Medicaid and commercial insurances

- Private Individual Donors and local and regional Private Foundations (Long Island Community Trust, Hagedorn Family Foundation, Robert Wood Johnson Foundation)

A true partnership joins critical components of a community in a collaborative that provides a comprehensive public health approach to challenges schools face in their overall mission. In addition to developing and expanding mental health and educational services and managing referral and processes for families, perhaps the most important outcome of constructing a school and community agency partnership is placing the whole village in the role of raising children.

APPENDIX C

Cultural Shifts in Gambling and the Impact on Children

November, 2021

A recent change in New York State law has legalized sports betting on internet platforms. The change is yet another opportunity for children to learn gambling behaviors from sponsors intent on expanding their consumer base.

The advertising and marketing of gambling from television to the local convenience store adds to the endless gaming opportunities children are exposed to. Children's game sites entice them with messages of winning, risk taking, and excitement from a very early age. With seductive "prizes" and "secret boxes" available for purchase on game sites, the line between gaming and gambling is blurred. A child may be playing on their phone, tablet, or gaming system just for fun or they could also be gambling with in-game items or real money.

Even the innocent act of providing a child with a scratch off card for their birthday carries with it a message of normalization and encouragement that may eventually place that child at risk. Then, "a dollar and a dream" can quickly turn into debt and a nightmare.

Problem gambling can start at an early age. The New York Council for Problem Gambling reports 39.5% of youth ages 12-17 have gambled in the past year and 30% of these youth report they began at age 10 or younger. Young people who become problem gamblers also have higher rates of drug and alcohol abuse, violent and criminal acts, mental illness and school and family problems. Gambling behaviors often co-occur with other childhood indicators of mental health concerns. School mental health teams will benefit from an increased awareness of this behavior as shifts in cultural norms bring children into the culture of gambling.

Below is a helpful resource and two simple screening tools that will help identify the at risk child.

The International Center for Responsible Gaming provides information and screenings for adolescent gambling. Here are two resources:

- ***Development and Psychometric Evaluation of the Brief Adolescent Gambling Screen (BAGS)*** (Stinchfield, R. 2017) describes the development of the *BAGS* screening and includes the 3 questions asked in the screening.
- **South Oaks Gambling Screen: Revised For Adolescents (SOGS-RA)** is published by South Oaks Foundation, Inc., part of Northwell Health. A PDF of the revised screening questions and scoring instructions is provided.

APPENDIX D

Customizable Templates

The customizable documents listed below may be accessed by **clicking on the name of each title.**

- For Documents 1, 3 and 4, the link will open up a fillable PDF template. Once in the document, you will be able to insert your school district's name, names of administrators and mental health staff members, important phone numbers, etc. and then save and download the customized document for your use.

- For the Slide Presentation (#2) the link will prompt you to make your OWN copy of the Google SlideShow. You will then be able to edit the document and save it in any format you wish.

1. ***Creating a Mental Health Taskforce***

2. **Slide Presentation:** ***Mental Health Education and Awareness***

3. ***Procedure for Recognizing and Referring a Student for Social Emotional Support***

4. ***Intervention Procedure for Potentially Suicidal Student***

Templates developed by Dr. Noreen Leahy, Former Assistant Superintendent Pupil Personnel Services and Special Education, Rockville Centre UFSD