

School Mental Health Quality Guide

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



School Health Assessment
and Performance Evaluation System



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

Recommended APA reference

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What is Mental Health Early Intervention (Tier 2)?

Mental health early intervention, or Tier 2 services, support students who have been identified through a systematic, equitable process as experiencing mild distress, mildly impaired functioning or as at-risk for a given problem or concern.

Examples of early intervention include small group interventions for students with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low-intensity classroom-based supports such as a daily report card, daily teacher check-in, and/or home-school note system.

Tier 2 services and supports may also be appropriate for students experiencing more intensive needs, but they are often accompanied by more intensive services as well.

What is Mental Health Treatment (Tier 3)?

Mental health treatment or Tier 3 services address mental health concerns for students who are already experiencing significant distress and impaired functioning.

These supports are individualized to specific student needs. Tier 3 supports include services provided by school-based mental health professionals employed by the school or community organizations.

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

Schools are great places for students to receive mental health services and supports.

- Schools are a natural, accessible environment where youth spend most of their day, five days a week. As such, the education sector is the primary system of care for children and adolescents.
- 70%-80% of children who receive mental health services do so in schools and 20% of students receive some form of school mental health services annually.
- Mental health treatment in schools is effective in reducing mental health symptoms, with especially strong effects when treatment is integrated into students' academic setting.

Determine whether or not services are evidence-informed.



Best Practices

- ✓ Create an intervention selection committee with diverse representation (school mental health providers, administrators, teachers, students, parents).
- ✓ Develop a selection process and policy.
- ✓ Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, OJJDP Model Programs Guide, Society of Clinical Child and Adolescent Psychology Effective Child Therapies) and research literature to inform selection of evidence-informed interventions. In selecting an intervention consider whether:
 - Randomized controlled trials (RCTs) for the practice demonstrate valued outcomes.
 - The setting (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting.
 - The outcomes are consistent with those valued and prioritized by the school.
- ✓ Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools or other schools with similar characteristics. In selecting an intervention, consider sources of intervention evidence to examine the program's likely fit with a target school.

Sources of intervention evidence to consider:

- **Research literature:** Published studies describe how the program has been tested and the outcomes that it has influenced.
- **Evidence-Based Practice developers:** Developers can describe available implementation supports, how to monitor fidelity of implementation, the feasibility of adaptation, and solutions to implementation challenges.
- **Schools implementing the Evidence-Based Practices:** Other schools and communities can describe their experience with implementation and, if relevant, adaptations to the EBP you will need to make for your population of focus. This is an often-overlooked source of evidence that is very valuable.
- **Evidence-Based Practices Registries:** Registries provide information about the EBP's evidence base, features, training requirements, and cost.

- [IES What Works Clearinghouse](#)
- [Blueprints for Healthy Youth Development](#)
- [Model Programs Guide](#)
- [Society of Clinical Child & Adolescent Psychology](#)



Resource: [The Selecting Evidence-based Programs guide](#) provides detailed, practical information about EBP selection in schools. It includes worksheets and tools for your team to assess any prospective or current EBP in terms of its relevance to your student population, intervention target, tier of service, mode of delivery, readiness, and impact evaluation capacity.

**Fit the unique strengths,
needs, and cultural/linguistic
considerations of your students
and families.**



Best Practices

- ✓ Create an intervention selection committee with diverse representation (e.g., school mental health providers, school administrators, teachers, students, parents)
- ✓ Consider intervention fit with unique school considerations through a review of:
 - School's student body including gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socioeconomic status, and geographic location
 - School's mental health needs and strengths
- ✓ Pilot test the new practice with school population to help inform fit
- ✓ Evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic considerations of students to inform adoption, adaptation, or abandonment of interventions
- ✓ As appropriate, adapt interventions to fit school population's unique considerations



Resource: [Evidence-Based Programs in School Settings](#) is a 3-part series on evidence-programs in schools.

**Ensure implementation is
supported by adequate resource
capacity.**



Best Practices

- ✓ Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports
- ✓ Evaluate implementation supports (ongoing training, coaching, supplies) needed to implement services and supports with fidelity
- ✓ Evaluate costs associated with training and implementation
- ✓ Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system

Once you have selected appropriate programs, create an implementation plan that includes:

- ✓ staff training
- ✓ ongoing support (e.g., coaching and fidelity monitoring)
- ✓ goal setting
- ✓ progress monitoring



Resource: [The Intervention Planning Form](#) helps teams consider all the relevant details of the capacity needed for implementation prior to deciding to adopt a new practice or intervention. This form is intended to support the mapping of current or prospective programs and guide conversations about realistic capacity needed and available, as well as to consider all interventions “side by side” to highlight any areas of duplication or overlap.



Resource: [Implementing EBPs in School Settings Checklist](#) is a checklist for Implementing EBPs in School Settings. It is brief and intended to support planning and teaming processes.

1. Develop a plan to track implementation of core components of the EBP.
2. Monitor adaptations to the EBP to check fidelity.
3. Ensure that quantitative and qualitative data are obtained to monitor fidelity.

Example from the Field

Seattle’s School Based Health Centers operate in every Seattle middle and high school, with funding provided by two property tax levies. In Seattle, 9,000 students make over 40,000 visits annually, for primary medical care, immunizations, reproductive health care, and mental and behavioral health care, which constitutes 44% of all visits. SBHCs operate within a Multi-Tiered Systems of Support (MTSS) framework and focus a majority of attention and resources on Tier 2 activities, with an emphasis on early intervention and developing students’ social, emotional, and behavioral skill sets.

**Support training,
professional development, and
implementation.**



Best Practices

- ✓ Provide interactive trainings (with opportunity for skills practice, role plays, and action planning)
- ✓ Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes)

Tips

- One-time training may improve knowledge or attitudes, but not practice
- Ongoing coaching and consultation predict skill learning and application
- Train-the-trainer models require substantial oversight



action steps

Staff Trainings

1. Determine who will deliver the training, who will provide ongoing coaching, and what preparation both may need (e.g., current employees or outside consultants; attending outside trainings)
2. Identify dates and times to conduct staff trainings
3. Review training agenda/slides prior to facilitation to ensure opportunities for:
 - a. Skills practice
 - b. Role plays
 - c. Action planning
4. Create an observation and feedback schedule for coaches and implementers (e.g., biweekly observations of implementation with 30 minute scheduled feedback the same week)

Example from the Field

The Brief Intervention for School Clinicians (BRISC) strategy was developed by the University of Washington School Mental Health Assessment Research and Training (SMART) Center in the service delivery context of school-based health centers (SBHCs). BRISC was developed to promote efficient, effective mental health that assures rapid triaging to the right intensity of care based on standardized assessment and progress monitoring. Evaluation data showed that mental health clinicians working in SBHCs who used BRISC were able to complete treatment in 4 sessions over half the time, while achieving better mental health outcomes than treatment as usual.

Monitor implementation fidelity.



Best Practices

- ✓ Identify or develop fidelity monitoring tools specific to the practice and implementation context in your school. Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice, and/or talking with anyone implementing or receiving the practice.
- ✓ Ensure your fidelity monitoring tool or system measures the following:
 - Adherence to intervention content (what is being implemented)
 - Quality of program delivery (the manner in which facilitator delivers/implements program)
 - Logistics (conducive implementation environment, number/length of sessions implemented)
- ✓ Establish benchmarks for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent).
- ✓ Monitor and track changes or adaptations to the practice.
- ✓ Provide feedback to anyone implementing and use the results to continuously improve, adapt, and sustain implementation.

What is Fidelity Monitoring?

Fidelity monitoring can be used to assess how a program or initiative is implemented in daily practice. When monitoring fidelity, it is important to know the intended skills and competencies targeted by a program.

When monitoring fidelity, pay attention to what degree the content of the program or practice is being implemented as intended. However, assessing the implementer's skill in effectively delivering the content, the context or environmental factors that implementation occurs in (e.g., the school or classroom setting), and any adaptations or changes to the content are also important aspects of the fidelity monitoring process.

The most valuable part of fidelity monitoring is describing the process for the outcomes you observe. Even if the program is going well, without fidelity data, you might not know why. Moreover, if the program is not going well, fidelity data can indicate areas of implementation that need more support.



Resource: [The Fidelity Monitoring Checklist](#) can be used for fidelity monitoring planning, including:

- Identification of fidelity monitoring tools
- Determining the frequency of fidelity measurement
- Establishing benchmark for acceptable levels of fidelity
- Monitoring adaptations

Did you know?

Adaptation is a natural part of implementation. Document it and determine how much and what type of adaptations are appropriate as a team with input from stakeholders, implementers and program developers or trainers. Your team will need to decide how to balance fidelity benchmarks and adaptations for each program or practice you're implementing. Implementer feedback and EBP developer input can be very helpful in this process. For example, if a teacher tells you she can only deliver the program in 30-minute sessions but the manual is written for 45-minute sessions, that is a necessary adaptation for the school context about which you may need to work with the developer and even obtain input from other schools/districts implementing the program to decide how to change.

Tips

- Plan ahead for fidelity monitoring methods and tools before implementation.
- Decide how to strike a balance between fidelity and adaptation.
 - Fidelity: degree to which a program or practice is implemented as intended.
 - Adaptation: how much, and in what ways, a program or practice is changed to meet local circumstances.
- Share fidelity data back with implementers and other key members of the team to make continuous improvements.

Create Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) intervention goals.



Best Practices

- ✓ Work with the student, parents, and school staff to establish specific goals that are a priority for the student's success. This typically involves standardized data collection, observation, and/or discussion.
- ✓ Ensure goals are specific (concrete, detailed, and well-defined).
- ✓ Establish a measurement plan and set an achievable benchmark. What is achievable will depend on the baseline. For example, if the student is not currently staying in school any days of the week, an achievable goal might be to stay in school 2 out of 5 days to start. Or, if the student is currently referred to the front office once per day, an achievable initial goal might be to decrease office referrals from 5 days per week to 3 days per week.
- ✓ Ensure goals are time-specific, meaning there is a target date identified and interim steps are included to monitor progress during a specific time line for goals to be achieved.



Smart Goal Example

By _____ (future date),
 _____ (student name)
 will increase the times they
 demonstrate positive coping
 skills (e.g., belly breathing,
 taking a break, progressive
 muscle relaxation) from ____
 times per week (current
 baseline) to ____ times per
 week when frustrated in the
 classroom.



Resource: [The SMART Goals Worksheet](#)

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



Resource: [The University of Maryland School Mental Health Program](#)

[Treatment Planning Guide](#) includes suggested SMART goals for a wide variety of specific student concern and reminders to include a baseline, make sure the goal is measurable, and indicate how the goal will be tracked or monitored over time.

**Monitor individual student
 progress across tiers.**



Best Practices

- ✓ Use multiple data sources and reporters.
- ✓ Use validated assessment tool(s) and clearly-measured targets for individual progress/goal attainment.
- ✓ Ensure the progress monitoring data is aligned with the purpose of the service or support the student is receiving.
- ✓ Provide feedback to the student, family, and school staff (when appropriate) about progress monitoring data to inform collaborative decision-making about changing services and supports.



action steps

Monitor Individual Student Progress

Progress monitoring and feedback is an evidence-based practice for improving student outcomes in early intervention and treatment services.

- Decide where to start (e.g., 1 student group, several identified clinicians, 1 school, 1 type of support or service delivered).
- Identify individual student goals to monitor.
- Identify a standardized or individualized measure to track progress that fits with student goals
- Examples:
 - o tally sheet to record the frequency of a behavior
 - o individualized goal tracking sheet with time intervals and rating scale
 - o sample of student work relevant to the goal (e.g., work completion)
- Identify data collection interval (e.g., weekly, monthly, quarterly).
- Collect data from students, parents, and school staff (teachers, coaches, after-school staff).
- Scale up monitoring to larger groups of students, clinicians, or school staff.
- Discuss progress data with the student, family, and teacher to decide when to continue or change services.



Resource: [The SHAPE Screening and Assessment Library](#) is a searchable library of free or low-cost screening and assessment measures related to school mental health including academic, school climate, and social, emotional, and behavioral focus area.



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

Example from the Field

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

Implement a systematic protocol for emotional and behavioral crises.



Best Practices

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

- ✓ Develop a protocol for emotional and behavioral crisis response based on team input that includes specific types of behaviors or crises, who will respond in each instance, and how to connect students to the appropriate services and supports.
- ✓ Include guidelines and procedures for contacting the parent/guardian, providing feedback to teachers and school staff, and supporting a student's successful transition back to class.
- ✓ Include instructions that identify mental health coverage considerations if there is different coverage on different days of the week, and offer tips for crisis prevention and de-escalation and/or considerations for responding to emotional and/or behavioral crises in the event of no, or limited, mental health provider coverage in the building.
- ✓ Circulate your protocol for feedback from school staff, community partners, parents, and students who would be involved in crisis response procedures.
- ✓ Disseminate crisis response protocol and have it readily available for all school-based staff.
- ✓ Provide training and ongoing support for protocol implementation.
- ✓ Provide training and ongoing coaching or support for all school staff to use crisis prevention and de-escalation skills.
- ✓ Revise protocol as needed based on feedback throughout the year.



action steps

Create Protocols for Student Crises

When developing protocols, specify:

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

Include instructions for:

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

Circulate information:

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

Provide:

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

The purpose of crisis response is to:

1. Help students and staff cope with painful emotions and feelings resulting from the crisis.
2. Help schools return to their normal routine as quickly and calmly as possible after a major disruption of the educational process.

- Model School Crisis Management Plan
- National Education Association School Crisis Guide

Resources:



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

For more resources, visit the
SHAPE Resource Library at
www.theSHAPEsystem.com



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