Utah State Board of Education

SCHOOL-BASED MENTAL HEALTH (SBMH)

Implementation Framework for Mental Health Supports

A Utah State Board of Education (USBE) Technical Assistance Document created in collaboration with the Office of Substance Use and Mental Health

May 2026

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INTRODUCTION

This document aims to guide SBMH leaders and direct service providers on what should be included in a comprehensive SBMH framework, including collecting and reviewing data, referring students for services, providing services and analyzing student outcomes. It covers key considerations when creating a comprehensive service framework for SBMH interventions, specifically addressing how students are identified for support, the range of services that may be offered and by whom, effective communication strategies and the decision-making processes facilitated through a Multi-Tiered System of Supports (MTSS) and community referral pathways. By achieving this objective, we aim to ensure that all students have access to timely, appropriate, and effective mental health support, fostering their overall well-being and academic success.

It is crucial to note that the scope of this resource is focused solely on the service framework and related considerations, not on the foundational setup of an SBMH system. For guidance on establishing and structuring your SBMH system, please refer to Utah's School Behavioral Health Toolkit.

STATUS OF MENTAL HEALTH NEEDS OF SCHOOL-AGED YOUTH

Mental health challenges are common among children and youth. An estimated one in five children and youth under the age of 18 will experience a diagnosable mental health disorder during any given year.[1] The onset of diagnosable mental health disorders frequently begins early; approximately half of individuals who experience a mental health disorder show onset by age 14, and nearly three quarters by young adulthood.[2] Specific concerns reported by high school-aged youth include: 37% reporting persistent feelings of sadness or hopelessness, 22.9% seriously considering attempting suicide, and 18.5% having made a suicide plan.[3]

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[1] Centers for Disease Control and Prevention. (2025). *Data and Statistics on Children's Mental Health*. https://www.cdc.gov/children-mental-health/data-research/index.html

[2] Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSMIV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593

[3] Utah Department of Health & Human Services. (2024). *Youth risk behavior survey—Utah results*. https://ibis.utah.gov

Despite the high prevalence, the vast majority of children and youth with mental health disorders—estimated at nearly 80%—do not receive treatment.[4] For those who do access care, the average delay from symptom onset to treatment ranges from eight to ten years, often occurring during critical developmental periods.[5] Untreated mental health conditions are associated with detrimental academic and life outcomes, including increased school absenteeism, lower rates of grade completion, and reduced likelihood of high school graduation.[6]

Importantly, prevention and early intervention efforts in schools benefit students both in the short and long term. School-based prevention programs have been shown to reduce the risk of persistent mental health disorders into adulthood, as well as decrease substance use and improved social and behavioral functioning.[7] Longitudinal research demonstrates that individuals who participated in school-based prevention programs report better coping skills, stronger social connections, lower rates of depression and anxiety, and improved outcomes in adulthood.[8] These findings underscore the critical role schools play in fostering lifelong mental wellness.

CURRENT LANDSCAPE (SUPPORTS FOR MENTAL HEALTH)

SBMH services offer a multitude of benefits to students by fostering an environment that enhances their overall well-being and academic performance. Schools are exceptionally well-positioned to address mental and behavioral health needs.[9] Key advantages of delivering mental health support within schools include:

[4] American Academy of Child & Adolescent Psychiatry. (2023). "Children's Mental Health Fact Sheet." https://www.aacap.org

[5] American Academy of Child & Adolescent Psychiatry, *Children's Mental Health: Improving Lives, Avoiding Tragedies* (Washington, DC: AACAP, 2023), https://www.aacap.org.

[6] Child Mind Institute. (2016). "Children's Mental Health Report." https://childmind.org/education/childrens-mental-health-report/

[7] Centers for Disease Control and Prevention. (2023). "Promoting Mental Health and Well-being in Schools: An Action Guide for School and District Leaders." U.S. Department of Health and Human Services. https://www.cdc.gov/mental-health-action-guide/https://www.cdc.gov/mental-health-action-guide/

[8] Ibid.

[9] CDC, *Data and Statistics.*

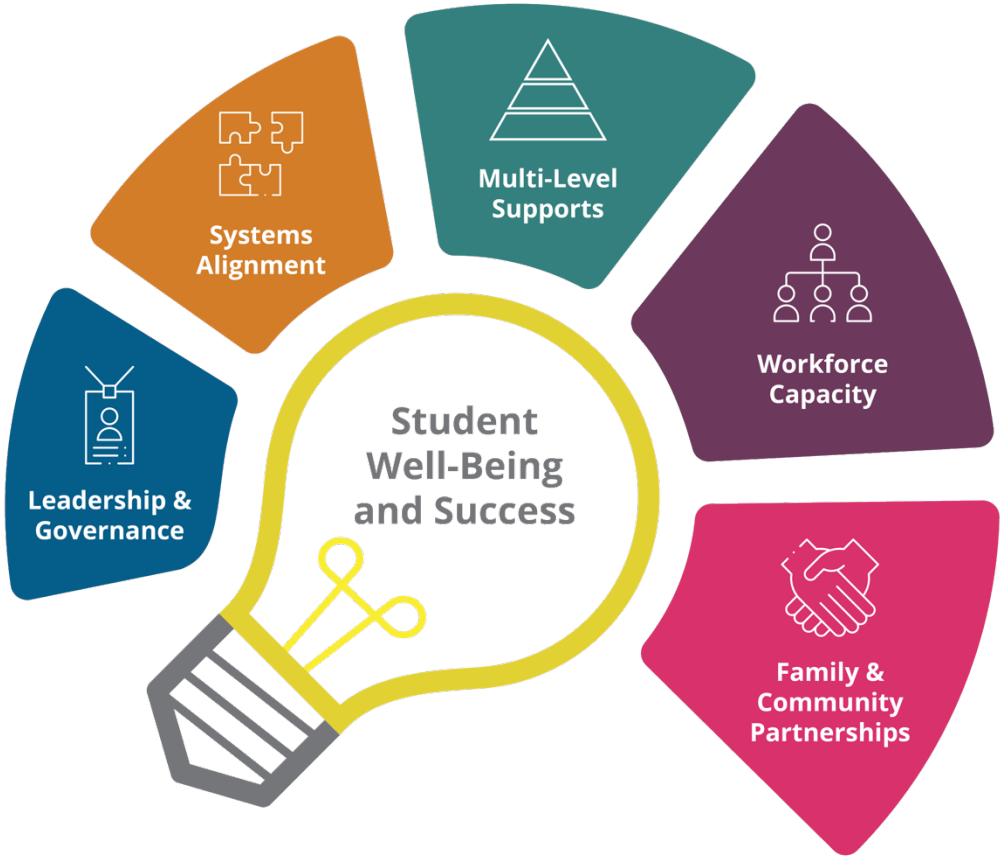
- **Early intervention:** Schools enable early identification and intervention of mental health issues, allowing students to receive timely support and reducing barriers to learning (such as anxiety, depression, and behavioral problems).[10,11]
- **Access and continuum of care:** Schools circumvent traditional barriers to care such as stigma, financing, and transportation challenges, which often result in high no-show rates in community settings, especially among historically marginalized populations. It is estimated that over 70% of all mental health services received by youth in the United States are provided within schools. Children and adolescents are more likely to initiate and continue mental health care in school than in other community settings.[12,13]
- **Positive outcomes:** SBMH services improve attendance and engagement, lead to better academic outcomes, and foster a positive school culture where students feel safe and valued. These services are linked to fewer special education referrals, decreased need for restrictive placements and lower disciplinary actions.[14,15]

ADVANCES IN SBMH PARTNERSHIPS

Community mental health partners play a pivotal role in promoting and preventing mental health issues both within schools and throughout the broader community. By collaborating as members of multidisciplinary teams, these partners help design and coordinate a continuum of services that extend beyond the school setting, ensuring that students and families have access to comprehensive mental health support. Their involvement is essential within the MTSS framework, as they bring specialized expertise and resources that foster early intervention, community-wide education, and the development of supportive environments. Through promotion and outreach efforts, prevention initiatives, and capacity building, community mental health partners actively work to reduce stigma, increase awareness, and empower families and neighborhoods to prioritize mental wellness. This robust collaboration between schools and community mental health agencies not only

[10] Child Mind Institute, "Children's Mental Health Report."
[11] CDC, "Promoting Mental-Health."
[12] AACAP, "Children's Mental-Health Fact Sheet."
[13] CDC, "Promoting Mental-Health."
[14] Ibid.
[15] Barrett, S., Eber, L., Perales, K., & Pohlman, K., (2019). *ISF Fact Sheet Series.* Pacific Southwest (HHS Region 9) Mental Health Training and Technology Center Funded by Substance Abuse and Mental Health Services Administration

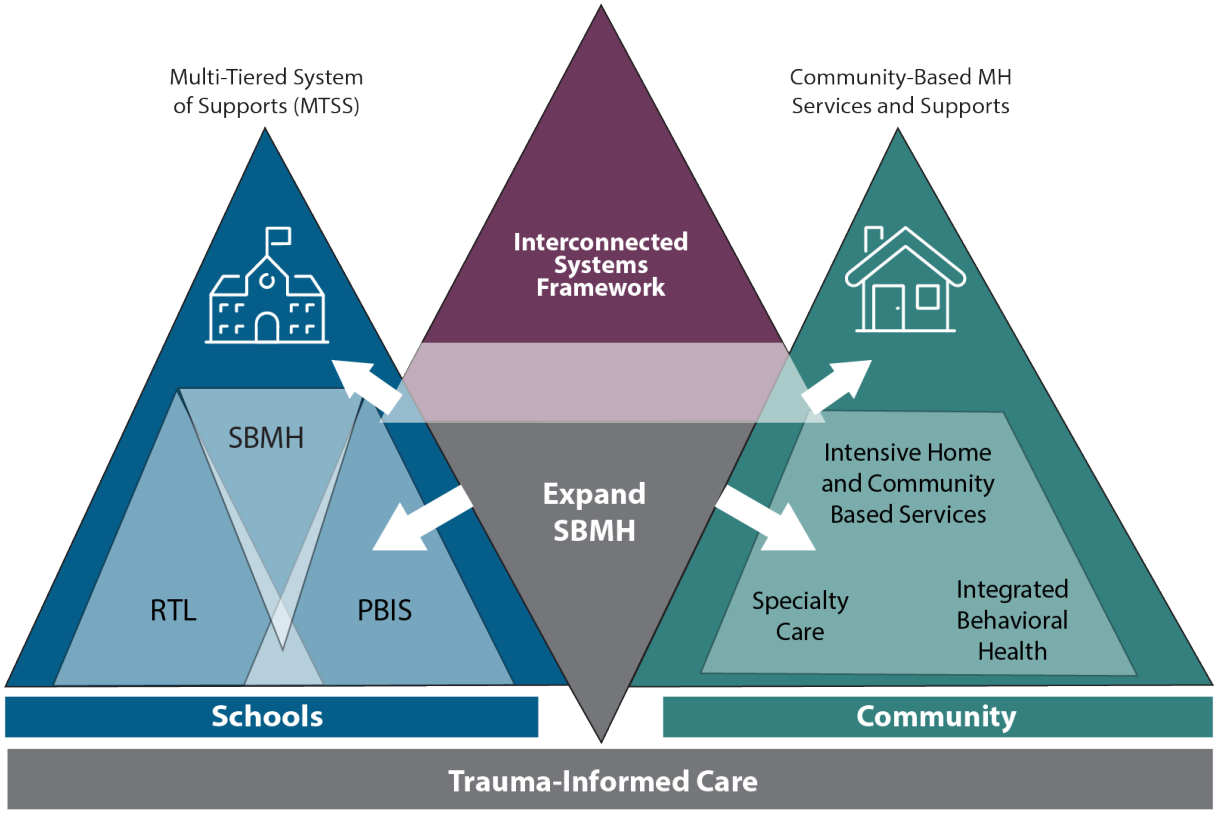
strengthens clinical services for those with complex needs but also amplifies efforts to build a healthier, more resilient community for all.



The Interconnected Systems Framework (ISF) is one example of a guiding conceptual model for coordinating and collaborating across educational and community mental health systems to enhance mental and behavioral health supports for students and their families.[16] The ISF specifically optimizes MTSS by applying implementation science to embed MTSS resources within a cross-system collaboration between school professionals and community mental health providers.[17] ISF teams treat school staff, mental health personnel, youth and families as equal collaborative partners. Such partnerships ensure seamless referral pathways to community-based services, especially necessary for Tier 3 intensive support, where SBMH professionals function as a liaison, connecting school and community providers.[18]

[16] Ibid.
[17] Ibid.
[18] Ibid.

FIGURE 1: INTERCONNECTED SYSTEMS FRAMEWORK



IMPLEMENTATION FRAMEWORK

PHASE 1: BUILDING FOUNDATIONAL SUPPORTS

Building foundational student supports is critical because it establishes the essential structures, relationships, and processes that enable schools to effectively

identify needs, coordinate resources, and sustain high-quality mental health services over time.[19,20]

Step 1: Build a Team for Sustainable Mental Health Supports

The essential first step in successfully implementing a comprehensive SBMH framework is to establish a robust and representative foundational team. This core team must be a multidisciplinary coalition drawing from all relevant stakeholders to ensure broad ownership, diverse perspectives, and sustainable support.

Assemble the Core Implementation Team

- School leadership and staff
    - **Administrators:** School principals and district-level administrators are crucial for providing institutional support, securing necessary resources, and integrating the SBMH framework into the local education agency's (LEA) overall mission and operational policies.
    - **School counselors, school psychologists and school social workers:** These professionals form the backbone of quality school-based mental health services, bringing expertise in prevention, intervention, assessment, and referral pathways.
    - **SBMH mental health therapists:** On-site or off-site are embedded mental health professionals directly delivering clinical services that ensure fidelity to evidence-based practices.

[19] Putnam, R., Barrett, S., Eber, L., Lewis, T., & Sugai, G. (2013). *Selecting Mental Health Interventions within a PBIS Approach*. Retrieved May 2026: https://casponline.org/pdfs/members/Selecting%20School%20Mental%20Health%20Services%20Final622013.pdf

[20] Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R, Splett, J., & Weist, M.D. (2019). *Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide PBIS, Volume 2: An Implementation Guide*. Center for Positive Behavior Interventions and Supports (funded by the Office of Special Education Programs, U.S. Department of Education). Eugene, Oregon: University of Oregon Press.

    - **Teachers:** Educators spend the most time with students; their insights into student behavior, academic performance and classroom dynamics are invaluable for early identification and integration of supports.
    - **School resource officer (SRO):** Including the SRO facilitates a collaborative approach to student safety and crisis response, helping to ensure that disciplinary and law enforcement responses are trauma-informed and aligned with mental health supports.
- **Community and partner engagement**
    - **Community members:** Local service providers can help connect the school framework to broader community resources and reduce stigma.
    - **Mental health partners:** Representatives from local community mental health centers or private practices provide necessary referral pathways, opportunities for co-location of services and clinical consultation.
- **Critical stakeholder voices**
    - **Students:** Direct input from students about their needs, preferences for receiving support and perceptions of the school climate are non-negotiable for creating a relevant and accessible system. Consider establishing a student advisory group.
    - **Families/parents/guardians:** Engaging families ensures that support is culturally responsive and addresses the continuum of care needed outside of school hours. Family feedback is vital for building trust and promoting utilization of services.

Step 2: Generate Buy-in and Cultivate Continuous Support

Implementing a SBMH framework involves more than simply bringing together a dedicated team. Success depends on intentionally building broad-based support and fostering a deep, collective commitment throughout the entire school community. This shared commitment must extend across every level, including district leaders and school administrators, educators, support staff, students, and parents. By ensuring that all stakeholders are engaged and invested, the SBMH

framework becomes a unified effort dedicated to student well-being and long-term success. To achieve this, schools must take deliberate steps to generate buy-in and foster ongoing engagement among all stakeholders. Promotion of the SBMH framework is a key impact, ensuring that awareness of available mental health supports is widespread, reducing stigma, and encouraging participation among students, families, and staff.

- **Build consensus and shared vision:** Establish a common understanding of the urgent need for mental health support, agree on core goals and clearly communicate why the SBMH framework is valuable for student well-being and academic success, and how it is supported by data. Demonstrate the need and track progress to maintain enthusiasm and accountability.
- **Secure administrative buy-in:** Gain explicit, ongoing support from principals and district leaders who can allocate necessary resources, champion the SBMH framework publicly, and adjust policies to accommodate the framework's needs.
- **Engage families and community partners:** Actively involve parents and guardians in the process, ensuring the framework is culturally responsive and accessible. Establishing robust partnerships with local mental health agencies and community resources to provide continuity of care.
- **Foster a positive school climate:** Create an environment where mental health is de-stigmatized, students feel safe and connected, and the framework is perceived as an integrated component of overall student success, not a separate, add-on program.
- **Provide professional learning:** Offer targeted training to all school staff on mental health literacy, recognizing signs of distress and understanding referral protocols to empower every adult in the building as a mental health ally.
- **Solicit continuous feedback:** Establish formal and informal mechanisms for gathering ongoing input from all stakeholder groups (e.g., surveys, focus groups, town halls, suggestion boxes). This ensures the framework remains responsive to evolving needs and builds a sense of ownership.
- **Promote a culture of shared responsibility:** Position the SBMH framework not as an add-on program but as an integrated component of the school's mission, emphasizing that mental wellness is a collective responsibility, not solely the burden of school-based mental health staff.

Without this holistic, community-wide cultivation of support and shared commitment, even the most well-designed framework risks becoming isolated, under-resourced or unsustainable.

Step 3. Create Goals: Establish a Clear Vision for Mental Health Supports

The critical step in successful implementation is to articulate precise and measurable goals for the SBMH framework. These goals must move beyond general aspirations to define the tangible outcomes and impacts expected from the planned mental health supports.

When developing SBMH goals, it is crucial to ensure they are well-defined and measurable. Using the SMART framework can help achieve this. SMART stands for:

- **Specific:** A strong goal clearly names the target population, the mental health construct of interest, and the action to be taken.
    - **Example:** Instead of "improve student mental health," specify, "screen all 6th-grade students (N=350) for symptoms of anxiety (using the [Specific Screening Tool Name]) during the first month of the academic year to identify students needing targeted transition support."
- **Measurable:** Goals must include quantifiable metrics to determine success. This involves setting benchmarks for participation, reduction in identified concerns, or successful connection to services.
    - **Example:** "Increase the percentage of identified students receiving Tier 2 or Tier 3 services from 40% to 75% within one semester."

- **Attainable:** To ensure attainability you must rigorously consider your current capacity and resources. This involves a thorough and honest inventory of all assets available to your district or school, including:
    - **Personnel:** Do you have the necessary staff (e.g., licensed mental health professionals, school counselors, social workers, administrative support) with the time and expertise to execute the plan? Are their current caseloads or duties realistic enough to take on new SBMH responsibilities?
    - **Funding and budget:** Is there dedicated, secure funding for the duration of the goal?
    - **Time and schedule:** Is the timeline for implementation feasible given the school year, staff training needs, and required planning periods? Avoid overburdening staff at an unrealistic pace.
    - **Existing infrastructure and support systems:** Does your school's data collection system, communication channels and administrative structure support the needs of the new mental health framework?
    - **Realistic**: Goals that stretch your team slightly can be motivating, but goals that are wildly out of alignment with your current constraints will lead to staff burnout, implementation failure and disillusionment with the SBMH initiative. By aligning your goals with your actual resources, you set the foundation for sustainable and successful implementation.
- **Relevant to identified needs:** Goals should directly address the mental health gaps or challenges identified through data collection.
    - **Example:** If the needs assessment highlighted high rates of truancy linked to depression, a goal might be: "Reduce the number of non-medical, school-day absences for 9th and 10th graders identified with moderate to severe depression by 20% over the course of the school year."
- **Time-bound milestones:** Each goal needs an explicit timeframe for achievement. This creates urgency and allows for periodic review and accountability.
    - **Example:** "By the end of second quarter, all elementary school counselors will be trained and certified in the delivery of the [Specific Curriculum] to begin universal implementation in January."

Your SBMH goals should align with broader school or district strategic plans, demonstrating how mental health support contributes to academic achievement, improved school climate and overall student well-being.

PHASE 2: EARLY IDENTIFICATION STRATEGIES

Early identification of student mental health concerns is a cornerstone of effective mental health support within schools. By detecting concerns at an early stage, educators and mental health professionals are better equipped to intervene before issues escalate, helping students maintain focus on learning and reducing the risk of long-term negative outcomes. While universal screening is an important initial step for identifying students who might need extra help, using multiple methods for identification is essential to fully understand the wide range of student needs.[21] This approach involves integrating multiple sources of information, such as academic performance data, behavioral observations, attendance records, input from teachers and families, and even peer interactions. Utilizing these varied data points allows schools to gain a comprehensive understanding of each student's circumstances, including their protective and risk factors. USBE's Introduction to the Protective Factor Framework provides more information on protective factors.

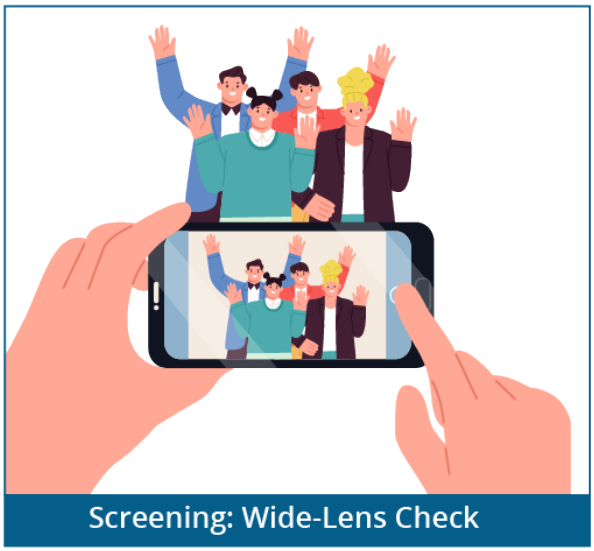
Step 1. Identify Measurement Tools and Create Structural Supports

A strong foundation for early identification begins with two essential components: selecting high-quality screening, assessment, and progress monitoring tools, and establishing the necessary structural supports for their effective use. The process of choosing mental health tools is critical to the success and integrity of the SBMH framework, as it ensures that data collection is both meaningful and actionable. Selecting appropriate measurement tools requires careful evaluation of their psychometric properties, including reliability (the consistency of the tool's measurements) and validity (the degree to which the tool measures what it is intended to measure), as well as consideration of cultural and linguistic suitability and ease of administration and scoring. Beyond psychometric soundness, practical factors must also be heavily weighed, including the cost associated with purchasing, administering, and scoring the tool, as well as the fit with the established goals. This approach ensures that the data collected is both meaningful and useful for school

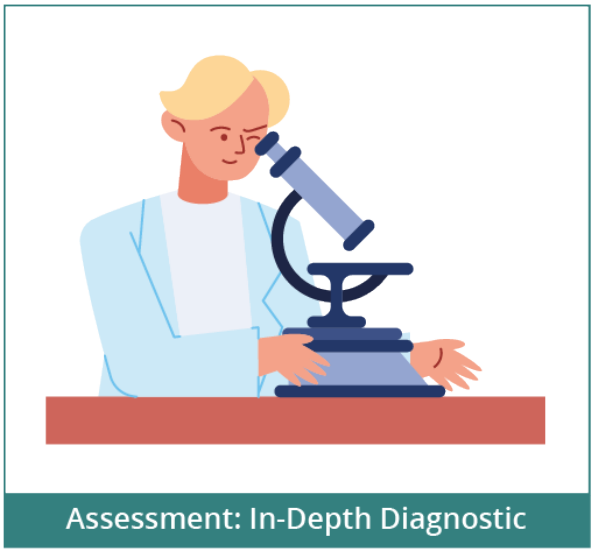
[21] National Center for School Mental Health. (2023). *School Mental Health Quality Guide: Screening*. University of Maryland School of Medicine.

mental health teams. At the same time, schools must put in place structural supports—such as staff training, clear protocols, and data management systems—to ensure that tools are implemented consistently, and data informs decision-making at every level. Accordingly, the selection of screening and assessment tools constitutes a critical foundation for developing a robust continuum of mental health support. An important first step in this process is understanding the difference between screening and assessment.

Screening is like a wide-lens camera used across the student body to catch possible red flags early on. If a flag is raised either by screening, surveys, or data, a formal, in-depth psychological **assessment** or diagnostic tool is the high-powered microscope used by mental health licensed professionals to confirm the specific condition and create a targeted treatment plan or determine eligibility for services.[22,23]



Screening: Wide-Lens Check



Assessment: In-Depth Diagnostic

The selection of appropriate instruments should be guided by several factors:

- The specific population being served (e.g., age, grade level)
- The domains of mental health concern being targeted (e.g., anxiety, depression, behavioral problems, trauma)

[22] Ibid.

[23] National Center for School Mental Health. (2023). *School Mental Health Quality Guide: Early Intervention and Treatment Services & Supports (Tiers 2 & 3)*. University of Maryland School of Medicine.

- The implementation context (e.g., universal screening vs. targeted assessment).

It is important to note that Utah has laws regarding mental health screening related to the specific conditions of suicide ideation, anxiety, and depression. If a screening tool includes questions on anxiety, depression, or suicidal ideation, LEAs may not utilize the screening tool unless it is on the Board's Approved Screening Tool List. LEAs must also participate in the USBE screening program. For more information, please visit the USBE SBMH Screening Program webpage.

Important factors to keep in mind when choosing tools:

- Select a tool or process that is culturally relevant (e.g., normed with the population, measures indicators valued by the population)
    - Use measures that are provided in the first language of students and families
    - The team must consider complex stress related to poverty, immigration, and language barriers
    - Utilize staff members, including translators and cultural liaisons, who can answer questions in preferred languages to increase the families' understanding of the process
- Ensure that all tools and processes are accessible to students and families with disabilities by providing necessary accommodations, such as alternative formats or assistive technology
- Regularly review and update tools to reflect emerging community needs and input from diverse stakeholders, ensuring ongoing cultural responsiveness and relevance

Once we select our appropriate tools we move onto how we can use these tools in various ways to inform our prevention efforts.

Types of Measurements

Various measurement tools help identify students who need support, monitor progress towards goals or interventions, and reveal service gaps. Your specific purpose should guide how you select and use these tools to collect data. Screening is one method for detecting students at risk, but additional data sources should also be considered. These might include academic performance indicators—such as

grades, attendance, and office discipline referrals—as well as social determinants of health like socioeconomic status, and food or housing security.

- **Universal measures:** These are administered to all students to proactively identify those who may be at risk or who exhibit early signs of mental health challenges. Examples often include brief self-report or teacher-report questionnaires, and screeners.
- **Targeted/tiered measures:** These are used as follow-up to universal measures, when a specific concern has been raised. They tend to provide more details on a particular area, helping to inform a more precise clinical assessment or to guide the selection of a Tier 2 or Tier 3 intervention.
- **Specific symptom measures:** Tools focused on assessing the severity and presence of symptoms related to specific disorders (e.g., generalized anxiety disorder, major depressive disorder, attention-deficit/hyperactivity disorder (ADHD)).
- **Strengths-based measures:** Instruments that not only identify deficits but also assess protective factors and individual student strengths, which are vital for resilience and intervention planning.

Common Measurement Categories

Determine the key performance indicators and outcome measures that align with the framework's goals.

- **Academic and attendance data:** grades, timely grade completion, graduation rates, special education referrals, and attendance rates
- **Behavioral data:** examples of concerning student behaviors include discipline referrals, suspensions, leaving classrooms or school grounds without permission, non-compliance, frequent off-task behavior, verbal aggression, property destruction, disruptive conduct, substance use, peer conflict, defiance, withdrawal, and inappropriate technology or social media use
- **Service utilization:** the number of students receiving Tier 2 or 3 SBMH services and the number of students that were connected to community providers

- **School culture outcomes:** Measure whether students feel safe and valued. Focus on the environment and student perception. Positive SBMH outcomes are linked to these perceptions.
- **Stigma reduction:** assess progress in de-stigmatizing mental health and create an environment in which the SBMH framework is seen as an integrated part of student success
- **Suicide rates and crisis indicators:** Track high-risk behaviors through screening and crisis protocols. Record how many students show suicidal ideation or self-harm in assessments. Monitor crisis response protocols to ensure proper referrals.
- **Stakeholder feedback:** Combine quantitative data with qualitative feedback to capture the school community's experience. Use surveys, town halls, focus groups, interviews, and digital platforms to gather input from students, families, and staff about school climate and service effectiveness. Apply this feedback to improve protocols, update stakeholders, and foster transparency and continuous improvement.

Structural Supports

Structural supports are essential for effective implementation and sustaining early identification strategies. These supports encompass staffing, data infrastructure, technology, and financial resources, all working together to create a stable environment where students' mental health needs can be addressed proactively and comprehensively.

Staffing capacity: Determine the specific personnel needed for each phase of the implementation and ongoing maintenance. This includes:

- **SBMH staff:** Identify the required number of school psychologists, social workers, school counselors, and licensed mental health providers. The measurement must factor in appropriate caseloads, supervision needs, and training levels (e.g., expertise in specific evidence-based practices).
- **Support and administrative staff:** Account for staff needed for coordination, data collection and entry, scheduling, communication and administrative oversight of the project.

- **Training and professional development:** Determine the capacity and resources needed to train all relevant school staff (teachers, administrators, paraprofessionals) in mental health literacy, tiered support systems and referral protocols.

Data infrastructure and system needs: It is essential to establish robust data systems that safeguard student privacy, enable secure storage and analysis, and facilitate the integration of mental health data with existing school platforms to ensure comprehensive support and informed decision-making. This includes:

- **Data management system:** Establish a secure, confidential and accessible system (e.g., electronic health record, secure database) for storing, aggregating and analyzing student mental health data in compliance with Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) regulations. The system must support the ability to disaggregate data to identify equity gaps and measure impact across different student populations.
- **Interoperability:** Ensure the mental health data system can effectively interface or communicate with existing school data systems (e.g., student information systems, behavioral incident trackers) to provide a holistic view of student well-being.
- **Technology and equipment:** Assess the need for hardware, software licenses, internet bandwidth and privacy/security measures to support telehealth services or remote coordination if applicable.

Financial and physical resources: Beyond personnel, a realistic budget and resource allocation plan must be developed. This includes securing:

- **Funding streams:** identify and secure stable, long-term funding sources for staffing, training and technology
- **Physical space:** ensure the availability of private, appropriate and confidential physical spaces within the school for individual and group counseling sessions, as well as necessary administrative work
- **Curricula and materials:** budget for and acquire evidence-based curricula, intervention materials and assessment instruments

Step 2. Determine Consent Processes: Establishing Ethical and Legal Participation

A foundational step in the implementation of a SBMH framework is the establishment of clear, ethical, and legally compliant processes for obtaining permission for student participation. This involves two distinct, but equally critical components: parental/guardian consent and student assent.

Parental/Guardian Consent

The process of obtaining permission from a student's parent or legal guardian must strictly adhere to all applicable requirements. USBE's Parent Consent and Disclosure Guidance for School-based Mental Health document provides more detailed information.

- **Determine necessary consent type (active vs. passive)**
    - **Active consent (opt-in):** This requires the parent/guardian to affirmatively sign a form or provide written/electronic permission before the student can receive any SBMH service, screening, or assessment. Active consent is generally required for ongoing services or when stipulated by law or board rule.
    - **Passive consent (opt-out):** This involves providing parents/guardians with comprehensive information about the SBMH services/program and a clear mechanism to decline participation. The student is included in the program unless the parent/guardian explicitly notifies the school in writing (or via an approved electronic method) that they wish to *opt the student out*. Passive consent is often used for universal screenings or preventative/educational programs, provided it complies with all legal requirements.

- **Compliance and documentation**: Regardless of the chosen consent type, the process must ensure that parents/guardians receive clear, understandable and timely notification describing:
    - The nature and purpose of mental health support or service
    - The specific activities involved
    - Who will be providing support (e.g., school counselor, licensed clinical social worker)

- How their student's information will be protected (confidentiality, HIPAA/FERPA considerations)
- The procedures for withdrawing consent at any time
- All consent documentation must be securely maintained as part of the implementation records

Voluntary Student Assent

While parental consent addresses the legal right of a guardian to authorize services for a minor, student assent addresses the ethical principle of acknowledging the student's personal willingness to participate.

- **Strive to obtain voluntary assent:**
  - The student is given age-appropriate information about the nature of the support, what to expect and why they are being asked to participate;
  - The student understands that participation is voluntary and that declining to participate will not result in punishment or loss of privileges; and
  - The student expresses a clear willingness to participate.

- **Respecting dissent**: Even when parental consent has been secured, if a student expresses clear and persistent dissent (a refusal) to participate in a non-emergency service, that dissent should be carefully considered and, whenever possible, respected. This is particularly important for older students who possess greater cognitive capacity to understand the nature of the service.

When a Student Dissents

If a student refuses a service to which a parent has consented, the SBMH provider should:

- **Acknowledge and validate:** acknowledge the student's feelings and perspective regarding the service without being dismissive
- **Explore reasons for refusal:** engage in a conversation with the student to understand the specific reasons for their refusal (e.g., fear of stigma, discomfort with the provider, lack of perceived need, preference for a different type of support)

- **Inform parents:** Communicate the student's refusal and the reasons (if understood and appropriate to share) to the parent/guardian. This should be done in a manner that respects student confidentiality where legally and ethically required but clarifies the barrier to service implementation.
- **Offer alternatives/adaptations:** based on the students' reasons, explore alternative, less intrusive, or modified supports that might be acceptable to the student (e.g., group vs. individual, different provider, less frequent sessions, tele-mental health)
- **Document:** make a record of the refusal, the reasons given by the student, the communication with the parent and any attempts to offer alternative support.
- **Prioritize safety:** if the refusal poses a significant risk to the student's safety or the safety of others, safety protocols must be followed, and immediate consultation with parents and school administration is necessary to determine the next appropriate steps, which may include a higher level of care
- **Documentation:** staff should document efforts to obtain assent and any instances of student dissent and how they were handled, ensuring all actions align with professional ethical standards and the goal of maintaining a trust-based environment

Step 3. Establish secure protocols for data gathering, management, and analysis

This step is critical for monitoring the implementation of fidelity and measuring the impact of the SBMH framework. This requires establishing comprehensive, secure systems. By systematically collecting and analyzing key metrics, schools can determine the effectiveness of their mental health services, identify areas for improvement, and ensure that both students and families are experiencing positive, meaningful changes. This provides a foundation for accountability and continuous quality enhancement, ultimately strengthening the impact of SBMH initiatives.

Standardize Analysis and Reporting

Measuring outcomes for SBMH services is like tending a community garden.

Student Outcomes
The visible evidence of growth, like a harvest. These are the measurable indicators of success, including grades, attendance, and achievement.

School Culture
The foundation beneath everything, like soil. It's not always visible, but it directly impacts growth. Measured through indicators like student surveys on safety and belonging.

To effectively measure outcomes, LEAs must establish clear protocols for how data is processed and reviewed.

- **Establish secure collection mechanisms**: Design and implement tools that ensure data is collected accurately, consistently and with the utmost adherence to privacy regulations (e.g., FERPA, HIPAA). This includes utilizing secure, encrypted platforms for storage and transfer. Ensure that all data practices protect student confidentiality and anonymity.
- **Define analysis protocols and reporting**: Establish comprehensive procedures for handling data throughout the analysis process. This should include:

    - **Data entry:** standardize how data is entered into a centralized and secure database to ensure consistency and accuracy
    - **Data cleaning:** implement systematic checks to identify and correct errors, remove duplicates, and address incomplete or inconsistent entries
    - **Data validation:** assign team members to verify the accuracy and completeness of the data before analysis begins
    - **Data storage:** use secure, encrypted platforms for storing and managing data, ensuring compliance with privacy regulations (e.g., FERPA, HIPAA), and protecting student confidentiality
- **Reporting schedule:** Create a routine schedule (such as monthly or quarterly) to share findings with key collaborators, including administrators, school staff, community partners, and district or state representatives, ensuring transparency and continuous improvement.
- **Secure database:** A centralized, accessible, secure database is essential to maintain data integrity and facilitate longitudinal tracking. Develop specific procedures for analyzing the collected data to track progress, identify trends, assess intervention effectiveness and pinpoint areas needing refinement. Establish a regular reporting schedule to disseminate findings to key collaborators (administrators, school staff, community partners and the district/state).
- **Schedule reviews:** set a mandatory schedule (e.g., bi-weekly, monthly) for SBMH teams to review aggregated data
- **Disseminate findings:** establish a reporting schedule to share findings with administrators, staff, community partners, and the district/state
- **Ensure data integrity:** Implement checks to verify the accuracy, completeness, and consistency of the collected data. Designate team members responsible for data validation and correction before analysis begins.
- **Provide training:** Offer targeted training for SBMH team members on data interpretation, reporting standards, and confidentiality requirements. This will promote uniformity and professionalism in data-handling and reporting processes.

- **Utilize data for continuous improvement:** Use the analyzed data to inform ongoing adjustments to SBMH programs and interventions. Encourage teams to identify areas for growth, celebrate successes and adapt practices based on evidence.

Step 4. Develop administration processes

This critical step involves moving from a conceptual framework to actionable steps by meticulously defining the logistical and procedural elements necessary for successful SBMH support implementation. It requires establishing clear, standardized protocols to ensure consistency, efficiency and equity in service delivery.

The How (method and mechanism)

- **Format of procedures/forms:** Determine the method for collecting data, documenting supports and managing referrals. This includes deciding between online digital platforms (e.g., secure electronic health records, dedicated mental health software, online screening tools) versus traditional paper-based systems. A hybrid approach may be most effective, leveraging the speed of digital systems and the flexibility of paper.
- **Standardized scripts and communication:** Develop and standardize the language used by all staff interacting with students, parents and other stakeholders regarding SBMH supports. This includes:
    - **Intake/referral scripts:** consistent language for explaining the process and obtaining consent
    - **Screening scripts:** standardized, trauma-informed introductions to screening tools to ensure reliable results
    - **Crisis response scripts:** clear, immediate instructions for staff to follow during a mental health crisis
- **Workflow and flowcharts:** Create detailed visual representations (flowcharts) of every key process, such as the student referral-to-treatment path, emergency protocol activation, and data reporting cycles.

The Who (personnel and roles)

- **Staff coverage and allocation:** Identify the specific staff members responsible for executing each administration process. This involves:

- Designating primary owners
    - Assign a specific role or individual (e.g., school psychologist, social worker, mental health coordinator) as the owner of processes like data entry (including intervention and crisis response), parental consent tracking and scheduling meetings.
- Defining support roles
    - Clearly outline the supporting roles of teachers, school administrators and other ancillary staff in referring students and following up on administrative tasks.
- Ensuring adequate staffing
    - Analyze the student-to-provider ratio and ensure sufficient staff are available to manage the administrative workload without compromising direct service time.

THE WHEN (TIMING AND SCHEDULE)

- **Scheduling and time allocation:** Establish the specific times and frequency for tasks to occur. Examples include:
    - Time of day for screening/surveys
        - Determine the optimal time of day to administer universal tools to minimize instructional disruption (e.g., during homeroom, a dedicated advisory period, or scheduled testing blocks)
    - Data review cycles
        - Set a mandatory schedule (e.g., weekly, bi-weekly) for the SBMH team to review new referrals, aggregate data, and adjust student plans
    - Documentation deadlines
        - Implement clear deadlines for case notes and progress documentation to maintain accurate and up-to-date records

Data is crucial for both promoting and preventing mental health issues. Screening helps spot students who may be at risk, while other indicators—such as academic performance, attendance, behavioral reports, and factors like socioeconomic status or food insecurity—guide schools in prioritizing which needs to address first. Thorough data collection ensures that planning and delivering interventions are supported by the appropriate resources. It's important to select tools that align with the specific SBMH goals, especially those focused on early detection, intervention strategies, and tracking progress. Reliable technology infrastructure must be in place to facilitate these activities. By clearly defining the processes—who is

involved, when things happen, and how they're managed—administrative operations become more effective, fair, and long-lasting, providing a strong base for the SBMH framework.

PHASE 3: ASSESSMENT AND TRIAGE

Assessment and triage are foundational components of comprehensive SBMH services, serving as the essential link between identifying student needs and providing appropriate support within the MTSS framework. The primary intent of mental health screening is not to provide a definitive diagnosis, but rather to determine the possible presence of a mental health concern and whether a student may benefit from a more thorough assessment. Once a potential behavioral health concern is identified, particularly one involving possible immediate danger, protocols for triage and crisis response must be activated. This crisis response outlines the critical steps for addressing self-harm or suicidal ideation. This process will be covered in the crisis response phase of this document. Ultimately, effective assessment and triage processes lead to implementing clear referral pathways to ensure youth with behavioral health needs are funneled to the proper services and resources.[24,25] The steps for a school's multidisciplinary team (MDT) to assess and triage students' mental health and effectively address their skill deficits are best understood and implemented within a MTSS framework. Multidisciplinary teams are vital within the MTSS framework, pursuing the common goal of evaluating and triaging the academic, social, physical and behavioral needs of students to create strategies and interventions that meet the individual needs of students.

Step 1: Conduct Comprehensive Problem Analysis

The MDT expands on the initial referral process by compiling information and utilizing data to ascertain the underlying cause and requisite intensity of the intervention. This process is outlined in the problem-solving model in the Least Restrictive Behavior Intervention (LRBI) Manual (2025). A critical component of the problem analysis involves employing appropriate assessment methods for mental health concerns, gathering comprehensive background information (e.g., medical history, trauma experiences, prior interventions), conducting direct student observations and interviewing educators, other school personnel, parents and any mental health community partners that are actively involved.[26] These steps are

[24] NCSM. (2023). *School mental health quality guide: Early intervention.*
[25] Eber, et al. (2019) *Advancing Education Effectiveness.*
[26] Ibid.

integral to selecting the appropriate intervention and determining necessary referrals.

- **Problem identification**: Define the perceived problem behavior or mental health concern in a way that is measurable and understandable. For example, vague descriptors like "anxious" should be replaced with specific descriptions like "cries upon arriving at school and refuses to enter the classroom without parents." The next step involves identifying the root causes of the problem to determine what supports and interventions would best help the student.
- **Assessment:** Many screening tools can be used for the comprehensive assessment of student mental and behavioral health need Many screening tools—such as the Strengths and Difficulties Questionnaire (SDQ), the Patient Health Questionnaire (PHQ-9), and other validated measures—can be used for the comprehensive assessment of student mental and behavioral health needs. These tools help educators and mental health professionals identify concerns early, guide appropriate interventions, and ultimately support positive student well-being and academic success.
- **Data gathering:** Collect comprehensive background information, including medical history, trauma experiences, previous interventions, and direct observations. This ensures a holistic understanding of the student's needs and informs more effective intervention planning.
- **Stakeholder collaboration:** Engage in interviews and discussions with educators, school staff, parents, and involved mental health or community partners. This multidisciplinary approach ensures that all relevant perspectives are considered when understanding the student's challenges and planning next steps.

Step 2: Selecting and Implementing Effective, Evidence-Based Interventions

When choosing behavioral or mental health supports, it is crucial to prioritize evidence-based practices (EBPs) that directly align with the student's unique strengths and identified skill deficits. A thoughtful selection process involves assessing the breadth and quality of available Tier 1, Tier 2 and Tier 3 interventions to ensure a sufficient range exists to meet diverse student needs. Furthermore, you must critically examine each intervention for cultural appropriateness, making

necessary adaptations to address specific linguistic and cultural backgrounds thereby maximizing the intervention's relevance and impact.

Universal Supports: Tier 1

Universal supports (Tier 1) form the foundation of a school's approach to mental health within the MTSS framework, providing preventative measures and broad-based interventions intended for all students.[27,28] These supports include school-wide practices such as positive behavioral interventions, mental health awareness and education, and accessible wellness resources that foster a safe, inclusive and nurturing environment. By establishing consistent expectations and promoting resilience and coping skills, universal supports help reduce the emergence of mental health concerns and create a culture in which students are encouraged to proactively seek help. As needs are identified through screening and problem analysis, students requiring additional assistance are then guided toward targeted supports at Tier 2 and Tier 3, ensuring a seamless continuum of care that addresses both general and individualized needs within the SBMH framework.

Targeted Supports: Tiers 2 and 3

The goal of targeted supports is to provide identified students with additional support that goes beyond universal measures. Triage at this level is focused on responsive services. A decision tree map has been included in the appendix (see Appendix C) to help guide these decisions.

- **Targeted intervention and barrier identification:** SBMH staff assess barriers to learning that may include social or behavioral concerns. These barriers are often related to possible mental health concerns as identified through the problem analysis step.

[27] Putnam, et al. (2013). *Selecting Mental Health Interventions.*
[28] Eber, et al. (2019). *Advancing Education Effectiveness.*

- **MDT review:** The MDT is crucial in Tiers 2 and 3, meeting specifically to evaluate and triage a student's needs and create individualized strategies and interventions.[29],[30]This is an important part of determining what SBMH support, internal or external, is best to provide the services for the identified needs and chosen interventions as well.[31]

- **Intervention assignment:** Based on the MDT review, staff subsequently provide and make assignments. This may include responsive services such as solution-focused group counseling designed to assist students in developing coping strategies, problem-solving abilities and interpersonal skills. The team may also determine a need to develop behavior, safety, and re-entry plans. See Tier 1, Tier 2 and Tier 3 Interventions outlined in the School-based Mental Health (SBMH) Roles and Responsibilities.

Students identified for targeted services are next directed at the most suitable provider. This process occurs through the referral process discussed in the next phase; this ensures that services remain accessible and are effectively coordinated.

[29] Putnam, et al. (2013). *Selecting mental health interventions.*
[30] Eber, et al. (2019). *Advancing Education Effectiveness.*
[31] NCSMH. (2023). *School mental health quality guide: Early intervention.*

PHASE 4: SERVICE DELIVERY AND REFERRAL PATHWAYS

Effective service delivery and referral pathways depend on mapping available resources and establishing strong formal partnerships. Creating effective referral pathways is a critical component of designing a comprehensive SBMH program, ensuring that students are successfully moved from identification to intervention. Referral pathways are defined as policies and procedures established to assure a youth with behavioral health needs get referred, assessed and funneled to the proper services and resources needed.[32] Effective implementation of a student mental health support system requires a thorough evaluation of resource capacity, including staffing, training and costs, as well as a clear definition of roles and community linkage through formal agreements (such as memoranda of understanding (MOUs)) to manage student referrals, information sharing and progress monitoring, starting with identifying the appropriate school personnel.

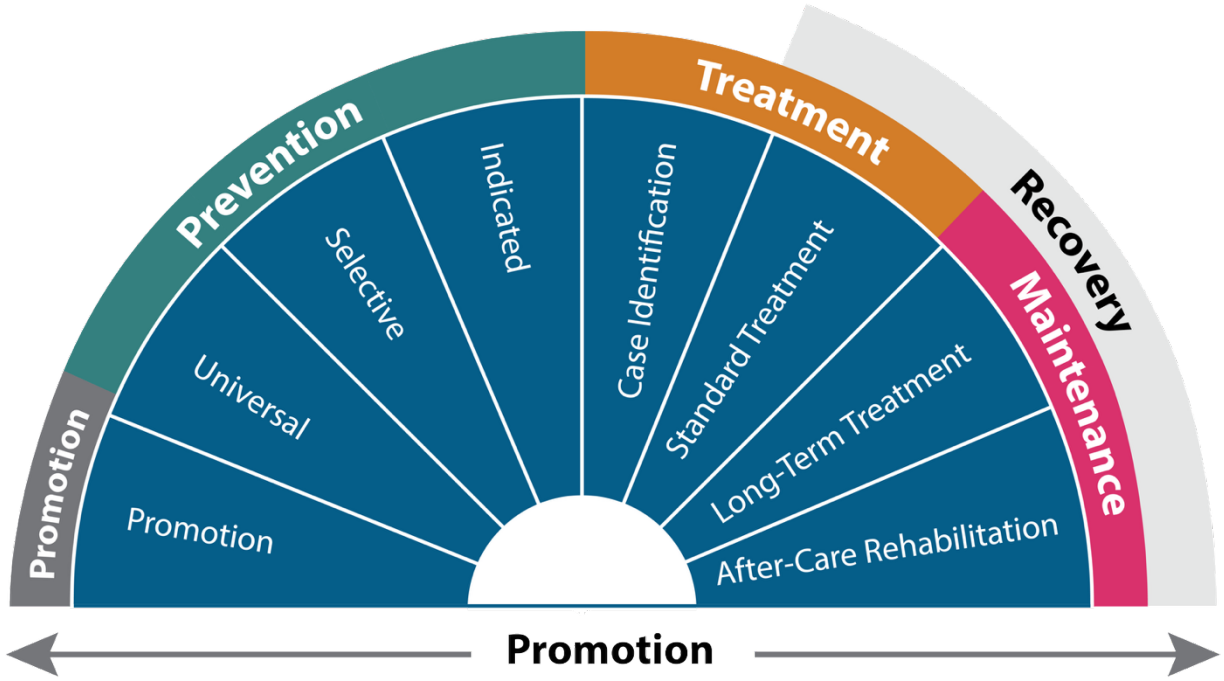
Step 1: Define the Scope and Purpose of the Pathway

The initial step involves clarifying what services the referral pathways will direct students toward, ensuring that referral mechanisms are designed to guide students to the most appropriate supports based on their assessed needs.[1] Once the scope and purpose are established, it is essential to build on this foundation by creating pathways for both in-school and community-based interventions so students are matched with resources that adequately address the intensity of support they require. This alignment not only links referral pathways to triage and assessment processes but also integrates tiered supports within the MTSS framework, allowing for differentiated referrals across Tiers 1, 2 and 3. The pathway needs to consider the following guidelines:

- Clarifying the specific services the referral pathways will direct students toward, ensuring alignment with their assessed needs

[32] Guttman-Lapin, D., Nickerson, A., O'Malley, M., Renshaw, T., Silva, K., & Sockalingam, S. (2015). *School mental health referral pathways (SMHRP) toolkit*. Substance Abuse and Mental Health Services Administration (SAMHSA).

- Establishing pathways for both in-school and community-based interventions to match students with resources that address the required intensity of support
- Integrating tiered supports within the MTSS framework to differentiate referrals across Tiers 1, 2 and 3



It is crucial for LEAs to fully understand the continuum of care when connecting students to external mental health supports. The continuum of care represents a range of coordinated services that progress from less intensive to more intensive interventions, ensuring that students receive the right level of support at the right time. By being knowledgeable about this continuum LEAs can make informed referrals, avoid service gaps and prevent duplication of efforts, thereby enhancing the effectiveness of mental health interventions.

Furthermore, understanding the continuum allows LEAs to develop strong collaborations with community-based providers and to navigate transitions between school-based and external services smoothly. This ensures that students experience continuity of care even as their needs change or when more specialized or long-term support is required beyond what the school can provide. Ultimately, this comprehensive approach supports better outcomes for students by integrating school and community resources, reducing the risk of students falling through the cracks, and promoting a holistic, student-centered support system.

Step 2. Ensure Continuity and Equitable Access

The pathways through which students receive care must address equity and the continuous availability of care by ensuring students have access to behavioral health services regardless of their background or the timing of their needs. This requires strategic planning to extend support beyond the school day, including during holidays and summer breaks, and fostering a referral process that recognizes and accommodates diverse circumstances. By actively engaging families and students in these conversations, schools can identify and mitigate obstacles (e.g., financial limitations, transportation challenges, social stigma or lack of information) that might prevent access to necessary services. The MDT should offer solutions and resources that are responsive to these concerns, reinforcing a comprehensive, inclusive approach that guarantees uninterrupted and equitable care throughout the academic year and beyond.

- **Establish continuity of services:** Planning must ensure that the services needed are continuously available beyond regular school hours such as during holiday breaks or over the summer. Behavioral health concerns do not stop during school breaks. Services must always remain accessible.
- **Guarantee equitable access:** Planning should intentionally consider how the referral process provides equitable access to school behavioral health services for every student, regardless of their individual circumstances or cultural differences.
- **Incorporate stakeholder voice:** Parent and caregiver engagement and youth voices are imperative to the referral process.

Addressing Barriers to Access

During this conversation, it's essential to proactively address potential barriers that might hinder the family from pursuing a referral. Common obstacles include the following.

- **Cost:** Many families are concerned about the financial implications of mental health services. The provider should be prepared to discuss insurance coverage, sliding scale fees, community-based programs and other financial assistance options.

- **Transportation**: Logistics can be a significant challenge. Exploring options like school-based services and telehealth or connecting families with local transportation resources can be helpful.
- **Stigma**: The social stigma associated with mental health issues can be a powerful deterrent to seeking support. The provider should normalize the conversation, emphasize that seeking help is a sign of strength and assure the family of confidentiality.
- **Lack of information**: Families may not understand the types of services available or what to expect. Providing clear, concise information about different mental health professionals (therapists, psychiatrists), treatment modalities and the overall process can alleviate anxiety.
- **Time constraints**: Families often have busy schedules. Discussing flexible appointment options or identifying community providers with evening or weekend hours can be beneficial.

Step 3. Establish Inter-agency Collaboration and Formal Agreements

Establishing effective referral pathways for school behavioral health services requires strong inter-agency collaboration, including consistent communication and formal partnerships to streamline support for students. Agencies should meet regularly to review protocols and ensure the referral process is clear and accessible, with special attention given to integrating guidance for professionals on referring students who may need special education evaluations. This cooperative approach enhances service consistency and ensures all students receive appropriate, continuous care.

Internal and External Referrals

- **Internal referral to SBMH professionals:** Students are directly referred to credentialed SBMH professionals employed by the district or school (e.g., school psychologists with specific clinical training, licensed clinical social workers (LCSW), clinical mental health counselors (CMHC)). These internal staff members are strategically positioned to provide immediate, consistent, and culturally responsive care.

- **External referral to outside community mental health partners:** For students requiring specialized, long-term or intensive care that exceeds the scope or capacity of school-based mental health providers (e.g., severe mental illness, intensive substance use treatment, complex trauma therapy), the SBMH provider facilitates a warm hand-off to community mental health agencies, private practitioners or specialized clinics. This external coordination is crucial for ensuring continuity of care and leveraging the full spectrum of community resources available to the student and family.

Throughout the entire triage process, referrals to SBMH therapists or community mental health partners assure that youth with behavioral health needs get referred, assessed and funneled to the proper services and resources they need. If, during any tier, a student presents with self-harm behaviors or suicidal ideation, the priority shifts to the crisis response protocol, requiring immediate professional help and high-level risk assessment, which moves beyond standard MTSS services.

Step 4. Document, Distribute, and Evaluate the Pathway

Once pathways are designed, they must be formalized and disseminated. Referral pathways must be documented and shared so all school personnel and community partners are aware of and can utilize the process. Creating effective referral pathways is akin to setting up a reliable GPS navigation system for student support. It requires clearly mapping out every possible support route from internal school resources to external community care, ensuring that each staff member knows the map, each student is directed to the correct level of service for their needs, and no one is left stranded without continuous support, even after school hours. An example of referral pathways has been included in the appendix (see Appendix D).

Key Considerations in the Referral Process

- **Identifying the right facilitator:** The ideal individual to facilitate a referral is often a school staff member who has already established a strong, trusting relationship with the student's family. This could be a teacher, counselor, social worker, administrator or even a support staff member. Their existing rapport can significantly reduce initial apprehension and build a foundation of trust for discussing sensitive topics. This individual should possess strong communication skills, empathy and a comprehensive understanding of the referral process and available mental health resources.
- **Engaging the family in discussion:** Once identified, the facilitator should initiate a respectful and open discussion with the family. Their primary goal is to clearly explain the benefits of seeking mental health support for their child, emphasizing how it can positively impact their academic success, emotional well-being and overall development. This discussion should be framed with care and sensitivity, avoiding judgmental language and focusing on the child's best interests.
- **Proactive communication with mental health providers:** Before the family directly contacts a mental health provider, the school personnel facilitating the referral should take the initiative to reach out to the provider directly. This pre-contact serves several critical purposes.
    - **Information sharing (with consent):** With parental consent, the school can provide the provider with relevant background information about the student, including academic performance, behavioral observations and any previous interventions. This can streamline the initial assessment process. An authorization for release of information must be obtained from the parent or guardian before any personal or educational information is shared with outside mental health providers.
    - **Clarify services:** The school can confirm the provider's specialties, availability, and acceptance of new clients.
    - **Logistical coordination:** This initial contact can help in scheduling the first appointment, discussing referral procedures, and ensuring a smooth transition for the family.
    - **Build partnerships:** Proactive communication fosters a collaborative relationship between the school and mental health providers, ultimately benefiting the students and families they serve.

A successful referral system depends on clear communication, formal MOUs with community partners, and continuous evaluation. By mapping resources and building partnerships, schools can improve mental health referrals, provide timely support, and ensure equitable access to behavioral health services beyond school hours. Involving stakeholders such as parents and youth helps identify obstacles and builds a responsive, inclusive system that meets students' needs.

PHASE 5: CRISIS RESPONSE PROTOCOLS

While screening identifies the possible presence of a concern, assessment and triage determine the severity of that concern and the appropriate course of action. The triage and assessment phases serve as the critical bridge between identifying a potential concern and providing specific intervention. During these phases if a student is flagged through screening, triage, assessment, or observation as exhibiting distress, self-harm, or suicidal ideation, the Crisis Response Protocol (CRP) must be activated. This protocol consists of six specific steps designed to ensure student safety.

Step 1. Stay Calm and Ensure Immediate Safety

- Do not leave an individual alone if they are experiencing acute distress, have recently attempted self-harm or express current suicidal intent. Ensure the environment is safe by calmly removing any accessible means of self-harm if the risk is active or imminent.
- Secure support from SBMH staff, the school crisis team or a mobile crisis outreach team (MCOT).
- Maintain a calm demeanor to de-escalate the situation.

Step 2. Listen Actively, Empathetically and Non-Judgmentally

- Use open and supportive statements such as, "I'm here for you," "I'm concerned about you," or "Can you tell me more about what's going on?"
- Validate the student's feelings without endorsing any harmful behavior by saying things like, "It sounds like you are in a tremendous amount of pain right now," or "I can hear how overwhelmed you are."
- Be careful not to minimize their feelings, lecture them, debate their experiences or offer overly simplistic solutions.
- Offer reassurance by reminding the student that help is available and that they are not alone in facing their challenges.

- Encourage the student to express their thoughts and feelings openly and let them know that you are willing to listen without judgment or interruption.

Step 3. Ask Directly About Suicide

Best practice dictates that questioning be conducted by or with SBMH staff.

- Direct questioning is essential and we should avoid vague language. For example, you might ask, "Are you thinking about killing yourself or ending your life?" or "Have you ever tried to harm yourself or end your life before?"
- To assess whether the individual has a plan, you could ask, "Do you have a plan to kill yourself?" Follow up with questions about the specifics, such as what, where and when.
- It is important to inquire about means by asking, "Do you have access to what you would use?"
- Finally, to understand intent and timing, you should ask, "Do you intend to act on this plan? How likely is it that you might act on these thoughts? When do you think you might do this?"

Step 4. Assess Imminent Risk

Only staff trained in suicide risk assessment should perform this step, as proper training ensures accurate and sensitive evaluation. This is not intended for mental health diagnosis or evaluation.

- Approach the assessment with empathy and without judgment, creating a safe environment for the student to share honestly.
- Document findings clearly and communicate results to relevant school personnel and mental health professionals to facilitate appropriate follow-up actions.

High Imminent Risk

This category includes situations where the student has a specific plan for suicide, has accessible means to carry out the plan, demonstrates clear intent to act soon, has had a recent suicide attempt or exhibits extreme agitation or hopelessness.

Immediate action is required in these cases to ensure the safety and well-being of the student.

Moderate/Lower Imminent Risk

While any level of risk is serious and must be addressed, moderate or lower risk may involve suicidal thoughts without a clear plan or immediate intent or self-harm that is not immediately life-threatening but signals significant emotional distress. Intervention is still essential to support the student and prevent escalation, even if the situation does not appear imminently life-threatening.

Step 5. Take Action Based on Assessed Risk

High Imminent Risk

- If a student is determined to be at high imminent risk, it is essential to act immediately. Notify the student's parents, school administration, and/or the designated crisis response personnel without delay.
- Seek guidance by contacting a crisis hotline, such as the 988 Suicide & Crisis Lifeline, via call or text or using the SafeUT app.
- Direct emergency services should be accessed as warranted by the situation. Additionally, develop a safety plan tailored to the students' needs, ensuring steps are in place to protect their wellbeing.

Moderate/Lower Imminent Risk

- For cases assessed as moderate or lower imminent risk, it is vital to encourage and assist the student in connecting with professional help.
- Provide students and families with information about crisis lines and available mental health resources in the community.
- Work collaboratively to create a safety plan, offering support and guidance to promote the student's continued safety and emotional wellbeing.

All levels of risk should be addressed with seriousness. Adhere to state regulations, including Utah Code Section 53G-9-604. When a student expresses suicidal intent, parental notification and providing suicide prevention education, firearm safety,

and medication safety materials are required. These resources are accessible on USBE's Suicide Prevention website.

Step 6. Report and Document

- Follow organizational protocols by completing all required incident reports detailing the student's risk level, actions taken, and individuals notified.
- Record the timeline of events including assessments, interventions, parent or guardian notifications and communication with crisis response personnel.
- Document the development and implementation of safety plans, noting specific strategies and resources provided to the student.
- Maintain confidentiality by securely storing all documentation and only sharing information with authorized personnel in accordance with legal and organizational guidelines.

The completion of the crisis response protocol is not the end of supporting a student in distress—it marks the beginning of ongoing care and follow-up. By maintaining open communication, monitoring progress, and revisiting safety plans as needed, schools can provide consistent support to students and families. Commitment to this process ensures every student receives the help they need, fostering a safe and nurturing environment where wellbeing remains a priority.

PHASE 6: FOLLOW-UP PROCEDURES

This final phase of the framework focuses on establishing robust follow-up procedures to ensure that the strategies and interventions implemented are continuously monitored and refined. We will also review the necessary process and plans for when a student re-enters the regular school environment after a major mental health crisis, extended treatment or absence, or discipline removal.

Step 1. Comprehensive Process for Re-entry and Academic Success

Return to Learn

Return to learn refers to a structured and supportive process designed to ensure a

successful and equitable re-entry for all students following periods of disruption, such as extended breaks, public health crises or significant shifts in learning modalities. This process prioritizes the well-being of students, recognizing that academic success is intrinsically linked to mental health, emotional development and a feeling of safety and belonging within the school environment. SafeUT features a built-in notification system that allows parents or providers to report when a student is exiting a behavioral health crisis or a treatment center and preparing to re-enter school. The platform then notifies the relevant school administrator or counselor. This then allows school staff to develop a return to learn plan.

Key Components and Strategic Focus Areas

A foundational element of the return to learn plan is establishing a physically and emotionally safe learning environment. This involves implementing clear health and safety protocols and, more importantly, integrating robust SBMH supports. These supports operate across a MTSS to address universal needs (Tier 1), provide targeted interventions (Tier 2) and offer intensive, individualized care (Tier 3). The SBMH implementation framework is central to identifying and addressing the mental health and social challenges that may impede a student's ability to focus and learn.

- **Building and rebuilding community:** The return to learn process places a high emphasis on accountability practices, including restorative practices, and rebuilding strong, positive relationships within the school community. This includes:
    - Intentional skill-building integration
        - Explicitly teach and practice skills (e.g., self-management, responsible decision-making, relationship skills) as part of the daily schedule.
    - Staff training and support
        - Provide educators and staff with training on trauma-informed practices, de-escalation techniques and strategies for supporting student mental health, ensuring they have the tools to manage their own well-being and support their students effectively.

- **Family and community engagement**
  - Actively partner with families and community organizations to create a cohesive support network that extends beyond the school walls, ensuring consistent messaging and support structures for students.
- **Equity and access**
  - Return to learn is committed to an equitable re-entry process, recognizing that disruptions often disproportionately impact vulnerable populations. Implementation must focus on the following.
    - **Targeted resource allocation:** direct resources, personnel (e.g., school counselors, school social workers, specialized tutors) and technology support for the students and schools with the highest needs
    - **Addressing digital and resource divides:** ensure all students have equitable access to the tools and connectivity required for hybrid or online learning models

The goal of the return to learn process is to transition students back into a thriving, high-quality learning environment that not only recovers lost academic ground but also fosters resilience and equips students with the social and behavioral skills necessary for long-term success.

Key Components and Considerations for Effective Return to Learn Plans

- **Diagnostic and responsive instruction:** A key step upon re-entry is conducting comprehensive assessments—not solely for academic knowledge gaps, but also for assessing students' social and behavioral skills and readiness to engage in the classroom environment. The instructional approach must be highly responsive, utilizing the data gathered to:
  - **Identify critical learning gaps:** pinpoint the essential standards or foundational skills that require immediate reinforcement
  - **Implement acceleration strategies:** move beyond simple remediation by focusing on accelerating students through the curriculum by connecting new learning to existing knowledge, rather than dwelling on missed content

        - **Personalize learning paths:** differentiate instruction to meet diverse needs, utilizing small-group work, individualized support and technology-enhanced learning resources
- **Collaborative development:**
    - The plan must be developed collaboratively by a multidisciplinary team, including the student (when appropriate), parents/guardians, school-based mental health professionals (e.g., school psychologist, school social worker, school counselor), teachers, administrators, SROs and external mental health providers involved in the student's care.
    - Authorization of Release of Information from any mental health agency or hospital is a critical component of a return to learn plan. Recommendations from mental health agencies or hospitals should be considered and added as part of the return to learn plan.
- **Assessment and information gathering:**
    - A thorough review of the student's current mental health status, including diagnosis (if applicable), recent treatment, medications and potential triggers or stressors upon return.
    - Understanding the student's academic standing and any necessary academic adjustments or accommodations.
- **Tiered support and accommodations**
    - **Academic accommodations:** may include a modified schedule (e.g., half-days), reduced course load, extensions on assignments, a "safe place" pass for breaks or preferential seating
    - **Emotional well-being supports:** includes clearly defined access to a SBMH professional or another designated staff member, a designated safe space or check-in spot and a plan for managing potential emotional distress or behavioral escalations and should align with the school's MTSS
- **Communication protocol:**
    - Establish clear lines of communication between the school, family and external providers
    - Define who needs to know what information (respecting confidentiality) and the frequency of update
    - A plan for communicating the students' needs to necessary school staff ensuring staff training and awareness of the plan
- **Monitoring and evaluation (phase-in approach):**
    - Re-entry should be a phased process. The plan should outline specific, measurable goals for the first week, month and quarter

    - Establish a consistent check-in schedule with the student and family (e.g., initial daily check-ins transitioning to weekly)
    - Define criteria for successful progression to the next phase of reintegration or for triggering a review/modification of the plan
- **Transition back to full schedule:**
    - The plan should have an endpoint or a goal for when the student will fully transition back to their pre-absence schedule and academic expectations while maintaining necessary ongoing mental health supports

These plans are essential for mitigating the stress of returning to school, preventing further crises, and ensuring the student feels supported, understood, and connected to the school community. To prevent crisis and relapse prevention, some students may need a formalized safety plan as part of their return to learn plan.

Comprehensive Safety Planning: A Collaborative Approach for Moderate to High-Risk

For students identified as having moderate to high-risk needs, a thorough and collaborative safety plan is an essential component of the return to learn process. This plan is not merely a document but a dynamic joint effort between the student and trained support staff. Its core purpose is to equip the student with concrete strategies and resources to manage distress and prevent a crisis.

The development process must involve several key, structured elements.

- **Identify warning signs:** The student and staff must work together to clearly identify the student's unique emotional, behavioral, and physical cues that signal an increase in distress or the onset of a mental health challenge. This includes recognizing internal feelings (e.g., sense of hopelessness, sudden irritability, feeling numb) and external behaviors (e.g., withdrawing from friends, changes in sleep or appetite, increased restlessness). Understanding these precursors is the first step in activating the plan.

- **Develop internal coping strategies:** This step focuses on listing self-soothing and constructive activities the student can do *independently* to manage uncomfortable feelings before they escalate. These internal coping strategies should be readily available and require no one else's assistance. Examples include deep breathing exercises, mindfulness techniques, listening to a specific playlist, engaging in a favorite hobby or journaling. The plan should list several diverse options to ensure the student has a tool for different settings and moods.
- **Identify supportive social resources (people to ask for help):** The plan must clearly outline a hierarchy of trusted individuals the student can reach out to when internal coping strategies are insufficient. This list should be organized by availability and relationship. It typically includes the following.
    - **Immediate contacts:** family members or close personal friends (other students should not have active roles but can be listed as supports that the student feels comfortable in reaching out to)
    - **School contacts:** specific, designated support staff members (e.g., school counselor, a trusted teacher, the school nurse) with clear instructions on where/how to find them and their role(s)
    - **External/community contacts:** National and/or local crisis hotlines, text lines and emergency services (e.g., SafeUT,988, 911) provide 24/7 access to professional help
- **Establish environmental safety**
    - The plan should briefly address steps to ensure a safe physical environment, if relevant. This may involve identifying safe places at home or school where the student can retreat and asking about access to lethal means to ensure appropriate controls are in place (in consultation with parents/guardians where necessary and appropriate).
- **Schedule regular check-ins and follow-up**
    - The safety plan is a living document, not a one-time assignment. The final and crucial step is to schedule regular, planned check-ins with support staff, the student, and the parent. These meetings serve multiple purposes.
        - **Monitoring:** assess the student's current mental state and any recent use of the plan
        - **Revision:** review which strategies worked and which did not, allowing the plan to be refined and adapted as the student's needs or environment change

- **Reinforcement:** strengthen the collaborative relationship and ensure the student feels supported and held accountable for their well-being. The frequency of these check-ins should be determined based on the students' assessed risk level and stability, often starting weekly or bi-weekly, and then decreasing as stability improves.

Reintegration Plans

Reintegration plans are essential, formalized documents and processes designed to facilitate the successful return of a student after a disciplinary removal involving a violent felony or weapon offense. Utah Code Section 53G-8-213 and USBE's Reintegration Plan Meeting Form provide detailed guidance about these plans.

Step 2. Documentation and Progress Monitoring

A robust system for documentation and progress monitoring is essential to ensure the fidelity, effectiveness, and sustainability of the SBMH implementation framework. This section outlines the critical components for systematically capturing data, tracking intervention progress, and utilizing this information for continuous program improvement.

Key Components of Documentation

- **Service Delivery Logs**
  - Comprehensive logs must be maintained for all mental health services delivered. These include the following.
    - **Student identification:** unique identifiers to protect privacy (e.g., student ID number, not name)
    - **Date and duration of service:** accurate recording of when and for how long the service was provided
    - **Type of intervention:** clear classification of the service (e.g., individual counseling, group counseling, classroom-based skill building, consultation)
    - **Provider:** identification of the staff member who delivered the service

        - **Setting:** where and when the service took place (e.g., counseling office, virtual)
- **Fidelity checklists:** Documentation to confirm that interventions are being delivered as intended (i.e., with fidelity). Providers and supervisors should regularly complete these checklists to ensure the core components of evidence-based practices are maintained.
- **Tiered referral and intake forms:** Standardized forms that document the initial referral source, reason for referral, consent for services, and the outcome of the intake assessment, leading to placement within a specific tier of support (1, 2 or 3).
- **Treatment/intervention plans:** Individualized plans for students receiving Tier 2 and 3 supports. These documents should clearly state:
    - Presenting concerns and baseline data
    - Measurable, time-bound goals (e.g., SMART goals)
    - Specific interventions and strategies to be employed
    - Criteria for successful completion or modification of the plan
- **Technology and infrastructure**: The documentation and monitoring system should be supported by secure, accessible technology (e.g., a centralized student information system or a secure mental health data platform) that ensures compliance with all relevant privacy regulations, including FERPA and HIPAA, where applicable. Training for all staff on data entry, security protocols, and data interpretation is vital.

KEY COMPONENTS OF PROGRESS MONITORING

- **Data collection tools**
    - Employ reliable and valid tools to measure student progress toward their established goals. Examples include the following.
        - **Direct behavior rating (DBR):** brief, repeatable ratings of specific behaviors
        - **Curriculum-based measurement:** quick, standardized probes of skills
        - **Rating scales:** standardized parent, teacher and self-report measures of internalizing and externalizing behaviors administered pre- and post-intervention
        - **Goal attainment scaling (GAS):** method for customizing outcome measures to individual goals

- **Regular data review and analysis:** systematic schedule must be established for reviewing progress monitoring data (e.g., weekly, bi-weekly).
    - **Individual student review:** data is used to inform real-time adjustments to a student's intervention plan (data-based decision-making
    - **Aggregate program evaluation:** Data is aggregated at the school and district level to assess the overall impact, efficiency, and effectiveness of the SBMH framework. This includes reviewing referral rates, waiting times, completion rates, and outcome data for all tiers.
- **Data-informed decision making:** The core function of progress monitoring is to drive informed decisions. Data should be used to:
    - Determine if an intervention is working and should be continued
    - Identify when an intervention needs to be intensified, modified, or faded
    - Determine when a student is ready to transition to a less intensive tier of support
    - Identify school-wide trends and areas where Tier 1 (universal) supports need strengthening

By integrating rigorous progress monitoring and data-informed decision-making at every level, schools can ensure that interventions are tailored to individual student needs while also advancing systemic improvements.[33,34] The commitment to regular data review, secure technology, and ongoing staff training not only supports compliance but also promotes a culture of continuous improvement. Together, these efforts pave the way for sustainable, effective mental health supports that benefit both students and the broader school community.

[33] Putnam, et al. (2013). *Selecting mental health interventions.*
[34] Eber, et al. (2019). *Advancing Education Effectiveness*.

SUMMARY

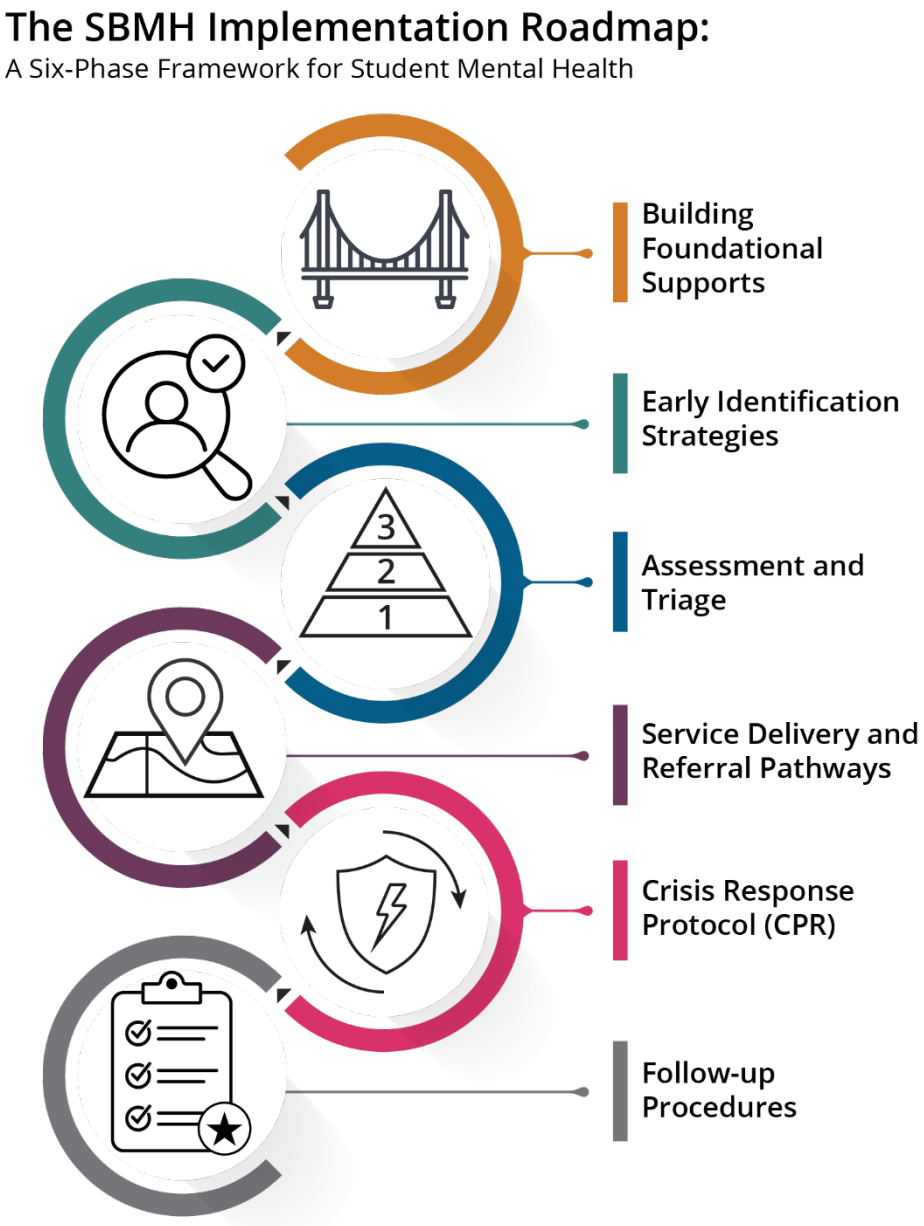
The SBMH Implementation Framework for Mental Health Supports is designed to foster a supportive, responsive environment that enhances the well-being of students and the broader school community. Through systematic progress monitoring, data-informed decision-making, and tailored interventions, the framework ensures that individual needs are met while also strengthening overall program effectiveness.[35,36] By prioritizing regular data review, secure technology practices, and ongoing staff training, schools are empowered to continuously improve their mental health supports. Ultimately, this comprehensive approach not only addresses immediate student concerns but also creates lasting, positive outcomes that extend to the entire school community, paving the way for healthier, happier students and families. Importantly, the implementation framework is an integral part of the broader behavioral health system, connecting SBMH service providers with LEA-level initiatives, community resources, and the statewide behavioral health infrastructure. This alignment ensures that supports are coordinated, sustainable, and responsive to the needs of all stakeholders, reinforcing a seamless continuum of care from the individual student to the community and state levels.[37,38]

[35] Putnam, et al. (2013). *Selecting mental health interventions.*
[36] Eber, et al. (2019). *Advancing Education Effectiveness.*
[37] Guttman-Lapin, et al. (2015). *SMHRP Toolkit*.
[38] NCSMH. (2023). *School mental health quality guide: Early intervention*.

APPENDICES

APPENDIX A: SCHOOL-BASED MENTAL HEALTH FRAMEWORK ROADMAP

This roadmap outlines a six-phase approach for building and sustaining comprehensive student mental health supports. Each phase represents a connected component of a larger system designed to promote prevention, early intervention, coordinated care, crisis response, and ongoing student support. The sections that follow describe each phase in greater detail, including key practices and implementation considerations for schools.



Phase 1: Building Foundational Supports

Strong school-based mental health systems begin with a solid foundation. This phase focuses on establishing the structures, partnerships, and shared commitments necessary to support long-term implementation and sustainability.
Schools should prioritize collaboration, leadership support, and clearly defined goals to ensure mental health initiatives are integrated into the broader school environment rather than treated as standalone efforts.

Assemble a Multidisciplinary Team

Form a multidisciplinary team that may include administrators, teachers, school counselors, social workers, psychologists, students, and families to ensure diverse perspectives and sustainable ownership.

Cultivate Continuous Buy-In

Secure administrative support and foster a school-wide commitment to mental health as a shared responsibility.

Establish SMART Goals

Create goals that are:

- Specific
- Measurable
- Achievable
- Relevant
- Time-bound

Phase 2: Early Identification Strategies

Early identification helps schools recognize student needs before concerns escalate into more significant academic, behavioral, or mental health challenges. This phase emphasizes proactive screening, observation, and referral practices that support timely intervention.

Effective identification strategies rely on appropriate tools, clear consent procedures, and collaboration among educators, families, and support staff to ensure students receive the right level of support as early as possible.

Select Appropriate Screening Tools

Use:
"Wide-net" screening tools for universal identification
More targeted diagnostic tools for specific clinical assessments

Implement Consent Protocols

Establish clear parental consent procedures that comply with state laws and FERPA/HIPAA requirements.

Phase 3: Assessment and Triage

Once concerns are identified, schools must determine the level and type of support needed. This phase focuses on assessing student needs, prioritizing interventions, and matching students with appropriate services through a tiered support approach. Assessment and triage processes should be comprehensive, culturally responsive, and grounded in evidence-based practices to ensure interventions align with each student's unique strengths and needs.

Conduct Comprehensive Problem Analysis

Define student concerns in measurable terms. Use specific descriptions rather than vague statements (e.g., describe observable behaviors instead of simply stating a student is "anxious").

Apply the MTSS Framework

Provide:

- Tier 1 (Universal) supports
- Tier 2 (Targeted) interventions
- Tier 3 (Intensive) services

Match supports to the severity and nature of student needs.

Use Evidence-Based Interventions (EBPs)

Prioritize interventions that are culturally appropriate and responsive to students' linguistic, social, and developmental needs.

Phase 4: Service Delivery and Referral Pathways

Schools play an important role in connecting students and families to both internal supports and community-based services. This phase outlines the systems and partnerships needed to coordinate care and reduce barriers to accessing support. Effective referral pathways promote communication, continuity of care, and trust between schools, families, and service providers while ensuring students receive timely and appropriate assistance.

Map Internal and External Pathways

Develop clear pathways to connect students and families with:

- School-based services
- Community mental health providers
- External agencies and partners

Formalize partnerships through Memorandums of Understanding (MOUs) when appropriate.

Address Barriers to Access

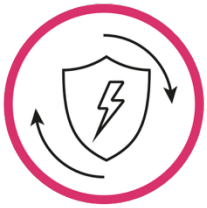
Create systems that reduce barriers such as:

- Transportation
- Scheduling
- Language access
- Family engagement challenges

Utilize "Warm Hand-Offs"

Introduce students and families directly to service providers whenever possible to build trust and improve continuity of care.

Phase 5: Crisis Response Protocol (CRP)



Schools must be prepared to respond quickly and effectively when students experience acute mental health crises or safety concerns. This phase establishes procedures for assessing risk, ensuring immediate safety, and coordinating appropriate intervention and support. Clear crisis response protocols help staff respond consistently, reduce uncertainty during high-risk situations, and prioritize student safety and stabilization.

Stay Calm and Ensure Immediate Safety

Never leave a student alone during acute distress. Remove access to means of self-harm and involve the school crisis team immediately.

Ask Directly About Suicide Risk

Use clear, direct, and nonjudgmental language to assess:

- Suicidal thoughts
- Plans
- Means
- Intent

Example: "Are you thinking about killing yourself?"

Take Action Based on Risk Level

Respond according to the level of risk:

- **High risk:** immediate emergency response and parent/guardian notification
- **Moderate risk:** safety planning and increased monitoring
- **Lower risk:** referral and follow-up supports

Use district protocols and available crisis resources as appropriate.

Phase 6: Follow-Up Procedures

Ongoing support and monitoring are essential after a crisis response or intervention has occurred. This phase focuses on re-entry planning, collaborative safety planning, and reviewing the effectiveness of services and supports.

Consistent follow-up helps schools maintain continuity of care, address ongoing needs, and support students as they transition back into their academic and social environments.

Develop "Return to Learn" Plans

Support successful re-entry following a crisis by:

- Identifying learning gaps
- Providing academic accommodations
- Designating safe spaces and trusted adults

Collaborative Safety Planning

Work with students and families to identify:

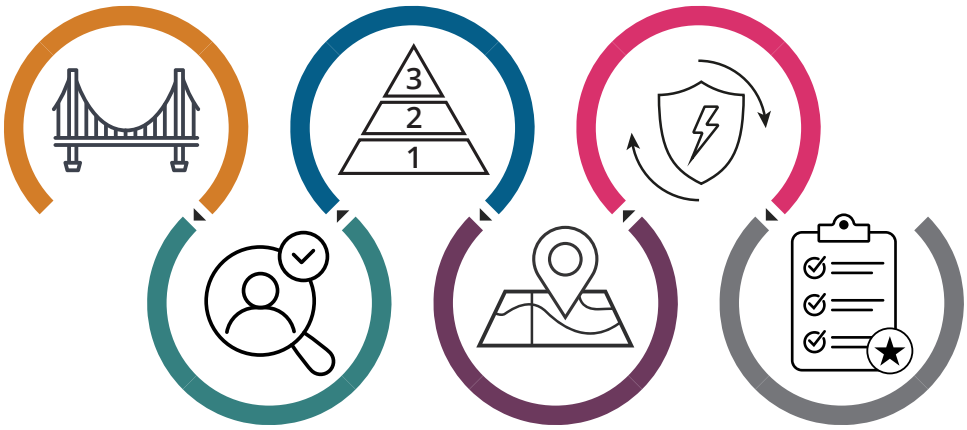
- Warning signs
- Coping strategies
- Support contacts
- Safety resources

Monitor Progress and Fidelity

Review service delivery regularly and use fidelity checks to ensure interventions are implemented consistently and effectively.

APPENDIX B: SCHOOL-BASED MENTAL HEALTH FRAMEWORK CHECKLIST

This checklist outlines the phases and key steps of the School-Based Mental Health (SBMH) Framework. It is intended to support SBMH leaders and service providers in implementing a comprehensive school-based mental health system. Refer to the SBMH Implementation Framework for additional guidance on completing each step.



School-based Mental Health Framework Roadmap

Phase 1 | Build Foundational Supports

- [ ] Build a Team for Sustainable Mental Health Supports
- [ ] Generate Buy-In and Cultivate Continuous Support
- [ ] Create SMART Goals: Establish a Clear Vision for mental Health Supports

Things To Start Doing	Things To Stop Doing

Things to Keep Doing

Staff and Timeline

Phase 2 | Early Identification Strategies

- [ ] Determine Consent Processes: Establishing Ethical and Legal Participation
- [ ] Establish Secure Protocols for Data Gathering, Management, and Analysts
- [ ] Develop Administration Processes

Things To Start Doing

Things To Stop Doing

Things to Keep Doing

Staff and Timeline

Phase 3 | Assessment and Triage

- [ ] Conduct Comprehensive Problem Analysis
- [ ] Selecting and Implementing effective, Evidence-Based Interventions

Things To Start Doing

Things To Stop Doing

Things to Keep Doing

Staff and Timeline

Phase 4 | Service Delivery and Referral Pathways

- [ ] Define Scope and Purpose of the Pathway
- [ ] Ensure Continuity and Equitable Access
- [ ] Establish Inter-Agency Collaboration and Formal Agreements
- [ ] Document, Distribute and Evaluate the Pathway

Things To Start Doing

Things To Stop Doing

Things to Keep Doing

Staff and Timeline

Phase 5 | Crisis Response Protocols

- [ ] Stay Calm and Ensure Immediate Safety
- [ ] Listen Actively, Empathetically, and Non-Judgmentally
- [ ] Ask Directly About Suicide
- [ ] Assess Imminent Risk
- [ ] Report and Document

Things To Start Doing

Things To Stop Doing

Things to Keep Doing

Staff and Timeline

Phase 6 | Follow-Up Procedures

- [ ] Comprehensive Process for Re-Entry and Academic Success
- [ ] Documentation and Progress Monitoring

Things To Start Doing

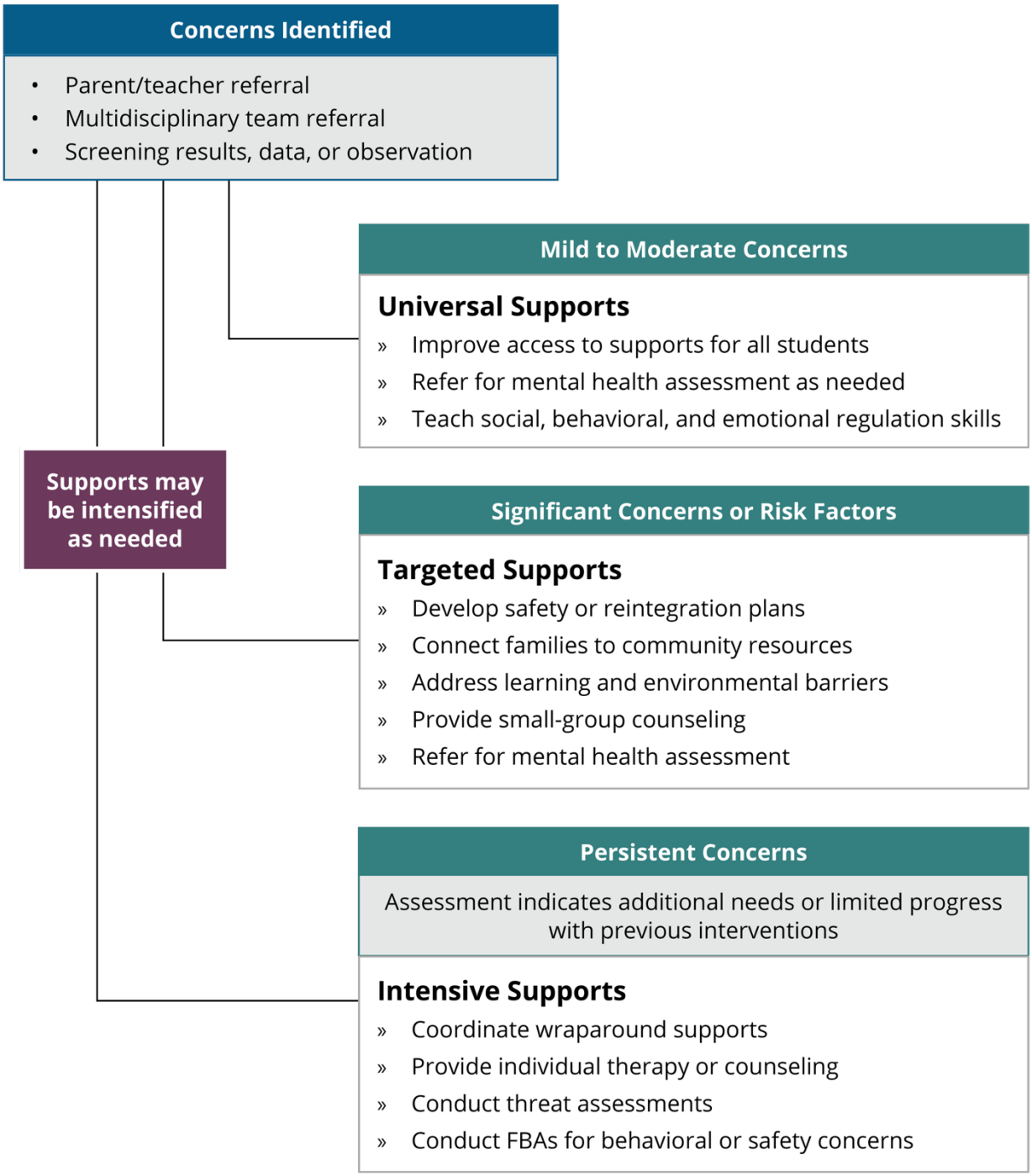
Things To Stop Doing

Things to Keep Doing

Staff and Timeline

Notes

APPENDIX C: SCHOOL-BASED MENTAL HEALTH SERVICES DECISION TREE MAP EXAMPLE



How to Use the Decision Tree

The decision tree begins when a concern about a student is identified through a parent or teacher referral, multidisciplinary team referral, or screening data and observations.

Students experiencing mild to moderate concerns may receive universal supports, including classroom-based interventions, skill development, and referrals for additional assessment as needed.

Students with significant concerns or risk factors may receive targeted supports, such as safety planning, small-group counseling, and connections to community resources.

If concerns persist or assessments indicate additional needs, supports may be intensified and students may move to intensive supports. Intensive supports may include wraparound services, individual counseling or therapy, threat assessments, and Functional Behavioral Assessments (FBAs). Student needs should continue to be monitored so supports can be adjusted based on progress and level of need. This decision tree map is an example. LEAs should adapt it to their policies, procedures, services, and community resources.

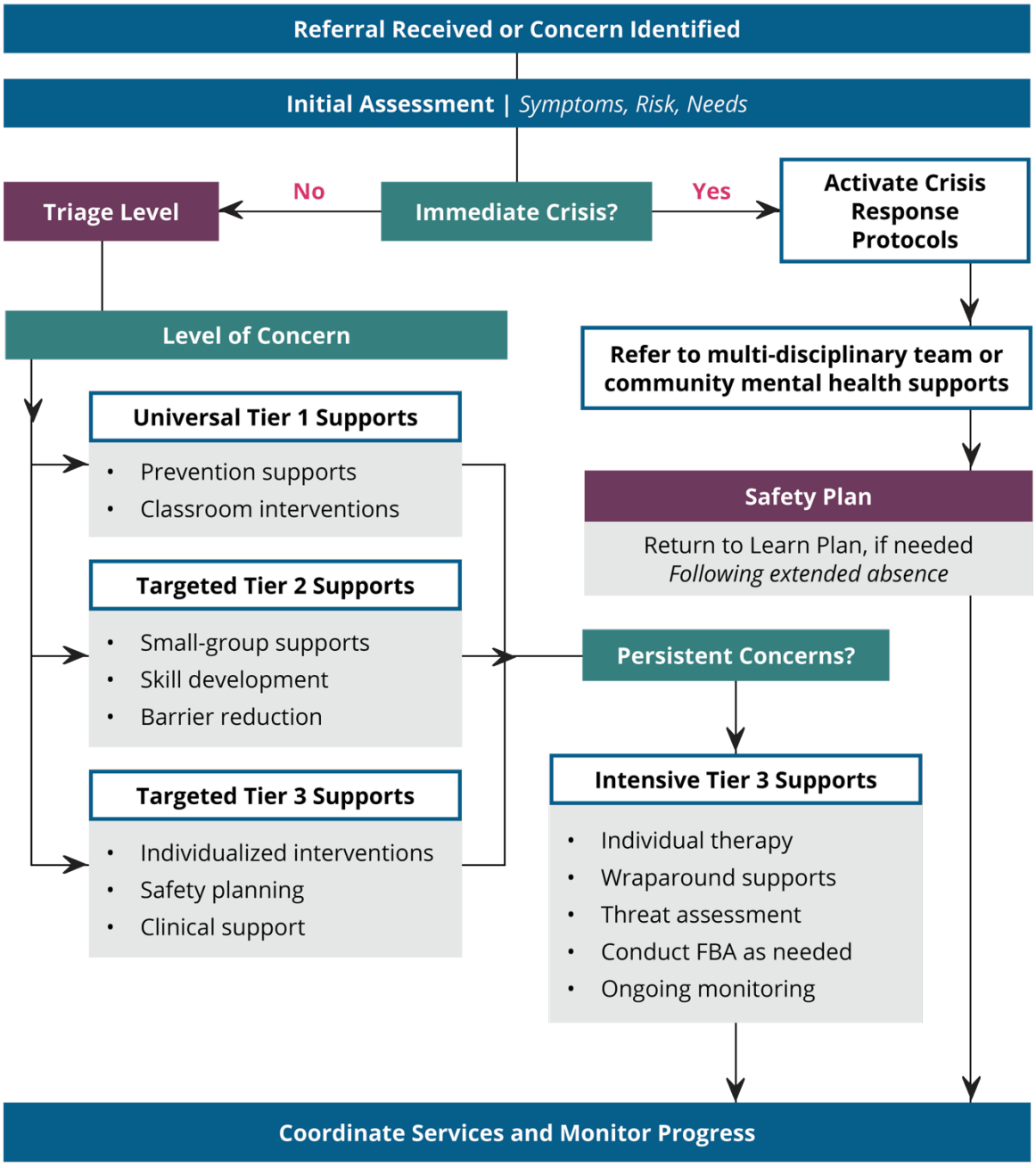
APPENDIX D: SCHOOL-BASED MENTAL HEALTH REFERRAL PATHWAY EXAMPLE

The SBMH services flowchart outlines the general process for responding to student mental health concerns within a school-based mental health framework. The process begins when a referral is received or a concern is identified, followed by an initial assessment to evaluate symptoms, level of risk, and student needs. Students experiencing an immediate crisis should follow established crisis response protocols. Based on the level of concern, students may receive universal, targeted, or intensive supports. If concerns persist, students may move to higher levels of intervention and support. Schools should continue coordinating services and monitoring student progress to ensure supports remain appropriate and responsive to student needs. This referral pathway is an example. LEAs should adapt it to their policies, procedures, services, and community resources.

SBMH Services Flowchart Process

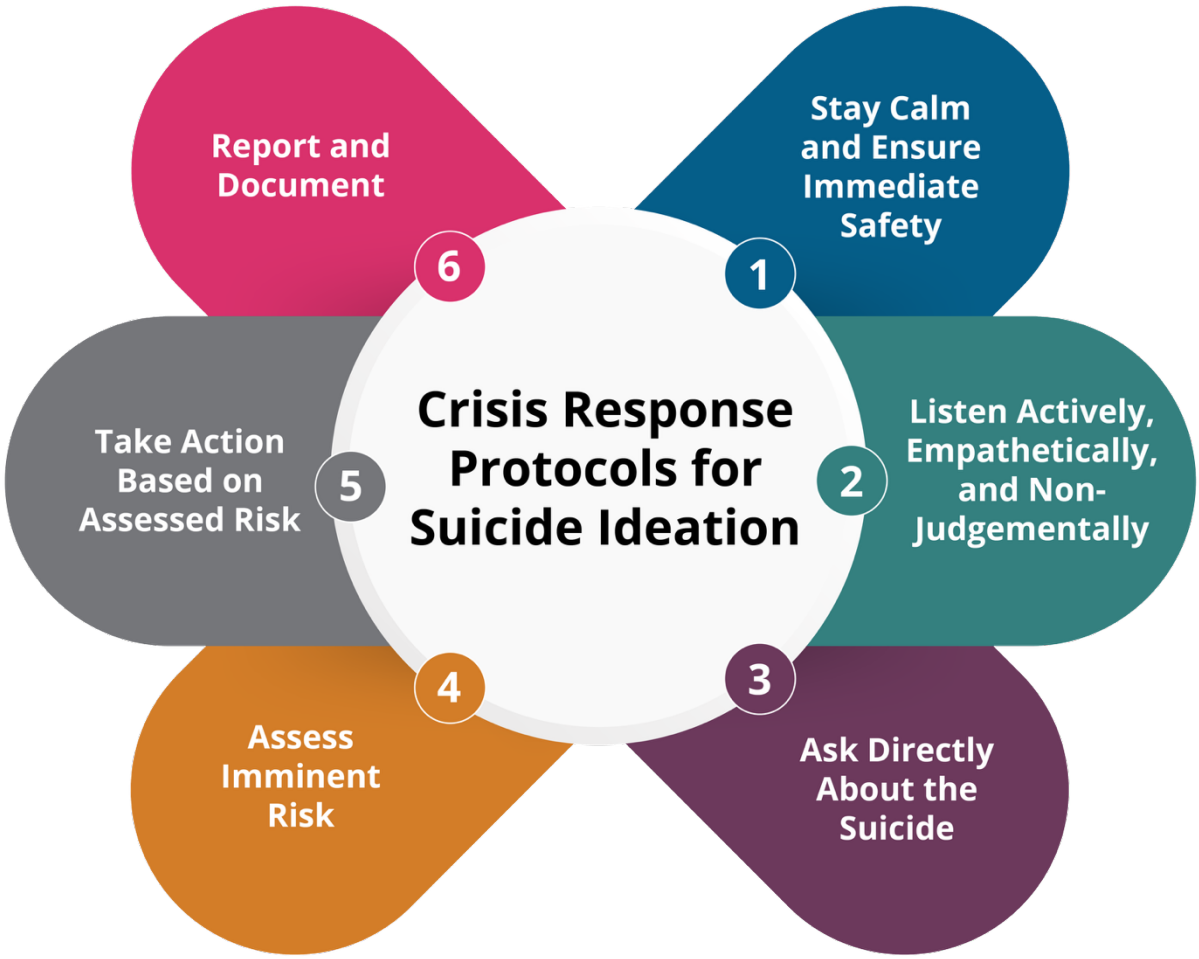
1. A referral is received or a concern is identified
2. An initial assessment is conducted to evaluate symptoms, risk, and student needs
3. Determine whether the student is experiencing an immediate crisis
    i. If yes, activate crisis response protocols
    ii. If no, continue determining the appropriate level of support
4. Determine the severity of the student's concern, match the student with the appropriate SBMH professional, and decide whether outside mental health services should be recommended.
5. Students with lower levels of concern may receive universal Tier 1 supports, including prevention supports and classroom interventions
6. Students requiring additional intervention may receive targeted Tier 2 supports, including small group supports, skill development, and barrier reduction strategies
7. Students with persistent or elevated concerns may receive targeted Tier 3 supports, including individualized interventions, safety planning, and individual counseling or therapy
8. Students with significant or ongoing needs may receive intensive Tier 3 supports, including individual therapy, wraparound supports, threat assessments, and Functional Behavioral Assessments (FBAs)

9. Students may also be referred to a multidisciplinary team or community mental health supports when appropriate
10. Schools should continue coordinating services, monitoring progress, and adjusting supports based on student needs
11. A safety plan may be needed after a crisis or significant intervention
12. Return-to-learn planning should be implemented after an extended absence due to physical or mental illness



APPENDIX E: SUICIDE IDEATION CRISIS RESPONSE PROTOCOL

The following crisis response protocol is designed to help school personnel respond appropriately and safely when a student expresses suicidal ideation or exhibits signs of significant emotional distress. The protocol emphasizes immediate safety, compassionate communication, risk assessment, and connection to ongoing supports and resources.



The graphic above provides a general overview of the crisis response process. The following sections outline recommended response procedures and considerations for each step.

Step 1: Stay Calm and Ensure Immediate Safety

- Don't leave someone alone if they're in acute distress or have recently attempted self-harm or expressed suicidal ideation
- Contact SBMH staff, the crisis team or MCOT for support
- Make sure the environment is safe and remove any means of self-harm if needed
- Stay calm to help de-escalate the situation

Step 2: Listen Actively, Empathetically, and Non-Judgmentally

- Use open and supportive statements:
  - “I'm here for you."
  - "I'm concerned about you."
  - "Can you tell me more about what's going on?"
- Validate their feelings without validating the harmful behavior:
  - "It sounds like you are in a tremendous amount of pain right now."
  - "I can hear how overwhelmed you are."
- Avoid minimizing their feelings, lecturing, debating, or offering simplistic solutions

Step 3: Ask Directly About Suicide

- Only staff trained in suicide risk assessment should perform this step, as proper training ensures accurate and sensitive evaluation. Use evidence-based tools to assess risk.
- Direct questioning is crucial. Do not use vague terms. Examples include:
  - "Are you thinking about killing yourself or ending your life?" "
  - Have you ever tried to harm yourself or end your life before?".
  - “Do you have a plan to kill yourself?" (What, where, when?)
- Means: "Do you have access to what you would use?"
- Intent/timing: "Do you intend to act on this plan? How likely is it that you might act on these thoughts? When do you think you might do this?"

Step 4: Assess Imminent Risk

- **High imminent risk:** specific plan, accessible access to lethal means, clear intent to act soon, recent attempt, extreme agitation or hopelessness
- **Moderate/lower imminent risk** (any risk is still serious and requires intervention): suicidal thoughts without a clear plan or immediate intent, or self-harm that is not immediately life-threatening but indicates significant distress and requires intervention

Step 5: Take Action on Imminent Risk

- **High imminent risk**: Immediately inform parents, administration and/or designated crisis response personnel within your school. Contact a crisis hotline (e.g., 988 Suicide & Crisis Lifeline – call or text) for guidance, and access direct emergency services. Create a safety plan.
- **Moderate/lower imminent risk**: Encourage and help facilitate connection with professional help. Provide information on crisis lines and mental health resources within the community. Create a safety plan.

Step 6: Report and Document

- **Follow up (follow all school policies and procedures):**
    - Complete incident reports, noting risk level, actions, and notifications
    - Record event timelines, including assessments, interventions (safety plan), and communications with parents and resources provided
    - Keep all documentation confidential and share only with authorized personnel

All levels of risk should be addressed with seriousness. Adhere to state regulations, including Utah Code Section 53G-9-604. When a student expresses suicidal intent, parental notification and suicide prevention education, firearm safety and medication safety materials are required. These resources are accessible on USBE's Suicide Prevention website.