

The **School Behavioral Health Best Practice Guide** provides a compendium of evidence-based and best practices in school behavioral health. This guide serves as both a resource and a continuous quality improvement tool for school leaders and school teams interested in advancing the use of best practice standards. The goal of the School Behavioral Health Best Practice Guide is to support the implementation of a ***comprehensive school-based behavioral health system***.

A comprehensive school-based behavioral health system is a strategic collaboration between school personnel, community mental health providers, students and families to create a positive school culture that provides timely access to high-quality, reliable supports for children, youth, and their families. Teams offer a full array of trauma-informed, culturally-responsive, evidence-based tiered interventions to promote wellness, identify challenges early, and offer treatment services when necessary so that all children and youth succeed and thrive.

The School Behavioral Health Best Practice Guide contains four necessary components in the delivery of high-quality school behavioral health – multi-tiered system of supports (MTSS), data-driven decision-making (DDDM), family engagement (FAM), and community collaboration (COMM). Each of these domains is defined below.

Multi-tiered system of supports (MTSS):

A framework that includes evidence-based practices implemented across a system to meet the needs of all students but matched to student need and organized along a continuum of supports across three tiers:

- **Tier 1 (Universal)** services and supports are available to all students regardless of existing challenges, disabilities, or risk level for mental health problems. Interventions, delivered either school-wide, grade-level or classroom-based, include mental-health promoting activities, programs to reinforce the adoption of social and emotional competencies, and efforts to promote positive school climate and staff well-being.
- **Tier 2 (Targeted)** services and supports are intended for some students who have been identified, through screenings or other referral processes, as experiencing mild emotional distress or functional impairment. Early intervention services offered as part of this tier include small group counseling, brief or low-intensity interventions, or behavioral contracts.
- **Tier 3 (Intensive)** services and supports are intended for the relatively fewer number of students with diagnosable mental health concerns or who experience significant distress or functional impairment. Individualized treatment interventions as part of this tier include individual, family, or group therapy and typically also comprise students identified with special needs.

Data-driven decision-making (DDDM):

An ongoing process of collecting and analyzing different types of data, including demographic, student-level, school-level, satisfaction and process data to guide decisions towards improvement of intended outcomes

Family engagement (FAM):

Creating partnerships with families and sharing responsibility for student success in school. It involves families and school staff working together to support and improve the learning, development, and mental, behavioral and physical health of students throughout their school career. It enables families to have direct and meaningful input into both system level policies and practices and strategies for their own children.

Community collaboration (COMM):

Schools, families, and the surrounding community partnering and sharing responsibility for student success in and out of school. It involves making engagement a priority and establishing an infrastructure and common purpose as well as creating meaningful opportunities to partner so that all students receive high-quality academics, enrichment, and mental, behavioral, and physical health and social services.

The School Behavioral Health Best Practice Guide contains a total of 69 items (best practices). They each include descriptive information to assess whether the best practice is Fully Met, Mostly Met, Somewhat Met, and Not Met as a way to demonstrate the varying degrees of best practice use. General definitions of each level are provided below.

Score	General Definition
Fully Met	The school provides strong evidence of meeting or exceeding the best practice standard.
Mostly Met	The school provides strong evidence of implementing most of the best practice components, but is not implementing important aspects of the best practice.
Somewhat Met	The school provides some evidence of implementing the best practice, but demonstrates the need to develop this practice area substantially in order to fully meet the standard.
Not Met	The school does not provide any evidence of implementing the best practice.

Multi-Tiered System of Supports

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 1: The school has a plan about its multi-tiered supports that is aligned with the school improvement plan.			
<p>The school has a plan about its multi-tiered supports that is explicitly aligned with the school improvement plan and includes <u>all</u> of the following components:</p> <ul style="list-style-type: none"> • A continuum of academic and behavioral tiered supports, including a school-wide universal prevention approach • Assessment of the match between intensity of intervention to severity of student need • Ongoing evaluation of the quality and breadth of programs, interventions, or resources • Awareness of student and family diversity to identify appropriate strategies • Is informed by school staff, student, family, and community input 	<p>The school has a plan about its multi-tiered supports that is explicitly aligned with the school improvement plan and <u>addresses at least two</u> of the following components:</p> <ul style="list-style-type: none"> • A continuum of academic and behavioral tiered supports, including a school-wide universal prevention approach • Assessment of the match between intensity of intervention to severity of student need • Ongoing evaluation of the quality and breadth of programs, interventions, or resources • Awareness of student and family diversity to identify appropriate strategies • Is informed by school staff, student, family, and community input 	<p>The school has a plan about its multi-tiered supports that is <u>not</u> explicitly aligned with the school improvement plan and addresses only <u>one</u> the components.</p>	<p>The school <u>does not</u> have a plan about its multi-tiered supports.</p>



Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 2: A student support team is established and has well-defined roles and processes.			
<p>The school has adopted <u>all</u> of the following practices:</p> <ul style="list-style-type: none"> • The school identifies a cross-disciplinary student support team of 6-8 members with varying specialized skills (e.g., administrators, general and special education teachers, content area experts, instructional support staff, student support personnel, community providers, school nurse, families, etc.) and establishes clear roles and responsibilities for all members. • The team consistently holds meetings (more than 1x/month) • The team has clearly defined procedures with agendas and minutes and follows clear decision rules when recommending interventions • The team has a formal process for inviting and welcoming families to team discussions and planning 	<p>The school has a cross-disciplinary student support team with 3–5 members <u>but</u> it is heavily represented by special education and school mental health providers. The team holds regular meetings (at least 1x/month) and the team has defined procedures and decision rules for recommending interventions. Sometimes families are invited to discussions about their child.</p>	<p>The school has a student support team with <u>limited</u> representation from diverse professionals. The team holds <u>occasional</u> meetings (less than 1x/month), but the procedures are not clear (there is rarely an agenda or minutes and the decision rules are not very clear).</p>	<p>The school has a student support team on paper, but it <u>rarely or never</u> meets, with sole representation from special education and school mental health staff, and where no written procedures are available.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 3: The school has adequate providers to deliver counseling, social work, and psychological services to students.			
<p>All of the following provider ratios are met <u>and</u> provider roles are well coordinated :</p> <ul style="list-style-type: none"> • At least one school counselor for every 250 students • At least one school social worker for every 250 general education students. Lower ratios are recommended (1:50) when providing services to students with intensive needs • At least one school psychologist for every 700 students 	<p>The school has access to all three roles (school counselor, school social worker, and school psychologist), <u>but</u> does not meet <u>all</u> provider ratios.</p>	<p>The school has access to all three roles (school counselor, school social worker, and school psychologist), <u>but</u> does not meet provider ratios for <u>any</u> of the roles.</p>	<p>The school <u>does not</u> have access to all three provider roles.</p>
MTSS 4: The school delivers the full range of tiered supports to students and families.			
<p>The school delivers adequate levels of <u>all</u> of the following services for <u>all</u> students:</p> <ul style="list-style-type: none"> • School-wide mental health promotion and prevention • Classroom-based mental health promotion and prevention • Early intervention and small group counseling/sessions • One on one counseling/sessions • Crisis intervention • Programs, services, and supports for families 	<p>The school delivers <u>some</u> of the following services for <u>all</u> students:</p> <ul style="list-style-type: none"> • School-wide mental health promotion and prevention • Classroom-based mental health promotion and prevention • Early intervention and small group counseling/sessions • One on one counseling/sessions • Crisis intervention • Programs, services, and supports for families 	<p>The school <u>either</u> conducts one-on-one or small group counseling but provides no prevention-related interventions, <u>or</u> it conducts prevention-related interventions <u>but does not</u> provide counseling or therapeutic services.</p>	<p>The school <u>does not</u> deliver adequate levels of any of the services required to fully meet the standard.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 5: Mental health providers collaborate with other school staff to promote student health and safety.			
<p>School mental health providers regularly collaborate with a variety of school staff to jointly develop and implement a continuum of interventions, as evidenced by <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Individualized plans to address student mental health problems • School-wide and classroom activities to promote student health and safety and foster positive school climates • Professional development on behavioral interventions • School improvement plans relevant to student health and safety 	<p>School mental health providers regularly collaborate with a variety of school staff to jointly develop and implement a continuum of interventions, as evidenced by <u>some</u> of the following:</p> <ul style="list-style-type: none"> • Individualized plans to address student mental health problems • School-wide and classroom activities to promote student health and safety and foster positive school climates • Professional development on behavioral interventions • School improvement plans relevant to student health and safety 	<p>School mental health providers collaborate with a <u>few</u> other school staff or with <u>only</u> mental health staff to jointly develop and implement a specific intervention, plan, strategy or program but not a continuum of interventions.</p>	<p>School mental health providers <u>do not</u> collaborate with other school staff to develop or implement student health interventions.</p>
MTSS 6: The school assesses school community assets and needs to plan mental health promotion and prevention activities.			
<p>The school ensures mental health promotion and prevention activities address school community assets and needs by utilizing <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Use surveys or universal screening data to plan and evaluate Tier 1 activities • Actively involve families, community providers, and staff to identify the needs and determine appropriate prevention activities • Implement culturally-appropriate interventions 	<p>The school uses data to align health promotion and prevention activities with school community assets and needs and involves input from <u>some</u> stakeholder groups, but the data <u>does not</u> adequately reflect the entire school population and the interventions may not be culturally-appropriate for all students.</p>	<p>The school uses anecdotal information to attempt to align health promotion and prevention activities with school community assets and needs, but key stakeholders are <u>not</u> actively involved in determining appropriate activities and few/no cultural considerations are made.</p>	<p>The school <u>does not</u> take explicit steps to align activities with school community assets and needs.</p>



Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 7: The school implements a systematic approach for referring students for appropriate services.			
<p>The school implements <u>all</u> of the following practices:</p> <ul style="list-style-type: none"> • Referral forms are easy to access and submit confidentially • A designated staff member promptly reviews referral forms and conducts initial screenings • Case management to ensure students are referred to, and receive, appropriate services • A system tracks intervention process and evaluation data for students who receive services • All staff are trained in how to identify and refer students for behavioral health support 	<p>The school implements referral practices, including making referral forms available, having a designated staff to review forms and conduct screenings, <u>but</u> case management is not available and there is no system to track intervention process or evaluation data for students who receive services.</p>	<p>The school makes referral forms available and has staff conduct screenings, <u>but</u> no designated staff is assigned to review forms, case management is not available and there is no system to track intervention process or evaluation data for students who receive services.</p>	<p>The school <u>does not</u> implement a systematic approach for referring students to services and tracking when they receive it.</p>
MTSS 8: The school regularly monitors individual student-level and school-wide progress across all tiers.			
<p>The school performs <u>all</u> of the following activities:</p> <ul style="list-style-type: none"> • Measures student well-being using either surveillance, school climate surveys, or universal screening tools at least once per year • At least monthly monitoring of students receiving Tier 2 intervention • At least weekly monitoring for students receiving Tier 3 intervention 	<p>The school performs <u>two</u> of the following activities:</p> <ul style="list-style-type: none"> • Measures student well-being using either surveillance, school climate surveys, or universal screening tools at least once per year • At least monthly monitoring of students receiving Tier 2 intervention • At least weekly monitoring for students receiving Tier 3 intervention 	<p>The school performs <u>one</u> of the following activities:</p> <ul style="list-style-type: none"> • Measures student well-being using either surveillance, school climate surveys, or universal screening tools at least once per year • At least monthly monitoring of students receiving Tier 2 intervention • At least weekly monitoring for students receiving Tier 3 intervention. 	<p>The school <u>does not</u> systematically track student-level or overall progress across tiers.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 9: The leadership team assesses the fidelity of MTSS implementation.			
<p>The leadership team regularly performs <u>all</u> of the following actions:</p> <ul style="list-style-type: none"> • Evaluate the performance and impact of multi-tiered interventions on student outcomes • Assess the fidelity of classroom practices to school-wide practices • Ask students, staff, community providers, and families for feedback on interventions provided • Develop action plans to improve intervention implementation and resource allocation 	<p>The leadership team regularly performs <u>two</u> of the following actions:</p> <ul style="list-style-type: none"> • Evaluate the performance and impact of multi-tiered interventions on student outcomes • Assess the fidelity of classroom practices to school-wide practices • Ask students, staff, community providers, and families for feedback on interventions provided • Develop action plans to improve intervention implementation and resource allocation 	<p>The leadership team regularly performs <u>one</u> of the following actions:</p> <ul style="list-style-type: none"> • Evaluate the performance and impact of multi-tiered interventions on student outcomes • Assess the fidelity of classroom practices to school-wide practices • Ask students, staff, community providers, and families for feedback on interventions provided • Develop action plans to improve intervention implementation and resource allocation 	<p>The leadership team <u>does not</u> regularly perform any actions to assess fidelity.</p>
MTSS 10: The school communicates the multi-tiered intervention strategy and outcomes to its stakeholders.			
<p>The school <u>regularly</u> communicates its multi-tiered intervention strategy and associated outcomes to school staff, students, families and partners by doing <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Sharing school climate and improvement reports on progress towards benchmarks • Ensuring that procedures for submitting referral forms for interventions are clear and readily accessible • Providing information about school and community services 	<p>The school <u>occasionally</u> communicates its multi-tiered intervention strategy and associated outcomes to school staff, students, families and partners by doing <u>some</u> of the following:</p> <ul style="list-style-type: none"> • Sharing school climate and improvement reports on progress towards benchmarks • Ensuring that procedures for submitting referral forms for interventions are clear and readily accessible • Providing information about school and community services 	<p>The school <u>rarely</u> communicates its multi-tiered intervention strategy and associated outcomes <u>or</u> only does so to some key stakeholders, <u>and</u> there is limited reporting on progress toward any benchmarks and information on referral procedures is missing or unclear.</p>	<p>The school <u>does not</u> communicate its multi-tiered intervention strategy to any key stakeholders.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 11: Professional development on student health and wellbeing is comprehensive and available to all staff.			
<p>School-based professional development (including training and coaching) on student health and wellbeing is organized and provided regularly (at least every other month) and includes <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Available to all teachers, administrators, support staff, school resource officers/security staff, health staff, families, volunteers, and community providers • Addresses the implementation of prevention, early identification, and treatment interventions • Addresses the impact of negative stereotypes and attitudes • Is linked to school climate efforts and school improvement goals • Is high quality and evidence-based 	<p>School-based professional development (including training and coaching) on student health and wellbeing is organized and provided occasionally (at least twice per year) and includes <u>some</u> of the following:</p> <ul style="list-style-type: none"> • Available to all teachers, administrators, support staff, school resource officers/security staff, health staff, families, volunteers, and community providers • Addresses the implementation of prevention, early identification, and treatment interventions • Addresses the impact of negative stereotypes and attitudes • Is linked to school climate efforts and school improvement goals • Is high quality and evidence-based 	<p>School-based professional development (including training and coaching) on student health and wellbeing is provided irregularly (no more than once per year) and includes <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Available to all teachers, administrators, support staff, school resource officers/security staff, health staff, families, volunteers, and community providers • Addresses the implementation of prevention, early identification, and treatment interventions • Addresses the impact of negative stereotypes and attitudes • Is linked to school climate efforts and school improvement goals • Is high quality and evidence-based 	<p>No school-based professional development about student behavioral health is offered.</p>



Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 12: The school community engages in practices that promote a positive school climate.			
<p>The school demonstrates a commitment to creating a positive school climate by actively ensuring <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Every student is connected to a caring and responsible adult in the school • Social norms in the school support responsible, positive, and respectful relationships among and between students, staff, and families • School fosters positive student relationships (e.g., allows time for socialization among students) • Staff greet each student by name 	<p>The school facilitates the development of a positive school climate by encouraging <u>some</u> of the following:</p> <ul style="list-style-type: none"> • Every student is connected to a caring and responsible adult in the school • Social norms in the school support responsible, positive, and respectful relationships among and between students, staff, and families • School fosters positive student relationships (e.g., allows time for socialization among students) • Staff greet each student by name 	<p>The school communicates a desire for a positive school climate and acknowledges the importance of practices to promote such a climate <u>but</u> does not actively facilitate or ensure consistency of those practices.</p>	<p>The school community <u>does not</u> engage in practices that promote a positive school climate.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 13: The school promotes emotional and physical safety with a focus on preventing suicide, violence, harassment, and bullying.			
<p>The school consistently implements <u>all</u> of the following policies and practices to ensure safety:</p> <ul style="list-style-type: none"> • Staff, students, and families receive regular communications through multiple channels defining bullying and harassment and detailing the consequences of these behaviors • All staff receive training on how to prevent and respond to harassment, bullying, violence, and suicide at least every two years • Students are encouraged and provided mechanisms to report bullying and harassment, including through anonymous methods • Staff provide active supervision throughout the school setting • Staff members take timely action to solve problems reported by students 	<p>The school consistently implements <u>some</u> of the following policies and practices to ensure safety:</p> <ul style="list-style-type: none"> • Staff, students, and families receive regular communications through multiple channels defining bullying and harassment and detailing the consequences of these behaviors • All staff receive training on how to prevent and respond to harassment, bullying, violence, and suicide at least every two years • Students are encouraged and provided mechanisms to report bullying and harassment, including through anonymous methods • Staff provide active supervision throughout the school setting • Staff members take timely action to solve problems reported by students 	<p>The school implements some policies and practices to ensure safety <u>but</u> communication about those policies and practices may be irregular or through limited channels, training is offered inconsistently and is not available to all staff, student reporting methods are unreliable and safety issues are not resolved in a timely manner.</p>	<p>The school <u>does not</u> consistently promote emotional and physical safety focusing on preventing harassment, bullying, violence, and suicide.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 14: School policies promote respectful relationships between staff, students, and families.			
<p>The school consistently implements <u>all</u> of the following policies and aligned actions to promote respect and positive relationships:</p> <ul style="list-style-type: none"> • Clear communication of values and expectations for student behavior to students and families • Discipline procedures support student learning and development of positive, safe, and respectful relationships • Policies promote positive and respectful behaviors in non-classroom settings (e.g., hallways, playground, during recreational and extracurricular activities) • Staff implement and enforce a clear and consistent code of conduct/discipline • School prohibits use of withholding physical activity, recess, or food as punishment • Schoolwide policies are regularly assessed and refined to ensure alignment with school climate goals 	<p>The school consistently implements <u>some</u> of the policies to promote respect and positive relationships between staff, students, and families <u>but</u> the policies are not regularly assessed to ensure alignment with school climate goals.</p>	<p>The school implements <u>few</u> of the policies to promote respect and positive relationships between staff, students, and families <u>but</u> the policies are not consistently implemented or enforced, communication is not clear and consistent, and there is no alignment with school climate goals.</p>	<p>The school <u>does not</u> implement policies to promote respectful relationships.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 15: The school focuses on adult well-being and offers staff wellness supports/programs.			
<p>The school assesses staff wellness needs and offers <u>most</u> of the following health and wellness supports to staff that are tailored to their needs and interests:</p> <ul style="list-style-type: none"> • Stress management or conflict resolution programs are accessible and offered free or at low-cost to all staff members • Wellness programs (e.g., physical activity/fitness, healthy eating, weight management) are accessible and offered free or at low-cost to all staff members • Staff members are provided or referred to counseling, psychological, or social services to promote their well-being 	<p>The school assesses staff wellness needs and offers <u>some</u> of the following health and wellness supports to staff that are tailored to their needs and interests:</p> <ul style="list-style-type: none"> • Stress management or conflict resolution programs are accessible and offered free or at low-cost to all staff members • Wellness programs (e.g., physical activity/fitness, healthy eating, weight management) are accessible and offered free or at low-cost to all staff members • Staff members are provided or referred to counseling, psychological, or social services to promote their well-being 	<p>The school offers <u>some</u> of the following health and wellness supports to staff <u>but</u> they are not tailored to their needs and interests:</p> <ul style="list-style-type: none"> • Stress management or conflict resolution programs are accessible and offered free or at low-cost to all staff members • Wellness programs (e.g., physical activity/fitness, healthy eating, weight management) are accessible and offered free or at low-cost to all staff members • Staff members are provided or referred to counseling, psychological, or social services to promote their well-being 	<p>The school <u>does not</u> offer any health-promoting activities to staff.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 16: Tier 1 school-wide strategies are integrated into classroom practices, the school culture, and evaluation processes.			
<p>All of the following aspects of Tier 1 strategies are implemented effectively:</p> <ul style="list-style-type: none"> • Clearly define school-wide expectations for learning and behavior and include high doses of corrective feedback • Link to classroom management practices • Link to Tier 1 academic content/instruction • Tie to school-wide behavior and social-emotional data • Teacher implementation of Tier 1 practices is monitored and incorporated in coaching, feedback cycles, or annual reviews 	<p>Three of the four aspects of Tier 1 strategies are implemented:</p> <ul style="list-style-type: none"> • Clearly define school-wide expectations for learning and behavior and include high doses of corrective feedback • Link to classroom management practices • Link to Tier 1 academic content/instruction • Tie to school-wide behavior and social-emotional data • Teacher implementation of Tier 1 practices is monitored and incorporated in coaching, feedback cycles, or annual reviews 	<p>Two of the four aspects of Tier 1 strategies are implemented:</p> <ul style="list-style-type: none"> • Clearly define school-wide expectations for learning and behavior and include high doses of corrective feedback • Link to classroom management practices • Link to Tier 1 academic content/instruction • Tie to school-wide behavior and social-emotional data • Teacher implementation of Tier 1 practices is monitored and incorporated in coaching, feedback cycles, or annual reviews 	<p>One or none of the four aspects are implemented.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 17: Teachers and mental health providers collaborate to teach social and emotional skills to all students.			
<p>Teachers and mental health providers collaborate to teach social and emotional skills to all students by doing <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Implementing an evidence-based SEL school-wide or classroom-based programs/curricula for all students, as well as SEL embedding language and concepts in the academic content and curriculum • Defining and teaching, prompting, and reinforcing desired student behaviors (e.g., self-management, responsible decision making, empathy, goal setting) • Fostering pro-social behavior (e.g., cooperation, conflict resolution, helping others, service learning) • Aligning discipline procedures with the goals of supporting students in their social and emotional learning and development • Ensuring programs/curricula are culturally and linguistically appropriate 	<p>Teachers and mental health providers collaborate to teach social and emotional skills to all students by implementing an evidence-based SEL school-wide or classroom-based programs/curricula for all students, <u>but</u> does not consistently reinforce or foster pro-social behaviors nor align discipline policies with the SEL approach.</p>	<p>School staff share information on social and emotional skills <u>but</u> do not implement an evidence-based SEL program/curricula. Desired skills are not effectively taught to students and discipline practices do not align with the goal of developing social and emotional competencies.</p>	<p>The school <u>does not</u> teach social and emotional skills to its students.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 18: School staff identify students in need of targeted supports and refer them to appropriate Tier 2 interventions.			
<p>Students are systematically identified for appropriate Tier 2 interventions through <u>all</u> of the following:</p> <ul style="list-style-type: none"> • From students, families, and teachers through team meetings, referrals, or rating scales • Observations of classroom behavior and interviews with teachers and other staff • Referral to appropriate Tier 2 services based on screening and a holistic assessment of student academic, emotional, and behavioral status 	<p>Students are systematically identified for appropriate Tier 2 interventions through <u>two</u> of the following:</p> <ul style="list-style-type: none"> • From students, families, and teachers through team meetings, referrals, or rating scales • Observations of classroom behavior and interviews with teachers and other staff • Referral to appropriate Tier 2 services based on screening and a holistic assessment of student academic, emotional, and behavioral status 	<p>Students are systematically identified for appropriate Tier 2 interventions through <u>one</u> of the following:</p> <ul style="list-style-type: none"> • From students, families, and teachers through team meetings, referrals, or rating scales • Observations of classroom behavior and interviews with teachers and other staff • Referral to appropriate Tier 2 services based on screening and a holistic assessment of student academic, emotional, and behavioral status 	<p>The school <u>does not</u> systematically identify students for appropriate Tier 2 services.</p>
MTSS 19: Tier 2 strategies are provided to improve students' behavior, social skills, and emotional regulation.			
<p>The school implements Tier 2 strategies that incorporate the following <u>four</u> aspects:</p> <ul style="list-style-type: none"> • Small groups of students to target specific areas of need (e.g., bereavement, anger management, targets of bullying) • Small group and individualized behavior supports include interventions that are evidence-based and culturally appropriate • Supports link to Tier 1 instruction and to academic content • Tie assessment/data sources directly to skills taught 	<p><u>Three</u> of the four aspects of Tier 2 strategies are implemented:</p> <ul style="list-style-type: none"> • Small groups of students to target specific areas of need (e.g., bereavement, anger management, targets of bullying) • Small group and individualized behavior supports include interventions that are evidence-based and culturally appropriate • Supports link to Tier 1 instruction and to academic content • Tie assessment/data sources directly to skills taught 	<p><u>Two</u> of the four aspects of Tier 2 strategies are implemented:</p> <ul style="list-style-type: none"> • Small groups of students to target specific areas of need (e.g., bereavement, anger management, targets of bullying) • Small group and individualized behavior supports include interventions that are evidence-based and culturally appropriate • Supports link to Tier 1 instruction and to academic content • Tie assessment/data sources directly to skills taught 	<p><u>One or none</u> of the four aspects of Tier 2 strategies are implemented.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 20: Tier 3 interventions are available, are well integrated with Tier 1 and 2 services, and link to the academic instruction.			
<p>The school implements Tier 3 strategies that incorporate the following <u>five</u> aspects:</p> <ul style="list-style-type: none"> • Are based on students’ needs across academic, behavior and social-emotional domains • Align with Tier 1 and Tier 2 instruction • Link to academic content/ instruction • Tie assessment/data sources directly to skills taught • Interventions are culturally and linguistically appropriate 	<p><u>Four</u> of the five aspects of Tier 3 strategies are implemented:</p> <ul style="list-style-type: none"> • Are based on students’ needs across academic, behavior and social-emotional domains • Align with Tier 1 and Tier 2 instruction • Link to academic content/ instruction • Tie assessment/data sources directly to skills taught • Interventions are culturally and linguistically appropriate 	<p><u>Two</u> of the five aspects of Tier 3 strategies are implemented:</p> <ul style="list-style-type: none"> • Are based on students’ needs across academic, behavior and social-emotional domains • Align with Tier 1 and Tier 2 instruction • Link to academic content/ instruction • Tie assessment/data sources directly to skills taught • Interventions are culturally and linguistically appropriate 	<p><u>One or none</u> of the five aspects of Tier 3 services are implemented.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
MTSS 21: The school has a written and rehearsed mental health crisis response plan.			
<p>The school has a written mental health crisis plan, including how to respond to student/staff death, that incorporates <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Information on prevention, response, recovery, and reentry post crisis • Steps for ensuring adequate care and student and staff safety • Clear instructions on contacting emergency service providers and guidance on transporting students to emergency care • Systems for contacting families and relevant staff members, including managing appropriate information-sharing • Is practiced at least every school year, reviewed annually and updated as necessary 	<p>The school has a written mental health crisis plan, including how to respond to student/staff death, that incorporates <u>some</u> of the following:</p> <ul style="list-style-type: none"> • Information on prevention, response, recovery, and reentry post crisis • Steps for ensuring adequate care and student and staff safety • Clear instructions on contacting emergency service providers and guidance on transporting students to emergency care • Systems for contacting families and relevant staff members, including managing appropriate information-sharing • Is practiced at least every school year, reviewed annually and updated as necessary 	<p>The school has a written mental health crisis plan, including how to respond to student/staff death, that incorporates some elements of prevention and response <u>but</u> does not address recovery or reentry after a personal crisis. The plan mentions a need to contact families and relevant staff members <u>but</u> no clear guidance is offered and the plan is not practiced, reviewed, or updated annually.</p>	<p>The school <u>does not</u> have a written mental health crisis plan.</p>

Data-Driven Decision-Making

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 1: The school has an established data team.			
The school has a team for reviewing data, consisting of <u>diverse</u> members with expertise across a range of disciplines (e.g., teachers, support staff, administrators, community providers, families) that meets <u>regularly</u> (e.g., <u>monthly</u>) throughout the school year.	The school has a team for reviewing data, but either it does not have broad stakeholder representation <u>or</u> it does not meet regularly throughout the school year.	The school has a team for reviewing data, but it does not have broad stakeholder representation <u>and</u> does not meet regularly throughout the school year.	The school <u>does not</u> have a team for reviewing data.
DDDM 2: The school data team uses clear, documented decision rules.			
The school data team <u>always</u> uses clear, documented decision rules for data (e.g., movement between tiers, determination of appropriate interventions, identifying school-wide improvement priorities).	The school data team <u>sometimes</u> uses operationalized decision rules. Decision rules may be unclear or not formally documented.	The school data team <u>rarely</u> uses operationalized (clear and documented) decision rules.	The school <u>never</u> uses operationalized (clear and documented) decision rules.
DDDM 3: The school provides professional development on topics related to data.			
School leaders use school data and staff feedback to identify and plan professional development (training and coaching), and provide <u>ongoing</u> (3x per year) professional development on <u>all</u> topics related to data collection and use: <ul style="list-style-type: none"> • Assessments • Data collection tools • Interpretation of data • Data sharing with families • Data reporting • Data teaming and feedback • Decision rules 	School leaders provide <u>occasional</u> (2x per year) professional development (training and coaching) on <u>most</u> topics related to data collection and use: <ul style="list-style-type: none"> • Assessments • Data collection tools • Interpretation of data • Data sharing with families • Data reporting • Data teaming and feedback • Decision rules 	School leaders provide <u>infrequent</u> (1x per year) professional development (training and coaching) on <u>some</u> topics related to data: <ul style="list-style-type: none"> • Assessments • Data collection tools • Interpretation of data • Data sharing with families • Data reporting • Data teaming and feedback • Decision rules 	School leaders <u>do not</u> provide professional development (training and coaching) on topics related to data.

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 4: School staff use data proficiently and independently, and make data-driven decisions confidently.			
Teachers and staff have <u>sufficient</u> knowledge and skills to administer assessments, use data tools, access data proficiently and independently, and make data-driven decisions confidently.	Teachers and staff have <u>some</u> knowledge and skills to administer assessments, use data tools, access data proficiently and independently, and make data-driven decisions confidently.	Teachers and staff have <u>little</u> knowledge and skills to administer assessments, use data tools, access data proficiently and independently, and make data-driven decisions confidently.	Teachers and staff <u>lack</u> the knowledge and skills to administer assessments, use data tools, access data proficiently and independently, and make data-driven decisions confidently.
DDDM 5: The school schedules time to engage in data collection and use activities.			
<p>The school schedules <u>sufficient</u> time to engage in data collection and use, both within and across Tier 1, Tier 2, and Tier 3, and to discuss the implications of that data in leadership, grade-level, cross grade-level, cross-departmental, and other meetings including time to:</p> <ul style="list-style-type: none"> • Administer student assessments (including screening and school-wide surveillance) • Engage in progress monitoring for students receiving Tier 2 and 3 services • Utilize additional/diagnostic assessments as needed • Collaborate with school staff 	<p>The school schedules <u>some</u> time to engage in data collection and use, both within and across Tier 1, Tier 2, and Tier 3, and to discuss the implications of that data in leadership, grade-level, cross grade-level, cross-departmental, and other meetings including time for <u>most</u> of the data activities:</p> <ul style="list-style-type: none"> • Administer student assessments (including screening and school-wide surveillance) • Engage in progress monitoring for students receiving Tier 2 and 3 services • Utilize additional/diagnostic assessments as needed • Collaborate with school staff 	<p>The school schedules <u>insufficient</u> time to engage in data collection and use, both within and across some of the tiers and to discuss the implications of that data during some school team meetings including time for <u>a few</u> of the above data activities:</p> <ul style="list-style-type: none"> • Administer student assessments (including screening and school-wide surveillance) • Engage in progress monitoring for students receiving Tier 2 and 3 services • Utilize additional/diagnostic assessments as needed • Collaborate with school staff 	<p>The school <u>does not</u> schedule time throughout the school year to engage in data collection and use.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 6: The school uses data to inform schoolwide decisions and develop resource allocation plans.			
<p>The school uses data <u>annually</u> to inform schoolwide decisions and develop resource allocation plans to support the implementation of the school’s multi-tiered system of supports. The school gathers information from multiple sources/departments (e.g., human resources, information technology) on resource available and needed resources (e.g., personnel, funding, materials).</p>	<p>The school uses <u>some</u> data <u>less than annually</u> to inform schoolwide decisions and develop resource allocation plans to support the implementation of the school’s multi-tiered system of supports.</p>	<p>The school uses <u>some</u> data to inform schoolwide decisions, but does not systematically and proactively develop a formal resource allocation plan to support the implementation of the school’s multi-tiered system of supports.</p>	<p>The school uses <u>little to no</u> data to inform schoolwide decisions and develop resource allocation plans.</p>
DDDM 7: The school has a plan for assessing program/intervention implementation fidelity.			
<p>The school <u>annually</u> develops plans to increase program/intervention implementation and <u>frequently</u> (quarterly or more) collects and uses process data to help monitor whether programs/interventions are implemented as planned (e.g., number, duration of sessions provided), and uses this data to inform changes in implementation strategy.</p>	<p>The school <u>annually</u> develops plans to increase program/intervention implementation and <u>occasionally</u> (quarterly) collects and uses process data to help monitor whether programs/interventions are implemented as planned.</p>	<p>The school <u>less than annually</u> develops plans to increase program/intervention implementation and <u>occasionally</u> (1-2 times per year) collects and uses process data to help monitor whether programs/interventions are implemented as planned.</p>	<p>The school <u>does not</u> collect and use process data to help monitor whether programs/interventions are implemented as planned.</p>
DDDM 8: The school promotes a culture of data use.			
<p>The school <u>always</u> promotes a culture of data use and all school staff are active participants in data collection, use, and decision-making to determine a student at risk, monitor growth and progress, inform intervention or instruction changes, and determine when goals are met.</p>	<p>The school <u>usually</u> promotes a culture of data use and most school staff are active participants in data collection, use, and decision-making to determine a student at risk, monitor growth and progress, inform intervention or instruction changes, and determine when goals are met.</p>	<p>The school <u>sometimes</u> promotes a culture of data use and some school staff are active participants in data collection, use, and decision-making to determine a student at risk, monitor growth and progress, inform intervention or instruction changes, and determine when goals are met.</p>	<p>The school <u>never</u> promotes a culture of data use and few school staff are active participants in data collection, use, and decision-making to determine a student at risk, monitor growth and progress, inform intervention or instruction changes, and determine when goals are met.</p>



Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 9: The school establishes policies and procedures for student data.			
<p>The school has established, documented, and known policies and procedures for <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Schedules for teaming, professional development, screening, • Use of diagnostic assessments • Progress monitoring plans • Criteria for determining tier of support needed 	<p>The school has established policies and procedures for <u>at least three</u> of the following:</p> <ul style="list-style-type: none"> • Schedules for teaming, professional development, screening, • Use of diagnostic assessments • Progress monitoring plans • Criteria for determining tier of support needed 	<p>The school has established policies and procedures for <u>at least two</u> of the following:</p> <ul style="list-style-type: none"> • Schedules for teaming, professional development, screening, • Use of diagnostic assessments • Progress monitoring plans • Criteria for determining tier of support needed 	<p>The school <u>does not</u> have established policies and procedures for DDDM.</p>
DDDM 10: The school uses an array of data to support data decisions and inform student intervention plans.			
<p>The school uses descriptive student data collected in <u>two or more</u> areas (e.g., academic, attendance, behavior, social-emotional) to present a full view of the student and support data decisions around the provision of tiered supports. The school <u>always</u> considers the social and environmental conditions that may impact the student and family, and identifies potential barriers to supports and strategies to overcome them.</p>	<p>The school uses <u>somewhat descriptive</u> student data collected in <u>areas</u> (e.g., academic, attendance, behavior, social-emotional) to present a full view of the student and support data decisions around the provision of tiered supports. The school considers the social and environmental conditions that may impact the student and family, but does not identify potential barriers to supports and strategies to overcome them.</p>	<p>The school uses <u>basic</u> student data collected in <u>two or more</u> areas (e.g., academic, attendance, behavior, social-emotional) to present a full view of the student and support data decisions around the provision of tiered supports. There is no consideration of the social and environmental conditions that may impact the student and family.</p>	<p>The school <u>does not</u> use an array of data to present a full view of the student and support data decisions around the provision of tiered supports.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 11: The school uses data systems/software and refines these tools as needed.			
<p>The school uses effective data systems/software that electronically collect, interface, and have the function to display graphically <u>all three</u> of the following: academic, behavior, and social-emotional student data. Data tools are <u>regularly</u> used to track intervention process and evaluation data.</p>	<p>The school uses effective data systems/software that electronically collect, interface, and have the function to display graphically <u>at least two</u> of the following: academic, behavior, and social-emotional student data. Data tools are <u>sometimes</u> used to track intervention process and evaluation data.</p>	<p>The school uses effective data systems/software that electronically collect and have the function to display graphically <u>at least one</u> of the following: academic, behavior, and social-emotional student data, and data tools do not interface to examine student functioning across domains. Data tools are <u>rarely</u> used to track intervention process and evaluation data.</p>	<p>The school <u>does not</u> use data systems/software to capture academic, behavior, and social-emotional student data and data tools cannot be graphically displayed nor interface to capture student functioning across domains. Data tools are <u>never</u> used to track intervention process and evaluation data.</p>
DDDM 12: Data systems/software use is monitored and are assessed for functioning and utility.			
<p>Data systems/software use is <u>regularly</u> monitored to ensure that complete and accurate student information is entered in a timely manner by designated staff. Protocols are consistently used to communicate reminders and updates to designated staff. The school periodically assesses and refines these tools as needed for improved functioning and utility.</p>	<p>Data systems/software use is <u>occasionally</u> monitored to ensure that complete and accurate information is entered in a timely manner by designated staff. Protocols are occasionally used to communicate reminders and updates to designated staff. The school rarely assesses and refines these tools as needed for improved functioning and utility.</p>	<p>Data systems/software use is <u>rarely</u> monitored to ensure that complete and accurate information is entered in a timely manner by designated staff. No protocols are used to communicate reminders and updates to designated staff. The school rarely assesses and refines these tools as needed for improved functioning and utility.</p>	<p>Data systems/software use is <u>not</u> monitored to ensure that complete and accurate information is entered in a timely manner by designated staff. The school never assesses and refines tools as needed for improved functioning and utility.</p>
DDDM 13: The school securely manages and stores student data.			
<p>The school securely manages and stores student referrals, records, and other clinical documents in a way that fully complies with student data privacy provisions, such as HIPAA and/or FERPA, (e.g., restricted access, encryption codes, notifications of privacy breaches) and considers levels of permission for access.</p>	<p>The school securely manages and stores student referrals, records, and other clinical documents in a way that fully complies with student data privacy provisions, such as HIPAA and/or FERPA, <u>but</u> does not ensure access to all required parties.</p>	<p>The school has a process of managing and storing student referrals, records, and other clinical documents, but it is <u>uncertain</u> whether it complies with student data privacy provisions, such as HIPAA and/or FERPA.</p>	<p>The school <u>does not</u> have a process of securely managing and storing student referrals, records, and other clinical documents.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 14: The school uses data systems/software and refines these tools as needed.			
<p>The school <u>annually</u> reviews and adjusts assessment tools and practices as needed to ensure <u>all three</u> of the following:</p> <ul style="list-style-type: none"> • Fidelity of practice • Utility of tools • Cultural, linguistic, and developmental fit 	<p>The school <u>occasionally</u> reviews and adjusts assessment tools and practices as needed to ensure <u>at least two</u> of the following:</p> <ul style="list-style-type: none"> • Fidelity of practice • Utility of tools • Cultural, linguistic, and developmental fit 	<p>The school <u>rarely</u> reviews and adjusts assessment tools and practices as needed to ensure <u>at least one</u> of the following:</p> <ul style="list-style-type: none"> • Fidelity of practice • Utility of tools • Cultural, linguistic, and developmental fit 	<p>The school <u>does not</u> review and adjust assessment tools and practices as needed.</p>
DDDM 15: School staff are provided data and trends in student outcomes.			
<p>School staff are <u>frequently</u> (3x+/year) provided data regarding implementation of the school’s multi-tiered system of supports and patterns and trends in student outcomes.</p>	<p>School staff are <u>occasionally</u> (2x+/year) provided data regarding implementation of the school’s multi-tiered system of supports and patterns and trends student outcomes.</p>	<p>School staff are <u>rarely</u> (1x+/year) provided data regarding implementation of the school’s multi-tiered system of supports and patterns and trends in student outcomes.</p>	<p>School staff are <u>never</u> provided data regarding implementation of the school’s multi-tiered system of supports and patterns and trends in student outcomes.</p>
DDDM 16: The school assesses trends and patterns across student subgroups.			
<p>The school <u>always</u> assesses trends and patterns across student subgroups (e.g., race, ethnicity, gender, socioeconomic status, disability status) in all available data (e.g., student assessments, administrative data). School-wide improvement plans target action steps to improve outcomes for identified student subgroups.</p>	<p>The school <u>sometimes</u> assesses trends and patterns across student subgroups (e.g., race, ethnicity, gender, socioeconomic status, disability status) in some available data.</p>	<p>The school <u>rarely</u> assesses trends and patterns across student subgroups (e.g., race, ethnicity, gender, socioeconomic status, disability status).</p>	<p>The school <u>never</u> assesses trends and patterns across student subgroups (e.g., race, ethnicity, gender, socioeconomic status, disability status). Data systems are unable to aggregate by student subgroup.</p>
DDDM 17: The school utilizes administrative data for student identification and referral.			
<p>Administrative data (grades, discipline, attendance) are <u>routinely</u> reviewed to identify students at elevated risk for an intervention or referral. Clear rules exist to determine elevated risk status.</p>	<p>Administrative data (grades, discipline, attendance) are <u>occasionally</u> reviewed to identify students at elevated risk for an intervention or referral.</p>	<p>Administrative data (grades, discipline, attendance) are <u>rarely</u> reviewed to identify students at elevated risk for an intervention or referral.</p>	<p>Administrative data (grades, discipline, attendance) are <u>not</u> reviewed to identify students at elevated risk for an intervention or referral.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 18: The school has a protocol to determine when a student improves and no longer requires an intervention.			
The school has an observable, quantifiable protocol that is <u>consistently</u> used by a team to determine when a student outcome improves and no longer requires a tiered intervention.	The school has an observable, quantifiable protocol that is <u>sometimes</u> used by an individual to determine when a student outcome improves and no longer requires a tiered intervention.	The school uses qualitative description of student outcome to determine when a student improves and no longer requires a tiered intervention.	The school has <u>no</u> structured way to determine when a student improves and no longer requires a tiered intervention.
DDDM 19: Community partners provide data to the school.			
Community agency partners provide <u>monthly</u> data summaries or reports (e.g., number of students seen, therapeutic group topics, patterns or trends) to the school, as outlined in a Memorandum of Understanding/Agreement (MOU/MOA) or data-sharing agreement.	Community partners provide <u>quarterly</u> reports (e.g., number of students seen, therapeutic group topics, patterns or trends) to the school.	Community partners provide <u>annual</u> reports (e.g., number of students seen, therapeutic group topics, patterns or trends) to the school.	Community partners <u>do not</u> provide reports to the school.
DDDM 20: The school and its community partners identify agreed upon outcomes or indicators of interest.			
The school, its community partners, and other stakeholders (e.g., families) <u>always</u> identify agreed upon outcomes or indicators in joint strategic planning, to monitor program or activity, and to coordinate on measuring and reporting the shared metric.	The school, its community partners, and other stakeholders <u>usually</u> identify agreed upon outcomes or indicators in joint strategic planning, to monitor program or activity, and to coordinate on measuring and reporting the shared metric, however data collection and reporting may be duplicative.	The school, its community partners, and other stakeholders meet to discuss outcomes or indicators when there is a new activity or strategic focus, <u>however</u> the agreed upon metric is determined and reported unilaterally rather than by all parties.	The school, its community partners, and other stakeholders <u>do not</u> identify agreed upon student outcomes or indicators of interest.

Fully Met	Mostly Met	Somewhat Met	Not Met
DDDM 21: The school uses surveillance data and other local measures to inform the needs of the school community.			
<p>The school uses community-level surveillance data and other local measures of child health and wellness (e.g., prevalence of childhood chronic disease, crime rates, insurance coverage, social determinants of health) at least 1x per year to inform the needs of the school community, and does <u>both</u> of the following:</p> <ul style="list-style-type: none"> • Collaboratively discusses data as an interdisciplinary team • Incorporates this data into school improvement plans 	<p>The school uses community-level surveillance data and other local measures of child health and wellness at least 1x per year to inform the needs of the school community, and does <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Collaboratively discusses data as an interdisciplinary team • Incorporates this data into school improvement plans 	<p>The school is aware of and may retrieve community-level surveillance data and other measures of child health and wellness, but <u>does not</u> regularly access, review, or collaboratively plan around this data.</p>	<p>The school <u>does not</u> use community-level surveillance data and other local measures of child health and wellness to inform the needs of the school community.</p>

Family Engagement

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 1: The school has governing documents that explicitly mention family engagement.			
Family engagement is identified as a priority, and strategies are outlined on how to improve family engagement in <u>two or more</u> governing documents such as a school policy, strategic plan, or family handbook.	Family engagement is identified as a priority, and strategies are outlined on how to improve family engagement in <u>one</u> governing document such as a school policy, strategic plan, or family handbook.	Family engagement is <u>mentioned</u> in a governing document such as a school policy, strategic plan, or family handbook.	There are <u>no</u> governing documents that mention family engagement.
FAM 2: Families have a role in school-wide planning, leadership, and policy and program decisions.			
Families have <u>numerous</u> opportunities to be involved in school-wide planning, leadership, and policy and program decision-making in all of the following: <ul style="list-style-type: none"> • Family representatives have full membership and/or voting rights on committees, advisory councils, boards, and in groups that make decisions impacting the academic success, health and safety of students • All families have an equal opportunity to be a representative in decision-making groups • Family representation in groups is diverse and reflects the school community • The school supports an active and high-functioning parent organization that is representative of the school population 	Families have <u>some</u> opportunities to be involved in school-wide planning, leadership, and policy and program decision-making in the following: <ul style="list-style-type: none"> • Family representatives have full membership and/or voting rights on committees, advisory councils, boards, and in groups that make decisions impacting the academic success, health and safety of students • All families have an equal opportunity to be a representative in decision-making groups • Family representation in groups is diverse and reflects the school community • The school supports an active and high-functioning parent organization that is representative of the school population 	Families have <u>few</u> opportunities to be involved in school-wide planning, leadership, and policy and program decision-making in the following: <ul style="list-style-type: none"> • Family representatives have full membership and/or voting rights on committees, advisory councils, boards, and in groups that make decisions impacting the academic success, health and safety of students • All families have an equal opportunity to be a representative in decision-making groups • Family representation in groups is diverse and reflects the school community • The school supports an active and high-functioning parent organization that is representative of the school population 	Families have <u>no</u> representation in school-wide decision-making groups and there is no parent organization.

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 3: The school assesses family engagement and the activities and resources that would be most helpful to families.			
<p>The school assesses family engagement and the activities and resources that would be most helpful to families by conducting <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Surveying families about their satisfaction with communication, family engagement activities, volunteer opportunities, and school services provided to families • Tracking attendance at events and committee participation • Asking families about the types of activities, services, and supports they would like the school to provide 	<p>The school assesses family engagement and the activities and resources that would be most helpful to families by conducting <u>two</u> of the following:</p> <ul style="list-style-type: none"> • Surveying families about their satisfaction with communication, family engagement activities, volunteer opportunities, and school services provided to families • Tracking attendance at events and committee participation • Asking families about the types of activities, services, and supports they would like the school to provide 	<p>While there are <u>no</u> formal procedures for assessing family engagement and the activities and resources that would be most helpful to families, the school informally reviews family engagement activities, volunteer opportunities, and considers what would be useful to families, but doesn't formally ask them.</p>	<p>The school <u>does not</u> assess family engagement or the activities, opportunities, and resources families would find helpful.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 4: The school prioritizes providing families with resources and information that is relevant to their students and families.			
<p>The school prioritizes providing families information that will help them achieve their goals by doing <u>all</u> of the following:</p> <ul style="list-style-type: none"> • The school has a family resource center that is available to all families, is easily accessible and welcoming • There is a full-time staff person dedicated to gathering information on resources and assisting families connect to coordinated services • The school provides comprehensive information on school and community resources that families find useful • The school helps families connect to the services they need 	<p>The school provides families information that will help them achieve their goals by doing <u>three</u> of the following:</p> <ul style="list-style-type: none"> • The school has a family resource center that is available to all families, is easily accessible and welcoming • There is a full-time staff person dedicated to gathering information on resources and assisting families • The school provides comprehensive information on school and community resources that families find useful • The school helps families connect to the services they need 	<p>The school provides families with information that will help them achieve their goals by doing <u>one or two</u> of the following:</p> <ul style="list-style-type: none"> • The school has a family resource center that is available to all families, is easily accessible and welcoming • There is a part-time staff person who gathers information on resources and assists families • The school provides information on school and community resources that families find useful • The school helps families connect to the services they need 	<p>The school <u>does not</u> provide families with information or resources to help them achieve their goals.</p>
FAM 5: The school reduces barriers to family participation.			
<p>The school <u>identifies</u> barriers to family engagement through methods such as surveys and adjusts activities to make it easier for families to participate. This could include transportation, child care, timing with work and other scheduling barriers, cultural barriers, meeting location, welcoming school environment, and flexible schedules.</p>	<p>The school <u>understands</u> there are barriers to family participation and makes a number of adjustments to decrease them.</p>	<p>The school <u>understands</u> there are barriers to family participation and makes <u>few</u>, if any, adjustments to decrease them.</p>	<p>The school <u>does not</u> consider difficulties families may face in attending meetings or other school activities.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 6: The school communicates with families in multiple ways.			
<p>The school and its staff communicate with families once or more a week and in <u>all</u> of the following ways:</p> <ul style="list-style-type: none"> • Multiple forms of communication (e.g., website, flyers, email, texts, PTA/PTO, etc.) • Parent-teacher conferences throughout the year • Home visits to all children • Clear, two-way channels of communication between home and school and school and home 	<p>The school and its staff communicate with families in <u>most</u> but not all of the following ways:</p> <ul style="list-style-type: none"> • Multiple forms of communication (e.g., website, flyers, email, texts, PTA/PTO, etc.) • Parent-teacher conferences throughout the year • Home visits to all children • Clear, two-way channels of communication between home and school and school and home 	<p>The school and its staff communicate with families in only a <u>few</u> of the following ways:</p> <ul style="list-style-type: none"> • Multiple forms of communication (e.g., website, flyers, email, texts, PTA/PTO, etc.) • Parent-teacher conferences throughout the year • Home visits to all children • Clear, two-way channels of communication between home and school and school and home 	<p>The school and its staff communicate infrequently with families, and only do <u>one</u> of the following:</p> <ul style="list-style-type: none"> • Multiple forms of communication (e.g., website, flyers, email, texts, PTA/PTO, etc.) • Parent-teacher conferences throughout the year • Home visits to all children • Clear, two-way channels of communication between home and school and school and home
FAM 7: The school communicates with families about health, wellness, and student success.			
<p>The school communicates with families about <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Basic information on referral and social service providers • Point of contact at the school for specific issues or concerns • Policies related to student health, wellness, the special education process • Policies related to bullying, harassment, discipline, and safety • School health services and activities provided for families • Behavior supports, curricula, and/or approaches available in the school 	<p>The school communicates with families about <u>most</u> of the following:</p> <ul style="list-style-type: none"> • Basic information on referral and social service providers • Point of contact at the school for specific issues or concerns • Policies related to student health, wellness, the special education process • Policies related to bullying, harassment, discipline, and safety • School health services and activities provided for families • Behavior supports, curricula, and/or approaches available in the school 	<p>The school communicates with families about a <u>few</u> of the following:</p> <ul style="list-style-type: none"> • Basic information on referral and social service providers • Point of contact at the school for specific issues or concerns • Policies related to student health, wellness, the special education process • Policies related to bullying, harassment, discipline, and safety • School health services and activities provided for families • Behavior supports, curricula, and/or approaches available in the school 	<p>The school <u>does not</u> communicate with families about health and wellness issues beyond the minimum state and federal requirements.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 8: The school communicates with families in culturally and linguistically appropriate ways.			
<p>The school communicates with families in <u>all</u> of the following ways:</p> <ul style="list-style-type: none"> • Materials are translated into all languages represented by the school population and school information is translated into languages represented by the district population • Materials are culturally and linguistically appropriate • Translators are readily available as needed • Teachers use books and materials about the cultures and diversity of the families represented in the school • Pictures and other visual representations around the school reflect the diversity of the student body 	<p>The school communicates with families in <u>most</u> of the following ways:</p> <ul style="list-style-type: none"> • Materials are translated into all languages represented by the school population and school information is translated into languages represented by the district population • Materials are culturally and linguistically appropriate • Translators are available as needed • Teachers use books and materials about the cultures and diversity of the families represented in the school • Pictures and other visual representations around the school reflect the diversity of the student body 	<p>The school communicates with families in <u>one</u> of the following ways:</p> <ul style="list-style-type: none"> • Materials are translated into all languages represented by the school population and school information is translated into languages represented by the district population • Materials are culturally and linguistically appropriate • Translators are available as needed • Teachers use books and materials about the cultures and diversity of the families represented in the school • Pictures and other visual representations around the school reflect the diversity of the student body 	<p>The school <u>does not</u> communicate with families in culturally or linguistically appropriate ways.</p>
FAM 9: The school offers professional development on family engagement.			
<p>Professional development on family engagement strategies has been conducted within the past two years for <u>all</u> staff.</p>	<p>Professional development on family engagement strategies has been conducted within the past two years for <u>only</u> teachers and/or administrators.</p>	<p><u>Some</u> professional development on family engagement strategies has been included in professional development on other topics.</p>	<p>There has <u>not</u> been professional development for staff on family engagement strategies in the recent past.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 10: The school provides training, coaching, or professional development on how to direct families to mental health or social services.			
<p>The school has actively provided training, coaching, or professional development to school staff <u>within the last year</u> on how to direct families to mental health and social services for students, as well as related referral processes.</p>	<p>The school has provided training, coaching, or professional development to school staff <u>within the last two years</u> on how to direct families seeking access to mental health and social services for students.</p>	<p>The school has provided <u>some</u> resources to school staff on mental health and social services for students that they can share with families.</p>	<p>The school has <u>never</u> provided training, coaching, or professional development to school staff on how to direct families to mental health and social services for students.</p>
FAM 11: Teachers and other staff regularly communicate with families about their child.			
<p>The teacher and other staff regularly (multiple times per year) and clearly communicate <u>all</u> of the following with families about their child:</p> <ul style="list-style-type: none"> • Expectations for student learning and behavior • Feedback on their child’s progress • Positive information about their child 	<p>The teacher and other staff regularly (multiple times per year) and clearly communicate <u>two</u> of the following with families about their child:</p> <ul style="list-style-type: none"> • Expectations for student learning and behavior • Feedback on their child’s progress • Positive information about their child 	<p>The teacher or other staff communicate <u>one</u> of the following with families about their child once per quarter:</p> <ul style="list-style-type: none"> • Expectations for student learning and behavior • Feedback on their child’s progress • Positive information about their child 	<p>Teachers and other staff <u>do not</u> regularly communicate with families about their child.</p>
FAM 12: The school facilitates methods of including family input in team decisions about their child’s needs.			
<p>The school facilitates the ability for families to be engaged as a partner in <u>all</u> team discussions, decision-making, and in identifying strategies to address their child’s needs.</p>	<p>The school invites families to <u>most</u> team meetings to discuss and identify strategies to address their child’s needs and are sometimes treated as partners in team discussions.</p>	<p>The school invites families to <u>some</u> team meetings to provide input on the discussion of strategies for their child’s needs, but are not treated as partners in team discussions.</p>	<p>The school invites families to <u>few</u> team meetings to provide input on some discussions and strategies related to their child’s needs.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
FAM 13: There is a clear process for resolving school-related problems that families experience.			
<p>There is a clear, open process for resolving school-related problems that families experience <u>and</u> it is communicated to all families (e.g., family handbook school website, back-to-school night).</p>	<p>Some processes for resolving school-related problems that families experience are easy to understand <u>or</u> not all of the processes are well communicated to all families.</p>	<p>The process for resolving school-related problems that families experience is cumbersome <u>and</u> not well communicated to all families.</p>	<p>There is <u>not</u> a clear, open process for resolving school-related problems that families experience.</p>
FAM 14: The school provides information to families on parenting strategies.			
<p>The school provides resources, information and training on positive parenting to <u>all</u> families through <u>multiple</u> approaches (e.g. information available through workshops, meetings, on website, newsletters, etc.), so that families can reinforce strategies at home.</p>	<p>The school provides information on positive parenting to <u>all</u> families but only communicates it using <u>one</u> approach.</p>	<p>The school provides information on positive parenting to <u>select</u> families but only communicates it using <u>one</u> approach.</p>	<p>The school provides <u>no</u> parenting strategies to families.</p>
FAM 15: There are opportunities for families and mentors to volunteer.			
<p>Teachers and staff utilize volunteers extensively and <u>all</u> of the following are available:</p> <ul style="list-style-type: none"> • Procedures to recruit volunteers from all families • Flexible volunteer schedules and diverse opportunities for families to volunteer • Recognition programs for volunteers, such as a thank you activity or newsletter mention • Special programs to involve male family members or mentors in partnership activities 	<p>Teachers and staff frequently utilize volunteer and <u>most</u> of the following are available:</p> <ul style="list-style-type: none"> • Procedures to recruit volunteers from all families • Flexible volunteer schedules and diverse opportunities for families to volunteer • Recognition programs for volunteers, such as a thank you activity or newsletter mention • Special programs to involve male family members or mentors in partnership activities 	<p>Teachers and staff <u>rarely</u> utilize volunteers and when they do, there is no flexibility in timing or activity, the same few families are asked to volunteer, and there is no active recruitment to expand participation.</p>	<p>The school <u>does not</u> allow families to volunteer in the school or the process is so cumbersome that it prevents families from volunteering.</p>



Community Collaboration

Fully Met	Mostly Met	Somewhat Met	Not Met
COMM 1: The school is aware of available and appropriate community resources.			
The school has knowledge of a variety of community resources/assets <u>and</u> an understanding of their relevance/fit by conducting a needs assessment and/or soliciting feedback from families and staff to ensure alignment with the culture and material needs of the school.	The school has knowledge of <u>some</u> community resources/assets available and <u>some</u> understanding of their relevance/fit given the culture and material needs of the school.	The school has knowledge of <u>select</u> community resources/assets but <u>no</u> understanding of their relevance/fit given the culture and material needs of the school.	The school <u>lacks</u> knowledge and understanding of the community resources/assets available.



Fully Met	Mostly Met	Somewhat Met	Not Met
COMM 2: The school strategizes about who and how to partner with community organizations.			
<p>The school’s strategy to engage community partners includes <u>all</u> of the following:</p> <ul style="list-style-type: none"> • Understanding the strengths and expertise of the community organization • Ensuring that the services and supports offered are well-aligned and evidence-based if available • Requesting that community organizations provide a breadth of interventions as needed • Coordinating interventions among school-based providers and other community partners • Requiring flexibility so that services and supports provided by community partners can adapt to changing student needs • Seeking and utilizing regular input from families, students, and staff to ensure quality and relevance of services 	<p>The school’s strategy to engage community partners includes <u>most</u> of the following:</p> <ul style="list-style-type: none"> • Understanding the strengths and expertise of the community organization • Ensuring that the services and supports offered are well-aligned and evidence-based if available • Requesting that community organizations provide a breadth of interventions as needed • Coordinating interventions among school-based providers and other community partners • Requiring flexibility so that services and supports provided by community partners can adapt to changing student needs • Seeking and utilizing regular input from families, students, and staff to ensure quality and relevance of services 	<p>The school’s strategy to engage community partners includes <u>a few</u> of the following:</p> <ul style="list-style-type: none"> • Understanding the strengths and expertise of the community organization • Ensuring that the services and supports offered are well-aligned and evidence-based if available • Requesting that community organizations provide a breadth of interventions as needed • Coordinating interventions among school-based providers and other community partners • Requiring flexibility so that services and supports provided by community partners can adapt to changing student needs • Seeking and utilizing regular input from families, students, and staff to ensure quality and relevance of services 	<p>The school <u>does not</u> strategize about who and how to partner with community organizations.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
COMM 3: The school collaborates with community partners to promote student and family health and wellness.			
The school collaborates with a <u>variety</u> of community partners (e.g., community organizations, businesses, out of school programs, local hospitals, etc.) to plan, implement, and/or participate in numerous activities that engage students and families and promote comprehensive student and family health and wellness.	The school collaborates with <u>some</u> community partners to plan and implement activities that promote <u>some</u> areas of student and family health and wellness.	The school collaborates with <u>few</u> community partners to promote a <u>specific</u> area of student and family health and wellness.	The school does <u>not</u> collaborate with any community partners to promote student and family health and wellness.
COMM 4: The school links students and families to appropriate services and resources provided by community partners.			
The school has contact with a <u>broad range</u> of community organizations such as community-based health care (e.g., medical, dental, mental), hospitals, health agencies, non-profit organizations, housing authority, social service agencies, etc. and <u>actively</u> refers students and families to appropriate services and resources.	The school has contact with <u>some</u> community organizations and links students and families to their services and resources.	The school has contact with a <u>few</u> community organizations and informs families of their services and resources but does not formally refer families to these organizations.	The school <u>does not</u> have contact with or link families to community organizations or resources.
COMM 5: The school communicates with and about its community partners.			
The school communicates the school's vision, policies, and activities for student health and wellness with community partners and disseminates updated information about who the community partners are and what they do to <u>all</u> members of the school community, including staff, families, and other partners.	The school communicates <u>some</u> information about the school's vision, policies, and activities for student health and wellness with community partners and disseminates limited information about who the community partners are and what they do to <u>most</u> members of the school community, such as staff, families, and other partners.	The school communicates <u>limited</u> information about the school's vision, policies, and activities for student health and wellness with community partners and <u>does not</u> share information about who the community partners are or what they do.	The school <u>does not</u> engage in open communication with or about the community partners.



Fully Met	Mostly Met	Somewhat Met	Not Met
COMM 6: School-community partner agreements are detailed and transparent.			
<p>The school has a mutually developed, written agreement with community partners that outlines a multi-year vision and includes <u>all</u> of the following: expectations and roles/responsibilities of all parties, planning and implementation of activities, financial sustainability, decision-making processes, data sharing that includes confidentiality, reporting and accountability, annual review of agreement, and use of space.</p>	<p>The school has a mutually developed, written agreement with community partners that includes <u>some</u> of the following: a multi-year vision, expectations and roles/responsibilities of all parties, planning and implementation of activities, financial sustainability, decision-making processes, data sharing, reporting and accountability, annual review of agreement, and use of space.</p>	<p>The school has a written agreement with community partners that outlines <u>some</u> general expectations and roles/responsibilities of all parties, but it <u>lacks</u> mention or sufficient detail on any other provisions.</p>	<p>The school <u>does not</u> have a written agreement with community partners.</p>
COMM 7: School staff and community partners understand and accept agreed upon roles and responsibilities.			
<p>School staff and community partners are engaged in regular dialogue about the expectations of the partnership, including the respective roles and responsibilities, so that all parties can understand, articulate, and execute the partnership.</p>	<p>School staff and community partners are clearly informed of the expectations of the partnership.</p>	<p>School staff and community partners are informed of the expectations of the partnership, <u>but</u> most partners and staff are confused about roles and responsibilities.</p>	<p>School staff and community partners are <u>not</u> informed of the expectations of the partnership.</p>
COMM 8: The school is responsive in addressing community partners' requests.			
<p>The school is timely and accommodating in their response to the <u>majority</u> of community partner requests for support as it relates to enrollment, space, data and information, access to students and families, or other issues that impact their effectiveness to function in the school.</p>	<p>The school is timely and accommodating in their response to community partner requests for support on <u>select</u> issues such as enrollment, space, data and information, access to students and families, or other issues that impact their effectiveness to function in the school.</p>	<p>The school acknowledges the needs of community partners to effectively function in schools, <u>but</u> are not necessarily timely or accommodating in their response.</p>	<p>The school <u>does not</u> accommodate the varied needs of community partners.</p>

Fully Met	Mostly Met	Somewhat Met	Not Met
COMM 9: The school and community partners engage in continuous quality improvement activities.			
The school and community partner meet <u>regularly</u> throughout the school year to monitor the partnership, review relevant data on utilization and outcomes, and adjust interventions or responsibilities for immediate implementation.	The school and community partner meet <u>at least once</u> during the school year to monitor the partnership, review relevant data on utilization and outcomes, and adjust interventions or responsibilities in the coming year.	The school and community partner meet <u>once</u> during the school year to discuss the partnership and discuss interventions or expectations but <u>do not</u> review data or adjust interventions or responsibilities.	The school and community partner <u>do not</u> meet at least annually to review and discuss the partnership.
COMM 10: Opportunities for joint professional development among school personnel and community partners are identified.			
School personnel and community partners <u>regularly</u> participate in joint professional development activities to help them develop the knowledge, skills and abilities to work effectively together and to learn about best practices they can apply to their work.	School personnel and community partners <u>sometimes</u> participate in joint professional development activities.	School personnel and community partners <u>rarely</u> participate in joint professional development activities.	School personnel and community partners <u>do not</u> participate in joint professional development activities.
COMM 11: School staff and community providers are encouraged to build mutual trust and rapport.			
There are <u>numerous</u> opportunities in place for school staff and community providers to build collegial relationships, communicate regularly around student needs, and to learn from each other.	School staff and community providers are encouraged to build collegial relationships, communicate <u>regularly</u> around student needs, and to learn from each other, but <u>no</u> formal structures or processes are put in place to facilitate that aim.	School staff and community providers <u>occasionally</u> communicate about student needs, but <u>no</u> structures or opportunities are in place to build collegial relationships.	There are <u>no</u> opportunities or structures to help school staff and community providers build collegial relationships.
COMM 12: There are systems in place for school staff and community providers to communicate about individual students.			
The school <u>regularly</u> facilitates opportunities (e.g., allocating specific time, establishing targeted meetings, offering a variety of communication channels, ensuring data privacy protections, etc.) for school staff and community providers to discuss individual students they both support.	The school <u>occasionally</u> facilitates opportunities for school staff and community providers to discuss individual students they both support.	The school <u>rarely</u> facilitates opportunities for school staff and community providers to discuss individual students they both support.	The school <u>does not</u> facilitate opportunities for school staff and community providers to discuss individual students they both support.

SCHOOL BEHAVIORAL HEALTH BEST PRACTICE GUIDE - SCORING TOOL

The **School Behavioral Health Best Practice Guide – Scoring Tool** is to be used in conjunction with the **School Behavioral Health Best Practice Guide** to help school leaders and school teams assess and improve the use of evidence-based and best practices in school behavioral health at the school-building level. Together, the Practice Guide and Scoring Tool provide guidance on how a **comprehensive school-based behavioral health system** works and specific ways to improve processes and practices.

The Scoring Tool should be used with the accompanying School Behavioral Health Best Practice Guide.

The Guide includes detailed descriptions of each best practice and should be referred to often throughout the use of the Scoring Tool. Schools should use the Guide and the Scoring tool side-by-side during this activity, preferably with printed copies of each for reference.

Schools should complete the tool as a team of at least three individuals. Teams should represent a diversity of roles (e.g., school administrator, school mental health provider, community mental health provider) and understand their school’s organizational practices that support the implementation of the school-based behavioral health system. Record the names of team members for future reference.

School teams should review, discuss, and assign a scoring level to each item. Team members should have sufficient knowledge to respond to all or most of the items. However, if additional information is required, schools are recommended to look to the following information sources to assist in scoring:

Document review: Review of policies, plans, and key documents and records. The tool developers have determined the following to be of greatest utility in completing the tool: student and family handbooks, school health and safety policies, relevant position descriptions, student support team guiding documents, data collection and use agreements/plans, memoranda of understanding/agreement with community providers, and family engagement policies.

Observations: Observation of school teaming practices and processes that support collaborative decision-making around the school-wide programs and practices and individual student needs. These may occur in meetings of the school mental/behavioral health, multi-tiered system of supports (MTSS), school wellness, or student support teams.

Talking to key staff: Conversations with school leaders (e.g., principal, school administrator) and other essential staff (lead school mental health provider) to discern the extent to which individual and organizational practices are implemented in the school.

Each of the 69 items should be scored Fully Met, Mostly Met, Somewhat Met, or Not Met. Each best practice item includes a description of the practice and definitions for each scoring level; please refer to the Guide for the elements included in each scoring level. Users should mark the box that corresponds with the selected scoring level for each item. This will allow users to visualize the spread of best practices and the specific practices that need improvement. Schools may wish to look at item-level, section-level, and overall patterns about the degree of best practice use. After scoring for each section (MTSS, DDDM, FAM, and COMM), users can transfer their scores to the Compiling Section Scores table on page 43 as a summary sheet for future reference.

<p><i>Users should mark the box to indicate the scoring level that best represents the school's practice for that item.</i></p> <p>Date completed:</p>	Fully Met	Mostly Met	Somewhat Met	Not Met
Multi-Tiered System of Supports				
MTSS 1: The school has a plan about its multi-tiered supports that is aligned with the school improvement plan.				
MTSS 2: A student support team is established and has well-defined roles and processes.				
MTSS 3: The school has adequate providers to deliver counseling, social work, and psychological services to students.				
MTSS 4: The school delivers the full range of tiered supports to students and families.				
MTSS 5: Mental health providers collaborate with other school staff to promote student health and safety.				
MTSS 6: The school assesses school community assets and needs to plan mental health promotion and prevention activities.				
MTSS 7: The school implements a systematic approach for referring students for appropriate services.				
MTSS 8: The school regularly monitors individual student-level and school-wide progress across all tiers.				
MTSS 9: The leadership team assesses the fidelity of MTSS implementation.				
MTSS 10: The school communicates the multi-tiered intervention strategy and outcomes to its stakeholders.				
MTSS 11: Professional development on student health and wellbeing is comprehensive and available to all staff.				
MTSS 12: The school community engages in practices that promote a positive school climate.				
MTSS 13: The school promotes emotional and physical safety with a focus on preventing suicide, violence, harassment, and bullying.				
MTSS 14: School policies promote respectful relationships between staff, students, and families.				
MTSS 15: The school focuses on adult well-being and offers staff wellness supports/programs.				
MTSS 16: Tier 1 school-wide strategies are integrated into classroom practices, the school culture, and evaluation processes.				
MTSS 17: Teachers and mental health providers collaborate to teach social and emotional skills to all students.				
MTSS 18: School staff identify students in need of targeted supports and refer them to appropriate Tier 2 interventions.				
MTSS 19: Tier 2 strategies are provided to improve students' behavior, social skills, and emotional regulation.				
MTSS 20: Tier 3 interventions are available, are well integrated with Tier 1 and 2 services, and link to the academic instruction.				
MTSS 21: The school has a written and rehearsed mental health crisis response plan.				
SUBTOTAL of Multi-Tiered System of Supports				



<p><i>Users should mark the box to indicate the scoring level that best represents the school's practice for that item.</i></p> <p>Date completed:</p>	Fully Met	Mostly Met	Somewhat Met	Not Met
Data-Driven Decision-Making				
DDDM 1: The school has an established data team.				
DDDM 2: The school data team uses clear, documented decision rules.				
DDDM 3: The school provides professional development on topics related to data.				
DDDM 4: School staff use data proficiently and independently, and make data-driven decisions confidently.				
DDDM 5: The school schedules time to engage in data collection and use activities.				
DDDM 6: The school uses data to inform schoolwide decisions and develop resource allocation plans.				
DDDM 7: The school has a plan for assessing program/intervention implementation fidelity.				
DDDM 8: The school promotes a culture of data use.				
DDDM 9: The school establishes policies and procedures for student data.				
DDDM 10: The school uses an array of data to support data decisions and inform student intervention plans.				
DDDM 11: The school uses data systems/software and refines these tools as needed.				
DDDM 12: Data systems/software use is monitored and are assessed for functioning and utility.				
DDDM 13: The school securely manages and stores student data.				
DDDM 14: The school uses data systems/software and refines these tools as needed.				
DDDM 15: School staff are provided data and trends in student outcomes.				
DDDM 16: The school assesses trends and patterns across student subgroups.				
DDDM 17: The school utilizes administrative data for student identification and referral.				
DDDM 18: The school has a protocol to determine when a student improves and no longer requires an intervention.				
DDDM 19: Community partners provide data to the school.				
DDDM 20: The school and its community partners identify agreed upon outcomes or indicators of interest.				
DDDM 21: The school and its community partners identify agreed upon outcomes or indicators of interest.				
SUBTOTAL of Data-Driven Decision-Making				



<i>Users should mark the box to indicate the scoring level that best represents the school's practice for that item.</i> Date completed:	Fully Met	Mostly Met	Somewhat Met	Not Met
Family Engagement				
FAM 1: The school has governing documents that explicitly mention family engagement.				
FAM 2: Families have a role in school-wide planning, leadership, and policy and program decisions.				
FAM 3: The school assesses family engagement and the activities and resources that would be most helpful to families.				
FAM 4: The school provides families with resources and information that is relevant to their students and families.				
FAM 5: The school reduces barriers to family participation.				
FAM 6: The school communicates with families in multiple ways.				
FAM 7: The school communicates with families about health, wellness, and student success.				
FAM 8: The school communicates with families in culturally and linguistically appropriate ways.				
FAM 9: The school offers professional development on family engagement.				
FAM 10: The school provides training, coaching, or professional development on how to direct families to mental health or social services.				
FAM 11: Teachers and other staff regularly communicate with families about their child.				
FAM 12: The school facilitates methods of including family input in team decisions about their child's needs.				
FAM 13: There is a clear process for resolving school-related problems that families experience.				
FAM 14: The school provides information to families on parenting strategies.				
FAM 15: There are opportunities for families and mentors to volunteer.				
SUBTOTAL of Family Engagement				

School Behavioral Health Best Practice Guide

October 2020

<i>Users should mark the box to indicate the scoring level that best represents the school's practice for that item.</i> Date completed:	Fully Met	Mostly Met	Somewhat Met	Not Met
Community Collaboration				
COMM 1: The school is aware of available and appropriate community resources.				
COMM 2: The school strategizes about who and how to partner with community organizations.				
COMM 3: The school collaborates with community partners to promote student and family health and wellness.				
COMM 4: The school links students and families to appropriate services and resources provided by community partners.				
COMM 5: The school communicates with and about its community partners.				
COMM 6: School-community partner agreements are detailed and transparent.				
COMM 7: School staff and community partners understand and accept agreed upon roles and responsibilities.				
COMM 8: The school is responsive in addressing community partners' requests.				
COMM 9: The school and community partners engage in continuous quality improvement activities.				
COMM 10: Opportunities for joint professional development among school personnel and community partners are identified.				
COMM 11: School staff and community providers are encouraged to build mutual trust and rapport.				
COMM 12: There are systems in place for school staff and community providers to communicate about individual students.				
SUBTOTAL of Community Collaboration				

Compiling Section Scores

After assigning the school’s scoring level on each section (MTSS, DDDM, FAM, and COMM) of the Scoring Tool, transfer the subtotal scores to the table below as a summary sheet for future reference.

Date Completed:

Team Members Completing the Tool:

Section	Fully Met	Mostly Met	Somewhat Met	Not Met
Score for Multi-Tiered System of Supports (MTSS) Sum of MTSS 1 – MTSS 21				
Score for Data-Driven Decision-Making (DDDM) Sum of DDDM 1 – DDDM 21				
Score for Family Engagement (FAM) Sum of FAM 1 – FAM 15				
Score for Community Collaboration (COMM) Sum of COMM 1 – COMM 12				
TOTAL				

References

- American School Counselor Association. *Student-to-school-counselor ratio 2015–2016*. Retrieved from <https://www.schoolcounselor.org/asca/media/asca/home/Ratios15-16.pdf>
- Anderson, C., Childs, K., Kincaid, D., Horner, R. H., George, H. P., Todd, A. W., ... Spaulding, S. A. (2012). *Benchmarks for advanced tiers (BAT)*. Retrieved from <https://www.pbisapps.org/Resources/SWIS%20Publications/BAT%20Guide.pdf>
- Association for Positive Behavior Support. (2007). *Positive behavior support standards of practice: Individual level*. Retrieved from https://www.apbs.org/files/apbs_standards_of_practice_2013_format.pdf
- Barrett, S., Eber, L., & Weist, M. (Eds.). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support*. Retrieved from <https://www.pbis.org/resource/advancing-education-effectiveness-interconnecting-school-mental-health-and-school-wide-positive-behavior-support>
- Center on Response to Intervention. (2014). *RTI fidelity of implementation rubric*. Retrieved from https://rti4success.org/sites/default/files/RTI_Fidelity_Rubric.pdf
- Centers for Disease Control and Prevention. (2017). *School health index: A self-assessment and planning guide*. Elementary school version. Retrieved from <https://www.cdc.gov/healthyschools/shi/pdf/Elementary-Total-2017.pdf>
- Centers for Disease Control and Prevention. (2017). *School health index: A self-assessment and planning guide*. Middle school/high school version. Retrieved from <https://www.cdc.gov/healthyschools/shi/pdf/Middle-High-Total-2017.pdf>
- Coalition for Community Schools. (2000). *Strengthening partnerships: Community school assessment checklist*. Retrieved from http://www.communityschools.org/assets/1/AssetManager/strength_part_assessment.pdf
- Coalition for Community Schools. (2017). *Community schools standards*. Retrieved from http://www.communityschools.org/resources/community_schools_standards.aspx
- Epstein, J. L., & Salinas, K. C. (2004). Partnering with families and communities. *Educational Leadership*, 61(8), 12-19.
- Florida's Multi-Tiered System of Supports. (2015). *Self-assessment of MTSS implementation (SAM) Version 2.0*. Retrieved from http://www.floridarti.usf.edu/resources/presentations/2016/nasp/eval/SAM%20Packet_October%202015.pdf
- Frankford, E., Sadlon, R., Acosta Price, O, & Sheriff, L. Partner Build Grow: Resources to sustain partnerships and advance prevention initiatives. *Journal of Youth Development*, 14(3), 183-195.

- Hanover Research. (2014). *Best practices in multi-tiered support systems*. Retrieved from https://www.lwsd.org/uploaded/Website/Get_Involved/MTSS/Best_Practices_in_Multi-Tiered_Support_Structures.pdf
- Henderson, A. T., Mapp, K. L., Johnson, V. R., & Davies, D. (2007). *Beyond the bake sale*. New York, NY: The New Press.
- Johns Hopkins University School of Education. (2018). *National network of partnership schools*. Retrieved from <https://new.every1graduates.org/national-network-of-partnership-school/>
- Johnson, K. H., & Bergren, M. D. (2011). Meaningful use of school health data. *The Journal of School Nursing, 27*(2), 102-110.
- Maggin, D., & Mills, C. (2009). Interconnecting school and mental health data to improve student outcomes. In S. Barrett, L. Eber & M. Weist (Eds.), *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support* (pp. 58-72).
- McIntosh, K. (2017). *Sustainability self-assessment for Tier 1 MTSS*. OSEP TA Center on Positive Behavioral Interventions and Supports, University of Oregon, Eugene, OR. Retrieved from <https://www.pbis.org/resource/sustainability-self-assessment>
- National Association of School Psychologists. (2013). *NASP recommendations for comprehensive school safety policies*. Retrieved from <https://www.nasponline.org/x27124.xml>
- National Association of School Psychologists. (2016). *Integrated model of academic and behavior supports*. Retrieved from <https://www.nasponline.org/x36849.xml>
- National Association of Social Workers. (2012). *NASW standards for social work services*. Retrieved from <https://www.socialworkers.org/Practice/Practice-Standards-Guidelines>
- National Center for School Mental Health. (n.d.). *School health assessment and performance evaluation*. Retrieved from <https://theshapesystem.com/>
- National Center on Time & Learning. *Framework for assessing school community partnerships*. Retrieved from <https://www.timeandlearning.org>
- National School Climate Center. (2009). *National school climate standards: Benchmarks to promote effective teaching, learning and comprehensive school improvement*. Retrieved from <https://www.schoolclimate.org/themes/schoolclimate/assets/pdf/policy/school-climate-standards.pdf>
- Stephan, S. H., Sugai, G., Lever, N., & Connors, E. (2015). Strategies for integrating mental health into schools via a multitiered system of support. *Child and Adolescent Psychiatric Clinics, 24*(2), 211-231.
- Substance Abuse and Mental Health Services Administration. (2015). *School mental health referral pathways toolkit*.

- Sugai, G., Lewis-Palmer, T., Todd, A. W. & Horner, R. H. (2005). *School-wide evaluation tool (SET) version 2.1*. Retrieved from [https://www.pbisapps.org/Resources/SWIS%20Publications/School-Wide%20Evaluation%20Tool%20\(SET\).pdf](https://www.pbisapps.org/Resources/SWIS%20Publications/School-Wide%20Evaluation%20Tool%20(SET).pdf)
- U.S. Department of Education. (2014). *Directory of federal school climate and discipline resources*. Retrieved from <https://www2.ed.gov/policy/gen/guid/school-discipline/appendix-1-directory.pdf>
- U.S. Department of Education. (2014). *Reform support network: Strategies for community engagement in school turnaround*. <https://www2.ed.gov/about/inits/ed/implementation-support-unit/tech-assist/strategies-for-community-engagement-in-school-turnaround.pdf>
- U.S. Department of Education, Office of Safe and Healthy Students. (2016). *Data interpretation topical discussion guide: Interpreting mental health school climate survey data*. Retrieved from <https://safesupportivelearning.ed.gov/sites/default/files/SCIRP/datainttopicalguidementalhlth.pdf>

About the School Behavioral Health Best Practice Guide and Scoring Tool

The School Behavioral Health Best Practice Guide and Scoring Tool was developed in 2020 by the Center for Health and Health Care in Schools (CHHCS) at the Milken Institute School of Public Health at the George Washington University. This project was funded by the Bainum Family Foundation. The development of the Guide and Scoring Tool began in 2018-2019, and was informed by interviews with behavioral health stakeholders in Washington, D.C., and a broad review of national best practice guidelines from government agencies, national organizations, and professional associations