School Strengthening Work Plan Quality Improvement Tool

Purpose

The School Strengthening Work Plan Quality Improvement Tool is developed to assess the level of completeness and quality of School Strengthening Work Plans completed as part of DC's Comprehensive School Behavioral Health Expansion.

About the School Strengthening Tool and Work Plan

The School Strengthening Tool is by the School Behavioral Health Coordinator and Community-Based Organization (CBO) Clinician – in collaboration with school leaders, school mental health team members, and key stakeholders – from each participating school. Schools complete the School Strengthening Tool, adapted from the Centers for Disease Control and Prevention's School Health Index (SHI), based on the Whole School, Whole Community, Whole Child (WSCC) framework. The SHI is a self-assessment and planning guide that enables school teams to: (1) identify the strengths and weaknesses of the school's policies and programs for promoting health and safety, (2) develop an action plan for improving student health and safety, and (3) involve teachers, parents, students, and the community in improving school policies, programs, and services. For the School Strengthening Tool, schools focus on four selected WSCC modules: (1) School Counseling, Psychological, and Social Services, (2) Social and Emotional Climate, (3) Employee Wellness and Health Promotion, and (4) Family Engagement.

After completing the School Strengthening Tool, the School Behavioral Health Coordinator and CBO Clinician collaboratively develop a School Strengthening Work Plan and submit the completed plan to OSSE. Often, this process is facilitated by Department of Behavioral Health (DBH) Clinical Specialists, the Project AWARE Coordinator, or DC School Behavioral Health Community of Practice (CoP) technical assistance managers.

Instructions

The School Strengthening Work Plan is intended for use by members of the Coordinating Council for School Behavioral Health - Implementation Committee. As a reviewer, you will have access to the School Strengthening Work Plans for your assigned schools. No additional background information is needed to complete this tool. Key definitions and concepts are included in Appendix A. The tool will assess the following:

- The plan's development of school behavioral health activities within a multi-tiered system of supports (MTSS);
- The alignment of these goals with one or more components of the WSCC framework; and
- The extent to which each goal meets the SMART (Specific, Measurable, Achievable, Relevant, Timebound) criteria.

This Quality Improvement Tool is organized into four sections: (1) Overview, (2) School Strengthening Tool, (3) School Strengthening Work Plan Goals, and (4) School Strengthening Work Plan Quality. The first three sections are directly mapped to a section of the School Strengthening Tool Summary & Work Plan. The fourth section asks you questions based on the plan as a whole. Each section includes additional instructions to clarify which part of the Tool or Work Plan you are assessing.

This tool is used for internal planning and quality improvement activities, and not to be used as an evaluation or accountability measure. The results from this tool will not be shared externally or with the school or CBO. This is intended to inform training, resource, and technical assistance needs to help improve the planning and implementation of the expansion activities.

Sec	tion 1: Overview						
1.	Initials of reviewer						
2.	School name						
Section 2: School Strengthening Tool							
Ente	er the score as reported on the School Strengthen	ing Work Plan. R	espond "N/A" if	not reported.			
1.	School Counseling, Psychological, and Social Services module score						
2.	Social Emotional Climate module score						
3.	Employee Wellness and Health Promotion mod	ule score					
4.	Family Engagement module score						
 Open-Ended Questions Assess the extent to which each school responded to the open-ended questions. For each question in this section, score as: Not at all: No response provided. Somewhat: Few (1-2) examples and/or little detail provided. Completely: Many (3+) examples and/or great detail provided. 							
1.	To what extent did the school respond to Q1 ?	□ Not at all	☐ Somewhat	☐ Completely			
2.	To what extent did the school respond to Q2 ?	□ Not at all	☐ Somewhat	☐ Completely			
3.	To what extent did the school respond to Q3?	□ Not at all	☐ Somewhat	☐ Completely			
4.	To what extent did the school respond to Q4 ?	□ Not at all	☐ Somewhat	☐ Completely			
	tion 3: School Strengthening Work Pla						
This section asks about the goals developed at each tier. When assessing each goal, please consider the overall goal as well as the responses to all four prompts: (1) What already exists to support this?, (2) Activities supported by the CBO clinician, (3) Activities supported by the school team, and (4) Additional resources available?							
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Section 3: School Strengthening Work Plan Goals (continued)							
Tier 2: Focused group and individual interventions for students at-risk of mental health							
challenges							
1.	A Tier 2	2 goal is included.	☐ Yes	□ No			
2.	Is the g	goal accurately categorized as Tier 2?	☐ Yes	□ No			
3.	To what extent does the Tier 2 goal identify						
	a.	Existing supports	\square Not at all	\square Somewhat	\square Completely		
	b.	Activities for the CBO clinician	☐ Not at all	☐ Somewhat	□ Completely		
	c.	Activities for the school team	☐ Not at all	☐ Somewhat	☐ Completely		
	d.	Additional resources available	\square Not at all	\square Somewhat	\square Completely		
4.	What \	WSCC components does the Tier 2 goa	l address? (Sele	ct all that apply.)			
	☐ School Counseling, Psychological, and Social Services						
		☐ Social Emotional Climate					
	☐ Employee Wellness and Health Promotion						
		☐ Family Engagement					
5.	Is the 1	Γier 2 goal					
	a.	Specific	☐ Not at all	☐ Somewhat	☐ Completely		
	b.	Measurable	☐ Not at all	☐ Somewhat	☐ Completely		
	C.	Achievable	☐ Not at all	☐ Somewhat	☐ Completely		
	d.	Relevant	☐ Not at all	☐ Somewhat	☐ Completely		
	e.	Time-bound	☐ Not at all	☐ Somewhat	☐ Completely		
		is an additional Tier 2 goal, please rep	•				
		sive support and interventions for	individual stu	dents (via indivi	dual, group, or		
fami		ment; crisis intervention)					
1.		3 goal is included.	☐ Yes	□ No			
2.		goal accurately categorized as Tier 3?	☐ Yes	□ No			
3.	To what extent does the Tier 3 goal identify						
	a.	Existing supports	☐ Not at all	☐ Somewhat	☐ Completely		
	b.	Activities for the CBO clinician	☐ Not at all	☐ Somewhat	☐ Completely		
	C.	Activities for the school team	☐ Not at all	☐ Somewhat	☐ Completely		
_	d.	Additional resources available	☐ Not at all	Somewhat	☐ Completely		
4.	What WSCC components does the Tier 3 goal address? (Select all that apply.)						
	☐ School Counseling, Psychological, and Social Services☐ Social Emotional Climate						
	☐ Employee Wellness and Health Promotion						
	☐ Family Engagement						
5.	Is the Tier 3 goal						
J .	a.	Specific	☐ Not at all	☐ Somewhat	☐ Completely		
	b.	Measurable	□ Not at all	☐ Somewhat	☐ Completely		
	C.	Achievable	□ Not at all	☐ Somewhat	☐ Completely		
	d.	Relevant	□ Not at all	☐ Somewhat	☐ Completely		
	e.	Time-bound	□ Not at all	☐ Somewhat	☐ Completely		
If		an additional Tier 3 goal, please repea					

Section 4: School Strengthening Work Plan Quality							
This section asks you to reflect on the School Strengthening Work Plan as a whole. Please respond to							
the following statements.							
1.	The work plan is comprehensive .	☐ Strongly disagree					
	Consider the following questions: Are the goals clearly articulated? Is	☐ Disagree					
	the information in the plan factually based? Does the plan address any current or proposed policies? Is there a clear plan for implementation	☐ Agree					
	and monitoring?	☐ Strongly agree					
2.	The work plan is strong .	☐ Strongly disagree					
	Consider the following questions: Does the plan appear to maximize the	☐ Disagree					
	available resources? Does the plan appear to minimize any unknown	\square Agree					
	factors of implementation? Are the needs of the school addressed	☐ Strongly agree					
	across the plan? Does the plan allow for changes and/or flexibility?						
3.	The work plan is persuasive .	\square Strongly disagree					
	Consider the following questions: Does the plan clearly convey available	☐ Disagree					
	information and implementation responsibilities? Does the plan appear	\square Agree					
	to accurately identify the current environment and infrastructure? Did	\square Strongly agree					
	both the CBO and the school contribute to the report (as far as you can tell)? Is the content of the plan consistent with identified needs,						
	resources, goals, etc.?						
4.	The work plan is inclusive.	☐ Strongly disagree					
	·	☐ Disagree					
	Consider the following questions: Does this plan bring those who are	☐ Agree					
	most impacted into the process and/or activities? Are those most	☐ Strongly agree					
	impacted involved in decision or policy-making in a way that appears to share power?	_ 008.7 48.00					
	share power.						
5.	The work plan is equitable.	☐ Strongly disagree					
	Considerable following acceptions Departure along includes the set of	☐ Disagree					
	Consider the following question: Does this plan include elements of fairness that seeks to address systematic injustice, inequity, or	\square Agree					
	oppression?	☐ Strongly agree					
	• •						

Appendix A - Key Definitions

Whole School, Whole Community, Whole Child (WSCC)

The Whole School, Whole Community, Whole Child (WSCC) model is the Center for Disease Control and Prevention's (CDC) framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices. The WSCC model has 10 components.

Counseling, Psychological and Social Services: These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments: direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed. Additionally, systems-level assessment, prevention, intervention, and program design by school-employed mental health professionals contribute to the mental and behavioral health of students as well as to the health of the school environment. These can be done through resource identification and needs assessments, school-community-family collaboration, and ongoing participation in school safety and crisis response efforts. Additionally, school-employed professionals can provide skilled consultation with other school staff and community resources and community providers. School-employed mental health professionals ensure that services provided in school reinforce learning and help to align interventions provided by community providers with the school environment. Professionals such as certified school counselors, school psychologists, and school social workers provide these services.

Social and Emotional School Climate: Social and Emotional School Climate refers to the psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

Family Engagement: Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and development. This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community. Family engagement should be continuous across a child's life and requires an ongoing commitment as children mature into young adulthood.

Employee Wellness: Schools are not only places of learning, but they are also worksites. Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success. Healthy school employees—including

teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. They serve as powerful role models for students and may increase their attention to students' health. Schools can create work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards (e.g., mold, asbestos). A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. Partnerships between school districts and their health insurance providers can help offer resources, including personalized health assessments and flu vaccinations. Employee wellness programs and healthy work environments can improve a district's bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes.

Multi-Tiered System of Supports (MTSS)

A multi-tiered system of supports (MTSS) is a data-driven decision making framework for establishing the social culture and behavioral supports needed for a school to be an effective learning environment (academic and social emotional behavioral) for all students. *For our purposes*, we focus on the comprehensive school behavioral health services and supports offered at Tier 1, Tier 2, and Tier 3.

Tier 1 (Universal): 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): 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): 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.

SMART Goals

Specific: Concrete, detailed, and well defined so that you know where you are going and what to expect when you arrive.

Measurable: Numbers and quantities provide means of measurement and comparison.

Achievable: Feasible and easy to put into action.

Relevant: Considers constraints such as resources, personnel, cost, and time frame.

Time-bound: A time frame helps to set boundaries around the objective.

Inclusive: Brings traditionally marginalized people—particularly those most impacted—into processes, activities, and decision/policy-making in a way that shares power.

Equitable: Includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.