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## **An Evaluation of a School District's Mental Health Services Program Designed to Ensure a Safe and Positive Learning Environment for All**

Jasodra Suba

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An Evaluation of One School District's Mental Health Services Program Designed to Ensure a Safe and Positive Learning Environment for All

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Educational Leadership Doctoral Program

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November 12, 2021

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An Evaluation of a School District's Mental Health Services Program Designed to Ensure  
a Safe and Positive Learning Environment for All

Jasodra Suba

Educational Leadership Doctoral Program

Submitted in partial fulfillment  
of the requirements of  
Doctor of Education in Educational Leadership

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National Louis University

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## **Abstract**

A key component to academic success is comprehensive mental health services for students. The intended purpose of this evaluation was to study the implementation of strength-based performance standards in one school district's mental health training for all individuals preparing to work in a school-based environment. The context of my program evaluation was one large public school district in the United States operating in a state that mandates that each public school district implement a mental health services program. As part of this study, I examined the underlying concerns surrounding the large public school district's implementation of evidence-based Mental Health Assistance Allocation Plan (MHAAP) curricula. My study identified the organizational infrastructure and accountability mechanisms created by the school district during the process of establishing an effective MHAAP. These mechanisms carry relevance for other schools, district departments, and surrounding communities that are attempting to implement an effective MHAAP.

## Preface

As a district administrator in a public school district, I am committed to the continuum of the delivery of support to our students via a multi-tiered system that will provide evidence-based mental health services. Services include assessment, diagnoses, intervention, linkage, treatment, monitoring, and recovery to students with one or more co-occurring mental health diagnoses in high-risk students. My work involves the delivery of innovative instructional practices and linking specific interventions in schools through the before the bell and extended enrichment programs.

I have a background in instructional practices that encompasses learning techniques to assist teachers in increasing student achievement beyond subject comprehension to produce students who are independent strategic learners through implementing innovative instructional practices through extended instruction which can occur within a school day or outside of it. In addition, my background as a mental health clinician has allowed me to combine my knowledge of instructional practices and clinical experiences to inductively focus on the effectiveness, of theories and the connection between students' academic and social-emotional learning needs in K-12 public schools.

Through my work with innovative instructional practices, I became aware of the need to have extended time for students to spend in instruction in various ways. Types of extended instruction are delivered to all a schools' students while others target subpopulations, such as those who have failed to meet certain performance thresholds. Finally, extended instruction may be provided by a school's core instructional staff or by others, including specialized teachers, private providers, and peers.

Through this study, I proposed ways in which policy and procedures can promote a positive cultural change in a school district by helping stakeholders to accept the idea of change and identifying the needs of establishing an effective mental health plan that can service all staff and students. These new leadership abilities have prepared me to be a more effective school district administrator. A change plan must represent each area of improvement and include the changes needed to provide equal and equitable educational resources for all. This program evaluation enabled me to realize that change can come from a broader spectrum and filter within its own community rather than being driven by politics or other factors as deciding components. My primary goal is to help stimulate further research and practice in the use of data-driven decision-making through the collection and analysis of educational data that can be used to update policy and practice toward future trends that involve the use of multifaceted measures ranging from the establishment of social and emotional learning standards to the development of social and emotional learning programs for shaping student achievement. This includes providing professional development programs for teachers and supporting nonacademic measures in social and emotional learning skill assessments.

## Acknowledgements

I would like to express my respect and appreciation to everyone who has supported me through my doctoral journey. First, I must thank my husband and best friend; your encouragement and resilience through the past years have been instrumental towards my professional and personal growth.

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I would like to thank the district leaders, school leaders, teachers, and staff in the district of my study who graciously and willingly participated in my research in various ways. Without their support and collaboration, none of this work would have been possible. My hope is that this work will continue to benefit the students and families of the district.

Finally, my utmost appreciation to my wonderful VICE sisters, Cindi, Patra, Ayana, Marica, and Wendy. Our journey together started in 2019, and collectively we embodied the true meaning of being a part of a cohort. Discussions, tears, laughter, support, food, and sparkle fostered an everlasting bond of team VICE.

## **Dedication**

This dissertation is dedicated to my parents Sheila and Drepaal Suba, for their sacrifice toward educating and preparing me for the future. I am beyond grateful for their love, prayers, understanding, and support that they have and continue to provide me. I am thankful to my daughter Serena, for inspiring me to pursue my dreams and giving me strength when I thought of giving up. To my husband Adam who continually provided moral, emotional, and financial support. And lastly, to my baby boy Sebastian who reminded me of my purpose as an educator is beyond the classroom. The effects will be everlasting, well into the future of each child I encounter.

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## **Chapter One: Introduction**

In today's schools and surrounding communities, the need for mental health support has increased at a rapid rate. The research of Koller & Bertel (2006) supported the ideology for professional development using evidence-based research to provide school-based personnel with the necessary skills to help students and families regarding mental health concerns. Koller and Bertel noted that professionals often lack evidence-based knowledge and skills to identify needs and intervene for students at risk for mental illness. They also lack the personal resources to understand their own mental health concerns, including how to effectively cope with job stress.

### **Purpose of the Program Evaluation**

Traditional career preparation for teachers and school-based personnel have undergone a shift in the paradigm of educational training concerning meeting the mental health issues of today's youth (Koller & Bertel, 2006). My goal was to evaluate the specific evidence-based training used to assist the school-based personnel who intervene and identify students with mental health issues.

Senators Chris Murphy, Dick Durbin, Christopher Coons, Martin Heinrich, along with Representatives John Katko and Grace Napolitano, played a part in the reintroduction of the Mental Health in Schools Act of 2017 (National Council for Behavioral Health, 2015). This bill amended s. 1011.62, F.S., relating to funds for the operation of schools, to create the mental health assistance allocation to provide funding to assist school districts in establishing or expanding school-based mental health care as outlined in 2018 by the School Boards Association of the state in which the district under study resides (Citation withheld to protect confidentiality). The intent of this legislation

was to build on successful and evidence-based programs and provide psychological health services in schools (Substance Abuse and Mental Health Services Administration, 2020). The revised legislation aspired to assist in building a highly effective program known as Safe Schools/Healthy Students. This program incorporated promising practices in education, justice, social services, local primary health care, and trauma-informed behavioral health care to help communities act and help youth and adolescents in need. The legislation served communities by creating comprehensive, evidence-based, age and culture-appropriate, trauma-informed services that incorporated strategies of positive behavioral interventions and supports. Literature summarizing studies of school-wide positive behavioral supports (PBS) suggested that, on average, PBS schools saw improvements in social climate and academic performance and experienced 20-69% reductions in disciplinary incidents. Similar legislation was introduced in each of the last four Congresses (Citation withheld to protect confidentiality).

As defined by the Department of Education of the state of the school under study, the four disciplines of student services encompassed health professionals such as school psychologists, school nurses, school social workers, and school counselors. Each brought essential expertise to the field of education. They also shared a responsibility to enable students to learn, achieve their potential, graduate from high school, and successfully pursue post-secondary options for a productive and fulfilling adulthood. In addition, student services professionals across disciplines were tasked with promoting safe and healthy school environments to support social, emotional, behavioral, academic, physical, and mental wellness.

The intention of this evaluation was to identify the implementation of strength-based performance standards for all individuals preparing to work in a school-based environment. The main focus was an evaluation of the application of the Mental Health in Schools Act (2017) and using data to determine if it met the needs of adolescents. According to research conducted by Koller and Bertel (2006), many youths in the United States experienced mental health problems to the degree that impaired daily functioning. Alongside this determination, substantial mental health support in the school setting was needed for prevention and early intervention efforts before the problem escalated to a diagnostic level. Koller and Bertel illustrated that the incorporation of pre-service training in education along with justice, social services, local primary health care, and trauma-informed behavioral health care for educators and other providers could help communities take action. This model, with learning supports provided by student services professionals, reduced a wide array of barriers to learning experienced across the student population. Using data-based planning and problem-solving, teams of student services professionals in collaboration with parents, community representatives, and other educators could best provide integrated supports to increase student engagement for the highest student achievement (Citation withheld to protect confidentiality).

The initiated purpose of the Mental Health in Schools Act (2017) was built on the premise that a highly effective program provided safe schools and student programs with increased partnerships between local education and community programs. The National Council for Behavioral Health (NCBH, 2017) illustrated programs for behavioral health, which consisted of but were not limited to local primary health, juvenile justice, and child welfare entities. The programs provided funding to have onsite qualified mental health

professionals in schools country-wide to deliver behavioral health services with minimal or no cost to students and their families.

### **Rationale**

Education is an essential building block in the lives of children and adolescents. Positive educational and social experiences in schools help children and adolescents gain the knowledge, skills, and tools necessary to grow into independent and productive adults. Based on statistics (NCBH, 2017), comprehensive mental health services are essential to learning regarding children's healthy social, and emotional development. The Mental Health in Schools Act expanded comprehensive school-based mental health services for students in communities across the U.S.

With awareness of the need for expanded mental health supports, I chose to evaluate School District X's Mental Health Assistance Allocation Plan (Citation withheld to protect confidentiality) implementation to identify if a curricula pedagogy in pre-service educator training was effective in its intended purpose of establishing a change in thinking in education. In spite of the fact that children spend over seven and a half hours a day in schools where the primary focus is on academia, most state-approved teacher education programs required only one psychology course. With the increased demand for professional development within the schools concerning mental health issues, I wanted to know how one school district in the United States was meeting those needs. I wanted to understand to what extent the district under study implemented the Mental Health in Schools Act (2017) and if there was competency-based pre-service training that met the requirements of the act.

## Goals

The goal of my program evaluation was to understand the underlying concerns of the implementation of evidence-based curricula. I discussed multiple certification requirements that involved various accreditation boards which include The Council for Accreditation of Educator Preparation (CAEP), the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the Interstate Teacher Assessment and Support Consortium (InTASC). The evaluation of the school district's implementation of the MHA through the lens of these accreditation boards included evidence-based requirements of competency standards to address the growing mental health needs in schools and surrounding communities.

Curriculum theory and content-oriented theory proposed compelling arguments and concepts regarding the problems facing the implementation of the MHAAP outlined in the district under study. The curriculum theory discussed numerous ways to enable a reformed environment by guiding and providing educators with the right tools (Glatthorn, 2016). The holistic approach projected a shift within the classroom regarding teacher engagement and student involvement. This approach communicated the essential steps that educators needed to implement when engaging with students, which related to "making suggestions, asking questions, and prompt student concern; teachers persuade students to join an educational experience" (Glatthorn, 2016, p. 98). This approach prompted educators to focus on the emotional and creative components of teaching and how to implement this perspective in their practice. It can provide both special education teachers and general education teachers with specific training in how to serve students

with mental health disabilities effectively and how to identify the symptoms (Glatthorn, 2016).

### **Research Questions**

Through the evaluation of expanding successful evidence-based programs to address mental health issues in schools, I also evaluated the fiscal climate by assessing the government resources used to ensure high-quality, valuable programs. The purpose of the MHAAP was to provide assistance and guidelines to the school district for the expansion of effective and cost-efficient programs that were proven to be successful for children across the country (SAMHSA, 2020).

I conducted this evaluation to address the following research questions explicitly.

1. To what extent were school-based staff able to identify the differences between mental health versus mental illness?
2. To what extent were universities using competency-based mental health training in teacher training programs? Was it required in the core curriculum?
3. To what extent were school-based personnel given the resources to acquire an explicit understanding of the theories and principles associated with specific mental health needs of our students?
4. How can educational leaders promote a safer environment for students regarding school violence, bullying crisis intervention, and promote the importance of curricula to support both students' and teachers' social and emotional health?

To evaluate the implementation of the MHAAP, I identified the need for school-based personnel to require pre-service training. I noted the development and

implementation of specific competency-based objectives. I reviewed the performance of national certification agencies which provided the particular goals for school-based personnel and classified standards created by CAEP (2018) to provide core training for new teachers. I also examined how the district could create and implement a model to improve collaboration among school psychologists, K-12 teachers, and district mental health staff.

I initiated one survey for certified classroom teachers and school site and district facilitators of before and after school programs (see Appendix B). I surveyed teachers and support staff in elementary, middle, and high schools. I analyzed the survey data from all stakeholders that provided information on items required for future implementation of the district's MHAAP to increase professional learning opportunities across the board for all staff.

The findings from my evaluation informed the implementation of strength-based performance standards in the school district's mental health training for each individual who planned to work within a school-based environment. I evaluated the implementation of the MHSA of 2017 (U. S. Congress, 2017) using various assessments to determine if the programs met the mental health needs of today's youth.

## **Conclusion**

Through my program evaluation, I gained a clear comprehension of the MHSA of 2017 ((U. S. Congress, 2017)). I noted an evidence-based practice implemented in the pre-service training of teachers, and I took a close look into the resources available to assist with the needs of both staff and students regarding mental health. In addition, I found that teacher stress and burnout had dramatically increased, and the climate of

schools was affected by this. Having a specific program model in pre-service training and district implemented professional learning communities that was specifically designed to identify the core needs of schools would significantly impact how they were meeting the needs of stakeholders.

## Chapter Two: Review of the Literature

In this chapter, I offered a synthesis of literature related to my study of the training and preparation of school-based personnel in the mental health needs of children and families. I reviewed several aspects of mental health issues in a school setting. Initially, I discussed literature that addressed the current state of children's mental health needs. I also presented information on how mental health wellness can impact a school. Mental health issues affect a student's energy level, concentration, dependability, mental ability, and optimism, hindering performance. Research suggested that depression is associated with lower grade point averages and that co-occurring depression and anxiety can increase this association.

Addressing mental health needs in school is critically important because one in five children and youth have a diagnosable emotional, behavioral, or mental health disorder and one in 10 young people have a mental health challenge that is severe enough to impair how they function at home, school or in the community (Kessler, et al. 2005). I additionally reviewed the role of school-based personnel in measuring the effectiveness of the social-emotional learning (SEL) needs of students, followed by a deep examination of high-quality feedback and professional development. The prevalence of children's mental health disorders was also identified. Teachers' roles have expanded to include identifying students with mental health needs and delivering mental health interventions. However, teachers rarely receive mental health training needed to successfully provide resources and intervention to meet the needs of students' mental wellness (Adelman & Taylor, 2010). In the closing section, I scanned teachers' perspectives on student mental

health needs. I concluded the chapter with a brief review of new mandates and historical data.

### **The Current State of Children's Mental Health Needs**

Mental health needs are common among young people in the United States, with 13%-20% of children experiencing a diagnosable psychological condition in a given year (Perou et al., 2011). The majority of such youth do not receive any treatment (Merikangas et al., 2011); this is particularly troubling given that early intervention is associated with superior outcomes for various psychological conditions. During a study conducted by the U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2020), and Health Resources and Services Administration (HRSA), experts identified the key milestones and current state of school mental health to advance the widescale adoption of high-quality, comprehensive school mental health systems in the United States. Increasing positive mental health wellness in schools can allow children to think clearly, provide socially developed skills needed to learn new skills, and thrive in social environments. Additionally, as seen in the current state of education, the needs go beyond academics. It will be beneficial to all students to hear encouraging words from caring adults, which is vital for helping students to develop self-confidence, high self-esteem, and a healthy emotional outlook on life (Hoover et al., 2019).

### **Impact of Students' Mental Health Needs on Schools**

When students enter a school building and classrooms, many bring social-emotional and behavioral challenges that interfere with learning. School mental health programs addressed these challenges by providing individual, family, and group

counseling, consultation for school staff, and mental health promotion and prevention programs and services. In today's schools and surrounding communities, the need for mental health services has increased rapidly according to the research of Koller and Bertel (2006). Training and preparation of school-based personnel supported the need for professional development using evidence-based research to provide school-based personnel with the necessary skills to support students and families regarding mental health concerns. Koller and Bertel argued that professionals often lacked specific evidence-based knowledge and skills to identify and intervene with students at risk for mental illness. They also lacked the personal resources to understand their own mental health concerns, including how to effectively cope with job stress while increasing teaching effectiveness and job satisfaction. An evidence-based practice implemented in the pre-service training of teachers helped me take a closer look into the resources available to assist with the needs of both staff and students regarding meeting the needs of mental health wellness. The provision of effective, comprehensive mental health systems within a school was a documented concept. Hoover et al. (2019, p. 43) maintained that “schools can contribute to improved student and school outcomes, including greater academic success, reduced exclusionary discipline practices, improved school climate and safety, and enhanced student social and emotional behavioral functioning.”

### **Role of School-Based Personnel**

A 2019 report by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2020) noted that a key component to academic success was comprehensive mental health services for students. Education is an essential building

block in the lives of children and adolescents. Positive educational and social experiences in schools help children and adolescents gain the knowledge, skills, and tools necessary to grow into independent and productive adults. According to the National Council for Behavioral Health (2017), The Mental Health Schools Act of 2017 served as a solution to address inadequate school mental health resources. This policy built upon a highly effective program known as the Safe Schools/Healthy Students program, which strengthened partnerships between local education and community programs. The programs included but were not limited to local primary health, juvenile justice, and child welfare entities. Funds were furnished to place on-site qualified mental health and substance abuse professionals in schools across the country to provide behavioral health services for students and their families at no charge (National Council for Behavioral Health, 2015)

### ***Teacher Training***

Teachers and other staff are often important components of interventions selected to support students at risk. However, based on the results from the 2016 National Survey on Drug Use and Health, implementing interventions without appropriate preparation of those who may be responsible for assisting with the support can lead to poor outcomes. The 2016 National Survey on Drug Use and Health is a collection of tables presenting positive national outcomes that occur most frequently when there is a close match between problem and treatment (SAMHSA, 2020).

### ***Fidelity of Implementation***

The Mental Health in Schools Act of 2017 (U. S. Congress, 2017) expanded the availability of comprehensive school-based mental health disorder services for students in communities across the U.S. Using data to match interventions to problems and using

evidence-based interventions are important. Building capacity to use prevention and intervention strategies occurs over time with support, leadership, and coaching. Providing these services is essential to learning, and the healthy social and emotional development of children.

### ***Progress Monitoring***

Progress monitoring was determined to be an essential component both for the evaluation of student needs and response to individualized interventions. Schools may want to consider utilizing a screening tool to be used for the initial screening of risk assessment, as well as a progress monitoring tool (Mental Health in Schools Act, 2017).

### **Teachers' Competencies that Impact Mental Health**

The development and implementation of specific competency-based objectives and frameworks were created using the guidelines provided through the implementation of H. R. 2913 (U. S. Congress, 2017). This legislation amended the Public Health Service Act to revise and extend projects relating to children and violence and provide access to school-based comprehensive mental health programs. It included evaluation of the programs designed to teach all stakeholders how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. One such program is the Youth Mental Health First Aid (YMHFA) which was designed for social service employees to generate appropriate strategies for interacting with young people. It included evidence-based requirements of competency standards to address the growing mental health needs in schools and surrounding communities. The YMHFA program evaluation was based on a manualized training program designed to educate members of the public on common emotional problems and psychological disorders among youth.

This program provided school-based staff with the tools to assist young people in psychological distress (Aakre & Lucksted, 2016).

YMHFA teaches about recovery and resiliency and the belief that individuals experiencing these challenges can get better and use their strengths to stay well. YMHFA includes a five-step action plan in the training model to address common mental health challenges for youth: depression and mood disorders, anxiety disorders, trauma, psychosis, and substance use disorders. The school-based staff practiced through role-plays, scenarios, and activities which made it easier to apply these skills in a real-life situation. This can increase school-based staff's confidence in helping a young person in emotional distress or crisis (Aakre & Lucksted, 2016).

The lack of traditional career preparation for teachers and school-based personnel has promoted a shift in the paradigm of educational training programs concerning meeting the needs of mental health issues of today's youth (Koller & Bertel, 2006). School personnel are often the first line of providers to meet the needs of children and youth who have mental health disorders. National policies and briefs, such as the President's New Freedom Commission on Mental Health Report (2003), identified schools as a natural setting and best site to provide mental health treatment and prevention services to youth (Adelman & Taylor, 2010). In schools, mental health supports were typically provided by School Mental Health (SMH) professionals, including the school counselor, psychologist, nurse, and social worker. However, schools did not have enough appropriate resources for addressing emotional and behavioral challenges facing children and youth in schools. The 1:1 ratio of SMH professionals needed to meet the demand for effective, comprehensive services for a school population

was an ideal but not a reality. Additionally, the SMH professionals often required time to focus on prevention and obtaining the appropriate resources to address emotional and behavioral challenges (Weist et al., 2014b). To diminish this dilemma, the expansion of school-based models that included the use of mental health professionals and educators, and other school-based staff to address the mental health needs of the students, was essential.

### **New Mandates and Historical Data**

Improving mental health literacy and providing helpful intervention strategies to adults who regularly interact with young people is vitally important, especially because young people may be particularly unlikely or unable to self-refer for psychological problems. According to research conducted by Koller and Bertel (2006), many youths in the United States experienced mental health problems to a degree that impaired daily functioning. Alongside this classification, substantial mental health support in the school setting was needed for prevention and early intervention efforts before the problem escalated to a diagnostic level. Koller and Bertel (2006) illustrated that meeting the need for pre-service training in education, justice, social services, local primary health care, and trauma-informed behavioral health care can help communities take action. The need for change in the way schools provided mental health services and support to students and staff led to the reintroduction of the Mental Health in Schools Act of 2017, in which senators Chris Murphy, Dick Durbin, Christopher Coons, Martin Heinrich, Representatives John Katko, and Grace Napolitano, played a part (S. 1370/H.R. 29). The Mental Health in Schools Act of 2017 (MHSA) (U. S. Congress, 2017) initiated a purpose built upon the premise of being a highly effective program that provided safe

schools and student programs, with the intent to increase partnerships between local education and community programs. The National Council for Behavioral Health illustrated these programs for behavioral health, which consisted of, but were not limited to local primary health, juvenile justice, and child welfare entities. The programs provide funding to have onsite qualified mental health professionals in schools, country-wide to deliver behavioral health services for students and their families at minimal to no charge.

The intent of this legislation was to build on successful and evidence-based programs and to provide psychological health services in schools. The revised legislation act would assist educators in creating a highly effective program known as the Safe Schools and Healthy Students program. This youth-focused program incorporated promising practices in education, justice, social services, local primary health care, and trauma-informed behavioral health care to help communities act and help youth and adolescents in need (SAMHSA, 2020).

YMHFA, a manualized training program designed to educate the general public on common emotional problems and psychological disorders among youth, provided trainees with tools to assist young people in emotional distress. It incorporated the improvement of mental health literacy (Kelly et al., 2011). YMHFA is a modified version of Mental Health First Aid (MHFA), a program that employed a skills-based approach to teaching the general public how to recognize signs of emotional distress or crisis in others and how to assist them (Kitchener et al., 2012). Initially developed in Australia as a 12-hour group training (Kitchener & Jorm 2002a, 2002b), MHFA was implemented in 23 countries, in both eight-hour and 12-hour formats and adult- and youth-focused versions. MHFA was used in the United States in 2008; as of November 2014, more than 280,000

people have completed MHFA-USA training (National Council for Behavioral Health, 2017).

### **Conclusion**

The intended program evaluation was to study the implementation of strength-based performance standards in a school district's mental health training for all individuals preparing to work in a school-based environment. The theory of providing additional educational training programs in meeting the needs of mental health issues of today's youth (Koller & Bertel, 2006) was prompted by the lack of traditional career preparation for teachers and school-based personnel. This promoted a shift in implementing evidence-based training used to assist school-based staff to intervene and identify students with mental health issues.

There was marginal research to genuinely support the theory that organizational changes only require an increase in the number of mental health professionals assigned to a school. Innovative ways in which those professionals are utilized need significant consideration (Shernoff et al., 2016). The school mental health professionals and teachers often do not have the opportunity to work collaboratively, which may limit the effectiveness of providing the support needed for students with mental health needs. Research conducted by Shernoff et al. (2016) suggested ways to encourage and maintain collaboration among school personnel and mental health professionals would include creating a framework to ensure each professional's competencies coincide with those of other professionals. Looking at all the competencies together may help in understanding each role and planning for collaboration in providing additional training and evidence-based social-emotional learning (SEL) curriculum to increase student achievement.

### **Chapter Three: Methodology**

The intended purpose of this program evaluation was to study the implementation of strength-based performance standards in a school district's mental health training for all individuals preparing to work in a school-based environment. The focus was an assessment of the implementation of the Mental Health in Schools Act of 2017 (U. S. Congress, 2017) and the school district's Mental Health Services Programs. I collected data to determine if the program met the mental health needs of today's youth.

#### **Research Design Overview**

I used a summative evaluation with an effectiveness focus and an implementation focus to study the mental health services program. The summative assessment allowed me to describe the overall merit of the program, the effectiveness focus allowed me to provide data to school board members aligned to program goals (Creswell, 2014), and the implementation focus provided insight for future adaptations of the program (Patton, 2008).

#### **Participants**

There were six stakeholder groups in this program evaluation. The first group was certified classroom teachers from one school district in the United States. The second group was members of the school-based Mental Health Teams from several schools in the same school district. The third group included district student services specialists from the same school district. The fourth group included school site facilitators and district facilitators in Before and After School Programs in the same school district. The fifth group included parents of students in the Before and After School Programs in the same school district. Finally, the sixth group included students in grades K-12 from the

same school district. Students were participants as far as the extant data collected contained information gathered from a Multi-Tiered System of Supports (MTSS) to address the mental health concerns of all students.

The MTSS model was designed with three tiers to ensure successful outcomes for all students by implementing a data-based problem-solving process to evaluate the effectiveness of all interventions within each tier. Interventions focused on academic performance, social and emotional instruction and support, behavioral issues, and mental health. I had no physical interaction with students in this study, only the use of extant student data collected by the school districts' personnel.

### **Data Gathering Techniques**

I collected both quantitative and qualitative data for my program evaluation. The different data sets contributed to an overall understanding of the district's Mental Health Assistance Allocation (MHAA) plan. The data analysis provided information to guide the future implementation of the district's MHAA plan initiative and influence policy and funding decisions.

### ***Survey***

I implemented a mixed-method design to analyze the quantitative and qualitative data collected. For my program evaluation, I used quantitative data in the form of the number of staff that signed up for the Kognito and Youth Mental Health First Aid (YMHFA) training, students' MTSS data, and Likert Scale responses to survey questions for school-based mental health team members. The qualitative data included responses to open-ended survey questions contained within the survey for teachers and school site and district facilitators of Before and After School Programs, as well as the survey for the

district student services specialists. I also used two additional surveys. I implemented a survey with the school site and district facilitators of Before and After School Programs to provide feedback to the school district personnel on how they can provide support to the staff, students, and families related to their mental health and well-being during the time frame of the district's response to COVID-19. The other survey I used was with parents of students in the Before and After School Programs to provide feedback to the school district personnel on how they can provide support to students and families related to their mental health and well-being during the time frame of the district's response to COVID-19.

### ***Questionnaires***

I conducted short response questions with student services district student services specialists to gain in-depth knowledge about the program. The qualitative data provided insight into the various elements of the program from the program administrator's perspective. Questionnaires occurred face to face or over the telephone (for a copy of the short answer questions, see Appendix A). I transcribed short answers for accuracy and individual responses lasted between two to five minutes.

### **Data Analysis Techniques**

My analysis of the quantitative and qualitative data sets provided insight into the program's strengths and weaknesses. I used a summative evaluation with an effectiveness focus and an implementation focus to study the mental health services program. The summative assessment allowed me to describe the overall merit of the program, and the effectiveness focus allowed me to provide data to school board members aligned to program goals. The implementation focus provided insight for future adaptations of the

program (Patton, 2008).

### **Ethical Considerations**

I compared students' performance data based on the MTSS process before and after implementing the Mental Health Services Program. This allowed me to study whether the Mental Health Services Program impacted individual students' MTSS data. Specifically, I compared and analyzed students' performance assessment data for all students who participated in the Mental Health Services Program. I examined the data to determine whether there was a relationship between participation, measured by the number of participants who enrolled in the districts' mental health training, and student achievement results. I also used my surveys of teachers about perceptions of the mental health training programs to gain additional insight into the program's effectiveness.

I obtained data sets from several different sources. As a representative of the school district, I developed teacher surveys for six district schools. I asked permission from the school district to use the data from these surveys in my study. I also requested permission from school principals to survey the school-based mental health team members and certified classroom teachers to inform my program evaluation. There were no anticipated risks to participants in this program evaluation, no more significant than that encountered in daily life. However, participants who took part in this study may benefit by contributing to future implementations and design of the school district's Mental Health Services Program and the Before and After School Programs in the district under study.

## **Limitations**

Limitations of the program evaluation included my biases about the direct answers regarding the program evaluation model used to determine challenges encountered by the district student services specialists regarding mental health training for educators. Educators play a vital role in providing support and resources to students with mental health concerns. I aimed to use this evaluation for policy advocacy and continuance of in-service training programs that include collaboration between mental health professionals and educators.

Another limitation was the sample size. Funding allocation in the district limited the employment of mental health professionals such as licensed mental health counselors, school psychologists and social workers to maintain a 1:1 ratio with schools. Educational positivism also had limits.

## **Conclusion**

I collected both quantitative and qualitative data for my program evaluation. The various data sets contributed to an overall understanding of the district's MHAA plan. The data analysis provided information to guide future implementation of the district's MHAA plan initiative and influence policy and funding decisions. In Chapter Four, I presented in detail my findings from this program evaluation, what they revealed about the school district's context, conditions, competencies, and culture (Wagner et al., 2006), and my interpretation and judgment of the findings.

## **Chapter Four: Results**

The findings from my program evaluation indicated a need to study the implementation of strength-based performance standards in school districts' mental health training for each individual who plans to work within a school-based environment. I included various assessments related to the implementation of the Mental Health in Schools Act of 2017 (U. S. Congress, 2017) to determine if the program for the educators in the district under study was prepared to meet the mental health needs of their students.

### **Findings**

The findings from my program evaluation demonstrated informative outcomes regarding whether the mental health services program in the district under study was designed to ensure a safe and positive learning environment for all. I utilized a survey and a questionnaire to gather data. My findings provided the opportunity to reflect on the sufficiency of resources in the district under study for mental health training for all individuals preparing to work in a school-based environment. I utilized my questions that ranged from items such as "years of experience" to "mental health training within the curriculum" and surveyed a diverse population of certified teachers who worked in a variety of environments. I used an uncontrolled setting and involved voluntary participants who all remained anonymous.

### ***Survey Data from Certified Classroom Teachers and School Site and District***

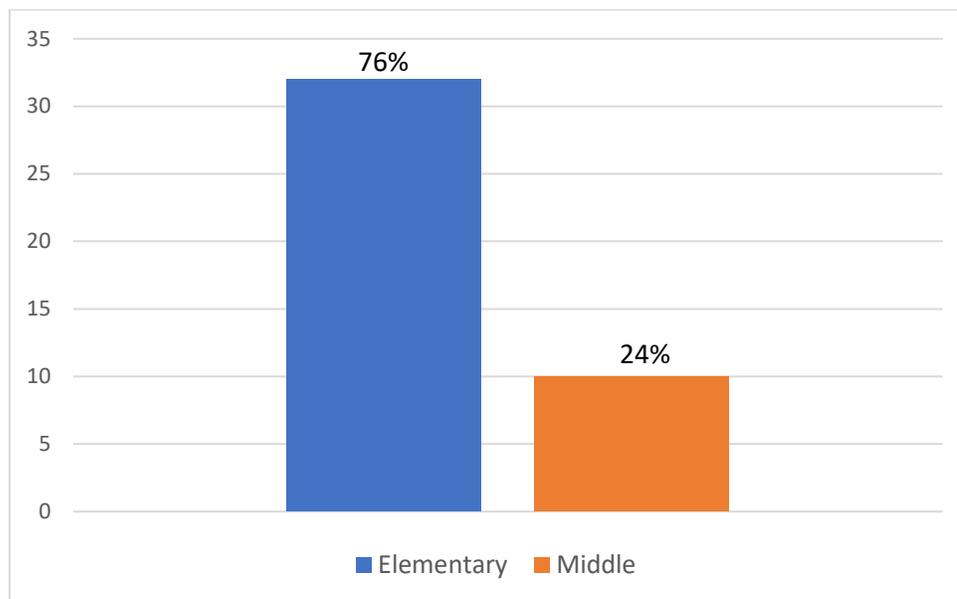
#### ***Facilitators of Before and After School Programs***

I initiated one survey for certified classroom teachers and school site and district facilitators of Before and After School Programs (See Appendix B). A total of 42

participants responded to the 70 surveys that I distributed. Over 76% of teachers surveyed were elementary based and 24% worked in middle schools, as indicated in Figure 1.

### Figure 1

*Results of the Responses to Survey Question 1: Which School Level Do You Represent?*

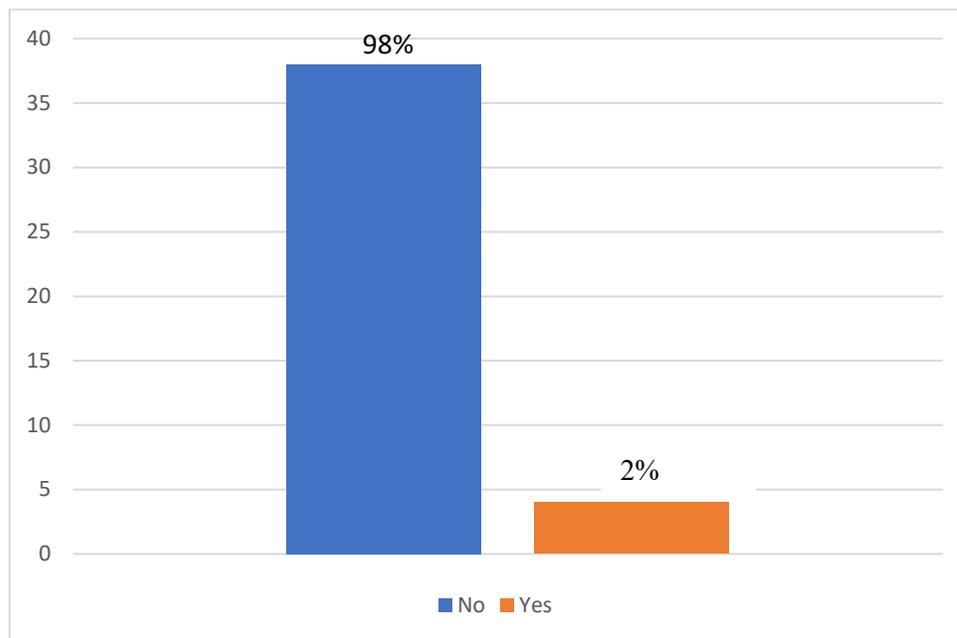


*Note.*  $N = 42$

On Question 2 of the survey, 2% of participants stated they were general education teachers, and 98% indicated they were support staff and other district staff assigned to provide services to students (see Figure 2).

**Figure 2**

*Results of the Responses to Survey Question 2: Are You a General Education Elementary Teacher?*

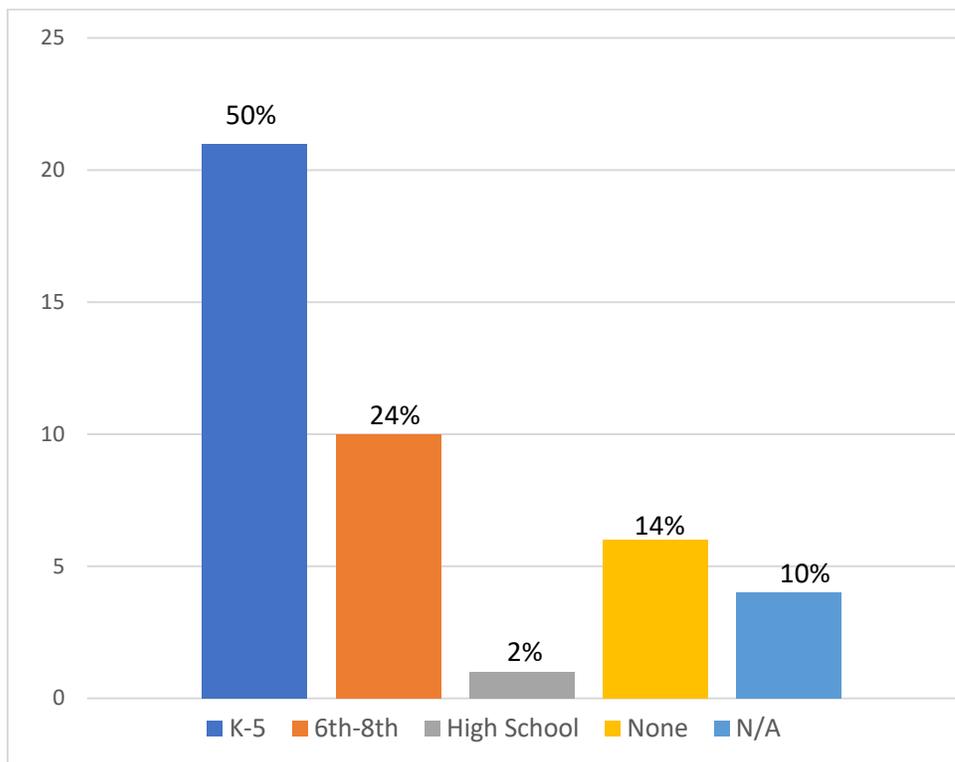


*Note.*  $N = 42$

In response to Question 3 of the survey, 50% of teachers and staff reported they worked in a K-5 environment, 24% said they worked in Grades 6-8, 2% said they worked at the high school level, and 10% reported that they were not assigned to a K-12 school site (see Figure 3).

**Figure 3**

*Results of the Responses to Survey Question 3: What is the Grade Level You Currently Teach?*

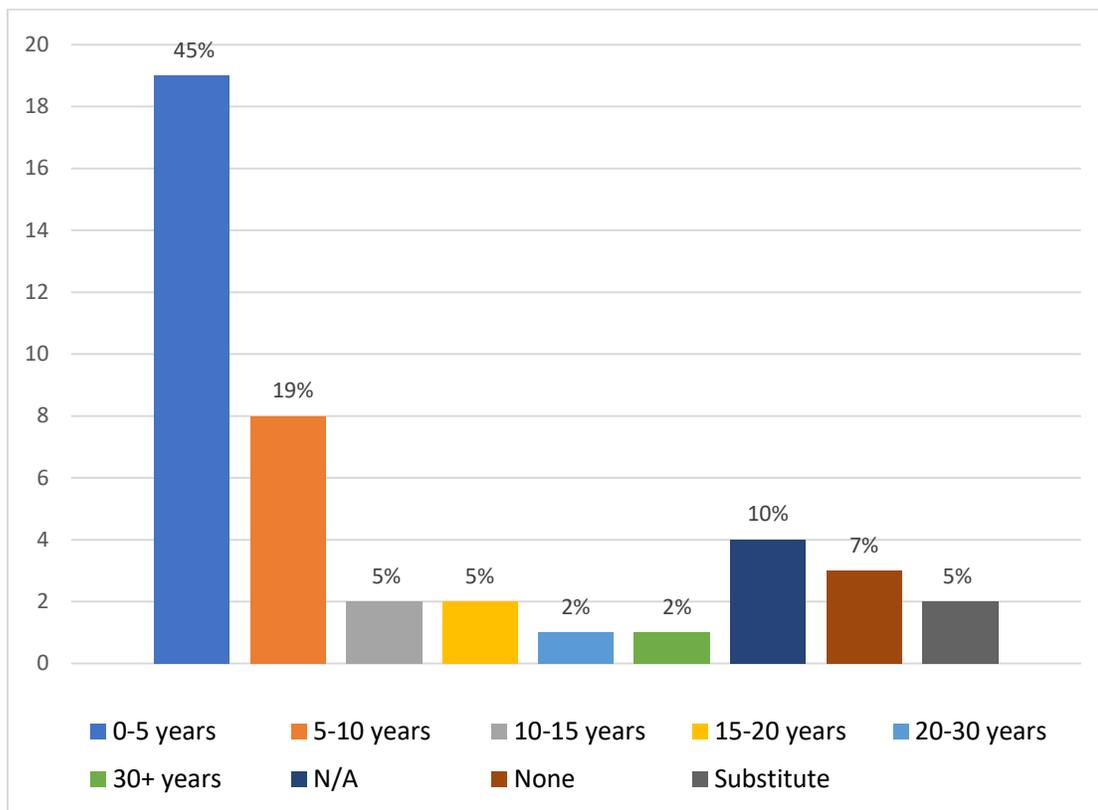


*Note.*  $N = 42$

The responses to survey Question 4 indicated that 42 participants had various years of experience working in education, with 45% within the first five years of teaching and 19% with five to ten years of experience. Additional findings to be discussed later demonstrated that most of the 42 participants who work with k-12 students did not receive mental health training in their undergraduate teacher preparation curriculum. These responses ranged from educators who had two years of experience to 32 years of experience (see Figure 4).

**Figure 4**

*Results of the Responses to Survey Question 4: How Many Years of Teaching Experience Do You Have as a Teacher?*



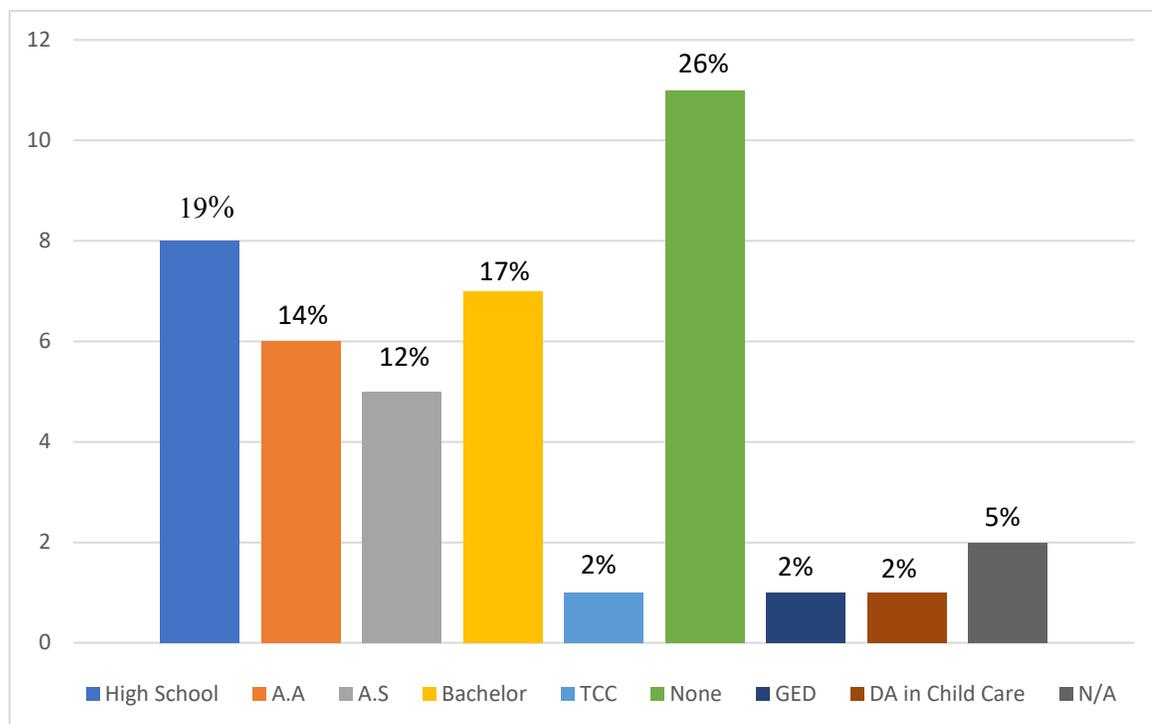
*Note.*  $N = 42$

On Question 5 of the survey for teachers and support staff, a total of 42 participants responded. Among those teachers and support staff, 17% said they had earned a bachelor's degree compared to 19% of participants who said they had received a high school diploma. The data referenced are an indicator in determining the comparison within School District X. The requirements needed for support and instructional staff lacked the critical area of competency training tailored to differentiation based on the educational background of additional support staff. This created an imbalance that could

potentially generate uncertainty about what specific training is needed to develop skills for nurturing increased performance levels (see Figure 5).

### Figure 5

*Results of the Responses to Survey Question 5: What is the Highest Degree You have Earned?*

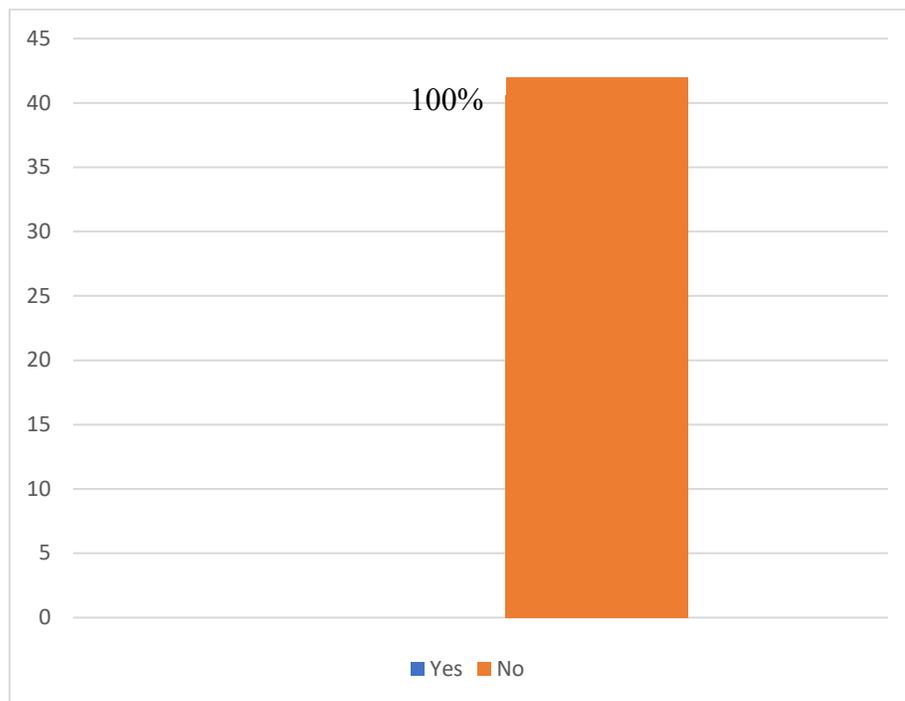


*Note.*  $N = 42$

Among the educators who responded to Question 6 of my survey, 100% indicated they had received no prior training on mental health wellness during their time as undergraduate students. This resulted in staff and teachers feeling inept at assisting students with mental health needs due to the lack of curriculum-based training in any teacher preparation institution they had attended (see Figure 6).

**Figure 6**

*Results of the Responses to Survey Question 6: Was Mental Health Training Part of Your Undergraduate Teacher Preparation Curriculum?*

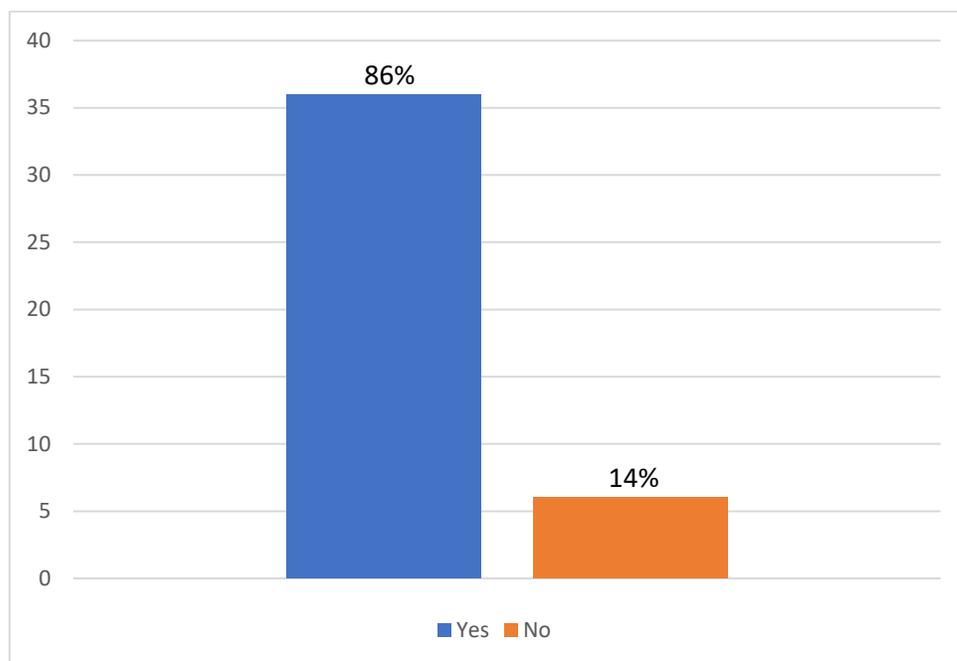


*Note.*  $N = 42$

As indicated in Figure 7, when asked if, after receiving an undergraduate degree in education they had received training related to mental health, 86% of respondents responded positively. In contrast, 14% said they had not received any training related to mental health since they graduated from college.

**Figure 7**

*Results of the Responses to Survey Question 7: Since Receiving Your Bachelor's Degree, Have You Received Any Training Regarding Mental Health?*



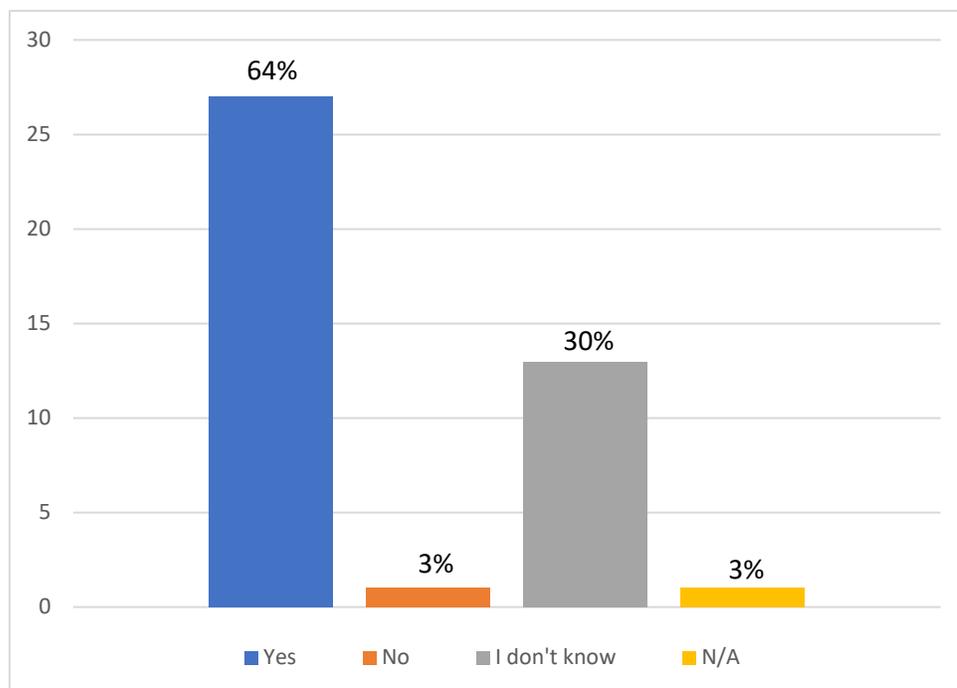
*Note.*  $N = 42$

In Question 8 of the survey, I asked if the school district provided mental health services to students. Out of the 42 participants, 64% acknowledged that the school district offered mental health services to students, 3% answered no, 30% were not sure, and 3% reported this question did not apply to them. These data contributed to an overall understanding of the district's Mental Health Assistance Allocation Plan (MHAAP). The data indicated a need for future implementation of the district's MHAAP to include all stakeholders and for professional learning opportunities to increase across the board for all staff. School District X needed to train all district employees, both instructional and non-instructional, about Mental Health issues. This would decrease the stigma around

Mental Health issues and increase positive interactions and resource knowledge among students (see Figure 8).

### Figure 8

*Results of the Responses to Survey Question 8: Does the School District Provide Mental Health Services for Students?*



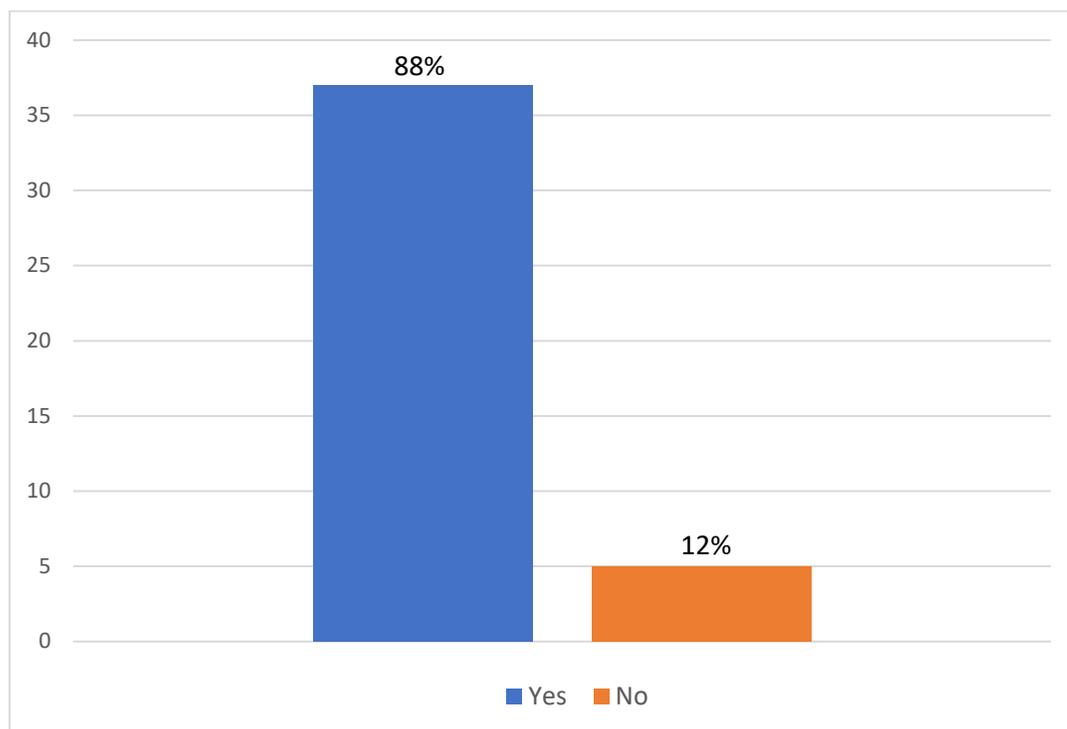
*Note.*  $N = 42$

In Question 9 I asked, “If you had a concern regarding mental health for a student, do you know who in your school district to contact for assistance?” The responses to this question demonstrated the need for ongoing training to be held monthly for all non-instructional and instructional staff employees. Among the respondents, 88% indicated they did know who to contact for mental health concerns regarding students, while 12% indicated they did not know where to go to provide resources or assistance to students when mental health concerns arose. Data indicated the need for allocating funding to better align staff to student ratios, increase mental health assistance for students and staff

needs, and review how to access and implement various resources across the continuum of school mental health services (see Figure 9).

### Figure 9

*Results of the Responses to Survey Question 9: If You had a Concern Regarding Mental Health for a Student, Do You Know Who in Your School District to Contact in Your School District for Assistance?*



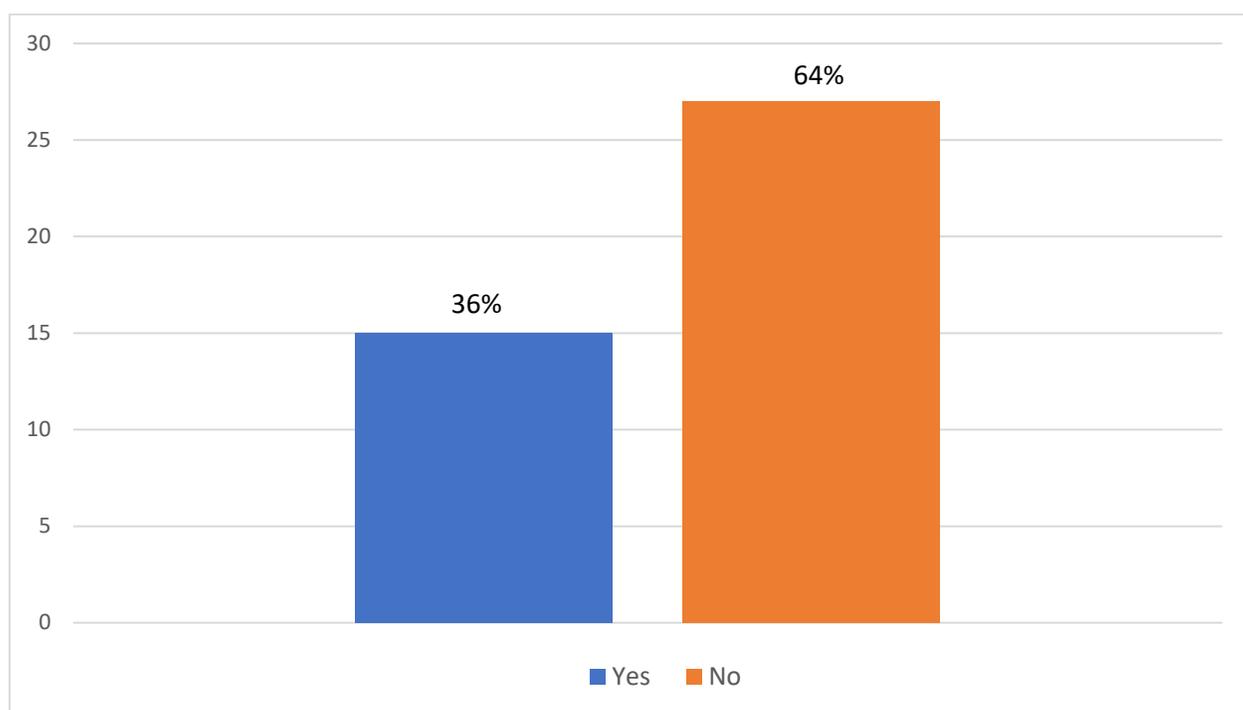
*Note.*  $N = 42$

In Question 10 I asked, “If you had a question regarding mental health for a student, do you know who to contact in your community for assistance?” The response data reflected that more than 64% of the 42 participants did not know how or whom to contact within their school district to answer any mental health concerns they may have had for a student. This indicated the need for district leaders to develop and implement training on where to find assistance in the community; this might be incorporated into the

orientation process of all instructional new hires. In addition, this would help district leaders align their work to the district's Strategic Plan to offer safe and supportive environments, efficient resources and program implementations, and clear communication with community stakeholders and resources (Citation withheld to protect confidentiality) (see Figure 10).

**Figure 10**

*Results of the Responses to Survey Question 10: If You had a Question Regarding Mental Health for a Student, Do You Know Who to Contact in Your Community for Assistance?*



*Note.*  $N = 42$

Based on the information I gathered from the staff survey, I concluded that regardless of the years of experience the educator held, the responses formed a compelling argument that there was a lack of mental health training and resources in School District X. There was a perplexing high response rate in terms of not knowing

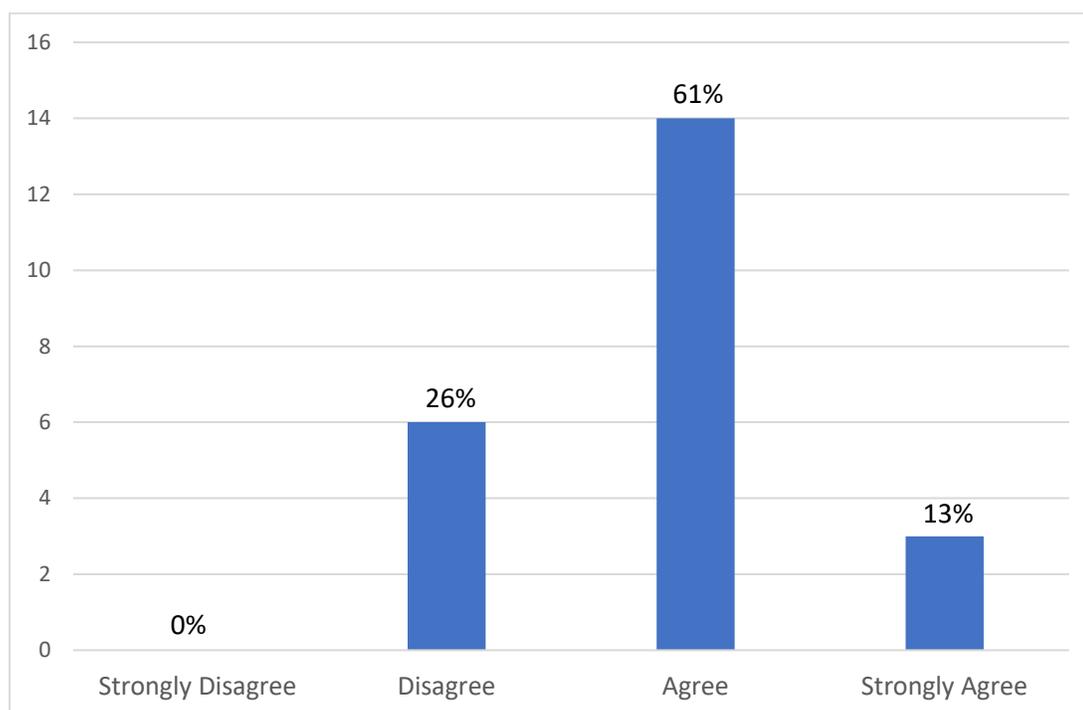
where or how to reach out to the appropriate individual regarding concerns or inquiries about a student's mental health.

### ***Survey Data from District Student Service Specialists***

I created and administered a survey for District Student Service Specialists (See Appendix A). In this survey, I combined items that yielded both quantitative and qualitative data. I included open-ended items and Likert scale items. A total of 25 participants responded out of the 35 surveys I distributed. In response to survey Statement 1, there were 23 responses and among them, 74% were familiar with the six proposed mental health competencies for educators and agreed that this model should be used as a resource to provide educators with training as indicated in Figure 11.

### **Figure 11**

*Results of the Responses to Survey Statement 1: I am Familiar with the Six Proposed Mental Health Competencies for Educators*

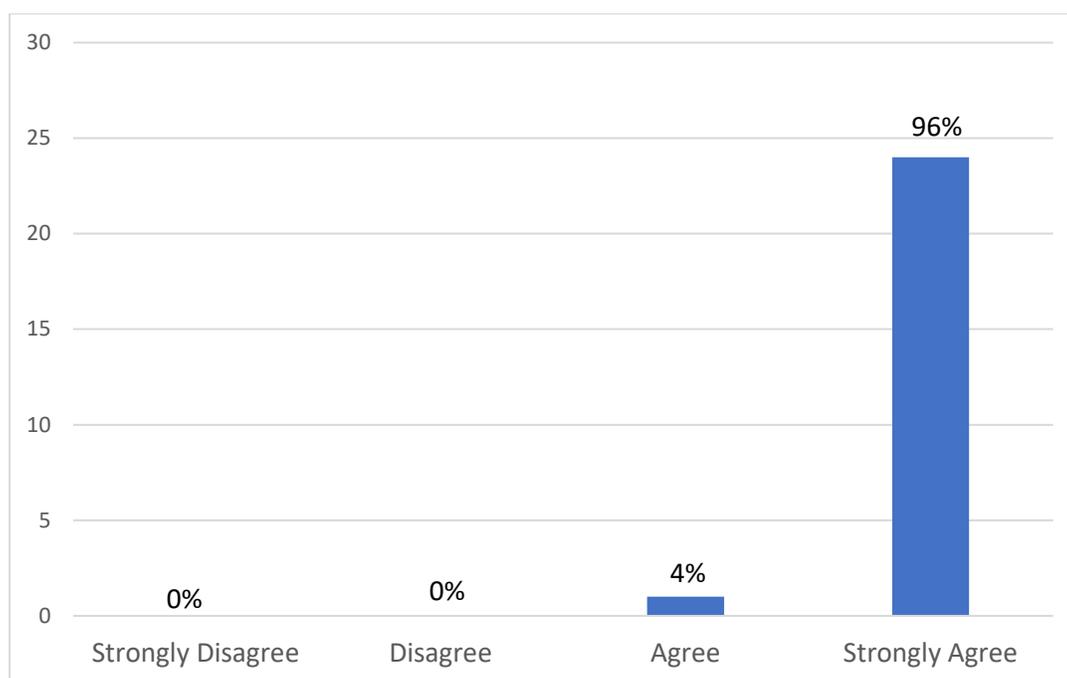


*Note. N = 23*

In Statement 2, I said, “It is important to have educators trained in mental health competencies.” The data reflected that 96% of the 25 participants who responded to this statement strongly agreed (see Figure 12).

**Figure 12**

*Results of the Responses to Survey Statement 2: It is Important to have Educators Trained in Mental Health Competencies*



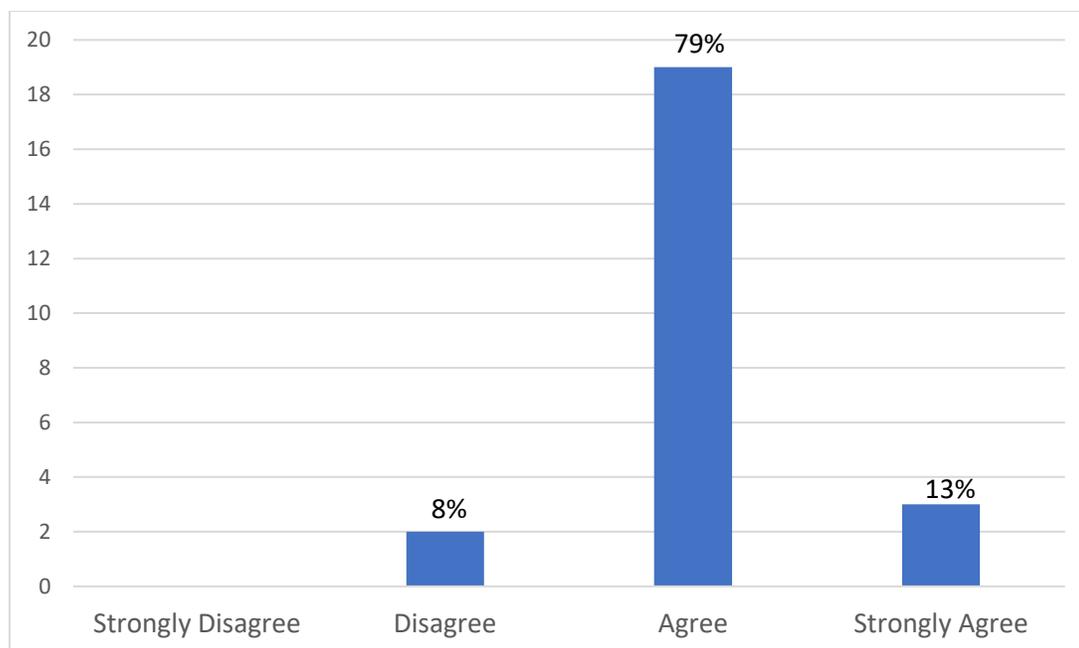
*Note.*  $N = 25$

In Statement 3, I said, “It is important for educators to be aware and knowledgeable about mental health.” The response data reflected that more than 79% of the 24 respondents agreed with the importance of mental health training for educators on mental health competencies. This training equips teachers with methods for reaching out to students who may be developing mental health problems while deepening the educators’ understanding of the importance of early intervention. It also provides

educators and support staff with the knowledge to aid students with mental health challenges or crises (see Figure 13).

### Figure 13

*Results of the Responses to Survey Statement 3: It is Important for Educators to be Aware and Knowledgeable about Mental Health*



*Note.*  $N = 25$

### Additional Survey Data

Within the survey data, I listed short answer responses for Questions 4-7 for district student services specialists, which included school psychologists, social workers, speech clinicians, and mental health counselors. These were designed to provide an understanding of the degree of agreement or disagreement on a symmetric agree-disagree Likert scale concerning the importance of the incorporation of mental health competency training for educators. Student services specialists who completed the survey were provided with short answer questions in which they assessed the importance and

satisfaction with the training and resources provided by School Districts X to educators and support staff.

The overall response rate for the survey was 34% of respondents to Question 4: “In your own words, describe what challenges you encounter the most as a District Student Services Specialist regarding mental health training for educators?” Participant A described challenges as “tensions between mental health and other school priorities have prevented some schools and education services from providing resources towards mental health awareness and prevention for students.”

A majority (89%) responded to Question 5: “What was your role in the implementation of your school district’s mental health plan?” Participant G responded, “I was not able to provide my input as a health professional. The team [School District X] used excluded professional input including teachers and support staff.”

The majority (56%) also responded to Question 6: “As a District Student Services Specialist, are you required to have any specific certification/credentials to become a trainer? If so, what are those requirements?” Participant J responded, “I am not aware of what is required. [I] have requested over several times from district leadership to provide expectations and resources I can use to become a trainer.”

There was again a high response rate (78%) to Question 7: “Is there anything else you would like to tell me about your experience with the school district’s mental health plan?” Participant M stated, “I would like to see improved collaboration between the district student service department and schools to provide mutual contributions to basic professional training.” The majority (92%) responded, and one participant stated, “At present, specific training for most mental health professionals to become familiar with the

requirements of what is needed is school-based, due to my training as a mental health counselor and not a school psychologist or a social worker.”

### **Context**

In his book, *The Structure of Belonging*, (2018) said that context supports the belief in an improved future with new laws, more oversight, and more decisive leadership. To articulate the context, School District X needed to support the education and training of mental health for school personnel, including how it would impact students. Koller and Bertell (2006) noted the importance of pre-service training in education on justice, social services, local primary health care, and trauma-informed behavioral health care. Such pre-service training can help communities take action toward the prevention of mental health issues. This notion is a testimonial to my research that mental health training is vital to any individual preparing to work in a school-based environment. However, I found that School District X had a contextual problem of insufficient funding and resources allocated to these trainings. The key components of mental health training can create a blanket of support within the educational community regarding advocating and providing appropriate services to students with mental health needs.

My findings demonstrated similar needs to what parents have declared in requesting support for the children’s mental health needs. School District X had a culture that could not provide a strong sense of affirmation, something the parents needed. Lindsey et al. (2019) said an affirming school is a place where people care, listen and ask questions. Based on my survey findings, there was an overall need for additional resources and support beyond academic support, especially for parents during the

required distance learning due to the COVID-19 pandemic. Purinton and Azcoitia (2018) stated it is essential that schools do not just value the interests and perspectives of the community; they follow up with action. As indicated by the data I collected, that action in School District X is to increase training and resources to meet the mental health needs of the students across the district.

### **Culture**

According to Lindsey et al. (2019), changes within organizations take place when people are open and ready for approaches to inequity that address underlying root causes and lead to systemic remedies. One of my research questions was, “How are school-based personnel using their resources to acquire an explicit understanding of the theories and principles associated with specific mental health needs of our students?” The answer to this question partially depended on the school district’s culture regarding accessibility to adequate resources and training in mental health for school personnel.

Culture also plays a role in the quality and sincerity of relationships among all stakeholders (Wagner et al., 2006). Culture is related to the purpose of the Mental Health in Schools Act (U. S. Congress, 2017), as it built upon the premise of being a significant program that encouraged safety within schools and student programs. A strong intent of the Act was to increase partnerships between local education and community programs. Programs such as Positive Behavior Intervention and Supports (PBIS) existed within the classrooms. The process and system for blending PBIS and school mental health (SMH) support can improve the depth and quality of these interventions delivered within a multi-tiered support system (Weist, 2018). This process included integrating PBIS and SMH components to provide the school-based problem-solving team opportunities for

databased decision-making and evidence-based practices. School-based teams for PBIS and multi-tiered intervention service delivery include mental health professionals and mental health topics such as using evidence-based Tier 2 interventions to support students with behavioral and mental health concerns. However, there was little training on how to do this among educational leaders in School District X, leaving them ill-equipped to utilize the program model that could promote effective change appropriately.

### **Conditions**

Wagner et al. (2006), shared that conditions are the tangible external parameters affecting organizations such as time, space, and resources. They included explicit expectations such as assessments, contracts, laws, and policies. My research question regarding conditions addressed a safer environment for our students against school violence, bullying, and crisis intervention. I found that School District X needed to increase its capacity to facilitate a secure environment by raising awareness among stakeholders regarding mental health. This was directly aligned with the school district's policies and procedures. For instance, without sufficient training on mental health, school-based personnel could not educate their students, thus creating a risk of an unsafe environment.

School staff's access to knowledge and resources about mental health is vital to decreasing school violence and bullying. However, my findings indicated that the majority of certified teachers felt that the training they received was not sufficient for them to take appropriate steps when faced with a mental health concern for a student. Although teachers indicated they had an awareness of mental health issues, their in-depth knowledge of general procedures to appropriately assess any situation concerning mental

health was minimal. Again, to align with the school district's policies and procedures, school-based personnel needed to be properly equipped to follow specific guidelines to ensure the safety of their students.

### **Competencies**

Competencies are the skills and knowledge educators possess to influence student learning (Wagner et al., 2006). Competency was addressed in my Certified Teacher Survey question, "What are the participants' perceptions regarding how mental health competencies can guide and inform their classroom practice?" The majority stated the training and resources they received were not adequate. Therefore, they were not able to effectively utilize or implement the concept of mental health in their classroom practice. The soft competency was present in the educators and was prominent in the educational curriculum that included skills such as problem-solving, communication styles, dispositions, and more. However, there was a lack of complex competencies regarding mental health, including actual skills, knowledge, and the ability to conduct specific tasks. In Table 1, I noted these skills. According to the data collected in my Certified Teacher Survey for hard-competency training in mental health versus soft-competency training in mental health, there was a serious gap in hard-competency training. The majority of certified teachers responded that the most required training available was a district-wide Kognito training categorized as soft-competency training and reflected fundamental teachings and awareness. It was skill-based training but did not scratch the surface of effective mental health training.

**Table 1**

*Teacher Survey about Hard Competencies and Soft Competencies Training:*

*Participants' Response to Training Type*

<b>Participant</b>	<b>Hard-Competency Training in Mental Health</b>	<b>Soft-Competency Training in Mental Health</b>
1	no	yes
2	no	yes
3	no	yes
4	no	yes
5	no	yes

*Note.*  $N = 5$ , all certified teachers' responses to survey; hard competencies include actual skills, knowledge, and ability to conduct specific tasks; soft competencies include dispositions, communication styles, and problem-solving skills

### **Interpretation**

The data results from my study showed that although teacher-implemented mental health promotion and prevention activities have a substantial effect on students' psychosocial and academic performance, some models have been less effective than health-led interventions, which connected to the work by Kellam et al. (2011). Because of the demands placed on teachers to support their students' academic success, the introduction of an additional role of supporting student mental health is less feasible unless teachers had sufficient training and time to meet these responsibilities (Shepherd et al., 2013). School and district leaders need to develop and assess models that integrate mental health promotion into the natural teaching context and incorporate coaching to increase a teacher's belief in their own abilities.

## **Judgments**

The overarching goal of my study was to understand the underlying concerns of the implementation of evidence-based curricula. I also considered the effective measure of implementing strength-based performance standards in the school district's mental health plan, specifically related to providing training for all individuals preparing to work in a school-based environment. My data results were overall negative. Substantial differences existed between mental health services and educational services including professional qualifications gained, funding mechanisms, and the criteria by which a child's eligibility for services and outcomes were determined.

## **Recommendations**

I propose a policy that requires school districts to recognize the importance of establishing effective mental health training for teachers and support staff by providing resources and strategies to appropriately respond to distressed students' needs while also protecting their mental health. All too often, the high emotional toll on teachers can lead to burnout and exhaustion when they do not have the necessary tools to handle what can be traumatic situations. Training in mental health awareness and prevention should be more accessible to teachers and support staff, as both groups of educators have an integral role to play in promoting children and young people's health and well-being. Adequate initial teacher training and continuing professional development in mental health are therefore important. Through this research, I identified the need for the School District X to promote a safer environment for students and protect them from school violence and bullying crises through specific intervention toward awareness and prevention of mental health issues.

## **Conclusion**

In conclusion, I analyzed data to determine the effectiveness of mental health services embedded within school systems to create a continuum of integrative care that improves mental health and educational attainment for children. To strengthen this continuum and for optimum child development, a reconfiguration of education and mental health systems to aid the implementation of evidence-based practice might be needed in School District X. Integrative strategies that combine classroom-level and student-level interventions have potential. It is unnecessary to pay attention to those skills in which graduates demonstrate a low level but are also of minor importance for successful work performance. School District X can incorporate and promote self-management skills, such as self-awareness. Additionally, teachers and support staff needed adequate support and training to successfully instruct and integrate evidence-based practices to promote the healthy development of students. In Chapter 5, I described my vision for the future related to the 4 Cs of organizational change based on the work of Wagner et al. (2006).

## Chapter Five: To-Be Framework

Through my program evaluation of the school district's mental health program, I discovered several issues. According to the National Association of School Psychologists (NASP, 2021), good mental health is critical to success in school and life. Research suggests that students who receive social-emotional and mental health support achieve academically as well as emotionally. School climate, classroom behavior, on-task learning, and students' sense of connectedness and well-being all improve. Mental health is not simply the absence of mental illness but also encompasses social, emotional, and behavioral health and the ability to cope with life's challenges. Left untreated, mental health problems are linked to costly adverse outcomes such as academic and behavior problems, dropping out, and delinquency. The research I conducted identified the effectiveness of School District X's comprehensive plan to address the students' mental health, social-emotional, and behavioral needs.

Identifying critical areas of needed improvement for staff education in the areas of mental health competencies will be a focus in that comprehensive plan. The importance of having an established integrated student services approach that addresses the needs of the students will also be an area of focus. Areas of research also examined the effectiveness of training to enable school-employed mental health professionals to address mental health, social-emotional and behavioral needs. School District X employed student service professionals such as school counselors, school psychologists, school social workers, and behavioral specialists who could provide annual training and support to school-based staff in addition to mental health support services to students. The overall issue in my research findings was how School District X had implemented

the legislative recommendation to provide school safety and security for all students and staff. I collected data utilizing a survey and questionnaire method. I used this methodology within the schools by questioning school personnel. Each participant had differing career backgrounds and experiences.

School District X's organizational change efficacy will require leaders to establish comprehensive mental health services provided through a Multi-Tiered System of Supports (MTSS). MTSS encompasses the continuum of need, enabling schools to promote mental wellness for all students, identify and address problems before they escalate or become chronic, and provide increasingly intensive, data-driven services for individual students, as needed. The main challenge I found was the insufficient resources for mental health training for all individuals preparing to work in a school-based environment and the indispensable need to provide such services. The data collected reflected that notion.

Moreover, the findings projected that most of the surveyed 42 educators who work with K-12 students did not receive mental health training in their undergraduate teacher preparation curriculum. Issues that stemmed from the lack of pre-service training created a higher demand for onsite mental health competency training in School District X. I also found more than 78.3% of the 42 participants indicated they did not know how or whom to contact within their school district for assistance regarding any mental health concerns they may have had for a student. The compelling data responses I collected reflected many of the extreme issues found in the district. I agree with the evidence presented. As a trained mental health counselor and an educator, I believe that school mental health services are essential to creating and sustaining safe schools.

Through change, leaders will propose a plan to collaborate with faculty and community members in developing a change plan by utilizing various strategies. A collaborative approach will establish a unified culture with school personnel, parents, students, and the community. My vision towards change leadership is to use this approach to enable constant two-way communication, encourage family involvement, create regular opportunities to mutually share information about a child's learning and development, and much more. These will be key components to creating a successful adaptation of mental health awareness in an affirming school. Purinton and Azcoitia stated, "An affirming school is a place where people care, listen and ask questions. Most importantly, such a school does not just value the interests and perspective of the community; it follows up with action" (2016, p. 23). By utilizing multiple strategies and implementing a collaborative approach, leaders will allow schools to embrace the first steps of a change plan.

### **Envisioning the Success To-Be**

School-based mental health services range from minimal support services provided by a school counselor to a comprehensive, integrated program of prevention, identification, and treatment within a school. My vision of the Success To-Be for the school district's mental health program includes ideal contexts, culture, conditions, and competencies described by Wagner et al. (2006) (for a complete TO-BE organizational chart, see Appendix D). In my To-Be organizational analysis, school-based mental health services implemented by school district leaders will be evolving. By removing barriers to accessing mental health services, intervention support specialists will improve the coordination of students who receive these services in order to provide a comprehensive

approach in establishing content areas to provide students with specific, daily, or weekly sessions over weeks or the entire school year.

### ***Future Contexts***

During the 2020-2021 school year, School District X created a plan to allow a variety of training for all staff including district and school-based staff. Providing mental health wellness services within the school environment will lead to the increase of children's and teachers' involvement in the delivery of services and to an increase in the integration of these services into existing school resources and activities. Improved social factors in school-based mental health services will support the needs of high-risk, aggressive children, who are a highly vulnerable and underserved population.

Historical factors in the school district included an outsourced model that was referral-based as a part of the structured intervention services to promote social-emotional learning (SEL) and mental health service providers to collaborate with teachers to deliver services. Coordination with project services through Mental Health Agencies, a multiagency network for students with Emotional/Behavioral Disabilities (SEDNET, 2021) serves children functioning poorly in the home. School and community partnerships will develop strategies to promote inter-systemic collaboration. The changes to the existing services model that I recommend the district leaders implement will include a structured intervention model for SEL as follows:

- (1) can be managed by existing school resources and personnel
- (2) is related to empirically based factors associated with reduced aggression and increased social functioning
- (3) is group administered to increase the number of children served and to reduce

stigmatization associated with mental health services

(4) has strategies to serve at-risk populations in the least restrictive environment

(5) develops competencies required for all educators to effectively meet the needs of students with emotional disturbances or who are at risk

The removal of a one-way delivery method of outsourcing will allow a comprehensive, integrated program of prevention, identification, and treatment in providing school-based mental health services within the school district. This will offer the potential for prevention efforts to establish targeted intervention strategies used in delivering individualized support.

Economic factors that impact mental health awareness are a major public health concern with a significant social cost. Symptoms of mental health problems generally emerge during the school-age years. Although effective interventions are available to decelerate or eliminate incipient concerns within the school district, they are rarely accessible to youth due to the lack of training to school staff and limited resources.

Accountability expectations through school-based mental health services (SBMHS) that are evidenced-based have the highest likelihood of reaching youth in need through categorizing components of the district's mental health program. Intervention resources will include Kids Toolbox (6-8), Teacher's Encyclopedia of Behavior Management, training for staff on Restorative Practices, and establishing school-wide mental health response teams to assist in training and providing resources. This plan will support the school-based mental health response team through the use of program models identified above, and resources will help students and staff in keeping a safe school.

The extensive scope of resources and lack of training in each area previously led

to a breakdown in what was expected and delivered to students. The school district leaders will improve this delivery of resources through the use of the Multiagency Service Network for Students with Emotional/Behavioral Disabilities which creates and/or facilitates a network of key stakeholders committed to assisting in the provision of a quality system of care for students with or at-risk of emotional and/or behavioral disabilities (SEDNET, 2021).

### ***Future Competencies***

Future competencies will include having school district leaders provide school-based staff with professional development training on the implementation of mental health wellness programs in schools. The proposed change will consist of a three-tiered model of services and needs. School leaders will be able to implement mental health competencies as outlined by Foy et al. (2019). The first tier is an array of preventive mental health programs and services. This includes preventative programs focusing on decreasing risk factors and developing a positive and friendly environment for all K-12 students. A sense of student “connectedness” to schools including enrichment and promotion of social and emotional development has been found to have positive effects on academic achievement and to decrease risky behaviors. Providing education for all staff to support transition and conflict resolution and parental involvement will be a key in providing ongoing learning and behavior accommodations both at home and in school. This model considers all stakeholders, programs, and services as school resources to increase students’ emotional and physical well-being.

The second tier of early intervention services will use targeted mental health services to successfully engage in social, academic, and other daily activities. Services

provided in this tier will consist of providing intervention services to target behavioral problems early. This includes special education for learning disabilities and other health impaired youth development programs, educational resources, early identification to treat the problem, short-term counseling, and family support.

The third tier considers the systems of care towards the treatment of chronic problems. Using this tier will provide the outpatient services needed for students with a mental health diagnosis. This model involves a multidisciplinary team of professionals, usually including special education services, individual and family therapy, pharmacotherapy, and school and social agency coordination that encompasses emergency and crisis treatment, family prevention, long-term treatment, and continuous monitoring of health problems.

### ***Future Conditions***

Future conditions are the “external architecture surrounding student learning, the tangible arrangements of time, space, and resources” (Wagner et al., 2006, p. 101). School leaders will provide targeted training for school-supported mental health models that include social workers, guidance counselors, school psychologists, and school nurses employed directly by the school system. They will collaborate with community connections including mental health agencies, direct services, and managed care organizations.

### ***Future Culture***

Wagner et al. defined culture as “the shared values, beliefs, assumptions, expectations, and behaviors related to students and learning, teachers and teaching, instructional leadership, and the quality of relationships within and beyond the school”

(2006, p. 102). My recommendation is for district leaders to provide preventative mental health services through collaboration with organizations that provide a comprehensive model. The model will include early identification, quality assurance strategies, and training opportunities for school staff to develop protocols related to safe school on-site policies. Early identification programs will educate staff to recognize early signs and symptoms of illness. Preventive mental health programs include a healthy social environment, clear rules, and expectations that are well-publicized. Staff members must recognize stresses that may lead to mental health problems and early signs of mental illness and refer these students to trained professionals within the school setting.

Quality assurance strategies and mental health referrals (within the school system and community-based professionals and agencies) will be coordinated using written protocols, monitored for adherence, and evaluated for effectiveness. Protocols for safe schools will include staff members who will be provided with opportunities to consult with the school mental health team. This will enable staff to be equipped with the knowledge to explore specific difficult situations or student behaviors

## **Conclusion**

Several challenges exist in school-based mental health care. In a school district, school officials must implement services within the school environment to view mental health services as an integral part of the educational system. The overall intent will be to utilize a centralized district-wide plan to increase the connectivity between community providers and youth and families in need, increasing the effectiveness and proper use of community resources. Through a proactive approach, using evidence-based mental health prevention, awareness, and an intervention program, School District X will help the

students efficiently and effectively be successful academically, socially, and emotionally.

## Chapter Six: Strategies and Actions for Change

Through my To-Be analysis (Wagner et al., 2006) of School District X, I discussed the implementation plan of the current program model and its barrier to providing comprehensive district-wide behavioral health services that ensure a safe and positive learning environment. Here, I contrasted the current program model of School District X with my vision as described through my To-Be diagram (Wagner et al., 2006) of a plan to ensure all students and staff are provided with a safe, healthy, and supportive environment focused on learning (see Appendix C). Challenges I found in the current model include the lack of initial training of school personnel to enable instructional and support staff to have guidance regarding best practices in crisis prevention, preparedness, response, and recovery.

Following the To-Be analysis, I will provide a systematic approach for School District X through a series of strategies (see Appendix D). These strategies are research-based and applied to improve the current program model through social-emotional learning (SEL) interventions which will improve the school environment resulting in better social outcomes and increased academic outcomes for students.

Kotter's framework for leading change (2014) will allow student services program leaders to implement changes required to meet trainees' needs effectively. Additionally, program leaders can take this opportunity to pause and reevaluate what is essential during training and how educators can continue to improve their practice. I plan to discuss with school leaders possible ways to improve the current district-wide mental health plan, educate the whole child, and recognize the importance of addressing

educational factors that impact students' success in school beyond the traditional curriculum and academic influences.

### **Strategies and Actions**

Outlined in Kotter's (2014) eight-step change leadership framework is guidance on how to effectively lead change by establishing a sense of urgency, forming a powerful guiding coalition, creating a vision, communicating the vision, empowering others to act, planning and creating short-term wins, tracking the progress through measures, and evaluating the change (see Appendix C). While Kotter presents his steps as linear, many steps can be iteratively modified to build on effective strategies in developing program models to meet the needs of school-based staff in providing social-emotional learning competencies by ensuring all students and staff are provided with a safe, healthy, and supportive environment focused on learning.

#### ***Establish a Sense of Urgency***

Based on Kotter (2014), the word urgency helps people understand what leaders do as change agents. I will create a sense of urgency for developing comprehensive district-wide behavioral health services in School District X through conversations with district leaders. I will review the data I collected with these leaders to support the need for a district-wide, comprehensive plan. In examining the data from onsite school leaders, I noted a lack of information provided by leaders of School District X in developing comprehensive services to include in the district's mental health plan. I will overcome this lack of information dissemination by using the elements of a tiered system of support as part of the overall student support programs to include the following dissemination and implementation conduits: building-level support teams, data-based decision making,

school-wide bullying prevention and interventions, positive behavioral interventions, and counseling services. I will discuss with district leaders the importance of focusing upon students' strengths as a district-wide mental health plan to help build students' social and emotional life skills while also identifying those who present risk factors associated with adjustment difficulties that may be related to behavioral or psychological problems.

### ***Form a Powerful Guiding Coalition***

The guiding coalition will include pertinent stakeholders who will implement this change to meet the needs I identified toward developing the change vision. According to Kotter (2014), this group can communicate the vision to many people with the right idea. The component of a comprehensive systems framework will include school administrators, crisis response team members, and student services staff to provide professional learning opportunities to address needed training and resources for staff. Predominantly instructional staff are often the first to recognize the importance of addressing students' social and emotional needs. The survey data I collected indicated that "students' behavioral health needs" were the top concern of staff and teachers across School District X. In guiding this coalition toward leading change, I will assist the coalition in understanding that leaders play a critical role in monitoring trainees and ensuring access to mental health services for all students. The guiding coalition will establish a schedule of debriefing meetings with school-based child study teams. The teams can consist of various staff members and educators, including a school psychologist, school social worker, a child's classroom teacher, principal, special education teacher, school nurse, speech/language therapist, guidance counselor, or

learning disabilities teacher-consultant. These meetings will include mindfulness activities to help support mental health concerns in School District X.

I will discuss with guiding coalition leaders the data collected from surveys in my program evaluation and how that information can impact when students may need additional support beyond the universal interventions provided to all students at Tier 1. I will also discuss the need to monitor the effectiveness of specific programs and measure the progress of individual students. The guiding coalition will lead the initiative to collect varying types of data and demonstrate that many schools are incorporating screening tools, examples listed in Table 2, to gain access to information not apparent in typical behavioral data such as office referrals and attendance records.

**Table 2**

*Mental Health Screening Tools: Description, Ages Served, and Reporters*

TOOL	DESCRIPTION	AGES SERVED	REPORTER
<b>Systematic Screening for Behavior Disorders (SSBD)</b>	Explores externalizing and internalizing behavior. Distributed in two stages.	3 to 15	Teacher
<b>BASC–3 Behavioral and Emotional Screening System (BESS)</b>	Explores behavioral and emotional strengths and weaknesses. Available in versions that range from 25 to 30 items.	3 to 18	Student, parent, or teacher
<b>Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)22</b>	Explores social, academic, and emotional behavior of students, including both protective and risk factors. Includes 19 items.	5 to 18	Student, parent, or teacher
<b>Student Risk Screening Scale (SRSS) (Ci3T.org, 2021)</b>	Explores externalizing and internalizing behavior. Available in versions ranging from six to seven items.	3 to 16	Student, parent, or teacher

### *Create a Vision and Strategy*

Using Kotter's process, the third strategy will be to create a vision to direct the change as described by Pollack and Pollack (2015). I will incorporate measurable strategies to identify supports that help schools access a screening tool that fits their needs. These strategies will include creating a plan for screening implementation, identifying mental health supports in their area, and increasing mental health literacy among school staff. Implementing these strategies will achieve the goal of program leaders to create a shared vision to direct the educational change effort by prioritizing multiple potentially conflicting goals such as keeping trained staff, delivering professional development (PD), and educating staff. Developing a vision and strategies will include developing a district-wide mental health plan with operational policies and procedures.

I recommend that the guiding coalition develop an operational policy requiring training in the six domains of mental health knowledge through inclusion in pre-service and in-service professional preparation programs for all teachers in both general and special education. Weston et al. (2008) explained generating guidelines for district leaders to consider the use of the research-based framework as a proposed integration of a comprehensive mental-health competencies curriculum framework. The framework consisted of thirty-four specific dispositions and six major domains of knowledge and skills that were recommended for inclusion in pre-service and in-service professional preparation programs. The six targeted competence domains include:

1. The teacher demonstrates understanding and application of key policies and laws that foster the delivery of effective and ethical learning supports in schools.
2. The teacher demonstrates knowledge and skills related to learning supports that promote academic achievement, healthy development, and school success.
3. The teacher demonstrates knowledge and skills in collecting and using data measuring student behaviors, affect, and attitudes as they relate to academic, social, and emotional needs and outcomes.
4. The teacher possesses and demonstrates the skills to communicate effectively and build relationships with others.
5. The teacher engages multiple systems and people in practices that maximize students' academic achievement, healthy development, and school success.
6. The teacher demonstrates knowledge and skills that facilitate personal and professional growth, development, and overall well-being. (pp. 25-41)

Teachers need multiple support systems, including the school faculty, parents, and the community, when working with students who have mental health challenges. As shown in the research data I collected, School District X has not addressed the resources needed to support students' emotional and behavioral difficulties. Research shows that mental health professionals are often too busy with unrelated tasks rather than assisting with emotional and behavioral challenges. As Weist et al. (2014a) outlined, the primary goal should be to identify at-risk students and provide research-based mental health interventions.

An important strategy the guiding coalition will establish is developing a comprehensive Multi-Tiered System of Supports (MTSS) to address the behavioral health needs of students. Incorporating the two models of an established child study team and using MTSS data will provide an implementation model that includes guides, tools, and resources to help schools promote safe schools and healthy students. MTSS will serve as the framework using Tier 1 to provide universal programs to help all students develop critical social and emotional skills and provide school-wide approaches to teach appropriate behavioral skills and manage problem behaviors. MTSS will also include providing targeted services using Tier 2 for students displaying the emergence of problematic behaviors and emotions. Intensive services at Tier 3 will support students with chronic psychological issues or maladaptive behaviors. Effective elements of MTSS include using student data to screen for risk or the potential development of social, emotional, and behavioral problems (Department of Education, 2021) (complete citation withheld to protect confidentiality).

Through the guidance of the Mental Health Response and Intervention Teams, plans will establish district-wide awareness through the incorporation of programs such as Youth Mental Health First Aid (YMHFA). YMHFA is a manualized training program designed to educate the general public on common emotional problems and psychological disorders among youth. It will also provide trainees with tools anyone can use to assist young people in emotional distress (i.e., by encouraging students to seek professional help), thereby improving mental health literacy (Kelly et al., 2011). School District X will be able to incorporate the YMHFA, which is a modified version of Mental Health First Aid (MHFA). This program employs a skills-based approach to teach the

public how to recognize signs of emotional distress or crisis in others and assist them (Kitchener et al., 2012). MHFA has been implemented in 23 countries to date, in both eight-hour and 12-hour formats and in both adult- and youth-focused versions. MHFA modification for use in the United States took place in 2008; as of November 2014, more than 280,000 people have completed MHFA-USA training (National Council for Behavioral Health, 2015).

These implementations will ensure appropriate educational pedagogies regarding servicing students with mental health concerns and equip the teachers with the base knowledge so they can identify symptoms and support students efficiently. Additionally, it will help prepare teachers to understand their own mental health status and seek help when faced with the stressors of the job.

### ***Communicate the Vision***

Kotter's (2014) fourth step is to communicate the change vision. The guiding coalition will share the vision through communication frequently and regularly, utilizing multiple communication modalities. Having a specific program model in pre-service training and in district implemented professional learning communities that are specifically designed to identify the core needs of the students will have a significant impact on how educators understand the vision to move forward. The guiding coalition will consolidate information from multiple sources into a central, online site and tailor information to the audience to avoid information overload. I will discuss with the guiding coalition the legislative acts supporting a highly effective program known as the Safe Schools/Healthy Students. Through Safe Schools/Healthy Students youth-focused programs incorporate promising practices in education, justice, social services, local

primary health care, and trauma-informed behavioral health care to help communities act and help youth and adolescents in need (MHA, 2017).

### ***Empower Others to Act***

Kotter's (2014) fifth step is empowering broad-based action by removing barriers. The guiding coalition team will develop a clear vision and plan to intervene to improve trainee well-being and education. My vision and strategy will include empowering others to act by providing expanded mental health learning opportunities which historically have viewed mental illness through the narrow lens of depression and anxiety. Based on my professional experience and observations, society has come to recognize that good mental health is not simply the absence of illness but also the possession of skills necessary to cope with life's challenges.

As education professionals, school staff need to understand the role mental health plays in the school context because it is central to students' social, emotional, and academic success. In my plan, it will be essential to empower faculty to innovate to engage learners remotely. Empowering district leaders and school-based staff to minimize obstacles to change will be necessary. This empowerment will include teacher development in providing SEL strategies in the classroom and skills to engage a student in active participation. Strengthening teachers with resources to understand the needs of students regarding mental health through the use of competencies and creatively engaging learners is critical to the success of my plan. It will also be important to reiterate that mistakes pave the road to success (Mental Health in Schools Act, 2017). This step of the change leadership process, empowering broad-based action, will further

help eliminate barriers to enrollment, participation, and completion of adequate mental health programs in School District X.

### ***Create a Plan for Short-Term Wins***

Kotter's (2014) sixth step of leading change is to generate a plan for short-term wins. I will work with the district leaders to create a district-wide K-12 comprehensive mental health plan that provides mental health competency training for all instructional staff to support students. I will work with district leaders to ensure success in delivering interactive educational resources utilizing SEL practices to enhance prevention and establish intervention and response programs.

I will recommend celebrating wins for School District X by recognizing partnerships between schools and community leaders. From gaining knowledge on mental health to taking a walk outside and connecting with friends, the school communities will learn ways to promote mental health. Celebrating awareness opportunities through student-guided activities during mental health awareness month in May will highlight progress. Highlighting positive mental health wellness through social media will encourage schools to positively prioritize mental health wellness towards prevention. Based on the survey data I gathered, I will recommend district leaders assume a more active role in school mental health initiatives for staff and students.

District leaders will create opportunities to empower staff leaders on the importance of promoting mental health wellness in every stage of life and how this plays a critical role in shaping a child's social, emotional, and cognitive development. School-based campaigns will support staff and students by highlighting the importance of taking care of their mental health and emphasizing work and school-life balance. Educators will

learn to understand the signs and symptoms of possible adverse mental health in their students.

### ***Track the Plan for Progress***

Kotter's (2014) seventh step of leading change requires leaders to track the plan by measuring gains and change systems. To effectively plan for progress monitoring, the guiding coalition will assess the fidelity of tracking academic achievement levels using a comprehensive approach to address the mental health, social-emotional, and behavioral needs of students. This will be done by employing school-based mental health programs.

The school-based mental health programs employed by School District X will focus on all students while supporting students at high risk of mental health problems. For most programs, the content for students will occur in specific daily or weekly sessions over weeks or the entire school year. The intervention will be incorporated into the existing school curriculum for some of the programs, and daily activities and support will be ongoing. Classroom teachers, student services professionals, school social workers, and school psychologists will all be trained to provide school-based mental health programs to students.

In School District X, mental health professionals and teachers often fail to work collaboratively, based on my conversations with instructional and noninstructional staff. This lack of collaboration can limit the effectiveness of district-wide plans to deliver differentiated staff training on SEL and mental health interventions. When meeting with district leaders, one way I will encourage and support collaboration among school personnel is to create a table documenting each professional's competencies, as described by Weist (2014b), to include indicators to describe strengths, weaknesses, soft and hard

skills and to identify overlap with each other. Looking at all the competencies together may help in understanding each role and in planning for collaboration.

Using this strategy, School District X will support and monitor implementation to align mental health support processes across the district using one master referral matrix. The focus will be on integrating and implementing SEL strategies through the discipline process while using a matrix for student referrals, interventions to assist student needs, and personal responsibility to promote growth through professional competency.

### ***Strengthen the Culture Change***

Kotter's (2014) eighth step of leading change involves strengthening the culture toward change and planning for developing new leaders. With SEL interventions, School District X will improve the school environment, resulting in better social outcomes and increased academic outcomes among students. Students participating in SEL programs will also show improved classroom behavior, an increased ability to manage stress and depression, and better attitudes about themselves and others. This will reflect the continuous support of School District X's overall vision and mission towards developing a comprehensive plan to address the mental health, social-emotional, and behavioral needs of all students.

I recommend the guiding coalition develop the capacity of school-based staff to identify and support students' social-emotional learning needs through tiered interventions to strengthen the school culture through the delivery of differentiated staff training on SEL and mental health interventions. I will urge the guiding coalition to review existing SEL-related initiatives and efforts and other evidence-based SEL programs. By establishing a district-wide policy to build positive relationships between

students and staff, leaders will decrease referrals and equip staff with the tools and resources to allow for more in-class learning and instruction and create a more positive culture.

A school culture that focuses on establishing shared norms and traditional belief systems, will result in positive experiences for all stakeholders. The guiding coalition of School District X will be able to develop a peer-to-peer learning model to support sharing best practices in the implementation of effective instruction for problem-solving skills, social-emotional learning, and the creation of classroom environments that promote mental wellness for all students as standard practice. With the implementation of this strategy, the identified barriers that face students and staff regarding effective mental health programs in schools will be addressed by program leaders resulting in the ability of educators to be better able to help all students achieve success.

### **Conclusion**

In conclusion, the empowerment of the district's student services leadership team to become the guiding coalition will lead the schools through Kotter's (2014) eight-step change process. First, the guiding coalition will support school leaders through training in best practices for improving school climate. Second, school leaders will ensure teachers are infusing culturally responsive practices in their classroom management systems, identifying potential implicit bias, and ensuring they provide equitable learning opportunities for all students. Third, school leaders will establish a mentoring program in conjunction with the district's assigned mental health team to ensure students have a positive relationship with at least one adult on campus.

To help improve the overall school culture, the team will produce high-quality instruction, which will enhance positive student outcomes. Improving the overall school climate will improve the retention of minority and high-quality staff. Through the focus on integrating culturally responsive strategies, staff will communicate and engage more effectively with all stakeholders.

In the next chapter, I will focus on implications and policy recommendations to develop a range of mental health programs for youth in schools. This movement is fueled by recognizing the gap between the needs of children and adolescents and access to effective programs for this population. Thus, Chapter Seven will focus on issues being confronted by school-based mental health programs or working within schools.

## Chapter Seven: Implications and Policy Recommendations

I propose a new school board policy to provide equal access to mental health services, behavioral services, and social-emotional health services to all students and staff through the Student Services Department of School District X. Services will be provided by licensed mental health counselors and an additional school psychologist per school within the following framework:

- (1) The School Board of District X, referred to hereafter as *Board*, recognizes the importance of full collaboration between home, school, and community in caring for our students; it takes a village, including all stakeholders' contributions and community support towards students' success,
- (2) The Superintendent or designee shall develop a written plan for providing mental health and wellness, including emotional, psychological, and social well-being,
- (3) The program will include, but not be limited to, the following:
  - (a) Create a comprehensive electronic database information system that provides data needed to drive decision-making and instruction in schools. This includes student assessment results, attendance data, discipline information, and demographic information;
  - (b) Establish a District's Family Counseling Program, which provides free counseling services to individuals, families, and groups;
  - (c) Provide prevention, intervention, and crisis response services such as the use of a SEDNET (Multiagency Network for Students with Emotional Behavioral Disabilities) coordinator who communicates with the local

receiving facilities to address the unique needs of students and provide a Problem-Solving Team (PST) that meets frequently to discuss students with academic, behavioral, or social/emotional concerns,

- (4) It is the policy of this Board to expand the delivery of direct mental health services in a timely manner to all schools throughout the district, and the mental health staff to strategically ensure that at all grade levels, school mental health professionals collaborate with parents/legal guardians, students, staff, and the community to remove barriers to learning and provide opportunities which support empowering students to achieve their academic and personal aspirations.

This configuration allows for an immediate response from a highly qualified team of mental health professionals to address a crisis or acute mental health needs.

This policy allows the district to reduce staff-to-student ratios and meet student mental health assistance needs. Mental and psychological wellness are integral to school success. School mental health services are essential to creating and sustaining safe schools and supporting engaged learners. This plan addresses School District X's service limitations and enhances the quality and fidelity of program implementation. Targeted and intensive interventions are provided based on unique school needs.

School district leaders will use Mental Health Assistance Allocation (MHAA) funds to work to remove barriers to assist in the establishment or expansion of school-based mental health care. The new program model provides funding to have onsite, qualified mental health professionals district-wide to deliver behavioral health services for students and their families at minimal to no charge to the parents and guardians. This

policy also provides the use of curricular pedagogy, and school-based mental health staff participates in training in facilitating a paradigm shift in education toward addressing the mental health needs in schools. This aligns with the proposed policy to provide for comprehensive staff development for school and community service personnel working in the school. It also provides for comprehensive training for children with mental health disorders, for parents, siblings, and other family members of such children, and for concerned members of the community (Mental Health in Schools Act of 2017).

### **Policy Statement**

The new policy is specific toward implementing the components surrounding the Mental Health in Schools Act (2017). First, school district leaders will implement highly effective programs district-wide that provide safe schools to include mental health resources to students and staff. Second, district leaders will revise, increase funding for, and expand the scope of services to provide access to more comprehensive school-based mental health services and supports. Third, district leaders will also offer extensive staff development for school and community service personnel working in the school. This establishes a cooperative approach towards a comprehensive plan that targets age-appropriate interventions and supports.

Next, it is critically important for school district leaders to facilitate community partnerships. This includes outreach to all community stakeholders: families, students, law enforcement agencies, education systems, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care service systems (including primary care physicians), faith-based programs, trauma networks and other community-based systems that meet the requirements of the

Mental Health in Schools Act of 2017. The result is the development of a comprehensive school-based mental health program conducted with fidelity to provide informed staff support and evidence-based practices to improve the perception of a safe and supportive learning environment among school staff, students, and parents.

### **Analysis of Needs**

In the following subsections, I analyzed my policy recommendation through the lenses of six distinct disciplinary areas, including educational, economic, social, political, legal, and ethical considerations. This allows me to provide a deeper understanding of how my policy proposal impacts all stakeholders. More importantly, it ensures a safe and positive learning environment for all students and staff in providing quality mental health services.

### ***Educational Analysis***

Evaluating the data I collected in my program evaluation, I found a lack of strength-based performance standards in School District X's mental health training for all individuals preparing to work in a school-based environment. A key component to academic success is comprehensive mental health services for students. Education is an essential building block in the lives of children and adolescents. Positive educational and social experiences in schools help children and adolescents gain the knowledge, skills, and tools necessary to grow into independent and productive adults. Based on the statistics provided by the National Council for Behavioral Health (2017), these services are essential to learning regarding the healthy social and emotional development of children. The Mental Health in Schools Act of 2017 (U. S. Congress, 2017) provides grants and authorization of appropriations for each fiscal year 2018-

2022, allowing districts to expand the use of funding to demonstrate the program's progress in achieving such purposes.

Teachers benefit from training in the curriculum as a prerequisite to teaching students mental health information in the classroom. Topics include the recognition of signs and symptoms of mental health disorders and prevention of mental health disorders, awareness, and assistance. Understanding of resources, including local school and community resources, are also an important aspect of the curriculum. Training also focuses on using strategies to develop healthy coping techniques and assisting students in using these strategies to support a peer, friend, or family member with a mental health disorder. Last, training in identifying and incorporating prevention strategies for alcohol, nicotine, drug abuse, and addiction is important. School District X will implement in-service training on mental health competencies as an ongoing practice during pre-service and in-service state-approved teacher education programs; mental health competencies are a necessary part of the core curriculum required for graduation.

Additionally, with the increased demand for professional development within the schools concerning mental health issues, I found that School District X was not meeting those needs in my program evaluation. In this study, I evaluated how the school district had implemented the required competency-based in-service components of the Mental Health in Schools Act (2017).

### ***Economic Analysis***

The economic impact of this policy proposal can result in strengthening district-wide efforts to identify and understand the characteristics of a diverse student population. Through the use of MHAA funds, school districts will establish or expand school-based

mental health care. Research by Koller & Bertel (2006) illustrated that incorporating the needed pre-service training in education, justice, social services, local primary health care, and trauma-informed behavioral health care can help communities act towards prevention.

The more significant economic impact of a policy to remove barriers that ultimately increases student development is designed to enhance all students' educational, career, and personal and social-emotional development. The Student Services Department can accomplish this. Members of the department assist in identifying and providing services to students with behavioral or mental health challenges by providing equity and access to mental health services for all.

### ***Social Analysis***

My policy proposal presents social impacts. It is important to increase awareness district-wide. With the coordination of the Student Services Department, district leaders are able to provide evidence-based services for students, school personnel, parents, and the development of an integrated student services team at each school. The programs and services will be provided by school leaders within a Multi-Tiered System of Supports (MTSS), including crisis intervention and prevention programs. Mental health wellness programs available for students should include emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how people manage stress, relate to others, and make everyday choices.

### ***Political Analysis***

To fully implement the requirements of MHAA, school district leaders have to develop mental health plans as outlined in the bill. Mental health allocations are provided to school districts to coordinate the provision of mental health services to support students in schools. District leaders are tasked with creating a plan that provides for

continuing education and in-service training for youth mental health awareness and assistance. MHAA provides supplemental funding to districts so schools can establish, expand or improve mental health care, attention and training and offer a continuum of services. These allocations are appropriated annually by district leaders to serve students and families through resources designed to foster quality mental health.

State Statute (Citation withheld to protect confidentiality) declares that the mental health assistance allocation provides funding to assist school districts in establishing or expanding school-based mental health care; training educators and other school staff in detecting and responding to mental health issues; and connecting children, youth and families who may experience behavioral health issues with appropriate services. School District X can comply by providing various educational resources and services available to students, staff, and the community. District and community partners have a shared mission to increase awareness and educate the community regarding mental illness and mental health. By collaborating to support positive change, the community can reduce stigma and enhance the ability of people to turn illness into wellness to support the policies outlined in the Mental Health in Schools Act (2017).

### ***Legal Analysis***

The district's mental health allocation program guidelines ensure that services are provided to students in collaboration with community providers and with additional services as needed by community agencies such as the Department of Children and Families, the Department of Juvenile Justice, and mental health partners. The district's threat assessment team may assist with mental health recommendations for students. The Mental Health in Schools Act (2017) requires school districts to ensure the training of school-based personnel to support district mental health initiatives. School districts must monitor data and safeguard

appropriate follow-up for students. Through the Youth Mental Health First Aid (YMHFA) program, educators continue to be trained, and the district must ensure the proper number of trainers to provide staff training. The district staff services in School District X should include monitoring of school-based personnel to ensure training and subsequent satisfactory completion of the training program, both of which will demonstrate the district's compliance with the state's Department of Education.

### ***Moral and Ethical Analysis***

The objective to implement this policy is to provide an evidence-based youth mental health awareness and assistance training program to help school personnel identify and understand the signs of emotional disturbance, mental illness, and substance use disorders. In addition, the policy provides such personnel with the skills to assist in identifying an emotional disturbance, mental health, or substance use problems. To employ enough additional mental health providers to implement the policy with fidelity district-wide, district leaders will need to hire seven licensed mental health counselors and 27 additional school psychologists. This additional personnel enables the district to reduce staff-to-student ratios and meet student mental health assistance needs.

The Multi-Tiered System of Supports (MTSS) Tier I service includes access to programs and resources that enhance social-emotional learning, substance-abuse prevention, and a universal social/emotional screener. The resources and programs will be age and grade-appropriate and provided by trained health care professionals such as school psychologists and mental health counselors to administer and accurately offer data to support the learning of all students. In my research, I found that this was not addressed in School District X's Mental Health Assistance Allocation Plan (MHAAP). It is crucial to identify and eliminate barriers and implement strategies that support students' access

and participation in programs within schools. The leaders of School District X have a moral and ethical obligation to provide equity and access for all students, especially those identified as students with disabilities, economically challenged, or high-risk students. Implementing my proposed policy can further eliminate barriers to the district's MHAAP participation and completion. My recommendation is for School District X to employ universal strategies for all students, followed by interventions to assist selected students who face particular risks, and finally, a tier with treatment interventions for those with the greatest needs.

### **Implications for Staff and Community Relationships**

This policy will also include child-abuse prevention training, antibullying pro-social resources, suicide prevention support, and training in self-advocacy and resilience. Tiers 2 and 3 services through direct services to students in need and collaborative efforts with community and state partners are a strong component of my policy. These partners include SEDNET care providers such as the local health department, Transition Council, United Way, Alliance, and Hospice. School District X will also work with any outside or community provider where students receive services that support them at the MTSS Tier 1, Tier 2, and Tier 3 levels ensuring that all students receive support through the district's integrated student services model.

MTSS promotes a well-integrated system in which the needs of all learners are identified and supported early through increasing levels of instructional intensity and time. MTSS involves the application of implementation science and the integration of a student support framework into one coherent system. MTSS provides high-quality, standards-based instruction and intervention that is matched to students' academic,

behavioral, and social needs to maximize the impact on student outcomes. The services provided at each tier include:

Tier 1: The use of the universal core structure for all students, to include school-wide systems and structures such as Positive Behavior Interventions and Supports (PBIS). These systems employ a school-based team to provide consultation and training to onsite school staff.

Tier 2: Through using targeted supports for identified students, based on referrals made by school-based teams and mental health intervention teams, interventions are used to provide social-emotional learning (SEL), such as counselors providing group sessions on problem-solving and student success skills.

Tier 3: Specialized support for students identified through the MTSS process as needing individualized interventions are delivered by district support staff such as psychologists, school social workers, and mental health counselors. The program model in School District X is to include training school-based personnel and providing evidence-based interventions in small group settings.

The advantage of using this tiered approach is that schools and teachers can support students with varying needs and create classroom and whole-school environments that support the learning of all children. The aim is to promote student wellbeing, prevent the development or worsening of mental health problems, and improve the effectiveness of education.

## **Conclusion**

The initiatives of my policy are in response to the implementation barriers facing School District X in the provision of comprehensive mental health services for students.

My proposed policy provides competency-based in-service training. This meets the requirements of the Mental Health Services Program to determine whether a curricular pedagogy in school-based mental health training is effective in its intended purpose of establishing a change in thinking in education. This training assists with the high demand for professional development within the schools concerning mental health issues. The new policy supports expanding the availability of comprehensive school-based mental health disorder services for students in communities across the school district.

## **Chapter Eight: Conclusion**

This evaluation of the school district's Mental Health Assistance Allocation Plan (MHAAP) includes implementing strength-based performance standards in School District X's mental health training for all individuals preparing to work in a school-based environment. My focus on evaluating the implementation of the Mental Health in Schools Act of 2017 and the school district's Mental Health Services Programs determines whether the programs meet the mental health needs of today's youth.

My program evaluation demonstrates the need for action from district leaders to incorporate the competencies discussed throughout the research of Koller & Bertel (2006). The incorporation of the needed pre-service training in education, justice, social services, local primary health care, and trauma-informed behavioral health care can help communities act toward prevention. I hope school district leaders realize these components will effectively implement MHAAP district-wide by incorporating my change leadership plan and other findings from my program evaluation.

### **Discussion**

The purpose of this study was to evaluate how one school district was implementing the Mental Health in Schools Act of 2017 (U. S. Congress, 2017) regarding establishing highly effective strategies that provide safe schools and student programs with the intent to increase partnerships between local education and community programs. The National Council for Behavioral Health consists of, but is not limited to, local primary health, juvenile justice, and child welfare entities. These programs provide funding to have onsite qualified mental health professionals in schools, district-wide, to deliver behavioral health services for students and their families at minimal to no charge.

Through my evaluation process, I gained valuable feedback from school district staff responsible for implementing a district-wide mental health plan and who were using the information gathered from a Multi-Tiered System of Supports (MTSS) to address the mental health concerns of all students. Staff expressed concerns about the difficulty of incorporating intervention programs that focus on academic performance, social and emotional instruction and support, behavioral issues, and mental health. Through the use of extant student data, which I collected from the school district, I determined that the program model they were using required a change to ensure the MTSS model was used toward successful outcomes for all students by implementing a data-based problem-solving process to evaluate the effectiveness of all interventions being provided within each tier of the MTSS.

I found through my evaluation there was limited access to knowledge and resources pertaining to mental health. The information and resources are vital to decreasing school violence and bullying. Based on my findings from the data I collected from various surveys, I note that most certified teachers felt that the training they received was not sufficient for them to take further steps with possible mental health concerns among their students.

I discovered several issues impacting access and participation levels of the school in the incorporation of the district's mental health plan. This is a crucial challenge within the district related to promoting and building school culture, including each school's involvement in the district vision. Making changes in this area can serve the students so that the district provides more significant equity of access to educational advancement, incorporates the provision of services to the community, and provides students with

better prepared and supportive teachers. All of this can be maintained by implementing new and improved structures and incorporating an evolved mindset within the educational community that builds on the importance of awareness of mental health in the schools.

I advocate for school district leaders to propose a new school board policy to make access to mental health services for staff and students easier. My research identifies ways a school district can promote a safer environment for students and protect them from school violence and bullying crises through specific awareness and prevention interventions. A school district must facilitate a safe environment by implementing awareness regarding mental health that directly aligns with the schools' policies and procedures. For instance, without sufficient training on mental health, school-based personnel cannot adequately respond to their students' mental health needs, which may lead to an unsafe environment for youth. Although School District X was able to promote awareness, the in-depth knowledge and general procedures for appropriately assessing situations concerning mental health were minimal among participants in my study. Again, school district policies and procedures and school-based personnel need to be aligned so that school-based personnel are properly equipped to follow specific guidelines to ensure the safety of the students.

I recommend this specific policy because I found in my program evaluation that there is a crucial need to increase mental health awareness district-wide and implement policies to meet the related requirements of all students and staff. The findings from my program evaluation of the mental health services program, which is designed to ensure a safe and positive learning environment for all, demonstrate that School District X needs

to provide district-wide resources for mental health training for personnel working within a school-based environment. As outlined in Kotter's (2014), eight-step change management framework, I propose that effective change management is incorporated to implement mental health training by establishing a sense of urgency, forming a powerful guiding coalition, creating a vision, communicating the vision, empowering others to act, planning and creating short-term wins, and tracking the progress through measures and evaluation of the change (see Appendix C). Through the use of strategies recommended by Kotter, district leaders can develop a program model that meets the needs of school-based staff by providing social-emotional learning competencies that ensure all students and staff are provided with a safe, healthy, and supportive environment focused on learning.

### **Leadership Lessons**

One leadership lesson I learned through my involvement in this research is that there are diverse ways in which leaders develop a vision. The goals and achievements I envision for the school district require creating a shared vision among school leaders, teachers, district leaders, and the community. However, this shared vision approach of implementation seems to be in contrast with the school board's vision that seems to stand alone without developing a shared vision. I also learned that as a change agent, one must identify important characteristics a leader should possess, including having the ability to be forward-looking, leading the organizational reform to meet a district's vision and goals, and exhibiting imagination. I learned other characteristics a leader should possess include being honest, truthful, ethical, and principled while inspiring enthusiasm, excitement, passion, optimism, and competence.

The lessons I learned from this study inform my understanding of effective policy and procedural change management. Change initiatives can promote a positive cultural transformation in a school district only by helping stakeholders accept the idea of change and identify with the vision. An effective mental health plan implementation that can service all staff and students requires a shared vision and adherence to a change plan. A change plan must represent each area of improvement and precisely articulate the changes needed to provide equal and equitable educational resources for all. This program evaluation taught me that change can come from a broader spectrum of stakeholder input and filter throughout the community rather than being driven by politics or by mandates from the district administration.

This research sparked my commitment to the creation of an action plan. As a change agent, I can lead toward change by promoting community involvement in developing a district vision by empowering stakeholders to create a compelling vision for positive mental health services. The adequate availability of resources will establish greater opportunities for all students to achieve greater academic performance levels within a safer and more inclusive environment.

### **Conclusion**

This study allowed me to advocate for an area in schools that takes the back seat to academics in the forefront. Mental health awareness is one of the main obstacles that face educational communities and must be embedded in a school district's vision. The proposed changes can serve students by creating a healthy learning environment to ensure student success, incorporating students' needs, and providing educators who are focused and demonstrate high moral values. This is maintained by implementing a new and

improved structure, including strong educational leaders, and incorporating an evolved mindset within the educational community. As Wagner (2008) stated in *The Global Achievement Gap*, “Problems change, and so approaches to problems need to change” (p. 17). This statement speaks volumes in promoting ever-changing educational policies to help internal and external factors remain balanced and sufficient to the need so that teachers and the greater educational community can focus on the students’ success (Wagner, 2008, p. 17).

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## Appendix A

### Survey for District Student Services Specialist

**On a scale of 1-4, with one being strongly disagree and four being strongly agree, please provide feedback regarding how you felt about the mental health services program for questions 1-3.**

**1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree**

1. I am familiar with the six proposed mental health competencies for educators.
2. It is important to have educators trained in mental health competencies.
3. It is important for educators to be aware and knowledgeable about mental health.

**Please provide written responses to questions 4-6.**

1. In your own words, describe what challenges you encounter the most as a District Student Services Specialist regarding mental health training for educators?
2. What was your role in the implementation of your school district's mental health plan?
3. As a District Student Services Specialist, are you required to have any specific certification/credentials to become a trainer? If so, what are those requirements?
4. Is there anything else you would like to tell me about your experience with the school district's mental health plan?

## Appendix B

### Survey for Certified Classroom Teachers and School Site and District Facilitators of Before and After School Programs

1. Which school level do you represent? Elementary School, Middle School, High School
2. Are you a general education elementary teacher? Yes/No
3. What is the grade level you currently teach?
4. How many years of teaching experience do you have as a teacher?
5. What is the highest degree you have earned? Bachelor, Master, Specialist, Doctorate
6. Was mental health training part of your undergraduate teacher prep curriculum? Yes/No If yes, please describe \_\_\_\_\_.
7. Since receiving your bachelor's degree, have you received any training regarding mental health? Yes/No If yes, please describe \_\_\_\_\_.
8. Does the school district provide mental health services to students? Yes/No/I don't know
9. If you had a concern regarding mental health for a student, do you know who in your school district to contact in your school district for assistance? Yes/No If yes, who or what department?
10. If you had a question regarding mental health for a student, do you know who to contact in your community for assistance? Yes/No If yes, who or what organization?

## Appendix C

### Survey for School-Based Mental Health Team

In which type of school do you work? Check all that apply.

- Elementary School
- Middle School
- High School

Are you aware of the school-based mental health services available at your school (different from school social workers/counselors/psychologists)?

- Yes
- No

How often do you work with the clinician?

- Never
- Daily
- Weekly
- Monthly

Approximately how many students have you referred to the clinician in the past year?

- 0-10
- 11-20
- 21+

## Appendix D

### Strategies and Action Chart

<b>Strategies (Kotter, 2014)</b>	<b>Actions</b>
<p><b>Establish a Sense of Urgency</b></p> <p>SWOT analysis (strengths, weaknesses, opportunities, threats)</p>	<ul style="list-style-type: none"> <li>• Bring awareness to district leaders about the concerns revolving providing the necessary resources and support needed to provide mental wellness to students and staff.               <ol style="list-style-type: none"> <li>1. Strengths – identify staff who are interested in education, clinical care, and trainee wellness</li> <li>2. Weaknesses – Lack of qualified staff</li> <li>3. Opportunities – Increase Community Based programs for support.</li> <li>4. Threats – Mandated training requirements to provide evidence-based strategies.</li> </ol> </li> </ul>
<p><b>Form a Powerful Guiding Coalition</b></p> <p>Include pertinent stakeholders who will implement the change.</p> <p>Establish teamwork</p>	<ul style="list-style-type: none"> <li>• Program leaders play a critical role in monitoring trainees and ensuring access to mental health services (e.g., on-call telehealth mental health providers, employee and family assistance programs, stress, and resilience town halls). Schedule debriefing of teams, frequent check-ins, and mindfulness activities to help support trainee mental health.</li> </ul>
<p><b>Create a Vision and Strategies</b></p> <p>Vision to direct the change</p> <p>Strategies to achieve the vision</p>	<ul style="list-style-type: none"> <li>• Program leaders create a shared vision to direct the educational change effort by prioritizing multiple potentially conflicting goals, such as keeping trainees safe, delivering PLC, and educating staff.</li> </ul>

<p><b>Communicate the Vision</b></p> <p>How will this be communicated and why? (Strategies)</p>	<ul style="list-style-type: none"> <li>• The guiding coalition will share the vision through communication frequently and regularly, utilizing multiple communication modalities.</li> <li>• Consider consolidating information from multiple sources into a central, online site and tailoring information to the audience to avoid information overload.</li> <li>• Acknowledge that plans will change as situations change.</li> </ul>
<p><b>Empower Others to Act</b></p> <p>Identify/get rid of obstacles to change</p> <p>Change systems/structures that undermine the vision</p> <p>Encourage risk-taking</p>	<ul style="list-style-type: none"> <li>• Provide them with a clear vision and plan for how they could intervene to improve trainee well-being and education. If your vision and strategy include expanding telemedicine and tele-education opportunities, empower faculty to innovate to engage learners remotely. Consider ways to minimize obstacles to change, such as providing faculty development in telemedicine and how to actively engage an audience using tele-education. Empower faculty to experiment and creatively engage learners. Reiterate that “mistakes” pave the road to success.</li> </ul>
<p><b>Create a Plan for Short-Term Wins</b></p> <p>Plan achievable Goals</p> <p>Recognize those involved</p> <p>Reward improvements</p>	<ul style="list-style-type: none"> <li>• I will work with the principals.</li> <li>• Empower your guiding coalition to experiment and model the way for others. For example, consider scheduling faculty who are most willing to experiment with novel tele-education modalities to lead resident didactics initially. Work one-on-one with faculty to ensure success in delivering interactive educational conferences utilizing audience-response or virtual small group sessions.</li> </ul>

<p><b>Track the Plan for Progress</b></p> <p>Measure and evaluate the change</p> <p>Build on momentum to change systems, structures, and policies that don't fit the vision</p>	<ul style="list-style-type: none"> <li>• Articulate the relationship between new behaviors and success. For example, consider sharing feedback with all faculty about positive learner responses to specific techniques used to engage learners in distance learning.</li> </ul>
<p><b>Strengthen the Culture Change</b></p> <p>Make Change part of the culture</p> <p>Plan for developing new leaders</p>	<ul style="list-style-type: none"> <li>• I will meet regularly to build plans for succession by developing new leaders, such as developing faculty champions for tele-education or telemedicine.</li> </ul>

Definition 1,2,3

Implementation 4,5,6

Secure 7,8

*Note.* Using Kotter's framework for leading change allows program leaders to effectively implement changes required to meet trainees' needs. Additionally, program leaders can take this opportunity to pause and re-evaluate what is essential during training and how they can continue to improve our education. It is possible to find that some of the systems of education developed during the COVID-19 pandemic, such as telehealth, tele-education, and ways to stay connected during this era of required physical distancing may be important to continue and expand upon post-COVID-19.

## Appendix E

### As-Is 4 Cs Analysis for An Evaluation of School Districts' Mental Health Services Program Designed to Ensure a Safe and Positive Learning Environment for All

<b>What district resources are available to promote mental health support to all?</b>	
<b>Context</b>	<ul style="list-style-type: none"> <li>• School District X currently has a crisis response team comprised of mental health counselors, school psychologists, school social workers, and district/school-based administrators.</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>• Utilizes the PREPaRE School Crisis Prevention and Intervention model developed by the National Association of School Psychologists.</li> </ul>
<b>Conditions</b>	<ul style="list-style-type: none"> <li>• Challenges by using this model - it provides schools with guidance regarding best practices in the areas of crisis prevention, preparedness, response, and recovery.</li> <li>• Barriers to using this model - in School District X schools are required to incorporate the PREPaRE model using their individual safety and security plans when handling a crisis.</li> </ul>
<b>Competencies</b>	<ul style="list-style-type: none"> <li>• Lack of focus on training to address the emotional and mental health needs of those individuals may require following a traumatic event.</li> <li>• Lack of hard competencies training regarding mental health on how the school community can cope and begin the healing process after a tragedy.</li> </ul>

*Note.* Originated by Wagner et al., 2006

## Appendix F

### To-Be 4 Cs Analysis for An Evaluation of School Districts' Mental Health Services Program Designed to Ensure a Safe and Positive Learning Environment for All.

<b>New district programs are available to provide effective mental health services to all.</b>	
<b>Context</b>	<ul style="list-style-type: none"> <li>• To articulate the context, school districts need to hone into the education and training of mental health for school personnel, including how it will impact our students.</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>• Facilitates a role in the quality and sincerity of relationships among all stakeholders.</li> <li>• Encourage safety within schools and student programs.</li> <li>• Increase partnerships between local education and community programs.</li> </ul>
<b>Conditions</b>	<ul style="list-style-type: none"> <li>• School district taking responsibility to facilitate a safer environment using district-wide policies. Instead of each school being responsible to develop a plan for safety and security in isolation.</li> <li>• Implementation of awareness regarding mental health, directly aligns with the school district's policies and procedures.</li> <li>• Providing sufficient training on mental health to school-based personnel to be equipped to educate their students thus creating the risk of an unsafe environment for our youths.</li> </ul>
<b>Competencies</b>	<ul style="list-style-type: none"> <li>• Provide competency training in the educator's tool belt.</li> <li>• Establishing a prominent educational curriculum such as problem-solving skills, communication styles, and dispositions.</li> <li>• Build a collaborative accountability matrix to involve all stakeholders.</li> <li>• Deliver differentiated staff training on SEL and mental health interventions.</li> </ul>

*Note.* Originated by Wagner et al., 2006