

The Behavioral Health and Public Schools Framework

Introduction to the Framework

The Framework as set forth below was developed by the Task Force members and then edited to reflect suggestions and feedback from schools' use of the Assessment Tool (pilot in fall 2009 and larger assessment in 2010). It is a living document designed to be updated periodically and revised as the Commonwealth's public schools address behavioral health; connect behavioral health to other initiatives; and weave together many existing initiatives, such as dropout and truancy prevention, trauma-sensitivity, and anti-bullying – all of which are necessary to create safe, healthy, and supportive environments with collaborative services.

The organizational structure of the Framework is designed to enable schools to tailor local solutions to address the needs of their communities. It recognizes that in some communities district administrators may be the catalyst for implementing the recommendations, and in others leadership will start at the school level but will require district backing. The Framework goal is not to have each school implement all the activities below, but rather, to choose those particular activities the school or district finds helpful to address its own needs. An Assessment Tool was developed by the Task Force to be aligned with the Framework and help schools assess their capacity to promote behavioral health. The Tool provides a structure for reflection and for schools to identify the degree to which they are implementing various strategies, and to determine which areas warrant a new course of action. The areas identified for change would inform a school's action plan and can be incorporated into district and school improvement plans. The goal of these action plans is to create supportive environments with collaborative services that will enable all students – including those with behavioral health needs – to achieve at their highest potentials.

The Framework includes the concepts of the three-tier public health triangle. The first tier is the fostering the emotional wellbeing of all students through school-wide safe supportive environments. The second tier calls for supports and services that are preventive and enable schools to intervene early to minimize escalation of identified behavioral health symptoms and other barriers to school success. The third tier includes intensive services and schools' participation in coordinated care for the small number of students demonstrating significant needs. These three levels – whole school, preventive supports and services, and intensive services – should not be treated separately or as silos. Activities to address each level must take place throughout the whole school, in classrooms, in small groups, and with individuals and families. Coordination will be essential both to develop safe, healthy, and supportive school environments, and to ensure that services connect students to a supportive school culture.

This three-part design is woven among each of the six main sections of the framework:

1) Leadership by school and district administrators to create supportive school environments and promote collaborative services that reliably address each of the three levels.

II) Professional development for school administrators, educators, and behavioral health providers, both together through cross-disciplinary trainings and separately.

III) Access to resources and services by identifying, coordinating, and creating school and community behavioral health services to improve the school-wide environment. The framework recognizes the need for resources that are clinically, linguistically, and culturally appropriate for students and their families.

IV) Academic and non academic approaches that enable all children to learn, including those with behavioral health needs, and that promote success in school.

V) School policies, procedures, and protocols that provide a foundation for schools to implement and support this work.

VI) Collaboration with families where parents and families are included in all aspects of their children's education.

Guiding Principles

Behavioral health refers to the social, emotional, and behavioral well-being of *all* students, including but not limited to students with mental health needs. Behavioral health relates to the reduction of problem behaviors and emotional difficulties, as well as the optimization of positive and productive functioning. Below are the guiding principles behind the content of the Behavioral Health and Public Schools Framework; they are also the recommended guiding principles for schools to use in their work to support students' behavioral health and educational success.

1. The behavioral health of students has a major impact on their learning. Addressing behavioral health needs in a proactive manner - rather than a reactive or ineffective one - will enable schools to increase the resources available to promote educational goals.
2. A positive and supportive school environment reduces the prevalence of challenging, dangerous, and disrespectful behaviors; and results in better student attendance, attention, motivation, and consequently, better educational outcomes. This type of school environment: a) promotes behavioral health for all students, b) prevents problems through early intervention supports and services, and c) provides intensive intervention for students and crisis intervention for students with serious or acute needs.
3. School leaders and school administrators acknowledge the importance of behavioral health and dedicate resources accordingly as part of an overall effort to reduce barriers to learning.
4. Schools establish and use measurable goals and objectives to determine whether behavioral health initiatives, programs, and services are successful. These may include improving attendance and graduation rates, as well as decreasing office referrals, bullying incidents, suspensions, and expulsions.

5. Schools recognize and make use of the expertise of school mental health professionals, including the many in-school staff providing behavioral support and services to students and families, including social workers, adjustment counselors, and nurses. Schools also recognize the supportive behavioral health role that can be played by paraprofessionals and others, including the school secretary, bus drivers, classroom aides, and others.
6. A School and Behavioral Health Support Team is necessary to assess the behavioral health needs of the school community as well as plan, coordinate, and evaluate support programs and services. For efficiency and to minimize redundancy, schools are encouraged to use existing, well functioning teams with coinciding goals for this purpose.
7. Schools identify ways in which community service providers, (e.g. Community Service Agencies of the Children’s Behavioral Health Initiative and others), state and local agencies, and other community resources (e.g., faith community, after-school and/or recreation programs, colleges and universities, business partners) can help address behavioral health services gaps. Schools facilitate access to such services and supports by establishing ongoing relationships with community-based service providers, and by providing families with relevant information about community services.
8. The school curricula systematically promote behavioral health, and help prepare students for lifelong success in the workplace, in the community, and in personal relationships. This includes instruction in areas such as social problem solving, life skills, social-emotional development, interpersonal communication, self-regulation, and bullying and violence prevention.
9. Families are essential partners in schools’ efforts to support behavioral health needs. Parental input, particularly from parents of students with behavioral health challenges, helps identify and prioritize the needs of the school community. Parents of students with behavioral health challenges are welcomed and included to the greatest extent possible in the planning and evaluation of programs and services.
10. Behavioral health programs and services respect ethnic and cultural diversity, language differences, and the unique nature of specific disabilities and risk factors. Services are also strength-based, child-centered, and family-driven.
11. School districts offer professional development for all school personnel and community-based providers to help them: 1) interact sensitively, respectfully, and supportively with students and families; 2) identify students at risk for behavioral health needs; and 3) help coordinate, support and deliver behavioral health services.

The Six Framework Sections in Detail

SECTION I) LEADERSHIP

This section addresses leadership by school and district administrators and other school personnel that can create systems and services within schools that promote supportive school environments, and that promote collaboration between community-based behavioral health providers and school staff to support positive outcomes for students within the scope of confidentiality laws. In some communities district administrators may be the catalyst for implementing these tasks, and in other communities, the leadership will start at the school level but will require district backing.

STRATEGY A. District leadership

District leadership, in partnership with the school committee, can play an essential role in supporting behavioral health in schools by developing the vision, outcome measures, and a plan to implement the Framework in its district. It is also the role of leadership to support the collaboration between behavioral health providers and the schools in the district. Regular communication between the school committee, the superintendent, other district administrators, and school administrators regarding any district-wide and school-based plans is strongly encouraged to support the comprehensive implementation of this Framework.

ACTION STEPS

[1.] District vision statement. District administrators and school committees can develop and approve, with staff, student, family, and community input, a written vision statement for implementing this Framework. A vision statement can address approaches that meet the Framework's three-part design to implement: 1) supportive school environments that promote the behavioral health of all students through whole-school supportive environments; 2) early interventions that provide collaborative approaches to identify and address behavioral health symptoms early; and 3) intensive services that coordinate intensive interventions for students with significant needs.

[2.] Outcome goals. The district administrators and the school committee can set student outcome goals for areas that need improvement. Suggested outcomes measures include attendance; school engagement; grade progression; high school graduation rates; time spent on learning; rates of suspensions, expulsions, and office referrals for discipline; and/or other areas of concern related to the entire district or specific schools. Progress toward the outcome goals may be regularly reviewed to inform district and school plans, and to re-assess their relevance.

[3.] District-wide action plan. After the development of a district vision statement for implementing the Behavioral Health Framework, it is the role of the superintendent and other school administrators to carry out the vision statement by leading principals, school staff, community partners, and families to create a district-wide action plan for addressing behavioral health supports.

- District plans can instruct schools to weave the approaches to supportive school environments, early intervention, and intensive services into School Improvement Plans with the goal of achieving the designated educational outcomes. The plans can guide how schools and behavioral health providers will collaborate to achieve the outcome goals.
- These district plans can also set forth the district's collaboration with behavioral health providers and other community organizations, such as a public educational collaboratives, to coordinate services for students in all district schools, designate staff responsible for monitoring access to services and resources, and support collaboration between school-based teams and community services.
- Plans can also identify which leadership tasks are best addressed at the district level and what topics are best suited for school leaders, as well as mechanisms for enhancing coordination regionally.

[4.] Data Systems. Districts can consider their current data system's capacity to collect, track, analyze, and share data related to their behavioral outcome goals. Relevant data will allow districts to evaluate the effectiveness of programs, identify best practices, and drive the decision making process. Additionally, districts can consider the internal structure, specifically personnel, needed to collect meaningful and accurate data.

STRATEGY B. School leadership

Principals and other school administrators play an important leadership role in establishing, monitoring, and improving the organizational structure and functions of a school in order to integrate effectively behavioral health approaches into existing school operations. Many of the leadership tasks and activities described in this section fall naturally into pre-existing structures; for others it may be necessary to create new teams or forums. It is the role of the principal and other school administrators to establish goals and objectives that align with district goals, and to communicate regularly with all school staff on activities and progress related to these goals and objectives. The school level activities include, but are not limited to, the following.

ACTION STEPS

[1.] A School and Behavioral Health Support Team. A school-based team, led by a principal or other school administrator, and including parents, students, staff representing various perspectives, and community organizations, can be identified to determine how best to incorporate the district-wide behavioral health plan or framework elements into existing School Improvement Plans. The incorporation of these recommendations can be accomplished through a strategic planning process or mapping (needs analysis) activity. The team can identify potential barriers or challenges to implementing these recommendations and create a process to continually oversee and evaluate the effectiveness of any plans.

[2.] Professional development. School leaders, with staff input, can develop a long-term professional development plan to increase skills among school staff and other stakeholders to implement the district's plan to promote students' behavioral health. Plans for training can consider the following guidelines: 1) address multiple skill levels

and cross-disciplinary topics; 2) incorporate diverse approaches for staff development such as coaching, team teaching, and mentoring; 3) recognize that school-based behavioral health staff, irrespective of their titles, may have skills that bridge the divide between the educational and health systems, or may have specialized skills that can be put to use in the cross training of educators and community behavioral health providers; 4) support and encourages the pursuit of certification, licensure, and professional distinctions; 5) designate training time each school year to address behavioral health issues with available resources (e.g., substitute teachers, release time, stipends) to support staff participation; and 6) school-based and community behavioral health providers train together and learn from each other to promote collaboration.

In addition to evaluating the needs of staff for professional development, leadership should be encouraged to assess their own needs for training to enable them to develop their understanding of the most effective ways to promote behavioral health among students as well as support staff in this work. *(See Framework Section II for the complete description of professional development recommendations.)*

[3.] Access to resources and services. This function involves school leaders setting up structures to enhance the school’s capacity and resources to promote behavioral health. There are three basic components to this function: 1) a “mapping” process to identify the adequacy of the schools’ resources to meet this task and to reallocate resources within the school to address gaps; 2) a structure for exploring partnerships with community agencies, including recreational, cultural, and behavioral health; and 3) a structure for confidential conferencing on individual students at school, and as appropriate in the community. *(See Framework Section III for a complete description of access to services recommendations.)*

[4.] Academic and non-academic supports. School leaders can provide the vision, support connections with behavioral health providers, and oversee the implementation of effective activities and strategies that build on students’ strengths and promote success in school. Strategies fall into a three-part structure – supportive school environments, early interventions, and intensive services. *(See Framework Section IV for the complete description of academic and non-academic support recommendations.)*

[5.] Policies and protocols. The creation and revision of behavioral health policies and protocols involves school leaders, with the input of staff, to address topics such as – but not limited to – referrals, consultation, creating formal relationships with providers, discipline, safety, and filing abuse and neglect reports. In particular, it is school leaders who can ensure that staff and external providers understand and use best practices for maintaining the confidentiality of individual students with behavioral health needs. Schools can consider surveying families of students with behavioral health needs to identify specific policies, protocols, and procedures that need to be adapted to better support these students and families. The School and Behavioral Health Support Team, after further study, could make recommendations about the revisions necessary to better support students’ behavioral health. *(See Framework Section V for the complete description of policy and protocol recommendations.)*

[6.] Collaboration with families. School leaders are encouraged to set up systems to enable staff to effectively partner with families, including those whose children have

behavioral health challenges, in supporting the educational success of their children. This includes promoting behavioral health through supportive school environments that partner with families, and supporting parents to identify and address needs early and to participate in coordinated intervention services (including the Children's Behavioral Health Initiative) when needed. This also includes ensuring that staff are culturally proficient and have the skills and resources to communicate and collaborate with families. (See Framework Section VI for the complete description recommendations for collaboration with families.)

SECTION II) PROFESSIONAL DEVELOPMENT

This section addresses professional development for school personnel and behavioral health service providers that can clarify roles and promotes collaboration within the scope of confidentiality laws; increase cultural competency; increase school personnel's knowledge of behavioral health symptoms, the impact of these symptoms on behavior and learning, and the availability of community resources; enhance school personnel's skills to help children form meaningful relationships, regulate their emotions, behave appropriately and succeed academically, and to work with parents, who may have behavioral health needs; increase providers' skills to identify school problems and to provide consultation, classroom observation and support to school personnel, children and their families; and increase school personnel's and providers' knowledge of the impact of trauma on learning, relationships, physical well being and behavior, and of school-wide and individual approaches that help traumatized children succeed in school.

This section describes the professional development guidelines and professional development topic areas that are needed to enhance the school's capacity to improve students' behavioral health through supportive school environments, early interventions, and intensive services.

STRATEGY A. Professional development for all staff

It is recommended that the school/district offer trainings for *all school/district and community behavioral health staff* to build skills and improve student outcomes. Training in particular topics may be appropriate and necessary for all staff, including educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities, and paraprofessionals.

ACTION STEPS

Specific topics that can be addressed through professional development for all staff include the following:

1. Helping students develop safe, caring relationships with adults and peers.
2. Supporting students to self-regulate their emotions, behaviors, and attention to achieve academic success.

3. The ability to identify the early warning signs and variety of symptoms of students in distress including the impact of trauma and other environmental risk factors (e.g., stress, homelessness, violence) on learning, relationships, behavior, physical health, and well being.
4. Knowledge of school-wide and individualized behavioral health approaches/services that help meet needs of at-risk students.
5. Specific knowledge of strategies and protocols to develop effective linkages and collaborations with external services.
6. Understanding the separate roles and common objectives of school staff and behavioral health providers that promote collaborative efforts and supportive school-wide environments. Developing proficiency in de-escalation strategies and interventions that are alternatives to physical restraints.
7. Addressing the needs of diverse student populations, including specific training on cultural sensitivity to the needs of groups served by the school.
8. Increasing familiarity with relevant child and youth-serving systems, including state agencies and state sponsored behavioral health resources (e.g., Children's Behavioral Health Initiative-CBHI/MassHealth), and their potential intersections with education.
9. Discussing sensitive, confidential, and/or privileged student information.
10. Training on crisis prevention, intervention and management, including identifying early signs of crisis to enable preventive actions.

STRATEGY B. Professional development for administrators and other school leaders

It is recommended that *administrators and other school leaders* receive support to build skills that improve student outcomes.

ACTION STEPS

Specific topics that can be addressed through professional development for all administrators and other school leaders include the following:

1. Engaging school staff in their role to support the well-being and healthy development of all students.
2. Ways to support the well-being of educators and behavioral health staff.
3. Ways to engage meaningfully a broad range of students and families in school planning and decision-making groups with staff.

4. Disciplinary approaches that balance accountability with an understanding of behavioral health needs of students.
5. Managing and evaluating the policies and protocols related to supporting students' behavioral health as recommended in Framework Section V.
6. Analyzing and using data to inform decision making about services and interventions.
7. Developing flexible approaches that support external behavioral health providers who offer services in the school setting (e.g., making space available).
8. Enabling administrators to help and support staff to build effective relationships with students and families.
9. Creating school-based and district-based committees comprised of staff and leadership to survey and plan professional development to meet the needs identified by staff.

STRATEGY C. Professional development for teachers and instructors

It is recommended that *teachers and administrators* receive support to build skills that improve student outcomes.

ACTION STEPS

Specific topics that can be addressed through professional development for teachers and instructors include the following:

1. The ability to create a caring classroom community.
2. Strategies and approaches to improve instruction that support students with or who may be at risk for developing behavioral health needs.
3. Strategies to manage classroom behaviors, including ways to de-escalate and reduce disruptive behavior.
4. Understanding a teacher's/instructor's particular role in crisis intervention for an individual student or group of students.

STRATEGY D. Professional development for school and community behavioral health providers

It is recommended that *all school-based and community behavioral health providers*¹⁰ receive support to build skills that improve student outcomes. This group is intended to

¹⁰ Broadly defined to include nurses, psychologists, school adjustment counselors, social workers, guidance counselors, therapists or clinicians employed by a school, district or community agency.

include health education and physical education teachers as well, whose disciplines focus on educating young people on principles of good social, emotional, and behavioral health as well as physical health.

ACTION STEPS

Specific topics that can be addressed through professional development for school and behavioral health providers include the following:

1. Understanding the school as a host environment, including familiarity with school and district structures and requirements (e.g., special education).
2. Identification of school problems and how behavioral health symptoms may manifest in a school setting.
3. Understanding of how behavioral health problems impact all aspects of a student's functioning, including learning and behavior in school, at home, and in the community.
4. Strategies for positive and appropriate responses to student's needs, in the classroom and throughout the school.
5. Providing classroom observations, consultations with educators, and ways to support school personnel, students and their families.
6. Strategies and protocols that reflect an understanding of, and appreciation for, the specific needs and structure of the school environment, that will help ensure a collaborative relationship between community-based providers and school staff.

SECTION III) ACCESS TO RESOURCES AND SERVICES

This section addresses access to clinically, linguistically and culturally-appropriate behavioral health services, including prevention, early intervention, crisis intervention, screening, and treatment, especially for children transitioning to school from other placements, hospitalization, or homelessness, and children requiring behavioral health services pursuant to special education individual education plans.

This section describes the infrastructure that can enhance the school's capacity to improve students' behavioral health through supportive school environments, early interventions, and intensive services. Approaches in all three parts can be clinically, linguistically, and culturally appropriate. [See Framework Section I. B.(3) for the significant role leadership plays in effectively addressing the goals of this section.]

STRATEGY A. Identifying gaps and re-allocating resources within the school

The school's capacity to promote students' behavioral health through supportive school environments, early interventions, and intensive services can be enhanced through a process of understanding current resources/services and making recommendations to fill

any resource/service gaps.

ACTION STEPS

[1.] Mapping resources. This involves a process to identify the school’s capacity to provide resources across the three-part approach. It is recommended that as part of any strategic planning or review of *School Improvement Plans*, school leaders, with input from families and staff, assess the adequacy of behavioral health approaches. Behavioral health approaches are defined broadly and can include supports to create supportive school environments and provide early interventions, and intensive services. This “mapping process” can recognize that school staff, irrespective of their titles, may have skills to assist in providing these behavioral health supports.

The mapping process can address the following areas:

- **Strengths and unmet needs.** An analysis of the existing and needed resources and services to promote a positive school-wide culture and to develop effective social and emotional skills in all students can be done.
- **Communication.** An assessment of strategies for maintaining and improving communication processes among school staff, including but not limited to general education, special education, school administrators, professional support personnel (e.g., nurses, therapists, social workers), and the homeless liaison; with families; with other youth serving state agencies (e.g., the Department of Children and Families, the Department of Youth Services, Department of Public Health, Department of Early Education and Care, and the Department of Mental Health); and with community behavioral health providers.
- **Roles of school/district staff and community providers.** An analysis of the roles, functions, and availability of school/district and community staff, including behavioral health staff, in order to identify gaps in programs and services.

[2.] Developing recommendations to fill resource and services gaps. Once the mapping process is complete, schools can develop recommendations and action steps to fill resource and service gaps. This may include decisions on new curriculum, reorganization of staff (either within the school or within the district), and identifying potential community agencies to provide services to meet the remaining needs. The process recognizes that school nurses, teachers, and administrators, in addition to traditional behavioral health staff, may have skills that bridge the divide between the educational and health systems, or have specialized skills that can be put to use in the cross training of educators and behavioral health staff.

The recommendations can, at a minimum, address the school’s ability to implement the following components:

- Promoting a positive school wide environment
- Establishing ongoing relationships with families
- Developing effective social and emotional skills in all students
- Intervening early with at-risk students through small group and individual approaches

- Obtaining appropriate evaluations
- Arranging consultations and observations in classrooms
- Providing referrals to community resources where needed
- Addressing student's health needs
- Responding quickly and comprehensively to students in crisis
- Communicating regularly with students' community-based providers
- Ensuring interventions are coordinated so that services enhance students' abilities to function well within the classroom and whole school environment
- Supporting students' transition to and from other placements (e.g., hospitals, Department of Youth Services, foster care, and home tutoring).

STRATEGY B. Access to resources and services in schools

Access to school and district behavioral health services promotes a supportive and positive learning environment in which all students can develop effective social and emotional skills.

ACTION STEPS

[1.] All students in need of school behavioral health resources and supports have access to clinically, linguistically, and culturally appropriate services, as well as sensitive to the challenges faced by LGBT (lesbian, gay, bisexual, and transgendered) youth.¹¹

[2.] In-district referral system. The early identification and referral of students with behavioral health needs, the availability of referral information for families seeking behavioral health screening or diagnostic evaluations, and ongoing reassessment of students' behavioral health needs are important tasks for school staff. These needs may include, but are not limited to, issues related to special education, behavior, stress, substance abuse, trauma, or physical well-being.

[3.] School services can include district-wide, school-wide, classroom-based, small group, and individual student activities and supports that address both the learning and social needs of students. *(See Framework Section IV for a discussion of the array of services and supports that promote the Framework's three-part approach.)*

[4.] There is a shared standard and practice around confidentiality of student behavioral health records.

STRATEGY C. Access to resources and services with community organizations

To the extent the mapping process identifies gaps in resources that can be filled by community agencies, schools can collaborate with community agencies. Formal or informal collaboration with community agencies and behavioral health providers can help provide supportive school environments, early interventions, and/or intensive

¹¹ This includes the need for LGBT youth to be comfortable and aware that service providers are accepting and sensitive to the particular set of issues and challenges they face. (School counselors should be encouraged to identify their offices as a LGBT "safe zone.")

services. District leadership is needed to develop relationships with directors of community-based agencies to address district-wide needs and to facilitate relationships between agency leadership and individual school principals and the district's School and Behavioral Health Coordinators.

ACTION STEPS

[1.] All students in need of external (e.g., community-based) services have access to resources that are clinically, linguistically, and culturally appropriate as well as sensitive to the challenges faced by LGBT (lesbian, gay, bisexual, and transgendered) youth.

[2.] Collaborative efforts with community agencies address the variety and scope of student needs and gaps in services. These efforts and relationships may help provide recreational, cultural, and financial resources; and after-school, youth development, art, culture, and literacy opportunities (e.g., libraries, museums, local volunteers) that contribute to a school's supportive environment.

[3.] Collaboration between school and community behavioral health providers can address student specific issues, including diverse interventions such as small group, individual supports, school re-entry plans. These efforts can create supports for school staff including classroom consultation on general as well as student-specific scenarios, observations, and plans for school and community provider responses to crisis when necessary.

[4.] When formal agreements or contracts between schools and community behavioral health organizations are necessary, they can specify the details of the collaborative relationship and address expectations. Below are some examples of the type of content that can be included in these agreements.

- The role of each entity, including but not limited to what services will be provided.
- Plans for ensuring consistent access to services across schools in the district.
- Plans for addressing issues related to waiting lists.
- Confirmation of the location of any services that will take place.
- Payment amounts, timelines, and mechanisms.
- Process for communication, and parameters regarding confidentiality.
- Plans for evaluation and reporting.
- Specifics regarding any relevant processes for referrals and outreach to families.
- Details regarding the conditions under which the agreement will terminate.

[5.] Particular attention can be paid to those community-based services that are available for some students through CBHI/MassHealth. It is strongly recommended that formal relationships with CBHI/MassHealth service providers include:

- Designation of a school administrator or other high-level staff to oversee the operation and implementation of CBHI protocols, including the specific procedures related to CBHI and the interface with special education laws and services.

- An effective school referral system for all CBHI services, including Intensive Care Coordination (ICC) and Mobile Crisis Intervention (MCI) services that outlines the following elements:
 - Education and outreach to families, jointly planned by the Community Service Agency (CSA) and district/school;
 - Clear expectations;
 - Facilitated referrals for interested families/students;
 - Structures for frequent communication between school and families;
 - Mechanisms for coordination with providers of specific MassHealth behavioral health services, especially ICC and MCI;
 - Guidance for participation in the ICC Wraparound team process;
 - Guidance for collaboration with MCI related to behavioral health crises;
 - Resources for understanding the interface between MassHealth and special education entitlements; and
 - Inclusion of a student's behavioral health and/or ICC providers in any school-based team meetings upon consent from parents/guardians or a student age 18 and older, with the family's consent. At the family's request, school staff are also encouraged to participate in community-based meetings, including the Individual Care Planning Teams formed for children and youth in the MassHealth ICC program.

STRATEGY D. Confidential conferencing on individual students

Conferencing on individual students work is confidential and often carried out by School and Behavioral Health Support Teams, such as Child Study, Student Support, or IEP (Individualized Education Program) teams, or other structures for students who require specific support programs and services.

ACTION STEPS

[1.] Parents/guardians can be reassured that confidentiality will be respected in all of these settings. A copy of the school's policy on confidentiality can be made available to all families.

[2.] A student's external behavioral health provider can participate in these groups, when possible, upon consent from the parent/guardian or a student age 18 and older.

[3.] At the parent/ guardian's request, school staff can also participate in community-based teams, for example, the Individual Care Planning Teams formed for youth in the MassHealth Intensive Care Coordination program.

[4.] These groups can work together to establish common goals for the student's success, and to ensure that student needs are being addressed in a comprehensive and well-coordinated manner at each of the three levels. The common work of these individual student-focused groups includes continuously monitoring the growth of each student and calibrating strategies (in addition to individual services), that take place within the classroom, the school-wide environment, and as appropriate, in the community.

SECTION IV) ACADEMIC AND NON-ACADEMIC SUPPORTS

This section addresses effective academic and non-academic activities that can build upon students' strengths, promote success in school, maximize time spent in the classroom and minimize suspensions, expulsions, and other removals for students with behavioral health challenges.

The overarching goal for academic and non-academic supports is to ensure that classrooms enable all students to experience success in the school environment. The school environment is a unique setting that can address the development of the whole child. The academic and non-academic supports indicated in this section are organized based on the three-part approach of supportive school environments, early interventions, and intensive services. The recommended strategies indicated throughout this section are designed to be implemented in collaboration with families and caregivers. (Additional recommendations about collaborating with families are provided in Framework Section VI.)

STRATEGY A. Supportive school environments

Supportive school environments encompass the universal supports, strategies, and programs available to all students in the school that promote overall well-being and positive educational outcomes. These strategies and programs include school-wide behavioral supports, classroom-wide prevention initiatives, and community programs that are available to students.

ACTION STEPS

[1.] High quality instruction with school-wide academic standards. Students come to school with a variety of skills and abilities, and the mantra “All children can learn” highlights the capacity for students to obtain new skills to be successful in life. Setting high standards and expectations for all students means recognizing the individuality of each student and identifying instructional techniques that support his/her growth. This requires maximizing time spent on learning with opportunities for individualized instructional supports.

[2.] Screening of academic and behavioral development. Monitoring the academic and social, emotional, and behavioral development of each student can foster effective learning of all students and can identify when additional supports are needed. Through universal systematic screening procedures, early intervention and support services can be put into place that can prevent the development of academic or social/emotional difficulties. This student data can be used by teachers to inform and improve classroom environments, instruction techniques, etc.

[3.] Predictability. Classroom and school environments that are predictable can be particularly helpful for all students, but especially for those with behavioral health needs. This includes:

- Clear behavioral expectations of students;

- Established school and classroom routines;
- Clearly communicated class schedules;
- Predictable and positive responses/reinforcement, even when students require correction on behavior or academics; and
- Carefully planned transitions involving new people and places, and reminding students of classroom rules as they move on to new activities.

[4.] Effective primary prevention programs. There are numerous evidence-based prevention programs that support and promote the development of behavioral health that have been recognized by federal agencies. These include, but are not limited to, Positive Intervention Supports (PBIS), Response to Intervention (RTI), Collaborative for Academic, Social, Emotional Learning (CASELS), Social Emotional Learning (SEL), and Second Step.

The unique needs of each school and classroom can be considered when planning and implementing one of these programs. These programs are most effective when consistently implemented by teachers, and also require the involvement of the entire school community (e.g., bus drivers, lunch, and janitorial staff, etc.). A focus on the following skills is recommended when making a selection for a primary prevention program:

- Model, teach, and reward pro-social, healthy and respectful behaviors. Similarly, problem behaviors and consequences are clearly defined.
- Utilize positive approaches to promoting behavioral health, including collaborative problem solving, resiliency, team work, and positive behavioral supports that aid in social and emotional development.
- Sensitively address behavioral issues in classroom so that learning can continue and the child is not unnecessarily removed from class.
- Teach students to modulate emotions, recognizing the association between positive peer relations, adult connections, and self-regulation and the impact on academic success.
- Utilize effective approaches to address difficult emotional states (e.g., anger, jealousy), and address underlying reasons for difficult behaviors by identifying and processing feelings.
- Develop collaborative discipline approaches that include student input, which balance accountability with an understanding of underlying behavioral health needs.

[5.] Positive relationships between students and adults. Supportive connections between adults and students can serve as a foundation for the development and promotion of behavioral health. Supports to encourage positive relationships between students and adults can include:

- Opportunities for staff and students to develop relationships that extend beyond the academic role (e.g., at lunch time or with an extracurricular project).
- Promotion of student engagement in school events and extracurricular activities (e.g., sports, clubs).
- Thoughtful attention to fostering relationships with adults with whom the student already has a natural affinity.

[6.] Students' strengths (islands of competence). Where appropriate, work from students' abilities, strengths, and interests in specific academic classes or extracurricular activities as a base for helping them with academic or behavioral health challenges. Communication with families and any after-school and community programs that support development in these areas of interest can reinforce student learning and build opportunities within the school environment.

[7.] Physical well-being. Students' physical health, including dental and nutritional needs, greatly impacts their ability to meet the academic and social demands of the school environment. The involvement of the school nurse as part of the School and Behavioral Health Support Team is critical to identifying students with somatic difficulties stemming from behavioral health needs.

[8.] Safe learning environments. School environments can be physically, socially, and psychologically safe for all students. Safe classrooms have clearly established behavioral expectations and crisis or safety plans in place to deal with difficult and unsafe situations. Safe classrooms also have clear distinctions between office-referral and classroom-managed behavioral difficulties to prevent unnecessary or excessive disciplinary referrals. In situations where problem behaviors occur, options exist to allow for classroom instruction to resolve the situation. In case of an emergency in the classroom, all students can be familiar with the school's emergency plans. (See *Framework Section V for additional information about safety and discipline policies.*)

[9.] Involvement of students in evaluating the effectiveness of programs and services. Students hold a unique and critical perspective on the school experience and the programs and services available. Creating opportunities to hear the perspective of the students is critical to maintaining effective programs; yet this also requires hearing from students who are not necessarily experiencing success in school. Fostering student leadership and supporting positive youth development may require school staff to accept feedback that creates discomfort but this feedback also has the potential to identify challenging situations for struggling students. Enabling a broad range of students, not just the "typical leaders" to participate in evaluation and decision-making is beneficial.

STRATEGY B. Early interventions

Early interventions provide collaborative approaches to identify and address behavioral health symptoms early. These targeted interventions are the supports, strategies, and programs available to students who need additional services to be successful in the school environment. The universal, systematic screening procedures, referenced above under "universal supports," can be the foundation for data-based decision making and identifying students who are in need of targeted intervention and support services. Using a School and Behavioral Health Support Team recommended in Framework Section I., school staff can come together using a problem solving approach to identify short-term interventions for students at-risk of academic or social-emotional challenges to reduce present and future barriers to learning.

[1.] Targeted academic supports. Targeted interventions can address areas in which the students experience academic difficulties (e.g., math, reading, or writing). Difficulties in one of these basic areas can impact the skill development in the other academic content areas (e.g., science, history); therefore, it may be helpful to consider a range of

academic supports. Academic supports may include interventions such as small group tutoring, after school programming, and classroom-based strategies that provide targeted academic supports. Academic approaches for students with behavioral health challenges may include, but not be limited to, modifying the curriculum, breaking the subject into smaller “chunks,” and using language-based approaches to help the student stay focused through active and positive verbal interplay.

Educators will need to recognize that some students with behavioral health challenges may more easily lose focus or dissociate than their peers. This requires a certain flexibility and willingness to accept that some students with behavioral health challenges may more easily miss part of the discussion and need, for example, careful repetition of directions so that the student does not get behind in a lesson. Other students may be reactive and teachers need to know how to respond in ways that support the student to behave appropriately and maintain the student’s presence in the classroom. When small groups are used for tutoring and after school programming, it is essential that the instructors understand how to respond to a student who may have symptoms of reactivity, withdrawal, or other behavioral health indicators. For students with special educational needs, these approaches may be included in the student’s Individualized Education Plan (IEP).

[2]. Social-emotional supports. Small group settings that are focused on social-emotional development can be organized to support students at-risk for socio-emotional difficulties. These supports can reinforce the lessons from the primary prevention curriculum discussed above. Social-emotional supports may include social skills groups, mentoring programs with mentors who have been trained to work with students with particular behavioral health challenges, group counseling, art therapy classes, and targeted lessons on topics such as conflict resolution and self regulation.

[3.] Flexible programming. While predictability is needed in the school and classroom environments, it must be balanced against flexibility in how the educator encourages the students to overcome inevitable setbacks in order to continue to learn. In addition, flexible scheduling of services and programs can increase access to both academic and non-academic supports for certain students. This may require changes in school policies (*see Framework Section V*). Flexible access to extra-curricular activities, particularly for disengaged students and students in out-of-home placements, can afford them an opportunity to build on an area of strength or interest, maintain community and peer connections, and ultimately experience increased engagement in school. School protocols can also foster opportunities for a broad range of students to take on leadership roles in planning and decision-making.

[4.] Ongoing monitoring of progress. Along with the implementation of targeted interventions is the need for continuous monitoring of progress to determine the effectiveness of the implemented strategy. Strategies that do not demonstrate meaningful student progress can be reviewed to determine how the approach could be refined, including analyzing if the strategy is an appropriate match for addressing the targeted student needs. It can be the role of the School and Behavioral Health Support Team to monitor student progress in collaboration with classroom-based staff and behavioral health staff.

STRATEGY C. Intensive services

Intensive services are the supports, strategies, and programs that address the behavioral health of the students demonstrating significant needs. The educational outcomes of students identified as having an emotional disturbance continue to be the worst of any disability group.¹² These students have significant deficits in academic achievement, and approximately 50 percent drop out of high school.¹³ These programs and strategies can include structured behavioral programs, Alternative Education programs and schools, diagnostic placements, case management, and psychiatric hospitalization re-entry strategies.

ACTION STEPS

[1.] Intensive academic supports. Intensive academic supports can connect with and build on the targeted academic supports described above. Intensive academic supports provide individualized academic strategies that are tailored to a student's specific academic strengths and challenges. Effective intensive supports merge academic skill development with strategies that develop socio-emotional competence. Intensive academic supports may include strategies such as individual academic coaching and tutoring, as well as Alternative Education programs and schools. It is very important that services provided to students with intensive needs, often through the special education process, are designed to connect these students to the school community as much as possible. If a student has wrap-around services through CBHI, state agencies, or other organizations, coordination is critical so that students can work on the goals set forth in IEPs and student support plans during the school day as well as outside of school.

[2.] Crisis situations. While all students can be familiar with the school's emergency plans in the event of a disaster or crisis (*see Framework Section V for more information*), particular strategies may be needed for students with significant behavioral health needs. Specific behavioral intervention and individual crisis support plans may need to be developed, shared, and coordinated with the school and community-based behavioral health providers. These plans identify strategies to support the student in a respectful and helpful way, while also ensuring the safety of all students. For students receiving CBHI services, schools should be aware of the availability of the Mobile Crisis Team to work with the school, and in some circumstances come to the school if the team determines that is appropriate. In addition, the school should adapt its disaster or crisis emergency policies (*see Framework Section V*) to *include* particular strategies to support students with significant behavioral health needs in following these emergency plans, as they may become triggered by the crisis event, or even by the potential for the event.

[3.] Transitions to and from out-of-home placements (e.g., Department of Youth Services, foster care, homelessness, hospitalization, special education segregated placements). Carefully planned transitions to and from school are critical to ensure school connection for students who have been in, or are going to, an intensive

¹² Bradley et al., 2004

¹³ Reid, Gonzalez, Nordness, Trout, & Epstein, 2004

placement. Flexible academic programming can support successful school exit and re-entry (see Framework Section V for protocols to support successful transitions).

[4.] Collaboration and coordination around medical treatment plans. Students with significant behavioral health needs may be receiving medical treatments and may be impacted by the effects of these treatments. For example, a student who is prescribed a new psychotropic treatment may experience side effects that require modifications in their school plan (e.g., access to gum or water throughout the day, a delayed school start). Coordination between the school staff and community behavioral health providers can promote consistency and continuity of care, enhance generalization of coping skills across settings, and increase the opportunity for the student with behavioral health needs to be successful in the school environment.

[5.] Referral procedures to Community Service Agencies (CSA). For eligible students who are identified as having an emotional disturbance, the school has procedures in place to educate the family and/or caretakers on the services available through the CSA as part of the Children’s Behavioral Health Initiative. (See Framework Sections III and V, as well as Attachment A: Additional Information and Definitions for additional information).

SECTION V) SCHOOL POLICIES, PROCEDURES, AND PROTOCOLS

This section addresses policies and protocols for referrals to behavioral health services that can minimize time out of class, safe and supportive transitions to school, consultation and support for school staff, confidential communication, appropriate reporting of child abuse and neglect under MGL Chapter 119, Section 51A, and discipline that focuses on reducing suspensions and expulsions and that balances accountability with an understanding of the child’s behavioral health needs and trauma.

Policies and protocols provide the foundation for schools to implement the recommendations outlined in this Framework to address supportive school environments, early interventions, and intensive services. As suggested in Framework Section I, school leaders and administrators are encouraged to engage staff in determining which of its district and school policies and protocols require review and to identify new ones that will ensure the success of all students. Schools could consider making policies available in an electronic format, and/or creating a more dynamic policy handbook. Frequent and improved communication with district administrators will ensure that there is a uniform understanding and implementation of policies and procedures across all schools in the district. The following are policies and protocols that can be considered or reconsidered.

STRATEGY A. Confidential communication

To respect student and family privacy and to increase collaboration between schools and behavioral health programs, it is critical to create clear protocols around confidentiality. School and district leadership can establish action steps that will be taken if the protocols for confidential communication are not followed.

ACTION STEPS

[1.] Communication best practices. In particular, school leaders can ensure that staff understand and use best practice for maintaining confidentiality of individual students with behavioral health needs. This includes refraining from conversations about specific students while in audible range of others, and refraining from disclosing specific student information to outside sources without explicit permission from the family. This caution must be exercised by School and Behavioral Health Support Teams, such as Child Study, student support, child protective, and/or IEP teams for identified students who require support programs and services. School leaders oversee these different groups and can work to improve appropriate communication and coordination of services while implementing measures to ensure student confidentiality.

[2.] Information release forms. The use of Release of Information Forms allow families to address concerns about sharing personal material and can outline specific means the school will employ to limit access and monitor use of any protected school or health information in the student record. It is recommended that forms allow families to easily specify both what information they are allowing the school to **obtain**, and what information they are allowing the school to **release**. A separate form can be filled out for each collaborating organization. Federal confidentiality regulations restrict the use of a single blanket release form; therefore, this practice is not recommended.

STRATEGY B. Student and school safety

Individual student and school safety requires appropriate planning, policies and reporting, and includes the following.

ACTION STEPS

[1.] Reporting of child abuse and neglect under section 51A of Chapter 119. Policies can create specific procedures to ensure that documentation of suspected child abuse or neglect based on guidelines that are consistent with the Department of Children and Families (DCF). [*For related information, see the Departments of Elementary and Secondary Education (ESE) and Children and Families (DCF) August 2010 [Joint Advisory Regarding School District Officials' Duty to Report Suspected Child Abuse and Neglect.](#)*]

[2.] Filing of Child in Need of Services (CHINS) petitions under the Massachusetts General Laws. Policies can also specify protocols for referrals to local Juvenile Courts for a Child in Need of Services (CHINS), and can include documentation of these referrals, notification of parents, and outcomes of referrals.

[3.] Domestic violence. Schools can set policies that ensure safety for students when domestic violence has occurred by supporting the implementation of laws regulating restraining orders, safety plans, and records release.

[4.] Student crisis plan. Specific behavioral intervention and crisis support plans can be developed and in place for students with intensive needs (see *Framework Section IV*).

[5.] School emergency plans in the event of a crisis or disaster. All students and staff can be familiar with the schools emergency plans in the event of a disaster or school crisis, including procedures for: exiting and returning to the school building, school staff roles and points of contact, and techniques to maintaining a positive environment that increases the sense of security and safety for students. Emergency plans can also include behavioral health supports for all students and staff when needed, including how to access grief counselors and emergency food and shelter options.

STRATEGY C. Discipline policies balance accountability with an understanding of students' behavioral health needs

Reducing the number of suspensions and expulsions will be enhanced by discipline policies that recognize underlying difficulties children may have with forming relationships, modulating emotions and behaviors, and achieving academic and non-academic success. It is recommended that discipline policies also consider ways to address the following.

ACTION STEPS

[1.] Implement universal interventions and supports to establish a safe and positive school climate. Rather than a “zero tolerance” approach to problem behaviors, discipline policies can promote a proactive approach to understanding students with challenging behaviors and providing them with a differential response with the aim of keeping these students in class and in school.

[2.] Develop and use alternatives to suspensions, expulsions, and physical restraints whenever possible, such as in-school suspensions (ISS) with a teacher or tutor as overseer and assignments from class that the student is expected to work on during this time, or detention which extends the student’s school day and keeps the student within a structured environment longer.

[3.] Implement a range of academic and non-academic supports and prevention approaches (see *Framework Section IV*) to address school issues and promote positive behaviors. These services create opportunities for staff to intervene early and develop a range of de-escalation strategies to prevent disciplinary referrals.

[4.] Collect and analyze data on office referrals, suspensions, and expulsions in order to inform and refine discipline approaches.

[5.] Develop intervention networks such as school-based behavioral health services, linkages to community services such as Mobile Crisis Intervention (MCI), referrals to

wraparound programs (Intensive Care Coordination for eligible students), and other programs for students who are at risk of dropping out or school failure.

STRATEGY D. Access policies

Established policies and procedures for ensuring access to supports and services include the following.

ACTION STEPS

[1.] Transitions and school exit and re-entry. Established policies and procedures to support and integrate students with behavioral health needs exiting to or returning from out-of-home placements are important. Protocols can designate a contact person to coordinate transitions, including welcoming and checking in on a student, informing appropriate staff of transition plans and/of flexible academic schedules, and ensuring access to needed services.

[2.] Flexibility of scheduling. Flexibility around school policies for access to academic and extracurricular activities, particularly for disengaged students and students in out-of-home placements, can allow all students to participate.

[3.] Well-established referral systems. Policies and protocols for referrals to behavioral health services in the school or to community behavioral health providers will help ensure students have access to appropriate and timely services.

[4.] Consultation Protocols. Schools can develop protocols that facilitate support for educators through case consultations with internal and external experts. The opportunities for consultation and/or classroom observation on individual students are increased when parents are informed and/or offered the opportunity to participate in consultations about their children.

[5.] Formal agreements with community providers. Such formal agreements between schools and community providers can be established to provide specific school-based or external services to individual or groups of students. The formal agreement can describe the nature of the relationship and address the issues outlined in Framework Section III.

[6.] Children's Behavioral Health Initiative (CBHI) protocols regarding MassHealth services. These policies assist districts and schools in establishing communication, information gathering, and problem-solving regarding local experiences with MassHealth referrals, access to services, and coordination with the provider network. Clarification of the process of accessing MassHealth would be beneficial for school staff who may wish to assist families with a referral.

SECTION VI) COLLABORATION WITH FAMILIES

Families are encouraged to participate as partners in every facet of the education and development of their children. Collaboration among schools, behavioral health providers,

and families is a central theme of each part of this Framework. This section describes specific strategies to effectively engage and collaborate with students' families in order to increase the school's capacity to promote students' behavioral health through supportive school environments, early interventions, and intensive services. Providing resources for families and fostering effective communication with them are essential elements of successful collaboration. The Framework also recognizes that schools and communities will need to be intentional and deliberate in order to fully engage families from all cultures, languages, and socio-economic levels.

STRATEGY A. Building the school-wide foundation for effective collaboration with families

ACTION STEPS

[1.] District and school leaders articulate their intent to engage families as essential partners in their efforts to promote behavioral health by including in district vision statements and school improvement plans activities that involve all families, including families of students with behavioral health challenges. This engagement includes parent participation in developing strategic plans, identifying professional development goals, assessing and prioritizing needs, evaluating progress, and reviewing policies, including those related to confidentiality.

[2.] District and school leaders ensure that the needs of all families in the community are reflected in Action Step 1 through outreach to culturally and linguistically diverse families, including translation and interpreter availability as needed.

[3.] School personnel receive professional development and demonstrate awareness and sensitivity to cultural, linguistic, and other aspects of family diversity (e.g., disabilities, socioeconomic levels, sexuality, and gender roles), including culturally-specific beliefs and concerns related to behavioral health.

[4.] School-based and community behavioral health providers are reflective of the cultural and linguistic make-up of the student population, to the greatest extent possible.

[5.] School staff work together to create a safe, welcoming environment in which all families feel that their voices are valued. Examples of this include: 1) stocking waiting areas with reading material of interest to families; 2) setting up a family center where they can meet, talk, get information on subjects that concern them, or pick up materials; and 3) creating mechanisms where families can voice their thoughts and suggestions, including opportunities for anonymous feedback.

[6.] School leadership and staff receive professional development and skill-building on interacting with families in an effective and supportive manner, being comfortable and knowledgeable in addressing students' emotional and behavioral challenges with parents, and providing information on community resources.

[7.] The school maintains and communicates the philosophy that families are the single greatest influence on their children’s achievement, and that the school, as do they, wants the best for their children.

[8.] Respect for families is reflected in the usage of “people first language” (e.g., “student with bipolar illness” rather than “mentally ill student”).

[9.] The school partners with Parent Teacher Organizations/Associations (PTO/PTA), School Councils, Special Education Parent Advisory Councils, and similar organizations to share information regularly about school-wide programs and school efforts to address the behavioral health of all students, and to provide educational forums to parents on topics related to promoting behavioral health,¹⁴ as well as social programs that provide opportunities for families to engage in the school community, e.g. game or movie nights, pancake breakfasts, etc. Families are surveyed to gather input on particular topics for forums, and interests for activities or social gatherings. Planning may include the need to provide transportation and child care to facilitate the attendance of some families at these events, as well as the need to ensure that notice of events is provided in the language of the home, and that there is interpreter availability or multiple events held in different languages to accommodate the linguistic diversity of the school community.

[10.] The school tracks and analyzes its success at engaging families through measures such as attendance; feedback requested following activities; and surveys asking families to indicate what methods of communication, times of day, topic areas, and activities would be of most interest to them.

STRATEGY B. Communication with individual families

Providing professional development to staff and establishing policies that meet the individual needs of families, fostering frequent and regular home-school communication, and enhancing trust by maintaining confidentiality and respect can promote the collaboration with families that is so essential for promoting behavioral health and achieving positive educational outcomes.

ACTION STEPS

[1.] Families are engaged in shared decision-making about their children and protocols are in place for meaningfully and effectively involving families in educational planning for students. The school ensures that there is persistent and effective outreach to engage families in all discussions related to assessing needs and planning supports for their children. This may mean providing particular support and encouragement to families of students with significant behavioral health challenges.

¹⁴ Educational forums and other types of communication could provide information to families on social–emotional development such as helping students in forming relationships, self-regulating emotions and behaviors, problem-solving, and violence prevention. By staff sharing this information with families, parents are enabled to reinforce skill-building at home, and parents may feel more comfortable raising concerns with school staff about a child’s emotional or behavioral challenges when they first emerge.

[2.] School staff members regularly communicate with families to update them on their children’s academic and social-emotional progress, discuss concerns, identify student’s strengths and interests, hear from families about any concerns they might have, and ask for assistance in meeting student needs. This includes a system for regularly sharing information not only on student problems but on student accomplishments.

Communication is flexible and reflects each family’s preferences for how information is conveyed (e.g., phone calls, letters, in-person meetings). Staff communication with families may include information about the specific skills and strategies that have been developed for their child in order to foster improved coordination and reinforcement of learning skills at home, as well as information regarding any adjustments in the school environment that have been made to address concerns and increase the student’s sense of comfort and safety at school.

[3.] School policies and protocols allow for flexibility to schedule parent meetings at various locations (including outside of the school environment), and at times that are convenient for families who work several jobs or who cannot leave work to meet with the school. Home visits or parent meetings may be scheduled during the school day and teachers are provided coverage to meet with parents. School policies and practice ensure that there will be interpreters available for school meetings when needed.

[4.] Individual families are assured that all communications related to their children are handled with careful and consistent regard to confidentiality, as articulated in school policies and protocols. The Release of Information form that parents are invited to sign includes a provision for placing limitations on the type of information that can be shared by the school or with the school, to ensure that a family’s concerns about privacy are acknowledged and respected.

[5.] Parents are given the opportunity to sensitize their children’s teachers to concerns related to adoption, foster care, homelessness and other issues that affect families so that teachers can adapt their curriculum and approaches to prevent emotional impact and enhance student success.

[6.] The school serves as a resource for individual families regarding information and referrals on community support resources (e.g., behavioral health and medical services, public assistance, housing, etc.). Families are encouraged to share feedback with school staff about the quality and responsiveness of community resources and services.

Attachment A: Additional Information and Definitions

1. The Children's Behavioral Health Initiative (CBHI)

CBHI is an interagency initiative of the Commonwealth's Executive Office of Health and Human Services. Its mission is (1) to strengthen, expand and integrate Massachusetts state services into a comprehensive system of community-based system of care; and (2) to ensure that families and their children with significant behavioral, emotional and mental health needs obtain the services necessary for success in home, school, and community. CBHI and MassHealth (the Massachusetts Medicaid Program) are responsible for implementing the remedy in the *Rosie D* lawsuit, which involves the creation of several new MassHealth services to members under 21, along with enhancement of emergency behavioral health services for members under 21, known as **Mobile Crisis Intervention (MCI)**. Among the new MassHealth services is **Intensive Care Coordination (ICC)**, a team-based and family-centered process for developing sustainable Individualized Care Plans for children and youth with complex behavioral health needs, using the Wraparound care planning process. ICC is provided by local entities called Community Service Agencies (CSAs), which also provide **Family Partners** to work with families of children and youth. Family Partners are caregivers who have received special training to engage families and help them navigate the complexities of the service system. In addition, CSAs are responsible for convening local System of Care (SOC) committees, which provide a forum for local stakeholders to make Wraparound and collaborative, family-centered approaches work effectively in their community. MassHealth also pays for three new home and community-based services for members under 21:

- **In-Home Therapy**, a flexible service that allows providers to deliver intensive family therapy to the child or youth in the home, school, or other community settings. A clinician and a trained paraprofessional work with the family to develop and implement a treatment plan, identify community resources, set limits, establish helpful routines, resolve difficult situations, or change problematic patterns that interfere with the child's development.
- **In Home Behavioral Services** are for a child or youth who has challenging behaviors that interfere with everyday life. Services are provided by a behavioral health clinician, such as a therapist, who is skilled in understanding and treating difficult behaviors in children and youths. A clinician and a trained paraprofessional work closely with the child and family to create and implement specific behavior plans to improve the child's functioning.
- **Therapeutic Mentoring** offers structured, one-to-one, strength-based support services between a therapeutic mentor and youth for the purpose of addressing daily living, social and communication needs and achieving goals established in an existing behavioral health treatment plan for outpatient or In-Home Therapy or in an individual care plan for youth in ICC.

2. School and Behavioral Health Support Team

The term School and Behavioral Health Support Team is used to refer to any school-based team that is established or created to deal with behavioral health issues in schools. These can include but are not limited to Crisis Intervention Team, Wrap-Around Services Team, Student Support Teams, IEP Teams, etc. In small districts, the need for one team to serve all schools may be appropriate. In larger districts, a team may be

needed in each school with all teams coordinated across the district by administration. It is important for the school-based teams to coordinate and communicate with the MassHealth Intensive Care Coordination teams (ICC) that are convened by the regional Community Service Agencies.

3. Behavioral Health Providers

Behavioral health providers are defined broadly to include school nurses, school psychologists, school adjustment counselors, social workers, and guidance counselors and community-based behavioral health providers, including therapists, social workers and clinicians. State certification information for these types of positions is categorized under Professional Support Personnel.