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| **School Name**   **Date****School Leader** **School Mental Health Program Plan***Please note this program plan is intended for reflection on your comprehensive mental health system rather than a task to answer specific questions.* |
| ***Human Resources*** |
| **Section 1: School Mental Health Clinician-to-Student Ratio** |
| * What is your school’s staffing plan?
	1. School Psychologist ratio: 1:500-750
	2. School Social Worker/Counselor ratio: 1:250

Note that current SPED recommended ratios are: School Psychologist/Counselor 1.0 FTE per elementary school, 1.2 at MS, 1.8 at HS (ratio also depends on school size and need) | Click here to enter text. |
| **Section 2: Qualifications** |
| * Who at your school ensures school mental health clinicians possess the credentials appropriate to be hired as a [counselor, social worker and/or psychologist] including documenting possible DORA licenses *in addition* to their CDE license but *not as a substitute* for their special services license.?
 | Click here to enter text. |
| * Are your school [counselor, social worker and/or psychologist]/s employed by your school or contracted? If contracted, through which agency and for how many hours? Are they serving Gen Ed, SPED, or both?
 | Click here to enter text. |
| * Does your school mental health clinician serve in a part time or full-time capacity? If part-time, how many hours per week? Are they serving Gen Ed, SPED, or both?
 |  |
| * \*If you have interns, please describe the supervision program and any supports needed from CSI.
 |  |
| * \*Are any of your school mental health clinicians placed in your school as a result of a grant? Please list:
	1. Name of grant
	2. Name of grant manager
	3. Length of grant
 |  |
| * Please list any other staff members carrying out any mental health or SEL tasks (groups, restorative practices, crisis response, interventions, etc...).
 |  |
| * What supports are in place to ensure the licensed school mental health clinicians have access to appropriate professional development opportunities and/or funds to continue the certification of their license?
 |  |
| * What process is in place to track license expiration dates and ensure that mental health clinicians are always working under an active license? Who is responsible for this process?
 |  |
| **Section 3: Roles and Responsibilities** |
| * What roles do your school’s mental health clinician(s) fill?

*(Example areas such as crisis, threat assessment, MTSS, 504, SPED, health care, GT, discipline/restorative practices, SEL instruction, providing IEP mental health services, mediation in staff disputes or wellness, etc..)* |  |
| * What is the school’s back-up plan if/when the school’s mental health clinician is not available in a crisis?
 |  |
| ***General Procedures*** |
| **Section 1: Record Keeping** |
| * Describe your school’s procedure for securing confidential mental health records. Please attach any relevant policies or procedures.
 | Click here to enter text. |
| * Describe your school’s procedure for securing mandatory reporting records, including documentation of Department of Health Services investigations and case manager visits. Please attach any relevant policies or procedures.
 | Click here to enter text. |
| * Describe your school’s process to ensure your school’s mental health clinician(s) have access to a confidential workspace.
 |  |
| **Section 2: Screenings** |
| * \*Describe your school’s procedure for conducting universal screening in areas of wellness, mental health, behavioral health and/or risk factors. Please attach any relevant policies or procedures. Please include how the school is communicating parental consent.
 | Click here to enter text. |
| * \*What screenings are your schools administering to students?
 |  |
| * \*Who is responsible for data collection & data analysis?
 |  |
| * \*How is universal screening data used, communicated and acted upon?
 |  |
| **Section 3: Referral System** |
| * How do students get referred to mental, social and/or behavioral health within the school?
	1. In what medium/a do the referrals originate?
	2. Who responds/monitors the referrals?
	3. How often is the referral system monitored?
* What safety measures are in place to discourage the use of the referral system as crisis response?
* \*How is the referral system communicated?
	1. To parents?
	2. Students?
	3. Staff?
* \*Please attach a subject matter outside resource list that is provided to families, staff & students.
* \*Please attach an outside mental health referral list that is provided to families, staff & students.
 | Click here to enter text. |
| **Section 4: School Climate and Wellness** |
| * \*What processes are in place to collect information on school climate and/or wellness?
	1. Climate
	2. Students
	3. Staff
* \*What surveys/tools are used?
	1. Who analyzes the data?
	2. How are changes put in place as a response to the data?
* \*How is the data shared to stakeholders including:
	1. Staff
	2. Families
	3. Students
 | Click here to enter text. |
| * \*Please describe the PBIS system the school uses and attach any applicable information.
	1. Who is responsible for implementing PBIS?
	2. How is it carried out?
	3. What professional development is provided to ensure PBIS is carried out with fidelity and fidelity is maintained throughout the school year?
	4. What data is collected on its efficacy and how often is it reviewed?
	5. How is the system applicable to the school’s specific population?
	6. How are special populations impacted by the school’s PBIS system?
	7. What systems are in place to revisit PBIS if inequities are found in special populations?
 | *(n/a if not applicable)* |
| * \*Who are members of the school wellness team and what tasks do they carry out?
 |  |
| * Please attach public facing statements that the school publishes establishing that *all* students are welcome, especially students from historically marginalized populations.
* Describe the supports that are intentionally in place to support the thriving of special populations and how they are marketed.
 |  |
| * \*What processes are in place to ensure students are not disciplined for experiencing mental health crises and/or symptoms?
 |  |
| **Section 5: Communication to School Community** |
| * How does your school communicate mental health, behavioral health and social-emotional-related policies, procedures, resources and referrals to the school community? Please attach any relevant policies or procedures, or identify your timeline to complete communication related policies.
 | Click here to enter text. |
| **Section 6: Social Emotional Learning** |
| * \*What curriculum do you use for your social-emotional learning (SEL)?
	+ Are there different curricula in place for different age ranges?
	+ Special populations?
* \*What procedures are in place to ensure its appropriateness for the school population?
* \*Who is responsible for delivering the content?
* \*How often is the content delivered?
* \*How is the efficacy of the curriculum measured?
 | *(n/a if not applicable)* |
| ***School Safety and Crisis Response*** |
| **Section 1: School Safety** |
| * Who is on the crisis response team and what are their qualifications?
 | Click here to enter text. |
| * Who is on the threat assessment team and what are their qualifications?
 |  |
| * What is the role of the school mental health clinician on the threat assessment team?
* What is the role of the school mental health clinician on the crisis response team?
 |  |
| * Do your school’s identification cards list both crisis *and* Safe2Tell resources? If no IDs, please describe the process that the school sends information about crisis services to parents & guardians.
 |  |
| * \*What tool(s) is/are being used to assess for threat?
* \*What tool(s) is/are being used to assess for suicide?
 |  |
| * Please attach any relevant policies about the school’s response to bullying, bullying education and professional development.
 |  |
| **Section 2: Crisis Response**  |
| * \*How is the crisis response process activated?
* \*Who activates the process?
 |  |  |
| * What procedures are in place to respond to (including staff, student & community):
	+ Threat/School Violence
	+ Suicidal behaviors
	+ Self-harm
	+ Substance use/intoxication on school grounds
	+ Domestic/dating violence
	+ Death
	+ Postvention
* Please attach any relevant EOP, behavioral and mental-related policies & procedures.
 |  |  |
| * Please include any MOUs or contact information for outside agency crisis response.
 |  |  |
| **Section 3: Emergency Preparedness** |
| * Who is responsible for developing student safety-related policies and procedures for your school?
 | Click here to enter text. |
| * Who is responsible for coordinating and carrying out relevant crisis response drills and tabletop exercises?
* How often are crisis response drills conducted?
* Who documents that the trainings have occurred?
 | Click here to enter text. |
| **Section 4: Relevant Training** |
| * Please describe timeline of the following required trainings:
	+ Mandatory Reporting
	+ Threat Assessment Training
	+ Crisis Prevention & Management

(including crisis response procedures)* + Suicide Response & Assessment

(required for mental health workers; recommended for others) * + How to recognize and respond to suspected violence behavior
	+ Training and support for students that aims to relieve the fear, embarrassment, and peer pressure associated with reporting
	+ Procedures for safe, confidential reporting of security and safety concerns
* \*Please describe plans to address the following recommended trainings:
	+ CPI
	+ Mental Health First Aid
	+ Psychological First Aid
	+ Suicide Response & Assessment

(required for mental health workers; recommended for others) * + Implicit bias training
	+ Working with diverse & neurodivergent populations
 |  |

**\*are best practice, rather than legally required**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that this information is accurate to the best of my knowledge.**