

**School Mental Health Resource Mapping: A Report and Recommendations from  
the Exceptional Children and Integrated Academic and Behavior Systems  
Divisions, NC Department of Public Instruction**



**Public Schools of North Carolina**

**November 2019: Final report with recommendations**

## Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a five-year, \$8.8 million grant to the North Carolina Department of Public Instruction and the North Carolina Department of Health and Human Services in support of NC Project AWARE (Advancing Wellness and Resilience in Education)/NC ACTIVATE (Advancing Coordinated and Timely InterVentions, Awareness, Training, and Education). NC Project AWARE/ACTIVATE is a collaboration between the NC Department of Public Instruction and the NC Department of Health and Human Services to develop a comprehensive plan of activities, services, and strategies for connecting youth and their families to mental health services in three pilot school districts (Beaufort, Cleveland, and Rockingham). The Project AWARE/ACTIVATE pilot sites serve as transformation zones to scale sustainable mental health services throughout the state.

Funded by SAMHSA, the Mental Health Technology Transfer Center (MHTTC) serves to disseminate and implement evidence-based practices for mental disorder into the field. SAMHSA is using the MHTTC as the technical assistance arm of Project AWARE. The Southeast MHTTC is based at the Rollins School of Public Health at Emory University and is one of ten regional centers. As the technical assistance provider for NC Project AWARE/ACTIVATE, the Southeast MHTTC supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. NC was invited to apply to participate in a Southeast Regional School Mental Health Learning Community to support implementation of best practices and policies for comprehensive school mental health. The learning community is co-facilitated by the Southeast MHTTC and the National Center for School Mental Health which is based at the University of Maryland School of Medicine.

Table 1: NC Southeast Regional School Mental Health Learning Community Members

<b>Agency</b>	<b>Position</b>
<b>NC Department of Public Instruction</b>	
Exceptional Children Division	Project AWARE Director
Exceptional Children Division	Coordinator for State Systemic Improvement Plan, Medicaid, and School Mental Health
Exceptional Children Division	School Psychology Consultant
Healthy Schools	Section Chief
Center for Safer Schools	Program and Training Consultant
Integrated Academic and Behavior Systems Division	Practices Lead Social Emotional Learning, School Mental Health and Secondary Grant

Agency	Position
Specialized Instructional Support Services	School Counseling Consultant
<b>NC Department of Health and Human Services</b>	
Division of Mental Health	Mental Health Program Manager/Planner
Division of Public Health	State School Health Nurse Consultant
Division of Public Health	Behavioral Health Clinical Coordinator/Adolescent Health Coordinator
<b>Local Education Agencies</b>	
Buncombe County Schools	Director of Student Services
Guilford County Schools	Director of Health Services and Nursing

NC set the following goals as part of participation in the Southeastern Regional School Mental Health Learning Community:

1. By November 2019, NC DPI and NC DHHS will complete a school mental health initiative inventory across agencies, divisions, and sections to identify, strengths, duplication, and gaps in state level support.
2. By March 2020, the NC MHTTC team will develop a comprehensive plan to guide state and regional support for Public School Units (PSUs) school mental health programs, services, and supports.

In December 2018, the NC Department of Public Safety (DPS) initiated a State School Safety Activity Report to identify what state agencies were doing to support school safety. Multiple state workgroups have developed recommendations to address school safety. A draft State Action Plan for School Safety was developed for review by the Task Force for Safer Schools. The draft action plan outlines four goals: (1) Prevent school violence, (2) Protect students/staff from school violence, (3) Strengthen capability to respond to school violence, and (4) Strengthen capability to recover from school violence. The School Mental Health Resource Mapping is timely in that it can inform the review of draft initiatives (starting January 2020) related to expanding access to mental and behavioral health resources for students as outlined in the draft Action Plan for School Safety.

## School Mental Health Resource Mapping Data Collection

A memo was jointly sent by the Exceptional Children and Integrated Academic and Behavior Systems Divisions in September 2019, to key stakeholders of both the Department of Public Instruction and the Department of Health and Human Services.

Respondents were asked to complete an electronic survey with information about school mental health activities. As defined for the purposes of the school mental health resource mapping process, *school mental health activities are those in which DPI/DHHS have allocated human resources, funding, and/or other resources for the purpose of improving a comprehensive continuum of school mental/behavioral health for students and staff.* Examples include school-based prevention and core social, emotional, and behavior supports; early identification of students with mental/behavioral health concerns; supplemental intervention with community supports, intensive school interventions with community supports and/or intensive community intervention with school support. Agencies responding to this request are listed in Table 2.

Survey questions included:

1. Name of school mental health/safety effort.
2. Key contact for activity/program/initiative.
3. Targeted layer of support for mental health/safety effort (Core, Supplement, and/or Intensive).
4. If applicable, mandate by federal or state legislation or policy.
5. If applicable, designated funding source and amount.
6. Meeting/teaming cycle and structure for mental health/safety effort.
7. Major purpose/function of the mental health/safety effort.
8. Target audience/recipients of the mental health/safety effort.
9. Student outcomes used to monitor progress/effectiveness of the school mental health/safety effort.
10. Implementation metrics used to monitor progress/efficiency of the school mental health/safety effort.

Table 2: SMH Resource Mapping Responses by Agency and Division

<b>NC Department of Public Instruction</b>
Career and Technical Education
Center for Safer Schools
Exceptional Children Division
Healthy Schools
Integrated Academic Behavior & Systems Division
K-12 Standards, Curriculum, and Instruction

Office of Charter Schools
Office of the Superintendent
Virtual Public Schools
<b>NC Department of Health and Human Services</b>
Division of Public Health, Children & Youth Branch, School Health Unit
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

### School Mental Health Resource Mapping Data Analysis

25 stakeholders from DPI, DHHS, and the Department of Public Safety (DPS) gathered on October 16, 2019 to review the results of the School Mental Health Resource Mapping project. In addition, three staff from the Southeast Mental Health Technology Transfer Center and 1 from the National Center for School Mental Health were on hand to provide technical assistance with the data analysis process. Collectively 26 activities were presented for review and discussion (Appendix A). An additional three activities were discussed to be added including:

- Youth Risk Behavior Survey (YRBS) – NC Healthy Schools
- Whole School, Whole Child, Whole Community (WSCC) Model – NC Healthy Schools
- RTI Threat Assessment Teams – NC Center for Safer Schools

After review and discussion, a nominal group technique was used to identify and prioritize redundancies and gaps in existing school mental health resources/efforts across NCDPI and NCDHHS. Key points generated during the redundancy/gap analysis are reflected in Table 3 below. Following that discussion, further needs (Table 4) were identified and prioritized to address gaps and improve alignment (Table 5) within and across agencies.

Table 3: Redundancies Identified

<b>Youth Mental Health First Aid (YMHFA)</b>	<b>Committee Overlap</b>
YMHFA is provided by multiple agencies/divisions, so coordination could be improved.	Multiple agencies/divisions have MH committees – What are the unique lanes each committee is addressing?
Challenges associated with YMHFA <ul style="list-style-type: none"> <li>○ Demand is not being met even with the different provider sources</li> <li>○ Funding</li> <li>○ Not feasible to train all personnel and it is not well integrated in core support</li> </ul>	Challenges associated with overlap in committees <ul style="list-style-type: none"> <li>○ Some committees are mandated</li> <li>○ Decision makers are needed on these committees so there can be action taken after the meetings</li> </ul>

<ul style="list-style-type: none"> <li>○ Where does YMHFA fit in schools and how do we address the gap that still exists even after staff are trained?</li> </ul>	
<p>Needs identified with YMHFA</p> <ul style="list-style-type: none"> <li>○ Unable to train some staff (ex. bus drivers, cafeteria workers, etc.) during work hours due to 8-hour training commitment</li> <li>○ Lack of teacher professional development/release time is a barrier for training given the 8-hour training requirement</li> <li>○ Want a standardized way for anyone – not just teachers – to systematically approach students (different levels of response) – that is not necessarily 8 hours</li> </ul>	<p>Needs identified</p> <ul style="list-style-type: none"> <li>○ Do we need all the committees and are there opportunities to combine efforts?</li> <li>○ Group to keep each other informed and collaborate with each other</li> </ul>

Table 4: Further Needs Identified

<b>Needs Identified</b>	<b>Ranking</b>
Specialized Instructional Support Personnel (SSIP) positions and applicant pool	
Regional school mental health structure	
School Mental Health Best Practices Model	<b>4</b>
Role delineation for administrators and providers, organizational structure, FTE allocation	
Mental health reimbursement rate advocacy	
Mental health addressed in renewal credits and in pre-service for teachers	
Youth Mental Health First Aid (YMHFA) pre-service content and internships	
Regional Behavior Support Specialist at DPI	
Messaging regarding mental health needs does not always equal special education services	
Mental health supports for school staff	<b>5</b>
Buy-in from leaders in academics	<b>1</b>
Comprehensive school mental health plan at DPI <ul style="list-style-type: none"> <li>○ Template for PSUs</li> </ul>	
School Mental Health/Social Emotional Learning crosswalks	
Human resource infrastructure for school mental health providers	<b>2</b>
Standardized training for SISP	
Classroom based social emotional learning instruction as prevention	<b>3</b>
Quarterly school mental health bulletin	
Funding for school mental health for non-Medicaid students	
Youth Mental Health First Aid <ul style="list-style-type: none"> <li>○ Needs coordination</li> <li>○ Not always feasible/accessible by districts/schools</li> <li>○ Duplication in who can provide</li> <li>○ Gap – who can get it</li> </ul>	

Cross walking social emotional standards in all academic areas	
Committee overlap	

**\*Top five needs ranked after group nominal voting process.**

Table 5: Improving Alignment Across Agencies

<b>Ideas Generated for Alignment</b>	<b>Ranking</b>
Align work under DPI Division of School Mental Health <ul style="list-style-type: none"> <li>○ Align School Mental Health Supports under NC Department of Health and Human Service (NCDHHS) and NC Department of Public Instruction (NCDPI) jointly (shared office of School Mental Health)</li> </ul>	<b>1</b>
Connect school mental health conversation to school improvement	<b>2</b>
Align Family and Consumer Science (FCS) and teen mental health first aid (tMHFA), use FCS as a portal for tMHFA	
Alignment with Community Systems of Care Collaboratives	
Centralize/strategize grant acquisition	
Clearly communicate DPI contacts and resources to PSUs	
School Mental Health data warehouse <ul style="list-style-type: none"> <li>○ Reporting</li> <li>○ Grant writing</li> <li>○ Continuous improvement</li> </ul>	<b>3</b>
DPI/DHHS Liaison position	
Jointly funded state/regional school mental health positions	
Learn and align Early Intervention and Pre-K <ul style="list-style-type: none"> <li>○ Data sharing and transitions</li> </ul>	
Sustained state level team for school mental health, behavior, social emotional learning, and school safety	<b>4</b>
Clear school mental health communication from DPI <ul style="list-style-type: none"> <li>○ Align what goes out to whom</li> </ul>	
Use Multi-Tiered Systems of Support (MTSS) framework for all rollouts	<b>5</b>

Based on this resource mapping and analysis, NCDPI and NCDHHS leadership are encouraged to consider the recommendations in Table 6 which have been organized by relevant implementation driver. Implementation drivers are key components of capacity and infrastructure that influence an initiative’s success. They are the core components needed to initiate and support systems level change. Contributors to this work to develop the school mental health recommendations are listed in Table 7.

Table 6: School Mental Health Recommendations

<b>NC DPI &amp; DHSS School Mental Health Recommendations</b>	
<b>Competency Driver Recommendations</b> Activities to develop, improve, and sustain <b>practitioners’ and administrators’</b> ability to put programs and innovations into practice to benefit students	<b>Potential activities to enact this recommendation</b>
1. Standardize school mental health training for specialized instructional support personnel (SISP)	Align national specialized instructional support personnel (SISP) school mental health practice models to inform state school mental health practice models and training.
2. Select and implement a School Mental Health Best Practices Model inclusive of all stakeholder disciplines	<a href="#">National School Mental Health Curriculum</a> provides the core components of comprehensive school mental health for district teams that can influence, develop, and oversee school mental health systems at the school district and building levels.
3. Orient community mental health professionals to the school context, including MTSS framework	Create/sustain opportunities for graduate trainees to work closely with LEAs for recruitment and capacity-building
4. Standardize school mental health curricula within NC administrator, teacher, and SSIP preparation programs	Convene NC administrator, teacher, and SISP preparation programs to strategize infusion of MTSS and school mental health content
5. Create and sustain mental health supports for all school staff well-being	Create and disseminate resources to strengthen adult SEL competencies and capacity  (National School Mental Health Curriculum p. 306)
<b>Organizational Drivers</b> intentionally develop the supports and infrastructures needed to create a hospitable environment for new programs and innovations	<b>Potential activities to enact this recommendation</b>
1. Align school mental health and safety efforts across DHHS, DPS, and DPI	Create DPI center/office/section/ division of School Mental Health in partnership with Center for Safer Schools
2. Use the Multi-Tiered Systems of Support (MTSS) framework to organize existing and new school mental health efforts	Use the <a href="#">National School Mental Health Curriculum</a> to align/crosswalk with NC MTSS framework  Crosswalk FAM-S and SHAPE. Use gaps to inform ECATS design



<p>3. Create a school mental health data warehouse to support:</p> <ul style="list-style-type: none"> <li>a. Reporting</li> <li>b. Grant writing</li> <li>c. Continuous improvement</li> </ul>	<p>Embed school mental health data collection, analysis, and reporting within existing data system (e.g., ECATS)</p>
<p>4. Create and implement models of state, regional, district, and school human resource/infrastructure for school mental health</p>	<p>Investigate human resource/infrastructure for school mental health in other, high-performing states</p>
<p>5. Promote classroom-based social emotional learning as prevention</p>	<p>Crosswalk existing North Carolina Standard Course of Study (NCSCOS) standards with <a href="#">CASEL core competencies</a> to identify NC SEL gaps</p> <p>Use <a href="#">CASEL State Education Agency</a> tool to develop next right steps for statewide SEL implementation</p>
<p style="text-align: center;"><b>Leadership Drivers</b></p> <p>engagement in technical and adaptive leadership strategies impacts student achievement</p>	<p style="text-align: center;"><b>Potential activities to enact this recommendation</b></p>
<p>1. Align and sustain a state-level team for school mental health, behavior, social emotional learning, attendance, and school safety</p>	<p>Investigate existing DPI teaming structures to determine potential home for this team</p>
<p>2. Demonstrate the connection between student and staff mental wellness and academic improvement</p>	<p>Create buy-in from leaders in academics via research reviews, NC success stories, etc.</p>

Table 7: School Mental Health Resource Mapping Participants

<b>Name</b>	<b>Agency</b>	<b>Position</b>
Aspel, Nellie	Cleveland County Schools	Executive EC Director
Austin, Heidi	NCDPI, Exceptional Children	Project AWARE Director
Blake, Sarah	Rollins School of Public Health – Emory University	Southeast Mental Health Technology Transfer Center, Evaluator
Boyd, Renee	Beaufort County Schools	Project AWARE Director
Batts, Angel Goodwin	NCDPI, Integrated and Academic Behavior Systems	Interim Director
Cummings, Janet	Southeast Mental Health Technology Transfer Center	Deputy Director
Ebert, Christie Lynch	NCDPI, Standards, Curriculum and Instruction Division	Director
Ellis, Stephanie	Rockingham County Schools	Project AWARE Director
Essick, Ellen	NCDPI, Health Schools	Section Chief SISP NC Healthy Schools
Etheridge, Ryan	Cleveland County Schools	Project AWARE Evaluator/Coach
Fairley, Karen	NC Center for Safer Schools	Director of Program Development & Policy
Floyd, Cynthia	NCDPI, Specialized Instructional Support Services (SISP)	School Counseling Consultant
Grier, Yvetta	Guilford County Schools	Director, Health Services and Nursing
Holahan, Lauren	NCDPI, Exceptional Children	Coordinator for State Systemic Improvement Plan, Medicaid, and School Mental Health
Hoskins, Matt	NCDPI, Exceptional Children	Assistant Director
Howard, Nicole	Beaufort County Schools	Project AWARE Evaluator/Coach
Kalk, Terah	Southeast Mental Health Technology Transfer Center	Public Health Program Associate
Makor, Lynn	NCDPI, Exceptional Children	School Psychology Consultant
Martin, Shanon	Buncombe County Schools	Behavioral Health Liaison
Moyer, Deirdre	Rockingham County Schools	Project AWARE Evaluator/Coach
Musto, Elizabeth	NC Department of Public Safety	Policy and Planning Analyst

Palombit, Reno	NCDPI, Career and Technical Education	Family and Consumer Sciences Education Consultant
Putnam, Teri	Cleveland County Schools	Project AWARE Director
Rice, Beth	NCDPI, Integrated and Academic Behavior Systems	Practices Lead Social Emotional Learning, School Mental Health and Secondary Grant
Robinson, Susan	NCDHHS, Division of Mental Health	Mental Health Program Manager/Planner
Scardamalia, Kris	National Center for School Mental Health	Assistant Professor, University of Maryland School of Medicine
Thomas, Sherry	NCDPI, Exceptional Children	Director
Thompson, David	Buncombe County Schools	Director of Student Services
Van Dyke, Robert	NCDPI, Career and Technical Education	Family and Consumer Sciences Consultant

## Appendix A: NC State Agency School Mental Health Resource Mapping Oct 2019

Available via [Google Drive](#)

\*After the Draft Report for Stakeholder Review and Comment open review period, an additional four activities were added to the resource map:

- Children with Complex Needs – NC DHHS
- Psychiatric Residential Treatment Facility (PRTF) Services – NC DHHS
- Early Childhood Action Plan (ECAP) – NC DHHS
- System of Care - Children with Behavioral Health Clinical Policies – NC DHHS