MENTAL HEALTH EDUCATION LITERACY IN SCHOOLS: *LINKING TO A CONTINUUM OF WELL- BEING*

COMPREHENSIVE GUIDE JULY 2018

Contents

Foreword

The purpose of this Comprehensive Guide entitled, "Mental Health Education Literacy in Schools: Linking to a Continuum of Well-being", is to provide educators, school district personnel, parents/guardians, students, and community organizations with information on mental health education provided in schools pursuant to Education Law §804 (see Appendix A: Education Law §804) and Commissioner's Regulation §135.3 (see Appendix B: Amendment of the Regulations of the Commissioner of Education). This document provides guidance for developing effective mental health education instruction in the classroom, that complies with the recent amendments to Education Law §804, while also looking at embedding mental health well-being within the broader context of the entire school's environment.

According to the National Alliance on Mental Illness[1] half of all chronic mental illnesses begin by age 14. The recent amendments to Education Law §804 and Commissioner's Regulation §§ 135.1, 135.3 provide an opportunity to facilitate conversations on mental health education, awareness, prevention and well-being in New York State (NYS) schools as well as communities across the State. When students learn about mental health as an important aspect of overall health and well-being, the likelihood increases that they will be able to effectively recognize signs and symptoms related to mental health issues in themselves and others and will know where to turn for help. In turn, the stigma that surrounds mental health will decrease.

Quality mental health education is especially urgent right now, as NYS and our nation confront serious issues that impact our children's lives both in and out of school, such as teen suicide, bullying and cyberbullying, and opioid and alcohol addictions. The "*Mental Health Education Literacy in Schools: Linking to a Continuum of Well-being" Comprehensive Guide* provides evidence-based and best practices instructional resources and materials to assist local education agencies (LEAs) with classroom instruction on educating students on mental health well-being and the overall connection between health and success.

Therefore, the inclusion of mental health within existing health education is critical to the healthy development of all young people.

DISCLAIMER: Information contained within this document does not necessarily represent the views, nor is being promoted by the New York State Education Department (NYSED), New York State Agency Partners or the New York State Mental Health Education Advisory Council, but is being shared as evidenced-based information and/or best practices information and resources identified by professionals representing diverse and valuable expertise in the fields of education, pupil personnel services and mental health. It is recommended that LEAs review this document with their school attorneys and utilize the wealth of education resources to develop and/or adopt their own curriculum aligned with the New York State Learning Standards, while tailoring instruction and programs based on identified local level needs. This

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[1] https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers

Comprehensive Guide is not meant to replace existing school curriculum, but to be used as a resource within existing curriculum and school frameworks to enhance mental health literacy.

Introduction

The New York State Education Department Commissioner MaryEllen Elia, the New York State Office of Mental Health Commissioner Ann Marie T. Sullivan, M.D and Mental Health Association in New York State, Inc., Chief Executive Officer Glenn Liebman and their staffs have partnered to passionately engage in numerous collaborative and successful education outreach initiatives across NYS over the past year to promote mental health literacy for our youth and families. As shared with the Department by our partners who have expertise in mental health and education, there are four key mental health literacy components important to everyone's well-being and success:

1. Understanding how to obtain and maintain good mental health;
2. Decreasing stigma related to mental health;
3. Enhancing help-seeking efficacy (know when, where, and how to obtain good health with skills to promote self-care); and
4. Understanding mental disorders (i.e., anxiety, depression) and treatments.

Therefore, the purpose of the *"Mental Health Education Literacy in Schools: Linking to a Continuum of Well-Being" Comprehensive* Guide (Comprehensive Guide) is to support mental health education instruction at the elementary level taught by the classroom teacher, and at the secondary level taught by the certified health educator within the realm of the Health Education Program as required by Education Law §804 and Commissioner's Regulation §§135.1,135.3. The Comprehensive Guide's first section "Mental Health Education in the Classroom", and second section "Multiple Dimensions of Mental Health" have been specifically developed for educators instructing on mental health in the classroom to use as a framework for developing their local level health curricula.

This framework supports the current NYS Learning Standards for Health, Physical Education, and Family and Consumer Sciences at Three Levels and is to be used in conjunction with the current NYS Health Education: Guidance Document to Achieving New York State Learning Standards in Health. The New York State Education Department expects schools to utilize this Comprehensive Guide to develop or adopt its own curriculum aligned with the New York State Learning Standards, and to tailor instruction and programs based on needs identified at the local level. Although this section is intended for use by administrators and elementary teachers that instruct on Health Education as well as health educators and health coordinators, it is recommended that schools utilize the remaining sections of this Comprehensive Guide with all staff, students, families and community agencies when applicable, to develop a positive school climate and culture of mental health well-being and awareness.

With the expansion of mental health education in schools, it is expected that school personnel, students, families and communities will be more openly discussing mental health well-being and mental health challenges which, in turn, will positively impact change in our children's awareness of mental health prevention, treatment and stigma.

Acknowledgements

The New York State Education Department would like to extend appreciation to all of our dedicated statewide partners noted below that provided the leadership, expertise and resources necessary to continually guide and inform the work of this critical initiative during the 2017-2018 school year. Through the perseverance as individuals and cohesive colleagues, this Comprehensive Guide has been developed to support schools across the State in instructing students at all grade levels in mental health education, pursuant to amendments made to Education Law §804.

New York State Agency Partners

New York State Office of Mental Health

Commissioner Ann Marie T. Sullivan, M.D.
Associate Commissioner Donna Bradbury

Mental Health Association in New York State, Inc.

Chief Executive Officer Glenn Liebman
Deputy Director Melissa Ramirez
Director of Education Amy Molloy
Director of Public Policy John Richter

New York State Mental Health Education Advisory Council

In August of 2017, the New York State Education Department (NYSED), with the support of the New York State Office of Mental Health (OMH) and the Mental Health Association in New York State, Inc. (MHANYS), established the New York State Mental Health Education Advisory Council (Advisory Council) to inform and guide the important work of implementing the amendments to Education Law §804 made by Chapter 390 of the Laws of 2016 and Chapter 1 of the Laws of 2017. The Advisory Council includes over 75 expert cross-disciplinary and cross-sector partners working collaboratively with a goal of assisting schools to effectively maximize students' knowledge and understanding of the multiple dimensions of health, including mental health wellness (see Attachment C: New York State Mental Health Advisory Council).

The Advisory Council was charged with developing a guide to support instruction in mental health and wellness in classrooms. Through dedicated ongoing work, the Advisory Council collectively also developed evidence-based and best practices resources to build capacity for enhancing mental health wellness for schools, students, families and communities. The Advisory Council is recommending schools embrace and expand obligations to support elementary and secondary level educator's instruction on mental health, by including a comprehensive approach supporting the enhancement of mental health well-being. Schools can and should go beyond providing only classroom instruction on mental health and focus efforts on comprehensive integration by developing

a positive school climate and culture. NYSED would also like to extend a sincere thank you to the passionate year-long commitment of the members of the Advisory Council. The robust comprehensive guide and resources for schools contained herein have been developed though the active sharing and integration of current knowledge and best practice principles by each expert member.

Mental Health Overview and Legislative Background

Mental health is a critical part of overall health and well-being and is important throughout the life cycle, affecting thinking and learning, feelings and actions, that ultimately relate to healthy decision making[2]. "In childhood and throughout adolescence, mental health means attaining developmental and emotional milestones, while learning healthy social skills and how to cope with challenging situations. Mentally healthy children/youth have a positive quality of life and can function well at home, in school, and in their communities"[3]. When young people are educated about mental health, the likelihood increases they will be able to effectively recognize signs and symptoms in themselves and others and will know where to turn for help. According to the Centers for Disease Control and Prevention (CDC), "focusing on establishing healthy behaviors during childhood is more effective than trying to change unhealthy behaviors during adulthood"[4].

Health education that respects the importance of mental health, as well as the challenges of mental illness, will help young people and their families and communities feel more comfortable seeking help, improve academic performance and, most importantly, even save lives.

In May 2018, the Board of Regents adopted amendments to Commissioner's Regulation §§135.1 and 135.3 to comply with amendments made to Education Law §804 by Chapter 390 of the Laws of 2016 and Chapter 1 of the Laws of 2017 which clarified that a satisfactory program in health education developed in accordance with the needs of pupils in all grades must include instruction in the several dimensions of health, and must:

- Include mental health and the relation of physical and mental health; and
- Enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.

To view the amendments to Commissioner's Regulations on health education, the NYS Mental Health Education Advisory Council's Panel Presentation to the Board of Regents, the Advisory Council Membership and the Advisory Council's twenty-six recommendations, please click on the following: NYS Board of Regents Mental Health Education May 2018. (Also, see Appendix B for the amendments to Commissioner's Regulations on Health Education).

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[2] https://www.mentalhealth.gov/basics/what-is-mental-health
[3] https://www.cdc.gov/childrensmentalhealth/basics.html
[4] https://www.cdc.gov/healthyschools/wscc/index.htm

Mental Health Education in the Classroom

Mental Health

According to the World Health Organization (WHO)[5], mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. Fully embracing this definition requires a cultural shift that views mental health as an integral part of overall health.

As part of overall health and wellness, mental health includes:
- A sense of self-esteem and self-confidence;
- The ability to identify, express and regulate emotions;
- The ability to set and achieve goals;
- Recognition of one's creatives skills;
- The ability to expand knowledge and skills;
- The ability to feel and show empathy for others; and
- The ability to create and maintain satisfying relationships.

Further, a fuller definition of mental health will include an understanding of the effects of Adverse Childhood Experiences (ACEs) on an individual's overall health. ACEs are stressful or traumatic events that can lead to social, emotional and cognitive impairment, which, in turn, can lead to the adoption of high-risk behaviors, disease, and early death[6]. Children who experience these traumatic events often struggle in school. The cumulative effect of trauma and toxic stress can be significant and result in unhealthy behaviors, an inability to focus and process information and challenging responses to classroom and social situations.

The following recommendations promote mental health in the educational setting:
- Support children and youth in the development of:
  - Positive routines and practices;
  - Physical activity, exercise and play;
  - Good nutrition;
  - Regular sleep habits;
  - Stress management skills; and
  - Caring relationships.
- Institute efforts to reduce stigma around mental health.
- Foster warm and caring relationships.
- Promote positive school climate and culture.
- Support development of social-emotional skills and help-seeking behaviors.

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[5] http://www.who.int/features/factfiles/mental_health/en/
[6] http://www.ncmedicaljournal.com/content/79/3/166.full

- Provide support to students with concerns about the mental health of self, friends and family.
- Adopt use of an interdisciplinary partnership approach with community resources.
- Develop support for school staff for their own mental health and wellness.

Mental Health Education

In an effort, to promote the inclusion of mental health education throughout curriculum in schools, the following "Framework for Meeting the New York State Mental Health Education Standards" has been created. This framework is intended for educators and is to be used in conjunction with the NYS Health Education Guidance Document: http://www.p12.nysed.gov/sss/documents/GuidanceDocument4.25.update.pdf. With the support of these documents, mental health can be presented to students as an integral part of one's overall health from an early age and these concepts will be reinforced throughout their education.

New York State Framework for Mental Health Education Instruction

This framework supports the New York State Health Education Learning Standards and is to be used in conjunction with the current Guidance Document to Achieving New York State Learning Standards in Health. The New York State Education Department recommends schools utilize this resource to develop or adopt their own curriculum aligned with the current New York State Learning Standards, and to tailor instruction and programs based on needs identified at the local level.

KEY: 1 – Self Management, 2 – Relationships, and 3 - Resource Management.
Subcategories within each standard: A, B, C and D.
Early Elementary (EE), Late Elementary (LE), Intermediate/Middle School (I) and Commencement/High School (C).
Subcategories within each standard: A, B, C and D. Items within each subcategory: a, b, c, d, e and f.

1. Self-Management
Develop self-awareness and self-management skills essential for mental health.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
1A. Self-care to promote mental health and overall well-being.	**1A. EEa.** Individuals understand the benefits of eating healthy foods, mindfulness, getting enough sleep, being active both physically and socially as they relate to overall health and well-being.	**1A. LEa**. Individuals begin to assume responsibility of self-care behaviors (rest, relax, mindfulness, hygiene, exercise, food, friend choices and creative activities) to maintain and/or improve overall health and well-being.	**1A. Ia.** Individuals describe the interrelationships of emotional, intellectual, physical, and social health in adolescence (Health Triangle; See - Glossary).	**1A. Ca.** Individuals who are mentally and emotionally healthy use self-care to promote mental health and overall well-being (Dimensions of Health, SPIES Model; See Glossary).
		1A. LEb. Individuals identify characteristics of a mentally and emotionally healthy	**1A. Ib.** There are many factors that can influence one's mental health, including family,	**1A. Cb.** There are many factors that can influence an individual's mental health, including family,

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
		person and explain what it means to be mentally or emotionally healthy.	environment, genetics, brain chemistry, health behaviors, personal values, peers, media, technology, culture and community. **1A. Ic.** Recognition of one's strengths and weaknesses is integral to maintaining and improving overall health. **1A. Id.** Individuals can take action (individually or with support) to positively impact their own mental health. **1A. Ie.** Individuals can develop coping skills to work through challenging situations.	environment, genetics, brain chemistry, health behaviors, personal values, peers, media, technology, culture and community. **1A. Cc**. Recognition of one's strengths and weaknesses is integral to maintaining and improving overall health. **1A. Cd.** Individuals can take action (individually or with support) to positively impact their own mental health. **1A. Ce.** Individuals can develop coping skills to work through challenging situations. **1A. Cf.** There are connections between mental illness or challenges, substance

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
				use, and trauma. experiences.
1B. Resiliency	**1B. EEa.** Individuals identify their own positive physical, social, and mental characteristics and those of others. **1B. EEb.** Individuals set reasonable goals and develop strategies to work toward them and assess the outcomes of experiences to build resiliency. **1B. EEc.** Failures and challenges may be beneficial learning experiences that help individuals learn and grow.	**1B. LEa.** Self-esteem is the opinion a person has of him/herself and can change over time. **1B. LEb.** Individuals' self-esteem can be influenced by many internal and external factors. **1B. LEc.** Failures, difficulties and non-successes often provide individuals with learning experiences.	**1B. Ia.** Individuals' self-esteem is developed over time and can be influenced by many internal and external factors. **1B. Ib.** Individuals can enhance their self-esteem by participating in activities that make them feel good about themselves or increase their confidence. **1B. Ic.** Resilience is the ability to bounce back from adversity, failures, and difficulties. **1B. Id.** Individuals can build resilience by working through adversity and they can build it by communicating with	**1B. Ca.** Individuals' self-esteem is developed over time and can be influenced by many internal and external factors. **1B. Cb.** Individuals can enhance their self-esteem by participating in activities that make them feel good about themselves or increase their confidence. **1B. ICc.** Individuals who are mentally healthy have positive self-esteem. **1B. Cd.** Individuals can overcome difficult situations by using resiliency / skills to help improve one's mental health wellness.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
			others who have been through similar experiences.

1B. Ie. Failures and challenges may be beneficial learning experiences that provide individuals with opportunities for growth. | **1B. Ce.** Failures and challenges may be beneficial learning experiences that provide individuals with opportunities for growth. |
| **1C. Feelings** | **1C. EEa.** Individuals identify different feelings and when one might experience these feelings and how long the feelings are likely to last.

1C. EEb. Individuals identify appropriate ways to express and deal with feelings. | **1C. Lea.** Individuals identify different feelings and when one might experience these feelings and how long the feelings are likely to last.

1C. LEb. Individuals describe the relationship between feelings and behavior; Individuals can develop healthy ways to identify, express and respond to their emotions; this is an important part of self-care and can impact mental health. | **1C. Ia.** Individuals experience a full range of emotions and can learn to recognize them and predict their normal course.

1C. Ib. Individuals can develop healthy ways to identify, express and respond to their emotions; this is an important part of self-care and can impact mental health. | **1C. Ca.** Individuals can develop healthy ways to identify, express and respond to their emotions; this is an important part of self-care and can impact mental health. |

2. Relationships

Develop healthy relationships to promote mental health.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
2A. Communication Skills	**2A. EEa.** Communication is the sharing of information and involves giving and receiving information, ideas, and opinions.	**2A. LEa.** Communication is expressed verbally and non-verbally.	**2A. Ia.** Healthy communication skills help to maintain overall health.	**2A.Ca.** Healthy communication skills help to maintain overall health.
	2A. EEb. Individuals can use body language and tone of voice as important parts of communication.	**2A. LEb.** Individuals' body language and tone of voice can influence the words being spoken.	**2A. Ib.** Individuals can develop healthy communication skills through role modeling and authentic practice.	**2A.Cb.** Individuals can learn healthy ways to express all emotions to promote health enhancing behavior, support relationships and reduce conflicts.
	2A. EEc. Social connections to one or more close individuals are important to the promotion and maintenance of mental health.	**2A. LEc.** Individuals demonstrate how to effectively communicate needs, wants, and feelings in healthy ways.	**2A. Ic.** Individuals' use of body language and tone of voice are important parts of communication.	**2A.Cc.** Individuals can learn healthy ways to use social media and technology; one must develop a balanced approach to their technology use which can impact mental health.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
		2A. LEd. Social connections to one or more close individuals are important to the promotion and maintenance of mental health.	**2A. Id.** Individuals can learn healthy way to express all emotions to promote health enhancing behavior, support relationships and reduce conflicts. **2A.Ie.** Individuals can learn healthy ways to use social media and technology; one must develop a balanced approach to their technology use which can impact mental health.	**2A. Cd.** Individuals recognize the importance of silence in conversation. It can demonstrate listening and thoughtfulness.
2B. Empathy, Compassion, Acceptance	**2B. EEa.** Individuals understand the meanings of empathy, compassion and acceptance and how to express them appropriately. **2B. EEb.** Individuals	**2B. LEa.** Empathy, compassion, and acceptance of differences are essential components of healthy relationships. **2B. LEb.** Individuals	**2B. Ia.** Demonstrating empathy, compassion and acceptance for others is an important aspect of healthy relationships. It can benefit one's overall mental health as well as the health of those around them. **2B. Ib.** Respecting the	**2B. Ca.** Demonstrating empathy, compassion and acceptance for others is an important aspect of healthy relationships. It can benefit one's overall mental health as well as the health of those around them. **2B. Cb.** Respecting the

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
	identify characteristics of healthy family relationships. **2B. EEc.** Individuals identify characteristics of healthy peer relationships. **2B. EEd.** Individuals identify personal space and boundaries of others.	explain the importance of respecting personal space and the boundaries of others.	experiences of others, accepting differences and establishing healthy boundaries are all part of balanced mental health. **2B. Ic.** Demonstrating empathy, compassion and acceptance can support others who are dealing with mental health issues and is important towards reducing stigma.	experiences of others, accepting differences and establishing healthy boundaries are all part of balanced mental health. **2B. Cc.** Demonstrating empathy, compassion and acceptance can support others who are dealing with mental health issues and is important towards reducing stigma.
2C. Gratitude, Forgiveness	**2C. EEa.** Individuals understand the meaning of gratitude (a feeling of appreciation or thanks) and how to express it. **2C EEb.** Individuals understand the meaning	**2C. LEa.** Gratitude (a feeling of appreciation or thanks) and forgiveness, when warranted, are relationship building skills that individuals can learn/foster and may provide benefit for one's mental health.	**2C. Ia.** Demonstrating gratitude (a feeling of appreciation or thanks) and forgiveness, when warranted, can benefit one's own health as well as the health of those around them.	**2C. Ca.** Demonstrating gratitude (a feeling of appreciation or thanks) and forgiveness, when warranted, can benefit one's overall mental health as well as the health of those around them.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
	of forgiveness and that, when warranted, forgiveness is a healthy part of moving forward after a negative experience.			

3. Resource Management

Develop skills to utilize personal and community resources related to mental health.
Know what, when, where and how to ask for help for self and others.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
3A. What to ask for help for self and others	**3A.EEa.** Individuals recognize that sharing feelings is a healthy action.	**3A. LEa** Individuals recognize that sharing feelings is a healthy action.	**3A. Ia.** Individuals recognize that sharing feelings is a healthy action. **3A. Ib.** Individuals can describe the warning signs, risk factors, and protective factors for depression, anxiety eating disorders, and suicide. **3A. Ic.** Individuals understand how the above and other mental health concerns reflect unhealthy manifestations of otherwise "normal" mental functions, and that proven strategies exist for improving various mental functions. **3A. Id.** Experiencing trauma can impact one's	**3A.Ca.** Individuals recognize that sharing feelings is a healthy action. **3A.Cb.** Individuals can describe the warning signs, risk factors, and protective factors for depression, anxiety, psychosis, eating disorders, and suicide. **3A.Cc.** Individuals understand how the above and other mental health concerns reflect unhealthy manifestations of otherwise "normal" mental functions, and that proven strategies exist for improving various mental functions. **3A. Cd.** Recognition of a mental health issue is an

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
			mental health but early recognition and intervention can have a positive impact on one's experiences.	initial step towards getting help for self and others. **3A. Ce.** Experiencing trauma can impact one's mental health but early recognition and intervention can have a positive impact on one's experiences.
3B. When to ask for help for self and others	**3B. EEa.** Individuals will be encouraged to recognize the difference between a situation that requires immediate attention and one that can wait. **3B. EEb**. Individuals will develop the ability to know when help is needed and when it is not needed to make a decision related to mental and emotional health.	**3B. LEa.** Individuals will recognize the difference between a situation that requires immediate attention and one that can wait. **3B. LEb.** Individuals can decide when help is needed and when it is not needed to make a decision related to mental and emotional health.	**3B. Ia.** Individuals acknowledge that there are issues that cannot be managed independently and require support/assistance. **3B. Ib.** Individuals understand that if symptoms of mental illness/challenges affect relationships, responsibilities, and recreation of self or others, individuals need to seek help.	**3B. Ca**. Individuals understand that if symptoms of mental illness/challenges affect relationships, responsibilities, and recreation of self or others, individuals need to seek help.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
3C. Where to ask for help for self and others	**3C. EEa.** There are safe, trusted adults in school and at home to help individuals with their mental health needs.	**3C. LEa.** There are safe, trusted adults in school and at home, as well as within the community, to help individuals with their mental health needs.	**3C. Ia.** Many trusted adults and community resources are available to help individuals with their mental health needs. **3C. Ib.** Individuals identify helpful personal, family and community resources that can help self and others.	**3C. Ca.** Many trusted adults and community resources are available to help individuals with their mental health needs. **3C. Cb.** Individuals identify helpful personal, family and community resources that can help self and others.
3D. How to ask for help for self and others	**3D. EEa.** Individuals identify characteristics of a trusted adult in school and at home; this is the first step in accessing help. **3D. EEb.** Individuals identify trusted adults with whom they can share feelings.	**3D. LEa.** Individuals identify characteristics of a trusted adult in school, at home, and in the community; this is the first step in accessing help. **3D. LEb.** Individuals identify trusted adults with whom they can share feelings.	**3D. Ia.** Individuals analyze the influences of views on mental health and mental illness (self, family, peers, culture, society, media, etc.) **3D. Ib.** Effective communication and self-advocacy skills are necessary in order to obtain appropriate mental health resources for self and others.	**3D. Ca.** Individuals analyze the influences of views on mental health and mental illness (self, family, peers, culture, society, media, etc.) **3D. Cb.** Effective communication and self-advocacy skills are necessary in order to obtain appropriate mental health resources for self and others.

Outline	Early Elementary (EE) (K-2)	Late Elementary (LE) (3-5)	Intermediate (I) (6-8)	Commencement (C) (9-12)
				3D. Cc. Individuals evaluate valid mental health resources and identify best methods for accessing them.

Multiple Dimensions of Addressing Mental Health Well-being: Physical Education, Health Education, Nutrition and Social Emotional Learning

Education on the importance of the mind-body connection,[7] and the several dimensions of health including mental health and the relation of physical and mental health, can enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity. Through the introduction of the concept of mental health as something more than an illness, on a continuum of well-being, and an integral part of overall health (i.e., physical health, social-emotional health, nutritional health), the impact of early prevention in education can develop resiliency, positive behaviors and self-care.

The CDC defines mental health in childhood and throughout adolescence as

> *attaining developmental and emotional milestones, learning healthy social skills and coping with challenging situations. Mentally healthy children/youth have a positive quality of life and function well at home, in school, and in their communities.[8]*

The Robert Wood Johnson Foundation, a leader in health and mental health research, reform and education, in its brief proposing a model for improving the mental health of our children and youth that reflects the scientific evidence, focuses on prevention and promotion, and that promises to be much less costly in the long run to the medical care system, to communities, and to individuals, states the following

> *Being well means more than not being sick; it encompasses all aspects (biological, physiological, intellectual, social, emotional, and spiritual) of functioning 'well' in the world. In fact, most scholars believe that wellness is not adequately represented by a single continuum, with disease at one end and its absence at the other. Rather, wellness is better understood as a state that is influenced by two distinct dimensions: 'illness' to 'no illness', and 'struggling' to 'flourishing'. [9]*

It is important to understand mental health well-being as much more than just a focus on mental illness. A comprehensive mental health wellness approach includes a focus on physical education, health education, and nutrition.

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[7] https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health
[8] https://www.cdc.gov/childrensmentalhealth/basics.html
[9] RWJ Foundation - "Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People" Are the Children Well: Robert Wood Johnson Foundation

Physical Education

Physical Education (PE) is a required subject for all students in grades K-12 in NYS and is directly connected to mental health, emotional health and overall well-being. PE teaches students how to achieve and maintain a lifelong commitment to physical activity, fitness and positive mental health and fosters participation and enjoyment of physical activity for health, challenge, self-expression and social interaction.

> *Practices known to promote physical health also benefit overall wellness, as mental and physical health cannot be separated. Forming these positive habits and routines early can make a substantial contribution to one's wellness account. Moderate amounts of physical exercise can increase mood and self-esteem. Exercise may also act as a buffer against toxic stress, such as that created by family conflict, by releasing endorphins and other chemicals in the brain known to benefit mood[10].*

A quality physical education program focuses on the following:
- Decreases in obesity and chronic illnesses;
- Reduction of stress and anxiety;
- Instills self-confidence and self-esteem;
- Promotion of assertiveness, independence, and self-control; and
- Encourages healthier eating habits through proper nutrition.

Physical Education Resources

NYSED Physical Education Website.

CDC Physical Education Analysis Tool (PECAT):
A self-assessment and planning guide developed by the CDC designed to help school districts and schools conduct clear, complete, and consistent analyses of physical education curricula, based upon national physical education standards to assess how a school's curricula aligns with national standards for high quality physical education programs: Physical Education Curriculum Analysis Tool (PECAT).

Society of Health and Physical Educators (SHAPE) - the national organization of health and physical education professionals:

Teacher's Toolbox Resource.

National Standards for Health and Physical Education.

Understanding the Difference Between Physical Education and Physical Activity.

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[10] RWJ Foundation - "Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People" Are the Children Well: Robert Wood Johnson Foundation

Health Education

Health education teaches about physical, mental, emotional and social health. In the classroom, health education directly builds students' foundation, knowledge, and skills to develop positive health attitudes.

Comprehensive health education curricula teach students skills needed to make healthy decisions throughout their lifetime, can motivate students to improve and maintain their health, prevent disease, and reduce risky behaviors, and is related to the multiple dimensions of health (i.e. mental, physical, nutritional, emotional and social).

Effective Health education curricula inclusive of mental health well-being can result in positive decision making, and lower risky behavior related to: the use/misuse of drugs, alcohol and tobacco; sexuality; injury; nutrition, and disease[11].

Health Education Resources

NYSED Health Education Website.

CDC's Health Education Analysis Tool (HECAT) is a self-assessment and planning guide developed by the CDC designed to help school districts and schools conduct a thorough and comprehensive analysis of health education curricula, based upon national health education standards to assess how a school's curricula aligns with national standards and to focus on relevant health outcome and critical health behaviors of youth: Health Education Curriculum Analysis Tool (HECAT).

The NYS Center for School Health is a contract office with NYSED and provides technical resources and professional development opportunities to elementary teachers responsible for instructing on health education, certified health educators and school health coordinators, in addition to school nurses and school district medical directors.

The NYS Association for Health, Physical Education, Recreation and Dance Association supports, encourages, facilitates, advocates and promotes physically active and healthy lifestyles through school and community programs in health education, physical education, recreation and dance.

Nutrition

The body needs a variety of protein, carbohydrate, fat, vitamins and minerals to stay healthy and productive; the body cannot function properly without all these nutrients. Balanced nutrition is an important part of attaining and maintaining overall good health.

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[11] https://www.ncbi.nlm.nih.gov/books/NBK424859/

> *Good nutrition also improves the health of both the mind and body. All known nutrients are important to the brain for its myriad functions.*[12]

A balanced diet can be a protective factor for many mental health and physical health illnesses and therefore, can reduce risk of diseases. Eating the right foods will maintain physical and emotional health, which makes it easier to cope with illness and stress positively impacting health in the later stages of the life cycle.

Nutrition Programs and Resources

NYSED Child Nutrition Website. Child Nutrition Knowledge Center with numerous resources and programs highlighted, which include but are not limited to: National School Lunch Program, Child Nutrition Breakfast Program, Special Milk Program, Farm-to-School Program, and Fresh Fruits and Vegetables Program.

NYSED School Wellness Policy Development. Local wellness policies are an important tool for parents, LEAs and school districts to promote student well-being, prevent and reduce childhood obesity, and provide assurance that school meal nutrition guidelines meet the minimum Federal school meal standards.

NYS Department of Health- Division of Nutrition.

Social Emotional Learning (SEL)

The Collaborative for Academic, Social, and Emotional Learning (CASEL) promotes the practice of integrated academic, social, and emotional learning for all children in preschool through high school. CASEL has identified Five Core SEL Competencies: Self-Awareness, Self-Management, Social Awareness, Relationship Skills, and Responsible Decision-Making.[13]

Integrating SEL into academic instruction includes free-standing lessons that teach SEL competencies, inclusion of SEL in academics, and teaching practices to create classroom and schoolwide conditions that teach and model SEL.

SEL has an important role to play in making schools safe and maintaining a caring school climate; facilitating students' holistic development; and enhancing student motivation, self-expectations and high achievement.

Increasing SEL competencies can decrease implicit bias, increase cultural responsiveness, and result in greater equity for New York's young people.

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[12] RWJ Foundation - "Are the Children Well? A Model and Recommendations for Promoting the Mental Wellness of the Nation's Young People" Are the Children Well: Robert Wood Johnson Foundation.
[13] Collaborative for Academic, Social, and Emotional Learning. (2018) *Core SEL Competencies*.

Social Emotional Resources

The CASEL Website- What is SEL? includes the following resources:

- Middle School/High School Resource: 2015 CASEL Guide: Effective Social and Emotional Learning Programs—Middle and High School Edition.

- Preschool/Elementary Resource: 2013 CASEL Guide: Effective Social and Emotional Learning Programs—Preschool and Elementary School Edition.

- Mindfulness Resource: "2015 CASEL Guide: Effective Social and Emotional Learning Programs Middle and High School Edition" – programs including Kraal Yoga, Learning to Breathe, and Transformative Life Skills – designed to promote mindful awareness.

In NYS, background information, guidelines, learning benchmarks, and field guidance related to SEL in schools via an implementation team can be found at the NYSED - Student Support Services Website.

Whole School, Whole Community, Whole Child (WSCC)

The WSCC model includes 10 components, expanding upon the Coordinated School Health (CSH) components of Healthy and Safe School Environment and Family/Community Involvement. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community. This evolution meets the need for greater emphasis on both the psychosocial and physical environment as well as the ever-increasing and growing roles that community agencies and families must play. This new model also addresses the need to engage students as active participants in their learning and health.

WSCC Resources

CDC Whole School, Whole Community, Whole Child (WSCC) Model.

School and Community Agency Partnerships

Mental Health Resources Fostering School and Community Agency Partnerships

Facilitating the relationship between schools and community agencies is critical to positively impact school climate to support all students, especially those experiencing mental health needs, as well as connecting more students with the help they need. It is a partnership with initiative taken by all involved on behalf of students. School-community partnerships can facilitate access to existing services in new ways that are more likely to result in student service engagement, thereby also providing enhanced supports to students outside, but in collaboration with the school district. With these supports in place, student wellness can be enhanced, fostering a healthier overall school climate. Research has shown that the quality of the school climate may be the single most predictive factor in any school's capacity to promote student achievement[14].

The first step in the process is to build a cross systems team to conduct a needs assessment to determine what school and community partnerships are currently utilized and where there are gaps. Assessments can be formal or informal, and brief or more complex, depending on staffing and available time. To remain current, assessments should be conducted at regular intervals, as determined by the district. Following an assessment, districts should focus their attention on building and strengthening school and community partnerships that are most needed. The following guidelines are recommended to facilitate community agency/school communication and collaboration for fostering these partnerships:

Community Agencies Can Help By:	Schools Can Help By:
Consulting with **school-based multi-disciplinary teams** (e.g., Pupil Study Team, Child Study Team, Response to Intervention (RTI), Multi-Tiered System (MTSS) of Supports) to address strategies and resources that support school climate.	Inviting community agencies to join **school-based multi-disciplinary teams** (e.g., Pupil Study Team, Child Study Team, RTI, MTSS) to address strategies and resources that support school climate.
Providing schools with a **list of community-based resources** by County annually with current contact information.	Designating a **school-based coordinator** to facilitate ongoing communication and collaboration and be the designated contact for the local education agency (LEA) with community-based organizations.
Consider the unique **confidentiality** issues faced by LEAs.	Consider how **confidentiality** issues may impede referral to and follow-up with community agencies.
Developing and/or sharing information with LEAs on **funding sources** for school-based services.	Developing and/or utilizing **funding sources** to support school-based community agency provided supports.
Offering **community-based services**.	Consider adding **community-based services** to resources available to students through the school.

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[14] http://www.nyscfss.org/promoting-school-climate-pilot-2017

Role of School-Based Structures and Local Community Resources

Some considerations to keep in mind during this process – opportunities to utilize your existing school personnel to the fullest, exploring school-family partnerships (i.e. family engagement), consider using school clubs/groups, among others. Below is a description of school-based structures available to interface with community agencies to improve the mental health and wellness of students and families:

- Child Study Team or Pupil Study Team – a team of Pupil Personnel Services (PPS) (e.g., school social workers, school counselors, school psychologists, school nurses, attendance teachers) and other relevant school personnel (e.g., teachers, school resource officers) under the direction/leadership of an administrator (e.g. dean, assistant principal, principal, PPS Director) who meet either regularly or as needed to review cases for the purpose of developing an action plan to provide necessary services and/or interventions.
- Crisis Response Team or School Safety Team – a team of school personnel under the direction/leadership of an administrator that meet to plan the school's safety plan and respond to a crisis event.
- Committee on Special Education Chairperson – oversees special education meetings where service plans for students classified with a disability for educational purposes are developed.
- Department Chairperson/Coordinator – each discipline or department has an administrator responsible for overseeing the curriculum development of that department. It often is a teacher with the added responsibility or could be a full-time administrator.

Advantages of School Community Partnerships

- Community partners can provide staff development;
- Community partners can be invited into schools for parent education opportunities;
- Community partners can be invited into schools for student education opportunities; and
- Schools can participate in mental health awareness events organized by community partners (e.g. fundraising walks, health fairs, panel presentations).

Strong School Community Partnerships

- Reduce stigmatizing attitudes about mental health;
- Facilitates help for students in a timely manner; and
- Sends the message to families that "we are all here to support you".

Children and Youth Single Point of Access

New York State provides several resources related to mental health and well-being. One such service is the Children and Youth Single Point of Access (SPOA), which directly links and provides timely access to an array of NYS mental health services and supports based on the identified needs of the youth and family. Every county and borough in NYS has a SPOA which brings together Cross System Partners to offer necessary and appropriate services to children, youth and families. Often to meet the needs of the youth and family, multiple systems must be involved to provide services and supports. For example, a child with Serious Emotional Disturbance and/or Substance Use Disorders may be involved with mental health and/or substance abuse treatment providers, the school system, the Local Department of Social Services, Child Protective Services and foster care systems; county juvenile probation, family court or more.

Major Functions of the Children and Youth SPOAs:

- Pinpoint and assist connection of high–need children and youth to services and supports;
- Conduct screenings for referred children for eligibility for certain services through the 1915(c) Medicaid Home and Community-Based Services Waiver[15];
- Connect adolescents and families to community services;
- Support communities to achieve access to intensive service for children, youth and families;
- Assist the Child/Family with Medicaid eligibility, when appropriate;
- Direct referrals and services for Non-Medicaid eligible children and families;
- Deliver a care continuum when children fluctuate between Medicaid and non-Medicaid eligibility; and
- Participate in local services planning to redistribute existing resources and develop new resources to meet initial needs in partnership with other child-serving agencies.

Facilitating relationships between schools and local community organizations is critical to positively impacting school climate and builds a partnership designed to address the needs of and improve outcomes for our children and families so they can ultimately lead healthy and productive lives.

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[15] The various States can develop home - community-based services waivers to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting: https://www.medicaid.gov/medicaid/hcbs/authorities/1915-c/index.html.

First Line Contacts for Community-Based Mental Health Resources

To locate the County SPOA Coordinator and local resources click on your county on the map: http://www.clmhd.org/contact_local_mental_hygiene_departments/.
*This chart has been provided to organize and list your local contacts.

	Individual Contact	Phone/Email	Address
24/7 Hotline-Helpline			
State Assistance-HEAP, SNAP, WIC, etc.			
Local Transportation-CDTA, Cabs, etc.			
County Health/Public Health			
County Mental Health Clinics			
County Children's Services *(if applicable)*			
Single Point of Access (SPOA)	**Child/Youth:** **Adult:**		
County Department of Social Services			
County Chemical Dependency Clinics			
County Substance Abuse/ Addiction Recovery Services			
County Developmental Disabilities Services			

(See Appendix D: New York State and National Mental Health Resources).

Resources for Building a Tool Kit Creating School, Community, Family and Student Partnerships

While each tool kit serves a different population, there are commonalities through the fields. There are many formats tool kits can be presented in, from a pdf to an entire webpage, it is important to consider the most efficient platform for the intended audience. Things to consider when choosing the format include who will be utilizing this tool kit, how will they access the tool kit, what information will be included and how will this information be displayed, among others.

A tool kit for community partnership resources which is intended to be utilized by schools and those they serve may consider having a whole webpage dedicated to the resources. The tool kit may be utilized by community mental health partners, families, all students and current school staff (e.g. bus drivers, hall monitors, janitorial staff, teachers, administration). Simplicity in design has the potential to attract and maintain utilization from all parties while still providing all information necessary.

Introducing the tool kit and the intended outcome of the resources it contains is a common place to start. Background information on the purpose of developing the tool kit as well as information for a contact person or email with any questions about the site or document may also be included. A tab or link that has specific information for each intended target (e.g. school personnel, students, families, community partners) would aid in the simplicity of the document. Many users may not return if they are having difficulty finding the information they are looking for in an efficient manner. A search bar has the potential to increase accessibility as well.

Recommended Resources to be Added to the Tool Kit Include:

- Nine Elements of Effective School Community Partnerships to Address Student Mental Health, Physical Health, and Overall Wellness.
- Improving School and Community Outcomes for Children and Adolescents with Emotional and Behavioral Challenges.
- What School District Leaders Should Know When Creating School and Mental Health Partnerships.
- Education 101 for Mental Health Leaders.
- School Mental Health Sustainability-Finding Strategies to Build Sustainable School Mental Health Programs.
- National Center on Safe and Supportive Learning Environments - Family, School, Community Partnerships.
- Handbook on Family and Community Engagement.

Embedding Mental Health Well-being to Support Positive Climate and Culture

The Relationship Between School Climate and Well-being

School climate is the way school culture affects an individual's sense of safety, acceptance, and wellness and consequently is a critical determinant of their ability to achieve success in school and in life. A positive school climate helps students to feel safe and connected to teachers, peers, families, support staff, and administrators.

A school climate that supports healthy emotional functioning involves structures that offer preventive and responsive supports that are available to all within the school environment. Elements of support include fostering safety; promoting a supportive academic, disciplinary, and physical environment; and encouraging and maintaining respectful, trusting, and caring relationships throughout the school community.

Creating an environment where the mental well-being of all is valued and fostered, free from stigma, is essential to helping students feel safe and accepted. Such an environment is both the result of, and reflective of, a multi-faceted support structure that is proactive and responsive.

Schools should support social-emotional learning and mental health for all students as essential components of health and wellness. School policies, procedures, and practices impact school climate and culture. Research has shown that the quality of the school climate may be the single most predictive factor in any school's capacity to promote student achievement[16]. Everyone within the school environment succeeds when everyone feels accepted, valued, and respected.

Two important themes have come to the forefront through the work of the Advisory Council coupled with the work of the NYSED's NYS Safe Schools Task Force, which directly relate to instructing and supporting mental health well-being in a school environment. First, the promotion and measurement of a positive school climate and culture, rather than a focus exclusively on measuring school violence is essential to ensuring students experience a school where they feel safe, respected and can focus on learning. To achieve a positive school climate and culture, it is important to understand and promote social emotional learning to teach students the essential skills that affect every area of one's life, including understanding how to manage emotions, and how to establish and maintain positive relationships.

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[16] Shindler, J., Jones, A., Williams, A.D., Taylor, C., Cardenia, H. (2016). The school climate-student achievement connection: If we want achievement gains, we need to begin by improving the climate. Journal of School Administration Research and Development 1(1), 9-16.

School Frameworks for Supporting Mental Health Well-being

School climate is both influenced by, and is an impactor for, all people within that environment. Frameworks, such as the ones annotated below, offer opportunity for various programs and other support practices to be organized at multiple levels. Multi-level considerations yield mental health supports for all, thus embedding mental health within a school's climate and culture. Therefore, frameworks are often used in conjunction with evidence-based programs, not in place of the other.

Interconnected Systems Framework

The Interconnected Systems Framework (ISF) links School Mental Health and School-Wide Positive Behavioral Interventions and Supports. This framework is rooted in a Systems of Care approach and offers scaffolding at multiple tier levels of support that address school, classroom, individual, and home/ community considerations at each level or tier. The influence of data, systems, and practices is also addressed within this framework.

- Guidance related to establishing an ISF is located within the monograph, which can be accessed from this link: Advancing Education: Interconnecting School Mental Health And School-Wide Positive Behavior Support.
- Tools for school teams to be able to plan for ISF implementation and assess its process can be found in PBIS: Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support.

Positive Behavioral Interventions and Supports

Positive Behavioral Interventions and Supports (PBIS) is a school-wide framework for creating and maintaining a positive school climate where teachers can instruct, and students can learn. This evidence-based framework emphasizes preventing school discipline problems. PBIS provides ideas to support teaching, modeling and recognizing positive, appropriate behavior in schools and identifies systems for proactively supporting and logically responding to classroom and individual student behavior. PBIS is not a program, curriculum, intervention, or practice, but is a systems-change framework that guides selection, integration and implementation of the best evidence-based practices for improving behavior outcomes for all students while increasing opportunities for academic engagement. The influence of data, systems and practices is also addressed via this framework.

PBIS - Evaluation Tools can be used to assess implementation fidelity of PBIS at all tier levels of support. PBIS Apps offers a suite of tier-specific data entry and data management options for fidelity and outcome-related information for efficient report development to guide data-based decision making for a team, administrators, and other stakeholders. NYS's PBIS Technical Assistance Center is funded by NYSED's Office of Special Education.

Whole School, Whole Community, Whole Child

*Please refer to previous section: Multiple Dimensions of Mental Health Well-Being

Social and Emotional Learning

*Please refer to previous section: Multiple Dimensions of Mental Health Well-Being

Restorative Practices/ Restorative Justice

Restorative justice is a theory of justice that can be employed both proactively to strengthen community by fostering communication and empathy as well as reactively in response to conflict and/or crime. The term restorative practices is often used to describe a continuum of restorative approaches that can be used in schools to build relationships between both student to student and student and teacher. A sense of community is built through practices including check in circles, impromptu conferences, formal conferences, and re-entry circles. Restorative practices invite the community or persons impacted by a conflict and/or misbehavior to develop a shared understanding of both the root causes and the effects of the action. Restorative practices seek to address the needs of those who have been harmed, while encouraging those who have caused harm to take responsibility and repair the harm. Restorative practices emphasize the capacity of all people for healing, growth, and transformation and, encourages accountability, self-determination, healing, and interconnection. Restorative practices have a range of applications within communities, schools, and the justice system. Restorative Justice. A toolkit and infographic regarding establishing Restorative practices in schools can be found at: Restorative Practices. Specific information about Restorative Justice within NYC can be found at: Restorative Justice NYC. Many Community Dispute Resolution Centers throughout NYS offer restorative services to schools. Restorative Justice NY Courts. Additionally, certain Boards of Cooperative Education Services (BOCES) also provide restorative practices training and implementation services. Contact your local BOCES for more information about programs that are available.

Trauma-Sensitive/ Trauma-Informed

Through the work of the Trauma and Learning Policy Initiative (TLPI), Trauma-Sensitive Schools reflect considerations regarding the influence that trauma has on students' learning ability to access instruction: Trauma Sensitive Schools. The Trauma Informed Care (TIC) Project offers strategies for schools to become aware of the diverse backgrounds and prior experiences that students have. With that acknowledgement, effective strategies and practices to support students can be addressed. Trauma Informed Care Project. Schools can access a Child Trauma Screen (CTS) free of charge at Mental Health Trauma Informed Iniatitives. More information about dimensions included within a trauma screen is available at Trauma Informed Screening Assessment. School districts can obtain the Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol, Services Implementation Plan, and Program Self-

Assessment Scale, which is a comprehensive research-based program assessment for this approach which is completed by teams to assess the overall areas of strength and need within the school district. Using the information gleaned from this tool will assist schools in building a comprehensive, evidence-based trauma-sensitive culture based on existing strengths. Scale located at: Self-Assessment and Protocol Assessment Planning.

## School Climate and Multi-Tiered System of Support

School climate is both influenced by, and is an impactor for, all people within that environment. A school climate that supports the whole child takes into account that learning is reflective of and influenced by a host of other capacities. A school climate that proactively anticipates, through a well-being focus, and responsively plans for support of mental health of all people within the school environment, is also one that has integrated mental health content throughout as opposed to isolated in a health education situation.

Towards this charge, School Climate and Multi-Tiered System of Support (MTSS) offers a structure for conceptualizing all people, settings, policies, and practices within a school environment and, by extension, families and communities. Commonly used in the public health sector and others, practices and processes reflecting multi-tiered systems of support have gained traction in the educational sector because there is a range of needs both between and within students, depending on the focal skill. That is, academic literacy and numeracy, behavioral, and social emotional competencies can be scaffolded via MTSS.

As related to mental health literacy, comprehensive frameworks such as the visual depicted on the next page and the sample frameworks already annotated, reflect seamless collaborative processes. In addition, MTSS frameworks offer opportunity for support and other practices to be strategically planned and available as necessary based on one's present level of functioning and are organized at multiple levels of intensity. For example, procedures such as universal screening, progress monitoring, and assessing students' response to intervention at the various tier levels of support can help teams determine next steps.

Addressing 100% of a school environment using a MTSS approach ensures that support of, and for, mental health well-being is woven into the very fabric of a school's climate and culture. The multi-level considerations yield mental health supports for all, embedding mental health within a school's climate and culture. Therefore, frameworks are often used in conjunction with evidence-based programs, not in place of the other.

Comprehensive School Climate Supporting Mental Health and Well-being:
Multi-Tiered System of Support (MTSS) Frameworks
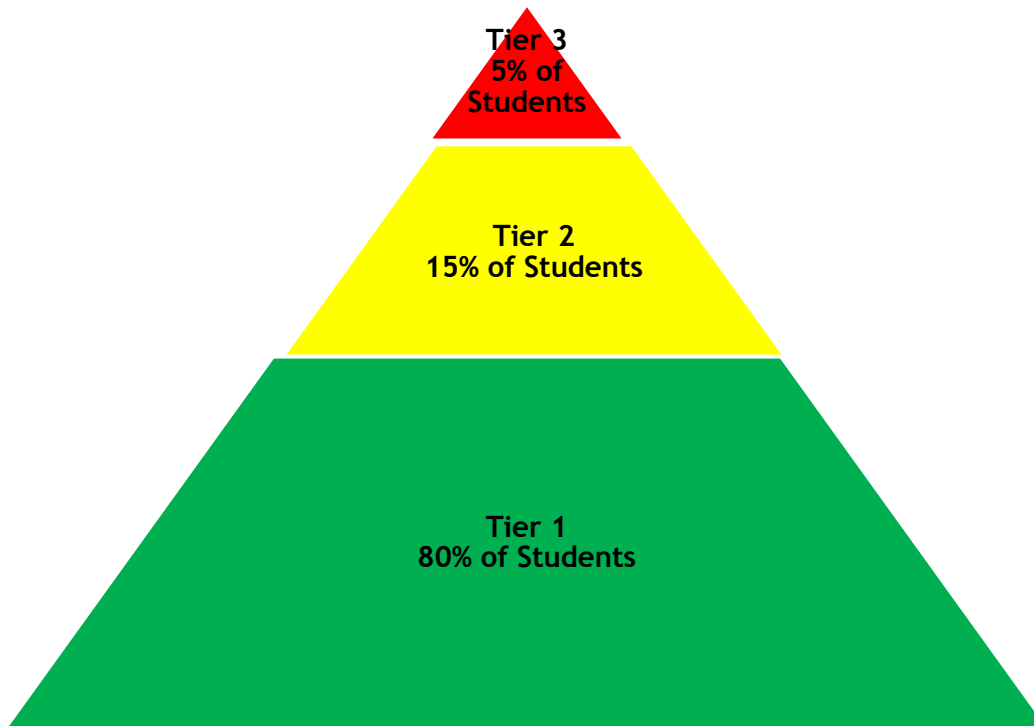
Tier 3: Tertiary Level - Specialized, serves individual students with high risk; intensive tier 3 supports are rendered in addition to tiers 2 and 1 and is effective for an additional 5% of students

Tier 2: Secondary Level - Targeted, serves groups of students at-risk; tier 2 supports are rendered in addition to tier 1and is effective for an additional 15% of students

Tier 1: Universal Level – Primary, school-wide or classroom-wide, accessed by all students; screening and prevention-focused; alone is effective for approximately 80% of students

Tier 3
5% of
Students

Tier 2
15% of Students

Tier 1
80% of Students

Sample Frameworks (K-12) →	Social Emotional Learning (SEL)	Mental Health Support	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices/ Restorative Justice	Interconnected Systems Framework (ISF)	Trauma Sensitive/Informed Schools
Tier 3 Support for Students with High Need (Few)	• Individual instruction in SEL competencies strategies and skills • Practice and coaching • Related evidence-based programs • Implementation Team • Family and community involvement	• Crisis prevention and response planning • Individual counseling • Individual support plan • Family Conference(s) • Collaboration with PPS workers • Coordinated services • Referral to external mental health/social services/ community resources/ treatment • Related evidence-based programs • Cognitive Behavioral Therapy (CBT) • Dialectical Behavior Therapy (DBT) • Family and community involvement	• Implementation Team • Complex Functional Behavior Assessment • Behavior Intervention Plan • Wraparound services • Individual support plan • Faculty/staff mentor • Academic and/or behavioral coach • Family engagement related to supports • Related evidence-based programs • Crisis prevention and response planning • Family and community involvement	• Family Group Conference(s) • Formal Restorative Conference(s) • Student and youth-driven • Related evidence-based programs • Family and community involvement	• A school-wide team meets regularly, reviews data to identify students who require additional support, selects among • Evidence-based Tier • 3 interventions, and monitors staff members' implementation • Teachers implement classroom components of function-based behavior support plan or other plan components developed through a wraparound process • Intensive, • Individualized, function-based • Behavioral Interventions that include antecedent, instructional, and consequence strategies • School mental health • Professionals provide • Evidence-based treatment services to indicated students (e.g., cognitive behavioral therapy) • Additional student and family supports	• Related evidence-based programs • Individual supports related to skill building • Engagement with family and caregivers • Continued involvement of PPS staff in an individualized manner • Possible referral to (and collaboration with) community-based resource • Family and community involvement

Sample Frameworks (K-12) →	Social Emotional Learning (SEL)	Mental Health Support	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices/ Restorative Justice	Interconnected Systems Framework (ISF)	Trauma Sensitive/Informed Schools
Tier 3 Support for Students with High Need (Few)					developed through a wraparound process • Actively engage families in positive activities (e.g., cookouts, events in community/ school) • Engage families in developing function based or other supports through person-centered planning and/or wraparound processes • Staff member with established relationship with parents of at-risk students and communicate regularly about services and progress • Related evidence-based programs • SBIT involvement & collaboration • Family and community involvement	
Tier 2 Support for Students At-Risk (Some)	• Targeted explicit instruction in SEL competencies, strategies, and skills • Practice and coaching • Peer-to-peer SEL workshops • SEL focused community building circles	• Individual/small group counseling • Support groups (e.g. stress or anger management) • Parent Outreach • Substance abuse counseling/ brief intervention • Collaboration with PPS workers	• Implementation Team • Faculty/staff mentor • Daily Check In/Check Out (CICO) • Short-term behavioral Daily Progress Reports (DPR) • Social Academic Instructional Groups (SAIG)	• Peer Mediation • Restorative Problem-Solving Circles • Formal Restorative Conference • Community service • Related evidence-based programs • Family and community involvement	•A school-wide team meets regularly, reviews data to identify students in need of additional support, selects among evidence-based Tier 2 interventions, and	• Related evidence-based programs to use with this tier of the framework • Small groups support related to focused skill building and strategy instruction • Engagement with family and caregivers

Sample Frameworks (K-12) →	Social Emotional Learning (SEL)	Mental Health Support	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices/ Restorative Justice	Interconnected Systems Framework (ISF)	Trauma Sensitive/Informed Schools
<mark>Tier 2 Support for Students At-Risk (Some)</mark>	• Related evidence-based programs • Implementation Team • Family and community involvement	• Possible referral to external mental health/social services resources • Related evidence-based programs • Family and community involvement	• Individualized Behavior Contract • Basic Functional Behavior Assessment • Behavior Support Plan (BSP) • Academic and/or behavioral coach • Family engagement related to involvement • Participation in targeted afterschool support program(s) • Related evidence-based programs • Family and community involvement		monitors staff members' implementation • Mental health supports • Push-in to classroom setting to assist students who are at-risk • Teachers implement classroom components of Check-In Check-Out (CICO) or other Tier 2 practices with fidelity • Targeted-group interventions (e.g., CICO) implemented by in-school and community-based providers • Teachers provide indicated behavioral interventions for students identified as needing them (e.g., daily progress reports, organization interventions) • Invest in interventions that build and strengthen the link between home and school (e.g., CICO) • Increase the frequency of family contacts, and provide	• Continued involvement of PPS staff in a targeted manner • Brief intervention • CBITS • Possible collaboration with community-based resource • Family and community involvement

Sample Frameworks (K-12) →	Social Emotional Learning (SEL)	Mental Health Support	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices/ Restorative Justice	Interconnected Systems Framework (ISF)	Trauma Sensitive/Informed Schools
Tier 2 Support for Students At-Risk (Some)					supports required for families to effectively engage with school and vice versa • Staff develop enhanced relationships with parents of those students exhibiting problems • Related evidence-based • SBIT involvement & collaboration • Family and community involvement	
Tier 1 Support for Every Student (All)	• Explicit instruction in SEL core competencies • Integration of SEL competencies within the content areas • General teaching pedagogy that models and supports SEL • Opportunities to practice SEL skills • Feedback about SEL prosocial skill usage • Address domains of emotional intelligence • Strategies for resilience, mindfulness, mindset, grit, etc. • Annual school climate surveys (student, staff, parents) • Community building	• Mental health screening • Create a physically and emotionally safe environment for students free of stigma • School-Based Health Centers (SBHC) that provide mental health and wellness supports • Prevention/Intervention supports to boost protective factors and resilience (e.g., stress management, wellness promotion, substance abuse prevention program, suicide prevention, self-regulation, interpersonal skills) • Peer education programs • On-going professional development for	• Implementation team • School-wide and classroom-wide behavioral expectations • Explicit instruction of positive expectations within all school settings based on a school-wide matrix • Explicit instruction of positive expectations for classroom routines based on a classroom matrix • Evidence-based classroom management strategies • Reinforcement for prosocial behaviors • Function-based problem solving • Guidance conference(s) • Training to create cadres of peer educators	• Primary focus on relationships between and amongst teachers and students • Secondary focus on rules • Physical and emotional environments contribute to a culture of care • Informal affective statements • Informal affective questions • Small impromptu conferences • Collaborative problem solving • Acknowledgement of personal responsibility via	• Universal screening • School and mental health professionals work together for prevention programming (e.g., bullying, substance use, aggression, teen pregnancy) • Explicit instruction of positive expectations within all school settings based on a school-wide matrix • Effective instructional and classroom management practices for all • Positive and high expectations for all students	• Related evidence-based programs to use with this tier of the framework • Assess current school climate for strengths, needs, redundancies, etc. • Define the role of PPS workers • Analyze current discipline procedures for elements of support and reclaiming as opposed to a punitive focus • Identification of curricula that is focus on skill building to support resilience and flourishing • School crisis plan • PD regarding the influence of student learning and functioning in multiple areas

Sample Frameworks (K-12) →	Social Emotional Learning (SEL)	Mental Health Support	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices/ Restorative Justice	Interconnected Systems Framework (ISF)	Trauma Sensitive/Informed Schools
<u>Tier I</u> Support for Every Student (All)	• Annual SEL Plan based on survey and other student data • Universal screening • Related evidence-based programs • Implementation Team • Family and community involvement	administrators, teachers, and staff about mental health (e.g., Mental Health First Aid; Youth Mental Health First Aid) as a continuum (wellness, risk, indicated) • Collaboration with teachers and PPS • Related evidence-based programs to use with this tier of the framework • *Safe Schools/Healthy Students* (SS/HS) elements, guiding principles, and strategic approaches assist school, mental health, and service stakeholders with planning and implementation • Family and community involvement	• Student leadership opportunities • Bullying prevention • Promotion of respect for diversity • Academic support services • Student government, extracurricular clubs/teams • Afterschool, summer, and community school • Community service opportunities • Cultural responsiveness • Family engagement related to awareness • Data-based decision making • Universal screening • Related evidence-based programs • Family and community involvement	effect of actions on others • Resolutions are teachable moments and educational for all • Restoration/ reparation as part of resolution outcomes • Community Building Circles • Maintain community and connectedness • Negotiation Skills Training • Peer Mediation • Restorative Circles • Community service • Student voice • Student circle keeper training • Teachers as models of restoration • School policies and practices reflect cultural and linguistic competency and are focused on restoration • Restorative discipline • Related evidence-based programs • Family and community involvement	• Explicit instruction of positively-phrased expectations within all classroom routines, based on classroom matrix • Mental Health First Aid (MHFA)/ Youth Mental Health First Aid training for administrators, teachers, and staff • All students, including students receiving Tier2 and 3 interventions, access supports included in Tier 1 • Students' Tier 2 and 3 supports should be developed to align with Tier 1 or school-wide supports • Implement strategies, workshops, trainings to engage all parents and families. • Increase opportunities for positive communications with families • SBIT involvement and collaboration • Implementation team • Family and community involvement • Related evidence-based programs	• On-going training about best practice for working with students who may have experienced trauma • Build capacity of families • Engagement with family and caregivers • Consider the possible impact of traumatic events, such as those reflected on the ACES, on students and their families • Child Trauma Screen • Family and community involvement

Sample Frameworks (K-12) →	Social Emotional Learning (SEL)	Mental Health Support	Positive Behavioral Interventions & Supports (PBIS)	Restorative Practices/ Restorative Justice	Interconnected Systems Framework (ISF)	Trauma Sensitive/Informed Schools
Tier 1 Support for Every Student (All)						

Adapted by: Dr. L. Ficarra (2018) from NYSED's adaptation of SEL guidance from Illinois SS/HS State Group and Erie 2 BOCES

Self-Evaluation: Key Mental Health and Well-being Benchmarks

Key Mental Health and Well-being Benchmarks for a Positive School Climate and Culture

This tool may be useful in addressing key benchmarks of a school climate that support mental health and well-being. This is not a school climate survey but is intended to be used as a guide toward assessing your school's current status as it relates to mental health and well-being as a starting point to determine next steps.

Criteria – Use this key to score your current school's status with regard to the benchmarks below.

1	School has not yet focused on this element
2	Initial actions have been taken
3	Several steps have been taken
4	Nearly integrated into practice
5	Comprehensively and sustainably integrated into practice

Universal Benchmarks

Considerations - Administrators will want to consider characteristics of the environment that promote the mental health and resilience of all members of the school community. The benchmarks are based on the principles of social emotional learning, fair and restorative disciplinary and behavioral management practices, school connectedness, and the recognition of trusted relationships.

See key for rating school progress

BENCHMARKS – Universal	1	2	3	4	5	Comments and next steps
A. Strategies exist to create a welcoming environment for new students.						
B. Data is used to evaluate equitable and fair treatment of students by teachers and staff. Students feel safe from verbal abuse, teasing, and exclusion related to mental health concerns.						
C. Educators support the development of social and emotional knowledge and skills including effective listening, social problem-solving, reflection, and emotional regulation, empathy, personal responsibility, and decision making.						
D. Students know where, when, and how to access emotional supports for themselves or a peer.						
E. All students have meaningful opportunities to contribute to the well-being of their school community.						
F. Parents feel welcome and know how to access mental health and social supports for their children at school and in the community.						
G. Mutual respect for individual differences is a norm, and diversity is celebrated.						
H. Relationships exist with community mental health providers toward improving communication and access to care for students in need.						
I. Other						

Selective Benchmarks

Considerations - These benchmarks focus on meeting the needs of the school staff that are working with students and their families related to behavioral and mental health concerns. Administrators may consider measures that promote timely identification, engagement, communication and intervention toward improved outcomes. Advanced skills training is important for school-based health and mental health professionals. Faculty, staff, administrators and parents should all have education in recognition of signs of psychological distress, and have knowledge about how, when and where to access mental health support in school and in the community. Efforts should be made to ensure supports are readily accessible and available.

See key for rating school progress.

BENCHMARKS – Selective	1	2	3	4	5	Comments and next steps
J. Strategies exist to promote school connectedness among students with excessive absences, and/tardiness or exhibiting other signs that they are at risk for becoming disconnected from school.						
K. Students with learning differences or mental health challenges that require special academic settings or services are made to feel welcome and strategies exist to include them in the social and academic life of school.						
L. Students experiencing behavioral challenges are assessed for delays in social emotional skills development.						
M. School-based mental health professionals provide consulting and coaching to teachers working with students exhibiting behavioral or mental health concerns.						
N. Strategies exist for educating parents about mental health resources and the recognition of psychological distress in their children.						
O. Grief support and trauma-informed interventions are available to students and staff experiencing losses and/or difficult life situations.						

BENCHMARKS – Selective	1	2	3	4	5	Comments and next steps
P. Strategies are in place for the recognition and prevention of compassion fatigue and burnout among teaching and support staff.						
Q. Other						

Indicated Benchmarks

Considerations - These benchmarks are related to intervention when an individual student is experiencing a mental health crisis. Administrators may consider standardized procedures for assessment, safety planning, family engagement, therapeutic intervention, and referrals. Advanced skills training is important for school-based health and mental health professionals. Faculty, staff, administrators, students and parents/guardians should all receive education to recognize signs of psychological distress and knowledge about how, when and where to access mental health support in school and in the community. Efforts should be made to ensure that supports are readily accessible and available.

See key for rating school progress.

BENCHMARKS – Indicated	1	2	3	4	5	Comments and next steps
R. Standardized written procedures for intervening with a student is experiencing a mental health crisis.						
S. Communications with community mental health providers and clear pathways to care have been optimized through agreements and dialog.						
T. There are standardized written procedures for intervening when a student is exhibiting warning signs of psychological distress.						
U. Therapeutic supports are routinely put into place when a student with an identified emotional health challenge or is experiencing acute emotional distress is undergoing serious disciplinary action.						
V. All health and mental health professionals are receiving professional development and/or current training on: therapeutic crisis intervention, behavioral management, suicide risk assessment, safety planning, and behavioral management.						
W. Reentry meetings are in place for when a student has left the building for community mental health assessment or for inpatient care.						

BENCHMARKS – Indicated	1	2	3	4	5	Comments and next steps
X. Reentry meetings are in place when a student has left the building for community suicide risk assessment or for inpatient care.						
Y. All mental health staff have training in Safety Planning Intervention and the safety plan is documented.						
Z. Debrief and support are provided to staff members that engaged in intervention.						
AA. Other						

Implementation

Sample Policy on Integrating Mental Health Education and Well-being within an Entire School Environment

Reviewed with input from the New York State School Boards Association.

Purpose

Effective July 1, 2018, New York State Education Law § 804 requires health education in schools to include instruction in mental health[17]. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community[18]. As part of overall health and well-being, mental health includes: a sense of self-esteem and self-confidence; the ability to identify, express and regulate emotions; the ability to set and achieve goals; recognition of one's creative skills; the ability to expand knowledge and skills; the ability to feel and show empathy for others; and the ability to create and maintain satisfying relationships[19]. To comply with the amendments to Education Law § 804, Commissioner's Regulation §135.3 was amended to require that health instruction include mental health and the relation of physical and mental health; be designed to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity. Integration of this instruction within existing health education curriculum and other key areas such as wellness and student support will create positive, safe and supportive environments, and provide opportunities to build and practice relationship skills, resilience and social and emotional competencies.

While it is understood that the regulatory requirements only speak to integration of mental health instruction into the health curriculum, this comprehensive guide encourages schools to promote a whole school, whole child, multi-tiered approach to mental health which recognizes the significant positive impact on students when there is a holistic approach.

Sample Policy

The [School District] recognizes that mental health is a state of well-being in which every individual realizes one's potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to one's community[20]. It is a dimension of overall health. As part of overall health and wellness, mental health includes: a sense of self-esteem and self-confidence; the ability to identify, express and regulate emotions; the ability to set and achieve goals; recognition of one's creative skills; the ability to expand knowledge and skills; the ability to feel and show empathy for others; and the ability to create and maintain satisfying relationships. Schools play a key role in promoting mental health in all children and young people, recognizing that student's learning and

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[17] New York State Education Law § 804. "Health education regarding mental health, alcohol, drugs, tobacco abuse and the prevention and detection of certain cancers." See Appendix A
[18] http://www.who.int/features/factfiles/mental_health/en/
[19] CASEL. What is SEL? https://casel.org/what-is-sel/
[20] http://www.who.int/features/factfiles/mental_health/en/

development is supported by environments that promote mental health[21]. The impact is the greatest when all staff is involved in mental health promotion as it relates to every area of the school – the culture, policies, curriculum and activities[22]. This policy is intended as guidance to all staff, including non-teaching staff and volunteers. It should be read in conjunction with the medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, district confidentiality policies, policies for students with identified special education needs, and other related mental health policies (e.g., wellness, student support and discipline, including alternatives).

The policy affirms our commitment to providing safe, welcoming and supportive environments that promotes a culture of respect and equity; embeds social and emotional learning into the curriculum, including mental health instruction in Health Education programs; ensures families, students and staff are key partners in mental health and well-being initiatives; and works collaboratively with local health professionals and the community.

The goals of the _____district to accomplish these are to:
 (Name of School District)

- Promote positive mental health for all staff and students;
- Educate and support the school community on a variety of approaches that are culturally sensitive to support mental health;
- Increase the skills of students, staff, parents and school community to recognize signs of mental health conditions;
- Decrease stigma related to talking about mental health;
- Provide support to staff through trainings including ways to recognize when students are experiencing mental health challenges;
- Link students and families to a range of available supports;
- Provide guidance and resources to parents/guardians on how to talk to their children about mental health; and
- Provide support to students living with mental health challenges, their peers, parents and caregivers.

Teaching and Supporting Mental Health

The mental health component of the health education curriculum will be developed by the appropriate school instructional staff and district mental health support staff to ensure that school staff has appropriate knowledge and support to address mental health challenges both preventively and responsively. When appropriate, staff will be encouraged to collaborate with qualified community mental health professionals. This policy and related supports and curriculum will be consistent with the principles of the whole child and whole

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[21] National Center for Mental Health Promotion and Youth Violence Prevention Education Development Center, Inc., Health and Human Development Division. Realizing the Promise of the Whole-School
[22] Approach to Children's Mental Health: A Practical Guide for Schools.
http://www.promoteprevent.org/sites/www.promoteprevent.org/files/resources/mental_health_guide.pdf

school approaches, including multi-tiered support frameworks, and will be offered within a safe and culturally-sensitive environment.

The [District's] approaches will reflect an understanding that mental health literacy includes four key components:

- How to obtain and maintain positive mental health;
- Ways to prevent mental health challenges and disorders, identify symptoms of disorders, and the range of available supports and treatments;
- Decrease stigma and promote appropriate help-seeking behavior; and
- Increase understanding of the challenges of mental health conditions in everyday life.

Elements of positive mental health include: An understanding of the elements of positive mental health, reducing stigma and promoting recovery including strengthening social determinants of health, and personal resources such as engaging with learning at school; connecting with family, peers and community; believing in one's ability to learn and engage with others; ensuring equitable access to opportunities to learn and engage; and strengthening capacity to advocate for a healthier environment.

Staff will receive regular training about supporting mental health, recognizing, and responding to mental health needs in a developmentally (to include students with special needs) appropriate and culturally sensitive way. The school district will support district-wide professional development on integrating mental health education into the curriculum, and in accessing resources, tools and professional learning to enhance their knowledge and capacity to integrate mental health and well-being content across the curriculum. The Integrating Mental Health Policy will be distributed through all schools in the district and posted online.

Implementing and Evaluating the Policy on Mental Health

The District will establish an implementation and evaluation plan for this policy to monitor its effectiveness and the possible need for modification over time. Towards this end, the District designates the following staff to have operational responsibility for ensuring that the District meets the goals and mandates of this policy. [*District may use title as opposed to individuals' names].* These designated staff, including school mental health support staff, will also serve as liaisons with community agencies that may help with providing resources. The District will annually report on the progress toward meeting the goals of the policy to the School Board, wellness committee, building principals and school health services personnel.

The (School district) recognizes that every member of (school district) has an impact on student health and contributes to creating an environment that promotes positive mental health and well-being. All members of our school community - including students, teachers, support staff, school related professionals, administrators, school board,

families and volunteers, will be supported in their efforts to provide an environment that promotes mental health.

The (school district) curriculum will integrate the multiple dimensions of health by including mental health and the relation of physical and mental health so as to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity throughout K-12.

The Board of Education (BOE) shall promote necessary district-wide staff awareness and understanding of the Mental Health Education policy by:

- Having it reviewed by the Policy Committee and then adopted in Public Session by the BOE;
- Distributing the policy and making it available online; and
- Supporting district-wide professional development on integrating mental Health Education into the curriculum.

The BOE shall promote necessary community awareness of the Mental Health Education Policy by the following:

- Discussing the change and supports available at a meeting(s) of the BOE; and
- Highlighting the curriculum change in the district newsletter.

The School District will:

- Provide a curriculum that actively engages and builds students' self-awareness, social awareness, responsible decision-making, self-management and relationship skills, and social and emotional learning;
- Support staff in accessing resources, tools and professional learning to enhance their knowledge and capacity to integrate mental health and well-being content across the curriculum;
- Establish a whole school, whole child approach to mental health that is consistent with this policy by providing positive, safe and supportive environments and opportunities to build and practice relationship skills, resilience and social and emotional competencies;
- Engage an advisory committee such as a Wellness or similar committee in supporting efforts; and
- Engage students, families and the community in supporting mental health and well-being in a culturally-sensitive approach.

Monitoring and Review of Policy

The Mental Health Education Policy and related curriculum will be monitored and reviewed annually by (identify team, including qualified mental health professional(s)).

Last Updated: <mark>Month/Year</mark>

Examples of evidence-based frameworks and programs that include balancing universal, selective and indicated approaches include: Interconnected Systems Framework[23], Positive Behavior Interventions and Supports[24], Restorative Practices[25], Social and Emotional Development and Learning[26], Trauma-Sensitive/Trauma-Informed[27]; and Whole School, Whole Community, Whole Child[28].

DISCLAIMER: This sample policy has been developed by the New York State Mental Health Advisory Council and is being shared as a best practice policy that has been identified by professionals representing diverse and valuable expertise in the fields of education, pupil personnel services and mental health. It is recommended that LEAs review this sample policy and further discuss with their BOE's, administrators, school staff, and school attorneys and make decisions based on identified local level needs.

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[23] https://www.pbis.org/school/school-mental-health/interconnected-systems
[24] PBIS. Positive Behavioral Interventions and Supports. https://www.pbis.org/
[25]http://restorativejustice.org/restorative-justice/rj-outside-criminal-justice/schools/restorative-discipline/#sthash.neHuH6jk.dpbs
[26] NYSED. Educating the Whole Child. Engaging the Whole School: Guidelines and resources for social and emotional development and learning (SEDL) in New York State. https://www.wtc.ie/images/pdf/Emotional_Intelligence/eq23.pdf
[27] National Child Traumatic Stress Network resources for schools. https://www.nctsn.org/resources/audiences/school-personnel
[28] Whole School, Whole Community, Whole Child (WSCC). https://www.cdc.gov/healthyyouth/wscc/

Glossary of Services and Terminology

Confidentiality Policies: FERPA and HIPPA: An Alphabet Soup Meaning-Confidentiality. Mental Health Clinic staff requirements for confidentiality and sharing of records emanates from the Health Insurance Portability and Accountability Act (HIPPA) and Section 3313 of the Mental Hygiene Law. In addressing parental and student confidentiality rights, schools are governed by the federal Family Educational Rights and Privacy Act (FERPA) and when addressing Medicaid funding, HIPPA as well. Serving the child in the context of the family is most effective. The goal is to have school and mental health systems work with the parent to encourage their willingness to approve the sharing of information that will assure a consistent school and community approach to addressing the needs of the child and the family. Issues surrounding sharing of information are at the crux of many disputes when implementing school-based mental health programs. With informed parental consent most of these issues disappear. Without parental consent, the mental health provider is generally not able to share individual child information. The partnership should determine how to use aggregate data to assess the effectiveness of the partnership in addressing school-wide outcomes. What information or records can be shared between school and clinic staff?

Informed consent reflects parental understanding about what will be shared and how the information would/could be used and when consent can be withdrawn. The consent cannot be generic. It must be specific and updated to reflect current records and reports. Consider this an ongoing process that must be built into the relationship with the student/parent. In addressing this sensitive area, generally it is helpful in establishing a strong partnership that approaches this question first as, "What limited information is needed by staff for each system to more effectively do their job?" Once partners reach consensus on the specifics of this information, they can address how to go about discussing with the parent the what, who and how that leads to informed consent.

Clinics are governed by Section 3313 of the Mental Hygiene law and HIPPA. They are required to obtain an additional consent of the parent to release the records related to any assessment conducted as a result of screening or any other reason. If the parent does not consent, the clinic is prohibited from releasing the record to the school district.

[Joint Guidance on FERPA and HIPAA](#)

Needs Assessment: an essential initial step in considering what efforts currently exist and what gaps may exist in achieving, once defining, a specific goal. A needs assessment is part of an on-going data-based decision-making process and informs the work of teams and collaborative endeavors with stakeholders.

Parity: Mental health parity describes the equal treatment of mental health conditions and substance use disorders in insurance plans. When a plan has parity, it means that if unlimited doctor visits are provided for a chronic condition, like diabetes, then the insurance provider must offer unlimited visits for a mental health condition such as depression or schizophrenia. However, parity does not necessarily equate to good mental health coverage. Comprehensive parity requires equal coverage, not necessarily "good" coverage. However, parity does not necessarily equate to good mental health coverage, but comprehensive parity requires equal coverage. If the health insurance plan is very limited, then mental health coverage will be similarly limited even in a state with a strong parity law or in a plan that is subject to federal parity.

School-based Interdisciplinary Teams:
- Multi-Tiered System of Support (MTSS) Team: a multidisciplinary team that meets regularly at the school to review specific student needs to develop goals and an action plan to address those needs. Typically includes teachers, special education service providers, school counselor, school social worker, school psychologist, administrator, and other faculty and staff as relevant to the student being reviewed. The parent/ guardian of the student is informed of the meeting and often invited to attend or contribute to the parent's view of the student's needs.
- RTI/PBIS Team (Response to Intervention; Positive Behavioral Interventions and Supports)**:** a multidisciplinary team that meets regularly at the school to fully review and develop goals to address significant student learning and behavioral needs through evidence-based interventions. Typically includes teachers, special education teacher, literacy/reading specialist, speech/language pathologist, school counselor, school social worker, school psychologist, administrator, parent and other faculty and staff as relevant to the student being reviewed. Student needs and interventions are organized into three tiers: Tier One (whole class interventions), Tier Two (small group or more targeted interventions) and Tier Three (intensive interventions and/or referral).
- Building/District Leadership Team: a multidisciplinary team that meets regularly at the school to review school policies and procedures and develop implementation plans as needed. Typically includes administrators and teacher representatives selected by the faculty.

Additional Resources

Informational Resources to Comprehensively Address Mental Health Well-Being within the Entire School Environment

Please note that the resources contained in this document do not necessarily represent the views of, and are not being promoted by, the NYSED, New York State Agency Partners, or the Advisory Council. Professionals representing diverse and valuable expertise in the fields of education, pupil personnel services, and mental health have identified these resources as evidence-based information and/or best practices currently available and, in many cases, being used in schools.

Classroom and School Personnel Resources

Every Student Succeeds Act (ESSA) NYS Consolidated State Plan: http://www.p12.nysed.gov/accountability/essa.html.
- What parents should know about ESSA: Parents.
- What educators should know about ESSA: Educators.
- What board members should know about ESSA: School Board Members.

GoNoodle - Movement and Mindfulness for the Classroom: https://www.gonoodle.com/.

Learning Ready Brain Animated Video and Resources, Washington State University: https://extension.wsu.edu/cafru/2017/05/31/the-learning-ready-brain-animated-video-is-now-available/.

Math as Social Activity: https://www.edutopia.org/video/how-teach-math-social-activity.

Mental Health and High School Curriculum Guide – Understanding Mental Health and Mental Illness: http://teenmentalhealth.org/product/mental-health-high-school-curriculum/.

Mind-Up - Fifteen lesson program for Pre-K through 8th grade students grounded in four core pillars: Neuroscience, Positive Psychology, Mindful Awareness and Social-Emotional Learning: https://mindup.org/.

Mind Yet – Mindfulness Sessions from Committee for Children: https://www.mindyeti.com/.

New York State Department of Health's Prevention Agenda: https://health.ny.gov/prevention/prevention_agenda2019-2024.

NYSED's Mental Health Education in Schools Power Point: Mental Health Education Literacy in Schools Power Point.

NYSED's Office of Student Support Services and Office of Curriculum and Instruction Health Education websites include mental health education resources.

NYSED's one-page informational document schools can use to educate staff, students, families and communities Mental Health Education Literacy In Schools.

NYSED School Counseling Programs: Guidance Programs and Comprehensive Developmental School Counseling.

Schaffer, Gary. (2017). *Nuts & Bolts: Multi-Tiered Systems of Support (MTSS): A Basic Guide to Implementing Preventative Practice in our Schools& Community.*

School Responder Models:
https://www.ncmhjj.com/wp-content/uploads/2017/10/NCJFCJ_SJP_ResponderModel_Final.pdf.

Data

Kids' Well-being Indicators Clearinghouse (KWIC) - view health, education and well-being indicators to learn about the status of NYS children: http://www.nyskwic.org/.

Centers for Disease Control and Prevention (CDC) - Mental health in childhood means reaching developmental and emotional milestones, and learning healthy social skills and how to cope when there are problems: https://www.cdc.gov/childrensmentalhealth/index.html.

CDC School Health Policies and Practices Survey results:
https://www.cdc.gov/healthyyouth/data/shpps/index.htm.

CDC 2016 School Health Profiles (Profiles) results:
https://www.cdc.gov/healthyyouth/data/profiles/index.htm.

CDC 2017 Youth Risk Behavior Survey (YRBS) results:
https://www.cdc.gov/healthyyouth/data/yrbs/results.htm.

Multiple Systems Navigator - youth, parents, family members and caregivers relying on supports from multiple child/family serving systems. Get help in accessing Health Education, human service and disability information: http://www.msnavigator.org/.

NYS OASAS Youth Developmental Survey (YDS):
https://www.oasas.ny.gov/prevention/documents/nysyds_2014_final51116.pdf.

Mental Health

Addressing Barriers to Learning; Embedding Mental Health into a Learning Supports Component: http://smhp.psych.ucla.edu/pdfdocs/newsletter/spring18.pdf.

CDC's National Statistics Mental Health of Children ages 3-17: https://www.cdc.gov/childrensmentalhealth/features/kf-childrens-mental-health-report.html.

Center for Resilient Leadership - Transforming the way leaders and individuals approach everyday challenges in order to build resilience in themselves and their teams: https://centerforresilientleadership.com/about-2/donna-volipitta-ed-d/.

CDC Children's Mental Health:
 https://www.cdc.gov/childrensmentalhealth/documents/access-infographic.html.

Child Mind Institute's - 2017 Children's Mental Health Report looks at teenage years, highlighting factors that make adolescence exciting, important, and potentially dangerous: https://childmind.org/report/2017-childrens-mental-health-report/.

Mental Health First Aid (MHFA) Training: https://www.mentalhealthfirstaid.org/.

MHANYS White Paper, Mental Health Education in New York Schools: A Review of the Legislative History, Intent and Vision for Implementation.

New Hampshire Education Department's School Wellness Toolkit, "Creating Optimal Outcomes for all Children": http://www.nhstudentwellness.org/.

Project Teach – Addressing Limited Access to Child Psychiatrists: https://www.omh.ny.gov/omhweb/project_teach/.

Suicide Prevention Resources from the NYS Suicide Prevention Center:
www.preventsuicideny.org.

The Opioid Crisis in New York State: The Journey to Solutions; New York State Psychological Association White Paper – integration of services: Opioid Crisis in NYS and Integration of Services.

The Community Technical Assistance Center (CTAC) of NY - is a training, consultation, and educational resource center available to all adult and child-serving mental health clinics in NYS: http://www.ideas4kidsmentalhealth.org/the-community-technical-assistance-center-ctac.html.

Science Daily - Rutgers University-Camden scholar studies how black teens express depression: https://www.sciencedaily.com/releases/2018/01/180108090232.htm.

Mindfulness Literature

Affirmation Weaver: A Believe in Yourself Story, by Lori Lite

Angry Octopus: A Relaxation Story, by Lori Lite

Bubble Riding, by Lori Lite

Building Emotional Intelligence, by Linda Lantieri

Mindful Movements, by Thich Nhat Hanh

Mindfulness for Beginners, by Jon Kabat-Zinn

See Otter Cove: A Relaxation Story, by Lori Lite

Sitting Still Like A Frog, by Eline Snel

The Way of Mindful Education, by Daniel Rechtschaffen

The Wisdom Within, by Allison Morgan

The Boy and the Bear, by Lori Lite

Mindfulness Materials

Campbell Collaborative systematic review of mindfulness programs and interventions in schools with an overall review of cautious optimism in adoption of school-based mindfulness interventions for children and youth: https://campbellcollaboration.org/library/mindfulness-based-interventions-primary-and-secondary-school-students.html.

CASEL Guide: Effective Social and Emotional Learning Programs Middle and High School: – "four programs (. b, Kraal Yoga, Learning to Breathe, and Transformative Life Skills) designed to promote mindful awareness met CASEL's research criteria": https://casel.org/preschool-and-elementary-edition-casel-guide/.

Screening Tools

School-Wide Universal Screening for Behavioral and Mental Health Issues: Implementation Guidance: School-Wide Universal Screening.

Mental Health, Social-Emotional, and Behavioral Screening and Evaluation Compendium: https://education.ohio.gov/getattachment/Topics/Other-Resources/School-Safety/Building-Better-Learning-Environments/PBIS-Resources/Tier-II-Tier-III-and-Behavioral-Health/Mental-Health-Social-and-Emotional-Screening-and-Evaluation-Compendium-with-bookmarks.pdf.aspx?_sm_au_=iVVMftW3rcJ1rWq6.

Social Emotional

Character Education – The Center for the 4th and 5th Rs (Respect and Responsibility), located in SUNY Cortland's School of Education Cortland University promotes development of performance and moral character excellence and ethics—in schools, families, and communities: http://www2.cortland.edu/centers/character/.

Greater Good Science Center: https://ggsc.berkeley.edu/who_we_serve/educators

Kimochis - A Social-Emotional Curriculum: http://kimochis.com/about/social-emotional-learning-curriculum.

Lions Club of America partnering with Anchorage Alaska School District to bring Lions Quest, a social emotional learning program, to the middle schools: www.lions-quest.org.

Social Emotional Learning Findings from A National Survey - Perspectives from America's Schools: http://www.edweek.org/media/ewrc_selreport_june2015.pdf.

Yale Center for Emotional Intelligence, a social emotional program that uses the power of emotions to drive learning, decision making, creativity, relationships and health: www.therulerapproach.org.

National School Climate Center promotes safe, supportive learning environments and academic growth for all students: www.schoolclimate.org.

The Missing Piece – A National Teacher Survey on Social Emotional Learning Can Empower Children and Transform Schools: https://www.casel.org/wp-content/uploads/2016/01/the-missing-piece.pdf.

Trauma-Informed

The National Child Traumatic Stress Network (NCTSN): Resources for School Personnel: http://www.nctsn.org/resources/audiences/school-personnel.

Teaching Resources – University of Buffalo: https://socialwork.buffalo.edu/about/trauma-informed-human-rights-perspective/what-is-trauma-informed-teaching-.html.

Effects of Trauma Infographic:
https://socialwork.buffalo.edu/content/dam/socialwork/social-research/ITTIC/trauma-informed-care-infographic.pdf.
https://www.rwjf.org/en/library/infographics/the-truth-about-aces.html.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS):
http://cbitsprogram.org/.

Treatment and Services Adaptation Center –
- o Trauma informed school systems that provide prevention and early intervention strategies to create supportive and nurturing school environments: http://traumaawareschools.org/.
- o Support for Students Exposed to Trauma (SSET): http://traumaawareschools.org/sset.
- o The Trauma Responsive Schools Implementation Assessment (TRS-IA): http://traumaawareschools.org/traumaResponsiveSchools.

Appendix Section

Education Law §804 – Appendix A
*Effective July 1, 2018

1. All schools shall ensure that their health education programs recognize the multiple dimensions of health by including mental health and the relation of physical and mental health so as to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity.

2. All schools shall include, as an integral part of health education, instruction so as to discourage the misuse and abuse of alcohol, tobacco and other drugs and promote attitudes and behavior that enhance health, well-being, and human dignity.

3. Instruction regarding alcohol, tobacco, and other drugs shall be included in the health education provided for all elementary school pupils and shall be taught by the regular classroom teachers or by teachers certified to teach health education. Such instruction shall be designed according to the needs and abilities of the pupils at successive grade levels with the purpose of developing desirable health behavior, attitudes, and knowledge as well as self-reliance and problem solving capacity.

4. Instruction regarding alcohol, tobacco, and other drugs, in addition to continued health guidance in the junior high school grades and the senior high schools, shall be an integral part of a required health education course at each of these levels in the secondary schools curriculum. Students shall be required to demonstrate knowledge in the subject area through the use of a test, graded project or report, or any other means prescribed by the school authorities regarding alcohol, drugs, and tobacco. Any such course shall be taught by teachers holding a certificate to teach health. Related courses in the secondary school curriculum shall be taught in a manner supportive of health education regarding alcohol, tobacco, and other drugs. In addition, instruction regarding the dangers of driving while

under the influence of alcohol or drugs shall be an integral part of a required health education course in the senior high schools. Such instruction shall be provided in all senior high schools whether or not these schools also provide driver education courses.

5. Instruction regarding methods of prevention and detection of certain cancers, including but not limited to breast cancer, skin cancer, testicular cancer and other cancers where certain preventive measures have become generally accepted and certain detection methods have been adopted and recommended generally to the public. Such instruction shall be an integral part of a required health education course at the senior high school level, in addition to continued health guidance in senior high schools. Any such course shall be taught by teachers holding a certificate to teach health.

6. a. The commissioner may prescribe in regulations such health education courses which include instruction regarding alcohol, tobacco, and other drugs as the commissioner may deem necessary and desirable for the welfare of pupils and the community. The contents may be varied to meet the needs of particular school districts, or portions thereof, and need not be uniform throughout the state, provided, however, that school districts shall utilize either the curriculum for health education instruction regarding alcohol, tobacco and other drugs prescribed by the commissioner or a course approved by the commissioner in accordance with criteria established by the commissioner. The commissioner is authorized to make recommendations to the board of regents beginning December first, two thousand fourteen and every three years thereafter relating to the modernization of such instruction required pursuant to subdivision one of this section, to include the most up to date age appropriate information available regarding the misuse and abuse of alcohol, tobacco and other drugs, including but not limited to heroin and

opioids. Such instruction shall include, but not be limited to, information regarding drugs and other substances that are more prevalent among school aged youth. Such recommendations shall be the result of a collaboration between the department, the office of alcoholism and substance abuse services and the department of health. If the board of regents adopts such curriculum, the curriculum requirement shall take effect no later than the next school year after such curriculum has been adopted.

b. The commissioner shall make available an interpersonal violence prevention education package for grades kindergarten through twelve, which package may consist of student pamphlets, parent pamphlets, videotapes and other informative materials to be distributed to school districts, and shall encourage the use of such material as part of the health or other related curricula or programs.

c. The regents shall review the health curriculum requirements in existence on the effective date of this paragraph for the purpose of streamlining such curriculum and identifying any outdated components that may be eliminated or consolidated in order to ensure that students have sufficient time and instruction to develop skills to address issues of violence prevention and mental health. To the extent appropriate, the regents shall modify the existing curriculum to provide greater focus on the development of skills, by no later than middle school, that are needed to recognize, cope with and address potentially violent incidents including an understanding of student roles in emergency situations and other related skills designed to reduce the threat of violence in schools.

7. School authorities shall provide the needed facilities, time, and place for the instruction set forth herein and shall provide learning aids and curriculum resource materials which

contribute to effective teaching methods and learning in health education regarding alcohol, tobacco, and other drugs.

8. All pre-service training programs in the state for elementary teachers shall include adequate preparation regarding the instruction in alcohol, tobacco, and other drugs set forth herein, and no teacher shall be licensed except upon satisfactory demonstration of the competencies included in the institutional proposals approved by the department.

9. Nothing contained in this section shall be deemed to diminish or impair the duties of the commissioner with respect to the continuing program for critical health problems established by chapter seven hundred eighty-seven of the laws of nineteen hundred sixty-seven as amended. The commissioner shall coordinate actions taken under authority of this section with the provisions of said chapter as they relate to health education in schools, inservice training and training programs, and curriculum or syllabus development regarding the deleterious effects resulting from the use, misuse, and abuse of alcohol, tobacco, and other drugs.

Amendment of the Regulations of the Commissioner of Education-Appendix B

Pursuant to Education Law sections 101, 207, 305, 308, 804, Chapter 401 of the Laws of 1998, Chapter 390 of the Laws of 2016, and Chapter 1 of the laws of 2017.

1. Subdivision (j) of section 135.1 of the Regulations of the Commissioner of Education is amended, effective July 1, 2018, to read as follows:

(j) *Health education* means instruction in the understandings, attitudes and behavior in [regard] relation to the several dimensions of health, including but not limited to [. This instruction relates to] the misuse of alcohol, tobacco and other drugs, the prevention and detection of certain cancers, safety, mental health, nutrition, dental health, sensory awareness [perception], disease prevention and control, environmental and public health, consumer health, first aid, and other health-related areas.

2. Subdivision (a) of section 135.3 of the Regulations of the Commissioner of Education is amended, effective July 1, 2018, to read as follows:

(a) Provision for health education. It shall be the duty of the trustees and boards of education to provide a satisfactory program in health education in accordance with the needs of pupils in all grades. Such program shall include the several dimensions of health, including mental health and the relation of physical and mental health, and shall be designed to enhance student understanding, attitudes and behaviors that promote health, well-being and human dignity. This program shall include but shall not be limited to instruction concerning the misuse of alcohol, tobacco and other drugs, and the prevention and detection of certain cancers.

3. Paragraph (1) of subdivision (b) of section 135.3 of the Regulations of the Commissioner of Education is amended, effective July 1, 2018, to read as follows: (b) Health education in the elementary schools.

(1) The elementary school curriculum shall include a sequential health education program for all pupils, grades K-6. In the kindergarten and primary grades, the teacher shall provide for pupil participation in planned activities for developing attitudes knowledge that contribute to their own sense of self-worth, respect for their bodies and ability to make constructive decisions regarding their social and emotional health, [as well as] physical [,] health and mental health. Personal health guidance shall also be provided according to the individual needs of pupils. This guidance shall include the development of specific habits necessary to maintain good individual and community health. In addition to continued health guidance, provision shall be made in the school program of grades 4-6 for planned units of teaching which shall include health instruction through which pupils may become increasingly self-reliant in solving their own health problems and those of the group. Health education in the elementary school grades shall be taught by the regular classroom teachers.

New York State Mental Health Education Advisory Council- Appendix C

NAME	AFFILITATION
Adams, Heather; Health Teachers Section: Assistant in Research and Educational Services	NYS United Teachers
Adman, Gail; Director of School Nursing	New York City Department of Education (NYCDOE)
Andriola, Tom; Chief of Policy Implementation	NYS Division of Criminal Justice Services
Armbruster, Lindsay; NYS Certified Health Educator	Burnt Hills, Ballston Lake Central School District; NYS Association for Health, Physical Education, Recreation and Dance
Bailey, Doug; Educational Consultant	NYSOMH
Bargy, Jennifer; Director, Bureau of Youth Development and Crossover Iniaititives	NYS Office of Children and Family Services
Barney, Maribeth; Supervisor of Education Programs	NYSED
Barrett, Peg; LCSW-R	NYS School Social Workers Association President; Board Member
Belokopitsky, Kyle; Executive Director	NYS Parent Teachers Association
Benson, Debbie; Executive Director	NYS Council on Children and Families
Bernardi, Mike; Attendance Teacher	Albany City School District
Bernstein, Barbara; Chief Planning Officer	MHANYS; Westchester County
Bloom, Scott; Director School Mental Health Services	NYCDOE
Donna Bradbury, LMHC; Associate Commissioner	NYSOMH
Brandt-Ruzza, Sharyn; Manager School-Based Health Clinics	NYS Department of Health (NYSDOH)
Breux, Pat; Coordinator of School & Youth Initiatives	Suicide Prevention Center, NYSOMH
Bullock, Ebony; Assistant Superintendent	Office of Shared Accountability, Buffalo Public School District
Bunn, Christine; Family & Consumer Science Teacher	Liverpool Central School District; NYS Association of Family and Consumer Sciences
Burch, Wendy; Executive Director and Parent Advocate	National Alliance on Mental Illness
Burr, Emily; NYS Certified Health Educator	Albany City School District
Canzone-Ball, Kerri; Director Pupil Personnel Services	Albany City School District
Casey, Mary Beth; Director Office of Curriculum and Instruction	NYSED
Cieri, Anna Dr.; Assistant Superintendent Student Services	Williamsville Central School District
Delgado, Rachel; Elementary Teacher	Scotia-Glenville Central School District
Daily, Darryl; Associate in Physical Education, Office of Curriculum & Instruction	NYSED

NAME	AFFILITATION
Davidson, Amanda; Youth Engagement Specialist	Youth Power!
Dawson, Amy; Health Education Instructional Coach	NYCDOE
DeCataldo, Kathleen; Assistant Commissioner, Office of Student Support Services	NYSED
Dye, Thelma Ph.D.; Executive Director and Chief Executive Officer	Northside Center for Child Development, New York City
Emerson, Susan M.D.	Family Medicine, Bassett Healthcare
Ficarra, Laura Ph.D.; Coordinator Prevention Planning and Education	NYS Office of Alcoholism and Substance Abuse Services (NYSOASAS)
Gallagher, Cindy; Director of Governmental Relations	School Administrators Association of NYS
Greene, Jacquelyn; Program Area Director	Policy Research Associates
Grishman, Henry; Superintendent	Jericho Union Free School District; NYS Council of School Superintendents
Grodin, Jerry Ph.D; Director of Professional Affairs	New York State Psychological Association
Guthrie, Elisabeth MD	Department of Psychiatry at Columbia University/New York State Psychiatric Institute
Harr, Lindsay; Executive Director School Wellness Programs	NYCDOE
Hollowood, Karen; Associate in School Nursing, Office of Student Support Services	NYSED
Hull, Jessica; NYS Certified Health Educator	Shenendehowa Central School District; NYS Association for Health, Physical Education, Recreation and Dance
Hernas, Denise; Public Health Program Nurse-Child Health	School-Based Health Centers; NYSDOH
Irani, Priti; Research Scientist-Public Policy	NYSDOH
Jambor, Steven Ph.D.; Professor President	Fordham University School of Education Westchester/Putnam School Boards Association
Jean, Gloria; Professional Development Committee Chair	NYS Counselor Association College of Saint Rose
Khalil, Linda; Executive Director	NYS Center for School Health
Kremer, Tim; Executive Director	NYS School Boards Association
Lask, Sylvia; Board Member and Advocate	MHANYS
Liebman, Glenn; Chief Executive Officer	MHANYS
Manchester, Carri; Associate, Office of Student Support Services	NYSED
Martello, Jacqueline; Division of Integrated Community Services for Children and Families	NYSOMH
Maynard, Shauna; Special Education Administrator; Board Member	Questar III BOCES; New York Association of School Psychologists
McDowell, Karla; Pupil Personnel Assistant Director	Albany City School District
McHugh, Mary; LCSW-R Director, Strategic Clinical Solutions	NYSOMH

NAME	AFFILIATION
Miller, Connie; Educational Support Services	Board of Cooperative Educational Services (BOCES)
Molloy, Amy; Director of Education	MHANYS
Morrissey, Martha; Associate in School Nursing, Office of Student Support Services	NYSED
Murray, Catherine; NYS Certified Health Educator	Southern Cayuga Central School District
Pierce, Paige; Executive Director	Families Together in New York State
Pendegar, Ellen; Chair of Board of Directors and Chief Executive Officer	MHANYS Ulster County, MHANYS
Perrone, Lisa; NYS Certified Health Educator	Ballston Spa Central School District; NYS Association for Health, Physical Education, Recreation and Dance
Petrucci, Terri; NYS Certified Health Educator	Walter Panas Central School District Lakeland Central School District
Pietropaolo, Laura; NYS Certified Health Educator (retired)	NYS Association for Health, Physical Education, Recreation and Dance
Provencher, Kate; Mental Health Program Specialist	NYSOMH
Przylucki, Bill; Director Collaborative Solutions	NYS Council on Children and Families
Ramirez, Melissa; Deputy Director	MHANYS
Richter, John; Director of Public Policy	MHANYS
Rider, Renee; Associate Commissioner Office School Operations and Management Services	NYSED
Salamone, Adrienne; Social Worker	Social Worker
Sawyer Cohen, Jeanette Ph.D.; Clinical Psychologist and Child Development Consultant	New York State Psychological Association
Shearer, Kristen; President	NYS School Counselor Association
Sherman, Michele; Librarian/Media Specialist	Monroe-Woodbury High School (H.S.) Central Valley
Smith, Ron; Psychologist; Superintendent (retired)	NYS Council of School Superintendents
Stranahan, Robert; Health and Physical Education Teacher	Green Tech High Charter School, Albany
Thompson, Paul; Supervisor, Office of Professions	NYSED
Tierney, Tina; Executive Director	NYS Center for School Safety
Valesey, Brianna; Director; Youth Leadership and Advocate	Youth Power!
Venery, Christine; Mental Health Director	Saint Regis Mohawk Tribe Health Services
Verga, Dustin; NYS Certified Health Educator	Shenendodowa Central School District; NYS Association for Health, Physical Education, Recreation & Dance
Wells, Lynne Dr.; Assistant Superintendent Curriculum and Instruction	BOCES
Whelan, Meghan; Associate Special Education Policy	NYSED
Whipple, Elizabeth; Associate, Office of Student Support Services	NYSED
Williams, Betsy; School Nurse/District Leader	Scotia-Glenville Central School District; NYS Association of School Nurses Past President

NAME	AFFILITATION
Wright, Jessica; NYS Certified Health Educator	Monroe-Woodbury H.S., Central Valley; NYS Association for Health, Physical Education, Recreation and Dance
Wright, Shammara; Director of Health Education	NYCDOE
Wyman, Peter; Professor	University of Rochester, School of Medicine Department of Psychiatry

Resources Supporting Mental Health Well-being-Appendix D

American Psychological Association	www.apa.org
Attorney General Healthcare Hotline; Support with issues related to private insurance.	1-800-428-9071 www.ag.ny.gov
Disability Rights New York (DRNY); Legal advice involving disability and benefits	1-800-993-8982 www.drny.org
Families Together in New York State (FTNYS); Regional Parent Advisors	1-888-326-8644 www.ftnys.org
Mental Health America	www.mentalhealthamerica.net
Mental Health Association in New York State, Inc. (MHANYS); MHANYS works to end the stigma against mental illness and promotes mental health wellness in NYS. MHANYS achieves this through training, education, assisting school and community-based partnerships, and connecting schools, individuals and families to help. • healthyyoungmindsnys.org - *School Mental Health Resource and Training Center* to support all NYS public and private schools to comply with the new law requiring mental health instruction as part of the K-12 health curricula, including the identification of resources and lessons plans, opportunities for professional development, information for youth, parents and community partners, and strategies for establishing partnerships.	1-800-766-6177 www.mhanys.org Email: schools@mhanys.org 518.434.0439
Mental Health First Aid; A national program to teach the skills to respond to the signs of mental illness and substance abuse.	www.mentalhealthfirstaid.org
National Alliance on Mental Illness (NAMI) New York State; Family support and education.	518-462-2000 www.naminys.org
National Association of School Psychologists	https://nasponline.org/
National Suicide Prevention Lifeline	1-800-273-8255 www.suicidepreventionlifeline.org
New York State Department of Health Prevention Agenda; Becoming the Healthiest State for People of All Ages the Prevention Agenda includes Promoting Well-Being and Preventing Mental, Emotional and Substance Use Disorders.	https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/
New York State Association of School Psychologists	www.nasp.org
New York State Office of Alcoholism and Substance Abuse; Services; the State Agency that addresses prevention, treatment and recovery of addictions with the promotion of mental, emotional and behavioral health well-being and addiction free.	www.oasas.ny.gov/

New York State Office of Mental Health (OMH); Office of Consumer Affairs Behavioral Health Information and Service Directory	1-800-597-8481 www.omh.ny.gov
New York State Psychological Association	https://www.nyspa.org/
Substance Abuse and Mental Health Services Administration; agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.	877-SAMHSA-7 www.samhsa.gov
Suicide Prevention Center of New York (SPCNY); Training, Education and Postvention Support Suicide Prevention Center of New York (SPC-NY) – an educational and resource organization supported by the NYS Office of Mental Health offering school-based suicide prevention trainings and presentations; support for community coalitions. Learn how to provide safe messaging and appropriate intervention practices.	518-402-1113 www.preventsuicideny.org
YOUTH POWER!; Peer advocacy	518-423-0333 www.youthpowerny.org

June 30, 2018