

Ohio School Wellness Initiative

Ohio Model Student Assistance Program (SAP) Manual



Acknowledgements

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MIAMI UNIVERSITY

CENTER FOR SCHOOL-BASED
MENTAL HEALTH PROGRAMS



Department
of Education



Department of Mental Health and
Addiction Services



Contents

Ch 1: Student Assistance Programming (SAP) in Ohio K-12 Schools **05**

Key Acronyms	<u>06</u>
1-1 Chapter Snapshot	<u>07</u>
1-2 Ohio's Model SAP	<u>08</u>
1-3 Continuum of Care within a SAP	<u>11</u>
1-4 Major Service Delivery Models for SAPs	<u>14</u>
1-5 Integrating SAPs with the Three Tiers of PBIS	<u>17</u>
1-6 Integrating Other Schoolwide Initiatives	<u>18</u>
1-7 Resilience Approaches	<u>24</u>
1-8 Core Guiding Principles as a Foundation for SAPs	<u>27</u>
1-9 SAP Resources	<u>28</u>

Ch 2: Case Management and the Student Assistance Team (SAT) Process **29**

2-1 Chapter Snapshot	<u>30</u>
2-2 Team Roles	<u>31</u>
2-3 The Team Process	<u>32</u>
2-4 Meeting Organization	<u>35</u>
2-5 Teaming Resources	<u>37</u>

Contents

Ch 3: Continuum of Student Assistance Program (SAP) Services	<u>38</u>
3-1 Chapter Snapshot	39
3-2 Build Awareness	41
3-3 Prevention	45
3-4 Screening/Early Identification	51
3-5 Referral	59
3-6 Intervention	66
3-7 Guided Support Services	76
3-8 Confidentiality	85
 Ch 4: Cooperation & Collaboration with Community Agencies and Resources	 <u>88</u>
4-1 Chapter Snapshot	89
4-2 Early Identification and Referral in the Community	90
 Ch 5: Effective Student Assistance Programs	 <u>94</u>
5-1 Chapter Snapshot	95
5-2 Staff Wellness	96
5-3 Evidence-based Programming	98
5-4 Important/Effective SAP Components/Considerations	100
5-5 Tips for Evaluating, Sustaining, and Innovating	106
 References	 <u>108</u>
 Definitions & Acronyms	 <u>112</u>

The background of the page is a photograph of a classroom. Several students are visible, some with their hands raised, suggesting an interactive learning environment. The image is overlaid with a semi-transparent red filter. A dotted line runs horizontally across the top of the page.

Chapter 1

Student Assistance Programming (SAP) in Ohio K-12 Schools

In this chapter, you will find information about:

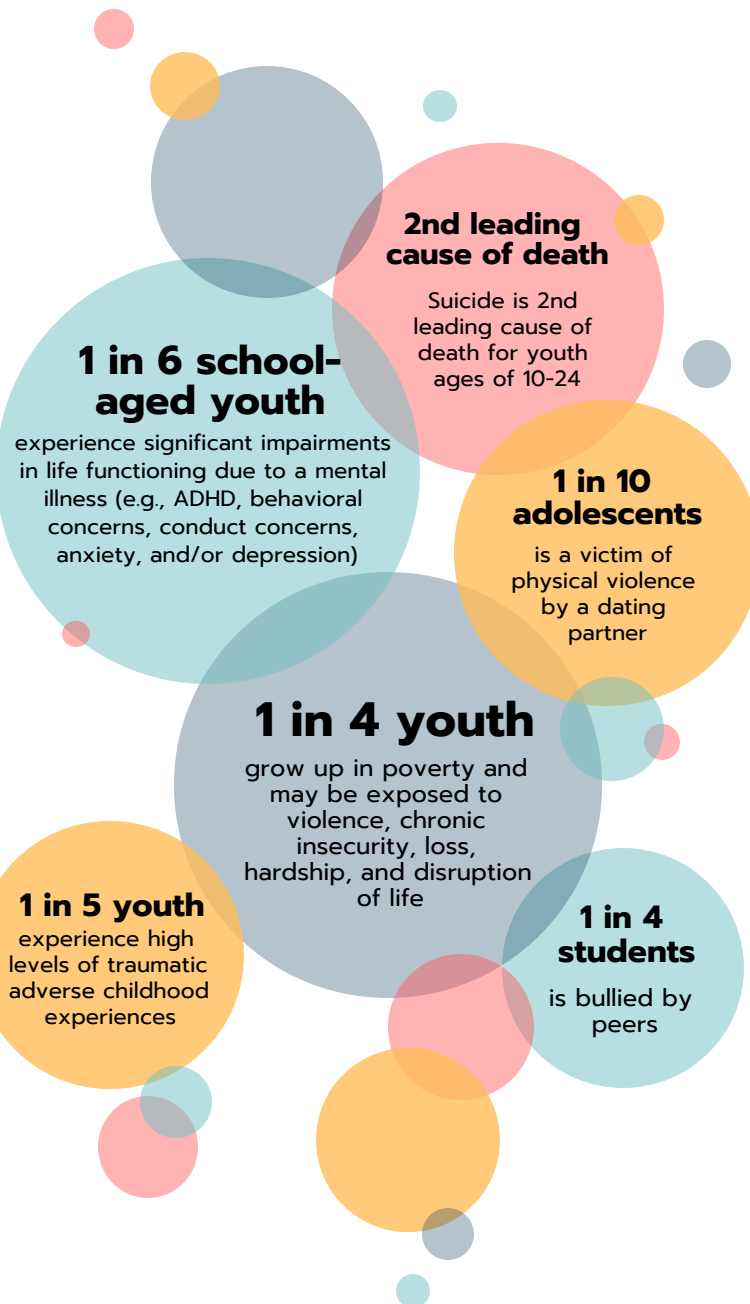
- The Need for Student Assistance Programs (SAP)s
- What is a Student Assistance Program?
- Key Considerations for Student Assistance Programs
- Ohio's Model Student Assistance Program
- Continuum of Care within a SAP
- Major Service Delivery Models for SAPs
- Integrating with PBIS and Other Schoolwide Initiatives
- Core Guiding Principles as a Foundation for SAPs
- SAP Resources

Key Acronyms

Acronym	Meaning
BLT	Building-Leadership Team
CSBMHP	Center for School-Based Mental Health Programs
ESC	Educational Service Centers
GEER	Governor's Emergency Education Relief
IAT	Intervention Assistance Team
MTSS	Multi-Tiered System of Support
ODE	Ohio Department of Education
OhioMHAS	Ohio Department of Mental Health and Addiction Services
OIP	Ohio Improvement Plan
OMHNSS	Ohio Mental Health Network for School Success
OSWI	Ohio School Wellness Initiatives
PBIS	Positive Behavioral Interventions and Support
SAMHSA	Substance Abuse and Mental Health Service Administration
SAP	Student Assistance Program
SAT	Student Assistance Team
SEL	Social and Emotional Learning
TBT	Teacher-Based Team

1-1 Chapter Snapshot

The Need for Student Assistance Programs



Unfortunately, the COVID-19 pandemic has worsened mental health needs. Compared to the same period in 2019, mental health-related emergency room visits increased 31% for children aged 12-17 and 24% for children aged 5-11 from March 2020 to October 2020 (Centers for Disease Control and Prevention (CDC), 2020). Given the critical youth mental health need, the United States' Surgeon General (2021) outlined an advisory on protecting youth mental health.

Miami University's Center for School-Based Mental Health Programs was selected by the Ohio Department of Education and the Ohio Department of Mental Health and Addiction Services to develop a 21-month plan (from January 1, 2021 to September 30, 2022) to support a continuum of care that will build capacity and connection to community partners and services for K-12 students throughout the state of Ohio. The state departments identified three critical components to address the school mental health crisis that has worsened as a result of the COVID-19 pandemic:

1. Implementing an Ohio Model Student Assistance Program (SAP) for K-12 students who are exhibiting a range of substance use, mental health, and behavioral health risk factors that interfere with their educational success;
2. Strengthening Tier 2 (early intervention) and Tier 3 (individualized, intensive intervention) supports within the Ohio SAP model to address substance use, mental health, and behavioral health concerns; and
3. Promoting mental wellness among school administrators and staff.

To address this worsening crisis, the Ohio School Wellness Initiative was established to work in alignment with Ohio's Whole Child Framework to address these critical components, and thus the needs of schools, community service providers, students, and families.

1-2 Ohio's Model SAP

What is a Student Assistance Program?

A Student Assistance Program (SAP) is a comprehensive, school-based framework designed to provide a variety of services, including (1) build awareness, (2) prevention, (3) early identification, (4) evidence-based intervention, (5) referral processes, and (6) guided support services across the multi-tiered spectrum for K-12 students, especially those most vulnerable. SAP's focus is on preventing non-academic barriers to learning including mental health concerns, behavioral health concerns, substance use and misuse, and family and relationship concerns and supporting students already experiencing non-academic barriers to learning.

Key Considerations for a Student Assistance Program

Program Evaluation: When adopting and adapting student assistance programming in your local setting, it is important to use the current collaborative teaming structures (DLT, BLT, TBT) to employ a rapid cycle testing process, such as the Ohio Improvement Process with a **Plan-Do-Check-Act** approach, in order to:

1. Minimize risks and expenditures of time and money
2. Make changes in a way that is less disruptive to students and staff
3. Reduce resistance to change by starting on a small scale
4. Learn from the ideas that work, as well as from those that do not

Gaining quick knowledge gives you the ability to pivot your efforts (when things are not working) and dig deeper (when things are working) to increase the positive outcomes experienced by your school community. This is especially important when we consider the mental health and behavioral health concerns facing our students.

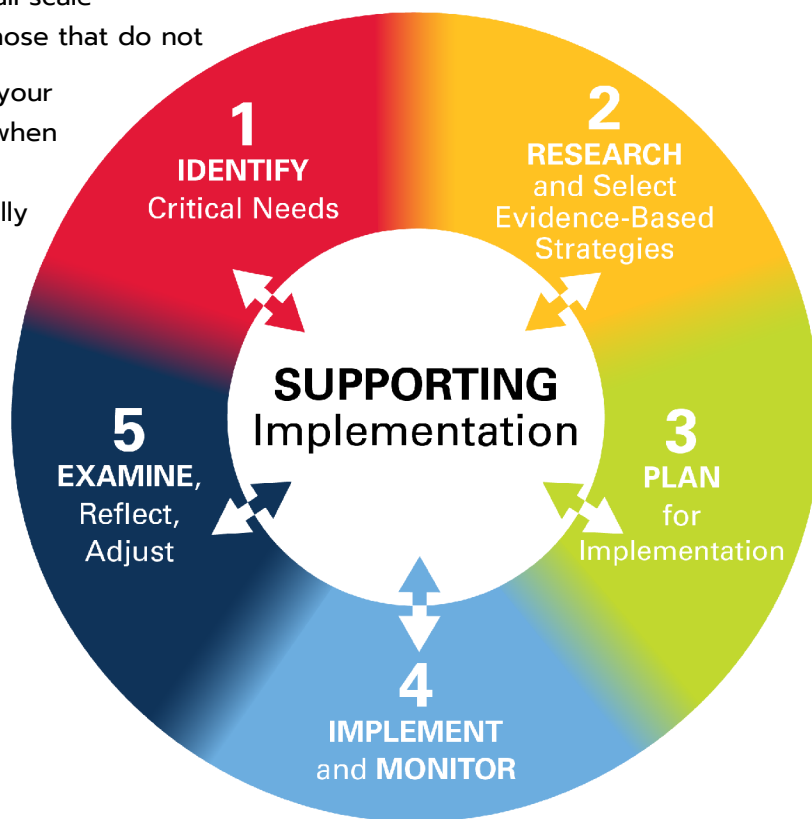


Image Source: Ohio Department of Education (2019) Ohio Improvement Process

1-2 Ohio's Model SAP

Key Considerations for a Student Assistance Program Continued

Culturally Responsive Practice: It is critical that SAPs use a culturally responsive lens (see image below) throughout their work. According to the ODE strategic plan, Each Child, Our Future, culturally responsive practice is "– A student-centered approach to teaching where the educator makes content and curricula accessible to students and teaches in a way students can understand." Culturally responsive practice incorporates understanding your culture, cultural humility and learning about your students' cultural backgrounds and assets, using culturally relevant approaches, and partnering with students and families to promote student success (Ohio Leadership Advisory Council, 2020). A SAP should work in alignment with Ohio's Whole Child Framework to use a culturally responsive lens when identifying and implementing awareness, prevention, early identification, referral, evidence-based intervention, and guided support services and case management. See SAMHSA Resources on [Cultural Competency](#) and [Behavioral Health Equity](#) for more guidance.

Culturally Responsive Lens Recommendations for Educators:

1

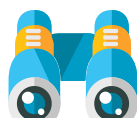
Cultural Competence Process

- Ongoing dynamic process
- Communicating with people from diverse backgrounds
- Requires cultural knowledge and skill development at all services levels

2

Culturally Responsive Goals

- Extend thinking on how to be responsive to diverse students
- Build upon knowledge and address gaps
- Promote knowledge in research, training, practice, and policy



Culturally Responsive Lens for Educators

3

Culturally Responsive Objectives

- Identify how cultural factors affect each domain of one's life
- In daily practice, incorporate an understanding of cultural influences on students' development
- Use implications from resources to determine best practices for one's community

4

Culturally Responsive Educators

- Reflect on your lived experience and the experiences of students
- Have high expectations of and positive attitudes toward students
- Inform, support, and ensure high-quality instruction
- [Culturally Responsive Practices Program](#)
- [List of Trained Facilitators for Culturally Responsive Practices Program](#)

1-2 Ohio's Model SAP

Ohio's Model Student Assistance Program

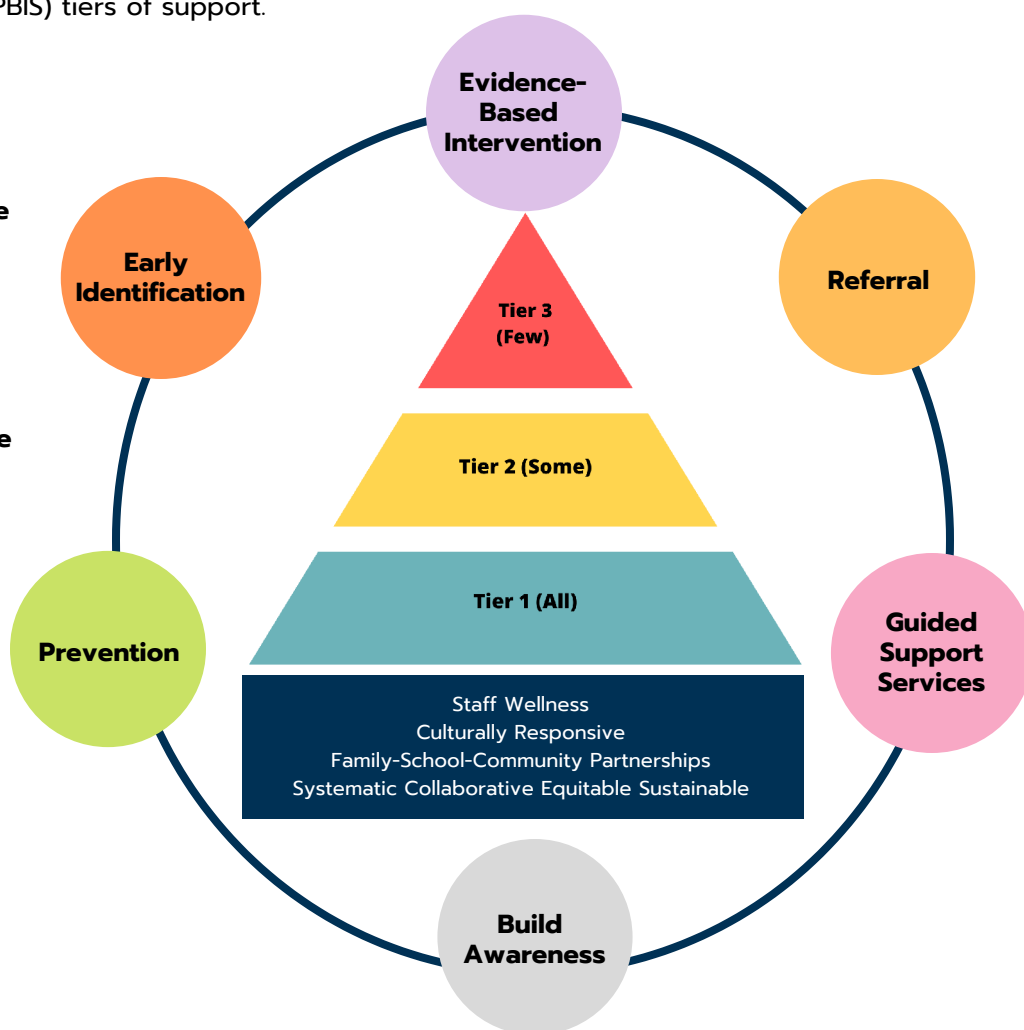
As part of the Ohio School Wellness Initiative, Ohio's Model Student Assistance Program was developed on a strong foundation of guiding principles to ensure that all services, supports, and processes are collaborative, equitable, sustainable, and systematic in nature. A strong SAP ensures that everyone's voice is heard and relies on partnerships among schools, community partners, students, and families. As such, an emphasis on knowing your population and culturally responsive practice is critical. Equally important is a solid focus on professional development and staff wellness, as we know the staff who are well themselves will be in a better position to support their students' wellness.

SAP Principles Connected to the 3 Tiers of Support

Ohio's Model SAP is a critical part of providing a Multi-tiered System of Support (MTSS) in alignment with the Positive Behavioral Interventions and Supports (PBIS) tiers of support.

1. Universal supports (Tier 1) are the **core programming and education provided to all students**
2. Selective supports (Tier 2) **provide additional skill development and practice** for students at-risk for behavioral and mental health challenges
3. Indicated supports (Tier 3) **provide intensive and individualized services** for students who have been identified as having behavioral health and mental health challenges

As schools are already offering many of these services within the Ohio Whole Child Framework, a SAP provides a comprehensive and systematic model to benefit students and staff.



1-3 Continuum of Care within a SAP

Best practice in the prevention and treatment of substance use, mental illness, and wellness includes using a full continuum of care. SAPs provide a comprehensive, school-based framework designed to provide these services by preventing and supporting K-12 students experiencing non-academic barriers to learning. To be effective, services should be systematic, data-driven, and coordinated to ensure that students receive services in a timely manner while considering developmental needs, culturally responsive practices, linguistically responsive practices, and students' level of need. Attention to family awareness and involvement is also critical to implementing a SAP. Ohio's SAP model provides a continuum of care: (1) build awareness, (2) prevention, (3) early identification, (4) evidence-based intervention, (5) referral processes, and (6) guided support services.



1. Build Awareness

SAP awareness activities and materials inform staff, students, families, and the community about how the SAP process works and provide information about available student assistance services that promote student success.

Examples:

- Disseminating information related to prevention of alcohol, tobacco, and other drugs; mental health; and student and staff wellness.
- Distributing information on SAP services available and how to access SAP referrals and services; leading community events, school-wide events, and classroom presentations to spread awareness of SAP services and reduce stigma.



2. Prevention

School-based strategies prevent or reduce the risk of developing a mental health or substance use disorder by providing students with necessary information and skills. SAPs can complement and strengthen existing school prevention initiatives such as PBIS, MTSS, and behavioral and mental health programs.

Examples:

- Integrating SAP initiatives with existing school initiatives (PBIS, social and emotional learning [SEL], trauma-informed and restorative practices, and school climate)
- Allowing students and families to request help through self-referral. Prevention policies related to drugs and alcohol, safety, and supportive learning environments
- Curriculum and awareness efforts on the harmful effects of vaping, suicide prevention, bullying prevention programs, violence prevention, and small-group skill-building

1-3 Continuum of Care within a SAP

3. Early Identification

A systematic early identification process alerts school staff and the SAP team to unexpected declines in student wellness, such as student behavior, academic performance, and/or attendance, before they can harm the student's potential for a successful school year. Staff, students, or caregivers can also identify early signs of trauma exposure. Students can be identified through universal screening or through the referral process. Identification of students is not a diagnosis, but rather assists SAP//MTSS teams in making appropriate and effective recommendations for referral and intervention services.



Examples:

- Using a universal screening process to identify students at risk of developing mental health, wellness, or substance use concerns or with trauma exposure
- Tracking student changes in a management system
- Employing a clear and systematic internal referral process to identify and refer students

4. Referral Processes

Referral processes are used to manage referrals, screen for services to determine the level and type of need, and determine if intervention is appropriate. Students identified by the Student Assistance Team are referred to the appropriate in-school or community programs for assessment, treatment, or other services based on individual needs. When needs are outside the scope of the school's ability, students are referred to the appropriate agencies or practitioners within the community and consent is obtained. Schools should partner with families throughout the referral process for both in-school and community-based supports.

Examples:

- Reviewing referrals and screening for services
- Recognizing when a concern is beyond the scope of the school
- Ensuring students receive services in a timely manner
- Engaging with identified students and their families to emphasize the importance of utilizing treatment services



1-3 Continuum of Care within a SAP



5. Evidence-based Intervention

A range of programs and services across the multi-tiered spectrum should be available and delivered to support students identified during the early identification process. SAPs provide a framework for matching students with the most appropriate and effective programs and supports available within the school or community. The SAP should ensure that students are connected to intervention and monitored throughout that intervention.

Examples:

- Providing more focused wellness supports and services in tiers 2 and 3 (e.g., small group skill-building or individual counseling)
- Tier 1 universal evidence-based programming based on school needs for all
- Tailoring program support and service recommendations to students based on individual needs
- Tracking student progress and making adjustments in programs or services accordingly



6. Guided Support Services

It is critical for the team to provide ongoing supports and case management after a referral for services is made in order to prevent relapse, recurrence, or further deterioration of a student's mental, behavioral, and emotional health. Through case management, the Student Assistance Team should ensure students are receiving supports and making progress both during and after treatment through systematic assessment, progress monitoring, and evaluation of services.

Examples:

- Advocating for students by helping them overcome barriers to accessing services
- Referring to more intensive services
- Providing wraparound supports
- Providing re-entry support for students returning to school after hospitalization or inpatient treatment
- Measuring student progress during and up to one year after completion of treatment.

Adapted from: [Student Assistance: A Guide for School Administrators](#)

[Student Assistance Guidebook](#)

[Washington's Student Assistance Prevention-Intervention Services Program](#)

[Student Assistance Programming: Creating Positive Conditions for Learning](#)

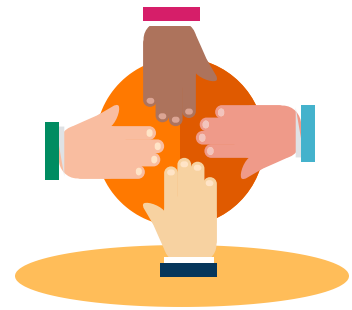
[Resource Manual for Intervention and Referral Services \(I&RS\)](#)

1-4 Major Service Delivery Models for SAPs

There are typically three models that can be used **independently or in combination** for the delivery of student services within a Student Assistance Program (SAP):

Core team models

- On-site school team composed of administrators, teachers, counselors, psychologists, social workers, coaches, student assistance professionals, and other trained personnel who are charged with identifying and providing services to students



Community-based providers

- Contractual relationships with mental health and addiction specialists from the community to implement school-based prevention, intervention, and treatment and support services within the school or through referrals to the community agency



School-employed providers

- Composed of mental health and addiction specialists, counselors, social workers, or psychologists employed by the school district to deliver prevention and intervention services on a full- or part-time basis



Adapted from: [SAMHSA's Student Assistance: A Guide for School Administrators](#)

1-4 Major Service Delivery Models for SAPs: Advantages & Disadvantages



Core Team Models



- School's buy-in and ownership of program services
- Inclusion of school-based team members
- Leverage existing teams (PBIS, BLTs)
- Continuity and availability of service providers
- Ability to use a systems approach

- Amount of training needed for school staff
- Time allocation
- Financial support needed for programs and services to be effective
- Require additional coordination with mental health/addiction specialists



Community-Based Providers



- Provides neutral and objective perspective
- Gives student assistance professional clinical supports and training
- Does not add more risk to school
- Access to additional services such as case management, after hours crisis management and psychiatric services.

- Requires strong commitment from school personnel to coordinate referral system and follow-up
- Discontinuity and changes in staffing and service quality
- Potential exclusion of school personnel in service delivery decisions
- Confidentiality regulations



School-Based Providers



- Student assistance professional viewed as part of school team
- Expertise provided by addiction/ mental health specialist
- Cost-effective
- Minimizes confusion related to referrals
- Ability to participate in school-based teams and meetings (IEP/PBIS/BLT)

- Competing demands on student assistance professionals
- Discontinuity of services if staff leave
- Challenges of school-based providers protecting confidentiality while also balancing the needs of the school to help the child

Adapted from: [SAMHSA's Student Assistance: A Guide for School Administrators](#)

1-4 Major Service Delivery Models for SAPs: Selecting a Model

School leaders should consider the advantages and disadvantages of all three service delivery models relative to their own unique local practices, needs, and resources when determining the degree to which prevention, intervention, and treatment services will be provided by school-employed providers, community-based providers, and/or core teams. Schools may elect to implement a single service delivery model or may choose to utilize a combination of service delivery models, based on careful consideration of the level of student need for services, training, and expertise of current staff, desired level of school ownership of program services, the availability of community-based resources, and the amount of funding allotted to establish and maintain substance use and mental health services across the continuum of care.

1-5 Integrating SAPs with the Three Tiers of PBIS



Tier 1

Tier 1 supports create a safe, supportive learning environment school-wide and provide all students with information and skills necessary to promote mental and behavioral wellness and prevent mental health, behavioral health, or substance use concerns. Tier 1 establishes the foundation for delivering regular, proactive support and preventing unwanted behaviors. Tier 1, which includes Universal Prevention, emphasizes prosocial skills and expectations by teaching and acknowledging appropriate student behavior.



Tier 2

Tier 2 interventions and systems focus on early identification to provide focused social, emotional, and behavioral support for youth with mental health, behavioral health, or substance use or misuse risk or low-intensity need and to increase relational support. The goal of Tier 2 selective supports is to promote health and wellness, and to reduce or eliminate the need for more intensive interventions. Tier 2 interventions are sometimes delivered to small groups of students with similar needs, but may also be low-intensity individualized supports (e.g., check-in and check-out).



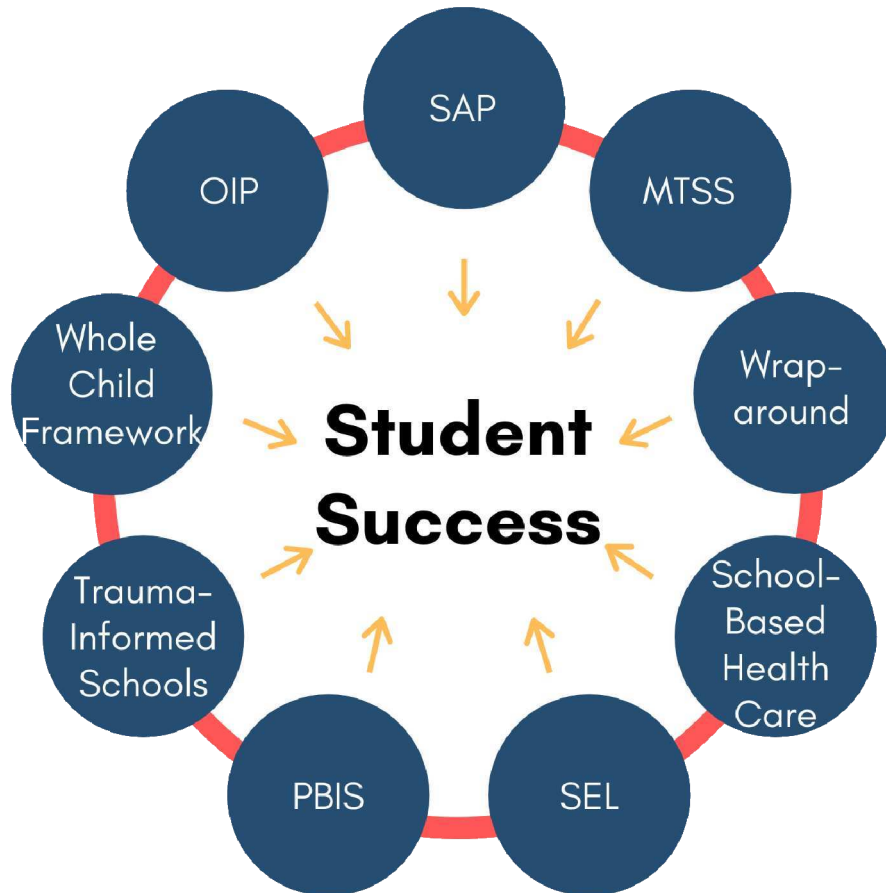
Tier 3

Tier 3 involves intensive, individualized intervention or indicated brief intervention supports for students who exhibit significant or persistent mental health, behavioral health, or substance use risk or challenges or may involve referral to an outside community agency for treatment. Tier 3 supports are highly tailored to the individual student's needs and circumstances, and may involve referral to community services and/or wraparound.

1-6 Integrating Other Schoolwide Initiatives

Importance of aligning SAP with other initiatives

It is likely SAP is not the only initiative in your school that is designed to support student success. The figure below shows examples of other initiatives schools may be implementing. SAPs can complement and integrate with existing initiatives to maximize prevention and support services.



SAPs can contribute to student success even further, but in order to be successful it is important to consider their integration and alignment with these other initiatives. For example, SAP can help MTSS and PBIS through a more significant emphasis on Tier 2 and 3, and a greater focus on issues such as substance use disorders or internalizing mental health concerns.

Effective SAPs also integrate services with community providers within OhioMHAS' Strategic Prevention Framework for a data-driven planning process. For instance, SAPs can partner with School Navigator Programs, enhance relationships with existing providers and invite liaisons to team meetings, identify and partner with new providers, and expand prevention specialist and treatment provider roles to support a full continuum of SAP services. SAPs can also use existing Ohio data such as the Ohio Healthy Youth Environments Survey (OhYES!) survey to understand baseline needs and monitor school-level changes.

1-6 Integrating Other Schoolwide Initiatives

Other Ohio Initiatives

There are many initiatives in Ohio that have some shared features or goals with SAP. It is important for SAP teams to consider the possible alignment or integration of SAP with such initiatives they are implementing within a culturally responsive practices. These initiatives include (but are not limited to):

Whole Child Framework -

This framework, initiated by the Ohio Department of Education (ODE) in 2020, provides a blueprint for meeting the holistic needs of children (e.g., nutrition, social emotional learning, family engagement, culturally responsive practices). The framework recognizes that, “when students are healthy, feel safe, are supported through strong systems and relationships, are challenged and experience success, and engaged in learning that is relevant and meaningful, they are more likely to enjoy learning, develop positive social skills and achieve greater success” (ODE, 2020, p. 1). The framework also focuses on systemic practices for learning and health, as well as family and community partnerships.

School-Based Healthcare -

School-based healthcare initiatives are designed to ensure students are healthy and ready to learn in school, through partnerships with healthcare providers and other community organizations. Ohio’s School-Based Health Care Support Toolkit was designed to support schools and districts as they develop and implement these partnerships.



Trauma-Informed Schools -

Trauma-informed schools implement supportive school policies and practices that recognize and respond to the needs of individuals who have experienced trauma. According to the ODE (2021), trauma-informed approaches involve (a) using a holistic lens to explore all domains that impact a student’s growth, (b) prioritizing student-school relationships, (c) promoting physical, emotional, and academic safety, and (d) teaching students self-regulation techniques.

Wraparound services -

Wraparound services address clients’ holistic healthcare needs. These services may include financial support, transportation, housing, job training, specialized treatment, or educational support (Grunefelder et al., 2006, p. 18). Wraparound is a collaborative, family-driven process that involves support from a team of professionals and natural supports (National Wraparound Initiative, n.d.). The Ohio Family and Children First (OFCF), Ohio Department of Job and Family Services (ODJFS), and Ohio Department of Mental Health and Addiction Services (OHMHAS) have partnered with the Center for Innovative Practices at Case Western University to promote Wraparound capacity, training, and implementation in Ohio.

1-6 Integrating Other Schoolwide Initiatives

Other Ohio Initiatives

There are many initiatives in Ohio that have some shared features or goals with SAP. It is important for SAP teams to consider the possible alignment or integration of SAP with such initiatives they are implementing within a culturally responsive practices. These initiatives include (continued):

Multi-Tiered System of Support (MTSS) -

An educational framework using a three-tiered approach and a data-based problem solving process to meet the academic, behavioral, and social and emotional needs of students. Tier 1 interventions and supports are received by all students (~80%), Tier 2 services are received by some students (~15%), and Tier 3 services are the most intense and received by few students with the most intensive needs (~5%).

Social and Emotional Learning (SEL) -

Ohio's Social and Emotional Learning Standards outline "...the process through which children and adults acquire and effectively apply the knowledge, attitudes and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions."

OhioRISE (Resilience through Integrated Systems and Excellence) -

A program designed to care for youth with complex behavioral health and multisystem needs, "as a part Ohio Medicaid's effort to launch the next generation of Medicaid, Ohio Department of Medicaid has launched OhioRISE (Resilience through Integrated Systems and Excellence), a specialized managed care program for youth with complex behavioral health and multisystem needs."

Positive Behavioral Interventions & Supports (PBIS) -

PBIS is a schoolwide framework for improving social, behavioral, and academic outcomes for students. The proactive framework consists of several features including evidence-based intervention, data for decision-making, and multi-tiered systems of support. PBIS involves identifying, teaching, modeling, practicing, and recognizing expected behavior and social and emotional skills. In Ohio, there is legislative requirement for implementing PBIS in Ohio schools (e.g., Ohio's House Bill 318; Rule 3301-35-15 of the Ohio Administrative Code).

Ohio Improvement Process (OIP) -

The OIP is a model for continuous, systemic improvement in Ohio schools. It brings educators together through collaborative team structures, facilitating "communication and decision-making between and across levels of the system (district, central office, school, grade levels, content areas, classrooms)" (Ohio Department of Education, 2019, para 1). The OIP involves a 5-step process: (1) Identify critical needs, (2) research and select evidence-based strategies, (3) plan for implementation, (4) implement and monitor, and (5) examine, reflect, adjust.



1-6 Integrating Other Schoolwide Initiatives

The table below highlights some of the potential similarities and complementary features between Student Assistance Programs (SAPs) and the initiatives discussed. As each of these initiatives may be implemented differently, similarities and features may not be universal across all settings.

SAP compared to other OH initiatives and supports:

Other OH Initiatives & Supports

Similarities

Complementary Features

Multi-Tiered System of Supports (MTSS)

- Both use a school team to plan and oversee student supports (e.g., Building Leadership Team, Intervention Assistance Team, Teacher-Based Team, or Student Assistance Team [SAT]).
- Both address academic, behavioral, and social and emotional concerns.
- Both have a three-tiered approach.

- SAPs emphasize barriers to learning that occur outside of a school setting through community referrals and guided support services.
- SAPs focus on non-academic barriers to learning, but may not focus as much on purely academic intervention needs compared to MTSS.
- SATs can be integrated with MTSS teams.

Positive Behavioral Interventions & Supports (PBIS) (PNSAS, p. 4-5)

- Both address behavioral concerns.
- Both have a three-tiered approach.
- Both use multidisciplinary teams with data-based decision making.

- SAPs add to the depth and quality of behavioral health services for students through a larger community-based system of care (e.g. linking with drug and alcohol treatment centers).
- SATs can be integrated with Positive Behavioral Interventions and Supports (PBIS) teams.

Social and Emotional Learning (SEL)

- Both address SEL concerns.
- Both take a proactive and preventative approach.

- SAPs add to the depth and quality of SEL for students through social awareness and by bolstering the relationship between the student, teacher, family, and community.
- SAPs address issues beyond SEL, such as substance use or serious mental health disorders.

Ohio Improvement Process (OIP)

- Both emphasize the use of evidence-based strategies, student supports, teaming, and progress monitoring.

- District-Leadership Teams (DLTs), Building-Leadership Teams (BLTs), and Teacher-Based Teams (TBTs) can support SAP efforts.
- The OIP is an organizational strategy for broad school improvement, while SAP is more focused on barriers to learning, mental/behavioral health, and substance use.

1-6 Integrating Other Schoolwide Initiatives

The table below highlights some of the potential similarities and complementary features between SAPs and the initiatives discussed. As each of these initiatives may be implemented differently, similarities and features may not be universal across all settings.

SAP compared to other OH initiatives and supports continued:

Other OH Initiatives & Supports	Similarities	Complementary Features
Ohio's Whole Child Framework (OWCF)	<ul style="list-style-type: none"> Both can make referrals to outside healthcare services, and both can address mental health and substance use. 	<ul style="list-style-type: none"> The WCF is more holistic than Student Assistance Programs. The OWCF addresses school safety, wellness, physical activity. The OWCF is a general approach to services for students, while a Student Assistance Program has more specific teams and processes that can support OWCF.
Trauma-Informed Schools (TIS)	<ul style="list-style-type: none"> Both use change or creation of school policies and practices to benefit students. 	<ul style="list-style-type: none"> Student Assistance Programs (SAPs) can operate within TIS to help students unable to fully benefit from educational opportunities due to trauma. TIS are solely focused on addressing the needs of students affected by trauma, whereas Student Assistance Programs serve students with other needs.
School-Based Health Care (SBHC)	<ul style="list-style-type: none"> Both can make referrals to outside healthcare services, and both can address mental health and substance use. 	<ul style="list-style-type: none"> SBHCs emphasize medical services. SBHCs employ at least one medical staff member, while Student Assistance Programs include a team that may or may not have a medical staff member but should invite and partner with SBHC.
Wraparound Services	<ul style="list-style-type: none"> Both can make referrals to outside healthcare services. Both focus on mental/behavioral health and use a partnership approach. 	<ul style="list-style-type: none"> "Wraparound" teams are focused on Tier 3 level needs whereas SAP focuses on a continuum of supports. Student Assistance Program services can be integrated with Wraparound for Tier 3 Guided Support Services.
OhioRISE	<ul style="list-style-type: none"> Both provide coordinated and integrated care and services for youth with mental and behavioral health need Both can be integrated with other school-based programs Both use a collaborative and data-based support planning process 	<ul style="list-style-type: none"> OhioRISE focuses on intensive and moderate care coordination for eligible students whereas SAP includes a focus on prevention and early intervention in addition to guided support services OhioRISE supports include Intensive Home-Based Treatment, Psychiatric Residential Treatment Facilities, and Mobile Response and Stabilization Services. OhioRISE provides flex funds and 1915(c) waivers

1-6 Integrating Other Schoolwide Initiatives

Considerations for Alignment and Integration

Alignment of multiple school-wide initiatives will not happen naturally- it requires intentional effort and planning. The SAP and PBIS Integration PA Practical Guidance Document (2017) recommends attending to several key areas when aligning or integrating work across initiatives. Although their recommendations are focused specifically on the alignment between SAP and PBIS, they may be applicable to other school-wide initiatives as well. See below for considerations for integrating and aligning initiatives:

- | | |
|----|---|
| 1 | Develop effective communication processes |
| 2 | Cross-train team members serving on one or more team |
| 3 | Define roles and responsibilities |
| 4 | Organize process for data sharing |
| 5 | Determine whether to use one or multiple teams. The Practical Guidance Document (2017) recommends the following steps: |
| 6 | Identify all teams that have social and emotional, behavioral, or mental health improvement as part of their purpose |
| 7 | Identify the primary features of each team: <ul style="list-style-type: none">1. Purpose2. Measurable expected outcomes/objectives3. Intended audience (who is expected to benefit from the team)4. Meeting schedule5. Membership6. Relationship to school and/or district improvement goals7. Priority (how important the team is to the school) |
| 8 | Evaluate how the team organization of the school might be enhanced by eliminating, combining or adding teams. Ensure that teams are diverse |
| 9 | Determine what resources are needed to support the new organizational team structure |
| 10 | Based on the revised organizational team structure, develop an action plan for implementation |



The National Technical Assistance Center on Positive Behavioral Interventions and Supports (2017) [Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts](#) provides a more detailed process and guidance for aligning school initiatives and practices. The guide includes an "Alignment Self-Assessment Action Planning Tool" schools can use as well as several worksheets to guide Action Planning. [Aligning Teaming Structures: Working Smarter, Not Harder](#) (Barret et al., 2019) is another tool that can assist with aligning and integrating initiatives.

1-7 Resilience Approaches

Resilience Efforts

The presence of protective factors may prevent a risk factor, buffer the risks associated with a risk factor, and/or interrupt a chain of events through which the effects of a risk factor are exerted (e.g., Fraser et al., 2004). A Social Development Model can assist in efforts designed to promote healthy youth development by reducing risk and increasing protection. Based on this model of positive youth development, "bonding with adults has its roots in providing young people with developmentally appropriate, meaningful opportunities; skills to be successful in those opportunities; and recognition" (Catalano et al., 2021, p.1).

Related to **risk factors**, the Adverse Childhood Experiences (ACEs) Impact Project reviews Adverse Childhood Experiences for Ohioans. The CDC (2020) provides additional information on how ACEs impact health and well-being. For **protective factors**, Developmental Assets and Relationships Frameworks take a proactive approach to enhancing skills and promoting supportive relationships.

On the next page are two figures that highlight sample risk and protective factors by developmental phase, for substance use (first table) and mental/behavioral health (second table). These figures do not represent an exhaustive list and some of the listed factors may only serve a particular risk/protective function for certain mental health or substance use issues or in certain contexts/conditions. Therefore, these figures are intended only to show examples of potential risk and protective factors.

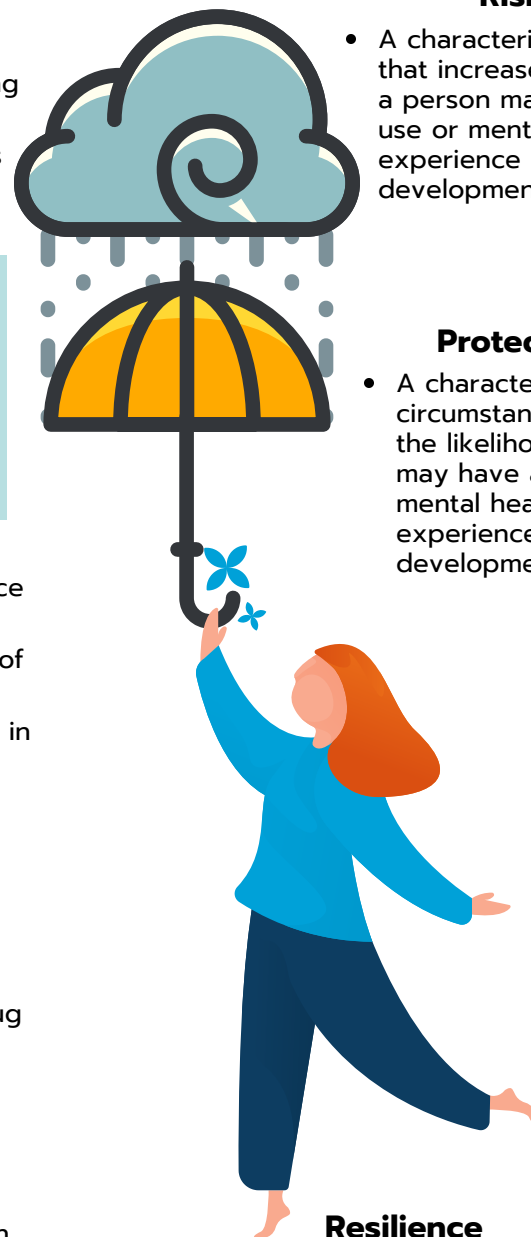
- **Example Risk and Protective Factors for Substance Use Concerns** The figure on the next page, - adapted from O'Connell et al. (2009), Grunenfelder et al. (2012), and National Institute on Drug Abuse (NIDA) (2020)- highlights examples of risk and protective factors for substance use concerns.
- **Example Risk and Protective Factors for Behavioral & Mental Health** The figure on page 25, - adapted from multiple sources as indicated within the table - highlights example risk and protective factors for behavioral and mental health disorders.

Risk Factor

- A characteristic or circumstance that increases the likelihood that a person may have a substance use or mental health concern or experience other negative developmental outcomes.

Protective Factor

- A characteristic or circumstance that decreases the likelihood that a person may have a substance use or mental health concern or experience other negative developmental outcomes.



Resilience

- One's ability to stay healthy in the presence of risk factors
- Focus on decreasing risks and increasing protective factors.

1-7 Resilience Approaches: Risk & Protective Factors for Substance Use

Risk

Early Childhood

Protective

Individual: difficult or aggressive temperament

Family: caregiver substance use or misuse, cold and neglectful caregiver

School/Community: community poverty

Individual: self-regulation, communication skills, prosocial skills/ability to make friends

Family: adequate socioeconomic status, opportunities to resolve conflict, consistent support and discipline from caregivers

School/Community: early learning supports and access to supplemental services, low student-teacher ratio

Middle Childhood

Individual: lack of behavioral self-control, anxiety, sensation-seeking behaviors

Family: permissive parenting, substance use among relatives, harsh, inconsistent, or lack of discipline

School/Community: peer rejection, deviant peer group, easy access to drugs and alcohol

Individual: following rules in various settings (e.g., public places, home)

Family: consistent discipline, language-based discipline (as opposed to physical-based discipline), extended family support

School/Community: healthy peer groups, positive teacher expectations, positive school-family connection

Adolescence

Individual: rebelliousness, early substance use, emotional concerns in childhood

Family: poor attachment to caregiver, substance use among family, lack of adult supervision

School/Community: cultural/community norms about alcohol and drug use, aggression toward peers, associating with drug-using peers

Individual: positive physical and intellectual development, good coping skills, emotional self-regulation

Family: supportive familial relationships, clear expectations for behaviors and values, predictable family structure with monitoring

School/Community: opportunities for engagement in school and community, positive norms, supportive mentors that develop skills and interests

Sources on previous page

1-7 Resilience Approaches: Risk & Protective Factors for Behavioral & Mental Health

Risk

Early Childhood

Protective

Individual: past unhappy events, male gender, developmental referral history

Family: caregivers disengaged from student's life, family conflict (e.g., divorce), student placed in foster care

School/Community: high crime areas and isolated, low socio-economic status/impooverished, or racially segregated communities

Individual: high self-esteem, high levels of social competence

Family: secure caregiver-child relationship, high maternal social support

School/Community: sense of emotional and physical safety, high levels of caregiver engagement, positive peer support

Middle Childhood

Individual: poor academic performance, attendance or truancy, poor social coping skills

Family: multiple family transitions impacting housing and finances, low caregiver/family socioeconomic status, sexual relationships and assault

School/Community: social withdrawal, transition to new school(s), negative peer influence, teacher burnout

Individual: flexible coping, internal locus of control, reflective cognitive style

Family: healthy family attachment, positive values, clear behavior standards, positive family communication, strong caregiver role model(s)

School/Community: positive peer reinforcement, opportunities for prosocial interaction, stakeholder shared learning goals, staff wellness programs implemented

Adolescence

Individual: poor social, communication, & problem-solving skills, conduct disorder, early substance use, anxiety, extreme need for approval and social support, poor attendance/truancy

Family: family conflict (e.g., divorce), caregiver unemployment, caregiver depression and anxiety, negative home environment (e.g., home substance use)

School/Community: peer rejection, school failure, not college or career bound, loss of close relationship or friend(s), traumatic event (e.g., school violence)

Individual: positive physical and intellectual development, strong problem-solving and coping skills, emotional self-regulation, high self-esteem, authentic engagement in at least two of the following contexts: school, with peers, sports, employment, religion, culture

Family: family structure (e.g., consistent rules/limits, monitoring, predictability), positive relationships with family members, clear expectations for behaviors/values

School/Community: clear behavior rules and expectations, safe environments, presence of mentors/role models for development of skills and interests, positive social norms, positive engagement opportunities

Adapted from Cababj et al., 2014; National Academies..., 2019; Prevention First, n.d.; Shonkoff & Meisels, 2000; Wright et al., 2013; youth.gov, 2021

1-8 Core Guiding Principles as a Foundation for SAPs

Core Guiding Principles

The overall goal of the Ohio School Wellness Initiative is to ensure all students and staff, especially the most vulnerable, will have access to mental health, behavioral health, substance use, and wellness services and supports.

The initiative identified four core guiding principles that are essential “pillars” for all resources, tools, and training developed as part of Ohio’s Model SAP: 1) **Systematic**, 2) **Equitable**, 3) **Collaborative**, and 4) **Sustainable**.



Systematic

- Structured
- Efficient
- Data-Driven



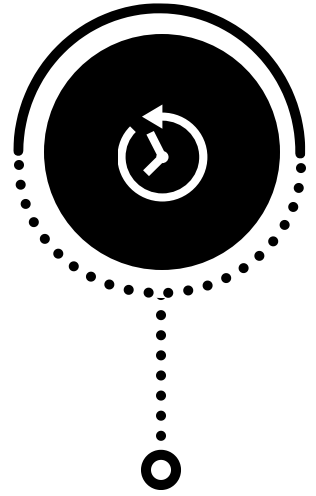
Equitable

- Objective
- Inclusive
- Intentional



Collaborative

- Mobilized
- Connected
- Integrated



Sustainable

- Maintainable
- Adaptable
- Flexible

1-9 SAP Resources

Existing SAP Resources and Models

The following existing SAP resources assisted in the development of the Ohio SAP model and provide a broad overview and national and state examples to support implementation of Student Assistance Programs:

- **SAP Guide For School Administrators** (SAMHSA, 2019) - This resource defines a SAP, describes the benefits of implementing SAPs, and outlines SAMHSA's SAP model, services, and best practice components. The resource aims to introduce school administrators and leaders to a SAP.
- **Student Assistance Resources** (SAMHSA, 2021) - This website presents SAMHSA's student assistance materials including a Student Assistance Resources Guide, public service announcements, and student assistance posters.
- **Student Assistance Guidebook** (Prevention First, n.d.) - This guidebook outlines Prevention First's student assistance framework and guiding resources. The document outlines essential elements, provides example strategies and presents example resources.
- **Pennsylvania Network for Student Assistance Services** (PNSAS, n.d.) - Provides leadership, and technical assistance for implementing the Pennsylvania SAP model, which is a systematic team process used to mobilize school resources to remove barriers to learning. See this resource for guidance documents, program evaluation reports, training materials, and example resources.
- **Washington's Student Assistance Prevention-Intervention Services Program** (SAPISP) - This website links to Washington's SAPISP page, which links to a Youtube page, the SAPISP manual (Grunenfelder et al., 2012), program documents, and publications and reports.
- **Student Assistance Programming** (Virginia Department of Education [VDOE], n.d.) - This website presents Virginia's model for Student Assistance Programming: Creating Positive Conditions for Learning and provides links to training materials and the Virginia Student Assistance Programming Manual.

Ohio School Wellness Initiative (OSWI) Guiding Resources

The following documents serve as guiding resources for implementing the Ohio SAP model.

OSWI Fidelity Checklist

The fidelity checklist outlines best practices for implementing the OSWI SAP and Staff Wellness model framework. Schools can use this tool to rate their school's existing practices for each item and the priority for improvement. This tool is intended to guide the discussion, goal setting, and action planning. Pages 7-10 provide a Goals and Action Planning Template for schools to identify their top priorities and action steps.

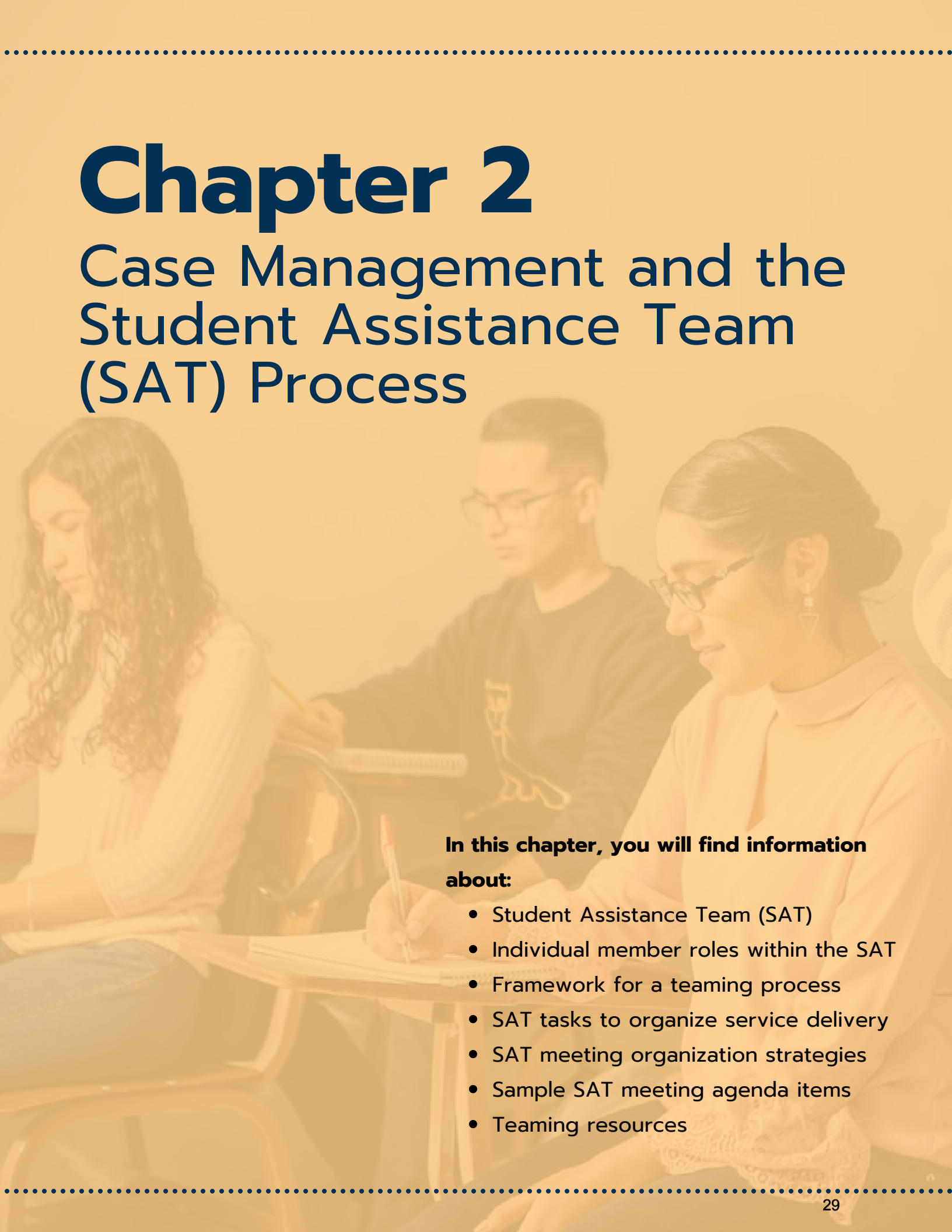


OSWI Website

Each school will be unique in their SAP readiness and capacity and we recognize that change takes time. Therefore, the OSWI website will outline action steps that schools can complete to make progress in different areas on the fidelity checklist. The website will provide accompanying SAP resources to support implementation. As the website will be updated over time, please visit frequently for new guidance and resources.

Chapter 2

Case Management and the Student Assistance Team (SAT) Process



In this chapter, you will find information about:

- Student Assistance Team (SAT)
- Individual member roles within the SAT
- Framework for a teaming process
- SAT tasks to organize service delivery
- SAT meeting organization strategies
- Sample SAT meeting agenda items
- Teaming resources

2-1 Chapter Snapshot

Student Assistance Team (SAT)

The SAT is a set group of team members who are trained in Student Assistance Program (SAP) processes. They receive referrals, gather information, develop strategies to remove student barriers to learning, link students to interventions, and help provide support and follow-up services. The team meets regularly to review cases and invites relevant stakeholders to student support meetings. SATs can be integrated with existing Ohio school-based teams such as MTSS, PBIS, BLT, TBT, or IAT teams. Teaming helps offer mutual support to reduce stress and improve the problem-solving process. SATs can support activities at each tier or partner with existing teams to best meet the needs of students and families (Virginia Department of Education [VDOE], 2015).

Factors Contributing to a Successful SAT

- ☐ *Administrative support*
- ☐ *Regular SAT meetings*
- ☐ *SAT coordinator provided with release time*
- ☐ *Early caregiver involvement*
- ☐ *Adoption of team meeting agreements (e.g., team skills like active listening, written agenda, consensus decision-making, mutual agreements)*
- ☐ *Clear referral process (e.g., staff, students, and caregivers aware of the process, focus on observable behavior)*
- ☐ *Credibility of the SAP process among staff, students, and caregivers*
- ☐ *Sharing information appropriately*
- ☐ *High level of staff involvement beyond SAT members*
- ☐ *Written policy to address students at risk and consistent implementation of the policy with all students*
- ☐ *Ongoing training of all staff*
- ☐ *Ongoing planning, implementation, evaluation, and refining of the SAT*

Adapted from Grunenfelder et al., 2012 & SAMHSA, 2019

2-2 Team Roles

SAT Roles

SAP Coordinator

- Helps form the SAT core team
- Schedules SAT meetings
- Coordinates SAP awareness efforts
- Maintains a log of current referrals and checks for new referrals
- Collects and summarizes information on referred students
- Enters student information into a data management system
- Collaborates with the SAT to develop a support plan
- Provides students with ongoing progress monitoring and case management
- Follows-up on SAT action plans
- Consults community resources
- Contacts caregivers

SAT Facilitator

- Focuses discussion on relevant topics
- Guides group problem-solving processes and focuses on solutions
- Keeps the meeting atmosphere positive
- Encourages participation from SAT members

SAT Member

- Collaborates with the SAT to develop a support plan

SAP Marketing Member

- Coordinates SAP education strategies
- Keeps SAP education strategies consistent

SAT Time Keeper

- Monitors the SAT's time and agenda items
- Assists in keeping SAT members on task

SAT Recorder

- Provides accurate written records of all meeting minutes, including discussions and decisions made
- Maintains a supply of forms as well as the casework calendar

Student Assistance Team

Community Liaison(s)

- Provides the SAT with information on mental health and substance misuse services
- Assesses students referred by the SAT

Building Your SAT

It is recommended that schools develop a core team of at least 4 members including an administrator and representatives of the groups that comprise school staff (e.g., teacher, counselor, psychologist, nurse, or other related professional staff). Liaisons from county behavioral health and drug and alcohol systems may attend meetings to ensure collaboration and continuity of care. School Navigator programs can assist in linking students to community-based services and should be included when available. SATs can be integrated or work in alignment with existing school-based teams.

Adapted from PNSAS, Best Practices for New Teams

2-3 The Team Process

SAT Tasks

Early Identification

- Plan training and awareness activities
- Recommend SAP referral when appropriate
- Discuss students identified on universal screening or early warning system

Referral

- Receive referral
- Assign a case manager
- Gather initial information
- Partner with caregiver (when appropriate)

Problem Solving

- Review referral
- Identify the concern and determine if barrier to learning
- Conduct screening for services and interviews to analyze the concern
- Invite stakeholders to meetings
- Determine level of need

Intervention Planning

- Brainstorm intervention and services that match need and reduce barriers to learning
- Develop intervention and monitoring plan
- Refer to services (when appropriate)
- Partner with student and caregiver on intervention planning or referral

Guided Support Services

- Provide case management and regular monitoring
- Identify solutions to access barriers
- Provide re-entry support if necessary
- Review progress monitoring data and determine next steps

SAT's role to support Continuity of Care



Least Restrictive/Intensive

The SAT will provide in-school supports such as school-based interventions, monitoring, prevention groups, etc.



Most Restrictive/Intensive

When the student's concern lies beyond the scope of the school, the SAT will assist the caregiver and student so they may access services within the community.

The SAT does not diagnose, treat or refer to treatment, but they may refer for a screening or an assessment for treatment. (Pennsylvania Network for Student Assistance Services (PNSAS) SAP K-12 Bridge Training)

2-3 The Team Process

SAT Guiding Questions



Adapted from Grunenfelder et al., 2012 & Project Care, 2005

2-3 The Team Process

The Student Assistance Program (SAP) framework helps schools establish **Tier 1** universal strategies and evidence-based programs that address the prevention of concerning behavior, mental health concerns, and substance use for whole school populations. These frameworks drive school-based teams to use referral processes and data at **Tier 2** that lead to both the early identification of concerns and implementation of evidence-based, socially valid, and culturally responsive small group interventions for those students who benefit from additional support. Likewise, given this approach, school-based teams at **Tier 3** use data to select focused, intensive, one-on-one interventions to support students who have intensive needs or who require crisis management services that involve planned programs that provide mental health support and/or social, emotional, and/or behavioral skill development.

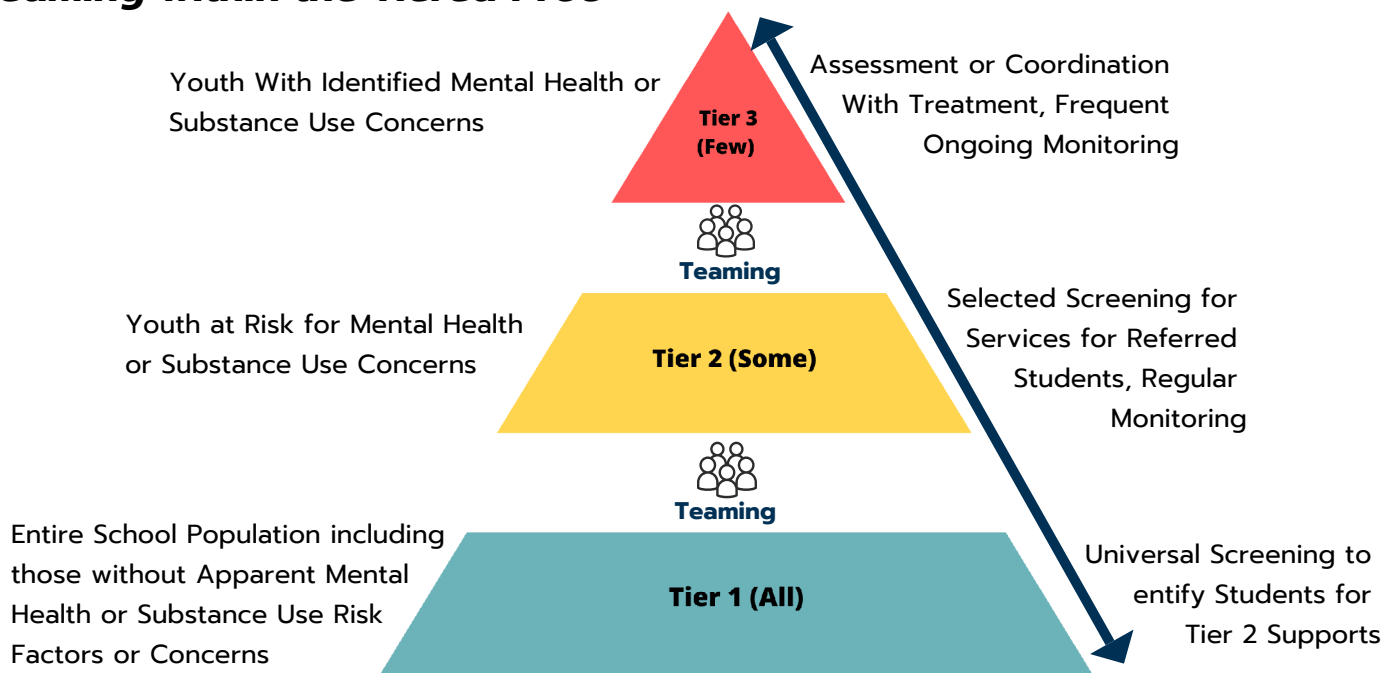
Adapted from Pennsylvania SAP and PBIS Integration

Tips for Team Functioning and Cohesive Collaboration:

- Seek out a cross-representation of individuals, including professional and nonprofessional staff, and relevant ethnic and cultural groups
- Identify the contributions each member will bring to the team dynamic and continue to refine these as necessary
- Define the purpose and priorities of the team and continue to redefine these as necessary depending on goals identified
- Describe how decisions are made with solution-focused criteria
- Anticipate potential barriers and proactively brainstorm possible strategies for troubleshooting potential barriers, or allow extra time to work through barriers

Adapted from Grunenfelder et al., 2012

Teaming within the Tiered Process



Sources for Pyramid Image: SAMHSA, 2011; Walker et al., 1996

2-4 Meeting Organization

SAT Meeting Guidance

- Regular common meeting time sufficient to complete SAP work (at least 40-60 minutes each week, flexibility for planning time and case management compared to student support planning activities)
- Role assignments and responsibilities articulated (e.g., SAT facilitator, SAT Recorder, case manager)
- Case assignment and management procedures
- Regular meeting space and time with access to telephone, computer, and projector
- Inter-team communication and case documentation system
- All members come to meetings prepared and focused
- Allow relationship-building time before and after meeting
- Establish guidelines for guest attendance
- Review student plans regularly during case management activities
- Document relevant meeting information, attendance, confidentiality agreements, and student referrals

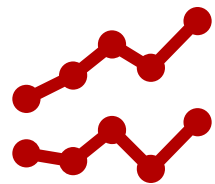
A team member (i.e., coordinator or a case manager) prepares a preliminary file on each referred student based on the following information:



**Cumulative
Student
Records**



**Attendance
Records**



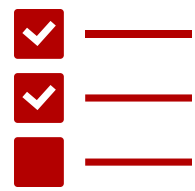
**Early Warning or
Universal Screening
Data**



Legal Records



Medical Records



**Behavior Checklist
(if consent) or Other
Teacher Data**

Adapted from PNSAS Materials

2-4 Meeting Organization

Student Support SAT Meeting

- **Purpose:** Plan support for individual concerns*
- **Members:** Invite relevant stakeholders (e.g., caregiver, student, teacher, counselor) and SAT members

*may also be described as a problem solving meeting

Example Agenda:

1. **Concern Identification:** Identify the student's strengths and concerns. Clarify what has already been tried
2. **Concern Analysis:** Analyze why the concern is occurring and develop hypotheses (e.g., skill or performance deficit, lack of resources)
3. **Plan Development:** Identify goal, intervention or service, implementation details, and progress monitoring plan
4. **Follow-Up:** Identify dates for follow-up meetings for plan evaluation

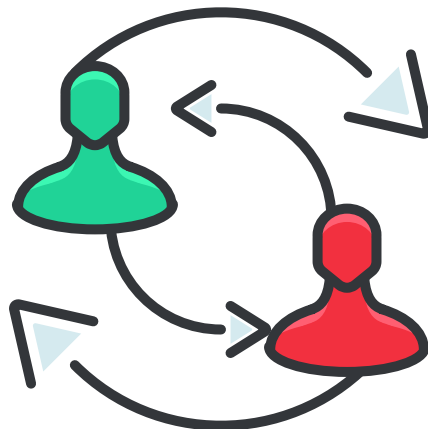
Case Management SAT Meeting

- **Purpose:** Review schoolwide data, review and monitor individual supports, plan activities, and monitor team functioning. Schedule at least monthly
- **Members:** SAT members and agency liaisons

Example Agenda:

1. **New Referrals:** Assign case manager; clarify the presenting concern and determine if the team should proceed with student support; and identify target date for caregiver contact, data gathering, and referral acknowledgment
2. **Update on Prior Referrals/Status of Tasks**
3. **Mental Health / Drug & Alcohol Liaison Update:** Number of students participating, troubleshoot barriers, projections for new referrals
4. **Other Business:** Information to share, activities to plan
5. **Next Meeting Date**

Meeting preparation, time management, and meeting documentation necessary for both types of meetings

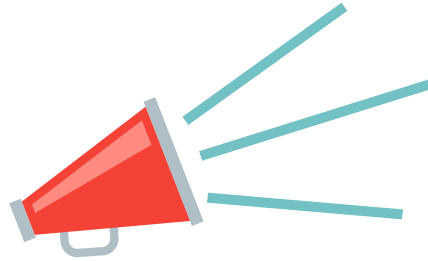


Adapted from PNSAS Materials

2-5 Teaming Resources

1

OSWI Resources



- **Team Planning Template**
- **Example Case Management SAT Agenda**
- **Example Student Support Team SAT Agenda**
- **SAT Case Management Checklist** (opens as a Word document)

2

Further SAT Resources

- **Sample SAP Meeting Agenda:** See this resource for an example case management SAP agenda (PNSAS, n.d.)
- **Student Assistance Team (SAT) Process Checklist:** Provides a checklist to guide actions before, during, and after SAT meeting (St. Paul Public Schools, 2013)
- **SAP Survey for Improvement of Team Functioning:** Assesses SAT functioning (PNAS, 2019)
- **Implementation Checklist for New SAP Teams:** Identifies best practices for new SAP Teams (PNSAS, 2019)
- **The Student Assistance Team (SAT) Overview:** Describes a SAT and provides sample forms (Educational Service Unit #2 [ESU2], n.d.)

3

General Teaming Resources

- **Aligning Teaming Structures: Working Smarter, Not Harder:** Provides a template to guide aligning of teaming structures (Barret et al., 2020)
- **PBIS Team Meeting and Problem Solving Guide:** Example student support agenda, meeting minutes, and guide. Document from ISF resources (Team Initiated Problem Solving [TIPS-II], 2015)
- **Ohio PBIS:** Provides Ohio specific PBIS guidance (ODE, n.d.)

Chapter 3

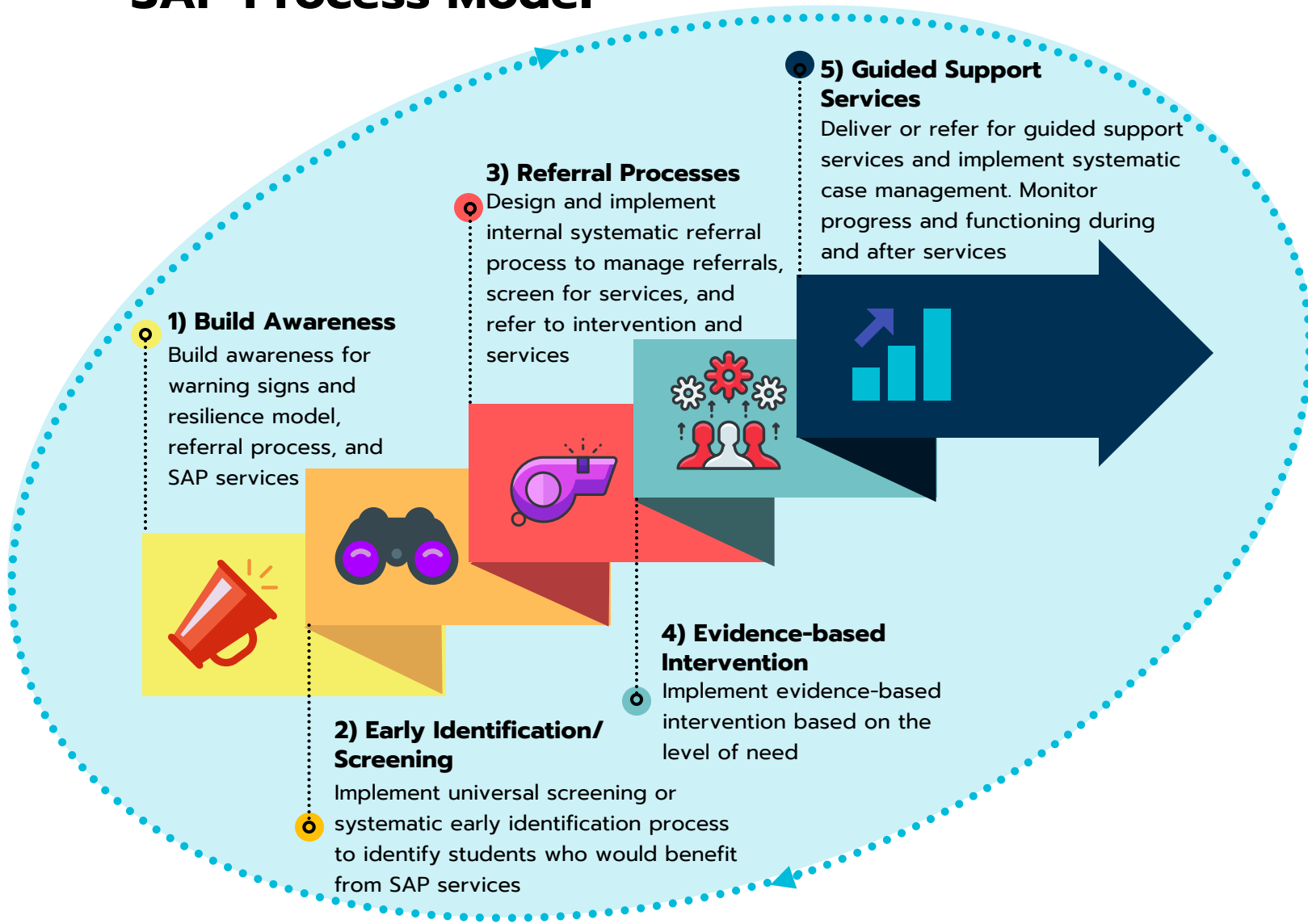
Continuum of Student Assistance Program (SAP) Services

In this chapter, you will find information about:

- Descriptions of SAP Services
- SAP Process Flow Chart
- Guidance for Awareness, Prevention, Early Identification, Referral, Intervention, Guided Support Services, and Confidentiality

3-1 Chapter Snapshot

SAP Process Model



Prevention Occurs Throughout the Process

Prevention services (e.g., universal programming, brief intervention) and strategies (e.g., education, environmental, information dissemination strategies)

Ohio SAP Flow Chart



Build Awareness: Proactively provide education and program awareness materials to all students, staff, and caregivers on the referral process (recognize, respond, refer) and SAP services. Provide clear access to referral forms.

Step 1 Concern Identified



Caregiver, student, staff, peer, or community identifies a concern. Discuss concern with caregiver



Student identified in universal screening or early warning system



Referrer completes referral form and team reviews form, assigns a case manager, and gathers initial data



Review during data team triage (e.g., BLT, PBIS, MTSS)

Inform Caregiver* about SAP Referral



Do Not Proceed: Caregiver does not approve* or no barrier to learning

Step 2 Analyze the Concern



Review existing data and check existing PBIS and school mental health services



Complete services screening (if consent is obtained) to validate the concern and determine level of need



Gather information from caregiver*, teacher, and student to understand strengths and concern



Respond in a timely manner



Determine Level of Need



Do Not Proceed: No Services Needed or Brief Intervention

Step 3 Develop a Plan



Partner with student and caregiver* to develop a plan



Match student to service based on level of need



Plan for progress monitoring



Plan for implementation

Step 4 Implement and Evaluate



Obtain consent for intervention or treatment, and make referral to community supports, if needed



Evaluate progress and monitor functioning over time



Collaborate with family on evaluating progress and invite to team meetings



Complete case management as a team, and offer school-based re-entry support after hospitalization, treatment, or discipline removal, if needed



*When appropriate to inform caregiver/family based on district policy, relevant laws/regulations, and best interest of the student

3-2 Build Awareness

General Considerations

SAP education and awareness activities and materials **inform** staff, students, families, and the community about how the SAP process works as well as provide information about available student assistance services that promote student success (Grunenfelder et al., 2012; Substance Abuse and Mental Health Services Administration [SAMHSA], 2019; Virginia Department of Education [VDOE], 2013). Awareness activities focus on building awareness through universal programming, social marketing, training, or promotional materials. Awareness activities can educate staff, students, families, and the community on non-academic barriers to learning including mental health concerns, behavioral health concerns, substance use, and family and relationship concerns; how the SAP and referral process works; and the benefits of SAP services. Under the Build Awareness service, awareness events at the universal level are used to educate about prevention, education, and intervention. Awareness activities can also occur at the group or individual level.

Community stakeholders include, but are not limited to: local service providers, social service agencies, medical and mental health treatment agencies, boards of developmental disabilities, advocacy organizations, service clubs, Veterans' organizations, Chamber of Commerce, religious institutions, community centers, colleges and universities, and Native American Nations.

Build Awareness Best Practices

- ☐ *Plan purposeful and systematic awareness activities*
- ☐ *Collaborate with students, caregivers, staff, and community to plan awareness activities and events*
- ☐ *Monitor accessibility of SAP awareness promotional materials and resources*
- ☐ *Regularly update website, forms, and promotional materials to encourage sustainability*
- ☐ *Provide ongoing staff development on prevention science and fostering resilience and the SAP process (e.g., identifying students, referral process, and coordinating services)*
- ☐ *Train new staff on the SAP process*
- ☐ *Inform new students and families on prevention activities and the SAP process*
- ☐ *Provide ongoing education to students on prevention topics and the SAP process*
- ☐ *Monitor if awareness activities occurred as designed*
- ☐ *Monitor the effectiveness of awareness activities*

3-2 Build Awareness: Ideas to Build Awareness

Awareness Activity Examples



SCHOOLWIDE

- Write newsletters on the SAP process and relevant topics
- Develop SAP Handbooks for students, caregivers, and staff
- Create SAP page on website (update regularly)
- Develop SAP brochure ([example](#))
- Share SAP public service announcements or social norm messages in the building or on social media



CAREGIVER

- Inform caregivers about SAP process and resources through newsletters/email blasts, presentations, open houses, informational nights, and caregiver-teacher conferences
- Disseminate information about community partners and available services
- Offer SAP educational talks
- Share caregiver-focused public service announcement
- Advertise caregiver brochures ([example](#))



EVENTS

- Distribute SAP materials at health fairs and other outreach events
- Plan events that build resiliency awareness
- Plan or attend events that encourage drug-free activities and youth leadership
- Organize a social media campaign event



STAFF

- Provide ongoing staff development on fostering resilience and the SAP process (e.g., early identification, referral process, and coordinating services)
- Recruit staff for the Student Assistance Team (SAT)
- Inform all staff about the SAP coordinator and referral process
- Highlight SAP processes in staff meetings



STUDENT

- Start a prevention club that complements the SAP
- Meet with existing student organizations to discuss the SAP
- Collaborate with student leaders or peer-to-peer groups to plan prevention and social norms efforts
- Deliver classroom lessons about the SAP process



COMMUNITY

- Attend community coalition and task force meetings to briefly present on the SAP
- Inform pediatricians, health and counseling professionals, treatment providers, and other agencies in the community that help families about the SAP
- Plan media activities on the SAP

SAPs can use the [Awareness Planning Template](#) to assist planning education/awareness activities for school staff, students, families, and the community.

Adapted from: (Grunenfelder et al., 2012; SAMHSA, 2019, VDOE, 2013)

3-2 Build Awareness

Key Roles and Responsibilities



01

SAP Coordinator and/or Student Assistance Team (SAT)

Plan awareness service activities focusing on students, school staff, caregivers and families, and the community. See [Awareness Planning Template](#) to assist in planning efforts.

02

School Administrators

Support awareness activities through providing time during staff meetings and professional development days for staff development trainings, space on school website and school newsletters for program awareness activities, and access to classrooms for education on promotion and prevention topics and SAP referral and service processes.



03

School Staff

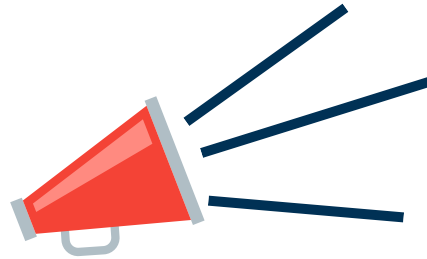
Participate in awareness activities and attend staff development trainings. Provide access to students for awareness topics. Participate on planning committees for events and campaigns.



3-2 Build Awareness

1

OSWI Resources



- **Public Service Announcement videos** (coming soon)
- **Example SAP Brochure** ([link](#) to download PowerPoint)
- **ABCs of SAP Training Slides for School Staff**
- **Ohio SAP Frequently Asked Questions** (coming soon)
- **SAP Awareness Planning Template**
- **ABCs of SAP Training Materials and Abre Learn Course**

2

Examples of Program Awareness

- **Student Assistance Resources from SAMHSA:** includes example Public Service Announcement Resources and a [guide](#) for using resources
- **Ohio Start Talking** (Ohio.gov): Drug prevention and awareness campaign materials for caregivers
- **Washington State's SAP Youtube Channel**
- **Sample SAP Brochure from Pennsylvania Network for Student Assistance Services**
- **Sample SAP Website** from STARS Nashville and [Brochure](#)
- **Example District SAP Websites:** [Example 1](#) and [Example 2](#)

3

Resources for Staff Development

- **Supporting Student Mental Health: Resources to Prepare Educators** (Mental Health Technology Transfer Center [MHTTC] Network)
- **Classroom WISE: Well-Being Information and Strategies for Educators** (MHTTC): Free 3-part training package for K-12 educators
- **Youth Mental Health First Aid**
- **Question, Persuade, Refer Training**
- **Safety and Violence Prevention Training** (Ohio School Safety Center)
- **The ABCs of Student Assistance Program Staff Training Template** (OSWI)

3-3 Prevention

General Characteristics

Prevention services are offered to prevent or reduce the risk of developing a mental health or substance use disorder by providing students with the information and skills necessary to prevent concerns. SAPs can complement and strengthen existing school prevention initiatives such as PBIS, MTSS, school climate, Social Emotional Learning [SEL], trauma-informed and restorative practices, and behavioral and mental health programs.

SAPs can use the Ohio Department of Mental Health and Addiction Services (OhioMHAS) (2019) Prevention Services Guidance Document to learn more about how prevention is defined and funded in the state of Ohio. The document provides the following definitions (OhioMHAS, 2021).

Prevention

"Prevention promotes the health and safety of individuals and communities. It focuses on reducing the likelihood of, delaying the onset of, or slowing the progression of or decreasing the severity of mental, emotional, and behavioral (MEB) health disorders. Prevention services are a **planned sequence of culturally appropriate, science-driven strategies** intended to **facilitate attitude and behavior change** for individuals and communities." (p.1)

Services can be **direct** or **indirect**:



Indirect Services

Focused on the school population and include sharing resources and collaborating to facilitate school-level change. Examples include compliance checks, media campaigns, and advocating for wellness policies.



Direct Services

Interactive prevention interventions with personal contact with small groups to facilitate student or group-level change. Examples include classroom-based programs, caregiving program, teacher training.



Source: National Academies, 2019

Prevention activities include a variety of strategies that prioritize groups with different levels of risk designed to reduce risk and prevent the occurrence of new mental, emotional, and behavioral health disorders. Prevention interventions can be classified as Universal, Selective, or Indicated based on risk level (Institute of Medicine, 2009). See [page 46](#) for descriptions of prevention in schools in relation to SAPs.

- **Universal:** Focused on the general public or a whole school population that has not been identified on the basis of individual risk. The intervention is desirable for everyone in the school or grade-level.
- **Selective:** Focused on students or a subgroup of the school whose risk of developing mental, emotional or behavioral disorders is significantly higher than average. Risk groups may be identified on the basis of risk factors that are known to be associated with the onset of a disorder (see [page 25-26](#) for examples of risk factors at the individual, family, and school/community levels).
- **Indicated:** Focused on high-risk students who are identified as having minimal but detectable signs or symptoms that foreshadow a mental, emotional, or behavioral disorder but the student does not meet diagnostic criteria at the time of the intervention.

See OhioMHAS's (2019) [Prevention Services Guidance Document](#) for more information about prevention services and specific definitions.

3-3 Prevention

Prevention Supports

Universal Prevention



Schools can implement universal Tier 1 prevention programs and practices designed to promote mental and behavioral wellness and prevent social, emotional, and behavioral difficulties and reduce risk for engaging in concerning behaviors for all students. According to OhioMHAS (2020), Tier 1 prevention interventions “create a safe, supportive learning environment for all students and include practices impacting everyone across all settings. They establish the foundation for delivering regular, proactive support and preventing unwanted behaviors. Tier I emphasizes prosocial skills and expectations by teaching and acknowledging appropriate student behavior.” Universal prevention can include substance use, SEL programming, school climate initiatives, trauma-informed and restorative practices, bullying, suicide, and violence schoolwide prevention programs as well as programs to build a safe and healthy school environment such as social and emotional education and school safety and climate initiatives (Prevention First, n.d.). SAP universal prevention should be integrated with PBIS, SEL, and school climate activities.

After students are identified with risk, Selective Prevention (for low to moderate risk) or Indicated Prevention (for high risk) supports are provided. Examples of selective-level strategies include conflict mediation training, education support groups (described below), student leadership training and mentoring programs. Examples of indicated-level strategies are counseling, referral to and ongoing consultation with a community provider of mental, substance use, or other forms of behavioral health services. Selective and Indicated Intervention is further described below in the [Intervention](#) section

Selective & Indicated Prevention Supports



Prevention Support Groups



Within selective intervention, prevention support groups provide a safe and supportive learning environment for students with known risk factors to learn healthy social, emotional, and behavioral skills to prevent challenges or reduce further impact (VDOE, 2013). Delivering prevention support in groups allows the facilitator to reach a greater number of students, facilitate healthy social interaction and bonding with other students, and offer mutual learning opportunities. Support groups are not considered therapy groups and instead are curriculum-based and focused on life skills, educational goals, and building protective factors. Example group topics include stress management, social support, social skills, self-management and emotion regulation, grief support, organization and planning, substance use prevention for at-risk students, and school connectedness.

3-3 Prevention

Strategic Prevention Framework

SAMHSA (2019) and OhioMHAS (n.d.) recommend using the Strategic Prevention Framework to guide prevention efforts. This model recommends that schools and communities:

- **Assess** their prevention needs based on epidemiological data,
- Build their prevention **capacity**,
- Develop a strategic **plan**,
- **Implement** effective community prevention programs, policies and practices, and
- **Evaluate** their efforts for outcomes.



Source: SAMHSA, 2019

Prevention Best Practices

- ☐ *Systematically plan continuum of prevention supports and programming. Conduct Needs Assessment and Resource Mapping to aid this process*
- ☐ *Adopt policies and procedures for addressing issues of health, safety and welfare that include SAP as the mechanism for help*
- ☐ *Use data to plan and evaluate prevention programming*
- ☐ *Monitor fidelity of prevention programming*
- ☐ *Align prevention programming with strengths, needs, and cultural/linguistic background of students and families in your school*
- ☐ *Plan for sustainability of prevention initiatives*
- ☐ *Integrate SAP prevention activities with other prevention initiatives in the building (PBIS, bullying, SEL, Whole Child Framework) to address the needs of students*
- ☐ *Train staff on prevention topics such as implementing trauma-informed practices, self-care practices, prevention best practices, or training in a specific prevention curriculum for students*
- ☐ *Partner with community service providers and prevention specialists to plan prevention activities*
- ☐ *Complete program evaluation for prevention initiatives*

3-3 Prevention

Key Roles and Responsibilities for Prevention



Administrator

- Support and advocate for prevention policies and tiered prevention programming
- Attend prevention planning meetings
- Communicate with staff on the importance of prevention
- Plan time and opportunities for prevention training (for staff) and programming (for students and community)



School Staff

- Attend prevention training
- Implement prevention activities and programming
- Participate in prevention planning and program evaluation (when appropriate)



Student

- Receive prevention programming and participate in prevention activities
- Volunteer for prevention student advisory committees
- Share feedback on prevention activities



Leadership Team

- Work with existing school teams (e.g., MTSS, BLT, PBIS) to outline a continuum of prevention supports for the school and plan environmental strategies to influence policies, procedures, and messaging
- Collaborate with existing school teams on creating, planning, and implementing Ohio prevention plans and participate on prevention task forces and committees
- Complete prevention program evaluation and survey families and students



SAT and SAP Coordinator

- Coordinate prevention activities
- Serve as a Liaison between teams
- Guide prevention planning
- Monitor prevention activities



Caregivers

- Attend prevention programming (when available)
- Consider providing consent for student participation in prevention support groups
- Share feedback about prevention initiatives

3-3 Prevention: Strategies

The Center for Substance Abuse and Prevention (CSAP) (2015) outlines six prevention strategies to use in alignment with SAMHSA's (2019) Strategic Prevention Framework. The first two strategies, Education and Environmental strategies, are considered key strategies, and the others are supplemental strategies.

Education



- Delivery of services to increase knowledge and skills as well as influence attitude and/or behavior. Examples include PBIS and SEL Tier 1 activities.
- Involves two-way communication with the interaction between educator/facilitator and participants as the basis of the activities.
- Activities influence critical life skills and social/emotional learning including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Alternatives



- Provides opportunities for positive and healthy activities as a means of reducing risk-taking behavior and reinforcing protective factors.
- Include a wide range of social, cultural, and community service/volunteer activities.
- Should be conducted as a part of a larger comprehensive prevention effort.

Community-Based Process



- Focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking.
- Essential to effectively implement an environmental strategy.
- Planning and meeting should result in the selection of either an education or environmental strategy.

Environmental



- Establishes or changes standards or policies to reduce the incidence and prevalence of behavioral health concerns in a population.
- Uses media, messaging, policy and enforcement activities conducted at multiple levels in the social-ecological model.

Information Dissemination



- Builds awareness of mental, emotional and behavioral health and the impact on individuals, families and communities.
- Dissemination of information about prevention services.
- One-way communication from source to audience.
- Foundation for community-based process to engage and mobilize communities into action.

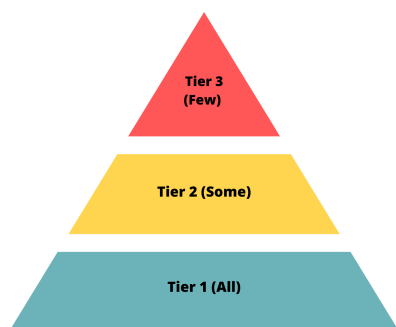
Problem Identification & Referral



- Focuses on referring individuals who are currently involved in primary prevention services and who exhibit behavior that may indicate the need for a behavioral health assessment.
- Use when an individual enrolled in direct service is identified as possibly needing or may benefit from services that exceed the scope of prevention.

3-3 Prevention

Outcomes of Prevention



Prevention policies
are in place

Prevention information is
disseminated

Universal prevention
is implemented

Students with social, emotional,
behavioral, or substance use risk are
identified

Selective and Indicated prevention is
implemented

Existing Prevention Resources

- **Supporting School Wellness Toolkit** (ODE, 2022): Provides teachers, administrators, students and families and communities with support to assist in responding to challenges amplified by the COVID-19 pandemic.
- **Prevention Education and Student Well-being Supports** (ODE, 2020): As part of Reset and Restart education, this page includes information on building resilience in students, participating in the K-12 Preventative Educational Initiative, and a list of resources.
- **K-12 Prevention Education Initiative** (OhioMHAS, 2021): The K-12 Prevention Education Initiative seeks to provide “evidence-informed prevention services” to each child. See [Prevention Resources](#) for tools, templates, best practices, FAQs, and self-assessments.
- **Prevention 101 Training** (Montgomery County ESC, 2021): A three-part training series designed to help schools and districts strategically implement comprehensive mental wellness and prevention programs.
- **Drug Use Prevention Education: Resource Guide** (Ohio Attorney General, 2016): This resource guide walks through drug use prevention strategies.
- **SAVE Students Act (HB 123)** (ODE, n.d.): Outlines requirements and resources related to Safety and Violence Prevention in Ohio Schools.
- **School Mental Health Initiative Alignment Map** (NCSMH, n.d.): Template to aid in mapping mental health initiatives.
- **Suicide Prevention in Schools** (OhioMHAS, 2021): Outlines comprehensive suicide prevention for schools.
- **Health and Opioid-Abuse Prevention Education Curriculum** (Ohio.Gov, 2021): This preventative education curriculum provides lesson plans, assignments, material, and guides to teach substance misuse prevention.
- **Strategic Prevention Framework** (SAMHSA, 2019): Outlines strategic prevention framework steps.
- **Safety and Violence Prevention Training** (Ohio School Safety Center, 2020): Helps staff members learn how to help prevent child abuse, violence, and substance misuse and the promotion of positive youth development.
- **Fostering Resilience within a Tiered Framework** (Project Aware Ohio, 2015): Information brief on building resilience support at the tertiary, secondary, and primary levels.
- **Safe Schools Healthy Students** (OhioMHAS, 2021): This initiative seeks to engage stakeholders through developing data-driven plans to delay behavioral health concerns.
- **Needs Assessment and Resource Mapping Quality Guide** (NCSMH, 2020): Outlines the process and provides resources for completing a needs assessment and resource mapping.

3-4 Screening/Early Identification

General Considerations

It is important for schools to establish and use a standardized process for screening all students and identifying students who show risk factors for mental health or substance use or early warning signs, so that they can be referred for additional evaluation and/or appropriate services (see [Section 3-5](#) for more information on referral).

Ways to Identify Students Who Need Help

- Universal screening
- Early warning system
- Identification of warning signs to initiate a referral

Early Identification/Screening Best Practices

- ☐ *Proactive process in place to identify students early before needs intensify*
- ☐ *Process is systematic with clear and detailed processes and procedures*
- ☐ *Universal screening is NOT diagnostic, nor does it determine what treatment or intervention is required.*
- ☐ *Universal screening IS used to (a) identify risks, warning signs, or areas of concern, and (b) determine if additional evaluation or referral is necessary*
- ☐ *Regular training on risk and protective factors, warning signs, and early identification screening and referral process occurs*
- ☐ *Staff are trained on culturally responsive identification considerations*
- ☐ *Partner with caregivers to educate about the early identification process and inform if student is identified (when appropriate)*

3-4 Early Identification

Key Roles and Responsibilities for Early Identification



Student

- Reach out to teachers or other school staff if experiencing mental health concerns, substance use, or other barriers to school or personal success.
- Participate in screening assessments requested (e.g., rating forms, interviews).
- Ask questions, and express concerns, throughout the process.



School Staff

- Be alert for and recognize risk indicators and warning signs in students.
- Understand and utilize the universal screening process.
- In teacher-based teams, collect data on student concerns, implement classroom interventions, and monitor response.
- Complete referral forms (when appropriate).
- Participate in staff-completed screening assessments requested (e.g., teacher rating forms).



SAT and SAP Coordinator

- Provide information to school staff, caregivers, and students on (a) how to make a request for SAP assistance, and (b) the early identification and screening process.
- Work with the SAP, PBIS, and/or BLT team to determine and implement evidence-informed procedures for universal screening and referral processes.
- Receive the referral and respond in a timely manner to requests for assistance.



Leadership Team

- May be an existing team that subsumes these responsibilities (e.g., SAT, data team, PBIS team, BLT), or alternatively may be a team developed specifically for this purpose (e.g., Universal Screening Team).
- Oversee the planning, implementation, and evaluation of universal screening efforts.
- Communicate bi-directionally with diverse and representative stakeholders, ensuring they understand the screening process and have the opportunity to provide meaningful input/feedback.
- Refer students to the SAP if barriers to learning.



Caregiver

- Share concerns you have about the child's mental health, behavioral health, substance use, or academic performance with school staff.
- Consider providing consent and participating in any requested caregiver-completed screening assessments (e.g., caregiver rating forms or interviews).
- Ask questions, and express any concerns, throughout the process.

3-4 Early Identification: Universal Screening

Different Types of Screening



Universal Screening

- All students in the school participate in a screening process to identify students who may need further assessment or intervention, and/or referral to SAP.
- The screening process may involve brief rating scales or other methods of efficiently assessing student needs.
- A consent process (active or passive) should be in place; consider type of screening when planning consent.

Example: A school administers a brief, validated rating scale to all students in the school in order to identify students who may be at risk for mental health concerns. Based on universal screening results and with caregiver and student collaborative decision making, some students are identified for Tier 2 intervention and a subset are referred to the SAP team. A school may also use a Screening, Brief Intervention and Referral to Treatment (SBIRT) process to guide efforts.



Screening for services initiated through the referral process

- A student is referred for screening through the SAP process, based on a suspected concern/risk/need.
- The purpose of this screening is to learn more about the concern and inform the level of need/services.
- Schools should obtain active consent before proceeding with screening for services.

Example: A student is referred to SAP due to recent changes observed in their behavior and academic performance. As part of the SAP process, the student, caregiver, and teacher complete brief rating scales to provide additional information on concerns and needs related to their mental health and any possible substance use. The information is used to determine level of need and inform services.

The rest of this section is focused primarily on **universal screening** to assist in *early identification*. For more information on screening for services initiated through the referral process, please refer to section 3-5 on Referral.

3-4 Early Identification: Universal Screening

Steps in Universal Screening

1

Identify School Leadership Team



A representative school team is identified to help plan, implement, and evaluate the universal screening process.

2

Identify Areas and Instruments



The team determines the areas of greatest need in the school (e.g., mental health, social skills, substance use) and selects the appropriate screening instruments for this specific need in consideration of student population and cultural background.

3

Plan for Implementation



Plan for rater, caregiver consent process (passive vs. active), and screener setting. Share the screening instrument with families. Develop district policy for consent procedures and communicating with families. Schedule time to administer, score, and interpret the screening tool.

4

Administer Screening



Proctors are trained and prepared with resources to administer the screening tool with fidelity. Additional trained staff should be available to answer questions.

5

Use Results to Inform Intervention



Screening data to identify student risk-level are used to inform evidence-based intervention plans. Communicate results to caregivers. Intervention process decisions are made by school teams, caregivers, and students.

6

Evaluate Progress



Progress monitoring tools to assess the effectiveness of ongoing interventions. Fidelity data on screening administration are used to improve screening process.

(see [Universal Screening Guidance Document](#) for more details on each step)

3-4 Early Identification: Early Warning System

Early Warning System

As part of their early identification processes, some schools establish and use “Early Warning Systems.” These systems use research-based indicators to identify students at risk of failing to meet key educational milestones (American Institutes for Research [AIR], 2019) such as academic achievement, behavioral health indicators, or school persistence. Students identified through an Early Warning System should be discussed at a data team meeting and may or may not be referred to SAP (see “Outcomes of the Universal Screening Process” section below).

Indicators for an Early Warning System

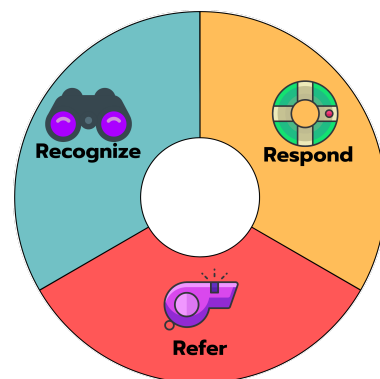
See AIR’s (Li et al., 2016) [Early Warning System Guide](#) for cut-offs and research. Example indicators are provided below:



3-4 Early Identification: Systematic Early Identification

Systematic Early Identification Process

In addition to universal screening or an early warning system, early identification can occur through a systematic internal referral process. To aid this process, staff should be trained on risk and protective factors and warning signs. Program awareness efforts should educate staff, caregivers, students, and the community about the early identification process to recognize warning signs or need, respond to support the student, and refer to the SAP.



Early Identification Sources



Staff

Teachers, aides, and school staff can identify warning signs, change in behavior, or need to initiate a referral.

Educate on warning signs, referral process, and confidentiality plan.



Administrator

Administrators can refer to the SAP team if a student has violated the district's drug and alcohol policies, truancy concerns, or disciplinary offenses or if they notice social, emotional, behavioral concerns.

Educate on warning signs, barriers to learning, referral process, and proactive strategies.



Peer

Peers are often aware of each other's functioning better than many adults, especially in adolescence. Need a clear peer referral process.

Educate on identifying warning signs and peer referring process.



Self

Students can also identify concerns within themselves and voluntarily seek assistance through the SAP identification process; avoid punishing or penalizing behavior that occurs prior, when possible.

Educate all students on self-referrals and SAP services, discuss what comes after a referral.



Caregiver

Caregivers can identify needs or warning signs and refer their child to the SAP for access to school or community services.

Educate about SAP policies, services, and the referral process. Provide clear access to SAP referral forms.



Community

Provide opportunities for community agencies (e.g., after school programs, treatment agencies) to identify need or warning signs and refer students to the SAP.

Educate on SAP program policies, services, and the referral process.

3-4 Early Identification: Early Identification Process

Warning Signs to Initiate a Referral

A warning sign is an action or behavior - often called a “red flag” - that suggests imminent risk for mental health or substance use concerns. School staff and students should be trained on warning signs to observe to initiate a referral to the SAP. School districts should disseminate information on warning signs and the SAP process to students, caregivers, and the community. The infographic below summarizes warning sign indicators.



Physical

Frequent somatic complaints, sexual acting out, noticeable changes in sleeping and/or eating habits, repeated use of drugs or alcohol



Social

Social withdrawal, history of discipline concerns (e.g., defying authorities, aggressive behavior towards others), patterns of bullying, recent loss of a close relationship



Psychological

Severe worry or anxiety (e.g., reluctance to go to school, go to sleep, or participate in activities considered normal for the student's age), difficulties paying attention and concentrating at home and school, depression (which may be accompanied by thoughts of death, poor appetite, or troubles sleeping)



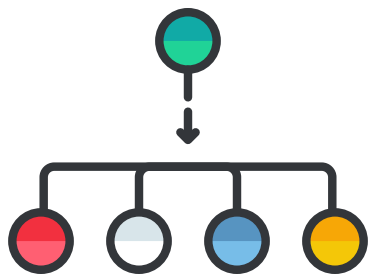
Academic

Significant decrease in quality of school performance, poor grades despite authentic effort, patterns of truancy, high number of office discipline referrals (ODRs)/suspensions, significant decrease or concerns with school attendance

Adapted from Davy et al., 2008; Virginia Department of Education (VDOE), 2013; [Youth.gov Warning Signs](https://www.youth.gov/youth/initiative/mental-health/early-identification)

3-4 Early Identification: Early Identification Process

Outcomes of the early identification process



The leadership team should develop guidance for determining how to use universal screening and early identification results to inform next steps.

In general, students identified through the universal screening or early identification process may be:

- 1) Identified for Tier 1 consultation or supports (no to low risk),
- 2) Identified for Tier 2 supports only (low risk),
- 3) Referred to the SAP team for further individualized screening and services (moderate to high risk).

It is important to keep in mind that not every concern is appropriate for a SAP referral. The team should consider if there is a barrier to learning and if further problem solving is needed. Some students identified with low risk through universal screening may benefit from starting with existing Tier 2 supports, and only be referred to SAP if needs intensify or do not improve.

Additional Resources

- **Screening Guidance Document** (Noltemeyer et al., 2016): Provides an overview of universal screening, detailed guidance, and resources on implementing universal screening.
- **School-wide Behavior Screening** (Hoff et al., 2015): Information Brief on implementing universal screening.
- **Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide** (Romer et al., 2020): Provides an overview of universal screening, detailed guidance, and resources on implementing universal screening. See appendices for an [example passive consent form](#) and implementation checklist and planning form.
- **School Mental Health Quality Guide: Screening** (NCSMH, 2020): Reviews the purpose of screening and identifies best practices for implementing universal screening.
- **District Guide for Creating Indicators for Early Warning Systems** (Li et al., 2016): Provides guidance on creating indicators and cut points for early warning systems.
- **Example SAP Referral Form** (OSWI, 2021): Provides an example SAP referral form template for districts to adapt and use. Click the link to download the Word document of file.
- **School Screening, Brief Intervention, and Referral to Treatment (SBIRT)** (Massachusetts SBIRT Training and Technical Assistance, 2021): Resources and training on implementing SBIRT in schools.
- **School SBIRT Implementation Planning Template** (Massachusetts Department of Public Health, 2016): Planning guide to implementing SBIRT in schools.

3-5 Referral

General Considerations

Access to school or community services provides students with the assistance they need to overcome problems with both their academic and overall development (VDOE, 2013). A systematic referral process should be in place to link students with risk or presenting with social, emotional, behavioral, or substance use difficulties with SAP and community-based services. In this section, we describe an internal referral process.

Internal Referral Process Best Practices

- ☐ *Educate students, families/caregivers, and community members on the process to build awareness for the referral process and forms and services*
- ☐ *Develop a clear and systematic internal referral process to provide students, school staff, and families with a mechanism to refer students with risk or presenting with social, emotional, behavioral, or substance use difficulties*
- ☐ *Provide opportunity for self, peer, caregiver, staff, administrator, and community referrals*
- ☐ *Implement an accessible and inclusive process that provides all students with equitable access to the SAP*
- ☐ *Plan for sustainability through documentation, clear processes and procedures, and identifying referral leads*
- ☐ *Collaborate with outside agencies when developing and implementing the process*
- ☐ *Train school staff on the process each year and provide support for using the forms and procedures*
- ☐ *Follow through on all referrals and document all actions and decisions*
- ☐ *Develop confidentiality guidelines (see confidentiality section)*
- ☐ *Provide a single point of referral entry to allow the triage team to quickly direct the referral*
- ☐ *Develop school-specific referral process and forms*
- ☐ *Collaborate and partner with caregivers and students referred to the SAP*
- ☐ *If a learning disability (special education or dyslexia related) is suspected, follow appropriate steps.*

3-5 Referral

Key Roles and Responsibilities for Referral Processes



Student

- Reach out to teachers, other school staff, or the SAP coordinator and complete a referral form if experiencing mental health concerns, substance use, or other barriers to school or personal success or noticing warning signs in peers.
- Participate in any screening assessments requested (e.g., rating forms, interviews).
- Ask any questions you have, and express any concerns you have, throughout the process.
- Attend student support meetings (when appropriate) or collaborate with SAT personnel individually to assist with student support and screening.



Student Assistance Team

- Review referral form, behavior checklist, and initial data to determine if there is a barrier to learning.
- Team makes a recommendation for Tier 1 support, Tier 2 intervention, screening for services, or referral to outside services if not a school concern.
- Inform and partner with caregiver and student if proceeding with SAP process.
- Administer screening for services and conduct interviews.
- Invite caregivers and the student to a student support meeting (when appropriate) to analyze the concern and determine level of need and type of intervention or referral to services.



School Staff

- Understand and utilize the process for referring students to the SAP team for screening.
- Collect baseline data and monitor response to any classroom interventions.
- Participate in any staff-completed screening for services or assessments requested (e.g., teacher behavior checklist or rating forms).
- Attend referral meetings and participate in student support



SAP Coordinator/SAP Case Manager

- Provide training on the referral process and develop clear and systematic referral procedures.
- Receive the referral and respond in a timely manner to requests for assistance.
- Assign a case manager to gathers initial behavior checklists and existing data.
- Review referral form with SAT.
- Provide SAP documentation, schedule meeting, and provide case management (unless a different case manager is assigned).



Caregiver

- Share concerns you have about your child's mental health, behavioral health, substance use, or academic performance with school staff and/or the SAP coordinator and complete referral form.
- Consider providing consent and participating in any requested caregiver-completed screening assessments (e.g., caregiver rating forms or interviews). Share student strengths and skills in addition to any concerns.
- Ask any questions you have, and express any concerns you have, throughout the process
- Attend student support meetings (when appropriate and available).

3-5 Referral: Steps in Referral Process

Step 1

When a staff member, caregiver, student, peer, or community member identifies a concern based on warning signs, risk factors or behavior, a referral form is completed. Alternatively, the SAT can identify students through universal screening or building data teams can recommend students for SAP services. After a student is referred to SAP, the case manager should gather initial behavior checklists and existing data (e.g., attendance, behavior referrals, universal screening, academic performance, medical records, baseline data in response to classroom interventions). The case managers also need to obtain caregiver consent and explain the SAP process if district policy requires caregiver permission prior to sending out screening for services forms.

Concerns Identified

The SAT initially reviews the referral and existing data to determine if there is a barrier to learning. The team should recommend and document one of the following:



No or Low Barrier to Learning and No Substance Use:

Continued monitoring with Tier 1 support or consultation → Document decision to not proceed with Student Assistance process and offer continued periodic monitoring with Tier 1 support.



Some Barrier to Learning or Mental Health or Substance Use Risk:

In-school Tier 2 support → Obtain consent for Tier 2 Intervention.



Moderate to Large Barrier to Risk and Mental Health or Substance Use Concerns:

Further assessment and student support with screening for services → Obtain consent for screening for services, schedule time for caregiver interview, and invite caregiver to SAP student support meeting.



Not a school issue:

Refer to outside services → Connect with caregiver to provide referral or offer a range of service options.

If caregiver consent to proceed with the SAP is not obtained, the team should respect the family's decision. The case manager should offer a range of alternative supports (e.g., in-school Tier 1 and 2 supports or community resources) to the family. The team should document the caregiver's decision and send a refusal letter to the family and keep a copy in the student's SAP file. It is critical to establish a positive working relationship with the caregiver and referral source. The SAP case manager should contact the original referral source after 30 days to monitor the concern. The case manager can then follow up with the family about the concern after 30 days and check that their needs are being met. Staff or the team can make a new referral to SAP if additional concerns or policy infractions arise. If a student is in danger of harming themselves or others, implement the district crisis plan immediately. In the event that urgent medical care is needed, caregiver or guardian consent is not needed for a physician to diagnose or treat conditions caused by substance-use concerns of minors concern under Ohio law (O.R.C. 3719.012). Similarly, with some limitations, mental health professionals may provide outpatient mental health services upon request by minors fourteen years of age or older without the consent or notification of a parent or guardian under Ohio law (O.R.C. 5122.04). These services are limited to six sessions or thirty days, whichever is earlier.

Adapted from Student Assistance Program in Pennsylvania, 2018 [Student Assistance Process](#); Prevention First, n.d.



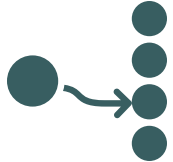






3-5 Referral: Steps in Referral Process

Step 2

After a referral is made and written consent is obtained, the team should administer the **screening for services** to referred students to analyze and validate the concern, determine the level of need, and identify student strengths, positive characteristics, and skills. The case manager should complete the screening for services (data collection) process including rating scales for the student and/or family and data collection observation forms distributed to staff members and others who have contact with the student. The case manager should also compile existing archived data (e.g., grades, academic achievement data, attendance, behavioral referrals, universal screening data) to present to the SAT to determine patterns of behavior and understand all aspects of functioning. The case manager should also conduct a student and/or caregiver interview (caregiver interview may be less appropriate if minor substance use is the concern for adolescents) to understand strengths, skills, talents, concerns, goals, and cultural values. The case manager/SAP coordinator should then gather all sources of data to present to the Student Assistance Team and data should be stored in the student's secure SAP file.

Analyze the Concern

Information to be Collected after a Referral is Made:

<p>Student strengths; positive characteristics, talents, skills</p> 	<p>Successful experiences and interests of the student</p> 	<p>Resources required to address the problem</p> 
<p>Information from student, family, community, and caregivers</p> 	<p>Academic, discipline, attendance, and health records</p> 	<p>Overall school performance and grade history</p> 
<p>Behavior Concerns</p> 	<p>History of Concerns/Problem Behavior</p> 	<p>Previously Attempted Strategies</p> 

The case manager presents the data to the SAT at the first available opportunity for problem-solving. The team analyzes why the problem is occurring and determines the level of need. [Section 3-5](#) summarizes potential outcomes from screening for services.

3-5 Referral: Steps in Referral Process

Step 3

Partner with student and caregiver to develop a plan to meet the student's needs and improve functioning. The team in collaboration with the student and caregiver should match the student to an evidence-based intervention or service based on the level of need and type of concern. The team should consider if the concern is within the scope of the school and/or if a referral to community-based services is warranted.



Develop a Plan

Plan components:

Team members



Implementation details for intervention or referral (i.e., who, what, where, when)



System to monitor whether the intervention is occurring as designed



Student SMART goals



Progress monitoring plan



Dates for progress review



Tip: Develop a menu of intervention options, entrance and exit criteria, and progress monitoring options to make the planning process more efficient!

See [Intervention 3-6 section](#) for more intervention planning guidance

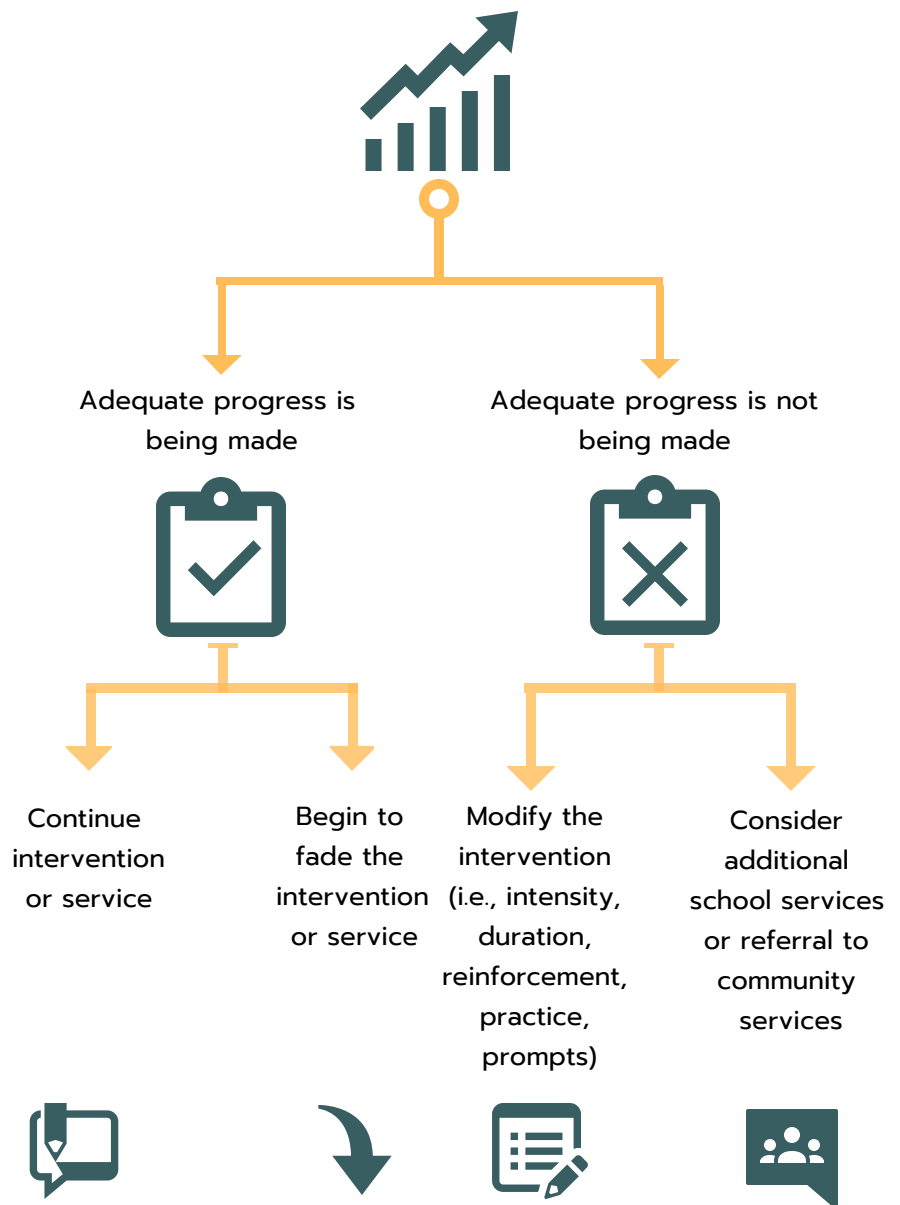
3-5 Referral: Steps in Referral Process

Step 4

After plan development, the team should implement the plan as designed and make any appropriate referrals. The case manager, services liaison, or community provider should obtain written caregiver consent (when appropriate) for the intervention and/or services and a release of information to allow communication between the SAP and provider (if necessary). During case management SAT meetings, the team should monitor that the intervention is occurring or troubleshoot any barriers to support or progress. The team should meet to evaluate progress at designated intervals and collaborate with the student, family, and interventionist or service provider on monitoring progress and evaluating student functioning. If the student is removed from the home school or environment due to hospitalization, treatment, or more intensive school-based services, the SAP should offer re-entry support. Staff should also work with BLT teams to monitor learning loss issues.

Implement & Evaluate Plan

Evaluating Progress



Tip: Regular case management, monitoring, and communication is essential!

- Based on the outcomes, the team should decide whether to continue, fade, modify, or intensify the intervention(s). Related to the latter two options, if the student is not showing expected progress with school-based interventions, the SAT may consider additional school-based services or referral to community-based services. See [Guided Support Services 3-7 Section](#) for more detail.

3-5 Referral: Steps in Referral Process

Outcomes of Screening for Services within Referral Process:

For all students referred to the Student Assistance Team, the team should use outcomes from the screening for services process to identify whether there is:

- **No to low risk and no substance use-** Refer to other school services (i.e., academic tutoring, health center) or no services needed. Students should continue to receive Tier 1 support and can offer Tier 1 consultation.
- **Low to moderate risks and/or minimal/experimental substance use-** Refer to Tier 2 services or other assessment/intervention/case management depending on needs.
- **Moderate risks and/or moderate use/misuse-** Develop Tier 2 and/or Tier 3 intervention, case management, additional assessment, and other school and community-based agencies based upon identified needs.
- **High risks/need and/or high use/misuse-** Refer to highly individualized and intensive Tier 3 services, case management, family consultation, wraparound, additional assessment, and/or other school- and community-based agencies based upon identified needs. Offer re-entry support if needed.

Adapted from Grunenfelder et al., 2012

Additional Resources

- **National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools** (MHTTC Network, 2019): Presents a participant manual, which is comprised of presentations, templates, assessments, and more to support comprehensive school mental health systems. See pages 98-99 for referral process.
- **School Mental Health Referral Pathways Toolkit** (SAMHSA, 2015): Presents a toolkit for setting up referral pathways at the earliest points of mental health support within MTSS framework. Provides example resources.
- **Referral Pathways Protocol for Mental Health** (Project AWARE Ohio, n.d.): Protocol developed by Project AWARE Ohio to create a pathway for mental health referrals.

Pennsylvania SAP Example Resources: These samples provide a foundation for schools and stakeholders to customize for their intended audience as well as their program:

- [Sample Referral Form](#)
- [Sample Caregiver Phone Call](#)
- [Sample caregiver consent](#) and [screening consent](#) forms
- [Behavior Observation Templates](#)

(Pennsylvania Network Student Assistance Services [PNSAS], n.d.)

OSWI Implementation Resources

- **Example Referral Form**
- **Case Manager Checklist** to use after a referral
- **Example Caregiver Phone Call Script** (link downloads word document) to use when explaining the SAP process to caregivers
- **Sample Student Assistance Team Case Management Agenda** to review new and existing referrals
- **Example Student Support Team Meeting Agenda and Meeting Minutes**

3-6 Intervention

General Considerations

- An intervention can be broadly defined as an action taken to improve a situation (Prevention First, p. 45). With regard to mental and behavioral health specifically, the intervention has been defined as, “Programs or specific practices that are provided in an effort to promote well-being or prevent or reduce mental health problems” (Florida AWARE [Advancing Wellness and Resiliency in Education], n.d.).
- In general, interventions may be designed to enhance protective factors, minimize risk factors, or develop skills/assets.
- A range of school and/or community interventions, across a continuum of supports, should be available and delivered to students identified during the early identification and referral process.
- The National Academies of Sciences, Engineering, and Medicine (NASEM, 2019) model of mental, emotional, and behavioral **interventions** includes a continuum of supports:

Promotion: Interventions used to develop skills-based positive attributes that promote mental, emotional, and behavioral development.

Prevention: Interventions offered prior to the onset of a disorder, which are intended to prevent or reduce the risk for its development.

Treatment: Interventions provided to someone demonstrating mental, emotional, and behavioral health concerns or disorders.

Maintenance: Interventions provided to prevent recurrence or further deterioration of mental, emotional, and behavioral health.

Interventions can be further distinguished by:

Level of prevention

Within prevention, supports can be applied at three levels: (1) universal (provided to all; not based on risk), (2) selective (provided to a subpopulation at risk of developing mental health or substance use disorders), and (3) indicated (provided to high-risk individuals who demonstrate signs or symptoms foreshadowing mental health or substance use disorders).

Tiers of support

Interventions can be provided at the Tier 1 (all students, universal support), Tier 2 (some students, selective and indicated support), and Tier 3 (few students, intensive and individualized support) levels. Definitions of each tier, along with a sample of best practices and examples, can be found on the following pages.

3-6 Intervention: Tier 1

Definition

Tier 1 supports create a safe, supportive learning environment school-wide and provide all students with information and skills necessary to promote mental and behavioral wellness and prevent mental health, behavioral health, or substance use concerns. Tier 1 establishes the foundation for delivering regular, proactive support and preventing unwanted behaviors. Tier I, which includes Universal Prevention, emphasizes prosocial skills and expectations by teaching and acknowledging appropriate student behavior. (Adapted from OhioMHAS' Prevention Initiative Self-Assessment)

Best Practices

- Evidence-based
- Socially valid
- Culturally responsive
- Delivered with fidelity
- Use data to identify and monitor progress
- Opportunities for family involvement

Examples

- Schoolwide curricular lessons and grade-level or classroom presentations for all students
- Schoolwide initiatives focused on prevention and wellness (e.g., SEL, bullying, school climate)
- School-wide Positive Behavioral Interventions and Supports (PBIS)



3-6 Intervention: Tier 2

Definition

Tier 2 interventions and systems focus on early identification to provide focused social, emotional, and behavioral support for youth with mental health, behavioral health, or substance use risk or low-intensity need. The goal of Tier 2 selective and indicated supports is to promote health and wellness, and to reduce or eliminate the need for more intensive interventions. Tier 2 interventions are sometimes delivered to small groups of students with similar needs, but may also be low-intensity individualized supports.

Best Practices

- Evidence-based
- Socially valid
- Culturally responsive
- Delivered with fidelity
- Use data to identify and monitor progress
- System for selecting the appropriate targeted intervention
- Process for involving caregivers/families

Examples

- Social and emotional skill-building groups
- Check and Connect
- Check-In/Check-Out
- Mentoring
- Peer Support
- Brief individualized interventions (e.g., motivational interviewing, problem solving)



3-6 Intervention: Tier 3

Definition

Tier 3 involves intensive, individualized intervention for students who exhibit significant or persistent mental health, behavioral health, or substance use challenges or require referral to an outside community agency for treatment. Tier 3 supports are highly tailored to the individual student's needs and circumstances, and may involve referral to community services and/or wraparound.



Best Practices

- Evidence-based
- Socially valid
- Culturally responsive
- Delivered with fidelity
- Individualized plan with measurable goals developed with input from the student as well as school, community, and family stakeholders
- Process for closely involving caregivers/families
- Highly tailored to student's unique strengths, needs, and culture
- Collect data frequently and systematically to monitor student outcomes
- Increased intensity (e.g., duration, time, expertise of interventionist, ratio of students to interventionist) and explicitness

Examples

- Individual counseling
- Family counseling
- Crisis management
- Functional behavior assessment/behavior intervention plan
- Wraparound supports



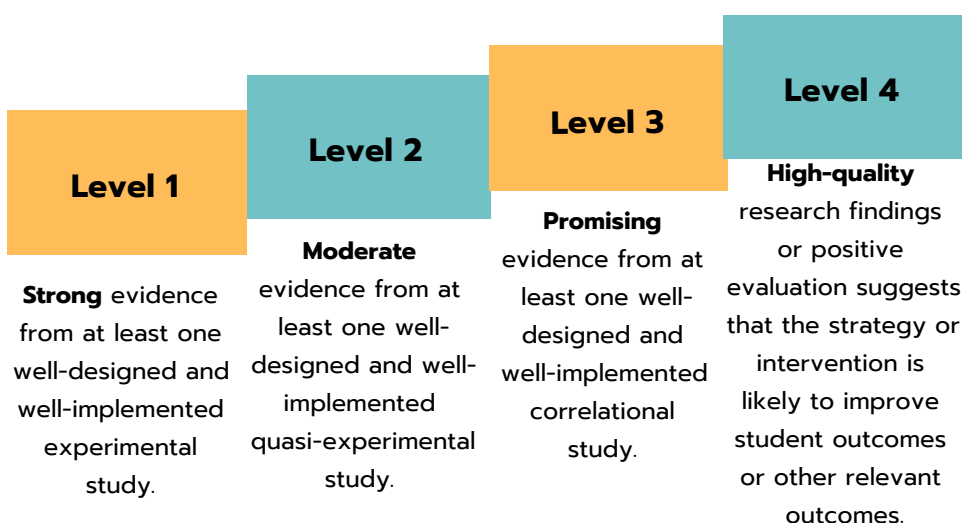
3-6 Intervention

Characteristics of Evidence-Based Interventions

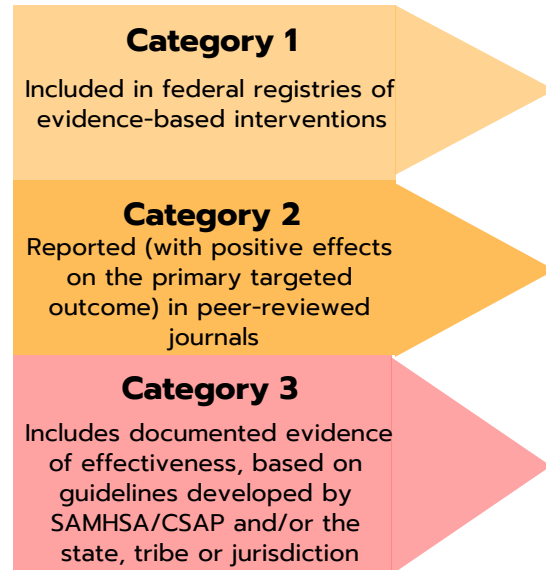
The term evidence-based intervention typically refers to programs, practices or activities that have been evaluated and proven to improve student outcomes ([Ohio Department of Education](#), n.d.).

Beyond this general definition, organizations have operationalized the criteria for evidence-based in different ways. Here are two examples of criteria for evidence-based intervention:

Every Student Succeeds Act [ESSA] (Section 8002) and the U.S. Department of Education's Evidence-Based Levels



SAMHSA (2009) Evidence-Based Intervention Categories



Intervention Best Practices

- ☐ Use a clear and systematic process for planning interventions
- ☐ Intervention selection process guided by evidence
- ☐ Develop and document clear and detailed goals and implementation plans
- ☐ Partner with students and families on developing and evaluating interventions
- ☐ Invite relevant community service providers to meetings
- ☐ Use culturally responsive practices and plan culturally relevant approaches
- ☐ Train interventionists and teachers on intervention plan

3-6 Intervention

Steps in Identifying and Implementing Interventions

In their Student Assistance Guidebook, Prevention First* has identified 8 steps for designing and implementing interventions. Before implementing these steps, school teams should first frame the concern, analyze the function and environmental factors, and analyze academic and social and emotional skills. School teams can then consider using or adapting these steps for intervention planning to best fit their context and needs (list adapted from p.64):

Step 1

Create specific target behaviors/skills for intervention, selecting those that are essential needs and skills.

Step 2

Order target behaviors/skills for intervention by level of importance.

Step 3

Establish SMART (i.e., specific, measurable, achievable, realistic, timely) goals.

Step 4

Identify several evidence-based strategies/interventions that can address the target behaviors/skills.

Step 5

Identify the resources and materials crucial to implementing the evidence-based strategies/interventions.

Step 6

Create an action plan with the following questions in mind: what will occur, who will implement the plan, where (each part of) the intervention will occur, and when (each part of) the intervention will be implemented?

Step 7

Identify necessary training for all staff that are necessary to implement the intervention successfully.

Step 8

Decide how and when the intervention will be progress monitored. Set clear benchmarks or criteria for measuring progress.

*Prevention First is a nonprofit resource center based out of Chicago, IL

3-6 Intervention

Several Evidence-Based Clearinghouses can assist with identifying evidence-based interventions. For example:

What Works Clearinghouse-

Reviews and evaluates existing research on a variety of educational programs, practices, and policies. Includes systematic reviews, practice guides, and information about individual studies.

Ohio's Evidence-Based Clearinghouse-

Provides information and resources on how to use data and evidence-based strategies within the cycle of continuous improvement.

Evidence for ESSA-

Provides information on programs and practices that meet each of the top three ESSA evidence standards in a given subject and grade level. The site includes reading programs and math programs in grades K-12.

Top Tier Evidence-

Identifies social programs shown in studies to produce sizable, sustained benefits to participants and/or society, so that they can be deployed to help solve social concerns.

Blueprints for Violence Prevention-

Provides suggestions of implemented research-based criteria for evaluating program effectiveness.

Blueprints for Healthy Youth Development-

Provides a comprehensive registry of scientifically proven and scalable interventions that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity.

Promising Practices Network-

Provides useful information to decision makers, practitioners, and program funders who had to choose among many possibilities for improving results for children, youth, and families.

Quality and Effective Practice Registry-

Provides a listing of successful strategies and programs across Ohio that achieve positive outcomes related to academic and social and emotional needs of K-12 students.

3-6 Intervention

9 Components of Effective Evidence-Based Practices

The Virginia Department of Education (2013) identifies nine components of effective evidence-based practices that should also be considered when selecting interventions (p. 40). For each component, we suggest asking the following questions, which we developed around the 9 components identified by the Virginia Department of Education (2013):

1	Comprehensiveness	Are multiple interventions necessary if family, peer and community environments enable or worsen behavioral concerns?
2	Varied Teaching Methods	Does the instruction include active hands-on learning experiences to sharpen skills to emphasize both awareness and understanding of behavioral concerns?
3	Sufficient Dosage	Are students, teachers and staff exposed to enough student assistance programming for it to be effective?
4	Theory Driven	Is it supported by accurate information and empirical research?
5	Positive Relationships	Do students have solid relationships with adults and peers to result in positive outcomes?
6	Appropriately Timed	Is it developmentally appropriate and promotes early intervention on youth concerns?
7	Socio-Culturally Relevant	Does the program complement the culture of their intended groups and foster participation in implementation?
8	Outcome Evaluation	Were clear objectives and goals specified? Will the selected progress monitoring strategies allow the team to determine if the objectives and goals were met?
9	Well-Trained Staff	Are staff trained to implement and monitor the intervention?

"The relationship between the individual applying the intervention and the receiver(s) is a key ingredient in the intervention's degree of success."

(Prevention First, n.d., p. 45)

3-6 Intervention

Key Roles and Responsibilities for Intervention



School Staff

- Participate in intervention planning meetings
- Implement classroom interventions
- Monitor progress/intervention response
- Keep caregivers updated and informed



Caregiver

- Participate in the intervention planning meeting, if appropriate and able
- Ask any questions, and express any concerns, about the intervention or intervention process



SAT and SAP Coordinator

- Directly connect and coordinate interventions
- Coordinate progress monitoring to ensure effective interventions are in place



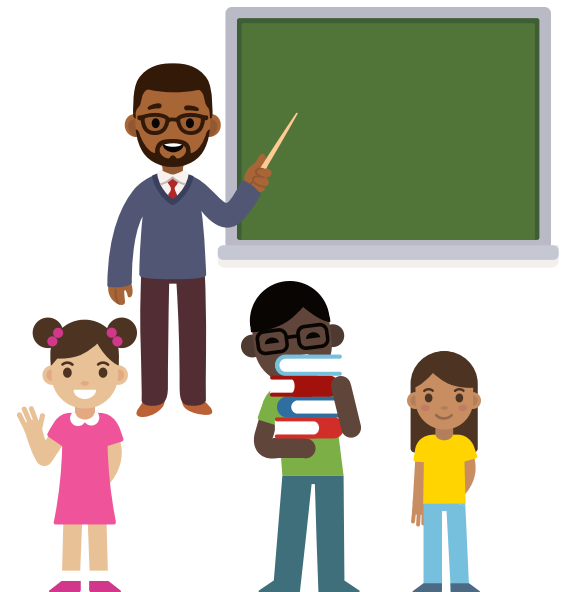
Student

- Provide input into the intervention planning, if applicable
- Actively participate in the intervention
- Ask any questions, and express any concerns, about the intervention or intervention process



SAT

- Facilitate awareness of student's needs
- Ensure coordination and quality of services



3-6 Intervention

Outcomes of Intervention

- It is important to monitor the process and outcomes of interventions:
 - In terms of **process**, implementation fidelity should be assessed to determine the degree to which the intervention was implemented as designed and intended. This information is useful, because if the intervention was not implemented as designed, (a) it may explain why student outcomes vary from those documented in research, and (b) the SAP team would benefit from identifying and addressing any barriers to implementation.
 - In terms of **outcomes**, the SAP team should have identified goals and progress monitoring strategies before implementing the intervention. It then becomes important to regularly monitor whether expected progress is being achieved. Based on the outcomes, the team should decide whether to continue, fade, modify, or intensify the intervention(s). Related to the latter two options, if the student is not showing expected progress with school-based interventions, the SAP team may consider additional school-based services or referral to community-based services.

See [Section 3-7](#) ("Guided Support Services and Case Management") for more information on progress monitoring.

Resources

- [SAP Student Support Team Example Agenda](#)
- [Example Consent Form for School-Based Services](#)
- [Student Intervention Implementation Log](#) to monitor fidelity
- [Treatment Planning Guide for Goal Setting](#)



Existing Intervention Resources

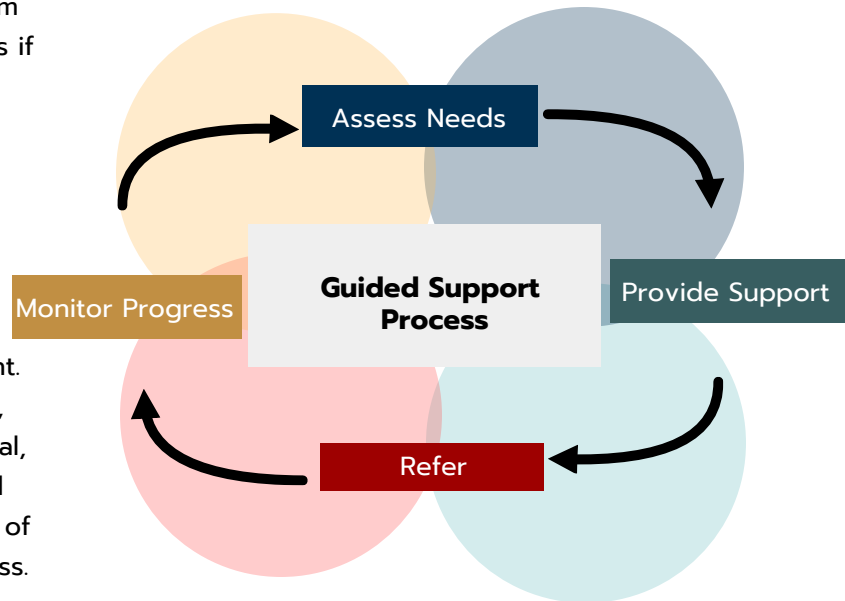
- [Resources Supporting the Use of Evidence in Education](#) (ODE)
 - Ohio's evidence-based clearinghouse to help them identify, select and implement evidence-based strategies for improving student success.
- [Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents](#) (Griffin & Botvin, 2011)
 - This article provides risk and protective factors involved with substance misuse and evidence-based preventive programs and interventions. Also, includes sample school-based substance use prevention program table with linked websites.
- [Intervention Planning Form](#) (NCSMH, 2020)
 - Useful resource for districts to complete when planning to adopt/implement an intervention.
- [Tiers 2 & 3 - School Mental Health Quality Guide](#) (NCSMH, 2020)
 - This guide contains background information on Tiers 2 and 3 for early intervention and treatment services and supports, best practices, possible action steps, examples from the field, and resources (pg. 4 refers to evidence-based interventions and best practices).

3-7 Guided Support Services

General Considerations

After a referral is made, the team should provide ongoing case management to engage students in the process and keep them involved in services (SAMHSA, 2019). SAP case management should also monitor if the student is making progress on identified goals and if academic, social and emotional, and behavioral functioning has improved and make adjustments in the programs and services accordingly. Therefore, the SAT should include processes for monitoring progress both during and after treatment through systematic assessment, progress monitoring, and evaluation of .

services, If the student is not making progress, the team should continue to problem solve and intensify services if needed. The SAT should also advocate for students by helping them overcome barriers to accessing services (e.g., clarify the referral and treatment process to families, troubleshoot insurance or transportation barriers, and locate alternative providers). The SAP should also provide maintenance interventions and re-entry support for students returning to school after hospitalization, detention centers, or inpatient treatment. This service is intended to prevent relapse, recurrence, or further deterioration of a student's mental, behavioral, and emotional health. Maintenance interventions should plan for one or more evidence-based activities, details of implementation, and measures (i.e., indicators) of success.



Guided Supports can exist along a continuum and services should move along the continuum according to needs. SAPs should not diagnose or treat but can link students to support services and assist in re-entry.



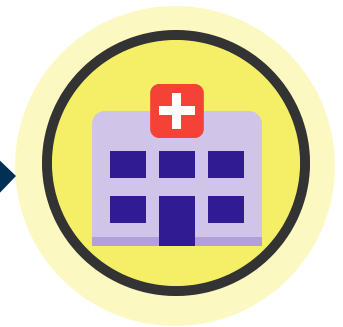
Least Intensive

Remains living at home and attending home school with non-intensive support (e.g., in-school supports, community non-therapeutic supports)



Somewhat Intensive

Remains living at home with services from community providers (e.g., outpatient therapy, wraparound supports or treatment)



Most Intensive

Out of home setting (e.g., hospitalization or residential treatment or rehabilitation)

Adapted from PNSAS K-12 Bridge Training

3-7 Guided Support Services

Guided Support Services Best Practices

- ☐ *Develop systematic process for guided support services and case management including case management expectations, intervention documentation forms, progress monitoring guidelines and forms, and re-entry planning*
- ☐ *Develop and implement procedures to promote access to resources and services (establish procedure for managing referral flow)*
- ☐ *Establish a secure record management system and provide access to stakeholders (with caregiver approval)*
- ☐ *Collaborate and partner with caregivers, student, and any relevant agencies, providers, and organizations to monitor access to support and progress*
- ☐ *Plan for sustainability through documenting all services, actions, and contacts. Plan for team transitions*
- ☐ *Case manager(s) and SAT have dedicated time to support case management activities*
- ☐ *School and community resources and services are available and accessible for all students*
- ☐ *Develop process to continuously monitor student progress, service access, and treatment recommendations compliance across systems*
- ☐ *Develop process to share information across systems with release of information procedures*
- ☐ *Develop communication process, systems, and strategies for partnering with caregivers/families*
- ☐ *Implement a systematic protocol for emotional and behavioral crises*

3-7 Guided Support Services

Key Roles and Responsibilities for Guided Support Services



Staff

- Assist in data collection and monitoring
- Communicate with SAT about classroom performance and any barriers to learning
- Follow intervention or service recommendations
- Participate in team support and planning meetings (when appropriate)



Caregiver

- Assist in data collection and monitoring
- Communicate with team about child's needs, strengths, and skills
- Participate in team support and planning meetings to advocate for your child and share feedback about appropriateness and acceptability of plans or services
- Follow intervention or service recommendations or communicate barriers



Student Assistance Team

- Regularly review case progress
- Receive updates from treatment providers
- Monitor implementation fidelity and troubleshoot barriers to intervention or treatment
- Monitor fading of interventions or treatment
- Offer re-entry support and planning
- Communicate with caregiver, student, staff, and providers



Student

- Assist in data collection and monitoring
- Communicate with team about wants, needs, strengths, and skills
- Participate in team support and planning meetings to share feedback about appropriateness and acceptability of plans or services
- Participate in services



SAP Coordinator or Case Manager

- Coordinate initial referral process, data collection, caregiver and student contact, and team review (described in previous sections)
- Collaborate with mental health and substance misuse liaisons or other community resources as needed
- Keep file notes updated
- Continue open lines of communication with caregiver

3-7 Guided Support Services: Case Management

Case Management Purpose: To engage and keep students involved in intervention services and to ensure a higher level of follow-through. Case management can be completed by school staff within the SAT or a service provider.

Case management should:

- Engage and prevent the student from dropping out of the recommended services.
- Advocate for student and family needs and student-centered planning.
- Overcome barriers to active participation and encourage motivation.
- Identify appropriate services and treatment needs, if necessary.
- Provide links to needed services – school- and community-based.
- Monitor student progress.
- Encourage participation in other community-based support groups.

As barriers to services or intervention goals arise, the SAT develops alternative or creative strategies for achieving desired outcomes.

Adapted from Grunenfelder et al., 2012

Case Management Guiding Questions

Guiding Questions
1. Is this an appropriate SAP referral? If not, then to whom should the student be referred?
2. What is documented as observable behavior? Is more information needed? Who might provide that information?
3. What action is appropriate?
4. How urgent is the situation?
5. How can the team encourage caregiver involvement?
6. What is the scope of the concern? What resources could be offered to support the student?
7. How can you partner with the student and caregiver to design or identify the most appropriate plan or services? How can you encourage motivation for following the plan?
8. What barriers to the plan or services may arise? How can you prevent or troubleshoot barriers in advance and advocate for the student and family?
9. How can you communicate with service providers and obtain a release of information?
10. How can you monitor if the plan or service is occurring as designed? How can you monitor student progress?



Adapted from Grunenfelder et al., 2012 and Project Care, 2005

3-7 Guided Support Services: Refer to Services

The SAT should refer to community-based services if:

- The concern does not impose a barrier to learning
- School-based resources are insufficient to meet student or family needs
- The concern is outside the scope of the school

Wraparound (e.g., a collaborative, family-driven process that involves support from a team of professionals and natural supports to identify relevant services) can assist in individualizing supports and referrals based on family needs and strengths and support coordinating services

Outline building referral process, develop standard procedures, and designate team member or community service liaison who will work with the family to connect to services

Monitor that services were accessed

Develop a process for obtaining the release of information facilitate communication and progress sharing between the school and agencies (see page 58 of School Mental Health Referral Pathways Toolkit for example release of information)

Provide education to the student and caregiver on the referral process and procedures for accessing services. Referring to internal resources such as district liaisons or resources coordinators and/or community-based crises and stabilization teams during the transition period can prevent crises

During case management SAT meetings, follow-up on students referred to services and troubleshoot barriers to accessing services. Proactively develop a re-entry plan if a student is removed from the home-school setting due to emotional or behavioral needs or substance use concerns. The team should review and follow-up on re-entry plans proactively and regularly to ensure coordinated planning and support

3-7 Guided Support Services: Community-Based Services

Identify the following community-based services for your district and develop a service profile for each agency that includes referral procedures, contact information, populations served and language, an agency liaison, services provided, insurance and payment options, and communication procedures (see Toolbox 1.2 Community Resource Recruitment Form on pages 26-27 from SAMHSA's School Mental Health Referral Pathways Toolkit). Update your school's community-based services directory regularly (Aunt Bertha or OhioMHAS's Toll Free Bridge Line). To provide effective linkages to community services for students and their families, SAPs should establish positive working relationships with service providers in the area.

Assessment and diagnostics
centers

Medical providers and
healthcare

Social services (e.g., food,
housing, childcare,
employment assistance and
services)

Community behavioral
health providers (e.g.,
individual or group
counseling services, day
treatment, case
management)

3-7 Guided Support Services: Monitor Progress and Implement Maintenance Interventions

The SAP should monitor the student's progress by following up on referrals made, ensuring that the student is keeping their appointments and that their needs are being met. The SAP should also periodically monitor the intervention plan of the student to ensure that the plan is effective and to make modifications as necessary. Maintenance services can support individual's compliance and engagement with long-term treatment and aftercare (Grunenfelder et al., 2012).

Monitoring Recommendations

- Develop a system to monitor whether the intervention is happening (documentation to track number and duration of sessions)
- Develop an outcome goal for each student based on the need description
- Create a process for selecting a progress-monitoring method
- Develop a monitoring plan and provide regular ongoing monitoring and student progress review (e.g., daily or every week to three weeks depending on the intensity of student need)
- Schedule progress review meetings to evaluate progress toward goal(s) (e.g., analyzing data at weeks 5 and 10 for a 15-week intervention plan)
- Determine a process for requesting information from community partners
- Determine a process for obtaining feedback from the student and their family
- Invite appropriate stakeholders (e.g., family members, school staff that interact with the student being referred) to progress review meetings or develop a plan for sharing progress or continued needs
- Continue scheduled sessions to meet with the student
- Plan additional intervention strategies in responses to progress or continue existing strategies. If needed, have a plan to identify potential improvements to the intervention plan, revisit the intervention plan or refer the student to an outside service agency better able to support the concern
- Develop a continued support plan

Adapted from Prevention First Student Assistance Guidebook, Referral Pathways Protocol for Mental Health Supports Project Aware Ohio Brief, and SAMHSA's School Mental Health Referral Pathways Toolkit

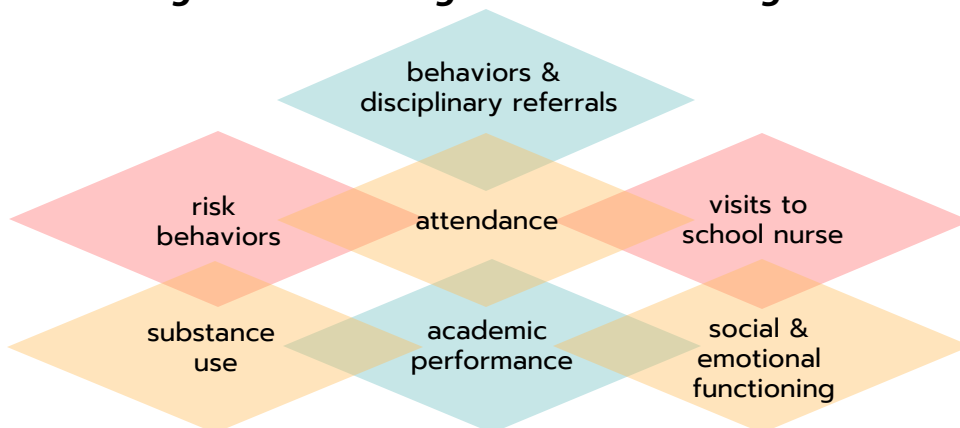
Tip: Software systems can assist in electronically tracking intervention process and outcome data!

Examples of Progress Monitoring Methods

- Goal Attainment Scaling
- Daily Behavior Rating or Report Card
- Brief Rating Scales (free resources and review)
- Observations
- Attendance monitoring
- Homework completion
- Intervention Specific tools or measures
- Frequency of behavior

The Referral Pathways Toolkit provides more details (pp. 73-76), resources, and templates (pp. 88-91) for assessment and evaluation.

Develop goals for students and monitor changes in any of the following based on student goals:



3-7 Guided Support Services: Assisting with Re-entry

As the SAP team plans for support needed and continued monitoring of student ongoing progress, the SAP case manager should assist in coordinating the back-to-school transition from hospitalization, in-patient treatment, or discipline removal with the student, family, and treatment agency (when applicable).

- Collaborate with the out-of-school placement provider to discuss aftercare plans
- Obtain the recommendations from the treatment facility and discuss progress monitoring and how needs will be met
- Identify the types of supports in place that will assist the student in transitioning back into the school/home environment
- Connect the student with an aftercare support group and/or provide mentoring (when appropriate)
- Identify and connect the student with other supports
- Assist the student in reconnecting with their teachers
- Individualize the plan based on the student's needs and outline activities and roles to support the transition

Adapted from Prevention First SAP Manual and [Pennsylvania Network for Student Assistant Services \[PNSAS\] SAP K-12 Bridge Training](#).

After-Care Supports: Plan of services to assist the student in transitioning from out of home or school placement/treatment back to home and school.

After-care Examples

School-Based Services

- SAP case management
- Support groups
- Mentoring
- 504 Plan
- Natural supports (i.e. friends, school activities)

Community-based Services

- Outpatient counseling
- Medication management
- Case management
- Support groups
- Natural supports (i.e. friends, community groups/activities)

Adapted from [PNSAS SAP K-12 Bridge Training](#)

3-7 Guided Support Services

Outcomes and Resources for Guided Support Services

Outcomes of Guided Support Services

- Student referred to appropriate service and engages in service/follows treatment plan
- Support and progress monitoring plan
- Case management documentation
- Communication and collaboration with providers, caregiver, and student
- Re-entry plan (if applicable)
- Plan adjusted based on student progress
- Provide maintenance supports

Implementation Resources

- **Example Case Management Checklist**
- **Example Re-Entry Plan from Albuquerque Public Schools Nursing Program**
- **Sample Release of Information Form** (page 58)

Existing Guided Support Services Resources

- **SAP Case Management Resources** (Prevention First, 2009): Templates for referrals, intervention planning, intervention checklist, indicator checklist, and progress monitoring.
- **Barriers to Mental Health Services** (Project AWARE Ohio, 2019): Information brief providing examples of barriers to mental health services and how to address the barrier.
- **Best Practice Guidelines for Drug & Alcohol/Mental Health Liaison Services** (PNSAS, n.d.): Provides guidelines for best practices in liaison services and SAP teams.
- **Sample Student Assistance Program Case Manager Checklist** (PNSAS, n.d.): Provides an example case manager checklist for SAPs in Pennsylvania.
- **Transitioning from Psychiatric Hospitalization to Schools** (School Mental Health Project at UCLA, n.d.): Describes the path for transitioning from hospitalization to returning to school, with current programs and examples.
- **School Mental Health Referral Pathways Toolkit** (SAMHSA, 2015): Provides guidance on outside referral processes and see page 58 for example release of information.
- **School Crisis Response Manual** (San Francisco Unified School District): Defines and describes intervention procedures and forming a team to address a variety of crises such as loss, assault, and physical danger
- **Ohio Association of County Behavioral Health Authorities** (OACBHA): Website to locate your local Alcohol, Drug Addiction, and Mental Health Boards.
- **Ohio School Safety Resource Center** (Ohio School Safety Resource Center, n.d.): Website for Ohio school safety resources (e.g., emergency management, learning environments, safety plans).
- **OhioRISE** (OhioRISE, n.d.): Resilience through Integrated Systems and Excellence resource, a specialized managed care program for youth with complex behavioral health and multi-system needs.

3-8 Confidentiality

General Considerations

The SAP is subject to federal and state privacy regulations and laws. The SAP should respect the family and students' right to privacy at all times and carefully plan for keeping student information secure and confidential. The specific confidentiality of SAP policies will depend on district policy and the type of SAP model (e.g., school-based, community-based, core team). The SAP should plan for securely storing documents and consider student and family privacy. Release of Information forms can assist in facilitating school-agency communication and collaboration.

Confidentiality Best Practices

- ☐ *Develop confidentiality policies*
- ☐ *Communicate with all school and licensed health professionals about confidentiality policy and record storage procedures*
- ☐ *Train all SAP members on confidentiality policies and plans*
- ☐ *Develop release of information forms and provide to caregivers*
- ☐ *Identify a plan for securely storing SAP confidential documents*
- ☐ *Communicate with students, caregivers, staff, and providers about confidentiality policies and plans*
- ☐ *Plan for sustainability and turnover with confidentiality and storage plans*
- ☐ *Consider confidentiality and access with electronic materials*
- ☐ *Provide caregivers access to SAP documents as appropriate*

3-8 Confidentiality: Relevant Privacy Laws

SAP members should be familiar with privacy laws and when they apply. The table below summarizes the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule HIPAA and the Family Educational Rights and Privacy Act (FERPA). For all SAP models, knowledge of both HIPAA and FERPA and procedures to obtain release of information and store documents are useful for Student Assistance Team members. Districts are encouraged to engage their legal counsel to guide implementation for their specific situations, including guidance on consent, sharing information across systems, and notification issues. It is important to check for updates to FERPA and HIPAA laws and regularly engage legal counsel to ensure that your process aligns with current guidelines.

	FERPA	HIPAA
Definition & Requirements	<p>Federal law that requires privacy protections for a student's educational records</p> <p>Designed to protect privacy and confidentiality of a student (20 U.S.C. Section 1232g; 34 C.F.R. Part 99)</p>	<p>Federal law (PL 104-191) that requires privacy protections for an individual's health information.</p> <p>Designed to protect privacy and confidentiality of a patient (45 C.F.R. § 160.103).</p>
Relevant Agencies	Any school (elementary, secondary, post-secondary) or educational agency receiving funding from the U.S. Department of Education must abide by FERPA. This includes all public and chartered nonpublic schools, (20 U.S.C. Section 1232g(a)(3))	Any health care provider (e.g., pharmacy, urgent care, school-based community mental health center, etc.) that communicates health information must abide by HIPAA (45 C.F.R. § 164.501).
Information Covered	<p>Educational records are "records directly related to a student and are maintained by an educational agency or institution, or a person acting for such agency or institution." (20 U.S.C. Section 1232g(4)(a); 34 C.F.R. Part 99.3)</p> <p>Examples: grades, behavior referrals, information from an IEP</p>	<p>Protected health information is defined as "individually identifiable health information in any form, including oral communications as well as written or electronically transmitted information" (45 C.F.R. § 160.103).</p> <p>Examples: prescription info, medical test results, payment records</p>
Exceptions	<ul style="list-style-type: none"> Some exceptions include personal notes kept in sole possession of the taker Directory information Sharing info with fellow school officials who have a legitimate educational interest in the information (20 U.S.C. Section 1232g(a)(4)(a) and 1232g(b)(1)(a); 34 C.F.R. Part 99.3) 	<ul style="list-style-type: none"> Health information in an education record is subject to FERPA Anonymous or de-identified health information A healthcare provider does not need a signed release to inform school officials when there is an emergency health/safety concern (45 C.F.R. §§ 164.502(a), 164.508)
Release of Information	<ul style="list-style-type: none"> A "natural parent, guardian, or individual acting as parent in place of a parent or guardian" typically signs the release Students 18 years of age sign the release (20 U.S.C. 1232g(d); C.F.R. 99.3) 	<ul style="list-style-type: none"> A "natural parent, guardian, or individual acting as parent in place of a parent or guardian" typically signs the release In some instances (e.g., state law or a minor is emancipated), a minor may sign a release (C.F.R. § 164.502(g)(ii)) Students 18 years of age sign the release

3-8 Confidentiality: Caregiver Involvement

Ideally, caregivers are involved in all cases and are viewed as close partners and collaborators. However, there may be instances where caregiver involvement is not appropriate and SAPs should consider the best interests of the student. When deciding when and whether to involve caregivers, SAPs should consider district policy and consent language, type of concern (mental health, academic barriers, attendance, or substance misuse), referral source, level of need, student age and developmental level, federal confidentiality guidelines, and best interest of the student. Caregiver involvement may be less likely for adolescents self-referring with minor substance use behaviors due to CFR 42.

When involving caregivers, the Case Manager or SAP Coordinator should:

- Establish rapport with caregiver and identify student strengths, skills, and need
- Explain the SAP process
- Invite caregiver to student support team meetings
- Present factual information and objective data
- Value and seek out caregiver input

Ohio law allows mental health providers to provide minors 14 years or older (if they request it) without the consent or notification of the caregiver. See O.R.C. 5122.04 for specifics.

Additional Resources

- [Joint Guidance on the Application of the Family Educational Rights and Privacy Act \(FERPA\) and the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) to Student Health Records](#) (Department of Education and the Department of Health and Human Services)
- [HIPAA FERPA Comparison Tool](#) (SAMHSA, n.d.)
- [School Mental Health Referral Pathways Toolkit](#) (SAMHSA, 2015). See pages 55-58 in the toolkit for guidance on HIPAA and FERPA and an example release of information form





Chapter 4

Cooperation & Collaboration with Community Agencies and Resources

In this chapter, you will find information about:

- Student Assistance Programming [SAP] Continuum of Services
- Role of Community Agencies
- OSWI Regional Contacts

4-1 Chapter Snapshot

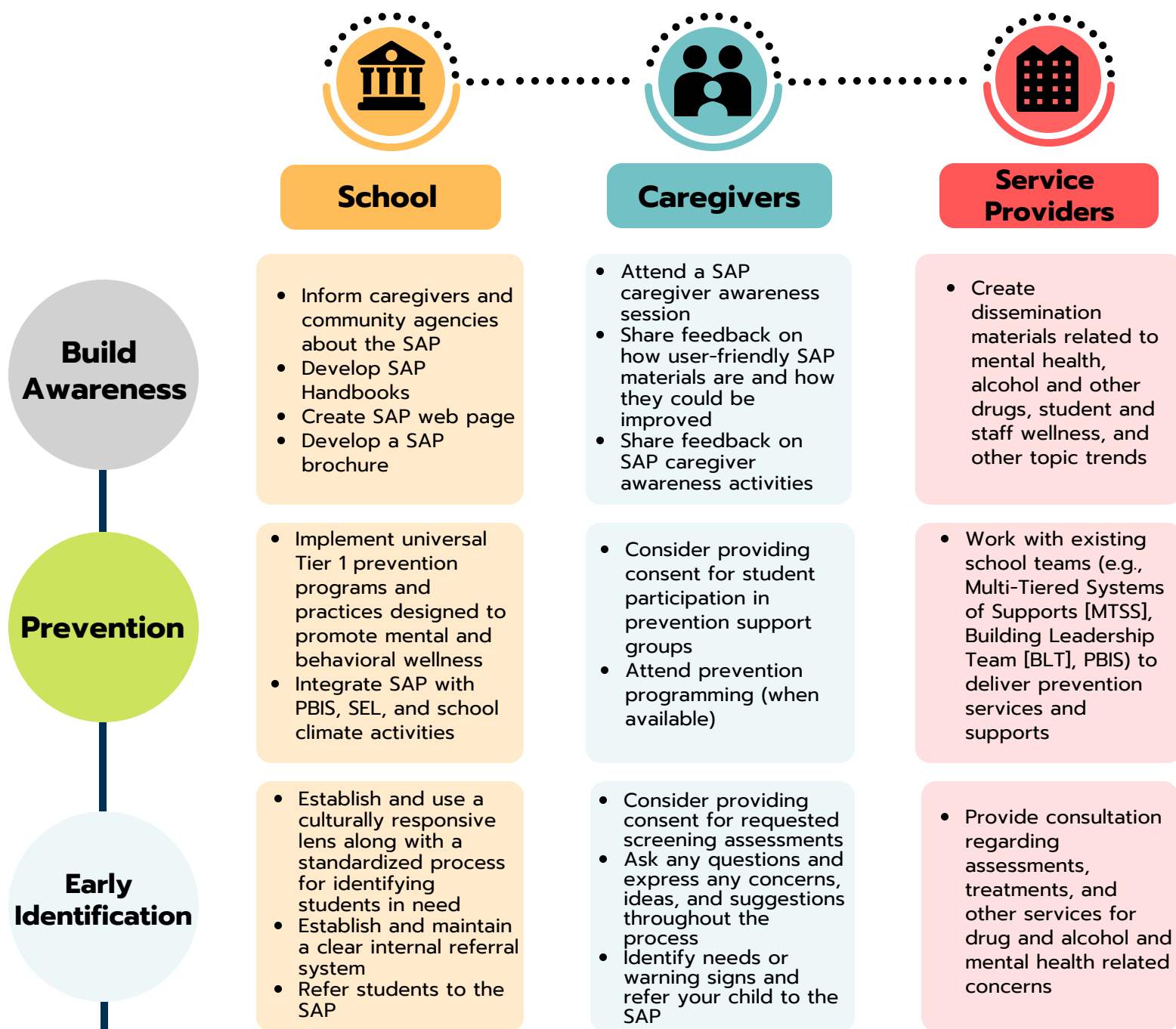
Ohio's Student Assistance Program (SAP) uses a team process, composed of individuals from the school and community service liaisons, to identify and address non-academic barriers to learning, including substance use, mental illness, and overall wellness. To effectively prevent and treat these barriers, Ohio's model SAP employs a full continuum of care, including (1) awareness, (2) prevention, (3) early identification, (4) evidence-based intervention, (5) referral processes, and (6) guided support services and case management. While a SAP provides a school-based framework designed to provide these services, some services (such as treatment) are beyond the scope of the school's abilities. To address this limitation, community service liaisons are in the position to assist the school's SAP team with consultation regarding community-based assessments, treatments, and other services for drug and alcohol and/or mental health-related concerns as well as aid in referring identified students to appropriate community service agencies. In collaboration, the SAP team and service providers can identify and refer students for assistance that will positively influence their academic success and overall wellness.

The following chapter outlines the SAP Continuum of Services, Role of Community Agencies, and OSWI Regional Contacts.



4-2 Early Identification and Referral in the Community

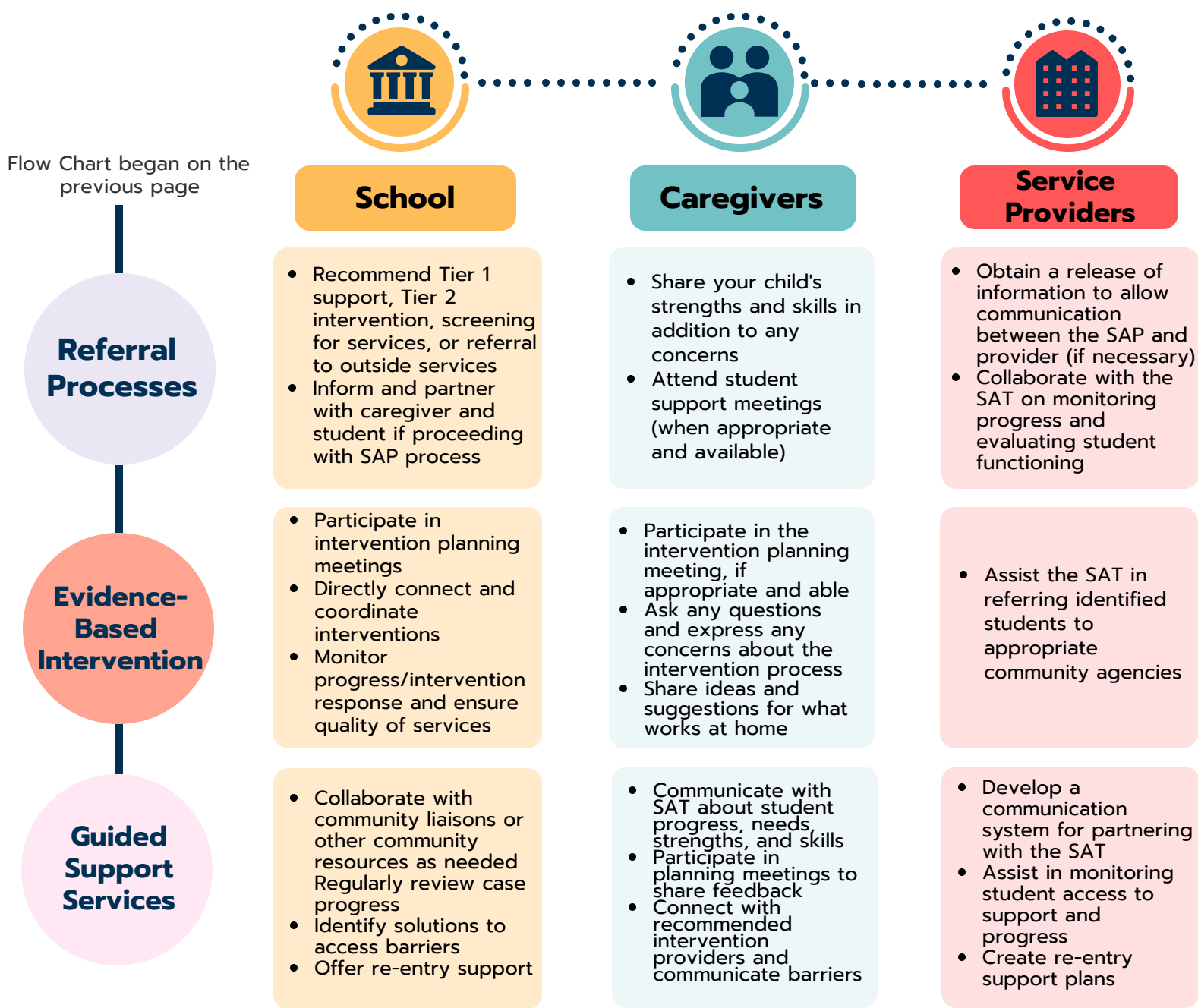
The Ohio Community SAP Guide Part 1



Flow Chart continued on the next page

4-2 Early Identification and Referral in the Community

The Ohio Community SAP Guide Part 2

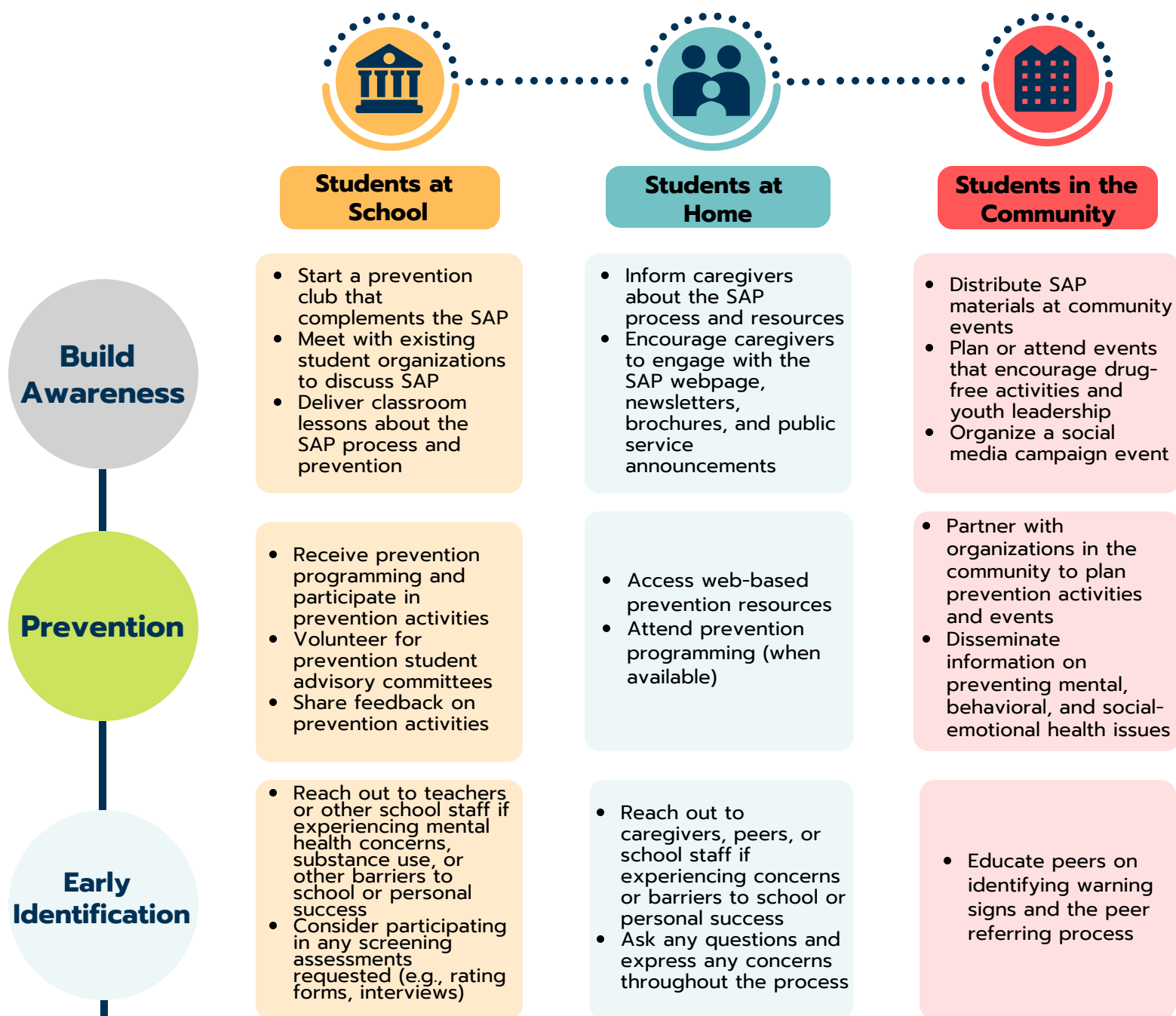


SAP: Student Assistance Program

SAT: Student Assistance Team

4-2 Early Identification and Referral in the Community

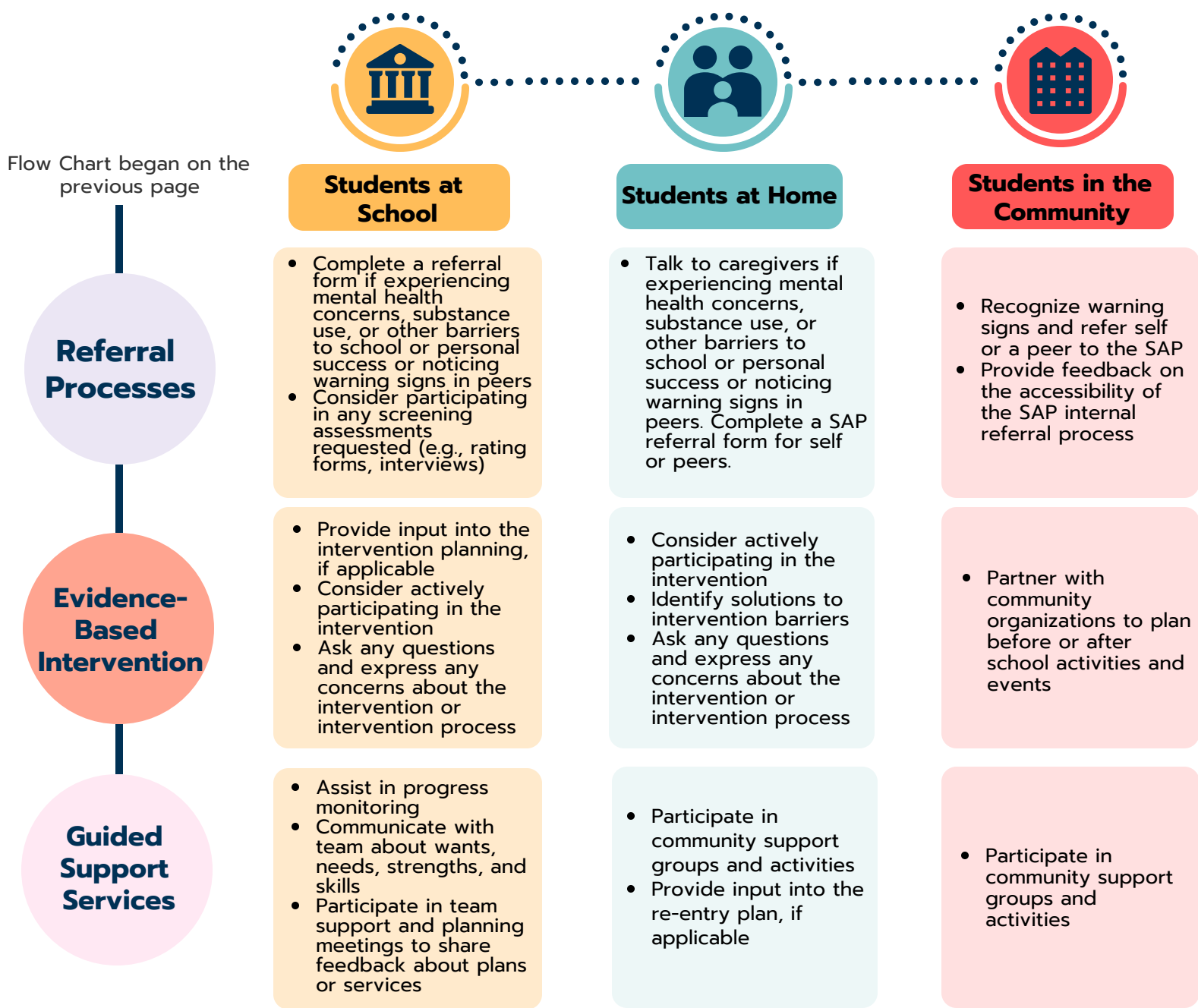
The Ohio Community SAP Guide Student Actions Part 1



Flow Chart continued on the next page

4-2 Early Identification and Referral in the Community

The Ohio Community SAP Guide Student Actions Part 2



SAP: Student Assistance Program

SAT: Student Assistance Team



Chapter 5

Effective Student Assistance Programming: Digging Deeper

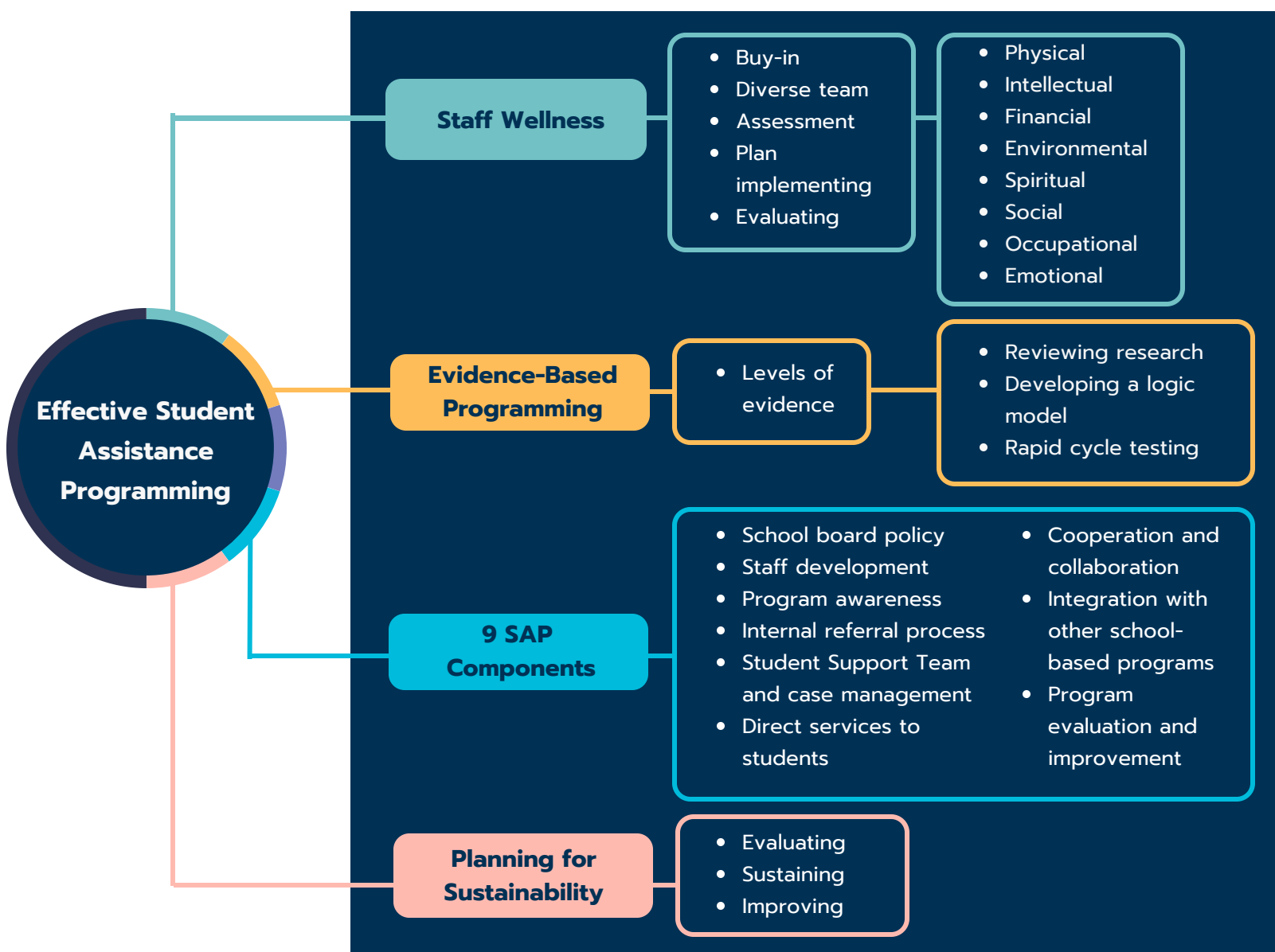
In this chapter, you will find information about:

- Staff Wellness
- Evidence-Based Programming
- Effective Student Assistance Programming [SAP] Components
- Sustainability

5-1 Chapter Snapshot

Chapter Overview

Effective Student Assistance Programming [SAP] involves an emphasis on staff wellness, evidence-based programming, and sustainability. Further, the Substance Abuse and Mental Health Services Administration [SAMHSA] (2019) outlines nine components for effective SAPs. For instance, in addition to the six SAP services described in Chapter 2, SAMHSA recommends that a SAP include school board policy, staff development, program awareness, internal referral process, Student Support Team and case management, direct services to students, cooperation and collaboration, integration with other school-based programs, program evaluation and improvement. This chapter will dig deeper into each of these topics that support effective Student Assistance Programming.



5-2 Staff Wellness

For students to be successful in the classroom and school community, they need to be surrounded by healthy adults who feel good about their roles, are excited to be at work, and are consistently present.

Developing a school-wide staff wellness program ensures support for all staff roles and allows for individualized opportunities as well as school-wide or district-wide initiatives.

Healthy & Supported Employees Have

Decreased
Absenteeism

Improved
Morale

Fewer Work-Related
Injuries

Lower Reports of
Stress

Lower Turnover Rates

Increased
Productivity

Lower Health Care Costs

Increased Motivation

Effective Programming Includes



Getting Buy-In



**Creating a
Diverse Team**



**Assessing Needs
and Strengths**



**Developing a
Wellness Plan**



**Implementing
and Evaluating**



Physical



Intellectual



Financial



Environmental

Wellness Plan Components



Spiritual



Social



Occupational



Emotional

See the OSWI Staff Wellness Manual for More Information

Workplace Improvement Strategy (WIS) @ Work Roadmap for Employee Wellness



Wellness Conversations

- Meet with leadership and share data from the OSWI needs assessment outlining goals and needs of the project
- Provide overview of OSWI-WIS employee wellness program, dimensions, competencies, tools, and resources available
- Discuss parallel programming for individuals along with school-wide activities
- Establish wellness committee with the school to determine who will implement and support programming
- Provide staff an opportunity to learn about the different dimensions of wellness and associated competencies (presentation, video, etc.)
- Determine who will be doing the assessments



Assess Strengths and Needs

- Encourage staff to complete a personalized wellness assessment and set personal goals
- Complete school-wide wellness audit with administration or wellness team
- Review assessment and audit data
- Analyze components that could be addressed across the building/district
- Discuss current strengths, needs, and barriers keeping sustainability in mind
- Survey staff to gauge preferences for wellness programming



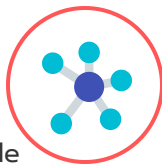
Develop and Implement a Wellness Plan

- Develop long term (3-5 year), detailed strategic plan/roadmap for wellness improvement
- Create a model that is data-driven and reviewed regularly
- Map out activities (individual and organizational) they want to host or sponsor
- Infuse wellness competency and dimension elements into staff meetings, newsletters, social media, etc. to help staff and administrators understand wellness improvement benefits
- Showcase information about wellness benefits and resources to encourage participation
- Consider building/district policy reforms that impact employee wellness
- Develop resources and plans for encouragement, competence, and sustainability



Evaluation and Maintenance

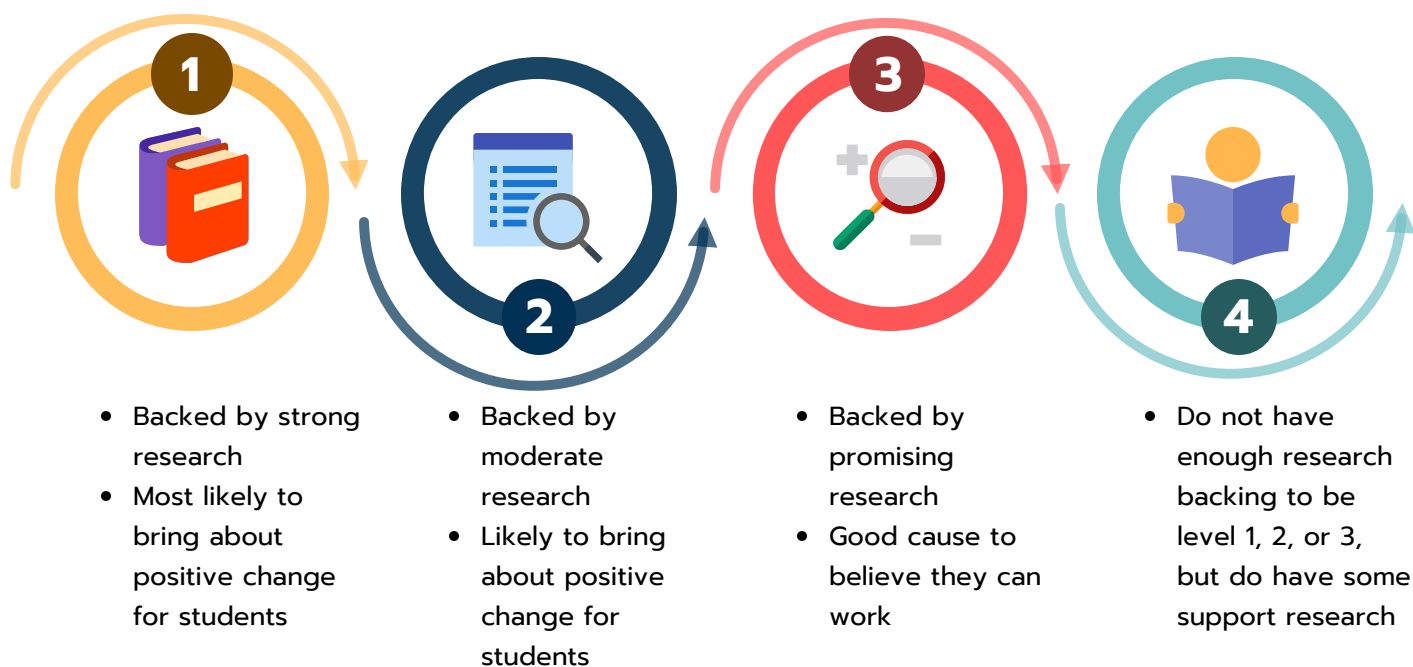
- Determine ways to assess progress and effectiveness of wellness programming across multiple levels
- Plan for changes in leadership, resources, and staffing needs
- Look for roadblocks and opportunities and adjust accordingly
- Create reports to share successes and recommendations



5-3 Evidence-based Programming

Ohio SAPs should be “Empowered by Evidence.” While schools should aspire to use evidence-based strategies in all aspects of Student Assistance Programming, there is a range of practices available for districts that do not have the resources to do so.

Levels of Evidence



When existing evidence-based strategies do not address your district’s specific needs or characteristics, using Level 4 strategies provides an opportunity to support innovative thinking. However, schools using these strategies should be prepared to monitor and evaluate their impact to ensure that students are benefiting.

Defining ESSA Levels of Evidence: An Overview

What Works Clearinghouse

Using the What Works Clearinghouse to Identify ESSA Evidence Ratings

Ohio’s Evidence-based Clearinghouse

Examples

5-3 Evidence-based Programming

Data-driven and Systematic

Student Assistance Programming should always be data-driven and systematic. To evaluate strategies, complete the following steps:

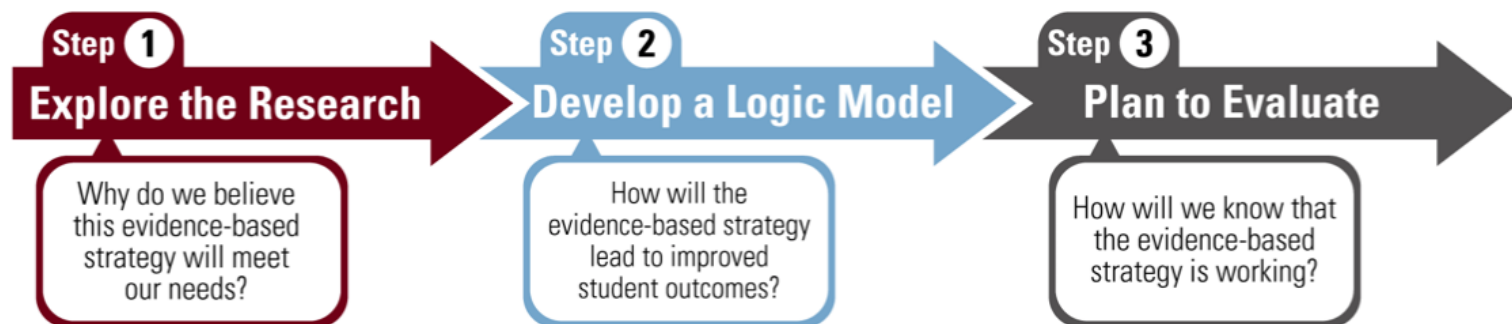


Image Source: [Ohio Department of Education, n.d.](#)

If expected improvements are not evident, make adjustments in the strategy.

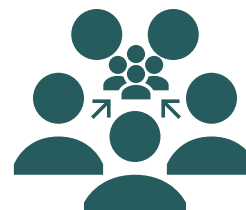
Considerations

How much will the strategy cost to implement?
Consider both start-up and sustainability costs.



Is the strategy practical to implement?
Strategies will be less effective if they are not carried out with fidelity.

What are the unique needs of specific student subgroups? While a strategy may work for the general student population, we cannot assume that the strategy will have the same effects on specific subgroups.



Adapted from: [Steps to Being Empowered by Evidence](#)

5-4 Effective SAP Components/Considerations

There are several critical components necessary for SAPs to be as effective as possible at providing services and reducing non-academic barriers to learning. According to SAMHSA (2019), implementing these 9 core components will increase the likelihood of program success as well as the success of the students receiving services:

1. Does your school district have a comprehensive and regularly enforced school board policy?

Steps to build an effective school board policy:

1. Determine the school's role in creating a safe and secure learning environment by clarifying the relationship between student academic performance and the use of alcohol, other drugs, violence and high-risk behavior. This can include addressing staff and student violations of policies, providing direct intervention and assistance, the process of self-referral, and limits of confidentiality.
2. Avoid disproportionality in discipline by ensuring that the SAP is not punitive in nature, but rather an alternative to school suspension and other forms of restrictive consequences to students.
3. Determine how the school district will integrate Student Assistance Programming with existing school efforts as well as community agencies.
4. Establish commitment from school administrators.

Examples: SAP Policy from Pennsylvania and OSWI Advocating for [Student Assistance Program \(SAP\) Policies and Guidelines](#)

2. Do school staff have access to ongoing professional development and training opportunities relating to your SAP?

Steps for ongoing professional development and training opportunities:

1. Train all school staff, community partners, and SAP team members on the Student Assistance Program, referral processes, and assistance services available.
2. Enhance the ability of school staff to intervene in ways that meet the cultural, linguistic, and developmental needs of diverse populations.
3. Ensure training opportunities are stimulating, interactive, and ongoing.
4. Provide coaching and technical assistance to support the high-quality implementation of programs and services.

Examples: Staff training on prevention, mental health, warning signs, and culturally responsive identification practices. Resources to support staff decision-making. Refresher training. Coaching on referral processes.
Examples in Section 3-2

5-4 Effective SAP Components/Considerations

There are several critical components necessary for SAPs to be as effective as possible at providing services and reducing non-academic barriers to learning. According to SAMHSA (2019), implementing these 9 core components will increase the likelihood of program success as well as the success of the students receiving services (cont.):

3. Does your Student Assistance Program engage in program awareness activities?

Examples: SAP [brochure](#), SAP mentioned in newsletter, website promotion, information booths at events.

Examples in Section 3-2

Steps to build and sustain program awareness:

1. Seek input from culturally diverse and vulnerable populations in the development, implementation, and dissemination of all materials.
2. Provide school staff, students, caregivers, and the community with the school's policies, procedures, and SAP referral process, ensuring access and culturally appropriate outreach.
3. Provide information in languages that all families can understand.
4. Distribute information on SAP services available and how to access them.
5. Create a SAP newsletter and distribute it at regularly occurring intervals.
6. Create a SAP page on the school's website.
7. Lead community events, school-wide events, and classroom presentations to spread awareness of SAP services and reduce stigmas.
8. Systematically engage in these activities to promote awareness within the school and throughout the community.

4. Does your school have a clear and systematic internal referral process?

Steps to create an effective internal referral process:

1. Establish a mechanism through which school staff can easily identify and refer students at-risk or presenting with social, emotional, behavioral, or substance use difficulties.
2. Train school personnel on signs and symptoms necessitating a SAP referral, including those specific to different communities and cultures, as well as completing a referral form.
3. Utilize a universal screening process to identify students at-risk of developing mental health, substance use, or overall wellness concerns.
4. Establish an informal follow-up process to assure the referring party that their referral was received.

Examples: [Referral Pathway Protocol](#), [OSWI](#) sample referral form, universal screening, early warning system, culturally responsive referral process.

5-4 Effective SAP Components/Considerations

There are several critical components necessary for SAPs to be as effective as possible at providing services and reducing non-academic barriers to learning. According to SAMHSA (2019), implementing these 9 core components will increase the likelihood of program success as well as the success of the students receiving services (cont.):

5. Does your Student Assistance Program have a team that develops student support plans and provides ongoing case management?

Steps to create a team:

1. Consider student population size, a number of personnel and the SAP service delivery model(s) utilized when creating school teams to avoid duplication of services.
2. Assign team roles and responsibilities.
3. Organize a consistent time for the team to meet.

Examples: Sample team meeting agenda/minutes (case management and problem-solving/student support)

6. Does your Student Assistance Program provide direct services to students?

Examples: [Link to school-based services by county, intervention planning form, sample case manager checklist, School Mental Health Quality Guide Early Intervention and Treatment Services & Supports \(Tiers 2 & 3\).](#)

Steps to provide direct services:

1. Utilize both a universal screening and internal referral process to identify at-risk students; ensure identified students receive services in a timely manner.
2. Match students with the most culturally, linguistically, developmentally, and individually appropriate school- and community-based services.
3. Track student changes and overall progress monitoring in a management system.
4. Make adjustments in programs or services accordingly.
5. Continue to provide support during and up to one year after completion of treatment.
6. Address disparities in utilization of program services for diverse communities or vulnerable populations in your community, including racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals; people with disabilities; and girls and transition-age youth.

5-4 Effective SAP Components/Considerations

There are several critical components necessary for SAPs to be as effective as possible at providing services and reducing non-academic barriers to learning. According to SAMHSA (2019), implementing these 9 core components will increase the likelihood of program success as well as the success of the students receiving services (cont.):

7. Is there cooperation and collaboration between the SAP team, community agencies, and families?

Examples: [PNSAS considerations for liaisons](#), [Memorandum of Understanding \(MOU\) Guidance](#) (NCSMH, n.d.):

See this resource for an example MOU Anatomy of an MOU (NSCMH, n.d.): Provides guidance on MOU components

Steps to encourage cooperation and collaboration:

1. Contact community agencies and build relationships with key personnel charting types of services, eligibility requirements, hours of services, fees, and any other helpful information.
2. Learn how to access student assessments from local service providers.
3. Develop a list of community resources and contacts that can be provided to caregivers with key names, phone numbers, and addresses.
4. Develop a protocol for when and how to refer families to community agencies.
5. Recognize the presence of trauma symptoms; know when to involve Child Protective Services and what the ramifications are.
6. Foster cooperation with families of students who could potentially receive SAP services and seek support resources for them.
7. Utilize prevention activities offered by community agencies.

8. Is your Student Assistance Program integrated with other school-based programs?

Steps to integrate SAP with other school-based programs:

1. Identify the cross-cutting connections between and among existing school-based programs and initiatives.
2. Seek to build depth and quality systematically in multi-tiered systems of support by providing more focused wellness supports and services in Tiers 2 and 3.
3. Designate liaisons from the SAT to facilitate cross-team communication efficiently and allow for discussion regarding referring students to the most appropriate service combinations.

Examples: Referral process flow chart, [Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts](#)

5-4 Effective SAP Components/Considerations

There are several critical components necessary for SAPs to be as effective as possible at providing services and reducing non-academic barriers to learning. According to SAMHSA (2019), implementing these 9 core components will increase the likelihood of program success as well as the success of the students receiving services (cont.):

9. Does your Student Assistance Program have an evaluation and improvement process?

Steps to create an evaluation and improvement plan:

1. Obtain a strong understanding of local school needs and resources available through community partnerships.
2. Assess community partnerships and ways to expand and strengthen them.
3. Evaluate services.
4. Implement continuous quality improvement strategies.
5. Develop an advisory committee—including leaders from the school and district, local youth-serving agencies, and family advocacy organizations—to conduct an ongoing evaluation of program processes and outcomes as well as outreach to the community and caregivers.
6. Assess implementation for quality.

Examples: SAP fidelity and action planning guide, OSWI's SAP Program [Evaluation Toolkit](#), and planning program [evaluation](#) resources



Adapted from:

[Student Assistance: A Guide for School Administrators](#)

[Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014](#)

Resource: [Positive Behavioral Interventions and Supports on Program Evaluation](#)

Resource: [Resource Mapping Template from Prevention First](#)

5-4 Important/Effective SAP Components/Considerations

Characteristics Fundamental to Successful Substance Use and Mental Health Disorder Treatment (SAMHSA Guidance)

- **Assessment and treatment matching:** Programs should use standardized screening instruments and comprehensive assessment throughout the course of treatment to provide further guidance based on a student's progress.
- **Comprehensive, integrated treatment approach:** An integrated treatment approach maximizes the changes that the student will be able to make in reducing both substance use and other concerning behaviors.
- **Family involvement:** Engaging families and caregivers in the treatment process increases the probability that the student will remain in treatment and that treatment gains will be maintained after treatment has ended.
- **Developmentally appropriate approaches:** Treatment approaches for students should take into consideration the biological, behavioral, and cognitive changes that characterize their stage of development as well as incorporate the different context that corresponds to the age of the student.
- **Engage and retain the student in treatment:** For the student to become fully engaged in treatment, the therapist should elicit a commitment from the student.
- **Qualified staff:** Licensing and certification vary by state. All treatment staff should have certification or license appropriate to state laws governing health care professionals. Additionally, all treatment staff should have training and experience in diverse areas related to co-occurring concerns of childhood and stages of development, as well as experience working with families.
- **Gender and cultural competence:** A thorough understanding of gender and cultural issues is essential to the development of a strong therapeutic alliance and resolution of concerning behaviors.
- **Assertive continuing care:** Examples of continuing care services include relapse prevention planning, a follow-up plan, referral to community resources, and recovery check-ups.
- **Treatment outcomes:** Routine measures of student progress, such as clean urine tests, improved school performance, and enhanced family communication, should be carried out during and up to one year after completion of treatment.

5-5: Tips for Evaluating, Sustaining, and Innovating

From the outset of planning for SAP implementation, schools should also plan for evaluating, sustaining, and innovating their SAP practices. Implementation of SAP will be less impactful when plans have not been made to ensure its long-term goals can be met through its continuation and improvement in the face of potential changes and obstacles.

Tips for Evaluation:



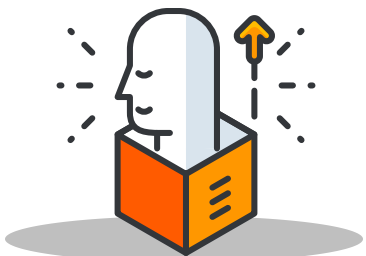
- Develop and implement a clear evaluation plan from the outset
- Evaluate process variables (e.g., implementation) and outcome variables (e.g., mental health and substance use)
- Obtain feedback and data from diverse stakeholders, using multiple methods of data collection
- Use evaluation data to inform decision-making
- In terms of sustainability specifically, the Virginia Department of Education [VDOE] (2013, p. 127) recommends evaluating four aspects of SAP sustainability: relationships, ability to learn (e.g., grow and expand those who know about SAP), funding sources, and outcomes

Tips for Sustainability:



- Build awareness and buy-in (VDOE et al., 2013)
- Distribute leadership and responsibility
- Prepare for leader succession and recruitment (Grunenfelder et al., 2006)
- Reduce burnout and maintain energy through staff recognition (Grunenfelder et al., 2006)
- Integrate strategies and goals with existing systems (Grunenfelder et al., 2006)
- Diversify funding, commitments, and activities (Grunenfelder et al., 2006)
- Utilize current school resources as much as possible (Center for Mental Health in Schools, 2008)
- Cultivate leaders who advocate for the initiative (Center for Mental Health in Schools, 2008)
- Ensure methods for training and onboarding new staff and team members
- Provide opportunities for technical assistance and coaching support after initial training

Tips for Innovation:



- After implementation is established, consider possible adaptations that will improve service delivery or better meet local needs
- Engage in a continuous improvement process
- Anticipate future and changing needs, and respond proactively with creative solutions
- Engage in a Community of Practice to learn new ideas and share effective practices

5-5: Tips for Evaluating, Sustaining, and Innovating

OSWI SAP Program Evaluation Toolkit and Fidelity Checklist

- Outlines a process for conducting a SAP program evaluation and links to example surveys and tools
- The fidelity checklist provides an action planning guide on pages 7-10 to assist in continuous improvement planning (OSWI, 2022)

SAP Best Practices Formative Assessment Tool

- Worksheets and checklists for identifying indicators, benchmarks, and creating a plan of action (Prevention First 2006)

Resources for Evaluation

Prevention First's SAP Guidebook

- Chapter 3: Program Planning, Implementation and Evaluation
- Steps to implement and evaluate SAP (Prevention First, 2006)

PBIS Evaluation Blueprint

- Guide to planning and executing evaluations for schools that implemented PBIS
- Key steps include: planning evaluation, conducting evaluation, reposting evaluation results, and using results for continuous improvement (PBIS, 2021)

Washington's Student Assistance Prevention-Intervention Services Program (SAPISP) Manual

- Section 10: Program Evaluation
- Provides an overview of why evaluation matters and how to assess outcomes based on goals (SAPISP)

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Definition and Acronym List

Advisory Board (SAP Advisory Board): Team of school staff, caregivers, or others who advise and evaluate the SAP. The board could include school staff, community providers, students, caregivers, and/or community members.

Assessment: A formal data-gathering process to gain needed insight into needs and strengths to understand the concern and develop a support plan.

Behavioral Health (BH): The "promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities" (SAMHSA, n.d., p. 1). Behavioral health conditions describes mental health and substance use disorders (OhioMHAS, 2021). Positive behavioral health helps a person to be resilient in the face of challenges. Behavioral health services span the continuum of support including promotion, prevention, early intervention, treatment, and maintenance.

Building-Leadership Team (BLT): A collaborative team at the building level to promote shared leadership and effective communication and focuses on system-level improvement (ODE, n.d.). District-leadership, building-leadership, and teacher-based teams share responsibility for improving student achievement as part of the Ohio Improvement Process.

Case Management: Refers to planning and monitoring aspects of the SAP and individual supports and can include reviewing schoolwide data, reviewing initial referrals, and reviewing and monitoring individual supports, gathering consent and screening for services, planning activities, coordinating care and advocating for family and student needs, and monitoring team functioning.

Caregiver: Adult responsible for student health and wellbeing who has legal authority to be involved in the SAP process and provide consent.

Center for School-Based Mental Health Programs (CSBMHP): "The Center for School-Based Mental Health Programs (CSBMHP) in the Department of Psychology at Miami University is committed to ongoing applied research, pre-service education of future clinicians, in-service training of educators and mental health professionals, and direct clinical and consultative service to school districts and community partners."

Centers for Disease Control and Prevention (CDC): U.S. organization responsible for America's health and safety from diseases as well as supporting communities.

Code of Federal Regulations (CFR): The Code of Federal Regulations (CFR) annual edition is the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

Community-Based Providers: Non-educational organizations providing health, mental/behavioral health, and substance misuse services to students and families.

Comprehensive School Mental Health and Substance Misuse Prevention Systems: Provides a continuum of mental health and substance misuse prevention services through partnerships and processes in school or the community.

Confidentiality: Limiting the flow of information for the patient or student privacy. Schools, treatment, and mental health all uphold the confidentiality rights of clients, though may operate on different definitions (Grunenfelder et al., 2012).

Consent: Permission for something to occur such as permission to proceed with the SAP process or for small group or individual school-based intervention or community-based treatment.

Continuous Quality Improvement (QCI): Involves "the systematic assessment and feedback of evaluation information about planning, implementation, and outcomes to improve programs" (Chinman et al., 2004).

Continuum of Care: Movement through the array of services a student would receive. Ohio's SAP model provides a continuum of care, including (1) build awareness, (2) prevention, (3) early identification, (4) evidence-based intervention, (5) referral processes, and (6) guided support services..

Coordinated Services: Aligning services to work together and avoid duplication while still meeting student needs.

Definition and Acronym List

Core Team Models: On-site school team composed of the various school staff (e.g., administrators, teachers, counselors, social workers, coaches, student assistance professionals) that work towards identifying and providing services to students that may be in need (SAMHSA, 2019).

County Board of Developmental Disabilities (CBDD): Helps people with disabilities find and use services. Ohio's county boards of developmental disabilities provide assessment, service planning, and coordination to adults and children with developmental disabilities, as well as oversight and assistance to service providers.

Developmental Delays: Conditions that impact the process of child development, including cognitive, physical, communicative, social, emotional, and other adaptive functioning (Governor's Office of Health Transformation, n.d.).

Developmental Disabilities: A group of conditions that are a result of impairment in physical, learning, language, or behavior areas, and may impact day-to-day functioning throughout their lifetime (CDC, 2020).

(Ohio) Department of Developmental Disabilities (DODD): Offers support across the lifespan of people with developmental disabilities, the Ohio Department of Developmental Disabilities oversees a statewide system of supportive services that focus on ensuring health and safety, supporting access to community participation, and increasing opportunities for meaningful employment. (DODD, n.d.)

(U.S.) Department of Education: Promotes student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access (DOEd, n.d.)

Diagnostic and Statistical Manual of Mental Disorders (DSM-V): Reference book that defines and classifies mental disorders in order to support diagnoses, treatment, and research

Disability: A mental or physical condition that is restricting or limiting, or interferes with various activities (Ohio Department of Health, n.d.)

District-Level Team (DLT): A team dedicated to creating policy designed to create district-wide, multi-year plans based on identified critical needs and uses evidence-based strategies informed by all levels of the organization (see ODE, n.d.).

Early Intervention (EI): Identifying and providing effective early services and supports to youth and young adults at risk of experiencing poor outcomes. Early intervention is provided after serious risk factors (e.g., trauma, substance misuse, abuse/neglect) have been discovered or early in disease progression soon after diagnosis in order to halt or slow the progress of disease in its earliest stages (Center for School-Based Mental Health Programs, 2021)

Educational Service Centers (ESCs): Ohio's ESCs are dedicated to providing school districts with professional development, technology, support, planning, and administrative services that help improve student learning, enhance the quality of instruction, expand equitable access to resources and maximize operating and fiscal efficiencies (OESC Association, n.d.).

Environmental Factors: External or perceived to be external to an individual but that may nonetheless affect his or her behavior. At a narrow level these factors relate to an individual's family setting and relationships. At the broader level, these refer to social norms and expectations as well as policies and their implementation (Grunenfelder et al., 2012).

Evidence-Based Practices (EBP): Refers to programs, practices or activities that have been evaluated and proven to improve student outcomes (Ohio Department of Education).

Evaluation Team Report (ETR): Required by the Individuals with Disabilities Education Act (IDEA) and the Ohio Operating Standards for the Education of Children with Disabilities in order to establish the presence of a qualifying disability, or disabilities, of a child suspected to have a need for special education services and supports from ages 3 through 21 years old (Ohio Department of Education, 2020).

Family Educational Rights and Privacy Act (FERPA): Federal law that requires privacy protections for a student's educational records, "...files, documents, or other materials that contain information directly related to a student and are maintained by an educational agency or institution, or a person acting for such agency or institution" (SAMHSA, n.d.). Any school (elementary, secondary, post-secondary) or educational agency receiving funding from the U.S. Department of Education must abide by FERPA.

Definition and Acronym List

Grade Point Average (GPA): Standard measurement for final grades.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A federal law that required the development of national standards to protect sensitive patient health information from being shared without the patient's consent or knowledge (CDC, 2018).

Indicated: Prevention targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorder, as well as biological markers that indicate a predisposition in a person for such a disorder but who do not meet diagnostic criteria at the time of the intervention (Institute of Medicine, 2009; OhioMHAS, 2019).

Individualized Education Program (IEP): A written statement for each child with a disability that is developed, reviewed, and revised in a meeting in accordance with Ohio's policies and procedures in accordance with Ohio's Operating Standards for the Education of Children with Disabilities.

Institute of Medicine/National Academies of Sciences, Engineering, and Medicine (IOM/NASEM): As an advisor, partner, and leader, the NASEM (formally IOM) seeks to provide independent, objective advice to inform policy with evidence, promote progress and innovation, and confront challenging issues for the benefit of society (NASEM, n.d.).

Learning Community: A group of people who share a common concern, a set of problems, and/or an interest in a topic and who come together on an ongoing basis to share best practices and create new knowledge to advance a domain of professional practice.

Local Education Agency (LEA): A public board or other public authority maintaining administrative control of public elementary or secondary schools. Can include school districts and county offices of education.

Mental Health (MH): Includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. (U.S. Department of Health and Human Services, 2020).

Mental Health Literacy: Includes the information and resources needed to help individuals identify strategies to promote mental well-being, the signs and symptoms of mental illness, strategies to help prevent mental disorders, and strategies to deal with the signs and symptoms of mental illness in themselves and others (OhioMHAS, 2019).

Mental Health and Substance Misuse Prevention Services: Activities, services, and supports that promote the social, emotional, behavioral, and mental well-being of individuals and those that prevent substance misuse and mental illness (including social-emotional learning, trauma-informed practices, and other prevention measures – e.g. suicide prevention/postvention, bullying, violence, alcohol, tobacco (including vaping), and other drugs, and/or problem gaming and screen disorder prevention). Additionally, mental health and substance misuse prevention services include problem identification and appropriate referral to treatment. It does not include treatment, clinical, or any other service that requires a therapeutic relationship between a clinician and a patient (OhioMHAS, 2019).

Multi-Tiered System of Support (MTSS): An educational framework using a three-tiered approach and a data-based problem-solving process to meet the academic, behavioral, and socio-emotional needs of students. Tier 1 interventions and supports are received by all students (~80%), Tier 2 services are received by some students (~15%), and Tier 3 services are the most intense and received by a few students with the most intensive needs (~5%).

National Center for School Mental Health: "The National Center for School Mental Health (NCSMH) at the University of Maryland School of Medicine is a technical assistance and training center with a focus on advancing research, training, policy, and practice in school mental health. School mental health has, at its foundation, strong family-school-community partnerships with a shared goal of promoting positive academic and social-emotional-behavioral outcomes for all students" (NCSMH, n.d.).

Navigation: Refers to the function of linking clients (and their natural supports) with essential health and community services ([Resources for Integrated Care, 2015](#)). It is a "barrier-focused intervention" that aims to assist clients in identifying and overcoming barriers to care and School Navigators assist in case management and linkage to community resources ([Mental Health and Recovery Board of Union County, 2021](#)).

Definition and Acronym List

Needs Assessment: A collaborative process used by a system such as a school, district, or agency to identify strengths and gaps, clarify priorities, inform quality improvement, and advance action planning. A needs assessment should integrate available data and perspectives from a diverse group of stakeholders (NCSMH, 2020).

Occupational Therapy (OT): "Occupational therapy practitioners (occupational therapists and occupational therapy assistants) in a school environment support a student's ability to participate in expected daily school routines, activities or 'occupations' by supporting academic achievement, promoting positive behaviors necessary for learning and preparing students for life after graduation. Occupational therapy practitioners assist the educational team in addressing both mental and physical health in collaboration with a variety of partners, including students and parents" (ODE, 2021).

Office Discipline Referral (ODR): An event where a staff member completes a disciplinary referral due to a student violating a school rule or expectation.

Ohio Administrative Code (OAC): Catalog of all rules adopted by state government agencies.

Ohio Centers for Autism and Low Incidence (OCALI): Organization serving families, children, and professionals working with school-age children and adults with autism spectrum disorders (ASD) and low-incidence disabilities.

Ohio Department of Education (ODE): "Oversees the state's public education system, which includes public school districts, joint vocational school districts and charter schools. ODE also monitors educational service centers, other regional education providers, early learning and child care programs, and private schools. The Department's tasks include administering the school funding system, collecting school fiscal and performance data, developing academic standards and model curricula, administering the state achievement tests, issuing district and school report cards, administering Ohio's voucher programs, providing professional development, and licensing teachers, administrators, treasurers, superintendents, and other education personnel. The Department is governed by the State Board of Education with the administration of the Department the responsibility of the superintendent of public instruction." (Ohio.gov, n.d.).

Ohio Department of Mental Health and Addiction Services (OhioMHAS): "Provides statewide leadership of a high-quality mental health and addiction prevention, treatment, and recovery system that is effective and valued by all Ohioans. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) operates six regional psychiatric hospitals, consisting of over 1,000 staffed beds and an admission rate of over 7,000 patients each year. The Community Behavioral Health System consists of 51 Alcohol, Drug Addiction, and Mental Health Boards and approximately 600 provider agencies providing prevention and treatment services for mental health, drug, and other addiction services." (Ohio.gov, n.d.).

Ohio Mental Health Network for School Success (OMHNSS): Helps Ohio's schools, community agencies and families work together by providing Ohio-wide: Promotions, Evaluation, Technical Assistance, Training, Webinars, and Information Briefs. The OMHNSS supports OSWI regional teams.

Ohio Revised Code (ORC): Contains the laws of the State of Ohio.

Ohio School Wellness Initiative (OSWI): OSWI was designed to explore, implement, and sustain a full continuum of care including prevention, early intervention, and treatment practices for K-12 students within local districts that adopt student assistance programs, Tier II/III supports, and staff wellness frameworks. To develop and disseminate Ohio Student Assistance Program and Staff Wellness models for schools and community-based mental health and substance abuse organizations to access and implement to support the wellness of K-12 students, families, and communities. Lead to positive student and school outcomes; promote awareness of wellness, prevention, and student assistance programs; and generate interest in implementing the Ohio SAP and Staff Wellness model.

Positive Behavioral Interventions and Supports (PBIS): A framework that guides school teams in the selection, integration and implementation of evidence-based practices for improving academic, social, and behavior outcomes for all students and emphasizes four integrated elements: data for decision making, evidence-based interventions and practices that support varying student needs (multi-tiered), systems that efficiently and effectively support the implementation of these practices, and continual progress monitoring to ensure outcomes are met (ODE, 2021).

Prevention: Focuses on reducing the likelihood of, delaying the onset of, or slowing the progression of or decreasing the severity of mental, emotional, or behavioral health disorders (NASEM, 2019). Prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and communities with the goal of preventing or reducing the risk of developing a mental health or substance use disorder. Prevention services can be direct or indirect.

Definition and Acronym List

Program Evaluation: Process to assess strengths and weaknesses of practices to make improvements over time. Effective program evaluation involves developing and implementing a clear evaluation plan from the outset, evaluating process variables (e.g., implementation) and outcome variables (e.g., mental health and substance use), obtaining feedback and data from diverse stakeholders with multiple methods of data collection, and using evaluation data to inform decision-making.

Protected Health Information (PHI): The type of personal information protected under HIPAA.

Restorative Practices: "Processes that proactively build healthy relationships and a sense of community among students and adults to prevent and address conflict and wrongdoing. Restorative practices allow individuals who have committed harm to take full responsibility for their behavior by addressing the individual(s) affected by the behavior." (ODE, 2019).

Risk Factor: A characteristic or circumstance that increases the likelihood that a person may have substance use or mental health concern or experience other negative developmental outcomes.

School-Based Health Center (SBHC): A health center located on school grounds. Many SBHCs provide comprehensive care with an emphasis on partnerships and improving access to care (ODE, 2021).

Selective: Prevention targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk and may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Those risk factors may be at the individual level for non-behavioral characteristics (e.g., biological characteristics such as low birth weight), at the family level (e.g., children with a family history of substance abuse but who do not have any history of use), or at the community/population level (e.g., schools or neighborhoods in high-poverty areas; Institute of Medicine, 2009; OhioMHAS, 2019).

Social and Emotional Learning (SEL): "The process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions" (ODE, 2021, para 1).

Socioeconomic Status (SES): Combination of income, education, occupation, and perception of class.

Staff Wellness: Purposeful efforts to promote the well-being of staff members. Wellness is an individualized and personally defined, multifaceted approach to well-being that includes emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual dimensions.

State Support Team (SST): SST consultants assist districts and schools in improving outcomes for each child with a focus on leadership, team development, and inclusive instructional practices (ODE, 2021). There are 16 SSTs in Ohio.

Student Assistance Program (SAP): A comprehensive, school-based framework designed to provide a variety of services, including building awareness, prevention, early identification, evidence-based intervention, referral processes, and guided support services across the multi-tiered spectrum for K-12 students, especially those most vulnerable. SAP's focus is on preventing and supporting students experiencing non-academic barriers to learning including mental health concerns, behavioral health concerns, substance abuse, and family and relationship concerns.

Student Assistance Team (SAT): A set group of team members who are trained in Student Assistance Program (SAP) processes. A SAT receives referrals, gathers information, develops strategies to remove student barriers to learning, links students to interventions, and helps provide support and follow-up services.

Substance Abuse and Mental Health Services Administration (SAMHSA): An "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." (SAMHSA, 2021)

Teacher-Based Team (TBT): Teachers working together in teams to continuously strengthen student education through data-driven and collaborative planning.

Definition and Acronym List

Tier 1 Interventions: These supports create a safe, supportive learning environment school-wide and provide all students with information and skills necessary to promote mental and behavioral wellness and prevent mental health, behavioral health, or substance misuse problems. Tier 1 establishes the foundation for delivering regular, proactive support and preventing unwanted behaviors. Tier I , which includes Universal Prevention, emphasizes prosocial skills and expectations by teaching and acknowledging appropriate student behavior. (Adapted from OhioMHAS' Prevention Initiative Self-Assessment)

Tier 2 Interventions: These interventions and systems focus on early identification to provide focused social, emotional, and behavioral support for youth with mental health, behavioral health, or substance misuse risk or low-intensity need. The goal of Tier 2 selective and indicated supports is to promote health and wellness, and to reduce or eliminate the need for more intensive interventions. Tier 2 interventions are sometimes delivered to small groups of students with similar needs, but may also be low-intensity individualized supports.

Tier 3 Interventions: Involves intensive, individualized intervention for students who exhibit significant or persistent mental health, behavioral health, or substance use challenges or require referral to an outside community agency for treatment. Tier 3 supports are highly tailored to the individual student's needs and circumstances, and may involve referral to community services and/or wraparound.

Truancy. A student's absence that is not excused by definition under school policy.

Universal Prevention: Prevention targeted to the general public or a whole population group that has not been identified on the basis of individual risk and is desirable for everyone in that group (Institute of Medicine, 2009; OhioMHAS, 2019).

Universal Screening: All students in the school participate in a process to identify students who may need further assessment or intervention, and/or referral to SAP.

Wellness: Presence of a positive purpose in life, satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. Encompasses eight dimensions: emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual (SAMHSA, 2016).

Wraparound Services: Collaborative, family-driven process addressing all of clients' health needs, including financial support, transportation, job training, and specialized treatment.