Comprehensive School Mental Health Implementation Guide for Districts

Tennessee Framework for Student Supports

August 2025

TN Department of Education

TN Department of Mental Health & Substance Abuse Services

Table of Contents

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Introduction

In partnership with the Tennessee Department of Mental Health and Substance Abuse Services' Division of Children and Youth Mental Health, the Comprehensive School Mental Health Implementation Guide is intended to support and guide schools and districts in their continued implementation of school-based mental health through the Tennessee Framework for Student Supports (TN-FSS) model.

What is Comprehensive School Mental Health, and why is it important?

Comprehensive school mental health systems offer a wide range of supports and services designed to enhance school climate, foster personal competencies, and promote overall mental health and well-being, while also reducing the prevalence and severity of the mental health issues of students. In each district, these systems are built on a foundation of mental health policies and procedures that, in turn, encourage the use of partnerships between school professionals, students, families, and community mental health providers. By utilizing the TN-FSS, the most appropriate level of support can be determined based on each student's individual needs.

Approximately 17.7% of adolescents in Tennessee struggle with anxiety or depression (Sycamore Institute, 2023). Youth suicide rates have risen in the past decade as well. Fifty-five percent of high school girls and 30% of high school boys in Tennessee reported feeling sad or hopeless almost every day for two or more weeks within the past year, which is a 50% increase since 2013. Even more tragically, nearly 1 in 4 Tennessee high school students have considered attempting suicide, 1 in 5 have made a plan, and 15% have attempted to take their own lives (Tennessee Commission on Children and Youth [TCCY], 2024).

These mental health challenges often begin early in life, with 16% of children aged 2 to 8 already experiencing a mental, behavioral, or developmental disorder (Brissett et al., 2024). As youth progress through school, the likelihood of being diagnosed with a mental or behavioral disorder rises to 31.7% (*Data and Statistics on Children's Mental Health*, 2025). The transition to adolescence brings added burdens, with academic pressures, complex social dynamics, and the influence of social media all contributing to the impact on mental health and well-being. These challenges have profound consequences, affecting academic performance and graduation rates, with youth who have a mental health challenge twice as likely to drop out of school (Platzman Weinstock, 2017).

School-based mental health services can enhance access to care, facilitate early detection and treatment of mental health concerns, and may be associated with reduced absenteeism (Gall et al., 2000) and improved mental health outcomes (Richter et al., 2022).

Providing comprehensive school-based mental health is an effective way to address the mental health needs of children and improve the learning environment. Comprehensive school mental health is supported through a district's Coordinated School Health (CSH) infrastructure, specifically the School Counseling, Psychological, and Social Services component. Tennessee CSH connects physical, personal, and social health through eight interrelated components. This coordinated approach improves students' health and their capacity to learn through the support of families, communities, and schools working together. All components work together to improve the lives of students and their families.

Tennessee Framework for Student Supports Overview

Tennessee's Framework for Student Supports (TN-FSS) is a comprehensive framework that integrates a range of practices, programs, and interventions designed to meet the diverse needs of students across the school environment. TN-FSS addresses students' academic, behavioral, and mental health needs by providing a continuum of support. It ensures that every student receives the appropriate level of assistance, from universal strategies for all students to more targeted and intensive interventions for those who need additional help. TN-FSS is not an intervention but a framework that guides the selection and implementation of evidence-based practices, including school-wide programs and individual interventions.

Leadership

Leadership at the district and school level is paramount in ensuring the successful implementation of comprehensive school mental health. The role of leadership fosters the development of district and school teams to advance, intentionally, prevention and intervention strategies responsive to identified needs to address mental health.

District and School Leadership Teams are responsible for:

- ensuring clear communication, expectations, and feedback,
- capacity development, and
- fidelity of implementation.

District Level Team: A District Level Team assesses and supports the implementation of comprehensive school mental health. A district level team meets regularly to identify and provide implementation expectations, training, and professional development for school teams. The team is comprised of district administration, instructional leaders, and health and family support services personnel (e.g., CSH Coordinator, Director of Instruction, Director of Student Services, Director of Mental Health, Director of School Safety, Community Mental Health Operations Supervisor, Technical Assistance Coordinator).

School Level Team: A School Level Team assesses, identifies, and implements comprehensive school mental health support through tiered prevention and intervention strategies. A school level team is responsible for capacity building of staff and ensuring fidelity of implementation. The team meets regularly and is comprised of grade-level teachers, school administration, and school support personnel (e.g., School Counselor, School Psychologist, School Social Worker, School-based Behavior Health Liaison, School Nurse, Principal, Assistant Principal).

To support school districts in ensuring effective teams, the department has developed a sample Roles and Responsibilities Matrix, which serves as a best practice based on personnel qualifications.

Comprehensive School Mental Health Tiers of Support Overview

In alignment with the TN-FSS, the continuum of comprehensive mental health for students should be integrated throughout the school community. The framework includes strategies specifically addressing mental health in tiers I, II, and III.

Tier I focuses on providing structures that promote a safe, healthy, and positive environment where all students feel safe, seen, heard, and empowered. Essential components of Tier I include:

- capacity building of school staff through ongoing professional learning;
- encouraging student-led opportunities;
- engaging families and seeking feedback; and
- incorporating practices that support positive student experiences in schools.

Tier II encompasses personalized intervention and a system of support for some identified students. Essential components of Tier II include:

- individualized behavioral and emotional support;
- structured, data-driven process to identify students in need of intervention;
- align school-based and community-based resources; and
- targeted, evidence-based instruction to strengthen students' coping skills, emotional regulation, and interpersonal abilities.

Tier III provides intensive interventions to address identified needs for a small number of individual students. Essential components of Tier III include:

- crisis and care management;
- return to school re-entry coordination; and
- referred services (e.g., functional behavior assessment, community-based counseling).

Universal Support Tier I:
Building a Foundation for Mental Wellness and Resilience for all Students

Tier I serves as the cornerstone of a strong foundation by addressing the needs of ***all*** students through data-driven, evidence-based practices. It ensures ***all*** students have access to high-quality instruction and universal screenings that identify academic, social, personal, and behavioral trends. Tier I creates an environment where ***all*** students are provided with the tools to thrive. Below are effective Tier I school mental health practices to build a foundation for mental wellness and resiliency for ***all*** students.

Tier I Strategies & Best Practices	
Foundation *Policies, Standards, and Procedures*	**Prevention and Interventions** *Student, Staff, and Family Engagement*

• **State-Mandated Mental Health Policy**
  ○ Suicide Prevention Policy Tenn. Code Ann. § 49-6-1902 and Training Tenn. Code Ann. § 49-6-1901
  ▪ Model Student Suicide Prevention Policy
  ○ Bullying and Harassment Tenn. Code Ann. § 49-6-4503
  ▪ Sample Bullying and Harassment Policy
  ○ Trauma-Informed Discipline Tenn. Code Ann. § 49-6-4109
  ▪ Link to TDOE guide (in comms review)
• Health Education Standards
• School Counseling Model
• **Mental Health Literacy**
  ○ Erase the Stigma*
  ○ Project B.A.S.I.C*
  *Programs provided by TDMHSAS
• **Professional Development & Capacity Building**
  ○ Suicide Prevention
  ○ Building Strong Brains
  ○ Youth Mental Health First Aid
	• **Student-Led Initiatives**
	  ○ School Climate Crew
	  ○ Mental Health Youth Council
	• **Climate & Culture**
	  ○ Student Focus Groups
	  ▪ Elementary
	  ▪ Secondary
	  ○ Family Focus Groups
	  ○ Staff Focus Groups
	  ○ School Climate Survey
	• **Resilience Building**
	  ○ Positive Childhood Experiences
	  ▪ Morning Meetings/Advisory
	  ▪ Collaborative Circles
	  ▪ Social & Personal Competencies
	• **Communication**
	  ○ Weekly School-Home Communication disseminated by identified preferences
	  ○ Townhall Meetings
	  ○ Parent Surveys

○ Six Pillars of Trauma-Informed Schools ○ Trauma-Informed Schools ○ Teen Mental Health First Aid ○ Schoolwide Behavioral Expectations • **Early Identification and Referrals** ○ Referral Pathway	

Strategic Supports Tier II: Intervening Early to Address Mental Health Risks for Some Students

Some students will require supplemental services in addition to Tier I supports. Tier II supports include interventions that are systematic and evidence-based for students who are identified as at risk due to behavioral and/or mental health concerns. Tenn. Code Ann. § 49-2-124 requires Tennessee schools to provide mental health screenings and counseling services to students, with parental consent required for these services.

Tier II Best Practices & Strategies
Interventions
• **Conflict Resolution** ○ Peer-to-Peer Conflict Quick Reference Guide ○ Restorative Circles • **Individualized Support** ○ Check-In/Check-Out ○ Token System ○ Wraparound Identification | Internal/External Care Coordination ○ Progress Monitoring • ***Mental Health Screening** • ***Solution-Focused Brief Counseling (SFBC)** • ***Small Group Counseling** ○ Therapy Dog Programs ○ Skill-based (e.g., behavior, bullying, coping skills) ○ Lunch Bunch Groups *Parent/Guardian Informed Consent Tenn. Code Ann. § 49-2-124

Specialized Support Tier III:

Providing Intensive Individualized Interventions for a Few Students

Tier III interventions address the needs of a small percentage of students who either have significant mental health needs, as identified through data, or who have received Tier II interventions but are not making sufficient progress or are increasing in need. These challenges are at a level of intensity greater than those in Tier II and leave students at risk of academic struggles affecting postsecondary enrollment and completion, as well as significant social and personal consequences. Some examples include students whose behavior poses a significant risk to their peers and/or school staff, or students experiencing chronic absenteeism due to extreme anxiety or depression, or who may even be suicidal.

Tier III Strategies & Best Practices
Interventions

• ***Individual Counseling/Therapy**
  ○ Licensed School Personnel
  ○ School-Based Community Provider
• **Crisis Intervention**
  ○ Suicide and Threat Assessments
  ○ Mobile Crisis Services
• **Return to School Coordination**
  ○ ***Transition and Re-Entry Planning & Support**
• ***Wraparound Care Management**
  ○ Referrals to Community-Based Mental Health Support
• **Special Education Supports**
 	
*Parent/Guardian Informed Consent Tenn. Code Ann. § 49-2-124

Implementation

How to Get Started

District Level

A District Level Team assesses and supports the implementation of comprehensive school mental health. The district level team meets regularly to identify and provide implementation expectations, training, and professional development for school teams. A district level team is comprised of key district personnel responsible for overseeing, coordinating, and supporting the development and implementation of comprehensive school mental health programs (e.g., CSH Coordinator, Director of Instruction, Director of Student Services, Director of Mental Health, Community Mental Health Operations Supervisor, Director of School Safety, Technical Assistance Coordinator).

Getting Started:

- Compile and analyze data (e.g., Discipline, Chronic Absenteeism, School Climate, Mental Health Referrals, Tennessee Youth Risk Behavior Survey)
- Assess existing policies, procedures, and memorandums of understanding (MOUs) related to mental health services
- Conduct District Comprehensive School Mental Health Needs Assessment
- Conduct resource mapping activity to identify essential internal and external supports
- Develop actionable goals and outline a district tiered support model responsive to identified needs from the district assessment
- Make recommendations to enhance existing policy and procedures
- Develop partnerships with community mental health providers and secure MOUs
- Consult and provide recommendations to district leadership regarding sustaining and scaling comprehensive mental health supports

Ongoing:

- Share data (e.g., referral pathway, discipline, chronic absenteeism) with stakeholders (e.g., principals) for continuous quality improvement
- Lead and facilitate professional development to build the capacity of school teams
- Provide technical assistance and support at the school level
- Facilitate monitoring to ensure fidelity of implementation
- Develop and guide sustainability objectives

School Level

A School Level Team assesses, identifies, and implements comprehensive school mental health support through tiered prevention and intervention strategies. A school level team is responsible for capacity building of staff and ensuring fidelity of implementation. A school level team meets regularly and is comprised of grade level teachers, school administration, and school support personnel (e.g., School Counselor, School Psychologist, School Social Worker, School-based Behavior Health Liaison, School Nurse, Principal, Assistant Principal).

Getting Started:

- Compile and analyze data (e.g., Discipline, Chronic Absenteeism, School Climate, Mental Health Referrals, Tennessee Youth Risk Behavior Survey, Family Engagement Data)
- Conduct a Comprehensive School Mental Health Needs Assessment
- Conduct resource mapping activity to identify essential internal and external supports
- Develop actionable goals and outline a school tiered support model responsive to identified needs from school assessment and align with the school improvement plan
- Establish a referral pathway and identify the leader (e.g., school counselor or school social worker) to support coordination of services
- Integrate staff, student, and family voice and engagement opportunities (e.g., healthy school team, family advisory council, youth council)
- Ensure effective alignment of personnel in the tiered support model

Ongoing:

- Build capacity of school staff through the facilitation of ongoing professional learning, coaching, and mentoring
- Share data with stakeholders and facilitate regular meetings (e.g., PLCs, student support) to monitor student progress and implement personalized intervention support
- Identify a team lead to develop and execute the fidelity implementation procedure

Data-Based Decision Making

Why Data Matters in School Mental Health

Using data is key to making smart decisions about mental health supports in schools. It helps teams plan, improve, and adjust services at every level of support.

A strong needs assessment looks at different types of data—like surveys, focus groups, interviews, and existing school data—to better understand what students, families, and communities need. It also includes mapping current resources in both the school and community to see what is available and where the gaps are.

By regularly collecting and reviewing this data, schools can spot areas for improvement, work better with community partners, and make sure the right supports are in place. Building strong data skills—like how to collect, understand, and use data—is important for making informed decisions and tracking what is working over time.

Using Data to Drive Decisions

Identifying Student Needs

Number of mental health referrals – Total number of students referred to support services.
School counselor/social work visits – Volume of students accessing mental health staff.
School nurse visits – May signal physical manifestations of unmet emotional needs.
Discipline data – Useful for identifying behavior patterns that may be rooted in trauma or unmet mental health needs.
Average daily attendance – Chronic absenteeism may reflect disengagement, mental health challenges, or unsafe environments.

Measuring Access and Service Outcomes

Percentage of referrals resulting in a service provided – Tracks service delivery gaps.
Number of personnel trained in mental health literacy, prevention, or intervention – Indicates capacity for early identification and response.

Elevating Student, Family, and Staff Voice

Student Focus Groups – Provide authentic perspectives on school culture, accessibility of supports, and student needs.
Family Focus Groups – Reveal family-level challenges, perceptions of school-based supports, and barriers to engagement.
Staff Focus Groups – Help identify professional learning needs and system-level gaps.
Family Engagement Survey – Gathers data on trust, communication, and satisfaction with mental health support efforts.

Planning Tool

Which of these data sources do we currently collect and analyze?
How is this information shared with school teams and leadership?
What does the data suggest about gaps in access, awareness, or service delivery?
How are student and family perspectives incorporated into our planning?

Data-Informed Practice in Action

Example:
A district noted an increase in mental health referrals but low engagement in school-based services. Through staff focus groups, they learned many teachers felt unequipped to identify early warning signs. A family survey revealed confusion about how to access services. As a result, the district increased staff training and updated its communication with families, resulting in a 22% increase in successful service connections.
A middle school noticed a rise in chronic absenteeism, especially among 6th and 7th grade students. The team reviewed attendance data alongside student focus group responses and found that many students were missing school due to anxiety and family-related stress. The district's needs assessment also revealed limited access to on-site mental health support and a lack of family engagement around mental wellness. In response, the school:

- Partnered with a local agency to provide telehealth services.

- Created a weekly family resource newsletter with wellness tips and community supports.
- Trained staff to recognize signs of school-related anxiety and offer classroom-based accommodations.

After one semester, chronic absenteeism dropped by 17%, and 83% of referred students engaged in services within two weeks of referral.

Using a Data Cycle for Decision-Making

To guide effective use of data in school mental health, districts can follow a simple four-step data cycle: Identify, Analyze, Implement, and Evaluate. This approach supports continuous improvement across all tiers.

1. Identify

Start by identifying what you want to understand or improve. This could involve defining student needs, school climate issues, or service access barriers. Use surveys, focus groups, attendance records, behavior data, or existing referral trends to help frame the problem clearly.

2. Analyze

Look for patterns, root causes, and trends in the data you have collected. Break down the data by student group, grade level, or school site to ensure equity. Use this analysis to identify gaps, barriers, or high-need areas for targeted support.

3. Implement

Based on the analysis, develop and apply targeted strategies to address the identified needs. This might include new mental health programs, training for staff, partnerships with community providers, or adjustments to referral processes.

4. Evaluate

Measure progress by reviewing updated data over time. Ask: Did the changes lead to improved outcomes? Were students better supported? Use this information to refine your approach and inform future decisions, completing the cycle.

Continuous Improvement and Scaling

Long-term sustainability and continuous quality improvement are key to a successful school-based mental health program. District and school level teams should continue to identify needs and leverage resources to sustain programming. Collecting and reviewing data on an ongoing basis can improve the quality of the services, increasing the likelihood that it will be sustained over time. In addition, it is important to develop strategies to communicate program successes with a wide range of stakeholders for continued buy-in and support.

Family and Community Engagement to Support Student Mental Health

Effective comprehensive school mental health programs require active and sustained collaboration with families and community partners. School and district leaders should implement intentional strategies to build trust, share information, and coordinate supports across home, school, and community settings. The following steps can guide implementation:

1. Establish Structures for Ongoing Family Engagement

- Create accessible and welcoming communication channels for families to learn about mental health supports (e.g., newsletters, parent portals, family nights).
- Offer family-centered training on topics such as mental health literacy and supporting children's emotional well-being at home.
- Involve families in the development and review of mental health policies and individual support plans (e.g., IEPs, behavior intervention plans).

2. Identify and Formalize Community Partnerships

- Map existing community resources and identify potential partners, such as mental health agencies, youth-serving nonprofits, and health departments.
- Develop Memorandums of Understanding (MOUs) or partnership agreements that define roles, confidentiality expectations, and referral pathways.
- Integrate internal and external mental health services when possible to increase access (e.g., School-Based Behavioral Health Liaisons, mobile crisis teams)

3. Coordinate Communication and Care Across Systems

- Implement referral and follow-up systems to ensure seamless coordination between school staff and external providers.
- Establish multidisciplinary teams that include family and community representatives.

4. Evaluate and Sustain Engagement Efforts

- Regularly assess family and community satisfaction with engagement efforts through surveys or focus groups.
- Collect and use data to refine strategies, identify barriers, and celebrate successes.

Allocate funding and staff capacity to sustain partnerships over time.

Educator Wellbeing

Educator well-being is a foundational element to school mental health. When educators are mentally and emotionally well, they are more effective in supporting students, implementing interventions, and sustaining a positive school climate. Conversely, burnout, stress, and crisis fatigue among educators can compromise the success of school-wide mental health efforts.

Districts must take a systemic approach to support staff well-being. Individual wellness strategies must be embedded in a broader infrastructure of care, safety, and professional support. District leaders must acknowledge and respond to the frontline experiences of educators.

District-Level Strategies to Support Staff Mental Health

Establish and Communicate Clear Crisis Response Protocols

Ensure staff know what to do—and who will help—during student mental health or behavioral crises. Provide consistent communication, documentation processes, and backup personnel.

Expand Access to Behavior and Mental Health Specialists

Clarify how and when school teams can access district behavioral support teams or community mental health services. Promote regular collaboration between mental health staff and classroom teachers.

Prioritize Training Related to Mental Health Services and Supports

Provide regular professional learning opportunities that are actionable, relevant, and grounded in current school realities.

Create Feedback Loops Between Educators and Leadership

Open lines of communication to elevate educator voices, especially around safety, stress, and resource needs. Use this feedback to inform policies and support plans.

Build Protective Structures into Daily Operations

Include: Protected planning or recovery time, on-call support for behavioral escalation, peer or coaching networks, Employee Assistance Program (EAP) promotion and referral processes, leadership visibility and responsiveness.

Normalize Support—Not Silence

Foster a culture where seeking support is viewed as a strength. Include staff wellness as part of the broader mental health programming model, ensuring tiered supports are available for both students and staff.

Educator Well-Being Within a Tiered Support Model

Just as students need tiered supports, so do staff:

- Tier 1: Safe working environment, supportive leadership, professional learning
- Tier 2: Targeted support for staff regularly exposed to crisis or high-stress roles
- Tier 3: Individualized accommodations, mental health referrals, and access to external supports

Examples: System-Level Staff Support in Action

Example 1:

A high school reported increased teacher turnover and burnout related to student aggression and emotional dysregulation. In response, the district implemented crisis response teams, monthly de-escalation refreshers, and a peer debriefing model. Staff reporting a need for support received direct follow-up from leadership. After one year, teacher retention increased by 15%, and staff-reported perceptions of safety improved by 32%.

Example 2:

An elementary school with high rates of staff absenteeism launched a staff wellness initiative that included mental health consultation and coaching, a streamlined referral process for student crisis support, and weekly staff check-ins led by administrators. A follow-up survey showed a 40% decrease in staff-reported feelings of isolation and a 25% reduction in sick leave requests within a semester.

Appendices

Glossary

Care Coordination

Care coordination involves collaboration between multiple child-serving agencies using a wraparound approach to provide comprehensive support for students. This ensures that mental health teams, school staff, and teachers work together to meet students' needs.

Check-In/Check-Out

Check-In/Check-Out is a teacher consultation model designed to increase teacher capacity and decrease disruptive behavior by providing structured daily check-ins for students who need additional support.

Community-Based Mental Health Services

Some schools partner with community mental health providers to offer on-site therapy, while others refer students to external services. Licensed professionals or supervised therapists provide support for students with parental consent. If a student has TennCare insurance, they may receive services from a master's-level therapist under the supervision of a licensed mental health provider. To find mental health services and resources in your community, use the SAMHSA mental health services locator.

Community Support

Community support refers to the collaboration between the school and the local community, including organizations, businesses, and other stakeholders that contribute to the educational environment. This could include local organizations offering after-school programs, businesses providing internships or mentorships, local government supporting school funding, or community leaders advocating for educational policies.

Early Identification and Mental Health Referrals

Schools use structured processes to identify students at risk for mental health concerns and refer them to appropriate services. This ensures confidentiality, parental consent, and student access to needed support. According to Tenn. Code Ann. § 49-2-124, parents must provide written, active, informed, and voluntary consent for mental health screening. Families also need to receive information about how to access the referral system and support services. Students should have the opportunity to make a self-referral and be encouraged to do so if needed.

Effective Individual and Small Group Counseling

Short-term individual and group counseling interventions help students develop coping skills and manage mental health challenges, sometimes incorporating therapy dogs or targeted curricula like bullying prevention.

Employee Assistance Programs (EAPs)

Confidential counseling, mental health support, and resources for personal or professional challenges.

Family Engagement

Family engagement refers to the active engagement of families in their children's education. It includes parents, guardians, and extended family members working together with the school to support a child's academic, social, and personal growth. The goal is to create a strong partnership between the school and the family to ensure students are getting the best possible support both at school and at home.

Mental Health Screening

Mental health screening in schools is a structured process designed to identify students who may be at risk for mental health concerns, often as part of a tiered support system. These screenings can be conducted at three levels: universal screening (Tier 1) for all students, targeted screening (Tier 2) for those showing early signs of challenges, and intensive screening (Tier 3) for students needing individualized interventions. Examples of evidence-based mental health screenings include the Strengths and Difficulties Questionnaire (SDQ), Behavioral and Emotional Screening System (BESS), Student Risk Screening Scale (SRSS), Pediatric Symptom Checklist (PSC), and Social, Academic, and Emotional Behavior Risk Screener (SAEBRS). Parental consent is required to conduct any mental health screenings in schools in accordance with Tenn. Code Ann. § 49-2-124.

Mentorship and Coaching

Pairing new or struggling teachers with experienced mentors fosters guidance and mutual support.

Mobile Crisis

Mobile Crisis Services provide emergency mental health assessments for students experiencing suicidal or homicidal ideation. Once assessed, the agency assumes responsibility for the student's care while the school continues to offer support. Districts can utilize this map to see their community partner agency.

Positive Childhood Experiences

Positive childhood experiences (PCEs) help mitigate the effects of trauma and foster resilience. Supportive relationships with teachers and staff create safe, consistent, and predictable environments for students.

School-Based Behavioral Health Liaisons (SBBHL)

SBBHLs provide face-to-face consultation with classroom teachers to enhance trauma-informed learning environments for children and youth who have or are at-risk for mental health issues. SBBHLs provide training and education for classroom teachers regarding mental health topics, as well as behavioral

interventions. SBBHLs provide a connection between the child's family and school to ensure collaboration and proper communication.

School Climate and Connectedness

A positive school climate ensures students feel valued, safe, and engaged. This includes strong relationships, clear rules, and a supportive academic environment free from bullying or substance abuse.

Social and Personal Competence (SPC)

SPC helps students develop emotional regulation, goal setting, relationship-building, and responsible decision-making. Strategies include class meetings, cooperative learning groups, and character education programs. According to Tenn. Code Ann. § 49-6-1007(a), character education in schools supports the development of positive values alongside SPC. Additional information on SPC can be found on the department's website here.

Special Education Supports

At times, a student may require more support than can be provided through the TN-FSS model. In these situations, students can be assessed by a school psychologist (with parental consent) for a qualifying educational disability. If an educational disability is agreed upon, the student would be supported by the Individuals with Disabilities Education Act (IDEA), likely in the form of an Individualized Education Plan (IEP) in addition to TN-FSS.

Therapy Dogs

Therapy dogs in schools help improve student well-being and enhance learning. Within Tier 1, therapy dogs support universal interventions by fostering a positive school climate, reducing stress, and improving student engagement. At Tier 2, they assist in targeted interventions for students experiencing mild emotional or behavioral challenges, providing comfort and regulation strategies. In Tier 3, therapy dogs may be integrated into individualized plans for students with significant mental health needs, working alongside school-based mental health professionals to support emotional regulation, trauma recovery, and social skills development.

Transition and Re-entry Planning

Special planning should be provided to support students when they transition from one school level to another (e.g., elementary to middle or middle to high school), when they change schools within the district, when they move from a traditional school to an alternative school and back again within the same school district, and/or prior to graduation to ensure a successful transition to postsecondary placements. Also, community treatment facilities should communicate with the school (with parental consent) to establish a re-entry plan to support students returning from hospitalization or residential treatment.

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