School Mental Health Crisis Response Guidance Manual

Division of Coordinated School Health

Tennessee Department of Education | Fall 2025

TN Department of Education

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Acknowledgements

The department, in collaboration with the statewide School Health Advisory Council (SHAC) School Counseling, Psychological, and Social Services Subcommittee, would like to thank the following district and community partners for their contributions to the *School Mental Health Crisis Response and Guidance Manual:*

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Introduction

Schools are more than academic institutions; they are environments where students learn to navigate emotional, social, and psychological challenges. Mental health issues can significantly impact a student's ability to succeed in school and maintain healthy relationships. Early and effective intervention during a mental health crisis can prevent escalation, reduce long-term harm, and potentially save lives. As such, schools have a duty to respond swiftly and appropriately to mental health concerns that pose immediate or potential risks to a student or others.

This guidance manual is intended to support existing district policies and procedures and provide school personnel—particularly mental health providers, administrators, and other support staff—with a comprehensive, structured approach to identifying, responding to, and following up on mental health crises in the school setting. It outlines best practices, legal considerations, and key immediate response protocols to ensure that every student receives timely, appropriate, and compassionate care during times of psychological distress. The document serves as a tool to enhance preparedness, promote student safety, and ensure consistency in crisis response efforts across the district.

Guiding Principles

Response to a mental health crisis in schools must be rooted in the following core principles:

- **Safety**: Ensuring the physical and emotional safety of the student in crisis and all individuals involved.
- **Compassion:** Responding with empathy, patience, and understanding, recognizing that crises are deeply personal and distressing experiences.
- **Communication:** Maintaining clear, timely, and confidential communication among all parties involved, including school staff, students, families, and external crisis responders.
- **Legal and Ethical Compliance**: Adhering to federal and state laws, including the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232(g)), the Families' Rights and Responsibilities Act (FRRA) (Tenn. Code Ann. § 36-8-101) and the Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 1320d et seq.). Mandated reporting requirements must also be followed to protect the dignity and rights of all students.

Districts should collaborate with local mental health agencies, health providers, and other organizations to ensure that students have access to external services as needed. Strong community partnerships help improve the continuum of care from school to community.

Mental Health Crisis Defined

For the purposes of this guide, a mental health crisis is defined as any situation in which a student's behavior, emotions, or psychological state places them or others at immediate risk of harm or significantly disrupts their ability to function in the school environment. Crises may include, but are not limited to the following:

> *A mental health crisis is not defined solely by the behavior or diagnosis, but by the level of immediate risk and the need for urgent intervention.*

- **Suicidal ideation**: Statements or actions indicating thoughts of self-harm or a desire to end one's life.
- **Homicidal ideation**: Threats or behavior suggesting intent to harm others.
- **Self-injurious behavior:** Observable actions such as cutting, burning, or other forms of self-harm.
- **Aggression or violent outbursts**: Sudden, unprovoked, or especially violent physical attacks, property destruction, or threats of violence.
- **Difficulty perceiving reality:** Delusions or hallucinations, in which a person experiences sights, sounds, or sensations that are not present in objective reality.
- **Severe emotional dysregulation**: Intense emotional responses (e.g., profound sadness, anxiety, anger, or withdrawal) that significantly impair a student's ability to participate in the school environment.

Training and Prevention

Targeted mental health crisis training can prepare school staff for how to identify the signs of a mental health crisis. Providing training on trauma-informed strategies that support positive student experiences in schools, along with targeted, evidence-based instruction to strengthen students' coping skills, emotional regulation, and interpersonal abilities, can help build a safer and more supportive environment for all students. Preventing mental health crises and ensuring the school community is prepared to respond appropriately when they occur is crucial. There are multiple ways to find and implement available crisis training for your district. See Suicide Prevention and Training Resources for further information.

Mental Health & Crisis Identification

All school personnel should receive targeted training to identify, understand, and respond to mental health crises effectively. It is essential that school personnel are equipped to (1) recognize early signs of emotional or psychological distress, such as shifts in behavior, mood, or academic performance, and

(2) accurately differentiate between typical distress signals and behaviors that indicate a potential crisis. Districts should establish clear procedures that provide staff with a defined protocol for seeking support or consultation when the seriousness of a situation is uncertain.

Trauma-informed Strategies in the Classroom

Creating a safe and supportive learning environment includes building trust with students through warm greetings, consistent routines, and calm communication. Recognizing that behavioral challenges can stem from underlying mental health concerns or trauma, fostering open conversations about mental health, embedding mindfulness and physical activity into daily routines, empowering student-led wellness initiatives, and prioritizing regular check-ins between staff and at-risk students are critical pillars of a safe and supportive school environment. Teaching and consistently reinforcing clear behavioral expectations—through visuals, modeling, and positive feedback—supports effective classroom management and reduces discipline issues. Additionally, schools should establish clear referral pathways for mental health concerns, provide structured peer-support programs, and equip staff with skills in crisis de-escalation and trauma-responsive practices to effectively address student needs. See the department's Practical Strategies for Classrooms for trauma-informed examples.

Suicide Prevention

All district employees shall participate in annual suicide prevention training, which may include in-service training or other equivalent programs approved by the director of schools. Training shall cover risk factors, warning signs, intervention and response procedures, referrals, and postvention strategies, as outlined in Tenn. Code Ann. § 49-6-3004(c). See Suicide Prevention and Training Resources and Model Suicide Prevention Policy for additional guidance.

Monitoring and Evaluation of Trainings

In addition to suicide prevention training, districts should provide annual training for all staff on mental health policies, immediate response protocols (IRP), and emerging mental health trends. This should include monitoring changes and updates in local and state resource information, such as crisis hotlines, children's crisis stabilization units, and emergency services. Regular evaluation of the effectiveness of district mental health programs and training initiatives is essential. Feedback from students, staff, and parents should be used to identify areas for improvement in mental health prevention and response efforts. Data should also be used to monitor the frequency of mental health crises and uncover trends that may indicate the need for additional resources or strategic and programmatic adjustments. See Training Evaluation Survey Template.

Collaboration with Community Partners

Ongoing networking meetings with local community providers are important for strengthening partnerships and evaluating the effectiveness of workflows and collaborative efforts related to mental health crisis response. Districts should leverage community partner personnel and resources (e.g., School-Based Behavioral Health Liaisons and school-based therapists) to support staff training and provide ongoing assistance.

Crisis Team Roles and Responsibilities

A coordinated and clearly defined team response, or Immediate Response Protocol, is essential during a school mental health crisis. Every individual has a role to play, and they must be able to apply their knowledge and training of the protocol, to ensure the process is successful. Collaboration and communication between team members are key to ensuring the safety and well-being of the student in distress, as well as others who may be impacted. See IRP Team Roles and School Based Mental Health Role Matrix for further guidance on crises teams.

Mental Health Providers

School Counselors, School Social Workers, and School Psychologists:

One of these school mental health providers will typically serve as the primary responder during mental health crisis situations. The key responsibility of this role is to conduct a risk assessment and determine an appropriate plan of action, which may involve contacting external crisis services. The community mental health provider, or their designated representative, should take the lead in managing the incident and function as the primary point of contact. The school mental health provider is responsible for ensuring that all communication and final documentation related to the crisis are completed thoroughly and accurately.

School-Based Community Providers:

School-Based Behavior Liaisons (SBBHL) are mental health providers employed by a local community agency and are placed in the school they serve. They can assist the school mental provider and team as directed in a crisis situation.

Community counselors, or school-based therapists, are mental health providers employed by a local community agency and serve students in the school. They may participate in crisis situations as instructed by the district and/or crisis team.

Administrators

Principals, assistant principals, and other school leaders play a vital oversight role in crisis preparedness and response. They are responsible for ensuring that all staff are trained in the school's immediate response protocol (IRP) and understand when and how to initiate it. Additionally, school leaders serve as the liaison to district personnel and provide support and resources as directed by the crisis team lead.

School Faculty & Staff

Teachers, instructional aides, and other school support personnel are often the first to observe signs of distress or changes in student behavior. Their responsibilities include knowing and understanding the IRP and their role in the reporting process.

It is important to recognize that responding to mental health crises can present challenges for staff. Providing clear protocols and comprehensive training ensures that educators are prepared to respond effectively and make informed decisions. Staff should be encouraged to follow protocol, even when the severity of a situation is uncertain. Given that each crisis is unique, it is critical that staff feel empowered to take appropriate action to safeguard student wellbeing.

District Personnel

At the district level, support is critical to ensure that procedures are followed and specialized expertise regarding district policy and procedure is available.

Parents/Guardians

The involvement of a student's parent and/or legal guardian is critical to successful crisis resolution. Note: If it is determined that parental notification may pose additional risk to the student, the school mental health provider and the administrator should contact local law enforcement and the Department of Children's Services for further guidance.

Mental Health Crisis Identification

Accurate identification of a mental health crisis is a critical step in ensuring timely and appropriate intervention. School personnel must be able to recognize warning signs that help to identify a crisis and initiate a structured immediate response protocol with confidence and clarity. They are not responsible for providing therapeutic intervention beyond keeping the student safe.

Recognizing Warning Signs and Behaviors of Concern

In the school setting, staff should be trained that the following behaviors and emotional indicators may signal a potential mental health crisis:

- **Suicidal ideation**: May manifest through behaviors such as sudden social withdrawal, neglect of personal hygiene, or indirect statements like, "I am tired of living" or "everyone would be better off without me." Any such remarks should be investigated.
- **Homicidal ideation**: Direct or subtle comments or actions that may endanger or harm others.
- **Self-injurious behavior:** Visible evidence of self-harm such as cutting, burning, or other forms of self-injury.
- **Aggression or violent outbursts**: Sudden, uncharacteristic episodes of anger or violence that occur with little or no apparent precursor.
- **Difficulty perceiving reality**: Student may appear to engage with someone not present (through hand gestures or nodding) or react to a stimulus internal or not experienced by others.
- **Severe emotional dysregulation**: A heightened state of distress that is difficult to explain or soothe, marked by extreme and rapid emotional swings.

These behaviors should always be treated seriously. While not all concerning behaviors indicate a crisis, any suggestion of harm to oneself or others warrants immediate attention from a mental health professional.

While not all concerning behaviors indicate a crisis, any suggestion of harm to oneself or others warrants immediate attention from a mental health professional.

Immediate Response Protocol (IRP)

When a student is determined to be experiencing a mental health crisis, the safety and care of the student become the top priority. The response must be prompt, coordinated, and follow a clearly established protocol to prevent harm and ensure appropriate intervention. See Immediate Response Protocol for Student Mental Health Crisis, IRP Documentation Template, and Appendices S-U for templates and district examples.

Ensure Immediate Supervision and Safety: Do not leave the student alone for any reason. Summon assistance from the IRP team if necessary.

- *Notification*: The IRP lead, or designee will notify a member of the school administration (principal or designee) of the initiation of the IRP and subsequent updates. Administration will notify relevant district leaders as needed. Parents or legal guardians should be notified as soon as possible. Before making contact, the director of schools or designee will assess whether parental notification may pose additional risk to the student. If parental notification is deemed a potential risk, local law enforcement and the Department of Children's Services should be contacted.
- *Risk Assessment:* The mental health provider will conduct a risk assessment with the student and determine the level of risk (low, moderate, high) using approved methods.
- *Involve Youth Mobile Crisis (if necessary):* If the assessment indicates moderate to elevated risk, the mental health provider or designee should contact Youth Mobile Crisis Services or other emergency personnel. See Youth Mobile Crisis Services Protocol Guidelines for Districts.

Use of Law Enforcement: Law enforcement should only be contacted if there is an immediate and active threat to self or others, or the student has left or is attempting to leave school property without permission. See Guide to Law Enforcement & Emergency Medical Services in Student Mental Health Crises.

Maintain Student on Campus: The student must remain under supervision on campus until a support plan is in place based on the student's needs. The student should not be sent home on the bus. Regardless of the outcome of the assessment, if the student is in the school building at dismissal, they may only be dismissed to a parent/guardian or emergency contact.

Transportation: Only the following parties may transport the student: a parent/guardian, EMS personnel, or law enforcement (when appropriate). School staff may not transport students in crisis under any circumstances unless specifically authorized in policy or emergency plans.

When Crisis Services Are Unavailable: If Youth Mobile Crisis is delayed or unavailable, the mental health provider should continue to supervise the student and notify school administration for support in managing next steps. Contact EMS or law enforcement if immediate transportation to a hospital or crisis unit is necessary, and a guardian is not available.

Student and Staff Impact: Once the student in crisis is safely managed, it is important to identify students and staff who also witnessed any part of the crisis situation. Both staff and student witnesses should be provided with supportive follow-up from the school social worker, school psychologist, school counselor, or other preferred adult in the building. Ensure that additional support is provided as needed and ensure that the privacy of all involved parties is maintained.

Communication and Documentation

Effective communication and thorough documentation are essential components of crisis management in schools. These practices ensure accountability, support continuity of care, and provide a legal and ethical framework for responding to mental health emergencies. Once the incident has concluded and the safety of the student is ensured, a summary of the IRP is to be documented clearly and concisely. Accurate documentation helps ensure appropriate follow-up, protects student and staff safety, and provides critical information in case of future review or legal inquiry. See Communication & Documentation Guidelines for Student Mental Health Crisis Response for further information.

Confidentiality and Legal Compliance

All documentation and communication must comply with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g), the Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 1320d et seq.), when applicable, and any relevant state-specific laws regarding child privacy and mental health. *S*tudent information should only be shared with individuals who have a legitimate educational or health-related need to know, in accordance with these legal and ethical requirements*.* While communicating confidential information, staff must be mindful that any information inappropriately shared or overheard may be a violation of the student's privacy. Please refer to district policies and procedures for more information. The Families' Rights and Responsibilities Act (FRRA) (Tenn. Code Ann. § 36-8-101) must also be considered before any significant intervention is employed.

Follow-up & Reentry Procedures

A student returning to school after a mental health crisis requires thoughtful support to ensure safety, build resilience, and restore a sense of normalcy. Follow-up procedures help maintain continuity of care and promote the student's emotional well-being while also reinforcing the school's commitment to a supportive environment and academic progress.

Before the student returns to school, contact should be made with the parent or guardian to obtain the status of the student and schedule the reentry meeting. See Guide to Student Re-Entry from External Facility for further information and guidance on this process.

Conclusion

Creating and maintaining a safe, supportive learning environment requires a comprehensive, coordinated approach to mental health crisis prevention, intervention, and postvention. This manual is designed to complement districts' existing policies and to empower school personnel with the knowledge, tools, and procedures necessary to respond effectively to students in distress while promoting a culture of care, connection, and resilience. By recognizing early warning signs, fostering positive relationships, and engaging collaboratively with families and community partners, we can ensure that every student receives the support they need.

Appendices and Reference

Appendix A: 988 Suicide & Crisis Lifeline

Appendix B: Suicide Prevention and Training Resources

Appendix C: Practical Strategies for Classrooms

Appendix D: School-Based Mental Health Supports

Appendix E: Comprehensive School Mental Health Implementation Guide for Districts

Appendix F: Model Suicide Prevention Policy

Appendix G: Training Evaluation Survey Template

Appendix H: IRP Team Roles

Appendix I: School Based Mental Health Role Matrix

Appendix J: Immediate Response Protocol for Student Mental Health Crisis

Appendix K: IRP Documentation Template

Appendix L: Youth Mobile Crisis Services Protocol Guidelines for Districts

Appendix M: Crisis Services for Children and Youth

Appendix N: TN Children & Youth Mental Health Crisis Continuum

Appendix O: School-Based Behavioral Health Liaisons

Appendix P: Guide to Law Enforcement & Emergency Medical Services in Student Mental Health Crises

Appendix Q: Communication and Documentation Guidelines in Student Mental Health Crisis Response

Appendix R: Guide to Student Re-Entry from External Facility

Appendix S: Hamilton County Schools Re-Entry Packet & Safety Plan

Appendix T: Franklin County Schools Suicide Prevention Protocol

Appendix U: Franklin County Schools Suicide Prevention Procedure

The Columbia Lighthouse Project. (2024, April 5). *About the protocol - the Columbia Lighthouse project*. The Columbia Lighthouse Project - Home of the Columbia-Suicide Severity Rating Scale (C-SSRS): A Series of Simple, Plain-language Questions That Anyone Can Use to Assess Suicide Risk. https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

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Practical Strategies for Classrooms

This section helps educators translate trauma-informed principles into everyday classroom responses, with concrete language and interventions that support student dignity, reduce disruptions, and maintain a safe learning environment.

Common Scenario	Traditional Reaction	Trauma-Informed Approach	Why This Works
Student refuses to do work	Send student to office, mark as defiant	Offer choices: "Would you like to start with question 1 or 3?"	Choice empowers students and reduces power struggles.
Student yells or curses	Immediate discipline referral	Respond calmly: "It sounds like you're really upset. Let's take a break and check back in."	A calm presence de-escalates tension and models regulation.
Student disrupts lesson with jokes or talking	Reprimand or remove from class	Quietly redirect with a nonverbal cue or proximity, then praise when on task	Preserves dignity and minimizes peer attention to misbehavior.
Student gets up and walks around the classroom	Demand they sit down or write them up	Ask: "Do you need a movement break? Want to stand at your seat?"	Meets sensory needs without confrontation.
Student doesn't turn in work repeatedly	Call home or assign zeros	Schedule a check-in to explore barriers and problem-solve together	Builds trust and supports executive functioning skills.
Student leaves class without permission	Mark as skipping and notify admin	Upon return, say: "Glad you're back. Want to talk about what you needed?"	Welcoming return prevents shame and encourages accountability.
Student has repeated emotional outbursts	Treat each as isolated behavior	Track patterns, connect with counselor, consider an FBA	Recognizes behavior as communication and leads to better support.
Classroom conflict between students	Separate students and warn them	Facilitate a restorative conversation when calm	Encourages empathy, ownership, and repair of relationships.
Student shows signs of anxiety or shuts down	Pressure to perform or participate	Provide a quiet space, reassure them they're safe, offer to check in later	Honors the student's emotional state and reduces overwhelm.
Student arrives angry or withdrawn	Begin class as usual, ignore signs	Greet warmly: "I'm glad you're here today. Let me know if you need anything."	Builds connection and communicates care from the start.

Trauma-informed Strategies

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Training Evaluation Survey Template

Presenter:
Title of Training
District/School:
Date of Training:

Content	Did this presentation cover information that you anticipated learning?			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Effectiveness	Did this presentation enhance your knowledge and skills?			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Quality	Was this presenter skilled, approachable, clear and effective?			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Quality	Did the instructor demonstrate knowledge of the material?			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Confidence	I feel confident in my ability to implement the practices that I've learned.			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Overall	This training enhanced my knowledge related to mental health.			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
Overall	This training would be beneficial for others to hear.			
STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
	One thing that I learned			
	Something I still would like to know about the topic			
	Other training topics that I am interested in			

Immediate Response Protocol (IRP) Roles and Responsibilities in Student Mental Health Crises

Mental Health Providers

School Counselors, School Social Workers and School Psychologists:
The primary responders in mental health crisis situations, their responsibilities include:

- conducting risk assessments and gauging the severity of the student's mental health needs;
- asking direct questions about harm to self or others, including intent, plan, means, and access (e.g., Are you planning to harm or kill yourself or others?);
- determining the need for external crisis services (e.g., TN Children & Youth Mental Health Crisis Continuum) or other emergency services for youth (e.g., Crisis Walk-in Centers);
- coordinating safety plans, supervising the student in crisis, and initiating referrals to external agencies;
- communicating with families, school staff, and external agencies, ensuring compliance with district policies; and
- documenting all aspects of the intervention and follow-up.

School-based Community Providers:

- **School-based Behavior Liaisons (SBBHL)** are mental health providers that are employed by a local community agency and are placed in the school they serve. Their responsibilities include providing trainings, facilitating school-wide support programs and targeted support to students on their caseload. They should be trained along with all school staff on the district's IRP and other relevant policies. They are able to assist the school mental health provider and team as directed in a crisis situation.
- **Community Counselors:** are mental health providers that are employed by a local community agency and may come to pull students a few days a week and typically serve several schools in the district. They may participate in the crisis situation as the district dictates.

Administrators

Principals, assistant principals, and other school leaders play a vital oversight role. They are responsible for:

- knowledge of and ensuring training for all staff in the school's immediate response protocol and how to initiate the protocol when necessary;
- ensuring the IRP team is identified, roles are documented, and staff are trained in their responsibilities;
- knowledge and use of the school's referral pathway to ensure early assistance for students.
- supporting crisis response efforts and coordinating necessary resources;
- communicating with district-level personnel and law enforcement as appropriate;

- following district protocol regarding building security, lockdowns, or other school-wide safety measures;
- authorizing law enforcement involvement when required for safety or transportation needs;
- ensuring that all staff members follow established protocols and district policies; and
- communicating with parents and/or the community as dictated by district protocol.

School Faculty & Staff

Teachers, instructional aides, and other school personnel are often the first to observe changes in behavior or distress signals. Their responsibilities include:

- knowledge and training in the school's immediate response protocol and how to initiate the protocol when necessary;
- knowledge of responsibilities as part of the IRP team;
- knowledge and use of the school's referral system to ensure early assistance for students;
- knowledge and training in how to identify a crisis situation-including how to contact a school mental health provider immediately with questions or concerns if they are unsure;
- close, **continued** supervision of a student identified as being in crisis or distress; and
- creating a calm, supportive environment until the mental health provider arrives to provide guidance per the immediate response protocol.

District Personnel

At the district level, support is critical to ensure that procedures are followed, and specialized expertise is available. Responsibilities include:

- ensuring that each school in the district has an identified team who are trained and knowledgeable in their IRP;
- providing consultation and oversight regarding policies and applicable laws, and protocol, particularly in complex or high-risk cases;
- notifying special education staff when a student receiving special education services is involved in a crisis;
- offering resources and guidance to school staff and administrators; and
- assisting with training and compliance monitoring.

Parents/Guardians

The involvement of a student's legal guardian is critical to successful crisis resolution. Parents/Guardians should do the following:

- Be informed as soon as possible about the situation, including the student's location, condition, and any next steps (e.g., referral to Youth Mobile Crisis, referral to Crisis Walk-in Centers, or Crisis Stabilization Units). Note: In some instances, it is determined that parental notification may pose an additional risk to the student in crisis. In those situations, the mental health provider and the administrator will contact local law enforcement and the Department of Children's Services for further guidance.

- Participate in crisis assessments when requested by mental health providers or mobile crisis teams.
- Support follow-up care and communicate with the school regarding treatment decisions and return-to-school planning.

Immediate Response Protocol (IRP) for Student Mental Health Crises

When a student is determined to be experiencing a mental health crisis, the safety and care of the student becomes the top priority. The response must be prompt, coordinated, and follow a clearly established procedure to prevent harm and ensure appropriate intervention.

Ensure Immediate Supervision and Safety

- ***Do not leave the student alone*** at any time. Continuous adult supervision must be maintained from the moment the concern arises until the situation is resolved.
- If necessary, remove the student from the classroom or environment to a private, calm, and safe setting where they can be monitored and spoken to in confidence.
- Ensure that the space is free of hazardous items or environmental risks that could pose a danger to the student or others.

Notify the School Mental Health Provider

- The staff member who observes the concern should immediately notify the school's designated mental health provider (e.g. school counselor, social worker, psychologist, etc.).
- If the provider is unavailable, the next available member of the school's crisis response team should step in.

Conduct a Risk Assessment

The mental health provider will:

- speak directly with the student using approved screening questions;
- determine the level of risk (low, moderate, high); and
- decide whether the situation requires referral to Youth Mobile Crisis or other emergency services.

Screening and Risk Assessment Questions

When a student is suspected to be in crisis, school mental health providers should use evidence-based screening tools (e.g., Columbia Suicide Severity Rating Scale (C-CSSRS) or structured clinical interviews to assess risk. Examples of questions commonly included in such tools may include the following:

- **Direct intent:** "Are you thinking about harming yourself right now?" or "Are you thinking about hurting someone else?"
- **History:** "Have you ever tried to hurt yourself in the past?" or "Have you had these kinds of thoughts before?"
- **Means and method:** "How have you thought about hurting yourself?" or "Do you have

access to anything that could be used to harm yourself or someone else?"
- **Access and availability:** "Are those items available at school or at home?" or "Do you have access to firearms, medication, or sharp objects?"

These questions should be asked clearly and directly. Evasive answers or refusals to answer should still be treated as potential risks, and further assessment may be necessary.

Inform School Administration

- A member of the school administration (principal or designee) should be notified of the situation and kept informed throughout the process.
- The administrator will assist in resource coordination and make decisions regarding law enforcement if necessary.

Contact the Student's Parent/Guardian

Parents or legal guardians should be notified as soon as possible. Before making contact, the director of schools or designee will assess whether parental notification may pose an additional risk to the student. If parental notification is deemed a potential risk, local law enforcement and the Department of Children's Services should be contacted. If parental notification is appropriate, the director of schools or designee will do the following:

1. Inform the parent/guardian of the concern regarding the student's mental health crisis.
2. Disclose whether any emergency services were contacted. If Youth Mobile Crisis is dispatched, make the parent/guardian aware that they may be asked to attend or be reachable during the evaluation.
3. Ask if the parent/guardian intends to or has already sought mental health treatment for the student.
4. Provide a list of community mental health resources if applicable.
5. Involve Youth Mobile Crisis if necessary; see Youth Mobile Crisis Services Protocol for Districts.

Contact District-Level Support

- School administration is to notify the appropriate district office leadership of the crisis and action taken.
- If the student receives special education services, immediately notify pertinent special education staff to ensure compliance with IDEA and appropriate planning for future interventions.

Maintain Student on Campus

The student must remain under supervision on school grounds until one of the following occurs:

- Youth Mobile Crisis or another crisis evaluator clears the student.
- The student is transported by a parent/guardian, law enforcement, or EMS personnel.

    - Regardless of the outcome of the assessment, if the student is in the school building at dismissal, they may only be dismissed to a parent/guardian or emergency contact.
- Only a parent/guardian, EMS, or law enforcement may transport the student during a crisis, unless otherwise directed by crisis evaluators.

Disclaimer: *This guide does not replace official policy. Local education agencies (LEAs) must abide by district policy and procedures related to student mental health crises. School administrators and other personnel are encouraged to review local board policy and consult with school-based behavior and mental health professionals when implementing practices.*

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Immediate Response Protocol (IRP) Documentation Template

Immediate Response Protocol Documentation Form

Date: _____ **Time:** _____
School: _____
Staff Completing Form: _____

Student Information

- **Student Name:** _____
- **Date of Birth:** ___ / ___ / _____ **Grade:** _____
- **Parent/Guardian Contact Number:** _____
- **Supports/Plans (Check all that apply):**
  ☐ IEP ☐ 504 ☐ FBA ☐ BIP ☐ Existing Safety Plan
- **Has the case manager been contacted?**
  ☐ Yes ☐ No Name **(if yes):** _____

Incident Details

- **Description of the Incident:**
- **Parent/Guardian Contacted by** _____
  Time: _____ **Name of Parent Contacted:** _____
  Summary of Conversation:

Risk Assessment

- **Has a risk assessment been completed?**
  ☐ Yes ☐ No
  Completed by: _____
  Result/Summary:

Crisis Services & Follow-Up

- **Crisis Services Utilized?**
  ☐ Yes ☐ No
    - **Crisis Stabilization Unit?** ☐ Yes ☐ No

- **Mobile Crisis?** ☐ Yes ☐ No
  Name of caller: _____ **Time:** _____

- **Student evaluated by school nurse?**
  ☐ Yes ☐ No
  Was treatment necessary by school nurse?
  ☐ Yes ☐ No If **yes, describe:** _____

- **Community Provider Notified (if applicable)?**
  ☐ Yes ☐ No Name**/Agency:** _____

- **Reentry meeting scheduled?**
  ☐ Yes ☐ No See **Guide to Student Re-Entry from External Facility**

Emergency Response

- **Student transported by:**
  ☐ EMT ☐ Law Enforcement ☐ Parent
  If yes, has an information sheet been printed for responders?
  ☐ Yes ☐ No

Team Members Responsibilities

List of Team Members & Roles (e.g., documentation, admin notification):

Name	Role/Responsibility
_____	_____
_____	_____
_____	_____

Other notes

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Youth Mobile Crisis Services Protocol Guidelines for Districts

Youth Mobile Crisis Services

Tennessee's Youth Mobile Crisis Services provide 24/7 mental health evaluations for students in crisis. While utilizing the immediate response protocol (IRP), it may be determined that youth mobile crisis will be contacted for evaluation. Schools must be prepared to work collaboratively with these professionals during their response process.

When to Call Youth Mobile Crisis

A referral should be made if:

- the student expresses suicidal or homicidal thoughts with intent or plan;
- the mental health provider determines that the student is at moderate or elevated risk; or
- the situation exceeds the school's capacity to safely stabilize the student.

Calling Procedure

- A state map of service areas is available to determine the correct mobile crisis community provider for each region in Tennessee.
- Designated school personnel (typically the mental health provider) should make the call.
- Be prepared to share the following:
  - Student's full name and date of birth
  - Presenting behaviors and risk factors
  - Steps already taken to ensure safety
  - Location of the student and contact information for the school
- Ensure a parent/guardian is present or easily reachable. Crisis services may require their participation for the evaluation or next steps.

Once contacted their role consists of:

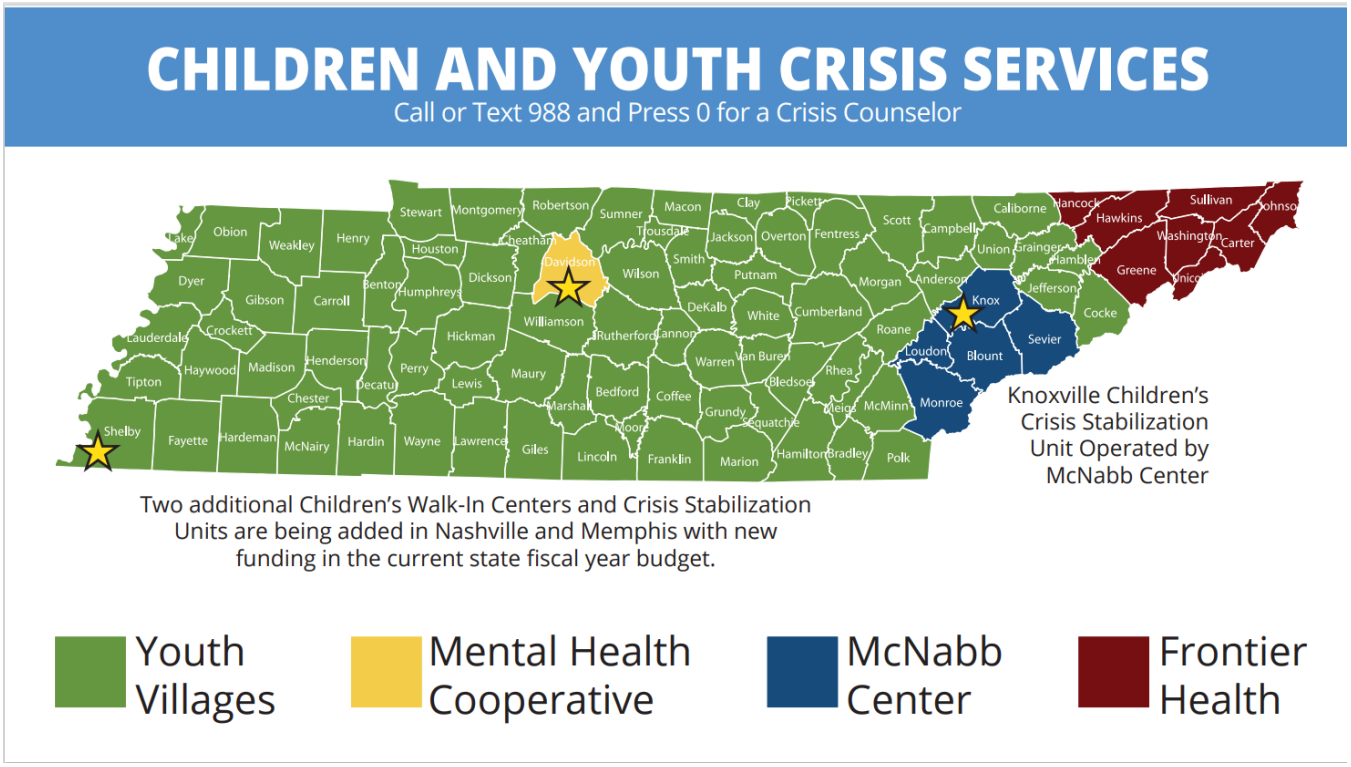
- communicating with school mental health providers,
- communicating with the parent/guardian, and
- conducting an evaluation of the student, **virtually** or **in person,** depending on urgency and availability.

The evaluation will consist of an assessment of the student's condition and will determine the next course of action, which could include:

- returning to class with a safety plan,
- a referral for outpatient services, and
- hospitalization or transfer to a crisis stabilization unit (CSU).

Call or text 988 or call (855) 274-7471

to reach crisis services



When Crisis Services Are Unavailable

If Youth Mobile Crisis is delayed or unavailable due to staffing or call volume:

- the mental health provider should continue to supervise the student;
- notify school administration and district personnel for support in managing next steps; and
- contact EMS or law enforcement if immediate transportation to a hospital or crisis unit is necessary and a guardian is not available.

Disclaimer: *This guide does not replace official policy. Local education agencies (LEAs) must abide by district policy and procedures related to student mental health crises. School administrators and other personnel are encouraged to review local board policy and consult with school-based behavior and mental health professionals when implementing practices.*

TN Department of Education

Guide to Law Enforcement & Emergency Medical Services (EMS) in Student Mental Health Crises

In certain mental health crisis situations, school administrators may determine that outside emergency responders are necessary to ensure the safety and well-being of the student and others. Emergency responders may include the following:

Law Enforcement: Law enforcement involvement may be warranted when there is a direct physical threat to others, if the student attempts to flee the campus, or when the student's immediate safety cannot be adequately maintained by school staff alone.

Emergency Medical Services (EMS): EMS should be contacted to assist with medical evaluation or transport when the student requires hospitalization, particularly in situations where mobile crisis services are unavailable or unable to respond in a timely manner.

Law Enforcement and EMS Involvement

Criteria for Contacting Law Enforcement

Law enforcement should be contacted when the following occurs:

- The student presents an immediate and active threat of harm to self or others.
- The student becomes physically aggressive, violent, or engages in property destruction.
- The student attempts to leave the campus without permission and is deemed at risk (i.e., a potential "runaway").
- There is a need for emergency transport, and other options are unavailable. This decision must be made by the school administration, except in emergency situations where immediate action is needed to prevent harm.

Role of Law Enforcement

- Ensure physical safety and assist in de-escalation strategies if the student cannot be safely managed by school staff.
- Secure the environment if weapons, drugs, or other dangerous materials are involved.
- Transport the student when a parent/guardian or EMS is unavailable and if permitted by district policy.
- Remain on-site until the student in crisis has been stabilized or transferred to medical or mental health professionals.

Criteria for Contacting EMS

EMS should be contacted when:

- a student requires immediate medical attention due to self-injury, overdose, or unconsciousness;
- there are physical health symptoms that cannot be addressed by school health staff (e.g., rapid heart rate, trouble breathing during a panic attack); or
- the student needs immediate medical transport and other options are unavailable.

Preparing for Law Enforcement or EMS Arrival

- Move the student to a safe, private area, if not already done.
- Designate a staff member to greet emergency personnel and escort them to the student.
- Ensure relevant documentation is ready to be shared (as legally permitted), including:
    - observed behaviors,
    - a risk assessment summary,
    - parent/guardian contact attempts and status, and
    - steps taken to stabilize the student.

Communication with Families

- Notify the parent/guardian immediately once EMS or law enforcement is contacted.
- Explain the reason for the involvement and reassure them of the student's safety.
- Provide updates on next steps, including transport and potential hospital evaluation.

Post-Incident Debrief

After any involvement from law enforcement or EMS:

- Conduct a crisis team debrief to review the response, identify strengths, and discuss areas for improvement. It may be beneficial to discuss whether staff or other students who witnessed the crisis need to be evaluated or if further steps need to be taken to ensure the well-being of the students and all parties involved.
- Document all details related to law enforcement or EMS actions, including:
    - names and badge numbers (if applicable),
    - arrival and departure times, and
    - services rendered or transport decisions.

Ensuring a coordinated, thoughtful response when involving law enforcement or EMS in student mental health crises is essential to safeguarding student well-being while maintaining a safe and supportive school environment.

Disclaimer: *This guide does not replace official policy. Local education agencies (LEAs) must abide by district policy and procedures related to student mental health crises. School administrators and other personnel are encouraged to review local board policy and consult with school-based behavior and mental health professionals when implementing practices and consult with their local board attorney.*

Communication & Documentation Guidelines in Student Mental Health Crisis Response

Effective communication and thorough documentation are essential components of crisis management in schools. These practices ensure accountability, support continuity of care, and provide a legal and ethical framework for responding to mental health emergencies. Share student information only with those who have a legitimate educational or health-related need to know.

School Administration

- The Immediate Response Protocol (IRP) crisis team lead, or their designee, will maintain ongoing communication with the designated administrator throughout the duration of the crisis.
- Information conveyed:
    - Student information (name, age, grade)
    - Student's current condition and location
    - Actions taken, including any assessment findings and referrals
    - Recommendations from external crisis providers, such as Youth Mobile Crisis
- Administration may assist with staffing, safety planning, and parent contact, and must be informed of any decision involving law enforcement.

Parent or Guardian

- Before making contact, the director of schools or designee should assess whether parental notification may pose an additional risk to the student. If parental notification is deemed a potential risk, local law enforcement and the Department of Children's Services should be contacted.
- The IRP/crisis team lead or administrator will contact the parent/guardian as soon as a crisis is identified and safety is ensured.

Communicating with Parents During a Student Crisis

When informing a parent during a crisis, be calm and reassuring. Key information to share:

- Their child is safe and being supervised.
- The general concern (e.g., safety concern, emotional distress, physical aggression).
- The immediate next steps (e.g., contacting crisis services or emergency responders).

Speak in a supportive, non-alarming tone, and provide updates as needed until the situation is resolved.

If a parent is unreachable:

- continue efforts to contact all emergency numbers provided;
- document each attempt, including date, time, and method used (call, voicemail, text, email); and

- in urgent situations, law enforcement or child protective services may need to be contacted in accordance with local policy.

If the student is under the age of 16 and the parent refuses to seek appropriate treatment, the Department of Children's Services should be contacted.

District Staff

- Administration or their designee will notify district mental health supervisors or designated central office contacts to report the incident and request additional guidance or support.
- If the student has an IEP or 504 Plan:
  - contact the special education consultant or case manager; and
  - ensure that any crisis intervention aligns with the student's Individualized Education Plan (IEP).

Confidentiality and Legal Compliance

- All documentation and communication must adhere to the following:
  - Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232(g))
  - Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 1320d et seq.)
  - District board policy related to student mental health and student privacy.
  - The Families' Rights and Responsibilities Act (FRRA) (Tenn. Code Ann. § 36-8-101)
- Share student information only with those who have a legitimate educational or health-related need to know.

Documentation

All personnel involved in the crisis response are responsible for documenting key information, including:

- student behaviors and direct quotes (when applicable),
- actions taken and timeline of events, and
- staff involvement and communications made.

Documentation should be clear, objective, and fact-based—avoid opinions or emotionally charged language. Use only district-approved documentation forms or digital systems to ensure consistency, privacy, and legal compliance.

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Student Re-entry Plan Checklist/Follow-up

Student: _____
Date:_____**School:**_____

The School Counselor and School Social Worker convened with the student to determine appropriate next steps. Please check all that apply.

- ☐ Check in with School Counselor/School Social Worker (daily or as needed)
- ☐ Development or revision of a safety plan, including parent/guardian input if possible.
- ☐ Referral to the School Social Worker or School Counselor for behavioral/emotional support. If already RTI2B, meet with the SEAD team for possible adjustments.
- ☐ Additions/Modifications/Initiate 504 eligibility process, if applicable.
- ☐ Referral to IEP Team for a re-evaluation and/or modification to the current IEP, if applicable.
- ☐ Completion of Crisis Stabilization Unit School Follow-Up Form.
- ☐ Other:

Name of Student Service Professional who will follow up

with family_____ by this date:

with student_____ by this date:

with school staff_____by this date:

Additional Comments:

Signatures of Participants:

_____	
Signature/Title	Signature/Title
_____	
Signature/Title	Signature/Title
_____	
Signature/Title	Signature/Title

Original: School Counselor or School Social Worker file **(this is an inhouse form, school only)**
Copy: Administration

Student Safety Plan

Name:_____ Date:_____School:_____

Triggers

☐ Loud noises ☐ Darkness ☐ Being stared at ☐ Arguments ☐ People yelling ☐ Not being listened to ☐ Contact with family	☐ Not having control ☐ Feeling lonely ☐ Lack of privacy ☐ Feeling pressured ☐ Being teased ☐ Being touched ☐ Other_____	☐ Particular person: _____ ☐ Particular time of day: _____ ☐ Particular time of year: _____

Warning Signs:

_____

_____

_____

_____

Internal Coping Skills

1._____

__

2._____

__

3._____

__

External Coping Skills:

1._____

__

2._____

__

3._____
__

Supportive People & Places

Name: _____ _____Home _____School ____ Other

Name:_____ _____Home _____School ____ Other
Name: _____ _____Home _____School ____ Other
Name:_____ _____Home _____School ____ Other

Safe places:
1._____
2._____
3._____

SUPPORTS FOR THE SCHOOL ENVIRONMENT: (STEPS The SCHOOL IS TAKING)

1.
2.
3.

Yes___ No____ Student is aware that school support staff will share portions of the safety plan with classroom teachers. (warning signs, coping strategies, supportive staff)

Student signature: _____Date:_____
School Social Worker:_____Date: _____
School Counselor: _____Date::_____
Parent/Guardian Signature:_____Date:_____
☐ Via phone ☐ In Person Parent Name:_____ Date: _____

Notes:

Contacts for during a crisis

National Suicide Prevention Hotline: 988

Crisis Text Line (text “TN” to 741741)

National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)

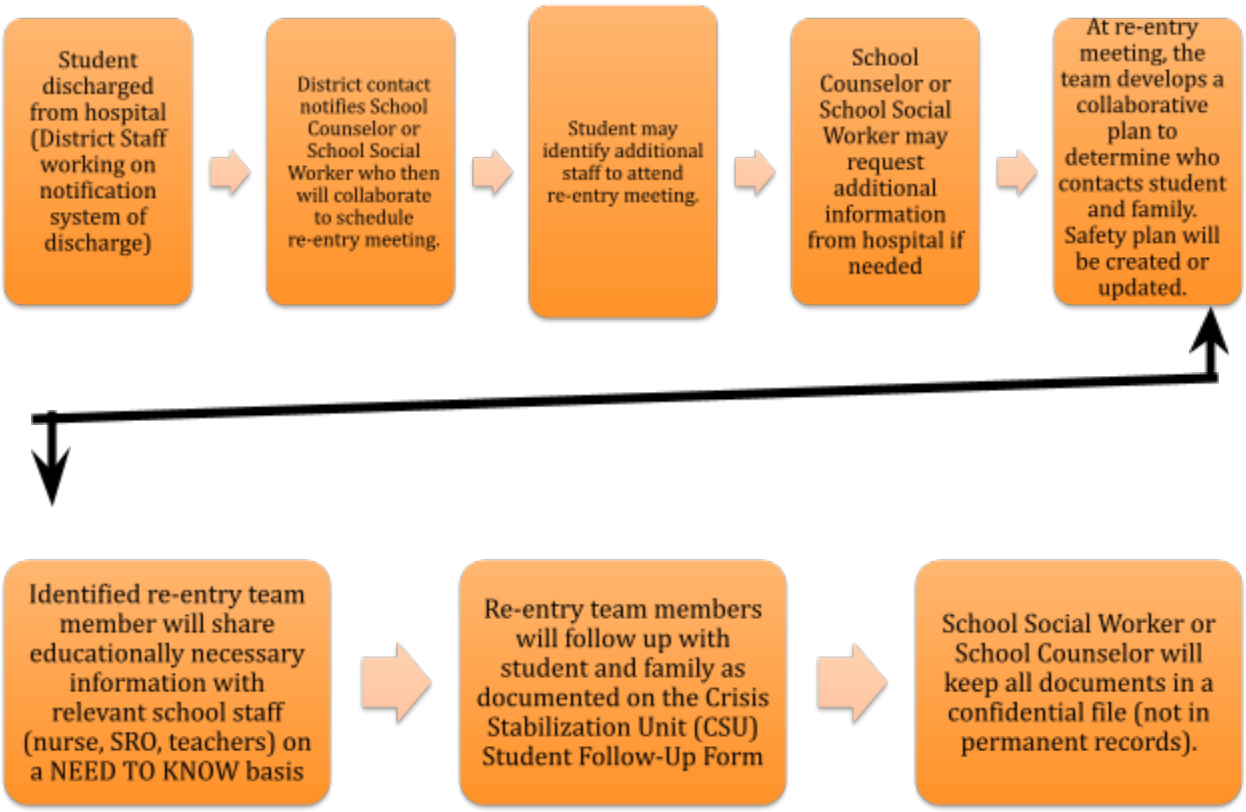
Local ER: Please go to the closest ER (TC Thompson, Erlanger East,Parkridge North,Parkridge East)

Local Urgent Care: Please go to the closest Urgent Care (For Injuries)

Original: School Counselor or School Social Worker

Copy: Student and Parent/Guardian

PROTOCOL FOR FACILITATING STUDENT'S RETURN TO SCHOOL FROM CRISIS CENTER



Crisis Stabilization Unit Student Follow-Up

Student: _____School: _____

School Counselor: _____School Social Worker: _____

Follow-up Activities: Check all that apply and list appropriate names

Check	Intervention	Date	Name of Staff Member
☐	Record(s) Review (ex. hospital safety plan/ documentation, previous school safety plan, etc..)		
☐	**MANDATORY: Student Interview**		
☐	**MANDATORY: ParentGuardian Contact** **Name:** _____ _		
☐	**MANDATORY: Administrator Consultation** **Name:** _____ _		
☐	Consultation with Student Services Professionals Name(s): _____ _ _____ _		
☐	Consultation with Appropriate School Personnel Name(s): _____ _ _____ _ _____ _		
☐	Additional Contacts: Name(s):		

Additional Information (as needed):

Name of Student Services Professional Completing Form Date

Original: School Service Personnel (School Social Worker or School Counselor) ***Internal document***
Copy: Administrator

Comprehensive School-based Mental Health Roles in Tiers

	Tier 1: Universal Support (ALL)	Tier 2: Targeted Support (SOME)	Tier 3: Intensive Support (FEW)	Role Overlap with Other Professionals	Uniqueness of Role	Family Involvement	Education Requirements
Administrators	Support school-wide TN-FSS structures and resource allocation. Promote a positive school climate that supports Tier 1 prevention and behavior management. Support school wide mental health programs.	Be aware of students receiving Tier 2 supports and ensure discipline is in line with IEP (if there is one)	Ensure that Tier 3 Interventions are implemented and that students receive the necessary support. Advocate for the use of additional resources when necessary.	Overlaps with TN-FSS Coordinator and other professionals in ensuring tiered support is consistent but uniquely involved in resource management and school-wide decision making.	High-level decision maker who ensures the alignment of school policies with TN-FSS implementation and provides necessary resources for success.	Communicates with families and communities regarding mental health supports available at the school and promotes positive culture.	Bachelor's degree or higher. Teaching and administrator licensure.
Classroom Teacher	Support school-wide mental health programs and skills in daily classroom management techniques.	Identify students who may be at-risk based on behavior or emotional needs. Implement accommodations as written.	Collaborate with specialists for intensive interventions. Participate in student support meetings to discuss students in need of Tier 3 support. Maintain a supportive environment. Works with special education teacher to modify (special education diploma) content when necessary.	Overlaps with intervention specialists for Tier2 support. Collaborates with school counselors, school social workers and interventionists to support all students.	Uniquely positioned to observe and support the student's overall learning needs daily. They are the first line of identification for behavioral or emotional concerns.	Engage parents/caregivers and maintain regular communication regarding student's progress, share strategies that can be used at home.	Bachelor's or higher. Teaching license
School Counselor (SC)	Deliver whole-school guidance programs on mental health learning	Deliver targeted counseling for students struggling with emotional	Provide brief, solution-focused counseling services for students experiencing crisis	Overlaps with school social worker. Can help school psychologist with gathering	Works to support students' emotional and academic needs. Navigates AP,	Engage families in ongoing communication about student progress and	School counselor (SC) role Master's in education (MEd)

Comprehensive School-based Mental Health Roles in Tiers

	focusing on coping strategies. Provide support for behavior management systems.	issues, family dynamics, etc. Coordinate with teachers for behavior interventions. Provide small group counseling.	or extreme emotional distress. Participate in IEPs and 504s to ensure students are on track academically.	information. Overlap with classroom teacher for Tier 1 strategies. Work with interventionists on targeted group interventions.	SAT, ACT testing and post-secondary career readiness	emotional needs. Offers resources for family support outside of school.	School Counseling concentration, from an accredited educator preparation program. Holds School Service Personnel Licensure from TDOE
School Social Worker (SSW)	Deliver school-wide mental health support initiatives. Provide support for behavioral management systems. Deliver classroom lessons for all students regarding mental health. Can provide referrals for resources and assistance to families. Monitor attendance for all students can share prevention programs for violence, bullying, pregnancy and substance use.	Provide direct service to groups of student with common issues (grief, new-comer, leadership). Provide counseling for students who are struggling emotionally. Assists with behavioral interventions, suicide assessments, attendance issues, behavioral threat assessments and reentry planning. Liaise with the court system when needed	Provide intensive, individualized mental health interventions to individual students. Handle crisis and emergencies. Provide referrals where necessary and follow-up care management. Works with families to secure discharge information up on returning from inpatient intervention. Coordinates the re-entry transition plan for student upon discharge from intensive treatment. Is the liaison to the community providers for the student. Participates in IEP and 504 meetings and implements.	Overlaps with psychologist, special education teacher, regular education teacher and counselor. Works with both to ensure student is supported. This role provides support across all tiers. Overlaps with Family Resource Center in assisting families and communities.	Provides therapeutic intervention, crisis support and clinical assessments. Meets emotional and basic needs. Clinical training with Board of Health (SW) and Board of Education licensure. Care management services.	Offers resources for family support outside of school. Provides some care management services to the family.	Master of Science in Social Work (MSSW) from accredited program. Board of Health (SW) licensure. School service personnel licensure as well. [School Social Worker (SSW) Role]
School-based Behavioral	Provide training to staff on	Provide support for identified	Provide intensive support for	School Social Workers, School	Not employed by the school	Consistent communication	Varies with agency. Holds a Master's

Comprehensive School-based Mental Health Roles in Tiers

Health Liaison (SBBHL)	mental health topics. Provide consultations to teachers around a specific student, group of students, or their classroom. Contributes to and supports schoolwide mental health and behavior support initiatives.	students on their caseload. Consult with staff and assist in the classroom by modeling strategies to manage the behaviors of the students they serve. Also, can provide psychoeducational groups to families and students regarding various strategies.	identified students on their caseload, including wraparound care management. Consult with staff and keep school team aware of progress and crises. Can participate in schoolwide crisis response. Make referrals for community based providers.	Counselors (all tiers) **School Based Behavioral Health Liaisons Tiers 1 and 2.**	district. Is a contract employee through a community agency. District level MOU and school level ROI required. FERPA and HIPAA compliance limits access of information to only students on their caseload.	with families of students they serve to link resources and provide care management.	degree and typically is under supervision while working toward licensure (board of health SW). Some have Bachelor's degrees and are working toward their Masters. They work with an approved waiver.
School Psychologist (SP)	Contribute to school-wide mental health support initiatives. Provide data analysis to assess classroom climate and student behavior. Conduct school-wide mental health screenings with parent permission.	Collaborate on behavior interventions. Conduct screening assessments to identify student's psychological needs and guide interventions. Provide consultative academic, behavioral, and mental health support to staff.	Conduct psychoeducational evaluations for students with persistent learning or behavioral issues (with parental permission) to determine eligibility under Section 504 or IDEA. Provide individualized counseling, complete risk assessments, and crisis management.	Overlaps with school counselors and school social workers in providing support for mental health issues. Works with special education teachers for assessments and Tier 3 planning.	Specializes in psychological assessments, interventions, and therapeutic services. Heavily involved in Tier 3 and evaluations.	Involve families in evaluations and intervention planning. Provide guidance to families regarding external mental health resources.	School Psychologist (SP) Role Master's degree from an accredited program, School Service Personnel Licensure.
School Nurse				Works with all staff in all tiers as necessary.	Sole medical provider on site.	As needed, especially for Tier 2 and 3 students. Is	Licensed practical nurse (LPN) or Registered nurse (RN) (Board of

Comprehensive School-based Mental Health Roles in Tiers

						available for questions regarding school health policy and procedure.	Health)
Community Provider (In-school)	May be contracted to provide trainings to staff	N/A	Provides individual support to students who have been referred to their agency. There is an MOU in place with an appropriate ROI in place. Communicates with school staff as needed regarding interventions or safety issues.	SSW or SC	Community agency provider who is located in the school building. Meet individually with students who are identified as on their caseload.	Communicates with families of students to whom they provide services.	Varies with Agency. Typically holds a Master's degree and is under supervision working toward licensure through the board of health.
Family Resource Center (FRC)	Serves as a resource and support hub that engages the community to empower all students and families by connecting systems of support unique to each community's needs.	Provide support through family support/focus groups, workshops for students and families, check in/check out intervention, attendance interventions, and mental health and social service partnerships for student and families.	May provide support through home visits, care management, and parent training interventions.	Works with many team members to promote positive mental health and provide for basic needs.	Has a unique connection within the community and with families. Other roles do not have a connection to this extent.	Heavily involved with families.	
Project AWARE (S3)	Provide trainings regarding mental health and	May conduct screeners in their AWARE districts. Provide support	Can provide support for students with behavioral and emotional	Works with many members of the team to promote mental health awareness.	Goal is to develop an infrastructure that will identify, help,	Outreach to community and families to increase awareness and	

Comprehensive School-based Mental Health Roles in Tiers

	copings skills and prosocial behavior. Develop school-based mental health programs in their AWARE districts with a focus on prevention and awareness. Develop student-led activities and projects that build resilience within the school community. Implements a universal pathway referral system for each school in their AWARE district.	to students via small group, individual counseling or referral for community support. Work with teachers on implementing behavior plans and maintaining a trauma informed classroom. Can participate in crisis response.	issues. Utilizes the referral pathway to link to further community resources.	Identifies the school counselor as the gatekeeper of the Referral Pathway System. Roles overlap with school counselors, school social workers, and School Based Behavioral Health Liaisons; works collectively to address the student's needs.	refer and follow up with students that are struggling. Equip schools to respond to emotional and behavioral needs of students and how to recognize when students need more intervention.	understanding of mental health issues. Also plans and implements family and community engagement activities.	
Project BASIC	Provide services for K-3. Identify students who are at risk of a serious emotional disturbance.	Short-term, solution-focused counseling. Can serve on crisis team for school-wide issues. Structured learning groups.	Coordinate referrals to outside providers when needed. Provide service coaching to specific referral sources	Some overlap with SSW and SC, but depends on MOU limitations.	Not employed by the school or district. Is a contract employee through a community agency.	Link families with students at high risk of emotional disturbances to community and treatment services.	
Coordinated School Health Coordinator	Support and oversee comprehensive school health programs by	Supports staff who provide these interventions by ensuring they	Provide resources and support for staff who are directly implementing the	TN-FSS Coordinator, administration	District-level leader who supports all 8 components of CSH, including	Indirectly supports families by facilitating the appropriate staff connect	

Comprehensive School-based Mental Health Roles in Tiers

	coordinating services, promoting student well-being, and collaborating with educators, healthcare providers, and community partners.	have the tools they need. Help to maintain and analyze data gathered.	interventions.		mental health support initiatives. Liaise with community partners and handle MOUs.	with families and students.	
Paraprofessional (TA)	Support school-wide mental health and positive behavior support programs. Is skilled and trained in building positive relationships with students, modeling appropriate social skills and promoting a positive school culture. Function as an integral, consistent presence in the school/classroom.	Provide direct support to identified students, including escort, check in/check out or a social lunch bunch.	Assists school staff in the logistics of delivering Tier 3 supports.	Occasional overlap with classroom teacher, SBBHL or other support staff.	Versatile and flexible in their abilities and skills. Can take on several different interventions in a day's time, usually with a strict schedule to ensure continuity.	Rare unless during drop off/pick up of students.	
TN-FSS Coordinator	Oversee the implementation of TN-FSS frameworks at the school-wide	Facilitate the referral process for students moving to Tier 2.	Guide the team in developing Tier 3 interventions. Support individualized data-	Works with all team members to ensure a cohesive TN-FSS implementation	Central coordinator of TN-FSS framework implementation,	Provides families with information and updates regarding the TN-	

Comprehensive School-based Mental Health Roles in Tiers

	level. Tier 1 mental health programs. Collect data.	Organize and coordinate meetings to assess student progress and adjust interventions.	driven decision making for students in need of intensive services.	across all tiers, but uniquely positioned to ensure that all teams are working collaboratively.	ensuring data collection, tier implementation, and cohesion across teams.	FSS process and their student's progress.	
Parent/Guardian	Support their child's participation in whole-school initiatives (e.g., behavior expectations, academic support). Communicate regularly with school staff.	Collaborate with teachers and specialists to support targeted interventions at home (e.g., reinforcement of academic skills, behavior strategies).	Actively engage in the development of an individualized education plan (IEP) or behavior intervention plan (BIP). Provide emotional and behavioral support at home.	Their role is to participate in planning of and reinforcing interventions across all tiers.	Critical in reinforcing school strategies at home and providing insights into the child's behavior and learning needs.		

School-based Mental Health Roles Differentiation

Role	SCHOOL COUNSELOR (SC)	SCHOOL SOCIAL WORKER (SSW)
Serves	All Students	All Students
Provides	Academic, scheduling and mental health support- small groups and short term, individual counseling	Mental health support for all students. Conducts focused small groups and individual therapy to students who need extensive support.
Can stand in for *in a limited capacity*	Teacher, school social worker, SBBHL, FRC	School counselor, SBBHL, FRC
Can conduct	Suicide and Threat Assessments	Suicide and Threat Assessments
Participates in	IEP Teams, 504 meetings, parent meetings, referrals to community providers, student support meetings and crisis response. Leads classroom lessons on relevant topics. Safety Planning, Re-entry planning and Behavioral intervention plans.	IEP Teams, 504 meetings, parent meetings, referrals to community providers, student support meetings and crisis response. Leads classroom lessons on relevant topics. Safety Planning, re-entry planning and behavioral intervention plans. Liaise with juvenile court and community providers.
Cannot	Transport students	Transport students
Role	**SCHOOL BASED BEHAVIOR LIAISON (SBBHL) (contract employee)**	**PARAPROFESSIONAL (TA)**
Serves	Specific identified students with a referral for services ***(caseload)***	All Students
Can Serve	All Students in a general capacity.	Students with specific intervention needs (e.g. escort) as assigned
Provides	Mental health support, some small groups, individual counseling for students on their ***caseload.***	Classroom management support, models prosocial behaviors
Can stand in for *in a limited capacity*	School Social Worker, School Counselor. Can participate in a large crisis response but must follow district guidelines.	Teacher
Participates in	IEP Teams, 504 meetings, parent meetings, student support meetings for students on their ***caseload***. Referral to community providers. Safety Planning, Re-entry planning and behavior interventions	
Cannot	Transport students or ***work intensively with students not on their caseload***	Transport students

School-based Mental Health Roles Differentiation

Role	**FAMILY RESOURCE CENTER (FRC)**	**COMMUNITY THERAPIST (IN SCHOOL) (Contracted Employee)**
Serves	**All students**	***Only students the agency serves.***
Can stand in for *in a limited capacity*	**School social worker (resources, referrals) and school counselor (specifically working with families)**	**Can participate in a large crisis response but must follow district guidelines.**
Participates in	**Student support meetings when needed, safety and re-entry plans when needed, especially with family involvement.**	***Can only participate in student support meeting sections where their student client is discussed. IEPs and 504s.***
Can		***Work with students not on their caseload or have access to other students' information.***
Cannot		**Transport students to appointments**
Role	**SCHOOL PSYCHOLOGIST (SP)**	**ADMINISTRATION**
Serves	**All students**	**All students**
Provides	**Specific students who may need evaluation or other specialized program planning**	**Discipline, guidance, supervision and support of staff and students**
Can stand in for *in a limited capacity*	**School counselor and school social worker**	**School counselor, school social worker, family resource center**
Can conduct	**Suicide and Threat Assessments. Manifestation Determinations. Other psycho-educational evaluations as needed.**	**Suicide (if necessary) and Threat Assessments.**
Participates in	**Provide crisis response, referrals to outside providers and short-term, solution focused counseling in the absence of school counselor or school social worker.**	**Provide referrals to outside providers.**
Role	**CHILD DEVELOPMENT SPECIALIST (PROJECT BASIC) (Contracted Employee)**	
Serves	**All students (Pre-K-5)**	
Provides	**Early Intervention Programming for all K-3 students and specific students for individual sessions**	
Can stand in for *in a limited capacity*	**School counselor and school social worker**	
Can conduct	**Screeners and some classroom lessons**	
Can	**Provide crisis response, referrals to outside providers and short term, problem focused counseling. Coordinates services and linkages with local mental health center and provides service coaching to specific referral sources.**	