

MULTI-TIERED SYSTEM OF SUPPORTS FOR ADULTS: ADDRESSING THE BEHAVIORAL HEALTH NEEDS OF STAFF IN THE SCHOOL SYSTEM

Developed by

Maike & Associates, LLC



**Michelle M. Maike, MA, Director
Megan Osborne, MPP, Research Associate**

With Funding Support by

Kaiser Permanente-Washington Thriving Schools Initiative

**September 2020
(Updated August 2021)**

MULTI-TIERED SYSTEM OF SUPPORTS FOR ADULTS: ADDRESSING THE BEHAVIORAL HEALTH NEEDS OF STAFF IN THE SCHOOL SYSTEM

WHY: During these unprecedented times the need to address adult wellness is more important than ever. Findings from a poll conducted by the Kaiser Family Foundationⁱ in mid-July 2020 found that 53% of adults surveyed reported that their mental health had been negatively impacted as a result of worry and anxiety over the COVID-19 pandemic – up significantly from the 32% of adults reporting such in March. More strikingly, findings indicate that over one in three adults in the U.S. reported symptoms of anxiety or depressive disorders during the pandemic (May, June, and July 2020), compared to 11% of adults reporting similar symptoms during the first six months of 2019. Furthermore, a study conducted by the Centers for Disease Control and Preventionⁱⁱ found that over one in ten adults reported suicidal ideation in the past 30 days.

Not surprisingly, these studies also identified disparate impacts on mental health and well-being among population subgroups. In fact, women, Black, Hispanic, and mixed-race respondents reported a higher prevalence of adverse behavioral health outcomes due to worry and stress related to the pandemic as compared to men, White, and Asian participants.ⁱⁱⁱ Additionally, disparities were apparent by age group among adults, with participants aged 18-24 years, and those 25-44-years of age, reporting higher prevalence rates than those 45 years of age and older.^{iv}

We also know that the impacts of the COVID-19 pandemic placed adults in the K-12 education system under a tremendous amount of pressure. School staff had to quickly learn new and often unfamiliar ways to teach and support children, in addition to connecting with families and community partners to ensure that the educational and social emotional needs of all children are met. This pressure is intensified by staffs' own personal challenges: working remotely, teaching their own children, helping with an ailing parent or other family member, or struggling to overcome financial challenges due to lost income or even homelessness. In the education setting, most resources and attention regarding school-based mental health services and supports are directed towards students. The fact remains, however, that teachers and other school staff have important health and wellness needs, too. This is evidenced by increasing levels of stress among educators. A recent study conducted by the Rand Corporation^v found that an estimated one in four teachers will leave their positions at the end of the 2020-2021 school year – up from one in six teachers pre-pandemic. Among, Black or African American teachers this likelihood increased to nearly half. This turn-over in staff is not only disruptive to the education system, but also costly, with an estimated \$7.3 billion spent annually in identifying, retraining, and restocking the teaching profession.^{vi}

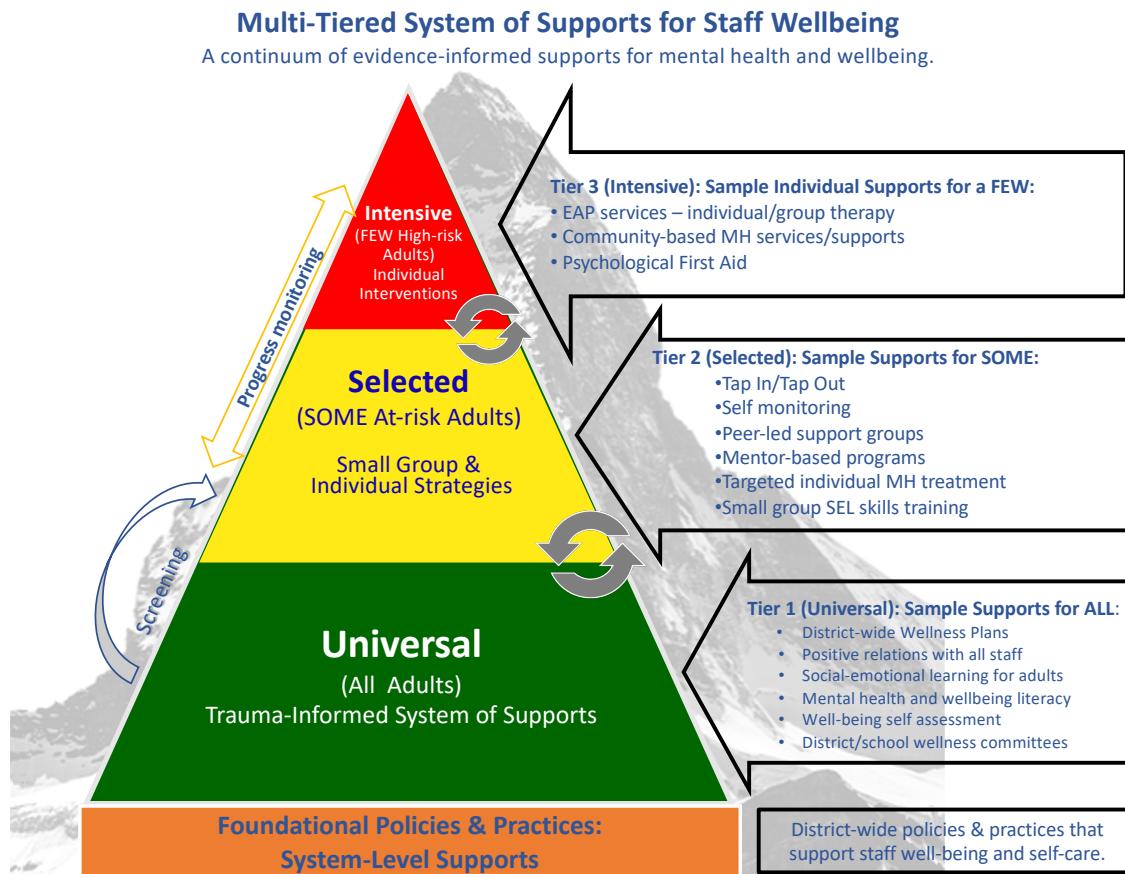
These challenges accelerate mental health disorders and trauma responses. As such, it is imperative that districts take a proactive approach to ensuring mental health supports are in place to address staff needs. At a minimum, these should take the form of empathic relationships, opportunities for collaboration, and time to reflect on and make collective meaning of their shared experiences.

Focusing on staff well-being has multiple benefits. Districtwide wellness programs can reduce employee health risks (both physical and mental), decrease rates of absenteeism, and reduce costs related to healthcare and retraining due to loss of staff. Ultimately, prioritizing mental health and well-being for school staff will result in better outcomes for students.

WHAT: Implementing school-based mental health services and supports for staff can assist in minimizing the negative effects of educator stress. Decreasing staff members' job demands, while increasing school organization, support, autonomy, and personal emotional resources can be beneficial. Specifically, programs for social emotional learning, mindfulness, mentoring, and workplace wellness have all been shown to improve teacher well-being (and, thus, student outcomes).^{vii} These services can occur on the organizational or individual level (or both) and can reduce teacher stress by shifting the culture of the school. When schools create supportive and engaging environments for students and staff, the foundation is laid for a comprehensive system of mental health and wellness.

HOW: Utilizing a multi-tiered system of supports (MTSS) framework (Figure 1), schools can provide a continuum of tiered supports to address the mental health and well-being of their adult population, similar to approaches adopted to address student needs.^{viii}

Figure 1: MTSS for Staff Well-being



Maike & Associates, LLC with funding by Kaiser Permanente

From Wellness to Well-being

Wellness: The quality or state of being in good health especially as an actively sought out goal.

Well-being: The state of being happy, healthy, or successful.

"Well-being is about the combination of our love for what we do each day, the quality of our relationships, the security of our finances, the vibrancy of our physical health, and the pride we take in what we have contributed to our communities. Most importantly, it's about how these five elements interact."

– Tom Rath, Well-being: The Five Essential Elements

MTSS for Adults in Brief: A Continuum of Support

Based on the framework adopted by districts/schools to address the behavioral health and well-being needs of students, the MTSS for Adult Well-being framework is a tiered system of supports. Tiers are built upon a set of evidenced informed foundational policies and practices and should encompass the needs of all staff (e.g., teachers, paraeducators, transportation, administrative, etc.) with attention to cultural and linguistic needs. Following is a brief description of the framework's components.

Foundational Policies and Practices: Evidence informed policies and practices provide the system level support that drives forward and sustains staff well-being efforts. The adoption and implementation of districtwide policies and practices that promote staff well-being sets the expectations for healthy behaviors and ensures district level commitment to the prioritization of staff well-being. In addition, districts should implement a continuous improvement process, including the use of databased decision making to track and improve the implementation of well-being initiatives. Further, the establishment of district and building-level wellness committees, comprised of staff members from diverse sectors of the education system, ensures the “voice” of school/district staff are embedded into the MTSS well-being structure.

Tiers are built upon a set of evidenced informed foundational policies and practices and should encompass the needs of all staff (e.g., teachers, paraeducators, transportation, administrative, etc.) with attention to cultural and linguistic needs.

Universal strategies (Tier 1 -- ALL): Universal mental health and well-being-related activities are designed to meet the needs of *all* school staff regardless of whether they are at risk for behavioral health-related problems. Tier 1 activities should include the promotion of positive social, emotional, and behavioral skills, strategies to raise awareness of mental health and well-being as well as efforts to support positive school climate and staff well-being. Examples of such strategies include professional development focused on combating the impacts of compassion fatigue and burnout; planning, implementing, or reflecting on staff’s own well-being; and, professional development opportunities that focus on raising awareness and combating stigma. These opportunities may also include occasions for staff to build and maintain relationships, recognize accomplishments, and display gratitude; and the creation of space(s) for staff to relax or decompress.

Selective Services and Supports (Tier 2 -- SOME): Selective supports are early intervention services and supports that address the mental health and well-being concerns of staff who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. Staff needing selective supports can be identified through self-assessments, screening, referral, or other identified processes. Examples of these types of supports include small group interventions for staff identified with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), and/or mentoring.

Indicated services and supports (Tier 3 -- FEW): Indicated interventions include treatment services and supports to address behavioral health concerns for staff who are already experiencing significant distress and functional impairment. These are sometimes referred to as “tertiary,” or “intensive” services. These services and supports are individualized to the specific adult’s needs. Examples include comprehensive Employee Assistance Program (EAP) services, individualized community-based mental health services, or other behavioral health treatment options.

Screening: Screening and/or self-assessments can assist staff with identifying their own needs thus can increase the likelihood of self-referral to appropriate school and/or community-based services and supports. Examples of mental health and wellness self-assessments include the Professional Quality of Life Scale: Compassion, Satisfaction and Fatigue (ProQOL, see <https://proqol.org/proqol-measure>), PERMAH Well-being Survey, Life Change Index, or Lifestyles Behaviors Assessment (see <https://permahsurvey.com/>).

Progress Monitoring: Unlike progress monitoring for students, progress monitoring for adults is more likely to be self-monitoring of mental health and well-being related goals based upon wellness and/or self-care plans (this may also include monitoring by others e.g., administrator, depending upon circumstances and needs).

MTSS for Staff Well-Being: A Menu of Supports: The table below provides some examples of supports.

FOUNDATIONAL POLICIES AND PRACTICES: System-level Supports
<ul style="list-style-type: none">▪ District/Building-level Wellness committees comprised of a cross-sector of district/school employees.▪ District-wide social-emotional health policies and practices that support staff wellness and self-care, and work-life balance (i.e., incorporate the 6 guiding principles to a trauma-informed approach e.g., safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historic and gender issues).^{ix}▪ District-wide policies and procedures that address suicide prevention, assessment, intervention, and response to suicide (student and staff).▪ District-wide use of data-based decision-making process to track implementation of social-emotional health policies and practices (at school level); well-being and job satisfaction.▪ District-wide utilization of continuous improvement process to ensure implementation of social-emotional health policies and practices.
TIER ONE (ALL):
<ul style="list-style-type: none">▪ Standardized approach for building staff awareness (self and others) of staff burnout/compassion fatigue, including tools for self-monitoring and building self-care strategies.▪ Professional Development opportunities that are continuous, build upon the basics, and routinely offer refresher courses in topical areas such as:<ul style="list-style-type: none">▪ SEL skill development for adults e.g., self-awareness, self-management, self-efficacy, social awareness, social management, social engagement▪ Trauma, its impacts, and mitigation methods▪ Mental health and well-being promotion and awareness▪ Self-care strategies to address compassion fatigue and burnout▪ Resiliency concepts and practices▪ District/Building-led regular opportunities for staff engagement e.g., social gatherings to encourage relationship building.▪ District/Building-led regular opportunities for staff to engage in wellness and self-care activities e.g., Mindfulness Mondays, Wellness Wednesdays, wellness monthly calendar.▪ District/Building-level provide regular opportunities for staff to demonstrate gratitude and recognition toward others.▪ District/Building-level designated “safe” spaces for staff to relax, decompress and build relationships with other staff.▪ District/Building-level Safety Teams (to support school climate and culture).▪ Self-screening: Professional Quality of Life Scale: Compassion, Satisfaction and Fatigue, or PERMAH Well-being Survey, Life Change Index, or Lifestyles Behaviors Assessment.▪ Universal screening – Health and Wellness self-assessment; Health Plan Assessments (in partnership with healthcare provider).

TIER TWO (SOME):

- Self-monitoring of mental health and wellness progress toward identified goals.
- Small group activity with peers/building staff (connecting and walking, weekly check ins, yoga, mindfulness/breathing practices, book study of selfcare/wellness).
- Small group social and emotional learning competencies.
- Tap In/Tap Out wellness strategy designed for teachers to get a quick break. The tap-in, tap-out strategy allows teachers to call in support so they can step out of their room to take a minute to breath and refocus (could be adapted to support other school staff).
- Mentor-based programs to support newly hired staff or others having difficulties navigating the workplace.
- Peer Coaching support.
- Facilitated professional wellness and self-care support groups.

TIER THREE (FEW):

- Robust Employee Assistance Program.
- Behavioral health treatment (mental health and substance use) individual/group therapy to address individualized needs of staff (community and/or school-based providers).
- Psychological First Aide (crisis response).

IMPLEMENTING A MTSS STAFF WELL-BEING INITIATIVE: In the following section we provide guidance related to the implementation of a continuum of evidence-informed supports to address staff well-being.



Year 1: Exploration & Planning - Building the Foundation: Evidence informed policies and practices provide the system-level support that drives forward and sustains staff well-being efforts.

Leadership and Teaming: One of the keys to any successful initiative or change is having leadership buy-in (e.g., someone with decision-making authority to “champion” the cause). Strong leadership emphasizes the importance of the initiative, strengthens accountability, and helps to establish appropriate expectations. In addition to strong leadership, the establishment of a diverse and representative building or district-level staff wellness committee is key to launching and sustaining a MTSS staff well-being initiative.

- District/Building-level Leadership buy-in.
- Representative, multidisciplinary district/building-level staff well-being committee (e.g., inclusive of administrators, multi-grade/subject classroom teachers, para-educators, school nurse, and other school staff (cafeteria/bus/front office)).
 - Identify building/district policy/mission statement to highlight/prioritize staff wellness.

EXAMPLE

Mission Statement: *To provide a balanced staff school wellness program designed to enrich all employees physical and mental well-being.*

Vision Statement: *A staff school wellness program is an organized program for all employees designed to enrich their physical, mental, emotional, and occupational well-being. (Balance).*

Goal Statement: *To make the work environment supportive of positive health behaviors and thereby help promote improved well-being for all employees.*

*Example provided by Tenino School District, Washington

System Assessment: Once a team is established, it is important for both leadership and wellness committee team members to know what policies, practices and procedures are currently in place in the district/building to support staff. Two systems-level assessments are recommended to establish a shared understanding of the current status of staff well-being supports:

- RISE Index (District and School versions)
- Environmental Scan Resource Inventory (Staff Version)

The RISE Index is an evidence-informed Kaiser Permanente assessment tool, developed in partnership with the Alliance for Healthier Generation and informed by subject matter experts. The tool guides schools in assessing their progress towards implementing key practices that build social and emotional health, with a strong focus on staff well-being.

The Environmental Scan Resource Inventory (Staff version) developed by Maike & Associates (Appendix A), is a way to document the structures and operations at the district and school levels that address mental health and well-being services and supports for staff. The purpose of the Environmental Scan tool is to capture the current status of systems to address staff well-being and to answer the following questions:

What programs, services, supports, and other resources exist in the school and/or community that serve the mental health and well-being of ALL staff in the K-12 education system?

Are these reflective of culture and diversity of school staff?

Where do gaps exist?

Ideally, these assessment tools should be completed by the district and/or school-based teams comprised of individuals knowledgeable about the structures and operations of school-based mental health systems. System assessment findings can help district and/or school teams to identify existing supports for school staff, identify gaps and barriers and begin to build a staff-wellness plan.

- System Assessment:
 - Completion of District/School-level RISE Index
 - Completion of Environmental Scan Resource Inventory (Staff Version)

Foundational Policies and Practices: Staff well-being policies set out specific guidelines that demonstrate the district's commitment to staff well-being and its intentions to promote social-emotional health, encourage staff self-care and ensure work-life balance. The adoption of trauma-informed policies and practices help cultivate a community culture of wellness by encouraging or incentivizing participation in wellness activities and establishing pathways for staff to seek information and access resources.

- District-wide social-emotional health policies and practices that support staff wellness and self-care, and work-life balance (i.e., incorporate the 6 guiding trauma-informed principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment and choice; and cultural, historic and gender issues).



Years 1 & 2: Building Knowledge & Awareness - Establishing Universal Staff Supports (Tier 1):
Mental health and wellness-related activities that are designed to meet the needs of ALL school staff.

In order for school staff to promote and exhibit mental wellness and general well-being, they need to have opportunities to acquire the knowledge, tools, and resources to do so. To be meaningful and effective, professional development offerings should be coordinated and reflective of the needs of each

school or district (e.g., reflect needs identified in systems assessment, above) and progress from introductory to in-depth. At a minimum, these should address social-emotional learning, competency, for adults, and adult mental health and well-being, with these offerings trauma-sensitive and culturally responsive. Topics may also include identification and self-referral to services, how to talk with others about mental health concerns, promotion, awareness, and stigma reduction, in addition to staff self-care strategies.

- Professional development opportunities that are continuous, build upon the basics, and routinely offer refresher courses in topical areas such as:
 - SEL skill development for adults e.g., self-awareness, self-management, self-efficacy, social awareness, social management, social engagement.
 - Trauma, including secondary trauma, its impacts, and mitigation methods.
 - Mental health and well-being promotion and awareness.
 - Self-care strategies to address compassion fatigue and burnout
 - Resiliency concepts and practices.
- Standardized approach for building staff awareness (self and others) of burnout/compassion fatigue, including tools for self-monitoring and building self-care strategies.^x
- District/Building-led regular opportunities for staff engagement e.g., social gatherings to encourage relationship building.^{xi}
- District/Building-led regular opportunities for staff to engage in wellness and self-care activities e.g., Mindfulness Mondays, Wellness Wednesdays, wellness monthly calendar.^{xii}
- District/Building-level administrators provide regular opportunities for staff to demonstrate gratitude and recognition toward others.^{xiii}
- District/Building-level designated “safe” spaces for staff to relax, decompress and build relationships with other staff.^{xiv}



Years 2 – 5: Strengthening the System of Supports (Tiers 2 and 3): Early intervention services and supports that address the mental health and well-being concerns of staff who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern (Tier 2). Treatment services and supports to address mental health concerns provided for staff who are already experiencing significant distress and functional impairment (Tier 3).

School staff need to be physically and emotionally healthy in order to be fully engaged and present in their jobs if they are to be successful at modeling self-regulation and social-emotional skills. We know that depression and stress impact employee productivity, effects absenteeism, and are linked to a range of negative health impacts. Chronic work stress has been associated with negative changes in biological indicators of stress, as well as atypical physiological stress reactivity.^{xv} Additionally, educator wellness is significantly impacted by exposure to secondary trauma, which can occur when an individual learns about trauma experienced firsthand by another (such as students or co-workers). School staff may also exhibit secondary trauma in the form of compassion fatigue, which takes a physical and psychological toll, and can manifest itself in anger, disconnection, social withdrawal, illness, anxiety, fear, guilt, sleeplessness, poor self-care, and hopelessness.^{xvi}

Tier 2 individual interventions focus on promoting worker social support and professional development. Examples of these services include mentoring programs for new teachers or other staff, or small groups facilitated by school- or community-based mental health providers focused on well-being promotion,

mindfulness, meditation, and social-emotional learning. Common Tier 3 individual interventions can include cognitive behavioral therapy to address grief, trauma, and loss, along with psychological relaxation, and other coping mechanisms. The goals of individual interventions are to improve coping, stress-management, and goal-setting skills.^{xvii}

- Self-Screening & Assessment Tool(s).
- Adopt menu of staff supports, based on identified needs.
- Identify process and/or tools for self-monitoring of mental health and wellness.
- Establish referral pathways for both Tier 2 and Tier 3 services and supports, school and community-based.

 **Sustainability and Evaluation (Day 1 and beyond):** For any true lasting systems change, sustainability and evaluation monitoring should start day one, keeping in mind long-term goals from the onset. As such, districts/schools should embed comprehensive mental health and staff well-being supports into the culture of the system as a means of ensuring the prioritization and monitoring of these practices. Districts and schools should establish systems and structures to support all school staff to avoid these efforts from being driven by a sole individual or small group of dedicated staff.

It is also important to understand the effectiveness of staff well-being efforts and to guide program implementation through routine assessment of progress. Districts benefit from embracing an ongoing, reflective data analysis process comparing current trends to the desired state, with a commitment to adjust staff well-being practices based upon data. A process, including criteria and timelines, should be used for collecting and analyzing multiple systemic data for decision making. This could include staff surveys related to mental health and well-being needs and satisfaction of the current system of supports and a review of existing data (e.g., absenteeism, staff turnover), to analyze impacts, identify problem areas, and address gaps in services.

- Accountability Systems: Implement district-wide utilization of continuous improvement process to ensure implementation of social-emotional health policies and practices.
- Data-based Decision Making: Implement district-wide use of data-based decision-making process to track implementation of social-emotional health policies and practices (at school level); well-being and job satisfaction.
- Impact Evaluation: Establish performance indicators and outcome measures to continually gauge initiative impact.

Example Outcome Measures

Annually, [X%] of staff participating in professional development offerings will report increased knowledge and awareness of self-care and well-being strategies, as measured by [INSTRUMENT].

Annually, the number of days staff are absent due to non-professional development reasons will decline by [X%] as compared to baseline [YEAR] as measured by official school records.

Annually, [X%] of staff report increased administrative support for work-life balance and adult self-care/well-being, as measured by [INSTRUMENT].

Annually, [X%] of schools will report improved School-Staff Well-Being indices as measured by pre-post RISE Index.

MTSS for Adults: Implementation Checklist

Year 1: Exploration & Planning - Building the Foundation 	Years 1 & 2: Building Knowledge & Awareness - Establishing Universal Staff Supports (Tier 1) 	Years 2 – 5: Strengthening System of Supports (Tiers 2 and 3) 	Sustainability & Evaluation (Day 1 and beyond) 
<input type="checkbox"/> District/Building-level Leadership buy-in <input type="checkbox"/> Representative, multidisciplinary district/building-level staff well-being committee <input type="checkbox"/> System Assessment <input type="checkbox"/> District-wide trauma-informed social-emotional health policies and practices	<input type="checkbox"/> Professional Development opportunities <input type="checkbox"/> Standardized approach for building staff awareness <input type="checkbox"/> District/Building-led regular opportunities for staff engagement <input type="checkbox"/> District/Building-led regular opportunities for staff to engage in wellness and self-care activities <input type="checkbox"/> District/Building-level provide regular opportunities for staff to demonstrate gratitude and recognition toward others	<input type="checkbox"/> Self-Screening & Assessment Tool(s) <input type="checkbox"/> Adopt menu of staff supports, based on identified needs <input type="checkbox"/> Identify process and/or tools for self-monitoring of mental health and wellness <input type="checkbox"/> Establish referral pathways for both Tier 2 and Tier 3 services and supports	<input type="checkbox"/> Accountability Systems <input type="checkbox"/> Data-based Decision Making <input type="checkbox"/> Impact Evaluation

Appendix A: Environmental Scan Resource Template (Staff Version): Staff Mental Health & Well-Being Services and Supports

The staff version of the Environmental Scan tool is a way to document the structures and operations at the district and school level that address mental health and well-being services and supports. “Mental health services” include activities, services and supports to address the social, emotional, and behavioral well-being of staff, *including mental health and substance use.*

The purpose of the Environmental Scan is to capture the current status of systems to address staff wellbeing and to answer the following questions: What programs, services, supports, and other resources exist in the school and/or community that serve the mental health and well-being of ALL staff in the K-12 education system? Are these reflective of culture and diversity of school staff? Where do gaps exist? The template collects the following information for each of the identified resources, services, or programs, across levels of tiered services, including:

Universal strategies (Tier 1 -- ALL) - Universal mental health and well-being-related activities are designed to meet the needs of *all* school staff regardless of whether they are at risk for behavioral health-related problems. Tier 1 activities should include the promotion of positive social, emotional, and behavioral skills, strategies to raise awareness of mental health and well-being as well as efforts to support positive school climate and staff well-being. Examples of such strategies include professional development focused on combating the impacts of compassion fatigue and burnout; planning, implementing, or reflecting on staff's own well-being; and professional development opportunities that focus on raising awareness and combating stigma. These opportunities may also include occasions for staff to build and maintain relationships, recognize accomplishments, and display gratitude; and the creation of space(s) for staff to relax or decompress.

Selective services and supports (Tier 2 -- SOME) - Selective supports are early intervention services and supports that address the mental health and well-being concerns of staff who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. Staff needing selective supports can be identified through self-assessments, screening, referral, or other identified processes. Examples of these types of supports include small group interventions for staff identified with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), and/or mentoring.

Indicated services and supports (Tier 3 -- FEW) – Indicated interventions include treatment services and supports to address behavioral health concerns for staff who are already experiencing significant distress and functional impairment. These are sometimes referred to as “tertiary,” or “intensive” services. These services and supports are individualized to the specific adult’s needs. Examples include comprehensive Employee Assistance Program (EAP) services, individualized community-based mental health services, or other behavioral health treatment options.

Ideally, this form should be completed by a district and/or school-based team comprised of individuals knowledgeable about the structures and operations of school-based mental health systems. This activity can help district and/or school teams identify existing supports for school staff, identify gaps and barriers and begin to build a staff-wellness plan.

Please indicate 1) School Name: _____

2) Date Completed _____

If we have questions, or need further information regarding your responses, we would like to follow-up with you. May we contact you for follow-up questions? If yes, what is the best way to reach you?

Name and Position/Role:

Phone:

Email:

If you have any questions about this process, please contact Megan Osborne, Research Associate at megan.b.osborne@gmail.com.

Thank you in advance!

Universal strategies (Tier 1 -- ALL)- Mental health and wellness-related activities that are designed to meet the needs of ALL school staff regardless of whether they are at risk for mental health-related problems. Tier 1 activities include promotion of positive social, emotional, and behavioral skills and well-being. These activities might also include efforts to support positive school climate and staff well-being.

For the following, please complete these questions for the **CURRENT SCHOOL YEAR**.

UNIVERSAL PROGRAMS SERVICES OR SUPPORTS FOR STAFF – TIER 1 (include strategies provided by both school-based and community-based providers/systems) What programs, services, supports, and other resources exist that serve, teachers and other school staff related to mental health and wellness including trauma informed practices? Provide a brief description of the program, goal/purpose (e.g., suicide awareness), as appropriate. Indicate if the program is an evidence-based or evidence-informed program, as appropriate.			
Tier 1 Staff Well-being (All): Programs/services/supports offered in your district focused on staff wellness for ALL staff (e.g., Professional learning on combating impacts of compassion fatigue and burnout; Professional learning opportunities on planning, implementing, or reflecting on their own well-being. Staff opportunities to build and maintain relationships; Opportunities for staff to recognize accomplishments and display gratitude; Space(s) for staff to relax or decompress)	What policies and practices are in place to support/administer these activities and/or supports?	How are these programs/services/supports currently delivered?	How can these programs/services/supports be adapted to virtual/tele-supports (if needed)?

Gaps: Briefly describe, in general, any gaps in programming related mental health promotion and awareness (Universal strategies). Review distribution of tiered supports – Are there duplicative efforts that can be merged or otherwise coordinated? What's missing? What & where are your gaps/barriers? Are there issues with implementation and/or fidelity?

Barriers/Challenges: What challenges or barriers prevent the delivery of services or programs (e.g., policies, systems, ownership issues)?

Equity: How does the district ensure these services and supports are accessible and relevant to ALL staff that need them (e.g., teachers, paras, administrative staff, cafeteria staff, etc.)?

Data Considerations: How will you identify emerging staff needs? How will you measure staff needs and whether they are being met (in a virtual and/or in-person environment)? How will you know if the services/supports are effective? What are your measures of success?

Selective services and supports (Tier 2 -- SOME) - Early intervention services and supports that address the mental health and well-being concerns of staff who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. These staff can be identified through self-assessments, screening, referral, or other identified processes. Sometimes these are referred to as “selective” or “secondary” mental health prevention services. Examples can include small group interventions for staff identified with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), and/or mentoring.

For the following, please complete these questions for the **CURRENT SCHOOL YEAR**.

SELECTIVE SERVICES & SUPPORTS – TIER 2 (include strategies provided by both school-based and community-based providers/systems): What programs, services, supports, and other resources exist that serve, teachers and other school staff related to mental health and wellness including trauma informed practices? Provide a brief description of the program, goal/purpose (e.g., anxiety reduction), as appropriate. Indicate if the program is an evidence-based or evidence-informed program, as appropriate.			
Tier 2 Staff Well-being (Some): Programs/services/supports offered in your district focused on wellness for those staff exhibiting risk of mental health-related issues (e.g. Additional supports of professional learning on combating impacts of compassion fatigue and burnout; opportunities on planning, implementing, or reflecting on their own well-being, Staff opportunities to build and maintain relationships, Space(s) for staff to relax or decompress.)	What policies and practices are in place to support/administer these supports?	How are these programs/services/supports currently delivered?	How can these programs/services/supports be adapted to virtual/tele-supports (if needed)?

Gaps: Briefly describe, in general, any gaps in programming related to the selective services and supports (Tier 2). For example, who should be served that is not receiving services? Are services culturally, and gender responsive? Is access an issue? Are there issues with implementation and/or fidelity? Are there duplicative efforts that can be merged or otherwise coordinated?

Barriers/Challenges: What challenges or barriers prevent the delivery of services or programs (e.g., policies, systems, ownership issues)?

Equity: How does the district ensure these services and supports are accessible and relevant to ALL staff that need them (e.g., teachers, paras, administrative staff, cafeteria staff, etc.)?

Data Considerations: How will you identify emerging staff needs? How will you measure staff needs and whether they are being met (in a virtual and/or in-person environment)? How will you know if the services/supports are effective? What are your measures of success?

Indicated services and supports (Tier 3 -- FEW) – Treatment services and supports to address mental health concerns provided for staff who are already experiencing significant distress and functional impairment. Sometimes these are referred to as “indicated,” “tertiary,” or “intensive” mental health services. These services/supports are individualized to the specific adult’s needs. Examples include EAP services, individualized community-based mental health services, or other treatment options.

For the following, please complete these questions for the **CURRENT SCHOOL YEAR**.

INDICATED SERVICES & SUPPORTS (TIER 3) (include strategies provided by both school-based and community-based providers/systems) <i>What programs, services, supports, and other resources exist that serve teachers and staff related to mental health and wellness including trauma informed practices? Provide a brief description of the program, goal/purpose (e.g., cognitive behavioral therapy, as appropriate. Indicate if the program is an evidence-based or evidence-informed program, as appropriate.</i>			
Tier 3 Staff Well-being (Few): Programs/services/supports offered in your district focused on staff wellness for staff who are experiencing significant distress and functional impairment (e.g., access to EAP program, individualized community-based mental health services, or other treatment options.)	What policies and practices are in place to support/administer these services?	How are these programs/services/supports currently delivered?	How can these programs/services/supports be adapted to virtual/tele-supports (if needed)?

Gaps: Briefly describe, in general, any gaps in programming related to indicated services and supports (Tier 3). For example, who should be served that is not receiving services? Are services developmentally, culturally, and gender responsive? Is access an issue? Are there issues with implementation and/or fidelity? Are there duplicative efforts that can be merged or otherwise coordinated?

Barriers/Challenges: What challenges or barriers prevent the delivery of services or programs (e.g., policies, systems, ownership issues)?

Equity: How does the district ensure these services and supports are accessible and relevant to ALL staff that need them (e.g., teachers, paras, administrative staff, cafeteria staff, etc.)?

Data Considerations: How will you identify emerging staff needs? How will you measure staff needs and whether they are being met (in a virtual and/or in-person environment)? How will you know if the services/supports are effective? What are your measures of success?

ENDNOTES

ⁱ Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Munana, C., & Chidambaram, P. (August 21, 2020). The Implications of COVID-19 for Mental Health and Substance Use. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

ⁱⁱ Czeisler, M., Lane, R., Petrosky, E., Wiley, J., Christensen, A., Rashid, N., Weaver, M., Robbins, R., Facer-Childs, E., Barger, L., Czeisler, C., Howard, M., & Rajaratnam, S. (August 14, 2020). Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020. Retrieved from https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm?s_cid=mm6932a1_w

ⁱⁱⁱ Ibid.

^{iv} Ibid.

^v Steiner, E.D., & Woo, A. (2021) Job related stress threatens the teacher supply: key findings from the 2021 state of the U.S. teacher survey. <https://www.rand.org/news/press/2021/06/15.html>

^{vi} Greenberg, M.T., Brown, J.L., & Avenavoli, R.M. (2016). Teacher stress and health: Effects on teachers, students, and schools. Robert Wood Johnson Foundation.

<http://www.rwjf.org/en/library/research/2016/07/teacher-stress-and-health.html>

^{vii} Ibid.

^{viii} See for example: Gladwell, M. (2006). *The tipping point: How little things can make a big difference*. New York: Little, Brown; Suglia, G., & Horner, R. H. (2009). Defining and describing schoolwide positive behavior support. In W. Sailor, G. Dunlap, G. Sugai, & R. H. Horner (Eds.), *Handbook of positive behavior support* (pp.307-326). New York, Springer; McIntosh, K. & Goodwin, S. (2016). *Integrated multi-tiered systems of support: Blending RTI and PBIS*. New York, The Guilford Press. Barrett, S., Yanek, K., Raulerson, C., Flammini, A., & Scheel, N. (March 2021). *Building a culture of staff wellness through multi-tiered system of supports*. Eugene, OR: Center on PBIS, University of Oregon. www.pbis.org

^{ix} Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. 14-4884).

^x Alliance for a Healthier Generation & Kaiser Permanente (2019). RISE Index (District Edition). Retrieved from:

<https://www.healthiergeneration.org/sites/default/files/documents/20191120/13da1b62/RISE%20Index%20-%20District.pdf>

^{xi} Ibid.

^{xii} Ibid.

^{xiii} Ibid.

^{xiv} Ibid.

^{xv} Bellingrath, S., Weigl, T., & Kudielka, B.M. (2009). Chronic work stress and exhaustion is associated with higher allostatic load in female teachers. *Stress: The International Journal on the Biology of Stress*, 12(1), 37-48.

^{xvi} Sizemore, C.B. (2016). Compassion fatigue: The silent thief in our schools. *The Working Lives of Educators*, 11. Retrieved from: <http://www.ascd.org/ascd-express/vol11/1118-sizemore.aspx>

^{xvii} Greenberg, M.T., Brown, J.L., & Avenavoli, R.M. (2016). Teacher stress and health: Effects on teachers, students, and schools. Robert Wood Johnson Foundation.

<http://www.rwjf.org/en/library/research/2016/07/teacher-stress-and-health.html>