

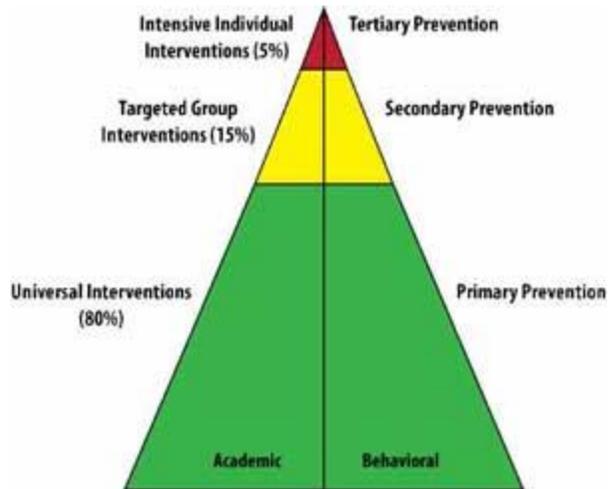
Framework for Delivering School-Based Mental Health Services

School-based health interventions are generally provided using a three-tiered or pyramid approach. The majority of services are provided to the general school population (the base of the pyramid), select students with identified needs or who are at risk of academic or behavioral challenges are provided targeted services (the middle level of the pyramid) and the small number of students with the highest level needs are provided more intensive services (the top point of the pyramid).

One process used by schools to make decisions about which services to offer and how to best meet students' needs for appropriate educational and behavioral interventions within each of these levels is called [Response to Intervention](#) or [Scientific Research Based Interventions](#) as it is known in Connecticut. School-Wide Positive Behavioral Interventions and Supports (PBIS; <http://www.pbis.org/default.aspx>) is one example of a three-tiered, pyramid decision-making framework for choosing and integrating research-based methods to provide the best academic and behavioral outcomes for all students that is widely used in Connecticut (insert figure). Below are some examples about how school mental health services and interventions are provided within a three-tiered model. More information about the Connecticut Framework for providing child health services using this model is available here (<http://www.chdi.org/frameworkchildhealthsvcs>).

1. Primary prevention/ Universal promotion: A basic level of wellness promotion and positive development strategies are provided to *all* youth. The goal of these strategies or activities is to promote and build upon youth strengths and factors that protect them from risk as a way to prevent future problems from developing. Examples include developmental screenings for all incoming kindergarteners, school-wide assemblies on bullying prevention, a special event such as a school spirit day to promote school connectedness or positive peer interaction, or a poster campaign to promote substance abuse prevention.
2. Secondary prevention/ Selective prevention: The second or middle level of the pyramid includes services targeted to students with a specific identified need or who are at-risk of developing difficulties. This includes services such as individual counseling or mentoring, small group skills training, afterschool activities, crisis intervention, or family referral for extra support. Often these are in the form of extracurricular or additional programs and services. For example, individual mentoring, social skills groups or afterschool activities, and incentive programs can positively impact a student's mental health by providing positive peer interaction, relationship-building with supportive adults, skill development, and individualized attention.
3. Tertiary prevention/ Intensive intervention: The third or top level of intervention is for the smaller number of students who have higher level needs or multiple concerns. Interventions at this level are intensive and individualized to meet the students' specific needs and are generally formalized into a behavioral plan, IEP, or 504 Plan. Services at this level may include strategies such as care coordination among multiple providers, academic remediation, medication management, and intensive evidence-based therapy, and may be

provided by a team of school-based and/or community-based providers working together to improve academic and behavioral outcomes for the child. Connecticut supports several specific Evidence-Based Practices (link to EBP page), which provide child mental health treatment services at this level.



The PBIS Pyramid