

# Comprehensive School Mental Health Funding: Selecting High Leverage Activities

Districts should consider how school mental health funding can be leveraged to create Comprehensive School Mental Health Systems (CSMHS) that ensure the wellbeing of all students, especially those who do not have access to or are not yet benefiting from current supports. High leverage activities contribute to the longevity and effectiveness of the CSMHS. While sometimes necessary, low-leverage activities are those that do not have a large impact on student outcomes. Districts use knowledge of their local assets and challenges to best balance these activities when allocating funding.

## Examples of High Leverage Activities

### 1. Providing training and implementation support to school staff in universal mental health promotion topics such as:

- [Trauma Sensitive Schools](#)
- [Social and Emotional Learning \(SEL\)](#)
- [Cultural Responsiveness](#)
- [Mental Health Literacy and Stigma Reduction](#)
- Educator Wellness ([Compassion Resilience](#) and [Adult SEL](#))
- [Suicide Prevention](#)
- [Bullying Prevention](#)
- [Restorative Practices](#)

Associated costs: trainer costs, training materials, travel to trainings, staff time to get trained\*, contract for coaching or implementation support.

### 2. [Universal Mental Health Screening](#)

Associated costs: screener materials, technology for administering screener, staff time or contracted service to administer and analyze results\*, staff time to create a thoughtful plan for responding to screener results\*.

### 3. Developing a [School Mental Health Referral Pathway](#)

Associated costs: staff and community mental health provider time for planning referral pathway, materials for advertising or communicating the pathway to stakeholders (website, print materials, etc.), and mental health literacy training to help stakeholders know when to refer\*.

4. **Comprehensive School Mental Health System planning, including alignment, sustainability, and continuous quality improvement such as assessing the quality of the district or school's Comprehensive School Mental Health System using the [School Mental Health Quality Assessment \(SMH-QA\)](#).**

Associated costs: staff time to serve on teams, time for partners (e.g., Cooperative Educational Service Agencies [CESAs], local health departments, youth enrichment providers, social services agencies, families, mental health providers) to collaborate.

5. **Implementing evidence-based mental health programs with students (e.g., SEL, peer to peer suicide prevention, mental health literacy programming).**

Associated costs: curricula, materials for implementation, implementation support.

6. **Completing a needs assessment to gauge the strengths and needs of the students, staff, families, and community being served to inform school mental health planning.**

Associated costs: contract with community\*\* (health department, university, social services agency) collaborators to gather needs data, staff time to plan based on results.

7. **Engaging in resource mapping process to identify, visually represent, and share information about internal and external wellbeing supports and services.**

Associated costs: staff time or community partner contract for ongoing collection and maintenance of resource map, resources for communicating the map to stakeholders (website, print materials, etc.).

## Examples of Low Leverage Strategies

1. One-and-done mental health events (e.g., guest speakers, special events).
2. Consumable materials (e.g., snacks, materials for calming corners that can be used once).
3. Conferences where attendance is costly and there is no plan to disseminate knowledge to other staff or provide follow-up implementation support.
4. Staff training without ongoing coaching or implementation support.

\*Salaries, stipends, and hourly rates to engage in school mental health work outside of contracted time

\*\* In accordance with student record and confidentiality requirements under FERPA and HIPPA