Enhancing Mental Health Support in Indiana's K-12 Schools

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Dedication

We would like to thank our families, critical reviewers, and Capstone Advisor, Dr. Erin Henrick. To the thousands of students who face mental health challenges – we see you and dedicate this work to you and hope it will help continue to advance the necessary support you need to thrive. We would also like to thank the administrators, teachers, counselors, and student health team members working diligently in these challenging times to educate and nurture our children!

Executive Summary

Problem of Practice

Indiana Department of Education (IDOE), the State Education Administration (SEA), has promulgated multiple programs and models aligned with best practice for children's mental health services in schools and has offered grant funding for local education administrations (LEAs) to expand the programs, yet surveys over the past few years show that school frontline personnel do not feel they have the resources to provide what the children need. IDOE seeks to understand how LEAs are currently assimilating the guidance provided by IDOE, what programs and practices they are currently implementing in schools, and what resources they need to support student mental health in the future.

Conceptual Frameworks

Our first framework is a Comprehensive Student Mental Health System (CSMHS) (Hoover et al., 2019) that outlines best practices for developing a comprehensive approach to student mental health. Our second framework is sensegiving, sensemaking, and positive adaptation for scaling up a state-wide initiative designed to offer local flexibility (Cannata et al., 2021). This is relevant because IDOE would like to expand student mental health services without mandating specific practices in a local control State.

Data Collection and Analysis

We started with a comprehensive document review of IDOE documents related to school counseling and mental health programs. We conducted two follow-up interviews, one with IDOE administrators and one with a consultant who has been supporting IDOE in the development of a CSMHS. We then completed a mixed-methods survey of LEA administrators and lead school counseling/mental health providers, receiving 199 valid responses (22.5%. response rate). Following the survey, we conducted four focus groups with a sample of 3 district administrators and 8 district lead counselors who had volunteered to participate in follow-up focus groups to better understand their lived experiences and clarify survey findings.

Key Findings

In our research, we addressed three primary project questions to gain insights into the state of student wellness and mental health support in Indiana's educational system.

Project Question 1 focused on understanding how LEA administrators and counselors perceive the student wellness guidance and resources provided by IDOE. Our analysis revealed that while

IDOE has offered various models and resources, their accessibility was often challenging, with some materials being outdated or removed. Consequently, there has been considerable variation in the consistent adoption of school counseling and mental health models across the State.

Project Question 2 delved into how LEA administrators and counselors perceive their implementation of evidence-informed comprehensive student mental health models. While most districts have implemented a Multi-Tiered System of Support (MTSS), other components of comprehensive mental health models are lacking, particularly needs assessment and resource mapping. Responses indicated moderate adoption of most aspects of a CSMHS, with administrators being more confident than counselors on the level of adoption of several key domains. Administrators also expressed greater confidence in creative funding mechanisms, likely due to their better understanding of funding sources.

Project Question 3a sought to identify the stated needs of LEA administrators and counselors to improve students' mental wellbeing. In our survey, we asked LEAs if they had completed a formal mental health needs assessment, which is a component of a CSMHS. We found that a minority of districts (approximately 25%) had completed a formal mental health needs assessment. For those who had completed a formal needs assessment, community mental health access was listed as the top priority. For all LEAs combined, school-based resources (e.g., school counselors and social workers) were identified as the highest priority need followed by community mental health access, funding, evidence-based programming, family involvement, and professional development.

Project Question 3b explored ideas from LEA administrators and counselors on how IDOE could assist them in meeting these needs. Funding for mental health initiatives emerged as the highest priority, followed by the need for CSMH resources and support, professional development, advocacy, and additional counseling and social work staff. Respondents emphasized the importance of flexible funding mechanisms and integrating mental health programs with other IDOE initiatives.

Recommendations

Based on our findings and the literature, we have developed the following recommendations:

Recommendation 1: We recommend that IDOE develops a comprehensive school mental health system that aligns with existing educational strategic priorities and emphasizes the symbolic significance of these changes. When aligning with existing initiatives and priorities, we suggest reframing student mental health challenges as 'barriers to learning' (along with other factors that impact learning) and openly recognizing the importance of mental health to achieving academic

outcomes. For example, include within the Indiana Graduates Prepared to Succeed initiative tactical ways State and local systems address ‘barriers to learning’ to reach the State’s goals.

Recommendation 2: We recommend that IDOE aligns its student support services, including mental health supports, within its existing Multi-Tiered, Multi-Doman System of Supports (MTMDSS) framework. The MTMDSS aims to enhance student outcomes by focusing services and support on effective strategies and interventions that span academic, behavioral, and college and career readiness domains. Moreover, the MTMDSS framework emphasizes data-driven decision-making, fostering a culture where real-time data informs resource allocation and strategy refinement. We recommend using the National Center for School Mental Health’s SHAPE profile to measure progress.

Recommendation 3: We recommend that IDOE establish one or more robust Learning Collaboratives (LC) to encourage collaboration among various stakeholders, such as districts, schools, state agencies, and community partners, and to share resources and best practices in support of CSMHS initiatives. An LC can also facilitate developing and implementing important CSMHS components such as needs assessment and resource mapping.

Recommendation 4: We recommend that IDOE advocate with lawmakers to ensure that legislation aligns with comprehensive student mental health goals and supports necessary resource allocation. IDOE should also develop a strategic funding plan to support ongoing CSMHS programming, including external funding sources, such as federal grants and private partnerships, where applicable.

These findings and recommendations offer a well-rounded plan for IDOE leaders to consider when implementing programming and services. When taken together, we believe this suite of recommendations will provide a strong foundation on which IDOE can build a statewide CSMHS to improve student well-being and overall student success.

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Introduction

This capstone project supports Indiana Department of Education's (IDOE) ongoing efforts, via its Office of Student, School, and Family Engagement (SSFE), to partner with Indiana's Local Education Agencies (LEAs) in implementing an evidence-informed comprehensive student mental health model. The incidence of student mental health disorders in Indiana has shown a concerning trend of being on the rise since the COVID-19 pandemic. The pandemic's profound impact on mental health and a marked increase in student absenteeism have highlighted the urgent need for a coordinated approach to address these issues.

Supporting student wellness has become more recognized in recent years, with studies showing a rise in mental health concerns among children and adolescents (American Psychological Association, 2022). However, there is a lack of research on how or what state-provided resources and guidance can effectively support LEAs in addressing student mental health (McDermott, 2009). This gap in research highlights the need for further investigation into how SEAs can support LEAs in implementing effective mental health programs and services.

We seek to understand how LEAs are currently being supported, their ideas for how the State can best support their current and future needs, and their ideas for the best way to structure a collaborative learning environment to foster rapid improvements across the State. In this paper, we will review the background of the problem, current literature, study design, data collection, analysis, findings, and recommendations.

Organization Context

As the State Education Agency (SEA), IDOE oversees and manages the state's K-12 public education system. Indiana's network of K-12 LEAs encompasses 1,918 schools in 414

districts serving over 1.03 million students (IDOE, 2023). The IDOE is led by the governor-appointed Secretary of Education, Dr. Katie Jenner, also the chairperson of the State Board of Education (SBOE). The client for this project is the Office of Student, School, and Family Engagement (SSFE), established in 2021 within the IDOE. Director Michelle Clarke and Assistant Director Kelsey Peaper lead the SSFE. The SSFE comprises seven staff members, including the director and assistant director. The mission of SSFE is to "help districts/schools establish and maintain positive learning environments in which all students are provided high quality, equitable academic and future-focused pathways by developing systems that help schools and communities meet the needs of the whole child, and provide the skills students need to increase their preparation for life and their future career opportunities" (IDOE, 2022b).

Indiana Administrative Code 511 IAC 4-1.5-8, the Indiana Student Services Rule, and IC 20-19-5-1 (Develop and coordinate the children's social, emotional, and behavioral health plan), guide the SSFE responsibilities in the following areas:

- Attendance/Dropout Prevention
- Comprehensive School Counseling
- Crisis Prevention and Intervention
- Employability Skills/Career Exploration
- Extracurricular/Arts Integration
- Family and Community Engagement
- MTSS/Whole Child
- Prevention (Suicide, Substance Use, Child Abuse, Human Trafficking)
- School-Based Mental/Behavioral Health
- School Climate and Safety

- Social Work and wrap-around supports.

The IDOE website states the SSFE is "…dedicated to supporting student wellbeing and lifting up our students, families, and educators with a network of support and engagement" (IDOE, 2023). The SSFE works with 14 collaborative partners throughout the community, including other state agencies, nonprofits, universities, and other IDOE divisions. The SSFE has identified six active projects and at least six grant programs (personal communication, M. Clarke, 2023).

Stakeholders & Implications

The primary stakeholders for the output of this study include state agency staff and policymakers. This project may inform decisions regarding resource allocation, training and development, and policy development. This project has the advantage of input from several key executive stakeholders within the IDOE that will inform this project:

- Executive Sponsors: Dr. Katie Jenner, Indiana Secretary of Education, and Dr. Jason Callahan, Assistant Secretary of Education
- Primary Project Contact: Michelle Clarke: Director, Office of Student, School, and Family Engagement (SSFE)

Additional stakeholders include teachers, school administrators, school health professionals, and other community organizations. We anticipate this project will inform the ongoing work between IDOE, local education agencies (LEAs), other state agencies, and community mental health partners.

From a research positionality perspective, John Harding and Curt Merlau are involved in related work in Indiana. Harding is the Chief Operating Officer at Riley Children's Health, where strategists on staff have conducted a comprehensive statewide mental health needs

assessment that recommends additional mental health support in schools. IDOE and over 200 stakeholders from around the State have been involved in this work. Merlau works for Resultant, an Indianapolis-based consulting firm doing information technology, data, and management consulting for IDOE. Before joining Resultant, Curt was an administrator for 16 alternative high schools in Indiana, serving the most vulnerable populations.

Background of the Problem

The State of Indiana does not mandate that the LEAs adopt a particular model for addressing student mental health. IDOE encourages LEAs to adopt evidence-based methodologies that closely align with the American School Counselor Association (ASCA) comprehensive school counseling model (CSCM) through various funding initiatives, technical assistance, and recognition efforts (*Indiana Comprehensive School Counseling Model: Carrying the Torch to Student Success*, n.d.). It is essential to note that a CSCM is distinct from a comprehensive school mental health system (CSMHS).

A CSMHS provides a full array of tiered supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while also aiming to reduce the prevalence and severity of mental illness and substance use (Hoover, et al, 2019). CSMHS involves a strong collaboration between administrators and educators and specialized instructional student support personnel (e.g., school psychologists, school social workers, school counselors, school nurses, and other school health professionals), in partnership with students, families, and community health and mental health partners.

In contrast, a CSCM outlines that school counselors will spend 80 percent of their time providing direct services to students, which include an array of services beyond mental well-being that include prevention and intervention programs/curricula, student planning, responsive

services, and student support services, such as referrals to school and community resources. This model, while valuable, often has a multi-domain focus between academic development, social and emotional development, and college and career readiness (*American Psychological Association*, 2022).

The Department's documentation emphasizes a 'whole child approach' committed to providing school counseling services through adapted multi-tiered, multi-domain system of support (MTMDSS) framework by Hatch & Hartline, as shown in Figure 1, that encompasses four domains: academics, behavior & attendance, student well-being, and college & career (*Indiana Comprehensive School Counseling Model: Carrying the Torch to Student Success*, n.d.). The multi-tiered system of supports (MTSS) framework addresses all students' academic and behavioral needs; the MTMDSS was created to support college and career readiness by including this additional domain (Hatch, T. et al., 2018). Student mental health is not explicitly outlined as one of the four domains within the model promulgated by the IDOE. Still, it could easily be incorporated into the student well-being domain.

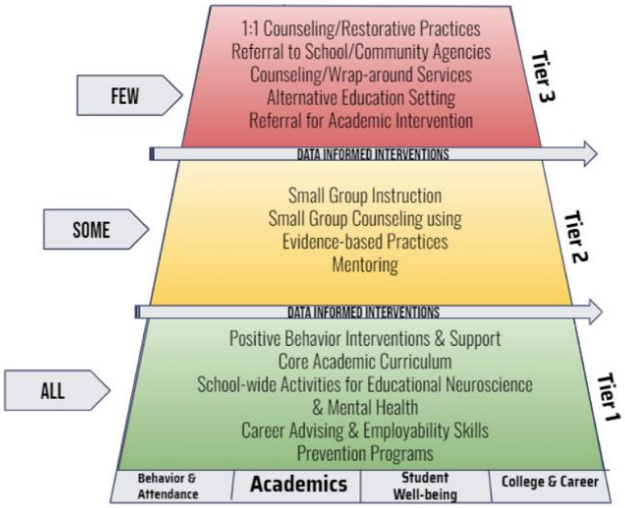

Figure 1: IDOE Adapted MTMDSS Framework Provided in Guidance Documentation

Within the last two years, IDOE has reorganized its approach to addressing student mental health and well-being by creating the SSFE and collaborating with the Indiana Family Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) (personal communications, M. Clarke, 2023).

The SSFE, through an engagement contracted via the Division of Mental Health and Addiction, has been working with Dr. Brandie Oliver, an Associate Professor and Director of School Counseling at Butler University, to promote evidence-based school mental health initiatives. Dr. Oliver's academic and practical interests encompass a range of crucial domains, including social-emotional learning, restorative practices, grief and loss, and implementing culturally responsive education. Dr. Oliver has provided the state with a comprehensive school mental health (CSMH) framework that includes several elements consistent with the Hoover et al. (2019) model yet is distinct from what we found in the literature.

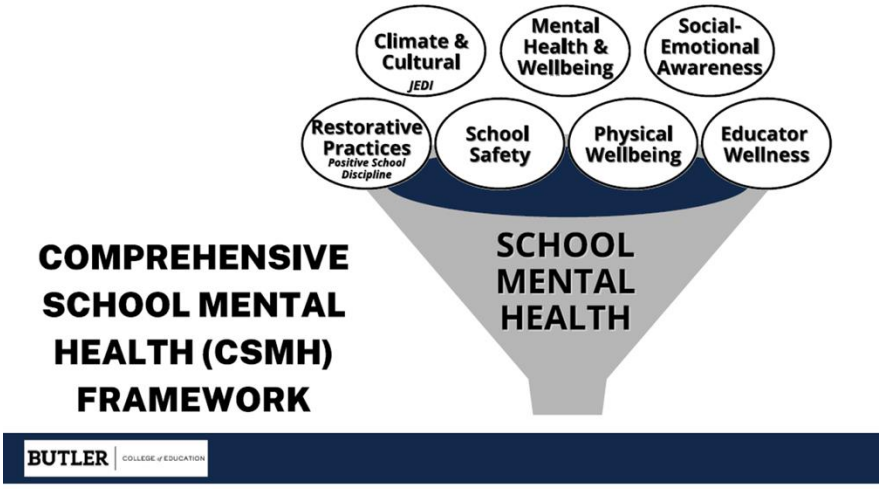

Figure 2: Framework presented by Dr. Brandie Oliver at the Indiana Youth Emerging Stronger (YES!) Summit, June 14, 2023

Problem of Practice

Despite IDOE's efforts, LEAs in Indiana have not uniformly adopted an evidence-based model to address school mental health (personal communication, M. Clarke, 2023; Hoover et al., 2019) and do not feel that they have the resources to effectively meet student's mental health needs as evident by the fact that on average counselors answered the question with a 2.57 on a five point scale (Atwood & Stein-Seroussi, 2022).

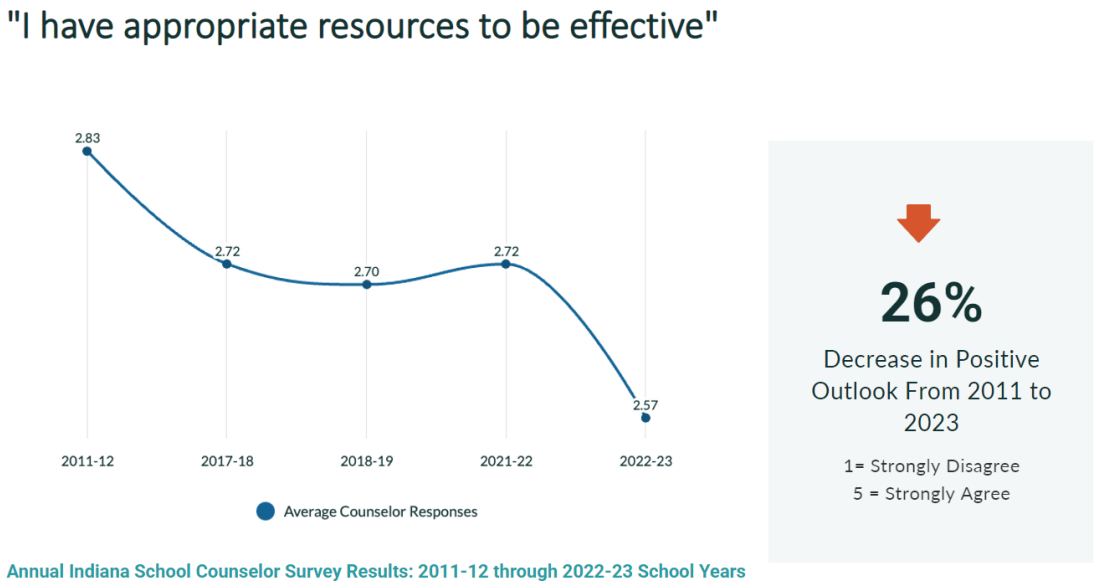

Figure 3: Annual Indiana School Counselor Survey Results: 2011-12 through 2022-23 School Years (Atwood & Stein-Seroussi, 2022)

The recent passage of House Enrolled Act 1002 in 2023 puts forth a statewide college and career-centered education and new requirements for school counselors at a time when the American School Counselor Association (ASCA) reported that Indiana has a school counselor-to-student ratio of 694:1 – well above the national average of 408:1 and the recommended ratio of 250:1 (Smith, 2023; *State Nonfiscal Public Elementary/Secondary Education Survey*, 2021). As of January 2023, Indiana averaged one school psychologist to every 1,502 students - more than 200% more than the recommended ratio (*State Shortages Data Dashboard*, 2023).

In 2022, the Hopeful Futures Campaign, a coalition of national organizations committed to ensuring every student has access to mental health care, published a national report card. The Campaign scored Indiana across eight policy areas, "…that together, help support comprehensive school mental health services" (*Home - Hopeful Futures Campaign*, n.d.). As shown in Figure 4, Indiana was given low marks in well-being checks, school mental health

professionals, teacher and staff training, and mental health education. This underscores the need for further investigation on how state-provided resources can effectively support LEAs. This assessment highlights the urgency of addressing the challenges the state faces in supporting student mental health and sets the stage for the study's focus on exploring solutions and support mechanisms provided by IDOE.

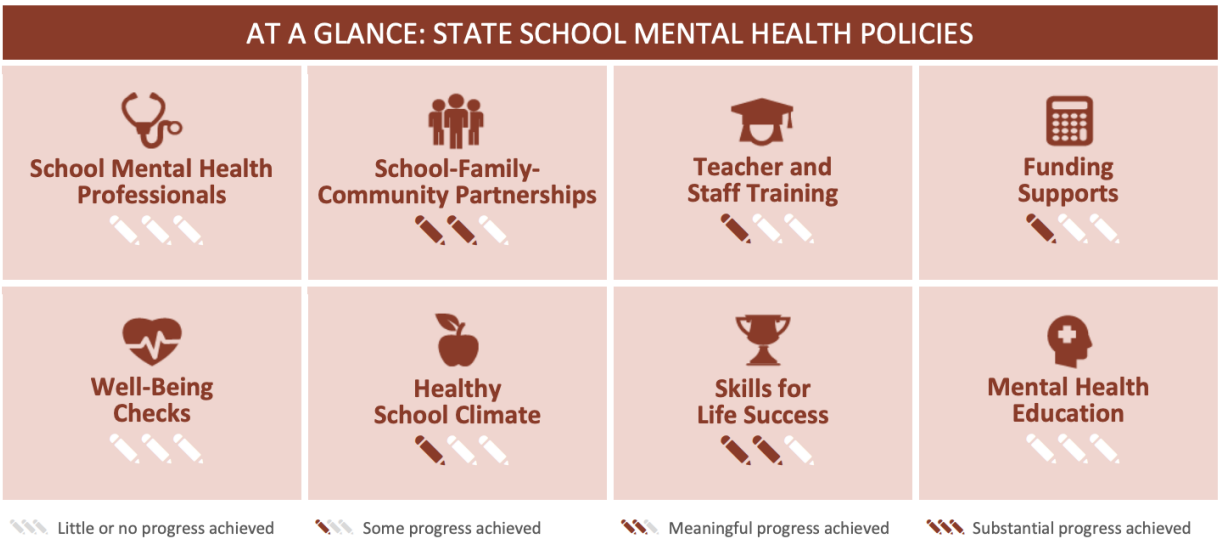

Figure 4: Indiana's School Mental Health Policies (*Home - Hopeful Futures Campaign, n.d.)*

The problem of practice relevant to this study is the inadequate integration of student mental health into a comprehensive model, which raises questions about its alignment with the state's strategic plan and guidance provided to schools despite commendable efforts. The rising student mental health needs and a lack of consistent implementation of a comprehensive approach across LEAs exacerbate this issue. The problem involves multiple state agencies, political sensitivities, and high degrees of need variation. Not addressing this problem is far-reaching, affecting students' overall well-being and ability to fully engage in their education. To address this challenge, there is a need for a systematic approach, technical support, and a

commitment to evidence-based strategies to promote holistic student success in education and well-being.

This problem of practice comes at a pivotal moment, where the intersection of academic performance and mental health faces not only logistical complexities but also contentious debates over the roles and responsibilities of schools and departments of education in addressing these vital facets of student well-being. In 2023, IDOE made public the desire to expand the number of Indiana schools providing a CSMH program and create a progress monitoring network to assess the effectiveness and identify areas needing additional local support and guidance (*An Update From the Indiana Department of Education for February 10, 2023*, 2023). Therefore, this study seeks to understand what type of support IDOE, as an SEA, can provide to help Indiana's LEAs systematically implement a comprehensive, evidence-informed plan to address student mental health while monitoring progress and evaluating outcomes.

Prevalence of Student Mental Health Needs in Indiana

Indiana ranked 26th in the nation in 2022 based on the prevalence of mental illness among youth and rates of access to care (*Data Spotlight: Prevalence of Mental Health Issues Among Indiana Youth*, 2022). The State has dropped 12 spots from their 14th ranking in 2015. In Indiana, the percentage of high school students who felt sad or hopeless almost daily for more than 2 weeks increased from 29.3% in 2015 to 46.9% in 2021 (*Indiana Kids Count Data Book*, 2023). Indiana's youth suicide rate has been higher than the national average since 1999 and remains the second-leading cause of death among Hoosier teens (*Youth Suicide Statistics*, 2022). The percentage of high school students seriously considering suicide has risen nearly ten points since before the COVID-19 pandemic (*Data Spotlight: Prevalence of Mental Health Issues Among Indiana Youth*, 2022).

LEA Perceptions and Needs

Recent surveys conducted among Indiana school counselors, superintendents, principals, teachers, and parents reveal significant concerns about the rising student needs, particularly regarding mental health and wellness. According to IDOE's 2022-23 School Counselor Survey, 95.4% of counselors reported increased student needs, with anxiety and stress being the top concerns (*Indiana School Counselor Survey: 2022-2023 Results Summary*, 2023). Another study showed that 40% of superintendents lack a formal student wellness implementation strategy (Atwood & Stein-Seroussi, 2022). Additionally, a needs assessment survey found that 94% of teachers and 85% of principals agreed that a quarter of their students face significant barriers to learning. However, less than one-fourth of teachers and no principals felt that their schools provided adequate mental health services (*Indiana School Counselor Survey: 2022-2023 Results Summary*, 2023). Furthermore, surveys of Indiana LEAs indicated inconsistent implementation of student wellness strategies, with only a marginal increase in the number of LEAs with implementation strategies between 2019 and 2022.

In 2019, Dennis et al. (2019) reported less than half of Indiana's LEAs (47.4%) had an implementation strategy to promote student wellness in their school district. When the survey was re-administered three years later, the percentage of LEAs reporting an implementation strategy only increased by 12% (Atwood & Stein-Seroussi, 2022). Between 2019 and 2022, there has been slight movement between implementation stages for student wellness strategies, as reported by LEA representatives in two separate surveys illustrated in Figure 2 below.

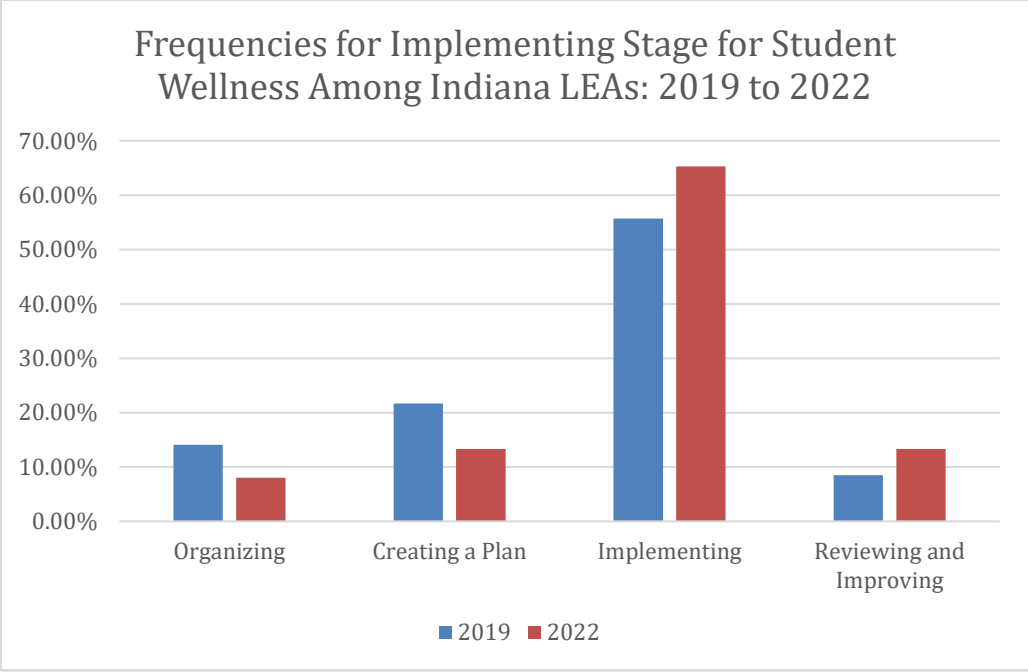

Figure 5: Student Wellness Implementation Among Indiana LEAs 2019 vs. 2022

N = 106 in 2019 (36%); confidence level of 95% and margin of error of 7.6% and N = 75 in 2022 (28%); confidence level of 95% and margin of error of 9.8%

The data underscores the need for a systematic approach and technical support to address student wellness needs across Indiana LEAs. Bridging the gap between commitment and capacity is essential to ensuring the well-being of students. To achieve this, LEAs must have access to technical support to implement evidence-informed plans for monitoring progress and evaluating outcomes (Dennis et al., 2019). By prioritizing comprehensive and evidence-based approaches to student wellness, Indiana LEAs can better address the growing needs of their students and promote their overall success in education and life.

Biases

The causes of the problem are complex and may involve a lack of resources, inadequate training, and a limited understanding of the best practices for implementing comprehensive school mental health models. SEAs may have certain biases or assumptions that inform how they

support LEAs, such as the belief that compliance-based approaches are sufficient for improving student outcomes or that LEAs have the necessary resources and capacity to address student mental health. It is essential to recognize that biases and assumptions can have unintended consequences and may impede progress toward addressing complex problems such as student mental health.

The problem of practice outlined here unveils a multifaceted landscape within the realm of Indiana's educational system. The critical need for comprehensive student mental support systems encompassing students' academic, behavioral, and mental health dimensions has never been more evident. Recent surveys paint a poignant picture of escalating student needs, with anxiety and stress taking center stage as pressing concerns. However, this challenge extends beyond mere statistics; it resonates in the lives of Indiana's youth, reflected in the alarming rise of students facing mental health struggles. The consequences of not addressing this problem are stark, with implications far beyond the classroom, affecting students' ability to engage in education and flourish. As Indiana navigates this evolving landscape, bridging the gap between commitment and capacity becomes increasingly imperative, harnessing the power of evidence-based approaches and cultivating a nurturing environment that prioritizes student wellness. This journey demands resources, technical support, and a vigilant awareness of biases and assumptions that might inadvertently hinder progress. This capstone aims to help Indiana introduce a new era of holistic student success grounded in academic achievement and emotional well-being by charting a course that fosters comprehensive mental health support.

Synthesis of Evidence

The first step in addressing the challenge of student mental health is to examine the literature. We started our literature review using Google Scholar and the Vanderbilt University

Library website. Our first search level was for the current situation related to children's mental health in the United States. We then searched for children's mental health programs in schools and explored various models for school-based mental health programs. Next, we focused on our client's needs and searched for SEAs roles and perspectives in promulgating mental health programs and resources to their LEAs and schools. We also researched implementation models for scaling statewide initiatives (e.g., communities of practice, learning collaboratives, and networked improvement communities), and decided to focus on the learning collaborative as the implementation vehicle most likely to be successful in this context.

The Problem of Student Mental Health

The increasing prevalence and acuity of children with mental health conditions are an ongoing concern in the United States. In 2021, health specialists declared a national state of emergency for youth mental health (Leeb et al., 2020). The World Health Organization defines mental health as our emotional, psychological, and social well-being (CDC, 2023). Approximately 25% of adolescents in the U.S. have a mental health disorder, and one in five children have a diagnosable mental health condition (Battal et al., 2020); unfortunately, only an estimated 10-40% of those can receive care (Bohnenkamp, Patel, et al., 2023). Among adolescents, the most prevalent mental health disorders encompass conditions like obsessive-compulsive disorder, attention deficit hyperactivity disorder, bipolar disorder, impulse disorders, and oppositional defiance disorder (Cash, 2004). The COVID-19 pandemic has exacerbated the student mental health crisis, making addressing youth mental health an immediate priority (Hoffmann & Duffy, 2021; Kilgus et al., 2022; Panchal et al., 2021, 2022). Compared to pre-pandemic data from 2019, adolescent emergency department visits related to mental health increased by about 31 percent in 2020 (Leeb et al., 2020).

Schools have historically been a setting that provides a convenient access point for children's mental health services, removing several access barriers for children (Battal et al., 2020). A continually expanding body of research underscores that incorporating mental health services and support within the school setting is an efficient and effective approach for delivering programs that cater to the mental health needs of children (Stephan et al. (2015), as cited in Hoover & Bostic, 2021). However, access to care can be limited due to increasing demand and workforce shortages among mental health professionals (Zink & Anderson, 2023). For these programs to be successful, there must be alignment and coherence throughout the ecosystem regarding goals, funding and policies, strategic communication, stakeholder engagement, capacity building, and data use (Walrond & Romer, 2021).

Many school systems cite funding for student wellness and mental health programs as a significant barrier to expanding access (Panchal et al., 2022; Richter et al., 2022). However, recent legislation, such as the American Rescue Plan Act and the Bipartisan Safer Communities Act, has increased the availability of funding that can be allocated for student wellness initiatives. Funding is targeted at increasing the number of school-based providers; expanding school-based care through Medicaid; improving school climate, school safety, and trauma support programs; and expanding other youth mental health programs in the community (Panchal et al., 2022).

As a result of their mental health struggles, adolescents frequently contend with attendance issues, difficulty in completing assignments, and heightened conflicts with both adults and peers (Skaalski & Smith, 2006 as cited in Bas, 2021). It has been well-documented that student academic performance is affected by social and emotional factors often associated with mental health and illness (Becker & Luthar, 2002; Wickersham et al., 2021). Bas (2020)

quantitatively synthesized findings from 13 separate studies conducted over the past two decades. These studies investigated the correlation between mental health and academic performance in adolescents. The collective findings from this research substantiated the presence of a noteworthy positive association between mental health and academic achievement. Studies also indicate that students with mental health issues are more likely to be distracted, unable to attend school, or drop out altogether (Barry et al., 2013).

Conversely, adolescents exhibiting robust mental health are more likely to achieve better academically when compared to those with weaker mental health (Bas, 2020). Adolescents who demonstrate sound mental health also tend to possess strong social skills, positively affecting their interactions with adults and peers (Bas, 2020). These improved social and emotional behaviors play a pivotal role in academic achievement. Meeting student mental health needs is essential; even the best efforts to support academic growth are undermined when student behavioral or emotional issues exist (Cooper et al., 2020).

To address the mental health needs of students effectively and sustainably, it is crucial to enhance the capabilities of schools in establishing comprehensive mental health systems (Adelman & Taylor, 1998, 2000). These systems work to align services that foster students' developmental well-being, leading to favorable and enduring effects on academic performance, conduct, and overall welfare (Taylor et al. (2017), as cited in Zabek et al., 2023).

Despite this understanding, organizing coordinated support around student mental health has not been without political challenges (Adelman & Taylor, 2000). As more states and school districts are taking steps to prioritize children's mental health, implementing school-based support programs has become a contentious issue for some parents and activists. The opposition argues that such initiatives place school officials in inappropriate roles and may potentially

indoctrinate students with progressive ideologies, turning them into a political flashpoint (Owens & Snyder, 2022).

Comprehensive School Mental Health Systems

Comprehensive School Mental Health Systems (CSMHS) consist of an integrated and multi-tiered framework that aims to prevent, identify, and treat student mental health challenges while promoting overall well-being within the school setting (Zabek et al., 2023). These systems provide a wide range of mental health services and support, addressing the diverse needs of students, including prevention, early intervention, and treatment (Hoover et al., 2019).

In their work, Hoover et al. (2019) consolidate insights and recommendations from more than 75 experts influential in student mental health. These collective insights from various sources have identified eight fundamental components of all-encompassing systems for CSMH. Among these components is utilizing an MTSS strategy to tackle mental health concerns. It is anticipated that school administrators would primarily oversee the integration of the final component (i.e., funding), whereas the remaining elements would necessitate the involvement and backing of dedicated mental health professionals. The core components of a CSMH model (excluding funding) are (1) universal screening and referrals, (2) evidence-based and emerging best practices for student/classroom interventions, (3) needs assessment and resource mapping, (4) family-school-community engagement, (5) professional development and training leading to well-trained educators and specialized support personnel, and (6) data collection and evaluation, and (7) a multi-tiered system of support (MTSS). These components work together to create a supportive and inclusive school environment, provide mental health services and support to students, involve families and community organizations, and continuously improve through data-

driven decision-making. The components of a CSMH model are described by Hoover et al. (2019) as:

- **Universal Screening:** Aimed at early identification and intervention, mental health screenings are a foundational component of a comprehensive approach. Screening mechanisms can be applied to an entire population or group of students. Data from screenings should inform planning and necessary referrals for further services and support.

- **Evidence-based and Emerging Best Practices:** Practitioners need access to research-based interventions and best practices to inform MTSS activities. Numerous repositories exist to support school districts. It is important that interventions are vetted so that they are culturally relevant and can be implemented within the capacity of the district.

- **Needs Assessment and Resource Mapping:** A needs assessment is a process for identifying urgent needs that inform priorities. In this context, an assessment should include student mental health and school climate surveys to inform planning, implementation, and quality improvement. Resource mapping provides a comprehensive view of the services and resources available to students and their families. Mapping is an exercise to understand better how needs are being addressed and can visually display internal and external influences. Together, these efforts highlight the strengths and weaknesses of the existing system to inform goals and planning.

- **Family-School-Community Engagement:** To promote student mental health, stakeholders must be committed to working together to address the interconnected nature of academic, social, emotional, and behavioral needs. For example, in addition to being an advocate for what schools are doing to address mental health, community partners can augment services within the school building and refer students to other services, thereby expanding access to mental health care.

- **Well-trained educators and specialized support personnel:** A CSMHS is built on the foundation of a full range of school and district professionals. These professionals require specialized skills and mental health literacy to best support student mental health.

- **Data Collection and Evaluation:** Data-driven decision-making is a hallmark of any education system. Regarding CSMHSs, practitioners must demonstrate the provision and impact of mental services and support at the student and school levels. Data should facilitate professional discussion across stakeholders to achieve a common understanding of the needs and inform decisions about which interventions to implement and how to adjust them accordingly.

- **Multi-tiered System of Support (MTSS):** MTSS outlines a service delivery framework wherein schools provide students with various evidence-based interventions tailored to different intensity levels.

The most positive and successful student mental health programs are characterized by strengths-based approaches, collaboration with stakeholders, and integration into an MTSS framework that incorporates data-based decision-making, evidence-based practices, and ongoing evaluation and quality improvement (Bohnenkamp, Patel, et al., 2023; Hoover & Bostic, 2021; Reinke et al., 2021). In an MTSS framework, Tier 1 typically includes outreach and preventive services provided to all students, e.g., universal screening, programs to reduce stigma and promote mental health literacy (Amado-Rodríguez et al., 2022; Ma et al., 2023). Tier 2 includes targeted interventions such as positive behavior support or group-based therapies. Through effective early intervention, only a small percentage of students may require Tier 3 services, which are individually designed interventions provided by a school or community mental health professional for children who are not able to be managed through Tier 1 and 2 interventions (Bohnenkamp, Hartley, et al., 2023). Universal screening can help identify children who may need Tier 2 and 3 supports, and progress monitoring once services are activated can measure progress and return children to the least intensive level of service needed (Kilgus et al., 2022). Early detection and intervention are important because students with mental health challenges are more likely to struggle academically, experience behavioral issues, and drop out of school (Rumberger & Lim, 2008). If issues are left unaddressed, they will worsen and exacerbate existing access to school mental health services, disproportionately affecting students from marginalized communities (Kataoka et al., 2002; Sulkowski & Michael, 2014). The MTSS framework does not consider three-tiered support for college and career readiness, so the Multi-

Tiered, Multi-Domain Systems of Support (MTMDSS) model was developed to support college and career readiness in addition to the other elements (Hatch, et al., 2018).

CSMHS are best incorporated into an interconnected systems framework (ISF) that includes school personnel, parents, community agencies, and mental health providers (Battal et al., 2020; Doll et al., 2017; Kilgus et al., 2022). Within a school setting there are generally four disciplines of school mental health professionals: school counselors, school nurses, school psychologists, and school social workers. Scholars have defined these four disciplines due to their (a) professional expertise, often attained through advanced graduate-level training, in assisting students' mental well-being; (b) certification at both national and state levels; and (c) frequent recognition in student mental health policy and guidance, as evidenced in studies such as Zabek et al. (2023) and legislative acts like the Every Student Succeeds Act (ESSA) of 2015. To tackle the difficulties in advancing student mental health, researchers have called on schools to harness the abilities of their existing staff, whose mental health expertise is frequently not fully utilized through a well-organized and effective approach (Education Commission, 2019).

According to a study by Reinke et al. (2018), implementing comprehensive school mental health models can be challenging due to educators' and administrators' lack of shared vision and capacity. This can result in a gap between commitment to student wellness and effectively addressing school mental health needs. The study also found that this gap can lead to inconsistent implementation and a lack of sustainability in mental health initiatives. A later longitudinal study by Reinke et al. (2021) found that schools that more fully adhere to a CSMH model experienced better student mental health outcomes compared to schools with lower rates of adherence.

CSMHS models encompass a range of supports and interventions spanning a continuum to prevent, identify, and treat student mental health issues with a distinct aim to reduce the

occurrence and intensity of mental health illness (Hoover et al., 2019; Zabek et al., 2023). CSMHS models are built upon a network of professional experts in deliberate cooperation with students, families, and community health and mental health providers. These systems also evaluate and manage the societal, political, and environmental frameworks - encompassing public policies and societal norms - that impact mental health results (Hoover et al., 2019).

Role of State Education Agencies

From a federal perspective, under the Every Student Succeeds Act (ESSA) of 2015, states have more flexibility and authority in K-12 education than they have had under previous federal education law. This shift in responsibility has many SEAs shifting from focusing on compliance with federal regulations and mandated use of funds to supporting districts and schools around outcomes to meet local needs (McGuinn & Weiss, 2017). This new era of federal legislation through ESSA provides SEAs with more opportunities for creativity and innovation while also putting the onus on the state to define and implement a vision for the state's educational trajectory. Experts have argued that, considering today's policy climate, for state policies to be effective, they must change LEA practices, LEA practices must change school-level behaviors, and those changes must deliver improved student outcomes (McGuinn & Weiss, 2017).

Historically, SEAs were created to handle a narrow range of compliance-related responsibilities. The role of SEAs has evolved. In recent years, SEAs have assumed a more active role in promoting educational improvement. The conventional approach for both state and federal initiatives for progress has been to allocate funding and implement accountability systems. This shift in focus has been driven by several factors, including the No Child Left Behind Act (NCLB) and the Race to the Top initiative. However, previous attempts have not consistently yielded significant results on a large scale (Dee & Jacob, 2009).

As a result of these policy initiatives, SEAs have taken on a more central role in education policy and practice. These agencies are now responsible for developing and implementing assessments, standards, and accountability systems. They are also responsible for providing technical assistance to schools and districts and monitoring student progress (Dee & Jacob, 2009).

The shift in focus from compliance to improvement has been challenging for SEAs. Many SEAs lack the capacity to carry out their new responsibilities effectively. They may lack the resources, expertise, or political support to change the education system significantly (McGuinn & Weiss, 2017). To address the challenges facing education agencies, a new focus is needed. Russell et al. (2017) noted a need for strong improvement infrastructures, which can reduce the wide variability in outcomes in public school systems. Darling-Hammond (2012) argues that SEAs can ensure all students have access to a high-quality education. She calls for SEAs to be transformed into "learning organizations" committed to continuous improvement. This is especially important given the growing concerns about student mental health and the need for support at the state and local levels. McDermott (2009) conducted a national survey investigating the presence of mental health services provided by SEAs in the United States, and the study highlights that although many SEAs consider mental health a priority, the experience of SEAs with providing mental health services varies widely (McDermott, 2009). Some SEAs have a strong commitment to mental health and have developed comprehensive programs to promote student wellness. Others are less committed to mental health and may only provide limited services such as professional development or guidance materials. Additionally, the survey found that many SEAs reported that a lack of resources, funding, and trained personnel hindered the development of adequate mental health services for students (McDermott, 2009).

The increased complexity of challenges SEAs and LEAs face, such as student mental health, calls for more adaptive approaches to providing support that contributes to student outcomes (Lingenfelter, 2016). States vary in how they exercise their leadership and support for comprehensive school mental health systems. There is a growing demand that SEAs recognize and respond to systemic complexity and variability in performance (Bryk, 2015 as cited in Dolezal, 2021). While there has been a lack of research on state policies and practices related to student mental health support (McDermott, 2009), there is growing recognition that a new approach is needed. The Education Commission of the States has analyzed state policy trends and found opportunities to support local districts in the following areas:

- Mental health and wellness curricula
- Suicide prevention programs and services
- Staff training and professional development
- Mental health screening
- Mental health professional staffing ratios, and
- School-based mental health programs and services.

Local Control

Student mental health and wellness is complex and involves many programs, funding streams, and stakeholders at every level (McCann et al., 2021). Implementing evidence-based programming and prevention frameworks on a large scale presents unique challenges to schools despite the well-established effectiveness of tiered prevention and intervention models. To achieve success, schools must adopt a systematic approach that includes screening, data-based decision-making, and carefully selecting and implementing evidence-based interventions at

various levels: universal, selective, and indicated (Herman et al., 2019a as cited in Hoover et al., 2019). Implementing these models faces several barriers, such as insufficient administrator support, organizational structure limitations, high variation among LEAs, and inadequate school personnel certification and training (Domitrovich et al., 2008, as cited in McIntosh et al., 2018; Pas & Bradshaw, 2012). Consequently, achieving high implementation quality and positive outcomes for such large-scale models often requires approximately 3-5 years (Domitrovich et al., 2008).

Implementing state-supported initiatives can also face complications when local school policies and priorities come into play. As education systems often grant autonomy to individual schools or districts, these local entities can establish policies and priorities. Local control can sometimes create challenges when aligning and integrating state-supported initiatives. Conflicts may arise when local policies and priorities differ from the statewide initiatives. Different schools or districts' varying needs and contexts can influence how initiatives are interpreted and implemented. This can result in delays, modifications, or even resistance to the state-supported initiatives, as local stakeholders might prioritize different areas or have alternative approaches in mind (Behrens et al., 2013).

The complexities are further compounded when state-supported initiatives require specific resources, funding, or changes to existing practices that may not align with the local policies or priorities. Balancing the demands of both state and local levels becomes crucial for successful implementation, often requiring collaboration, negotiation, and compromise between stakeholders. Addressing these complexities involves building strong communication channels and fostering a shared understanding among state and local education agencies (Behrens et al., 2013). Collaboration and engagement with school leaders, administrators, teachers, and

community members are essential to navigate the challenges that arise from the interplay of locally controlled policies and state-supported initiatives. While the design of initiatives should ensure their potential for widespread success across diverse school and classroom settings (Clarke & Dede, 2009), it remains crucial for communications to articulate the core elements of the initiative clearly. The absence of specificity regarding expectations – or core elements - often leads to confusion among stakeholders, hampering their comprehension of required actions and resulting in limited adaptation to daily practices (Rowan et al., 2009; Sanders, 2014). While educators value the flexibility to adapt certain aspects, they seek clarity in their actions (Cannata & Nguyen, 2020). To achieve scale, Fullan (2016) highlights the importance of being specific enough to provide clarity without being prescriptive.

Lewis et al. (2017) acknowledged state policymakers' challenge in striking the right balance between local control and state guidance, ensuring the promotion of fair and uniform opportunities for all students across the state. While the context of this study was the understanding and implementation of college and career readiness (CCR) guidance, their findings are generalizable. This research found four challenges concerning local CCR implementation: (1) an absence of a clear operational understanding of what the initiative looks like in practice, (2) a lack of coherence across services within districts and schools, (3) a deficiency in the professional development necessary; and (4) unsustainable practices and/or lack of mechanisms for persistent efforts. In this study, local educators expressed their desire for increased state guidance in the aforementioned areas, including assessing student outcomes, to ascertain their effectiveness in supporting student outcomes (Lewis et al., 2017).

This study is relevant because it addresses balancing local control and state guidance in education policy. By highlighting state policymakers' challenges in achieving this balance, the

study sheds light on the complexities and considerations necessary to implement educational programs effectively and the dynamics between state and local entities in an environment that favors local control. Although focused on CCR, the findings have broader implications and applicability, making them pertinent for understanding and supporting the adoption of initiatives such as CSMHS, where similar challenges of local autonomy and state guidance may arise. The study's insights into the obstacles faced and the need for enhanced state guidance underscore the importance of informed decision-making and strategic planning when implementing educational reforms.

Scaling Statewide Educational Initiatives

The implementation process for statewide initiatives has been recognized as highly dependent on exchanges among various stakeholders at various levels (Viennet & Pont, 2017). Honig defines education policy implementation "as the product of the interaction among particular policies, people, and places" (2006, p.4). One study depicts education policy implementation as a multidirectional process of continuous negotiations (Datnow et al., 2005). This framework involves the cognitive sensemaking process of those implementing an initiative based on previous knowledge, understanding of the policy/initiative, and belief in the appropriate course of action. Actors on both sides of implementation co-construct policy meaning through their understandings and contexts (Park & Datnow, 2009). Sensegiving attempts to influence the sensemaking and meaning construction of others (Gioia & Chittipeddi, 1991). Sensemaking is the process by which the meanings are attributed to actions and messages, negotiated according to one's prior experiences and knowledge, motivation, and organizational and community contexts (Spillane et al., 2002). The process of sensemaking holds significant importance in comprehending how initiatives achieve scalability. For example, behavior that may appear as

resistance or a lack of capability could instead stem from misunderstandings regarding the initiative being promoted.

Education policy scholars have recognized that the aim of achieving reform at scale is being more attuned to the integrity of the bigger idea and less on the fidelity of highly specific practices (Elmore, 2016 as cited in Cannata et al., 2021). Scaling up an initiative entails more than just reaching a vast number of schools; it involves a fundamental shift in ownership, practices, and long-term sustainability at the local level. (Coburn, 2003 as cited in Cannata et al., 2021).

Morel, et al. (2019) developed a typology of scale that acknowledges the dynamic conceptualization of what is referred to as achieving ‘scalability’ or ‘scale.’ The authors define scale as the outcome or end-state and argue that “scale as an outcome might look different depending upon whether reformers expect that people use the innovation in prescribed ways or encourage adaptation” (2019, p. 4). Given the context of this study, it would be appropriate to consider scale conceptualized as adaptation, given that local control is highly valued. In this conceptualization, scale refers to the widespread adoption of an innovation adapted to suit local users' specific needs and/or contexts (Morel et al., 2019). Any modifications to the initiative being promulgated must adhere to the initiative's pre-defined “core principles.” The chief concern with this perspective is whether the initiative yields the expected outcomes (Dede & Nelson, 2005 as cited in Morel et al., 2019).

The underpinning philosophy of local control hinges on the notion that those who possess the closest proximity to students and possess a deep understanding of a school's dynamics—coupled with a strong investment in the well-being and prosperity of educators, students, and communities—are best equipped to make significant determinations regarding matters such as

leadership, staffing, curriculum, instruction, and enhancement (Great Schools Partnership, 2014). This overarching governance philosophy is often juxtaposed with state or federal policies that aim to influence the organization, operation, or academic offerings of public schools, as the extent of control delegated to local governing bodies is directly correlated with the level of specificity outlined in education laws, regulations, and associated compliance guidelines. States that allocate more responsibility to local governing bodies for school governance are often labeled as "local-control states," historically entrusting local school boards and committees with governance decisions, including matters related to adherence to state statutes and regulations (*The Glossary of Education Reform*, 2014).

Collaborative Learning Environments

In local control states, SEAs may choose to utilize a collaborative learning environment to engage stakeholders in developing and implementing a set of best practices across a state. Most collaborative learning models balance centralized guidance and technical support with local control.

As schools implement evidence-based practices with limited resources, learning collaboratives can effectively teach and spread best practices (Gotham et al., 2023). Given the successful implementation of learning collaboratives in healthcare and behavioral health, they can also advance innovation and improvement in school mental health programs. For example, Connors et al. (2020) developed a learning collaborative in which twenty-five school district teams of approximately six team members participated in a 15-month learning collaborative focused on improving school mental health quality and sustainability. School districts actively participated and reported that the collaboration helped them develop structures and methods to improve their programs. However, the work created numerous requests for technical assistance,

so learning collaboratives must be supported with resources, especially early on, as schools learn to apply quality improvement methodologies. Connors et al. (2022) developed an additional 15-month learning collaborative through which participating schools increased their rates of universal screening from 0% to 22% through small tests of change that allowed them to develop workable methods to provide the screenings. Learning collaboratives have also been shown to be an effective way to promote effective cross-sector collaboration and engage various stakeholders in implementing and improving comprehensive school mental health systems (Heatly et al., 2023).

Summary of Literature

Scholars agree that addressing student mental health necessitates an ecosystem of support (Adelman & Taylor, 1997, 1998, 2000; Doggrell, 2022; Doll et al., 2017; Hoover et al., 2019; Hoover & Bostic, 2021; Kilgus et al., 2022; Nadeem et al., 2016; Reinke et al., 2021; Roche & Strobach, 2019; Vaillancourt & Amador, 2014; Yu et al., 2022). Comprehensive School Mental Health Systems are central to promoting student well-being and mitigating challenges. SEAs' transformation into learning organizations and collaborative learning environments can drive innovative solutions and equitable access to mental health support, ultimately fostering improved student outcomes. Scant research exists on the role of an SEA in implementing a comprehensive student mental health model in the context of a local control state like Indiana, so this study can provide a roadmap for this work in Indiana and potentially other states.

Conceptual Framework

In addressing the multifaceted challenge of adopting and scaling up a student mental health within Indiana's educational system, a series of interrelated conceptual frameworks were employed to guide the design of this study.

The Comprehensive Student Mental Health System (CSMHS) by Hoover et al. (2019), provides a holistic range of services and supports, including mental health promotion, prevention, early identification, and treatment. This framework is central to the problem at hand, as it outlines the structure and components necessary for a comprehensive approach to student mental health. It offers guidance on creating an approach encompassing students' academic, behavioral, and mental health elements. This framework is critical because it provides a blueprint for what a successful system should look like. By assessing what components of this framework have been implemented, and to what degree, across the State, we can identify gaps and areas where improvement is needed.

The second set of frameworks focuses on statewide adoption, emphasizing the importance of consistent implementation through positive adaptation and the processes of sensegiving and sensemaking to ensure broad acceptance and utilization of state-level initiatives at the local level. These concepts have been used in a similar study by Cannata et al. (2021) to understand the process of scaling up a state-wide initiative as an SEA while still offering local flexibility. This is relevant to our study as the IDOE has provided many models and resources for LEAs to adapt to their districts and schools, but adoption does not appear to be consistent.

Sensegiving is “the process of attempting to influence the sensemaking and meaning construction of others” (Gioia & Chittipeddi, 1991). *Sensemaking* is a process by which individuals attribute meanings to actions and messages, as their environments are negotiated

according to prior experiences and knowledge, motivation, and organizational and community contexts (Coburn, 2006; Spillane et al., 2002). Concepts like sensegiving and sensemaking are crucial for ensuring that stakeholders at various levels understand and embrace the initiative. In our case, the IDOE has provided resources and models, but ensuring consistent adoption is vital to addressing the problem of practice. Sensegiving and sensemaking are essential to navigating the diverse stakeholder perspectives and promoting a shared understanding of the initiative's importance and goals.

Statewide adoption is critical for ensuring that the CSMHS is effectively implemented across all LEAs in Indiana. These concepts emphasize the importance of a consistent approach to adoption, as it can be challenging to navigate the diversity of perspectives and contexts within the state. Sensegiving and sensemaking help stakeholders at all levels understand the initiative and its significance, making it more likely to gain traction.

Finally, the conceptual frame concerning the role of the SEA explores the delicate balance between state guidance and local autonomy, recognizing the vital role of the SEA in facilitating a harmonious collaboration between state-level initiatives and diverse local needs. Together, these frameworks form a strategic roadmap to bridge the gap between the commitment to student mental health and the capacity to implement evidence-based approaches.

We explored the role of the SEA in supporting the statewide adoption of a CSHMS in a local control state. Lewis et al. (2017) acknowledged state policymakers' challenge in striking the right balance between state guidance and local control, ensuring the promotion of fair and uniform opportunities for all students across the state. Understanding the role of the SEA in supporting the statewide adoption of the CSMHS is vital. This framework involves exploring the balance between state guidance and local control, as it is the SEA's role to provide support and

guidance to LEAs while allowing them the flexibility to adapt the initiative to their specific needs. The SEA bridges the gap between the state-level initiative and the diverse local needs and contexts.

Understanding the role of the SEA is essential to ensure that the initiative is well-supported and locally adaptable. Striking the right balance between state guidance and local control is a crucial challenge, and this framework helps explore how the SEA can effectively support LEAs in implementing the CSMHS initiative within the bounds of the responsibilities of a SEA while respecting their unique needs and circumstances. Due to the bias for local control within the study context, we argue that initiatives such as statewide adoption of a comprehensive student mental health model should maintain a core set of principles while allowing for acceptable local modifications.

These conceptual frameworks work together to create a comprehensive and nuanced approach to addressing the problem of practice related to student mental health in Indiana as illustrated below:

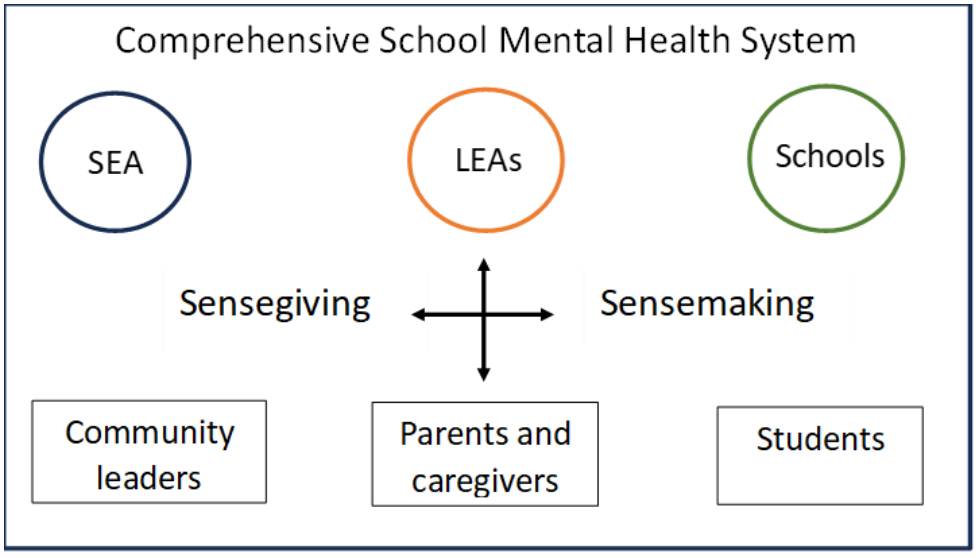

Figure 6: Consolidated conceptual framework based on Hoover et al. (2019) and Cannata et al. (2021)

Together, these conceptual frameworks provide the structure, support, and strategies needed to bridge the gap between the commitment to student well-being and the capacity to implement evidence-based approaches within the schools, ultimately fostering a new era of holistic student success.

Project Questions

We seek to understand better how the State is currently supporting LEAs, their ideas for how the State can best support their current and future needs, and how to structure an appropriate learning environment to foster rapid improvements across the state. Specifically, our research questions are as follows:

Research Question 1: How and in what ways do LEAs understand the school mental health model guidance and resources being promulgated by the IDOE?

Research Question 2: How are the LEAs implementing the core components of an evidence-informed comprehensive student mental health services model in their districts?

Research Question 3a: What are the stated needs of LEA administrators and lead counselors to improve the mental wellbeing of students?

Research Question 3b: What ideas do LEA administrators and counselors have for how IDOE can help them meet these needs?

Project Design

To answer our project questions, we decided to explore the existing guidance from IDOE, how the District Administrators and Counselors are interpreting the guidance and implementing components of a CSMH model, and what recommendations Administrators and Counselors have for how IDOE can better support them in supporting students' mental health needs.

Study Type

We conducted a sequential mixed methods design to answer our project questions. A sequential mixed methods design allows for inquiry in each research phase that informs the next phase (Cameron, 2009). In this case, we started with document review, interviews with IDOE staff, and observations at the Youth Emerging Stronger (YES!) conference sponsored by IDOE in June 2023. The information gathered informed the development of a mixed methods survey of district administrators and lead counselors. The responses to the survey questions informed the development of the focus group questions. Combining these methods provides a natural triangulation of the data as well. Together, they provide us with a comprehensive understanding of the current state of IDOE support to Indiana's public schools and ideas on how IDOE can enhance and expand these supports systematically.

Participants

Our three primary stakeholder groups were IDOE staff, school administrators, and school counselors/mental health professionals. To assess the position of IDOE relative to mental health programs in schools, we interviewed Michelle Clarke and Kelsey Peaper, the Director and Assistant Director of the SSFE respectively. We requested that IDOE provide us with all program documentation, data, and reference materials related to student mental health and wellness. We also conducted an interview with Dr. Brandie Oliver, who has been contracted with DHMA to provide IDOE with guidance on a CSMH model. Finally, we attended the Youth Emerging Stronger (YES!) Conference sponsored by IDOE, on June 14, 2023 and observed the program and interactions among participants.

To better understand the positions of school administrators and counselors, we decided to focus on LEA/District level teams rather than school level teams. After some discussion with IDOE, we identified that all of IDOE's school counseling and mental health grants have been awarded to LEAs. Even if districts have not participated in IDOE's funded initiatives, policies and programs related to student wellness are determined at the LEA level (M. Clarke, personal communication, 2023). Therefore, we decided to survey the administrator (i.e., superintendent) of each LEA and their LEA lead school counselor/mental health practitioner. At the end of the survey, there was an opportunity for the respondents to participate in follow-up focus groups designed to better understand the nuances of the survey data and seek input on findings and recommendations.

Data Sources

Document Review, Interviews, and Observations

Our first step was to conduct a document review of all policies, procedures, student wellness models, and grants promulgated by IDOE. We received and reviewed the following documents:

- Responses to our questions regarding goals and programs
- Program Documents:
    - Project AWARE (Advancing Wellness and Resiliency in Education): Grant Summaries for Project AWARE I, II, and III
    - American School Counseling Association (ASCA) National Model
    - Indiana Model for Comprehensive School Counseling ("Carrying the Torch" Program)

- Relevant Data Sets:
    - Indiana Public School Districts' Student Wellness Practices and Supports: A Report on Survey Outcomes: Submitted September 2019, Updated December 2019 (Indiana University School of Social Work, 2019)
    - Indiana Public School Districts' Student Wellness Practices and Supports: A Summary Report on Survey Outcomes (Indiana University School of Social Work, 2020)
    - Indiana Statewide Survey of Wellness Programs, Practices, and Supports: Findings (Pacific Institute for Research and Evaluation, 2022)
    - Indiana School Counselor Survey, 2022-2023 Results Summary (Inspire Success, 2023)
    - Indiana KIDS COUNT® Data Book (Indiana Youth Institute, 2023)

After reviewing the documents, we completed a semi-structured interview (Appendix B) with the Director and Assistant Director of the SSFE to solidify our understanding of IDOE's approach and resources provided to LEAs to support them in administering their student wellness programs. We also observed the conference sponsored by IDOE on June 14, 2023, entitled "Youth Emerging Stronger (YES!) Summit: Advancing Evidence-Based Prevention and Mental Health Systems in Indiana Schools." Following the conference, we interviewed (Appendix B) Dr. Brandie Oliver, the keynote speaker, who presented a comprehensive student mental health model that would "provide an overarching framework for all YES! Summit breakout discussions" (YES! Conference Program, 2023).

Mixed-Methods Survey

Next, we prepared a mixed methods survey for district administrators and lead counselors to complete. We sought a representative sample of LEAs currently participating in IDOE grant-funded initiatives (e.g., Project AWARE, Healthy Minds, Comprehensive School Counseling

grants, and the Carrying the Torch program) and LEAs not participating in any grant-funded initiatives. We aimed to obtain a sample size of thirty (30) participants in each of the four groups: administrators not in grant programs, administrators in grant programs, counselors not in grant programs, and counselors in grant programs. The survey was sent from the Director of SSFE to the IDOE mailing list of all 443 LEA Administrators with explicit instructions for them to "personally complete the survey and also forward to the mental health/school counseling leader most conversant on student mental health programs within your district." The survey contained an anonymous Qualtrics link for the participants to respond to and was sent out on August 3, 2023, with a deadline of August 18, 2023.

The survey was designed in collaboration with the IDOE. We aimed to make the survey comprehensive enough to acquire meaningful data without making it so long that participants would not complete it. We discussed with the IDOE whether we should use a validated survey instrument regarding CSMH implementation and proposed the SHAPE District Profile (*SHAPE – School Health Assessment and Performance Evaluation*, 2023). They acknowledged that this format would align with their ideal CSMH model and that some of their grants require participants to complete this inventory but thought the survey would be too detailed and time-intensive for this research. Instead, we decided to structure our survey and questions to align with the CSMH model and SHAPE survey components. To further validate our survey instrument, we requested that the IDOE provide a lead administrator and lead counselor with whom we could provide cognitive interviews. After several attempts, we could not secure cognitive interviewers, likely because we requested participation during the peak of summer break. To validate the instrument, we had the survey reviewed by our Capstone advisor, the Chair of the Department of Psychiatry at the Indiana University School of Medicine, IDOE

leaders (including the Secretary of Education and her Chief of Staff), IDOE SSFE staff, and the IDOE Communications Department. All these individuals provided meaningful feedback that was incorporated into the survey design.

The survey was structured as follows (see Appendix A for a copy of the survey):

Section 1 – Consent

Section 2 – We asked for the participant's District Number and Role (i.e., District Administrator, District School Counseling Leader, District Mental Health Leader, or Other (please specify)). In order to reduce the number of survey questions, we decided to link the district number to whether the district was a grant participant and to IDOE demographic data we mutually agreed were relevant to advancing mental health programs in schools, i.e., number of schools in district, number of students in district, urban/rural, and percentage of free/reduced lunch as a proxy for socioeconomic status.

Section 3 – Model. The two questions in this section were, "My district has a comprehensive school mental health model that we follow" and "I have learned about how to develop a comprehensive school mental health model through (check all that apply)…." These questions align with project question 1b in the table above.

Section 4 – Comprehensive School Mental Health Model. The seven questions in this section apply to project question 2a, the level of adoption of the specific components of the

CSMH conceptual framework. The core components of the CSMH model are as follows (Hoover et al., 2019):

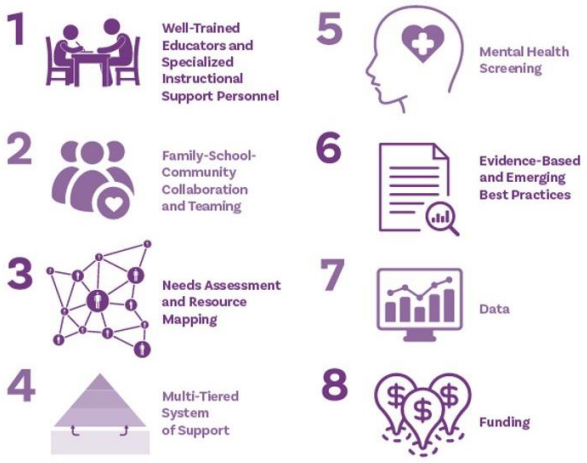

Figure 7: Comprehensive School Mental Health Model (Hoover et al., 2019)

We decided to break into a separate section (Section 5) whether they had implemented a Multi-tiered System of Supports (MTSS) because we wanted to ask specific details about what evidence-based practices they are implementing. If the district stated they had completed a mental health needs assessment within the past year, we asked, "What was the highest priority need identified in your district's mental health needs assessment?"

Section 5 – MTSS. We asked if the district had an MTSS, and if so, we asked them to identify the top three interventions for each tier, i.e., Tier 1 (universal), Tier 2 (selective), and Tier 3 (indicated). These questions apply to project question 2a, the level of adoption of the specific components of the CSMH conceptual framework.

Section 6 – Interventions. As a follow-up on the need for MTSS Level 3 interventions, we asked about the level of need for formal mental health treatment by a licensed professional and the availability of this treatment inside and outside the schools. These questions apply to

project question 2a, the level of adoption of the specific components of the CSMH conceptual framework.

Section 7 – Needs. In this section, we asked if IDOE provides guidance and reference materials for student mental health support that are easy to access. This question applies to project question 1a, how effectively the IDOE is making the mental health supports available to districts. We also asked about their top three greatest needs to improve the mental wellbeing of their students (project question 3a) and what the IDOE could better support them in meeting those needs (project question 3b).

Section 8 – Focus. We asked if the respondent would be willing to participate in follow-up focus groups and, if so, to provide their email address.

Focus Groups

Following the survey, we conducted follow-up focus groups with the LEA administrators and counselors who have participated and not participated in State school wellness grant programs. The focus groups were chosen as a tool for phenomenological purposes, as we are primarily interested in participants' own experiences, meanings, understandings, and viewpoints. The groups were facilitated within a social constructionist epistemological framework that presupposes "that sense making is produced *collectively*, in the course of *social interactions* between people" (Wilkison, 1998, p. 7). This methodology provided us with access to participants' own language, concepts and concerns, and offered an opportunity to observe the process of collective sensemaking.

Of the 199 survey respondents, 72 people volunteered to participate in follow-up focus groups (29 administrators and 43 counselors, 23 grantees and 49 non-grantees). Volunteers were grouped by type (administrator, counselor) and then stratified by geographic region. Once

organized by type and geography, a random cluster sampling methodology was used to select the individuals who would receive an invitation to participate in a focus group. Invitees were given five date and time options over a week.

These focus groups provided valuable insights into the experiences, perspectives, and recommendations among a mix of LEAs, helping us understand the current state of student wellness support in Indiana's public schools and inform future efforts to enhance and expand support services systematically. Our focus group protocol is in Appendix C. The qualitative data from interviews, document reviews, and observations were meticulously coded and analyzed for recurring themes and patterns. Quantitative survey responses were analyzed to identify significant trends and correlations. This thorough analysis allowed us to triangulate the findings from different sources, ensuring the robustness and reliability of our conclusions.

Furthermore, to ensure the validity and reliability of our research, we followed established ethical guidelines for conducting research involving human participants. All participants provided informed consent, and their identities were kept confidential throughout the study. Additionally, we conducted focus groups, where participants had the opportunity to review and confirm the accuracy of our interpretations, enhancing the credibility of our findings. The culmination of these efforts not only provides us with a comprehensive understanding of the current state of IDOE support to Indiana's public schools but also equips us with a solid foundation for making informed recommendations on how IDOE can enhance and expand these supports systematically, ultimately benefiting the education system and its stakeholders in the State.

Our participation of key constituents across all three phases of the study was as follows:

Table 1
Participant Grid

Study Phase	Participants
Document Review Interviews	SSFE (2 participants interviewed together) Butler University (1 participant)
Observations Mixed-methods Survey	Various participants in YES! Conference 199 total respondents: • Administrators (109), Counselors (90) • Grantees (44), Non-grantees (155)
Focus Groups	11 total participants: • Administrators (3), Counselors (8)

Data Analysis and Results

Document Review, Interviews, and Observations

In order to analyze the data from the document review, interviews, and observations, the two investigators took separate notes and reflected separately on our analysis. We then convened to synthesize our key impressions on how IDOE was promulgating a CSMH model and how the LEAs and schools were interpreting and implementing it. Our aggregated observations as outlined below.

From the document review, we focused on the 2022-2023 school counselor survey as a marker of CSMH implementation. There was no CSMH model identified in the survey, but there was a school counseling model identified. The 2022-2023 school counselor survey (353 respondents) established that 36% of schools follow the American School Counseling Association (ASCA) model, 26% participate in “Carrying the Torch” (which is based on the ASCA model), 5% use a different model, and 33% have no school counseling model. This survey and a review of past surveys also determined that school counselors have experienced a 26% decrease in positive outlook regarding the question "I have appropriate resources to be

effective," with the 2022-2023 mean score being 2.57/5. This finding is likely accurate, as Indiana's public school student-counselor ratio (343) is higher than the national average (250). Counselors also reported a declining outlook on the question "Administrators support/understand the role of counselors," with a 2022-2023 score of 1.92/5. This finding led us down the path of comparing the perceptions of administrators and counselors across various domains on the mixed-methods survey.

From the interviews, we established that SSFE has intentionally not mandated any one school counseling or mental health model. The State favors the ASCA school counseling model and has a grant program designed to incentivize districts to follow the model called "Carrying the Torch". IDOE has also offered Project AWARE grants, which have helped schools develop elements of a CSMH model.

At the end of this first phase of the study, we conducted observations at the YES! Conference in June, 2023. We noted that the program kicked off with a presentation by Dr. Brandie Oliver from Butler University on a CSMH model and much of the curriculum of the day aligned with a CSMH model. Following the conference, we interviewed Dr. Oliver who noted that her model is different but well aligned with the Hoover, et.al. (2019) CSMH model we had studied. She also appreciated the sensegiving/sensemaking framework we had selected, as her model describes the need for mindset changes and building capacity to implement CSMH. We did note that her model was more complex than the Hoover model.

Mixed-Methods Survey

The first step in evaluating the survey data was to clean the dataset. We dumped the Qualtrics data into Microsoft Excel for evaluation. A total of 303 respondents started the survey. Eleven consent items were blank, and 9 individuals did not provide consent, so these surveys

were eliminated. One person did not respond to the consent question, but completed the entire survey so their response was included. Of the 283 remaining participants, an additional 84 were eliminated because they did not answer at least one of the questions related to the CSMH model. Therefore, we worked with a total of 199 clean responses, for a response rate of 199/886 total eligible = 22.5%.

There are a variety of thresholds for response rate cited in the literature, so we assessed the representativeness of the sample by looking at the demographics of the survey respondents. We linked the district numbers provided to publicly available State data (https://www.in.gov/doe/it/data-center-and-reports/) to determine the demographics of the districts. Characteristics of the respondents that led us to conclude our sample was representative included:

- Districts represented 67 counties around the State.
- Districts represented 18 from cities, 21 suburbs, 27 towns, and 89 rural.
- Districts ranged in size from 1 school to 57 schools, and from 33 students to 28,613 students.
- Districts ranged from 1% white to 99% white, and from 5% free/reduced lunch to 97% free/reduced lunch.
- District respondents included 109 district administrators and 90 district counseling/mental health leaders. The 90 counseling leaders were comprised of 19 district mental health leaders, 42 district school counseling leaders, and 29 other counseling/mental health professionals.
- District respondents included 44 grantees (20 Comprehensive School Counseling, 2 Healthy Minds/City Connects, 13 Project AWARE I, 4 Project AWARE II, and 5 Project AWARE III). Of the 44 grantees, 22 were administrators and 22 were counselors. While this was balanced, we did not reach our goal of 30 grantees in each category, so we grouped all grantees together for the purposes of the analysis rather than trying to differentiate grantee administrators from grantee counselors.

We then calculated descriptive statistics for each quantitative data element and evaluated differences between administrators and counselors using t-tests for continuous data (i.e., Likert scale questions) and Chi-square for categorical data (i.e., Yes/Unsure/No questions). Below is a summary of the data:

- Comprehensive School Mental Health (CSMH) model: 64% of administrators and 50% of counselors reported having a CSMH model while 70% of grantees and 55% of non-grantees reported having a model. Neither of these differences were significant.

- Learning about CSMH models: Respondents learned about models from various sources, including: My own professional development (18%), State-provided resources (17%), State regulations policies and procedures (16%), National associations or resources (15%), State-sponsored professional development (14%), and My own personal research (13%). Of note, 6% of respondents were unfamiliar with the components of a CSMH model. In general, participants were not in agreement that IDOE reference materials were easy to access, with only 41% of administrators and 46% of counselors and 46% of grantees and 43% non-grantees somewhat or strongly agreeing that they were easy.

- Adoption of the components of the CSMH model are summarized in Table 2 below:

Table 2:
Descriptive Statistics for the Components of the CSMH Model

	Likert Questions (1-5)				**Yes/No/Unsure Questions**	
CSMH Component	**Admin Mean**	**Admin SD**	**Counselor Mean**	**Counselor SD**	**Admin %Yes**	**Counselor %Yes**
Educators well trained	3.87*	0.79	3.57	0.91		
Family-school-community teaming	3.78	0.97	3.67	1.15		
Evidence-based/emerging practices	4.23*	0.82	3.92	0.97		
Use of data in decision-making	3.99	0.90	3.80	1.11		
Creative funding mechanisms	4.36**	0.84	3.90	1.18		
Needs assessment					23%	27%
Resource mapping					27%	23%
Multi-Tiered System of Supports					87%*	72%

Admin/Counselor Difference: * = p<.05, **=p<.01

For the open-ended questions, we combined all responses from Administrators and Counselors and completed inductive coding to obtain the top five responses for each open-ended question. Investigator number one did the preliminary coding and investigator two reviewed for agreement and edited as needed. A summary of the results is outlined below.

To assess the adoption of the MTSS, we asked the question, “My district has a Multi-Tiered System of Supports (MTSS)”. For those who responded “Yes” to this question, we asked them to list their top three MTSS interventions for MTSS level one, MTSS level two, and MTSS level three. The aggregated responses are below, with the numbers in parentheses representing the total number of respondents, administrators and counselors combined, who mentioned the intervention in their survey responses:

- MTSS level one interventions: There were a total of 49 interventions listed (after coding). The top five were: Social-Emotional Learning (SEL) (39), classroom guidance/lessons (37), Positive Behavior Interventions & Support (PBIS) (18), school counselor (13), daily routines/check-ins (9).

- MTSS level two interventions: There were a total of 38 interventions listed (after coding). The top five were: Small groups (61), school counselor (25), mental health provider (21), daily routines/check-ins (20), reflective/relaxation/mindfulness (10).

- MTSS level three interventions: There were a total of 37 interventions listed (after coding). The top five were: Mental health provider (53), School counselor (35), Referral (27), Assessments (14), and Small groups (8).

In order to assess the LEAs’ greatest needs and how IDOE may be able to better support them in their efforts, we asked, “What are your top three greatest needs to improve the mental wellbeing of your students?” and “What are the top three things IDOE could do to support you in meeting those needs?”. A summary of the results is as follows, with the complete list of coded results provided in Appendix D:

- The top five greatest needs were: Additional counseling/social work staff (88), access to mental health services (52), funding (39), family involvement (21), and professional development (21)

- The top five ideas for IDOE support were: Funding for mental health initiatives (91), CSMH resources and support (49), professional development (41), advocacy (35), and additional counseling and social work staff (23)

Focus Groups

We recorded the focus group discussions and used inductive thematic analysis for the qualitative data (Dennis et al., 2019). A full transcript of each focus group discussion was generated using Microsoft Teams, and our analysis was conducted using a transcript-based approach that intentionally did not rely on a formal coding methodology. The thematic analysis helped to develop themes and patterns in the data based on the narrative descriptions of the answers to the questions asked in the focus groups. Themes naturally emerged through a deep engagement with the data. We used key themes and illustrative quotations from the focus groups to support or elaborate on the findings from the survey data.

Our thematic analysis process was characterized by a commitment to letting themes emerge naturally from the data through a deep engagement with the transcripts. We did not impose preconceived codes or categories but instead allowed the data to guide the identification of key themes. This approach fosters a more organic understanding of the data, as it reflects the participants' voices and perspectives in their terms.

The aim was not to seek "generalizability" of the focus group data but rather to ensure the "transferability" of the process and the findings. As outlined by Krueger & Casey (2015), the primary purpose of focus groups is not to draw inferences or establish generalizations but to foster understanding, gauge the scope, and gain insights into how individuals within the groups perceive a given situation. This approach allowed us to delve into the intricacies and nuances of participants' perspectives, contributing to a more comprehensive understanding.

To present our focus group results, we have integrated the key themes and included illustrative quotations from the focus group discussions in our Findings section below. These quotations support, contextualize, and elaborate on the findings derived from the survey data, adding depth and nuance to our analysis.

Findings

In this section, we delve into the key findings and insights from our research, addressing each of our project questions in turn.

Project Question 1: How and in what ways do LEA administrators and counselors understand the student wellness guidance and resources being promulgated by IDOE?

Project Question 1 Findings: We found that IDOE has offered several models, via several venues, for adoption (e.g., ASCA model, Carrying the Torch Program based on ASCA model, Project AWARE models, CSMH model presented at the recent YES! Conference). In reviewing the resources provided by IDOE, we observed that some of the resources provided by IDOE were difficult for users to access. When we requested access to the IDOE resources provided to schools, SSFE staff told us that the materials were outdated so they preferred not to provide them. During the survey and focus groups, some participants noted that the materials needed to be updated or had even been taken down. A district administrator responsible for counseling initiatives for a district responded, "...it [information on IDOE website] was just a lot easier to get to the information three or four years ago, and now it is buried at best unclear at worst...they [IDOE] spent all of this energy on this really great momentum, and it is completely gone." Other focus group participants echoed a similar perspective that information on the website was more accessible several years ago. Several participants added that they believed this change occurred due to political pressures, e.g., "The DOE website was full of these resources, and lots of people had access to them. When the politicization of these issues started coming up, the department removed everything".

Not surprisingly, due to the variation in presentation, there is considerable variation in adoption across the State of both school counseling and comprehensive mental health models. During our document review, we reviewed the results of the 2022-2023 IDOE school counselor

survey and noted that 36% of schools responding use the American School Counseling Association (ASCA) school counseling model, 26% are pursuing the "Carrying the Torch" program, which is based on the ASCA model, 5% use a different model, and 33% of the schools have no student counseling model at all.

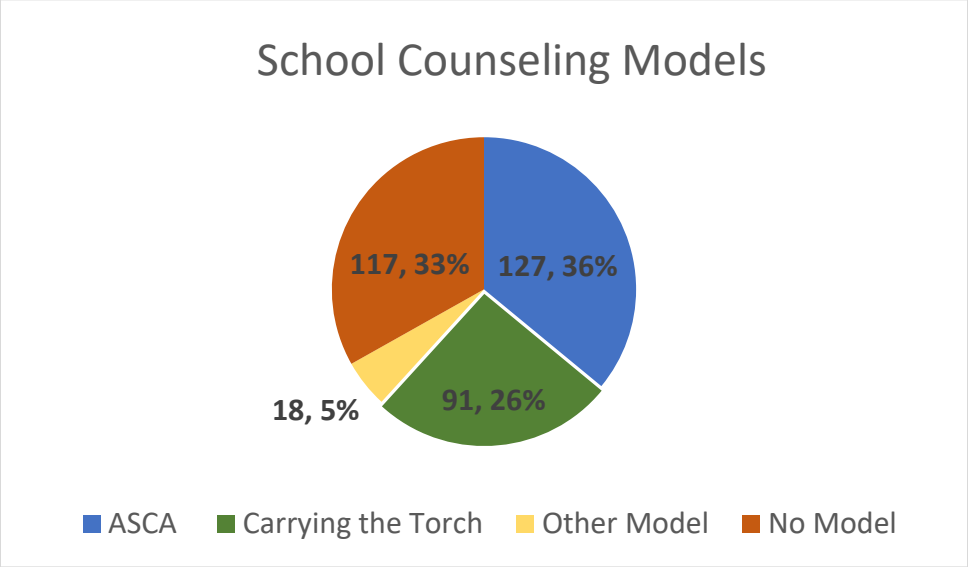

Figure 8: Adoption of School Counseling Models in Indiana (Indiana School Counselor Survey: 2022-2023 Results Summary, 2023)

To assess the adoption of comprehensive mental health models in schools, we asked about adoption of a CSMH model in our survey. 64% of administrators and 50% of counselors reporting having a CSMH model. We thought that State grantees might have a higher adoption of the model, which they did (70%), but this was not statistically different from the non-grantees at 55%.

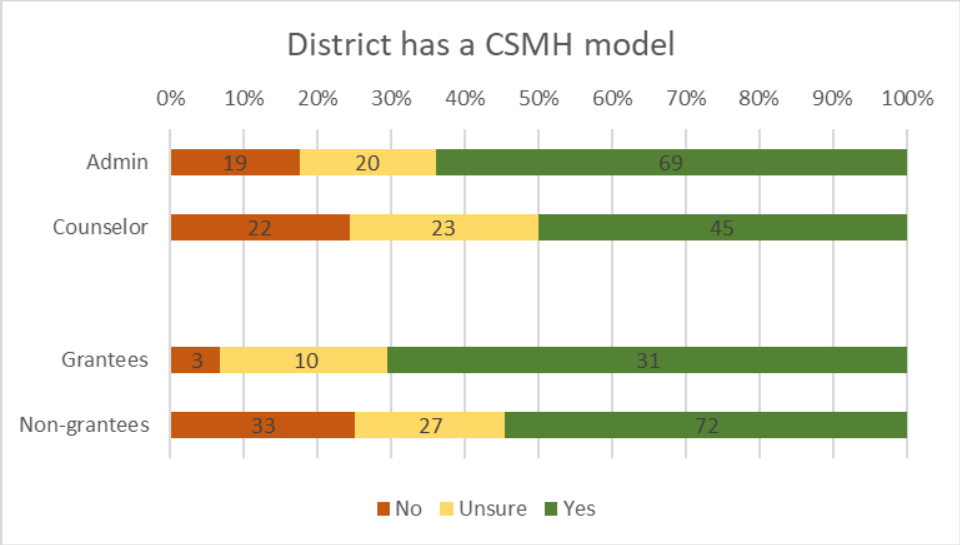

Figure 9: Adoption of Comprehensive School Mental Health Models in Indiana

Therefore, roughly one third of schools do not have a school counseling model and one third (or more) of the schools do not have a comprehensive school mental health model. Because of the way the data was collected, it is unclear whether these are the same schools, or different schools, that have or do not have each type of model. One focus group participant summarized these data points nicely, "Everybody is doing their own thing, and it's really forced us into these weird little silos."

Project Question 2: How and in what ways do the LEA administrators and counselors perceive they are implementing the core components of an evidence-informed comprehensive student mental health model in their districts?

Project Question 2 Findings: The finding above (Project Question 1) indicates moderate adoption of school counseling and school mental health frameworks. To explore this question more deeply, we asked in our survey how LEAs have adopted the specific components of the Hoover et.al. (2019) CSMH model. We found that most districts have implemented an MTSS (87% of district administrators and 72% of lead counselors responded that they have implemented MTSS), which is an excellent foundation. Still, the adoption of other components

of a CSMH model needs to be improved, especially needs assessment and resource mapping. The chart below summarizes the results on the adoption of the components of a CSMH model expressed as affirmative responses (i.e., “Strongly Agree” or “Somewhat Agree” on Likert scale items and “Yes” on Yes/Unsure/No items).

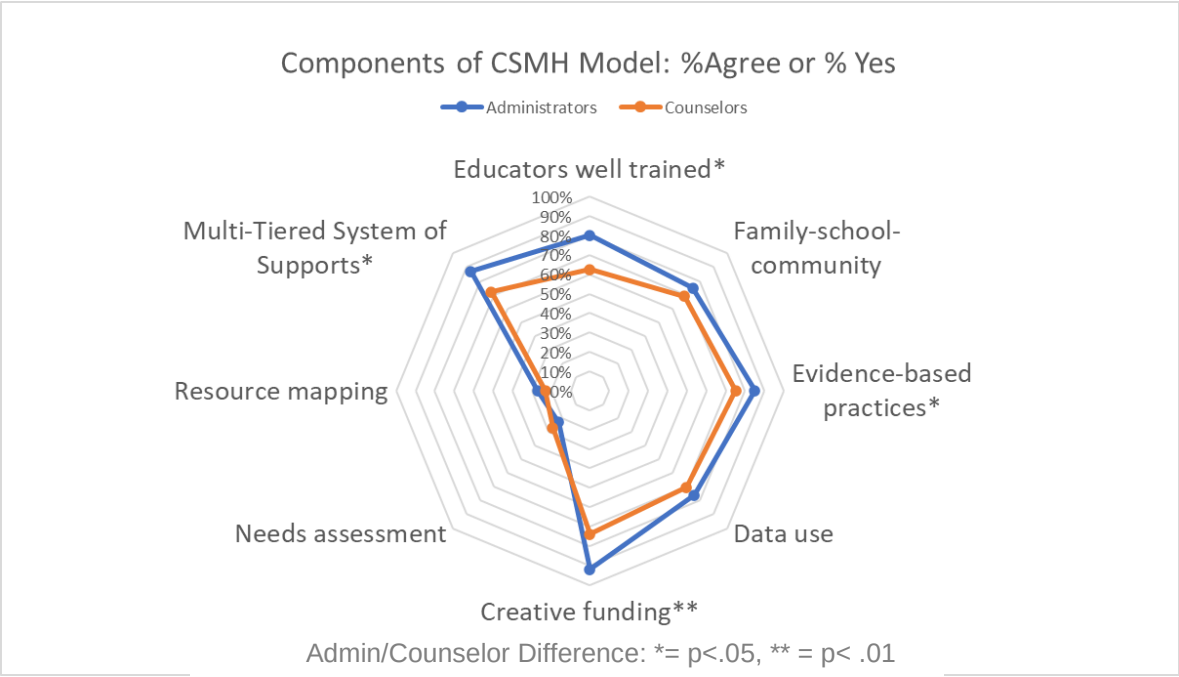

Figure 10: Adoption of various components of a Comprehensive School Mental Health model in Indiana

There were significant differences between the perceptions of administrators and counselors on several key domains: educators being well trained to handle mental health issues in the classrooms (3.87 vs 3.57, $p<.05$), use of evidence-based practices (4.23 vs 3.92, $p<.05$), and MTSS implementation (87% vs 72%, $p<.05$). These results are important because these items represent the core elements of identifying and supporting children with mental health needs on a day-to-day basis in the schools. The administrators are likely relatively more optimistic that they have promoted these aspects of a CSMH model in their schools and assume that teachers and counselors have the needed expertise, but counselors are likely seeing the downstream negative impacts of less than ideal adoption. Administrators also had a much higher

degree of confidence in having used creative funding mechanisms (4.36 vs 3.90, $p<.01$), likely because they have greater line of sight into the funding sources and how the funding was utilized.

We explored these discrepancies further in the focus groups. One superintendent mentioned that he would trust the perspective of those responsible for counseling efforts more than his own because they are closer to the work. The same superintendent shared his disappointment in the fact that there was such a delta in the perception of MTSS implementation between his colleagues and those responsible for counseling – namely because for his district it was something he labeled as a "core initiative" and "…a part of everything we do". At the beginning of a focus group session another superintendent was quick to preface that they, "…cannot speak much to what is being done [with regards to mental health initiatives in the district]" and referred us to speak with their lead for student services. This comment represented the general sentiment among administrators who participated in the focus groups. We interpret this comment as indicative of the notion that student support services and mental health are not largely considered core or essential by district administrative leadership. One superintendent broke from the pattern and shared that the issue of student mental health has become a top priority for him and his board, largely due to observing their data and responding to what they were hearing from staff. As a superintendent of a rural school district, he explained that "…my role is just to make sure that, you know, all kids are seen, heard and valued… there are needs that are preventing them from having an experience that they are entitled to have as a student of our school system. It's incumbent on us as the school superintendent to make that happen. You know, in my first year here we had these things that we called war room meetings with the principal leadership team on a quarterly basis. And repeatedly we kept hearing this need for

mental health for our kids. As we were looking through the interventions needed, we saw a gap between what the needs of the students were and what we were able to provide. And so, as a superintendent, it was my job at that point in time to carry that forward to our board and get approval and promote it [student mental health services] to our community…to get support for the referendum for [mental] health counselors." In summary, he stated, "I like to think that's the role of the superintendent – to listen to staff, your staff listen to your students and then help carry that message forward to school board members and taxpayers."

Project Question 3a: What are the stated needs of LEA administrators and counselors to improve the mental wellbeing of students?

Project Question 3a Findings: We found that 23% of administrators and 27% of counselors reported that their districts have completed a mental health needs assessment. Districts that have completed a needs assessment identified their top need as community mental health access. When combining the responses for all administrators and counselors across all LEAs, the highest priority identified was the need for additional school-based resources, such as school counselors, social workers, and mental health providers (88 responses). Other top resources requested by the schools were: Access to mental health services (64), Funding (39), Evidence-based programming (39), Family involvement (21), and Professional development (21).

It is worth noting that among LEAs that reported conducting a needs assessment within the last year, respondents from those districts were nearly 2x more likely to have a positive view of the level of training for educators than those who had not conducted a needs assessment. Staff from those LEAs that had conducted a needs assessment also had a generally more positive perception of their overall alignment with the CSMH components.

In addition to this low level of adoption of mental health needs assessment, we also saw low adoption of resource mapping, with 27% of administrators and 23% of counselors having reported use of resource mapping. When asked, focus group participants explained that 'resource mapping' and 'needs assessments' were among the most time-consuming elements of the CSMH framework. There are important implications of this finding, as these are critical elements of a highly functioning CSMH system. The National Center for School Mental Health also points out that these two components are complementary to each other. The needs assessment can identify the areas of greatest need and the resource maps can provide pathways to obtain these resources (*National Center for School Mental Health (NCSMH) | University of Maryland School of Medicine*, n.d.). In our case, the needs assessments are highlighting the need for additional counseling and mental health resources, so it is imperative for schools to know what resources are available in their local communities. Resource maps can also provide roadmaps to other community resources to support students and families with other life stressors, such as housing and food insecurity.

Project Question 3b: What ideas do LEA administrators and counselors have for how IDOE can help them meet these needs?

Project Question 3b Findings: For this analysis, we combined the responses for administrators and counselors across all LEAs. After completing our inductive coding of the responses, the highest priority idea was funding for mental health initiatives (91 respondents), followed by CSMH resources/support (49), professional development (41), advocacy (35), and additional counseling/social work staff (23). All of the coded needs and ideas for support are provided in Appendix D.

In both the survey qualitative responses and focus group discussions, participants expressed a desire to have school mental health programs integrated with other IDOE initiatives, e.g., one district school counseling leader said, "[IDOE should provide professional development to] help us see how this fits with other initiatives so it doesn't feel like an 'add on'". With regard to funding, one district administrator requested "less cumbersome grants". In the focus groups, one district administrator summed up their position nicely by stating, "We need funding, we'll take the accountability with it too…but, with a little bit more flexibility because sometimes what we have to do to get grant funding doesn't align with our day-to-day and that is when it becomes a burden.".

With regard to the survey responses coded as advocacy, here are a sampling of quotes from district administrators: "Be and (sic) advocate for public schools with state leadership."; "Help the legislature understand the role of school in mental health and to help fund the successful models that are in place in Indiana (Project AWARE schools for example)."; "Fight for laws allowing teachers to have warranted conversations with students."; "Make our legislators stop making erroneous laws that inhibit the ability to identify students in need, i.e. HEA 1447." Counselors chimed in on the need for advocacy as well, e.g., "Advocate to lawmakers about the importance of mental health services in schools", "Lobby for resources in schools,"; "Continuing to communicate the need for this work."

Recommendations

District administrators and counselors acknowledged that despite best efforts in the schools and community, the mental needs of Indiana's students are going unaddressed. According to our survey, the mean estimate for students needing treatment by a licensed mental

health clinician was 27.8%, which aligns with the literature for school-aged children with a diagnosable mental health condition. Schools are offering in-house resources (69% of districts offering in-person and 17% offering virtually) and referrals to community resources (42% of districts reported timely access, 38% of schools reported delayed access, and 25% reported that delays in mental health access have adversely affect school performance, percentages are over 100% because respondents were permitted to select multiple options). The community mental health system in most parts of the State is overwhelmed. Given that schools provide an ideal environment for identifying, addressing, and ensuring continued progress in children with mental health challenges, developing more school-based mental health supports is imperative to meet students' existing needs (Hoover & Bostic, 2021).

As we have described, addressing school mental health is a complex and challenging phenomenon. Technical aspects (e.g., best practices) and cultural ones (e.g., community engagement, advocacy) must be addressed. LeFloch et al. (2008, as cited in Dolezal, 2021) explain that an SEA's role in facilitating improvement is highly dependent on its internal capacity, including resources, infrastructure design, and political influences. Brown et al. (2011, as cited in Dolezal, 2021) describe that a SEA's capacity and culture are often not conducive to continuous improvement efforts and conclude that a SEA must make organizational and culture shifts that result in redesigning its infrastructure and roles, priorities, and professional networks.

Considering the literature and our results have revealed somewhat disjointed efforts to improve student mental health support in schools and moderate adoption of school counseling and mental health models, we wanted to take a holistic approach to developing a slate of recommendations. Bolman & Deal (2017) contend that frames are powerful tools for solving problems and providing clarity. Evaluating a problem through multiple lenses can prevent

arriving at a disjointed, random set of tactics. Therefore, we decided to organize our recommendations according to Bolman & Deal's (2017) model for organizational development, which outlines four frames for reframing organizations: symbolic, structural, human resource, and political. These frames are rooted in "…managerial wisdom and social science knowledge" (Bolman & Deal, 2017, p. 6). Each frame is based on various sets of ideas and assumptions about organizations. These frames help leaders analyze organizational life from different viewpoints to seek clarity and understanding. The symbolic frame is primarily concerned with issues of meaning and belief. It places story and culture at the center of the organization. Tactics through this frame aim to instill passion, spur motivation, and support a shared vision. The structural lens focuses on the design of the organization – the divisions, roles, and policies. The human resource frame emphasizes the people and their human nature within an organization – their strengths, opportunities, desires, fears, and emotions. Finally, the political frame considers organizations as arenas of competing interests and scarce resources marked by constant negotiation to balance power.

These four frames offer an adaptable format for organizing recommendations based on research findings related to our research questions. For example, recommendations through the lens of the Structural Frame help clarify roles and responsibilities for disseminating IDOE's guidance and standardized processes. At the same time, the Human Resource Frame focuses on supporting IDOE staff, LEA administrators, and counselors through ongoing training and knowledge sharing that meet specific needs. The Political Frame is pertinent in addressing political dynamics and interests impacting implementation – namely, the dynamics that might impact the prioritization of student mental health at the state and local levels. Finally, the

Symbolic Frame emphasizes a culture that values open communication about student mental well-being and recognizes its value in educating children.

This model provides a comprehensive and multifaceted approach to understanding and addressing complex organizational issues. Based on our findings, we have detected opportunities in each of these frames to address our problem of practice. We determined that organizing our thoughts through these frames would provide IDOE with comprehensive recommendations and the highest chance of success by addressing opportunities from these various viewpoints. "…SEA capacity rests at the intersection of commitment, authority, and resources" (Jochim & Murphy, 2013, as cited in Dolezal, 2021, p. 23). These frames address the intersection described. The following sections outline our recommendations in alignment with the four frames described above.

Symbolic Frame Recommendations

The symbolic frame emphasizes the importance of organizational culture and meaning-making (Bolman & Deal, 2017). Meaning-making refers directly to our conceptual framework of sensegiving and sensemaking. This frame values the narratives and stories told within the organization to reach the intended understanding of an initiative or vision. These stories often convey and reinforce the organization's values, history, and mission. The symbolic frame recognizes the importance of an organization's image and brand in shaping how internal and external stakeholders perceive it and the initiatives it promulgates. Lastly, this frame focuses on the meanings and beliefs individuals attach to their work and the organization. It explores how people derive a sense of identity and purpose from the culture and symbols within the organization.

A common sentiment among those we talked with is the prevailing belief that the leadership at IDOE has deprioritized initiatives to address student mental health intentionally. Focus group participants concluded through their sensemaking that a partisan political agenda must have led to student mental health resources being removed from the IDOE site and discussion of student mental health and psychosocial issues being stifled despite growing concerns among educators. Several also mentioned that greater emphasis has been placed on the state's vision for redesigning high school as evidenced by what they have seen (or not seen) through the Graduates Prepared to Succeed (GPS) initiative. Participants also added that issues such as student mental health should be mentioned as critical to address in these initiatives. These findings lead us to suggest the following:

(1) **Align Existing Initiatives:** Establish a statewide strategy and framework directly connecting with broader, existing initiatives (i.e., GPS) and the state's strategic priorities (i.e., high school redesign, third-grade literacy rates, chronic absenteeism). Develop and communicate a shared vision reflecting the change's symbolic significance. This alignment with existing goals speaks to some of the feedback from district administrators and counselors and the literature that student wellness and positive school climate are predecessors to student academic performance. Participants expressed needing help showing others (sensegiving) how mental health fits into broader initiatives and is not just an 'add-on' that distracts from or competes with those initiatives.

(2) **Reframe Mental Health (and other support initiatives) as 'Barriers to Learning':** Create a comprehensive, multifaceted approach to addressing barriers to learning as described in the literature that includes student mental health. Use this approach to organize how IDOE supports schools and model the desired approach to be taken by LEAs. Our findings suggest a desire among LEA administrators from the IDOE to openly recognize the role barriers to learning, like mental health challenges, play in helping achieve the desired academic outcomes. Participants expressed that mental health initiatives might be more accepted and likely to be prioritized if their influence on academic outcomes was appropriately recognized. This recommendation is closely aligned with Recommendation #3 (below).

(3) **Support the Efforts to Reduce Stigma:** IDOE should partner with existing efforts to develop and/or support advocacy campaigns to reduce mental health stigma and should highlight the importance of student mental health to overall student success. Craft a communication strategy that emphasizes the symbolic meaning of the change. Use storytelling, metaphors, and narratives to convey the emotional and cultural importance

of the changes to all stakeholders. Reducing stigma will likely improve student well-being and school climate, ultimately leading to better student outcomes (Daily et al., 2020). Additionally, there is a link between stigma and the lack of prioritization (*Advancing Comprehensive Mental Health Systems: A Guide for State Education Agencies*, 2019). If parents and caregivers are aligned on the importance of student mental health, they can better support their children. They will also be more likely to encourage lawmakers to prioritize funding and support for school mental health initiatives. Our survey identified advocacy from IDOE as one of the top five needs among LEAs.

(4) **Elevate the role and work of the SSFE:** The SSFE's role and work should be more prominent externally and internally to the IDOE. Those within the SSFE have the passion, motivation, and ability to facilitate the implementation of these recommendations; however, in our opinion, they lack executive sponsorship and the platform to do so. Several focus group participants made comments that alluded to the fact that they were unaware of the SSFE or its work to support LEAs. One participant even went so far as to suggest that IDOE create an office devoted to supporting school, family, and community engagement – not aware that one already exists. Furthermore, when implementing our survey, we learned that the SSFE did not have a list of school counseling leads at the LEA level to send targeted communication. Our documentation analysis also failed to find evidence that explains how the SSFE's work explicitly aligns with the agency's broader initiatives.

(5) **Recognize Excellence and Progress:** Design ceremonies or events that mark key milestones in the change process regarding addressing student mental health and barriers to learning. These symbolic gatherings can help reinforce the significance of the changes and celebrate progress. Focus group participants expressed feelings of underappreciation, burnout, and frustration. These types of events are meaningful for those who are serving the frontlines.

Adelman & Taylor summarized that the literature on school redesign is "filled with statements affirming that factors interfering with student learning must be addressed if the educational mission is to succeed" (Adelman & Taylor, 1997, p. 411). These scholars report that the prevailing view of student services, in policy and practice, is that these types of services are desirable but not essential; therefore, services such as student mental health are seen as dispensable. Adelman & Taylor have published many articles spanning decades that all claim that education reforms aimed at restructuring education have had limited progress due in part to the lack of a unifying concept that rallies stakeholders around a vision beyond the restructuring

of instructional and management functions towards one that recognizes the influence of enabling elements such as comprehensive student mental health systems as essential to achieving the intended outcomes.

Adelman & Taylor (1997, 1998) recognized that efforts to address student mental health and psychosocial concerns are not a primary item on a school's agenda, as schools are not in the business of treating mental health. While it is true that the primary aim of a school is not designed to treat mental health, scholars have long argued that schools provide an important venue for addressing adolescent health (Allensworth, Wyche, Lawson & Nicholson, 1997; Adelman et al., 1999; Marx, Wooley & Northrop, 1998 as cited in Adelman & Taylor, 2000; Hoover & Bostic, 2021). Adelman and Taylor (2000) claim that education reformists have mainly believed in improving instruction at the expense of all things not seen as directly related to raising test scores. They argue in previous work that we will continue to see efforts to tackle student mental health take low priority until these initiatives are reframed as addressing barriers to development, learning, and teaching. "To this end, the following message must be brought home to policymakers at all levels: Current reforms cannot produce desired outcomes as long as the third primary and essential set of functions related to enabling development, learning, and teaching are so marginalized" (Adelman & Taylor, 1998, p. 145). The central claim here is that mental health within schools should be integrated into the instructional mission rather than treated as a separate, competing agenda.

The literature associated with the conceptual frame of sensemaking is relevant to these recommendations. The research has found that organizational environments influence sensemaking processes. Some have attributed the lack of capacity to implement an initiative to misunderstanding the policy or initiative. "The sensemaking process is important for

understanding how initiatives are scaled up because behavior that may be attributed to resistance or lack of capacity may instead be due to misunderstandings of the initiative being scaled up" (Spillane, 2000, as cited in Cannata, et al., 2017, p. 4). Regarding the Symbolic Frame and specifically our recommendation to reframe messaging surrounding mental health, Cannata et al. (2017) argue that scaling up a statewide initiative requires attentiveness to the messaging surrounding the initiative.

As opposed to presenting student mental health interventions as separate, scholars suggest that it should be embedded "…as one element of a comprehensive, multifaceted continuum of programs and services schools need to enable effective learning and teaching…the resulting perspective helps develop a full appreciation of the importance and value of (a) embedding school health into a broad framework of activity for addressing barriers to learning and (b) fully integrating the activity into school reform policy…what is meant by a holistic, developmental approach" (Adelman & Adelman, 2000, p. 118). One approach to folding student mental health interventions into a comprehensive continuum of programs via the symbolic frame is through the art of storytelling and theatrical acts of demonstration.

The concept of sensemaking is interconnected with storytelling, which is central to this frame (Bolman & Deal, 2017). "In organizations, storytelling is the preferred sensemaking currency of human relationships among internal and external stakeholders" (Boje, 1991, p. 106). Zhuang & Guidry's (2022) research synthesized nearly four decades of research on storytelling and stigma and found that it has a mitigating effect on stigma. Cannata et al. (2021) learned through their study on sensemaking and adaptation of large-scale education initiatives that it is essential that educators' understand the 'why' behind a reform. "When educators lack a deep understanding of the theory of change embedded in the reform or of the unstated beliefs about

change within their own context, reforms often collide or collude with local practice in ways that undermine the aims of the reform" (Cannata et al., 2021, p. 237). Research by Cannata et al. (2021) on implementing other education reforms (i.e., teacher evaluation systems) has underscored just how important storytelling can be in shaping the attitudes and outcomes of an initiative.

A recent article identified three states that recognized the importance of addressing the mental health crisis among students and then took steps to allocate funding, enhance services, and adapt their approaches (Merola, 2023). Actions from California, Kentucky, and New Jersey policymakers align closely with the symbolic frame as their actions emphasize the significance of culture, values, and emotional connections in addressing the mental health crisis among students. The actions taken by these states have gestured to their state government institutions and citizenry that they intend to make student mental well-being a high priority to achieve their broader vision.

When describing this frame, organizations have been likened to theatrical performances. "They create ongoing drama that entertains, creates meaning, and portrays the organization to itself and outsiders" (Bolman & Deal, 2017). Interventions by the states mentioned above yielded positive advances because they put the student mental health crisis front and center in the state's comprehensive vision. The Council of Chief State School Officers (CCSSO) draws on the symbolic imagery of a chief state school officer as someone who ensures the needs of every child are met and cultivates conditions for learning students need to thrive (Advancing Comprehensive Mental Health Systems: A Guide for State Education Agencies, 2019). "A state education agency (SEA) can signal the importance of mental health and provide guidance and support to districts by developing a statewide framework that prioritizes student and staff wellbeing,

employs a MTSS and makes use of data to monitor progress and continuously improve" (Advancing Comprehensive Mental Health Systems: A Guide for State Education Agencies, 2019, p. 7). Throughout their showcase of several exemplar states, the resource provided by CCSSO details how each has created a narrative about how supporting student and staff wellbeing and mental health connects with their state's strategic priorities.

Research conducted by the George Washington University Center for Health and Health Care in Schools (CHHCS) in 2013 identified systemic challenges to ensuring access to children's mental health care by studying several states. Researchers found that the lack of prioritization for children's mental health programs often came because of the stigma associated with mental health (Behrens et al., 2013). Stigma is deeply rooted in stereotypes and prejudice, and storytelling has been a powerful device to change individual attitudes and behavior (Major & O'Brien, 2005, as cited in Zhuang & Guidry, 2022; Braddock & Dillard, 2016, as cited in Zhuang & Guidry, 2022).

In summary, the actions described in this set of recommendations communicate an outward (almost theatrical) cultural and emotional commitment through storytelling, which leads to better sensegiving/making to addressing the mental health crisis, reinforcing the significance of implementing these programs.

When implementing these recommendations, IDOE must carefully weigh several key concerns. First and foremost, ensuring that the proposed changes harmonize with the organization's existing culture, values, and identity is essential. Changes should be viewed as reinforcing and strengthening the department's cultural foundations rather than conflicting with or undermining them – the same goes for reinforcing and strengthening existing initiatives and priorities of the department.

Leadership plays a pivotal role in symbolically driving change, with leaders serving as role models for the desired behaviors, beliefs, and values associated with the proposed focus (Bolman & Deal, 2017). Their actions and words should consistently convey the significance of the focus both internally and externally. Additionally, IDOE leadership should keep in mind past events that may have lingering effects on perceptions when crafting the recommended messages. "The traditional SEA focus on compliance and accountability activities has made LEAs wary of being candid about whether and how they might be struggling to implement reform and reluctant to seek out assistance" (McGuinn & Weiss, 2017).

Broad stakeholder involvement, including employees, educators/administrators, parents, and partners, is critical in defining and shaping the symbolic aspects of these recommendations (Cannata et al., 2017). In the context of student mental health initiatives, recognizing the importance of community involvement is vital. The organization should evaluate the potential for community-based solutions and partnerships to enhance the reach and effectiveness of these initiatives. Encouraging active participation from diverse groups in creating the new narrative around the importance of student mental health can lead to a more inclusive and effective change process. Furthermore, the success of reducing stigma and advocating for student mental health hinges on actively engaging parents, caregivers, and the broader community. Developing strategies to involve these stakeholders and building public awareness and support for the initiative are essential for its long-term success. Collaborating with various agencies and stakeholders in addressing student mental health is fundamental, requiring effective mechanisms for collaboration, coordination, and communication among different entities. This includes ensuring alignment between LEAs, state agencies, and advocacy groups in their efforts to reduce mental health stigma and promote student well-being.

From our prior knowledge, we understand that Indiana aspires to lead the nation in transforming the high school experience for students, making it more flexible and aligned with their individual needs and career goals. The 2023 Indiana legislative session introduced House Enrolled Act 1002 to organize collaborative efforts across various sectors to provide more post-secondary opportunities for students. However, we know from the literature that it is essential to address systemic barriers to learning, such as student mental health, that might prevent students from fully participating in these new opportunities provided through this redesign effort. Addressing the mental health challenges would equip students with the skills necessary to self-regulate and cope with their stressors, which are integral skills necessary to prepare students for the ever-changing workforce. When sharing the vision for redesign initiatives, IDOE should openly acknowledge that student mental health has a valued and essential place in the instructional mission of the state's educational system. By speaking about the role of student mental health in achieving the desired academic and workforce outcomes, policymakers will begin to recognize the essential nature of mental health. It should then become easier to weave together a comprehensive set of efforts to address barriers and, as a result, elevate the status of student support services designed to promote healthy student development. This vision for a holistic approach involves school, family, and community partnerships, which has been the focus of the IDOE's SSFE.

Since 2022, IDOE has hosted an annual Educational Excellence Awards Gala to recognize schools, "…that are making significant progress toward improving achievement for all Indiana students" (*Indiana Department of Education*, 2023). Some award categories are tangentially related to advancing aspects of school mental health supports but not explicitly. For example, the Excellence in Community award recognizes a school that collaborates with partners

that positively impact the school and community and expands high-quality learning opportunities. The Excellence in Next Level Educational Experiences and Opportunities highlights approaches that take a holistic approach to preparing students for their future but primarily cite academic and management-centric activities; while giving brief mention to partnerships that create collaborative solutions that positively impact the school and community. The IDOE should consider how to specifically recognize schools that are addressing barriers to learning and can demonstrate a positive impact as a result. With these recommendations, Indiana has an opportunity to incorporate mental well-being into that vision.

Structural Frame Recommendations

The structural frame provides a systematic and logical approach toward resource allocation, communication, and problem-solving. It highlights the importance of clear hierarchies, well-defined roles, efficiency, specialization, and policies that guide the work (Bolman & Deal, 2017). In an organization as large and complex as IDOE, interventions through this frame are beneficial. The structural frame emphasizes the need for clear, measurable goals aligning with the organization's mission and strategic objectives. It ensures that all parts of the organization work together toward these goals.

Our observations of the SSFE and documentation review revealed a need for definition and alignment around how the IDOE supports schools in general – and specific to school mental health initiatives. The literature also provided context into the evolution of the role of an SEA and just how critical a state’s role is in changing district and school practices. These recommendations aim to identify the divisions of work and harmonize efforts to prevent school mental health from becoming yet ‘another project’ on top of a long list of existing initiatives.

The concept of roles and responsibilities in the context of LEAs was also prevalent in our findings. Our focus groups validated previous studies cited in our problem of practice. They highlighted that school counseling professionals feel that their administrators do not fully appreciate everything on their plate. Our research found degrees of variation between the responses from administrators and school counseling/support staff, indicating a need for more awareness of the work being done by those working directly with students facing mental health challenges. An article published during this capstone project reported overwhelming student caseload numbers and an increasing frequency of critical student needs amongst frustration from Indiana's school counselors being assigned additional duties – like lunch duty and substitute teaching (Smith, 2023). We found varying degrees of complete student support teams among districts that include counselors, social workers, and psychologists. Those who did not have a complete roster cited the main reason being due to funding. One focus group participant who is a school counselor stated, "I am like a CNA (certified nursing assistant), and students are coming to me with cancer – they need a specialist, a doctor, but I am all they have here."

High degrees of variation in any system, like what we found, persist in systems with weak improvement infrastructures (Russell et al., 2017, as cited in Dolezal, 2021).

(6) **Align IDOE Services and Supports:** Orient IDOE's entire technical assistance and support services to align with their existing Multi-Tiered, Multi-Domain System of Supports (MTMDSS) to streamline how services are delivered to schools and reinforce Graduates Prepared to Succeed (GPS) indicators as the catalyst for improvement.

(7) **Design and Implement a Strategic Framework:** Consider existing Indiana code when developing the strategic framework (related to Recommendation #1 above). Indiana law provides authority for IDOE and other state stakeholders to develop a children's social, emotional, and behavioral health plan according to Indiana Code § 20-19-5-1. This plan concerns, specifically, "comprehensive mental health services, early intervention, and treatment services." This plan is geared toward collaboration between various agencies to assess and treat children's mental health issues. Through our documentation review and follow-up discussions with IDOE staff, we were unable to identify such a plan or rules

concerning a plan as described by the state statute above. When developed, the strategic framework should be grounded in the CSMH model described by Hoover et al. (2017).

(8) **Comprehensive Inventory:** Conduct an inventory of initiatives across various state agencies (i.e., IDOE, Indiana Department of Health (IDOH) and Family and Social Services Administration (FSSA) designed to support students and staff wellbeing, including mental health, and identify areas for alignment and coherence. IDOE should pay particular attention to the requirements placed on LEAs with each initiative and assess how they complement one another and advance LEAs towards the vision of a fully implemented CSMH model.

(9) **Establish Intermediaries:** Create a 'delivery chain' by partnering with intermediary agencies (i.e., regional education service centers, nonprofits, health providers) to provide technical assistance to schools in developing and implementing comprehensive systems. These intermediary agencies can increase the capacity of the IDOE and help scale up efforts. Dolezal (2021) cites several scholars who recommend fostering regional networks of schools working toward continuous improvement (e.g., Slavin, 2010); McGuinn & Weiss, 2017).

(10) **Cleary define the role of the school counselor and the broader student support team:** Codify the definition of a school support team and establish this role in the legislature so that they are adequately funded and so that schools are not forced to eliminate or understaff a complete support team. Findings from the survey and focus group underscore this recommendation.

Adelman & Taylor (2012) cite that one of the ironies involved with education redesign initiatives is that little attention is paid to restructuring the various support programs and services intended to bolster their impact and utility. Restructuring may involve streamlining or redeploying existing resources or developing new ones. SEAs and LEAs often support various programs and strategies to foster conditions for student success. Despite the potential evidence-based nature of these initiatives, their effectiveness is often hindered by the fact that they operate independently or in isolated silos, thereby creating obstacles to efficient implementation (Walrond & Romer, 2021). From a state-level perspective, this phenomenon does not just happen within the SEA but across multiple state agencies and at the local level, leading to disparate

efforts not operating as efficiently as they could be in a more aligned and coherent structure (Advancing Comprehensive Mental Health Systems: A Guide for State Education Agencies, 2019).

Leading education reformer Sir Michael Barber has emphasized the importance of intermediary layers summarized as "…subsidiary structures that can build an 'effective delivery chain' that translates state policy changes into positive change at the school level" (Barber et al., 2010, as cited in McGuinn & Weiss, 2017, p. 11). Others have agreed that the SEA cannot always do everything for everyone to move the needle against strategic initiatives (McGuinn & Weiss, 2017). This calls on SEAs to become laser-focused on their role within the state's education ecosystem and how partners may come alongside them to support their vision. While experts acknowledge that an SEAs focus may look different in each state, they agreed that there are five areas where SEAs should take leading roles "…in: (1) articulating the state's educational vision and goals; (2) selecting and implementing the state's standards and assessments; (3) designing and implementing the state's accountability system; (4) administering, implementing, and overseeing state and federal funding and other programs; and, (5) communicating about critical educational issues with stakeholders across the state" (McGuinn & Weiss, 2017, p. 13). Our recommendations were created with these areas in mind.

The Indiana Department of Education (IDOE) must consider several concerns when implementing the recommendations. First, ensuring that any strategic framework aligns with existing Indiana Code § 20-19-5-1 is imperative, which empowers the IDOE and state stakeholders to create a comprehensive mental health plan. While this law provides the authority for plan development, it does not mandate schools to implement it or grant additional authority to

school-based personnel for mental health practices. Thus, IDOE needs to strategize ways to encourage voluntary adoption by schools and work within the confines of existing legal policies.

When contemplating the role of a SEA, it is important to recognize that all SEAs are not equal, and a state's degree of local control has a major impact on the SEA's approach to support districts (McGuinn & Weiss, 2017). Clarke and Dede (2009, as cited in Cannata et al. 2017) argue that initiatives need to be designed in ways that allow for flexibility while still "providing clarity about the core elements that define integrity to the initiative" (p.36). Since we observed ambiguity and multiple frameworks promulgated to address student mental health in the State, it is no surprise that our findings revealed inconsistencies in adoption across the State. When there is not sufficient specificity in the expectations and tactics of an initiative, those on the ground will struggle to understand what is expected, and little positive movement will occur (Rowan et al., 2009; Sanders, 2014, as cited in Cannata, 2017).

Another critical concern is the comprehensive assessment of various initiatives across state agencies, including IDOE, IDOH, and FSSA. Evaluating the initiatives' alignment, complementarity, and overlaps is crucial to establishing a cohesive approach to supporting student and staff wellbeing, particularly mental health. When setting out to establish cross-agency relationships, collaboration should be studied and measured. Collaboration is foundational when it comes to sustaining inter-agency programs (Frey et al., 2006).

In summary, when considering the most appropriate role that IDOE should play in addressing student mental health, the Department must evaluate how each level of the system (school, district, intermediary, state, and federal) is best positioned "to add value and coherence to the rest of the system" (McGuinn & Weiss, 2017, p. 8). Hoover et al. (2019) also emphasize

that CSMHSs require structures and practices to support the complete set of supports and services with the partnership of students, families, and communities.

While Indiana law allows IDOE and other agencies to develop a strategic plan for social, emotional, and behavioral health, it does not require schools to implement it, authorize school staff to perform mental health practices prohibited under existing laws, or create any new authorities for school-based personnel regarding identifying, assessing, treating, or tracking related mental health issues (Indiana Administrative Code 511 IAC 4-1.5-8, the Indiana Student Services Rule, and IC 20-19-5-1). IDOE should make recommendations to the State Board of Education (SBOE), who should adopt rules concerning the plan and conduct hearings on the implementation of the plan.

Streamlining IDOE's support services around the MTMDSS model would require intra-agency alignment requiring the executive office's direction. "If the goal is for states to become enablers of systemic educational improvement, then SEA leadership teams will have to be deliberate in driving this change throughout their agencies" (McGuinn & Weiss, 2017, p. 7). McGuinn and Weiss (2017) argue that SEAs need skills to lead change and play facilitating, scaling, and leveraging roles – rather than a 'doing' role. SEAs must look at the skills within their structures and where the state can provide something districts or others cannot (ibid). The authors state that SEAs should remove anything from their to-do list that can be done at the local level and prioritize the things that will have the most impact toward realizing the state's vision. Finally, capacity challenges should not prevent an SEA from taking on a duty that is best for a state agency; instead, the Department should think creatively about building capacity (McGuinn & Weiss, 2017). In the next section, we will explore ways that IDOE can mitigate any skill or capacity deficiencies that might hinder replicating and scaling practices across the State.

Human Resource Frame Recommendations

This frame emphasizes the value of individuals as the organization's most critical asset, focusing on their needs, development, and relationships. Key elements of the human resource frame include employee empowerment, motivation, collaboration, and a nurturing work environment that fosters personal and professional growth (Bolman & Deal, 2017). This frame advocates for involving employees in decision-making and empowering them to contribute to the organization's goals.

The focus of this study was not to gauge the internal dynamics within the IDOE. However, the belief that people are central to an initiative is relevant to this inquiry. To be successful, people should feel equipped and supported to thrive. Findings from previous studies and evidence from our research highlight that those responsible for student wellbeing do not feel as equipped as they would like. Requests for more training and resources were common themes in the survey and focus group sessions. Our recommendations within this section focus primarily on training and empowerment:

(11) **Establish a Robust Learning Collaborative (LC) to Foster Collaboration Among Stakeholders:** An LC would encourage collaboration between schools, districts, state agencies, and community partners in sharing resources and best practices. By fostering a collaborative approach, Indiana can make the most of available resources and enhance the effectiveness of CSMH initiatives. An LC could serve as a vehicle to support districts and schools in developing and implementing the components of a CSMH model. An LC could also assist IDOE in scaling other essential components of the CSMH model, e.g., needs assessment and resource mapping. LCs are an effective way to develop and spread best practices, including in school mental health (Heatly et al., 2023). SSFE staff indicated that they thought an LC would be well received by the LEAs, as there would be opportunities to incorporate best practices without a mandate. Survey respondents also indicated the desire for IDOE to provide additional resources, support, and professional development related to CSMH models.

(12) **Update IDOE Website and Resource Repository:** Refresh the existing resources and make them publicly accessible. The research findings indicate that some resources

provided by IDOE were difficult for users to access. Document review and participants' feedback showed that materials needed to be updated or had been taken down, leading to difficulties in accessing essential resources. Providing a user-friendly and up-to-date online platform can address these issues. Consider examples such as the Texas School Mental Health site supported by the Texas Education Agency (TEA) in collaboration with several state partners. "The Texas School Mental Health website strives to provide districts and campuses with the resources and tools needed to develop a comprehensive school mental health system" (*Texas School Mental Health*, 2023). Available on the site, The Texas School Mental Health Practice Guide and Toolkit offers schools a wealth of information, insights, resources, and practical tools. Its primary objective is to assist LEAs in developing and implementing a holistic school mental health system. This comprehensive toolkit aids schools in preparing and strategizing for interventions, services, and support as part of the Safe and Supportive School Program. Link: https://schoolmentalhealthtx.org/

(13) **Adopt the SHAPE Profile:** We recommend using the comprehensive school mental health evaluation framework promulgated by the National Center for School Mental Health, specifically the SHAPE profile (https://www.schoolmentalhealth.org/SHAPE/), to measure progress. This framework provides a basis for structural, process, and outcome measures that IDOE and the LEAs can incorporate into their student success measures. In interviews with SSFE staff, they indicated that these goals and measures align well with the CSMH model they would ultimately like to see adopted across the State. Other aspects of the CSMH model can be integrated into or developed alongside the MTMDSS model. For example, universal screening can be incorporated as a level 1 intervention within the MTMDSS. Mental health screening requires parent/guardian consent in Indiana. In the focus groups, one district cited that they obtain consent for screening at the time of school registration each year, which makes it as universal as parents will permit.

The literature speaks to LCs as an effective mechanism for scaled learning and implementation for other system improvements in health and behavioral health. Connors et al. (2020) studied the effectiveness of LCs in the context of CSMHS and found that "LCs are one approach that may be particularly feasible and effective to help school and district teams advance the comprehensiveness of their local school mental health system" (p. 9).

SEA-led learning collaboratives can be found in Delaware and Massachusetts supporting district-led improvement efforts (McGuinn & Weiss, 2017). Though the literature is silent as to

the exact role of an SEA in inter-district sharing and learning collaboratives, we do know that LEA teams will “likely need structured, ongoing technical assistance and support to identify and improve their system quality” (Connors et al., 2020, p. 3). Other states have intentionally redesigned their websites to become go-to resources with toolkits, guides, and other supportive materials (ibid).

The IDOE must also consider the workload and well-being of its workforce, recognizing and supporting their efforts and continuously improving resources and support. Ensuring equity and inclusivity in the implementation process is equally important, allowing all educators and staff to access the necessary resources for student mental health support regardless of their roles.

In implementing comprehensive student mental health systems, the human resource frame emphasizes training and development. It advocates for investments in training programs that, in this case, would be tailored to equip educators and staff with the essential skills and knowledge required to support students' mental health effectively. Our research indicates that there is room for improvement in educators being well-trained to handle mental health needs in the classroom (administrators scoring 3.87/5 and counselors scoring 3.57/5, difference $p<.05$) and adoption of best practices (administrators scoring 4.23/5 and counselors scoring 3.92/5, difference $p<.05$). By providing such training, educators and staff can become better prepared to address the unique needs of students in this regard.

Furthermore, the human resource frame underscores the principle of empowerment. In this context, empowerment means affording educators and staff the authority and resources to address students' well-being effectively. This empowerment could involve local administrators and educators in decision-making processes related to the design and implementation of mental

health initiatives. By giving them a sense of ownership and involvement, they become more committed and capable of contributing to the success of these programs.

Active participation and engagement of educators and staff in the implementation process are equally crucial. The frame encourages creating an environment where educators and staff are not merely recipients of directives but active contributors to the broader mental health system. They should have the opportunity to shape how these programs are structured, how they interact with students, and how they adapt to the specific needs of their schools and communities. By engaging educators and staff in this manner, the human resource frame promotes a collaborative approach that is more likely to yield successful outcomes.

When implementing LCs, the IDOE should intentionally engage other state personnel in health and human services and other child-serving systems to provide additional support for schools participating in LCs. Additionally, the IDOE would benefit from engaging third-party organizations, such as healthcare systems and mental health providers, to facilitate and disseminate lessons learned across the state. The IDOE may consider partnering with one of the state's nine education service centers (ESCs) to promulgate mental health resources, facilitate learning collaboratives (refer to recommendation #1), and offer technical support. This type of collaboration would expand IDOE's influence and maximize the reach of the SSFE staff. Once again, SEA staff (or staff from an intermediary organization) will need competencies to facilitate learning and improvement when working with LC networks.

Political Frame Recommendations

This frame emphasizes the role of politics within organizations and those present throughout the problem-solving process. The frame highlights the importance of understanding and navigating divergent views, coalitions, and competing interests among stakeholders to

achieve organizational goals. In the context of Bolman and Deal's (2017) political frame, "politics" (sometimes known as small ‘p’ politics) refers to the internal dynamics and power struggles within an organization. It is about the influence, competition, and decision-making processes. However, there is another form of politics at play within this setting. This other form of politics (or big ‘P’ politics) involves competing and maneuvering political parties and interest groups in public policy and governance. We acknowledge these two forms of politics by considering the power dynamics, interests of various stakeholders, and political realities involved in implementing a comprehensive student mental health initiative by offering these recommendations:

(14) **Develop a Strategic Funding Plan:** IDOE should collaborate with school districts and stakeholders to develop a comprehensive strategic funding plan for CSMH initiatives. This plan should outline how available resources will be allocated (whether new or existing funding sources), with specific attention to areas of need such as additional school-based resources, evidence-based programming, and professional development. The plan should be flexible to adapt to changing needs.

(15) **Leverage External Funding Sources:** In addition to state funding, IDOE should actively seek and leverage external funding sources, including federal grants and private partnerships. These additional resources can supplement State funding and expand the reach and impact of CSMH initiatives. Our research identified several instances where states utilized federal funds to design, develop, and implement student support centers. For example, in Texas, through a grant offered by TEA authorized by PL 117-159 Bipartisan Safer Communities Act (BSCA) Title II School Improvement Programs, a regional service center will receive funding to establish the Texas Center for Student Supports. The Center will enable systemic change in how school districts address students' academic and non-academic needs by providing safe, inclusive, and supportive learning environments resulting in improved academic achievement and mental health, behavioral and emotional health, and physical health and well-being. Support will include selecting and managing technical assistance providers for the grant program across priority areas. This project will also support Texas LEAs and Education Service Centers (ESC) by providing resources and tools to support continuous improvement efforts.

(16) **Advocate for Legislative Support:** Engaging with State legislators to advocate for legislative support for CSMH programs is crucial. IDOE should work closely with lawmakers to ensure that legislation aligns with comprehensive student mental health goals and supports necessary resource allocation. These sentiments were woven

throughout the survey and focus group comments. For example, one district administrator from one of our focus groups said that IDOE should "Help the legislature understand the role of school in mental health and to help fund the successful models that are in place in Indiana."

(17) **Monitor and Evaluate Resource Use:** Establish a rigorous system for monitoring and evaluating allocated resources. This includes tracking how funds are spent, assessing the impact of resource allocation on student well-being, and making data-driven adjustments to the resource allocation plan as needed. Additionally, consider flexibility for LEAs when distributing funding – at least in part, streamlining disparate funding efforts so that their aims, goals, and monitoring are neither contradictory nor burdensome to LEAs. Focus group participants mentioned current grant programs often do not align and result in siloed or fragmented efforts on top of burdensome reporting requirements.

(18) **Provide Training on Resource Allocation:** Offer training and guidance to school districts and administrators on effective resource allocation for CSMH. This can help ensure that allocated resources are used efficiently and that funds are directed toward evidence-based practices.

(19) **Provide LEAs with Resource Mapping Support:** Resource mapping, also known as asset mapping or environmental scanning, is an active and ongoing process used to identify, visualize, and share information about internal and external supports and services to utilize available assets effectively. In the context of school mental health, it involves mapping resources within schools and the surrounding community across different support tiers to meet the holistic needs of students. This mapping can be a geographical map or a directory listing available services. The goal is to maintain an updated and detailed list of services, including eligibility criteria and specifics about the services provided, to enhance the likelihood of successfully matching needs with available resources. This process is precious as schools collaborate with various agencies and programs, helping to reduce duplication and improve the utilization of services by providing clarity on the services offered and how to access them, ultimately enhancing student follow-through with services and care coordination.

The findings indicate that among the components of a CSMH, LEAs reported that resource mapping is rarely conducted. Focus group participants cited the cumbersome task involved with this effort, and several indicated that this was one component where IDOE could help. The Department might consider developing a web-based application (such as the prototype shown below) for schools to use to search for available services based on the level of need, payment type, distance from school/home, etc.

Figure 11: Prototype of a Mental Health Service Directory Created by Resultant in Response to an RFI from the State in 2019.

By strategically allocating resources and advocating for the importance of student mental health at the legislative level, IDOE can help create a comprehensive support system that positively impacts students' well-being, academic success, and long-term life outcomes. Resource allocation should be viewed as an investment in the future of Indiana's students and the well-being of its communities.

With the onset of new federal legislation through the Every Student Succeeds Act (ESSA), fewer mandates allow for more innovation and less political cover for SEAs (McGuinn & Weiss, 2017). We found three critical levers in the literature that are consistent with these recommendations: "the bully pulpit, transparency, and external coalitions" (McGuinn & Weiss, 2017, p. 22).

Approaches such as "Leading by Convening" have guided SEA leaders toward an adaptive leadership style. This program has helped train leaders in the art of convening across sectors, roles, and agencies (Hoover et al., 2019). Numerous states participated in three different

meetings in 2017 and 2018. They identified several focus areas, including developing a compelling vision and shared agenda that inspires local action and a structure to carry out the agenda. As a result, several states have established learning collaboratives (refer to Recommendation #10) to improve communication and shared learning to support school mental health (Hoover et al., 2019).

It is imperative to address the issue of stakeholder buy-in. These recommendations will ensure that key stakeholders, including educators, students, parents, and the wider community, fully align with and support these changes. Any potential resistance to these changes must be understood, managed, and mitigated through well-planned strategies. The state must be very deliberate in fostering conditions conducive to improvement aligned with the state's vision by building a clear understanding of the problems, support for the offered solutions, and motivation to perform at high levels. Moreover, the SEA must establish a robust system for ongoing evaluation and monitoring to gauge the effectiveness of these recommendations and make necessary adjustments to optimize their impact (Hoover et al., 2019).

In implementing these recommendations, it is crucial to consider how they will interact with the broader fabric of the organization, including alignment with existing policies and procedures. One vital element is consistency, ensuring that the new recommendations resonate with the organization's mission, vision, and values. This alignment strengthens the organization's overall cohesiveness and reinforces its core identity. Additionally, the recommendations must be scrutinized for alignment with other ongoing organizational initiatives or programs. This prevents conflicting efforts or duplication of resources and ensures that all organizational components work harmoniously toward common objectives. The organization may need to adapt existing policies or procedures to accommodate the new recommendations, ensuring they

seamlessly integrate into the organizational framework without causing disruption or incongruence. This comprehensive alignment will facilitate a smooth and effective implementation process.

Conclusion

In conclusion, the findings of this comprehensive research project shed light on the complex landscape of student mental health support in Indiana's K-12 educational system. The multifaceted nature of this issue necessitates a holistic and multi-domain approach to address the challenges and opportunities that lie ahead.

Our recommendations are based on a robust foundation of evidence derived from a sequential mixed methods research design, combining interviews, document reviews, observations, surveys, and focus groups. This approach not only provides a comprehensive understanding of the current state of student mental health support but also equips us with a nuanced perspective on how the State's educational system can enhance and expand these supports systematically.

As this journey towards improving student mental health support unfolds, it is important to recognize the challenges and the diverse needs of Indiana's K-12 schools. The research findings and the recommendations presented here provide a roadmap for creating a more inclusive, responsive, and effective system. By embracing these recommendations, Indiana can work towards nurturing a culture where every student's well-being is a top priority, creating an educational environment that fosters emotional flourishing and academic success.

Ultimately, the success of these recommendations will depend on the collaboration and dedication of all stakeholders, from educators and counselors to policymakers and community partners. Together, we can reframe and enrich Indiana's educational system, ensuring that student

mental health is integrated and celebrated as an essential component of comprehensive and effective education.

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Appendices

Appendix A: Survey of District Administrators/Lead Counselors

IDOE Capstone Survey

Start of Block: Default Question Block

CONSENT FORM

Indiana Department of Education (IDOE), Office of Student, School and Family Engagement, is partnering with doctoral students at Vanderbilt University to conduct an assessment of current mental health supports in Indiana's public schools. The purpose of the research is to gather your assessment of current mental health supports and to develop recommendations on how IDOE can better support schools and students.

Many of the survey questions relate to a "comprehensive school mental health model". A comprehensive school mental health model is an organized system of supports and services that provides for mental health promotion, prevention, early identification, and treatment. Effective comprehensive school mental health systems contribute to improved student and school outcomes, including greater academic success, improved school climate and safety, and enhanced student wellbeing.

All data submitted through this survey link will be transmitted directly to the researchers at Vanderbilt University for analysis. Data will be aggregated and comments shared in survey responses will not be attributed to individual respondents or districts. Participation in this survey is completely voluntary, and you may discontinue participation at any time. If you have questions about the research or this survey, please contact John Harding at john.p.harding@vanderbilt.edu.

- I consent to participate in this research as described above
- I do not consent to participate

Skip To: End of Survey If CONSENT FORM Indiana Department of Education (IDOE), Office of Student, School and Family Engagem... = I do not consent to participate

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What is your district number?

_____

My primary role is a(n):

- District Administrator
- District School Counseling Leader
- District Mental Health Leader
- Other (please specify)

  _____

End of Block: Default Question Block

Start of Block: MODEL

My district has a comprehensive school mental health model that we follow

- Yes
- Unsure
- No

I have learned about how to develop a comprehensive school mental health model through (check all that apply)

- State regulations, policies, and procedures
- State-sponsored professional development
- State-provided resources, e.g., IDOE websites, Moodle
- National associations or resources
- My own professional development
- My own personal research
- I am unfamiliar with the components of a "comprehensive school mental health model"

End of Block: MODEL

Start of Block: CSMH

My district's educators and instructional support personnel are well trained in supporting the mental health needs of students in the school setting

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

My district has adequate family-school-community collaboration and teaming to support student mental health and wellbeing

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

Resource mapping offers a map of how needs are being addressed and can visually display many factors, including the location of service, the type of service, and how students and families can access the services that are available to them. My district has conducted resource mapping

- Yes
- Unsure
- No

My district uses evidence-based and emerging best practices for developing school mental health programs

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

My district uses data and data-driven decision-making in developing school mental health programs

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

My district has used creative funding mechanisms to better support our school-based mental health programs, e.g., grants, foundation support, school-based Medicaid

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

My district has conducted a mental health needs assessment within the past year

- Yes
- Unsure
- No

Display This Question:

If My district has conducted a mental health needs assessment within the past year = Yes

What was the highest priority need identified in your district's mental health needs assessment?

_____

End of Block: CSMH

Start of Block: MTSS

My district has a Multi-Tiered System of Supports (MTSS)

- Yes
- Unsure
- No

Display This Question:

If My district has a Multi-Tiered System of Supports (MTSS) = Yes

Please list your most common Level 1 (i.e., universal) interventions

- Intervention #1 _____
- Intervention #2 _____
- Intervention #3 _____

Display This Question:

If My district has a Multi-Tiered System of Supports (MTSS) = Yes

Please list your most common Level 2 (i.e., selective) interventions

- Intervention #1 _____
- Intervention #2 _____
- Intervention #3 _____

Display This Question:

If My district has a Multi-Tiered System of Supports (MTSS) = Yes

Please list your most common Level 3 (i.e., indicated) interventions

- Intervention #1 _____
- Intervention #2 _____
- Intervention #3 _____

End of Block: MTSS

Start of Block: INTERVENTIONS

Roughly what percentage of your students need mental health treatment by a licensed professional inside or outside of the school?

- Percentage (%) needing treatment _____
- I do not know.

When mental health treatment by a licensed professional is needed for students, it is generally available (check all that apply):

- In school, in person
- In school, virtually
- In community, with acceptable access
- In community, with access delays that adversely affect students' school performance

End of Block: INTERVENTIONS

Start of Block: NEEDS

IDOE provides guidance and reference materials for student mental health support that are easy to access

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

What are your top three greatest needs to improve the mental wellbeing of your students?

- Need #1 _____
- Need #2 _____
- Need #3 _____

What are the top three things IDOE could do to support you in meeting those needs?

- Idea #1 _____
- Idea #2 _____
- Idea #3 _____

End of Block: NEEDS

Start of Block: FOCUS

I would be interested in participating in a focus group of my peers to follow up on our collective survey responses

- Yes
- No

Skip To: End of Survey If I would be interested in participating in a focus group of my peers to follow up on our collectiv... = No

Please provide your email address for follow-up communication regarding the focus groups

- Email address: _____

End of Block: FOCUS

Appendix B: Interview Protocols

I. Interview Questions – IDOE Staff (March 17, 2023)

a. Is there a mission statement for the SSFE? Strategic plan? Goals/Objectives?
b. What is the 'needle' that the Office (or IDOE) is hoping to move? How does it connect to one of the GPS metrics or other type of outcome measure (i.e., graduation, absenteeism)
c. Please provide relevant documentation for the programs supported by the Office
d. What other funding mechanisms are in place that support the programs of the Office?
e. What student mental health support model(s) does the Office promote for local adoption? (i.e., MTSS, PBIS, Comprehensive Models)
f. How is information disseminated to LEAs from the Office? Bilateral? What are the communication mechanisms in place between the LEAs and the Office?
g. What does the office provide by way of a 'Community of Practice' – is it the Moodle platform? Something else?
h. What was the date of the 'Supports Survey'? Is it something we can use? Do you have a copy of the survey itself? The raw data?

II. Interview Questions - Brandie Oliver, PhD (July 3, 2023)

a. Introductions
b. Do you have a formal role with IDOE?
c. We noticed you presented a Comprehensive School Mental Health model at the recent Yes! Conference. What prompted this presentation?
d. What is your perspective regarding the current IDOE models or programs and how schools are picking them up?
e. What is your perspective on the greatest challenges facing Indiana's schools regarding mental health right now? Do you have any suggestions for addressing/improving?
f. Have you had a chance to review our study design? Do you have any feedback for us?
g. Would you be willing to review our survey?
h. Do you have any questions or additional comments for us?

Appendix C: Focus Group Protocol

Semi-structured, Responsive Guide [60-minute, virtual meeting]

I. Opening/Introductions/Purpose (5 min)

Thank you for taking the time to engage in this discussion with us today. Before we begin, we would like to remind you of the purpose of our study. This study is intended to explore ways IDOE can support schools towards advancing comprehensive mental health systems. Your unique experiences are expected to be valuable contributions to the IDOE and fellow administrators as work evolves around comprehensive student mental health initiatives. We appreciate your participation and contribution to this study.
We will begin by briefly telling you about our experiences and knowledge in this realm… Could you share a bit about yourself and your role within the LEA?

II. Organizational Structure (5 min)

Could you please describe how your district has organized personnel to support mental health [context]? What types of personnel are included in your school mental health system today?

III. Experiences (20-25 min)

Next, let's discuss…

Potential probes:

- Describe for us your experience interacting with IDOE resources
  - What would make it easier?
- What do you suppose are the barriers to conducting a needs assessment and resource mapping?
- What has been your experience with PLCs/LCs/collaborative networks?
- When have you experienced supportive technical assistance from IDOE? What made that so?
- Review materials provided by IDOE and ask for reactions/thoughts/questions

IV. Roles and Responsibilities (20-25 min)

How do you understand the responsibilities of an LEA vs. SEA in terms of addressing student mental health?

Potential probes:

- What do you believe the role of the IDOE to be, in general?
- Tell us how IDOE might...[insert common response from survey question NEEDS_IDOE]?
- What would it look like for IDOE to... [insert common response from survey question NEEDS_IDOE]?
- Describe what you think LEAs meant by [insert responses from survey to see clarity/context]

- What might be the best way to structure a collaborative learning environment to foster rapid improvements across the State?

V. Final Thoughts and Closing (5 min)

Do you have recommendations regarding specifically how the IDOE could better support LEAs….

Is there anything else you would like to share that we haven't discussed?

Thank you for taking the time to share in this conversation today. We appreciate your candid responses and look forward to reviewing the information you provided. If you have questions in the meantime, or if you think of additional information you would like to share with us, don't hesitate to get in touch with us by emailing:

Thank you again for your valuable participation in this study!

Appendix D: Top Needs and Ideas for IDOE Support

I. Coded needs in response to the survey question, "What are your top three greatest needs to improve the mental wellbeing of your students?" (Administrators and Counselors combined)

Top 3 Needs	Count	% of Total	Cum %
Additional counseling/social work staff	88	23%	23%
Access to mental health services	64	17%	40%
Funding	39	10%	51%
Evidence-based programming	39	10%	61%
Family involvement	21	6%	67%
Professional development	21	6%	72%
Student mental health	15	4%	76%
Community education	10	3%	79%
Affordable mental health services	9	2%	81%
Community collaboration	8	2%	84%
Time	6	2%	85%
Advocacy	6	2%	87%
Student equity	6	2%	88%
Mental health curriculum	5	1%	90%
Basic student needs	4	1%	91%
Community resource guides	4	1%	92%
Student wellness	3	1%	93%
Resource mapping	2	1%	93%
Buy in from teachers and staff	2	1%	94%
Substance abuse prevention and treatment	2	1%	94%
Social media	2	1%	95%
Safety	1	0%	95%
Reduce gun violence	1	0%	95%
Bilingual mental health providers	1	0%	95%
Mental Health Director	1	0%	96%
Early intervention	1	0%	96%
Smaller class sizes	1	0%	96%
Sensory items for students	1	0%	97%
Staff wellbeing	1	0%	97%
Adult volunteers	1	0%	97%
More time for programming	1	0%	97%
After-school support	1	0%	98%
Needs Assessment	1	0%	98%
Student monitoring	1	0%	98%
Facilities	1	0%	98%
Housing	1	0%	99%

Systemic approach	1	0%	99%
In-house mental health agency	1	0%	99%
Welcoming and inclusive learning environments	1	0%	99%
Location	1	0%	100%
Love and understanding	1	0%	100%
Grand Total	**376**	**100%**	

II. Coded ideas in response to the survey question, "What are the top three things IDOE could do to support you in meeting those needs? (Administrators and Counselors combined)

Top 3 Ideas	Count	% of Total	Cum %
Funding for mental health initiatives	91	30%	30%
CSMH resources and support	49	16%	46%
Professional development	41	13%	59%
Advocacy	35	11%	71%
Additional counseling/social work staff	23	8%	78%
Curriculum	7	2%	81%
Community collaboration	7	2%	83%
Career pipelines	7	2%	85%
Community education	6	2%	87%
Counselor focus	5	2%	89%
Parent involvement/supports	5	2%	90%
More local interaction	5	2%	92%
Resource mapping	3	1%	93%
Access to mental health services	3	1%	94%
Do not know	2	1%	95%
Make it a priority	2	1%	95%
Less testing	2	1%	96%
Affordable mental health services	2	1%	97%
Less bureaucracy	1	0%	97%
Staff wellness	1	0%	97%
Less testing	1	0%	98%
Time for professional development	1	0%	98%
Student wellness	1	0%	98%
Access to virtual mental health	1	0%	99%
Tutoring mentors	1	0%	99%
Nursing services	1	0%	99%
Develop apps supported by IDOE	1	0%	100%
Identifying gaps	1	0%	100%
Grand Total	**305**	**100%**	