

2021 - 2022

School Behavioral Health Survey

A REPORT FROM



COALITION FOR
COMPASSIONATE
SCHOOLS

Table of Contents



2	Background
4	The Survey
4	The Report
5	Executive Summary
7	Survey Sample
8	School Mental & Behavioral Health Services
19	Summary & Recommendations

Background

The New Orleans Health Department began examining the City's role in addressing behavioral health issues in 2011. With support and guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Department formed the Behavioral Health Council (BHC). The Behavioral Health Council brings together providers, advocates, and consumers from across the behavioral health community to facilitate coordination, advocate for policy change, influence funding, and communicate with the local community.

The Education Working Group of the Behavioral Health Council first launched the School Behavioral Health Survey in the Spring of 2012 and administered it annually through the 2019-20 school year.

The School Behavioral Health Survey is an important tool to monitor the degree to which comprehensive and coordinated mental and behavioral health services are available in schools.

In 2019, the Health Department conducted a [Community Health Assessment \(CHA\)](#). Based on the assessment, they developed a Community Health Improvement Plan (CHIP) in February of 2022 to address several priorities, including behavioral health. The plan resulted in a reconfiguration of the Behavioral Health Council and a handoff of the 2021-22 School Behavioral Health Survey to the Coalition for Compassionate Schools (formerly the Trauma-Informed Schools Learning Collaborative).



Background Continued

Comprehensive mental and behavioral health services are essential to support positive academic, behavioral, and interpersonal outcomes for students. Because schools are the most efficient place for children to receive mental and behavioral health services, schools have assumed increased responsibility for and coordination of those services¹. This is especially true in relation to pandemic recovery efforts.

Louisiana received \$4 billion for PreK-12 pandemic academic recovery efforts through the federal Elementary and Secondary School Emergency Relief (ESSER) Fund. School systems in the state were able to access these funds through multi-year Achieve! grants. Funds could be leveraged for a variety of activities “to prevent, prepare for, and respond to coronavirus.” According to the [Louisiana Department of Education public funding dashboard](#), about \$395 million has been budgeted to support recovery efforts in Orleans Parish through 2024. Funds dedicated to support school mental and behavioral health services or to hire school mental health professionals are not explicitly specified within the dashboard. However, the dashboard does indicate that a little over \$60 million in funds have been dedicated to support equitable and inclusive learning, including social emotional learning (\$23 million) and strategies for diverse learners (\$21 million). About \$3 million in funds have been dedicated to family engagement and support.

The 2021-22 School Behavioral Health Survey was completed in the context of this increased funding to support pandemic recovery efforts. The survey focuses on the degree to which New Orleans public schools have in place a comprehensive mental and behavioral health service system that provides universal mental and behavioral health promotion in schools, early identification and intervention, targeted supports, and interagency collaboration to address the full range of student needs.

The New Orleans citywide youth survey was also conducted during the 2021-22 school year by the Educational Research Alliance. That survey captures students’ perceptions of teachers and schools, including their perceptions of school climate and safety and their own mental and behavioral health needs. Where relevant, results from the youth survey are referenced in this report. View the full [youth survey report](#).



¹ National Association of School Psychologists. (2015). The importance of mental and behavioral health services for children and adolescents (Position statement). Bethesda, MD: NASP.

The Survey

The survey was comprised of three components:

- The School Mental Health Profile² documents the structure and operations of each school’s mental and behavioral health system. This tool is part of the National School Mental Health Census, an effort to capture the status of school mental and behavioral health nationally.
- The Trauma Responsive Schools Implementation Assessment³ (TRS-IA) was developed through a consensus process with a national panel of experts to identify and refine best-practice guidelines for trauma-responsive school implementation. Development of the tool was guided by a community-participatory framework that engaged school administrators and teachers from various regions of the country to ensure the assessment was culturally-sensitive and could be easily used by busy school personnel.
- A set of questions was developed to assess COVID-19-related mental and behavioral health needs and services. The questions were developed in collaboration with local community mental health agencies that offer in-school services and were reviewed by a NOLA Public School staff member.



The Report

Multitiered systems of support provide a continuum of mental and behavioral health supports and services that vary by intensity (e.g., tiers) and specificity of student needs. MTSS guidance from the Louisiana Department of Education can be found [here](#) and expansive descriptions of and resources for MTSS are provided by the [Center on Multi-tiered Systems of Support](#).

The first half of the report presents results related to five essential principles and practices that serve as the foundation of MTSS to ensure coordinated, effective, and culturally relevant supports, including: team-driven shared leadership; family and community partnerships; universal social emotional screening; data-based problem solving and decision making; and evidence-based practices and interventions.

The second half of the report presents results related to the state of services and supports at each level of the multitiered model.

2 [SMH_School-version-10.2.pdf \(theshapesystem.com\)](#)

3 [TRS-IA-1-25-18.pdf \(theshapesystem.com\)](#)

Executive Summary

Principles and Practices of Multitiered Systems of Support

Shared, Team-Driven Leadership

Schools were most likely to report having two mental health professionals in the building, up from one reported in 2019. Mental health professionals are the most common member of school mental and behavioral health (SMBH) teams, which also tended to include a school administrator and a school nurse.

Data-Based Problem Solving & Decision Making

Only about one-third of schools regularly assessed school climate or had quality improvement systems in place to understand and improve their school mental and behavioral health system.

Universal Social Emotional Screening

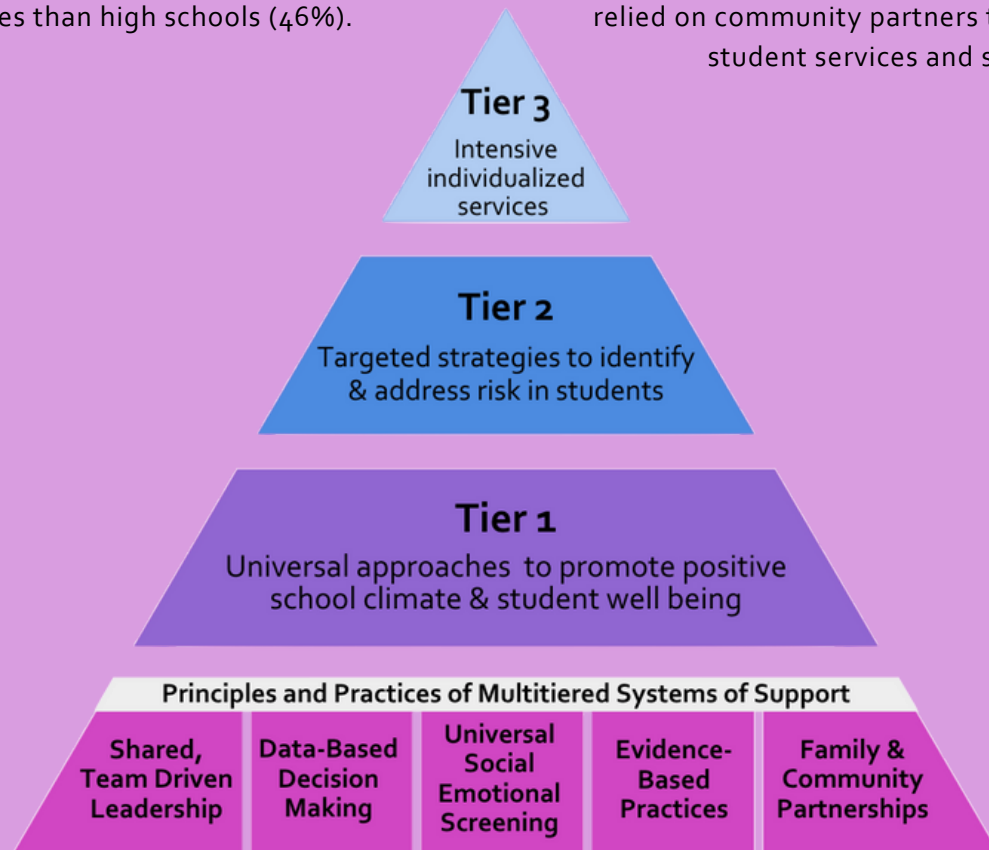
The percentage of schools utilizing universal screening to identify students who may need social, emotional, or behavioral supports increased from 57% in 2019 to 74% in 2021.

Evidence-Based Practices & Interventions

The majority of schools (74%) reported using evidence-based practices to promote student well-being and address social-emotional needs. Elementary schools (86%) were more likely to report evidence-based practices than high schools (46%).

Family & Community Partnerships

Only 20% of schools reported using specific strategies to foster engagement with community stakeholders and only 30% of school mental and behavioral health teams included a community member. In contrast, 67% of schools relied on community partners to provide specific student services and supports.



The State of Multitiered Services and Supports in New Orleans Public Schools

- **Although the number of school mental health professionals** has increased over the past two years, access to services has not; 71% of schools reported that they had not been able to meaningfully increase access to services for students or staff in response to the COVID-19 pandemic and/or Hurricane Ida.
- **A sizable minority of schools reported taking student trauma exposure into account** when planning their multitiered systems of supports. This most often took the form of training for educators on the impact of student trauma exposure on students and the educators who teach them. Schools were less likely to report the use of specific trauma-informed strategies to develop schoolwide discipline policies or individualized interventions for students.
- **Universal efforts to promote school safety and student well-being** would benefit from the use of clear and specific procedures and/or programs. For example, most schools did not have clearly defined processes to assess student risk for harm or procedures that allowed students to report concerns about their peers. Less than half of the schools that reported universal social emotional learning supports trained staff in a specific approach or curriculum.
- **Between 46% and 58% of elementary and high schools** indicated they were able to provide Tier 2 and Tier 3 services to address common mental and behavioral health problems. Given the negative impact of the pandemic on student well-being and the high rates of trauma and loss experienced by students, there is a dire need to increase access to targeted and intensive interventions in our schools.



The Survey Sample

Participating Schools

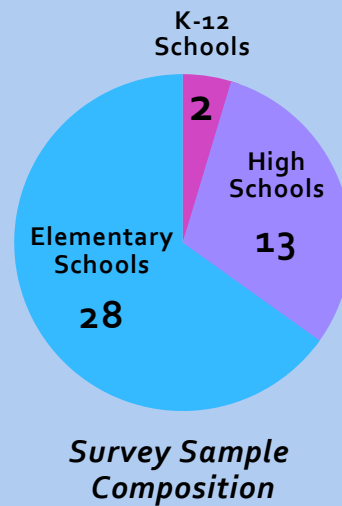
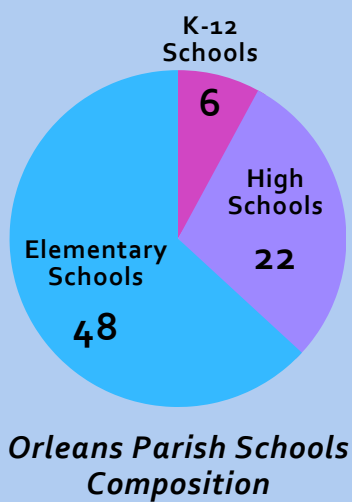
A total of 45 schools completed the survey. Two specialized schools (Opportunities Academy & ReNEW Therapeutic) were omitted from the primary analyses. The 43 schools included in this report served 14 different grade configurations, as indicated in the following tables.

Grades Served	Number of Schools	Grades Served	Number of Schools
PreK	1	3-8	3
PreK-5	3	5-8	1
PreK-6	1	7-8	1
PreK-7	1	8-12	1
PreK-8	11	9-12	12
K-2	2	PreK-12	1
K-8	4	K-12	1

NOLA Public Schools⁴ groups schools into Elementary Schools (all grade configurations that fall within the K-8 range), High Schools (8-12 or 9-12), and K-12 schools. We adopted the same categories to examine how the nature of school-based mental and behavioral health services might vary by grade levels served.

The 43 schools that responded to the survey represent 56% of NOLA public

schools. The sample includes schools across every geographic zone and state-assigned letter grade. As indicated in the following figure, the proportion of elementary, high, and K-12 schools within the survey sample matches that of the NOLA Public School District.



⁴ <https://nolapublicschools.com/about/whoweare>

Essential Principles and Practices of MTSS in NOLA Public Schools



Shared, Team-Driven Shared Leadership

Many schools (84%) reported that their school mental and behavioral health team (SMBH) included a social worker, counselor, and/or psychologist. Social workers were the most commonly employed mental health professional (83%), followed by counselors (64%) and psychologists (50%).

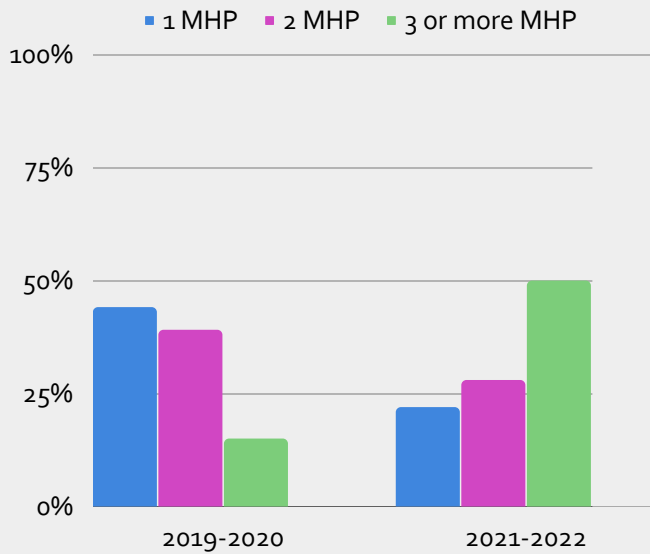
As seen in the table below, other common SMBH team members included school administrators and nurses. Less common members were behavior specialists, psychiatrists, and community members. The following table presents the percentage of schools reporting different team members by school level.



Members of School Mental and Behavioral Health Team	All Schools	Elementary Schools	High Schools	K-12 Schools
School Administrator	70%	68%	69%	100%
Mental Health Professional	84%	82%	85%	100%
Behavior Specialist	21%	21%	15%	50%
Case Manager	23%	32%	31%	--
Nurse/Nurse Practitioner	77%	79%	69%	100%
Psychiatrist	12%	9%	23%	--
Community Member	30%	36%	15%	50%

Shared, Team-Driven Leadership Continued

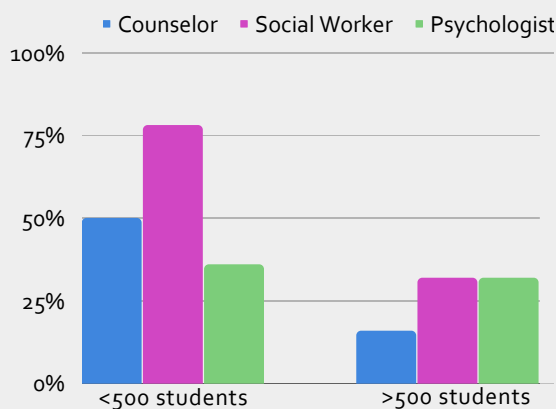
The number of school mental health professionals increased from an average of about 1.5 per school in 2019 to an average of about 3 per school in 2021. The following graph represents the percentage of schools reporting 1, 2, or 3 or more mental health professionals.



Despite the growth in school mental health professionals, 71% of schools reported that they had not been able to meaningfully increase access to services for students or staff in response to the COVID-19 pandemic and/or Hurricane Ida. This finding is not surprising given that most schools continue to struggle to achieve the recommended ratio of mental health service providers to students.

National guidelines provide recommendations for the ratio of specific mental health service providers to students. The recommended ratio of counselors and social workers to students is 1:250 and the recommended ratio of school psychologists to students is 1:500. As indicated in the graph below, schools with student enrollments of 500 or less were more likely to meet the recommended ratios of specific mental health providers to students compared to schools with student enrollments of more than 500. Thus, it is not surprising that 46% of schools with student enrollments of 500 or less were able to increase access to services over the past two years compared to just 13% of schools with student enrollments greater than 500.

% of Schools Meeting Recommended Ratios for Specific Mental Health Professionals

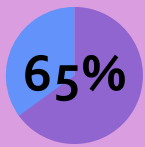


Recommended	< 250	251 - 500	501 - 750	751 - 1000	> 1000
Counselors	0.5 - 1	1 - 2	2 - 3	3 - 4	4+
Social Workers	0.5 - 1	1 - 2	2 - 3	3 - 4	4+
Psychologists	0.25	0.5 - 1	1 - 1.25	1.5 - 2	2+

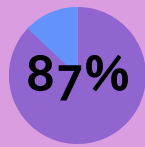
Family and Community Partnerships

As noted above, only 30% of schools reported a family and/or community member as part of their SMBH teams. Only 52% agreed that adults in their schools understand students' mental health needs. Formal representation on the SMBH team is just one way to engage families and communities in creating supportive and culturally responsive school environments. Unfortunately, only about 20% of schools reported having specific strategies and interventions that foster engagement with community stakeholders.

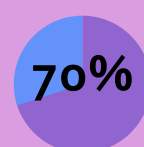
The lack of connection and collaboration with families and communities can result in missed opportunities for effective communication and responsive supports. In fact, findings from the Youth Survey indicate that only about half of students feel that teachers and other school employees understand their mental health needs. Other missed opportunities identified in the current survey include:



65% of schools were unable to ensure that stakeholders receive all relevant information in any necessary language.



87% of schools reported little to no engagement with families or the broader community about trauma and its impact.

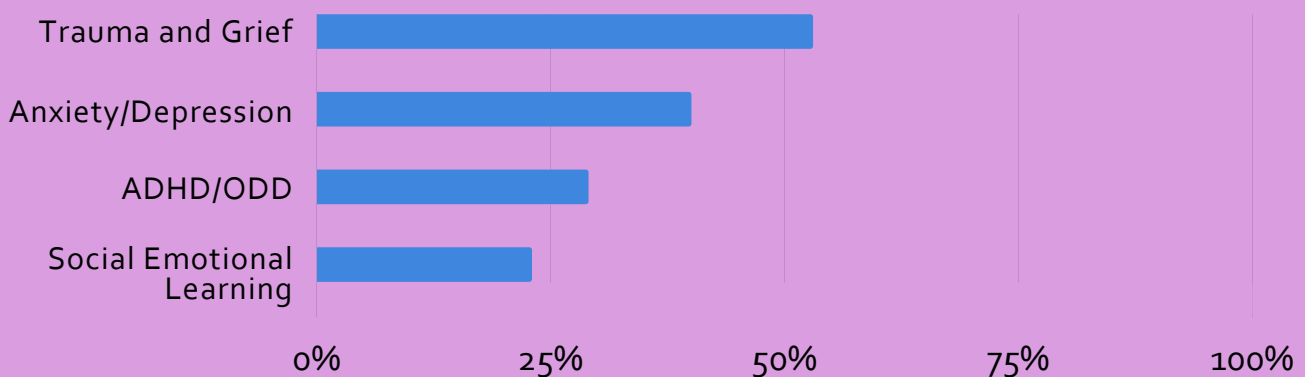


70% of schools reported a lack of formalized partnerships with community organizations (e.g., churches, health centers) to support families in need.

It is possible that focused training efforts for educators and administrators on how to be responsive and considerate of cultural issues could foster more meaningful family and community engagement and responsive student supports. However, 70% of schools reported little to no training on cultural responsiveness.

A higher level of engagement with community partners was observed as related to student-focused supports and services. Overall, 67% of schools reported relying on community partners to provide some supports and services to students. The following graph illustrates the percentage of schools that relied on community partners for supports and services related to specific student needs.

% of Schools Relying on Community Partners to Address Specific Needs



Universal Social and Emotional Screening

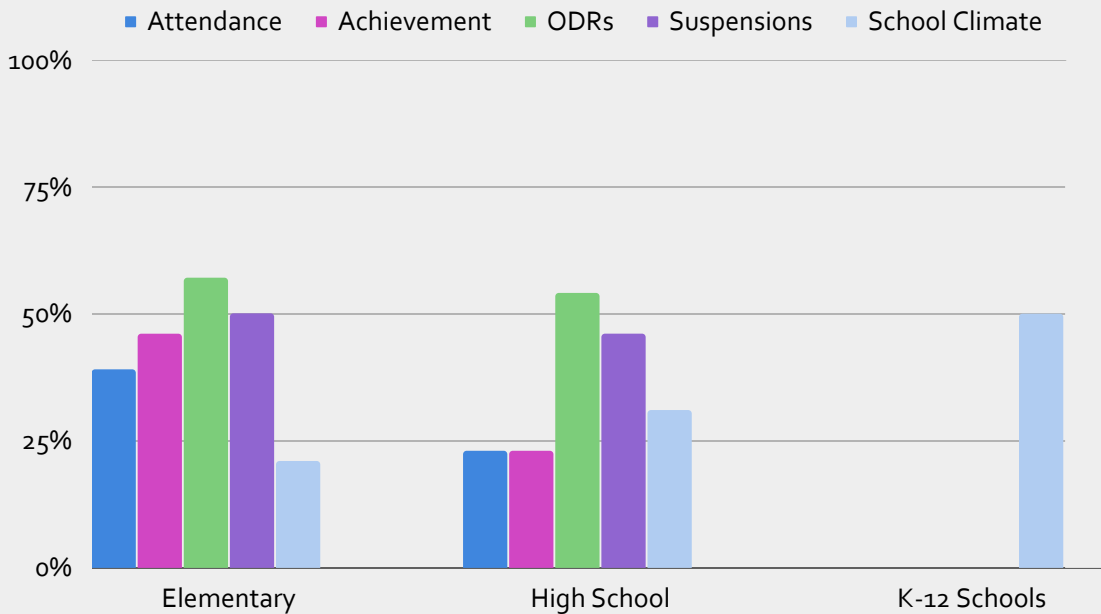
The survey defined screening as the assessment of the entire student body (or a large portion of the student body) to determine whether they may be at risk for a mental health concern. Screening can be accomplished with a systematic tool or process, including standardized student-report, parent-report, teacher-report measures, examining mental health surveillance data, or a structured teacher nomination process.



The importance of universal screening is brought home by the Youth Survey finding that almost 20% of students said they would not speak with anyone if they were overwhelmed, stressed, or depressed. Universal screening offers a strategy for identifying students whose distress may otherwise go unnoticed. All Louisiana schools were asked to administer a universal social, emotional, and behavioral screener to all students during the 2020-21 school year to "...assess the impact, if any, of the COVID-19 pandemic on the well-being of students and to provide appropriate interventions and referral to external services."

Seventy-four percent of schools reported using universal screening, up from 57% in 2019. Schools serving elementary grades (either exclusively or in K-12 schools) were more likely to report mental health screening (86% of elementary schools, 100% of K-12 schools) than high schools (46%).

Schools were asked whether they used other types of data to help screen for students who may be in need of mental or behavioral health supports and services. The graph below indicates the percentage of schools at each grade level using each type of data for screening and identification purposes.



Only one K-12 school provided responses to these questions.

Data-Based Problem Solving and Decision Making

School Climate

Positive school climate has broad benefits for student well-being and has been associated with increased school satisfaction and student engagement as well as decreased disruptive behaviors and suspensions. Nationally and locally, students of color often report less positive perceptions of school climate than their peers. For example, results of the Youth Survey found that Black and Hispanic students reported a lower sense of emotional safety and higher rates of bullying in their schools than White students. Black students also perceived less equitable treatment than White students.

Routine assessment of school climate can identify system-level issues within the school that contribute to these different perceptions of school climate. It can evaluate the effectiveness of programs and interventions to address those issues. Unfortunately, only 33% of schools reported conducting an assessment of school climate at least once a year with some stakeholders (e.g., students, staff) and only 15% reported conducting an annual assessment with a wide range of stakeholders (e.g., parents, school resource officers).



Use of Trauma-Related Data in Decision Making

There is growing recognition that **schools should take into account student exposure to trauma to inform identification of student needs and services**⁵. While 31% of schools reported that they routinely incorporate assessment of trauma exposure into student mental health assessments, only 9% reported having clearly defined approaches for examining trauma exposure as a contributor to student performance or for including trauma history into the process of developing individualized educational plans.

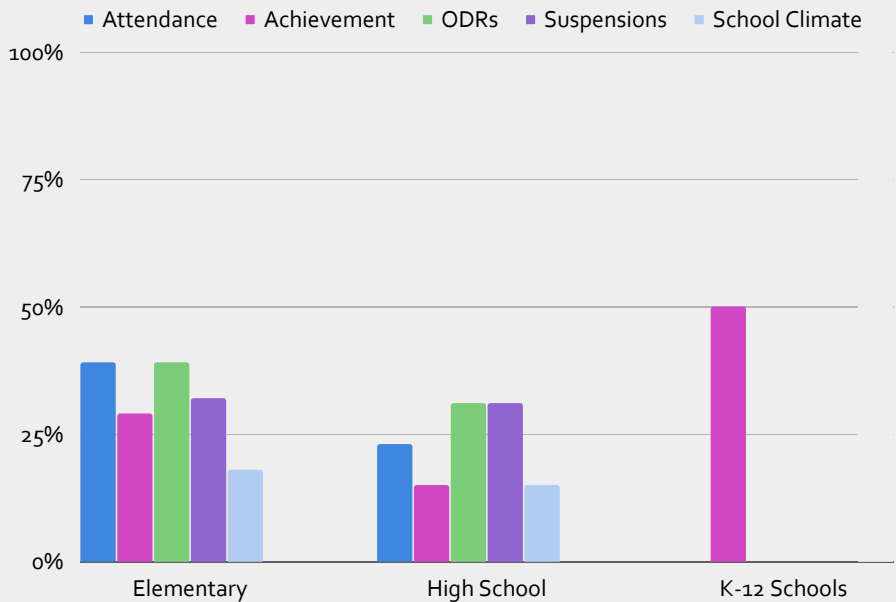
⁵ [What is a Trauma-Informed School, Anyway? — Institute of Women & Ethnic Studies \(iwesnola.org\)](https://www.iwesnola.org/).

Data-Based Problem Solving and Decision Making Continued

Progress Monitoring

Less than half (42%) of schools reported using an electronic system to track the number of students receiving mental health early intervention (Tier 2) and/or treatment (Tier 3) services and supports. Of those schools, 45% created their own tracking spreadsheets.

Schools were asked whether they used specific types of data to track individual student progress in mental or behavioral health interventions. This graph indicates the percentage of schools at each grade level using each type of data for progress monitoring.



Quality Improvement

Only 37% of schools reported a quality improvement process to understand and improve their school mental health system. Engagement in quality improvement did not vary significantly by grade levels served; 36% of elementary schools, 38% of high schools, and 50% of K-12 schools reported quality improvement processes.

Of schools that reported engagement in quality improvement processes: 50% used suspension data; 44% used office discipline referrals; 38% utilized attendance or achievement data; and 31% used school climate. Schools also reported using behavioral data, in-school suspensions, and/or adjudication issues to inform quality improvement.

Evidence-Based Practices and Interventions

A majority (74%) of schools reported using evidence-based practices and/or interventions. Schools serving elementary grades (either exclusively or in K-12 schools) were more likely to report the use of evidence-based practices (86% of elementary schools, 100% of K-12 schools) than high schools (46%).

The State of Multitiered Services and Supports in New Orleans Public Schools

Mental and behavioral health services are typically offered along a continuum of supports and services that vary by intensity and specificity of student needs. Supports and services range from universal procedures and programs to foster the well-being of all students, to prevention and early intervention services to promote resilience in response to risk to targeted interventions that address individual student needs. Information related to tiered mental and behavioral health supports and services is summarized in this section of the report.



Tier 1 Supports and Programming

Tier 1 supports and programming for students focus on promotion of positive social, emotional, and behavioral skills and wellness. They are designed to meet the needs of all students, regardless of whether they are at risk for mental or behavioral health problems. These activities can be implemented schoolwide, at specific grade levels, and/or at the classroom level.

Safety Planning

Only about half of schools (54%) reported conducting a comprehensive assessment of campus physical safety using a structured checklist.

As indicated in the bar graphs below, although the majority of schools reported having processes to assess the risk of students committing harm and to allow students to report concerns about peers, those processes were not clearly defined.

Assess Risk of Harm



Report Concerns About Peers



Tier 1 Supports and Programming Continued

COVID-19 Responses

Despite the fact that the survey was conducted more than a year after pandemic-related school closures, schools still struggled to address pandemic-related challenges.

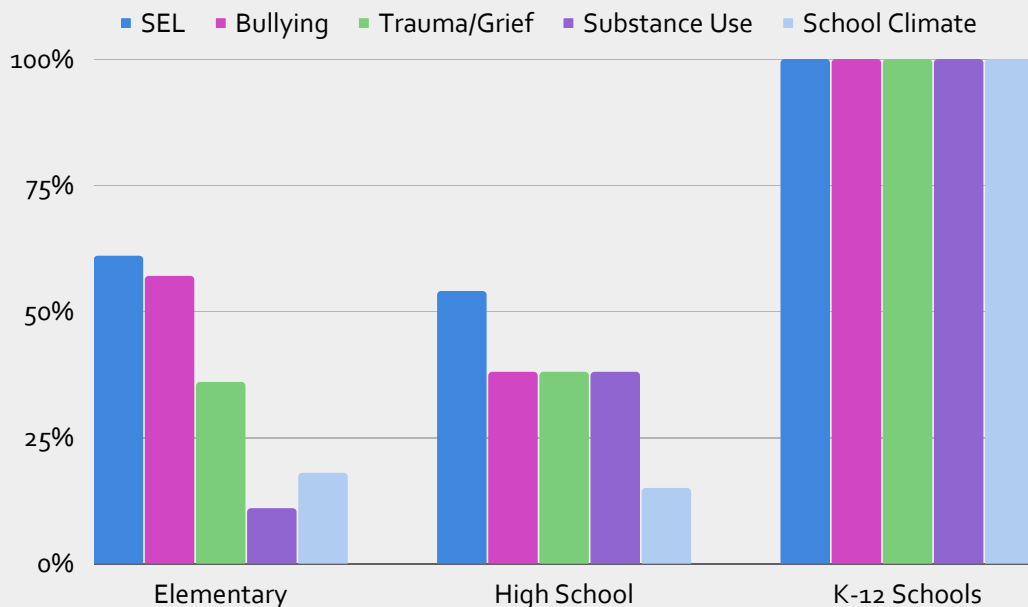
- 70% of schools did not have specific strategies for the positive reintegration of staff and students following school closures.
- 53% of schools did not have specific strategies in place to reduce the opportunity gap between students attending school virtually and those attending in person.
- 57% of schools were not able to provide assistance to families regarding technology and internet access for online education.

Discipline Practices

The majority of schools (85%) reported having schoolwide behavioral expectations that are communicated to students in a consistent manner and 60% reported providing staff training in specific strategies to reinforce those behavioral expectations. In contrast, only 44% of schools reported having clearly defined strategies in place for resolving conflicts, such as restorative practices. Schools serving high school grades (either exclusively or in K-12 schools) were more likely to report the use of specific conflict resolution strategies (60% of high schools, 50% of K-12 schools) than elementary schools (36%).

Student Supports

The following graph indicates the percentage of schools offering specific types of Tier 1 supports.



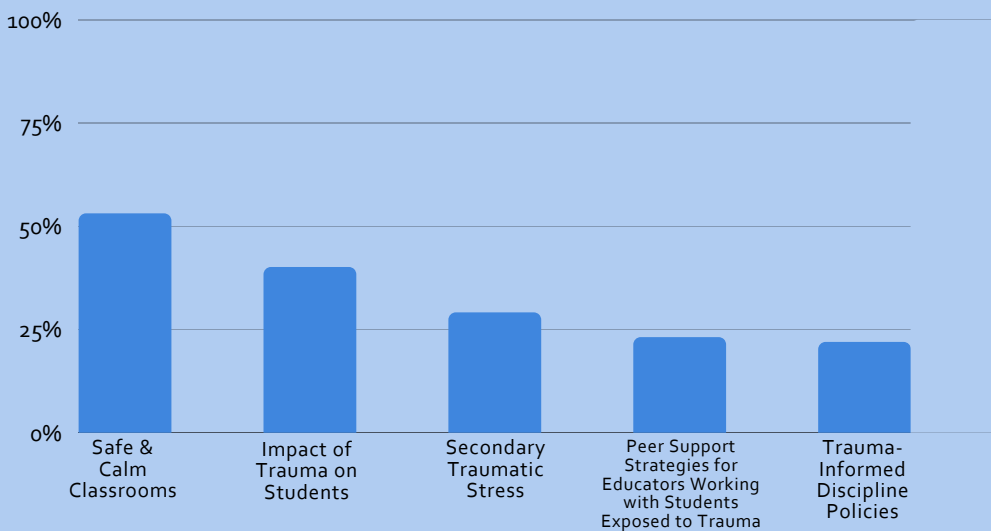
Student Supports Continued

Only about half (58%) of schools reported utilizing SEL curricula and/or bullying prevention programs. Universal approaches to bullying prevention tended to be more standardized than universal approaches for social emotional learning.

- 69% of schools that offered bullying prevention programs trained staff in a specific schoolwide approach or curriculum.
- 38% of schools that offered social emotional learning trained staff in a specific approach or curriculum.

Forty-one percent of schools reported Tier 1 supports for students dealing with trauma and/or grief. As indicated in the graph below, the nature of those supports focused on educating educators on the impact of student exposure to trauma on students and on strategies for creating safe and calm classrooms to remediate that impact. Supports also focused on training on the impact of student exposure to trauma on educators (e.g., secondary traumatic stress) and on peer support strategies to support educators working with students exposed to trauma. Only 22% of schools reported having clearly defined discipline policies that are sensitive to students exposed to trauma.

Tier 1 Trauma-Related Training Topics



Despite the fact that Louisiana has a standing policy that requires minimum contact hours of substance abuse prevention education, only 23% of schools reported universal programming related to substance abuse prevention, which is about the same as in 2019 (28%). Substance abuse prevention programming was more common in K-12 schools and high schools than in elementary schools.



Tier 2 and 3 Services & Supports

Tier 2 services and supports are selected to address mental health concerns for students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Services can be provided by school-employed or community-employed school-based professionals.

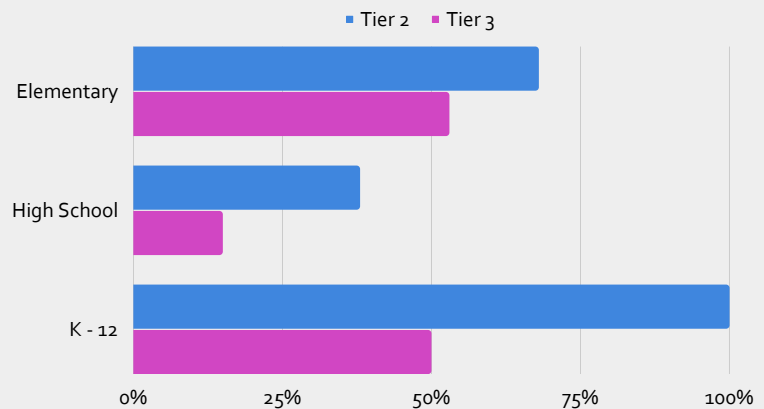
Tier 3 services and supports are indicated to address mental health concerns and are individualized to meet the unique needs of students. These include services provided by school-employed and community-employed, school-based professionals.

Student Services and Supports

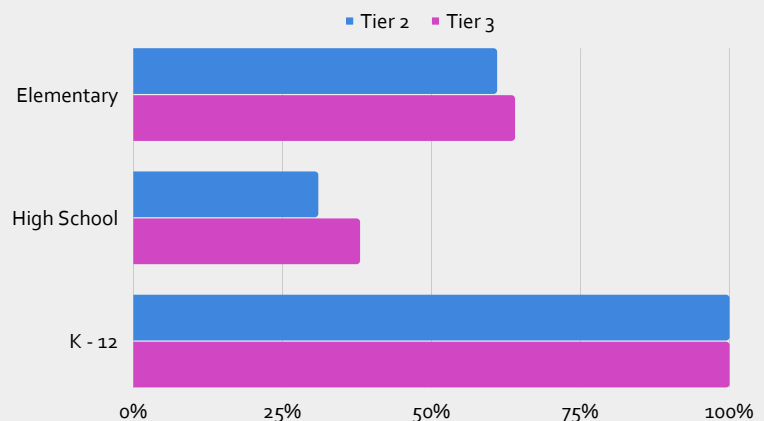
Some services represented extensions of Tier 1 supports for SEL/bullying. As shown in the graph here, the percentage of schools that provided Tier 2 and Tier 3 services in these areas varied by grade levels served.

While 65% of schools reported offering Tier 2/3 services for trauma and/or grief, schools serving only high school grades were the least likely to offer these services. Among the schools that did offer Tier 2/3 services for trauma and/or grief, just 14% reported the routine use of a specific evidence-based intervention.

% of Schools Offering Tier 2 & Tier 3 Services for SEL/Bullying



% of Schools Offering Tier 2 & Tier 3 Services for Trauma/Grief



Student Services and Supports Continued

Between 46% and 58% of schools offered Tier 2 and Tier 3 services for mental and behavioral health issues related to anxiety, depression, attention deficit hyperactivity disorder, and oppositional/defiant behavior.

Schools serving only high school students were the least likely to offer Tier 2 and Tier 3 services.

High schools were less likely to:

- Refer students to community-based services for anxiety.



less likely than elementary schools



less likely than K-12 schools

- Refer students to community-based services for attention-deficit hyperactivity disorder.



less likely than elementary schools



less likely than K-12 schools



Summary and Recommendations

1. Though the number of school mental health professionals has increased over the past two years, most schools still fail to meet the recommended ratios for school mental health professionals to students and most schools have not been able to increase student access to mental and behavioral health services. The Louisiana Department of Education has identified student and staff well-being as a priority and has developed [guidance](#) that outlines important considerations and resources for sustainable social, emotional, and behavioral health supports. **Dedicated funding to help schools achieve these supports is needed and the dashboard for pandemic recovery dollars should include expenditure categories for mental health staff and services.**



2. Perhaps even more important than dedicated funding to grow the school mental health staff, **schools need greater clarity in the roles of the school mental health staff within the school's multitiered system of support.** School mental health professionals juggle multiple responsibilities, such as tracking and responding to student absenteeism, managing in-school crises, and providing direct services to students. Within an MTSS framework, school mental health professionals can assume even more responsibilities, including supporting universal screening, utilizing motivational interviewing to increase parent support for recommended services for their children, and facilitating more intentional connection to care or coordinating Tier 2 and Tier 3 service delivery. As schools grow their mental health staff, school administrators must set clear priorities for administrative and clinical responsibilities that allow school mental health professionals to effectively connect increasing numbers of students to mental and behavioral health services.

3. Within a district comprised completely of charter schools, schools have a great deal of autonomy in the structure and reach of their mental and behavioral health supports for students. However, more district-level oversight might be necessary to establish minimal expectations for all schools regarding universal supports and procedures as outlined in the following examples:

a) New Orleans schools are making significant strides toward becoming trauma-informed, but a more strategic and uniform approach is needed to support the adoption, implementation, and sustainment of trauma-informed, healing-centered practices. The Institute of Women and Ethnic Studies has made [a call to action](#) as part of its [In That Number](#) campaign and the Coalition for Compassionate Schools offers resources for trauma-informed schools on its [website](#).

b) A significant proportion of schools offer Tier 1 supports such as universal screening, social emotional learning, harm assessment, and bullying prevention. However, the policies and procedures supporting these practices need to be more formalized and more specific. The Louisiana Department of Education has developed [guidance](#) that provides useful resources and helpful examples to formalize Tier 1 supports for mental and behavioral health. In addition, Project Fleur-de-lis offers policy and procedural support for schools guided by SAMHSA's [Preventing Suicide Toolkit](#).



4. Schools, and particularly high schools, must increase their capacity to offer Tier 2 and Tier 3 services to students who need more targeted and intensive supports. Whether provided by school staff or community partners, it is imperative that these services are offered in the school building. As we learned following Hurricane Katrina, students are more likely to begin and complete therapeutic interventions when they are offered in their schools versus community mental health agencies⁶. This lesson was reinforced by the results of the Youth Survey, which found that 54% of students reported they would use more mental health resources in school if available to them. Children’s Bureau of New Orleans has piloted an embedded care model whereby schools can partner with an outside agency to deliver Tier 2 and Tier 3 mental health treatment services for evidence-based grief and trauma counseling that fits within an MTSS model. Children’s Bureau works with school partners to ensure that school mental health providers have the necessary tools and supports to identify the needed Tier 2 and 3 services and the appropriate work flows to connect students with the level of care and treatment services that match their identified areas of need.



5. Quality improvement efforts are critical for the success of school mental and behavioral health supports. One way to improve the quality of multitiered student supports is to engage youth, family, and community voice in the creation, implementation, and evaluation of supports. The New Orleans [Youth Master Plan](#) provides access to documents and resources that can help build a roadmap for creating and sustaining a youth- and community-informed MTSS.

6 [Children's mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies \(wiley.com\)](#).

Acknowledgements

The Coalition thanks all of the schools who generously gave their time to complete the survey.

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This report was designed by Dominique Butler.



A SPECIAL THANKS TO
BAPTIST COMMUNITY MINISTRIES