## Schools

Checklists: The checklist translates the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, public health, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors’ setting. Bree staff co-created the checklists with report workgroup members and topic experts.

* Level 1 actions (introductory): activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
	+ Note: These actions are to be encouraging for individuals to begin treating the chosen health topic.
* Level 2 actions (intermediate): activities that may require collaboration, new workflows, and resources to accomplish.
* Level 3 actions (advanced): activities that may require higher collaboration, resources, funding, and time to accomplish.

Level 1

#### Education & Capacity Building

1. **Engage community stakeholders**, including parents and guardians, in the design of school-based behavioral health standards, processes and protocols.
2. **Identify a dedicated private space for meetings** between students and staff and/or students and behavioral health/health care professionals

Level 2

#### Education & Capacity Building

1. **Develop a system to track** behavioral health screening, results and referrals with the ability to monitor follow-up and connection to care.
2. **Consider hiring staff with adequate training** to screen and provide brief intervention and referral

#### Screening, Brief Intervention & Referral

1. **Systematically screen students annually for common youth behavioral health concerns using validated tools** (see OSPI) following evidence-based guidelines (e.g., Bright Futures)
	* Follow a timely process for assessing and responding to screening results
	* Consider diverse cultural values and attitudes as they relate to behavioral health concerns in your setting.
2. For those who screen positive, **provide follow up** according to acuity of need.
3. **Inform caregivers** with permission of youth and as per state statute
4. **Support referral to and shared planning** **with** school- or community-based providers when indicated
5. **Collect data** on outcomes of screenings, brief interventions delivered and ideally closed-loop referrals completed.
6. **Stratify data** collected by relevant demographics to identify and intervene to address inequities in screening and access to care

Level 3

#### Education & Capacity Building

1. **Develop a system to track** behavioral health screening, results and referrals with the ability to monitor follow-up and connection to care.
2. **As able, establish partnerships with primary care providers and behavioral health providers** to facilitate referrals for more intensive services. Resource: [Mental Health Referral Service](https://www.seattlechildrens.org/healthcare-professionals/community-providers/pal/mental-health-referral/) network through the state of Washington.
3. **Consider incorporating telehealth-based services** available on campus through partnerships with local community providers to address transportation barriers.

Full Guidelines

#### Education & Capacity Building

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3. **Consider incorporating telehealth-based services** available on campus through partnerships with local community providers to address transportation barriers.
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