The School Mental Health Quality Assessment - Preschool (SMHQA-PS) is designed for preschool and early childhood care center teams to (1) assess their mental health services and supports and (2) identify priority areas for quality improvement. The SMHQA-PS covers six domains, which include: (1) Family Partnerships (2) Services and Supports, (3) Teaming, (4) Mental Health Promotion, (5) Kindergarten Transition, and (6) Screening. There are a variety of names used to encompass early childhood care and education. **This measure is best suited for early care and education settings with academic programming, serving children from ages 3-5 and preparing them (cognitively and socioemotionally) for kindergarten entry**; we will refer to this definition as "preschool" throughout the survey.

Family Partnerships

Valuing family voice is key to building strong relationships with families and strong home-school relationships are the priority. Family partnerships have ongoing two-way sharing of information. This information sharing creates spaces that support learning at home and at school. Families know their children and family/community strengths and challenges. This information can improve the usefulness of mental health and socioemotional development programs at school. Preschools can also support families as families support preschools. Preschools can use different types of strategies to engage and support families (e.g. parent training programs, sharing resources to reduce caregiver stress, learning about and promoting families' cultural practices around learning). Partnerships should work to create and maintain relationships where staff and families work together. Strong relationships will make sure families of all forms (foster care, kinship care, extended families, etc.) feel part of the school community.

To what extent did you use best practices to….	Never	Rarely	Sometimes	Often	Almost Always	Always
1. …create and maintain relationships to work *with* families?	1	2	3	4	5	6

Best Practices
• Create opportunities for families and teachers to get to know one another and share basic information about "how things work" at home and at school

Citation: Reaves, S., Hartley, S., Schumacher, R., Clark, B., Hoover, S., & Lever, N. (2021). School mental health quality assessment – preschool version. Baltimore, MD: National Center of School Mental Health & Mid-America Mental Health Technology Transfer Center.

- Use a two-way family information sharing system that offers families ways to share information about the family and the child with the teacher, and that offers teachers a way to share about the child's progress and classroom activities with the family
- Use different ways to regularly share information with all families and build relationships (e.g., apps, web page, social media, notes home, family meetings, family bulletin board, texting, classroom newsletter, home visits)
- Provide a welcoming and supportive preschool that promotes family engagement (e.g., post photos of families of children in the classroom; use images, artwork, and materials that reflect the diverse cultures of families in the program)
- Plan preschool social activities to promote relationships between families and teachers
- Establish an open-door policy for families to visit the classroom

2. …meaningfully involve families in decision-making?	1	2	3	4	5	6

Best Practices
- Take steps to understand how families view their role in their child's education and socioemotional development
- Invite families to share in decision-making process; families can provide insight into school strengths and areas of need, program selection, use, and monitoring for quality
- Involve multiple families on teams (e.g., mental health team, curriculum planning, etc.)
- Provide guidance about families' roles to all team members
- Provide guidance and needed information to families prior to meetings so that they can have a meaningful role
- Gather additional information about program functioning and needed improvements from families using surveys, interviews, and/or focus groups

3. …make sure staff and materials are available to carry out family partnership activities/plan?	1	2	3	4	5	6

Best Practices
- Assess staffing. Possible questions could include:
  - Who is responsible for managing family engagement initiatives?
  - Do materials need to be purchased and are funds available?
  - Are training or qualifications required to have quality engagement strategies?
  - Who needs to be trained?
  - Do we have the staff time?
- Assess supports (ongoing training, coaching, supplies) needed to maintain family partnerships
- Assess costs related to training and use

• Determine whether staffing, supports, and program costs are possible	

	1	2	3	4	5	6
4. …support training/professional development around family engagement?	1	2	3	4	5	6

Best Practices
- Provide interactive professional development trainings that include opportunities for skills practice, role plays, and action planning
- Provide ongoing support for use (through regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as monitoring how well the interventions were carried out and feedback).
  NOTE: Distribution of materials and one-time trainings without follow-up support are <u>not</u> best practices to support training and use of practices and are generally necessary but not enough to support use of interventions

	1	2	3	4	5	6
5. …monitor how well the family engagement plan is carried out (fidelity monitoring)?	1	2	3	4	5	6

Best Practices
- Identify fidelity monitoring tools to assess how closely the family engagement plan is carried out as designed. Use existing tools that fit your preschool or develop a new one. Tools might involve reviewing attendance and evaluations at family events, tracking the frequency of contact between families and teachers, recording the number of visits to the preschool, etc.
- Ensure your fidelity monitoring tool or system assesses the following:
  - *Sticking to intervention content (what is being used)*
  - *Quality of program delivery (the way the leader delivers/uses program)*
  - *Logistics (supportive environment, number/length of sessions used)*
- Determine how often fidelity is tracked based on what is possible and will provide actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes to the intervention
- Use the results to provide feedback and to continuously improve, adapt, and sustain use

	1	2	3	4	5	6
6. …determine whether family engagement policies and practices are evidence-informed?	1	2	3	4	5	6

Best Practices
- Create an intervention selection committee with people from diverse groups (e.g., parents/caregivers,

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preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)

- When selecting family engagement practices, review evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in preschools or other preschools/schools with similar characteristics
- Use national agencies (e.g. Head Start, National Association of the Education of Young Children, An Office of the Administration of Children and Families: Early Childhood Development), university centers (e.g. Georgetown University's Center for Child and Human Development & Center of Excellence for Infant & Early Childhood Mental Health Consultation, National Center for Pyramid Model Innovations) and local/state resources to identify best and promising practices to use
- Review national evidence-based practice registries and relevant research literature to determine whether:
  - *Randomized controlled trials (RCTs) for the family engagement practice are related to outcomes of interests*
  - *Others, outside of the developers, also provide support for outcomes of interests*
  - *The settings (e.g., urban/suburban/rural/frontier; school/preschool) are similar to your own*
  - *The populations that have been studied are comparable to your preschool demographic (e.g., gender, age, ethnicity, cultural backgrounds, languages, socioeconomic status).*
  - *The outcomes are consistent with those valued and prioritized by the preschool*

7. …make sure family engagement strategies fit the unique strengths, needs, and cultural/linguistic considerations of children and families in your preschool?	1	2	3	4	5	6

Best Practices
- Create an intervention selection committee with people from diverse groups (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)
- Review preschool data including gender, age, ethnicity, cultural backgrounds, languages, socio economic status of children and families to understand demographics of the preschool community and inform intervention/strategy selection
- Review preschool mental health needs and strengths
- Review costs to carry-out practice
- Assess training requirements (short and long term) needed to use practice as intended
- Test the new practice with a small group first
- Adapt the practice to fit your unique preschool

	8. …support families in their home and their communities to contribute to positive learning environments?	1	2	3	4	5	6

Best Practices

- Promote and share learning activities for the home and the community that are culturally relevant
- Use goal-oriented home visits to establish relationships with families and to identify and support their interests and needs
- Support and guide parents in encouraging skill practice at home through play, exploration, and relationship building
- Monitor familial stress and promote positive well-being of caregivers and families
- Share resources on child development expectations and typical milestones
- Support use of positive parenting techniques
- Support the development of positive and nurturing caregiver-child relationships
- Support the development of positive relationships between families in the preschool community
- Assist caregivers in connecting to resources to address basic needs
- Assist caregivers in finding employment or their own mental health services and supports as needed

Family Partnerships Total (Questions 1-8): _____
Family Partnerships Average (Total/8): _____

Services and Supports

Interventions refers to the evidence-informed services offered across tiers (Tiers 1, 2, 3). Also, the supports needed to use your interventions well (i.e. training and funding) are described in this section. Recording and sharing the impact of your work is important for supporting programs in the long-term. By having this information handy, you will be able to describe successes and advocate for ongoing funding, support, and resources.

Mental health promotion interventions (Tier 1) are universal strategies designed to meet the needs of all children regardless of whether they are at risk for mental health or behavioral problems (detailed in mental health promotion section).

Targeted interventions (Tier 2) involve teaching socioemotional and behavioral skills to children who are experiencing mild difficulties or are at risk for academic or behavioral challenges. These interventions can both promote wellness and address/reduce mental health difficulties. These children can be identified through needs assessments, screening, referral, or another process outlined by the preschool mental health team.
Examples include small group interventions, brief individualized interventions, and/or classroom-based supports such as a home/school note system

Intensive intervention (Tier 3) to address socioemotional, behavioral, and/or mental health concerns are provided to children who are already experiencing ongoing challenges. Sometimes these are referred to as "indicated" mental health "intervention," "tertiary," or intensive services and are individualized to specific child needs. These children can be identified through needs assessments, screening, referral, or another process outlined by the preschool mental health team.
Examples include individual and/or family therapy or an intensive behavior support plan

To what extent did you use best practices to…	Never	Rarely	Sometimes	Often	Almost Always	Always
9. …ensure **Tier 1 services** and supports fit the unique strengths, needs, and cultural/linguistic considerations of children and families in your preschool	1	2	3	4	5	6
10. …ensure mental health targeted intervention and treatment **(Tiers 2 and 3) services and supports** fit the unique strengths,	1	2	3	4	5	6

needs, and cultural/linguistic consideration of children and families in your preschool						

Best Practices
- Create an intervention selection committee with people from diverse groups (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)
- Review preschool data including gender, age, ethnicity, cultural backgrounds, languages, socio economic status of children and families to understand demographics of the preschool community and inform intervention/strategy selection
- Review preschool mental health needs and strengths
- Review costs to carry-out intervention
- Assess training requirements (short and long term) needed to use intervention as intended
- Test the new intervention with a small group first
- Adapt the practice to fit your unique preschool

11. … make sure staff and materials are available to carry out **mental health promotion (Tier 1) services and supports**?	1	2	3	4	5	6
12. … make sure staff and materials are available to carry out mental health early intervention and treatment **(Tiers 2 and 3) services and supports**?	1	2	3	4	5	6

Best Practices
- Assess staffing. Possible questions could include:
    - Who is responsible for managing the intervention?
    - Do materials need to be purchased and are funds available?
    - Are training or qualifications required to have quality interventions?
    - Who needs to be trained?
    - Do we have the staff time?
- Assess supports (ongoing training, coaching, supplies) needed to maintain intervention use
- Assess costs associated with training and use
- Determine whether staffing, supports, and program costs are possible

13. …monitor how well **mental health promotion (Tier 1) activities** are being carried out as planned (i.e. fidelity monitoring)?	1	2	3	4	5	6

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14. …monitor how well targeted intervention and **treatment (Tiers 2 and 3) interventions** are being carried out as planned (i.e. fidelity monitoring)**?**	1	2	3	4	5	6

Best Practices

- Identify fidelity monitoring tools to assess how closely the intervention is carried out as designed. Use existing tools that fit your preschool or develop a new one. Tools might involve reviewing child records or progress, directly observing school staff who are using the practice, and/or talking with anyone using or receiving the intervention
- Ensure your fidelity monitoring tool or system assesses the following:
  - *Sticking to intervention content (what is being used)*
  - *Quality of program delivery (the way the leader delivers/uses program)*
  - *Logistics (supportive environment, number/length of sessions used)*
- Determine how often fidelity is tracked based on what is possible and will provide actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes to the intervention
- Use the results to provide feedback and to continuously improve, adapt, and sustain use

15. …determine whether **Tier 1** mental health services and supports are evidence-informed?	1	2	3	4	5	6
16. …determine whether targeted intervention and treatment **(Tier 2 and 3)** are evidence-informed?	1	2	3	4	5	6

Best Practices

- Create an intervention selection committee with people from diverse groups (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)
- When selecting an intervention, review evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in preschools or other preschools/schools with similar characteristics
- Use national agencies (e.g. Head Start, National Association of the Education of Young Children, An Office of the Administration of Children and Families: Early Childhood Development), university centers (e.g. Georgetown University's Center for Child and Human Development & Center of Excellence for Infant & Early Childhood Mental Health Consultation, National Center for Pyramid Model Innovations) and local/state resources to identify best and promising practices
- Review national evidence-based practice registries and relevant research literature to determine whether:

- *Randomized controlled trials (RCTs) for the intervention are related to outcomes of interest*
- *Others, outside of the developers, also provide support for outcomes of interest*
- *The settings (e.g., urban/suburban/rural/frontier; school/preschool) are similar to your own*
- *The populations that have been studied are comparable to your preschool demographic (e.g., gender, age, ethnicity, cultural backgrounds, languages, socioeconomic status).*
- *The outcomes are consistent with those valued and prioritized by the preschool*

17. …support training/professional development, including ongoing supports, for mental health promotion **(Tier1)** interventions?	1	2	3	4	5	6
18. …support training/professional development, including ongoing supports such as coaching for targeted intervention and treatment **(Tiers 2 and 3)** interventions?	1	2	3	4	5	6

Best Practices

- Provide interactive professional development trainings that include opportunities for skills practice, role plays, and action planning
- Provide ongoing support for use (through regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback).

NOTE: Distribution of materials and one-time trainings without follow-up support are <u>not</u> best practices to support training and use of practices and are generally necessary but not enough to support use of interventions

19. …document the impact of the comprehensive preschool mental health system's effectiveness on school readiness outcomes?	1	2	3	4	5	6

Best Practices

- Develop a theory of change (e.g., describe causes and effects leading to an outcome) about how specific mental health interventions impact school readiness outcomes to decide which outcomes to focus on
- Identify existing and potential outcome data (e.g., school readiness measures; teacher ratings, parent report, or performance-based child assessments of literacy, math skills, and language, physical [fine and gross motor skills], and cognitive development; attendance or chronic absence; discipline data)
- Develop a plan to collect and document school readiness outcomes
- Develop a system that allows for easy data collection, analysis, and reporting
- Look at school readiness data to understand child progress and intervention impact

- Engage diverse individuals (e.g., parents/caregivers, teachers, service providers, other preschool staff) to provide qualitative feedback (e.g., testimonials) about the impact of preschool mental health on school readiness

20. ...document the impact of the comprehensive preschool mental health system's effectiveness on social, emotional, and behavioral outcomes?	1	2	3	4	5	6

Best Practices
- Develop a theory of change (e.g. describe causes and effects leading to an outcome) about how specific mental health interventions impact socioemotional outcomes for children to decide which outcomes to focus on
- Identify existing and potential outcome data (e.g., social/emotional/behavioral health screenings and assessments, behavioral observations, parent or teacher ratings of social/emotional and behavioral skills, crisis incidents, classroom climate data, strengths assessments)
- Develop a plan to collect and document socioemotional outcomes
- Develop a system that allows for easy data collection, analysis, and reporting
- Look at socioemotional data to understand child progress and intervention impact
- Engage diverse individuals (e.g., parents/caregivers, teachers, service providers, other preschool staff) to provide qualitative feedback (e.g., testimonials) about the impact of preschool mental health on socioemotional outcomes

21. ...separate student mental health intervention data to look at child outcomes based on demographic characteristics?	1	2	3	4	5	6

Best Practices
- Review your current child information
- Explore and monitor differences by relevant demographic characteristics of your preschool (e.g., child age, gender, race/ethnicity, primary language of family at home, family income)
  - Consider tracking data not represented
  - Address disparities
- Develop a plan for meaningful data collection
- Identify key child outcomes (e.g., receipt of mental health interventions relative to referrals; achievement of individual goals, social, emotional, behavioral and/or improvement; school connectedness; sense of safety at preschool etc.) that can inform action steps to improve interventions
- Look at key child outcomes for all children, and compare those results to outcomes for children in different demographic groups

• Based on findings from data collection, develop strategies to address inequities or disparities in mental health access or outcomes						

22. …use multiple and diverse funding and resources to support interventions across tiers?	1	2	3	4	5	6

Best Practices

- Use multiple and diverse funding sources from:
  - Different levels (e.g., preschool, local, state, and federal),
  - Different types of funding (e.g., grants, third party reimbursement, cost sharing, private foundation funding, block grants)
  - Different systems (e.g., education, physical, mental, and public health, substance use)
- Ensure your funding and resources align to support all mental health interventions across the tiers
- Establish and use a process to develop and regularly assess and update your financing plan
- Establish and use a process to regularly monitor new funding opportunities and local, state, and federal policies that may affect funding for preschool mental health systems

23. …use funding and resources to attract potential contributors?	1	2	3	4	5	6

Best Practices

- Establish and use a formal agreement that describes funding uses and limits and/or non-financial resources provided
- Regularly seek potential partners who may have funding or non-financial resources that can be contributed to support the larger preschool mental health system
- Foster relationships with diverse agencies and organizations in the community with a goal to create more opportunities as appropriate

Services and Supports Total (Questions 9-23): ____
Services and Supports Average (Total/15): _____

Teaming

Preschools are in the position of making sure that preschool mental health efforts are staffed correctly and have members from diverse groups. Teams should have helpful ways of sharing information and working together. Preschools may have different teams focused on child mental health issues. Preschools may have one team devoted to all interventions (mental health promotion to targeted intervention and treatment) or they may have multiple teams that address different parts (e.g., classroom climate team, child support team, Individualized Education Program team, any other team that addresses child mental health concerns). One of these teams should also be responsible for overseeing a needs assessment. A needs assessment helps teams identify gaps between current and desired outcomes. The needs assessment allows a preschool to:
- Identify and address mental health needs that are the most pressing
- Understand how well existing interventions are meeting child needs
- Identify and use strengths to inform planning and programming
- Inform priorities and actions for preschool mental health programming

To what extent did you use best practices to…	Never	Rarely	Sometimes	Often	Almost Always	Always
24. …use data (through screening or another process) to determine what interventions (Tier 1, 2, and 3) were needed by the children?	1	2	3	4	5	6

Best Practices
- Use multiple data sources to match mental health interventions with child/family needs
- Use screening/assessment/survey tool(s) appropriate to your preschool population (e.g., developmental screeners, mental health screeners, caregiver surveys, teacher surveys, and behavioral observations)
- Use a defined process to review screening and assessment data and match children with appropriate levels of support
- Share results of screening and mental health support recommendations with families
  NOTE: Screening worksheet is attached at the end of this assessment to assist with tracking data

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25. …ensure teaming structures address each tier of the multi-tiered system of support?	1	2	3	4	5	6

Best Practices

- Establish a team or teams to address Tier 1, Tier 2, and Tier 3 practices
- Establish a clear description of the purpose, target goals, activities, and processes of each team.
- Establish a clear process for children moving from one tier to a higher or lower tier
- Establish effective communication between teams addressing Tier 1, Tier 2, and/or Tier 3 if there are multiple teams

26. … define staff roles and responsibilities?	1	2	3	4	5	6

Best Practices

- Clearly define roles and responsibilities for preschool-employed and community-partnered preschool mental health staff, including early childhood mental health consultant
- Ensure roles and responsibilities match the skills, training, and knowledge of each type of staff member
- When there is more than one individual in a given role, have a clear plan for who will address the issue first and how responsibilities will be assigned

27. …conduct meetings, both in terms of structure and process?	1	2	3	4	5	6

Best Practices

- Schedule and hold regular team meetings
- Track attendance of team members and troubleshoot as needed to promote consistent attendance
- Establish a routine scheduling process
- Create and use an agenda for each meeting
- Focus on making actionable decisions
- Use meeting time to follow up on the status of action items

28. …assess child mental health needs?	1	2	3	4	5	6

Best Practices

- Create a team that includes diverse groups (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)
- Review existing data (e.g., attendance, office referrals, expulsion and suspension rates, nursing logs, crisis referrals, emergency petitions, teacher surveys of child behavior, developmental screeners, classroom observations [e.g. CLASS, ECERS-R], incident reports, homelessness rates, previous

program evaluations) to identify needs
- Identify additional data that might inform child needs and develop a process to gather it
- Use needs assessment tools and processes that are evidence-based and culturally relevant
- Test needs assessment with families and other relevant groups for feedback and revisions before large-scale data collection
- Summarize and review needs assessment data to determine:
  - *Most pressing needs impacting most children (Tier 1), some children (Tier 2), and just a few children (Tier 3)*
  - *Patterns of needs (e.g., emotional/behavioral, developmental, medical, basic [e.g., food, housing], social support, financial needs, family functioning)*
  - *How well current interventions are meeting child needs*

29. …use your needs assessment to inform decisions about selecting, planning, and using appropriate interventions?	1	2	3	4	5	6

Best Practices
- Develop a needs assessment report that can be easily accessed and used to inform decisions
- Use needs assessment data to inform how gaps can be addressed with existing or new services and supports
- Use needs assessment data to prioritize selection of areas of focus, programs and strategies, and action steps

30. …promote effective school-community partnerships?	1	2	3	4	5	6

Best Practices
- Put in place ways to make sure there is ongoing sharing of information and conversation between preschool leadership/staff and community partners (e.g., team meetings, email communications, conference calls)
- Use formal agreements to detail the terms of the partnership (e.g., by whom, what, when, where, and how services/supports will be provided)
- Support preschool and community partners working together and maximizing their own knowledge and resources to put in place interventions across the tiers
- Use data sharing agreements so team members can access and share data that will inform interventions and assess the impact of partnership activities (e.g. family partnerships, kindergarten transitions)

31. …make mental health referrals?	1	2	3	4	5	6

Best Practices
School Based Referrals:
- Use an up-to-date preschool mental health team resource map or guide (name of team member, description of their role/responsibilities/services including days and hours, eligibility requirements or children they work

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with, how to refer children)
- Give information for families to connect directly to mental health services if they prefer
- Encourage direct contact to, from, and among preschool-based providers to confirm referral, service availability, and assist with a smooth entry into services and supports.
- Hold routine referral feedback meetings or use Referral Feedback Forms to let referral sources know the outcome of the referral

Community-Based Referrals:
- Use an up-to-date community resource map (name of program or organization, location, description of services, website, address, phone number, hours of service, eligibility requirements, insurances accepted, cost of service, wait list status, any other unique considerations)
- Develop a clear, consistent referral process to community providers including:
  - *Referral consultation meeting with family to review needs, options and complete any releases of information*
  - *Direct contact with community provider to confirm referral, service availability, and facilitate a seamless entry into services and supports*
  - *Clear referral instructions for family with up-to-date contact information*
  - *Discussion of potential barriers to following through with referral and how to overcome them*
  - *Referral follow-up meeting with family to confirm linkage and address any remaining barriers*
- Follow-up with community provider for ongoing coordination and information sharing

Teaming (Questions 24-31): ____
Teaming Average (Total/8): _____

Mental Health Promotion

Mental health promotion includes the promotion of positive social, emotional, and behavioral skills and well-being through supportive environments and nurturing and responsive relationships. These activities might also include efforts to support staff well-being. These activities can be used program-wide and/or at the classroom level. Preschool-employed and community-employed staff may deliver these interventions.

To what extent did you use best practices to...	Never	Rarely	Sometimes	Often	Almost Always	Always
32. ...use discipline policies and practices aimed at reducing suspensions and expulsions?	1	2	3	4	5	6

Best Practices
- Establish consistent expectations, rules, and preschool-wide positive reinforcement systems to promote positive behaviors
- Train and support preschool staff in addressing children's social emotional needs and challenging behaviors
- Train and support preschool staff in using culturally responsive practices, addressing implicit bias, and reflecting on their responses to individual children
- Train and support preschool staff in evidence-informed, culturally responsive crisis de-escalation strategies. Choose techniques that are sensitive to family values and cultural norms.
- Develop a multi-tiered system of emotional and behavioral health interventions for children at risk for disruptive behavior. This should involve a team-based process (including the family) to address ongoing challenging behaviors.
- Provide opportunities for teachers to work together to come up with solutions to address problem behaviors
- Engage and partner with families when concerns about problem behaviors are identified; work together to develop ways to promote appropriate behaviors
- Create discipline policies that minimize the use of consequences that take children out of the classroom. If out-of-school suspensions are used, limit them to the most severe situations.
- Compare the number of suspensions/expulsions by child demographic group to better understand any differences in how discipline policies and practices are applied.

33. … use classroom and program-wide strategies to build healthy child-teacher and child-child relationships as a foundation for social-emotional development and school readiness?	1	2	3	4	5	6

Best Practices

- Create a predictable, nurturing environment in which children feel safe. Encourage learning, play, and exploration.
- Create consistent, predictable routines and a developmentally appropriate daily schedule
- Use informal and formal strategies to build positive relationships between children and teachers (e.g., physical proximity, positive expectations, shared activities, peer assistance) before problem behaviors arise
- Use and encourage positive communication between children and teachers
- Use effective behavior management practices and classroom lessons to help children manage their emotions and behaviors
- Provide visual and/or verbal cues to encourage appropriate social behavior
- Tune in, observe, and use information you gather about children to guide their learning
- Teach and model problem solving and conflict resolution skills in the classroom

34. …set preschool-wide expectations about positive behaviors?	1	2	3	4	5	6

Best Practices

- Settings: The physical layout of the preschool is designed to support the success of staff and children
- Routines and Expectations:
  - Predictable preschool-wide routines are developed and taught
  - Preschool-wide expectations provide a shared focus and language for describing behavior expectations to staff, children, and families
    - *3-5 positively stated preschool-wide expectations are posted around preschool*
    - *Expectations apply to both children and staff*
    - *Expectations are developmentally appropriate and linked to concrete rules for behavior*
    - *Rules are clearly defined and explicitly taught*
- Train preschool staff to teach children expectations/rules and how they can earn rewards
- Teach children about expectations/rules and how they can earn rewards
- Partner with families and community members to develop and set expectations about positive behaviors that reflect cultural norms and values
- Behavioral expectations are shared with families. Preschool staff help families figure out how to use these expectations at home.

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35. ……use preschool-wide reinforcement/reward systems that promote positive behaviors?	1	2	3	4	5	6

Best Practices

- Rewards/reinforcements:
    - *Rewards are given consistently across the program or preschool*
    - *A variety of methods are used to reward children*
- Supervision: Preschool staff provide children with reminders about behavioral expectations and actively scan the classroom and interact with children
- Opportunity: Preschool staff provide a number of different opportunities for all children to show that they can use positive behaviors
- Acknowledgement:
    - Preschool staff use specific descriptive praise and other strategies to let children know when they meet expectations
    - Strategies for acknowledging children's use of positive behaviors are used by all program staff, including administrative and support staff (e.g., bus drivers, kitchen staff)
- Prompts and Pre-corrections: Preschool staff intentionally teach expectations and rules during developmentally appropriate instruction
- Preschool staff anticipate problems and appropriately respond to children's' academic and emotional needs in a timely manner
- Error Corrections: Preschool staff use brief, specific statements when misbehavior occurs
- Other Strategies: Preschool staff use other strategies that prevent escalation such as:
    - Not accidently rewarding problem behaviors
    - Creating a learning opportunity to teach desired behaviors when misbehavior occurs
- Maintain optimal instructional time
- Discipline: Discipline approaches are evidence-based, positive, and provide the child with guidance about the desired behavior (consistent with preschool-wide expectations)
    - *Discipline process is described in writing or shown visually*
    - *Discipline process includes documentation procedures*
    - *Problem behaviors are clearly defined*
    - *Appropriate responses to specific problem behaviors are clearly defined*
- Engage children in problem-solving about their problem behaviors and allow opportunities for practice and "do-overs"

36. …increase early childhood mental health literacy and child development literacy for families and preschool staff?	1	2	3	4	5	6

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Best Practices

- Develop a plan for assessing families' and preschool staff's current early childhood mental health and child development literacy. Use results as baseline data and to create a plan for further improvement
- Work with caregivers and preschool staff to determine ways to promote early childhood mental health and child development literacy
- Provide and assess activities where families and preschool staff can learn to 1) understand how to improve and maintain good mental health for themselves and others; 2) give caregivers the tools to promote children's healthy social-emotional development; 3) understand common developmental milestones, childhood mental health disorders, behavioral problems, and their treatments; 4) reduce stigma about mental health/behavioral needs and supports; and 5) increase skills to connect children to mental health/behavioral supports when needed
- Ensure early childhood mental health and child development literacy activities are created with and shared by families and members of the preschool community
- Ensure early childhood mental health and child development literacy activities are offered throughout the year (i.e., activities go beyond a one-time training or educational materials posted in the building)
- Reassess early childhood mental health and child development literacy on a regular basis to monitor progress and inform planning of ongoing literacy activities

37. …improve teacher and staff well-being?	1	2	3	4	5	6

- Develop a plan for assessing current staff well-being. Use results as baseline data and to create a plan for further improvement
- Align staff well-being improvement efforts with needs identified by your staff well-being assessment
- Address organizational and individual factors that contribute to staff stress and well-being. This can include staff control and input; staff supervision and support; a safe, supportive social and physical environment; access to employee assistance programs; education and mental health resources for staff; targeted follow-up to support individual change; stress management; and health education and health-promoting activities.
- Make well-being resources and activities readily available to teachers and staff
- Integrate well-being activities into the workday instead of only after school
- Make well-being activities available at no-cost or low-cost

38. …improve classroom climate?	1	2	3	4	5	6

Best Practices

- Develop a plan for assessing current classroom climate. Use results as baseline data and to create a plan for

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further improvement
- Create a classroom climate planning team that includes broad representation (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)
- Align and integrate classroom climate efforts with other improvement efforts, including preacademic improvement efforts
- Use data to inform and assess the impact of classroom climate improvement activities
- Use data to prioritize areas for improvement and identify activities to achieve those goals
- Embed classroom climate improvement into the preschool's policies and practices.

Mental Health Promotion Total (Questions 32-38): ____
Mental Health Promotion Average (Total/7): _____

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Kindergarten Transition

Smooth transitions to kindergarten can help maintain continuous access to important learning and mental health supports and prepare children and families to meet the expectations of kindergarten classroom environments. These expectations may include an increased focus on formal learning, differences in child-teacher relationships, and increased structure during the school day. Although the transition to kindergarten is considered an important time for caregivers and school personnel, what makes up best practices is still an emerging area of practice and research. Below are a set of indicators that represent promising practices that focus on understanding transitions as a process that involves the whole school community instead of as a checklist of an individual child's school readiness skills and competencies. Transition policies and practices should center and empower families to guide and participate in the process. During this transition process, it is important to tailor strategies to individual families and to take advantage of school and community strengths.

To what extent did your preschool use best practices to…	Never	Rarely	Sometimes	Often	Almost Always	Always
39. …meaningfully involve children in transition practices?	1	2	3	4	5	6

Best Practices
- Familiarize children with kindergarten through conversations and stories
- Practice kindergarten routines and activities in the preschool classroom
- Talk with children about their fears and concerns (or excitement) about going to kindergarten
- Schedule visits to kindergarten classrooms and contact with teachers prior to the start of school
- Create opportunities to foster peer relationships (e.g., spring fair or informal summer playground time)

	Never	Rarely	Sometimes	Often	Almost Always	Always
40. …meaningfully involve families in decision-making for transitioning plans?	1	2	3	4	5	6

Best Practices
- Educate families on their role in transition planning
- Involve families in conversations about transitions and strategies for their child
- Sponsor opportunities for families, preschool teachers, and kindergarten teachers t meet to share information about individual children's interests, strengths, and needs, and parental/family goals and concerns, and to discuss things caregivers can do at home to get their child ready for school
- Monitor children's academic and socioemotional needs and inform families about any areas that may warrant

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monitoring or intervention in kindergarten
- Tailor transition practices to capitalize on child and family strengths
- Host a kindergarten transition night to share information with families about kindergarten registration, expectations, etc.
- Encourage families to attend their kindergarten's orientation and open house
- Offer kindergarten readiness packets or resources for families to work on over the summer months to prepare their children for the first day of school, including information about separation anxiety, social-emotional self-regulation strategies, promoting curiosity, and practicing school routines and rules

41. … make sure staff and materials are available to carry out transitioning activities?	1	2	3	4	5	6

Best Practices
- Form a collaborative team of preschool teachers, kindergarten teachers, principals, families, and other community representatives to assist with transition planning and activities
- Assess staffing. Possible questions could include:
  - Who is responsible for managing family engagement initiatives?
  - Do materials need to be purchased and are funds available?
  - Are training or qualifications required to have quality engagement strategies?
  - Who needs to be trained?
  - Do we have the staff time?
- Assess supports (ongoing training, coaching, supplies) needed to carry out transition planning and activities
- Assess costs associated with training and use
- Determine whether staffing, supports, and costs of services and supports are possible

42. …support training/professional development for transition activities?	1	2	3	4	5	6

Best Practices
- Provide interactive professional development trainings that include opportunities for skills practice, role plays, and action planning
- Encourage shared training experiences with district, school, and preschool providers on transition strategies
- Provide ongoing support for use (through regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as monitoring how well the practices were carried out and feedback)
  NOTE: Distribution of materials and one-time didactic trainings without follow-up support are <u>not</u> best practices to support training and use of practices and are generally necessary but insufficient to support use in schools

43. …monitor how well transition practices are carried out (fidelity monitoring)?	1	2	3	4	5	6

Best Practices

- Identify fidelity monitoring tools to assess how closely the intervention is carried out as designed. Use existing tools that fit your preschool or develop a new one. Tools might involve reviewing child records or progress, directly observing school staff who are using the practice, and/or talking with anyone using or receiving the intervention
- Ensure your fidelity monitoring tool or system assesses the following:
    - *Sticking to intervention content (what is being used)*
    - *Quality of program delivery (the way the leader delivers/uses program)*
    - *Logistics (supportive environment, number/length of sessions used)*
- Determine how often fidelity is tracked based on what is possible and will provide actionable information
- Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent)
- Monitor and track changes to the intervention
    Use the results to provide feedback and to continuously improve, adapt, and sustain use

44. …determine whether transition practices are evidence-informed?	1	2	3	4	5	6

Best Practices

- Create an intervention selection committee with people from diverse groups (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers)
- When selecting transition practices, review evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in preschools or other preschools/schools with similar characteristics
- Use national agencies (e.g. Head Start, National Association of the Education of Young Children, An Office of the Administration of Children and Families: Early Childhood Development), university centers (e.g. Georgetown University's Center for Child and Human Development & Center of Excellence for Infant & Early Childhood Mental Health Consultation, National Center for Pyramid Model Innovations) and local/state resources to identify best and promising practices
- Review national evidence-based practice registries and relevant research literature to determine whether:
    - *Randomized controlled trials (RCTs) for the intervention are related to outcomes of interest*
    - *Others, outside of the developers, also provide support for outcomes of interest*
    - *The settings (e.g., urban/suburban/rural/frontier; school/preschool) are similar to your*

own
- *The populations that have been studied are comparable to your preschool demographic (e.g., gender, age, ethnicity, cultural backgrounds, languages, socioeconomic status).*
- *The outcomes are consistent with those valued and prioritized by the preschool*

45. …ensure transition practices fit the unique strengths, needs, and cultural/linguistic considerations of children and families in your preschool?	1	2	3	4	5	6

Best Practices
- Create a transition committee with diverse representation (e.g., parents/caregivers, preschool and community health and mental health providers, preschool administrators, preschool staff, mental health consultants, home visitors, early intervention providers, and/or kindergarten representatives)
- Review preschool student population, including gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socio economic status to inform transition practices selection
- Review preschool transition plan needs and strengths
- Review costs to carry-out practice
- Assess training requirements (short and long term) needed to use the practice as intended
- Test the new practice with a small group first
- Adapt the practice to fit your unique preschool

46. …make and maintain partnerships with schools and community agencies?	1	2	3	4	5	6

Best Practices
- Collaborate with local school districts to align preschool and kindergarten goals, expectations, content, and teaching
- Develop and maintain a database with information about schools/teachers that your preschoolers typically go on to attend (e.g.., name of school or program, website, address, phone number, teaching staff, classroom size, course offerings, afterschool activities, family supports, childcare, mental health services, any other unique considerations)
- Share timeline with families and other stakeholders about transition processes
- Facilitate opportunities for family-to-family support around transition planning. For example, this may include a "family mentor" network of alumni families who have recently navigated the kindergarten transition from your preschool and are willing to answer questions about the process to current preschool families or opportunities for families whose children plan to attend the same kindergarten to connect around transition planning.
- Use educational data systems that allow child information to be easily transferred from preschool to

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elementary schools, including sharing IFSP/IEPs with needed parties
- o Maintain accurate, thorough, up-to-date records on preschoolers' progress, goals, and outcomes
- o Share information promptly to new schools
- o Discuss strengths and successful strategies used at the preschool so they can be carried over to the new setting
- Develop a clear, consistent transition process to promote successful linkage to elementary school which could include:
  - o Sharing information about the expectations of elementary school with children and families
  - o Encouraging visits to the school before the first day of kindergarten
  - o Sharing information on how families can stay involved in elementary school
  - o Discussing potential barriers to a successful kindergarten transition and how to overcome them
  - o Connecting families directly with staff at elementary schools
  - o Scheduling multiple transition-related events, if possible; it's preferable to make transition planning an ongoing process rather than a single event
  - o Connecting families to community resources for additional supports (as needed), including pediatrician or family medicine offices, behavioral consultants, or after-school programs
  - o Encouraging school partners to share information about kindergarten and host parent/caregiver orientations
- Follow-up with schools to facilitate ongoing coordination and information sharing

Kindergarten Transition (Questions 39-46): ____
Kindergarten Transition (Total/8): _____

Mental Health Screening

Screening is the assessment of students to determine whether they may be at risk for a mental health concern. This can be accomplished with a systematic tool or process, including standardized student-report, parent-report, teacher-report measures, examining deidentified, summary mental health screening data, or a structured teacher nomination process. Screening is assessment in the absence of known risk factors to identify students who may benefit from Tier 2 or Tier 3 services and supports.

1. How many children were enrolled in your preschool (maximum number of children who could have been screened)? _____

2. How many children were screened within the preschool for mental health concerns of any type in the absence of known risk factors? _____

3. Based on the screening process, how many children were identified as being at-risk for or already experiencing a mental health problem? _____

4. Of the children identified in Question 4 above, how many children were referred to a mental health service (with a preschool or community mental health professional) due to being at-risk for or having a mental health problem? _____

5. Of the children identified in Question 4 above, what was the number of unduplicated children* who received a mental health service (in-person contact with a preschool or community mental health professional) following identification of being at-risk for or having a mental health problem? _____
   *Note: children at imminent risk of harming themselves or others should receive immediate follow-up within 24 hours and should be included in this count as long as the follow-up occurred within 7 days.

6. In your preschool, of those children who were screened within the preschool, how many were screened for:
   o **Developmental Delays** _____
     • If more than 0, what tool(s) did you administer?
       _____
   o **Physical Health (e.g. vison, hearing)** _____
     • If more than 0, what tool(s) did you administer?
       _____

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- **Social/Emotional Competencies (e.g., self-awareness, self-management, social awareness, relationship skills, responsible decision-making)** _____
    - If more than 0, what tool(s) did you administer? _____

- **Self-Regulation of Mood and Behavior (e.g., frustration tolerance, impulse control, recognizing and managing feelings, focus/attention)** _____
    - If more than 0, what tool(s) did you administer? _____

- **Trauma** _____
    - If more than 0, what tool(s) did you administer? _____

- **General mental health** (risk factors and symptoms)
    - If more than 0, what tool(s) did you administer? _____

- **Well-being or protective factors** (e.g., resilience, developmental assets)
    - If more than 0, what tool(s) did you administer? _____

- **Other mental health** (e.g., ADHD, oppositional/defiant behavior, conduct problems, anxiety, depression, other internalizing, or externalizing problems)
    - If more than 0, what tool(s) did you administer? _____

Domain	School Average Score
Family Partnerships	
Services and Supports	
Teaming	
Mental Health Promotion	
Kindergarten Transition	
Screening	____% of youth screened (Question 2/ Question 1)

Emerging
1.0-2.9

Progressing
3.0 – 4.9

Mastery
5.0 – 6.0

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Impact Worksheet

1. How many unduplicated* children were identified through a systematic screening or other referral process to possibly receive Targeted Interventions (Tier 2) and/or Treatment (Tier 3) services and supports? _____

2. What was the total number of unduplicated* children who received at least one Tier 2 or Tier 3 preschool mental health service?
This includes any preschool-based Tier 2 or Tier 3 preschool mental health service provided by preschool- or community-employed providers. _____

3. How many unduplicated* children who received Tier 2 and/or Tier 3 services and supports have documented improvement in educational functioning?

Examples of documented improvement: school readiness measures; benchmark assessments in numeracy, language skills, general cognitive skills, fine and gross motor skills; attendance, discipline data, IEP review etc. _____

4. How many unduplicated* children who received Tier 2 and/or Tier 3 services and supports have documented improvement in social, emotional, or behavioral functioning? *Examples of documented improvement: screening, assessment and/ progress monitoring data collected from children, families, and/ teachers which demonstrate improvements in social-emotional wellness, self-regulation, mental health functioning, and/or target problem areas.* _____

* If a child received more than one type of Tier 2 or 3 service, the child should only be counted once within that service tier.