

Training And Capacity-Building Curriculum

Three Learning Pathways For Schools, Districts And System Partners.

The Behavioral Health Performance Management (BHPM) Training And Capacity-Building Curriculum defines the professional learning provided to school teams, local educational agency (LEA) leaders, and system partners to support the use of behavioral health information in practice.

THE CURRICULUM IS ORGANIZED INTO THREE PATHWAYS

PATHWAY 1	School-Based Behavioral Health Screening And Data Use	School teams
PATHWAY 2	LEA Behavioral Health Performance Management	LEA leaders
PATHWAY 3	System Leadership And Sustainability	System partners

The three pathways address different responsibilities within behavioral health performance management. Pathways 1 and 2 focus on the practices used by school and LEA teams. Pathway 3 focuses on the system conditions that support implementation and sustainability across organizations.

ACTIVITY

3.3

DELIVERY LEADS

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DUE

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SCOPE REFERENCE

Implementation Workplan Crosswalk Activity 3.3 • Exhibit A Section VI, Deliverable 3

Activity 3.5 provides the comprehensive Technical Assistance Plan, including how this curriculum will be delivered and supported over the contract period.

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Curriculum Overview

What the curriculum builds, how the three pathways work together, the implementation science it uses, and how behavioral health information is used at each level.

Purpose Of The Curriculum

The BHPM curriculum builds the capacity of school teams, LEA leaders, and system partners to use behavioral health information within the systems and practices they already manage.

Learning to use the screening platform is one component of implementation. The broader curriculum prepares participants to interpret behavioral health information, connect it with other information already available to schools and LEAs, use it within existing student-support and improvement processes, and review repeated evidence over time.

The curriculum provides a common set of capacities while allowing professional learning to be adapted to participant roles, local practices, organizational structures, and implementation needs.

How The Three Pathways Work Together

Pathways 1 and 2 address related practices at the school and LEA levels.

Pathway 1 prepares school teams to interpret behavioral health information and use it within student support, school improvement, and other existing practices.

Pathway 2 prepares LEA leaders to examine aggregate behavioral health and implementation information across schools, support site implementation, and use findings in program, professional learning, and resource decisions.

Pathway 3 addresses responsibilities that extend beyond individual school and LEA practice. County and state partners work on system conditions that affect implementation and sustainability, including interagency coordination, governance, reporting, financing, and policy.

This distinction is consistent with the National Implementation Research Network (NIRN) Active Implementation Frameworks. Pathways 1 and 2 include substantial attention to competency and organizational drivers within schools and LEAs. Pathway 3 places greater emphasis on leadership, facilitative administration, and systems intervention across organizations.

The three pathways operate concurrently. A school team may be reviewing behavioral health information to inform student supports while LEA leaders examine aggregate patterns across schools and system partners address a policy, funding, reporting, or coordination issue affecting implementation.

Implementation Science

The curriculum uses the NIRN Active Implementation Frameworks to guide implementation and capacity building.

Implementation Stages. Exploration, Installation, Initial Implementation, and Full Implementation help teams understand the status of a practice and determine what support is needed next. Implementation may differ across schools or practices within the same LEA.

Implementation Drivers. Competency drivers address staff selection, training, coaching, and fidelity. Organization drivers address decision-support data systems, facilitative administration, and systems intervention. Leadership drivers address the technical and adaptive leadership required to support implementation and address barriers.

Plan-Do-Study-Act (PDSA). PDSA provides a continuous-improvement method for Pathways 1 and 2. Teams identify an improvement aim, implement or strengthen a practice, review implementation and outcome information, and determine the next action.

Curriculum-Wide Principles

Asset-Based Use Of Behavioral Health Information

Participants learn to identify student strengths and positive change as well as areas for growth. Data review begins by asking what students are demonstrating, what existing practices may be relevant to those strengths, what should be reinforced or extended, and where additional inquiry or support may be useful.

Participants are taught to distinguish observed patterns from explanations that require additional evidence and not to infer causation because a behavioral health pattern appears alongside a particular program or practice.

Universal And Targeted Supports

Behavioral health information can inform schoolwide practice as well as targeted or individualized support.

Depending on the information and context, a team may reinforce an existing universal practice, adapt a support, gather additional information, adjust professional learning, revise a workflow, monitor progress, or use an established response or referral process.

Integration With Existing Processes

Participants identify where behavioral health information can be incorporated into existing decision-making and improvement processes.

At the school level, these may include multi-tiered system of support (MTSS), student-support teams, wellness teams, professional learning communities (PLCs), instructional leadership teams, Positive Behavioral Interventions and Supports (PBIS), Community Schools, school improvement, professional learning, and family communication.

At the LEA level, these may include student-services leadership, district MTSS, principal meetings, program reviews, data and accountability routines, professional learning, and executive leadership structures.

At the system level, these may include interagency leadership structures, county planning and reporting, governance processes, and existing state and local accountability structures.

Use Of Information Across The Three Pathways

INFORMATION	PATHWAY 1 · SCHOOL PRACTICE	PATHWAY 2 · LEA PERFORMANCE MANAGEMENT	PATHWAY 3 · SYSTEM LEADERSHIP AND SUSTAINABILITY
Student-Level Information	Authorized practitioners use student-level information for interpretation, follow-up, support decisions, and individual progress monitoring.	LEA leaders understand its role in school practice, but identifiable student information is generally not the unit of LEA performance management.	Identifiable student information is not used for system-level performance management or reporting.
Group And Grade Aggregates	Used to identify strengths, areas for growth, and questions for MTSS, PLCs, universal supports, and professional learning.	Used to examine patterns and variation within and across schools.	May contribute to de-identified cohort findings when appropriate for broader system learning.
School-Level Aggregates	Used for schoolwide supports, PBIS, school improvement, professional learning, and progress monitoring.	A primary input to cross-site review and differentiated support.	May inform understanding of implementation and school context through appropriate aggregate reporting.
LEA And Cross-LEA Aggregates	Provide broader context where useful to school teams.	Used to examine LEA-wide strengths, trends, variation, and common implementation questions.	Used to examine patterns across participating systems and inform coordination, reporting, sustainability, and policy discussions where appropriate.

INFORMATION	PATHWAY 1 • SCHOOL PRACTICE	PATHWAY 2 • LEA PERFORMANCE MANAGEMENT	PATHWAY 3 • SYSTEM LEADERSHIP AND SUSTAINABILITY
Implementation Information	Shows participation, reach, whether review occurs, and whether identified actions are carried out.	Helps LEAs understand implementation variation and determine where sites may need additional support.	Helps system partners understand implementation conditions, recurring barriers, and practices relevant to broader system improvement.
Existing Education And System Information	May include attendance, chronic absenteeism, academic progress, engagement, support participation, and other locally used information.	Includes established district academic, attendance, program, service, and implementation information.	Includes relevant county and state reporting, services, initiatives, financing, and other system information appropriate to the decision being considered.

As decisions move farther from direct student support, behavioral health information is used at increasingly aggregate levels. Any data sharing across organizations remains subject to applicable privacy requirements, agreements, governance decisions, and the specific purposes established by participating agencies.

Pathway 1 · School-Based Behavioral Health Screening And Data Use

Five modules building the capacity of school teams to use behavioral health screening within student support, school improvement, and the practices already in place.

Purpose And Audience

Pathway 1 builds the capacity of school teams to use behavioral health screening as an asset-based source of student voice, integrate results with information and practices already in place, translate findings into action, and use repeated evidence to strengthen student supports over time.

The modules identify common areas of professional learning. **Topics within modules are not a required sequence.** Topic emphasis, depth, and delivery are individualized based on participant roles, existing practices, prior experience, and local implementation needs.

Module 1: Foundations Of Behavioral Health Screening And Progress Monitoring

PRIMARY AUDIENCE	School counselors, school social workers, school psychologists, wellness coordinators and coaches
SUPPORTING AUDIENCE	Principals and assistant principals, MTSS leads, student-support team leads
LEARNING GOAL	Develop a shared understanding of the purpose of school-based behavioral health screening, the six behavioral health competencies, and the role of repeated screening in progress monitoring.

Topics

Purpose And Principles Of School-Based Behavioral Health Performance Management. The purpose and appropriate use of behavioral health screening within a broader student-support and performance-management process. Participants distinguish screening from diagnosis, referral, intervention, and ongoing progress monitoring and consider how screening complements professional judgment and other information available to the school.

Student Voice, Assets, And Behavioral Health Competencies. Emotional Resilience, Relational Awareness, Conflict Resolution, Reflective Growth, Self-Insight, and Effective Help-Seeking. Participants examine how open-ended student voice can show demonstrated strengths, positive change, and areas for growth.

Baseline, Repeated Screening, And Progress Over Time. How an initial administration provides a baseline and subsequent administrations support review of patterns and change alongside attendance, engagement, academic progress, and support participation.

EVIDENCE OF CAPACITY

Participants can explain the purpose and limits of behavioral health screening, distinguish screening from diagnosis and intervention, describe the role of repeated measurement, and explain how screening complements other information used by the school.

APPLICATION TO PRACTICE

Participants identify the information their school already uses to understand student progress, the purpose of each source, and where behavioral health screening adds useful student voice.

Module 2: Behavioral Health Data Analysis, Dashboard Interpretation, And Data Walkthroughs

PRIMARY AUDIENCE	School counselors, school social workers, school psychologists, wellness coordinators and coaches, MTSS leads, student-support team leads
SUPPORTING AUDIENCE	Principals and assistant principals
LEARNING GOAL	Interpret behavioral health screening information and facilitate structured data conversations using student-level and aggregate information appropriately.

Topics

Student-Level Actionable Data And Aggregate Reporting. Appropriate uses of roster-synced student-level information and grade, group, and school-level aggregate reporting. Participants match the level of information to the decision being made.

Identifying Strengths, Trends, And Change Over Time. Use dashboard and reporting views to examine patterns across groups and administrations, recognize strengths and positive change, and identify areas for further inquiry.

Leading A Behavioral Health Data Walkthrough. Use a consistent review process that begins with strengths, examines patterns and change, identifies relevant contextual information, develops questions, and determines where findings should be addressed within existing school processes.

EVIDENCE OF CAPACITY

Participants can navigate relevant reporting views, distinguish student-level actionable information from aggregate reporting, facilitate a structured walkthrough, identify strengths and areas for inquiry, and recognize when another source of information is needed.

APPLICATION TO PRACTICE

Participants facilitate a data walkthrough using behavioral health screening information and at least one existing school data source, such as attendance, engagement, academic progress, or support participation.

Module 3: Integrating Behavioral Health Data Into Student Support And School Practice

PRIMARY AUDIENCE	School counselors, school social workers, school psychologists, wellness coordinators, MTSS leads, student-support team leads
SUPPORTING AUDIENCE	Principals and assistant principals, with instructional leadership where relevant
LEARNING GOAL	Use behavioral health information within existing student-support, instructional, wellness, and improvement processes.

Topics

Integrating Behavioral Health, Academic, And Student-Support Information. Review screening results alongside attendance, chronic absenteeism, engagement, academic progress, recurring check-ins, support participation, and other locally used indicators. Participants identify relationships and questions without assuming causation.

Connecting Strengths To Existing Practices And Universal Supports. Review positive patterns alongside PBIS, Community Schools, mentoring, advisory, counseling and wellness programming, professional learning, and other existing supports. Teams consider what should be preserved, reinforced, or examined further.

Connecting Areas For Growth To MTSS And Existing Support Pathways. Use screening information within universal, targeted, and intensive supports, progress monitoring, professional learning, family communication, further inquiry, and established response or referral processes.

EVIDENCE OF CAPACITY

School teams can show where behavioral health findings enter an existing meeting or protocol, what additional information is considered, what decision follows, and how follow-up is tracked.

APPLICATION TO PRACTICE

Teams trace an authentic behavioral health finding through an existing MTSS, PLC, instructional leadership team (ILT), PBIS, wellness, Community Schools, or other established process and identify the information considered, action, owner, and follow-up.

Module 4: School-Based Behavioral Health Data-Use And Action Systems

PRIMARY AUDIENCE	Principals and assistant principals, MTSS leads, student-support team leads, counseling leads, wellness leads
SUPPORTING AUDIENCE	School counselors, social workers, school psychologists, PLC or instructional leadership team leads where relevant
LEARNING GOAL	Establish or refine the routines that connect screening, data review, goal setting, action, and follow-up within existing school structures.

Topics

Team Structures, Protocols, And Decision Authority. Identify the existing meetings that address different questions, the information required, who prepares and accesses it, what decisions each group can make, and who is responsible for follow-up.

Baseline-Informed Goal Setting And School Improvement. Use baseline screening results to inform focused improvement goals connected, where appropriate, to attendance, academic engagement, transition and readiness, PBIS, professional learning, Single Plan for Student Achievement (SPSA) priorities, or other established school goals.

Review Cadence, Information Flow, And Follow-Through. Plan when screening results are reviewed, how decisions are documented, how implementation is monitored, and when subsequent screening and other school information are reviewed.

EVIDENCE OF CAPACITY

The school has a documented process specifying relevant data sources, review structure, cadence, baseline-informed goal, decision authority, action ownership, follow-up, and escalation where needed.

APPLICATION TO PRACTICE

Each school develops or refines a behavioral health data-use and action routine within existing school systems.

Module 5: Continuous Improvement, Progress Monitoring, And Practice Sustainability

PRIMARY AUDIENCE	Principals and assistant principals, MTSS leads, student-support team leads, counseling and wellness leads
SUPPORTING AUDIENCE	School counselors, social workers, school psychologists, and staff participating in relevant improvement teams
LEARNING GOAL	Use repeated behavioral health, implementation, and related school outcome information to improve practice and maintain effective data-use routines over time.

Topics

PDSA Using Behavioral Health And Existing Outcome Data. Define a baseline, implement or strengthen an existing practice, review implementation, examine subsequent behavioral health and related indicators, and determine the next action.

Continuous Improvement Within Existing School Systems. Use PDSA and progress monitoring within MTSS, PLC and ILT cycles, PBIS review, Community Schools, school improvement, professional learning, and leadership structures.

Maintaining Data-Use Capacity Over Time. Plan for recurring administration, ownership, staff transitions, onboarding, documentation, professional learning, and review routines so practices can continue as project support decreases.

EVIDENCE OF CAPACITY

The school can demonstrate a PDSA cycle and identify the existing meeting, protocol, or improvement process in which behavioral health review and follow-up are maintained.

APPLICATION TO PRACTICE

Teams initiate or continue an authentic PDSA cycle and identify the school structures needed to maintain the practice.

Customization And Delivery

The five modules define common capacities, while professional learning is adapted to local context.

Customization may account for prior experience with behavioral health screening, existing MTSS and student-support structures, local data tools and check-ins, PBIS and universal supports, data-review and continuous-improvement practices, staffing, school size, professional learning time, calendars, and team structures.

Delivery may occur through dedicated in-person or virtual sessions, MTSS or student-support meetings, PLCs, instructional leadership teams, professional learning time, facilitated dashboard and data walkthroughs, individualized technical assistance, and follow-up coaching.

Where established practices already exist, support can focus more quickly on application and integration. Where a practice is newer, professional learning can include additional modeling, guided practice, tools, and coaching.

Pathway 2 · LEA Behavioral Health Performance Management

Five modules building LEA capacity to use aggregate behavioral health and implementation evidence across schools, and to maintain a recurring performance-management process.

Purpose And Audience

Pathway 2 builds LEA capacity to use aggregate behavioral health, implementation, and related information to understand performance across schools, recognize strengths and areas for growth, support implementation, inform program and resource decisions, and maintain a recurring behavioral health performance-management process.

As in Pathway 1, module topics identify areas of learning rather than a required sequence.

Module 1: Behavioral Health Measurement And Performance Indicators

PRIMARY AUDIENCE	Directors of student services, behavioral health and wellness leads, district MTSS leaders, program directors
SUPPORTING AUDIENCE	Data, evaluation and accountability staff, and relevant executive leadership
LEARNING GOAL	Understand how student voice becomes aggregate performance information and how behavioral health information can be used with established LEA indicators.

Topics

From Student Voice To LEA Performance Information. The relationship among student-level information, grade and group aggregates, school aggregates, and LEA aggregates, including appropriate privacy and use at each level.

Behavioral Health, Implementation, And Existing LEA Indicators. Use screening information alongside attendance, chronic absenteeism, academic progress, engagement, service utilization, participation and reach, implementation information, and other established district indicators.

Asset-Based Performance Measurement. Use aggregate information to identify demonstrated strengths and positive change as well as areas for growth, without reducing cross-site review to school ranking.

EVIDENCE OF CAPACITY

LEA leaders can define the behavioral health performance questions they need to answer and identify the data level and contextual information appropriate to each question.

APPLICATION TO PRACTICE

Participants create a concise LEA performance view identifying which information answers each management question and where that information is reviewed.

Module 2: Cross-Site Data Analysis, Dashboard Interpretation, And Performance Walkthroughs

PRIMARY AUDIENCE	Directors of student services, behavioral health and wellness leads, district MTSS and program leaders, data, evaluation and accountability staff
SUPPORTING AUDIENCE	Site leadership when local implementation context is needed
LEARNING GOAL	Interpret patterns and variation across schools and facilitate cross-site data reviews that consider outcomes and implementation together.

Topics

Cross-Site Dashboard Interpretation. Review school aggregate patterns, grade and cohort patterns, change over time, participation and reach, and implementation indicators.

Leading Cross-Site Data Walkthroughs. Review strengths, patterns, variation, implementation context, related attendance, academic and program information, management questions, and next actions.

Behavioral Health, Academic, And Implementation Outcomes. Examine whether behavioral health patterns align with attendance, engagement, academic performance, transition outcomes, implementation variation, or established programs without inferring causation.

EVIDENCE OF CAPACITY

LEA leaders can facilitate a cross-site walkthrough using behavioral health, implementation, and at least one existing district data source.

APPLICATION TO PRACTICE

Leaders conduct a cross-site performance review and identify findings that warrant recognition, site-level follow-up, district inquiry, differentiated support, or additional evidence.

Module 3: Integrating Behavioral Health Evidence Into Program, Professional Learning, And Resource Decisions

PRIMARY AUDIENCE	Directors of student services, behavioral health and wellness leads, district MTSS leaders, program directors
SUPPORTING AUDIENCE	Data and evaluation staff, fiscal and program staff, site leadership, and executive leadership where needed
LEARNING GOAL	Use behavioral health and implementation information to inform existing LEA program, professional learning, support, and resource decisions.

Topics

Connecting Evidence To Existing Programs And Systems. Review patterns alongside district MTSS, PBIS, counseling and wellness programming, transition supports, Community Schools, attendance initiatives, academic supports, and family engagement.

Program, Professional Learning, And Resource Decisions. Consider whether available evidence supports reinforcing an existing practice, adjusting professional learning, providing implementation support, adapting a program, examining staffing or resource alignment, or gathering additional information.

Action, Inquiry, And Escalation. Identify decisions within LEA authority, questions requiring additional evidence, and barriers requiring support from broader system partners.

EVIDENCE OF CAPACITY

The LEA can demonstrate a decision process connecting behavioral health information, implementation context, existing programs and supports, action or inquiry, ownership, and follow-up.

APPLICATION TO PRACTICE

Participants trace an authentic LEA management question through behavioral health, implementation, academic, attendance, or program information and the district decision process.

Module 4: LEA Behavioral Health Performance-Management Systems

PRIMARY AUDIENCE	Directors of student services, behavioral health and wellness leads, district MTSS and program leaders
SUPPORTING AUDIENCE	Data, evaluation and accountability leads, principals and site leadership, executive leadership
LEARNING GOAL	Establish or refine the recurring LEA process for reviewing behavioral health performance, setting goals, differentiating support, and communicating between sites and district leadership.

Topics

- Governance, Existing Meetings, And Decision Protocols.** Identify where behavioral health review occurs, how information is prepared and interpreted, what decisions belong at site, program, and executive levels, and how decisions and support return to schools.
- Baseline–Informed Goals And Existing LEA Outcomes.** Use behavioral health baselines to inform established priorities where appropriate, including attendance, academic engagement, school climate, transition outcomes, priorities aligned to the Local Control and Accountability Plan (LCAP), and student–support outcomes.
- Site–To–LEA Information Flow And Differentiated Support.** Establish processes for sites to share strengths, patterns, implementation learning, barriers, and support needs, and for the LEA to provide professional learning, coaching, implementation support, program decisions, resources, and cross–site learning.

EVIDENCE OF CAPACITY

The LEA has an operating process specifying relevant data sources, review structures, cadence, goals, decision rights, differentiated support, communication to sites, follow-up, and escalation.

APPLICATION TO PRACTICE

The LEA develops or refines its behavioral health performance–management routine within existing leadership and management structures.

Module 5: Continuous Improvement, Implementation Monitoring, And Practice Sustainability

PRIMARY AUDIENCE	Directors of student services, behavioral health and wellness leads, district MTSS and program leaders
SUPPORTING AUDIENCE	Data, evaluation and accountability staff, site leaders, and executive leadership where institutionalization decisions are involved
LEARNING GOAL	Use repeated behavioral health, implementation, and related outcome information to improve implementation across schools, learn from variation, and maintain performance–management practices over time.

Topics

- PDSA Across Behavioral Health, Implementation, And Related LEA Outcomes.** Use shared improvement questions to examine whether intended practices occurred, what subsequent behavioral health information shows, how relevant attendance, academic, engagement, and service indicators changed, and how results varied across sites.

Cross-Site Learning, Adaptation, And Spread. Use principal networks, communities of practice, or program meetings to examine implementation, local conditions, and results before extending a practice more broadly.

Maintaining Behavioral Health Performance Management. Integrate ownership, recurring data walkthroughs, protocols, goal review, professional learning, site support, leadership routines, onboarding, and existing planning cycles.

EVIDENCE OF CAPACITY

The LEA can demonstrate a cross-site improvement cycle and identify an existing organizational process that will maintain behavioral health performance review, implementation monitoring, and follow-up.

APPLICATION TO PRACTICE

Leaders conduct an authentic cross-site improvement cycle and identify the organizational practices needed to maintain performance management.

Customization And Delivery

The five modules define common LEA capacities. Professional learning is adapted to LEA size, organizational structure, staffing, distribution of responsibilities, existing cross-site review processes, professional learning and leadership time, calendars, and implementation needs.

A smaller LEA may have one leader responsible for several student-services, behavioral health, MTSS, and program functions. A larger LEA may distribute those responsibilities across departments and leadership roles. The curriculum therefore identifies the functions needed for behavioral health performance management rather than prescribing universal job titles.

Delivery may occur through in-person or virtual professional learning, leadership meetings, district MTSS and program meetings, principal meetings, facilitated data walkthroughs, cross-site learning, individualized technical assistance, and coaching.

Behavioral Health Champions

Behavioral health champions are central participants in implementation and capacity building. The role is defined by function rather than by a standard job title.

At the LEA level, a behavioral health champion may be a director of student services, district social worker, behavioral health or wellness lead, or another staff member with responsibility for implementation and data use. At the school level, the role may be held by a counselor, wellness coordinator, assistant principal, lead social worker, or another member of the site team.

The appropriate champion depends on the LEA or school's staffing model, funding structure, organizational responsibilities, existing behavioral health infrastructure, and decision-making processes.

Professional learning and coaching are therefore tailored to the champion's responsibilities, authority, prior experience, and position within the organization. A wellness coordinator serving as a site champion may need different facilitation and leadership support than an assistant principal or counselor. A districtwide social worker may require different support than a director of student services in a smaller LEA who holds several related responsibilities.

Capacity building supports champions in applying BHPM practices within the responsibilities they already hold and, over time, supporting those practices with greater independence.

Pathway 3 · System Leadership And Sustainability

Capacity building for the partners whose decisions set the conditions in which school behavioral health systems operate.

Purpose And Audience

Pathway 3 builds capacity among leaders and partners whose decisions affect the broader conditions in which school behavioral health systems operate.

Audiences may include county offices of education, county behavioral health and child welfare, probation and juvenile court partners, county boards of education, the Commission, state education and health agencies, and legislative members and staff working on children's behavioral health.

The pathway helps these partners understand school-based behavioral health information, connect it with systems and reporting processes they oversee, and use implementation learning from the participating sites to inform coordination, governance, financing, and policy.

HOW THIS PATHWAY IS STRUCTURED

Unlike Pathways 1 and 2, the primary work is not a common set of school or LEA practices that can be organized into five parallel modules. Capacity may instead be demonstrated through changes in interagency coordination, governance, reporting, agreements, financing, or other system responsibilities.

Areas Of Capacity Building

Shared Leadership And Interagency Coordination

Participants examine how education participates in existing interagency leadership and coordination structures and how behavioral health information can support shared understanding of student needs, strengths, services, and implementation barriers.

Shared Goals And Reporting

Partners consider how aggregate behavioral health information can be used with information already collected by education, behavioral health, and other child-serving systems.

This includes identifying focused measures and examining how appropriate aggregate information may connect with existing planning and reporting processes.

Universal, Targeted, And Intensive Supports

Partners examine the services provided by different agencies across universal, targeted, and intensive levels.

Initiative inventories, roles-by-tier maps, and related tools can help participants understand existing supports, identify areas of overlap, and recognize opportunities for coordination.

Governance And Data Use

Capacity building addresses governance conditions relevant to behavioral health screening and performance management, including notice and consent, family rights, board policy, data handling, vendor agreements, interagency data-sharing considerations, high-risk response procedures, and appropriate aggregate reporting.

Specific requirements depend on the screening instrument, participating agencies, approved data uses, applicable agreements, and law. Decisions that have not been made through the pilot should remain open until the appropriate partners make them.

Financing And Sustainability

Participants examine how existing public funding, governance structures, continuous-improvement practices, community participation, and reporting processes affect the continuation of behavioral health practices.

Existing system-of-care tools may be used where appropriate, including initiative inventories, goals-and-metrics templates, needs-assessment inventories, sustainability self-assessments, and revenue maps.

Audiences And Intended Capacity

AUDIENCE	CAPACITY-BUILDING FOCUS
County Offices Of Education	Use school-based behavioral health information in county coordination and support for LEAs, participate in relevant interagency structures, and examine the local array of initiatives and supports.
County Behavioral Health Leaders	Understand how appropriate school-based information may relate to prevention, early intervention, county planning and reporting, and coordination with education.
Child Welfare, Probation, And Juvenile Court Partners	Understand where education information is relevant to existing interagency coordination and how school-based information can be considered within appropriate governance and privacy limits.
County Boards Of Education	Understand governance, policy, privacy, and aggregate reporting considerations associated with school-based behavioral health screening and performance management.

AUDIENCE	CAPACITY-BUILDING FOCUS
State Education And Health Agencies	Examine how school-based behavioral health information relates to existing guidance, accountability, tiered supports, financing mechanisms, and cross-system planning.
Legislative Members And Staff	Understand what implementation across participating sites shows about behavioral health systems, coordination, and relationships among behavioral health competencies and school outcomes within the limits of available evidence.

Learning Activities

Activities vary according to audience and system responsibility. They may include:

- reviewing implementation examples to identify where information, services, responsibilities, and funding intersect;

- mapping services across universal, targeted, and intensive levels;

- completing or updating inventories of programs, funding streams, and staff roles related to student behavioral health;

- identifying the interagency structures responsible for barriers that cannot be resolved at the school or LEA level;

- examining where aggregate school-based behavioral health information may appropriately fit within existing planning and reporting;

- reviewing governance and data-use requirements; and

- practicing communication of aggregate behavioral health findings to boards, agency leaders, and other decision makers using clear, asset-based language.

Evidence Of Progress

Evidence in Pathway 3 reflects the responsibilities of system partners and differs from the practice demonstrations used in Pathways 1 and 2.

Depending on the work undertaken and the authority of participating partners, evidence may include completed initiative inventories, participation in interagency leadership structures, changes to reporting, executed agreements, adopted governance documents, cross-agency service maps, or documented use of cohort findings in planning and oversight.

ATTRIBUTION OF EVIDENCE

Many of these actions depend on decisions by public agencies outside the project's authority. Evidence of progress should therefore distinguish between capacity-building and technical assistance provided through BHPM and formal actions that remain the responsibility of participating agencies.

Assessment And Evidence Of Capacity

How the curriculum assesses knowledge gains, confidence in data use, and observable practice change, and what evidence each pathway produces.

Activity 3.3 includes assessment of **educator knowledge gains, confidence in data use, and observable practice changes**. Assessment should be directly related to the capacities addressed through the curriculum and designed to minimize additional burden on participating staff.

Knowledge Gains

Brief pre/post or embedded checks may assess understanding of topics such as the purpose and appropriate use of behavioral health screening, interpretation of behavioral health information, student-level and aggregate data use, dashboard interpretation, integration with existing school or LEA processes, goal setting, and continuous improvement.

Confidence In Data Use

Brief self-assessment may be used to understand participant confidence in practices such as interpreting behavioral health information, facilitating a data walkthrough, connecting findings with existing supports, setting goals, participating in data conversations, and using evidence to monitor progress.

Confidence provides information about participants' readiness to apply learning but is not used as a substitute for evidence of knowledge or practice.

Observable Practice Change

Module-level Evidence Of Capacity and Application To Practice activities provide the basis for observing whether learning is being applied.

Evidence may include a completed data walkthrough, documented data-use process, behavioral health information incorporated into an existing MTSS or leadership meeting, a baseline-informed goal, an evidence-to-decision record, a PDSA cycle, or an established LEA performance-management process.

Pathway 3 uses evidence appropriate to system-level work, including completed inventories, documented governance actions, agreements, participation in interagency structures, and changes to reporting where applicable.

INSTRUMENTS AND MEASUREMENT

Specific assessment instruments, administration procedures, aggregation methods, and broader measures of training and technical assistance (TTA) and implementation effectiveness will be refined with **Applied Survey Research** as the project's evaluation partner and addressed through the comprehensive TTA Plan.

No numerical proficiency thresholds are established through the curriculum.

Workplan Crosswalk

Every Activity 3.3 commitment in the implementation workplan, mapped to the section of this curriculum that addresses it.

WORKPLAN COMMITMENT	WHERE IT IS ADDRESSED
Purpose and principles of school behavioral health performance management	Pathway 1, Module 1; Pathway 2, Module 1
Connecting screening data to student services and MTSS referral pathways	Pathway 1, Module 3
Data-informed goal setting using baseline screener results	Pathway 1, Module 4; Pathway 2, Module 4
PDSA cycles	Pathway 1, Module 5; Pathway 2, Module 5
Interpreting dashboard data	Pathway 1, Module 2; Pathway 2, Module 2
Leading data walkthroughs	Pathway 1, Module 2; Pathway 2, Module 2
Student-level roster-synced actionable data versus aggregate reporting	Curriculum Overview; Pathway 1, Module 2; Pathway 2, Module 1
Sustainability planning	Pathways 1 and 2 practice sustainability; Pathway 3 system sustainability
Educator knowledge gains	Assessment And Evidence Of Capacity
Confidence in data use	Assessment And Evidence Of Capacity
Observable practice changes	Module-level Evidence Of Capacity; Assessment And Evidence Of Capacity
Customization to each LEA's local context	Pathway 1 and Pathway 2 Customization And Delivery; Behavioral Health Champions
NIRN Active Implementation Frameworks, Fixsen stages, and PDSA	Curriculum Overview
Individualized and group capacity building	All three pathways; Customization And Delivery
Integration with existing frameworks such as MTSS and whole-child initiatives	Curriculum Overview; Pathway 1, Module 3; Pathway 2, Module 3; Pathway 3
Ongoing coaching and support	Customization And Delivery
Tracking implementation progress and effectiveness	Assessment And Evidence Of Capacity; further operationalized in Activity 3.5

Relationship To Activity 3.5

Activity 3.3 defines the training and capacity-building curriculum. Activity 3.5 provides the comprehensive Technical Assistance Plan, including how professional learning, coaching, platform support, implementation support, and progress monitoring will be provided over the contract period.

The TTA Plan will use this curriculum as the source for the professional learning and capacity-building content required under Deliverable 3.

Behavioral Health Performance Management

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Activity 3.3 · Training And Capacity-Building Curriculum

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