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COMMUNITY CARE IMPLEMENTATION BLUEPRINT

Oregon Department of Education and University of Oregon

March 2025

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Introduction

The Community Care Implementation Blueprint (Blueprint) offers guidance for school districts to assist in the planning, effective implementation, and sustaining of school-based Community Care. It is also recommended for use by districts in supporting Integrated Guidance planning, monitoring, and evaluation.

Based on the first two years of Community Care Development Project work, this Blueprint supports school communities in identifying and leveraging existing school-based mental health and health infrastructures and local systems of care partnerships to meet the health, mental health, and well-being needs of students, families, and school staff.

This document is intentionally designed to maximize the strengths of existing models and approaches (e.g. Full Service Community Schools, Whole School, Whole Community, Whole Child, School-based Mental Health Partnerships, county programs such as the Umatilla County CARE Program, Oregon's System of Care, School-Based Health Centers, etc.).

The primary functions of this document are to:

1. Describe the Community Care model.
2. Provide guidance for adopting Community Care and monitoring progress towards district, regional, and state capacity-building goals.
3. Support a common infrastructure for the implementation of Community Care.

The report is organized into four sections:

- **SECTION 1: Background and Basics.** Outlines the history and structure of Community Care.
- **SECTION 2: Process and Planning.** Describes the implementation process and timeline to establish Community Care.
- **SECTION 3: Community Care Teams.** Details strategies for building, embedding and establishing Community Care Teams and services.
- **SECTION 4: Continuous Quality Improvement.** Highlights successes, barriers, and goals from the first two years of the Community Care Development Project and provides recommendations on potential strategies and tools to support the development of Community Care.

Section 1: Background and Basics

The Community Care Development Project (CCDP) was created in response to the expressed needs of students, families, school staff, and administrators across Oregon for increased school-based mental health services and supports. The CCDP's primary goal is to ensure that school community health, mental health, and well-being needs are met through linguistically and culturally responsive care that creates the conditions for students to regularly attend and thrive in school.

The CCDP is currently active in four school districts: Hillsboro, Lake County, Phoenix-Talent, and South Lane. These four districts have partnered with the Oregon Department of Education (ODE) and the University of Oregon to design and implement the Community Care model, with additional collaboration with Oregon Health Authority and Oregon Department of Human Services. This Blueprint is a reflection of the initial collaborative design, development, and implementation phase of the CCDP.

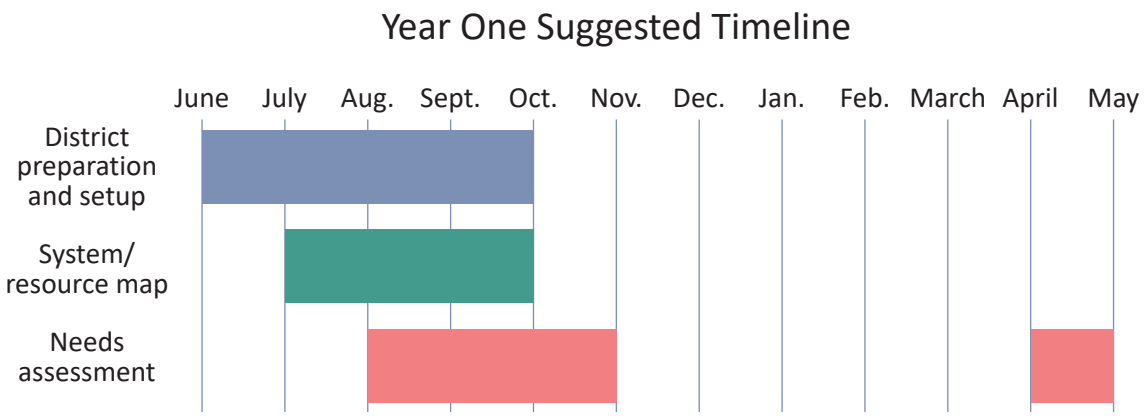
The Community Care model features two key staff roles: Community Care Specialists and Community Care Coordinators. Specialists and Coordinators are linguistically and culturally responsive staff who provide emotional support and system navigation to youth and their families and identify and respond to community health and mental health needs. Community Care Specialists work within schools and provide direct support to students and families. Community Care Coordinators work at the district level to support Specialists, build community partnerships, and coordinate district-wide work. More information about these roles can be found in Section 3, Community Care Teams.

Drawing from Oregon's System of Care philosophy, the Community Care model is locally and collaboratively designed and implemented. It has facilitated the development and utilization of robust partnerships between school districts and their local systems of care (SOCs). These SOCs include county behavioral health, public health, developmental disabilities services and housing divisions, youth- and family-serving community-based organizations, regional Oregon Department of Human Services Self-Sufficiency and Family Preservation teams, coordinated care organizations, Early Learning Hubs, faith groups, local businesses, and many others.

In the two school years since the CCDP began, Community Care staff have had more than 29,000 youth and family service contacts and have provided more than 8,000 referrals to local services. Community Care teams have also either directly furnished or connected families with mental health resources and providers as well as basic services such as food, clothing, hygiene and infant/young child products, shelter, housing, utility assistance, state medical, food, financial and childcare benefits, Oregon Health Plan Medicaid benefits, and more.

The Community Care model is intended to be flexible and responsive to local needs. It can be scaled for adoption by any school district, regardless of size, location, or current capacity.

Section 2: Process and Planning



District Preparation and Startup

The successful development and implementation of Community Care requires a community effort. Similar to Integrated Guidance planning, the work excels when community engagement is centered, and when school community needs are collected, synthesized, and formulated into a coherent plan to address those needs at project onset. Due to the collective nature of this effort, school and district leadership commitment to implementing, evaluating, funding, and planning for long-term stability prior to launching Community Care is essential.

The following steps are recommended to prepare schools and districts for developing and launching their system:

Leadership Planning:

- Convene district administrators to learn the details of Community Care. Begin the process of strategic planning, collaboration, implementation, and internal evaluation.
- Establish a district Community Care Leadership Team that will meet monthly with the Community Care Coordinator to determine goals, decision-making processes, procedures, funding, and evaluation targets, to align with existing mental health and health systems, and to problem-solve emerging issues and brainstorm solutions. While Leadership Team members will vary based on local needs, members may include district administrators, building administrators, health and mental health professionals working within the district, and educators including classroom teachers and student support staff.
- Identify or hire district-level staff who will serve as the Community Care Coordinator and assume primary responsibility for developing and sustaining relationships with local systems of care, leading and managing the Community Care Specialists, shepherding the evaluation process, and engaging with students, families, and community partners.

Systems Installation:

- Delineate communication channels and roles and responsibilities of the Coordinator, district administrators, school administrators, and other staff working on existing mental health initiatives.
- Collaborate with district/school administrators, mental health and health professionals, and other staff to clarify the roles and responsibilities of Specialists, including what the positions are and are not responsible for.
- Determine which schools will house Specialists and identify space and resource needs. Clearly communicate Specialist roles, responsibilities, and supervision channels to school administrators.
- Determine referral process Specialists will use, including how referrals will be made and by whom, how referrals will be documented and tracked, and the role of the Coordinator in the referral process.
- Conduct school health and mental health resource mapping with district and school administrators to identify existing partnerships, opportunities, needs, and gaps.
- Create communications plan to support the development and release of a public-facing school district mental health/health resource inventory. This inventory should detail what local health and mental health and Community Care resources are or will be available to students, families, and school staff. Include plans for family engagement.

Community Care Team Building and Outreach:

- Hire, onboard, and train Specialists. Schedule regular team meetings, led by Coordinator and attended by all Specialists.
- Discuss the roles, responsibilities, and function of Coordinator and Specialists at school and district all-staff meetings, including the process for referring students and families.
- Create opportunities to communicate the Community Care services and supports to students and families. Opportunities may include back-to-school events, information sessions, family engagement nights, health fairs, conferences, and more. Communication should be conducted in families' primary languages and in multiple formats (email, writing, district website, etc.).

Needs Assessment

The needs assessment is used to collect information from the populations that the district aims to serve. These groups may include students, families, staff, administrators, mental health professionals, and/or other youth-serving entities associated with the district.

One of the main aims should be to document and understand community needs for supporting student, family, and school staff mental health within districts, focusing on building-level supports. This may be achieved through surveys, focus groups, and interviews that are collaboratively designed by a district's Community Care team, district administrators, staff responsible for student health and mental health supports, students, and families. Districts may also draw on data already collected through statewide surveys such as the Student Health Survey, Student Educational Equity Development Survey, and Elevating Voices in Education Survey, or through their local coordinated care organization's community health assessment process.

The needs assessment is part of an ongoing process within the establishment of Community Care that includes collecting, reviewing, interpreting, and responding to data as a part of continuous quality improvement cycles. It can also be used to inform required district Integrated Guidance data collection, and related processes, strategies, plans, goals, and outcome evaluation. In addition to collecting information regarding health and mental health needs, we also recommend examining school staff and community needs for professional development and support.

There are many ways that a district can conduct a needs assessment. As a first step, we recommend careful consideration of a district's capacity and need for a Comprehensive Needs Assessment. This will help to determine the breadth and scope of the assessment, in addition to delineating its focus and priorities and establishing specific needs within the district that will be included as key functions within

the assessment. The Integrated Needs Assessment accompanying ODE's Integrated Guidance, the SHAPE System's School Mental Health Quality Guide: Needs Assessment & Resource Mapping, and the National Center for Community Schools' Assets & Needs Assessment Toolkit may also be useful starting points.

System Maps

System maps are critical tools for documenting a district's direct mental health and health supports and services, professional development opportunities, and student-centered teams. These maps support district staff in building and maintaining records that catalog available mental health and basic needs resources for students, staff, and families. These tools serve as references and contact guides for staff, students, and families, and can be used to evaluate progress at the building and district levels.

These system maps may also serve as an evaluation tool to assess the level of resources provided, specific buildings in which resources are available, and the specific wellness domain addressed by each resource. Each district's system map is intended to be dynamic and will require periodic updating to remain current and useful.

We encourage districts to begin their efforts by utilizing a system map template that is pre-populated with information collected from online directories of local mental health and health resources and student- and family-serving agencies and community-based organizations. These maps will be unique to each district's goals, populations, and resources, and will evolve and be updated as a district identifies areas of emphasis. Districts may also work with their local Early Learning Hub, coordinated care organization, or local system of care to gather any related system-mapping efforts that have already taken place in their region.

As shown in the template linked above, the basic system map may exist as a spreadsheet that documents each resource as a row, with characteristics of each resource detailed across columns. The columns should capture essential information about each resource that can be used to make referrals or support system-level decision-making about mental health and health supports. Many districts will likely be able to draw on their existing records of partner organizations and ticketing systems. Districts with limited documentation of available resources should focus on identifying and building relationships with available community-based organizations.

The initial phase in the iterative development of system maps can begin with the district team modifying

the system map template to support better contextual fit to local resources and processes. Future phases should focus on expanding the catalog of in-district supports. As an iterative process, each district's systems will not be fully documented in the first phase of development. There will be gaps in resources identified that do not reflect gaps in resources available to students, staff or families; rather, this lack of information reflects gaps in current documentation and will be remediated as the system map is updated.

General Implementation Infrastructure and Supports

Community Care relies on various elements of infrastructure to support the practice, organizational, and systems change necessary for successful implementation, which we will refer to as drivers (Metz & Bartley, 2012). These drivers ensure that changes are appropriately embedded in a school district's operations and culture.

Implementation drivers can be categorized into competency (workforce) and organizational (infrastructure) drivers (Fixsen et al., 2005) that highlight the key support needed.

- Competency drivers refer to elements needed to develop and improve staff competency to support the program or practice. These include staff selection, training, coaching and program fidelity.
- Organization drivers relate to factors responsible for creating and sustaining a welcoming system and environment so that the Community Care changes are implemented as intended and achieve the expected outputs and outcomes. These include facilitative administration, systems intervention, and decision-support data systems.

In mapping out drivers for Community Care, consider the following:

- Who or what entity/entities has/have responsibility for this segment of work?
- What type of authority do you have in relation to the person or entity responsible for this element? Formal authority or informal authority (i.e., social influence)?
- How is this element used to support the implementation, sustainability, and high-fidelity use of Community Care?
- How was this element developed, installed, monitored, and sustained over time?
- How can we strengthen this element, and what will it cost?

It is crucial that there is sufficient time for implementation planning with representation from all possible district staff who will be responsible for or need access to Community Care information or services. Clearly defined and documented goals and procedures are also critical for districts to communicate their programmatic strategies and develop quality improvement monitoring systems.

Section 3: Community Care Teams

Community Care Roles

Two staff roles are essential to implementing Community Care.

The Community Care Coordinator serves as the development, implementation, and evaluation lead. This largely administrative position is responsible for working with district-level staff to develop collaborative partnerships with local student- and family-serving organizations. Ideally, there is one Coordinator per school district; however, in smaller districts Coordinators may also have hybrid roles. Coordinators typically work at the district level and provide coordination for all Specialists across the district. Coordinator duties include providing support for Specialists, convening regular meetings with Specialists, communicating about Specialists' work and needs with district-level administrators, managing referral requests, and developing and maintaining robust partnerships with local systems of care. Additional duties may include tracking and analyzing service utilization data, improving reporting and referral systems, and organizing district-wide events such as district clothing or food drives. Again, these duties vary depending on local context, relationships with community partners, and need.

The role of the linguistically and culturally responsive Community Care Specialists is to provide emotional support and system navigation to students and families. Specialists identify and respond to community health and mental health needs. They meet with students and families to determine their needs and how best to address those needs. Specialists can also provide warm handoffs, accompany families to services, and assist students and families in transitioning from one school setting to the next. Depending on the needs and context of their school/community, Specialists may also host events for families such as health fairs or informational workshops about health/mental health, work with school-level teams supporting student attendance, learning, and behavior, mentor students, and support or facilitate student and/or family groups. Ideally, each Specialist works in one school building to intentionally focus their efforts on that school and its community.

Staff Recruitment, Selection, and Preparation

Community Care implementation requires an intentional process for selecting staff who have the required skills, linguistic and cultural competence, and local knowledge to serve as Specialists and Coordinators. Having intentionality around recruitment has been shown to increase engagement with the program and ascertain whether program components and subsequent adaptations are responsive to community needs (Castro et al., 2004).

Community Care staff identification should be distinct from typical school or district staff selection. Due to the nature of Community Care work, these positions are most successful when the individuals selected represent the linguistic and cultural composition of the communities and schools they serve. While Coordinator and Specialist roles do not require specific post-secondary education or credentials, knowledge or lived experience in mental health and health services, social work, family support professions, and/or PK-12 education can be helpful.

When hiring, the Coordinator should be selected first by district administrators who will oversee the implementation of Community Care. Coordinators may include individuals with existing responsibilities for planning, organizing, and managing existing mental health and health supports including coordination with external system of care partners. As noted above, the recruitment and function of a Coordinator will be driven by local needs, partnerships, and resources.

Once a Coordinator has been hired and onboarded, Specialists are then identified. The district Community Care Leadership Team described in Section 2, as well as school administrators, school staff, and school health and mental health workers, can work together to develop a list of desired experience and skills for hiring.

Community Care teams and roles will be developed over time through ongoing collaboration with district administrators, staff, students, and families to ensure that staff receive required training and are responsive to community needs. These resources have been compiled to give an idea of what Community Care staff can do:

- Community Care Coordinator Roles and Responsibilities.
- Community Care Specialist Roles and Responsibilities.
- Community Care Staff Sample Activities.

Communication is a key element to the success of Community Care. It is essential that the nature and scope of Coordinator and Specialist roles, responsibilities, and scope of practice (including what functions they do and do not perform) are defined from the beginning. This information, and decisions regarding building-level supervision of staff, must be agreed upon by school and district administrators prior to embedding staff in schools.

Professional Development

Professional development for Coordinators and Specialists should provide the skills and information staff need to support Community Care. Training of staff provides knowledge related to the underlying values of the Community Care and should provide staff opportunities to practice new skills and receive regular, constructive feedback in a safe and supportive training environment.

Training for the team should be a collective effort involving the Coordinator and other key staff, including school and district administrators. Professional development should promote the development of common knowledge, core skills, and competencies, as well as build support for collaboration and capacity to embed within schools. These plans should evolve as professional development needs emerge and be refined based on district needs. Please see Community Care Staff Professional Development Resources for ideas about what professional development may be useful for Community Care staff.

We recommend that districts evaluate staff experiences with provided training. Acceptability, appropriateness, and increases in knowledge, skill, and self-efficacy related to mental health as well as fluency in local systems offerings should be considered.

Community Care Process

Community Care should utilize a referral process that ensures follow-up with students and families. The referral process will be unique to the district but ideally will align to existing referral processes for other services. The referral form or mechanism should be available to anyone, including school staff, students, and families, so anyone within the school community can identify another in need of support.

One possible structure for a referral system is a districtwide Google Form which includes basic identifying questions about a student (name, grade, school, etc.) as well as a description of the support they need (mental health, health, housing, clothing, etc.). The Coordinator could review all submitted referral forms, assigning each referral to a Specialist. The Specialist could then meet with the student or family, identify their needs, and directly provide and/or make referrals to resources. The Coordinator then follows up with the Specialist to see if there are any additional needs. Together, the Specialist and the Coordinator can set next steps. The system for referrals may vary based on community needs, availability of resources, staffing capacity, etc. Ideally, Community Care uses a closed loop referral system, which tracks whether an individual receives services resulting from a referral. Community Information Exchange networks can support Community Care staff in ensuring closed loop referrals.

Coaching and Reflective Supervision

Coaching and reflective supervision groups are regular forms of staff support that should be embedded within ongoing professional development and Community Care team community-building. These groups are designed to provide a safe, confidential setting for Community Care staff to give and receive professional feedback, discuss successes, challenges, and barriers, and brainstorm solutions. While the

Coordinator will likely serve as the primary coach for Specialists, it is also important for the Coordinator to receive supervision, support, and mentorship.

Effective coaching can help staff feel supported and reduce isolation as they confront challenges and stressors in their work. Especially in the early stages of implementation, reflective supervision and coaching ensure that staff learn to effectively use unfamiliar, untested, or uncomfortable skills and practices. Without supervision and coaching, staff often come to rely on skills they are already comfortable with, which may not be aligned with the goals and values of Community Care. Coaching also facilitates an understanding of staff practices and thoughts, while guiding work to align with the Community Care model.

Data Systems to Support Decision-Making and Continuous Quality Improvement

Data systems that support decision-making, understanding, and continuous quality improvement are essential to understanding which aspects of implementation are working and which may require adjustment or refinement, with the goal of continuous quality improvement.

Information gathered should include a combination of data sources and procedures that support districts in assessing whether Community Care implementation is proceeding as intended. Regular data collection and its use for decision-making will help administrators and staff understand how implementation is progressing and show the impact of the work. This information can also be used to communicate the impacts of Community Care to students, families, other staff and administrators, school boards, community-based organizations, coordinated care organizations, local leaders, and legislators.

These data systems can also be utilized to detect, prevent, and address barriers to implementation. For example, a review of data may reveal low coaching levels among Coordinators. Upon detecting this, district administrators can work with Coordinators to understand what is impeding coaching activities and develop strategies to overcome obstacles. Lastly, data can be used to assess role clarity and emergent themes related to implementation barriers and drivers to support community-building in schools and communities.

Administration Support

Strong and planful administration support is critical to facilitating organizational change that ensures Community Care is effectively embedded within districts' institutional policies, practices, and resources. District administrators must employ strategies to facilitate and support the development of Community Care, ensuring its success and long-term sustainability. The goal is to adopt and integrate policies and practices that support the design, development, and implementation of Community Care across the district and within school buildings, which will in turn make the Coordinators' and Specialists' work easier. It is expected that programmatic activities will need extra support to be effectively integrated into the district's existing mental health, health, and academic organizational structures and systems.

Embedding Districts within Local Systems of Care

Relationships with local systems of care and community partners are central to the successful implementation of Community Care. It is essential that districts develop strong relationships with local partners and build a shared understanding of the services, supports, and functions that are outside of the district's immediate scope or ability. Once these gaps are identified, formal collaborations and partnerships with local youth- and family-serving entities can be built.

Section 4: Continuous Quality Improvement

Implementation of the CCDP has been and continues to be supported and evaluated through the guidance of a Continuous Improvement framework. The Continuous Improvement approach ensures that implementation and evaluation efforts are structured to develop coherent systems and protocols that sustain Community Care.

The three primary principles of the Continuous Improvement process include:

1. Continuous and iterative cycles of improvement involving action, measurement, reflection, and change.
2. Empowerment of school partners and practitioners through the installation of networks and teams.
3. Utilization of tools and strategies to ensure effective implementation across multiple sites and evaluate change over time.

The following sections detail how each Continuous Improvement principle is used to guide building of Community Care, along with initial findings from the CCDP within the domains of annual reflection and planning cycles, partnership and collaboration across school partners, and recommended tools and strategies.

Annual Reflection and Strategic Planning Cycles

CCDP improvement cycles are being implemented on an ongoing basis for both individual activities (e.g., referral process, staff training and capacity) and for the CCDP as a whole. For each activity, the use of Plan-Do-Study-Act (PDSA) cycles help guide evaluators and school practitioners to solve shared problems of practice and track progress over time. Cycles are typically structured around identifying and defining problems of practice within the systems they operate and then testing small pilots of change to address the problem.

In addition to the individual activity PDSA cycles, the entire CCDP effort involves annual cycles of improvement using a two-part process including:

1. Conducting a comprehensive reflection of the previous year's progress.
2. Developing a strategic plan for accomplishing the top priority goals in the following year.

Each year, the CCDP district teams are brought together for a full-day workshop where they participate in structured, facilitated group activities that target both the reflection and planning portions of the improvement cycle.

For the reflection portion of the activity, district teams identify what precisely has gone well (successes) and what was or still is challenging (barriers). Based on the successes and barriers identified during the reflection portion, district teams then work to develop goals and strategic plans for the following year. Although this CCDP activity is being conducted at the district level, it can also be done at the school building level.

Annual Reflection – Successes and Facilitators

To identify and document the successful CCDP activities of the prior year, school district teams use the Reflection Worksheet designed by the evaluation team to list all of the specific CCDP-related actions that went well over the prior year. To further organize this process, the worksheet is organized into four distinct domains including:

1. Referrals and supports.
2. Communication and outreach.
3. District team.
4. All other activities.

Following the documentation process, each district team then presents their successes and facilitators to the other districts. Additionally, the evaluation team collects copies of the reflection worksheets to compile a list of shared themes from across each district site through the use of an inductive thematic analysis.

Current Findings - Successes and Facilitators

Results from the annual June 2024 workshop indicate more successes than barriers across all four domains. Those successes were de-identified and compiled into a Successes document that was shared with all CCDP districts. The domain of referrals and supports contained the most information around successes and facilitators, as a primary aim of the CCDP is referring students to resources and supports. District team successes varied widely across districts, with one district noting that having the team fully staffed, meeting regularly, and having training at monthly meetings had led to overall success. Other key success topics by domain include:

- **REFERRALS AND SUPPORTS:** Clarifying and making known what the role of the Specialist is to school staff and establishing strong partnerships with community-based organizations.
- **OUTREACH AND COMMUNICATION:** "Marketing" strategies like making presentations to schools or passing out flyers, and targeted outreach to at-risk communities and populations.

Annual Reflection – Barriers and Challenges

The second part of the reflection activity uses the same Reflection Worksheet to identify the challenges and barriers faced by the CCDP district teams. Once individual teams complete the process of listing the barriers from the previous year for each domain, the team then presents to the other districts a summary of the most pressing challenges. During the presentation, other districts can provide feedback and propose possible solutions to each barrier based on their own successes. Evaluators then collect and synthesize the list of barriers and provide a thematic list of frequently cited and unique challenges found across the different districts.

Current Findings - Barriers and Challenges

There were substantially fewer barriers than successes for each district and those barriers were described with less detail. Those barriers were de-identified and compiled into a Barriers document that was shared with all CCDP districts. Key barrier topics across two or more districts include the following:

- **REFERRALS AND SUPPORTS:**
  - Inefficient process/system for monitoring and collecting intake and referral data
    - Time-consuming data entry
    - Inability to process or analyze the data due to technical challenges
    - Across-site challenges in how the data is collected or entered
- **DISTRICT TEAM:** Staff turnover for the Coordinator/Specialist positions and how this led to "the slowing of work."
- **OTHER:** "Stepping on toes" when supporting student mental health across multiple systems in a school or district.

Strategic Planning – Priority Goals

After the completion of the reflection portion of the annual improvement cycle, district teams engage in the process of developing strategic action plans for the following year. The first planning step is the identification of the top successes districts would like to sustain and the top barriers they would like to address.

These priority successes and barriers are identified and circled on the completed Reflection Worksheet. District teams then draft a list of 3-5 goals for the following year, centered on the successes and barriers that were identified as top priorities. To aid in the planning process, a Strategic Planning Template is provided to each district team. The planning template provides a preformatted structure for district teams to record each step of the action plan including goals, action steps, roles, and measurement.

Overall, identified goals tended to be brief and varied in concentration across the four districts. The two most frequently cited goal topics were for improving the data collection process and making the Specialists a stronger part of the school community. Other noteworthy goal topics included capacity-building, finding additional funding sources, increasing referrals to supports, and strategic planning.

Partnership and Cross-District Collaboration

Central to the ongoing sustainment of the CCDP is the principle of collaboration and partnership across districts. CCDP staff are empowered to co-design the implementation and evaluation process through iterative feedback cycles where evaluators work to collect and synthesize input from district teams to streamline CCDP activities across projects. The installation of network improvement communities at various levels of the CCDP work has helped aid in this process.

Network Improvement Communities

Network Improvement Communities are partnerships between educators and evaluators structured around systems aimed at solving shared problems of practice. These communities rely on network science strategies for the facilitation of collaborative information-sharing within and between networked district teams, providing the organizational structure for establishing common aims, goals, measures, and languages that translate into actionable strategies.

Network Improvement Communities are structured around a three-tiered organizational model of social learning and improvement. Within the three-tiered structure, the first level of learning (i.e., Level A) represents the practice of a district team seeking to improve their work-related activities individually. The second level of learning (i.e., Level B) involves the process of sharing lessons learned at the individual level with the entire CCDP district team for the purpose of improving the organizational system as a whole. Finally, and unique to the field of network science, the third level of learning (i.e., Level C) delineates the cross-district sharing of knowledge to address shared problems of practice. Within the CCDP, Network Improvement Communities have been used for data harmonization and cross-district sharing of referral pathways.

Recommended Tools and Strategies

In alignment with the third principle of continuous improvement, two other strategic tools have been identified as promising features to incorporate into CCDP efforts. The first comes from the field of implementation science and includes a list of 72 implementation strategies that are aimed at supporting distinct areas of implementation and sustainment. The second is the School Health Assessment and Performance Evaluation System (SHAPE).

Implementation Strategies

Implementation strategies are evidence-based methods for guiding practitioners on how to effectively implement programs, protocols, and interventions. The evaluation team for the CCDP provides all district teams with an Implementation Strategies Handout that organizes the 72 strategies by eight distinct domains:

1. Evaluative and iterative strategies
2. Interactive assistance
3. Adapt to context
4. Stakeholder interrelationships
5. Train and educate stakeholders
6. Support practitioners
7. Engage consumers
8. Financial strategies

Throughout the various CCDP activities, specific implementation strategies are identified and incorporated into the strategic planning process to better direct individual action steps.

Integration of SHAPE Evaluation Features

The SHAPE System holds substantial opportunities for Oregon school districts that are looking to synchronize and systematically integrate their school-based mental health monitoring and quality improvement systems. SHAPE is a publicly available platform that is designed to be implemented within a multi-tiered school system, primarily targeting school systems at the state, district, building, and team levels. It provides resources to document school mental health system components, assess school mental health system comprehensiveness, prioritize quality improvement activities, and monitor improvement. SHAPE can specifically be applied to the following activities:

- Mapping school mental health services and supports
- Assessing system quality
- Receiving custom reports and resources
- Using dashboards to collaborate with others in region

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For additional information please contact ODE.MentalHealth@ode.oregon.gov or Dr. John Seeley.

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