

Comprehensive Service Plan

The **Comprehensive Service Plan** is used to document the comprehensive mental health service delivery plan developed for your campus. It should incorporate information gathered from your school mental health needs assessment and ecosystem asset mapping process. This plan should be developed by a representative leadership team that has the authority to ensure implementation of planned activities. The **Comprehensive Service Plan** should be reviewed regularly by a multidisciplinary team and modified as needed throughout the year.

The **Comprehensive Service Plan** incorporates an Interconnected Systems Framework (ISF) that integrates Positive Behavioral Interventions and Supports (PBIS) and School Mental Health (SMH) interventions within a school. This includes planning within a Multi-Tiered System of Supports (MTSS) framework to link academic, social, emotional, mental, and behavioral health supports for students. Planned interventions should increase with intensity based on student need.

The **Comprehensive Service Plan** is broken into two sections. The **Campus Service Delivery Plan Template** is used to plan and align related programs, training, services, supports, and interventions. **Supplemental Planning Tools** can be used to capture additional information about planned activities as needed.

Campus Service Delivery Plan Template

Use this document to capture all activities, trainings, and interventions planned for the school year. Include specific information about the needs being addressed with each intervention. Specifically identify who will facilitate each intervention and the exact location on campus of each intervention that will take place. Document the specific timeframe and the duration of the intervention during the year. Identify resources needed to provide each intervention. Modify plan as needed.

Supplemental Planning Tools

Data Collection Plan	Use this document to capture the data collection process for each intervention planned for the school year. Specifically describe the referral process and how students are identified to participate in the intervention. Identify the number of students that will be served or the percentage of the student body that will participate in the intervention. Identify any measurement tools to be used to monitor the intervention, the specific schedule for their administration, who is responsible for the administration, and any communication necessary for data collection (e.g., parental/guardian consent).
Provider Detail Plan	Use this document to capture specific information about all service providers engaged for the year. Include specific contact information and affiliation. This is your resource map and should be updated throughout the year. Ensure all necessary agreements and data sharing considerations are in place. Identify any orientation or training needed for each provider (e.g., school protocols).
Student Roster	Use this document to capture information about the specific students receiving interventions/services during the year and specific baseline and progress data collected (as appropriate).
Calendar Template	Use this template to map when each intervention is scheduled throughout each month.



Advancing Wellness and Resiliency in Education

DATE: _____

District: _____

School: _____

Campus Service Delivery Plan Fiscal Year

Training, Activity, or Intervention	Training Tier I, II, or III	Need Addressed / Desired Impact	Facilitator	Location	Schedule / Duration	Resources Needed



DATE: _____

District: _____

School: _____

Supplemental Planning Tools: Data Collection

Training, Activity, or Intervention	Referral Process	% or # of Students Receiving Intervention	Tool / Measure Used	Data Collection Schedule	Data Collector	Communication Necessary



DATE: _____

District: _____

School: _____

Supplemental Planning Tools: Provider Plan (District)

Program, Training, or Intervention	Provider Contact Info	School District or Community Provider	Agreement in Place (if needed)	Necessary Training / Orientation	Data Sharing Considerations



DATE: _____

District: _____

School: _____

Supplemental Planning Tools: Roster

Program or Intervention	Student Initials	Grade / Class	Baseline Data	Progress Data 1	Progress Data 2



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DATE: _____

District: _____

School: _____

Supplemental Planning Tools: Calendar

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



DATE: _____

District: _____

School: _____

