

Board Mental Health & Addictions 3 Year Strategy Template



The SMH-ON Board Mental Health and Addictions 3 Year Strategy Template is provided to assist you in recording your plan. Many boards have their own reporting and recording templates and it is not a requirement to use this. Please refer to this template to ensure your plan includes all the relevant information.

Section 1:

Board Vision for Student Mental Health

Overview Statement

Responsive, effective, research-based, inclusive and culturally appropriate mental health programming, within a broader system of care, will be available to respond to mental health and emotional barriers to student academic success.

Section 2:

Organizational Conditions

The organizational conditions provide for the 'hospitable environment' that Implementation Science has informed is necessary for effective implementation.

Using your findings from the Board Mental Health and Addictions Scan to determine which are the key organizational conditions to focus on over the next three years. These may reflect those that require the most attention for strengthening or may be areas of focus of your board.

Leadership Commitment; Mental Health Leadership Team; Clear and Focused Vision; Communication and Shared Language; Ongoing Assessment of Needs and Strengths; Standard Processes; Professional Learning and Training; Mental Health Strategy / Action Plan; Meaningful Collaboration; Ongoing Quality Improvement.

- Board Leadership re-alignment to 3-year MH and Addictions Plan
- MH Leadership team to be re-established (providing structure of accountability to lead project teams across the board) (i.e., MH, Well-Being, Safe Schools, Indigenous Supports etc.)
- Internal crisis response enhancements
- Student facilitated SEL in the classroom
- Enhanced Mental Health and Addictions Communication Strategy
- Groupwork Enhancements (Rebound, DBT, Kids Have Stress Too)
- Re-engagement of disengaged students
- Enhanced Linkages to Community MH and Addictions Support Services for students
- Collaboration with Parent Involvement Committee (PIC) to support MH approaches at home



Section 3:

Data-Informed Priorities

3.1 Areas of strength contributing to student mental health at your board (identified through the Board Mental Health and Addictions Scan and other data sources)

Areas of Strength	Data Sources
- Board Mental Health Team (favourable ratio staff to students based on provincial norms) - 95% of K-3, 71% of grades 4-6, and 61% of 7-12 report being Happy most or All of The Time - 84.5 % of K-12 Students Have at least one caring adult that supports them at school. - 84% of Grades 4-6 and 85% Grade 7-12 have at least one adult at school that supports them - Use of Measurement-Based Practice- continuous enhancements – using data to support the alignment of MH services and supports	1:611 (2nd highest in 18 boards per Rose D'Alimonte March 2023) 2023 ADSB Student Well-Being Survey 2023 ADSB Student Well-Being Survey Student Well-being Survey Spring 2025

3.2 Areas of need identified through the Board Mental Health and Addictions Scan and other data sources.

Areas of Need/Gaps	Data Sources
-Increased promotion of healthy choices regarding substance use -Only 45% of Elementary and 67% of Secondary Students know how to access MH Supports -42% of Secondary Students report being "Stressed out" -Awareness and Ease of access to services -Appropriate space for students to receive mental health supports in schools -Parent Resources -Consistent Vision (i.e., Crisis supports within Secondary Panel) -Addictions Awareness – promotion of healthy living and coping skills	Family Voice Survey 2025 Student Well- Being Survey Spring 2025 ADSB Staff Voice Survey 2025

3.3 Identify Priorities for Strategy



1)Consistent MH Messaging for Staff and Students
2)Well Co-ordinated and Effective Tier 1 & 2 supports at all grade levels (classroom embedded, student led, staff supported)
3)Renewed Crisis Services Vision – Role Stratified, appropriately resourced and valued from students to senior admin
4)Re-engagement of the Disengaged



Section 4:

Goals to Address the Priorities Over a 3-Year Span

Priority	Goals
Priority #1 Consistent MH Messaging	Determine most important messaging (i.e., well-defined psych-ed on optimal stress, self-care/self-help, and accessing support). Promote Responsible choices to optimize student mental health and well-being Staff Training – all staff trained on core messaging (re: optimal stress, self-care/self-help and accessing supports) Students and staff demonstrate use of SEL skills and indicate knowledge of when MH services should be considered and how to go about accessing these services.
Priority #2 Well Co-ordinated and Effective Tier 1 and 2 supports at all grade levels (Classroom Embedded, student led, staff supported)	ADSB classrooms participate in daily embedded SEL activities. (Schedule requirements – i.e., part of daily classroom visual schedule) Enhanced partnerships and renewed protocols with valued community partners (Tier 2 and 3) MBP's – utilizing data to monitor use of SEL programming in the classroom, measuring impact and adjusting programming year over year – including allocation of counsellor assignments to schools and specific partnership agreements and protocols to meet emerging needs.
Priority #3 Implementation of Enhanced Crisis Services Vision	Meet with Senior Admin -re: consistent vision (i.e., clarifying roles, responsibilities/actions, community response etc.). Train administrators and guidance staff on Suicide Policy and supporting students in crisis – 'model calmness' – always a point person to respond to student crisis situations. Consistent application of sound risk assessment processes and utilization of risk reduction plans where warranted. Monitoring of outcomes – ensure consistency – evaluate impact based on student, staff and caregiver feedback, improved functioning and demonstrated risk reduction over time.
Priority #4 Re-Engaged the Dis-engaged – non-attending, disengaged students and caregivers will receive responsive, high quality, consistent re-engagement supports and services.	Enhance chosen model – improve upon consistent board-wide tracking of non-attendance. Improve matching of non-attending students to the most effective strategies (using screeners such as the SRASR – School Refusal Assessment Scale) Expand team FTE Compliment – increase influence and impact Implement and Monitor – compare data on outcomes year over year



Section 5:

Annual Mental Health and Addictions Strategy Action and Implementation Plan

Mental Health and Addictions Annual Action Plan Template

Building on the priorities identified in your Mental Health and Addictions 3-year Strategic Plan, this template is designed to help you to create a clear action plan for advancing student mental health and wellness for the school year.

Gather Information

To help to ground the action plan, Mental Health Leadership Teams can draw on:

- ▶ A review of the Board Mental Health and Addictions (MHA) Strategy and Action Plan, and related progress.
- ▶ Considerations highlighted in information gathered from various sources (e.g., data from summer mental health services, public health guidance, survey data and other sources).
- ▶ An assessment of available resources (e.g., board-developed materials, SMH-ON Toolkits and resources).

Establish Priority Areas

Decide on your board's priorities and what supports must be in place to address the priorities you have identified in your Mental Health and Addictions Strategic Plan and in your discussions at your Mental Health Leadership Team. Consider how your priorities align with the **Five Focus Areas** noted in the **SMH-ON 2022-2023 Action Plan**.

Choose Related Actions and Supports

Decide which actions, resources, and supports will be most helpful to achieve the goals, address priority areas and contribute to achieving the desired outcomes and outputs. Consider your board Mental Health and Addictions Strategy, local needs and resources, issues of equity and inclusion, and other factors. Initiatives should include implementation of Student Mental Health Action Kit.

Articulate the Action Plan

Use the template to specify **what** action, by/for **whom**, introduce **when**, and **how** to monitor. Communicate the Mentally Healthy School Action Plan in alignment with your Board Improvement and Equity Plan.

Your SMH-ON Implementation Coach is available to support you with this work.

Five Focus Areas:

1.

Centre the needs of students who have been **disproportionately impacted** by COVID-19, social determinants of health, racism and/or oppression

2.

Amplify the **promotive** and **protective** influence of home, school and community.

3.

Elevate student **participation** and **leadership** in mental health promotion and stigma reduction.

4.

Equip a wide range of school staff to **identify emerging and escalating** student mental health problems and to support students through service pathways when needed.

5.

Broaden the suite of prevention and early intervention protocols to include a wider range of **identity-affirming supports**, in collaboration with partners to enhance the system of care for child and youth mental health.



Priorities from Mental Health and Addictions Strategic Plan and Mental Health Leadership Team Discussions

Priorities from 3 Year MHA Strat Plan	Board Mental Health and Addiction Priority Statement (Do these address the current identified needs of your students?)	SMH-ON Focus Areas Addressed by the Priority
Priority #1	Enhancements to Health Promotional Activities Students and Staff to be provided with frequent high-quality messaging pertaining to achieving optimal mental health and making positive life choices related to use of substances.	☒ Centre needs of students. ☒ Amplify protective influences. ☐ Elevate student participation. ☐ Equip school staff. ☐ Broaden identify-affirming supports
Priority #2	Tier 1 and 2 Service Enhancements. - Tier One Supports to be embedded in all classrooms. - ADSB Counsellors will provide consistent, high quality and responsive services that provide consistently positive outcomes (Student feedback to guide in-school mental health offerings) - Collaborate with External Partners to provide additional resources and expertise to the school community. Establish a clear and efficient referral system to connect students with specialized Mental Health Services when necessary.	☒ Centre needs of students ☐ Amplify protective influences ☒ Elevate student participation ☒ Equip school staff ☐ Broaden identify-affirming supports ☐ ☐ ☐
Priority #3	Implementation of Enhanced Crisis Services Vision	☒ Centre needs of students ☐ Amplify protective influences ☐ Elevate student participation ☒ Equip school staff ☒ Broaden identify-affirming supports ☐ ☐



Priority #4	Disengaged, non-attending students and caregivers will receive high quality, responsive and consistent re-engagement supports.	 Centre needs of students  Amplify protective influences  Elevate student participation  Equip school staff  Broaden identity-affirming supports
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Goals from 3-Year MHA Strat Plan	Key Actions	Audience (whom the action is intended to support)	Timeline	Anticipated Outcomes and Indicators of Success	AIM (Tier 1, 2 or 3)	Resources (SMH-ON and Board, other evidenced informed sources)
PRIORITY #1						
Goal #1 Consistent Health Messaging is provided throughout ADSB schools regarding managing stress, brain optimization, and help seeking.	Determine most important messaging and in-house promotional material for mental health and substance use (i.e., well-defined psych-ed on optimal stress, self-care/self-help, positive life choices and accessing support)	Communication Officer, MHL, SO, Counsellors	Ongoing	Communication plan established to promote relevant in-house MH and Addictions information to students, staff and caregivers.	Tier 1	SMHO Exam Stress Resource SMHO Anxiety at School – for Supporting Minds – Info Sheet Well-Being Leadership Committee PIC
	Well-coordinated health messaging provided throughout the school via multiple platforms.	Staff, Students, Caregivers	Ongoing	Evidence supporting increased resiliency among students. Improved attendance and performance. Improved scores on GAD and PHQ as well as ORS.	Tier 1	Board Communication Planning Document
	All schools to have a completed Circle of Support and System Pathways Document – posted in office and throughout the school	Administrators, Student Success, Counsellors	Ongoing	Students, staff and caregivers to recognize the positive relationship between anxiety and learning and possess skills to target optimal stress levels to promote academic achievement. Students will be familiar with service pathways.	Tier 1	My Circle of Support – SMHO Circle of Support and System Pathways – Desk Reference (SMHO)
Goal #2 Community Health Organization/Agencies provide in-school Tier#1 evidenced based information on making healthy choices, managing stress, brain optimization and help seeking	Develop Comprehensive plan for the promotion of healthy choices and activities for students (i.e., addictions awareness, prevention activities / promoting protective factors associated with substance use, addictions)	Community Youth Addictions Experts, Public Health, ADSB Well Being Lead, Students	Ongoing	Promotional material regarding healthy choices to be posted throughout all school. Students to have knowledge and skills in managing stress without drugs and alcohol. Students to have access to responsive and high-quality assessment and treatment services. Staff and parents to have enhanced awareness of how to talk to and support a young person struggling with substance use (vaping, THC, Alcohol etc.)	Tier 1	Vaping: What you and your friends need to know Opioids: What you and your friends need to know My Circle of Support and System Pathways
	Establish enhanced Partnership agreements with community addictions experts and treatment services	Students / Staff / Caregivers	September 2025 and Ongoing	In-school service enhancements at all intervention tiers regarding substance use and addictions - Increased proliferation of information regarding health risks associated with substance use/misuse. - Students understand risks and where/how to get help.	Tier 1-3	Pre-existing Agreements and Letters of Understanding



	Establish agreed schedule of events and in-school supports at key intervals throughout the year.	Students, Well-being Lead, MHL, Communications Officer, Well-being Leadership Team, Student Senate	Ongoing	Consistent messages across all schools promoting healthy living and healthy choices. Students and staff will have awareness of how to manage stress, optimize health and access services.	Tiers 1 & 2	Pre-existing Agreements and Letters of Understanding My Circle of Support – SMHO Circle of Support and System Pathways – Desk Reference (SMHO)
Goals from 3-Year MHA Strat Plan	Key Actions	Audience (Whom the action is intended to support)	Timeline	Anticipated Outcomes and Indicators of Success	 AIM (Tier 1, 2 or 3)	Resources (SMH-ON and Board, other evidenced informed sources)
PRIORITY #2						
Goal #1 All ADSB classes include embedded SEL. (Schedule requirements – i.e., what activities need to be completed per day)	Train and Support/Mentor Staff and Students (where appropriate) to offer Everyday MH in the Classroom	Counselling and Classroom Staff	Ongoing	Staff and Students to have knowledge and confidence in the implementation of daily SEL activities in the classroom.	I	SMHO – Everyday Mental Health in the Classroom Resources
	Schedule of select SEL to be developed and distributed to staff and counsellors	All students	Ongoing	Students will experience daily practice of SEL activities in the classroom. (Staff will report utilization of the resources as well as benefit including improved classroom climate and student participation and skills).	I	SMHO – Everyday Mental Health in the Classroom Resources
	Provide ongoing information on the benefits of classroom embedded SEL. Have students and staff share their success stories	Students and Staff	Ongoing	Staff and Students will recognize and experience the benefits of embedded SEL.	I	SMHO – Everyday Mental Health in the Classroom Resources



	thereby promoting uptake.					
Goal #2 ADSB Counsellors will provide consistent, high quality and responsive services that provide consistently positive outcomes (Student feedback to guide in-school mental health offerings)	Refine 'menu' of services throughout all grade levels aligned with presenting issues and establish methods for ensuring consistent practices across board.	Well-being Leadership Team, Counsellors, MHL, SO, Relevant MH Community Partners	Fall 2025	Measurement Based Practice's – utilizing data to adjust programming year over year – including allocation of counsellor assignments to schools and external service provision.	Tier 2	Electronic Case Management Software
	Continue with optimization of existing case management software and outcome measurement tools	MHL, SO, Counsellors	Ongoing	Consistent use of measurement tools across all aspects of tier #2 individualized and group services (including ORS's (outcome rating scale) and SRS (Satisfaction Rating Scale)	Tier 2	Electronic Case Management Software
	Continue to improve alignment of measurement tools with specific presenting issues.	Well-being Leadership Team, MHL, Counsellors, SO	Spring 2026	Improved ability to align MH resources (including both human resources and specific modalities of practice) to presenting issues.	Tier 2	Electronic Case Management Software
Goal #3 Access to Community-based MH services will be responsive and easily accessible to students.	Updated and signed protocols and memorandums of agreement with all health partners and co-terminus Boards etc.	Service Directors of applicable health agencies/services, MHL's, SO/Director of partner school boards, students	Fall 2025	Community-based partnership protocols updated inclusive of referral system that tracks referral status and outcomes between board and partner organizations.	Tiers 2-3	Circle of Support and System Pathways – Flowchart (SMHO) Right Time Right Care Implementation Guide
Students requiring MH supports will have timely school-based support meetings and support plans implemented and reviewed at least once during the academic year.	Maintenance of in-school community MH support schedules across district (i.e., Mental Health Agencies, MHAN Nursing, Public Health)	Service Directors of applicable health agencies/services, MHL's, SO/Director of partner school boards, students	Fall 2025	Schedules of visiting services established for each school – from Tier 1 education/prevention to Tier 3 (Intensive Supports). (i.e., Community MH, MAHN Nursing, Public Health and Hospitals)	Tiers 2-3	Circle of Support and System Pathways – Flowchart (SMHO)
	Establish method to monitor output of enhanced agreements (i.e., tracking of referrals, wait-times, service utilization and service satisfaction).	Service Directors of applicable health agencies/services, MHL's, SO/Director of partner school boards, students	Winter 2026	Reliable data regarding outside service utilization, responsiveness and student satisfaction with services Less wait-time for school-based referrals to community services. Enhanced communication between outside agencies and schools with respect to changes in scheduled support hours delivered to schools. Students/families and referring staff members to have more direct and responsive communication on status of access to services (i.e. Referrals).	Tiers 2-3	Electronic Case Management Software



Goals from 3-Year MHA Strat Plan	Key Actions	Audience (Whom the action is intended to support)	Timeline	Anticipated Outcomes and Indicators of Success	AIM (Tier 1, 2 or 3)	Resources (SMH-ON and Board, other evidenced informed sources)
PRIORITY #3						
Goal #1 A Consistent ADSB vision for Crisis Services will be established and implemented including assignment of roles and responsibilities of staff and students.	Meet with Coterminous Boards along with Lead MH Agency and hospital to re-establish/enhance existing crisis response pathways and procedures	MHL, Relevant Community Partners, Senior Admin, Well-Being Leadership Committee, Students	Ongoing	Community mapping completed. Updated and signed Memorandum of Agreement with Relevant Community Partners. Consistent implementation of procedures and ongoing monitoring or outcomes.	Tiers #2 & 3	Right Time Right Care Materials Memorandum of Agreement with Partner Agencies/Coterminous Boards Managing Suicide Risk - Dr. Jennifer McTaggart (3 modules)
	Train staff on crisis response model as well as role and function of staff members	Counselling Staff, Admin Teams, Guidance Departments	Ongoing	Staff are familiar and confident in their respective roles during a crisis presentation as well as the roles of other staff within the school and community partner agencies. Staff can model calmness at all stages of student crisis. Coherent Safety Plans – jointly developed with students and caregivers and well-communicated across applicable agencies and support systems.	Tiers #2 & 3	Managing Suicide Risk - Dr. Jennifer McTaggart (3 modules) ADSB – Managing Suicide Risk Policy & Procedure
	Ongoing Review and Support of school crisis response model – provide implementation support as needed.	Counselling Staff, Admin Teams, Guidance Departments, Community Agencies	Ongoing	Well-coordinating, role-stratified crisis intervention services available in all communities. Students able to access school and community crisis services for assessment and intervention when needed.	Tiers #2, #3 and #4	Right Time Right Care Materials Memorandum of Agreement with Partner Agencies/Coterminous Boards
Goal #2 Community-Based crisis response services will align well with ADSB internal processes in managing Crisis situations	Facilitate meetings with key partners – enhance existing protocols for managing intake, hospitalization and return to school	Leadership positions of partner organizations, Admin Reps, Well-Being Leadership Team, SO, MHL	Summer 2025 and ongoing	Enhanced access to Responsive Community Based Crisis Services. Increased utilization of diversion from hospital services (i.e., mobile crisis response services) Concise, useful information flow between organizations.	Tier #3	Managing Suicide Risk - Dr. Jennifer McTaggart (3 modules) ADSB – Managing Suicide Risk Policy & Procedure Right Time Right Care Implementation Guide and associated resources
	Train staff and develop plan to ensure sustainability	MHL, Admin Teams, Key Reps from Partner Organizations, School Counsellors	September 2025	Consistency – students provided with consistent high quality crisis response, stabilization and return to school supports.	Tier #3	Managing Suicide Risk - Dr. Jennifer McTaggart (3 modules) ADSB – Managing Suicide Risk Policy & Procedure



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	Determine outcome measurement system between partner organization – key indicators of success established	MHL, Leadership positions of partner organizations, SO	Summer 2025 and ongoing	Annual protocol reviews utilize valid outcome measurement to align crisis services and support. CQI and seamless management of crisis situations. Caring supportive adults know their roles and can model calmness at all stages of student crisis situations	Tier #3	Managing Suicide Risk - Dr. Jennifer McTaggart (3 modules) ADSB – Managing Suicide Risk Policy & Procedure
Goals from 3-Year MHA Strat Plan	Key Actions	Audience (Whom the action is intended to support)	Timeline	Anticipated Outcomes and Indicators of Success	 AIM (Tier 1, 2 or 3)	Resources (SMH-ON and Board, other evidenced informed sources)
PRIORITY #4						
Goal #1	Facilitate workshops with key members of the Re-Engagement Steering Committee and Well-Being Leadership Committee	Collaborative Response to School Avoidance Group / MHL	Fall 2025 and Ongoing	Revitalized Attendance Toolkit including steps associated with ensuring consistent attendance and process for managing non-attendance. New ADSB Attendance Manual and Procedures	1-3	ADSB Attendance Toolkit and New ADSB Attendance Manual and Procedures
Determine specific Attendance Management model to be utilized	Distribute new Attendance Manual and Procedures to applicable staff	Admin, School Secretarial Staff, classroom staff	Fall 2025	All applicable staff monitoring and responding to attendance related issues will be aware of procedures. Accurate attendance reporting. Consistent attendance follow-up.	1-3	New ADSB Attendance Manual and Procedures
	Train all Secretaries on new Attendance Manual and Procedures	School Secretarial Staff, Attendance System Lead	Fall 2025	Staffing knowledge, commitment and follow thru on new process	1-3	New ADSB Attendance Manual and Procedures
Goal #2	Continue meeting with and obtaining guidance from Re-Engagement Steering Committee	MHL, Attendance System Lead Re-Engagement Steering Committee	Fall/Winter 2025-26	Support Program Model – Adjust Procedures as needed. Allocate Resources as needed.	1-3	Established model from above.
Continue to build and resource new Re-						



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Engagement Team	Recruitment Process (hire additional Re-Engagement Coach	MHL, SO, Re-Engagement Lead	Summer 2025	Staff Hired – appropriately trained and oriented to positions	1-3	Established model from above.
Goal #3 Implement and Monitor	Continue monitoring key indicators of success for the Re-Engagement Program.	MHL, SO, Directors, Well-Being Leadership Team	Fall/Winter 2025-26	Accurate Data – early identification of non-attenders and analysis of all demits for accuracy and ongoing learning processes -comparison data used to allocate additional resources at and where needed (school and board)	Tiers #2&3	Electronic Case Management Software
	Schedule for quarterly Reviews Established and followed	MHL, SO, Directors, Well-Being Leadership Team	Ongoing	Sustainability Process in place – ensuring consistent application of attendance processes along with CQI.	Tiers #2&3	Electronic Case Management Software Re-engagement Program Framework
	Review meetings – shared reports/data – comparison to key indicators of success	MHL, SO, Directors, Well-Being Leadership Team	Ongoing	Major Stakeholders see value in the Service (i.e., students, parents, staff, community partners)	Tiers #2-3	Electronic Case Management Software Re-engagement Program Framework



Section 6:**Mental Health & Addictions Leadership Team**

It is anticipated that the Board Mental Health Strategy will be co-created with the support of the Mental Health Leadership Team. List all members of the *Leadership Team* and the stakeholder group that they represent to acknowledge their contribution and endorsement.

Signature: _____

Mental Health Lead

Signature: _____

Responsible Superintendent

Signature: _____

Director**Section 7:****Additional Resources**