
WELLBEING CHECKS



I. Wellbeing Checks: Regaining and Maintaining Connection

Tennessee Governor Bill Lee tasked Education Commissioner Dr. Penny Schwinn to establish the Child Wellbeing Task Force (Task Force) with the goal of **ensuring that the needs of Tennessee children are met during and after extended periods away from school, and to empower local communities to meaningfully engage in ways that support child wellbeing**. One charge of the Task Force was to establish a guidance document to ensure all children are checked-in on, identifying needs and developing a plan to respond to those needs. Governor Lee and Commissioner Schwinn have communicated the necessity of checking in on all Tennessee children by encouraging Child Wellbeing Checks. Since many children have potentially experienced adversity due to the pandemic, deliberate steps will need to be taken by *all* stakeholders in the community to ensure the wellness of children, as schools often do not have the capacity and resources to shoulder this responsibility alone. Guidelines established in this document are encouraged to be enacted during any period of extended school closure, through virtual school models, and when students return to school after extended periods away.

Goal: *ALL* Tennessee children will receive a wellbeing check.

Purpose: Connect with each child to verify wellbeing and identify need.

Expectation: It is encouraged that all children, birth to age 18, receive a wellbeing check.

Note: The information provided in this and related documents does not, and is not intended to, constitute legal advice. This is intended to be a guidance document to support local districts and all information included is for reference only. Because local school board policy and unique facts make dramatic differences in analyzing any situation, the Tennessee Department of Education advises each school district to consult with the local school board attorney for specific legal advice regarding the impact of the COVID-19 pandemic on school operations. Additionally, the Tennessee Department of Education encourages districts to consult their local health departments to ensure that the health and safety of all students and staff are prioritized while working to provide a high-quality education to all students. The document contains links to other resources and sites. Those are provided for convenience only and do not constitute an endorsement. It is likely that evolving circumstances will necessitate changes to this document and local plans. While this guide is not comprehensive to all needs nor static in nature, it is intended to capture the most important components necessary for school planning as of the date of release.

Specifically, it is recommended that districts consult with the local board attorney to ensure that: (1) any third parties (non-district employees) conducting Wellness Checks have signed appropriate confidentiality agreements in place that comply with the Family Educational Rights & Privacy Act (FERPA); (2) parents/guardians have provided appropriate consent prior to conducting Wellness Checks in compliance with FERPA and T.C.A. § 49-2-124, Universal mental health or socioemotional screening. Depending on who is conducting the check, and the nature of the questions, written consent may be required rather than verbal; (3) parents/guardians have provided written consent prior to the disclosure of information to third parties for the purposes of providing additional resources. Enclosed in this packet, we have provided sample parent/guardian consent forms for reference purposes.

Laws relevant to terms or concepts included in this document may be found in Tennessee Code 49-2-124.

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II. Defining a Wellbeing Check

One of the first tasks is to determine the local definition of and parameters for a wellbeing check. While the purpose of the Task Force is focused on children, it could be determined by a local community that it is important to also conduct wellbeing checks for families, school-based staff, essential workers, etc. In addition to the importance of ensuring all stakeholders are well, we know that the health and wellness of adults can also impact the wellbeing of children.

Any and all information collected locally, is for local use. The Task Force is requested aggregated information such as counts and percents be reported for the intended use to determine overall success of ensuring all Tennessee children receive a wellbeing check, to make future recommendations, consider additional statewide supports, or identify how to best support each county. All individual responses will be held confidential unless you specifically request, and authorize in writing, a resource or service, then personal information may be used to ensure access to supports. Your permission will always be requested in advance. Please see the “Data Submitted to the Task Force” link in the templates section to see the list of questions that will be asked of each county.

The statewide definition of a wellbeing check is defined as:

A wellbeing liaison shall connect with each child in the county and/or a caretaker of a child to:

- a) inquire about general wellbeing and*
- b) identify immediate needs in an effort to make resources and services available, so long as the local community is able to follow-up with each child.*

Standard Definitions:

Child: birth through the completion of grade 12 if enrolled in school or 18 years of age. School-age children includes those who are enrolled in public schools, private schools, homebound, etc.

Wellbeing Liaison: an educator, community partner, volunteer, adult over the age of 20 who has been trained in conducting wellbeing checks, has passed a background check and commits to maintaining confidentiality unless reporting a concern for the safety of a child or making a referral on behalf of a child or family upon receiving approval through signed release of information documentation.

Connect: phone call, virtual call, email, survey, and / or conversation in person either at school or through a home visit. The health and safety of all individuals should be the top priority and sufficient safety measures put into place should in-person checks be conducted.

Care Taker: it is preferred to talk with each child as directly as possible, but in the event that a child is not old enough to report on their own or the guardian does not provide permission to speak with

the child, then a parent, guardian or care taker may speak on the child's behalf. It is also important to include the guardian / care taker as an adult may be best suited to communicate the needs of the family.

Inquire about general wellbeing: generally ask how the child is doing. May ask additional questions to determine needs or services the child and or family may benefit from, which may include access to health services, internet, devices, home environment, housing security, food security, transportation, etc.

Identify immediate needs: determine if a child is in need of any health, wellness or wellbeing related services or resources. If a child is not in need of any additional support, then no follow-up is necessary. If a child is in need of an additional support, then the wellbeing liaison will ask the family if they would like assistance, document the need, and schedule a time to follow-up with the child and/or family. It is encouraged that the set of survey questions established locally reflect the services available in the community.

Effort to make resources and services available: provide any available resource list or written material connecting that family to available resources in the community. If additional supports are needed, and permission is granted by the parent / guardian to reach out to local partners to provide support on the family's behalf, then the wellbeing liaison will communicate that need to the necessary local partner. If requested or needed, follow-up with an email, call or visit. Be sure to schedule the follow-up and follow-through on any action necessary. *This does not mean a guarantee that there will be a resource or service provided as availability may vary by community. It indicates that the child and / or family will hear from the wellbeing liaison about the status of any available resource or service that might take place after the initial communication.*

Local Definition:

The local entity administering the wellbeing checks will need to define the scope and approach to conducting wellbeing checks. There is more information in the Wellbeing Check Process section of this guidance document which includes examples of optional implementation models. Local administrator has complete autonomy in determining a process that will work best for the community. These are suggestions and not requirements. The table below may support generating your local definition:

	Examples	Local Choice (Complete this Section Locally)
Who	<p><u>Required:</u> All children (see definition above)</p> <p><u>Optional:</u> Families / Households School-based staff Essential workers</p>	
What	<p><u>Required:</u> Confirmation of check conducted Follow-up if requested / needed</p> <p><u>Suggested:</u> Identification of needs</p> <p><u>Optional:</u> Gauge general stress level Job security Food security Housing security Insurance coverage Health related needs Access to medical care Access to mental health care Access to child care Access to internet Access to tech device Access to enrichment opportunities Clothing Tutoring Transportation Parental supports for virtual learning</p>	
How	<p><u>Required:</u> *no requirement</p> <p><u>Optional:</u> Survey Email Phone call / virtual call School-based Home visits</p>	

Wellbeing Check Roles

The responsibility of conducting wellbeing checks can be shared across a variety of capable stakeholders such as educators, community partners, practitioners, volunteers, or adults over the age of 20 who have met local expectations for working with children including passing a background check. These individuals should all be trained in conducting wellbeing checks based on local definition and commit to confidentiality except when the safety of a child is in question or the family has given written permission to request referral services. It will be important that local board attorneys review and affirm all requirements in conducting wellbeing checks.

<p>Local Wellbeing Administrator (Required)</p>	<ul style="list-style-type: none"> - Either the local superintendent or his / her designee - Attends monthly child wellbeing check calls - Manages data collection and reporting - Manages budget - Monitors progress toward reaching all children within district zoning - Coordinates efforts across community partners - Coordinates and collaborates with any additional wellbeing check administrators in the county
<p>Wellbeing Liaison (Necessary)</p>	<ul style="list-style-type: none"> - Interacts with children and their families - Likely school-based staff who already have relationships with specific children and families - Is a mandatory reporter - Must pass a background check - Verifies the wellbeing of each child and documents completion of wellbeing check - Documents needs and connects children and / or families to available resources - Provides literature to children and / or families indicating available resources and services - Follow-up with any child and / or family as needed or upon request
<p>Team Lead (Optional)</p>	<ul style="list-style-type: none"> - Likely interacts with children and their families - Is a mandatory reporter - Must pass a background check - Supports a group of wellbeing liaisons possibly through training and additional technical assistance - Ensures wellbeing liaisons are documenting wellbeing checks and following-up with any applicable child and/or family - Provides feedback to child wellbeing liaisons and contributes to any recommendation that a wellbeing liaison not be suitable for the role

Materials, Data and Technology

Materials

- Standard questions, survey, or outline of standardized communication exchanged when conducting wellbeing checks. As the content discussed may be of a sensitive nature, please be aware of *T.C.A. § 49-2-124* which covers universal mental health or socioemotional screening and provides regulations regarding what is permissible when addressing mental health or socioemotional needs. *See the previous section, “local definition” for examples of what might be included in the survey developed.
- Permission forms to give consent to child wellbeing check and / or possible follow-up services such as mental health supports or communication with local providers. It will be important that local board attorneys review and affirm all requirements in conducting wellbeing checks.
- Library / catalogue of available local resources broken down by wellbeing category type
- Create a one-pager to share with families including resource and services bank which may include but is not limited to:
 - Scheduling child well visits with health care providers
 - COVID-19 testing centers
 - Hygiene procedures
 - Signs of domestic abuse, child abuse, neglect, depression, and / or suicide
 - Food banks
 - Employment support centers
 - Housing support organizations
 - Mental health providers
 - Phone numbers for crisis centers
 - Child care facilities
 - Insurance related information
 - Transportation services
 - Faith-based Organizations
- Develop a communications plan to reach all families and remain in contact

Data

- Complete roster of all children (birth through grade 12) in the city / district / county. Ideally, categorized in the following way:
 - Enrolled in school (identify which school attending including charter schools and local private schools)
 - Homebound
 - Children too young to attend school
 - Children not enrolled in any school
- Data Management System to:
 - document if a child has received a wellbeing check (Yes / Unavailable / No Permission)

- document permissions and upload signed permission documents
- indicate if additional follow-up is necessary
- document follow-up and indicate resources and / or services shared
- flag children, families, or individuals who may require more substantial support
- Process to report child wellbeing check status for all children in the county and aggregated need and follow-up data, rolled up to the city / district / county level. State level data reported will be masked and personal information unidentifiable.

Technology

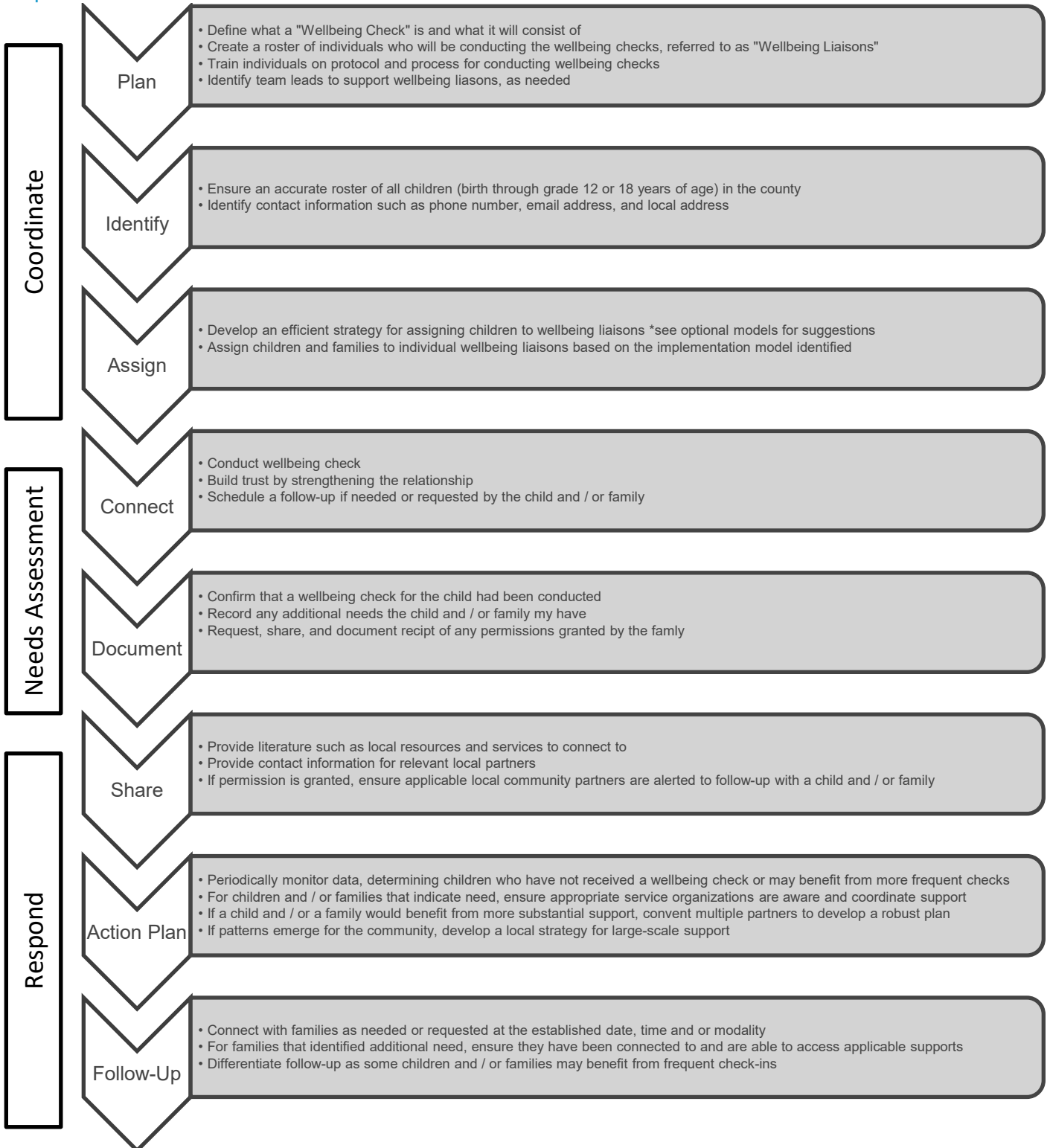
- Website to provide library of available local resources
- Surveys to either be completed by the wellbeing liaison or by individuals
- Dashboard to indicate percentage of children with a completed check, flagged individuals for follow-up, and follow-up services and resources provided

Follow-Up

Ultimately, follow-up expectations are a local decision to be made based on availability of resources. For many children and families, additional follow-up such as connecting to local resources or another wellbeing check may not be necessary. For those in need, it will be imperative that they receive the follow-up communicated during the wellbeing check to maintain trust and a positive relationship. The goal of the wellbeing checks is to primarily make sure children are okay, and to identify children in need who would benefit from being connected to additional resources.

III. Wellbeing Check Process

Implementation Process



Optional Implementation Models

The University of Minnesota has developed an evidence-based program called *Check & Connect* which utilizes individuals called mentors to build and maintain a trusting relationship with students. The different models outlined below are similar to the Check and Connect Implementation Options which you can find [here](#). The University of Minnesota also has additional resources which may be beneficial to local wellbeing check administrators; these resources can be found [here](#). Phoenix Union High School District developed their *Every Student Every Day* protocol to connect with all of their students daily through periods of school closure which you can find [here](#).

Triage Wellbeing Checks

Depending upon the needs and capacity of the local community to conduct wellbeing checks, it might be beneficial to develop a system to triage wellbeing checks. While being able to connect directly (call or visit) with each child and household is preferred, it may not be feasible. If it is not feasible to directly connect with each child and / or household, then the following table might help establish a method to triage who receives a call and / or a visit:

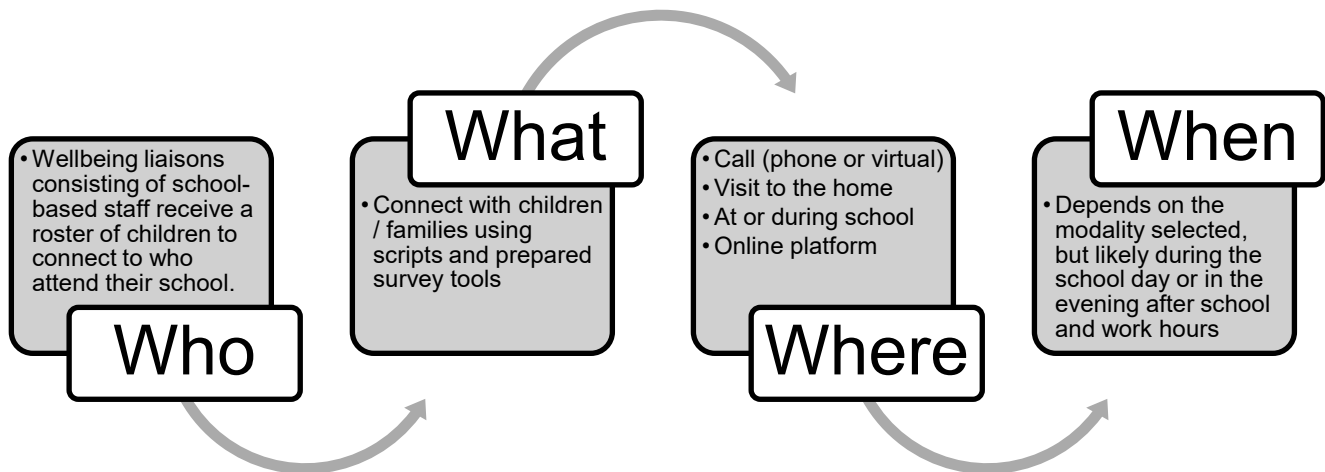
Email and Survey	Call (phone or virtual)	Visit (school-based or home)
The households of all children receive an email with the link to a survey. There may be a survey for children, families or both.	If a survey is not completed, then call the household	If a phone call is not responded to, then conduct a visit at school or at home
	If a completed survey returns a stated need or raises a concern, then call the household	If a child or household demonstrate a significant need, then conduct a visit at school or at home
	If a child already receives supports from school or the community prior to conducting the wellbeing check, then call the household	If a child or a household request a visit or prefer a follow-up conducted in person, then conduct a visit at school or at home

Never should a wellbeing check be forced or mandated. Response to questions stated within either a survey or conducted through a phone call or visit are optional. A child or a household member do not need to answer all questions. Never force an individual to respond and always ensure they know a) this is optional, b) information gathered will be used to ensure children and families are supported during times of crisis such as the COVID-19 pandemic, c) all individual responses are anonymous unless the individual specifically requests a resource or service, then personal information may be used to ensure access to supports, and d) if there is a safety concern for an individual in the household, then the wellbeing liaison would be required to report it as a matter of public safety.

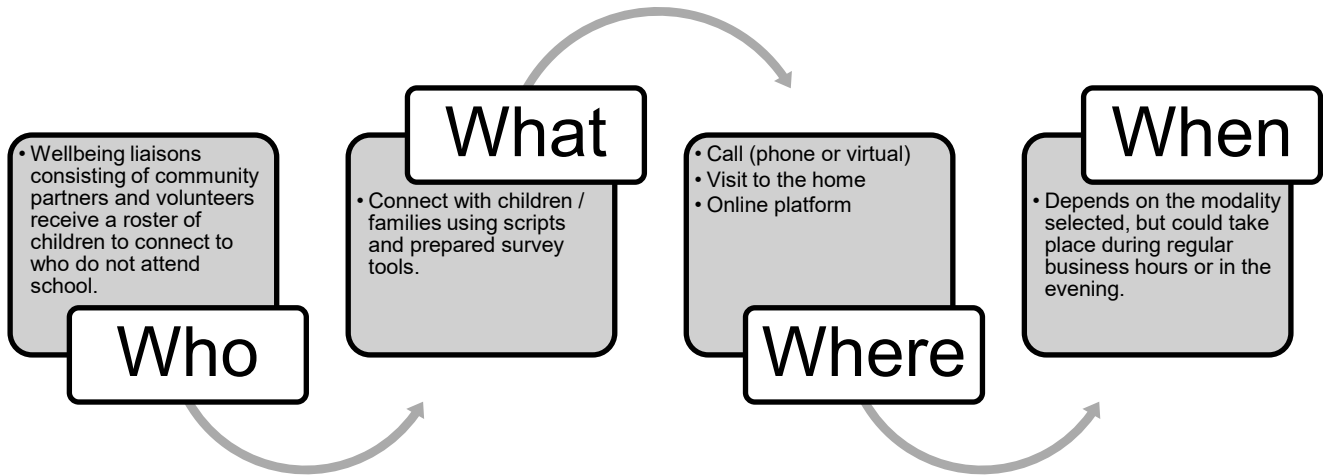
Model 1: Hybrid / Efficiency Model

In this option, schools (public, private, special schools, charters, etc.) coordinate the wellbeing checks for those students enrolled in their schools. Community partners and professionals check-in with children who are homebound, not enrolled in school, too young to attend school or who have relationships with the organization. This is the recommended model as it takes advantage of systems that are already in place and utilizes infrastructure, such as schools, that is most conducive to conducting wellbeing checks most efficiently. Since schools have pre-established relationships with children and families, conversations regarding wellbeing and needs will likely be more productive. Likewise, there may be community partners who have established positive relationships with specific children and families that would be best positioned to connect with specific households. A trusting relationship between the family and individual conducting the wellbeing check will likely yield a more productive and supportive interaction.

School-based Staff

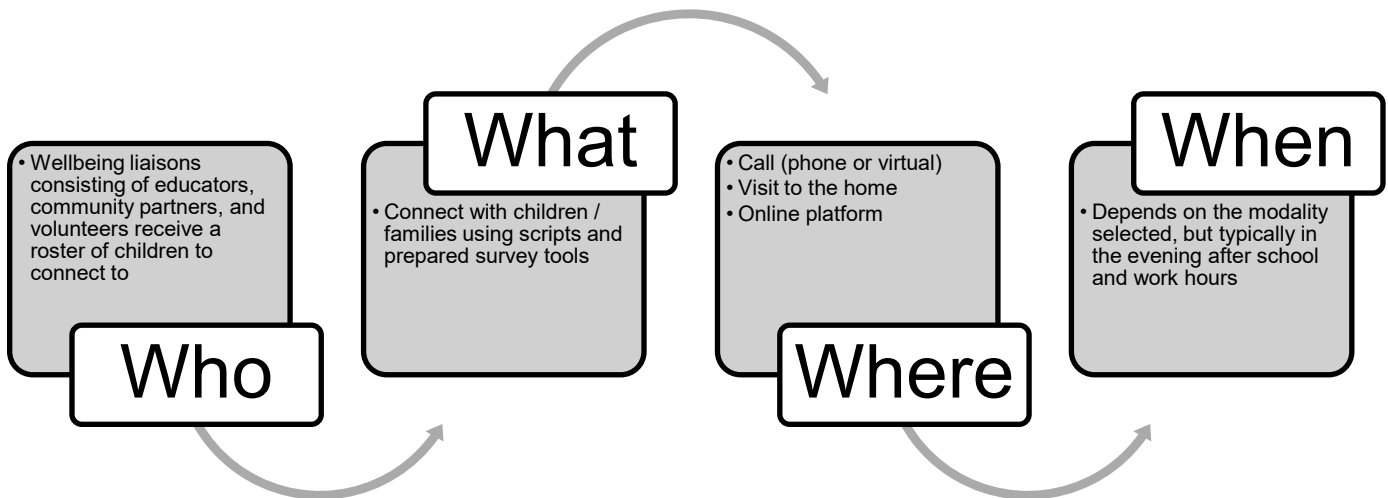


Community Partners and Professionals



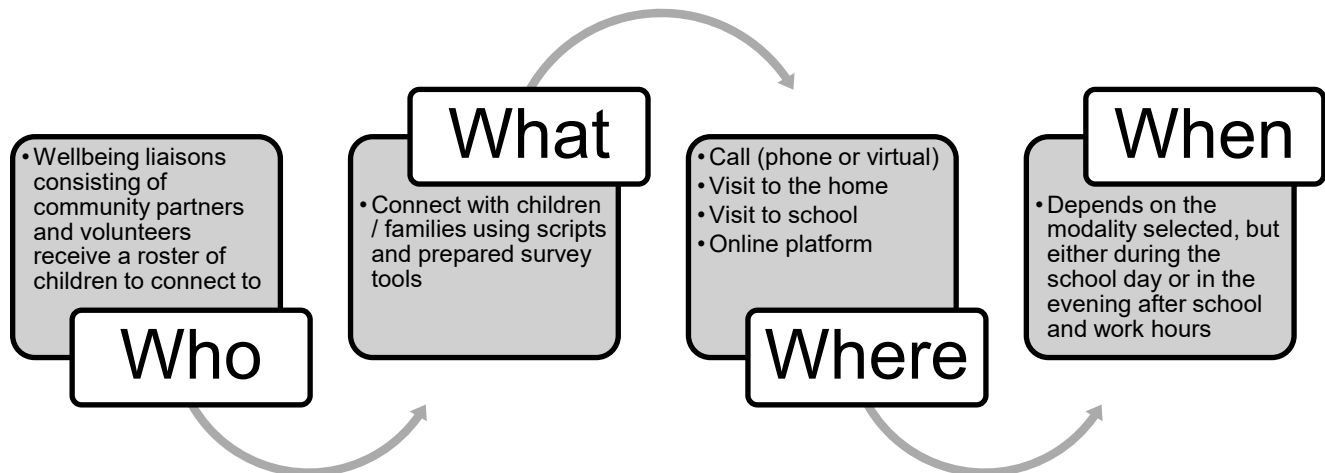
Model 2: All Available Support Agents Contribute Equitably

Here, all children regardless of enrollment in school are equitably distributed across all wellbeing liaisons. Each liaison has an independent case load that he or she manages on their own. These caseloads can be determined by geography, availability, established relationships, etc. In this model, a survey or email may be the first pass at connecting with families, and additional outreach needed based on response of children and families or demonstrated need in survey response.



Model 3: Community Partners Only

This model relies solely on community partners and intends on conducting the wellbeing checks outside the context or direct involvement of schools. This option might work best for communities where schools would appreciate more substantial support and where there are adequate numbers of community partners serving as wellbeing liaisons.



Education Considerations for Wellbeing Checks

Depending on the model the school and or family has determined, or situation necessitates, additional factors or considerations may play a role in how a local community may opt to proceed in conducting wellbeing checks for school-attending children. Additionally, switching between the models as a school or family may choose to do will trigger additional consideration as it will cause students, families and staff to adjust to the shifts in processes or experience. While some communities may not establish their child wellbeing check protocols through schools, it is important to address the critical role education systems play in communicating with many children. In the event that community organizations take the lead conducting wellbeing checks, thoughtful partnership with the local school system will be imperative.

Model	Considerations
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<p>In-person</p>	<p>If instruction is provided in-person, then many of the goals of the child wellbeing check can be conducted at the school-site. Checking-in with individual children will likely look nearly identical to how teachers or staff interacted with students prior to the pandemic. There will be opportunities to intentionally design how the wellbeing checks will take place at the school-site and the ways in which families may be engaged.</p> <p>Communications and Engagement</p> <ul style="list-style-type: none"> - How will you broadly alert families regarding the wellbeing check? - How will you share relevant resources? - Is there a role you see parents playing in curating resources or encouraging participation in wellbeing checks? - What will be your approach to receiving permissions (as necessary)? - Is there a text, email, phone call system in place to communicate updates and alerts? <p>School Events</p> <ul style="list-style-type: none"> - Are there times such as back-to-school nights, registration, conferences that could serve as an opportunity to conduct wellbeing checks in-person at the school-site? <p>Students (whole group)</p> <ul style="list-style-type: none"> - Is there any introduction or explanation you want to provide students to frame the purpose of the wellbeing check and inform them that all students will be receiving a check? - Is there any additional whole group conversation needed regarding COVID 19 impacts and supports available? <p>Students (individual)</p> <ul style="list-style-type: none"> - How will you check-in with each student maintaining recommended safety precautions and ensuring privacy? - How will you ensure all students receive a check? - How will you follow-up with students and or families afterward? <p>Staff</p> <ul style="list-style-type: none"> - How will you check-in on school staff, ensuring they have the resources and services they need? - How will you verify that staff have the materials necessary to feel comfortable returning to the classroom? <p>Role of Community Partners</p> <ul style="list-style-type: none"> - Are there organizations in the community that can provide resources to students and or families? - Do you have relationships with community partners who can bring resources and services into the school? - Would various organizations with strong community ties be able to assist with wellbeing checks?
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	<ul style="list-style-type: none">- Is there any trauma related content or presentation for students a partner organization would be willing to provide to your students and or staff?
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<p>Virtual</p>	<p>If instruction is provided 100% virtually, then accomplishing the goals of the child wellbeing check will need to be more strategic and will rely upon nuanced engagement with children and families. In a virtual setting, utilizing the triage method stated above which begins with a survey (of children, families or both) may be the best way to begin. Some communities may want to start with a phone call. Either way, tracking attempted outreach will be important to ensuring all children receive a wellbeing check.</p> <p>Communications and Engagement</p> <ul style="list-style-type: none"> - How will you broadly alert families regarding the wellbeing check? - How will you share relevant resources? - Is there a role you see parents playing in curating resources or encouraging participation in wellbeing checks? - How will you authentically connect and engage with families if events at the school are not taking place? - What will be your approach to receiving permissions (as necessary) since children will not be in school to exchange documents? - Is there a text, email, phone call system in place to communicate updates and alerts? - Is there a need to keep the school-site open for limited services to foster engagement and interaction for individual students or families or promote access to resources? - Is there a place for home visits when school is virtual? <p>Students (whole group)</p> <ul style="list-style-type: none"> - Is there any introduction or explanation you want to provide students to frame the purpose of the wellbeing check and inform them that all students will be receiving a check? - Is there any additional whole group conversation needed regarding COVID 19 impacts and supports available? - How are students engaging with one another or responding to one another when discussing wellbeing or pandemic related content? - Is there content that is appropriate to share broadly? If content is shared broadly, how are students followed-up with to ensure processing and response to concerns? <p>Students (individual)</p> <ul style="list-style-type: none"> - How will you check-in with each student considering you may not be able to reach each student or parents may not give permission to communicate with the child? - How will students access individual services, especially those students with IEPs? - How will you ensure all students receive a check? - How will you follow-up with students and or families afterward? <p>Staff</p>
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	<ul style="list-style-type: none"> - How will you check-in on school staff, ensuring they have the resources and services they need? - How will you verify that staff have the materials necessary to feel comfortable returning to the classroom? <p>Role of Community Partners</p> <ul style="list-style-type: none"> - Can community partners play an even larger role in engaging and interacting with families when children are not attending the school-site? - What support and services might community-based partners be able to provide and how might those resources be deployed when children and families are not going to the school-site?
Hybrid	<p>If instruction is provided both in-person and virtually, then developing a schedule to conduct the wellbeing check will be important. A local community may determine to conduct the wellbeing check during in-person days to facilitate comfort or may choose to conduct the checks during virtual days to prioritize safety precautions. Instead of devoting a separate section for the hybrid model, schools utilizing this approach will need to consider the questions established in BOTH the in-person and virtual sections to determine which statements are relevant.</p>

IV. Templates

As local wellbeing administrators determine protocols, approach and use of materials or templates, it is critical that either the local board attorney or local legal representation for the city or county review all materials before use.

The links provided serve as examples for demonstration purposes only, are not required for use, and have not been endorsed by the State of Tennessee or any agency or department therein.

It is recommended that the local wellbeing administrator determine what materials may be needed. The following links are available for download using Microsoft products to facilitate modification at the local level. **It is recommended that all local organizations edit and revise any provided examples to meet their need.**

Resources, Literature and Communications:

[Child Wellbeing Task Force Report Full Length](#)

[Child Wellbeing Task Force Report Summary](#)

[Wellbeing Liaison Profile Rubric Check and Connect Resource](#)

[Sample Invitation to Form Wellbeing Committee](#)

[Sample Written Communication Introducing Wellbeing Check](#)

[Wellbeing Check Script](#)
[Wellbeing Check Permission Form](#)
[Release of Information Template](#)
[Template Local Resources and Services Catalog](#)
[Example Resource Catalog Stewart County](#)
[Example Wellbeing Script Hamilton County](#)
[Example School-based Roles Hamilton County](#)

Surveys and Trackers

*These will need to be amended to reflect the survey questions selected by the local wellbeing administrator. These examples serve as samples that can and should be modified.

[Surveys](#)

[Panorama Student and Family Assessment during Distance Learning](#)
[Panorama Wellbeing](#)
[San Francisco Post-Wellness Check-in Documentation Survey](#)

[Trackers](#)

[Child Roster and Completion Tracker](#)
[Family Wellbeing Check Family Needs Assessment Option 1](#)
[Family Wellbeing Check Family Needs Assessment Option 2](#)
[School based Child Wellbeing Check Needs Assessment](#)
[Staff Wellbeing Check Needs Assessment](#)

Training Materials

[Example Outreach Training Hamilton County](#)
[Example Family Wellness Check-in Training San Francisco](#)

V. Resource List

[Kid Central TN](#)

The website provides a variety of resources across health, education, and development components. Best accessed searching by location to identify available resources. This information includes additional COVID 19 related resources available for families. Best used by educators, families and community partners.

[Tennessee School Boards Association](#)

This resource guide provides local county level data and local resources available. Best used by educators and community partners.

[Tennessee 211](#)

Available via the website, call, text or email, this site works to connect stakeholders with locally available resources and services across a variety of sectors. Best used by educators, families, and community partners.

[Tennessee Disability Pathfinder](#)

While the predominant function is to connect individuals with disabilities to services, also available for widespread use, connecting stakeholders with locally available resources.

Tennessee Crisis Line – TN Department of Mental Health and Substance Abuse Services

Available 24/7 by calling 855-CRISIS-1 (855-274-7471). This [flow chart](#) depicts various responses based on demonstrated need.

[Mobile Crisis Services](#)

A 24/7/365 response team for those who are experiencing a mental health emergency. Agencies providing mobile crisis services:

Youth Villages

(866) 791-9221 (North Middle TN)
(866) 791-9222 (South Middle TN)
(866) 791-9227 (Rural West TN)
(866) 791-9226 (Memphis Region)
(866) 791-9224 (East Region)
(866) 791-9225 (South East Region)

EAST TENNESSEE

Cherokee Health Systems

815 West Fifth North Street
Morristown, TN 37814
423-586-5074 or 800-826-6881
Counties: Claiborne, Cocke, Grainger, Hamblen, Jefferson, Union

Frontier Health

1167 Spratlin Park Drive
Gray, TN 37615
423-467-3600 or 877-928-9062
Counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington

Ridgeview Psychiatric Hospital & Center

240 West Tyrone Rd.
Oak Ridge, TN 37830
865-482-1076 or 800-870-5481
Counties: Anderson, Campbell, Morgan, Roane, Scott

Helen Ross McNabb

201 W. Springdale Ave
Knoxville, TN 37917
865-637-9711 or 865-539-2409
Counties: Blount, Knox, Loudon, Monroe, Sevier

Volunteer Behavioral Health Care System

413 Spring Street
Chattanooga, TN 37405
800-704-2651
Counties: Bledsoe, Bradley, Cannon, Clay, Cumberland, DeKalb, Fentress, Grundy, Hamilton, Jackson, Macon, Marion, McMinn, Meigs, Overton, Pickett, Putnam, Polk, Rhea, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson

MIDDLE TENNESSEE

Centerstone

P. O. Box 40406
Nashville, TN 37204
615-463-6600 or 800-681-7444
Counties: Bedford, Cheatham, Coffee, Dickson, Franklin, Giles, Hickman, Houston, Humphreys, Lawrence, Lewis, Lincoln, Marshall, Maury, Montgomery, Moore, Perry, Robertson, Stewart, Wayne

Mental Health Cooperative

275 Cumberland Bend
Nashville, TN 37228
615-726-3340 or 615-726-0125
County: Davidson

Volunteer Behavioral Health Care System

413 Spring Street
Chattanooga, TN 37405
800-704-2651
Counties: Bledsoe, Bradley, Cannon, Clay, Cumberland, DeKalb, Fentress, Grundy, Hamilton, Jackson, Macon, Marion, McMinn, Meigs, Overton, Putnam, Pickett, Polk, Rhea, Rutherford, Sequatchie, Smith, Sumner, Trousdale, Van Buren, Warren, White, Williamson, Wilson

WEST TENNESSEE

Carey Counseling Center

408 Virginia Street
Paris, TN 38242
731-642-0521 or 800-353-9918
Counties: Benton, Carroll, Gibson, Henry

Pathways of Tennessee

238 Summar Drive

Jackson, TN 38301

800-587-3854 or 800-372-0693

Counties: Crockett, Dyer, Haywood, Henderson, Lake, Madison, Obion, Weakley

Professional Care Services

1997 Hwy. 51 S.

Covington, TN 38019

901-476-8967 or 800-353-9918

Counties: Fayette, Lauderdale, Tipton

Quinco Community Mental Health Center

10710 Old Highway 64 West

Bolivar, TN 38008

731-658-6113 or 800-467-2515

Counties: Chester, Decatur, Hardin, Hardeman, McNairy

Alliance Healthcare Services

951 Court Avenue

Memphis, TN 38103

901-577-9400 or 901-577-9400

County: Shelby

Additional Resources:**[Tennessee Association of Mental Health Organizations \(TAMHO\)](#)**

Provides statewide list of behavioral health services by counties. Click on the link below and then click on counties to access services in your district.

[Tennessee Department of Mental Health and Substance Abuse Services](#)

Help line for securing mental health services in your area: 1-800-560-5767

[Substance Abuse and Mental Health Services Administration](#)

This resource brings up a map that locates resources in your area in mental health services, substance abuse services and health care centers

Additional Resources for Schools:**[Tennessee PREPARE: Response and Recovery](#)**

Program to assist districts and schools in advancing the response and recovery portions of their emergency management plans. This manual includes planning and guidance on restoring community

on the first days back to school, typical trauma responses by developmental age, typical trauma reactions, and many other resources.

[Responding to COVID-19: Brief Action Steps for School Crisis Response Teams](#)

Information from the National Association of School Psychologists on action steps that can be taken by school crisis response teams to respond to COVID-19

[Preparing for Infectious Disease Epidemics: Brief Tips for School Mental Health](#)

Information from the National Association of School Psychologists on tips that school mental health professionals can do to prepare for responding to COVID-19 and other pandemic illnesses

[The National Child Traumatic Stress Network: COVID -19 Resources](#)

Provides a bank of resources aligned to supporting stakeholders through traumatic events, such as the pandemic.

[Preparing for a Pandemic Illness: Guidelines for School Administrators and School Crisis Response Teams](#)

Information from the National Association of School Psychologists for school administrators and school crisis response teams to prepare for pandemic illnesses outbreaks

[Mental Health Considerations during the COVID-19 Outbreak](#)

World Health Organization's mental health and psychosocial considerations during the COVID-19 outbreak

Elementary Specific Resources Addressing Social/Emotional, College & Career Exploration, and Academic Supports:

[American School Counselor Association Elementary Counseling](#)

[Restorative Justice Partners \(Elementary Specific\) Strategies](#)

<https://www.sanfordharmony.org/>

[Second Step](#)

[Peardeck SEL Online Templates](#)

Middle & High School Specific Resources Addressing Social/Emotional, College & Career Exploration, and Academic Supports:

[American School Counselor Association Middle School Counseling](#)

[American School Counselor Association High School Counseling](#)

[Restorative Justice Partners Strategies for Middle & High School Students](#)

[Collaborative on Academic Social and Emotional Learning](#)

Additional Resources for Families:

[Stress and Coping](#)

Centers for Disease Control and Prevention resources on stress and coping during the outbreak of COVID-19

[Taking Care of Your Behavioral Health during an Infectious Disease Outbreak \(English\)](#)

Substance Abuse and Mental Health Services Administration's English version fact sheet explaining social distancing, quarantine, and isolation in the event of an infectious disease outbreak

[Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation during an Infectious Disease Outbreak \(Spanish\)](#)

Substance Abuse and Mental Health Services Administration's Spanish version fact sheet explaining social distancing, quarantine, and isolation in the event of an infectious disease outbreak

[Parent/Caregiver Guide to Helping Families Cope with the Coronavirus Disease 2019](#)

The National Child Traumatic Stress Network's parent/caregiver guide for helping families cope with the COVID-19 outbreak

[Teaching Children and Families Regarding COVID-19](#)

This document includes resources for ensuring students and families receive accurate information when explaining what COVID-19 is, how to prevent it and why communities had to close schools and businesses

Universal Resources:

- [The National Child Traumatic Stress Network](#)
- [Tennessee Commission on Children & Youth Building Strong Brains](#)
- [National Association of School Psychologists](#)
- [National Center for School Crisis & Bereavement](#)
- [Thriving Schools](#)
- [TDOE Trauma Informed Discipline Best Practices](#)

Wellness & Self-Care Resources:

- [Pure Edge](#)
- [Happy Teacher Revolution](#)
- [Sanford Harmony for Educators](#)