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# Handbook of Culturally Responsive School Mental Health

## Advancing Research, Training, Practice, and Policy

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# Next Steps: Advancing Culturally Competent School Mental Health

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## Current Status of Culturally Competent School Mental Health

Chapter 19 of this *Handbook* offers some concluding thoughts. The first part of this chapter presents an overview of critical themes and advancements evident in each of the *Handbook*'s major sections (i.e., research, innovation, and specific problems). This part is followed by a discussion of key outstanding issues relevant to culturally competent school mental health (SMH). The chapter concludes with recommendations for next steps and guidelines about how to formulate a call to action for the provision of culturally responsive SMH.

Three critical themes emerged across sections of the handbook: (1) *relevance*—culture is in multiple ways a relevant consideration in SMH; (2) *responsiveness*—efforts to promote SMH must be responsive to the concerns, strengths, and needs of diverse communities of children, adolescents, and their families; and (3) *perspective*—effective SMH policy, research, training, and practice all require a culturally-integrated perspective.

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*Relevance.* Writings in Part I exemplify the first theme by illustrating that cultural considerations cut across diverse school settings. We know that children learn in a host of different educational environments, and chapters in this section discuss the relevance of culture in contexts that range from overseas military base schools to rural communities within the U.S. Chapters throughout Part I also demonstrate that cultural consideration is relevant to the roles held by school personnel and their resulting diversity of experience. For instance, in Chap. 3 discussion of school-based mental health services in a rural context illustrates the challenges faced by a graduate student attempting to provide evidence-based therapy to a client while developing his own skills as a clinician such as the challenges the SMH provider faces in efforts to address multiple issues; and consultation with educators about the extent and nature of problems identified in the school setting. Similarly, Chap. 4, *From Guidance to School Counseling: New Models in School Mental Health,* discusses challenges associated with collaborating across educational and counseling cultures. This chapter addresses cultural shifts in the school counselor role as the approach increasingly considers the child's social/emotional development.

*Responsiveness.* The second theme evident in the *Handbook* comes across most clearly in *Part II: Innovative Approaches in Work with Diverse Children and Adolescents in Schools.* Being responsive to diverse communities of youth requires

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innovation. In this chapter, Clauss-Ehlers refers to culturally innovative responders as systems that develop creative programmatic strategies that respond to and are implemented within a specific cultural context. Two types of responsiveness are conceptualized in the chapters that comprise Part II: responsiveness through program development and/or adaptation, and being responsive to diverse communities of youth.

The first type of responsiveness occurs through program development/adaptation and is the more specific of the two. The central principle is to create/adapt programs in ways that attend specifically to the cultural values embedded in the community the program was designed to serve. This is complex work, as illustrated in Chap. 6, where researchers tackle the difference between issues of fidelity versus cultural specificity in the Black Parents Strengths and Strategies (BPSS) program-a cultural adaptation of an existing evidence-based intervention.

The second type of responsiveness entails being responsive to particular communities of youth by attending to the fact that their experiences in school contexts may be unique. For example, Chaps. 7 and 9 underscore the need to acknowledge that schools may be uniquely hostile and compromise the mental health of particular groups of youth. Hence, for schools to ensure all their students can learn and thrive, contextual and school climate issues must be systematically addressed. For example, Chap. 7 demonstrates how many lesbian, gay, bisexual, and transgender (LGBT) youth feel unsafe, harassed, and unsupported in school. As such, it is imperative that schools address climate issues for LGBT youth and through systemic changes in policy related to dealing with bullying, supporting teachers, training school personnel, community organizing, and involving parents. Similarly, readers will recall that Chap. 9 discusses the importance of positive school climate for the mental health of African American boys. The chapter illustrates how school context issues such as racial discrimination, overrepresentation in remedial education classes, and being more likely than their non-Black counterparts to be accused by teachers of misbehaving; predisposes African American males to negative mental health and academic outcomes. The take home message from this chapter is that effective policies, programs, and practices require researchers and practitioners to consider what it is like to be an African American male in the school context.

*Culturally Integrated Perspective.* The third major theme is evident throughout *Part III* and captures the overarching purpose of the *Handbook,* which is to advocate for a comprehensive perspective to addressing culture in SMH. This approach requires that cultural considerations be infused throughout all facets of SMH work. This process starts at the outset, with the training of school personnel, but extends to meet the larger societal goal by advocating for change through public policy initiatives.

Highlights from chapters that comprise Part III are provided below to illustrate how an integrated cultural perspective can be manifested in research, training, practice, and policy.

*Research.* Chapter 15, *Culturally Integrated Substance Abuse and Sex Education: Prevention Programming for Middle School Students*, provides an excellent example of cultural integration in program development. Authors discuss the research design implemented at each intervention site to create programs that are infused with cultural content, but also consider cultural variables among youth and their families. Chapter 15 also highlights efforts to create direct linkages to practice.

*Training.* Chapter 14, *Training Transformed School Counselors*, provides an important example of how training can incorporate a cultural perspective. Chapter authors present a program model based on the philosophy that "there is a direct correlation between academic success and optimal mental health. This philosophy posits that if barriers to optimal mental health are effectively challenged and removed, then the likelihood of academic success increases" (Ostvik-deWilde, Park, & Lee, Chap. 19, this volume). Critical to the program is training school counselors to work towards closing the United States (U.S.) educational achievement gap. Readers will recall that the chapter continues with a discussion about how the University of Maryland at College Park's Urban School Counseling Program mentors and

trains graduate students committed to social justice, multiculturalism, and work within an urban school context.

*Practice.* Chapter 16, *Promoting Culturally Competent Assessment in Schools*, addresses how to incorporate a cultural perspective in assessment. Chapter authors discuss the reality of cultural bias in school assessment that leads to disproportionate placement in special education classes among youth of color, bias in social/emotional behavior ratings, bias in referral and disciplinary action, and test bias overall. Readers will recall that the authors present best practices that integrate a cultural perspective in assessment. A case illustration is provided and the use of strengths-based assessments, such as the Behavioral Assessment for Children of African Heritage (BACAH) and the Behavior and Emotional Rating Scale-2 (BERS), are described.

*Policy.* Chapter 17, *Work–Family Balance: Challenges and Advances for Families,* illustrates the cultural integration theme within the policy arena. The author discusses current issues associated with work/family balance and resulting policy implications within the cultural context of American society. Author Patricia M. Raskin writes: "The absence of societal support, the fact that Americans work more hours, and have fewer days off than any other developed countries, means that our attempts to balance work and family result in individual solutions rather than broad policy changes" (Chap. 19, this volume).

In sum, the three advancements: *relevance*, *responsiveness*, and *integrated cultural perspective* permeate all sections of the *Handbook*. While some sections may place more emphasis on a theme than others, each has the three themes at its core. These advancements do not operate in isolation. Rather, they are linked and connected throughout the *Handbook*.

## Key Outstanding Issues

As is evidenced by the richness of the content of the chapters that comprise this handbook, a lot of progress has been made. Culturally competent SMH is increasingly embraced as a mechanism through which to eliminate mental health and educational disparities (New Freedom Commission, 2003), and schools are in many ways the ideal context to reach a good number of diverse and underserved groups (Weist, Myers, Hastings, Ghuman, & Han, 1999). Yet, significant challenges abide (Adelman & Taylor, 2002). Highlighted in the next section of this chapter are some outstanding issues relevant to achieving culturally competent SMH that warrant attention if the field is to move forward, and if the goal of effectively serving culturally diverse youth is to be met.

### Operationalizing Cultural Competence in Ways that Are Measurable and Useful

Advancing culturally competent SMH requires a concrete articulation of how best to meet the needs of culturally diverse youth, which is contingent on understanding what constitutes their uniqueness. At the center of this challenge, is defining "culture" and "competence" in ways that are measurable and useful. The field is unfortunately replete with definitional ambiguities, particularly about culture. Culture is frequently defined too broadly, and in school contexts, mostly relegated to the constructs of race, ethnicity, or language (Carpenter-Song, Schwallie, & Longhofer, 2007). Furthermore, culture is often conceptualized as static, homogenous, and not subject to contextual influence (Kleinman & Benson, 2006).

An additional critique levied by anthropologists against traditional cultural competence models is their failure to attend to the dynamic ways in which sociopolitical constructs like race and socioeconomic status play in the conceptualization, provision, and access of mental health care (Carpenter-Song et al., 2007). This failure is particularly evident in schools—where long standing and unresolved racial disparities in referral, special education placement, disciplinary practices, and service provision are rife (Losen & Orfield, 2002; Skiba et al., 2008).

*Defining competence.* A key issue in defining competence is whether it is a unidimensional or multidimensional construct. If examined as a

multidimensional construct, competence likely includes knowledge, awareness, and emotive components (Sue & Torino, 2005). However, how these components relate to one another and which is more or less important in the developing of "competence" is still largely unknown. Historically, knowledge and awareness have been the dimensions most heavily emphasized in multicultural training. Yet, experts in the field are quick to highlight the importance of caring in actuating changes in practitioner beliefs and attitudes (Sue, 2006). Knowing, caring, and acting likely follow a hierarchical order, such that knowledge and caring may be necessary prerequisites to action.

Increasingly embraced is the notion that competence is a dynamic and ongoing process that cannot be pursued as an outcome nor achieved as a result of a single training event (Cunningham, Ozdemir, Summers, & Ghunney, 2006). Moreover, newer frameworks that identify the critical elements of cultural competence note the importance of recognizing that sometimes culture may not be central to understanding students' mental health problems (Yamada & Brekke, 2008). In fact, cultural competence could more appropriately be defined as the ability to recognize when cultural factors *are* at play or relevant, and working in a manner that attends to these factors (Ortiz & Flanagan, 2002). Others have emphasized that culture and cultural factors can actually promote resilience and positive mental health outcomes for youth (Clauss-Ehlers, 2008b; Clauss-Ehlers & Wibrowski, 2007; Clauss-Ehlers, Yang, & Chen, 2006). While these perspectives are gaining traction in the field, actualizing their use in school contexts requires attention to institutional factors and policies that dictate the behavior of people operating within schools.

## Eliminating Barriers Embedded in the "Culture" of School

Several models of culturally competent practice arise from the health sector, and while many issues are cross cutting; addressing mental health in school contexts entails its own set of challenges. Culture is embedded in the structure of schools. Part of the culture of schools is a long-standing debate about whether mental health is an integral and inseparable part of education (Adelman & Taylor, 2011; Clauss-Ehlers, 2008a). That is, an implicit necessity in efforts to promote SMH is engaging teachers to take on as part of their identities as educators, helping schools meet students' mental health needs (Burke & Paternite, 2007; Rones & Hoagwood, 2000). Achieving culturally competent SMH will require a transformation in the school environment and to the policies that reinforce existing structures that contribute to inequities experienced by culturally diverse students and their families. Part of this transformation involves building stronger collaborations between the educational and the counseling factions within schools (see Chap. 4; Clauss-Ehlers, 2008a).

## Improving Cultural Competence Training Models

The skills necessary to successfully navigate diverse social contexts and to be more receptive and sensitive to the unique needs of culturally diverse students and their families are complex. Multicultural counseling training is the basis for much of what today is encompassed in cultural competence training. Multicultural counseling competencies were developed more than three decades ago and provide a set of guidelines for enhancing service delivery with racial and ethnic populations, including an articulation of a tripartite model defined in terms of counselors ability to: (1) recognize their personal attitudes and values around race and ethnicity; (2) develop their knowledge of diverse cultural worldviews and experiences; and (3) identify effective skills in working with diverse populations (Sue, Arredondo, & McDavis, 1992). This framework was expanded to include three key characteristics that culturally competent counselors should have: an awareness of personal assumptions, values, and biases; an understanding of the worldviews of culturally diverse clients; and developing abilities to use and create culturally appropriate intervention strategies (Sue et al. 1992). The key part of the

expansion was the inclusion of action—using and creating appropriate strategies.

Cultural competence training is increasingly a standard part of preprofessional training of teachers and other school personnel. However, it frequently functions as a separate add-on, rather than as an underlying theme across preservice courses (see Ostvik-deWilde, Park & Lee, Chap. 19, this volume, for a rare example of a program that uses cultural competency as the foundation for an entire program curriculum).

Once preservice teachers, counselors, psychologists, and others are integrated into the profession, opportunities for developing cultural competence most often take the form of professional development workshops. These workshops are frequently built into schools as a one-time professional development experience. While an important mechanism to provide training to school personnel, this practice can foster a belief that participating in a single training event is sufficient. The fact that there is rarely an effort within schools to provide continuous professional development in this domain is problematic. It is a significant problem because cultures evolve quickly, and the cultural diversity in schools is becoming far more nuanced than has been the case in the past. In fact, many teachers report that they rarely utilize much of what is covered in such workshops and that they rely mostly on experience to inform their multicultural practice (Gallavan, 2007).

Also worthy of note is that the focus of cultural competence workshops is typically knowledge and awareness, which may prompt some changes in the caring dimension of competence, but will rarely actuate change in the acting dimension. This is because the latter is quite resistant to change, as there are many things that get in the way of acting on multicultural issues. For example, one might choose not to act because one does not recognize the relative benefit of action or alternatively the risk associated with nonaction. Furthermore, practitioners may be uncomfortable or not confident about the appropriate course of action.

Hence, training for action appears to be a neglected but critical component of cultural competence training in schools. Actuating real change requires an explicit confrontation—one that entails understanding and acknowledging ones own biases (Arredondo, Tovar-Blank, & Parham, 2008). As such, almost by definition cultural competence training entails some level of discomfort, which is not usually present in professional development workshops. It is a fine balance because training must be structured to, while uncomfortable, not be threatening.

Social scientists have noted that as a result of *stereotype threat*, multicultural training can sometimes yield the opposite effect—that is, rather than promoting competence in interactions with culturally diverse others, it yields behaviors that are antithetical to positive and productive interactions (Steele, 2003). Steele defines stereotype threat simply as "the threat of being viewed through the lens of a negative stereotype or the fear of doing something that would inadvertently confirm that stereotype" (Perry, Steele, & Hilliard, 2003, p. 111). Practitioners need to develop "full competence, rather than just sensitivity, in the skills and knowledge bases related to these areas and be able to integrate them in a manner that guides cross-cultural interactions" (Ortiz, Flanagan, & Dynda, 2008, p. 1722).

Lastly, while there is much guidance about specific methods to improve cultural competence among practitioners, there is little empirically supported work that justifies or "proves" the utility of attending to culture in mental health care (Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007). Given the relatively early stage of research and development on multicultural competence training for teachers, much more work is needed to fully integrate cultural competence training into SMH efforts. Much of the wider literature on training is descriptive and focused on justifying why multicultural competence is an important goal for practitioners.

A consideration that will become increasingly important as work in this domain progresses is examining whether training translates not only to shifts in knowledge and attitude, but also shifts in comfort, ease, and specific changes in practice. More research is also needed to assess whether multicultural training has a long-term impact on practice as well as on student outcomes.

## Improving Measures of Cultural Competence

Cultural competence, cultural responsiveness, and cultural proficiency are all used interchangeably but are arguably quite different in their operational form, and measuring each of these indices within school contexts is difficult. A critical area of need in the field is research that helps define or guide efforts to measure cultural competence among SMH providers and teachers. There is a plethora of measurement scales examining personal attitudes, behaviors, and skills of individual care providers (see Cunningham et al., 2006 for a summarized list), including the Cross-Cultural Counseling Inventory (CCCI), Multicultural Awareness /Knowledge/Skills Survey (MAKSS), Multicultural Counseling Awareness Scale—Form B (MCAS-B), Multicultural Counseling Inventory (MCI), and the Self-Inventory for Educators Promoting Multicultural Efforts in Schools.

However, the assessment of cultural competence frequently occurs at the individual level, is short term, and relies on self-reports of attitude and knowledge. We know that assessments of knowledge alone are insufficient and there are substantial measurement problems with some widely used scales. For example, Davis and Phiney (2006) found that the Cross-Cultural Adaptability Inventory (CCAI) demonstrates poor reliability and factor structures that are uninterpretable when used with preservice college students. Additionally, although institutional structures are critical to establishing policy and ensuring the necessary support for culturally competent practice, few instruments assess competence at the institutional level.

## Addressing Critical Gaps in the Knowledge Base

Research and practice in child, adolescent, and SMH are increasingly emphasizing evidence-based practice (EBP) or implementing prevention and intervention programs based on the science of what has been proven to be associated with valued outcomes. As this emphasis plays out, it is becoming clear that research-based EBPs, associated with infrastructure and implementation support (such as significant training, incentives, ongoing coaching, and fidelity monitoring) are quite different from implementing EBPs in real-world settings such as schools, where there is little if any infrastructure and implementation support (see Weist et al., 2009). This is promoting research and practice strategies on *achievable* EBP, or strategies that can actually be implemented in real-world settings such as schools, with clinicians contending with real-world issues such as fluidity in the environment, poor infrastructure support, and significant deficits in service capacity to meet the needs of the many children and youth presenting mental health challenges (see Evans & Weist, 2004).

Adding to this problematic context is the recognition that many EBPs have not been developed and tested with a range of groups varying along dimensions such as race/ethnicity, socioeconomic status, age, local geography, and culture (see Alegria, Atkins, Farmer, Slaton, & Stelk, 2010). This can lead to the erroneous conclusion that because a particular EBP has not been tested with a particular group, then it is not appropriate or relevant to that group. If many were to adopt this view, movement toward culturally competent and EBP would come to a standstill. Jensen and Foster (2010) emphasize a significant and multidimensional research-to-practice gap in child and adolescent mental health. To help bridge this gap they call for purposeful attention to and measurement of aspects of the gap, for example, looking at research translation problems across parameters of (a) disorder, (b) intervention type, and (c) setting type. They suggest gathering information on aspects of the gap through "consensus conferences" during which diverse stakeholder groups would identify areas where gaps are prominent, identifying areas of "low hanging fruit" where the most progress could be made. We would recommend that culture/ethnicity is a fourth dimension of this framework, and we agree with Jensen and Foster's call for such consensus conferences to identifying key strategies to advance research and practice, ideally in ways that are linked together. The University of Maryland Center for School Mental Health (CSMH) held such a con-

sensus conference on Cultural Competence in SMH (see Cunningham et al., 2006), with a number of fruitful recommendations generated (see discussion that follows for examples). Similar and regular consensus conferences are needed, with active methods for generating ongoing dialogue and collaboration among relevant stakeholders and professional groups.

An alternative direction is for research to consider the added value of training and emphases on cultural competence to the effectiveness of EBPs delivered in schools. For example, providing training and support for culturally competent strategies simultaneous to the training and delivery of established EBPs for particular groups, and exploring the added value of such complementary training and support (see Alegria et al., 2010). A similar strategy can be taken in practice, where practitioners use established EBPs while at the same time receiving guidance on their implementation from local cultural experts. For example, implementing evidence-based anger management training for youth in the Baltimore schools, while receiving guidance from local stakeholders with experience in working effectively with African American youth.

It is also important to distinguish between focused EBPs, often associated with manualized intervention, and *empirically supported* strategies, which are based on science, but not as prescriptive as EBPs (see Evans & Weist, 2004). Here, building interventions based on knowledge of risk and protective factors is a particularly important approach. For example, continuing the theme of working with youth in Baltimore, guided by local stakeholders, interventions could be implemented focused on reducing hanging out in dangerous neighborhoods (especially at potentially dangerous times such as late at night on the weekend), avoiding involvement with peers involved with drug using or dealing, and increasing involvement in activities clearly shown to have a protective influence, such as athletic, extracurricular, and spiritual involvements; enhancing connections with positive adults; and enhancing connections with positive resources in the neighborhood, such as after-school programs and recreation centers (see Warner & Weist, 1996). Research is also needed that compares these empirically supported strategies with implementation of more focused EBPs.

Another critical avenue for research and practice is clarifying the provider characteristics that contribute to culturally competent and effective prevention and intervention. Unfortunately, there is little research to provide answers to this question. As mentioned, the University of Maryland CSMH convened a panel in 2006 on cultural competence in SMH. A key conclusion was a major factor contributing to provider cultural competence is *empathy* manifested in many different ways. For example, openly acknowledging differences in race/ethnicity and background with youth and families served by the school and expressing and demonstrating genuine eagerness in learning about local culture; seeking understanding of strengths and needs of the community and its families; and adjusting prevention and intervention approaches to match what is learned (Cunningham et al., 2006). Such an empathic approach to SMH would also mean identifying various cultural groups, reaching out to their members and leaders, and explicitly seeking recommendations on the delivery of programs and services, and ongoing feedback to continuously improve them.

## Integrating Research, Practice, and Policy

The aforementioned strategies for effective research and practice should ideally occur within an environment characterized by diverse stakeholders and disciplines coming together to advance effective SMH within a true system of care (see Chap. 1). This usually means developing a *coherent* and progressively evolving agenda for SMH that involves systems leaders and staff from education, mental health, child welfare, juvenile services, health services, developmental disabilities, and others working together to better connect programs and services, with SMH often serving as a uniting influence since it is already positioned in the nexus of these systems (Weist & Paternite, 2006). However, the reality is that SMH initiatives are usually not coherent, instead reflecting an ad hoc arrangement of different partnerships and approaches in different schools.

Here, the Community of Practice framework (see Chap. 1) can be very helpful. A key factor is for one group that has legitimacy to step forward and provide the convening and supportive functions for diverse stakeholders to come together to move from discussion to dialogue to collaboration on key dimensions of growing and increasing the cultural competence and effectiveness of SMH. Universities are uniquely positioned to be in this convening and supportive role. Ideally, these coherent initiatives occur in areas with logical boundaries, such as school districts or counties, as supported by state leaders, and again, all of the work should reflect a *shared agenda* or partnership among education, families, mental health, and other community systems (Andis et al., 2002). Often a Steering Team of 4–8 leaders reflecting this shared agenda comes together for initial planning; holds successive discussion and planning meetings, with a larger Advisory Board for the initiative emerging from these meetings. The group will then work on developing an identity, with a name, common goals, development of Memoranda of Agreement (MOAs) between schools and provider organizations in communities, standardized approaches for training and evaluation, and a plan for growing funding and expanding programs and services.

These coherent SMH initiatives are emerging at the local level (e.g., the Baltimore Expanded SMH initiative) and at the state level (e.g., the Ohio Mental Health Network for School Success, Montana's Integrated SMH Initiative). Importantly, they provide a vehicle for advancing training, practice, research, and policy in SMH while at the same time promoting interconnections among these realms. As mentioned, examples of this work can be found at http:\\www.sharedwork.org, a website organized by a National Community of Practice on SMH (see Chap. 1).

## Seven Steps to Devising an Action Plan for Culturally Responsive School Mental Health Services

We have come full circle. From a discussion of critical advancements to consideration of challenges—we now face the question, "What's next?" What are the next steps for those of us involved with research, training, practice, and policy in our respective school communities? How does what we have learned apply to the environments in which we live and work? The rationale for culturally competent SMH is often present in an unresolved issue or challenge encompassed in our individual and collective experiences in schools. The question is how to move forward. What are the essential steps in designing and implementing culturally competent SMH in one's community?

The National Community of Practice on Collaborative School Behavioral Health provides a practical lens from which to organize one's action plan. As discussed in Chap. 1, a key goal of the Collaborative is to support multiscale learning, and in so doing, organize community stakeholders in efforts to move from discussion to action to advocate for positive change. The Collaborative currently includes over 3,000 members that represent professional organizations, states, and practice groups. The Collaborative has identified 12 key themes for the SMH field (see Chap. 1). There are several lessons to be learned from the success of the Collaborative and the *Handbook* overall. Lessons learned have implications for developing action plans that promote culturally responsive school-based mental health. They are:

1. *Involve key stakeholders in the development of your action plan from the outset.* The program development and adaptation chapters in the *Handbook* illustrate the importance of working with key stakeholders to promote change. Stakeholders bring knowledge, resources, and buy-in for the change.
2. *Do not work in isolation—collaborate with others to address your goals.* Not unlike the first step in the action plan, collaborating with others goes a step further. This step encourages active collaboration and participation across stakeholder groups. Creating a community of participants, similar to the Collaborative, can provide support and brain power in accomplishing action plan items.
3. *In a climate of scarce resources work with stakeholders and other organizations to identify overlap in services and where resources can be*

*shared.* The question here concerns where to best put one's resources to address action plan items. One starting point is to examine where overlap in services exist. How can duplication be decreased and those additional resources be channeled to address action items?

4. *Identify barriers to change and strategies to address them.* What are the attitudes, views, and policies that create barriers to change? How can the community of action plan participants address these barriers?
5. *Make your plan comprehensive, not an add-on.* A culturally responsive SMH services action plan gains credibility and is effective when it is infused throughout the school. School climate issues are best addressed through a comprehensive approach that involves all aspects of the system to promote positive change.
6. *Examine and expand upon the interconnections between the action plan and research, training, practice, and policy.* In building a comprehensive culturally responsive SMH action plan, what are the interconnections between research, training, practice, and policy? For instance, how does training future professionals in evidence-based practice further the action plan? How do positive outcomes from this work influence policy?
7. *Integrate the three advancements, relevance, responsiveness, and integration of a cultural perspective throughout the plan.* The community of participants can step back and ask themselves about the extent to which they are moving towards their action items. Is the approach relevant to students and the community? Does it respond to the specific needs of the diverse students the action plan is designed to support? Is a cultural perspective integrated throughout the plan?

Translating theory into action is not an easy task. Readers are encouraged to draw from these seven steps and reflect back to the chapters for models of change. These models can provide a foundation for the particular issue a school needs to address. In so doing, it is likely that the school will tailor the model to better reflect the needs of its own community. This is culturally responsive SMH in action.

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