



NATIONAL
MENTORING
RESOURCE CENTER
A Program of **OJJDP**

Integrated School-Based Mentoring

**Samuel McQuillin,
University of South Carolina**

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Disclaimer

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AGENDA

- Introductions
- Youth Mental Health Crisis
- Overview of Integrated School Mentoring
- Example
- Benefits
- Key Considerations for Success
- Discussion: Needs and Barriers Analysis
- Q&A / Open Discussion



Youth Mental Health Crisis



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MENTAL HEALTH CRISIS



First announced by Surgeon General in 2000

Progressive worsening of mental health continued

Reached crescendo in the lingering wake of COVID-19

In 2023, the Surgeon General announced a global epidemic of loneliness and social isolation

MENTAL HEALTH CRISIS

Journal of Adolescence 93 (2021) 257–269



ELSEVIER

Contents lists available at [ScienceDirect](#)

Journal of Adolescence

journal homepage: www.elsevier.com/locate/adolescence

Worldwide increases in adolescent loneliness

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ARTICLE INFO

Keywords:

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Psychological well-being
Mental health
Adolescence
Digital media
Social media

ABSTRACT

Introduction: Several studies have documented increases in adolescent loneliness in the U.S., UK, and Canada after 2012, but it is unknown whether these trends are or whether they are linked to factors such as economic conditions, technology, or family size.

Methods: The Programme for International Student Assessment (PISA) survey of old students around the world included a 6-item measure of school loneliness in 2012, 2015, and 2018 ($n = 1,049,784$, 51% female) across 37 countries.

Nearly every indicator
of mental and emotional
distress is increasing!

MODERN ADOLESCENCE

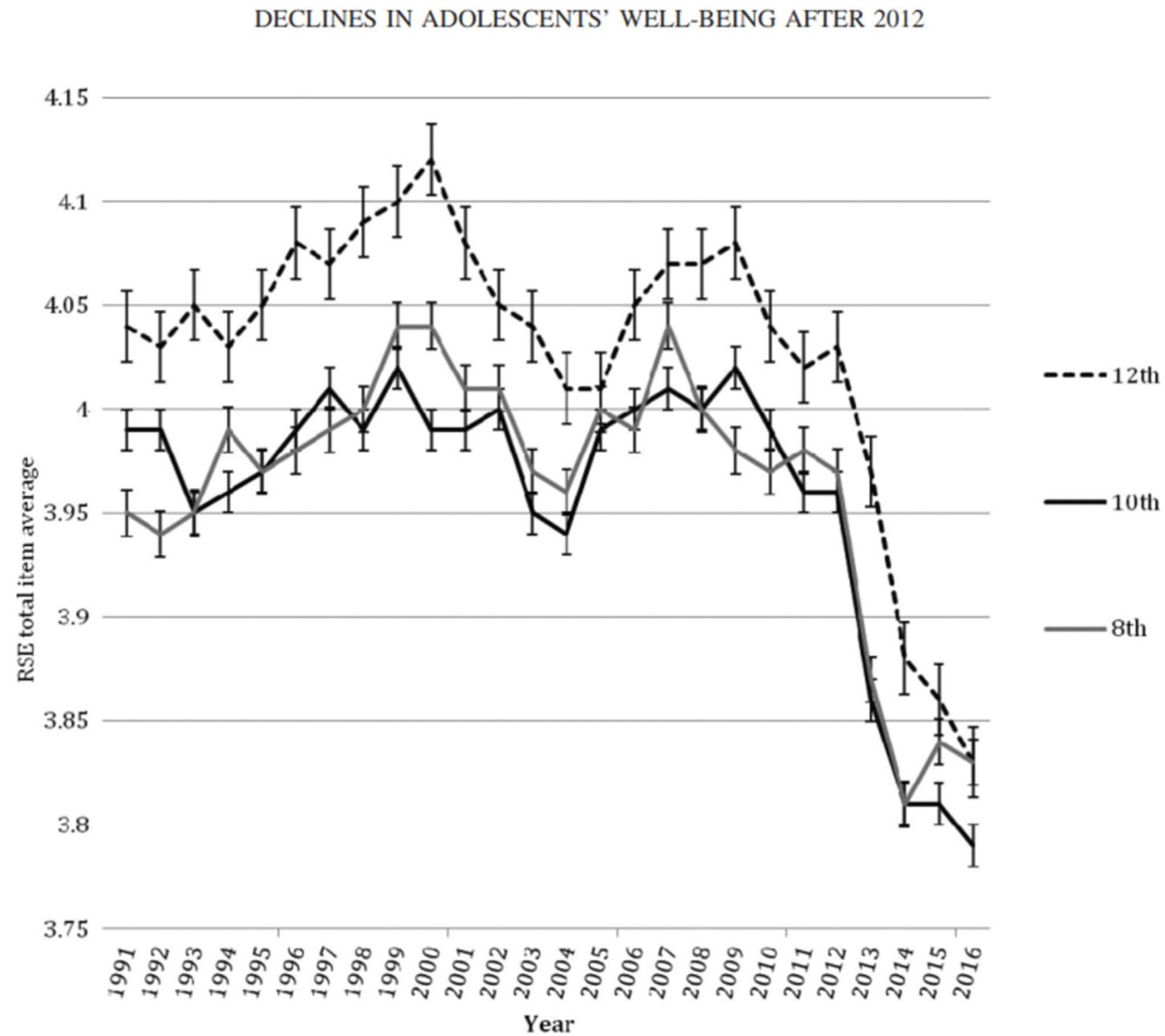


Figure 1. Total self-esteem, 8th, 10th, and 12th graders, 1991–2016. Error bars represent ± 1 SE. The y-axis is truncated to illustrate the changes. The potential range of self-esteem was 1–5, with an SD of approximately .97. More detail given in Table 1.

(Twenge et al., 2018)

A scenic view of a university campus. Large, mature trees with dense green foliage frame the scene. In the background, a yellow building with multiple windows is visible. The ground is covered with fallen brown leaves, suggesting an autumn setting. A semi-transparent maroon banner is overlaid across the center of the image, containing the title text.

Overview of Integrated School Mentoring



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WHY MENTORING?



Relationships matter

- Relationships are part of our “species normal environment” (Scarr, 1992)
- Our brains are hardwired for relationships (Banks, 2015; Siegel, 2015)
- Without relationships, our physical and mental health suffer (Murthy, 2020; Lunstad et al., 2017; Holt-Lunstad, et al 2010)
- Social isolation in childhood predicts poor prognosis in adulthood (Caspi et al., 2006; Lacey, et al. 2014)

Mentoring may be one way to satisfy this basic human need

WHY MENTORING?

CIGNA U.S. LONELINESS INDEX

39.6

Daily Activity

+20 point
difference

59.6

No Meaningful
In-person
Activity

People who have daily meaningful in-person interactions score 20 points lower on the Loneliness Index and are healthier than those who never have meaningful in-person interactions.

Only 53% of Americans have meaningful in-person interactions on a daily basis.

U.S. Loneliness Index Report, Cigna, 2018.



MENTORING AS A MEANS AND AN END

Mentoring relationships can serve as both a means and an end in promoting child well-being

As an end:

- Goal: provide safe, stable, nurturing relationships
- Program efforts: recruit, support, & train long-term mentors

As a means:

- Goal: provide prevention and intervention focused activities via the relationship
- Program efforts: problem/need-focused mentoring, training mentors in skills and evidence-based interventions

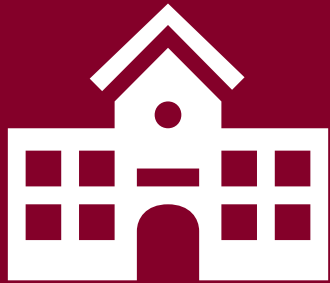


INTEGRATED SCHOOL MENTORING

Integrating mentoring into school mental health systems



BUT WHY SCHOOLS?



- 1) Schools have systems in place: Multi-Tiered Systems of Support (MTSS)
- 2) Schools are a unique context
- 3) Schools are where the kids are

MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

The 3 Core Components



Universal Screening

Identifies students who may be at risk for poor outcomes and need additional supports.

Ideally screen 3x/year

Enhances early identification compared to teacher referrals (Eklund et al., 2009)



Tiered Support Systems

Multi-level organization of supports for students that includes a continuum (3 tiers) of integrated instructional and intervention supports.



Progress Monitoring

Assesses performance, quantifies improvement and/or responsiveness to intervention and instruction, and evaluates the effectiveness of instruction, interventions, and supports.

Social, Emotional, Behavioral, and Academic outcomes and supports

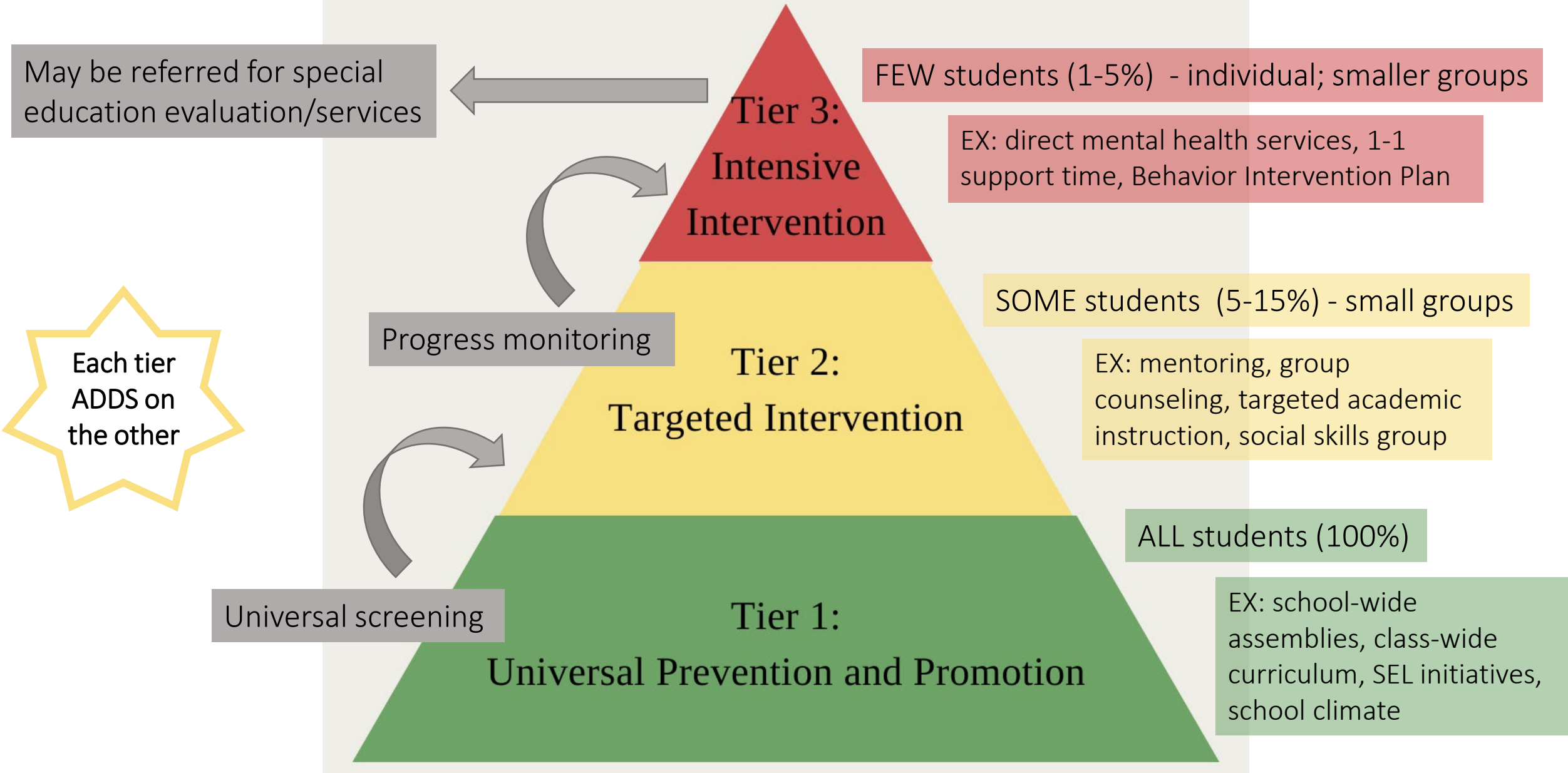
MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

Interdisciplinary, problem-solving teams



- principal
- general education teachers
- special education teachers
- content specialists (e.g., district behavior specialists)
- student support personnel (e.g., school counselors)
- school MTSS coordinator

MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)



MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

- An effective approach/framework schools use to ensure that all students can succeed in school
- Identifies, intervenes, and provides targeted support to struggling students
- Proactive and preventative approach - screens *ALL* students and aims to address challenges
- System to support academic, behavioral, and social-emotional wellbeing of *ALL* students

MULTI-TIERED SYSTEMS OF SUPPORT (MTSS)

Interconnected Systems Framework:

- Positive Behavioral Interventions and Supports (PBIS) + School Mental Health (SMH) services
- Greater depth and quality of prevention and intervention through multiple tiers of support across outcomes

Benefits:

- Improves identification and provision of Tier 2 and 3 intervention for students in need
- Reduces student discipline
- Improves school safety perceptions

SCHOOLS ARE A UNIQUE CONTEXT

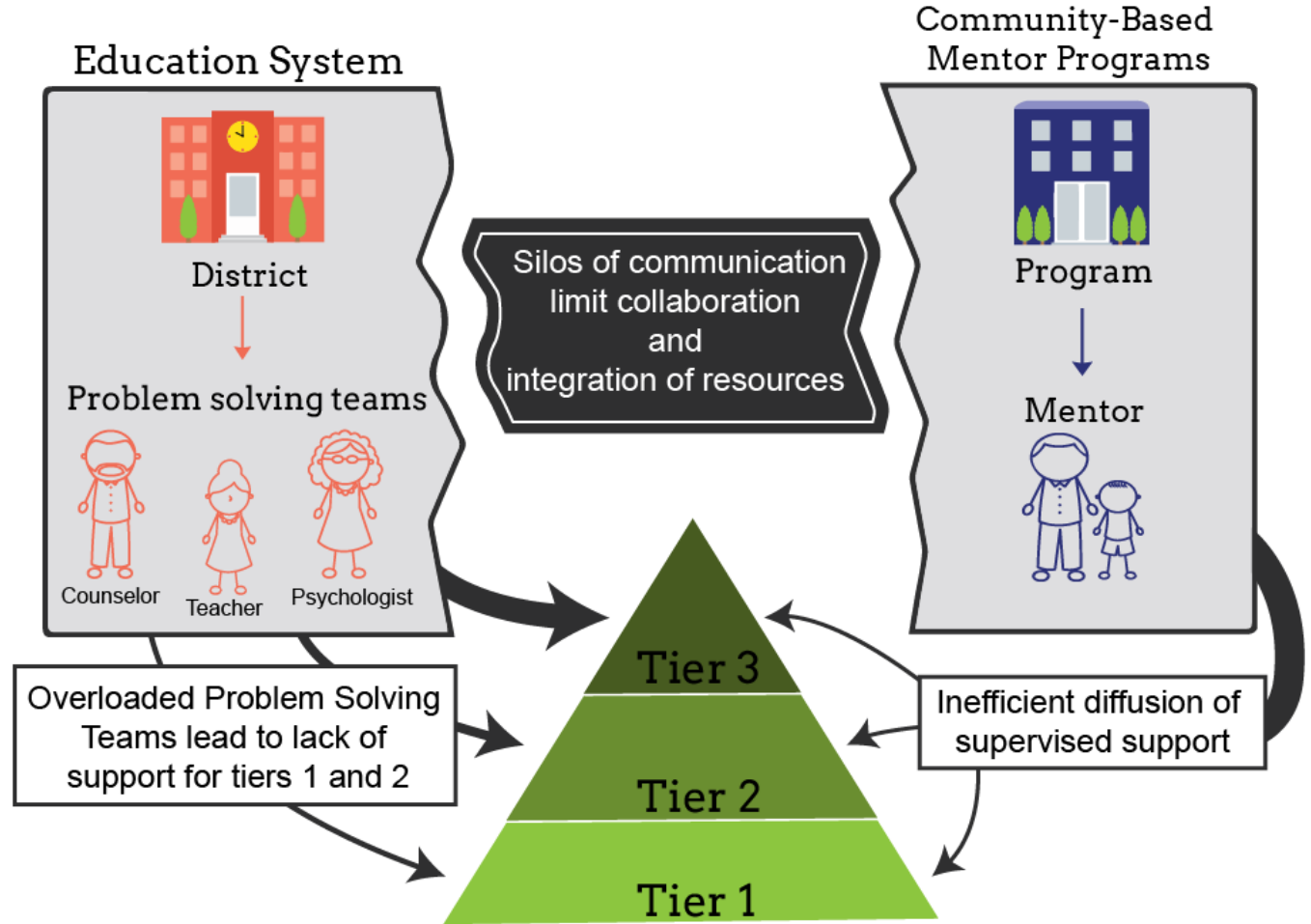


Youth are 20x more likely to engage in school-based supports relative to community-based clinics.

The Problem

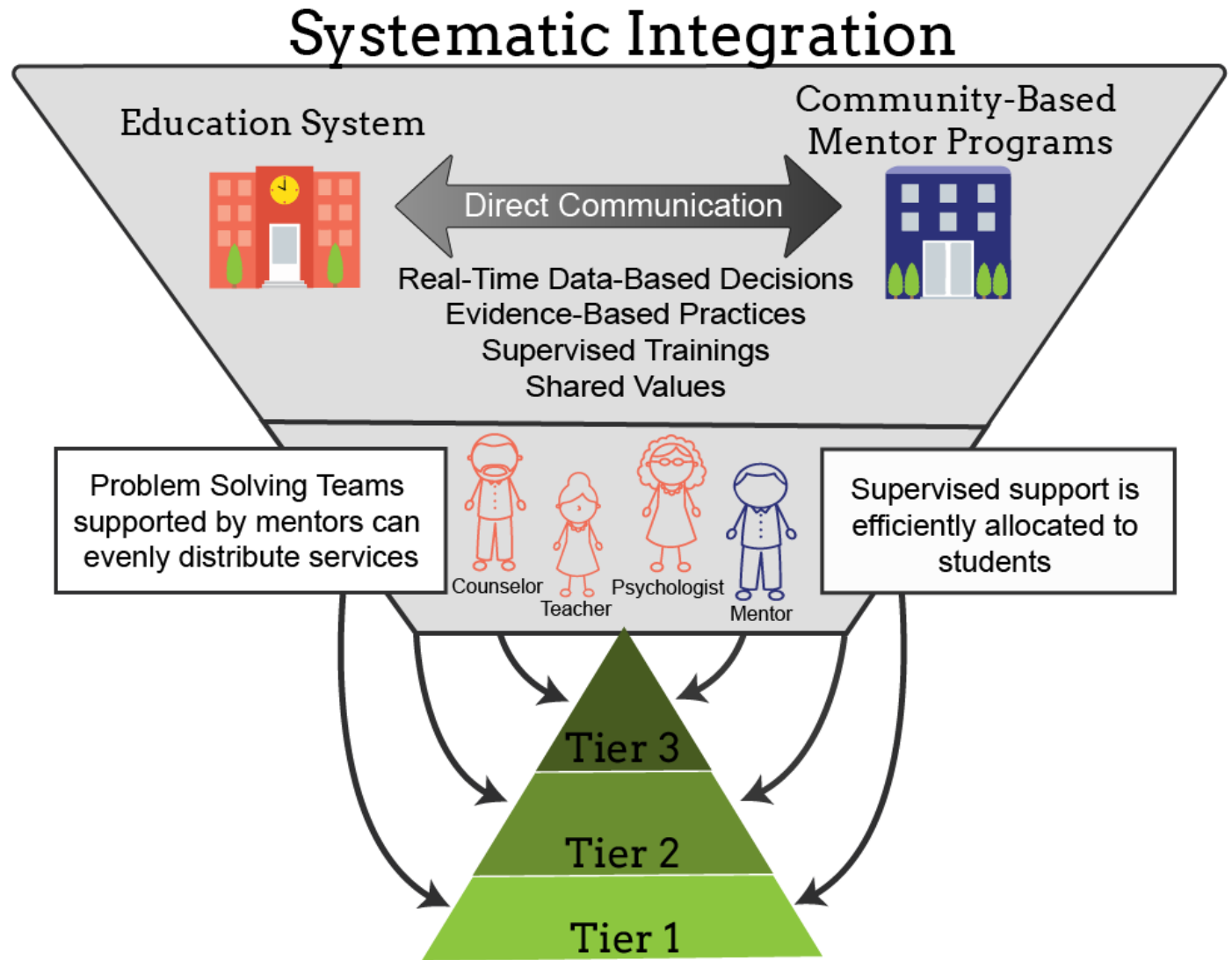
WITHOUT INTEGRATION, BOTH SERVICES SUFFER.

Misaligned Practices



The Solution

WITH INTEGRATION, BOTH SYSTEMS ARE STRENGTHENED, AND MORE CHILDREN RECEIVE STRONGER SERVICES.



DEFINING FEATURES OF INTEGRATED MENTORING

- Strategic partnerships between mentoring organizations and schools
 - Data sharing agreements/MOUs
 - School MTSS systems/teams that include mentors
 - Universal screening of SEBA used to guide matching/training
 - Progress monitoring of student functioning and ongoing supervision of mentor
 - Integration of evidence-based practices within the context of the mentoring relationship

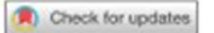
TASK-SHIFTING



- The supervised redistribution of tasks (e.g., mild to moderate mental health services) from professionals to people with less training or fewer credentials
- Strong global empirical support in a wide range of health professions

TASK-SHIFTING WITH MENTORS

SCHOOL PSYCHOLOGY REVIEW
<https://doi.org/10.1080/2372966X.2021.1922937>



Combining MTSS and Community-Based Mentoring Programs

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^aUniversity of South Carolina; ^bUniversity of Houston; ^cUniversity of Houston-Clear Lake

ABSTRACT

In the United States, schools provide a large portion of child and adolescent mental health services; however, systems are restricted by resource and workforce shortages while the need for services steadily increases. This discrepancy leads to unmanageable caseloads for providers and reduced access to quality services for youth, and highlights a need to expand the school-based workforce to meet student needs. Herein, we propose a novel mental health service-delivery framework to offset these challenges by integrating mentors within the context of multitiered systems of support (MTSS) through task-shifting. We review and synthesize the literature in community and school psychology on the promises and challenges of youth mentoring and MTSS. We discuss the importance of diversifying school psychology, including the importance of increasing access to and benefit from educational supports for minoritized students, and the promise of mentoring within this context. We propose that by systematically integrating youth mentoring within MTSS there are several systems-level and individual-level benefits for youth, school staff, and mentoring nonprofits. We conclude by providing ethical, evaluation, and implementation considerations surrounding the proposed model.

IMPACT STATEMENT

Restructuring the school-based mental health workforce by integrating community mentors into MTSS frameworks provides an innovative, powerful way to engage with diverse student populations. We propose a novel model that expands and strengthens this workforce, thereby increasing the quality and reach of school-based services.

ARTICLE HISTORY

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KEYWORDS

Youth mentoring, task-shifting, MTSS, service models, school-based mental health

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TASK-SHIFTING WITH MENTORS

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REVIEW PAPER



Expanding School-Based Motivational Interviewing Through Delivery by Paraprofessional Providers: A Preliminary Scoping Review

Mackenzie J. Hart¹  · Samuel D. McQuillin¹ · Aidyn Iachini² · Mark D. Weist¹ · Kimberly J. Hills^{1,3} · Daniel K. Cooper¹

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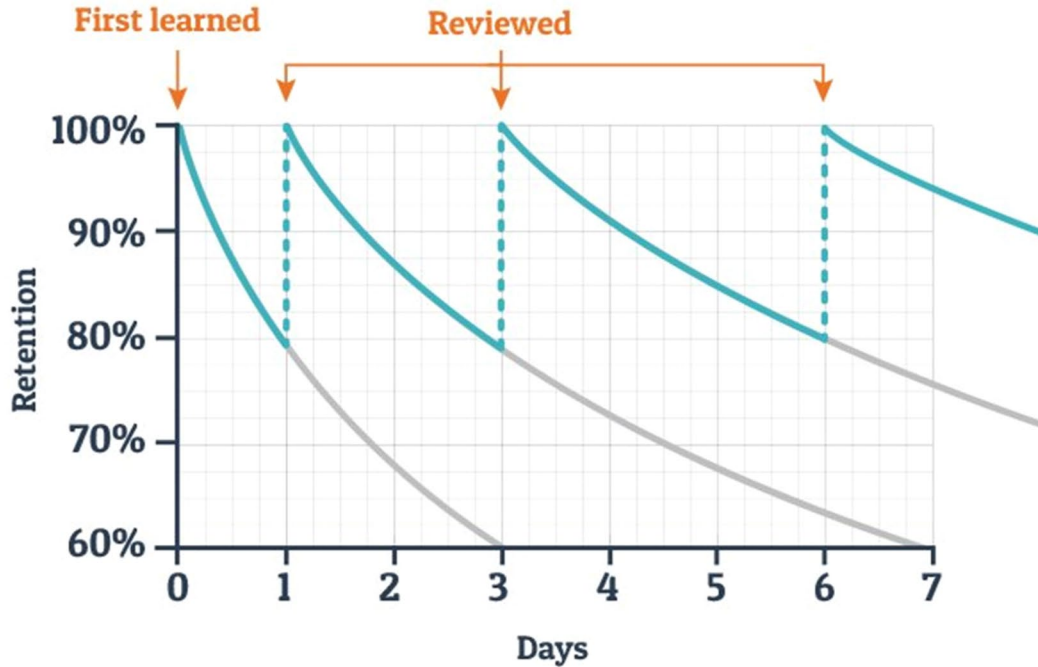
Abstract

The supply of school mental health (SMH) providers and services cannot meet the demand of students in-need, and this gap is expected to widen in coming years. One way to increase the reach of helpful services for youth is to grow the SMH workforce through task-shifting to paraprofessionals. Task-shifting could be especially promising in expanding Motivational Interviewing (MI) interventions, as MI can be molded to target a number of academic and behavioral outcomes important to schools. However, no review of training exclusively paraprofessional samples in MI has yet been conducted. The current paper provides a scoping review of 19 studies of training paraprofessional providers to use MI to evaluate trainee characteristics, training content and format, and outcomes. Of these 19 studies, 15 reported that paraprofessionals improved in using MI following training. Nine studies reported that task-shifting MI was positively received by clients and/or providers. Six studies examined task-shifting MI in youth-serving contexts, and four examined the practice in traditional school contexts, suggesting its potential for use in SMH. Other findings and implications, such as client behavior change and provider fidelity, are shared, along with ideas for advancing research, practice, and policy in this subfield.

Keywords Motivational Interviewing · School mental health · Task-shifting · Paraprofessionals

BUT WHAT ABOUT TRAINING?

Typical Forgetting Curve for Newly Learned Information



Some task-shifting efforts require competency in specific helping skills (e.g., Motivational Interviewing) that are neither innate, easy to learn, or retained indefinitely.

WHAT IS JUST-IN-TIME TRAINING (JITT)?



“An efficient form of on-demand training designed to improve performance on specific tasks.”

JUST-IN-TIME TRAINING



* SUMMARIES

TASK-SHIFTING WITH MENTORS

Strengthening and Expanding Child Services in Low Resource Communities: The Role of Task-Shifting and Just-in-Time Training

Samuel D. McQuillin,¹ Michael D. Lyons,² Kimberly D. Becker,¹ Mackenzie J. Hart,¹ and Katie Cohen¹

Highlights

- Task-shifting refers to redistributing tasks from professionals to workers who have less training.
- Task-shifting may be a key strategy in expanding child services in low resource communities.
- Just-in-Time Training (JITT) refers to efficient, on-demand training experiences.
- JITT may strengthen task-shifting efforts.
- Task-shifting and JITT involve unique ethical considerations.

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Abstract In the United States, the demand for child mental health services is increasing, while the supply is limited by workforce shortages. These shortages are unlikely to be corrected without significant structural changes in how mental health services are provided. One strategy for bridging this gap is *task-shifting*, defined as a process by which services that are typically delivered by professionals are moved to individuals with less extensive qualifications or training. Although task-shifting can increase the size of the workforce, there are challenges related to training new workers. In this paper, we propose *Just-In-Time Training* (JITT) as one strategy for improving task-shifting efforts. We define JITT as on-demand training experiences that only include what is necessary, when it is necessary, to promote competent service delivery. We offer a proof of concept from our own work shifting counseling and academic support tasks from school mental health professionals to pre-baccalaureate mentors, citing lessons learned during our iterative process of JITT development. We conclude with a series of key considerations for scaling up the pairing of task-shifting and JITT, including expanding the science of JITT and anticipating how task-shifting and JITT would work within the context of dynamic mental health service systems.

Keywords Task-shifting · Just-in-time training · Workforce · Paraprofessionals

Introduction

Despite continuous advancements in psychological prevention and intervention sciences, mental and behavioral disorders remain a tremendous burden on societal wellbeing worldwide. Children in low resource communities carry the brunt of this burden, where they are exposed to more risk and fewer protective factors than children in higher resource communities (World Health Organization, 2010). Between 20% and 30% of children in the U.S. need mental health services, yet only 36% of children in need receive services (Costello, Foley, & Angold, 2006; Merikangas, He, Brody et al., 2010; Merikangas, He, Burstein et al., 2010; Merikangas et al., 2011), with an even greater gap for children who are cultural or ethnic minorities, or who live in under resourced environments (U.S. Public Health Service, 2000). This gap is maintained in part by the geographic distribution of service providers, wherein only 63% of counties in the United States have a mental health facility that treats children and adolescents (Cummings, Wen, & Druss, 2013), and by widespread

TASK-SHIFTING WITH MENTORS

Paraprofessional Youth Mentoring: A Framework for Integrating Youth Mentoring with Helping Institutions and Professions

Samuel D. McQuillin,¹ Matthew A. Hagler,² Alexandra Werntz,² and Jean E. Rhodes²

Highlights

- We propose a framework for delegating some mental health service tasks to paraprofessional mentors.
- Appropriately scaled, paraprofessionals can reduce the burden of youth's mental health difficulties.
- With training, a subset of mentors could increase engagement in and deliver mental health services.
- Training, supervision, and documentation of services will be critical to scale.
- Paraprofessional youth mentorship requires research to establish efficacy.

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Abstract The demand for child mental health services, including those provided by psychologists, counselors, and social workers, exceeds the supply. This trend is expected to continue or worsen unless there are substantial structural changes in how mental health services are provided. We propose a framework for paraprofessional youth mentors, defined as a subgroup of professionally supervised, non-expert volunteer or paid mentors to whom aspects of professional helping tasks are delegated. Our proposal is aligned with historical and modern solutions to scaling mental health services, and this framework could simultaneously increase the number of youth receiving evidence-based mental health services and reduce the burden on existing systems of care. The framework defines three plausible tasks for paraprofessional mentors: (1) reducing barriers to mental health service, (2) increasing engagement in services, and (3) providing direct services. The safety and effectiveness of these task-shifting efforts will hinge on competency-based training and evaluation, supervision by professionals, and documentation of services rendered, all of which the field of youth mentoring currently lacks. We describe several requisite scientific, institutional, and regulatory advances that will be necessary to realize this

variant of youth mentoring for a subgroup of youth who are presenting for assistance with mental health problems.

Keywords Youth mentoring · Paraprofessionals · Task-shifting · Children's mental health

Introduction

In recent decades, prevention and intervention scientists have made notable advances in their efforts to reduce the severity and functional impairment of mental health and behavioral difficulties in children. Nonetheless, mental and behavioral disorders remain widespread and burdensome, particularly among children from low-resource communities who are exposed to multiple cumulative risk factors and have insufficient protective factors (McQuillin et al., 2019; World Health Organization, 2010). Internationally, approximately 20% of youth suffer from a impairing mental health condition (Belfer, 2008), and in the United States, 50% of youth are affected by at least one mental health disorder with 22% of adolescents struggling with severe impairments (Merikangas et al., 2010). Critically, in the United States, only one-third of adoles-

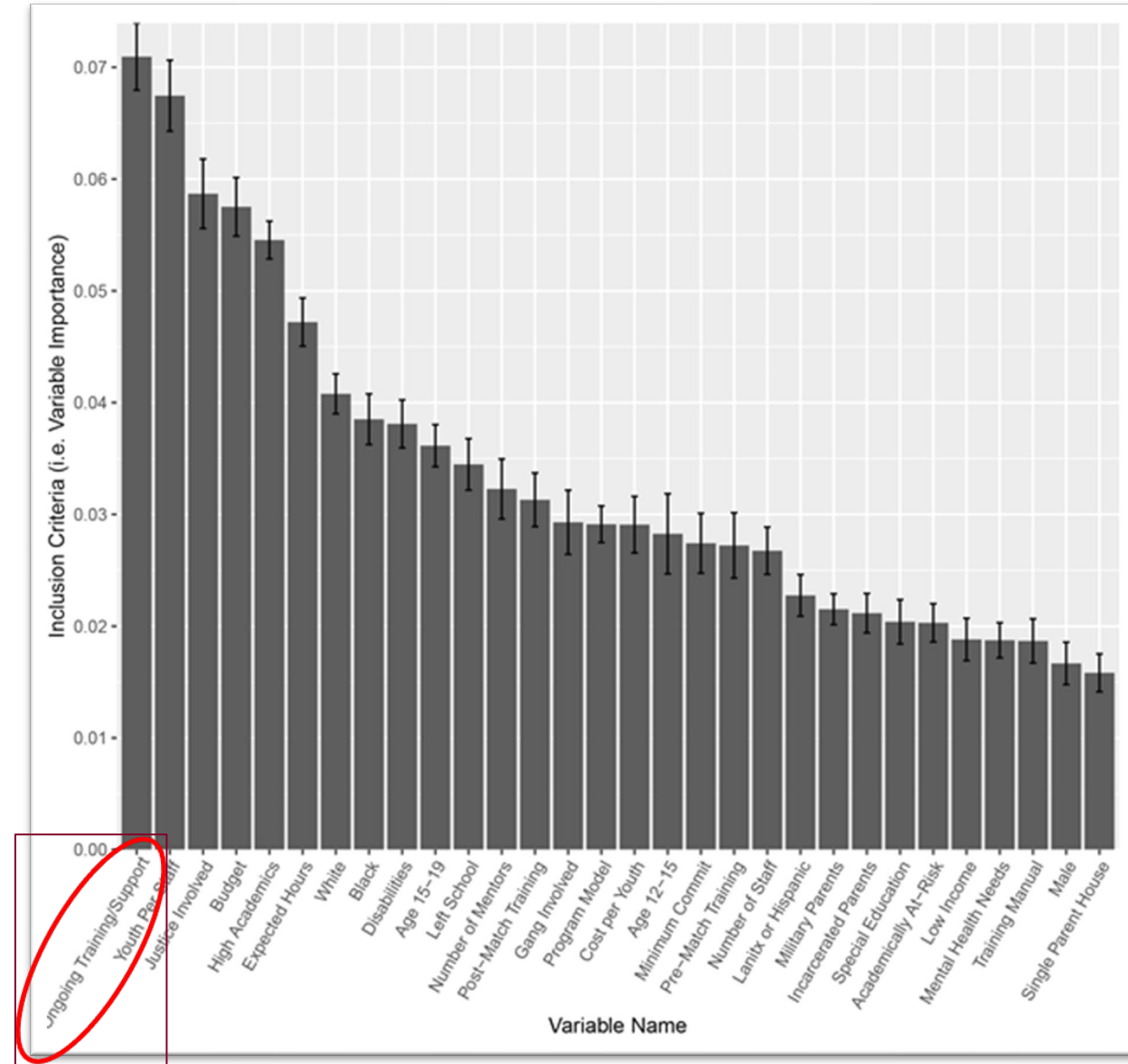
HOW TASK-SHIFTING WORKS

- Re-distributing school-based mental health professional tasks to mentors
- School-based mental health professionals supervise the mentors, further expanding their expertise and reach
- Mentors provide necessary increase in personnel to address mental and behavioral health needs of students
- By embedding mentors into a structured system like MTSS in schools, they can be leveraged to provide efficient support and strengthen the school's service delivery

THE IMPORTANCE OF SUPERVISION

Training is one of the most important program-controlled factors that influence mentoring outcomes

Ongoing, proactive training is particularly important.



(McQuillin & Lyons, 2021)



Example of this in practice



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EXAMPLE: District Partnership

- MENTOR Upstate
- Greenville Mentoring Collaborative
- Local programs
- United Way
- Schools with MTSSs or MTSS curious



EXAMPLE

OnTrack Greenville:

- Integrated partnership between 6 middle schools and feeders
- Long-term data tracking and sharing between buildings
- Strategic partnerships between community mentoring organizations and school buildings



ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Special Issue: *Mentoring: Theoretical Background, Empirical Findings, and Practical Applications*

ORIGINAL ARTICLE

Pilot randomized trial of brief school-based mentoring for middle school students with elevated disruptive behavior

Samuel D. McQuillin¹ and Heather L. McDaniel²

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We report a pilot study of a brief (i.e., 10 sessions) goal-focused mentoring program for middle school students with elevated disruptive behavior. Students with high levels of school misconduct ($n = 67$) were randomly assigned to the program or school as usual. We collected multi-informant emotional, behavioral, and academic functioning assessments pre- and postintervention. Results indicate that the program produced significant positive changes in school behavioral infractions, math grades, students' report of emotional symptoms, and school problems. Mentors found the curriculum acceptable, understood the material from the manual, found implementing the curriculum feasible, and felt the program was congruent with the school mission. Mentors of less impaired students indicated that they desired additional support implementing the manual, perhaps indicating the program is overengineered for students with higher levels of impairment. The manuscript concludes with a discussion of considerations for future research and implementation, including the importance of integrating mentoring programs into existing support systems (e.g., multitiered systems of support) within the school context.

Keywords: mentoring; school-based mentoring; at-risk youth; disruptive behavior

PILOT STUDY ON
SCHOOL-BASED
MENTORING

BRIEF-INSTRUMENTAL SCHOOL-BASED MENTORING FOR CONDUCT PROBLEMS



Universal Screening

- Data on all school misconduct



Tiered Support Systems

- PBIS
- Check-in, Check-out
- BISBM
- SPED



Progress Monitoring

- Behavioral and emotional screening system

BRIEF-INSTRUMENTAL SCHOOL-BASED MENTORING FOR CONDUCT PROBLEMS

- **Design:** RCT, students (**N=67**) randomly assigned to school supports as usual or an integrated Tier 2 BISBM
 - **Pre-post:** BESS, grades, misconduct
 - Full semester of mentoring
 - **Program**
 - **Integrated:** Mentors were supervised by school psychologist trainee, counselor, and social worker
 - Data and incidence reports were shared with mentors/program staff
 - Mentors received JITT training the day prior meeting with young people and proactive supervision on campus

Brief-Instrumental School-Based Mentoring for Conduct Problems

Intent-to-Treat				
	Math	Behavior Infractions	School Problems	Emotional Symptoms Index
Cohen's d	0.42	-0.74*	-0.58	-0.34

*Note: Other outcomes, including teacher reports were not statistically significant. *indicates the outcome is count, not Cohen's d.*

- **Usability:**
 - Mentors felt that the curriculum was acceptable and feasible. Felt that system supported them in implementing. 97% of matches completed.

A scenic view of a university campus. Large, mature trees with dense green foliage frame the scene. In the background, a yellow building with many windows is visible. The ground is covered with fallen brown leaves. A semi-transparent maroon banner is overlaid across the middle of the image.

Benefits



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BENEFITS OF INTEGRATED MENTORING



- Strengthens both educational and community organization systems
- Wider distribution of services across MTSS tiers
- Increases number of students effectively served
- Expands availability and access to services for under or unserved children



Considerations for Success



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KEY CONSIDERATIONS FOR SUCCESS



Who can I connect with to support my mentee's unique needs?



Do I know the outcome priorities of the school, and how they relate to my mentee(s)?



What type of MOU would I need to ensure I have guidance on SEBA needs of the youth in my program?

KEY CONSIDERATIONS FOR SUCCESS



How do I (or my mentors) support the efforts of the school in promoting SEBA outcomes?



Do I have access to training, support, and supervision of my mentor for promoting SEBA outcomes?



What school staff would be helpful for mentors/supervisors to routinely interact with?



What's next?



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THINGS WE ARE WORKING ON

- Public domain guides, tools, and practice models
- Certificate program for integrated mentoring through SBHA
- Continued research-practice partnerships
- Supplement akin to Elements re: Integrated Mentoring

TIERED FIDELITY INVENTORY



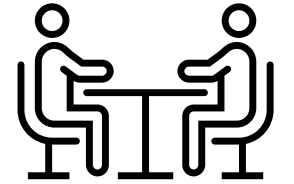
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Discussion



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DISCUSSION



- What are folks already doing that is like integrated mentoring?
- What pieces are missing?
- What are potential challenges or barriers you foresee in practically implementing integrated school mentoring?
- What would be helpful tools or resources to increase the likelihood that would be helpful to the field?

Thank you!

QUESTIONS?

YESS

UofSC Youth Empowerment
in Schools and Systems Lab

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Scan for Tip Sheet



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