School Health Services
NATIONAL QUALITY INITIATIVE
Accountability • Excellence • Sustainability
an initiative of the School-Based Health Alliance and the Center for School Mental Health

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School Mental Health Quality Assessment Tool
For Schools

INSTRUCTIONS: The School Mental Health Team Leader should complete this assessment tool, answering questions about the status of the Comprehensive School Mental Health System (CSMHS)**. CSMHS are defined as school district-community partnerships that provide a continuum of mental health services to support students, families and the school community. "Mental health services" include activities, services and supports that address social, emotional and behavioral well-being of students, **including substance use**.

School "Quality" refers to the characteristics which contribute to or directly represent the overall standard of services and supports provided in schools, based on established best practices in school mental health research, policy and practice.

** "School" refers to your school-level comprehensive school mental health system (or school CSMHS), including all school-employed, community-employed, and other partners and stakeholders, including youth and families, who comprise your team.

This School Mental Health Quality Assessment Tool is designed for your school to self-assess your system's quality. The team-based process of completing this Quality Assessment Tool is also intended to facilitate your team's communication about various aspect of school mental health quality and establish a common language about how quality improvements are pursued in your school.

We strongly recommend that the completion of this survey be done as a team process. To ensure all contributors are reflected in the report generated from this survey, please list names and roles of all contributing team members below (optional).

PRINT this assessment to see all areas you will be asked to provide data on and determine whether you need to collect any further information from your team before proceeding.

Name	**Role**

QUALITY INDICATORS

TIME FRAME: Please complete these questions for LAST SCHOOL YEAR.
(This includes all activities conducted between July 1 through June 30 of the previous year. For instance, if today's date is between July 1, 2015 through June 30, 2016, your reporting period is July 1, 2014 through June 30, 2015. Your first assessment should always report on the last school year.)

The date range for the LAST SCHOOL YEAR WILL AUTOMATICALLY SHOW UP ON YOUR REPORT unless you want to report on a different time period. **If you're reporting on a period other than the last school year (i.e., because this is not your first assessment) please enter the time period's start and end dates below.**

1. Report period **start** date if different than last school year (format: 1/14/2016):_____
2. Report period **end** date if different than last school year (format: 4/14/2016): _____

Teaming

Many schools have teams that meet to discuss and strategize about student mental health issues. Schools may have one team devoted to the full continuum of mental health supports (mental health promotion to selective and indicated intervention) or they may have multiple teams that address different parts of the continuum (e.g., school climate team, student support team, intervention/tertiary care team, Tier 2/3 team, any other team that is tasked with addressing student mental health concerns as part of their purpose). The following questions relate to any school mental health team(s) at your school.

3. To what extent was your school mental health system team **multidisciplinary** (diverse professional and non-professional team members included based on who was on the team)?

   Stakeholder groups represented in school mental health system teams may include:

   - *School health and behavioral health staff*
   - *Teachers*
   - *School administrators*
   - *Youth/Students*
   - *Parents/Families*
   - *Community health and behavioral health providers*
   - *Child welfare*
   - *Juvenile justice*
   - *Community leaders*

   1 = Not in place: Our school did not have multidisciplinary representation on our mental health team; teams were made up of individuals representing only one stakeholder group (e.g., teachers, mental health providers, administrators, youth and families).
   2 = Our school team included two stakeholder groups.
   3 = Our school team included three different stakeholder groups.
   4 = Our school team included four different stakeholder groups, including community, youth and/or family representatives.
   5 = Our school team included five different stakeholder groups, including community, youth and family representatives.
   6 = Fully in place: Our school team consistently included at least six different stakeholder groups, including representation of youth, families, school and community-employed health and mental health providers, community leaders, teachers, and school administrators.

4. To what extent did your school mental health system team(s) **avoid duplication and promote efficiency?** For example, consistent communication and coordination among various teams could be one strategy in place to avoid duplication of services.

   Best practices in school team efficiency include:
   - *Well-defined roles and responsibilities of teams and team members, with structures in place to avoid duplication of efforts*
   - *System to evaluate existing team structures, with existing team continuation and new establishment only as necessary*
   - *Overarching school shared purpose and shared goals ACROSS teams*
   - *Unique goals for distinct teams*
   - *Teams and team members understand and support each other's purpose and work*
   - *Teams and team members have a process/procedure to ensure frequent and consistent communication*
   - *Teams and team members address any confidentiality barriers to facilitate regular information sharing across and within teams*

   1 = Not in place: Our school team did not use best practices to avoid duplication and promote efficiency.
   2 = Our school ***rarely*** used best practices to avoid duplication and promote efficiency.
   3 = Our school ***sometimes*** used best practices to avoid duplication and promote efficiency.
   4 = Our school ***often*** used best practices to avoid duplication and promote efficiency.
   5 = Our school ***almost always*** used best practices to avoid duplication and promote efficiency.
   6 = Fully in place: Our school team ***always*** used best practices to avoid duplication and promote efficiency.

5. To what extent did your teams employ **best practices for meeting structure and process?**

   Best practices for meeting structure and process include:

   - *Regular team meetings*
   - *Consistent attendance*
   - *Routine schedule process*
   - *Having and using an agenda*
   - *Actionable decisions*

   1 = Not in place: Our school team did not use best practices for meeting structure and process.
   2 = Our school team ***rarely*** used best practices for meeting structure and process.
   3 = Our school team ***sometimes*** used best practices for meeting structure and process.
   4 = Our school team ***often*** used best practices for meeting structure and process.
   5 = Our school team ***almost always*** used best practices for meeting structure and process.
   6 = Fully in place: Our school team ***always*** used best practices for meeting structure and process.

6. To what extent did you have systems in place to **promote data sharing** among school mental health team members?

   Best practices in systems and strategies to promote data sharing include:
   - *Aligned data definitions*
   - *Protocols or routines for high quality data collection*
   - *Protocols or routines for tracking information*
   - *Protocols or routines for data sharing, including addressing confidentiality considerations*
   - *Data system that allows for easy and seamless data sharing*
   - *Data sharing to inform services and monitor progress and outcomes*

   1 = Not in place: Our school did not use best practices to promote data sharing.
   2 = Our school ***rarely*** used best practices to promote data sharing.
   3 = Our school ***sometimes*** used best practices to promote data sharing.
   4 = Our school ***often*** used best practices to promote data sharing.
   5 = Our school ***almost always*** used best practices to promote data sharing.
   6 = Fully in place: Our school ***always*** used best practices to promote data sharing among mental health team members.

7. To what extent were students, whose mental health needs could *not* be met in the school, referred or connected to **community resources**?

   Best practices to ensure coordinated linkage with community resources include:
   - *Up-to-date resource map with community resource information including: the name of the program or organization, description of service, website, address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, and any other unique considerations*
   - *Clear and consistent referral process to community providers to promote successful linkage including:*
     - *Referral consultation meeting with student and family to review needs, options and complete any releases of information*
     - *Direct contact with community provider to confirm referral, service availability, and facilitate a "warm hand-off"*
     - *Clear referral instructions for student and family (name of person to contact and best way to reach them)*
     - *Discussion of potential barriers to following through with referral and how to overcome them*
     - *Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers*
     - *Follow-up contact with community provider to facilitate ongoing case coordination and information sharing*

   1 = Not in place: For students whose mental health needs could not be met, our school did not use best practices to refer to community resources.
   2 = Our school ***rarely*** used best practices to facilitate referral to community resources.
   3 = Our school ***sometimes*** used best practices to facilitate referral to community resources.
   4 = Our school ***often*** used best practices to facilitate referral to community resources.
   5 = Our school ***almost always*** used best practices to facilitate referral to community resources.
   6 = Fully in place: For students whose mental health needs could not be met, our school ***always*** used best practices to facilitate referral to community resources.

Needs Assessment/Resource Mapping

Needs assessment is a collaborative process to evaluate the unique breadth, depth, and prevalence of student mental health needs in your community. Resource mapping is a method used to identify and link community and school-based resources with an agreed upon vision, organizational goals, strategies, or expected outcomes. It may also be referred to as asset mapping or environmental scanning.

1. To what extent have you conducted a **comprehensive student mental health needs assessment?**

   Best practices for a comprehensive student mental health needs assessment include:
   - *Needs assessment team that includes diverse stakeholder groups including parents, students, school and community health and mental health providers, school administrators, administrative staff and teachers*
   - *Review of existing relevant data such as: office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates*
   - *Identification of additional data that might be of use and process to gather it*
   - *Analysis of data to:*
     - *Determine most pressing needs impacting most students (Tier 1), some students (Tier 2), and just a few students (Tier 3)*
     - *Determine patterns of needs including emotional/behavioral needs, medical needs, basic needs (e.g., food), child developmental level, social support, financial needs, cultural beliefs, child and family strengths, demands, values, and functioning*

   1 = Not in place: Our school has not conducted a student mental health needs assessment.
   2 = Our school ***rarely*** used best practices to conduct a comprehensive student mental health needs assessment.
   3 = Our school ***sometimes*** used best practices to conduct a comprehensive student mental health needs assessment.
   4 = Our school ***often*** used best practices to conduct a comprehensive student mental health needs assessment.
   5 = Our school ***almost always*** used best practices to conduct a comprehensive student mental health needs assessment.
   6 = Fully in place: Our school ***always*** used best practices to conduct a comprehensive mental health needs assessment.

2. To what extent did you utilize your needs assessment to **inform decisions about school mental health service planning (program selection, service array) and implementation?**

   Best practices in needs assessment utilization to inform decisions about school mental health service planning and implementation include:
   - *Comprehensive needs assessment report*
   - *Readily accessible to all stakeholders*
   - *Diverse stakeholder teams utilize needs assessment report in consistent ways to inform decisions about school mental health service planning and implementation including program selection and service array*

   N/A = We did not have a student mental health needs assessment.
   1 = Not in place: Our school did not use best practices to utilize our needs assessment to inform decisions.
   2 = Our school ***rarely*** used best practices to utilize our needs assessment to inform decisions.
   3 = Our school ***sometimes*** used best practices to utilize our needs assessment to inform decisions.
   4 = Our school ***often*** used best practices to utilize our needs assessment to inform decisions.
   5 = Our school ***almost always*** used best practices to utilize our needs assessment to inform decisions.
   6 = Fully in place: Our school ***always*** used best practices to utilize our needs assessment to inform decisions.

3. To what extent have you conducted resource mapping to identify **existing school and community mental health services and supports**?

   Best practices in resource mapping to identify existing school and community mental health services and supports include:
   - *Using multiple sources to identify what resources are already available to students and families including: internet search engines, SAMHSA's Behavioral Health Treatment Services locator, 211 from the United Way*
   - *Creating and fostering school-community partnerships to ensure ongoing communication about programs, services, and/or new organizations available to students/families*
   - *Comprehensive resource map that includes data about each resource including: the name of the program or organization, description of service, website, address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, and any other unique considerations*
   - *Resource map is easily accessible to diverse stakeholder groups*
   - *Process to regularly update resource map*
   - *Process to evaluate and improve the utility of the resource map*

   1 = Not in place: Our school did not conduct resource mapping of existing school and community mental health services and supports.
   2 = Our school ***rarely*** used best practices to conduct resource mapping.
   3 = Our school ***sometimes*** used best practices to conduct resource mapping.
   4 = Our school ***often*** used best practices to conduct resource mapping.
   5 = Our school ***almost always*** used best practices to conduct resource mapping.
   6 = Fully in place: Our school ***always*** used best practices to conduct resource mapping to identify existing school and community mental health services and supports.

4. To what extent did you utilize resource mapping to **inform decisions about school mental health service planning (program selection, service array) and implementation?**

   Best practices in resource map utilization to inform decisions about school mental health service planning and implementation include:
   - *Electronic, comprehensive resource map*
   - *Resource map easily accessible to all stakeholders*
   - *Diverse stakeholder teams utilize resource map in consistent ways to inform decisions about school mental health service planning and implementation including program selection and service array.*

   N/A = We did not conduct resource mapping.
   1 = Not in place: Our school did not use best practices to utilize resource mapping to inform decisions.
   2 = Our school ***rarely*** used best practices to utilize resource mapping to inform decisions.
   3 = Our school ***sometimes*** used best practices to utilize resource mapping to inform decisions.
   4 = Our school ***often*** used best practices to utilize resource mapping to inform decisions.
   5 = Our school ***almost always*** used best practices to utilize resource mapping to inform decisions.
   6 = Fully in place: Our school ***always*** used best practices to utilize our resource mapping to inform decisions.

Screening

Screening is the assessment of students to determine whether they may be at risk for a mental health concern.

During last school year:

1. How many students were enrolled in grades K-12?

2. **Of the students in your school, how many were screened for mental health concerns of any type?**
   Screening is defined as using a tool or process in which each individual student's mental heatlh functioning is rated to identify students at risk for or having mental health problems. [NUMERIC RESPONSE]_____

3. Based on this screening process, what was the total number of students **identified as being at-risk for or having mental health problems** that interfered with functioning in their home, school, and/or community? [NUMERIC RESPONSE]_____

4. Based on this screening process, what was the number of unduplicated students who had a school mental health service (in-person contact with school-employed or community-partnered mental health professional) within seven (7) days of identification of being at-risk for or having a mental health problem? [NUMERIC RESPONSE] _____

Of those students who were screened, how many received:

5. **Depression** screening? [NUMERIC RESPONSE] _____

6. If more than 0, what tool(s) did you administer? _____

7. **Suicidality** screening? [NUMERIC RESPONSE] _____

8. If more than 0, what tool(s) did you administer? _____

9. **Substance use** screening?_ [NUMERIC RESPONSE] _____

10. If more than 0, what tool(s) did you administer? _____

11. **Trauma** screening?_ [NUMERIC RESPONSE] _____

12. If more than 0, what tool(s) did you administer? _____

13. **Anxiety** screening?_ [NUMERIC RESPONSE] _____

14. If more than 0, what tool(s) did you administer? _____

15. **General mental health** screening (covers various risk factors and symptoms)?
[NUMERIC RESPONSE] _____

16. If more than 0, what tool(s) did you administer? _____

17. **Other mental health** screening (e.g., ADHD, conduct, life satisfaction, academic engagement, sense of safety at school, social/emotional competencies)?
[NUMERIC RESPONSE] _____

18. If more than 0, what tool(s) did you administer? _____

Evidence-Based Services and Supports

Evidence-Based Services and Supports are programs, services or supports that are based directly on scientific evidence, have been evaluated in large scale studies and have been shown to reduce symptoms and/or improve functioning. For instance, evidence-based services and supports are recognized in national evidence-based registries, such as the Substance Abuse Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs and Practices (NREPP), Blueprints for Healthy Youth Development, and Institute of Education Sciences (IES) What Works Clearinghouse (WWC). A full continuum of evidence-based services and supports within a school includes mental health promotion, selective prevention, and indicated interventions. The following questions ask about evidence-based services and supports at all three tiers.

Mental health promotion services and supports (Tier 1) *are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and wellness, which are designed to meet the needs of all students regardless of whether or not they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or at the classroom level. Please include services provided by school-employed and community-employed, school-based professionals.*

Selective services and supports (Tier 2) *to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as mental health "prevention" or "secondary" prevention services. Please include services provided by school-employed and community-employed, school-based professionals.*

Indicated services and supports (Tier 3) *to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem and displaying significant functional impairment. Sometimes these are referred to as mental health "intervention" or "tertiary" or intensive services. Please include services provided by school-employed and community-employed, school-based professionals.*

Mental Health Promotion Services & Supports (Tier 1)

Mental health promotion services and supports (Tier 1) are mental health-related activities,including promotion of positive social, emotional, and behavioral skills and wellness, which are designed to meet the needs of all students regardless of whether or not they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or at the classroom level. Please include services provided by school-employed and community-employed, school-based professionals.

Examples include school-wide assemblies, grade level or classroom presentations for all students regardless of whether or not they are at risk for mental health problems.

1. How many unduplicated* students received ***mental health promotion*** services and supports (Tier 1)?

* If a student received more than one Tier 1 service, the student should only be counted once.

[NUMERIC RESPONSE] _____

2. Among the students who received ***mental health promotion*** services and supports (Tier 1), how many students received **evidence-based** services and supports (i.e., recognized in national evidence-based registries: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples include Paths to PAX Good Behavior Game, Second Step, I Can Problem Solve, Project SUCCESS, SOS Signs of Suicide, and Botvin Lifeskills.* [NUMERIC RESPONSE] _____

3. What was the **reach** of ***mental health promotion*** services and supports (Tier 1) in your school? This question refers to how widely provided/offered *mental health promotion* (Tier 1) services were to students.

1 = Not in place: Mental health promotion services and supports were not provided in our school.

2 = Mental health promotion services and supports were available for ***1-25%*** of the school's students.

3 = Mental health promotion services and supports were available for ***26-50%*** of the school's students.

4 = Mental health promotion services and supports were available for ***51-75%*** of the school's students.

5 = Mental health promotion services and supports were available for ***75-99%*** of the school's students.

6 = Fully in place: Mental health promotion services and supports were available for ***all*** of the school's students.

4. To what extent were all of your ***mental health promotion*** services and supports (Tier 1) **evidence-based** (as recognized in national registries) in your school?

1 = Not in place: Our mental health promotion services and supports were not supported by research (e.g., we developed them internally without consideration for evidence).

2 = **1-25%** of our mental health promotion services and supports were evidenced-based.

3 = **26-50%** of our mental health promotion services and supports were evidenced-based.

4 = **51-75%** of our mental health promotion services and supports were evidenced-based.

5 = **76-99%** of our mental health promotion services and supports were evidenced-based.

6 = Fully in place: **All** of our mental health promotion services and supports were evidence-based programs recognized in national registries.

Selective Services and Supports (Tier 2)

Selective services and supports (Tier 2) to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as mental health "prevention" or "secondary" services. Please include services provided by school-employed and community-employed, school-based professionals.

Examples include small group interventions for students identified with similar risk profiles or problem areas for developing mental health problems.

1. How many unduplicated* students received ***selective mental health*** services and supports (Tier 2)?

* If a student received more than one Tier 2 service, the student should only be counted once.

[NUMERIC RESPONSE] _____

2. Among the students who received ***selective mental health*** services and supports (Tier 2), how many students received **evidence-based** services and supports (i.e., recognized in national evidence-based registries: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples include Coping Power Program, Social Skills Group Intervention (S.S. Grin), and Incredible Years*. [NUMERIC RESPONSE] _____

3. What was the **reach** of ***selective mental health*** services and supports (Tier 2) in your school? This question refers to how widely provided/offered *selective* services (Tier 2) were to students.

1 = Not in place: Selective mental health services and supports were not provided in our school.
2 = Selective mental health services and supports were available for ***1-25%*** of the school's students who needed them.
3 = Selective mental health services and supports were available for ***26-50%*** of the school's students who needed them.
4 = Selective mental health services and supports were available for ***51-75%*** of the school's students who needed them.
5 = Selective mental health services and supports were available for ***76-99%*** of the school's students who needed them.
6 = Fully in place: Selective mental health services and supports were available for ***all*** of the school's students who needed them.

4. To what extent were all of your ***selective mental health*** services and supports (Tier 2) **evidence-based** (as recognized in national registries) in your school?

1 = Not in place: Our selective mental health services and supports were not supported by research (e.g., we developed them internally without consideration for evidence).
2 = **1-25%** of our selective mental health services and supports were evidenced-based.
3 = **26-50%** of our selective mental health services and supports were evidenced-based.
4 = **51-75%** of our selective mental health services and supports were evidenced-based.
5 = **76-99%** of our selective mental health services and supports were evidenced-based.
6 = Fully in place: ***All*** of our selective mental health services and supports were evidence-based programs recognized in national registries.

Indicated Services & Supports (Tier 3)

Indicated services and supports (Tier 3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem. Sometimes these are referred to as mental health "intervention" or "tertiary" or "intensive" services. Please include services provided by school-employed and community-employed, school-based professionals.

Examples include individual, group or family therapy for general or special education students who likely meet criteria for a DSM 5 diagnosis.

1. How many unduplicated* students received ***indicated mental health*** services and supports (Tier 3)?

* If a student received more than one Tier 3 service, the student should only be counted once.

[NUMERIC RESPONSE] _____

2. Among the students who received ***indicated mental health*** services and supports (Tier 3), how many students received **evidence-based** services and supports (i.e., recognized in national evidence-based registries: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples include Trauma-Focused Cognitive Behavioral Therapy, Coping Cat, Grief and Trauma Intervention for Children, Parent-Child Interaction Therapy, Cognitive Behavioral Intervention for Trauma and Schools, Interpersonal Psychotherapy for Depressed Adolescents (IPT-A), high quality Wraparound planning, Multisystemic Therapy.* [NUMERIC RESPONSE]_____

3. What was the **reach** of ***indicated mental health*** services and supports (Tier 3) in your school? This question refers to how widely provided/offered *indicated* services (Tier 3) were to students.

1 = Not in place: Indicated mental health services and supports were not provided in our school.
2 = Indicated mental health services and supports were available for ***1-25%*** of the school's students who needed them.
3 = Indicated mental health services and supports were available for ***26-50%*** of the school's students who needed them.
4 = Indicated mental health services and supports were available for ***51-75%*** of the school's students who needed them.
5 = Indicated mental health services and supports were available for ***75-99%*** of the school's students who needed them.
6 = Fully in place: Indicated mental health services and supports were available for ***all*** school's students who needed them.

4. To what extent were all of your ***indicated mental health*** services and supports (Tier 3) **evidence-based** (as recognized in national registries) in your school?

1 = Not in place: Our indicated mental health services and supports were not supported by research (e.g., we developed them internally without consideration for evidence).
2 = **1-25%** of our indicated mental health services and supports were evidenced-based.
3 = **26-50%** of our indicated mental health services and supports were evidenced-based.
4 = **51-75%** of our indicated mental health services and supports were evidenced-based.
5 = **76-99%** of our indicated mental health services and supports were evidenced-based.
6 = Fully in place: ***All*** of our indicated mental health services and supports were evidence-based programs recognized in national registries.

Evidence-Based Implementation

Evidence-based implementation is the integration of research findings from implementation science to school mental health care policy, practice, and operations.

1. To what extent did your school have **a system in place** for determining whether a mental health service or support under consideration was **evidence-based**?

   Best practices for determining whether a school mental health service or support is evidence-based includes:
   - *EBP selection committee with diverse stakeholder groups including school mental health providers, administrators, teachers, students and parents*
   - *EBP selection process and policy*
   - *Utilization of national EBP registries – e.g., NREPP, Blueprints, OJJDP/Crimesolutions.gov, What Works Clearinghouse*
   - *Review of national EBP registries and relevant research literature to determine that:*
     - *Randomized controlled trials (RCTs) for the EBP demonstrate valued outcomes*
     - *Valued outcomes have been demonstrated by others than the treatment developers*
     - *The samples are comparable to the intended population*
     - *The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting*
     - *The outcomes are consistent with those valued and prioritized by the school*

   1 = Not in place: Our school did not have a system for determining whether mental health supports and services were evidence-based.
   2 = Our school ***rarely*** used best practices for determining whether a mental health service or support was evidence-based.
   3 = Our school ***sometimes*** used best practices for determining whether a mental health service or support was evidence-based.
   4 = Our school ***often*** used best practices for determining whether a mental health service or support was evidence-based.
   5 = Our school ***almost always*** used best practices for determining whether a mental health service or support was evidence-based.
   6 = Fully in place: Our school ***always*** used best practices to determine whether all mental health services and supports under consideration for implementation were evidence-based.

2. To what extent did your school's evidence-based mental health services and supports **fit the unique strengths, needs and cultural/linguistic considerations** of students and families in your school? This might have been achieved by selecting practices which fit your students, were tested with your population, and/or you adapted it to fit.

   Best practices for identifying practices that fit the unique strengths and needs of students and families in a school include:
   - *EBP selection committee with diverse stakeholder groups including school mental health providers, school administrators, teachers, students and parents.*
   - *Review of school's population including:*
     - *Gender*
     - *Age*
     - *Ethnicity*
     - *Cultural background*
     - *Language*
     - *Sexual orientation*
     - *Socioeconomic status*
   - *Review of school's mental health needs and strengths*
   - *Review of costs associated with EBP implementation*
   - *Evaluation of short and long-term training requirements and qualifications needed to implement practice with fidelity*
   - *Pilot test of practice with school population*
   - *Adaptation of practice to fit school population's unique considerations*

   N/A = We did not have EBPs in our school last year.
   1 = Not in place: Our school did not assess whether our EBPs fit the unique strengths, needs, or cultural/linguistic considerations of students and families.
   2 = Our school ***rarely*** used best practices for determining whether our EBPs fit the unique considerations of students and families.
   3 = Our school ***sometimes*** used best practices for determining whether our EBPs fit the unique considerations of students and families.
   4 = Our school ***often*** used best practices for determining whether our EBPs fit the unique considerations of students and families.
   5 = Our school ***almost always*** used best practices for determining whether our EBPs fit the unique considerations of students and families.
   6 = Fully in place: Our school ***always*** used best practices for determining whether our EBPs fit the unique strengths, needs and cultural/linguistic considerations of students and families.

3. To what extent did you utilize **best practices to support training and implementation** of evidence-based practices?

   "Best practices" to support training and implementation generally exceed the distribution of materials only and/or a one-time didactic training without follow-up support.

   Best practices in training and implementation include trainings that are interactive in nature (with opportunity for skills practice, role plays, action planning) and ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback).

   N/A = We did not have EBPs in our school last year.
   1 = Not in place: Our school did not use best practices to support training and implementation of EBPs.
   2 = Our school ***rarely*** used best practices to support training and implementation of EBPs.
   3 = Our school ***sometimes*** used best practices to support training and implementation of EBPs.
   4 = Our school ***often*** used best practices to support training and implementation of EBPs.
   5 = Our school ***almost always*** used best practices to support training and implementation of EBPs.
   6 = Fully in place: Our school ***always*** used best practices, including interactive trainings, ongoing support, and corrective feedback, to train our staff on mental health services and supports.

Student Outcomes and Data Systems

Student Outcomes and Data Systems captures information about school mental health services, outcomes and data systems.

Mental health promotion services and supports (Tier 1) *are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and wellness, which are designed to meet the needs of all students regardless of whether or not they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or at the classroom level. Please include services provided by school-employed and community-employed, school-based staff.*

1. For how many unduplicated* students who received mental health promotion services and supports (Tier 1) in the past year do you have **documented improvement in academic functioning**? *Examples of documented improvement might include grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, IEP review etc.*
   * If a student received more than one Tier 1 service, the student should only be counted once.
   [NUMERIC RESPONSE]_____

2. For how many unduplicated* students who received mental health promotion services and supports (Tier 1) in the past year do you have **documented improvement in psychosocial functioning**? *Examples of documented improvement might include screening, assessment and/or progress monitoring data collected from students, families and/or teachers which demonstrate improvements in social-emotional wellness, mental health functioning,and/or target problem areas.*
   * If a student received more than one Tier 1 service, the student should only be counted once.
   [NUMERIC RESPONSE]_____

Selective services and supports (Tier 2) *to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as mental health "prevention" or "secondary" prevention services. Please include services provided by school-employed and community-employed, school-based staff.*

3. For how many unduplicated* students who received selective mental health services and supports (Tier 2) in the past year do you have **documented improvement in academic functioning**? *Examples of documented improvement might include grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, IEP review etc*.
   * If a student received more than one Tier 2 service, the student should only be counted once.
   [NUMERIC RESPONSE]_____

4. For how many unduplicated* students who received selective mental health services and supports (Tier 2) in the past year do you have **documented improvement in psychosocial functioning**? *Examples of documented improvement might include screening, assessment and/or progress monitoring data collected from students, families and/or teachers which demonstrate improvements in social-emotional wellness, mental health functioning,and/or target problem areas.*
   * If a student received more than one Tier 2 service, the student should only be counted once.
   [NUMERIC RESPONSE]_____

Indicated services and supports (Tier 3) *to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem. Sometimes these are referred to as mental health "intervention" or "tertiary" or intensive services. Please include services provided by school-employed and community-employed, school-based staff.*

5. For how many unduplicated* students who received indicated mental health services and supports (Tier 3) in the past year do you have **documented improvement in academic functioning**? *Examples of documented improvement might include grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, IEP review etc.*
   * If a student received more than one Tier 3 service, the student should only be counted once.
   [NUMERIC RESPONSE] _____

6. For how many unduplicated* students who received indicated mental health services and supports (Tier 3) in the past year do you have **documented improvement in psychosocial functioning**? *Examples of documented improvement might include screening, assessment and/or progress monitoring data collected from students, families and/or teachers which demonstrate improvements in social-emotional wellness, mental health functioning,and/or target problem areas.*
   * If a student received more than one Tier 3 service, the student should only be counted once.
   [NUMERIC RESPONSE] _____

7. What was the total number of unduplicated* students who received at least one Tier 2 or Tier 3 school mental health service last year? *The provider can be school or community-employed.*
   * If a student received more than one Tier 2 or Tier 3 service, the student should only be counted once.
   [NUMERIC RESPONSE] _____

Other student outcomes:

1. What was the total number of mental health service **referrals made** for students to receive mental health services inside of the school building? *Please include referrals and recommendations made by school-employed and community-employed, school-based staff, as well as any other connections to services requested by families.* [NUMERIC RESPONSE] __

2. What was the total number of mental health service **referrals which resulted in** students receiving mental health services inside of the school building?
   [NUMERIC RESPONSE] _____

3. Number of unduplicated students who had a school mental health service (in-person contact with school-employed or community-partnered mental health professional) within seven (7) days of being referred for mental health services inside of the school building.
   [NUMERIC RESPONSE] _____

4. What was the total number of mental health service **referrals made** for students to receive mental health services outside of the school building? *Please include referrals and recommendations made by school-employed and community-employed, school-based staff, as well as any other connections to services requested by families.*
   [NUMERIC RESPONSE] _____

5. What was the total number of mental health service **referrals which resulted in** students receiving mental health services outside of the school building?
   [NUMERIC RESPONSE] _____

6. Number of unduplicated students who had a school mental health service (in-person contact with school-employed or community-partnered mental health professional) within seven (7) days of being referred for mental health services outside of the school building.
   [NUMERIC RESPONSE] _____

7. Number of students placed out of district (including treatment center, alternative school placement, etc.) related to their mental health. This includes students placed out-of-district based on a special education classification, such as Emotional Disturbance.
   [NUMERIC RESPONSE] _____

8. Number of students admitted for inpatient psychiatric hospitalization (actual admissions, not to include Emergency Room visit only). [NUMERIC RESPONSE] _____

9. If you do not have data sources or systems in place to track one or more of the above questions, please indicate your primary barrier(s):
   - *Inability to share data across systems (such as school system and community mental health provider)*
   - *Lack of staffing capacity*
   - *Lack of technological options/infrastructure*
   - *Lack of knowledge, training, time to create a data collection system*
   - *Other, please describe:*

     _____

Data-Driven Decision Making

Data-Driven Decision Making (DDDM) is the process of using observations and other relevant data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health promotion to selective and indicated intervention).

1. To what extent did you **use data (through screening or another process) to determine what mental health interventions were needed by students?** Examples include mental health screening, climate surveys, attendance, discipline referrals, classroom observational data.

   Best practices in using data to match mental health interventions with student need include:
   - *Use of multiple data sources*
   - *Use of validated screening/assessment/survey tool(s) appropriate to your student population*
   - *Consistent and systematic process of using screening and assessment data to "triage" students into appropriate levels of support*

   1 = Not in place: Our school did not use best practices to utilize data to identify students for mental health services and supports.
   2 = Our school ***rarely*** used best practices to utilize data to identify students for mental health services and supports.
   3 = Our school ***sometimes*** used best practices to utilize data to identify students for mental health services and supports.
   4 = Our school ***often*** used best practices to utilize data to identify students for mental health services and supports.
   5 = Our school ***almost always*** used best practices to utilize data to identify students for mental health services and supports.
   6 = Fully in place: Our school ***always*** used best practices to utilize data to identify students for mental health services and supports.

2. To what extent did you have a system for school teams to **monitor individual student progress across tiers**? For example, stepping students up or down between tiers based on progress monitoring data.

   Best practices in monitoring individual student progress across tiers include:
   - *Use of multiple data sources*
   - *Use of validated assessment tool(s)*
   - *Consistent and systematic process of using screening and assessment data to move students between levels of support as needs change*

   1 = Not in place: Our school did not use best practices to monitor individual student progress.
   2 = Our school ***rarely*** used best practices to monitor individual student progress.
   3 = Our school ***sometimes*** used best practices to monitor individual student progress.
   4 = Our school ***often*** used best practices to monitor individual student progress.
   5 = Our school ***almost always*** used best practices to monitor individual student progress.
   6 = Fully in place: Our school ***always*** used best practices to monitor individual student progress.

3. To what extent did you have a system to **monitor fidelity of intervention implementation across tiers**?

   Best practices for fidelity of intervention implementation across tiers include having tools, procedures and resources to measure:
   - *Adherence to intervention content (what is being implemented)*
   - *Quality of program delivery (manner in which facilitator delivers/implements program)*
   - *Logistics (conducive implementation environment, number/length of sessions implemented)*

   1 = Our school did not use best practices to measure the fidelity of intervention implementation.
   2 = Our school ***rarely*** used best practices to measure the fidelity of intervention implementation.
   3 = Our school ***sometimes*** used best practices to measure the fidelity of intervention implementation.
   4 = Our school ***often*** used best practices to measure the fidelity of intervention implementation.
   5 = Our school ***almost always*** used best practices to measure the fidelity of intervention implementation.
   6 = Fully in place: Our school ***always*** used best practices to measure the fidelity of intervention implementation.

4. To what extent did you have a system in place for **aggregating student mental health service and support data** to share with stakeholders (e.g., district, school board, local and state education authority, funders, service providers) and make decisions about mental health service planning and implementation?

   Best practices for aggregating and using student mental health service and support data include:
   - *Uniform data definitions*
   - *Uniform data collection procedures*
   - *Central data collection system*
   - *Tracking and analysis of multiple outcomes salient to each specific service/support including both mental health and educational outcomes.*
   - *Uniform process to analyze and review data on a consistent basis (monthly, quarterly, annually).*
   - *Process/protocol to share tailored data reports with diverse stakeholder groups including school board, local and state education authority, funders, service providers, school staff, students and families*
   - *Process/protocol to use aggregated data at each tier to make decisions about mental health service implementation and planning*

   1 = Not in place: Our school did not use best practices for aggregating data to share and make decisions about mental health services or supports.
   2 = Our school ***rarely*** used best practices for aggregating data to share and make decisions about mental health services or supports.
   3 = Our school ***sometimes*** used best practices for aggregating data to share and make decisions about mental health services or supports.
   4 = Our school ***often*** used best practices for aggregating data to share and make decisions about mental health services or supports.
   5 = Our school ***almost always*** used best practices for aggregating data to share and make decisions about mental health services or supports.
   6 = Fully in place: Our school ***always*** used best practices for aggregating data to share and make decisions about mental health services or supports.

5. To what extent did you have a system in place for **disaggregating student mental health service and support data** to examine student level outcomes based on sub population characteristics (e.g., ability to examine mental health or other progress and outcome data divided up by student age, free and reduced price lunch, racial/ethnic groups)?

   1 = Not in place: Our school did not use best practices to disaggregate student mental health service and support data to examine student level outcomes by sub population characteristics.
   2 = Our school ***rarely*** used best practices for disaggregating and using student mental health service and support data.
   3 = Our school ***sometimes*** used best practices for disaggregating and using student mental health service and support data.
   4 = Our school ***often*** used best practices for disaggregating and using student mental health service and support data.
   5 = Our school ***almost always*** used best practices for disaggregating and using student mental health service and support data.
   6 = Fully in place: Our school ***always*** used best practices for disaggregating and using student mental health service and support data.

Thank you for completing the Quality Self-Assessment!

Standardized performance measurement is very new to the field of behavioral health, particularly school mental health. We would like to follow-up with some schools about their responses to understand how these indicators are working. May we contact you with follow-up questions about your answers to this self-assessment?

If yes, what is your preferred method of contact?
Phone: _____
Email: _____