School Mental Health Quality Assessment Tool
For Schools

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This is an ABBREVIATED version of the Quality Assessment.
Visit www.theSHAPEsystem.com to register your school and then complete and score this
form electronically on our interactive, user-friendly platform.
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INSTRUCTIONS: School mental health teams should work together to complete this assessment
tool, answering questions about the Comprehensive School Mental Health System (CSMHS) in
their school. Follow these steps:
1. Register your school with The SHAPE System.
2. Identify your SHAPE team (i.e., new or existing team to inform your responses).
3. Prepare your SHAPE team (i.e., convene team, explain purpose, decide how to proceed).
4. Invite SHAPE team members to your account (this is optional, but helpful).
5. Complete this tool as a team process. We recommend you PRINT this tool, divide the
   sections among your team and/or have team members review tools or answer questions
   before you convene as a group to discuss your responses. One person will need to enter the
   final responses in your SHAPE account (estimated data entry time = 20 minutes).
6. Use customized reports and resources to identify and prioritize the top 1 or 2 areas of school
   mental health that your team would like to focus quality improvement efforts.

What if we have difficulty answering a question?
If you don’t have the data to report, you can skip the
question. Also, many teams start out with low scores,
AND no team can tackle all parts of their CSMHS at
once or in a given school year. This assessment should
be used as a quality improvement tool to facilitate
structured conversations, strategic planning, metric for
team reassessment, and to optimize the quality of all
aspects of your CSMH over time.

TIME FRAME: If this is your first assessment, we recommend you answer all questions for LAST SCHOOL YEAR.
However, your team can choose any time frame that best suits your quality improvement and self-assessment process.

Definitions
“CSMHS” refers to any school district-community partnership that provides a full
continuum of mental health services to support students, families and the school
community. All school-employed, community-employed, and other partners
and stakeholders, including youth and families, are included in the CSMHS.

“Mental health services” are broadly defined as any activities, services and supports that
address social, emotional and behavioral well-being of students, including substance
use.

“School Mental Health 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.
QUALITY INDICATORS

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.

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

   1. Not in place
   2. Rarely
   3. Sometimes
   4. Often
   5. Almost always
   6. Always

2. To what extent did your school mental health 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.

   1. Not in place
   2. Rarely
   3. Sometimes
   4. Often
   5. Almost always
   6. Always

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

   1. Not in place
   2. Rarely
   3. Sometimes
   4. Often
   5. Almost always
   6. Always

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

   1. Not in place
   2. Rarely
   3. Sometimes
   4. Often
   5. Almost always
   6. Always

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

   1. Not in place
   2. Rarely
   3. Sometimes
   4. Often
   5. Almost always
   6. Always
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?

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2. To what extent did you utilize your needs assessment to inform decisions about school mental health service planning?

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

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4. To what extent did you utilize resource mapping to inform decisions about school mental health service planning and implementation?

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Screening

Screening is the assessment of students to determine whether they may be at risk for a mental health concern. This can be accomplished with a systematic tool or process, including standardized student-report, parent-report, teacher-report measures, examining (deidentified, aggregate) mental health surveillance data, or a structured teacher nomination process. Screening is assessment in the absence of known risk factors.

1. How many students were enrolled in grades K-12 for the timeframe you’re reporting on? ______________

2. Of the students in your school, how many were screened for mental health concerns of any type? ______________

3. Based on this screening process, what was the total number of students identified as being at-risk for or having mental health problems? ______________

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? ______________

Of those students who were screened, how many received:

5. Depression screening? ______________
   6. If more than 0, what tool(s) did you administer? ______________

7. Suicidality screening? ______________
   8. If more than 0, what tool(s) did you administer? ______________

9. Substance use screening? ______________
   10. If more than 0, what tool(s) did you administer? ______________

11. Trauma screening? ______________
   12. If more than 0, what tool(s) did you administer? ______________

13. Anxiety screening? ______________
   14. If more than 0, what tool(s) did you administer? ______________

15. General mental health screening (covers various risk factors and symptoms)? ______________
   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)? ______________
   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.

### Definitions

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<tr>
<th>Type of Service</th>
<th>Description</th>
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<tr>
<td>Mental health promotion services</td>
<td>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.</td>
<td>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.</td>
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<td>Selective services and supports</td>
<td>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.</td>
<td>Examples include small group interventions for students identified with similar risk profiles or problem areas for developing mental health problems.</td>
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<td>Indicated services and supports</td>
<td>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.</td>
<td>Examples include individual, group or family therapy for general or special education students who have identified, and often diagnosed, social, emotional and/or behavioral needs.</td>
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Mental Health Promotion Services & Supports (Tier 1)

1. What was the reach of Tier 1 services and supports in your school?
   This question refers to how widely provided/offered Tier 1 services & supports were to students.

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2. To what extent were all of your Tier 1 services and supports evidence-based (as recognized in national registries) in your district?

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Selective Services and Supports (Tier 2)

3. What was the reach of Tier 2 services and supports in your school?
   This question refers to how widely provided/offered Tier 2 services & supports were to students.

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

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Indicated Services & Supports (Tier 3)

5. What was the reach of Tier 3 services and supports in your school?
   This question refers to how widely provided/offered Tier 3 services & supports were to students.

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

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Evidence-based implementation is the integration of research findings from implementation science to support the adoption, ongoing implementation, and sustainment of school mental health care policies, practice, and operations. This includes systems that support district-level decision making about which evidence-based practices to introduce, adopt, and support in schools.

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?

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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?

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

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Student Outcomes and Data Systems includes information about the school mental health services that are provided, as well as student outcomes and data systems.

Mental health promotion services and supports (Tier 1)

1. How many unduplicated* students received Tier 1 services and supports?  
   **Optional__________________

2. Among the students who received Tier 1 services and supports, how many students received evidence-based services and supports (i.e., recognized in national evidence-based registries)? **Optional__________________

3. For how many unduplicated* students who received Tier 1 services and supports in the past year do you have documented improvement in academic functioning? Examples of documented improvement: grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, etc. for your entire student body.__________________

4. For how many unduplicated* students who received Tier 1 services and supports in the past year do you have documented improvement in psychosocial functioning? Examples of documented improvement: screening or other whole-school assessment data indicating student social-emotional wellness.__________________

Selective services and supports (Tier 2)

5. How many unduplicated* students received Tier 2 services and supports?  
   **Optional__________________

6. Among the students who received Tier 2 services and supports, how many students received evidence-based services and supports (i.e., recognized in national evidence-based registries)? **Optional__________________

7. For how many unduplicated* students who received Tier 2 services and supports in the past year do you have documented improvement in academic functioning?___________

8. For how many unduplicated* students who received Tier 2 services and supports in the past year do you have documented improvement in psychosocial functioning?__________

* If a student received more than one Tier of service, the student should only be counted once.
9. How many unduplicated* students received Tier 3 services and supports?** Optional

10. Among the students who received Tier 3 services and supports, how many students received evidence-based services and supports (i.e., recognized in national evidence-based registries)?** Optional

11. For how many unduplicated* students who received Tier 3 services and supports in the past year do you have documented improvement in academic functioning?

12. For how many unduplicated* students who received Tier 3 services and supports in the past year do you have documented improvement in psychosocial functioning?

13. 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 of service, the student should only be counted once.
Other student outcomes:
14. Number of mental health service referrals made for students to receive mental health services inside of the school building? Please include referrals & recommendations made by school-employed & community-employed, school-based staff, as well as any other connections to services requested by families.________________

15. Number of mental health service referrals which resulted in students receiving mental health services inside of the school building?________________________

16. 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.________________________

17. Number of mental health service referrals made for students to receive mental health services outside of the school building? Please include referrals & recommendations made by school-employed & community-employed, school-based staff, as well as any other connections to services requested by families.________________________

18. What was the total number of mental health service referrals which resulted in students receiving mental health services outside of the school building?________________________

19. 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.____________

20. 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.____

21. Number of students admitted for inpatient psychiatric hospitalization (actual admissions, not to include Emergency Room visit only).________________________

22. 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):
   o Inability to share data across systems (school system & community mental health provider)
   o Lack of staffing capacity
   o Lack of technological options/infrastructure
   o Lack of knowledge, training, time to create a data collection system
   o 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?

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2. To what extent did you have a system for school teams to monitor individual student progress across tiers?

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

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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?

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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?

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