



# 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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**PLEASE GO TO [www.theSHAPEsystem.com](http://www.theSHAPEsystem.com) TO COMPLETE THIS FORM  
ELECTRONICALLY ON OUR INTERACTIVE, USER-FRIENDLY PLATFORM.  
BE COUNTED!**

**IMPROVE YOUR SCHOOL MENTAL HEALTH QUALITY AND SUSTAINABILITY!**

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## School Mental Health Profile For School Districts

Welcome to the School Mental Health Profile, a way for the schools in your district to document the structure and operations of their 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 the social, emotional and behavioral well-being of students, **including substance use**.

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

This Profile is part of the National School Mental Health Census, an effort to capture the current status of school mental health nationally. Complete your School Mental Health Profile TODAY to access the SHAPE System, a free, web-based tool to improve the quality and sustainability of your district.

You may PRINT a blank version of this form for reference.

### **How do I answer for ALL the schools in our district?**

We anticipate most districts will have schools with a range of progress in school mental health, a variety of data collection and reporting strategies, and other characteristics queried on this profile. However, we ask that you do your best to respond based on your district as a whole based on the data you have access to and can estimate.

**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): \_\_\_\_\_

**I. SHAPE SYSTEM LEADER INFORMATION**

Your Name: \_\_\_\_\_  
Your Title: \_\_\_\_\_  
Your Email Address: \_\_\_\_\_  
Your Phone Number: \_\_\_\_\_  
Your Title: \_\_\_\_\_

*Please list two other SHAPE System team members we could contact if we are unable to reach you:*

Alternate team member #1

Name:  
Title:  
Email:  
Phone:

Alternate team member #2

Name:  
Title:  
Email:  
Phone:

## II. DISTRICT INFORMATION

Grades Served (select all that apply):

- Kindergarten
- 1<sup>st</sup> grade
- 2<sup>nd</sup> grade
- 3<sup>rd</sup> grade
- 4<sup>th</sup> grade
- 5<sup>th</sup> grade
- 6<sup>th</sup> grade
- 7<sup>th</sup> grade
- 8<sup>th</sup> grade
- 9<sup>th</sup> grade
- 10<sup>th</sup> grade
- 11<sup>th</sup> grade
- 12<sup>th</sup> grade
- All of the above

Number of schools in your District last school year: \_\_\_\_\_

Number of students enrolled in grades K-12 last school year: \_\_\_\_\_

### III. SCHOOL MENTAL HEALTH SYSTEM – STUDENTS SERVED AND DATA SYSTEMS

**To the best of your knowledge, what is included in your district (check all that apply):?**

- Universal mental health screening and assessment
- Universal mental health promotion services and supports at the school or grade level (Tier 1)
- Selective services and prevention supports to students identified as being at risk for mental health concerns (Tier 2)
- Indicated, individualized services and supports for students identified with mental health concerns (Tier 3)
- Evidence-based practices and programs (as identified in national evidence-based registries)
- Community partnerships to augment school mental health services and supports provided by the school system
- Quality improvement process used to understand and improve the comprehensive school mental health system

Indicate which of the following data points your District collected last year and how those data were used.  
(SMH = school mental health)

Data point	Did you collect it last year?		How was it used? (select all that apply)				
	Yes	No	Identify students for mental health risk	Match/triage students to SMH service delivery	Track individual student progress in SMH interventions	Monitor/ evaluate SMH system outcomes	Was collected but not used for SMH services last year
Attendance							
Grades							
Office discipline referrals							
Out of school suspensions							
Mental health functioning							
School climate							
Other (please describe): _____							
Other (please describe): _____							

**IV. SCHOOL MENTAL HEALTH SYSTEM – DISTRICT STAFFING**

Indicate which of the following professionals comprised your team at the district level last school year and provide some information about your staffing.

Team Member	We DID NOT have this team member in our district	We DID have this type of team member			
		School or School District Employed		Not school or school district employed (e.g., community mental health partner employed)	
		How many team members of this type in your district?	TOTAL FTE*	How many team members of this type in your district?	TOTAL FTE*
Behavioral Specialist					
Case Manager/ Care Coordinator					
Community Behavioral Health Worker					
Community Mental Health Supervisor/ Director					
Cultural Liaison/Promotora					
Family Support Partner (Family Member)					
Nurse Practitioner					
Occupational Therapist					
Parent Liaison or Parent Engagement					
Peer Mediator					
Physician (Pediatrician, Family Medicine, etc.)					
Physician Assistant					
Professional Counselor					
Psychiatrist					
Psychologist					

School Administrator (e.g., Principal, Assistant Principal)					
School Counselor					
School District Leader					
School Guidance Counselor					
School Nurse					
School Physician					
School Psychologist					
School Resource Officer					
School Social Worker					
Social Worker					
Speech/Language Therapist					
State Department of Child Welfare Representative					
State Department of Education Representative					
State Department of Juvenile Justice Representative					
Substance Abuse Specialist					
Trainee (e.g., counseling, psychiatry, psychology, social					
Youth/Family Advocate					

\*To calculate total Full Time Equivalent (FTE), add together FTE for every team member in this category. Each day per week = .2 FTE. A full-time employee who works 40 hours per week (5 days) = 1.0 FTE. For example, if you had 3 school-employed behavioral specialists in your district and two work full time but one works 2.5 days per week (part time), the total FTE for 3 school-employed behavioral specialists would be  $1.0 + 1.0 + 0.5 = 2.5$

1. Is there **another type of team member**? (Y/N)

○ If yes,

- What is the team member's role? \_\_\_\_\_
- How many are school or school district employed? \_\_\_\_\_
- What is the school or school district employed total FTE? \_\_\_\_\_
- How many are NOT school or school district employed? \_\_\_\_\_
- What is the NON-school or school district employed total FTE? \_\_\_\_\_

2. Is there **another type of team member**? (Y/N)

○ If yes,

- What is the team member's role? \_\_\_\_\_
- How many are school or school district employed? \_\_\_\_\_
- What is the school or school district employed total FTE? \_\_\_\_\_
- How many are NOT school or school district employed? \_\_\_\_\_
- What is the NON-school or school district employed total FTE? \_\_\_\_\_



**V. SCHOOL MENTAL HEALTH SYSTEM – SERVICES PROVIDED**

**TIME FRAME: Please complete these questions for LAST SCHOOL YEAR.**

Did your district’s school mental health system provide tiered services and supports or referral for any of the following student concerns: (select all that apply)

***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. 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.*

	<b>Mental Health Promotion Services &amp; Supports (Tier 1)</b>	<b>Selective Services &amp; Supports (Tier 2 – Students At-risk)</b>	<b>Indicated Services &amp; Supports (Tier 3 – Students displaying mental health concerns)</b>	<b><u>Referrals</u> to community providers not in the school building.</b>	<b><u>No services for this student concern</u></b>
Anxiety/ Nervousness/ Phobias					
Attention/ Concentration/ Hyperactivity problems					
Bullying					
Depression/ Sadness/Suicide					
Disordered eating					

Environmental stressors (housing, food, parental employment, access to health care, etc.)					
Grief/Loss/ Bereavement					
Oppositional or conduct problems/ Anger management					
Psychosis (hallucinations, delusions)					
Relationship issues/Conflict (family, peer, teacher)					
Social and emotional skills/ Problem solving/ Character development/ Self-esteem					
Substance use (alcohol, tobacco, drugs)					
Transitions (new school, moving, separation/ divorce)					
Trauma/PTSD/ Abuse/Neglect/ Exposure to violence					

3. Did your school mental health program provide any other services for other student concerns? (Y/N)
- If yes, what student concern(s)? \_\_\_\_\_
  - If yes, for which of these services? (select all that apply)
    - **Mental Health Promotion** Programs, Services & Supports (Tier 1)
    - **Selective** Programs, Services & Supports (Tier 2 – Students At-risk)
    - **Indicated** Programs, Services & Supports (Tier 3 – Students displaying mental health concerns)
    - **Offered referrals** to community providers: (i.e., referral to services provided by a community provider not in the school building.)

## **Your School Mental Health Profile is complete!**

Congratulations on completing your School Mental Health Profile and registering to use the SHAPE System. As a reminder, the School Mental Health Profile is part of the National School Mental Health Census to understand the landscape of school mental health systems nationwide.