



School Health Services NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health



School Mental Health Quality Assessment Tool For Schools

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.

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.

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.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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.

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

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.

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.

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.

1	2	3	4	5	6
Not in place	1-25%	26-50%	51-75%	76-99%	100%

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

1	2	3	4	5	6
Not in place	1-25%	26-50%	51-75%	76-99%	100%

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.

1	2	3	4	5	6
Not in place	1-25%	26-50%	51-75%	76-99%	100%

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

1	2	3	4	5	6
Not in place	1-25%	26-50%	51-75%	76-99%	100%

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.

1	2	3	4	5	6
Not in place	1-25%	26-50%	51-75%	76-99%	100%

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

1	2	3	4	5	6
Not in place	1-25%	26-50%	51-75%	76-99%	100%

Evidence-Based Implementation

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?

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

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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?

N/A	1	2	3	4	5	6
	Not in place	Rarely	Sometimes	Often	Almost always	Always

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

N/A	1	2	3	4	5	6
	Not in place	Rarely	Sometimes	Often	Almost always	Always

Student Outcomes and Data Systems

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

Indicated services and supports (Tier 3)

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):**
 - *Inability to share data across systems (school system & 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?**

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

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

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

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

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

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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**

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

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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?**

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