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

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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.

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)?

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

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

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

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.

Best practices in school team efficiency include:

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

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

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

Best practices for meeting structure & process include:

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

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

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

Best practices in systems & 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 (addressing confidentiality considerations)*
- *Data system that allows for easy & seamless data sharing*
- *Data sharing to inform services & monitor progress & 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.

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

Additional notes about these responses (optional):_____
_____
_____

(CSMH, 2018)

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

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

- *Comprehensive needs assessment report*
- *Readily accessible to all stakeholders*
- *Diverse stakeholder teams utilize needs assessment reports in consistent ways to inform decisions about school mental health service planning & implementation (program selection, service array)*

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

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

1 = Not in place: Our school did not conduct resource mapping of existing school & community mental health services & 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 & community mental health services & 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 & 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 & implementation (program selection & 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.
3 = Our school ***sometimes*** used best practices to utilize resource mapping.
4 = Our school ***often*** used best practices to utilize resource mapping.
5 = Our school ***almost always*** used best practices to utilize resource mapping.
6 = Fully in place: Our school ***always*** used best practices to utilize our resource mapping to inform decisions.

Additional notes about these responses (optional):_____
_____
_____

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?_____

Additional notes about these responses (optional):_____
_____
_____

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 <u>Tier 1</u> services and supports in your school?
This question refers to how widely provided/offered Tier 1 services & supports were to students.

1 = Not in place: Tier 1 services & supports were not provided in our school.
2 = Tier 1 services & supports were available for ***1-25%*** of the school's students.
3 = Tier 1 services & supports were available for ***26-50%*** of the school's students.
4 = Tier 1 services & supports were available for ***51-75%*** of the school's students.
5 = Tier 1 services & supports were available for ***75-99%*** of the school's students.
6 = Fully in place: Tier 1 services & supports were available for ***<u>all</u>*** of the school's students.

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

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

Selective Services and Supports (Tier 2)

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

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

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

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

Indicated Services & Supports (Tier 3)

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

1 = Not in place: Tier 3 services & supports were not provided in our school.
2 = Tier 3 services & supports were available for ***1-25%*** of the students who needed them.
3 = Tier 3 services & supports were available for ***26-50%*** of the students who needed them.
4 = Tier 3 services & supports were available for ***51-75%*** of the students who needed them.
5 = Tier 3 services & supports were available for ***75-99%*** of the students who needed them.
6 = Fully in place: Tier 3 services & supports were available for ***<u>all</u>*** students who needed them.

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

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

Additional notes about these responses (optional):_____
_____
_____

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**?

Best practices for determining whether a school mental health service or support is evidence-based includes:

- *EBP selection committee with diverse stakeholder groups (school mental health providers, administrators, teachers, students, parents)*
- *EBP selection process & policy*
- *Utilization of national EBP registries – e.g., NREPP, Blueprints, OJJDP/Crimesolutions.gov, What Works Clearinghouse*
- *Review of national EBP registries & 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 & prioritized by the school*

1 = Not in place: Our school did not have a system for determining whether mental health supports & 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 & 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 & needs of students & families in a school include:

- *EBP selection committee with diverse stakeholder groups (school mental health providers, school administrators, teachers, students, parents)*
- *Review of school's population including:*
  - *Gender*
  - *Age*
  - *Ethnicity*
  - *Cultural background*
  - *Language*
  - *Sexual orientation*
  - *Socioeconomic status*
- *Review of school's mental health needs & strengths*
- *Review of costs associated with EBP implementation*
- *Evaluation of short & long-term training requirements & 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 & families.
2 = Our school ***rarely*** used best practices for determining whether our EBPs fit the unique considerations of students & families.
3 = Our school ***sometimes*** used best practices for determining whether our EBPs fit the unique considerations of students & families.
4 = Our school ***often*** used best practices for determining whether our EBPs fit the unique considerations of students & families.
5 = Our school ***almost always*** used best practices for determining whether our EBPs fit the unique considerations of students & families.
6 = Fully in place: Our school ***always*** used best practices for determining whether our EBPs fit the unique strengths, needs & cultural/linguistic considerations of students & families.

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

Best practices in training & implementation include trainings that are interactive in nature (with opportunity for skills practice, role plays, action planning) & ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, & corrective feedback, as well as fidelity monitoring & feedback processes). Distribution of materials &/ a one-time didactic training without follow-up support are not best practices to support training & implementation of EBPs, & are generally necessary but insufficient to support EBP implementation in schools.

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 & implementation of EBPs.
2 = Our school ***rarely*** used best practices to support training & implementation of EBPs.
3 = Our school ***sometimes*** used best practices to support training & implementation of EBPs.
4 = Our school ***often*** used best practices to support training & implementation of EBPs.
5 = Our school ***almost always*** used best practices to support training & implementation of EBPs.
6 = Fully in place: Our school ***always*** used best practices, including interactive trainings, ongoing support, & corrective feedback, to train our staff on mental health services & supports.

Additional notes about these responses (optional):_____
_____
_____

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?**_____

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: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples: Paths to PAX Good Behavior Game, Second Step, I Can Problem Solve, Project SUCCESS, SOS Signs of Suicide, Botvin Lifeskills.*_____

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**?_____

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: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples include Coping Power Program, Social Skills Group Intervention (S.S. Grin), & Incredible Years*._____

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**? *Examples of documented improvement: grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, IEP review etc.*_____

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**? *Examples of documented improvement: screening, assessment &/ progress monitoring data collected from students, families, &/ teachers which demonstrate improvements in social-emotional wellness, mental health functioning, &/ target problem areas.*_____

* 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?_____**

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: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples include Trauma-Focused Cognitive Behavioral Therapy, Coping Cat, Grief & Trauma Intervention for Children, Parent-Child Interaction Therapy, Cognitive Behavioral Intervention for Trauma & Schools, Interpersonal Psychotherapy for Depressed Adolescents (IPT-A), high quality Wraparound planning, Multisystemic Therapy.* _____

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?** *Examples of documented improvement: grades, benchmark assessments, state testing, Annual Yearly Progress, attendance, discipline data, IEP review etc.*_____

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?** *Examples of documented improvement: screening, assessment &/ progress monitoring data collected from students, families, &/ teachers which demonstrate improvements in social-emotional wellness, mental health functioning, &/ target problem areas.*_____

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:*_____

Additional notes about these responses (optional):_____
_____
_____

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 & systematic process of using screening & assessment data to "triage" students into appropriate levels of support*

1 = Not in place: Our school didn't use best practices to utilize data to identify students for mental health services & supports.
2 = Our school ***rarely*** used best practices to utilize data to identify students for services & supports.
3 = Our school ***sometimes*** used best practices to utilize data to identify students for services & supports.
4 = Our school ***often*** used best practices to utilize data to identify students for services & supports.
5 = Our school ***almost always*** used best practices to utilize data to identify students for services & supports.
6 = Fully in place: Our school ***always*** used best practices to utilize data to identify students for mental health services & 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 & systematic process of using screening & 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 & 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 intervention implementation fidelity.
2 = Our school ***rarely*** used best practices to measure intervention implementation fidelity.
3 = Our school ***sometimes*** used best practices to measure intervention implementation fidelity.
4 = Our school ***often*** used best practices to measure intervention implementation fidelity.
5 = Our school ***almost always*** used best practices to measure intervention implementation fidelity.
6 = Fully in place: Our school ***always*** used best practices to measure intervention implementation fidelity.

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 & using student mental health service & support data include:

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

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

Additional notes about these responses (optional):_____
_____
_____