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-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

CSMH
Center for School Mental Health

School Mental Health Sustainability 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 sustainability of all aspects of your CSMH over time.

> **Definitions**
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> "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 Sustainability" refers to the financial and non-financial dimensions of maintaining or supporting the system over time, in which its operational structure and capacity is sound and can evolve and adapt to match the changing needs of students, families, schools, communities, and other systems in their context.

> **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.

(CSMH, 2018)

Funding and Resources

Funding and Resources assessed in this section refer to strategies in place to leverage and apply various financial and non-financial assets in your school.

1. **To what extent did your school use multiple and diverse funding and resources to support a full continuum of school mental health services and supports?**

Best practices related to multiple & diverse funding & resources to support a full continuum of school mental health services & supports include:
- *Use of multiple & diverse funding sources considering school, local, district, state & federal levels, education, physical, mental, & public health, substance use, &/or private foundation dollars*
- *Complementary funding strategies*
- *Funding that fully supports a continuum of services & supports*
- *A process to regularly evaluate & update financing plan*
- *A process to regularly monitor new funding opportunities & local, state & federal policies that may impact funding for comprehensive school mental health systems*

1 = Not in place: Our school did not use best practices related to multiple & diverse funding & resources to support a full continuum of school mental health services & supports.
2 = Our school *rarely* used best practices related to multiple & diverse funding & resources.
3 = Our school *sometimes* used best practices related to multiple & diverse funding & resources.
4 = Our school *often* used best practices related to multiple & diverse funding & resources.
5 = Our school *almost always* used best practices related to multiple & diverse funding & resources.
6 = Fully in place: Our school *always* used best practices related to multiple & diverse funding & resources to support a full continuum of school mental health services & supports.

2. **To what extent did your school leverage funding and resources to attract potential contributors?** An example of leveraging would be, having a Memorandum of Understanding that indicates if the local Department of Education agrees to commit funds and the local Department of Health will provide professional development.

Best practices in leveraging funding & resources to attract potential contributors include:
- *Formal agreement that specifies contingent funding/resources*
- *Evaluation of existing funding opportunities*
- *Process to consistently evaluate contingent funding/resources & opportunities for additional partnerships & agreements*
- *Process/priority to foster relationships with other agencies or professionals to create more opportunities to leverage funding*

1 = Not in place: Our school did not use best practices to leverage funding & resources.
2 = Our school *rarely* used best practices to leverage funding & resources.
3 = Our school *sometimes* used best practices to leverage funding & resources.
4 = Our school *often* used best practices to leverage funding & resources.
5 = Our school *almost always* used best practices to leverage funding & resources.
6 = Fully in place: Our school *always* used best practices to leverage funding & resources.

3. **To what extent did your school have funding and resources to support services at each tier (Tier 1-mental health promotion, Tier 2-selective prevention, Tier 3-indicated intervention)**? For example, did you have *prevention funds* to fully support prevention, & *intervention funds* to fully support intervention services?

N/A = Our school did not have funding & resources to support services at any tier.
1 = Not in place: Dedicated funding was available for only one tier of support, but funding levels were inadequate.
2 = Adequate, dedicated funding was available for only one tier of support.
3 = Dedicated funding was available for two tiers of support, but funding levels were inadequate for one or both tiers.
4 = Adequate, dedicated funding was available for two tiers of support.
5 = Dedicated funding was available for three tiers of support, but funding levels were inadequate for one or more tiers.
6 = Fully in place: Adequate, dedicated funding was available for all three tiers of support.

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4. **To what extent did your school have strategies in place to retain staff?**

Best practices strategies to retain staff include:
- *In-person & virtual ongoing professional development activities such as lectures, didactic presentations & peer consultation.*
- *Recognition of accomplishments (e.g., monthly awards, thank you cards, sharing success stories with others)*
- *Recognition/celebration of personal milestones (e.g., birth of a child), birthdays, etc.*
- *Open communication*
- *Flexible work schedule*
- *Staff wellness activities (e.g., staff yoga)*
- *Opportunities for career advancement*
- *Incentive-based pay*
- *New-hire mentor or buddy program*

1 = Not in place: Our school did not use best practices in staff retention.
2 = Our school *rarely* used best practices in staff retention.
3 = Our school *sometimes* used best practices in staff retention.
4 = Our school *often* used best practices in staff retention.
5 = Our school *almost always* used best practices in staff retention.
6 = Fully in place: Our school *always* used best practices in staff retention.

Resource Utilization

Resource Utilization refers to the extent to which your school is actively accessing and maximizing the financial and non-financial assets available or potentially available to your system.

1. **To what extent did your school's system maximize the expertise and resources of all stakeholder groups** (including school and community employed staff, youth and families) **to support ongoing professional development activities?**

Best practices to maximize expertise & resources of all stakeholder groups include:
- *Process to poll school staff members (teachers, nurses, school social worker/psychologist, guidance counselors, behavioral specialists, SST team members, administrators), community providers & students, family members & caregivers about expertise about relevant mental health-related domains*
- *Offer professional development activities that use the diverse knowledge & skills of all stakeholder groups*
- *Use of diverse professional development mechanisms (in-person & virtual lectures, presentations, consultation, coaching, mentoring & written resources)*

Examples *of maximization of the expertise & resources of diverse stakeholder groups* include:
- Community mental health providers training teachers on identification of mental health problems
- School psychologists training community mental health providers on school language & policy
- Training school & community employed mental health providers on the same topics, at the same time (such as evidence-based services or supports, policies or procedures related to Individualized Education Programs, etc.)
- Engaging youth & family leaders & advocates in professional development as trainers & learners

1 = Not in place: Our school did not use best practices to maximize the expertise & resources of all stakeholder groups.

2 = Our school *rarely* used best practices to maximize the expertise & resources of all stakeholder groups.

3 = Our school *sometimes* used best practices to maximize the expertise & resources of all stakeholder groups.

4 = Our school *often* used best practices to maximize the expertise & resources of all stakeholder groups.

5 = Our school *almost always* used best practices to maximize the expertise & resources of all stakeholder groups.

6 = Fully in place: Our school *always* used best practices to maximize the expertise & resources of all stakeholder groups.

2. **To what extent did your school's system maintain and have access to a regularly updated mapping or listing of relevant school and community resources, including information about quality and how to access?**

Best practices related to mapping or listing of relevant school & community resources include:
- *Maintenance or access to a comprehensive, regularly updated list of school & community resources including:*
  - *Outpatient services*
  - *Inpatient services*
  - *Day hospital programs*
  - *Support groups*
  - *Mental health training resources*
  - *Career development*
  - *Youth & family advocacy services*
  - *Peer-to-peer support services*
  - *Housing*
  - *Food*
  - *Transportation*
- *A process that allows for input from diverse stakeholders as to the quality & satisfaction with resources that is integrated into & readily accessible as part of the resource directory/mapping*
- *A format/mechanism that allows for easy access to the resource directory/mapping for all stakeholder groups*

1 = Not in place: Our school did not use best practices to maintain or have access to relevant school & community resources.
2 = Our school *rarely* used best practices relevant to school & community resources.
3 = Our school *sometimes* used best practices relevant to school & community resources.
4 = Our school *often* used best practices relevant to school & community resources.
5 = Our school *almost always* used best practices relevant to school & community resources.
6 = Fully in place: Our school *always* used best practices to maintain or have access to relevant school & community resources.

3. **To what extent did your school monitor federal, state and local policies that impact school mental health funding** (e.g., Affordable Care Act, Free Care Rule) **and new funding opportunities on a regular basis?**

Best practices to monitor policies that impact school mental health funding include:
- *Monitor legislation & grants that might impact funding related to mental health promotion, prevention, & intervention*
  - *Develop a list of websites, newspapers, & listservs that identify & describe relevant legislation & grants*
  - *Assign school members to monitor these sources & develop a system to document & report on their findings*
- *Seek guidance & updated information about policies that impact school mental health funding from other schools in your state & nationally*

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

4. **Did your school bill health insurers or other third parties** (e.g., Medicaid, Managed Care Organization) **to support your CSMHS?**
   - ☐ Yes
   - ☐ No

If Yes – go to next <u>question</u>; If No – skip to next <u>section</u> (System Quality)
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4a. To what extent did your school maximize opportunities to bill for eligible services, (under federal/state regulations)**?**

1 = Not in place: Our school did not bill for any eligible services.
2 = Our school billed for approximately 1-25% of eligible services.
3 = Our school billed for approximately 26-50% of eligible services.
4 = Our school billed for approximately 51-75% of eligible services.
5 = Our school billed for approximately 76-99% of eligible services.
6 = Fully in place: Our school billed for all eligible services.

4b. If only billing for Tier 3 indicated intervention, to what extent did your school provide a full continuum of care, including Tier 1 mental health promotion and and Tier 2 selective prevention?

N/A = Our school did not only bill for Tier 3 indicated intervention (i.e., we bill for other tiers of service).
1 = Not in place: Our school did not provide Tier 1 mental health promotion or Tier 2 selective prevention.
2 = Our school *rarely* provided Tier 1 mental health promotion &/or Tier 2 selective prevention.
3 = Our school *sometimes* provided Tier 1 mental health promotion &/or Tier 2 selective prevention.
4 = Our school *often* provided Tier 1 mental health promotion &/or Tier 2 selective prevention.
5 = Our school *almost always* provided Tier 1 mental health promotion &/or Tier 2 selective prevention.
6 = Fully in place: Our school *always* provided Tier 1 mental health promotion &/or Tier 2 selective prevention.

System Quality

The quality or standard of services and supports provided to students and families is highly important to system sustainability. Fundamental aspects of quality including use of evidence-based services and supports, regular use of data for decision making and youth and family partnership are included in this section.

1. **To what extent did your school use evidence-based services and supports practices (as recognized in national registries)?** *Evidence-based services & supports are programs, services or supports that are based directly on scientific evidence & have been evaluated in large scale studies & have been shown to reduce symptoms &/or improve functioning. For instance, evidence-based services & supports are recognized in national evidence-based registries such as Substance Abuse Mental Health Services Administration (SAMHSA), National Registry of Evidence-based Programs & Practices (NREPP), Blueprints for Healthy Youth Development, & Institute of Education Sciences (IES) What Works Clearinghouse.*

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

2. **To what extent were your school use best practices to inform ongoing data-based decision making about development, quality improvement, and sustainability?** Data may include systematically-collected, quantitative or qualitative information from any students, families, teachers, other school staff, the school system, community partners or district.

Best practices to inform ongoing school data-based decision making include:
- *Use of data to determine mental health services needed by students*
- *Use of a system for monitoring individual student progress*
- *Use of a system for aggregating student mental health service & support data to share with stakeholders & make decisions about mental health service planning & implementation*
- *Use of a system for disaggregating student mental health service data to examine school mental health system level outcomes based on subpopulation characteristics*

1 = Not in place: Our school did not use best practices to inform ongoing data-based decision making.
2 = Our school teams *rarely* used best practices to inform data-based decision making.
3 = Our school teams *sometimes* used best practices to inform data-based decision making.
4 = Our school teams *often* used best practices to inform data-based decision making.
5 = Our school teams *almost always* used best practices to inform data-based decision making.
6 = Fully in place: Our school teams *always* used best practices to inform ongoing data-based decision making.

3. To what extent were your school use best practices to meaningfully involve youth and families in partnership with school and community partners in designing, implementing, evaluating and sustaining school mental health services and supports?

Best practices to meaningfully involve youth & families include:
- *Involve school youth & families in all aspects of prevention, intervention, & health promotion design, implementation & evaluation; youth & families can provide insight on school strengths & areas of need, program selection, implementation considerations & on-going quality assessment & progress monitoring*
- *Involve multiple youth & families on stakeholder teams; provide guidance & foundational information prior to each meeting so that they can have a meaningful role*
- *Gather additional information from youth & families using surveys, interviews & focus groups*
- *Investigate existing family mental health advocacy & navigation organizations in your community*
- *Use family organizations to bring knowledge & passion based on practical, real-life experiences & expertise to support providers & other youth & families within the system*

1 = Not in place: Our school did not use best practices to meaningfully engage youth & families in designing, implementing, evaluating, & sustaining school mental health services & supports.
2 = Our school *rarely* used best practices to meaningfully engage youth & families.
3 = Our school *sometimes* used best practices to meaningfully engage youth & families.
4 = Our school *often* used best practices to meaningfully engage youth & families.
5 = Our school *almost always* used best practices to meaningfully engage youth & families.
6 = Fully in place: Our school *always* used best practices to meaningfully engage youth & families in designing, implementing, evaluating, & sustaining our school mental health services & supports.

It is critical to document and report on the impact of your system to a wide range of stakeholders who play a role in your system's sustainability. These activities can also support your advocacy for the system's maintenance, growth and change in many ways over time.

1. **To what extent did your school use best practices to document the impact of your CSMHS's effectiveness on educational/academic outcomes?**

Best practices to document the impact of CSMHS effectiveness on educational/academic outcomes include:
- *Identification of existing educational/academic outcomes within your school (grades, attendance, office referrals/suspensions/expulsions, performance test scores, achievement or benchmark test scores)*
- *Use of these data to document program impact*
- *If implementing new data collection, engage stakeholder groups to identify data that is useful for ongoing progress monitoring, in addition to program effectiveness*
- *A process for data collection & aggregation*
- *Use of electronic tracking for ease of collection, analysis & dissemination*

1 = Not in place: Our school did not use best practices to document the impact of CSMHS effectiveness on educational/academic outcomes.
2 = Our school *rarely* used best practices to document educational/academic outcomes.
3 = Our school *sometimes* used best practices to document educational/academic outcomes.
4 = Our school *often* used best practices to document educational/academic outcomes.
5 = Our school *almost always* used best practices to document educational/academic outcomes.
6 = Fully in place: Our school *always* used best practice to document the impact of CSMHS effectiveness on educational/academic outcomes.

2. **To what extent did your school use best practices to document the impact of your CSMHS's effectiveness on emotional/behavioral outcomes?**

Best practices to document the impact of CSMHS effectiveness on emotional/behavioral outcomes include:
- *Identification of existing emotional/behavioral outcomes within your school (emotional/behavioral health screenings & assessments, behavioral observations, crisis incidents, school climate data)*
- *Use of these data to document program impact*
- *If implementing new data collection, engage stakeholder groups to identify data that is useful for ongoing progress monitoring, in addition to program effectiveness*
- *A process for data collection & aggregation*
- *Use of electronic tracking for ease of collection, analysis & dissemination*

1 = Not in place: Our school did not use best practices to document the impact of CSMHS effectiveness on emotional/behavioral outcomes.
2 = Our school *rarely* used best practices to document emotional/behavioral outcomes.
3 = Our school *sometimes* used best practices to document emotional/behavioral outcomes.
4 = Our school *often* used best practices to document emotional/behavioral outcomes.
5 = Our school *almost always* used best practices to document emotional/behavioral outcomes.
6 = Fully in place: Our school *always* used best practice to document the impact of CSMHS effectiveness on emotional/behavioral outcomes.

3. **To what extent did your school use best practices to document the impact of your CSMHS's effectiveness on sustainability factors** (e.g., shared system values, cross-system collaboration, public policy impact, return on investment, quality improvements made each year)**?**

Best practices to document the impact of CSMHS effectiveness on sustainability factors include:
- *Identification of sustainability factors within your school such as innovative shared system values, cross-system collaboration, public policy impact, return on investment or other economic benefits of your school, system quality improvement made each year such as additional service provision, use of evidence-based supports & services & stakeholder satisfaction*
- *Use of these data to document program impact*
- *A process for data collection & aggregation*
- *Use of electronic tracking for ease of collection, analysis & dissemination*

1 = Not in place: Our school did not use best practices to document the impact of CSMHS effectiveness on sustainability factors.
2 = Our school *rarely* used best practices to document sustainability factors.
3 = Our school *sometimes* used best practices to document sustainability factors.
4 = Our school *often* used best practices to document sustainability factors.
5 = Our school *almost always* used best practices to document sustainability factors.
6 = Fully in place: Our school *always* used best practice to document the impact of CSMHS effectiveness on sustainability factors.

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4. **To what extent did your school use best practices to report the impact of your CSMHS on educational/academic and emotional/behavioral outcomes and sustainability factors to key stakeholders** (e.g., youth, families, school & community partners, existing or potential funders)**?**

Best practices to report the impact of your school on diverse outcomes to key stakeholders include:
- *Develop quarterly or semi-annual mechanisms such as reports or meetings to share school effectiveness data with funders.*
- *Share school effectiveness data with youth & families to promote communication & collaboration. Present data in useful & user-friendly terms*
- *Share school effectiveness data with stakeholders who were integral in compiling data*
- *Prepare a short "elevator" speech that highlights key school program impact to have readily available to share verbally or in writing with any & all stakeholders*

1 = Not in place: Our school did not use best practices to report impact on diverse outcomes to key stakeholders.
2 = Our school *rarely* used best practices to report impact on outcomes to key stakeholders.
3 = Our school *sometimes* used best practices to report impact on outcomes to key stakeholders.
4 = Our school *often* used best practices to report impact on outcomes to key stakeholders.
5 = Our school *almost always* used best practices to report impact on outcomes to key stakeholders.
6 = Fully in place: Our school *always* used best practices to report impact on diverse outcomes to key stakeholders.

System Marketing and Promotion

It is critical to actively market and promote your school's system to a wide range of stakeholders who play a role in your system's sustainability.

1. **To what extent did your school use best practices to disseminate findings to the larger community** (e.g., contributing or disseminating data to social marketing campaigns, policy maker forums, &/or the business community)**?**

Best practices to contribute & disseminate findings to the larger community include:
- *Present findings at conferences & other meetings where individuals & groups that are invested in children's mental health & education may be present; use this as an opportunity to present your findings, but also to connect with other presenters & attendees who may be potential collaborators or funders in the future*
- *Develop a social marketing campaign; this may include creating published (e.g., fliers) or online (e.g., website) access to your evaluation findings, having a listserv that interested individuals can sign-up for & findings can be disseminated at regular intervals, & establishing a social media presence on forums such as Facebook & Twitter where system updates & evaluation findings can be posted & discussions can be generated*
- *Use news media outlets (writing press releases for newspapers, relevant magazines, & online sources) as a dissemination tool for system findings*
- *Create public service announcements (e.g., radio, TV, internet) that focus on the goals of your school & also provide information about your systems & outcomes*
- *Prepare a short "elevator" speech that highlights key school features & system impact to have readily available to share verbally or in writing with any & all stakeholders*

1 = Not in place: Our school did not use best practices to disseminate findings to the larger community.
2 = Our school *rarely* used best practices to disseminate findings to the larger community.
3 = Our school *sometimes* used best practices to disseminate findings to the larger community.
4 = Our school *often* used best practices to disseminate findings to the larger community.
5 = Our school *almost always* used best practices to disseminate findings to the larger community.
6 = Fully in place: Our school *always* used best practices disseminate findings to the larger community.

2. To what extent did your school implement best practices to broadly market and/or promote your CSMHS to district leadership?

Best practices to broadly market & promote your CSMHS to district leadership include:
- *Develop a school marketing & promotion team*
- *Develop a school strategic marketing & promotion plan*
- *Link school outcome & impact data to marketing & promotion efforts*
- *Target marketing & promotion for school leadership such as Superintendent, Board of Education, school board, Director of Special Education, Director of Family Support Programs*
- *Attend & actively engage in school board meetings; consider giving a formal presentation or brief overview of your system & its importance*
- *Become a member of existing teams within the school that are relevant to school mental health; discuss your system & its importance with the team members*
- *Use social media to market your system & its impact to students, parents/families, teachers, & school personnel; this may include Facebook & Twitter accounts, as well as columns/blurbs in the school or district newsletter*
- *Create visually pleasing & easy-to-digest pamphlets on your system that can be disseminated at school or district meetings & events*
- *Ask the school or district if you can have a presence on the school or district website; this may include a webpage with information about your system & links to helpful resources*
- *Become involved with school & district fundraisers & other events where you can develop relationships with school leadership, promote your system & services, & help the school & district to raise funds*

1 = Not in place: Our school did not use best practices to broadly market & promote our CSMHS to district leadership.
2 = Our school *rarely* used best practices to broadly market & promote our CSMHS to district leadership.
3 = Our school *sometimes* used best practices to broadly market & promote our CSMHS to district leadership.
4 = Our school *often* used best practices to broadly market & promote our CSMHS to district leadership.
5 = Our school *almost always* used best practices to broadly market & promote our CSMHS to district leadership.
6 = Fully in place: Our school *always* used best practices to broadly market & promote our CSMHS to district leadership.

3. **To what extent did your school implement best practices to broadly market and/or promote your CSMHS to non-education community partners, state agencies, local and statewide representatives, etc.?**

Best practices to broadly market & promote your CSMHS to non-education community partners include:
- *Develop a school marketing & promotion team*
- *Develop a school strategic marketing & promotion plan*
- *Link school outcome & impact data to marketing & promotion efforts*
- *Attend, present at, & actively engage in conferences & seminars that focus on school mental health & education, or other related fields (e.g., medical, child welfare, juvenile justice) where you may be able to network & promote your system to future collaborators & funders*
- *Attend meetings, talks, & events for business & agencies with whom you hope to promote your system*
- *Become a member of local & regional groups with a shared mission where you can promote your system & build collaborative relationships*
- *Disseminate pamphlets with information about your system, its benefits to the broader community, & to businesses & agencies in the community*
- *Have a presence at local & state meetings (community town halls); you may want to present about your system at some of these meetings*
- *Plan & implement fundraisers, which can serve a dual purpose of raising funds for your system while also serving as a promotion & marketing tool; you may want to partner with other agencies or businesses to further establish collaborative relationships in the community*
- *Use social media to market your system & its impact to the broader non-education community; this may include Facebook & Twitter accounts, as well as a presence on LinkedIn & other business networking sites*

1 = Not in place: Our school did not use best practices to broadly market & promote our CSMHS to non-education community partners.

2 = Our school ***rarely*** used best practices to broadly market & promote our CSMHS to non-education community partners.

3 = Our school ***sometimes*** used best practices to broadly market & promote our CSMHS to non-education community partners.

4 = Our school ***often*** used best practices to broadly market & promote our CSMHS to non-education community partners.

5 = Our school ***almost always*** used best practices to broadly market & promote our CSMHS to non-education community partners.

6 = Fully in place: Our school ***always*** used best practices to broadly market & promote our CSMHS to non-education community partners.