



School Mental Health Quality Assessment—School Version

The School Mental Health Quality Assessment School Version (SMHQA-S) is designed for school teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement. The SMHQA-S covers seven domains of comprehensive school mental health, which includes a full continuum of supports for the well-being of students, families and the school community.

Instructions: Complete this assessment with an existing team or identify a new team. Broad and diverse participation ensures meaningful assessment, successful planning, and implementation. Your team may include school- community-employed staff and other partners and stakeholders, including youth and families. Questions will ask you to report on the mental health system in your school. Many schools have a range of school mental health implementation and quality.

Quality Domains:

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If this is your first SMHQA-S, we recommend you report on the previous school year. Otherwise, you may select any time frame you wish (e.g., last month, last six months).

What if we have difficulty answering a question? Make an informed guess. You may also reassess at any time with different team members who may have more information about school mental health systems in your school.

Using Your Results: Most teams start out with low scores. Do not be discouraged! Instead, use your results to prioritize and plan key improvement areas. This a quality improvement tool to facilitate structured conversations, drive strategic planning, provide a metric for reassessment, and optimize all aspects of your school mental health system over time.

Teaming

Schools are in the position of ensuring that school mental health efforts are appropriately staffed and supported by multidisciplinary teams that have effective communication and collaboration practices. 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 early intervention and treatment) or they may have multiple teams that address different parts of the continuum (e.g., school climate team, student support team, Individualized Education Program team, intervention/tertiary care team, Tier 2/3 team, any other team that addresses student mental health concerns).

To what extent did your school use best practices to...

| | Best Practices | | | | | | |
|--|--|----------------|-----------------|--------------------|----------------|------------------------|-----------------|
| <p>1. ... ensure your school mental health team was multidisciplinary?</p> | <p>Representatives of different groups regularly attend and have an active voice in team meetings. Different groups engaged in school mental health system teams may include:</p> <ul style="list-style-type: none"> a. School health and behavioral health staff b. Teachers c. School administrators d. Youth/Students e. Parents/Families f. Community health and behavioral health providers g. Child welfare staff h. Juvenile justice staff i. Community leaders j. Community School Coordinator | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| <p>2. ... meaningfully involve students and families to plan and improve the school mental health system?</p> | <ul style="list-style-type: none"> • Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation and evaluation; students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and on-going quality assessment and progress monitoring • Involve multiple students and families on teams; provide guidance and foundational information prior to each meeting so that they can have a meaningful role • Gather additional information from students and families using surveys, interviews, and focus groups • Identify existing youth and family mental health advocacy and navigation organizations in your community | 1 | 2 | 3 | 4 | 5 | 6 |

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|---|--|------------|-------------|----------------|------------|--------------------|-------------|
| | <ul style="list-style-type: none"> Partner with youth and family organizations to bring knowledge and passion based on practical, real-life experiences and expertise to support providers and other students and families within the system | | | | | | |
| 3. ...facilitate effective school-community partnerships? | <ul style="list-style-type: none"> Establish communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners Use memorandums of understanding or other agreements to detail the terms of the partnership (e.g., by whom, what, when, where, and how will services/supports be provided) Support a full continuum of care within a multi-tiered system of support by school and community partners working together and maximizing their respective knowledge and resources Use data sharing agreements to allow for accessing and sharing data to inform needed services and supports and the impact of partnership activities | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 4. ...ensure teaming structures address each tier of the multi-tiered system of support? | <ul style="list-style-type: none"> Establish a team or teams to effectively address Tier 1, Tier 2, and Tier 3 Establish a clear delineation of purpose, target goals, activities, and processes of each team Establish a clear process and logic for students moving from one Tier to a higher or lower Tier Establish effective communication between teams addressing Tier 1, Tier 2, and/or Tier 3 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. ... avoid duplication and promote efficiency of teams? | <ul style="list-style-type: none"> Establish well-defined and unique goals for distinct teams with structures in place to avoid duplication of team effort Practice consistent communication and coordination among various teams Address any confidentiality barriers to facilitate regular information sharing across and within teams Have a system to evaluate existing team structures, with existing team continuation and new establishment only as necessary | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. ...conduct meetings, both in terms of structure and process? | <ul style="list-style-type: none"> Schedule and hold regular team meetings Track attendance and troubleshoot as needed to ensure consistent attendance Establish a routine scheduling process | 1 | 2 | 3 | 4 | 5 | 6 |

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| | <ul style="list-style-type: none"> • Create and use an agenda • Focus on making actionable decisions • Use meeting time to follow up on the status of action items | | | | | | |
| 7. ...delineate staff roles and responsibilities? | <ul style="list-style-type: none"> • Clarify roles and responsibilities for both school-employed and community partnered school mental health staff • Ensure roles and responsibilities reflect the skills, training, knowledge and areas of expertise of each type of staff member • When there are multiple individuals with the responsibility of a given role and/or responsibility, have a clear plan for who will address the issue first and how responsibilities will be assigned | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 8. ...make mental health referrals to school-based mental health services? (school-based mental health services refer to services offered directly in the school building whether provided by school or community staff) | <ul style="list-style-type: none"> • Use an up-to-date school mental health team resource map or guide (name of team member, description of their role/responsibilities/services, school location including days and hours, eligibility requirements or students they work with, how to refer students) • Provide clear information for students and families to self-refer and connect directly to mental health services • Promote direct contact to, from, and among school-based providers to confirm referral, service availability, and facilitate a seamless entry into services and supports • Hold routine referral feedback meetings or use Referral Feedback Forms to let referral sources know the outcome of the referral | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. ...make mental health referrals to community-based mental health services? (community-based mental health services refer to services offered by community staff outside of the school building) | <ul style="list-style-type: none"> • Use an 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) • Develop a clear, consistent referral process to community providers to promote successful linkage including: <ul style="list-style-type: none"> ○ Referral consultation meeting with student and family to review needs, options and complete any releases of information ○ Direct contact with community provider to confirm referral, service availability, and facilitate a seamless entry into services and supports | 1 | 2 | 3 | 4 | 5 | 6 |

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|---|--|------------|-------------|----------------|------------|--------------------|-------------|
| | <ul style="list-style-type: none"> ○ Clear referral instructions for student and family with up-to-date contact information ○ Discussion of potential barriers to following through with referral and how to overcome them ○ Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers ● Follow-up with community provider to facilitate ongoing coordination and information sharing | | | | | | |
| 10. ...use data (through screening or another process) to determine what mental health services and supports (Tier 1, 2, and 3) were needed by students? | <ul style="list-style-type: none"> ● Use multiple data sources to match mental health interventions with student need ● Use validated screening/assessment/survey tool(s) appropriate to your student population ● Use consistent and systematic process of using screening and assessment data to match students with appropriate levels of support | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 11. ...collect and share data among school mental health team members? | <ul style="list-style-type: none"> ● Align data definitions ● Use data systems that allow for easy data entry and retrieval for review and sharing. Protocols are in place to: <ul style="list-style-type: none"> ○ Allow for valid, reliable data collection ● Address confidentiality considerations (with respect to where data are maintained and who can access them) | 1 | 2 | 3 | 4 | 5 | 6 |
| Teaming Total (Questions 1-11): _____ Teaming Average (Total/11): _____ | | | | | | | |

Needs Assessment/Resource Mapping

A needs assessment is a collaborative process used by a system to identify gaps between current and desired conditions and system strengths. It allows a school to identify and address mental health needs that are the most pressing, understand how well existing services and supports are meeting student needs, identify and leverage strengths, and inform priorities and actions for school mental health programming.

Resource mapping is an active process to identify, visually represent, and share information about internal and external supports and services to inform effective utilization of resources. The resource map or guide that results from this process is often based your school s needs assessments and other information about strengths and needs in your school and community. A resource map may also be referred to as an asset map or environmental scan.

To what extent did your school use best practices to...

| | Best Practices | | | | | | |
|---|---|-------|--------|-----------|-------|---------------|--------|
| 1. ... assess student mental health needs? | <ul style="list-style-type: none"> • Convene a team that includes diverse groups (e.g., parents, students, school and community health and mental health providers, school administrators, school staff) • Review existing data (e.g., office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates) to identify needs • Identify additional data that might inform student needs and develop a process to gather it • Utilize needs assessment tools and processes that are psychometrically sound and culturally relevant • Pilot needs assessment with students, families and other relevant groups for feedback and revisions before large-scale data collection • Summarize and review needs assessment data to determine: <ul style="list-style-type: none"> ○ most pressing needs impacting most students (Tier 1), some students (Tier 2), and just a few students (Tier 3) ○ patterns of needs (e.g., emotional/behavioral, medical, basic [e.g., food, housing], social support, financial needs, family functioning) ○ how well current services and supports are meeting student needs | Never | Rarely | Sometimes | Often | Almost Always | Always |
| | | 1 | 2 | 3 | 4 | 5 | 6 |

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|--|---|---|--|---|---|---|--|
| <p>2. ... assess student mental health strengths?</p> | <ul style="list-style-type: none"> • Convene a team that includes diverse groups (e.g., parents, students, school and community health and mental health providers, school administrators, school staff) • Review existing data (e.g., school climate surveys, focus groups) to identify strengths. • Collect data to identify student strengths and developmental assets (e.g., school connectedness, social skills, belonging, gratitude, self-determination, grit, self-awareness, self-management, personal responsibility, decision making) • Utilize strengths assessment tools and processes that are psychometrically sound and culturally relevant • Pilot your strengths assessment with students, families and other relevant individuals for feedback and revisions before large-scale data collection • Summarize and review strengths assessment data to determine how current supports and services leverage and address gaps in student strengths | <p style="text-align: center;">Never</p> <p style="text-align: center;">1</p> | <p style="text-align: center;">Rarely</p> <p style="text-align: center;">2</p> | <p style="text-align: center;">Sometimes</p> <p style="text-align: center;">3</p> | <p style="text-align: center;">Often</p> <p style="text-align: center;">4</p> | <p style="text-align: center;">Almost Always</p> <p style="text-align: center;">5</p> | <p style="text-align: center;">Always</p> <p style="text-align: center;">6</p> |
| <p>3. ...use your needs assessment to inform decisions about selecting, planning, and implementing appropriate services and supports?</p> | <ul style="list-style-type: none"> • Develop a comprehensive needs assessment report that is relevant and easily accessible to inform decisions • Use needs assessment data to inform how gaps can be addressed with existing or new services and supports • Use needs assessment data to prioritize selection of areas of focus, programs and strategies, and action steps | <p style="text-align: center;">1</p> | <p style="text-align: center;">2</p> | <p style="text-align: center;">3</p> | <p style="text-align: center;">4</p> | <p style="text-align: center;">5</p> | <p style="text-align: center;">6</p> |
| <p>4. ...conduct resource mapping or have access to an updated resource map or guide to identify existing school and community mental health services and supports?</p> | <ul style="list-style-type: none"> • Use multiple sources to identify mental health resources (e.g., SAMHSA’s Behavioral Health Treatment Services locator, 211 from United Way) available to students and families across a multi-tiered system of supports • Create and foster school-community partnerships to ensure ongoing communication about existing and new programs, services, and supports available to students and families • Develop a user-friendly, updated, comprehensive resource map or guide that includes data (e.g., name of the program/organization, description of service, website, | <p style="text-align: center;">1</p> | <p style="text-align: center;">2</p> | <p style="text-align: center;">3</p> | <p style="text-align: center;">4</p> | <p style="text-align: center;">5</p> | <p style="text-align: center;">6</p> |

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|---|--|------------|-------------|----------------|------------|--------------------|-------------|
| | <p>address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, any other unique considerations– e.g., language, culture, immigration status) about each resource</p> <ul style="list-style-type: none"> • Include target outcomes and evidence of impact for each service • Ensure resource map or guide is easily accessible to diverse groups • Establish a process and dedicated staff time to regularly evaluate, update and improve the resource map or guide | | | | | | |
| <p>5. ... use an updated resource map or guide to inform decisions and selection, planning, and implementation of appropriate services and supports?</p> | <ul style="list-style-type: none"> • Pair needs assessment data with resource map to consider how needs can be met with existing school and community supports and services • Consider reducing or abandoning services and supports that lack evidence of impact • Use resource map to identify areas of need that are not adequately addressed by existing supports and services and seek to identify existing or develop new referral options to meet the need | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| <p>6. ...align existing mental health supports and services?</p> | <ul style="list-style-type: none"> • Use your diverse team (school staff, community partners, parents, and students) to identify and gather information about current or prospective school mental health supports and services (Include who is implementing, how students are identified, data collected/analyzed, the intended target outcome(s), and training and ongoing support involved) • Identify areas of overlap and/or misalignment • Make decisions about how to align existing services and supports to avoid duplication • Consider reducing or abandoning services that are redundant • Develop a team-based process for ensuring complementarity of initiatives | 1 | 2 | 3 | 4 | 5 | 6 |
| <p>Needs Assessment/Resource Mapping Total (Questions 1-6): _____ Needs Assessment/Resource Mapping Average (Total/6): _____</p> | | | | | | | |

Mental Health 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 to identify students who may benefit from Tier 2 or Tier 3 services and supports.

| | Best Practices | | | | | | |
|---|--|----------------|-----------------|--------------------|----------------|------------------------|-----------------|
| <p>1. To what extent did your school use best practices for mental health screening, planning, and implementation?</p> | <ul style="list-style-type: none"> • Include students and families in informing the screening, planning, and implementation process • Use a selection process for a screening tool that considers reliability, feasibility, cost and fit with the goals for screening • Share information about screening in multiple formats prior to implementation. • Inform students and families about screening procedures in advance and offer the opportunity to consent or opt out • Roll out initial screening efforts gradually to ensure the effectiveness of all processes before scaling up • Respond to risk of harm to self and others immediately • Have a defined process to assess screening/assessment results that allows for triaging students to further assess the need for Tiers 2 and 3 services and supports • Have information sharing agreements/protocols in place to ensure coordination and continuity of care | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |

2. How many students were enrolled in your school (maximum number of students who could have been screened)? _____

3. How many students were screened within the school for mental health concerns of any type in the absence of known risk factors? _____

4. Based on the screening process, how many students were identified as being at-risk for or already experiencing a mental health problem? _____

5. Of the students identified in Question 4 above, how many students were referred to a mental health service (with a school or community mental health professional) due to being at-risk for or having a mental health problem? _____

6. Of the students identified in Question 4 above, what was the number of unduplicated students* who received a mental health service (in-person contact with a school or community mental health professional) following identification of being at-risk for or having a mental health problem?

Note: students at imminent risk of harming themselves or others should receive immediate follow-up within 24 hours and should be included in this count as long as the follow-up occurred within 7 days.

7. In your school, of those students who were screened within the school, how many were screened for:

- **Depression?** _____
 - If more than 0, what tool(s) did you administer?

- **Suicidality?** _____
 - If more than 0, what tool(s) did you administer?

- **Substance use?** _____
 - If more than 0, what tool(s) did you administer?

- **Trauma?** _____
 - If more than 0, what tool(s) did you administer?

- **Anxiety?** _____
 - If more than 0, what tool(s) did you administer?

- **General mental health** (risk factors and symptoms)?
 - If more than 0, what tool(s) did you administer?

- **Well-being or protective factors** (e.g. resilience, developmental assets)?
 - If more than 0, what tool(s) did you administer?

- **Other mental health** (e.g. ADHD, conduct, life satisfaction, academic engagement, sense of safety at school, social/emotional competencies)?
 - If more than 0, what tool(s) did you administer?

Mental Health Promotion Services and Supports (Tier 1)

Mental health promotion services and supports (Tier 1) are mental health related activities that are designed to meet the needs of all students regardless of whether they are at risk for mental health problems. Tier 1 activities include promotion of positive social, emotional, and behavioral skills and well being. These activities might also include efforts to support positive school climate and staff well being. These activities can be implemented school wide, at the grade level, and/or at the classroom level and can be provided by school employed and community employed, school based professionals.

Examples include school wide mental health education lessons, school climate improvement efforts, and classroom based social emotional learning for all students.

To what extent did your school use best practices to...

| | Best Practices | | | | | | |
|-------------------------------|--|----------------|-----------------|--------------------|----------------|------------------------|-----------------|
| 1. ... assess school climate? | <ul style="list-style-type: none"> Develop a clear plan for how data will be collected, stored, analyzed and shared Assess multiple dimensions of school climate including student engagement, student- staff/student-student/staff-staff relationships, school safety and learning environment Obtain input from a variety of groups including students, their caregivers, instructional staff, non-instructional staff and administrators Assess school climate using more than one modality for input (e.g., surveys, interviews, focus group, school administrative data) Allow anonymous input on surveys and other data collection Align the data collected with school vision of school climate and improvement strategies Select evidence-based tools | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 2. ...improve school climate? | <ul style="list-style-type: none"> Designate or form a core school climate planning team that includes broad representation (e.g., educators, administrators, mental health and health staff, youth, family members, community partners) Align and integrate school climate efforts with other school improvement efforts, including academic improvement efforts Use data to inform and to assess the impact of school climate | 1 | 2 | 3 | 4 | 5 | 6 |

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|--|--|----------------|-----------------|--------------------|----------------|------------------------|-----------------|
| | <p>improvement activities</p> <ul style="list-style-type: none"> • Ensure that data from school climate measures are used to select priority areas of focus and activities to promote school climate improvement • Embed school climate improvement into policy, practice and systems in the school | | | | | | |
| 3. ...assess teacher and staff well-being? | <ul style="list-style-type: none"> • Establish a clear process and system for collecting, analyzing, and storing data • Conduct well-being assessment with teachers and all school staff • Assess staff well-being regularly and at least annually • Ensure privacy of information and anonymity when assessing staff well-being using surveys, interviews, focus groups or other means • Assess a range of well-being components (e.g., physical, occupational, emotional, environmental, social, mental, intellectual) • Select assessment tools that are evidence-based with strong psychometrics | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 4. ...improve teacher and staff well-being? | <ul style="list-style-type: none"> • Align staff well-being improvement efforts with needs identified by your staff well-being assessment • Address organizational and individual factors that contribute to stress and wellness (e.g., staff control and input, supervision and support, safe, supportive social and physical environment, linkage to employee assistance programs, worksite screening programs, education and resources for employees, targeted follow-up to support individual change, stress management, health education and health promoting activities) • Make well-being resources and activities are readily available to teachers and staff • Integrate well-being activities into the school culture instead of activities being after-school activities • Make well-being activities available at no-cost or low-cost | 1 | 2 | 3 | 4 | 5 | 6 |

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|--|---|-----------------------|------------------------|---------------------------|-----------------------|-------------------------------|------------------------|
| <p>5. ...set schoolwide expectations about positive behaviors?</p> | <ul style="list-style-type: none"> • Settings: The physical layout of the school is designed to support optimal functioning of staff and students. • Routines: Predictable schoolwide routines are developed and taught. <ul style="list-style-type: none"> • Expectations: 3-5 positively stated school-wide expectations are posted around school • Expectations apply to both students and staff • Rules are linked to expectations • Rules are clearly posted, defined and explicitly taught • Train staff to teach students expectations/rules and how rewards are developed, scheduled, and delivered. • Teach students how expectations/rules/rewards are developed, scheduled, and delivered. • Involve families and community members to develop and implement expectations about positive behaviors | <p>Never</p> <p>1</p> | <p>Rarely</p> <p>2</p> | <p>Sometimes</p> <p>3</p> | <p>Often</p> <p>4</p> | <p>Almost Always</p> <p>5</p> | <p>Always</p> <p>6</p> |
| <p>6. ...implement schoolwide positive reinforcement systems that promote positive behaviors?</p> | <ul style="list-style-type: none"> • Rewards: <ul style="list-style-type: none"> • A system of rewards is implemented consistently across campus. • A variety of methods are used to reward students • Supervision: School staff provide reminders and actively scan, move, and interact with students • Opportunity: School staff provide high rates and varied opportunities for all students to respond • Acknowledgement: School staff use specific praise and other strategies to let students know when they meet expectations • Prompts and Pre-corrections: School staff provide reminders that clearly describe the expectation • Error Corrections: School staff use brief, contingent, and specific statements when misbehavior occurs • Other Strategies: School staff use other strategies that preempt escalation, minimize inadvertent reward of a problem behavior, create a learning opportunity for emphasizing desired behavior, and maintain optimal instructional time | <p>1</p> | <p>2</p> | <p>3</p> | <p>4</p> | <p>5</p> | <p>6</p> |

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|--|---|--------------------|---------------------|------------------------|--------------------|----------------------------|---------------------|
| | <ul style="list-style-type: none"> Discipline: <ul style="list-style-type: none"> Discipline process described in narrative format or depicted graphically. Discipline process includes documentation procedures Problem behaviors are clearly defined Suggested, graduated array of appropriate responses to problem behaviors are clearly defined | | | | | | |
| <p>7. ...use classroom and school-based strategies to proactively build health relationships and a sense of community to prevent and address conflict and wrong doing? <i>These classroom and school-based strategies are often referred to as restorative practices.</i></p> | <ul style="list-style-type: none"> Use informal and formal processes, that <u>precede</u> wrongdoing, to proactively build relationships and a sense of community to prevent conflict and wrongdoing Use circles and groups to provide opportunities for students to share their feelings, build relationships and solve problems, and when there is wrongdoing, to play an active role in addressing the wrong and making things right Teach and model problem solving and conflict resolution skills in the classroom | <p>Never 1</p> | <p>Rarely 2</p> | <p>Sometimes 3</p> | <p>Often 4</p> | <p>Almost Always 5</p> | <p>Always 6</p> |
| <p>8. ...use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?</p> | <ul style="list-style-type: none"> Establish consistent expectations, rules and schoolwide positive reinforcement systems to promote positive behaviors Train and support school staff in emotional and behavioral health Train and support school staff in evidence-informed, culturally responsive crisis de-escalation strategies and techniques Develop a multi-tiered system of emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns Use a process of graduated sanctions that limit out-of-school suspensions, if used at all, to the most severe offenses Examine number of suspensions/expulsions by demographic group to better understand any differences in policies or practices Use restorative justice practices that encourage student disciplinary practices that focus on repairing the harm caused by an incident and allowing the people most affected by the incident to participate in its resolution | <p>1</p> | <p>2</p> | <p>3</p> | <p>4</p> | <p>5</p> | <p>6</p> |

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|--|--|-----------------------|------------------------|---------------------------|-----------------------|-------------------------------|------------------------|
| <p>2) <i>Self-management: Effectively manage stress, control impulses, and motivate yourself to set and achieve goals.</i></p> <p>3) <i>Social awareness: Understand the perspectives of others and empathize with them, including those from diverse backgrounds and cultures.</i></p> <p>4) <i>Relationship skills: Communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.</i></p> <p>5) <i>Responsible decision-making: Make constructive choices about personal behavior and social interactions based on ethical standards, safety, and social norms.</i></p> | <p>members of the school community</p> <ul style="list-style-type: none"> Re-assess SEL skill development on a routine basis to monitor progress and inform feedback to school staff and team planning for ongoing activities | | | | | | |
| <p>11 ... To what extent were mental health promotion (Tier 1) services and supports evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools)?</p> | <p>1 = None of our mental health promotion (Tier 1) services and supports were evidence- informed 2 = 1-25% of our mental health promotion (Tier 1) services and supports were evidenced- informed 3 = 26-50% of our mental health promotion (Tier 1) services and supports were evidenced-informed 4 = 51-75% of our mental health promotion (Tier 1) services and supports were evidenced-informed 5 = 76-99% of our mental health promotion (Tier 1) services and supports were evidenced-informed 6 = All of our mental health promotion (Tier 1) services and supports were evidence-informed</p> | | | | | | |
| <p>12. ... determine whether Tier 1 mental health services and supports are evidence-informed?</p> | <ul style="list-style-type: none"> Create an intervention selection committee with diverse representation (school mental health providers, administrators, teachers, students, parents) Develop a selection process and policy Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools or other schools with similar characteristics Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, OJJDP Model Programs Guide, Society of Clinical Child and Adolescent Psychology Effective Child Therapies) Review national evidence-based practice registries and relevant research literature to determine: | <p>Never</p> <p>1</p> | <p>Rarely</p> <p>2</p> | <p>Sometimes</p> <p>3</p> | <p>Often</p> <p>4</p> | <p>Almost Always</p> <p>5</p> | <p>Always</p> <p>6</p> |

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|--|--|------------|-------------|----------------|------------|--------------------|-------------|
| | <ul style="list-style-type: none"> • Randomized controlled trials (RCTs) for the practice demonstrate valued outcomes • Valued outcomes have been demonstrated by others than the practice developers • The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting • The populations that have been studied are comparable to your population characteristics (e.g., gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socioeconomic status). • The outcomes are consistent with those valued and prioritized by the school | | | | | | |
| 13. ...ensure Tier 1 services and supports fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your school? | <ul style="list-style-type: none"> • Create an EBP selection committee with diverse representation (school mental health providers, school administrators, teachers, students, parents) • Review school student body including gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socio economic status • Review school mental health needs and strengths • Review costs associated with EBP implementation • Evaluate short and long-term training requirements and qualifications needed to implement practice with fidelity • Pilot test the new practice with school population • Adapt the practice to fit school population unique considerations | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 14. ...ensure adequate resource capacity to implement mental health promotion (Tier 1) services and supports? | <ul style="list-style-type: none"> • Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports • Evaluate implementation supports (ongoing training, coaching, supplies) needed to implement services and supports with fidelity • Evaluate costs associated with training and implementation • Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. ... support training/professional development, including ongoing | <ul style="list-style-type: none"> • Provide interactive trainings (with opportunity for skills practice, role plays, action planning) | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|--|--|---|--|---|---|---|--|
| <p>implementation supports, for mental health promotion (Tier 1) services and supports?</p> | <ul style="list-style-type: none"> • Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes). • NOTE: Distribution of materials and one-time didactic trainings without follow-up support are <u>not</u> best practices to support training and implementation of practices and are generally necessary but insufficient to support implementation in schools | | | | | | |
| <p>16. ...monitor fidelity of mental health promotion (Tier 1) services and supports implementation across tiers?</p> | <ul style="list-style-type: none"> • Identify fidelity monitoring tools specific to the practice you are implementing or develop a tool specific to the practice and the implementation context in school (based on fidelity monitoring tools for similar evidence-based practices). Tools might involve reviewing student records or progress, directly observing school staff who are implementing the practice and/or talking with anyone implementing or receiving the practice • Ensure your fidelity monitoring tool or system measures the following: <ul style="list-style-type: none"> • <i>Adherence to intervention content (what is being implemented)</i> • <i>Quality of program delivery (manner in which facilitator delivers/implements program)</i> • Logistics (conducive implementation environment, number/length of sessions implemented) • Determine frequency of fidelity measurement based on what is feasible and will yield actionable information • Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent) • Monitor and track changes or adaptations to the practice • Provide feedback to anyone implementing and use the results to continuously improve, adapt, and sustain implementation | <p style="text-align: center;">Never</p> <p style="text-align: center;">1</p> | <p style="text-align: center;">Rarely</p> <p style="text-align: center;">2</p> | <p style="text-align: center;">Sometimes</p> <p style="text-align: center;">3</p> | <p style="text-align: center;">Often</p> <p style="text-align: center;">4</p> | <p style="text-align: center;">Almost Always</p> <p style="text-align: center;">5</p> | <p style="text-align: center;">Always</p> <p style="text-align: center;">6</p> |

Mental Health Promotion Services and Supports (Tier 1) Total (Questions 1-16): _____

Mental Health Promotion Services and Supports (Tier 1) Average (Total/16): _____

Early Intervention and Treatment Services and Supports (Tiers 2 and 3)

Early intervention services and supports (Tier 2) address the mental health concerns of students who are experiencing mild distress, functional impairment, or are at risk for a given problem or concern. These students can be identified through needs assessments, screening, referral, or another school teaming processes. When mental health needs are identified early and supports are put in place, positive youth development is promoted, and the chronicity and severity of mental health concerns can be eliminated or reduced. Sometimes these are referred to as “selective” mental health prevention or secondary prevention services. Tier 2 services include services provided by all school based mental health professionals, school employed and community employed.

Examples include small group interventions for students identified with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving), mentoring, and/or low intensity classroom based supports such as a daily report card, daily teacher check in, and/or home/school note system.

Treatment services and supports (Tier 3) to address mental health concerns are provided for students who are already experiencing significant distress and functional impairment. Sometimes these are referred to as indicated mental health intervention, tertiary or intensive services and are individualized to specific student needs. Tier 3 services include services provided by all school based mental health professionals, including school employed and community employed.

Examples include individual, group or family therapy for students receiving general or special education who have identified, and often diagnosed, social, emotional and/or behavioral needs.

Tier 2 Only (Questions 1 2)

| | |
|--|---|
| <p>1. Of the students who were identified in your school (e.g., through screening or referral) as needing mental health early intervention (Tier 2) services and supports, how many received them?</p> | <p>1 = Tier 2 services and supports were not received in our school 2 = Tier 2 services and supports were received by 1-25% of the students who needed them 3 = Tier 2 services and supports were received by 26-50% of the students who needed them 4 = Tier 2 services and supports were received by 51-75% of the students who needed them 5 = Tier 2 services and supports were received by 75-99% of the students who needed them 6 = Tier 2 services and supports were received by all students who needed them</p> |
| <p>2. In your school, to what extent were all mental health early intervention services and supports (Tier 2) evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools)?</p> | <p>1 = None of our mental health prevention (Tier 2) services and supports were evidence- informed 2 = 1-25% of our mental health prevention (Tier 2) services and supports were evidenced- informed 3 = 26-50% of our mental health prevention (Tier 2) services and supports were evidenced-informed 4 = 51-75% of our mental health prevention (Tier 2) services and supports were evidenced-informed 5 = 76-99% of our mental health prevention (Tier 2) services and supports were evidenced-informed 6 = All of our mental health prevention (Tier 2) services and supports were evidence-informed</p> |

Tier 3 Only (Questions 3 4)

| | |
|--|---|
| <p>3. Of the students who were identified (e.g., through screening or referral) in your school as needing mental health treatment (Tier 3) services and supports, how many received them?</p> | <p>1 = Tier 3 services and supports were not received in our school 2 = Tier 3 services and supports were received by 1-25% of the students who needed them 3 = Tier 3 services and supports were received by 26-50% of the students who needed them 4 = Tier 3 services and supports were received by 51-75% of the students who needed them 5 = Tier 3 services and supports were received by 75-99% of the students who needed them 6 = Tier 3 services and supports were received by all students who needed them</p> |
| <p>4. In your school, to what extent were all mental health treatment services and supports (Tier 3) evidence-informed (based on research evidence, as recognized in national registries, and/or supported by practice-based evidence of success in local or similar schools)</p> | <p>1 = None of our mental health treatment (Tier 3) services and supports were evidence- informed 2 = 1-25% of our mental health treatment (Tier 3) services and supports were evidenced- informed 3 = 26-50% of our mental health treatment (Tier 3) services and supports were evidenced-informed 4 = 51-75% of our mental health treatment (Tier 3) services and supports were evidenced-informed 5 = 76-99% of our mental health treatment (Tier 3) services and supports were evidenced-informed 6 = All of our mental health treatment (Tier 3) services and supports were evidence-informed</p> |

| To what extent did your school use best practices to... | | | | | | | |
|--|--|-------|--------|-----------|-------|---------------|--------|
| | Best Practices | Never | Rarely | Sometimes | Often | Almost Always | Always |
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. ... determine whether early intervention and treatment (Tier 2 and 3) mental health services and supports are evidence-informed? | <ul style="list-style-type: none"> • Create an intervention selection committee with diverse representation (e.g., school mental health providers, administrators, teachers, students, parents) • Develop an intervention selection process and policy • Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, OJJDP Model Programs Guide, Society of Clinical Child & Adolescent Psychology Effective Child Therapies) and research literature to inform selection of evidence-informed interventions. In selecting an intervention consider whether: <ul style="list-style-type: none"> • Randomized controlled trials (RCTs) for the intervention demonstrate valued outcomes • The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting • The outcomes are consistent with those valued and prioritized by the school • Review of evidence of success (e.g., process or outcome data from program evaluation or quality improvement efforts, fidelity data) in schools with similar characteristics | | | | | | |
| 6. ... ensure mental health early intervention and treatment (Tiers 2 and 3) services and supports fit the unique strengths, needs, and cultural/linguistic consideration of students and families in your school? | <ul style="list-style-type: none"> • Create an intervention selection committee with diverse representation (e.g., school mental health providers, school administrators, teachers, students, parents) • Consider intervention fit with unique school considerations through a review of: <ul style="list-style-type: none"> • School's student body including gender, age, ethnicity, cultural backgrounds, languages, sexual orientation, socioeconomic status, geographic location | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|--|---|------------|-------------|----------------|------------|--------------------|-------------|
| | <ul style="list-style-type: none"> School's mental health needs, and strengths Pilot test the new practice with school population to help inform fit Evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic considerations of students to inform adoption, adaptation, or abandonment of interventions As appropriate, adapt interventions to fit school population's unique considerations | | | | | | |
| 7. ... ensure adequate resource capacity to implement mental health early intervention and treatment (Tiers 2 and 3) services and supports? | <ul style="list-style-type: none"> Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports Evaluate implementation supports (ongoing training, coaching, supplies) needed to implement services and supports with fidelity Evaluate costs associated with training and implementation Determine whether staffing, implementation supports, and costs of services and supports are achievable within current school mental health system | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 8. ... support training/professional development, including ongoing implementation supports such as coaching for early intervention and treatment (Tiers 2 and 3) services and supports? | <ul style="list-style-type: none"> Provide interactive trainings (with opportunity for skills practice, role plays, action planning) Provide ongoing support for implementation (by regular coaching, consultation, or supervision that includes skills practice, role plays, and corrective feedback, as well as fidelity monitoring and feedback processes) <p>NOTE: Distribution of materials and one-time didactic trainings without follow-up support are not best practices to support training and implementation of practices and are generally necessary but insufficient to support implementation in schools</p> | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. ... monitor fidelity of the implementation of early intervention and treatment (Tiers 2 and 3) services and supports? | <ul style="list-style-type: none"> Identify fidelity monitoring tools specific to the practice being implemented or develop a tool specific to the practice and the implementation context in schools (based on fidelity monitoring tools for similar evidence-based practices). Tools might involve reviewing student records or progress, directly observing school | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|---|--|----------------|-----------------|--------------------|----------------|------------------------|-----------------|
| | <p>staff who are implementing the practice and/or talking with those implementing or receiving the practice</p> <ul style="list-style-type: none"> • Ensure your fidelity monitoring tool or system measures the following: <ul style="list-style-type: none"> • 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) • Determine frequency of fidelity measurement based on what is feasible and will yield actionable information • Establish a benchmark for acceptable levels of feasibility (e.g., not acceptable, adequate, excellent) • Monitor and track changes or adaptations to the practice • Provide feedback to implementers and use the results to continuously improve, adapt and sustain implementation | | | | | | |
| <p>10. ensure intervention goals are specific, measurable, achievable, relevant and time bound (SMART)? <i>Goals may be documented in a treatment plan, individualized education program (IEP), or other charting or documentation system to track student response to intervention over time.</i></p> | <ul style="list-style-type: none"> • Work with the student, parent, and school staff to establish specific goals for the student’s success. This typically involves standardized data collection, observation and/or discussion • Ensure goals are specific (concrete, detailed, and well-defined) • Establish a measurement plan and set an achievable benchmark What is achievable will depend on the baseline. For example, if the student is not currently staying in school any days of the week, an achievable goal might be to stay in school 2 out of 5 days to start. Or, if the student is currently referred to the front office once per day, an achievable initial goal might be to decrease office referrals from 5 per week to 3 per week • Ensure goals are time specific, meaning there is a target date identified and interim steps are included to monitor progress during a specific timeline for goals to be achieved | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| <p>11. ... monitor individual student progress across tiers? <i>For example, monitoring student progress or response to an intervention can inform</i></p> | <ul style="list-style-type: none"> • Use multiple data sources and reporters • Use validated assessment tool(s) or clearly-measured targets for individual progress/goal attainment • Ensure the progress monitoring data is aligned with the purpose of | 1 | 2 | 3 | 4 | 5 | 6 |

Funding and Sustainability

Funding and Sustainability refers to strategies to optimize financial and non financial assets needed to maintain and improve school mental health systems over time. Sustainability is always evolving, but the goal is to ensure that the operational structures and capacity of schools is sound and that schools can evolve and adapt to match the changing needs of students, families, schools, communities, and other systems in your context.

To what extent did your school use best practices to...

| | | Best Practices | | | | | |
|--|---|----------------|-----------------|--------------------|----------------|------------------------|-----------------|
| <p>1. ... use multiple and diverse funding and resources to support a full continuum of school mental health services and supports?</p> | <ul style="list-style-type: none"> • Use multiple and diverse funding sources from different levels (e.g., school, local, district, state, and federal), types of funding (e.g., grants, third party reimbursement, cost sharing, private foundation funding, block grants) and different systems (e.g., education, physical, mental, and public health, substance use) • Ensure your funding and resources align to support a full continuum of services and supports • Establish and use a process to develop and regularly evaluate and update your financing plan • Establish and use a process to regularly monitor new funding opportunities and local, state and federal policies that may affect funding for comprehensive school mental health systems | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| <p>2. ... leverage funding and resources to attract potential contributors?</p> | <ul style="list-style-type: none"> • Establish and use a formal agreement that specifies contingent funding and/or non-financial resources • Regularly seek potential partners who may have funding or non-financial resources that can be contributed to support the larger school mental health system • Foster relationships with diverse agencies and organizations in the community with a goal to create more opportunities as appropriate, adapt interventions to fit school population's unique considerations | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|---|--|-----------------------|------------------------|---------------------------|-----------------------|-------------------------------|------------------------|
| <p>3. ... have strategies in place to retain staff?</p> | <ul style="list-style-type: none"> • Provide in-person and virtual ongoing professional development activities such as lectures, didactic presentations, and peer consultation • Regularly recognize and celebrate accomplishments (e.g., monthly awards, recognition, sharing success stories with others) and personal milestones (e.g., birth of a child, birthdays) • Practice open, bidirectional communication and provide opportunities for staff to provide anonymous input if desired • Offer flexible work schedules • Provide and evaluate staff wellness activities • Engage staff to provide input on how to optimize staff retention • Provide supervision and opportunities for peer support (e.g., new hire mentor and support group, supervision, buddy program) • Provide opportunities for career advancement • Provide incentive-based pay • Work to ensure salary is fair and there are growth opportunities | <p>Never</p> <p>1</p> | <p>Rarely</p> <p>2</p> | <p>Sometimes</p> <p>3</p> | <p>Often</p> <p>4</p> | <p>Almost Always</p> <p>5</p> | <p>Always</p> <p>6</p> |
| <p>4. ... maximize the expertise and resources of all school mental health partners to support ongoing professional development activities?</p> <p><i>Partners may include school- and community-employed staff, local community groups or higher education partners, youth and families.</i></p> | <ul style="list-style-type: none"> • Poll school staff members (e.g., teachers, nurses, school social worker/psychologist, guidance counselors, behavioral specialists, administrators), community providers and students, family members and caregivers about expertise in relevant mental health- related content • Offer professional development activities that use the diverse knowledge and skills of family-school-community partners engaged in school mental health. Examples include: <ul style="list-style-type: none"> • <i>Community mental health providers training teachers on identification of mental health concerns</i> • <i>School psychologists training community mental health providers on school language and policy</i> • Train school- and 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.) • Engage youth and family leaders and advocates in professional development as trainers and learners • Use diverse professional development mechanisms (in-person and | <p>1</p> | <p>2</p> | <p>3</p> | <p>4</p> | <p>5</p> | <p>6</p> |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | virtual lectures, presentations, consultation, coaching, mentoring and written resources) | | | | | | |
| 5. To what extent did your school have funding and resources to support Tier 1 (mental health promotion) services? | 1= Funding was not available to support Tier 1 services and supports. 2= Funding was available but only met 1-25% of the cost of needed Tier 1 services and supports 3= Funding was available but only met 26-50% of the cost of needed Tier 1 services and supports 4= Funding was available but only met 51-75% of the cost of needed Tier 1 services and supports 5= Funding was available but only met 76-99% of the cost of needed Tier 1 services and supports 6= Funding was available for <u>all</u> needed Tier 1 services and supports | | | | | | |
| 6. To what extent did your school have funding and resource to support Tier 2 (early intervention) services? | 1= Funding was not available to support Tier 2 services and supports 2= Funding was available but only met 1-25% of the cost of needed Tier 2 services and supports 3= Funding was available but only met 26-50% of the cost of needed Tier 2 services and supports 4= Funding was available but only met 51-75% of the cost of needed Tier 2 services and supports 5= Funding was available but only met 76-99% of the cost of needed Tier 2 services and supports 6= Funding was available for <u>all</u> needed Tier 2 services and supports | | | | | | |
| 7. To what extent did your school have funding and resources to support Tier 3 (treatment) services? | 1= Funding was not available to support Tier 3 services and supports 2= Funding was available but only met 1-25% of the cost of needed Tier 3 services and supports 3= Funding was available but only met 26-50% of the cost of needed Tier 3 services and supports 4= Funding was available but only met 51-75% of the cost of needed Tier 3 services and supports 5= Funding was available but only met 76-99% of the cost of needed Tier 3 services and supports 6= Funding was available for <u>all</u> needed Tier 3 services and supports | | | | | | |
| 8. To what extent did your school maximize reimbursement opportunities for eligible services? | 1 = 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= Our school billed for <u>all</u> eligible services | | | | | | |
| Funding and Sustainability Total (Questions 1 8): ____ Funding and Sustainability Average (Total/8): ____ | | | | | | | |

Impact

Impact refers to the long term effects or changes that occur as a result of the programs, practices, and/or policies implemented within a comprehensive school mental health system. Documenting and reporting the impact of your school mental health system to a wide range of stakeholders is critical for sustainability. By having data on the impact of your school mental health systems readily available, you will be optimally positioned to describe their success and advocate for ongoing funding, support, and resources, with the support of your district.

1. How many unduplicated* students were identified through a systematic screening or other referral process to possibly receive Early Intervention (Tier 2) and/or Treatment (Tier 3) services and supports? _____

2. What was the total number of unduplicated* students who received at least one Tier 2 or Tier 3 school mental health service? This includes any school-based Tier 2 or Tier 3 school mental health service provided by school or community-employed providers. _____

3. How many unduplicated* students who received Tier 2 and/or Tier 3 services and supports have documented improvement in educational functioning?

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

4. How many unduplicated* students who received Tier 2 and/or Tier 3 services and supports have documented improvement in social, emotional or behavioral functioning? Examples of documented improvement: screening, assessment and/ progress monitoring data collected from students, families, and/ teachers which demonstrate improvements in social-emotional wellness, mental health functioning, and/ target problem areas. _____

* If a student received more than one type of Tier 2 or 3 service, the student should only be counted once.

| To what extent did your school use best practices to... | | | | | | | |
|--|---|------------|-------------|----------------|------------|--------------------|-------------|
| | Best Practices | | | | | | |
| 5. ... document the impact of the comprehensive school mental health system's effectiveness on educational outcomes? | <ul style="list-style-type: none"> • Develop a theory of change about how specific mental health services or supports impact educational outcomes for students to decide which educational outcomes to focus on • Identify existing and potential educational outcome data (e.g., grades, attendance, chronic absence, office discipline referrals, suspensions and expulsions, performance test scores, achievement, or benchmark test scores) • Develop a plan to collect and document educational outcomes • Establish data infrastructure that allows for easy collection, analysis, and reporting • Examine educational data to understand student progress and service impact • Engage diverse individuals (e.g., students, parents, teachers, other school staff) to provide qualitative feedback (e.g., testimonials) about the impact of school mental health on educational success | Never 1 | Rarely 2 | Sometimes 3 | Often 4 | Almost Always 5 | Always 6 |
| 6. ... document the impact of the school mental health system's effectiveness on social, emotional, and behavioral outcomes? | <ul style="list-style-type: none"> • Develop a theory of change about how specific mental health services or supports impact social, emotional, and behavioral outcomes for students to decide which outcomes to focus on • Identify existing and potential social, emotional, and behavioral outcome data (e.g., social/emotional/behavioral health screenings and assessments, behavioral observations, crisis incidents, school climate data, strengths assessments) • Develop a plan for data collection | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|--|--|--------------------|---------------------|------------------------|--------------------|----------------------------|---------------------|
| | <ul style="list-style-type: none"> • Establish data infrastructure that allows for easy collection, analysis, and reporting • Examine social, emotional and behavioral data to understand student progress and service impact • Engage diverse individuals (e.g., students, parents, teachers, other school staff) to provide qualitative feedback (e.g., testimonials) about the impact of school mental health on social, emotional, and behavioral functioning | | | | | | |
| <p>7. ... disaggregate student mental health service and support data to examine student outcomes based on sub-population characteristics?</p> | <ul style="list-style-type: none"> • Review your current student information or data collection for variables that capture relevant sub-population characteristics of your student body (e.g., student age, gender, race/ethnicity, free and reduced-price lunch) • Add any variables relevant to sub-population characteristics that are not represented and develop a plan for data collection • Identify key student outcomes (e.g., receipt of mental health services and supports relative to referrals, achievement of individual goals, social, emotional, behavioral and/or functional improvement, school connectedness, sense of safety at school) that can inform action steps to improve service provision • Examine key student outcomes for all students, and compare those results to outcomes for students in sub-populations of interest • Based on findings from data collection, develop strategies as a team to address inequities or disparities in mental health access or outcomes | <p>Never 1</p> | <p>Rarely 2</p> | <p>Sometimes 3</p> | <p>Often 4</p> | <p>Almost Always 5</p> | <p>Always 6</p> |

| | | | | | | | |
|--|--|-----------------------|------------------------|---------------------------|-----------------------|-------------------------------|------------------------|
| <p>8. ... report the impact of the CSMHS to a broad and diverse group of stakeholders (e.g., youth, families, school and community partners, district leadership, existing or potential funders, non-education community partners, state agencies, local and statewide representatives)?</p> | <ul style="list-style-type: none"> • Develop quarterly or semi-annual reports and newsletters or host meetings to share your data with those who submitted or contributed to the data or are interested in or help fund school mental health • Prepare a compelling and clear 1-2 page document that communicates the impact of school mental health services, with user-friendly terms and graphics • Prepare a short “elevator” speech that highlights students served and key indicators of impact to share verbally or in writing with stakeholders • Present findings at conferences and other meetings where individuals and groups that are invested in children’s mental health and education are present • Develop a social marketing campaign; this may include creating published (e.g., fliers) or online (e.g., website) access to your evaluation findings • Use news media outlets (write press releases for newspapers, relevant magazines, online news sources and/or create public service announcements on radio or local TV) as a way to disseminate information about your services, supports, and impact • Use social media, such as Facebook and Twitter accounts, as well as columns/blurbs in the school or district newsletter, to communicate the impact of your work • Create a website and/or ask the school or district to include information about CSMHS services and findings on the school or district website | <p>Never</p> <p>1</p> | <p>Rarely</p> <p>2</p> | <p>Sometimes</p> <p>3</p> | <p>Often</p> <p>4</p> | <p>Almost Always</p> <p>5</p> | <p>Always</p> <p>6</p> |
| <p style="text-align: center;">Impact Total (Questions 5 8): _____ Impact Average (Total/4): _____</p> | | | | | | | |



School Mental Health Quality Assessment—School Version Score Summary Page

| Domain | School Average Score |
|--|----------------------|
| Teaming | |
| Needs Assessment / Resource Mapping | |
| Mental Health Screening | |
| Mental Health Promotion (Tier 1) | |
| Mental Health Early Intervention and Treatment (Tiers 2 and 3) | |
| Funding and Sustainability | |
| Impact | |

