



## 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.

# School Mental Health-Quality Assessment Definitions

- **Anti-Racist** involves opposing racism and promoting racial equity through policies and practices.<sup>1</sup>
- **BIPOC** stands for Black, Indigenous, and People of Color. The "B" and "I" also call attention to Black and Indigenous folks' unique experiences to white supremacy in the U.S. given its history of enslavement of people of African descent and genocide of Indigenous people.<sup>2</sup>
- **CARE** stands for **C**ulturally responsive, **A**nti-Racist, and **E**quitable.  
In a **culturally responsive** school, students', families', and educators' cultural references are included in all aspects of schooling, including supports and services that promote well-being and mental health. **Anti-racist** policies and practices promote equity and oppose racism and other forms of oppression. **Equitable** schools provide the climate and resources that enable all students and educators to perform at their highest level. **Culturally responsive, anti-racist and equitable** schools embrace cultural differences and assets, use cultural knowledge to promote wellness and academic success, mediate power imbalances based on cultural identities, and work to dismantle systems of injustice.
- **Cultural competence** involves the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.
- **Cultural humility** describes a lifelong commitment to self-evaluation and critique to learn, understand, appreciate and interact with people from cultures or belief systems different from one's own. This reflects an ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity.<sup>3</sup>
- **Cultural responsiveness** within schools involves acknowledging, embracing, and incorporating the cultural differences and assets of each person's culture in all aspects of schooling.<sup>4</sup>
- **Disaggregated data** is data that has been separated by specific demographic categories (i.e., gender identity, race/ethnicity, socioeconomic status, etc.) to reveal differences, including inequities, that may not be fully reflected in aggregated or combined data.
- **Equity** describes the absence of avoidable or remediable differences among groups of people. Equity is distinguished from equality. Equality involves providing people with *equal* access to resources, whereas equity involves providing people with *needed* access to resources. An equity approach involves recognizing that some people/groups need different (i.e., more) access to resources because they experience more structural barriers that get in the way of their ability to thrive.
- **Healing-centered engagement** is an expanded approach to trauma-informed care that is strengths-based, holistic, and incorporates culture, spirituality, civic action and collective well-being into its practices.<sup>5</sup>
- **Historically Marginalized Communities** are groups that are impacted by historical and present-day systemic oppression. These groups have been undervalued, harmed and excluded from social, economic, educational and cultural life based upon, but not limited, to age, disability status, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, and socioeconomic status.
- **Person-centered engagement** involves a provider seeking to empower those they serve to take charge of their own health rather than being passive recipients of services. As such, the individual's values and preferences guide all aspects of their health and mental health services and supports. This strategy is based on the belief that the individual's views, input, and experiences can help improve overall quality of life outcomes.

- **Disproportionality involves** overrepresentation or underrepresentation of a specific group within a particular category (e.g., students suspended) compared with that group's percentage in the total population (e.g., total student enrollment). For example, imagine a situation where Black/African American students make up 30% of students suspended in schools but only 10% of the total student enrollment is Black/African American. This is a suspension disproportionality due to un-equal representation of Black/African American students among those suspended and the total population.
- **Disparity** is defined by unequal outcomes of one group compared with outcomes for another group.
- **Re-traumatization** occurs when a person re-experiences a previously traumatic event, either consciously or unconsciously. Re-traumatization can be prompted by any of the following: a situation, including an interaction with another person; an attitude or expression; or by certain environments that recreate the dynamics of the original trauma (e.g. loss of safety).
- **Social determinants of health** include conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.<sup>6</sup>
- **Systems of oppression** exist when laws, policies and practices of a system (e.g., criminal legal, educational, mental health system, etc.) result in inequitable treatment of social identity group(s).
- **Trauma-informed care** recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life and community. In a **trauma-informed school**, the school community cultivates a **healing-centered** environment that recognizes and responds to the individual and collective causes and impact of adversity, stress, and trauma. Adults are prepared to recognize and respond to those who have been impacted by traumatic stress. Students are provided with clear expectations and strategies to guide them through stressful situations. Trauma-informed schools leverage individual and community strengths to foster healing.

#### References:

1. The BIPOC Project (2021). A Black, Indigenous and People of Color Movement. Retrieved from: <https://www.thebipocproject.org/> 2.
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3. Ladson-Billings, G. (1995). Toward a theory of culturally relevant pedagogy. *American Educational Research Journal*, 32, 465-491.
4. Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125. <https://doi-org.proxy-hs.researchport.umd.edu/10.1353/hpu.2010.0233>
5. Ginwright, S. (2018). The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement. Retrieved from: <https://ginwright.medium.com/the-future-of-healing-shifting-from-traumainformed-care-to-healing-centered-engagement-634f557ce69c>
6. Healthy People 2030. (2021). Social Determinants of Health. Retrieved from: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



## 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, school-based health care team, any other team that addresses student mental health concerns). School teams should involve students, families, staff, and community partners that represent diverse cultural identities and backgrounds including diversity of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status. All school teams should prioritize trauma-informed approaches and cultural responsiveness, anti-racism, and equity as they relate to the team's mission, goals, and deliverables.

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

#### 1. ... ensure your school mental health team is multidisciplinary and diverse?

- Use recruitment and hiring practices to attract diverse team members.
- Include team members who reflect the diversity of students, families, and staff.
- Ensure that representatives of different groups regularly attend and have an active and equitable voice in team meetings and decision-making processes.
- Engage school mental health system team members from the following groups:
  - *School mental health staff (e.g., school social worker, school psychologists, school counselor)*
  - *School health staff (e.g., school nurses)*
  - *Teachers*
  - *School administrators*
  - *Youth/Students*
  - *Parents/Families*
  - *Community health and behavioral health providers*
  - *Child welfare staff*
  - *Juvenile justice staff*
  - *Community leaders*
  - *Community School Coordinator*
  - *English Language Learning educator*

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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#### 2. ... meaningfully involve students and families to plan and improve the school mental health system?

- 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 and structured role
- Gather additional information from students and families using surveys, interviews, and focus groups. Ensure that individuals who lead and develop interviews and

focus groups represent the diverse identities of students

- Identify existing youth and family mental health advocacy and navigation organizations in your community, prioritizing those that value cultural responsiveness, anti-racism, and equity
- 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
- Demonstrate equity in partnerships with students and families from groups that have been historically marginalized, by amplifying and prioritizing their voices (e.g., engaging them in leadership positions, shared decision-making)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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### 3. ...facilitate effective school- community partnerships?

- Establish communication mechanisms (e.g., team meetings, email communications, conference calls) to ensure ongoing and effective communication between school leadership/staff and community partners
- Engage community partners that represent and are trusted in the community and value cultural responsiveness, anti-racism, and equity (CARE) and trauma-informed, healing-centered approaches
- 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, that have been informed by youth and families, to allow for accessing and sharing data to inform needed services and supports and the impact of partnership activities
- Ensure appropriate documentation procedures and systems are in place to facilitate communication between school staff and relevant community partners (including school-based health care team, if applicable). Examples may include: release of information forms, consent forms that are compliant with federal privacy laws, such as HIPAA and/or FERPA, as applicable

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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### 4. ...ensure teaming structures address each tier of the multi-tiered system of support?

- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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### 5. ... avoid duplication and promote efficiency of teams?

- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**6. ...conduct meetings, both in terms of structure and process?**

- Schedule and hold regular team meetings
- Accommodate differences in family and community partner schedules when planning meetings that include them
- Accommodate, to the extent possible, differences in languages (to support caregiver participation)
- Track attendance and troubleshoot as needed to ensure consistent attendance
- Establish a routine scheduling process and use family engagement strategies (e.g., reminder calls) to increase attendance
- Create and use an agenda
- Use meeting practices that promote inclusion (e.g., active listening, ensuring all opinions are heard)
- Focus on making actionable decisions
- Use meeting time to follow up on the status of action items

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**7. ... delineate staff roles and responsibilities?**

- Clarify roles and responsibilities for both school-employed and community partnered school mental health and health staff to ensure smooth collaboration and make sure services are not duplicated
- 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 be assigned
- Ensure that identification of disproportionalities and/or disparity and advocacy for youth and families from historically marginalized communities is included in the responsibilities of staff

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**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)

- 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 day and hours, eligibility requirements or students they work with, how to refer students)
- Identify and integrate student's and family's unique cultural needs and assets when providing resources
- Address impact of stigma and mistrust of education, mental health, and healthcare institutions throughout referral process
- Refer to school-based mental health services that are trauma-informed, healing-centered, culturally responsive and anti-racist and offer culturally specific or relevant interventions

- 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 mental health, school health, and community--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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**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)

- Use an up-to-date community resource map (name of program or organization, description of services, website, address, phone number, hours of service, eligibility requirements, insurances 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:
- Referral consultation meeting with student and family to review strengths, needs, outcomes of value to the student and family, referral options, and to complete any releases of information
- Direct contact with community provider to confirm referral, service availability, and facilitate a seamless entry into services and supports
- 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
- Consider student's and family's unique cultural needs and assets when providing resources
- Consider impact of stigma and mistrust of education and mental health institutions throughout referral process
- Refer to community-based mental health services that are trauma-informed, healing-centered, culturally responsive and anti-racist and offer culturally specific or relevant interventions. Follow-up with community provider and family to facilitate ongoing coordination and information sharing

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**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?**

- Use multiple data sources to match mental health interventions with student strengths, needs, and valued outcomes
- Use validated, culturally responsive screening/assessment/survey tool(s) that reflect valued outcomes and are appropriate (e.g., developmentally) to your student population and in the first language(s) of students and families.
- Use tools that incorporate screening for social determinants of health (e.g., poverty, housing stability), protective factors and assets (e.g., extended family support), and trauma exposure and traumatic stress
- Use a consistent and systematic process of using screening and assessment data to match students with appropriate levels of support
- Ensure coordination across team members to limit duplication of screening/assessment/survey tool(s)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**11. ...collect and share data among school mental health team members?**

- Align data definitions
- Use data systems that allow for easy data entry and retrieval for review and sharing. Protocols are in place to:
  - Allow for valid, reliable data collection
  - Address confidentiality considerations (where data are maintained and who can access them)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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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 on 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...

### 1. ... assess student mental health needs?

- Convene a diverse team to develop and conduct a needs assessment. Team should include representation from several groups (e.g., Caregivers, students, school mental health and health staff, community-based providers, school administrators, school staff, community leaders) and reflect diverse demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)
- Needs assessment should reflect diverse team members' input and values related to identified needs and strengths
- Review existing data (e.g., office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, health risk assessments, aggregate data from behavioral health screenings, crisis referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates) to identify needs, disproportionalities, and disparities
- Identify additional data, such as student risk assessment, community- level stressors or potentially traumatic events, and school campus physical safety, that might inform student needs and develop a process to gather it
- Use needs assessment tools and processes that are psychometrically sound and culturally relevant
- Include items in needs assessment tools that allow for disaggregation by demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- Pilot needs assessment with students, families and other relevant groups for feedback and revisions before large-scale data collection
- Conduct needs assessment through multiple platforms and in multiple languages as appropriate to access all members of the community
- Summarize and review needs assessment data to determine:
  - 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)
  - whether current services and supports are trauma- informed and healing-centered
  - whether current services and supports are culturally responsive and anti-racist
  - how well current services and supports are meeting student needs with use of all disaggregated data
  - disaggregate data to identify inequities and disparities for BIPOC and other marginalized students

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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2. ... assess student mental health strengths?

- Convene a diverse team to conduct a strengths assessment. Team should include representation from several groups (e.g., caregivers, students, , school mental health and health staff, community-based providers, school administrators, school staff, community leaders) and reflect diverse demographic characteristics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- 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, community engagement)
- Use 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
- Conduct strengths assessment through multiple platforms and in multiple languages as appropriate to access all members of the community
- Summarize and review strengths assessment data to determine how current supports and services leverage and address gaps in student strengths
- Disaggregate data to identify inequities and disparities for BIPOC and other marginalized students

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ... use needs assessment to inform decisions about selection, planning, and implementing appropriate services and supports?

- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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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?

- Use multiple sources to identify community-trusted resources available to students, families and communities that promote mental health (e.g., SAMHSA's Behavioral Health Treatment Services locator, school mental health and health care/community provider summary of services available, recreational activities) across a multi-tiered system of supports. Consider resources that mitigate racism and other inequities and that impact mental health beyond only individual-focused supports (e.g., faith-based organizations, Learning for Justice, American Civil Liberties Union, Federation of Families for Children's Mental Health)
- Identify mental health resources that are trauma-informed, healing- centered, culturally responsive and anti-racist
- 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, 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
- Include target outcomes and evidence of impact for each service
- Ensure resource map or guide is easily accessible to diverse groups, including students and families
- Establish a process and dedicated staff time to regularly evaluate, update and improve the resource map or guide

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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5. ... use an updated resource map or guide to inform decisions and selection, planning, and implementation of appropriate services and supports?

- Pair needs and strength/assets assessment data with resource map to consider how needs can be met and strengths used to inform with existing school and community supports and services
- Collaborate with diverse stakeholders to consider reducing or abandoning services and supports that lack evidence of impact for the intended population
- Prioritize services and supports that are trauma-informed, healing- centered, culturally responsive, anti-racist, and equitable; abandon or partner to improve services and supports that do not reflect these principles and practices
- Use resource map to identify areas of need and strength that are not adequately addressed by existing supports and services and seek to identify existing or develop new referral options to meet the need
- Consider whether services have demonstrated impact within a sample reflective of the school/district population and demonstrated equitable impact

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... align existing mental health supports and services?

- Use your diverse team (school staff, school mental health and health providers, community partners, caregivers, 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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Needs Assessment/Resource Mapping Total (Questions 1-6): ____ Teaming Average (Total/6): ____					
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# Screening

Screening is assessment in the absence of known risk factors to identify supports and interventions (e.g., individual, family, school, community, system interventions) to prevent or address mental health concerns. Screening instruments may assess for individual, family, and community needs and strengths. This can be accomplished with a systematic tool or process, that is culturally relevant for the population, including standardized student-, caregiver-, and/or teacher-report measures, mental health surveillance data, or a structured teacher nomination. Additional aggregate data may be available from school and community health and mental health providers on students' mental health, including community-based primary care providers and school-based health providers.

## 1. To what extent did your school use best practices for mental health screening, planning, and implementation?

- Include students and families in informing the screening, planning, and implementation process
- Identify a culturally relevant (i.e., normed with population, measures indicators valued by population) screening tool or process that considers reliability, feasibility, cost, and fit with the goals for screening
- Select a tool or process that assesses student social and emotional strengths as well as risk for mental health concerns (including exposure to trauma)
- Consider screening tools that assess social determinants of health and education (e.g., racism, poverty, social injustice, food insecurity)
- Share information about screening in multiple formats prior to implementation with consideration for diverse cultures and languages
- Engage students and families in a consent process about screening procedures in advance of implementation and offer the opportunity to consent or opt out
- Support families' understanding and decision making about the screening procedures
- Ensure there is an updated list of internal and external mental health resources to support students/families screened for specific concerns/needs, including poverty, food insecurity, and trauma-specific services

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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## 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 for being at-risk or already experiencing a mental health problem?

## 5. Of the students identified in Question 4 above, how many students are members of marginalized groups (e.g., BIPOC, LGBTQ+, immigrant)?

## 6. 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 or having a mental health problem?

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

## 8. Based on screening, how many system-level changes (e.g., training school staff in trauma-informed practices, revising discipline policies) were implemented? Please described system-level changes that were implemented.

9. In your school, of 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?
- Social determinants of mental health and well-being (e.g., racism, discrimination, poverty, food insecurity, housing security)?
  - If more than 0, what tool(s) did you administer?

Students Screened:

Number of Students Screened (Question 3)\_\_\_\_\_ / Number of Students Enrolled (Question 2)\_\_\_\_\_ =    %

# 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 also include efforts to support staff well-being, improve school climate, and promote positive behavior. 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...

### 1. ... assess school climate?

- 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/family-staff/community-staff, inclusiveness, and racial/cultural climate
- Disaggregate school climate data based on demographics (i.e., age, sex, gender identity and expression, race, ethnicity, national origin, religion, sexual orientation, disability status, language, and socioeconomic status) to identify differences by demographic group
- Obtain input from representative individuals across a variety of groups including students, their caregivers, instructional staff, non- instructional staff and administrators, and community stakeholders including school mental health and health providers
- 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-informed, culturally relevant tools

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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### 2. ... improve school climate?

- Designate or form a core school climate planning team that includes broad representation of 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
- Ensure that data from school climate measures are used to select priority areas of focus and activities to promote school climate improvement
- Share and discuss results from school climate assessment with diverse stakeholders (students, families, educators, community partners, administrators, mental health and health professionals) in a manner that is engaging, easy to understand, and invites feedback
- Embed school climate improvement into policies, practice and systems in the school with transparency
- Use data to assess the impact of school climate improvement activities
- Use disaggregated data to identify and address inequities and disparities in school climate for student groups across relevant demographics (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status).
- Involve groups who reported worse school climate in school climate improvement planning and implementation.
- Implement school climate initiatives with an explicit focus on equity and reducing disparities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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3. ...assess teacher and staff well-being?

- Select evidence-informed, culturally relevant assessment tools and processes
- Establish a clear process and system for collecting, analyzing, and storing data
- Facilitate well-being assessment with teachers and all school staff using multiple methods of data collection (i.e., paper/pencil and electronic assessments, affinity groups, focus groups)
- Assess staff well-being regularly and at least annually
- Assess for strengths and needs for both individual and collective well-being
- 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, racial, cultural, environmental, social, mental, intellectual, spiritual)
- Assess for secondary traumatic stress, compassion fatigue, and burnout
- Check for any disparities in self-reported well-being among subgroups of educators (e.g., members of BIPOC, special education teachers, first year teachers)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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4. ...improve teacher and staff well-being?

- Align staff well-being improvement efforts with needs identified by your staff well-being assessment
- Address both organizational and individual factors that contribute to stress and well-being (e.g., secondary traumatic stress, compassion fatigue, staff control and input, supervision and support, safe, supportive social and physical environment, racism and other marginalizing systems)
- Offer an array of well-being education resources and activities related to:
  - Onsite mental health screening
  - Self-care, resilience
  - Health promotion (e.g., sleep hygiene, nutrition)
  - Staff burnout
  - Stress management and mindfulness
  - Trauma, including racial trauma
  - Secondary traumatic stress and compassion fatigue
  - Employee assistance programs/community mental health services
- Make well-being resources and activities optional and readily available at no-cost and accessible both during and outside of school hours

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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5. ...set schoolwide expectations about positive behaviors?

- Settings: The physical layout of the school is designed to support optimal functioning and safety of all staff and students based on needs and ability (including those with disabilities, emotional and behavioral health difficulties, learning disorders)
- Routines: Predictable schoolwide routines are developed and taught:
  - Collaborate with students and families representative of diverse cultural groups and identities to develop rules that are relevant and appropriate for diverse students and that do not inadvertently reinforce systems of oppression
  - Expectations: 3-5 positively stated school-wide and clearly defined expectations are posted around school in the primary languages of students



- *Expectations apply to both students and staff*
- *Rules are linked to expectations*
- *Rules are clearly posted, defined, and explicitly taught*
- *Rules are enforced consistently across staff and equitably toward students*
- 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, using multiple modes of communication (i.e., visual aids and cues, written/verbal aides using clear and plain language and the primary languages of students in school community)
- Involve families and community members to develop and implement expectations about positive behaviors

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**6. ...implement schoolwide positive reinforcement systems that promote positive behaviors?**

- Rewards:
  - *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, varied and equitable 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 consistent reminders that clearly describe the expectation
- Error Corrections: School staff use brief, contingent, and specific statements when misbehavior occurs and consider voice tone, posture, and physical distance when responding, including students' potential trauma triggers
- Staff receive training and support to understand how individual and system biases impact how perceptions of and responses to student behaviors and how to counteract those biases
- Other Strategies: School staff use trauma-informed culturally responsive strategies that preempt escalation, minimize inadvertent reward of a problem behavior, create a learning opportunity for emphasizing desired behavior, support and strengthen relationships, and maintain optimal instructional time
- Discipline:
  - *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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**7. ...use classroom and school-based strategies to proactively build healthy relationships and a sense of community to prevent and address conflict and wrongdoing? *These classroom and school-based strategies are often referred to as restorative practices***

- Use informal and formal processes, that are trauma-informed, healing-centered, culturally responsive, anti-racist and equitable, and that precede wrongdoing, to proactively build relationships and a sense of community to prevent conflict and wrongdoing
- Consider whether traumatic exposure plays a role in student behavior

- Use circles, groups and other trauma-informed, healing-centered, culturally responsive processes 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 healing and restorative problem solving and conflict resolution skills in the classroom

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**8. ... use discipline policies and practices aimed at reducing exclusionary responses (e.g., suspensions, expulsions)?**

- Collaborate with students and families representative of diverse cultural groups and identities to define problem behaviors and appropriate strategies to address them.
- Implement discipline policies and procedures that are trauma- informed and healing-centered
- Implement discipline policies and procedures that are culturally responsive, anti-racist and promote equity
- Describe discipline process in narrative format or depict graphically
- Include documentation procedures in discipline protocol
- Train and support school staff in evidence-informed, culturally responsive crisis de-escalation strategies and techniques
- Train and support staff in equitable implementation of disciplinary practices in ways that reduce racial/ethnic disproportionality in discipline responses
- Develop a multi-tiered system of culturally responsive, anti-racist emotional and behavioral health services and supports for students at risk for disruptive behavior related to mental health concerns or trauma exposure
- Use restorative 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
- Use a process of graduated responses that are clearly defined, do not re-traumatize youth, limit involvement of law enforcement (e.g., School Resource Officers, community police), and eliminate exclusionary disciplinary practices when possible
- Examine number of suspensions/expulsions by demographic group to better understand any differences in policies or practices contributing to disproportionality and disparity
- Collaborate with students and families representative of diverse cultural groups and identities to define problem behaviors and appropriate strategies to address them

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**9. ... increase mental health literacy for all students and staff? *Mental health literacy is defined as: (1) Understanding how to foster and maintain good mental health (2) Understanding mental health disorders and their treatments (3) Decreasing stigma (4) Understanding how to seek help effectively*** [www.mentalhealthliteracy.org](http://www.mentalhealthliteracy.org) (Kutcher and Wei, 2019)

- Develop a clear plan for assessing current mental health literacy of students and school staff, as baseline data and to inform your team's plan for further improvement
- Work with students, caregivers, and school staff of various cultural identities and groups to determine the most meaningful, feasible ways to promote mental health literacy
- Deliver and evaluate culturally responsive professional learning opportunities, from pre-K-12, to 1) understand how to optimize and maintain good mental health for themselves and others 2) understand stress and trauma and mental health conditions and their treatment 3) reduce stigma about mental health needs and supports and understand the ways that culture and oppression influence mental health, stigma, and help-seeking behaviors and 4) increase skills to link students to mental health prevention or intervention supports when needed
- Ensure mental health literacy activities and skills taught are culturally relevant and build on cultural strengths and assets of diverse cultural groups and identities

- Ensure mental health literacy activities are developed with and communicated by students, caregivers, and members of the school community who represent diverse cultural groups and identities
- Ensure mental health literacy activities are ongoing throughout the school year (i.e., activities go beyond a one-time training or educational materials posted in the building)
- Reassess mental health literacy on a routine basis to monitor progress and inform team planning for ongoing activities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**10. ... increase social and emotional (SEL) skills for all students?** *“Social and emotional learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.” See more on SEL competencies at [www.casel.org](http://www.casel.org)*

- Develop a clear plan for assessing current SEL skills among staff and students, as baseline data and to inform your team’s plan for further improvement
- Incorporate SEL skills that promote anti-racism and equity, including recognizing and making sense of oppressive social forces, effecting societal/system change, and challenging injustice and affirming diverse ways of being (e.g., diverse ways of expressing emotion).
- As a team with school staff, school mental health and health providers, community partners, caregivers, and students (who represent diverse cultural groups and identities), identify current activities or programs that support SEL skill development in the school and assess to what degree they are being implemented with fidelity and achieving desired outcomes
- As a team with school staff, school mental health and health providers, caregivers, and students (who represent diverse cultural groups and identities), identify, select and/or adapt SEL skill development practices or programs that meet the needs and strengths of all students
- Ensure SEL skill development activities are developed with and communicated by students, caregivers, and members of the school community who represent diverse cultural groups and identities
- Monitor implementation of SEL skill development activities for fidelity, feasibility, cultural responsiveness, and acceptability to school staff and students, and families
- Re-assess SEL skill development on a routine basis to monitor progress and inform feedback to school staff and team planning for ongoing activities

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**11. To what extent are 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 or communities)?**

- 1 = None of our mental health promotion (Tier 1) services and supports are evidence- informed
- 2 = 1-25% of our mental health promotion (Tier 1) services and supports are evidenced- informed
- 3 = 26-50% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 4 = 51-75% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 5 = 76-99% of our mental health promotion (Tier 1) services and supports are evidenced-informed
- 6 = All of our mental health promotion (Tier 1) services and supports are evidence-informed

**12. ... determine whether Tier 1 mental health services and supports are evidence-informed?**

- Create a program and practice selection committee with diverse representation (school mental health and health staff, community providers, administrators, teachers, students, caregivers)
- 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), research literature

- Use resources that center and affirm the identities of individuals from groups that have been historically marginalized to inform selection of evidence-informed interventions
- In selecting a program or intervention consider whether:
  - *Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and valued outcomes with the intended student population*
  - *The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting*
  - *The outcomes are consistent with those valued and prioritized by members of the school community*
  - *The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students*
  - *The intervention is demonstrated to be effective with diverse cultural groups and identities*
  - *The intervention is effective at reducing disparities*
  - *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 and student populations*

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**13. ...ensure Tier 1 services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic considerations of students and families in your school?**

- Collect data on social and cultural demographics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.) and disaggregate data to ensure equitable engagement in Tier 1 supports
- Create an intervention selection committee with diverse representation (e.g., school and community mental health providers, school administrators, teachers, students, caregivers)
- Consider intervention fit with unique school considerations through a review of:
  - *School's student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status*
  - *School's and community's mental health needs, and strengths*
- Evaluate fit of existing or prospective interventions with respect to the strengths, needs, and cultural/linguistic consideration of students, families, and communities to inform adoption, adaption, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- As appropriate, adapt the practice to fit school population unique considerations, and evaluate impact of adaptations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**14. ...ensure adequate resource capacity to implement mental health promotion (Tier 1) services and supports?**

- Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in providing culturally responsive, anti- racist and equitable Tier 1 supports

- Evaluate implementation supports (ongoing training, coaching, peer support 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)
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**15. ... support training/professional development, including ongoing implementation supports, for mental health promotion (Tier 1) services and supports?**

- 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).
- Ensure trainings and other implementation supports appropriately attend to cultural responsiveness, anti-racism and equity
- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**16. ...monitor fidelity of mental health promotion (Tier 1) services and supports implementation across tiers?**

- 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:
  - *Adherence to intervention's core content (what is being implemented)*
  - *Adaptations to maximize cultural fit and relevancy*
  - *Quality of program delivery (manner in which facilitator delivers/implements program)*
  - *Logistics (conducive implementation environment, number/length of sessions implemented)*
  - *Participant responsiveness to and staff engagement in services and supports by cultural group or identity (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status) relevant to the program and school community*
- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**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 culturally responsive, anti-racist, and equitable (CARE) 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 mental health and health professionals, including school-employed and community-employed providers.

*Examples include small group interventions for students identified with similar needs, transition support groups for newcomers, 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 mental health and health professionals, including school-employed and community-employed providers.

*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.*

1. **Of the students who were identified in your school (e.g., through screening or referral processes) as needing mental health early intervention (Tier 2) services and supports, how many received them?**
  - 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 **76-99%** of the students who needed them
  - 6 = Tier 2 services and supports were received by **all** students who needed them
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 and communities)?**
  - 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

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?
- 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
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)
- 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

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

5. ... determine whether early intervention and treatment (Tier 2 and 3) mental health services and supports are evidence-informed?
- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, administrators, teachers, students, caregivers)
  - Develop an intervention selection process and policy to ensure evidence-informed services and support are implemented with fidelity
  - Use national evidence-based practice registries (e.g., IES What Works Clearinghouse, Blueprints for Healthy Youth Development, California Evidence-based Clearinghouse for Child Welfare (CEBC), OJJDP Model Programs Guide, Society of Clinical Child & Adolescent Psychology Effective Child Therapies) and research literature to inform selection of evidence-informed interventions
  - Use resources that center and affirm the identities of individuals from groups that have been historically marginalized to inform selection of evidence-informed interventions
  - In selecting an intervention consider whether:
    - Randomized controlled trials (RCTs) for the intervention demonstrate effectiveness and positive outcomes with the intended student population
    - The settings (e.g., urban/suburban/rural/frontier; school/outpatient/inpatient) are comparable to the intended setting
    - The outcomes are consistent with those valued and prioritized by members of the school community
    - The intervention is culturally responsive, in that it reflects cultural norms and values of the diverse cultural groups of students
    - The intervention is demonstrated to be effective with diverse cultural groups and identities
    - The intervention is effective at reducing disparities
    - 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 and student populations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... ensure mental health early intervention and treatment (Tiers 2 and 3) services and supports are equitable and fit the unique strengths, needs, and cultural/linguistic consideration of students and families in your school?

- Collect data on social and cultural demographics (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status, etc.) of individuals to ensure equitable engagement in Tiers 2/3 services and supports
- Create an intervention selection committee with diverse representation (e.g., school mental health and health staff, community providers, school administrators, teachers, students, caregivers)
- Consider intervention fit with unique school considerations through a review of:
  - School's student body, inclusive of age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status
  - School's and community's mental health needs, and strengths
- Evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic consideration of students, families, and communities to inform adoption, adaptation, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- Collaborate with diverse stakeholders (including students and families) to evaluate fit of existing or prospective interventions with respect to the strengths, needs and cultural/linguistic considerations of students, families and communities to inform adoption, adaptation, or abandonment of interventions
- Pilot test new practices with school population to help inform fit
- As appropriate, adapt the practice to fit school population unique considerations, and evaluate impact of adaptations

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... ensure adequate resource capacity to implement mental health early intervention and treatment (Tiers 2 and 3) services and supports?

- Evaluate staffing capacity, including staff training requirements and qualifications and staff time, needed to implement services and supports
- Evaluate staffing capacity in terms of availability of staff with training and/or expertise in implementing Tier 2/3 interventions that are culturally responsive, anti-racist and promote equity
- Evaluate implementation supports (ongoing training, coaching, peer support, supplies) needed to implement services and supports with fidelity and in a way that promotes cultural responsiveness, anti-racism and equity
- 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)
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8. ... support training/professional development, including ongoing implementation supports such as coaching for early intervention and treatment (Tiers 2 and 3) services and supports

- Provide interactive trainings (with opportunity for skills practice, role plays, action planning). Partner with school- and community-employed providers for training and resource opportunities
- 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)



- Ensure trainings appropriately integrate principles of cultural responsiveness, anti-racism, and equity considerations relevant to the topic
- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**9. ... monitor fidelity of the implementation of early intervention and treatment (Tiers 2 and 3) services and supports?**

- 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 staff who are implementing the practice and/or talking with those implementing or receiving the practice
- Ensure your fidelity monitoring tool or system measures the following:
  - *Adherence to intervention content (what is being implemented)*
  - *Quality of program delivery (manner in which facilitator delivers/implements program)*
  - *Disparities, inequities and disproportionalities related to the implementation of early interventions and treatment services and supports*
  - *Logistics (conducive implementation environment, number/length of sessions implemented)*
  - *Participant responsiveness to and staff engagement in services and supports by cultural group or identity (i.e., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status) relevant to the program and school community*
- 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**10. .... ensure intervention goals are specific, measurable, achievable, relevant and time bound (SMART)?** *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.*

- Work with the student, family, 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) and aligned with student and family’s cultural values, beliefs, strengths, and needs
- Include strengths-based and person-first language (where appropriate)
- 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)
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- 11. ... monitor individual student progress across tiers?** *For example, monitoring student progress or response to an intervention can inform decisions about needed services and supports and when to step up or down between tiers.*
- Establish a clear process and logic for students moving from one Tier to a higher or lower Tier, considering student strengths and progress on target difficulties
  - Use multiple data sources and reporters
  - Use validated assessment tool(s) or clearly-measured targets that are trauma-informed and healing-centered for individual progress/goal attainment
  - Ensure the progress monitoring data is aligned with the purpose of the service or support the student is receiving
  - Provide culturally responsive, healing-centered feedback to the student, family, and school staff (when appropriate) about progress monitoring data to inform collaborative decision-making about changes services and supports

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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- 12. ... implement a systematic protocol for emotional and behavioral crisis response?**
- Develop a protocol for emotional and behavioral crisis response based on team (staff, families', students', community partners') input that includes specific types of behaviors or crises, risk assessment of harm to self or others, who will respond in each instance, and how to connect students to the appropriate services and supports
  - Include guidelines and procedures for contacting the caregiver/guardian, providing feedback to teachers and school staff, and for supporting a student's successful transition back to class
  - Integrate restorative practices when addressing emotional and behavioral health crises.
  - Limit involvement of law enforcement (e.g., School Resource Officers, community police) in punitive discipline, and eliminate exclusionary disciplinary practices when possible
  - In evaluation of students, use best practices for assessing the impact of the student's unique cultural norms and linguistic or communication styles on the student's displayed behaviors to inform decisions about follow-up and/or referral
  - Include instructions that identify mental health coverage considerations if there is different coverage on different days of the week and offer tips for crisis prevention and de- escalation that are trauma-informed and healing-centered and/or considerations for responding to emotional and/or behavioral crises in the event of no or limited mental health provider coverage in the building
  - Get feedback from students, families, school staff, school mental health and health providers, and community partners involved in a crisis response incident to inform continuous quality improvement efforts related to the crisis response system
  - Disseminate crisis response protocol and have it readily available for all school-based staff
  - Provide training and ongoing support for protocol implementation
  - Provide training and ongoing coaching or support for all school staff to use crisis prevention and de-escalation skills, and restorative practices that are trauma-informed, healing-centered, anti-racist, and culturally responsive
  - Revise protocol as needed based on feedback throughout the year
  - Ensure school community, including students and families, is aware of the behavioral crisis response protocol

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**Early Intervention and Treatment Services and Supports (Tier 2 and 3) Total (Questions 1-12): \_\_\_\_\_**  
**Early Intervention and Treatment Services and Supports (Tier 2 and 3) Average (Questions 1-12): \_\_\_\_\_**

# 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...

### 1. ... use multiple and diverse funding and resources to support a full continuum of school mental health services and supports?

- 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, juvenile justice)
- Ensure your funding and resources align to support a full continuum of services and supports
- Intentionally seek out funding for programming and/or services, including addressing trauma, well-being, cultural-responsive, anti-racism, and equity, etc., that meet the needs of a diverse school community
- 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)
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### 2. ... leverage funding and resources to attract potential contributors?

- Establish and use a formal agreement that specifies contingent funding and/or non-financial resources
- Regularly seek potential diverse 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, that value cultural responsiveness, anti-racism, and equity, with a goal to create mutually beneficial opportunities that will support students and families

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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### 3. ... have strategies in place to retain staff?

- 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
- Recognize and address the impact on staff of secondary traumatic stress
- Collaborate with staff to provide and evaluate staff wellness activities

- Engage diverse staff to provide input on how to optimize staff retention across diverse groups and identities
- Provide supervision and opportunities for peer support (e.g., new hire mentor and support group, supervision, buddy program)
- Outline pathways and provide clear opportunities for career advancement
- Provide incentive-based pay
- Work to ensure salary is fair and equitable and that there are growth opportunities
- Ensure all staff are aware of the district's Employee Assistance Program and behavioral health coverage in insurance benefits
- Ensure that all policies, procedures, and practices related to staff are culturally responsive, anti-racist and equitable

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**4. ... maximize the expertise and resources of all school mental health partners to support ongoing professional development activities?**

*Partners may include school- and community-employed staff, local community groups or higher education partners, youth and families.*

- Poll school staff members (e.g., teachers, nurses, school social worker/psychologist, guidance counselors, behavioral specialists, administrators), community providers, other providers who offer services in school, students, family members and caregivers about expertise in relevant mental health-related content, including expertise in cultural responsiveness, anti-racism and equity and trauma-informed and healing-centered approaches
- Offer professional development activities that use the diverse knowledge and skills of family-school-community partners engaged in school mental health.

Examples include:

- *Have school mental health providers partner with community mental health providers to train school staff on the signs and symptoms of exposure to trauma, identifying and supporting students in the classroom and making referrals for mental health and trauma-related concerns*
  - *Have school psychologists, social workers and/or counselors to train community mental health providers on inclusive school language and policy*
  - *Have professionals with relevant expertise train educators and school-based clinicians on cultural responsiveness, anti- racism and equity practices for promoting positive mental health and well-being*
  - *School mental health and health care providers train school staff and community providers on how mental health and healthcare systems can communicate and interact effectively with education staff to improve student well-being*
- Train school- and community-employed mental health providers on the same topics, at the same time (such as evidence-informed services or supports, policies or procedures related to Individualized Education Programs, etc.) to foster mutuality and collaboration
- Engage youth and family leaders and advocates in professional development as learners and trainers, offering opportunities for school staff to hear youth and family perspectives and experiences
- Use diverse professional development mechanisms (in-person and virtual lectures, presentations, consultation, coaching, mentoring and written resources)

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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**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 **all** 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 all 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 all 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 **all** 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 and accessible, 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...

5. **... document the impact of the comprehensive school mental health system's (CSMHS's) effectiveness on educational outcomes?**
  - Develop a theory of change about how specific mental health services or supports impact educational outcomes for students across cultural backgrounds and identities 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, gifted and talented, college and career readiness, involvement or leadership in extracurricular activities, or benchmark test scores)
  - Develop a plan for data collection
  - 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) across diverse cultural backgrounds and identities to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health on educational success

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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6. ... document the impact of the school mental health system’s (CSMHS’s) effectiveness on social, emotional, and behavioral outcomes?

- Develop a theory of change about how specific mental health services or supports impact social, emotional, and behavioral outcomes for students across cultural backgrounds and identities 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, aggregated mental health data, behavioral observations, crisis incidents, school climate data, strengths assessments)
  - Develop a plan for data collection with student and family input, ensuring representation of diverse identities and cultural backgrounds
  - Establish data infrastructure that allows for easy collection, analysis, and reporting
  - Examine social, emotional and behavioral health data to understand student progress and service impact
  - Engage individuals (e.g., students, caregivers, teachers, school mental health and health staff, other school staff) across diverse cultural backgrounds and identities to provide qualitative feedback (e.g., testimonials, critiques) about the impact of school mental health on social, emotional, and behavioral functioning

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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7. ... disaggregate student mental health service and support data to examine student outcomes based on various demographic characteristics?

- Review your current student information or data collection for variables that capture relevant demographic characteristics of your student body (e.g., age, disability, ethnicity, gender identity and expression, language, national origin, race, religion, sexual orientation, sex, socioeconomic status)
- Add any variables relevant to demographic groups that are not represented and develop a plan for data collection, evaluation, and reporting
- 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 demographic groups of interest
- Based on findings from data collection, develop strategies as a team to address inequities or disparities in mental health access or outcomes

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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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)?
- 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 terms and graphics that consider the language abilities and communication styles of the intended audiences of students, educators, community members, families, etc.
  - 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 diverse news media outlets (write press releases for newspapers, relevant magazines, online news sources and/or create public service announcements on radio or local TV) in multiple languages 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

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Almost Always (5)	Always (6)
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<div>Impact Total (Questions 5-8): ____</div> <div>Impact Average (Total/4): ____</div>
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## 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	

