School Health Services
NATIONAL QUALITY INITIATIVE
Accountability • Excellence • Sustainability
an initiative of the School-Based Health Alliance and the Center for School Mental Health

SCHOOL-BASED HEALTH ALLIANCE
Redefining Health for Kids and Teens

CSMH
Center for School Mental Health

School Mental Health Profile
For School Districts

****

Visit www.theSHAPEsystem.com to register your district and then complete and score this form electronically on our interactive, user-friendly platform.

****

INSTRUCTIONS: District school mental health teams should work together to complete the School Mental Health Profile, answering questions about the Comprehensive School Mental Health System (CSMHS) in their school district. The School Mental Health Profile documents the structure and operations of your district's comprehensive school mental health system (CSMHS). This Profile is part of the National School Mental Health Census, an effort to capture the current status of school mental health nationally. Follow these steps:

1. Register your district with The SHAPE System
2. Identify your SHAPE team (i.e., new or existing team to inform your responses)
3. Prepare your SHAPE team (i.e., convene team, explain purpose, decide how to proceed)
4. Invite SHAPE team members to your account (this is optional, but helpful)
5. Complete this tool as a team process. We recommend you PRINT this tool, divide the sections among your team and/or have team members review tools or answer questions before you convene as a group to discuss your responses. One person will need to enter the final responses in your SHAPE account (estimated data entry time = 20 minutes).
6. Use your school mental health profile report to document and share with others important information about your school mental health system's staffing, services and use of student data.

How do we answer for ALL schools in our district?
We anticipate most districts will have schools with a range of progress in school mental health, a variety of data collection and reporting strategies, and other characteristics queried on this profile. However, we ask that you do your best to respond based on your district as a whole based on the data you have access to and can estimate.

What if we have difficulty answering a question?
If you don't have the data to report, you can skip the question. Also, many teams need to leave some questions blank and come back to them later (you can still proceed and return to update this profile at any time). Further, no team can tackle all parts of their CSMHS at once or in a given school year. This assessment should be used as a quality improvement tool to facilitate structured conversations, strategic planning, metric for team reassessment, and to optimize the quality of all aspects of your CSMH over time.

> **Definitions**
>
> "CSMHS" refers to any school district-community partnership that provides a full continuum of mental health services to support students, families and the school community. All school-employed, community-employed, and other partners and stakeholders, including youth and families, are included in the CSMHS.
>
> "Mental health services" are broadly defined as any activities, services and supports that address social, emotional and behavioral well-being of students, including substance use.

(CSMH, 2018)

SHAPE District Profile

I. SHAPE SYSTEM LEADER INFORMATION

Your Name: _____
Your Title: _____
Your Email Address: _____
Your Phone Number: _____
Your Title: _____

Please list two other SHAPE System team members we could contact if we are unable to reach you:

Alternate team member #1
Name:
Title:
Email:
Phone:

Alternate team member #2
Name:
Title:
Email:
Phone:

II. DISTRICT INFORMATION

Grades Served (select all that apply):
- ☐ Kindergarten
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ All of the above

Number of schools in your District last school year: _____

Number of students enrolled in grades K-12 last school year: _____

III. SCHOOL MENTAL HEALTH SYSTEM – STUDENTS SERVED AND DATA SYSTEMS

To the best of your knowledge, what is included in your district (check all that apply):?
- ☐   Universal mental health screening and assessment
- ☐   Universal mental health promotion services and supports at the school or grade level (Tier 1)
- ☐   Selective services and prevention supports to students identified as being at risk for   mental health concerns (Tier 2)
- ☐   Indicated, individualized services and supports for students identified with mental health concerns (Tier 3)
- ☐   Evidence-based practices and programs (as identified in national evidence-based registries)
- ☐   Community partnerships to augment school mental health services and supports provided by the school system
- ☐   Quality improvement process used to understand and improve the comprehensive school mental health system

Indicate which of the following data points your District collected last year and how those data were used. (SMH = school mental health)

| Data point | Did you collect it last year? | | How was it used? (select all that apply) | | | | |
	Yes	No	Identify students for mental health risk	Match/triage students to SMH service delivery	Track individual student progress in SMH interventions	Monitor/ evaluate SMH system outcomes	Was collected but not used for SMH services last year
Attendance							
Grades							
Office discipline referrals							
Out of school suspensions							
Mental health functioning							
School climate							
Other (please describe):_____							
Other (please describe):_____							

IV. SCHOOL MENTAL HEALTH SYSTEM – DISTRICT STAFFING
Indicate which of the following professionals comprised your team at the district level last school year and provide some information about your staffing.

Team Member	We DID NOT have this team member in our district	We DID have this type of team member			
		School or School District Employed		Not school or school district employed (e.g., community mental health partner employed)	
		How many team members of this type in your district?	TOTAL FTE*	How many team members of this type in your district?	TOTAL FTE*
Behavioral Specialist					
Case Manager/ Care Coordinator					
Community Behavioral Health Worker					
Community Mental Health Supervisor/ Director					
Cultural Liaison/Promotora					
Family Support Partner (Family Member)					
Nurse Practitioner					
Occupational Therapist					
Parent Liaison or Parent Engagement Coordinator					
Peer Mediator					
Physician (Pediatrician, Family Medicine, etc.)					
Physician Assistant					
Professional Counselor					
Psychiatrist					
Psychologist					
School Administrator (e.g., Principal, Assistant Principal)					

SHAPE District Profile

School Counselor					
School District Leader					
School Guidance Counselor					
School Nurse					
School Physician					
School Psychologist					
School Resource Officer					
School Social Worker					
Social Worker					
Speech/Language Therapist					
State Department of Child Welfare Representative					
State Department of Education Representative					
State Department of Juvenile Justice Representative					
Substance Abuse Specialist					
Trainee (e.g., counseling, psychiatry, psychology, social work)					
Youth/Family Advocate					

*To calculate total Full Time Equivalent (FTE), add together FTE for every team member in this category. Each day per week = .2 FTE. A full-time employee who works 40 hours per week (5 days) = 1.0 FTE. For example, if you had 3 school-employed behavioral specialists in your district and two work full time but one works 2.5 days per week (part time), the total FTE for 3 school-employed behavioral specialists would be 1.0 + 1.0 + 0.5 = 2.5

SHAPE District Profile

1. Is there **another type of team member**? (Y/N)
   o If yes,
     ▪ What is the team member's role?_____
     ▪ How many are school or school district employed?_____
     ▪ What is the school or school district employed total FTE? _____
     ▪ How many are NOT school or school district employed? _____
     ▪ What is the NON-school or school district employed total FTE? _____

2. Is there **another type of team member**? (Y/N)
   o If yes,
     ▪ What is the team member's role?_____
     ▪ How many are school or school district employed?_____
     ▪ What is the school or school district employed total FTE? _____
     ▪ How many are NOT school or school district employed? _____
     What is the NON-school or school district employed total FTE? _____

V. SCHOOL MENTAL HEALTH SYSTEM – SERVICES PROVIDED

TIME FRAME: Please complete these questions for LAST SCHOOL YEAR.

Did your district's school mental health system provide tiered services and supports or referral for any of the following student concerns: (select all that apply)

__Mental health promotion services and supports (Tier 1)__ are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and wellness which are designed to meet the needs of all students regardless of whether or not they are at risk for mental health problems. These activities can be implemented school-wide, at the grade level, and/or at the classroom level. Please include services provided by school-employed and community-employed, school-based professionals.

__Selective services and supports (Tier 2)__ to address mental health concerns are provided for groups of students who have been identified through needs assessments and school teaming processes as being at risk for a given concern or problem. When problems are identified early and supports put in place, positive youth development is promoted and problems can be eliminated or reduced. Sometimes these are referred to as mental health "prevention" or "secondary" prevention services. Please include services provided by school-employed and community-employed, school-based professionals.

__Indicated services and supports (Tier 3)__ to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem and displaying significant functional impairment. Sometimes these are referred to as mental health "intervention" or "tertiary" or intensive services. Please include services provided by school-employed and community-employed, school-based professionals.

	Mental Health Promotion Services & Supports (Tier 1)	**Selective** Services & Supports (Tier 2 – Students At-risk)	**Indicated** Services & Supports (Tier 3 – Students displaying mental health concerns)	*__Referrals__* to community providers not in the school building.	**No services for this student concern**
Anxiety/ Nervousness/ Phobias					
Attention/ Concentration/ Hyperactivity problems					
Bullying					
Depression/ Sadness/Suicide					
Disordered eating					
Environmental stressors (housing, food, parental					

employment, access to health care, etc.)					
Grief/Loss/ Bereavement					
Oppositional or conduct problems/ Anger management					
Psychosis (hallucinations, delusions)					
Relationship issues/Conflict (family, peer, teacher)					
Social and emotional skills/ Problem solving/ Character development/ Self-esteem					
Substance use (alcohol, tobacco, drugs)					
Transitions (new school, moving, separation/ divorce)					
Trauma/PTSD/ Abuse/Neglect/ Exposure to violence					

3. Did your school mental health program provide any other services for other student concerns? (Y/N)
   - If yes, what student concern(s)?_____
   - If yes, for which of these services? (select all that apply)
     - **Mental Health Promotion** Programs, Services & Supports (Tier 1)
     - **Selective** Programs, Services & Supports (Tier 2 – Students At-risk)
     - **Indicated** Programs, Services & Supports (Tier 3 – Students displaying mental health concerns)
     - **Offered referrals** to community providers: (i.e., referral to services provided by a community provider not in the school building.