





Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health

SHAPE Up Your School Mental Health System

SHAPE Informational Lunch Session Thursday October 19, 2017

Session Objectives

- National Quality Initiative
- □ Introduction to The SHAPE System
- Benefits of SHAPE
- Step-by-Step Demonstration of SHAPE Features
- Feedback from the Field
- Questions and Answers





School Health Services NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health

Funding support for the development of The SHAPE System comes from the Behavioral Health Administration via the 1915(c) Home and Community- Based Waiver Program Management, Workforce Development and Evaluation and the Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health, Adolescent Health Branch of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

What is the NQI?

The National Quality Initiative (NQI) is an effort to advance accountability, excellence, and sustainability for school health services nationwide by establishing and implementing an <u>online census</u> and <u>national performance</u> measures for school-based health centers and comprehensive school mental health systems.

SHAPE your School Mental Health System!



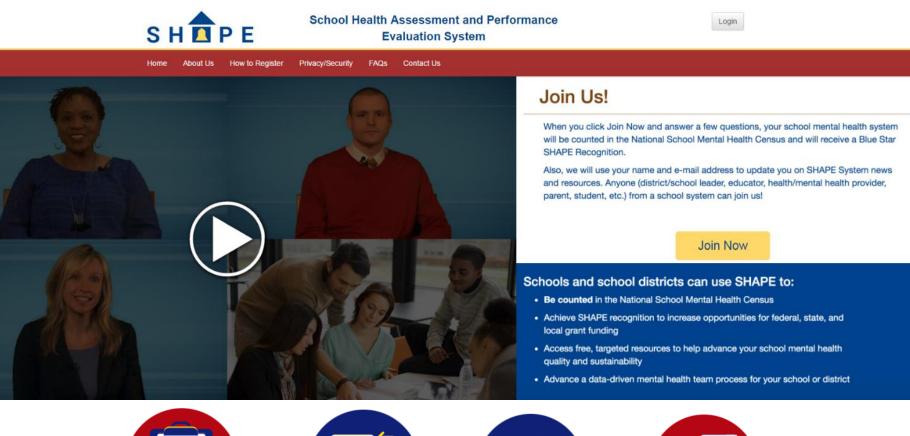
- The School Health Assessment and Performance Evaluation (SHAPE) System is a free, interactive system designed to improve school mental health accountability, excellence, and sustainability.
- SHAPE is the web-based portal by which comprehensive school mental health systems can access the National School Mental Health Census and Performance Measures.
- SHAPE is hosted by the Center for School Mental Health and funded in part by the US Department of Health and Human Services.

www.theshapesystem.com



About The SHAPE System www.theshapesystem.com





Free Custom Reports

Strategic Team Planning



Be Counted

Free Resources

Schools and School Districts Can Use SHAPE To:

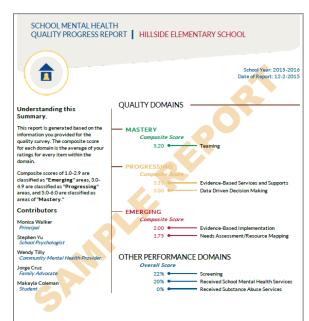
 Document your service array and multi-tiered services and



www.theshapesystem.com

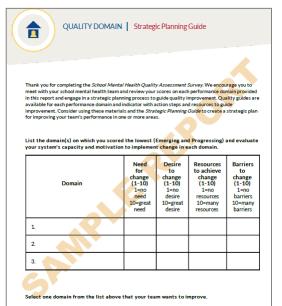
Schools and School Districts Can Use SHAPE To:

- Advance a data-driven mental health team process for the school or district
 - Strategic Team Planning
 - Free Custom Reports





Evidence-Based Services and Supports is a system's implementation of a full continuum of services and supports including mental health promotion (Tire 1), elective prevention (Tire 2), and indicated interventions (Tire 3) that are based directly on coefficience, have been evaluated in large-scale studies; and have been shown to reduce symptoms and/or improve functioning. Primary action steps to advance your CSM+CS quality in the area of evidence-based evides and supports include evaluating the base, and/order baseque to intervent additional balance, based evenues. For events in the development of the base advance your CSM+CS quality in the area of evidence-based evenues. For events, in the development of the based events and the support of the set of the set



DOMAIN:



www.theshapesystem.com



View, print, share and review the SMH Profile and Quality and Sustainability Assessments anytime by visiting SHAPE home page

Strategic Team Planning



The SHAPE System is a free, private, web-based portal that offers a virtual work space for your school mental health team to document, track, and advance your quality and sustainability improvement goals. Many CSMHSs report that their teams would benefit from a mechanism to improve collaborative planning and communication among their multidisciplinary school mental health team.

The SHAPE System allows you to invite any school-based, community- or schoolemployed team members to your SHAPE account, where you can work as a coordinated, collaborative team to assess, document, and plan around the quality and sustainability of your school mental health services and supports.

Preview the quality and sustainability assessments:

- School Quality Indicators (376 KB PDF)
- School Sustainability Indicators (677 KB PDF)
- District Quality Indicators (688 KB PDF)
- District Sustainability Indicators (514 KB PDF)

Free Resources



With a SHAPE account, you and your team members have access to a comprehensive repository with up-to-date, public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on the specific quality and sustainability goals your team is working toward. Use the repository to generate ideas for action steps related to your own improvement goals and share these resources with your colleagues.

Be Counted



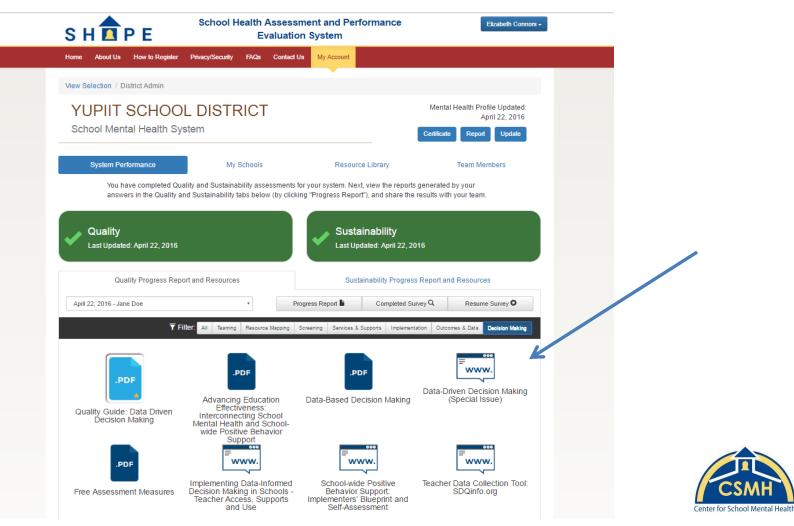
By engaging with The SHAPE System in any way, your school or district mental health system will become a part of the national school mental health movement toward accountability, excellence, and sustainability. If you are a stakeholder or team member of a school mental health system at the school or district level, the National School Mental Health Census should include your system! By answering a few brief questions via the Join Us button, we can count your school or district in our National School Mental Health Census and add you to our mailing list to keep you updated on SHAPE news and events.

Preview the National School Mental Health Census:

School Version (520 KB PDF)
District Version (583 KB PDF)

Schools and School Districts Can Use SHAPE To:

• Access targeted resources to help advance your school mental health quality and sustainability

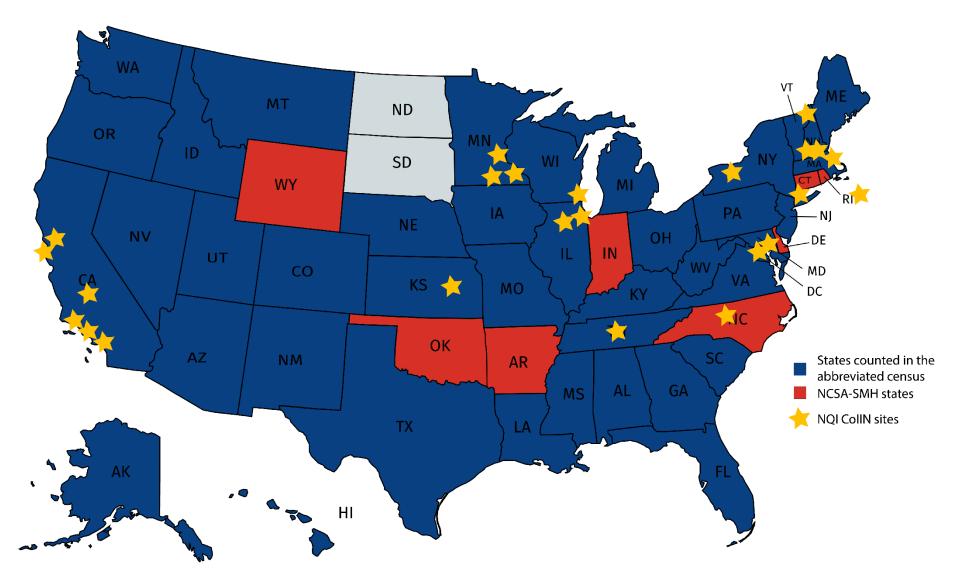


Schools and School Districts Can Use SHAPE To:

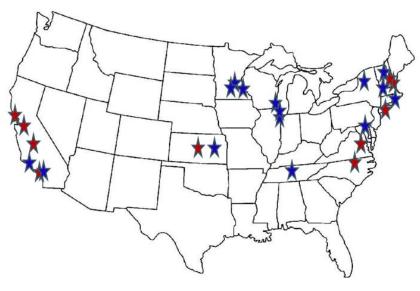
 Achieve SHAPE Recognition to increase opportunities for federal, state and local grant funding



Schools and Districts Using SHAPE



Schools and Districts Using SHAPE

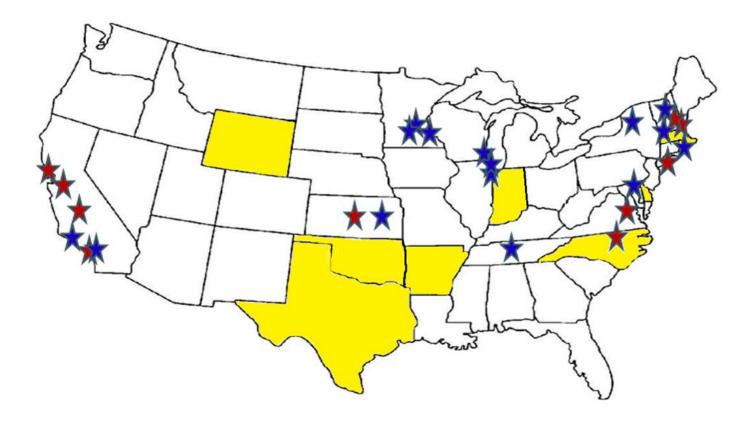


Schools and districts in **46 states + Washington DC** have started using SHAPE and completed the School Mental Health Census

Anaheim Union High School District, Orange County, CA Baltimore City Public Schools, Baltimore, MD Chapel Hill Carrboro City Schools, Chapel Hill, NC Chicago Public Schools, Chicago, IL District of Columbia Public Schools, Washington, DC Fairport Central School District, Rochester, NY Lindsay Unified School District, Lindsay, CA Mental Health Center of East Central Kansas, Emporia, KS Methuen Public Schools, Methuen, Massachusetts Metropolitan Nashville Public Schools, Nashville, TN Minneapolis Public Schools, Minneapolis, MN New Richland Hartland Ellendale Geneva, Southern, MN Newport School District, Newport, NH Newport-Mesa Unified School District, Costa Mesa, CA Novato Unified School District, Novato, CA Oakland Unified/Seneca Family of Agencies, Oakland, CA Pelham School District, Manchester, NH Providence Public School District, Providence, RI Proviso East High School, Maywood, IL Racine Unified School District, Racine, WI Santa Monica/Malibu Unified School District, SM/M, CA School Administrative Unit #7, Colebrook, Pittsburg, & Stewartstown, NH Stamford Public Schools, Stamford, CT Winona Area Public Schools, Winona, MN



National Coalition for the State Advancement of School Mental Health



Arkansas Connecticut Delaware Indiana North Carolina Oklahoma Rhode Island Texas (Houston) Wyoming





Why would a district use SHAPE?

Districts that:

- want to document what mental health services they have across tiers of support in the district
- need a uniform quality improvement process process to understand school mental health strengths and needs throughout the district

would like to standardize the process of schoolcommunity mental health partnerships in their district, while still allowing schools to individualize services to their needs



Why would a school use SHAPE?

Schools that:

- want to document their school- and community-employed mental health staffing
- need to identify what services they have for specific problem areas across a multi-tiered system of support (MTSS)
- are interested in improving their universal screening practices, but don't know where to start
- would like to better partner with community mental health providers, but want to be sure that added services meet needs, and are complementary with and augment existing staff supports



Join Us!

Answer a few questions on the home page and be added to the National School Mental Health Census.

> Get your Blue Star on the Map!

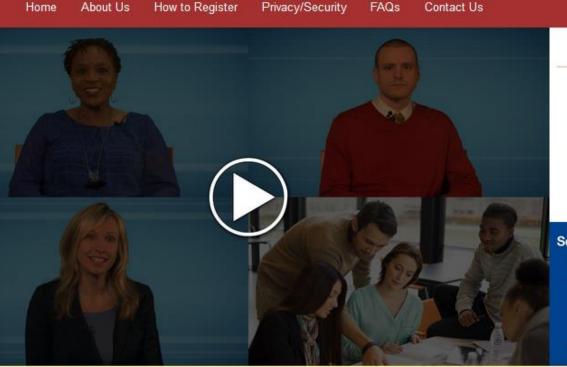
Be Counted and Get your **Blue Star** on the Map!



www.theshapesystem.com



School Health Assessment and Performance Evaluation System



Join Us!

When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!



Schools and school districts can use SHAPE to:

- · Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- · Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports



Strategic Team Planning



Free Resources



Be Counted

Login



me About Us How to Regis

School Health Assessment and Performance

We will only use your name and email address to keep you updated about SHAPE news and resources. Your information will not be shared with anyone else.

First Name		1/11	answer a few questions, your school mental health system School Mental Health Census and will receive a Blue Star
First Name			d e-mail address to update you on SHAPE System news /school leader, educator, health/mental health provider,
Last Name			hool system can join us!
Last Name			Join Now
E-mail			
example@exampl	e.com		cts can use SHAPE to: hool Mental Health Census
			increase opportunities for federal, state, and
	0000000000	5	s to help advance your school mental health
			health team process for your school or district

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Register to Improve Your School Mental Health System



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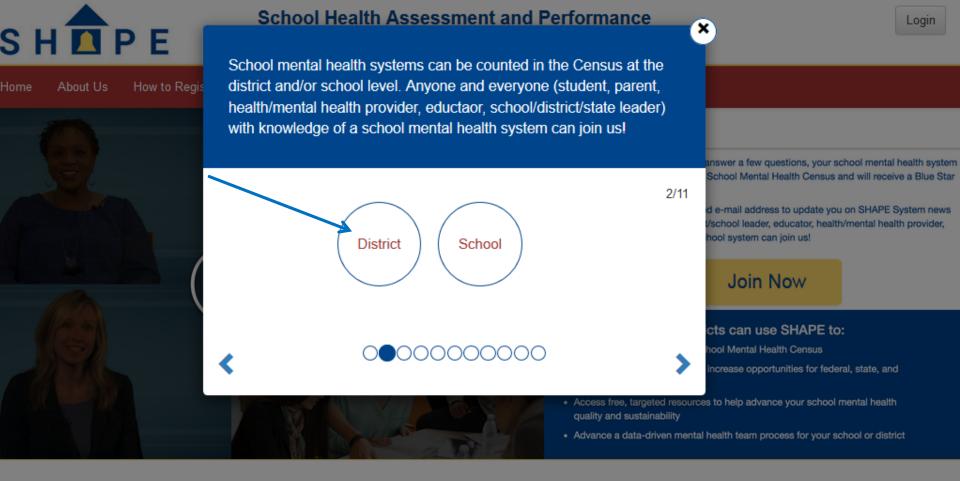


Free Resources



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Free Resources



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S Н 🗖 Р Е	School Health Assessment and Perform Choose the following:	lance
ome About Us How to Re	(Remember, your responses will not be shared with anyon	e else.)
	State	answer a few questions, your school mental health system 3/11 School Mental Health Census and will receive a Blue Star d e-mail address to update you on SHAPE System news
	Select State District Select district	 t/school leader, educator, health/mental health provider, hool system can join us! Join Now
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	quality a	free, targeted resources to help advance your school mental health and sustainability e a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports

Strategic Team Planning

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Be Counted



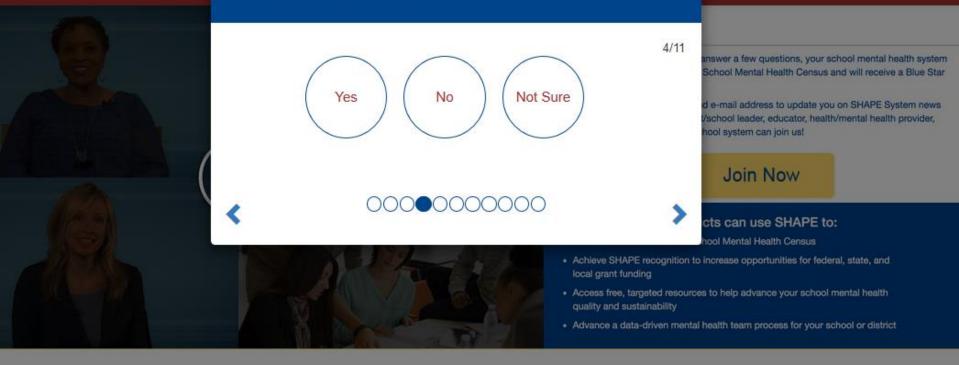
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School Health Assessment and Performance

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Does your school mental health system have universal mental health screening and assessment?



Register to Improve Your School Mental Health System



Free Custom Reports



Strategic Team Planning

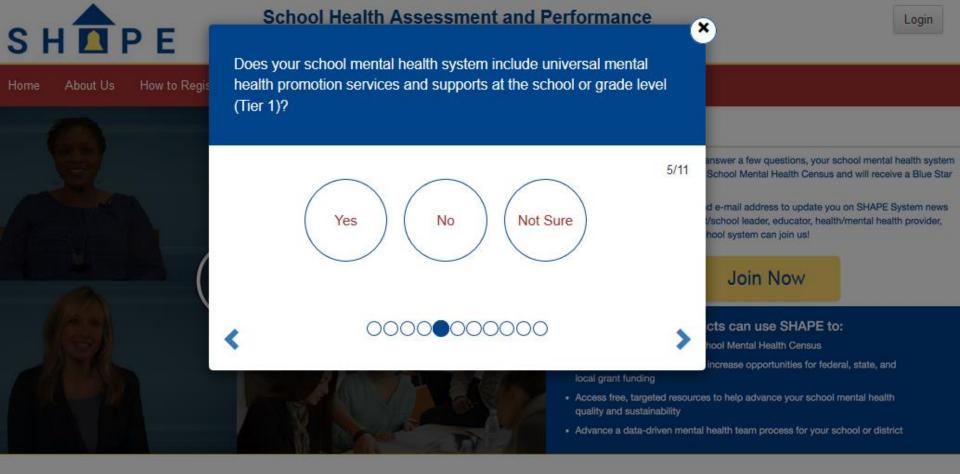




Free Resources

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Register to Improve Your School Mental Health System



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Free Resources



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School Health Assessment and Performance

What do you need to be ready to register your school or district on SHAPE (select all that apply)?

More information about what SHAPE is and how it can help our school/district

Get buy-in from my team, school, district, or other stakeholders

More information about my own school mental health system

Gather a team to obtain all the registration information



Login

11/11

nswer a few questions, your school mental health system School Mental Health Census and will receive a Blue Star

d e-mail address to update you on SHAPE System news /school leader, educator, health/mental health provider, hool system can join us!

Join Now

cts can use SHAPE to: hool Mental Health Census increase opportunities for federal, state, and

Access ree, targeted resources to help advance your school mental health quality and sustainability

· Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System

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Free Custom Reports



Nothing, I'm ready to register

Other: Please specify

Strategic Team Planning



Free Resources



Be Counted



School Health Assessment and Performance

Congratulations, Jane!

Your school mental health system has been counted in the National School Mental Health Census and now has Blue Star SHAPE Recognition.

Interested in how to achieve a Bronze, Silver, and/or Gold Star for your school mental health system?

How to Register and Build your SHAPE Team

er a few questions, your school mental health system ichool Mental Health Census and will receive a Blue Star

d e-mail address to update you on SHAPE System news and resources. Anyone (distinct/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!

Join Now

Schools and school districts can use SHAPE to:

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- · Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- · Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports



Strategic Team Planning



Free Resources



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How to Register

Welcome!

Thank you for expressing an interest in registering your school or district comprehensive school mental health system (CSMHS) with The SHAPE System! SHAPE is a free, secure, web-based platform designed just for school mental health systems.

A Comprehensive School Mental Health System (CSMHS) is defined as a school/district-community-family partnership that provides a multi-tiered continuum of evidence-based mental health services to support students, families, and the school community. Your system includes any group of individuals working together to support the social, emotional, and behavioral well-being of students, their families, and schools.

To register, you must complete the School Mental Health Profile with your team. This establishes an account for your school mental health team, allowing you to:

- Be "counted" in the National School Mental Health Census
- Self-assess your school mental health resources, staffing, and service array

FAQs

- Self-assess your quality and sustainability performance
- View and print free customized reports
- Obtain free school mental health tools and resources
- Invite individual team members at your school join your account
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding

How do I get started?

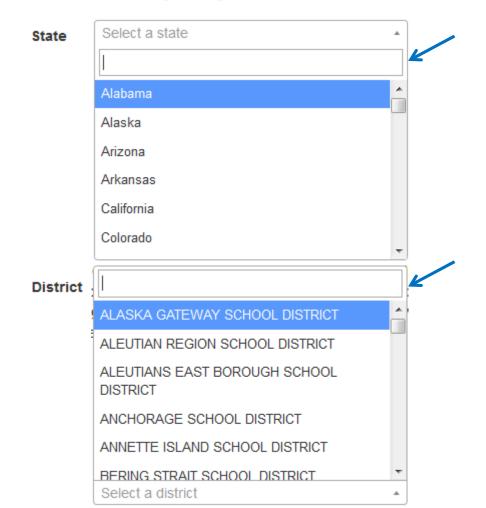
Select your state, district and school (if applicable) to ADD YOUR SCHOOL OR DISTRICT to the SHAPE System. This will establish your account, from which you can invite other team members to help you complete the School Mental Health Profile. You may register your CSMHS at the district or school level. Learn more about how to complete your School Mental Health Profile collaboratively with your school or district team.

	 I am registering a school district I am registering a school 	
State	Select a state	
District	Select a district	• •
	Renister Ni	strict

How do I get started?

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- I am registering a school district
- I am registering a school



How to Regi	Registration Initiated	×	
Welcome! Thank you for exp (CSMHS) with The systems.	You have selected to register YUPIIT SCHOOL DISTRICT. Please enter your e-mail address to proceed with your registration. E-mail Address		al health system hool mental health
A Comprehensiv partnership that (families, and the emotional, and be To register, you mi	doe@jane.com Submit Ist complete the School Mental Health Profile with your team. This establishe		nity-family support students, r to support the social, ccount for your school

mental health team, allowing you to:

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- I am registering a school district
- I am registering a school

State	Alaska × -				
District	YUPIIT SCHOOL DISTRICT	× -			



School Health Assessment and Performance Evaluation System

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Create Your Account			
Jane			
Doe			
doe@jane.com			
Password			
Confirm Password			
Register			



School Health Assessment and

Creating Your Account 💥

Home About Us

Please be patient while your new account is being created.

Create	Your A	Account

Jane

Doe

doe@jane.com

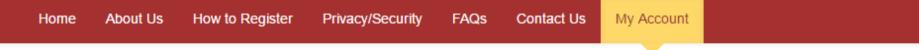
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Register



School Health Assessment and Performance Evaluation System



District Admin

YUPIIT SCHOOL DISTRICT

School Behavioral Health System

System Performance

My Schools

Resource Library



Welcome to The SHAPE System! This account you created can be used to rate your system's performance, track student progress, and obtain free, customized resources and reports specific to school mental health. To get started, please click the button below to complete your District Mental Health Profile. If you need to allow access to other members of your district mental health team to help you complete the profile, click the Team Members tab to add them to your district account.

District Mental Health Profile



School Health Assessment and Performance Evaluation System



District Admin

YUPIIT SCHOOL DISTRICT

School Behavioral Health System

System Performance

My Schools

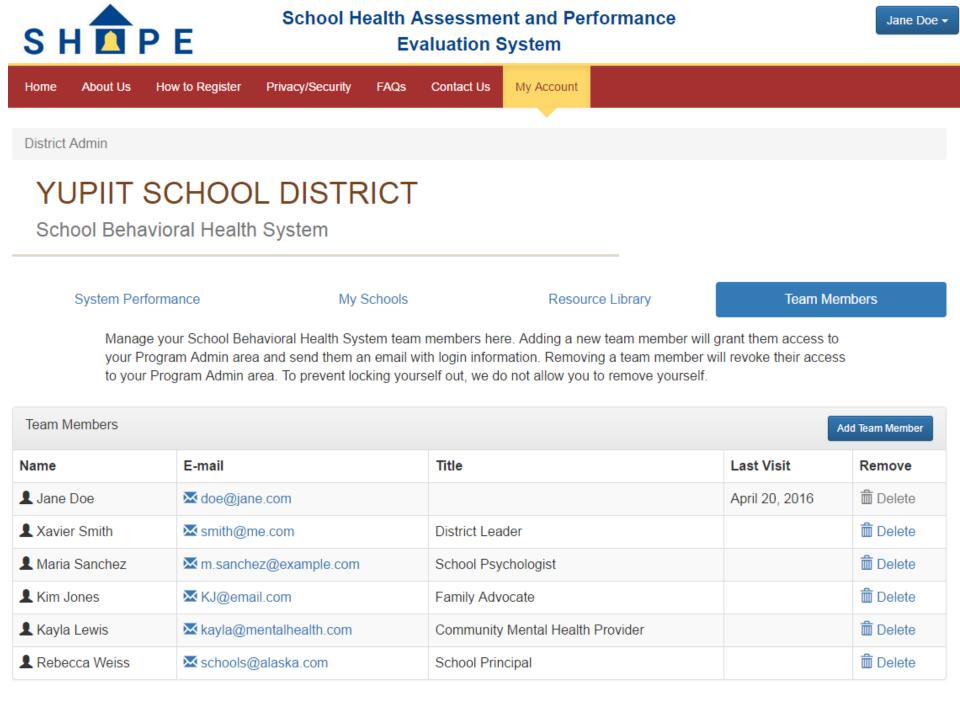
Resource Library

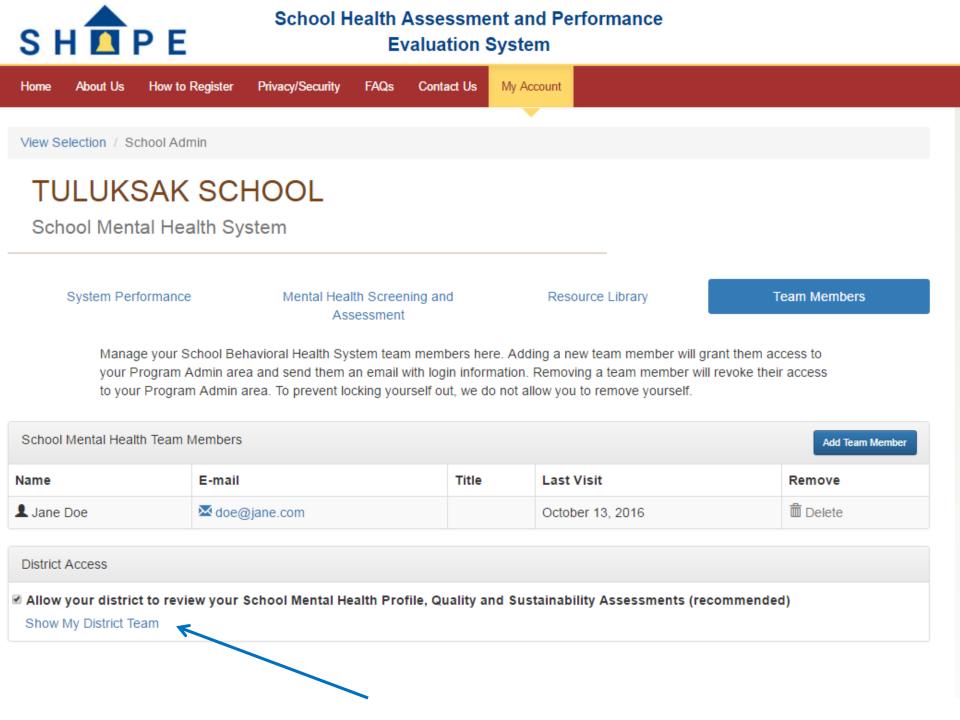
Team Members

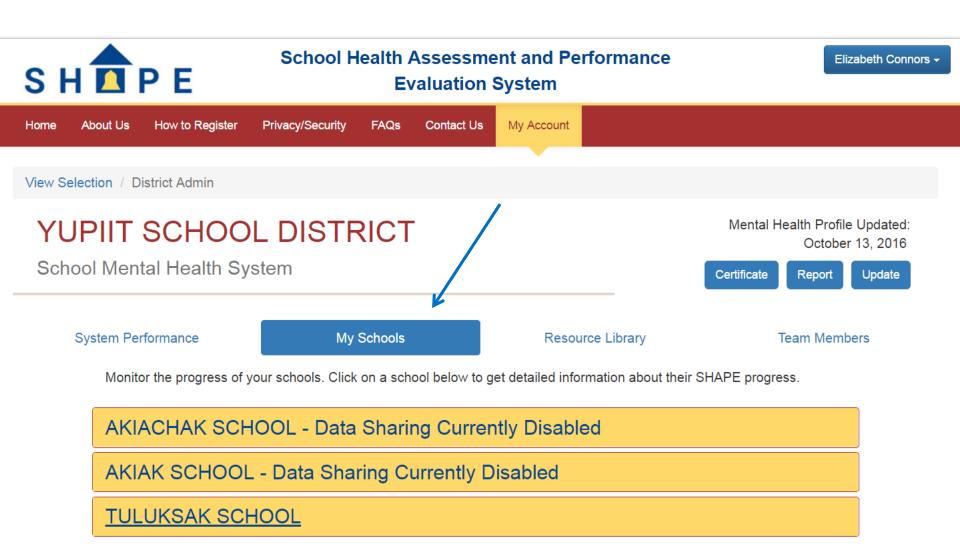
Manage your School Behavioral Health System team members here. Adding a new team member will grant them access to your Program Admin area and send them an email with login information. Removing a team member will revoke their access to your Program Admin area. To prevent locking yourself out, we do not allow you to remove yourself.

Team Members				Add Team Member
Name	E-mail	Title	Last Visit	Remove
L Jane Doe	₩ doe@jane.com		April 20, 2016	💼 Delete

	School He	alth Assess	ment and		Jane Doe 🗸
S H 🗖 P	Add Team Member			×	
Home About Us	First Name				
District Admin					
District Admin	Last Name				
YUPIIT	<				
School Beha	E-mail				
System Perfor	Title				eam Members
Manage					nber will
grant the Removir yourself		yourson.		_	ı. cking
Team Members					Add Team Member
Name	E-mail	Title	Last Visit		Remove
L Jane Doe	⊠ doe@jane.com		April 20, 2016		🗂 Delete









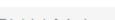
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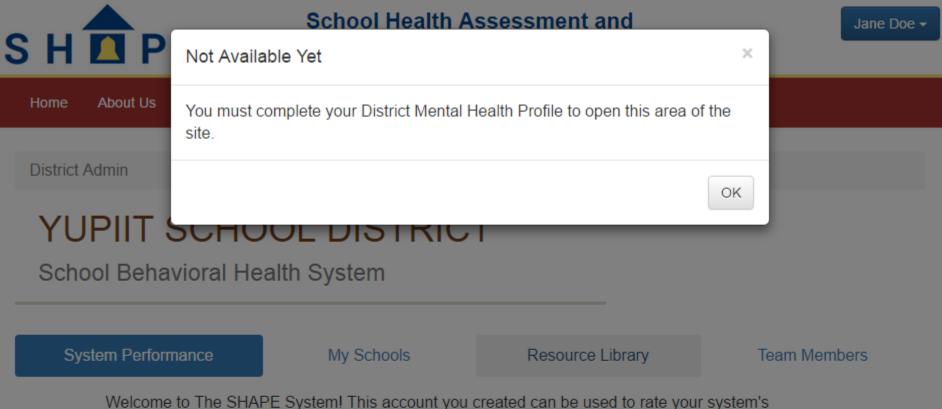
Privacy/Security

Resource Library

Team Members

Welcome to The SHAPE System! This account you created can be used to rate your system's performance, track student progress, and obtain free, customized resources and reports specific to school mental health. To get started, please click the button below to complete your District Mental Health Profile. If you need to allow access to other members of your district mental health team to help you complete the profile, click the Team Members tab to add them to your district account.

District Mental Health Profile



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District Mental Health Profile



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District Mental Health Profile

Complete Registration

Home

District



School Mental Health Profile for Districts

Page 1 of 8

Welcome to the School Mental Health Profile, a way for the schools in your district to document the structure and operations of their comprehensive school mental health system (CSMHS). CSMHSs are defined as school district-community partnerships that provide a continuum of mental health services to support students, families and the school community. "Mental health services" include activities, services, and supports that address the social, emotional, and behavioral well-being of students, including substance use.

School Health Assessment and Performance

This Profile is part of the National School Mental Health Census, an effort to capture the current status of school mental health nationally. Complete your School Mental Health Profile today to access the SHAPE System, a free, web-based tool to improve the quality and sustainability of your CSMHS.

You may PRINT a blank version of this form for reference.

How do I answer for ALL the 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.

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

(This includes all activities conducted between July 1 through June 30 of the last year. For instance, if today's date is between July 1, 2015 through June 30, 2016, your reporting period is July 1, 2014 through June 30, 2015.)

Save and Continue

Complete Registration

School Mental Health Profile for Districts Page 2 of 8 📃 SHAPE System Leader Information * Your first name: Jane * Your last name: Doe * Your title: District Educational Board * Your e-mail address: doe@jane.com * Your phone number: 1-222-222-2222 Please list two other SHAPE System team members we could contact if we are unable to reach you. Alternate team member #1:

* First name:

Xavier

*Last name:

Smith

Title:

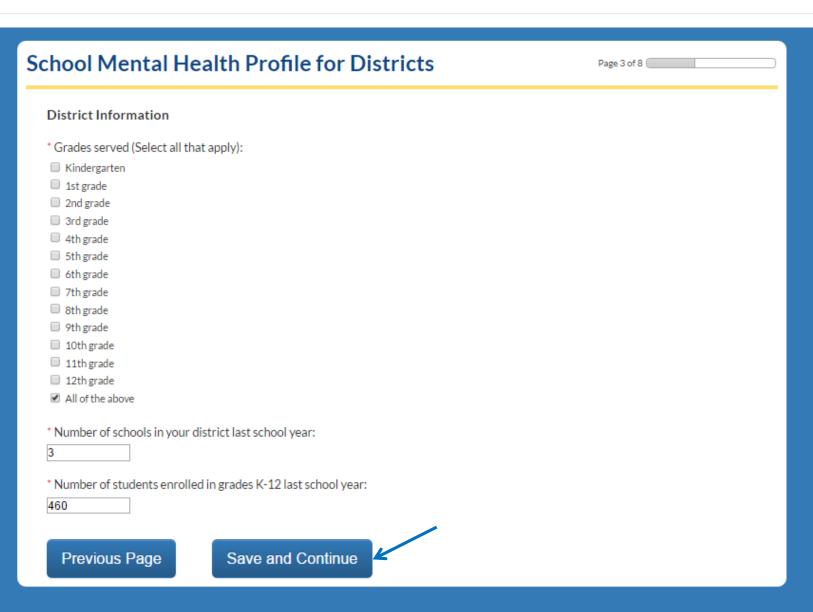
District Leader

* E-mail address:

smith@me.com

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Complete Registration

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Comprehensive School Mental Health System Components

- * To the best of your knowledge, what is included in your CSMHS? (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 collects and how those data are used. (SMH = school mental health)

	Did you collect it last year? If yes, how was it used? (Select all that apply.)			y.)			
	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	۲	\odot	۲				
Grades	۲	\odot					
Office discipline referrals	۲	\odot	۲				
Out of school suspensions	۲	\odot					
Mental health functioning	۲	\odot			۲		
School climate	\odot	۲					۲

- Yes
- No

If yes, what is it for?

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Complete Registration

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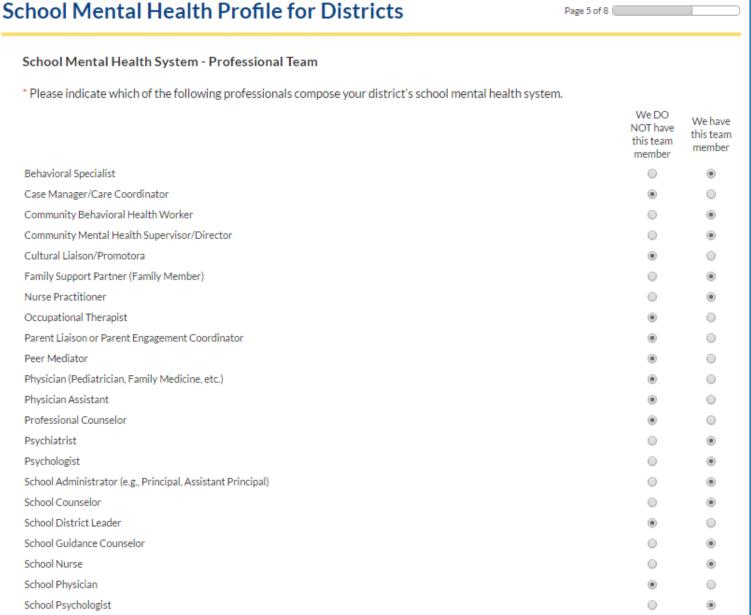
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Home View

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School Resource Officer



School Health Assessment and Performance

Complete Registration

information about your staffing.

Behavioral Specialist

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\times School Mental Health Profile for Districts Page 6 of 8 Please indicate which of the following professionals compose your CSMHS at the district level and provide some ed 16 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 How many school- or district-employed behavioral specialists do you have? What is the total FTE for your school- or district-employed behavioral specialists? How many non school- or district-employed behavioral specialists do you have? What is the total FTE for your non school- or district-employed behavioral specialists? How many school- or district-employed community behavioral health workers do you have? king What is the total FTE for your school- or district-employed community behavioral health workers?

Home



Apr

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Community Behavioral Health Worker

How many non school- or district-employed community behavioral health workers do you have?

School Health Assessment and Performance

2



Complete Registration

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16

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School Mental Health Profile for Districts

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School Mental Health System - Services Provided

Does 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.)

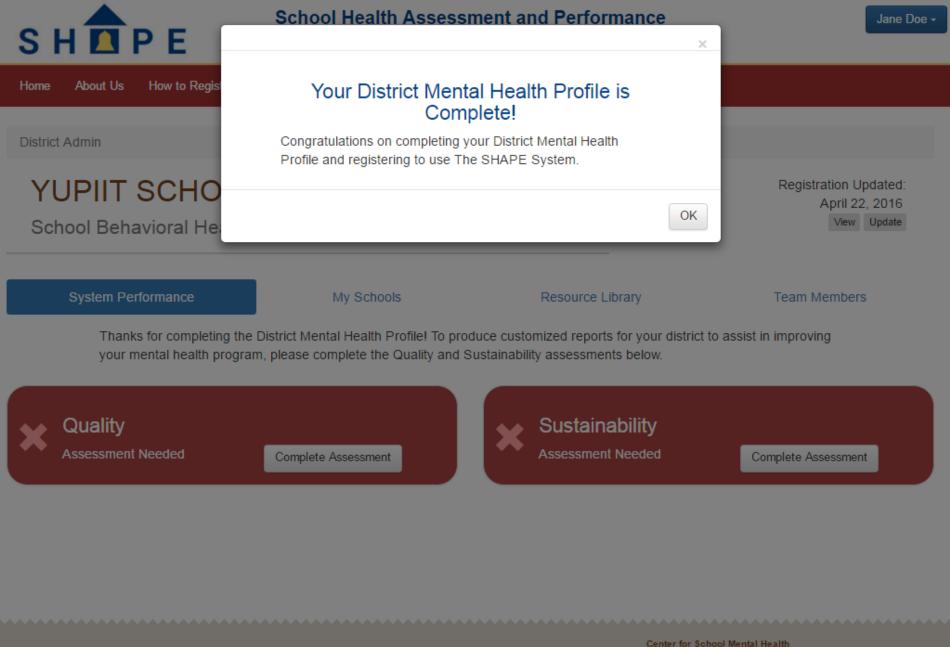
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Mental health promotion services and supports (Tier 1) are mental health-related activities, including promotion of positive social, emotional, and behavioral skills and wellness which are designed to meet the needs of all students regardless of whether 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. 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.)					
	_	_	_	_	_



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Center for School Mental Health 737 West Lombard Street 4th Floor Baltimore Maryland 21201 (<u>map</u>) P: (410) 706-0980 F: (410) 706-0984 E: <u>csmh@psych.umaryland.edu</u>



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Team Members

Jane Doe -

Thanks for completing the District Mental Health Profile! To produce customized reports for your district to assist in improving your mental health program, please complete the Quality and Sustainability assessments below.

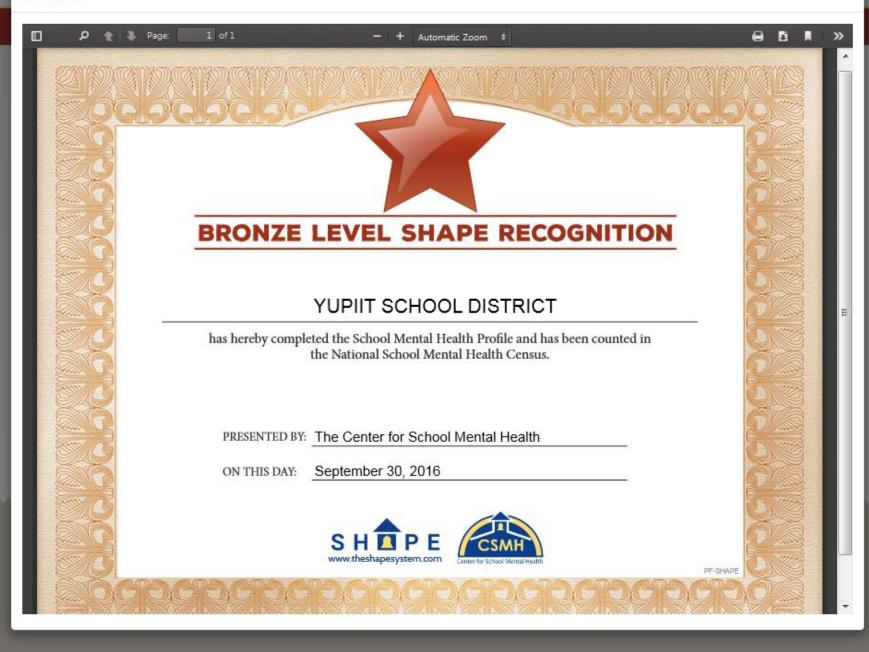




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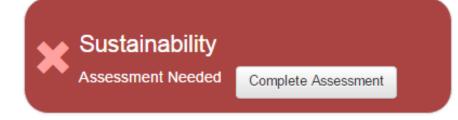
Resource Library

April 22, 2016 Certificate Report Update

Mental Health Profile Updated:

Thanks for completing the District Mental Health Profile! To produce customized reports for your district to assist in improving your mental health program, please complete the Quality and Sustainability assessments below.





SCHOOL DISTRICT MENTAL HEALTH PROFILE | YUPIIT SCHOOL DISTRICT



Last Updated: April 22, 2016

Understanding this	
Summary.	

This report is generated based on the information you provided for your School District Mental Health Profile.

This profile provides a snapshot of the structure and operations of your school district's comprehensive school mental health system.

Number of schools in your district: 3 Number of students in grades K-12: 460 Grades served: K-12

About Your School District Mental Health Report

Congratulations! Your district's team has been counted in the National School Mental Health Census and achieved Bronze SHAPE recognition for completing the School Mental Health Profile. Complete the National School Mental Health Performance Measures on SHAPE (the Quality and Sustainability Assessments) to achieve Silver and Gold SHAPE Recognition.

Schools and districts who register with SHAPE aspire toward having strong school-community-family partnerships that provide a multi-tiered continuum of evidence-based mental health services to support students, families, and the school community.

To learn more about this team's SHAPE account, inquire about being added as a team member, and/or join them in their quality improvement and sustainability efforts, contact the team leader.

To register a new school or district with SHAPE, please visit: https://theshapesystem.com/register.

SYSTEM COMPONENTS VUPIIT SCHOOL DISTRICT



DATA COLLECTION AND USE

Data Point	Data Collected	ldentify Students for Mental Health Risk	Match/Triage Students to SMH Service Delivery	Track Individual Student Progress in SMH Interventions	Monitor/Evaluate SMH System Outcomes
Attendance	~	~	~	~	~
Grades	~		~	~	~
Office discipline referrals	~	~	~		
Out of school suspensions	~	~			
Mental health functioning	~			~	~
School climate					

SCHOOL DISTRICT STAFFING INFORMATION VUPIIT SCHOOL DISTRICT

Last Updated: October 13, 2016

STAFF MEMBER	SCHOOL School or school district employed		COMMUNITY Not school or school district employed (e.g., community mental health partner employed)		
	Number of Members	Total FTE	Number of Members	Total FTE	
Behavioral Specialist	1	.5	1	.5	
Community Behavioral Health Worker	0	0	2	1	
Community Mental Health Supervisor/Director	0	0	1	.3	
Family Support Partner (Family Member)	3	.4	0	0	
Nurse Practitioner	3	.75	0	0	
Psychiatrist	0	0	1	.5	
Psychologist	0	0	1	1	
School Administrator (e.g., Principal, Assistant Principal)	3	3	0	0	
School Counselor	3	3	0	0	
School Guidance Counselor	5	3.5	0	0	
School Nurse	5	5	0	0	
School Psychologist	5	5	0	0	
School Social Worker	3	3	0	0	
Social Worker	0	0	2	2	
Youth/Family Advocate	6	2	0	0	

SERVICES PROVIDED YUPIIT SCHOOL DISTRICT

Last Updated: October 13, 2016

Your school district provided services and support to address the following student concerns at each tier:





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Team Members

Thanks for completing the District Mental Health Profile! To produce customized reports for your district to assist in improving your mental health program, please complete the Quality and Sustainability assessments below.





District Program Quality Indicators

Page 1 of 12

Mental Health Quality Assessment Tool

INSTRUCTIONS: The School Mental Health Team District Leader should complete this assessment tool, answering questions about the status of the Comprehensive School Mental Health System (CSMHS) in their school district**. CSMHS are defined as school district-community partnerships that provide a continuum of mental health services to support students, families, and the school community."Mental health services" include activities, services, and supports that address the social, emotional, and behavioral well-being of students, **including substance use**.

District "quality" refers to the characteristics which contribute to or directly represent the overall standard of services and supports provided in schools, based on established best practices in school mental health research, policy, and practice.

** "District" refers to your district-level comprehensive school mental health system (or district CSMHS), including all school-employed, community-employed, and other partners and stakeholders, including youth and families, who comprise your team.

How do I answer for ALL the schools in our district?

We anticipate most districts will have a range of self-ratings from 1 to 6, as every district has strengths as well as areas for improvement. Also, the schools within your district might reflect a range of progress as well, and a variety of data collection and reporting strategies, depending on how different the schools in your district are. For items where some of your schools have the indicator "Fully in Place" or a 6, but other schools are more accurately described as having the indicator "Not in Place," please respond between 1 and 6 accordingly. That is, please respond based on your district as a whole; a "mix" of progress among the schools in your district would be reflected by a rating of 2, 3, 4, or 5, depending on what that mix looks like.

This School Mental Health Quality Assessment Tool is designed for your district to self-assess your system's quality. The team-based process of completing this Quality Assessment Tool is also intended to facilitate your team's communication about various aspects of school mental health quality and establish a common language about how quality improvements are pursued in your local district.

We strongly recommend that the completion of this survey be done as a team process. To ensure all contributors are reflected in the report generated from this survey, please list names and roles of all contributing team members below (optional).

<u>PRINT this assessment</u> to see all areas you will be asked to provide data on and determine whether you need to collect any further information from your team before proceeding.



The following team members contributed to this quality assessment:

Xavier Smith District Leader

Maria Sanchez School Psychologist

Kim Jones Family Advocate Rebecca Weiss School Principal

Kayla Lewis Community Mental Health Provider

Jamal Foster Student

District Program Quality Indicators

Page 2 of 12

Teaming

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

(This includes all activities conducted between July 1 through June 30 of the last year. For instance, if today's date is between July 1, 2015 through June 30, 2016, your reporting period is July 1, 2014 through June 30, 2015. Your first assessment should always report on the last school year.)

The date range for the LAST SCHOOL YEAR WILL AUTOMATICALLY SHOW UP ON YOUR REPORT unless you want to report on a different time period. If you're reporting on a period other than the last school year (i.e., because this is not your first assessment) please enter the time period's start and end dates below.

1. Report period start date if different than last school year (format: 1/14/2016):

2. Report period end date if different than last school year (format: 4/14/2016):

Many schools have teams that meet to discuss and strategize about student mental health issues. Schools may have one team devoted to the full continuum of mental health supports (mental health promotion to selective and indicated intervention) or they may have multiple teams that address different parts of the continuum (e.g., school climate team, student support team, intervention/tertiary care team, Tier 2/3 team, any other team that is tasked with addressing student mental health concerns as part of their purpose). The following questions relate to any school mental health team(s) at schools in your district.

*3. To what extent was your district's school mental health system team(s) multidisciplinary (diverse professional and non-professional team members included based on who was on the team)?

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

- School health and behavioral health staff
- Teachers
- School administrators
- Youth/Students
- Parents/Families
- Community health and behavioral health providers
- Child welfare
- human Hadrockia

School Health Assessment and Performance

Quality Assessment

Many schools have teams that meet to discuss and strategize about student mental health issues. Schools may have one team devoted to the full continuum of mental health supports (mental health promotion to selective and indicated intervention) or they may have multiple teams that address different parts of the continuum (e.g., school climate team, student support team, intervention/tertiary care team, Tier 2/3 team, any other team that is tasked with addressing student mental health concerns as part of their purpose). The following questions relate to any school mental health team(s) at schools in your district.

*3. To what extent was your district's school mental health system team(s) multidisciplinary (diverse professional and non-professional team members included based on who was on the team)?

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

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

1: Not in place: Our district didn't have multidisciplinary representation on our school mental health team; teams were made of individuals representing only 1 stakeholder group (e.g., teachers, mental health providers, administrators, youth & families)

- 2: Our district team included 2 stakeholder groups.
- 3: Our district team included 3 different stakeholder groups.
- 4: Our district team included 4 different stakeholder groups, including community, youth and/or family representatives.
- 5: Our district team included 5 different stakeholder groups, including community, youth and/or family representatives.

6: Fully in place: Our district team consistently included at least 6 different stakeholder groups, including representation of youth, families, school & community-employed health and mental health providers, community leaders, teachers, and school admins

*4. To what extent did your district's school mental health system team(s) avoid duplication and promote efficiency? For example, consistent communication and coordination among various teams could be one strategy in place to avoid duplication of services.

Best practices in our district for team efficiency include:

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

1: Not in place: Our district team did not use best practices to avoid duplication and promote efficiency.

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District Program Quality Indicators

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Needs Assessment/Resource Mapping

Needs assessment is a collaborative process to evaluate the unique breadth, depth, and prevalence of student mental health needs in your community. Resource mapping is a method used to identify and link community and school-based resources with an agreed upon vision, organizational goals, strategies, or expected outcomes. It may also be referred to as asset mapping or environmental scanning.

*1. To what extent has your district conducted a comprehensive student mental health needs assessment?

Best practices for a comprehensive student mental health needs assessment include:

- Needs assessment team that includes diverse stakeholder groups including parents, students, school and community health and mental health providers, school administrators, administrative staff and teachers
- Review of existing relevant data such as: office referrals, expulsion and suspension rates, attendance and truancy records, nursing and counselor logs, crisis
 referrals, emergency petitions, school climate and behavioral surveys, incident reports, homework completion rates, homelessness rates
- Identification of additional data that might be of use and process to gather it
- Analysis of data to:
 - Determine most pressing needs impacting most students (Tier 1), some students (Tier 2), and just a few students (Tier 3)
 - Determine patterns of needs including emotional/behavioral needs, medical needs, basic needs (e.g., food), child developmental level, social support, financial needs, cultural beliefs, child and family strengths, demands, values, and functioning
- 1: Not in place: Our district has not conducted a student mental health needs assessment.
- 2: Our district rarely used best practices to conduct a comprehensive student mental health needs assessment.
- 3: Our district sometimes used best practices to conduct a comprehensive student mental health needs assessment.
- 4: Our district often used best practices to conduct a comprehensive student mental health needs assessment.
- 5: Our district almost always used best practices to conduct a comprehensive student mental health needs assessment.
- 6: Fully in place: Our CSMHS always used best practices to conduct a comprehensive mental health needs assessment.

*2. To what extent has your district utilized your needs assessment to inform decisions about school mental health service planning (program selection, service array) and implementation?

Best practices in needs assessment utilization to inform decisions about school mental health service planning and implementation include:

- Comprehensive needs assessment report
- Readily accessible to all stakeholders
- Diverse stakeholder teams utilize needs assessment report in consistent ways to inform decisions about school mental health service planning and implementation including program selection and service array

N/A: We did not have a student mental health needs assessment.

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*

District Program Quality Indicators	Page 4 of 12
creening	
Screening is the assessment of students to determine whether they may be	e at risk for a mental health concerns.
During the last school year:	
*1. How many students were enrolled in grades K-12?	
2. Of the students in your district, how many were screened for mental health concerns	of any type?
Screening is defined as using a tool or process in which each individual student's mental for or having mental health problems.	I heatlh functioning is rated to identify students at risk
3. Based on this screening process, what was the total number of students identified as that interfered with functioning in their home, school, and/or community?	being at-risk for or having mental health problems
4. Based on this screening process, what was the number of unduplicated students who with school-employed or community-partnered mental health professional) within seve having a mental health problem.	
Of those students who were screened, how many received:	
5. Depression screening?	
6. If more than 0, what tool(s) did you administer?	

Quality Assessment

District Program Quality Indicators

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Evidence-Based Services and Supports - Tier 3

Indicated Services and Supports (Tier 3)

Indicated services and supports (Tier 3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem and displaying significant functional impairment. Sometimes these are referred to as mental health "intervention" or "tertiary" or intensive services. Please include services provided by school-employed and community-employed school-based professionals. Examples include individual, group, or family therapy for general or special education students who likely meet criteria for a DSM 5 diagnosis.

1. How many students in your district received *indicated* mental health services and supports (for students with identified mental health problems that cause impairment)?

2. Among the students who received *indicated* mental health services and supports (Tier 3), how many received **evidence-based** services and supports (i.e., recognized in national evidence-based registries: e.g., Blueprints, NREPP, What Works Clearinghouse)? *Examples include Trauma-Focused Cognitive Behavioral Therapy, Coping Cat, Grief and Trauma Intervention for Children, Parent-Child Interaction Therapy, Cognitive Behavioral Intervention for Trauma and Schools, Interpersonal Psychotherapy for Depressed Adolescents (IPT-A), high quality Wraparound planning, Multisystemic Therapy.*

*3. What was the **reach** of *indicated mental health* services and supports (Tier 3) in your district? This question refers to how widely provided/offered *indicated* services were to students.

- 1: Not in place: Indicated mental health services and supports were not provided in our district.
- 2: Indicated mental health services and supports were available for 1-25% of the district's students who needed them.
- 3: Indicated mental health services and supports were available for 26-50% of the district's students who needed them.
- 4: Indicated mental health services and supports were available for 51-75% of the district's students who needed them.
- 5: Indicated mental health services and supports were available for 75-99% of the district's students who needed them.
- 6: Fully in place: Indicated mental health services and supports were available for all district's students who needed them.

*4. To what extent were all of your *indicated* mental health services and supports evidence based (as recognized in national registries) in your district?

1: Not in place: Our indicated mental health services and supports were not supported by research (e.g., we developed them internally without consideration for evidence).

- 2: 1-25% of our indicated mental health services and supports were evidenced based.
- 3: 26-50% of our indicated mental health services and supports were evidenced based.
- 4: E1, 75% of our indicated montal boalth convices and supports were evidenced based.

District Program Quality Indicators

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Other Student Outcomes

1. What was the total number of mental health service **referrals made** for students in your district to receive mental health services inside of the school building? *Please include referrals and recommendations made by school-employed and community-employed, school-based staff, as well as any other connections to services requested by families.*

2. What was the total number of mental health service referrals in your district which resulted in students receiving mental health services inside of the school building?

3. Number of unduplicated students in your district who had a school mental health service (in-person contact with school-employed or community-partnered mental health professional) within seven (7) days of being referred for mental health services inside of the school building.

4. What was the total number of mental health service **referrals made** for students in your district to receive mental health services outside of the school building? Please include referrals and recommendations made by school-employed and community-employed, school-based staff, as well as any other connections to services requested by families.

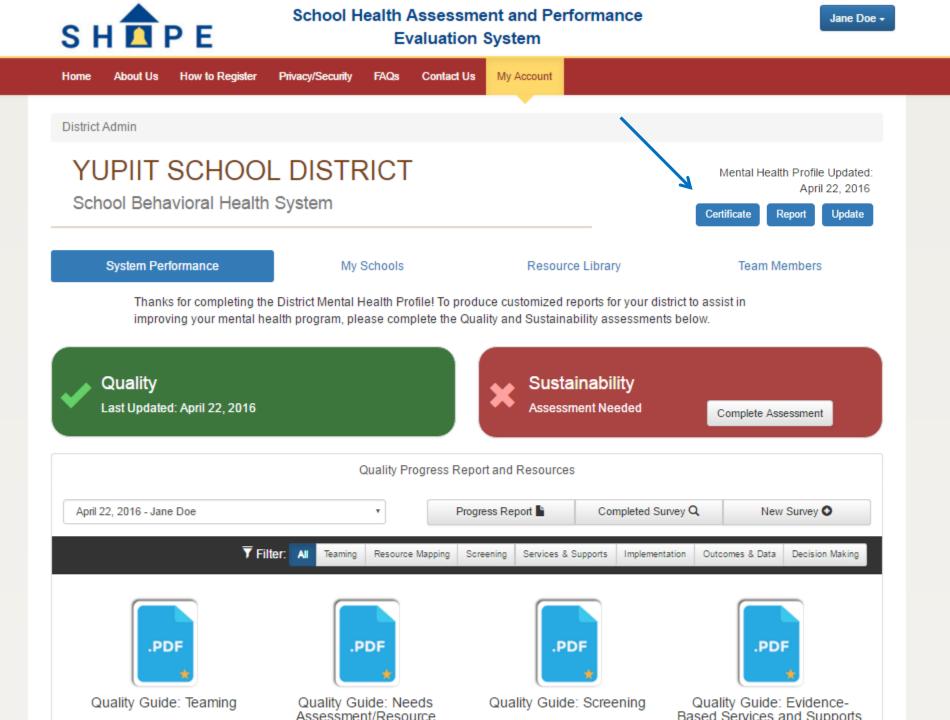
5. What was the total number of mental health service referrals which resulted in students receiving mental health services outside of the school building?

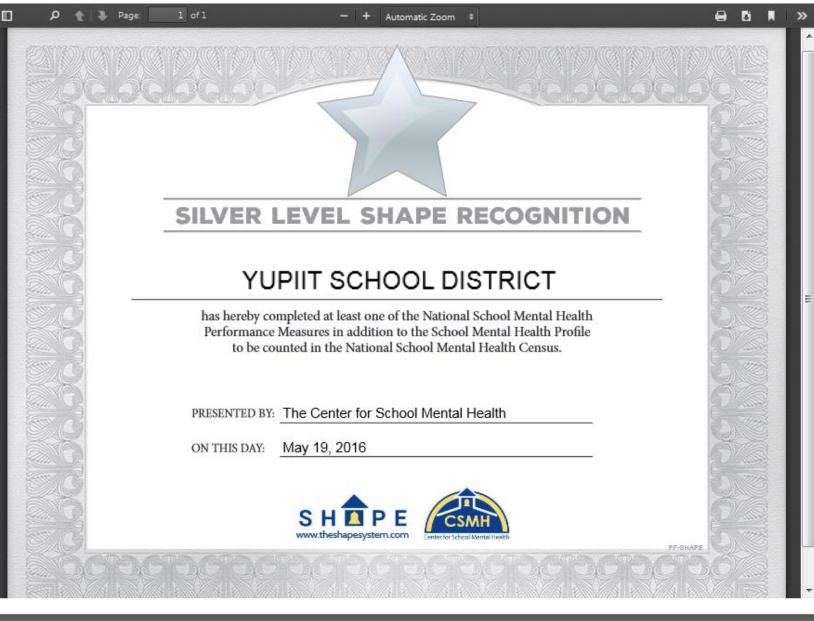
6. Number of unduplicated students in your district who had a school mental health service (in-person contact with school-employed or community-partnered mental health professional) within seven (7) days of being referred for mental health services outside of the school building.

7. Number of students placed out of district (including treatment center, alternative school placement, etc.) related to their mental health. This includes students placed out-of-district based on a special education classification, such as Emotional Disturbance.

8. Number of students in your district admitted for inpatient psychiatric hospitalization (actual admissions, not to include emergency room visit only).

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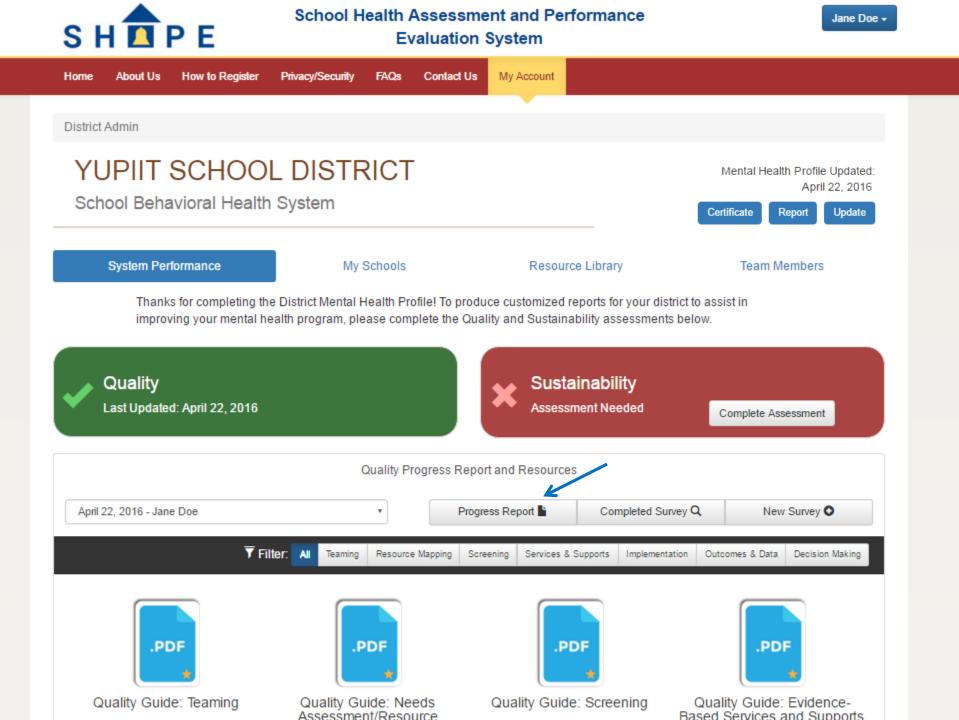


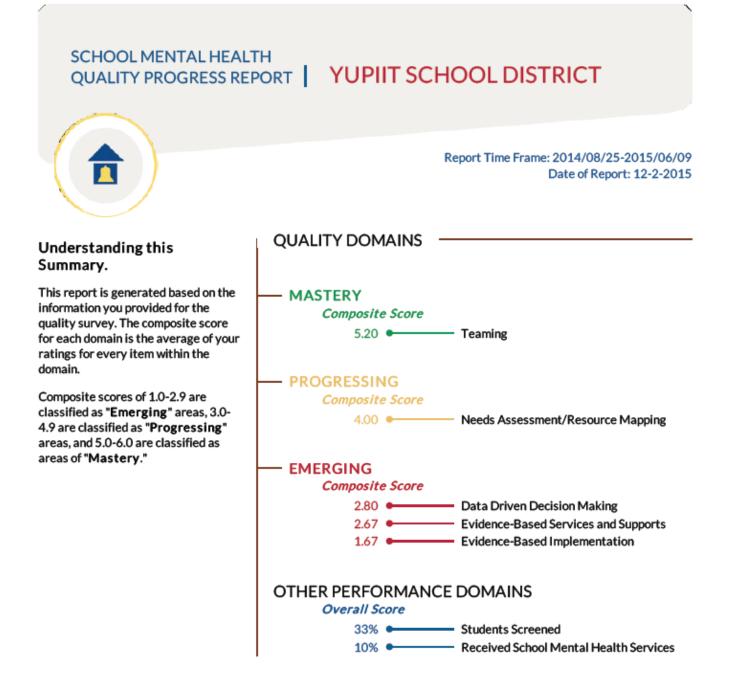


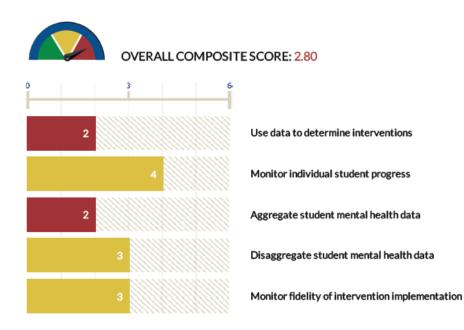
Quality Guide: Teaming

Quality Guide: Needs Assessment/Resource Quality Guide: Screening

Quality Guide: Evidence-Based Services and Supports





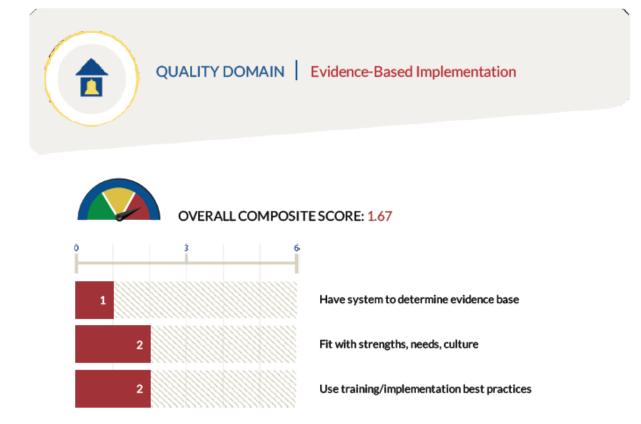


About Data Driven Decision Making

Data driven decision making (DDDM) is the process of using observations and other relevant data/information to make decisions that are fair and objective. Examples of data include mental health screening, climate surveys, attendance, discipline referrals, and classroom observational data. Your CSMHS team's DDDM self-assessment score comprises your ratings on five indicators: (1) using data to determine mental health interventions needed by students; (2) using a system for monitoring individual student progress; (3) monitoring fidelity of intervention implementation across tiers; (4) using a system for aggregating student mental health service and support data; and (5) using a system for disaggregating student mental health service data. Primary action steps to advance your CSMHS's performance in the area of DDDM include evaluating your current DDDM process and data sources to ensure you are maximizing opportunities to use data to identify, monitor, and evaluate target concerns at the student, classroom, and/or school levels. For more in-depth guidance and specific strategies to advance your CSMHS DDDM processes, please refer to:

Resource Library > Quality Progress Report and Resources > Quality Guide: Data Driven Decision Making





About Evidence-Based Implementation

Evidence-Based Implementation is the integration of research findings from implementation science to school mental health care policy, practice, and operations. This involves the selection of appropriate evidence-based services and supports as well as utilization of effective, best practice strategies informed by implementation science to support and sustain those services and supports. Your CSMHS team's Evidence-Based Implementation self-assessment score includes your ratings on three indicators: (1) having processes in place for determining whether a school mental health service or support was evidence based; (2) having evidence-based services and supports that fit the unique strengths, needs, and cultural and linguistic considerations of your students and families, and (3) utilizing best practices to support training and implementation of mental health services and supports. Primary action steps to advance your CSMHS's performance in the area of evidence-based implementation include selecting an EBP that is right for your CSMHS, convening an EBP selection committee and implementation team, planning for training and ongoing support of implementers, piloting implementation on a small scale first, and collecting data throughout that will inform your quality improvement and reporting of impact for sustainability. For more in-depth guidance and specific strategies to advance your CSMHS's *Evidence-Based Implementation* processes, please refer to:

Resource Library > Quality Progress Report and Resources > Quality Guide: Evidence-Based Implementation

QUALITY DOMAIN Students Screened

During the last school year, 4000 students in your school district were screened for a mental health concern of any type by a school-based or community-partnered mental health staff member. This is 33% of your student body.

Based on screening:

2000 were identified as being at-risk for or having mental health problems that interfered with functioning

1800 students received a school mental health service with seven (7) days of identification

800 received depression screening

300 received suicidality screening

* received substance use screening

O received trauma screening

600 received anxiety screening

1000 received general mental health screening

1000 received other mental health screening

* indicates data were not reported

About Students Screened

Mental health screening is defined as using a systematic tool or process with an entire population, such as a school's student body or grade level(s), to identify individual students at risk for or having a mental health concern. Mental health screening can be used to identify personal strengths/wellness as well as emotional distress or mental health risk. Primary action steps to advance your CSMHS's performance in the area of screening include assembling a team of key stakeholders, selecting screening tool(s), and establishing policies and procedures for collecting, interpreting, sharing, and using screening data to identify students eligible for school mental health services and supports. For more in-depth guidance and specific strategies to advance your CSMHS's screening processes, please refer to:

Resource Library > Quality Progress Report and Resources > Quality Guide: Screening

QUALITY DOMAIN Strategic Planning Guide

Thank you for completing the *School Mental Health Quality Assessment Survey*. We encourage you to meet with your school mental health team and review your scores on each performance domain provided in this report and engage in a strategic planning process to guide quality improvement. Quality guides are available for each performance domain and indicator with action steps and resources to guide improvement. Consider using these materials and the *Strategic Planning Guide* to create a strategic plan for improving your team's performance in one or more areas.

List the domain(s) on which you scored the lowest (Emerging and Progressing) and evaluate your system's capacity and motivation to implement change in each domain.

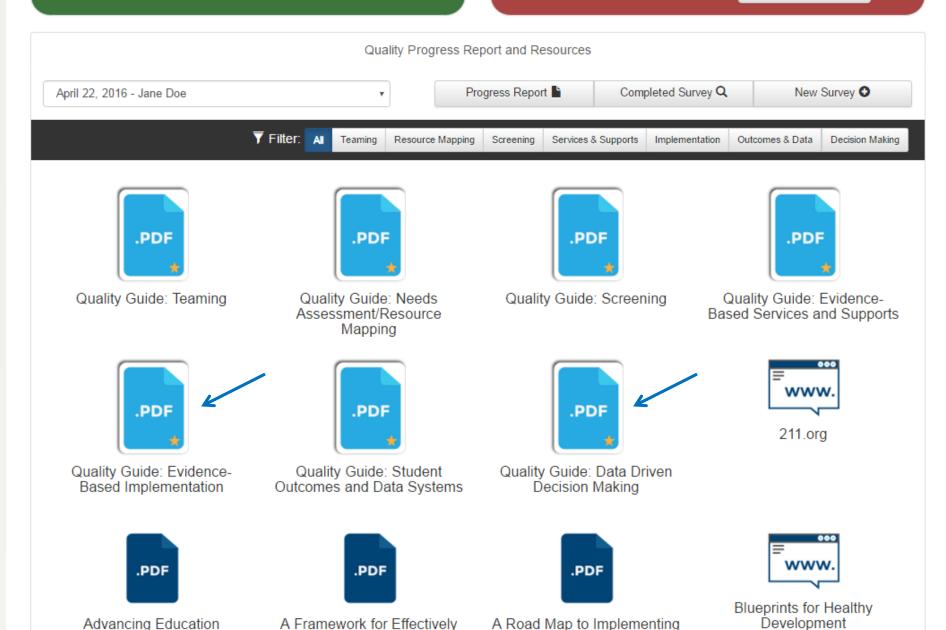
Domain	Need for change (1-10) 1=no need 10=great need	Desire to change (1-10) 1=no desire 10=great desire	Resources to achieve change (1-10) 1=no resources 10=many resources	Barriers to change (1-10) 1=no barriers 10=many barriers
1.				
2.				
3.				

Select one domain from the list above that your team wants to improve.



DOMAIN: _____











Quality Guide: Evidence-Based Implementation

The Quality Guide: Evidence-Based Implementation is part of a collection of resources developed by the Center for School Mental Health for The SHAPE System that provides guidance to help comprehensive school mental health systems (CSMHSs) advance the quality and sustainability of their services and supports. This guide includes background information on implementation in school mental health, possible action steps, and resources to help systems incorporate evidencebased implementation strategies into a long-term quality improvement plan.

Background:

The Evidence-based Implementation domain within the School Mental Health Quality Assessment Survey comprises three indicators to help determine a system's current capacity for implementing evidence-based practices and programs (EBPs). These indicators measure the extent to which your school or district:

- (1) ...has processes in place for determining whether a school mental health service or support is evidence-based;
- (2) ...has evidence-based services and supports that fit the unique strengths, needs, and cultural and linguistic considerations of your students and families, and
- ...utilizes best practices to support training and implementation of mental health services and supports.

Evidence-based services and supports are supported by data and evidence that indicate that they are effective interventions. Research shows that evidence-based services and supports provide students with a higher quality of care than programs without an evidence base, but there are many factors to consider when selecting and implementing them.

Evidence-based implementation is the integration of research findings from implementation science to school mental health care policy, practice, and operations. This involves the selection of appropriate evidence-based services and supports as well as utilization of effective, best practice strategies informed by implementation science to support and sustain those services and supports. Implementation science is the study of methods that promote the integration of research findings and evidence into health care policy and practice. Implementation science emphasizes an understanding of organizational characteristics and behaviors of healthcare professionals and others as key variables in the

Evidence-based implementation is the integration of research findings from implementation science to school mental health care policy, practice, and operations.

sustainable uptake, adoption, and implementation of evidence-based interventions. When implementation is conducted in a purposeful manner with appropriate planning and support, success is achieved at rates greater than 80% in the first three years. Without proper implementation support, long-term success rates are very low.

Quality Guide: Data Driven Decision Making

The *Quality Guide: Data Driven Decision Making* (DDDM) is part of a collection of resources developed by the Center for School Mental Health for The SHAPE System that provides guidance to help comprehensive school mental health systems (CSMHSs) advance the quality and sustainability of their services and supports. This guide includes background information on DDDM, possible action steps, and resources to help systems incorporate DDDM into a long-term quality program plan.

Background:

The *Data-Driven Decision Making (DDDM)* domain within the *School Mental Health Quality Assessment Survey* comprises four indicators to help determine a system's capacity for making data-informed decisions about its school mental health services. These indicators include:

- (1) Use of data to determine mental health services needed by students
- (2) Use of a system for monitoring individual student progress

(3) Use of a system for aggregating student mental health service and support data to share with stakeholders and make decisions about mental health service planning and implementation
(4) Use of a system for disaggregating student mental health service data to examine school mental health system level outcomes based on subpopulation characteristics

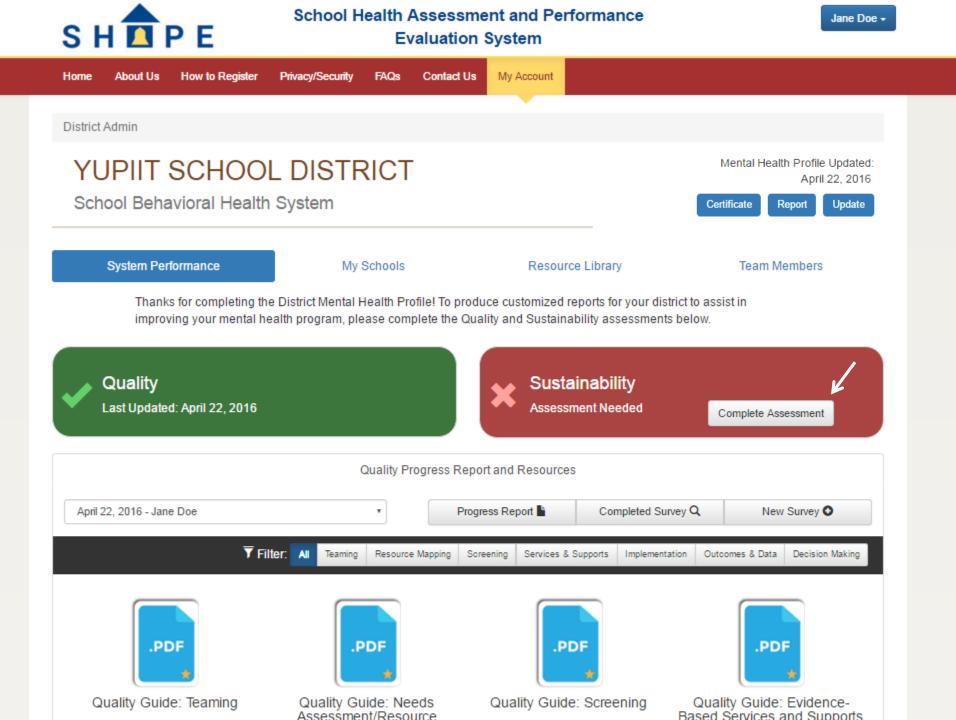
Data-driven decision making is the process of using observations and other relevant data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health promotion to selective and indicated intervention).

"Data" refers to individual facts, statistics, or items of information used as a basis for reasoning, discussion, or calculation. In the case of schools and the classroom setting, data can include information collected from multiple sources such as the student, educators, caregivers, primary care, and health and mental health providers.

Data in schools may include:

- ✓ Grades
- ✓ Attendance/Seat time
- ✓ Office referrals/Suspensions/Expulsions
- Performance test scores
- Achievement or benchmark test scores
- Mental health screenings and assessments
- Behavioral observations
- Crisis incidents
- ✓ School climate surveys

Data-driven decision making is the process of using observations and other relevant data/information to make decisions that are fair and objective.



District Program Sustainability

Page 1 of 8

Mental Health Sustainability Assessment Tool

INSTRUCTIONS: The School Mental Health Team District Leader should complete this assessment tool, answering questions about the status of the Comprehensive School Mental Health System (CSMHS) in their district**. CSMHS are defined as school district-community partnerships that provide a continuum of mental health services to support students, families and the school community.

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

** "District" refers to your district-level comprehensive school mental health system (or district CSMHS), including all school-employed, community-employed, and other partners and stakeholders, including youth and families, who comprise your team.

How do I answer for ALL the schools in our district?

We anticipate most districts will have a range of self-ratings from 1 to 6, as every district has strengths as well as areas for improvement. Also, the schools within your district might reflect a range of progress as well, and a variety of data collection and reporting strategies, depending on how different the schools in your district are. For items where some of your schools have the indicator "Fully in Place" or a 6, but other schools are more accurately described as having the indicator "Not in Place," please respond in between 1 and 6 accordingly. That is, please respond based on your district as a whole. A "mix" of progress among the schools in your district would be reflected by a rating of 2, 3, 4, or 5, depending on what that mix looks like.

This School Mental Health Sustainability Assessment Tool is designed for your district to self-assess your system's sustainability. The team-based process of completing this Sustainability Assessment Tool is also intended to facilitate your team's communication about various aspects of school mental health sustainability and establish a common language about how sustainability improvements are pursued in your district.

We strongly recommend that the completion of this survey is done as a team process. To ensure all contributors are reflected in the report generated from this survey, please list names and roles of all contributing team members below (optional).

<u>PRINT this assessment</u> to see all areas you will be asked to provide data on and determine whether you need to collect any further information from your team before proceeding.

District Program Sustainability

Page 3 of 8

Resource Utilization

Resource utilization refers to the extent to which your district is actively accessing and maximizing the financial and nonfinancial assets available or potentially available to your system.

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

Best practices to maximize expertise and resources of all stakeholder groups include:

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

Examples of maximization of the expertise and resources of diverse stakeholder groups include:

- · Community mental health providers training teachers on identification of mental health problems
- · School psychologists training community mental health providers on school language and policy
- Training school and community employed mental health providers on the same topics, at the same time (such as evidence-based services or supports, policies
 or procedures related to Individualized Education Programs, etc.)
- · Engaging youth and family leaders and advocates in professional development as trainers and learners
- 1 Not in place: Our district did not use best practices to maximize the expertise and resources of all stakeholder groups.
- 2 Our district rarely used best practices to maximize the expertise and resources of all stakeholder groups.
- 3 Our district sometimes used best practices to maximize the expertise and resources of all stakeholder groups.
- 4 Our district often used best practices to maximize the expertise and resources of all stakeholder groups.
- 5 Our district almost always used best practices to maximize the expertise and resources of all stakeholder groups.
- 6 Fully in place: Our district always used best practices to maximize the expertise and resources of all stakeholder groups.

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

Best practices related to mapping or listing of relevant school and community resources include:

- Maintenance or access to a comprehensive, regularly updated list of school and community resources including:
 - Outpatient services
 - Inpatient services
 - Day hospital programs
 - Support groups
 - Mental health training resources

District Program Sustainability

Page 6 of 8

Documenting and Reporting Impact

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

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

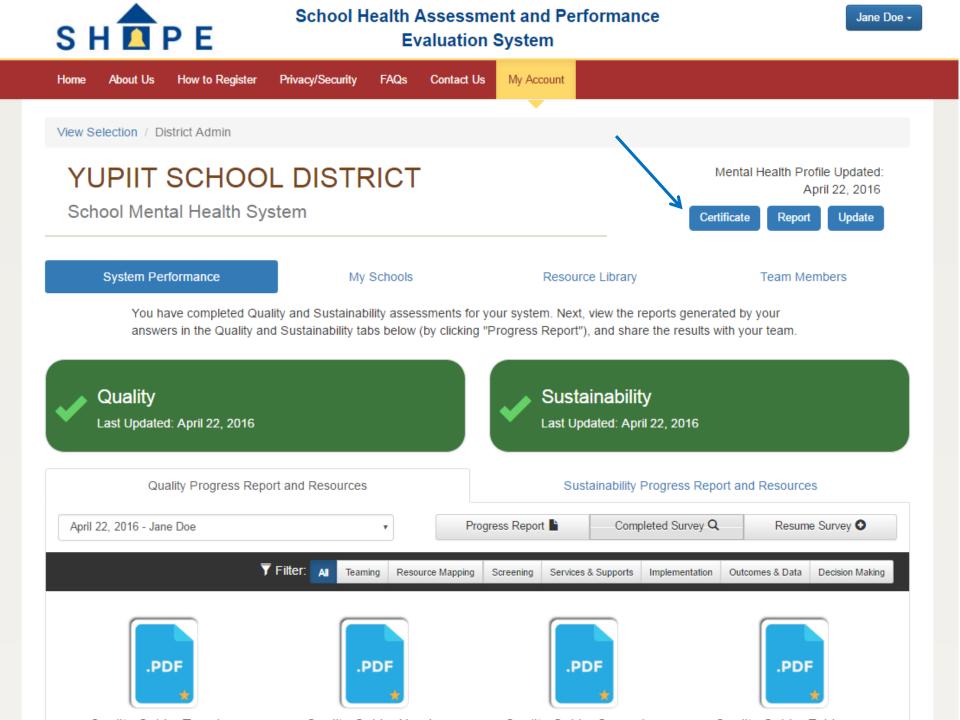
Best practices to document the impact of CSMHS effectiveness on educational/academic outcomes include:

- Identification of existing educational/academic outcomes within your district such as grades, attendance, office referrals/suspensions/expulsions, performance test scores and achievement or benchmark test scores
- Use of these data to document program impact
- If implementing new data collection, engage stakeholder groups to identify data that is useful for ongoing progress monitoring, in addition to program
 effectiveness
- A process for data collection and aggregation
- Use of electronic tracking for ease of collection, analysis and dissemination
- 1 Not in place: Our district did not use best practices to document the impact of CSMHS effectiveness on educational/academic outcomes.
- 2 Our district rarely used best practices to document the impact of CSMHS effectiveness on educational/academic outcomes.
- 3 Our district sometimes used best practices to document the impact of CSMHS effectiveness on educational/academic outcomes.
- 4 Our district often used best practices to document the impact of CSMHS effectiveness on educational/academic outcomes.
- 5 Our district almost always used best practices to document the impact of CSMHS effectiveness on educational/academic outcomes.
- 6 Fully in place: Our district always used best practice to document the impact of CSMHS effectiveness on educational/academic outcomes.

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

Best practices to document the impact of CSMHS effectiveness on emotional/behavioral outcomes include:

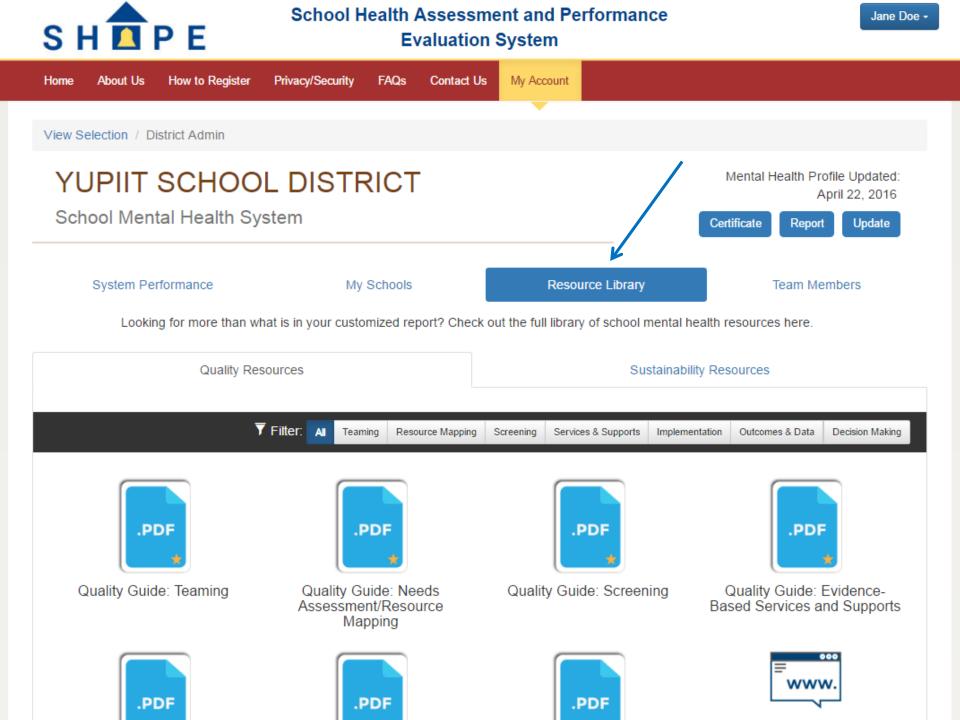
- Identification of existing emotional/behavioral outcomes within your district such as emotional/behavioral health screenings and assessments, behavioral
 observations, crisis incidents and school climate data
- Use of these data to document program impact
- If implementing new data collection, engage stakeholder groups to identify data that is useful for ongoing progress monitoring, in addition to program
 effectiveness
- A process for data collection and aggregation
- Use of electronic tracking for ease of collection, analysis and dissemination
- 1 Not in place: Our district did not use best practices to document the impact of CSMHS effectiveness on emotional/behavioral outcomes.
- 2 Our district rarely used best practices to document the impact of CSMHS effectiveness on emotional/behavioral outcomes.



School Health Assessment and Performance

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Q 1 of 1 . . Page: » Automatic Zoom **GOLD LEVEL SHAPE RECOGNITION** YUPIIT SCHOOL DISTRICT has hereby achieved the highest level of SHAPE recognition by completing the National School Mental Health Performance Measures of Quality and Sustainability and the School Mental Health Profile to be counted in the National School Mental Health Census. PRESENTED BY: The Center for School Mental Health April 22, 2016 ON THIS DAY: S www.theshapesystem.com PF-SHAPE



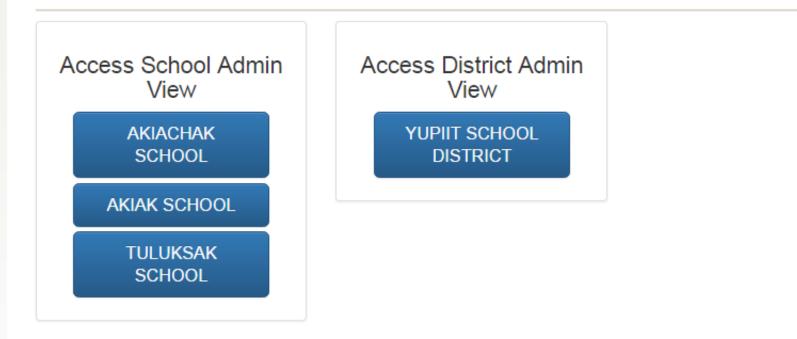


School Health Assessment and Performance Evaluation System

Jane Doe -



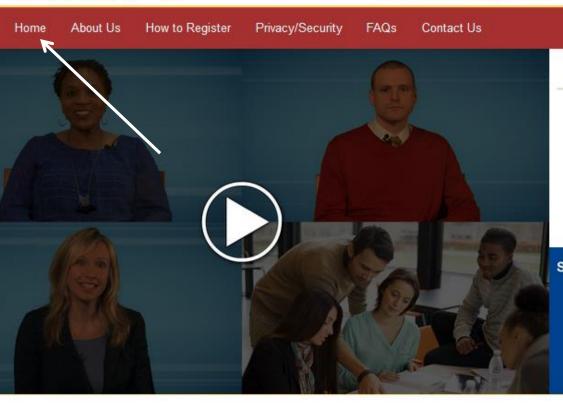
Please choose where you want to go from the list below





School Health Assessment and Performance Evaluation System





Join Us!

When you click Join Now and answer a few questions, your school mental health system will be counted in the National School Mental Health Census and will receive a Blue Star SHAPE Recognition.

Also, we will use your name and e-mail address to update you on SHAPE System news and resources. Anyone (district/school leader, educator, health/mental health provider, parent, student, etc.) from a school system can join us!

Join Now

Schools and school districts can use SHAPE to:

- · Be counted in the National School Mental Health Census
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding
- Access free, targeted resources to help advance your school mental health quality and sustainability
- · Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports

Strategic Team Planning



Free Resources



Be Counted



The SHAPE System is hosted by the national Center for School Mental Health (CSMH) at the University of Maryland School of Medicine. The CSMH is committed to enhancing understanding and supporting implementation of comprehensive school mental health policies and programs that are innovative, effective, and culturally and linguistically competent across the developmental spectrum (from preschool through post-secondary), and three tiers of mental health programming (promotion, prevention, intervention). The mission of the CSMH is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. From its inception in 1995, the Center's leadership and interdisciplinary staff has promoted the importance of providing mental health services to children, adolescents, and families directly in schools and communities.

What is the National Quality Initiative?

The National Quality Initiative (NQI) is an effort of the Center for School Mental Health (CSMH) in partnership with the School-Based Health Alliance (SBHA) to advance accountability, excellence, and sustainability for school health services nationwide by establishing an online census and national performance measures. The SHAPE System serves as the portal by which comprehensive school mental health systems can access the census and performance measures, as well as obtain customized school and district level progress reports and useful resources to improve system quality and sustainability.

Funding support for the development of The SHAPE System comes from the Behavioral Health Administration via the 1915(c) Home and Community- Based Waiver Program Management, Workforce Development and Evaluation and the Maternal and Child Health Bureau (MCHB), Division of Child, Adolescent and Family Health, Adolescent Health Branch of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).







SHLPE				E	Evaluation System		
	Home	About Us	How to Register	Privacy/Security	FAQs	Contact Us	
How to Register							

Welcome!

Thank you for expressing an interest in registering your school or district comprehensive school mental health system (CSMHS) with The SHAPE System! SHAPE is a free, secure, web-based platform designed just for school mental health systems.

A Comprehensive School Mental Health System (CSMHS) is defined as a school/district-community-family partnership that provides a multi-tiered continuum of evidence-based mental health services to support students, families, and the school community. Your system includes any group of individuals working together to support the social, emotional, and behavioral well-being of students, their families, and schools.

To register, you must complete the School Mental Health Profile with your team. This establishes an account for your school mental health team, allowing you to:

- Be "counted" in the National School Mental Health Census
- Self-assess your school mental health resources, staffing, and service array
- Self-assess your quality and sustainability performance
- View and print free customized reports
- Obtain free school mental health tools and resources
- Invite individual team members at your school join your account
- Achieve SHAPE recognition to increase opportunities for federal, state, and local grant funding

How do I get started?

Select your state, district and school (if applicable) to ADD YOUR SCHOOL OR DISTRICT to the SHAPE System. This will establish your account, from which you can invite other team members to help you complete the School Mental Health Profile. You may register your CSMHS at the district or school level. Learn more about how to complete your School Mental Health Profile collaboratively with your school or district team.

- I am registering a school district
- I am registering a school

Select a state State

Select a district District



Login

Home	About Us	How to Register	Privacy/Security	FAQs	Contact Us
Ρ	rivacy	Policy			

The privacy of students, their families, school-based staff, community partners, schools, and districts is of utmost importance to the Center for School Mental Health and The SHAPE System. This Privacy and Security Policy ensures our commitment to protect all information entered in The SHAPE System and the privacy of all System users and related groups involved.

Who can access The SHAPE System and what is their role?

Each SHAPE System user will create their own account, accessed by a unique login name and password selected by that individual. This ensures that they will be provided with information, surveys and reports appropriate to their role only. There are several types of System User Groups that can access The SHAPE System.

In general, the SHAPE Team Leader is required to register their school or district to create an account. From there, the SHAPE Team Leader can add, edit, or remove other team members and adjust permissions. The following text explains permissions for each SHAPE System User Group:

SHAPE System User Groups:

(1) School District Users – This user is composed of school district leaders, such as a superintendent or deputy/assistant superintendent. School district users can join The SHAPE System in two ways. First, they could choose to register their school district. They would then be a "District User", described in this section. Alternately, they could be invited to a specific school's account as a team member to that school, and they would then be a "School User", described in the next section.

If the school district user selects "Register Your District", they will be prompted to complete a registration form which includes the School Mental Health District Census data. This will create a private account and landing page just for district users invited to join that district's account.

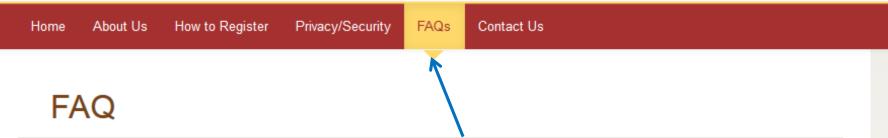
After the SHAPE System Leader registers his/her district, he/she can manage (add/edit/remove) team members, including district users, to the account. The SHAPE System will send invited users an email and prompt them to create their own login information. It is voluntary for team members to accept the invitation and create an account for that district's SHAPE System page. If the school district team member accepts the invitation to join the school page, they would then use the information provided in the email to log on to the system.

All district users who join the district account will be able to add, edit, and view the district SMH Census, view the resource



School Health Assessment and Performance Evaluation System

Login



Q: Our district is using SHAPE to guide our schools in a self-monitoring process around quality and sustainability for their school mental health services. What do we do to guide our community partners in the same process? How is their role reflected on SHAPE?

A: The quality and sustainability assessment process should be informed by entire school mental health teams to include school and community-employed professionals who work at the school. On the contributors section of the report, names and roles of these different professionals are reflected so the school and district have a way to document which assessments were conducted with community partners and other stakeholders as part of the conversation.

Q: The quality and sustainability assessment reports tell us to report on last school year, but then ask for a different time frame we can enter. How do we know which to use?

A: Your first assessment should always report on the last school year. This is why last school year is the default option. However, if you already reported your first assessment on last school year, and now your team is using these assessments regularly to monitor your CSMHS progress throughout the year, the period of this report might now be for the last month, or quarter, or six months, for instance.

Q: Our school is using SHAPE but we're not ready for our district to see our information yet. What can we do?

A: Select the "Team Members" tab when you are logged on to your school account. There is a section called "District Access." Make sure the check box is not selected for "Allow your district to review your School Mental Health Profile and Quality and Sustainability Assessments." This is recommended, but by default it is not selected. You can change this at any time.



School Health Assessment and Performance Evaluation System

Contact Us Have a general question or concern? Experiencing technical issues? Use the dropdown menu in the form below to choose a topic and enter your question/comment in the text box. Someone will get back to you as soon as possible, usually within 24 hours. Subject: -Select one-	ome About	Us	How to Register	Privacy/Security	FAQs	Contact Us	
form below to choose a topic and enter your question/comment in the text box. Someone will get back to you as soon as possible, usually within 24 hours.	Conta	act	Us				
Subject: -Select one-	form	below	to choose a topic	and enter your que	estion/com		
	Subj	ect: -	Select one-		•		

Submit

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School Health Assessment and Performance Evaluation System



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- Access free, targeted resources to help advance your school mental health quality and sustainability
- · Advance a data-driven mental health team process for your school or district

Register to Improve Your School Mental Health System



Free Custom Reports

Strategic Team Planning



Free Resources



Be Counted



New SHAPE Features!

Trauma-Responsive Schools-Implementation Assessment (TRS-IA)

• Developed by the NCTSN, i Treatment and Services Adaptation Center for Resiliency, Hope and Wellness in Schools (<u>www.traumaawareschools.org</u>), in collaboration with the CSMH

Domains:

- ✓ School-wide Safety (e.g., predictable routines, physical safety)
- School-wide Programming (e.g., restorative justice, culturally responsive teaching)
- Staff Trauma Knowledge (e.g., school/classroom impact of trauma, neurological impact)
- ✓ **Staff Trauma Skills** (e.g., trauma-informed communication, de-escalation)
- Early Intervention Activities (e.g., trauma screening, early intervention evidence-based trauma practices)
- Targeted Intervention Activities (e.g., School-based Trauma Treatments, Referrals)
- ✓ Staff Wellness/Burnout/Secondary Traumatic Stress (e.g., Staff Assessment, Staff Supports)

All items are on a 6-point Likert scale reflecting degree of implementation



Evaluation System

		-							
Home About Us Ho	ow to Register Privacy/Security	FAQs Contact Us M	y Account						
SHAPE Site Administration									
Accounts	Join Us	Screenir	ng and Assessments	Site Administrators					
Files to be Processed				Refresh List Add New Files					
There are currently no file	es that need to be processed.								
Clear All 0 filters selected			Search	:					
Asserament Purpose	Instrument Name	Purpose	Target Symptoms	Reporter (Age)					
Assessment Target	Brief Impairment Scale (BIS)	Screening/Initial Assessment	Academic Engagement Social Skills	Parent					
Student Age	Center for Epidemiological Studies Depression Scale	Screening/Initial Assessment	Depression	Student/Self-Report					

Student Age	Center for Epidemiological Studies Depression Scale	Screening/Initial Assessment	Depression	Student/Self-Report
Language	pr Children (CES-DC)	Progress Monitoring		
Reporter	Child and Adolescent Lisruptive Behavior Liventory (CADBI)	Screening/Initial Assessment Diagnosis	Hyperactivity Oppositional Behavior	Parent Teacher
오 Cost	Eating Attitudes Test-26 (EAT-26)	Screening/Initial Assessment	Disordered Eating	Student/Self-Report Parent
	Pediatric Symptom Checklist (PSC-35 or PSC-17)	Screening/Initial Assessment Progress Monitoring	Anxiety Depression Global Functioning Hyperactivity/Inattention Oppositional Behavior	Student/Self-Report (11-18) Parent (4-16)



SHAPE State Dashboard

States will soon have the capability to register for a state SHAPE account

- View status of all schools and districts
- Collaborate with schools and districts to promote and support completion of the School Mental Health Profile and Quality and Sustainability Assessments



The SHAPE System: Voices from Early Adopters

School Health Services NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

an initiative of the School-Based Health Alliance and the Center for School Mental Health



"It has brought key folks to the table that had not previously worked together for a common purpose/shared goals. It sparked ideas and enthusiasm. It helped the school and community providers better align. It provided lots of learning for our team that we can spread to others in the district. It gave us a framework, resources, and ideas to use in our efforts. It gave us a reason to get started on good work."



"It forces us to look at our progress, and how we are coding, collecting and reporting data."

Assessment and feedback

User friendly and accessible

[I love that] "... we are a collective group of unique individuals working towards the same goal."



"We are finally beginning to talk about mental health and develop a system to track our students who are in need of and/or receiving services. It has been a very slow process, but at least it is now on the radar with the district."

Enhanced recognition of school mental health



"It has **made us accountable** in setting goals/outcomes, tracking data and conducting ongoing assessments on how we are integrating mental health supports in our schools."

Provided teams with structure



Effectively supported quality of services

"Our system has improved across the board regarding implementation of the National Performance Measures, which has, in turn, translated into better services for students, stronger and more sustainable partnerships with community mental health agencies and universities, improved practices regarding identification of students and progress monitoring, and the adoption of policies and strategies that *place school mental health as a central focus for district improvement*. Funding has improved as well, and the district has teamed to move the mental health initiative in [our district] moving forward."

Methuen Public Schools - Methuen, MA



John Crocker Director of Guidance, K-12



Gina Bozek Director of Student Services



Brandi Kwong Assistant Superintendent of Curriculum, Instruction, and Assessment



Lauren Rosenbaum School Psychologist



Sheila Hornby Associate Principal

Katie Dewey-Rosenfeld

Coordinator of Outreach Services-Ambulatory Division

> Beth Bostic Student Advocate

Questions/Comments?



www.theshapesystem.com

Center for School Mental Health

http://csmh.umaryland.edu Email: csmh@som.umaryland.edu Phone: (410) 706-0980

