# SCHOOL MENTAL HEALTH
# QUALITY PROGRESS REPORT | JEFFERSON UNIFIED SCHOOL DISTRICT

## Understanding this Summary.

This report is generated based on the information you provided for the quality survey. The composite score for each domain is the average of your ratings for every item within the domain.

Composite scores of 1.0-2.9 are classified as "**Emerging**" areas, 3.0-4.9 are classified as "**Progressing**" areas, and 5.0-6.0 are classified as areas of "**Mastery**."

## QUALITY DOMAINS

### MASTERY
*Composite Score*

### PROGRESSING
*Composite Score*

3.00 ●———— Evidence-Based Implementation

### EMERGING
*Composite Score*

2.50 ●———— Evidence-Based Services and Supports
2.50 ●———— Needs Assessment/Resource Mapping
2.40 ●———— Teaming
1.60 ●———— Data Driven Decision Making

## OTHER PERFORMANCE DOMAINS

*Overall Score*

5% ●———— Students Screened
* ●———— Received School Mental Health Services

*\* indicates data were not reported*

This progress report was developed by the Center for School Mental Health for The SHAPE System.

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The following team members contributed to this quality assessment:

Rebecca Weiss
*Nurse Coordinator*

Kayla Lewis
*Lead School Psychologist*

Maria Sanchez
*School Social Worker*

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*School Social Worker*

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*Pre-K Mental Health/Disabilities Specialist*

Jamal Foster
*Student Assistance Program Specialist*

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**OVERALL COMPOSITE SCORE: 1.60**

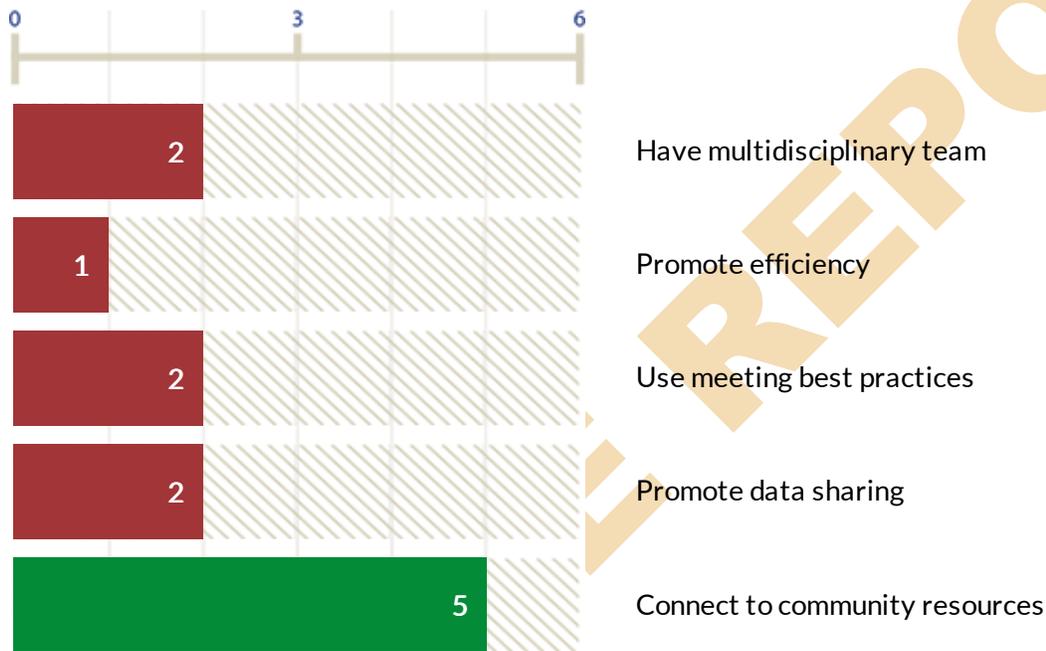| Score | Indicator |
|---|---|
| 1 | Use data to determine interventions |
| 3 | Monitor individual student progress |
| 1 | Aggregate student mental health data |
| 1 | Disaggregate student mental health data |
| 2 | Monitor fidelity of intervention implementation |
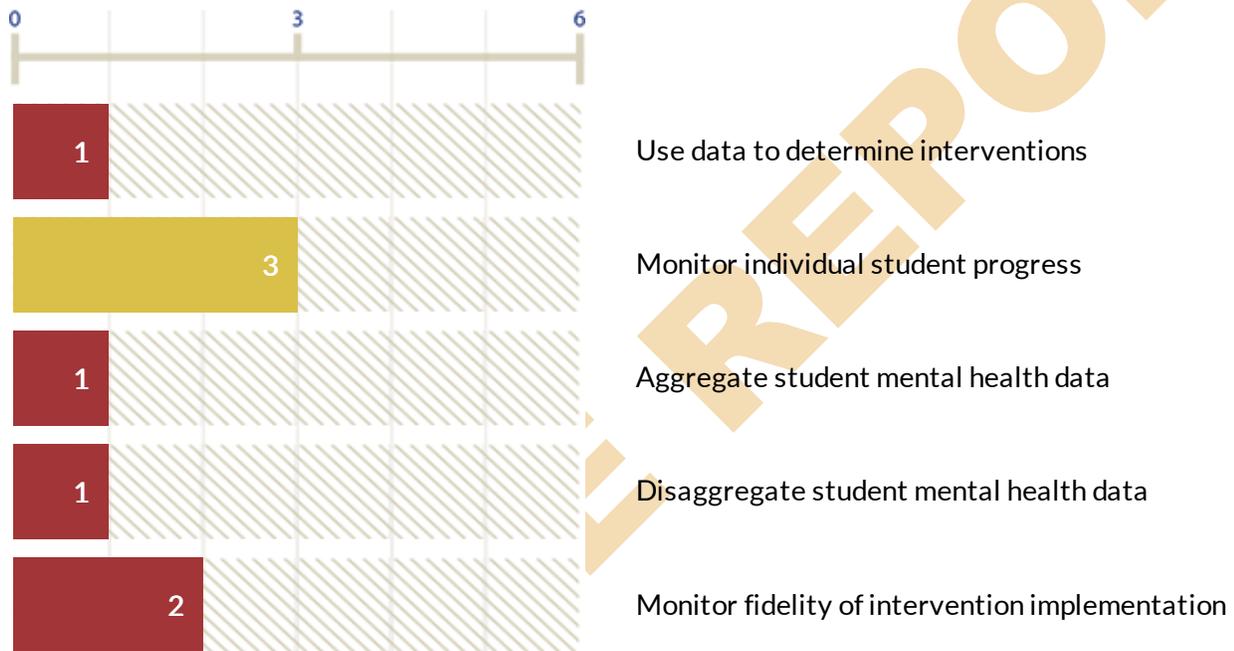
## About Data Driven Decision Making

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

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OVERALL COMPOSITE SCORE: 2.40

| Score | |
|---|---|
| 2 | Have multidisciplinary team |
| 1 | Promote efficiency |
| 2 | Use meeting best practices |
| 2 | Promote data sharing |
| 5 | Connect to community resources |

## About Teaming

A school mental health team is a group of school and community stakeholders that meet regularly and use data-based decision-making to support student mental health, including addressing individual student problems, improving school climate, and promoting well-being. Schools, districts, and community partners, including families, must be committed to building a multi-tiered systemic approach that addresses the academic, social, emotional, and behavioral needs of all students. Your CSMHS team's self-assessment score comprises your ratings on: 1) having a multidisciplinary school mental health team; 2) having streamlined teams that avoid duplication and promote efficiency; 3) having a productive meeting structure; 4) having a system in place to promote data sharing among team members; and 5) having well-established working relationships with community mental health resources to refer students and families to when their needs cannot be met in school. Primary action steps to advance your CSMHS's performance in the area of teaming include building a multidisciplinary team (or set of teams) at the school or district level, ensuring efficient team structure and practice, developing systems to use and share data, and maintaining working relationships with community providers and other stakeholders.
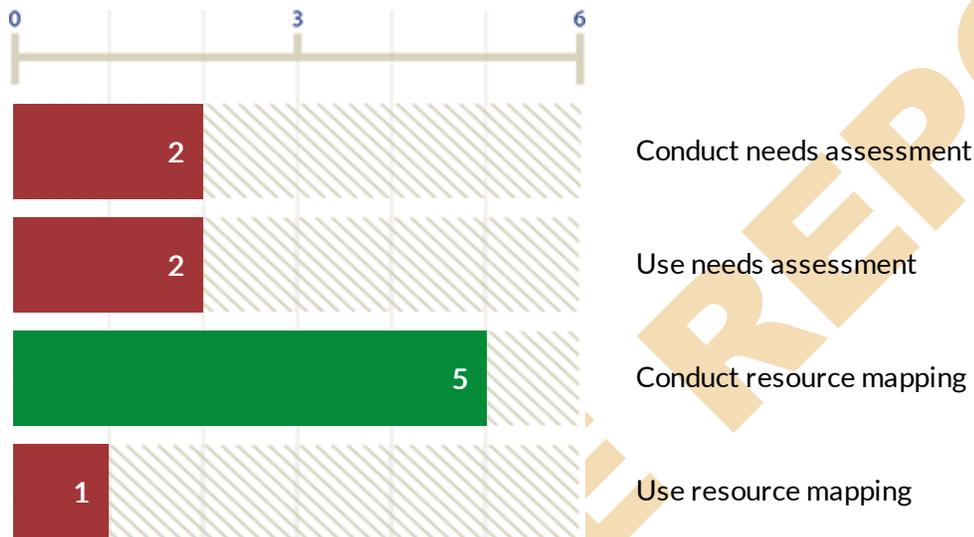For more in-depth guidance, please refer to:

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

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OVERALL COMPOSITE SCORE: 2.50

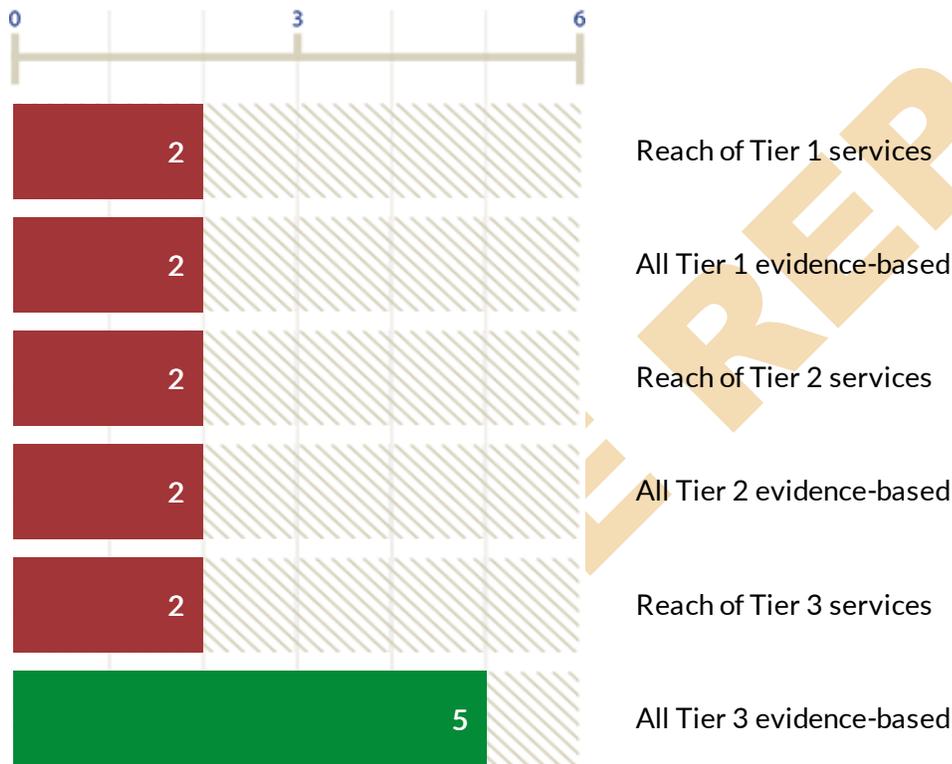| | |
|---|---|
| 2 | Conduct needs assessment |
| 2 | Use needs assessment |
| 5 | Conduct resource mapping |
| 1 | Use resource mapping |

## About 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. Conducting a needs assessment is a foundational step in a comprehensive, ongoing resource mapping process and should inform team-based decisions about school mental health service planning and implementation. 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. Your CSMHS team's *Needs Assessment/Resource Mapping* self-assessment score comprises your ratings on four indicators: (1) conducting a comprehensive school mental health needs assessment; (2) utilizing the needs assessment to inform decisions about service planning and implementation; (3) conducting resource mapping to identify school/community mental health programs and services; and (4) utilizing resource mapping to inform decisions about service planning and implementation. Primary action steps to advance your CSMHS's performance in the areas of needs assessment and resource mapping include conducting each, but also having a system in place to regularly update, disseminate, and utilize data from needs assessments and resource maps to support school mental health service planning and implementation. For more in-depth guidance and specific strategies to advance your CSMHS's *Needs Assessment and Resource Mapping* processes, please refer to:

Resource Library > Quality Progress Report and Resources >
Quality Guide: Needs Assessment/Resource Mapping

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OVERALL COMPOSITE SCORE: 2.50

| Score | Category |
|---|---|
| 2 | Reach of Tier 1 services |
| 2 | All Tier 1 evidence-based |
| 2 | Reach of Tier 2 services |
| 2 | All Tier 2 evidence-based |
| 2 | Reach of Tier 3 services |
| 5 | All Tier 3 evidence-based |

## About Evidence-Based Services and Supports

*Evidence-Based Services and Supports* is a system's implementation of a full continuum of services and supports including mental health promotion (Tier 1), selective prevention (Tier 2), and indicated interventions (Tier 3) that are based directly on scientific evidence, have been evaluated in large-scale studies, and have been shown to reduce symptoms and/or improve functioning. Primary action steps to advance your CSMHS's quality in the area of evidence-based services and supports include evaluating the evidence base for existing services and supports, expanding the reach of programs with a strong evidence base, and identifying ways to integrate additional evidence-based programs. For more in-depth guidance and specific strategies to advance your CSMHS's evidence-based services and supports processes, please refer to:

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

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**OVERALL COMPOSITE SCORE: 3.00**
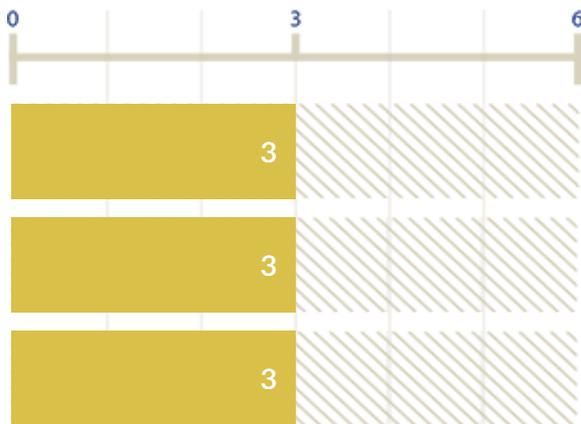
| | |
|---|---|
| 3 | Have system to determine evidence base |
| 3 | Fit with strengths, needs, culture |
| 3 | Use training/implementation best practices |

## 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

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During the last school year, 549 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 5% of your student body.

Based on screening:

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

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

* received depression screening

* received suicidality screening

* received substance use screening

* received trauma screening

* received anxiety screening

529 received general mental health screening

* received other mental health screening

Screening tools used include: Student Risk Screening Scale - Internalizing Rating (SRSS-IR)

* 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

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*Student Outcomes and Data Systems* captures information about school mental health services, outcomes, and data systems. Your CSMHS team reported the following data about students who received Tier 1, 2, and 3 services and supports:

Tier 1

      5508 students received Tier 1 services and supports

      5508 students received evidence-based Tier 1 services and supports

      0 students had documented improvement in academic functioning

      5508 students had documented improvement in psychosocial functioning

Tier 2

      100 students received Tier 2 services and supports

      50 students received evidence-based Tier 2 services and supports

      0 students had documented improvement in academic functioning

      100 students had documented improvement in psychosocial functioning

Tier 3

      132 students received Tier 3 services and supports

      132 students received evidence-based Tier 3 services and supports

      0 students had documented improvement in academic functioning

      132 students had documented improvement in psychosocial functioning

* students received at least one Tier 2 or 3 service

* indicates data were not reported

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Other student outcomes:

Inside school building
176 students were referred to mental health services
156 students were referred AND received services
0 students received a service contact within 7 days of being referred

Outside school building
* students were referred to mental health services
* students were referred AND received services
* students received a service contact within 7 days of being referred

50 out-of-district placements for students related to their mental health issues
50 inpatient psychiatric hospitalizations among students

You identified the following barriers to tracking student outcome data: Inability to share data across systems (such as school system and community mental health provider), Lack of staffing capacity, Lack of technological options/infrastructure, Lack of knowledge, training, time to create a data collection system

* indicates data were not reported

## About Student Outcomes and Data Systems

These data represent important indicators related to the comprehensive services and supports of your CSMHS in terms of number of students receiving mental health supports, documented improvement for students served, and service outcomes such as referrals made, services received, and prompt contact within seven days. Out-of-district placements and psychiatric hospitalizations are outcomes often associated with a higher intensity of student mental health needs . Tracking and monitoring these outcomes at the school and district level can help a system better understand the student needs, gaps, and service utilization patterns. However, school mental health systems routinely face barriers to systematically tracking individual student data, which is an important aspect of improving reliable documentation for, and ultimately performance in, this domain. For more in-depth guidance and specific strategies to advance your CSMHS's ability to track and report Student Outcomes, please refer to:

Resource Library > Quality Progress Report and Resources > Quality Guide: Student Outcomes and Data Systems

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: _____

**Please state a specific goal within this domain.** *(For example, if you selected the Data Driven Decision Making domain, one goal might be that the school mental health team will better collect and use data to identify students who need mental health support.)*

GOAL: _____

_____

**How will you know if you've achieved success within this goal?** *(For example, if you selected the Data Driven Decision Making domain and your goal is to better collect and use data to identify students who need mental health support, one way of measuring success might be that by the next academic school year, the school mental health team will review student mental health screening data for the entire student body twice per year to identify students in need of services and make a plan for meeting those needs.)*

INDICATOR OF SUCCESS: _____

_____

**What opportunities exist related to this goal?**

- What have been our past successes?


- What current work is taking place related to this goal?


- What are our available resources (leadership, infrastructure, staffing, partnerships)?

**What barriers exist related to this goal?**

- What would prevent us from moving forward with this goal?


- What would we need to overcome this/these barrier(s)?

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**Who will be involved:** List the individuals who will help move this goal forward and their role. Consider multidisciplinary stakeholders from the district, school, community, and family levels.

| Individual | Role |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |

**Identify 3-5 action steps that can be taken toward achieving this goal.**

1.

2.

3.

4.

5.

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**Timeline for improvement**

Short term: 0-6 months

| Action Step | Individual(s) Responsible | Data to Evaluate Change | Date |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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**Timeline for improvement**

Long term: 7-24 months

| Action Step | Individual(s) Responsible | Data to Evaluate Change | Date |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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