



# School Health Services NATIONAL QUALITY INITIATIVE

Accountability • Excellence • Sustainability

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



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## **School Mental Health Quality Assessment Tool For Schools**

**INSTRUCTIONS:** The School Mental Health Team Leader should complete this assessment tool, answering questions about the status of the Comprehensive School Mental Health System (CSMHS)\*\*. 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 social, emotional and behavioral well-being of students, **including substance use**.

School "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.

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

This School Mental Health Quality Assessment Tool is designed for your school 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 aspect of school mental health quality and establish a common language about how quality improvements are pursued in your school.

## Teaming

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 your school.

1. To what extent was your school mental health system team **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 school did not have multidisciplinary representation on our mental health team; teams were made up of individuals representing only one stakeholder group (e.g., teachers, mental health providers, administrators, youth and families).

2 = Our school team included two stakeholder groups.

3 = Our school team included three different stakeholder groups.

4 = Our school team included four different stakeholder groups, including community, youth and/or family representatives.

5 = Our school team included five different stakeholder groups, including community, youth and family representatives.

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

2. To what extent did your 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 school 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 school 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 school team did not use best practices to avoid duplication and promote efficiency.

2 = Our school *rarely* used best practices to avoid duplication and promote efficiency.

3 = Our school *sometimes* used best practices to avoid duplication and promote efficiency.

4 = Our school *often* used best practices to avoid duplication and promote efficiency.

5 = Our school *almost always* used best practices to avoid duplication and promote efficiency.

6 = Fully in place: Our school team *always* used best practices to avoid duplication and promote efficiency.

3. To what extent did your teams employ **best practices for meeting structure and process**?

*Best practices for meeting structure and process include:*

- *Regular team meetings*
- *Consistent attendance*
- *Routine schedule process*
- *Having and using an agenda*
- *Actionable decisions*

1 = Not in place: Our school team did not use best practices for meeting structure and process.

2 = Our school team *rarely* used best practices for meeting structure and process.

3 = Our school team *sometimes* used best practices for meeting structure and process.

4 = Our school team *often* used best practices for meeting structure and process.

5 = Our school team *almost always* used best practices for meeting structure and process.

6 = Fully in place: Our school team *always* used best practices for meeting structure and process.



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4. To what extent did you have systems in place to **promote data sharing** among school mental health team members?

*Best practices in systems and strategies to promote data sharing include:*

- *Aligned data definitions*
- *Protocols or routines for high quality data collection*
- *Protocols or routines for tracking information*
- *Protocols or routines for data sharing, including addressing confidentiality considerations*
- *Data system that allows for easy and seamless data sharing*
- *Data sharing to inform services and monitor progress and outcomes*

1 = Not in place: Our school did not use best practices to promote data sharing.

2 = Our school *rarely* used best practices to promote data sharing.

3 = Our school *sometimes* used best practices to promote data sharing.

4 = Our school *often* used best practices to promote data sharing.

5 = Our school *almost always* used best practices to promote data sharing.

6 = Fully in place: Our school *always* used best practices to promote data sharing among mental health team members.

5. To what extent were students, whose mental health needs could *not* be met in the school, referred or connected to **community resources**?

*Best practices to ensure coordinated linkage with community resources include:*

- *Up-to-date resource map with community resource information including: the name of the program or organization, description of service, website, address, phone number, hours of service, eligibility requirements, insurance accepted, cost of service, wait list status, and any other unique considerations*
- *Clear and consistent referral process to community providers to promote successful linkage including:*
  - *Referral consultation meeting with student and family to review needs, options and complete any releases of information*
  - *Direct contact with community provider to confirm referral, service availability, and facilitate a “warm hand-off”*
  - *Clear referral instructions for student and family (name of person to contact and best way to reach them)*
  - *Discussion of potential barriers to following through with referral and how to overcome them*
  - *Referral follow-up meeting with student and family to confirm linkage and address any remaining barriers*
  - *Follow-up contact with community provider to facilitate ongoing case coordination and information sharing*

1 = Not in place: For students whose mental health needs could not be met, our school did not use best practices to refer to community resources.

2 = Our school *rarely* used best practices to facilitate referral to community resources.

3 = Our school *sometimes* used best practices to facilitate referral to community resources.

4 = Our school *often* used best practices to facilitate referral to community resources.

5 = Our school *almost always* used best practices to facilitate referral to community resources.

6 = Fully in place: For students whose mental health needs could not be met, our school *always* used best practices to facilitate referral to community resources