School Mental Health Profile—School Version

The School Mental Health Profile documents the structure and operations of your school mental health system. This Profile is part of the National School Mental Health Census, an effort to capture the status of school mental health nationally.

Instructions: Complete this assessment with an existing team or identify a new team. Broad and diverse participation ensures meaningful assessment, successful planning, and implementation. Your team may include school- or community-employed staff and other partners and stakeholders, including youth and families. Please respond to these questions based on the past school year.

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

I. SCHOOL INFORMATION

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

II. STUDENTS SERVED AND DATA SYSTEMS

To the best of your knowledge, to what degree are the following school mental health services and supports in place across schools in your district.

**Screening** is the assessment of students to determine whether they may be at risk for a mental health concern. This can be accomplished with a systematic tool or process, including standardized student-report, parent-report, teacher-report measures, examining (deidentified, aggregate) mental health surveillance data, or a structured teacher nomination process. Screening is the assessment of a large portion of or the entire student body.

**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 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. Services may be provided by school-employed and community-employed, school-based professionals. Examples include social emotional learning, school-wide positive behavior supports, and mental health literacy.

**Selective services and supports (Tier 2)** to address mental health concerns are provided for 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. Services provided can be provided by school-employed and community-employed, school-based professionals. Examples include a daily check-in process and behavioral goals with students identified as needing more support, trauma support group for students who have reported experiencing trauma.

**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 or consultation for students in general or special education who have identified, social, emotional and/or behavioral needs that negatively affect functioning.
<table>
<thead>
<tr>
<th>Services and Supports</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 Services and Supports</td>
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<tr>
<td>Tier 2 Services and Supports</td>
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<tr>
<td>Tier 3 Services and Supports</td>
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<tr>
<td>Evidence-based practices and programs (as identified in national evidence-based registries)</td>
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<tr>
<td>Community partnerships to augment school mental health services and supports provided by the school system</td>
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<tr>
<td>Quality improvement process to understand and improve the comprehensive school mental health system</td>
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</tbody>
</table>
SHAPE School Profile

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

<table>
<thead>
<tr>
<th>Data point</th>
<th>Did you collect it last year?</th>
<th>How was it used? (select all that apply)</th>
<th>Was collected but not used for SMH services last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance/Chronic Absences</td>
<td>Yes</td>
<td>Identify students for mental health risk</td>
<td>Match/ triage students to SMH service delivery</td>
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<tr>
<td>Academic Achievement (Grades, standardized testing)</td>
<td>No</td>
<td></td>
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<tr>
<td>Office discipline referrals</td>
<td></td>
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<tr>
<td>Out of school suspensions</td>
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<tr>
<td>School climate/safety</td>
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<tr>
<td>Other (please describe):_____</td>
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<tr>
<td>Other (please describe):_____</td>
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</tbody>
</table>

Does your school have an electronic data system to identify the number of students receiving mental health early intervention (Tier 2) and/or treatment (Tier 3) services and supports? (yes /no)

If yes, please describe the system your school used. ________________________________________________________________
## III. STAFFING

Indicate which of the following professionals comprised your school mental health team last school year. For each team member you select, you will be asked whether they are school employed or not (e.g., a community partners) and the total Full Time Equivalent (FTE)\(^*\).

<table>
<thead>
<tr>
<th>Team Members</th>
<th>Community employed? (Yes or No)</th>
<th>School employed? (Yes or No)</th>
<th>If yes, TOTAL FTE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Specialist</td>
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<tr>
<td>Case Manager/ Care Coordinator</td>
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<tr>
<td>Community Mental Health Supervisor/ Director</td>
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<tr>
<td>Cultural Liaison/Promotor</td>
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<tr>
<td>Family Support Partner (Family Member)</td>
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<tr>
<td>Nurse Practitioner</td>
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<tr>
<td>Occupational Therapist</td>
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<tr>
<td>Parent Liaison or Parent Engagement Coordinator</td>
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<tr>
<td>Peer Mediator</td>
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<tr>
<td>Physician (Pediatrician, Family Medicine, etc.)</td>
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<tr>
<td>Physician Assistant</td>
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<tr>
<td>Professional Counselor</td>
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<tr>
<td>Position</td>
<td>FTE 1</td>
<td>FTE 2</td>
<td>FTE 3</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Psychiatrist</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>School Administrator (e.g., Principal, Assistant Principal)</td>
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<td>School Counselor</td>
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<tr>
<td>School Guidance Counselor</td>
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<td>School Nurse</td>
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<tr>
<td>School Physician</td>
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<td>School Psychologist</td>
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<td>School Resource Officer</td>
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<td>School Social Worker</td>
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<tr>
<td>Social Worker</td>
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<tr>
<td>Substance Abuse Specialist</td>
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<tr>
<td>Trainee (e.g., counseling, psychiatry, psychology, social work)</td>
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<tr>
<td>Youth/Family Advocate</td>
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<tr>
<td>Other</td>
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</table>

*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 $1.0 + 1.0 + 0.5 = 2.5$
IV. SERVICES PROVIDED

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

Indicate whether or not your school mental health system provided tiered services and supports or referral for the student concerns listed below. Select all that apply and note that you may not necessarily need services at all tiers for all concerns listed below.

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

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

Indicated services and supports (Tier 3) to address mental health concerns are individualized to meet the unique needs of each student who is already displaying a particular concern or problem and displaying significant functional impairment. Sometimes these are referred to as mental health “intervention” or “tertiary” or intensive services. Please include services provided by school-employed and community-employed, school-based professionals.
<table>
<thead>
<tr>
<th>Mental Health Promotion Services &amp; Supports (Tier 1)</th>
<th>Selective Services &amp; Supports (Tier 2 – Students At-risk)</th>
<th>Indicated Services &amp; Supports (Tier 3 – Students displaying mental health concerns)</th>
<th>Referrals to community providers not in the school building.</th>
<th>No services for this student concern</th>
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</thead>
<tbody>
<tr>
<td>Anxiety</td>
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<tr>
<td>Attention/ Hyperactivity</td>
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<tr>
<td>Bullying</td>
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<tr>
<td>Depression/ Suicidal ideation</td>
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<tr>
<td>Disordered eating</td>
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<tr>
<td>Grief/Loss</td>
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<tr>
<td>Oppositional or conduct problems/ Anger management</td>
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<tr>
<td>Psychosis (hallucinations, delusions)</td>
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<tr>
<td>Healthy relationships</td>
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<tr>
<td>Social and emotional skills/ Character development</td>
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<tr>
<td>Substance use (alcohol, tobacco, drugs)</td>
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<tr>
<td>Trauma/PTSD/ Abuse/Neglect/ Exposure to violence</td>
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</table>