Assess and Improve your Comprehensive School Mental Health System using National Performance Standards

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National Center for School Mental Health

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2019 –New Jersey School Mental Health Summit

July 29th, 2019

Agenda

- National Center for School Mental Health
- Core Features of Comprehensive School Mental Health
- National School Mental Health Performance Measures
  - National Quality Initiative
  - School Health Assessment and Performance Evaluation (SHAPE) System
- National School Mental Health Curriculum
  - Assess your School Mental Health System!

National Center for School Mental Health

National Center for School Mental Health (NCSMH)

- Established in 1995 with funding from the US Department of Health and Human Services (HHS), Health Resources and Services Administration

- The **NCSMH mission** is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth.

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Visit the NCSMH website at
www.schoolmentalhealth.org

www.schoolmentalhealth.org

Education-
Mental Health
Integration &
Collaboration
Implementation
Science and
Practice
Youth
&
Family
Partnerships
Cultural
Responsiveness
&
Equity
Mental Health
Intervention
and Treatment
(Tier 3)
Prevention and Early
Intervention
(Tier 2)
School Climate,
Social Emotional Learning,
and Mental Health Promotion
Advocacy
&
Policy
Financing
&
Sustainability

NCSMH Annual Conference on Advancing School Mental Health

- 1996 Baltimore, MD
- 1997 New Orleans, LA
- 1998 Virginia Beach, VA
- 1999 Denver, CO
- 2000 Atlanta, GA
- 2002 Philadelphia, PA
- 2003 Portland, OR
- 2004 Dallas, TX
- 2005 Cleveland, OH
- 2006 Baltimore, MD
- 2007 Orlando, FL
- 2008 Phoenix, AZ
- 2009 Minneapolis
- 2010 Albuquerque, NM
- 2011 Charleston, SC
- 2012 Salt Lake City, UT
- 2013 Arlington, VA
- 2014 Pittsburgh, PA
- 2015 New Orleans, LA
- 2016 San Diego, CA
- 2017 Washington, DC
- 2018 Las Vegas, NV
- ***2019 Austin, TX***

Mark your calendars for 2019!

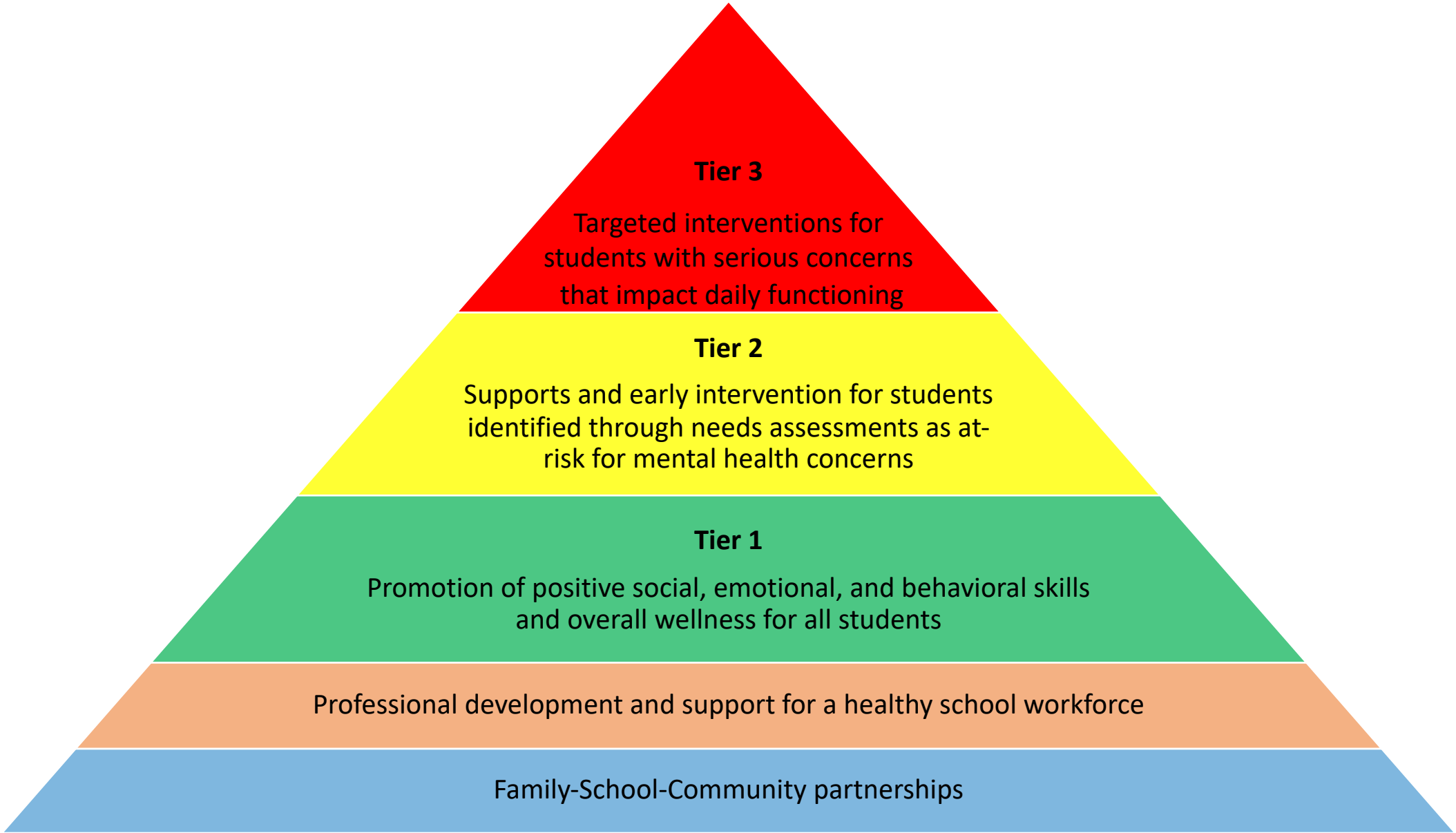
2019 Annual Conference on Advancing School Mental Health
November 7-9
Austin, Texas

Core Components of Comprehensive School Mental Health

Core Features

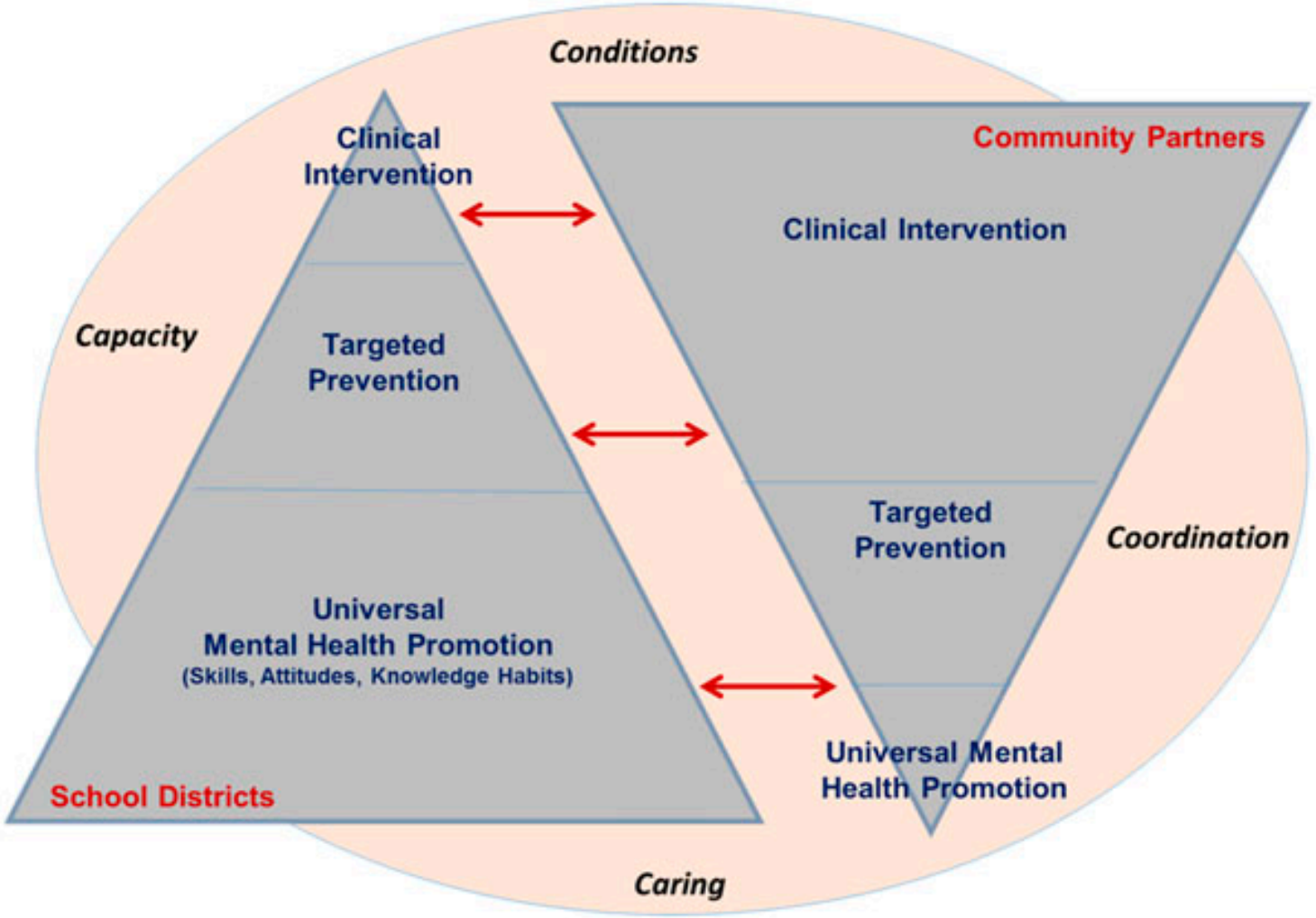
- Educators and Student Instructional Support Personnel
  - Adequate staffing and support
  - Trained to address student mental health in schools
- Collaboration and Teaming
  - Youth and Families
  - Community Health/Mental Health and Other Partners
- Multi-Tiered System of Supports
  - Mental health promotion support (Tier 1)
  - Early intervention and treatment services and supports (Tiers 2-3)
- Evidence-Informed Services and Supports
- Cultural Responsiveness and Equity
- Data-Driven Decision Making

Includes a full array of programs, services, and strategies



Partners build on *existing*
school programs,
services,
and strategies.

School-Community Partnerships



Kathy Short, 2016, Intl J. of Mental Health Promotion

National School Mental Health Performance Measures

National Quality Initiative

School Health Assessment and Performance Evaluation (SHAPE) System

National School-Based Initiative for Services

SHAPE your School Mental Health System!

The School Health Assessment and Performance Evaluation (SHAPE) System

A dynamic, free online system to improve school mental health accountability, excellence, and sustainability.

www.theshapesystem.com

SHAPE

School Health Assessment and Performance Evaluation System

Login

Home | About Us | How to Register | Privacy/Security | FAQs | Contact Us

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

Schools and School Districts Can Use SHAPE To:

Document service array and multi-tiered services and supports

SCHOOL DISTRICT
MENTAL HEALTH PROFILE | JEFFERSON UNIFIED SCHOOL D

Last

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:
120

Number of students in grades K-12:
137,000

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 Ce
SHAPE recognition for completing the School Mental Health Profile. Complete the National Sch
Performance Measures on SHAPE (the Quality and Sustainability Assessments) to achieve Silve
Recognition.

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

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

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

This profile was developed by the national Center for School Mental Health at www.theSHAPEsystem.com.
Page 1 of 5

SERVICES PROVIDED | JEFFERSON UNIFIED SCHOOL DISTRICT

Last Updated: October 14, 2016

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

Tier 3: Indicated services and supports
Tier 2: Selective services and supports
Tier 1: Mental health promotion services and supports
✚ : Referrals to community providers not in the school building

- Anxiety/Nervousness/Phobias
- Attention/Concentration/Hyperactivity Problems
- Bullying
- Depression/Sadness/Suicide
- ✚ Disordered Eating
- Environmental Stressors (housing, food, parental employment, access to health care, etc.)
- Grief/Loss/Bereavement
- Oppositional or conduct problems/Anger management
- ✚ Psychosis (hallucinations, delusions)
- Relationship issues/Conflict (family, peer, teacher)
- Social and emotional skills/Problem solving/Character development/Self-esteem
- Substance use (alcohol, tobacco, drugs)
- Transitions (new school, moving, separation/ divorce)
- Trauma/PTSD/Abuse/Neglect/Exposure to violence

SAMPLE REPORT

SAMPLE REPORT

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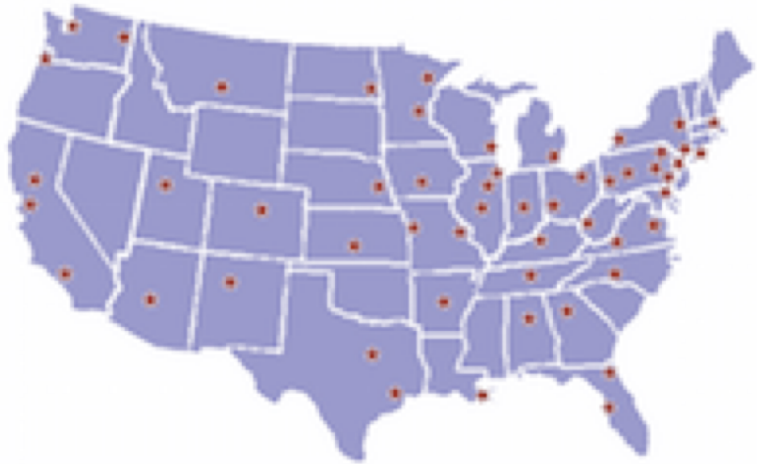
Page 5 of 5

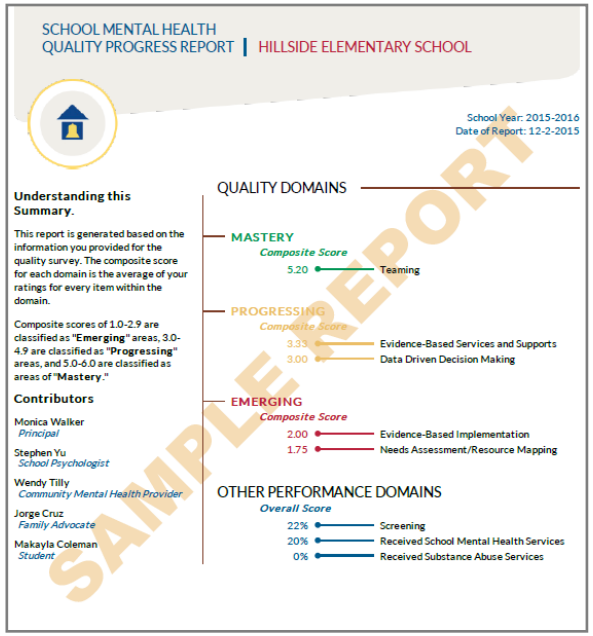


www.theshapesystem.com

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


SCHOOL MENTAL HEALTH
QUALITY PROGRESS REPORT | HILLSIDE ELEMENTARY SCHOOL

School Year: 2015-2016
Date of Report: 12-2-2015

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**."

Contributors

Monica Walker
Principal

Stephen Yu
School Psychologist

Wendy Tilly
Community Mental Health Provider

Jorge Cruz
Family Advocate

Makayla Coleman
Student

QUALITY DOMAINS

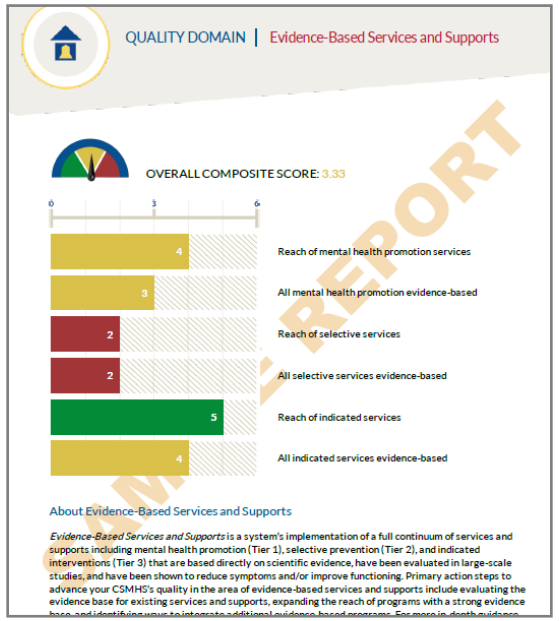
MASTERY
Composite Score
5.20 Teaming

PROGRESSING
Composite Score
3.33 Evidence-Based Services and Supports
3.00 Data Driven Decision Making

EMERGING
Composite Score
2.00 Evidence-Based Implementation
1.75 Needs Assessment/Resource Mapping

OTHER PERFORMANCE DOMAINS
Overall Score
22% Screening
20% Received School Mental Health Services
0% Received Substance Abuse Services

SAMPLE REPORT


QUALITY DOMAIN | Evidence-Based Services and Supports

OVERALL COMPOSITE SCORE: 3.33

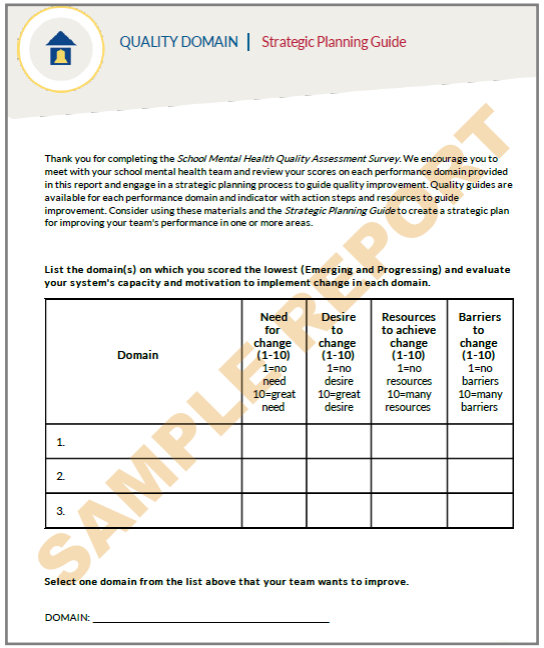
0 3 6

4 Reach of mental health promotion services
3 All mental health promotion evidence-based
2 Reach of selective services
2 All selective services evidence-based
5 Reach of indicated services
4 All indicated services 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

SAMPLE REPORT


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.				

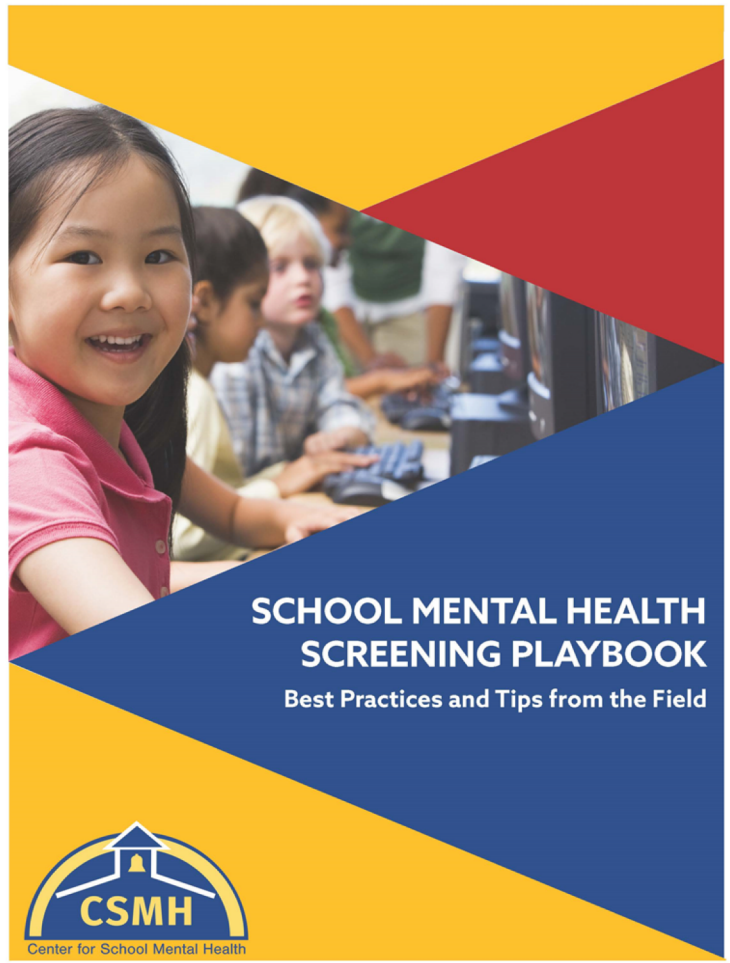
Select one domain from the list above that your team wants to improve.

DOMAIN: _____

SAMPLE REPORT

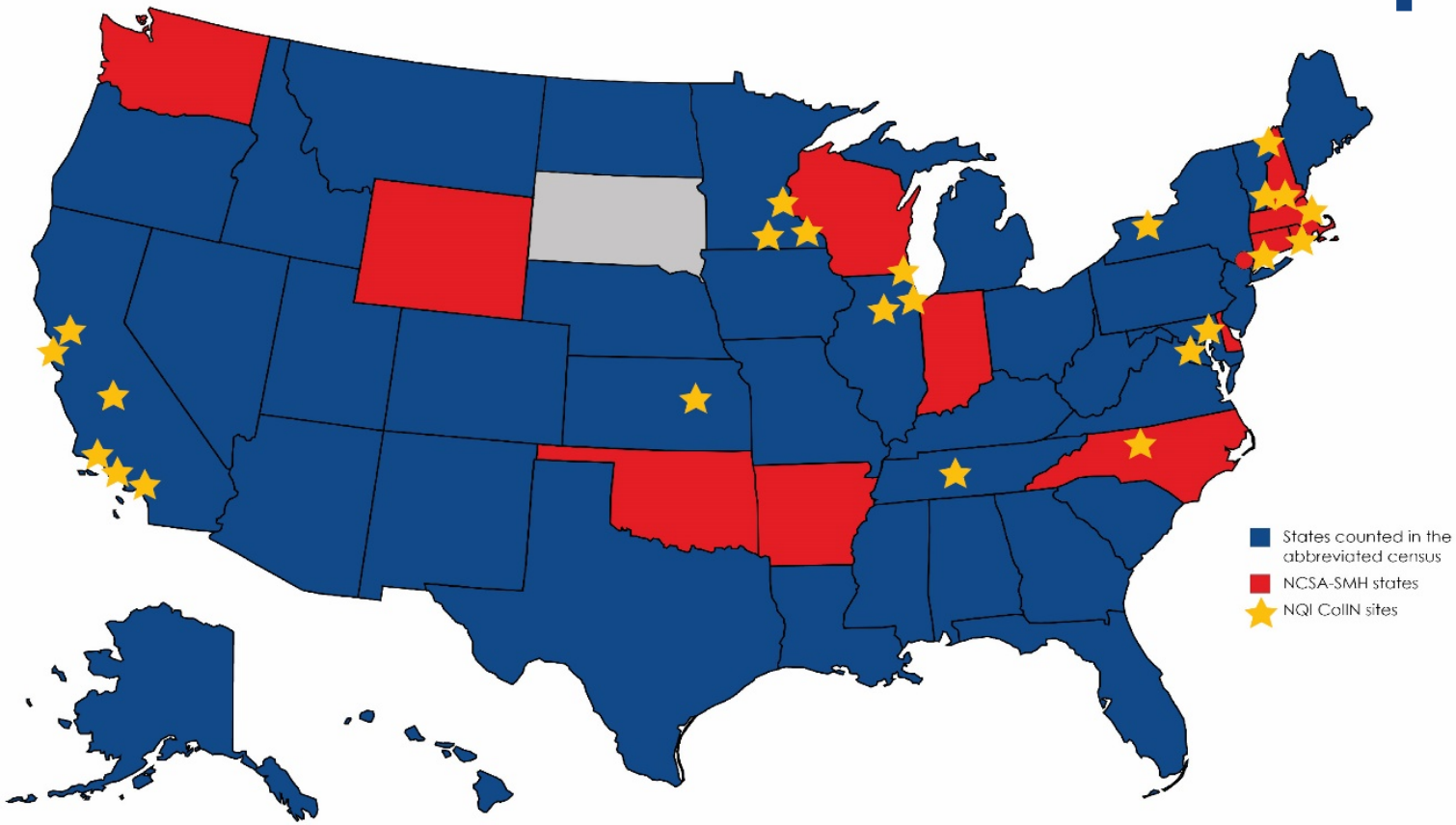
www.theshapesystem.com

CSMHS Collaborative Improvement and Innovation Network (CoIIN)


SCHOOL MENTAL HEALTH
SCREENING PLAYBOOK
Best Practices and Tips from the Field
CSMH
Center for School Mental Health

SCHOOL MENTAL HEALTH
TEAMING PLAYBOOK
Best Practices and Tips from the Field
CSMH
Center for School Mental Health

SHAPE Adoption

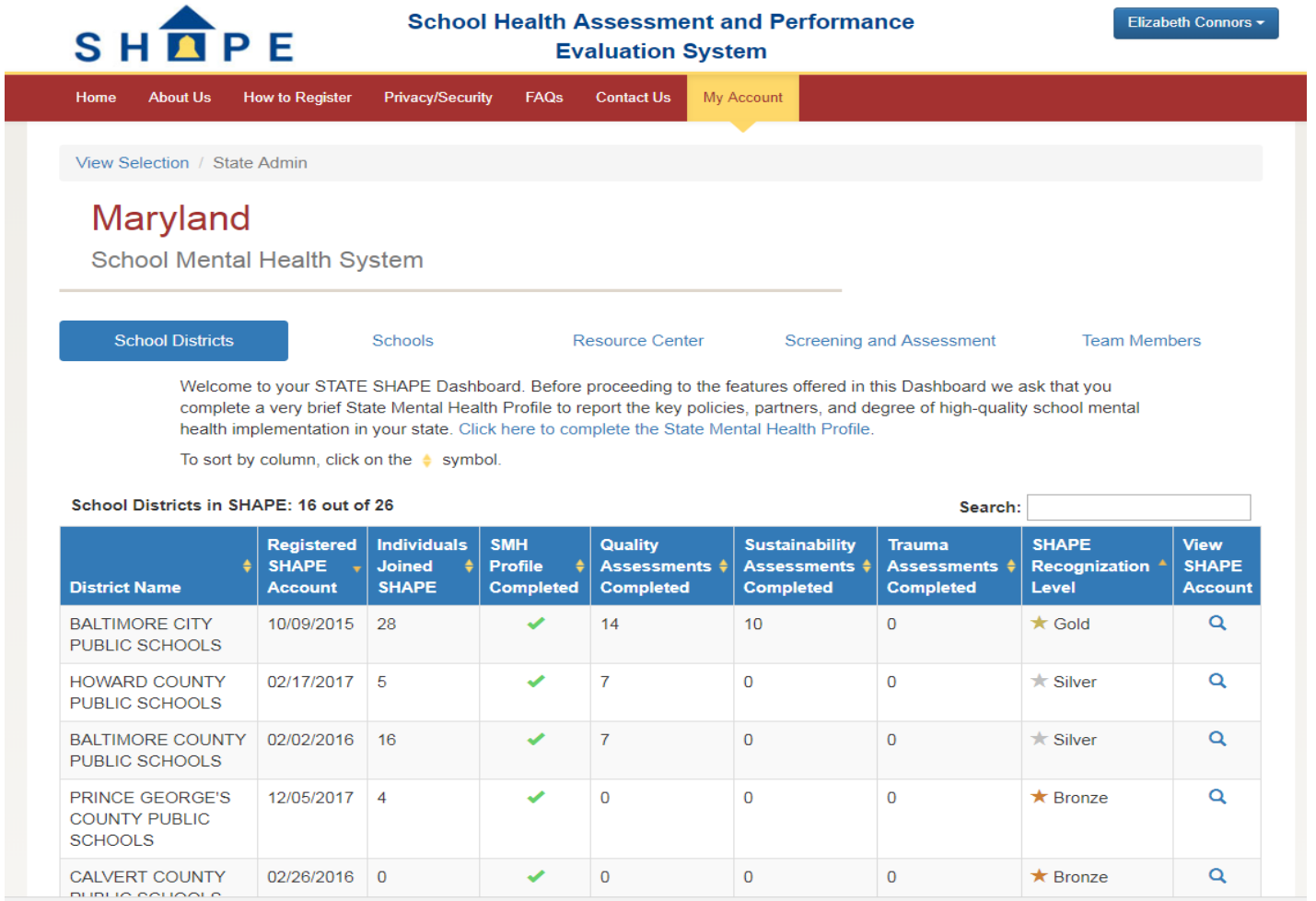


National Coalition for the State Advancement of SMH

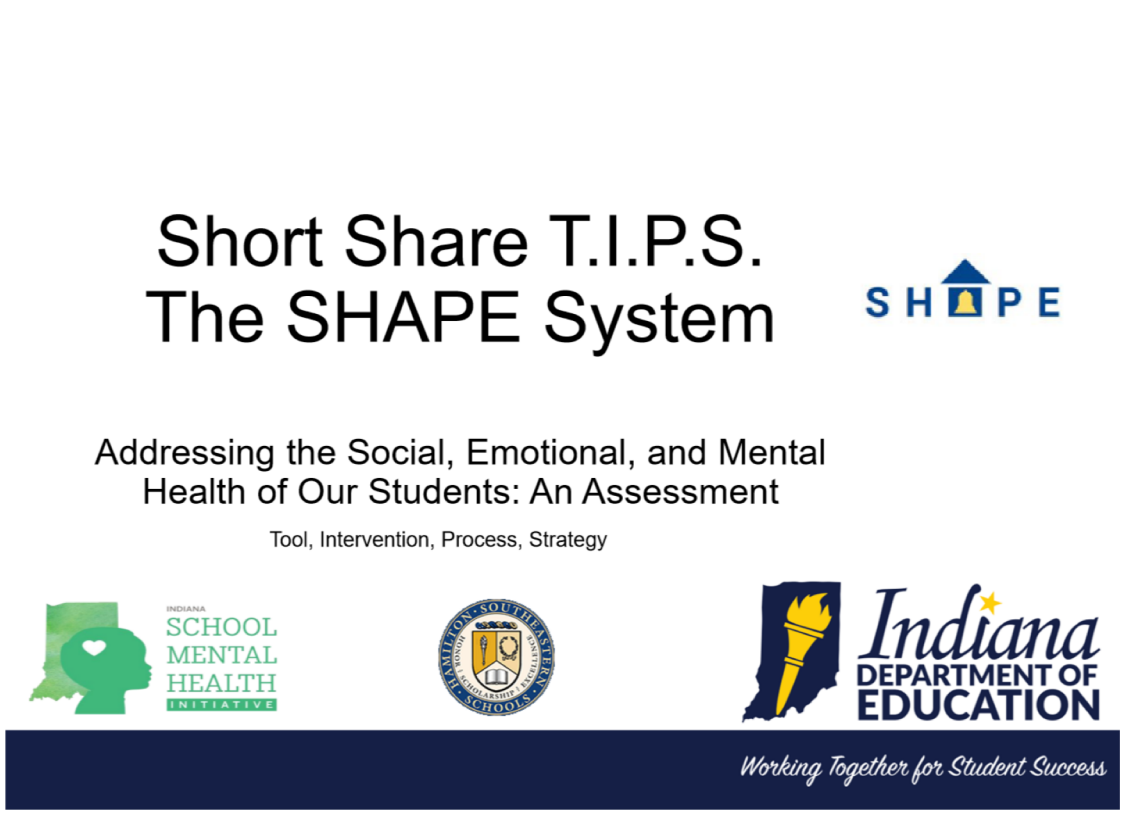
Arkansas
Connecticut
Delaware
Indiana
Massachusetts
New Hampshire
New York City
North Carolina
Oklahoma
Rhode Island
Washington
Wisconsin
Wyoming

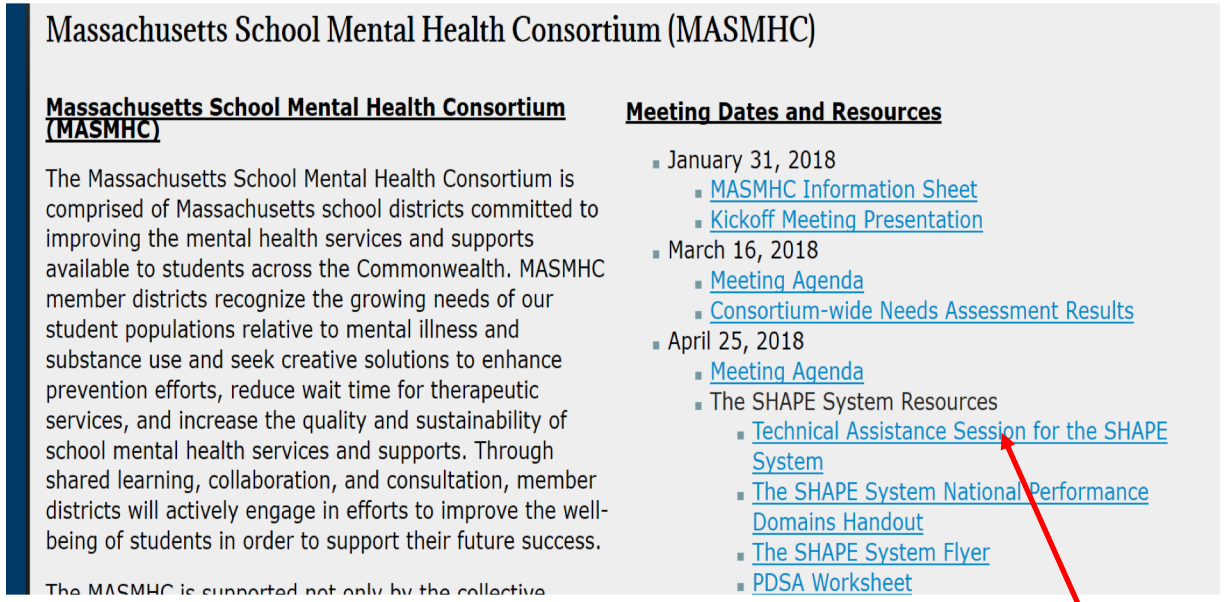
Schools and districts in **49 states + Washington DC** have started using SHAPE and completed the School Mental Health Census

State SHAPE Dashboard



SHAPE integration into state context





Massachusetts School Mental Health Consortium (MASMHC)

Massachusetts School Mental Health Consortium (MASMHC)

The Massachusetts School Mental Health Consortium is comprised of Massachusetts school districts committed to improving the mental health services and supports available to students across the Commonwealth. MASMHC member districts recognize the growing needs of our student populations relative to mental illness and substance use and seek creative solutions to enhance prevention efforts, reduce wait time for therapeutic services, and increase the quality and sustainability of school mental health services and supports. Through shared learning, collaboration, and consultation, member districts will actively engage in efforts to improve the well-being of students in order to support their future success.

The MASMHC is supported not only by the collective

Meeting Dates and Resources

- January 31, 2018
  - MASMHC Information Sheet
  - Kickoff Meeting Presentation
- March 16, 2018
  - Meeting Agenda
  - Consortium-wide Needs Assessment Results
- April 25, 2018
  - Meeting Agenda
  - The SHAPE System Resources
    - Technical Assistance Session for the SHAPE System
    - The SHAPE System National Performance Domains Handout
    - The SHAPE System Flyer
    - PDSA Worksheet

National Quality Initiative to improve s[illegible]and mental

School Health Assessment and Performance Evaluation (SHAPE) System

New site launching Summer 2019

Take a tour – https://tour.theshapesystem.com/

SHAPE helps districts and schools improve their school mental health systems! ***HOW?***

- SHAPE users map their school mental health services and supports
- Assess system quality using national performance standards
- Receive custom reports and strategic planning guidance and resources
- Utilize additional SHAPE features including the Screening and Assessment Library and Trauma-Responsive Schools Assessment and Resources
- Use state and district dashboards to collaborate with schools in your region

(NCSMH, 2019)

Take out your device!
https://tour.theshapesystem.com/

School Mental Health National Quality Assessment
Overview of Domains and Indicators

NCSMH NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

SHAPE School Health Assessment and Performance Evaluation System

Teaming

- Have multidisciplinary team
- Use best practices for meetings, role delineation, and data sharing
- Avoid duplication and promote efficiency
- Make mental health referrals to school-based and community-based services
- Meaningfully involve youth and families
- Facilitate effective school-community partnerships
- Address each tier of the multi-tiered system of support
- Use data to determine service needs

Needs Assessment/ Resource Mapping

- Assess student mental health needs
- Assess student mental health strengths
- Use needs assessment to determine appropriate services and supports
- Conduct or access current resource mapping
- Use current resource map to inform decisions about services and supports
- Align existing mental health services and supports

Mental Health Promotion Services & Supports

TIER 1

- Allocate time for staff to deliver needed Tier 1 evidence-informed services
- Determine evidence to support Tier 1 services
- Ensure Tier 1 services match unique school considerations
- Support training and monitor fidelity for Tier 1 services
- Assess and improve school climate and staff well-being
- Determine and implement school-wide positive behavior expectations
- Reduce exclusionary discipline practices
- Proactively build healthy relationships and community
- Promote mental health literacy
- Support social & emotional learning

Early Intervention and Treatment Services & Supports

TIER 2&3

- Determine evidence to support Tiers 2 & 3 services
- Ensure Tiers 2 & 3 services match unique school considerations
- Support training for Tiers 2 & 3 services
- Monitor fidelity of Tiers 2 & 3 services
- Monitor individual student progress across tiers
- Implement systematic protocol for crisis response
- Create SMART intervention goals
- Place staff with allocated time to deliver needed Tier 2 evidence-informed services
- Place staff with allocated time to deliver needed Tier 3 evidence-informed services

Screening

- Screen for student distress and well-being to identify and refer students for additional supports.

Impact

- Document and report the impact of your comprehensive school mental health system on educational, social/emotional/behavioral and services outcomes to a wide range of stakeholders

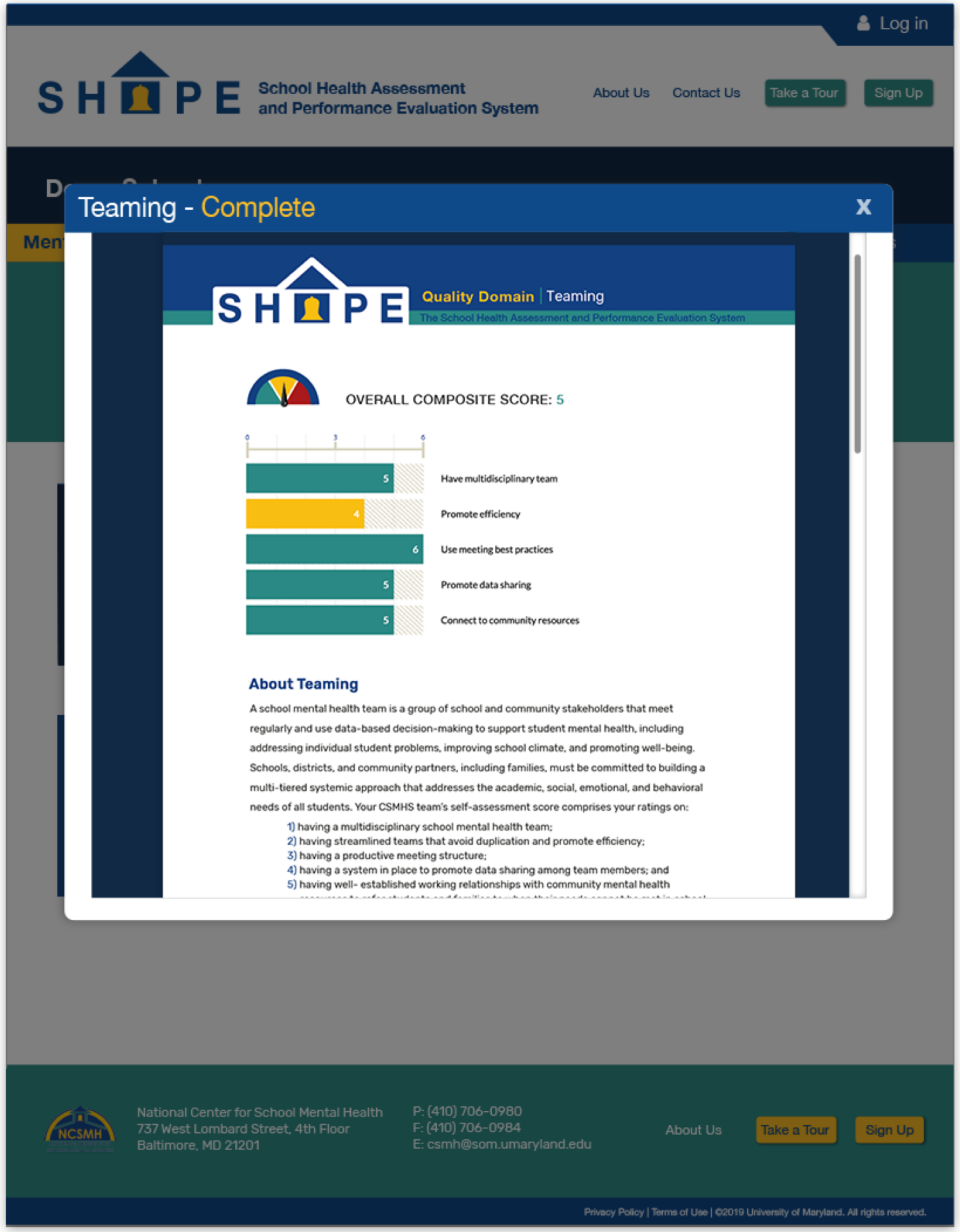
Funding and Sustainability

- Use multiple and diverse funding and resources
- Leverage funding and resources to attract potential contributors
- Have strategies to retain staff
- Maximizer expertise and resources of all stakeholders
- Monitor federal, state, and local policies that impact funding
- Support funding and resources at each tier
- Maximize opportunities to bill for eligible services

For a full copy of the school mental health national quality assessment, visit ***www.theSHAPEsystem.com***

Assessments & Reports

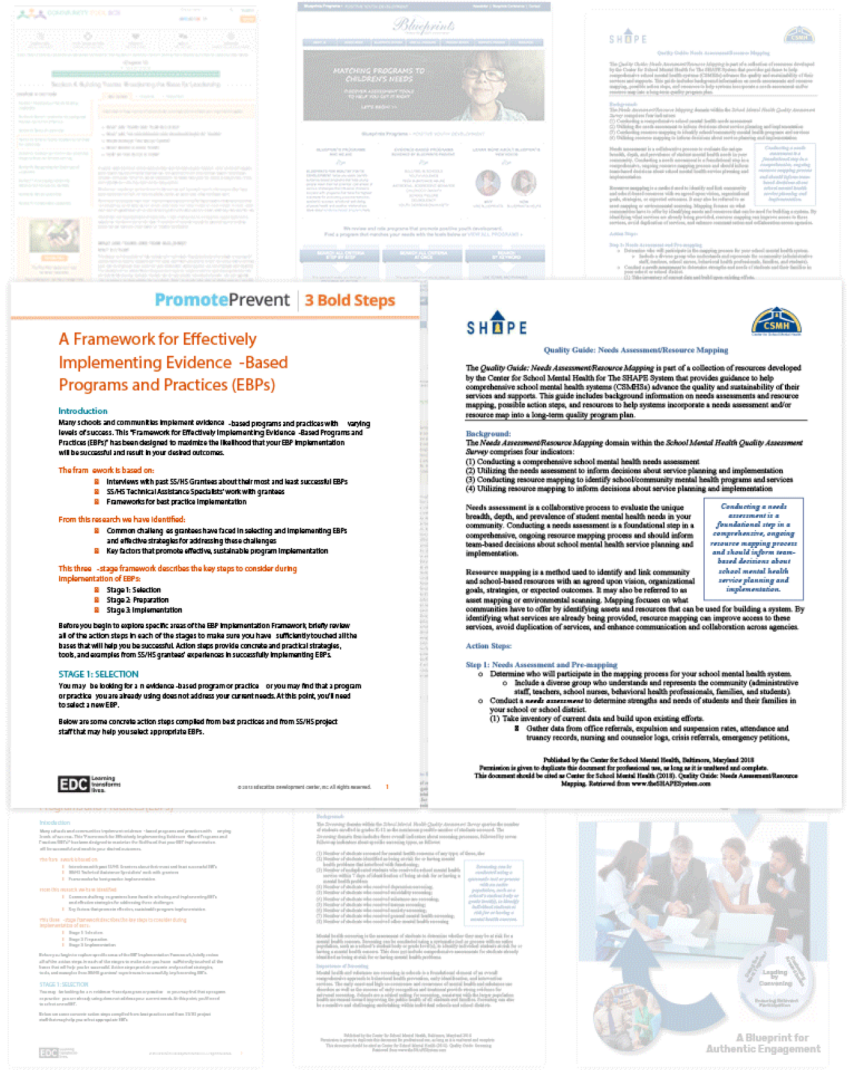
With a SHAPE account, you can assess, track, and advance your school or district's quality improvement goals and assess trauma responsiveness across multiple areas. You'll get free, customized reports to drive your action planning, share your performance with key stakeholders, and help you monitor your progress over time.



(NCSMH, 2019)

Targeted Resources & Guides

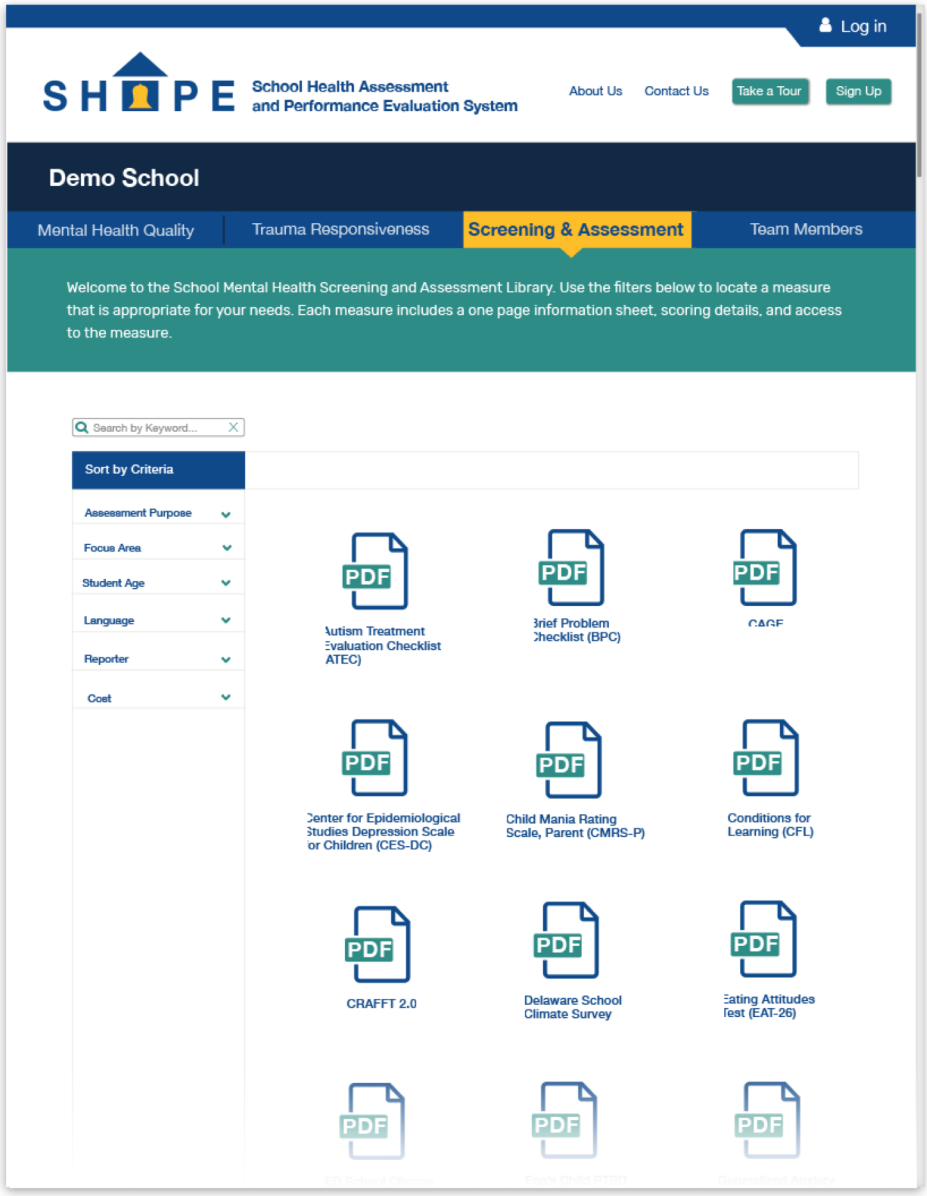
Our comprehensive resource library includes public access resources hand selected by a team of school mental health experts. Sort resources by topic to hone in on specific team goals or generate ideas for action steps related to your own improvement goals.



(NCSMH, 2019)

Screening & Assessment Library

Our extensive screening and assessment library includes a variety of free and low-cost measures related to school mental health.



(NCSMH, 2019)

EARN SHAPE RECOGNITION

Bronze, Silver or Gold Star SHAPE Teams have access to customized reports and free resources and can add team members to join their SHAPE account.

School Mental Health Profile

Earn a Bronze Star by completing the School Mental Health Profile. Assess your school or district SMH resources, staffing and service array.

Quality Assessment

Earn a Silver Star by completing one Quality Assessment. Assess your school or district performance on national school mental health quality indicators. Get free customized Quality reports to drive your improvement process.

Complete all Quality Assessments to earn your

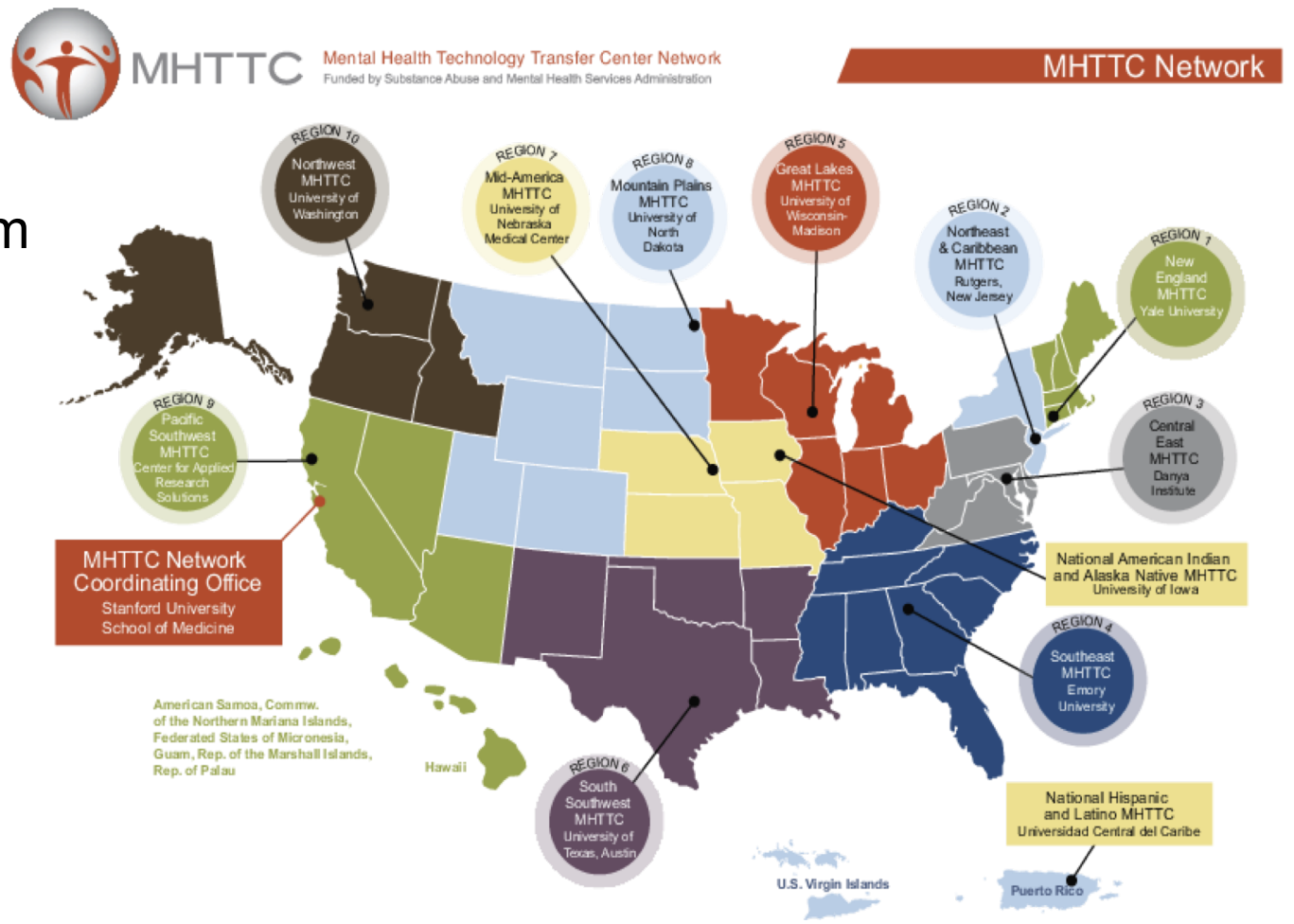
Gold Star status!

(NCSMH, 2019)

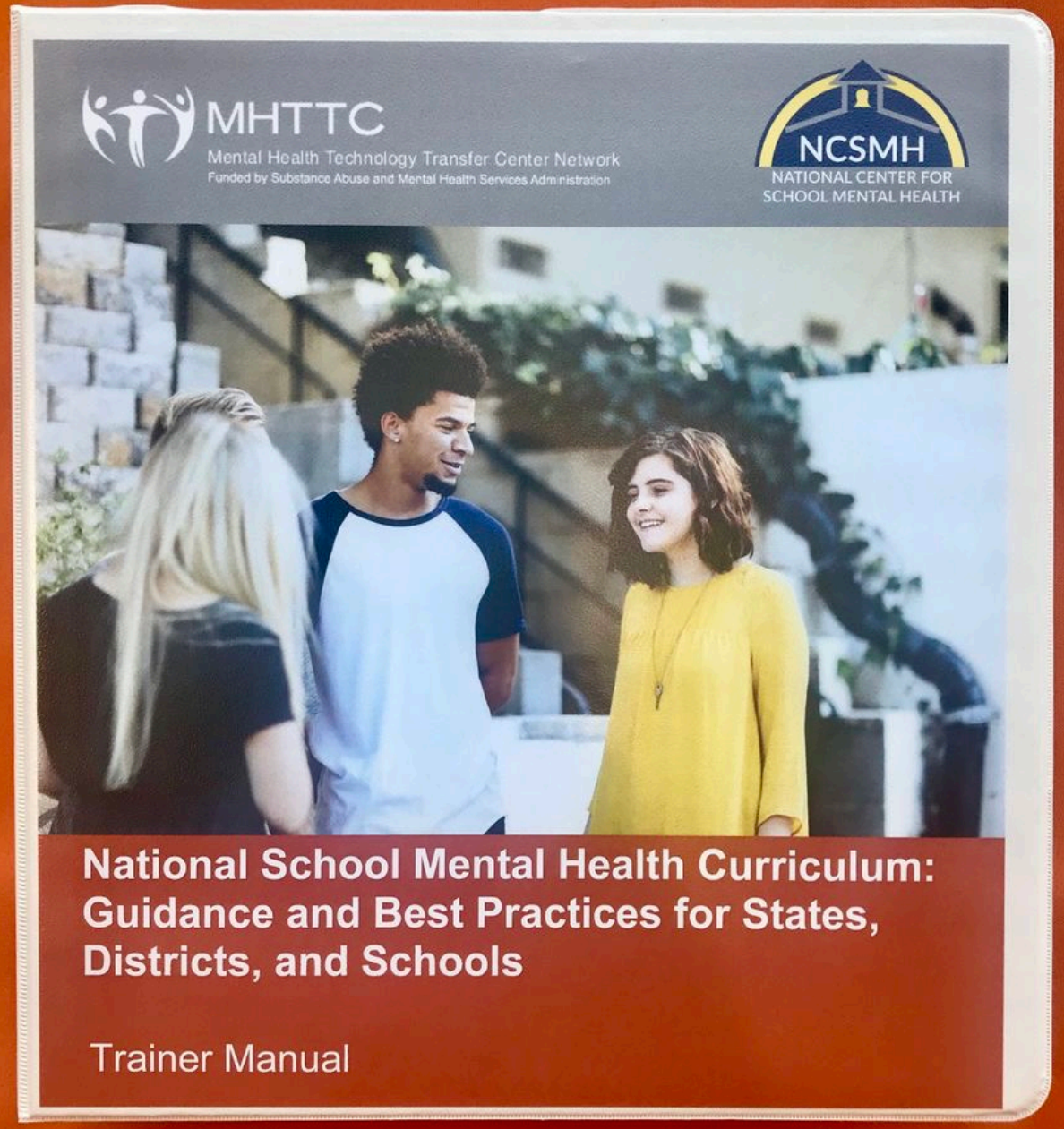
National School Mental Health Curriculum

Mental Health Technology Transfer Center (MHTTC) Network

- Established in 2018 with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



Visit the MHTTC website at https://mhttcnetwork.org/


MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH
National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools
Trainer Manual

Curriculum Overview

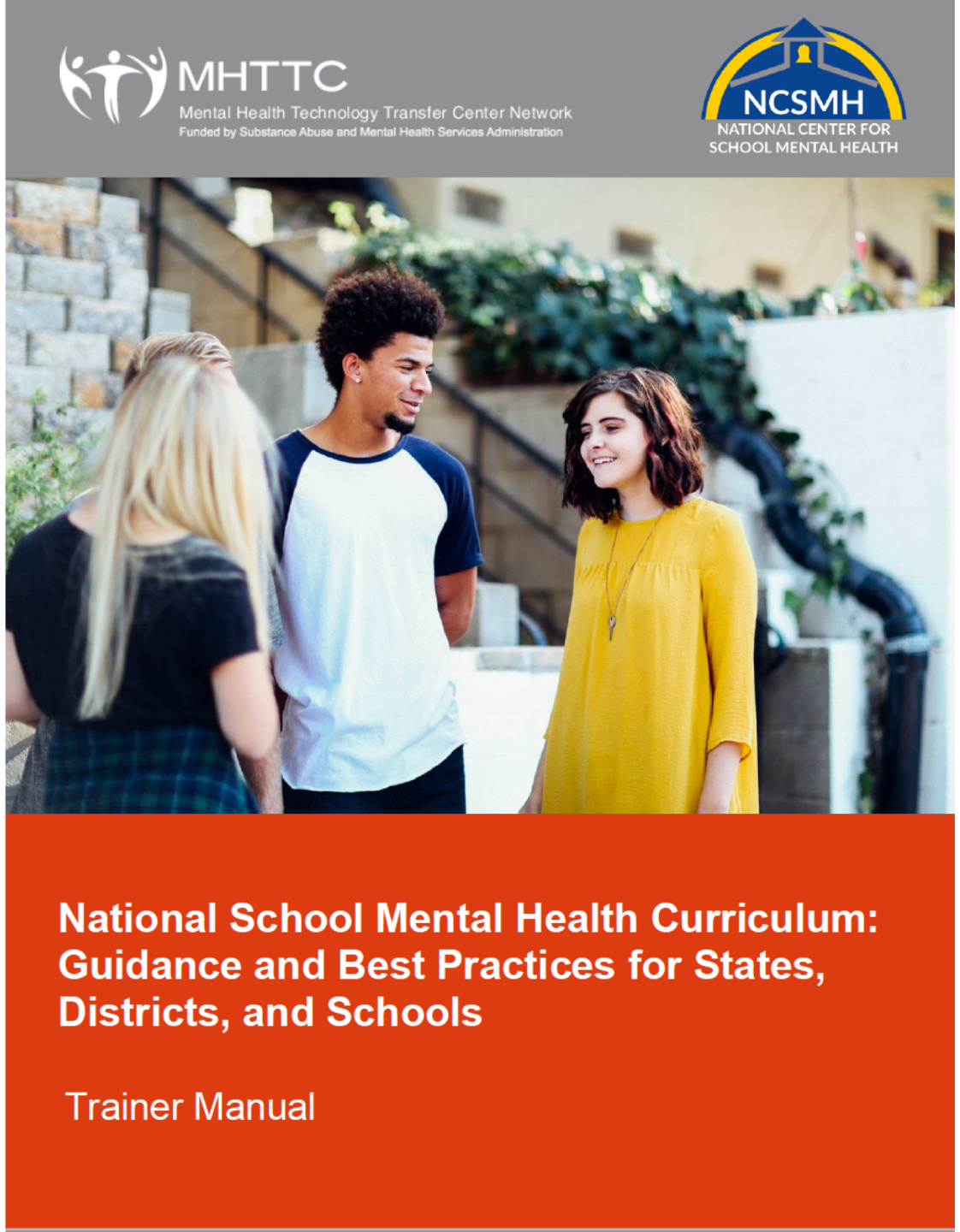
- Mod 1: Foundations of Comprehensive School Mental Health
- Mod 2: Teaming
- Mod 3: Needs Assessment & Resource Mapping
- Mod 4: Screening
- Mod 5: Mental Health Promotion for All (Tier 1)
- Mod 6: Early Intervention and Treatment (Tiers 2/3)
- Mod 7: Funding and Sustainability
- Mod 8: Impact

Target Audience

District teams that can influence, develop and oversee school mental health systems at the school district and building levels.

District teams may include:

- School District Leaders (e.g., superintendent, school board)
- School Administrators (e.g., Principal, Assistant Principal)
- District Mental Health Director or Student Services Supervisor (e.g., Director of Student Services, District Supervisor School Psychologists/Social Workers/Counselors)
- Community Behavioral Health Agency Supervisor/Director (e.g., clinical director of an agency that provides school-based services in the district)
- Youth/Family Advocate or Consumer



Trainer Manual

https://mhttcnetwork.org/

Participant Manual

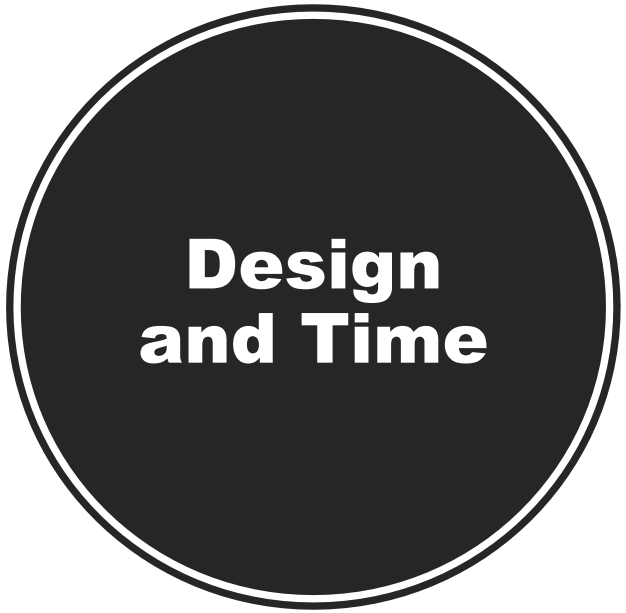
Module 1:
Foundations of Comprehensive School Mental Health

Training Goals and Objectives

Help participants understand the definition, core features, and value of comprehensive school mental health systems.

By the end of this module, participants will be able to:

1. Define comprehensive school mental health systems.
2. Describe the 6 core features of comprehensive school mental health systems.
3. Describe 3 reasons why comprehensive school mental health is important.



Design and Time – Module 1

Section	Description	Components	Time
Introduction	Curriculum overview and target audience	• Curriculum Development and Overview • Target Audience	5 minutes
Alignment with School Mental Health Quality Assessment	Explain quality indicators and best practice guidelines that will be included in all modules	• Alignment with the National SMH-QA • Overview of Quality Domains • Present The SHAPE System	10 minutes
Comprehensive School Mental Health Systems	Review each component of CSMHS and data demonstrating CSMHS value Share examples from the field Reflection on which core features are present and needing development in participants' schools/district	• Definition • Core Features • Value • District and State Examples	30 minutes
Strategic planning	District strategic planning for comprehensive school mental health	• State specific goal for CSMHS • Three action steps to advance goal	15 minutes

Quality Indicators

Each module aligns with the **national performance domains and indicators** of comprehensive school mental health system quality.

National School Mental Health Quality Assessment (SMH-QA; NCSMH, 2019)

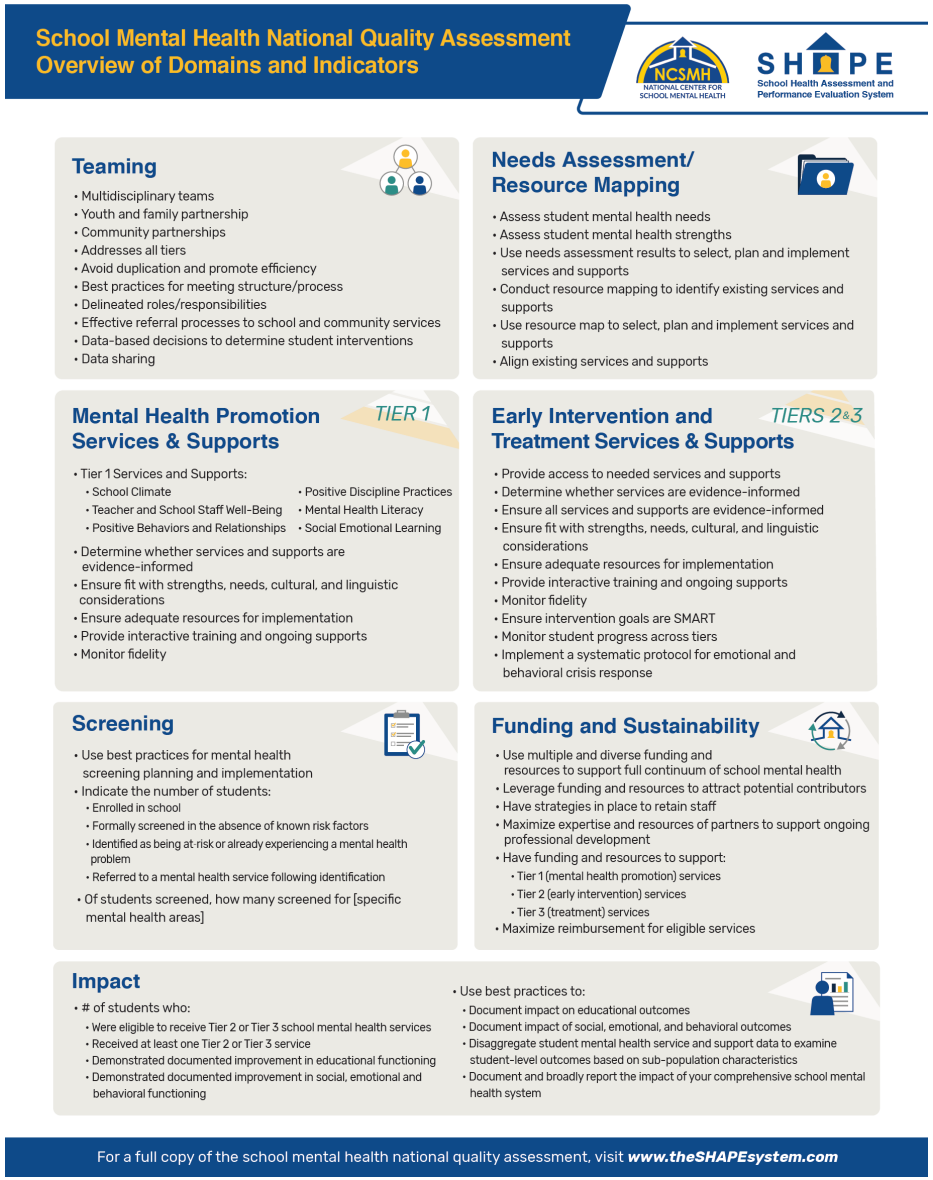
Best Practices

- Quality indicators have best practice guidelines
- Used to self-assess indicator implementation and guide strategic quality improvement planning

Overview of School Mental Health Quality Domains and Indicators

Quality Domains

- Teaming
- Needs Assessment and Resource Mapping
- Mental Health Promotion for All (Tier 1)
- Early Intervention and Treatment Services and Supports (Tiers 2/3)
- Screening
- Impact
- Funding and Sustainability



(NCSMH, 2019)

Assess your School Mental Health System!

School Mental Health Quality Assessment (SMH-QA)

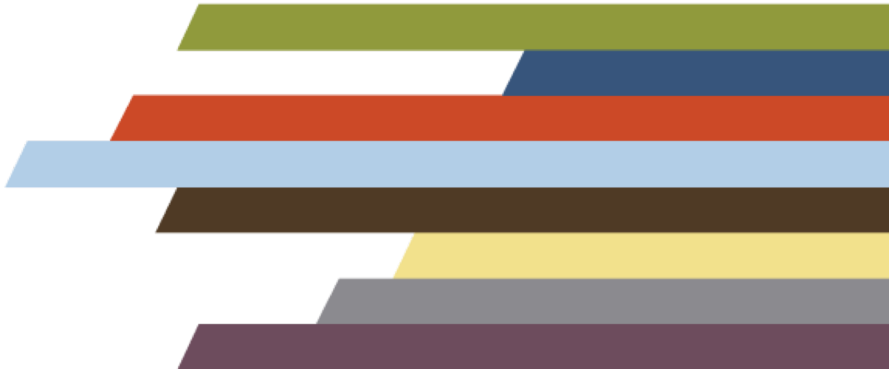
Teaming							
To what extent did schools in your district use best practices to…							
	Best Practices	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost Always**	**Always**
1. … ensure your school mental health team was multidisciplinary?	Representatives of different groups regularly attend and have an active voice in team meetings. Different groups engaged in school mental health system teams may include: a. School health and behavioral health staff b. Teachers c. School administrators d. Youth/Students e. Parents/Families f. Community health and behavioral health providers g. Child welfare staff h. Juvenile justice staff i. Community leaders j. Community School Coordinator	1	2	3	4	5	6
2. … meaningfully involve students and families to plan and improve the school mental health system?	• Involve students and families in all aspects of prevention, intervention, and health promotion design, implementation and evaluation; students and families can provide insight on school strengths and areas of need, program selection, implementation considerations, and on-going quality assessment and progress monitoring • Involve multiple students and families on teams; provide guidance and foundational information prior to each meeting so that they can have a meaningful role • Gather additional information from students and families using surveys, interviews, and focus groups • Identify existing youth and family mental health advocacy and navigation organizations in your community • Partner with youth and family organizations to bring knowledge and passion	1	2	3	4	5	6

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

NCSMH
NATIONAL CENTER FOR SCHOOL MENTAL HEALTH

Module 2: Teaming

National School Mental Health Curriculum



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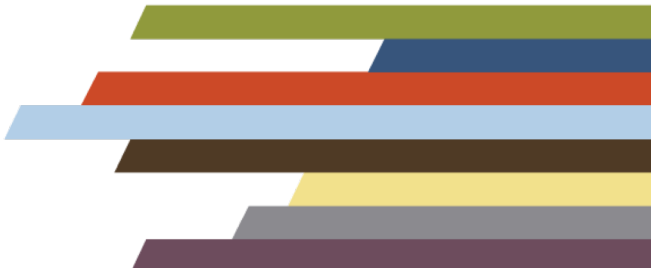
Agenda

- Definition
- Value
- Quality Indicators and Best Practices
- Strategic Planning

What Is a School Mental Health Team?

A team of school and community stakeholders at a school or district level that **meets regularly, uses data-based decision-making, and relies on action planning** to support student mental health.

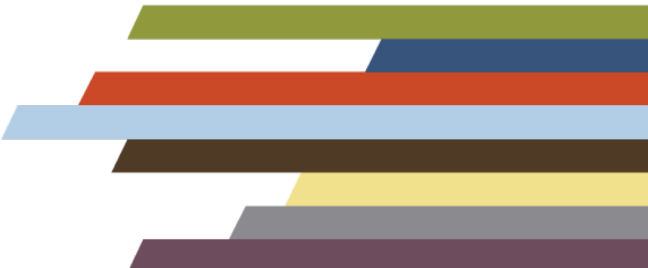


Reflection:

What school mental health teams do you have in your school or district?

Examples of SMH Teams Include:

- School Climate Team
- Student Support Team
- Mental Health Promotion/Universal Team
- Intervention and Tertiary Care Team (Tiers 2/3)
- SMH Community of Practice
- District Mental Health Leadership Team



Teaming Quality Indicators

- Multidisciplinary teams
- Youth and family partnership
- Community partnerships
- Addresses all tiers
- Avoid duplication and promote efficiency
- Best practices for meeting structure/process
- Delineated roles/responsibilities
- Effective referral processes to school and community services
- Data-based decisions to determine student interventions
- Data sharing

To what extent did your district/school use best practices to ensure your school mental health team was **multidisciplinary?**

Best Practices

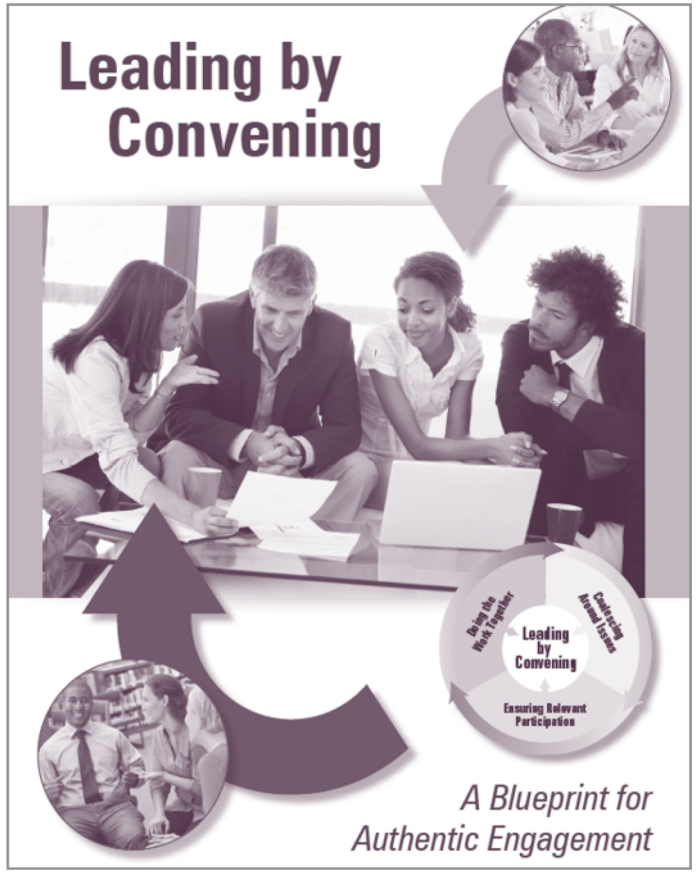
- Diverse groups represented
- Regular attendance and active voice

Groups represented 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

4 Simple Questions

- Who cares about this question and why?
- What work is already under way separately?
- What shared work could unite us?
- How can we deepen our connections?



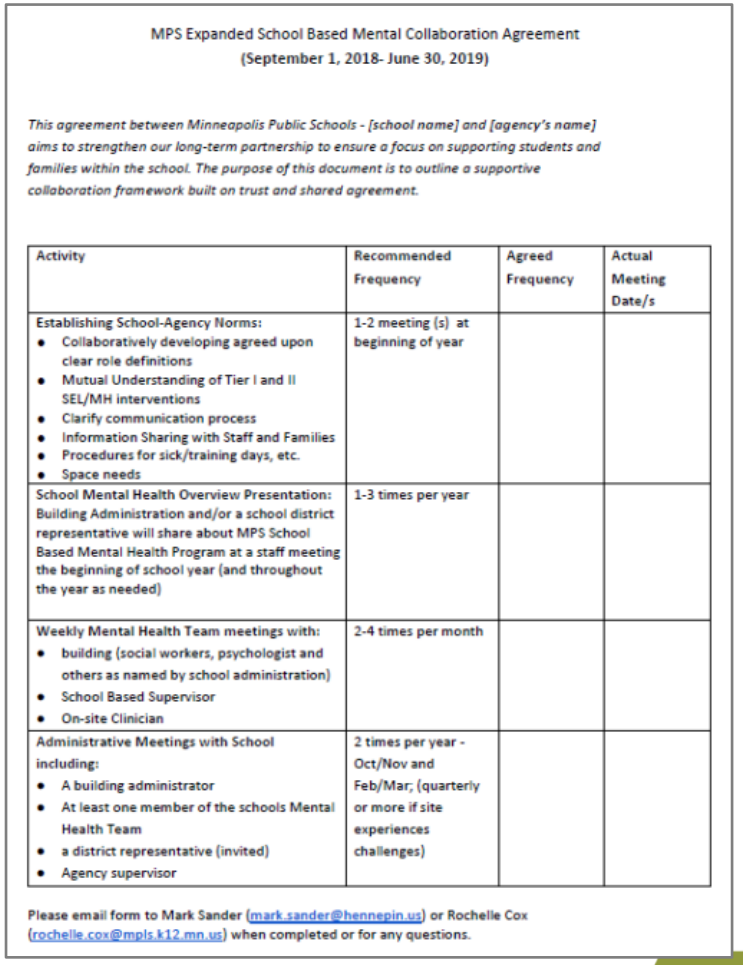
(Cashman et al., 2014)

Facilitating Effective School-Community Partnerships

- Identify community partners with input from school staff, parents and students.
- Develop a wish list of desired community services.
- Draft a standardized memorandum of understanding (MOU).
- Consider engaging partners in a request for proposals process.
- Integrate community partners on existing teams.

Team Roles and Functions

- Sample guidance with specific action items to strengthen school-community partnerships
- This example is from Hennepin County/Minneapolis Public Schools based on best practices learned in their district but can be adapted based on your local district and community partners



MPS Expanded School Based Mental Collaboration Agreement
(September 1, 2018- June 30, 2019)

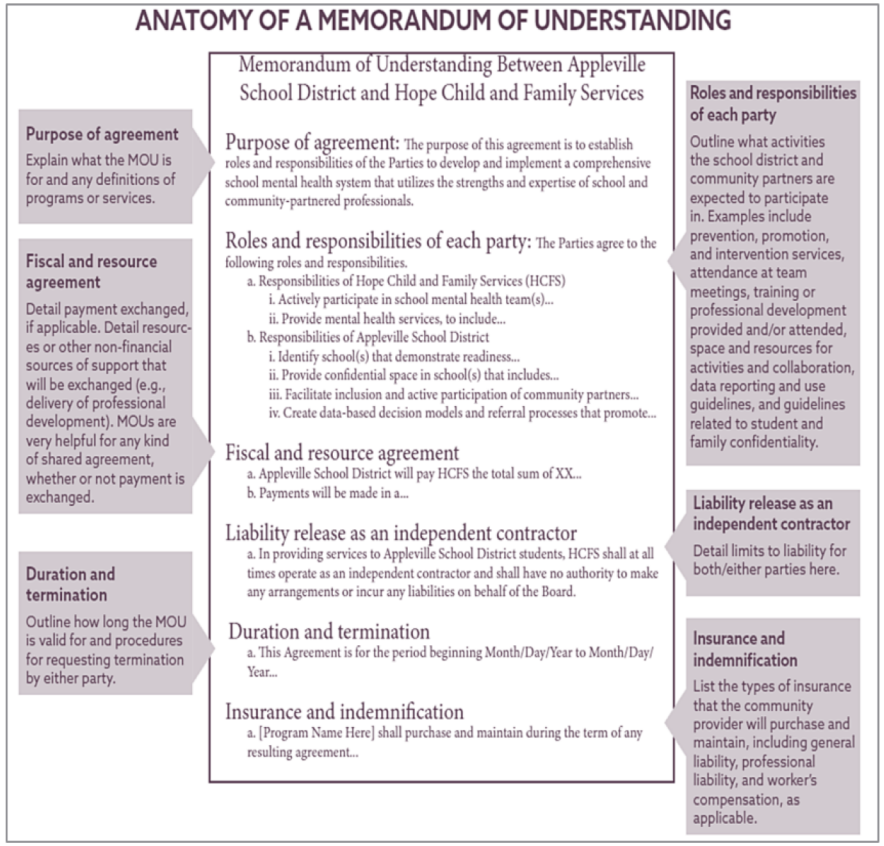
This agreement between Minneapolis Public Schools - [school name] and [agency's name] aims to strengthen our long-term partnership to ensure a focus on supporting students and families within the school. The purpose of this document is to outline a supportive collaboration framework built on trust and shared agreement.

Activity	Recommended Frequency	Agreed Frequency	Actual Meeting Date/s
Establishing School-Agency Norms: • Collaboratively developing agreed upon clear role definitions • Mutual Understanding of Tier I and II SEL/MH interventions • Clarify communication process • Information Sharing with Staff and Families • Procedures for sick/training days, etc. • Space needs	1-2 meeting (s) at beginning of year		
School Mental Health Overview Presentation: Building Administration and/or a school district representative will share about MPS School Based Mental Health Program at a staff meeting the beginning of school year (and throughout the year as needed)	1-3 times per year		
Weekly Mental Health Team meetings with: • building (social workers, psychologist and others as named by school administration) • School Based Supervisor • On-site Clinician	2-4 times per month		
Administrative Meetings with School including: • A building administrator • At least one member of the schools Mental Health Team • a district representative (invited) • Agency supervisor	2 times per year - Oct/Nov and Feb/Mar; (quarterly or more if site experiences challenges)		

Please email form to Mark Sander (mark.sander@hennepin.us) or Rochelle Cox (rochelle.cox@mpls.k12.mn.us) when completed or for any questions.

MOU Components

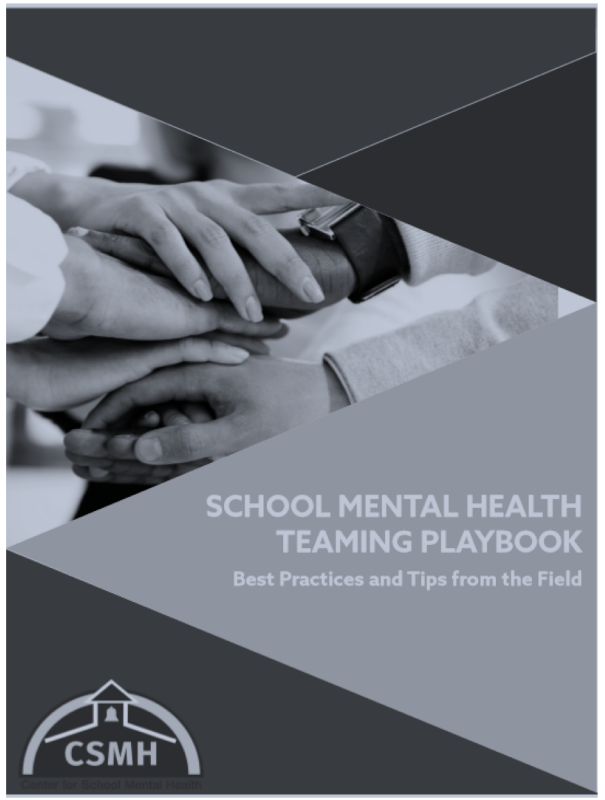
- Purpose of agreement
- Entities involved
- Roles and responsibilities of each party
- Fiscal and resource agreement
- Liability release as an independent contractor
- Duration and termination clause
- Insurance and indemnification



NCSMH, 2019

School Mental Health Teaming Playbook

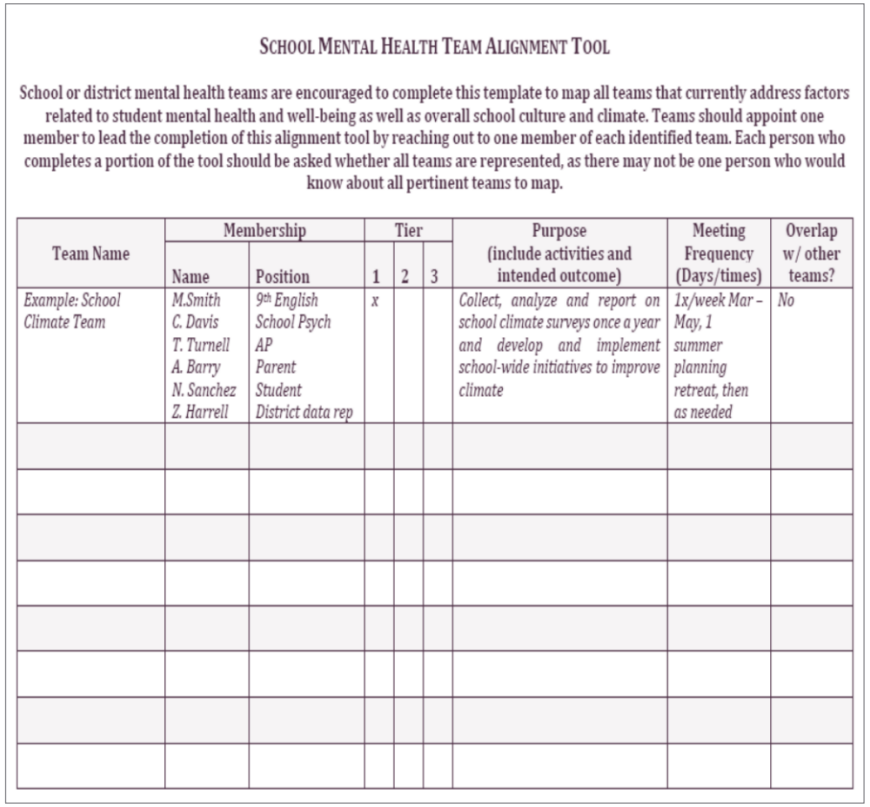
- Best practices and tips from the field in school mental health teaming
- Customizable teaming resources



NCSMH, 2018

School Mental Health Team Alignment Tool

- Examine overlap in team membership, purpose, and responsibilities/goals.
- Integrate teams with shared purposes for efficiency.
- Test new ways to communicate (email, one-to-one handoff, log, meeting minutes) between or within teams.



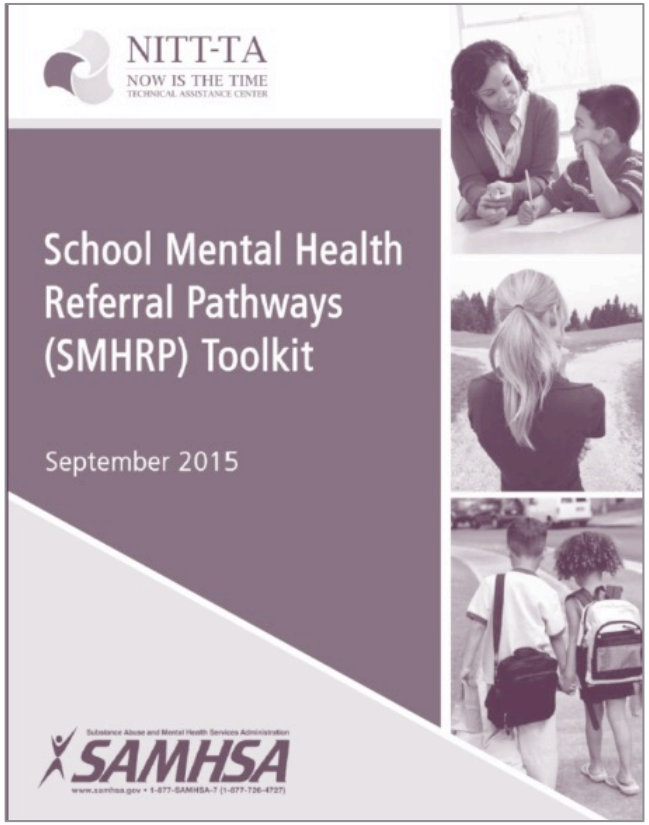
SCHOOL MENTAL HEALTH TEAM ALIGNMENT TOOL

School or district mental health teams are encouraged to complete this template to map all teams that currently address factors related to student mental health and well-being as well as overall school culture and climate. Teams should appoint one member to lead the completion of this alignment tool by reaching out to one member of each identified team. Each person who completes a portion of the tool should be asked whether all teams are represented, as there may not be one person who would know about all pertinent teams to map.

Team Name	Membership		Tier			Purpose (include activities and intended outcome)	Meeting Frequency (Days/times)	Overlap w/ other teams?
	Name	Position	1	2	3			
Example: School Climate Team	*M.Smith C. Davis T. Turnell A. Barry N. Sanchez Z. Harrell*	*9th English School Psych AP Parent Student District data rep*	*x*			*Collect, analyze and report on school climate surveys once a year and develop and implement school-wide initiatives to improve climate*	*1x/week Mar – May, 1 summer planning retreat, then as needed*	*No*

Referral Resources

- SMH Referral Pathways Toolkit (NITT-TA Center)
- Referral and Triage Flow Chart Examples
- When to Refer a Student
- Referral Form Example
- Release of Information Forms
- Referral Feedback Template



(NITT-TA, 2015)

Promote Data Sharing

- Have clear and measurable target goals.
- Identify data collection sources and processes.
- Identify issues related to data sharing such as HIPAA and FERPA.
- Secure consents and releases of information to allow data sharing across system partners.
- Pilot data sharing involving 1-2 students and obtain feedback on process.

Promote Data Sharing

- Identify the type of data you want or need to share.
- Clearly define *how* you will use the data you share and track the cost/benefit.
- Start with what is most feasible based on what is available.
- Work up to your ideal data sharing processes or systems.

IssueBRIEF

NITT-TA
NOW IS THE TIME
TECHNICAL ASSISTANCE CENTER

Using Data to Improve Student Mental Health

By Adam Voight, PhD, College of Education and Human Services, Cleveland State University

Now Is The Time Project AWARE grantees, including State and Local Education Agencies, will be collecting several sources of data both for the specific purpose of evaluating their grant efforts and for the overarching purpose of improving mental health supports for young people. In general, schools are accustomed to collecting data and many have become very good at it. Most schools, whether they know it or not, have access to a wealth of data that can be used to help understand student mental health, but lack certainty about how to use these data to improve student mental health outcomes. The purpose of this Now Is The Time Issue Brief is to introduce several simple strategies that will assist State and Local Education Agencies in determining how to use various sources of data to inform mental health planning and programming.

Unit of Observation, Unit of Analysis

A student's mental health is a function of personal behaviors, cognitions, and emotions as well the surrounding environment. Measuring aspects of the school environment is as important to understanding mental health as measuring how an individual student thinks, feels, and acts. For this reason, schools should seek to gauge both aspects of the school environment and aspects of students' internal experiences in order to determine if student mental health is improving. But because data come from several sources meant to measure different things, data-based decision-making can quickly become muddled. The first step towards a clean and clear approach to using data is to match your *units of observation to your units of analysis*.

The source of data is referred to as the *"unit of observation."* Most school data that can be used to measure student mental health are sourced from individual students, staff, or parents. For instance, a student completes a school climate survey, a teacher rates a student's classroom behavior, or a parent signs in for a parent-teacher conference. In some cases, the school itself can also be the unit of observation, such as when school policies are the source of data.

In order to avoid drawing spurious conclusions, your unit of analysis must match your unit of observation. When we want to know something about an individual student, we can simply look at that student's data. For example, if we want to examine change in a student's problem behavior over time, we could compare the number of discipline referrals that student received in September to the number received in October. Here, the individual student is the *"unit of analysis."* In other instances, we may want to know something about a classroom or a school. For example, we may look at the average response to the survey question, *"I feel safe at school,"* across all students in the school, to measure school safety. In this case, the school is the unit of analysis. The unit of analysis should align with the unit of observation, and this should be clarified prior to using data to inform practice.

Guiding Questions:

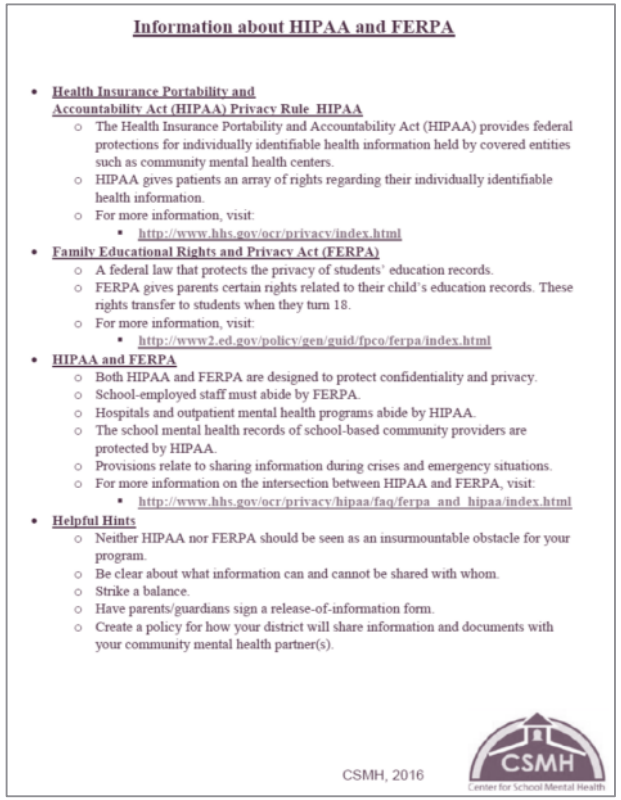
- What are we hoping to change or improve?
- In order to show the change or improvement, do we need information about an individual student, a group of students, a particular classroom, or the whole school?
- Double Check: Will the source of the data I'm collecting (i.e., unit of observation) tell me about the thing I'm hoping to change (i.e., unit of analysis)?

Now is the Time Technical Assistance Center - Issue Brief 1

(Voight, n.d.)

HIPAA/FERPA

- Neither HIPAA nor FERPA should be seen as insurmountable obstacles for school-community partnerships.
- Be clear about what information can and cannot be shared with whom.
- Strike a balance.
- Have guardians sign a release of information form that clearly defines what can be shared.
- Create a policy for how your district will share information with your community partner(s).



Information about HIPAA and FERPA

- **Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule HIPAA**
  - The Health Insurance Portability and Accountability Act (HIPAA) provides federal protections for individually identifiable health information held by covered entities such as community mental health centers.
  - HIPAA gives patients an array of rights regarding their individually identifiable health information.
  - For more information, visit:
    - http://www.hhs.gov/ocr/privacy/index.html
- **Family Educational Rights and Privacy Act (FERPA)**
  - A federal law that protects the privacy of students' education records.
  - FERPA gives parents certain rights related to their child's education records. These rights transfer to students when they turn 18.
  - For more information, visit:
    - http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html
- **HIPAA and FERPA**
  - Both HIPAA and FERPA are designed to protect confidentiality and privacy.
  - School-employed staff must abide by FERPA.
  - Hospitals and outpatient mental health programs abide by HIPAA.
  - The school mental health records of school-based community providers are protected by HIPAA.
  - Provisions relate to sharing information during crises and emergency situations.
  - For more information on the intersection between HIPAA and FERPA, visit:
    - http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa_and_hipaa/index.html
- **Helpful Hints**
  - Neither HIPAA nor FERPA should be seen as an insurmountable obstacle for your program.
  - Be clear about what information can and cannot be shared with whom.
  - Strike a balance.
  - Have parents/guardians sign a release-of-information form.
  - Create a policy for how your district will share information and documents with your community mental health partner(s).

CSMH, 2016

CSMH
Center for School Mental Health

(NCSMH, 2016)

Discussion

How does this content fit with your state's//district's understanding and implementation of teaming?

Strategic Planning

- State a specific goal for your state/district within this domain.
- List 3 potential action steps to move this goal forward.