



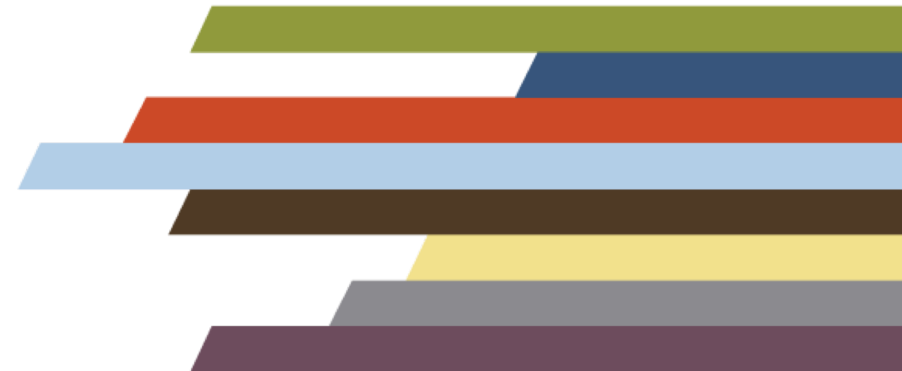
**MHTTC**

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



# Module 3: Needs Assessment and Resource Mapping

National School Mental Health Curriculum



# What Is a Needs Assessment?

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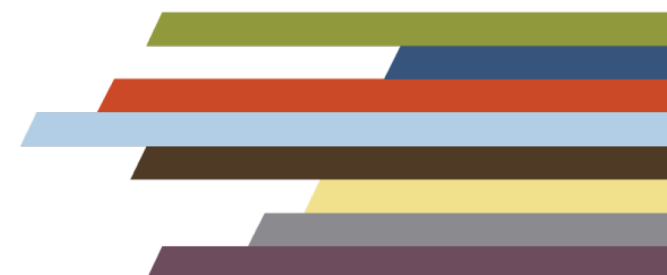


A collaborative process used by a system to identify:

- gaps between current and desired conditions
- system strengths

in an effort to:

- clarify priorities
- inform quality improvement
- advance action planning

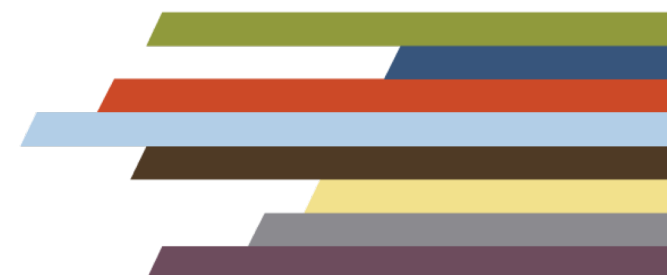


# What Is Resource Mapping?

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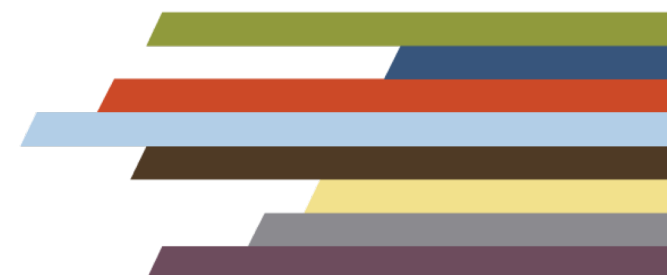


An active process to **identify, visually represent, and share information** about internal and external supports and services to inform effective utilization of assets.



### **Needs Assessment and Resource Mapping**

- Assess student mental health needs.
- Assess student mental health strengths.
- Use needs assessment results to select, plan, and implement services and supports.
- Conduct resource mapping to identify existing services and supports.
- Use resource map to select, plan, and implement services and supports.
- Align existing services and supports.

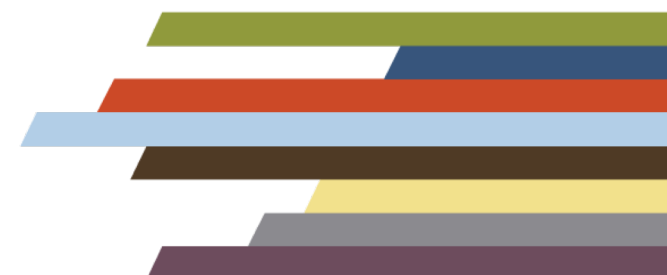






## Strengths Assessment Topics

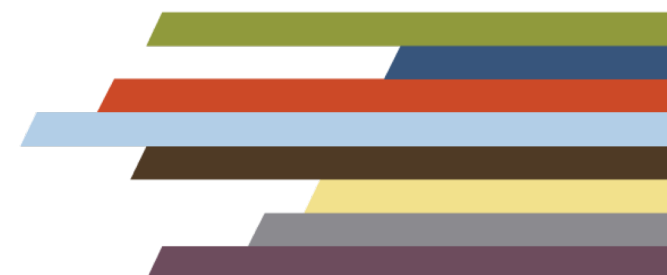
- Student connectedness to school, school staff, and peers
- Acts of kindness in school
- Positive role models at school
- Student, staff, and family well-being
- Healthy relationships, behaviors



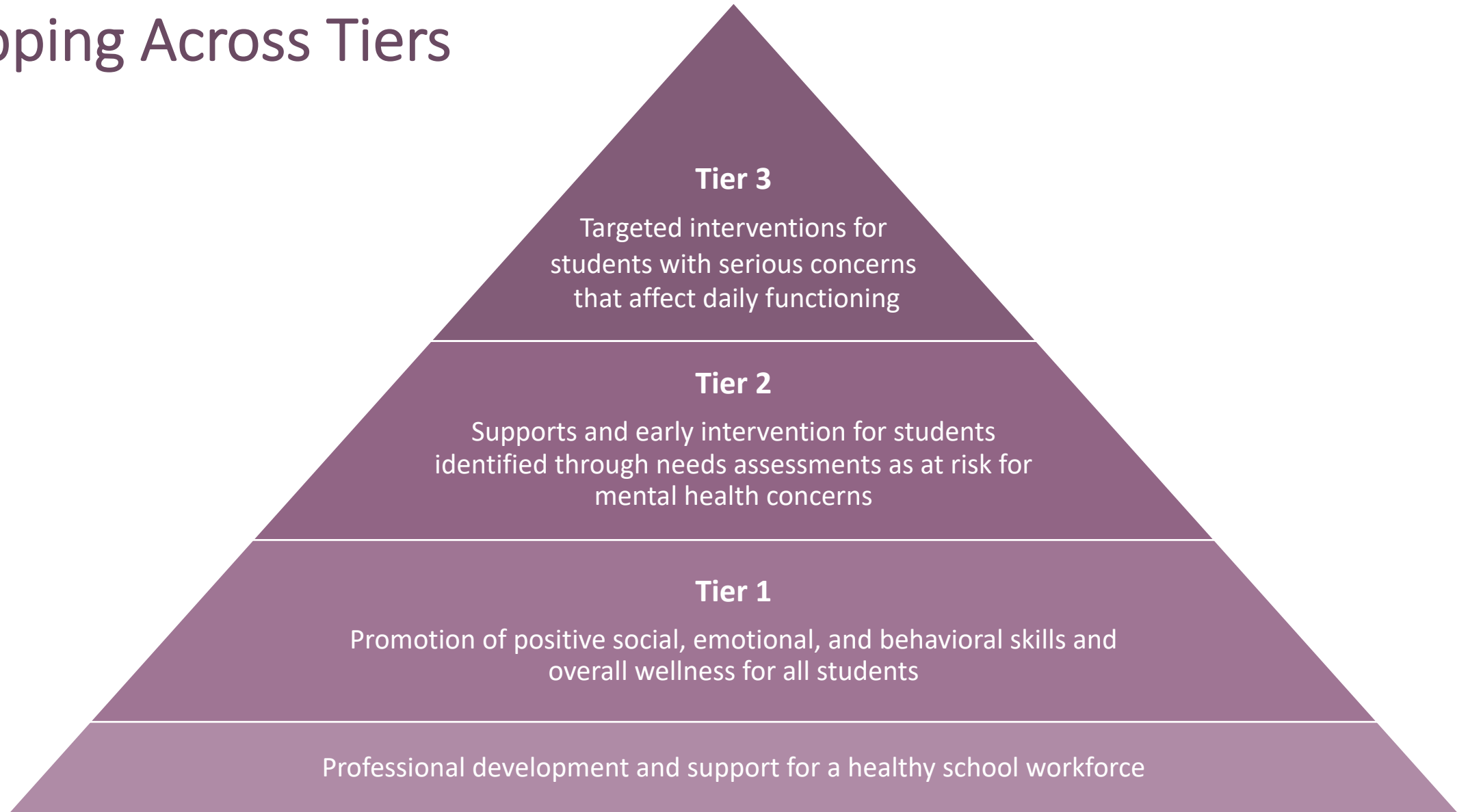
## **Reflection:**

If you were to conduct a needs assessment in your district or school ...

- Who would you want input from?
- What are you most interested in learning from the needs assessment?
- What question(s) would you like to see included on the assessment?
- What strengths would you consider assessing?
- How would you use the information you learn from the assessment to improve your school mental health system?



# Mapping Across Tiers

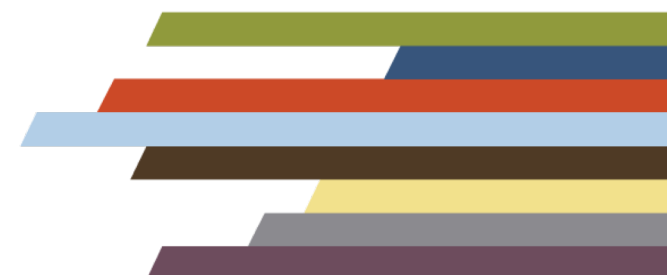


## **Reflection:**

What services and resources will be mapped?

## **Considerations:**

- What kind of services and resources do you want to map?
  - Available in the school building, and/or available in the community?
- What are your inclusion criteria?
  - Neighborhood, community, district, state, national
  - Distance from school (e.g., within 5 miles, 10 miles)
  - Resources across the full 3-tiered framework
- What other guidelines do you want to place on your team's mapping process?



# Resource Map of School-Based Providers

## Roles of School Based Mental Health Professionals

*A reference to better understand the roles of school based mental health professionals and the services they provide*

Person/Position	Availability	Contact	Students Served	Unique Roles
*John Doe Dean of Student Support	Mon – Fri 9:30 – 3:30	<a href="mailto: johndoe@gmail.com">johndoe@gmail.com</a>	ALL	Provide student and staff support for restorative processes
Jane Doe, LCSW-C BCPS School Social Worker	Fri 8:30 - 3:30	<a href="mailto: janedoe@bcps.k12.md.us">janedoe@bcps.k12.md.us</a>	All students, but must meet all outline IEP requirements (Can meet with any student 1-2 sessions before guardian consent)	Home-school-community liaison
Johnny Appleseed, Ed.S., NCSP BCPS School Psychologist	Fri 8:30 - 3:30	<a href="mailto: jappleseed@bcps.k12.md.us">jappleseed@bcps.k12.md.us</a>		Conduct psychological and academic assessments for IEP, individualized instruction and academic interventions, support student academic achievement *Services provided for 6-8 weeks
Mr. Smith, M.A. UM School Mental Health Clinician	Tues 8:00 - 4:00 Wed 8:00 - 2:00 Fri 8:00 - 4:00	<a href="mailto: mrsmith@som.umaryland.edu">mrsmith@som.umaryland.edu</a> (410) 645-0721	General education students with consent from guardian (Can meet with any student 1-2 sessions before guardian consent)	Prevention activities, early intervention, classroom observations and presentations, conflict mediation, medication management (with UM SMH Psychiatrist)
Mrs. Smith, B.A. UM School Mental Health Extern	Tues 8:00 - 1:30 Thurs 8:00 - 4:00	<a href="mailto: mrsmith@ubalt.edu">mrsmith@ubalt.edu</a>		

*\*Not a Mental Health Professional and roles below do not apply*

### Roles of ALL School Based Mental Health Professionals:

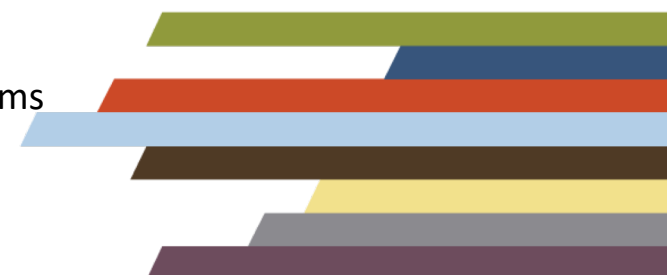
- Crisis intervention (i.e. danger to others or self)
- Assess emotional and behavioral disorders
- Provide evidence-based social/emotional/behavioral interventions for children and families
- Conduct individual, family, and group therapy
- Monitor student progress
- Provide classroom based supports with focus on positive coping skills in and outside the classroom
- Provide consultation services to staff, school teams, families to address behavioral concerns, attendance, and truancy
- Provide staff professional development
- Participate in school teams (i.e. IEP, Attendance, Champion Team)

## Working Smarter: Initiative Alignment



1. Gather your team.
2. Create an inventory of initiatives using a triangle to consider where the initiatives would be placed across the tiers (Tier 1: mental health promotion, Tier 2: prevention, Tier 3: intervention).
3. Identify areas of duplication/overlap.
  - Make team decisions about *strategic abandonment*.
4. Identify areas of need.
  - Develop a process to select new initiatives.
5. Plan for monitoring implementation.

Adapted from: Technical Guide for Alignment of Initiatives, Programs and Practices in School Districts (PBIS, 2017)





# Working Smarter: Initiative Alignment Map

Name of Service or Program	Tier(s)	Referral or Selection Process	Target Outcomes	Team Members Involved	Evidence of Success
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					



## Discussion

How does this content fit with your state/district understanding and implementation of school mental health needs assessment and resource mapping?

## Strategic Planning

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



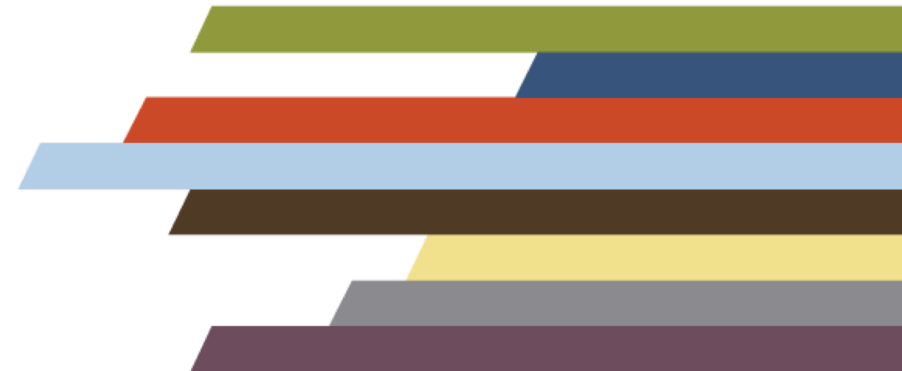
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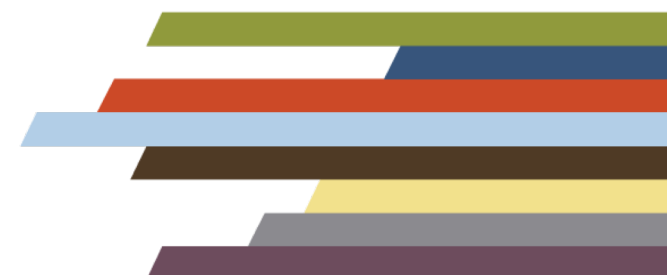
# **Module 4: Screening**

National School Mental Health Curriculum



# What Is School Mental Health Screening?

Using a tool or process employed with an entire population, such as a school's student body, **to identify student strengths and needs.** Screening is often used to identify students **at risk for a mental health or substance use concern.**



# Why Screen?

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- Support a multi-tiered system of supports (MTSS).
- Inform prevention and early intervention strategies.
- Identify concerns specific to grades, classrooms, or educators.
- Identify students with the highest well-being.
- Identify students at risk for mental illness or harm to self or others.
- Improve access to mental health supports.
- Economically sound.



## **Reflection:**

What mental health screening efforts have been implemented in your district?

If your district has not implemented mental health screening, why not?



## Mental Health Screening Quality Indicators

**Use best practices for mental health screening planning and implementation.**

**Indicate the number of students:**

- Enrolled in school
- Formally screened in the absence of known risk factors
- Identified as being at-risk or already experiencing a mental health problem
- Referred to a mental health service following identification

**Of students screened, how many screened for [specific mental health areas]**



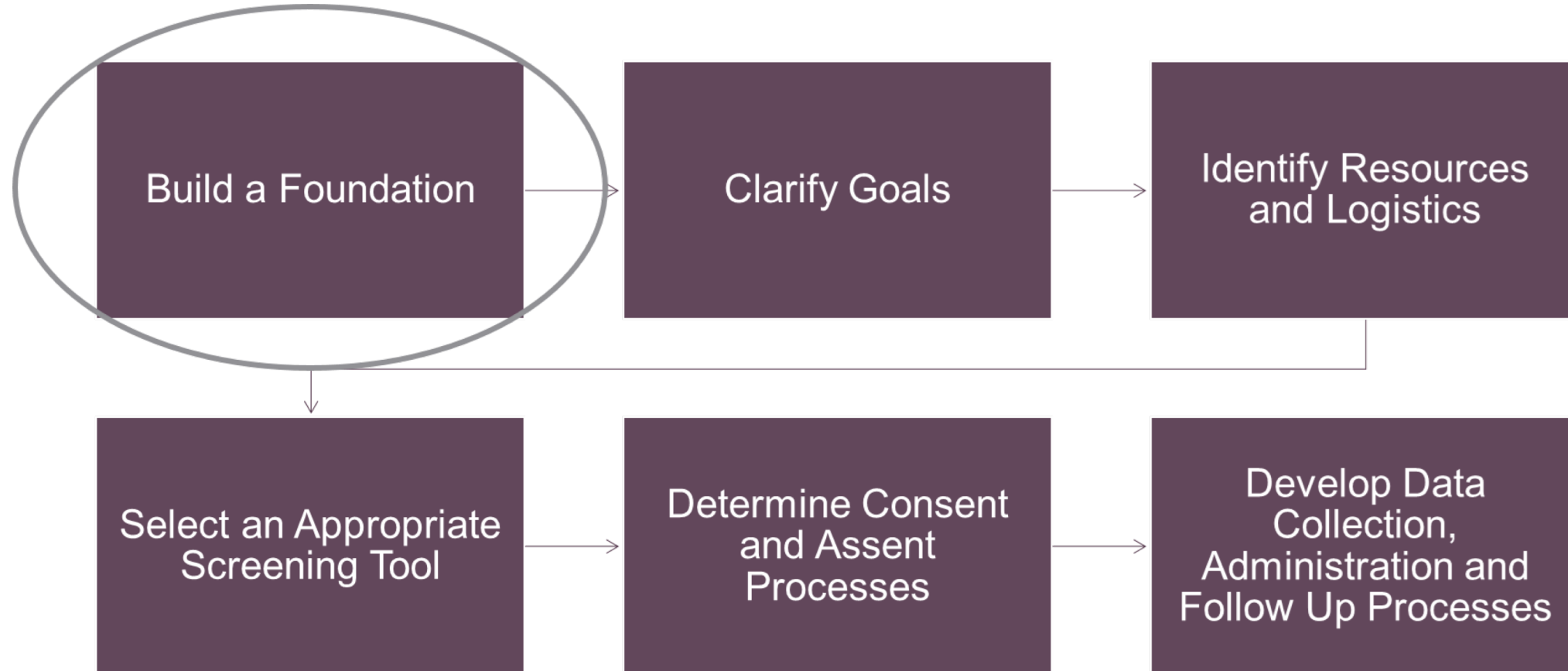
Helpful  
Tips

## Start Small



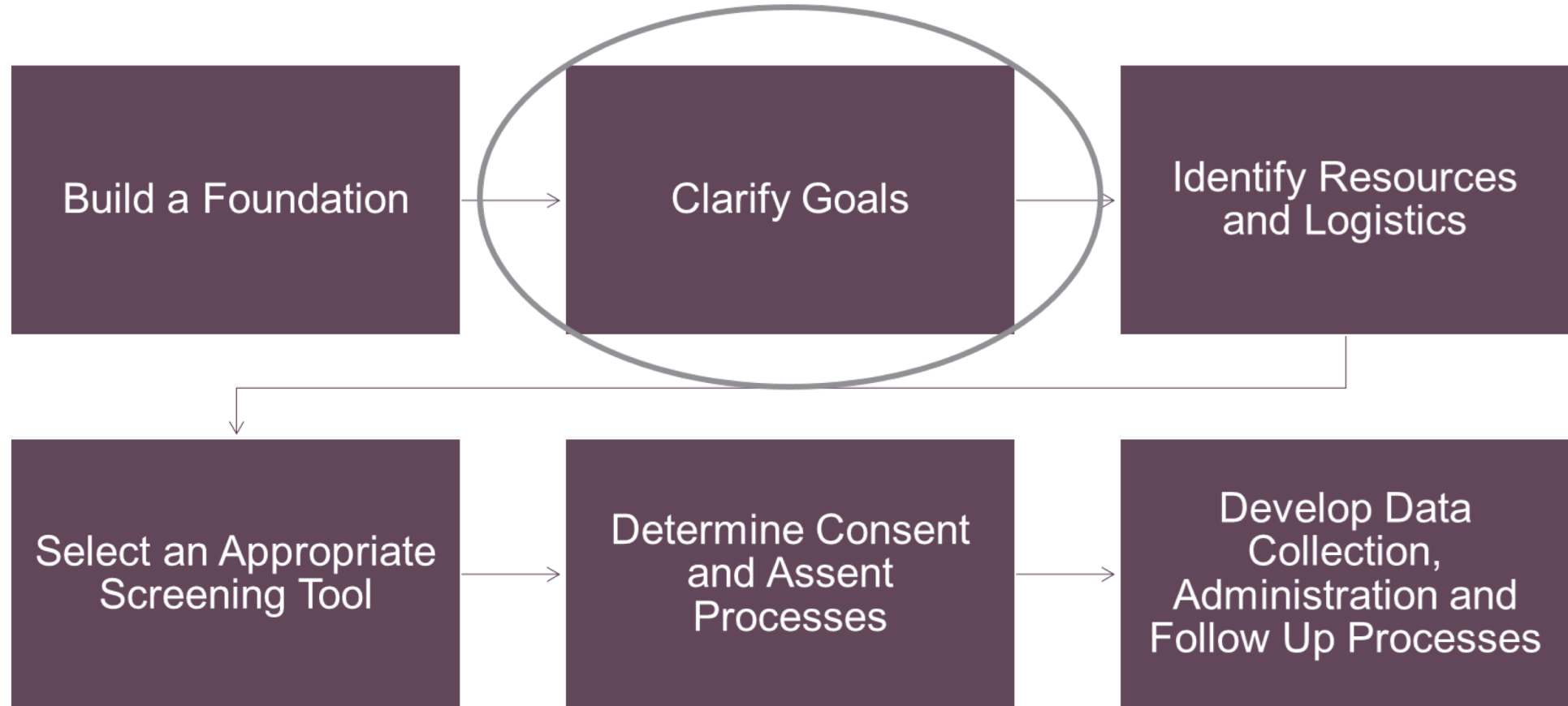
# Screening Action Steps

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# Screening Action Steps

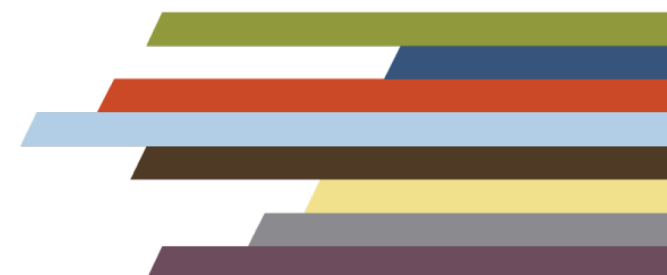
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# Clarify Goals

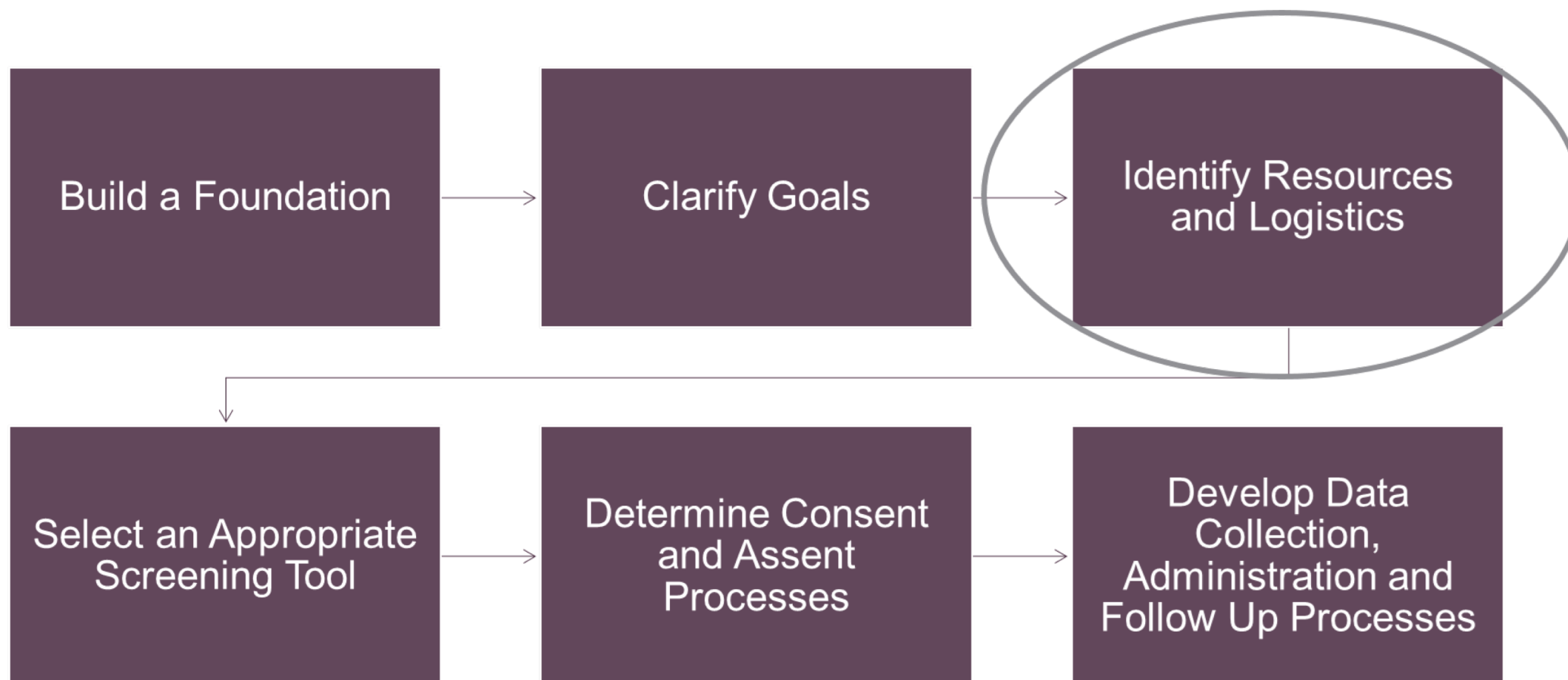
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- Identify the purpose of screening and desired outcomes.
- Examples:
  - Screen **all 6th grade students in one district for anxiety** to inform who may benefit from additional support during the transition to middle school.
  - Screen **all 9th grade students in one high school for depression, including suicidal thoughts**, to improve identification of students for counseling and inform school-wide suicide prevention efforts.
  - Screen **all students in one district for school connectedness** to identify which schools have higher rates of school connectedness and learn from their efforts to improve this in other schools.



# Screening Action Steps

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# Identify Resources and Logistics

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## Staffing

- Buy-in and availability of student instructional support personnel (school psychologists, school counselors, school social workers, and other school health professionals)
  - Administration and follow-up
- Teachers and paraprofessionals
  - Classroom administration
- Community providers
  - Capacity to welcome new referrals

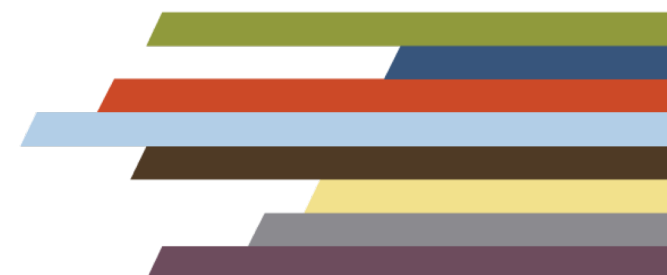


# Identify Resources and Logistics

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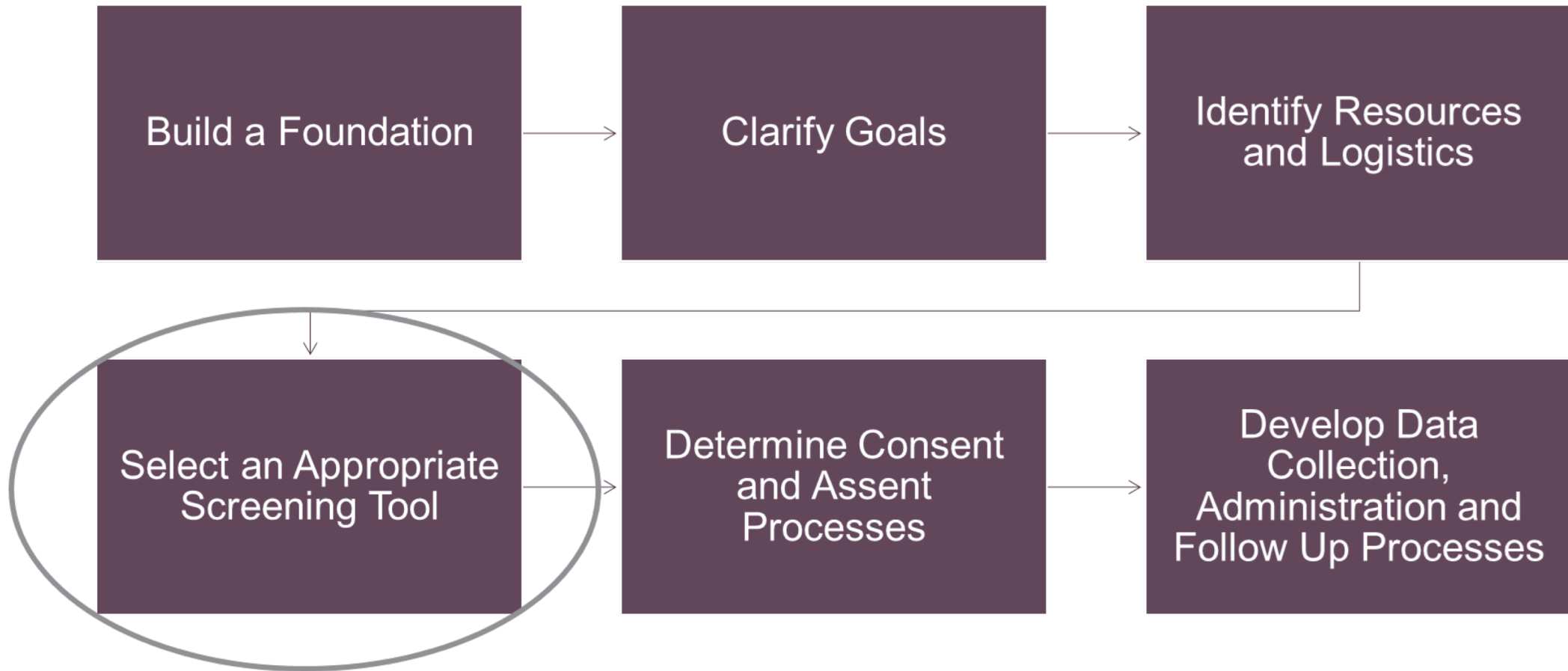
## Data Infrastructure

- Consider integrating data into existing data systems.
  - Behavior management platforms
  - Student information systems for academic and behavioral data
- Consider electronic survey administration
- Data storage and access








# Screening Action Steps

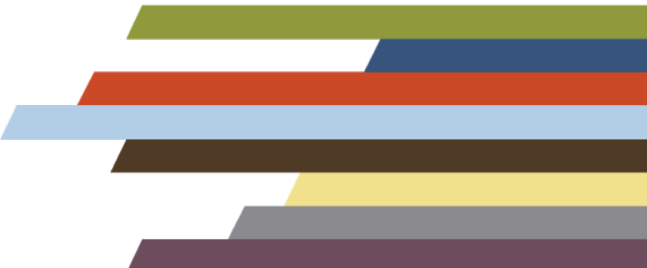
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# Select an Appropriate Screening Tool

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Is it reliable, valid, and evidence-based?	Is it free or can it be purchased for a reasonable cost?	How long does it take to administer and score?	Does it come with ready access to training and technical support for staff?	Does it screen for WHAT we want to know? (e.g. type of mental health risk, positive mental health and well-being, age range?)



# Select an Appropriate Screening Tool

SHAPE

School Health Assessment and Performance Evaluation System

Jane Doe

Home

About Us

How to Register

Privacy/Security

FAQs

Contact Us

My Account

View Selection / District Admin

JEFFERSON UNITED

School Mental Health System

Mental Health Profile Updated: April 5, 2018

CertificateReportUpdate

System Performance

My Schools

Trauma Responsiveness

Screening and Assessment

Team Members

Welcome to the School Mental Health Screening and Assessment Library. Use the filters below to locate a measure that is appropriate for your needs. Each measure includes a one page information sheet, scoring details, and access to the measure.

Clear All

1 filters selected

Search:

Focus Area

Academic

School Climate

Social/ Emotional/ Behavioral

Anxiety

Autism

Depression/ Mood

Disruptive Behavior

Eating

Global Functioning

Hyperactivity

Inattention

Life Satisfaction/ Quality

Resilience

Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Brief Problem Checklist (BPC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression Disruptive Behavior	Student (7-18) Caregiver (7-18)
Pediatric Symptom Checklist (PSC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning Hyperactivity Inattention	Student (11-18) Caregiver (3-16)
Strengths and Difficulties Questionnaire (SDQ)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression/Mood Disruptive Behavior Global Functioning	Student (11+) Caregiver (2-17) Educator (2-17)

Pediatric Symptom Checklist (PSC)

Developers: M. Jellinek, J. Murphy, J. Robinson, A. Feins, S. Lamb, & T. Fenton

Overview

The Pediatric Symptom Checklist (PSC) is a screening tool intended to identify a wide range of psychosocial concerns. Full (35 item) and abbreviated (17 items) versions were developed for youth (Y-PSC) and caregiver (PSC) respondents. A version for caregivers is also available in pictorials (PPSC; picture options). Originally utilized in primary care, the PSC's application has also been expanded to school and community health and behavioral health settings.

Focus Area

Anxiety  
Depression/Mood  
Disruptive Behavior  
Global Functioning  
Hyperactivity  
Inattention

Purpose

Screening/Initial Evaluation  
Progress Monitoring

Reporter

Student  
Caregiver

Subscales

Psychosocial impairment

- Attentional impairment
- Internalizing symptom impairment
- Externalizing symptom impairment

\*PSC-17 only

Response Options

Never  
Sometimes  
Often

Languages

English  
Spanish  
Other

Access the measures:

[PSC-35 \(caregiver\)](#) [PPSC-35 \(caregiver\)](#) [PSC-17 \(caregiver\)](#) [Y-PSC-35](#) [Y-PSC-17](#)

Versions

Y-PSC-17, Student, 17 items (for ages 11-18)  
Y-PSC, Student, 35 items (for ages 11-18)  
PSC, Caregiver, 35 items (for ages 3-16)  
PPSC, Caregiver, 35 items (for ages 3-16)  
PSC-17, Caregiver, 17 items (for ages 6-16)

Sample Items

- Seem to be having less fun
- Fidgety, unable to sit still
- Fight with other children
- Worry a lot

Estimated Completion Time

Less than five minutes (17 items)  
Five minutes (35 items)

Cost

Free

Scoring

	Pediatric Symptom Checklist (PSC)																			
	PSC-35	PSC-17*																		
Possible range	0-70	0-34																		
Item scores	Never (0) to Often (2)																			
Administration & scoring rules	<div>The reporting time frame is for the past week. Suggested administration frequency is every three to six months.</div> <div>To use the PSC &amp; PPSC (for ages 6-18) and the Y-PSC for screening and progress monitoring:<ul style="list-style-type: none"><li>Sum all items to get a total psychosocial impairment score</li><li>Use the below table to interpret a positive score</li></ul></div> <div>To use the PSC &amp; PPSC (for ages 3-5) for screening and progress monitoring:<ul style="list-style-type: none"><li>Sum all items, EXCEPT for items #5,6,17,18, to get a total psychosocial impairment score</li><li>Use the below table to interpret a positive score</li></ul></div>																			
Interpretation	<table><thead><tr><th colspan="2">Positive Impairment Score</th></tr></thead><tbody><tr><td>PSC or PPSC for ages 6-18</td><td>28+</td><td>Psychosocial impairment</td><td>15+</td></tr><tr><td>PSC or PPSC for ages 3-5</td><td>24+</td><td>Attentional impairment</td><td>7+</td></tr><tr><td>Y-PSC</td><td>30+</td><td>Internalizing impairment</td><td>5+</td></tr><tr><td></td><td></td><td>Externalizing impairment</td><td>7+</td></tr></tbody></table>		Positive Impairment Score		PSC or PPSC for ages 6-18	28+	Psychosocial impairment	15+	PSC or PPSC for ages 3-5	24+	Attentional impairment	7+	Y-PSC	30+	Internalizing impairment	5+			Externalizing impairment	7+
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PSC or PPSC for ages 6-18	28+	Psychosocial impairment	15+																	
PSC or PPSC for ages 3-5	24+	Attentional impairment	7+																	
Y-PSC	30+	Internalizing impairment	5+																	
		Externalizing impairment	7+																	
Handling blank items	Items left blank are scored as "0," if there are more than 4 blank items, the questionnaire is invalid																			

\*Although the PSC 17 can be used as a youth self-report, it is important to note that neither the total score nor the individual subscale scores have been validated as of this writing.

[Click here for additional scoring instructions](#)

[Access all versions \(including other languages\) of the PSC measure](#)

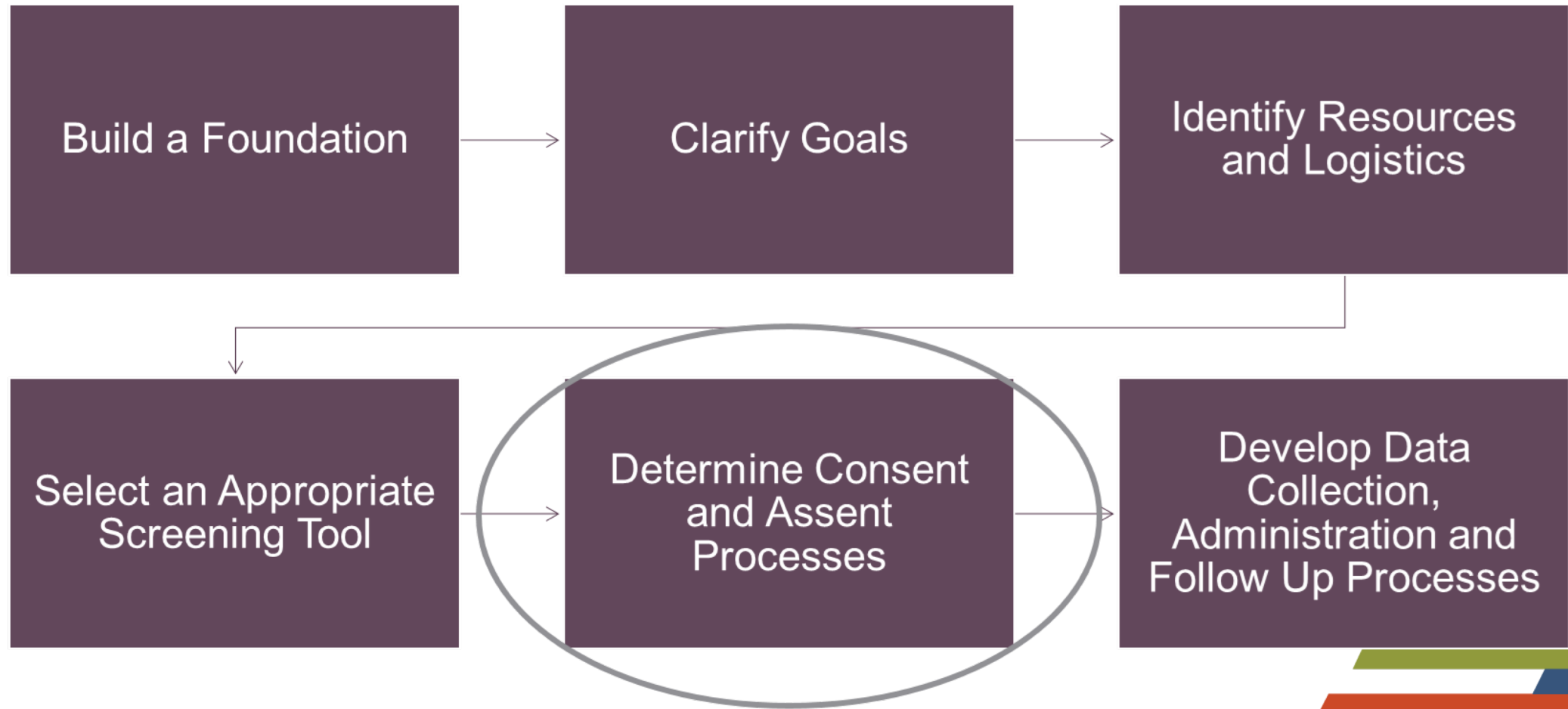
Summary compiled by CSMH (2017) for The SHAPE System ([www.theSHAPEsystem.com](http://www.theSHAPEsystem.com))

National School Mental Health Curriculum

(NCSMH, n.d.)

# Screening Action Steps

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# Determine Consent and Assent Procedures

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Type of Consent	Definition	Strengths	Limitations
<b>Active</b>	A student may only participate in school mental health screening if their parent or guardian gives written consent	<ul style="list-style-type: none"><li>• Ensures that consent is informed</li><li>• Often in line with district protocol</li><li>• May establish more trust between schools and families</li></ul>	<ul style="list-style-type: none"><li>• Has been associated with the participation of fewer minority students, more students from two-parent households, students with better grades, students who participate in more extracurriculars, and female students</li></ul>
<b>Passive/ Opt-Out</b>	A parent or guardian's non-response serves as their consent to let their student participate in screening	<ul style="list-style-type: none"><li>• Allows for the best chance to reach the largest number of students</li></ul>	<ul style="list-style-type: none"><li>• Follow-up screening efforts require active consent</li></ul>

# Determine Consent and Assent Procedures

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## Passive Consent/Opt Out Example

Dear Parent or Guardian,

In an effort to promote the health and well-being of students in XX Public Schools, students will be periodically provided with questionnaires, surveys, and screeners that address issues related to mental health. The information gained will support the school's ability to provide comprehensive and timely support for your child if they require any assistance.

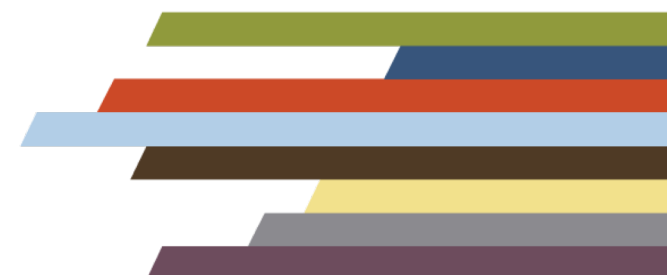
Students can opt out of filling out any questionnaire, survey, or screener that they are not interested in taking and you can opt-out your child at any time by contacting the Guidance Office of your child's school or filling out the opt out form [here](#).

A list of the questionnaires, surveys, and screeners is available below for you to review. We are committed to ensuring your student is supported academically, socially, and emotionally, and we look forward to partnering with each of you toward achieving this goal.

Please contact XXX at XXX with any questions.

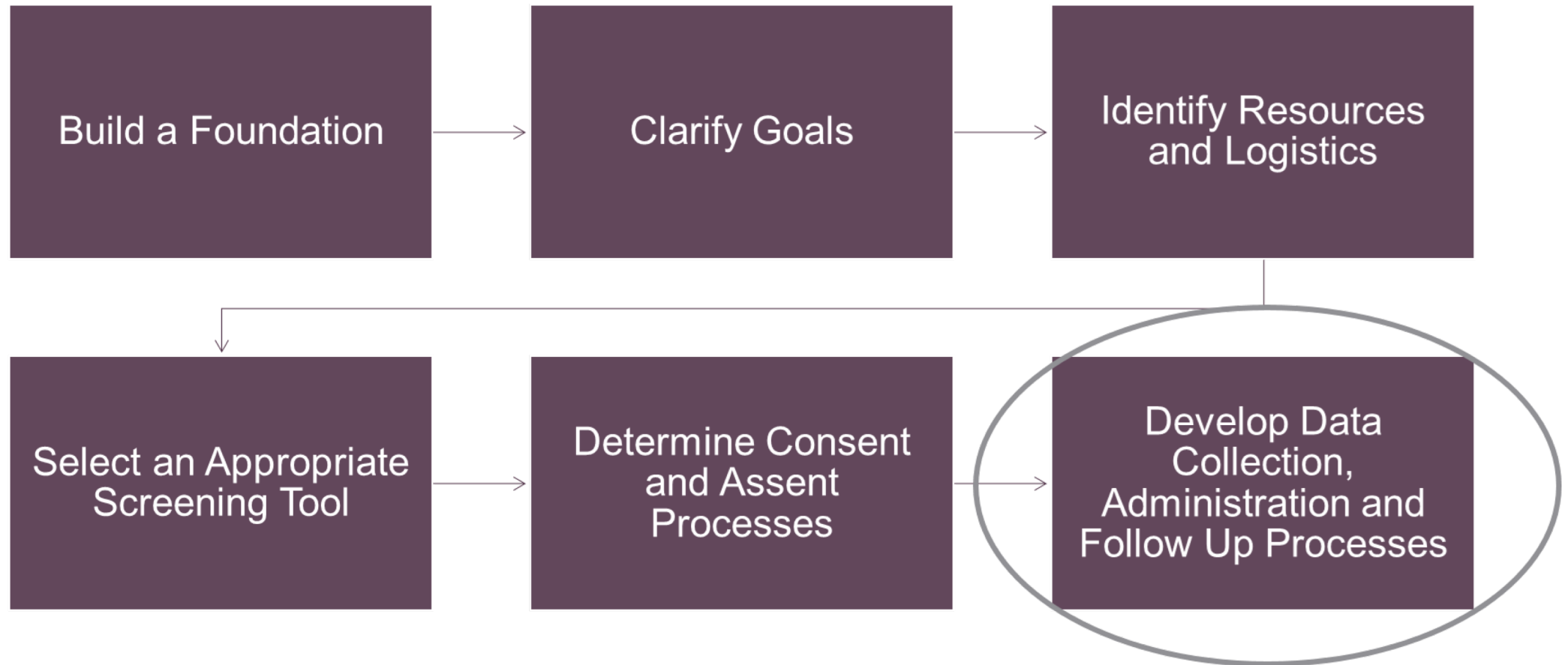
In partnership,

[School or District Administrator]



# Screening Action Steps

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# Develop Data Collection Processes

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## Data Management and Privacy

### Online versus Paper and pencil

#### Online administration

- ✓ Efficient data collection and management

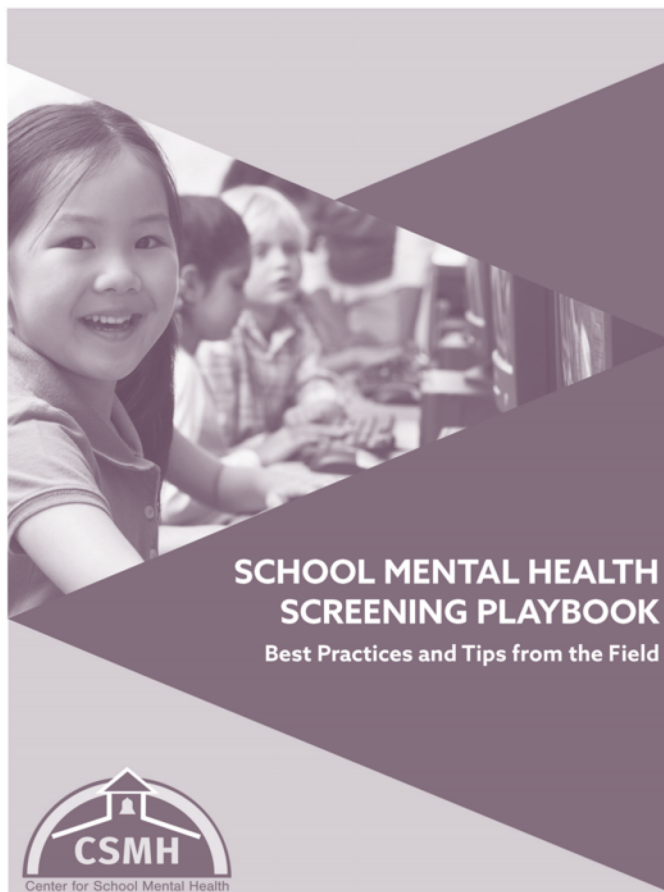
#### Paper and pencil

- ✓ No technology required
- ✓ May be time-consuming
- ✓ Increased likelihood of errors in scoring and data entry



# School Mental Health Screening Playbook

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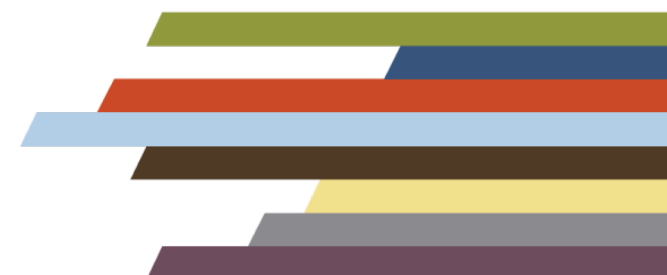


## Reflection:

What concerns do you anticipate when implementing school mental health screening and how might you address them?

## Considerations

- Capacity
- Community buy-in
- Parent consent
- Screening purpose



# Addressing Barriers

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The identified need will exceed our capacity.

Set triaging data rules in advance

Review existing resources/capacity

Review surveillance data

Start small then adapt and scale up

Our community doesn't like the idea.

Involve multiple stakeholders in planning

Use existing community and parent forums

Start by screening for resilience and strengths

Start small then adapt and scale up

Obtaining consent from parents will exceed our capacity.

Use passive consent and opt-out procedures

Share a consistent message in multiple formats

Engage parents in developing your message

Start small then adapt and scale up

What will we screen for?

Obtain input on key focus areas to start with

Consider different measures by grade levels, schools, etc

Use the SHAPE Screening and Assessment Library

Start small then adapt and scale up



## Discussion

How does this content fit with your state/district understanding of school mental health screening?

## Strategic Planning

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

