



SCHOOL HEALTH POLICIES AND PRACTICES STUDY (SHPPS)

Service-Related Policy Adoption

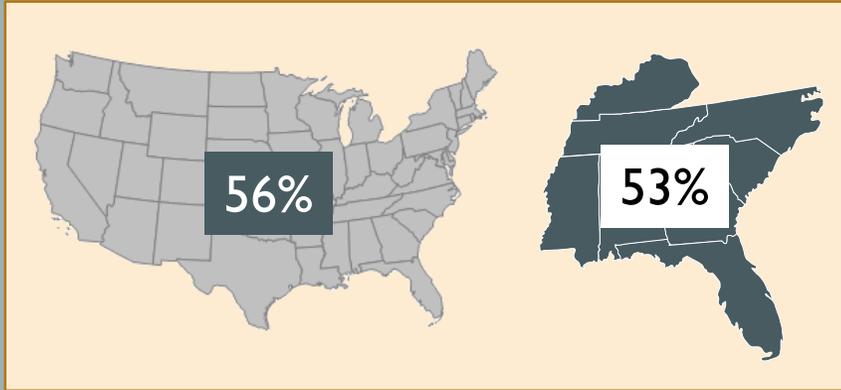
- National survey periodically conducted to assess school health policies and practices at the state, district, school and classroom levels
- In 2016, a stratified random sample of public school districts in the United States was used to obtain nationally representative data
- Participating districts identified the most knowledgeable respondent for each questionnaire and module
- For the purposes of this study:
 - “Policy” is defined as any written law, rule, regulation, administrative order, or similar kind of mandate issued by the local school board or other local agency with authority over schools in the district – specifically what is required, not recommended
 - “Adopted a policy” means that the district has its own policy or that the district follows a policy established at the federal or state level

CDC. SHPPS 2016 Data Files and Documentation. <https://www.cdc.gov/healthyouth/data/shpps/index.htm>

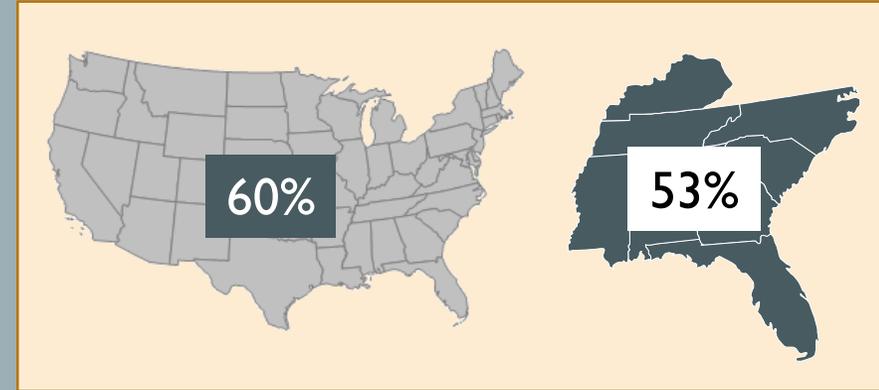
Health and Prevention Services to Students

Percentage of districts that had adopted a policy that schools will provide specific health and prevention services to students
— SHPPS 2016

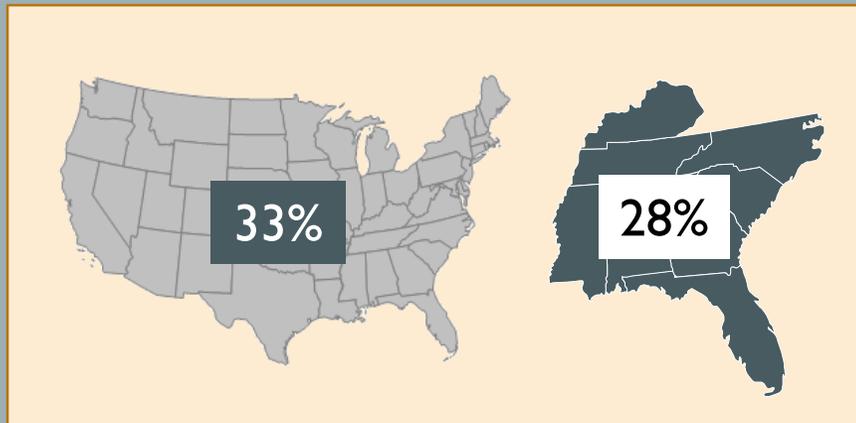
Service Type I:
Identification
of Emotional/
Behavior
Disorders¹



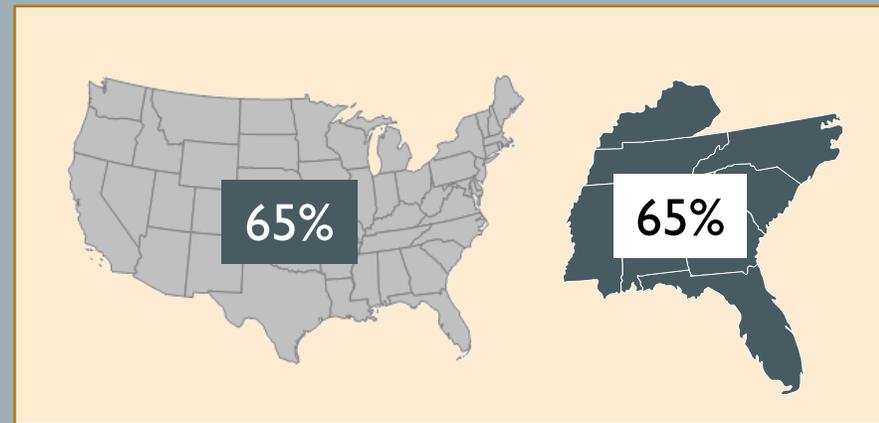
Service Type II:
Counseling for
Emotional or
Behavioral
Disorders¹



Service Type III:
Assistance with
enrolling in
Medicaid or
Children's Health
Insurance
Program



Service Type IV:
Counseling
after a natural
disaster or
other
emergency or
crisis situation



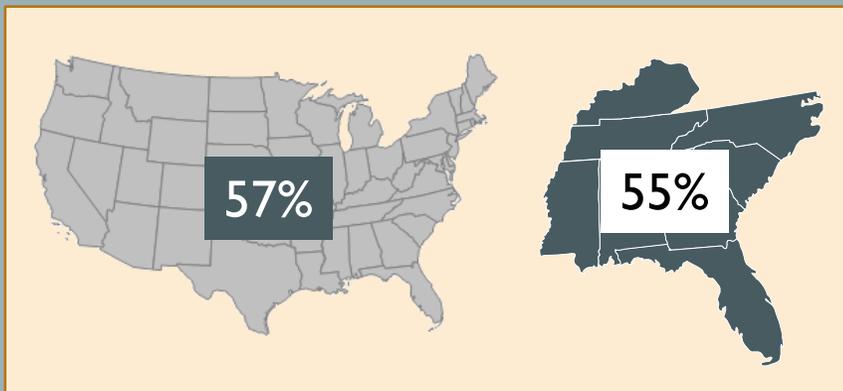
Over half of districts, both nationwide and in the Southeast region, have adopted policies related to counseling and identification of emotional/behavior disorders - fewer have policies related to Medicaid/CHIP enrollment.
Generally, the Southeast appears to have fewer districts that have adopted related policies.

1. For example, anxiety, depression, or attention deficit hyperactivity disorder (ADHD)

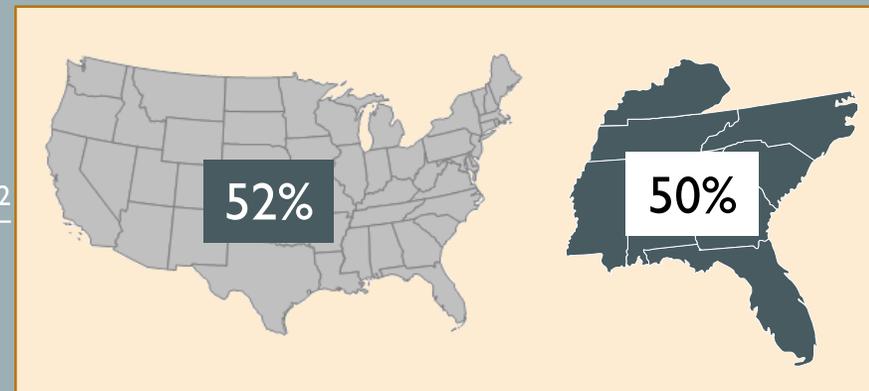
Health and Prevention Services to Students

Percentage of districts that had adopted a policy that schools will provide referrals for specific services or conditions to students — SHPPS 2016

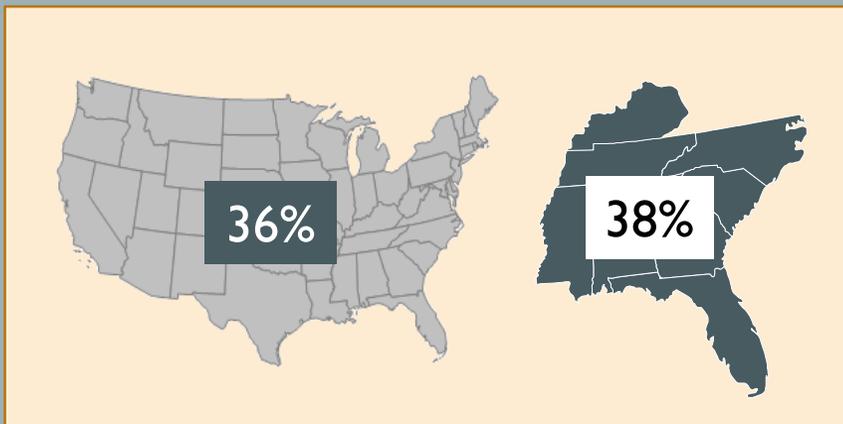
Referral for:
Emotional/
Behavior
Disorders¹



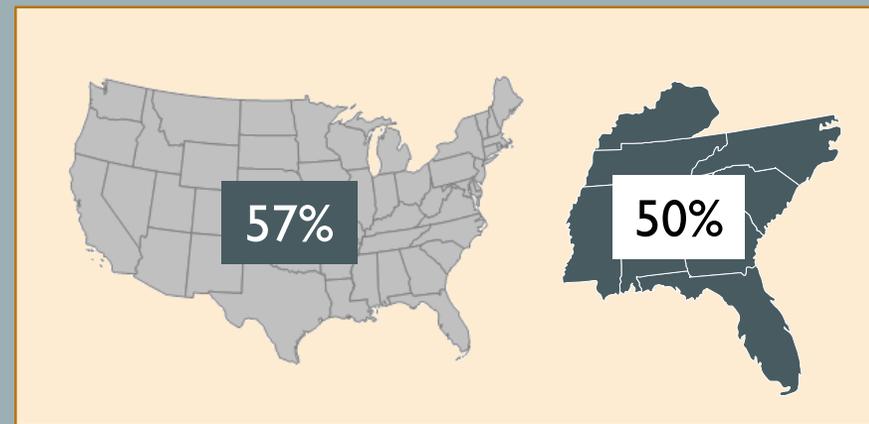
Referral for:
Services for
students with
family problems²



Referral for:
Assistance with
enrolling in
Medicaid or
Children's Health
Insurance
Program



Referral for:
Counseling
after a natural
disaster or
other
emergency or
crisis situation



The Southeast has fewer districts that have adopted policies that schools will provide referrals for counseling services for emotional/behavior disorders, family problems, and crises, compared to the rest of the country. The Southeast region reports a higher percentage of districts that have adopted policies related to referrals for assistance with enrolling in Medicaid/CHIP than the national average.

1. For example, anxiety, depression, or attention deficit hyperactivity disorder (ADHD)
2. Such as parental divorce, substance abuse, or violence

PERCENTAGE OF DISTRICTS THAT ADOPTED POLICIES RELATED TO STUDENT MENTAL HEALTH SCREENING — SHPPS 2016

School Responsibility				Communication			
Policy that schools will screen students		Policy that schools must provide referrals ¹		Policy that parents or guardians will be notified ¹		Policy that teacher will be notified ¹	
U.S.	Southeast	U.S.	Southeast	U.S.	Southeast	U.S.	Southeast
12%	13%	78%	24%	97%	78%	84%	51%
1. If screening indicates a potential problem, among districts requiring schools to screen students for that problem							

Fewer than 2 of every 10 districts have a policy stating that schools will screen students for mental health conditions, both nationally and in the Southeast.

Nationally, almost all districts require parents or guardians be notified of a positive mental health screening, but that is not the case in the Southeast with only 78% of districts requiring the communication of such results with parents/guardians.



Southeast (HHS Region 4)

MHTTC

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

DISTRICT EVALUATION OF SCHOOL MENTAL HEALTH ACTIVITIES IN THE PAST 2 YEARS, SHPPS 2016

Has student use of school counseling, psychological, or social services in your district been measured or monitored?

65%

in the SE

60%

in the US

Have your district's counseling, psychological, or social services policies been reviewed or updated?

75%

in the SE

65%

in the US

Has student or family satisfaction with school counseling, psychological, or social services in your district been measured or monitored?

45%

in the SE

34%

in the US

Have your district's professional development or in-service programs for counseling, psychological, or social services staff been evaluated?

60%

in the SE

52%

in the US

Districts in the Southeast region conduct more monitoring and evaluation of mental health services and policies than the national average. Student or family satisfaction with counseling services in the district seems to be measured/monitored least often.



Southeast (HHS Region 4)

MHTTC

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

Providing Health Services to Students

Arrangements with organizations or healthcare professionals to provide health services or counseling, psychological, or social services to students in the district — SHPPS 2016

Service	Percent of Districts - Southeast	Percent of Districts - Nationwide
Comprehensive assessment or intake evaluation	52%	25%
Individual Counseling	51%	31%
Family Counseling	82%	21%
Group Counseling	58%	21%
Case Management ¹	71%	29%
Community health clinic or health center	27%	20%
Local mental health or social services agency	86%	36%
A private psychologist	17%	7%
A private psychiatrist	5%	5%
A private social worker	10%	5%

The Southeast Region has more districts that have arrangements with organizations outside of schools to provide mental health services than the national average.

1. For the purposes of this question, “case management” means wide-ranging assistance such as helping the student access needed services, providing anticipatory guidance, briefing the student’s family members about necessary care, and helping the student learn and implement self-management of his or her condition

