CONSIDERATIONS FOR DEVELOPING SCHOOL MENTAL HEALTH SCREENING AND ASSESSMENT PROCESSES

Where Are We? Choose your current status toward building your school mental health screening/assessment process
5 = Currently in Place 4 = Consistently Used 3 = Planning 2 = Need to Develop 1 = Need Plan to Sustain

I. Personnel and community awareness of referral process

1. School staff, parents, youth, and community are …

a. aware of protocol for referral process for accessing MH services	5	4	3	2	1
b. provided access to school MH staff for consultation of MH needs	5	4	3	2	1
c. provided timely access to school student assistant team to determine need for MH screening and assessment	5	4	3	2	1
d. trained to recognize & respond to child/youth indicators of MH referral needs	5	4	3	2	1

2. School referral system established for …

a. regular meetings of school student assistant teams that plan for student and family support services	5	4	3	2	1
b. staff trained to recognize MH issues and screen students that may need a referral for MH assessment	5	4	3	2	1
c. staff trained to recognize students that would benefit from participation in SSHS prevention and intervention programs	5	4	3	2	1
d. staff is trained and knowledgeable of community services that will provide support for students and families	5	4	3	2	1

II. Formalized referral process is established, and used in all schools

1. Clear understanding among referral agents (staff, parents, youth, community, etc.) of the process for making referrals	5	4	3	2	1
2. Referral forms provided to all referral agents (staff, partners, & other child-serving agencies, parents/youth, etc)	5	4	3	2	1
3. System of triage/process for determining where referrals go (primary, secondary, and tertiary levels).	5	4	3	2	1

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III. System developed for functional teams to do referral and triage (coordination among the providers for children and families)

1. Collect and share information about the functions and services each
   of the various MH staff provide within the 3 levels of intervention:
   Universal, Targeted, and Indicated   5   4   3   2   1

2. Framework is in place to serve the full MH continuum of care   5   4   3   2   1

3. School personnel/administrators have a clear and approved process
   for connecting to school and community MH providers.   5   4   3   2   1

4. Plan in place to address gaps/barriers/overlap within all systems   5   4   3   2   1

5. School has a strategy to increase parents' and youth awareness of
   the benefits of MH prevention &early intervention for individual
a. needs	5	4	3	2	1
b. services	5	4	3	2	1
c. outcomes	5	4	3	2	1

6. Strategies to reduce MH stigma and increase access   5   4   3   2   1

IV. Infrastructure, Capacity, Training, Resource Allocation and Management

1. Regularly evaluate effectiveness of referral process, screening and
   assessment instruments, and functional student outcomes   5   4   3   2   1

2. Mapping of services within the MH continuum updated regularly   5   4   3   2   1

3. Cross agency staff development & needs regularly reviewed   5   4   3   2   1

4. Data regularly reviewed &plan for addressing needed adjustments   5   4   3   2   1

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V. MOA and Other Strategies for Coordination of Work

1. Procedures in place to ensure confidentiality, a release for sharing
   information as appropriate (complying with HIPPA, FERPA, etc.)   5   4   3   2   1

2. School personnel/administrators have a clear and approved process
   for connecting to community MH resources and providers.   5   4   3   2   1

3. Ongoing coordination of services among agencies within the 3
   levels of intervention: Universal, Targeted, & Indicated   5   4   3   2   1

4. A plan is developed for reviewing and addressing barriers to referrals, screening and assessment process in the community to include –

   a. School staff   5   4   3   2   1
   b. Families   5   4   3   2   1
   c. Youth   5   4   3   2   1
   d. Prosecution   5   4   3   2   1
   e. Law enforcement   5   `   4   3   2   1
   f. MH and Social service agencies   5   4   3   2   1

5. Data collection systems continue to be utilized and shared as
   appropriate   5   4   3   2   1

6. Decision-making process is in place for considering outcome data   5   4   3   2   1

7. Plan in place for continuity of care and follow-up   5   4   3   2   1

VI. MH Referral, Screening, &Assessment Process: Considerations For Each Level Of Intervention: Universal, Targeted, And Indicated

Program	Service	Location	Population Served	Personnel / Professional Skill Needs	Referral/Service Tracking	Screening Provided	Assessment Provided	Evaluation / Outcome Procedures	Training / Initial & Ongoing	U	T	I