

Current Resources Evaluation

This tool helps identify any gaps in mental health services at the schoolhouse level to ensure every student is being supported.

1 Which of the following staff members do you have at your school?

- | | |
|--|---|
| <input type="checkbox"/> Assistant/Vice Principal | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Behavioral Specialist | <input type="checkbox"/> School Physician |
| <input type="checkbox"/> Parent/Family Liaison | <input type="checkbox"/> School Psychiatrist |
| <input type="checkbox"/> Principal | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> School Guidance Counselor | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Other School Staff (<i>who focus specifically on behavioral health or school climate</i>) | |

2 Have you identified a point person for this project?

This would include both working with the CYC for TA as well as managing the project within the building.

- No Yes

If yes, who? _____

3 Do you have a team that formally meets to collaboratively discuss the behavioral health needs of individual students?

- Yes, it is combined with response to intervention (RTI)
- Yes, our team focuses exclusively on behavioral health and a different team handles RTI
- We have a core group that discusses behavioral health needs, but it is informal
- No, we do not routinely discuss behavioral health needs in a collaborative manner

If yes, who sits on this team? _____

4 Does your school do any sort of behavioral health screening?

- Yes, on all students
- Only if the student is flagged for screening (ex. suicidality screeners)
- Yes, on selected groups of students
Estimated percent of student body _____%
Who is screened? _____
- No, we don't do behavioral health screening on any students

If yes, what screeners are used? _____

5 How often does your team become aware of individual behavioral health concerns through the following means?

	OFTEN	SOMETIMES	RARELY	NEVER
Behavioral health screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office discipline referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via a formal process for teachers to report concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Via teachers informally reporting concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there other ways your team becomes aware of behavioral health concerns? Please explain: _____

6 Does your school or district collect/store any information on insurance plans of individual students?

Yes No

Comments: _____

7 To the best of your ability, please estimate the percentages of your student body with the following insurance coverages:

_____ % have Private Insurance

_____ % have Medicaid/CHIP

_____ % Uninsured

8 What existing partnerships do you have with community behavioral health providers where you can send referrals for behavioral health services? _____

9 How does your school engage parents and families of students?

Multi-tiered System of Supports

This tool helps your team think through all of the available options for support in your school and community.

