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Substance Abuse and Mental Health Services Administration Multi-Site Evaluation of the Safe Schools Healthy Students State Program

School-Level Consent Form and Survey

Introduction

The U.S. Substance and Mental Health Services Administration is sponsoring a multi-site evaluation of the Safe Schools/Healthy Students (SS/HS) State Program in seven states. The Program funds participating states to disseminate and support planning and implementation of the SS/HS Framework for early childhood development, violence and substance abuse prevention, mental health services, and school safety in three select school districts in each state. The purpose of the multi-site evaluation is to gather and assess information on state and district implementation, collaboration and delivery of evidence-based services for children and youth. Evaluation findings will identify challenges and successes experienced by states and districts in implementing the SS/HS program, and may improve guidance for broad dissemination of the SS/HS framework nationwide.

This survey asks questions about the planning, organization and provision of services as part of the Safe School Healthy Students Initiative in your state. It is part of a federally funded grant to improve the implementation and provision of mental health services in schools and communities. The survey includes questions about developing and implementing evidence based services for children and youth as part of the federal grant, as well as any successes and challenges to the effective provision of services, and recent efforts to improve the coordination of services and collaborations among schools, communities and families. The survey will take approximately 25 minutes to complete. This questionnaire is being conducted with an online created survey.

Risks/Benefits

This study is considered to be low or minimal risk. However, if any question makes you uneasy you are free to stop the survey or skip that question. There are no direct benefits for you as a participant. However, it is hoped that through your participation, your community, including schools and community agencies, will be better able to provide mental health services for all students. Lessons learned in your state may also benefit programs in other parts of the country.

Confidentiality

All data obtained from this survey will be kept confidential and will only be reported in an aggregate format. No names will be collected, nor will any identifying information be associated with your responses. No one other than the primary evaluator listed below and assistant researchers will have access to the data. The data collected will be stored in a secure database until it has been deleted by the primary investigator.

Authorized research personnel, employees of the Department of Health and Human Services, and the USF Institutional Review Board and its staff, and any other individuals acting on behalf of USF, may inspect the records from this study. The results of this study may be published. However, the data obtained from you will be combined with data from

others in the publication. The published results will not include your name or any other information that would personally identify you in any way.

Participation

Participation in this research study is completely voluntary. You have the right to stop the survey at any time or refuse to participate entirely. If you desire to withdraw, you may simply close your internet browser. There is no compensation for your participation. Refusal to participate or withdrawing from participation will involve no penalty or loss of benefits to which you are otherwise entitled.

Questions about the Research

If you have questions regarding this study, you may contact Dr. Tom Massey, (the principal investigator), at 813-974-6403, massey@usf.edu,

Questions about your Rights as Research Participants

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the USF IRB at (813) 974-5638.

Demographics

1. Your state:

- Connecticut
- Michigan
- New Hampshire
- Nevada
- Ohio
- Pennsylvania
- Wisconsin

2. Your LEA/program:

- Bridgeport, CT
- Middletown, CT
- New Britain, CT
- Educational Achievement Authority/Detroit, MI
- Houghton Lake Community Schools, MI
- Saginaw Public Schools, MI
- Concord, NH
- Laconia, NH
- Rochester, NH
- Lyon County School District, NV
- Nye County School District, NV
- Washoe County School District, NV
- Green County Educational Service Center, OH
- Harrison Hills City Schools, OH
- Williams County Educational Service Center, OH
- Carbon-Lehigh Intermediate Unit, PA
- Northeastern York School District, PA
- Penncrest School District, PA
- Menominee Indian School District (MISD), WI
- Racine Unified School District, WI
- The School District of Beloit, WI

3. What is your current job title?

- | | |
|--|--|
| <input type="radio"/> Principal or Assistant Principal | <input type="radio"/> Resource Officer |
| <input type="radio"/> Teacher | <input type="radio"/> Other Law Enforcement |
| <input type="radio"/> Guidance Counselor | <input type="radio"/> Health Staff (RN / ARNP) |
| <input type="radio"/> Social Worker | <input type="radio"/> Program Director or Program Supervisor |
| <input type="radio"/> Psychologist | <input type="radio"/> Behavioral or Mental Health Counselor |
| <input type="radio"/> Case Manager | <input type="radio"/> Other _____ |

4. How many years have you been in this position? _____

5. Where is your primary assignment?

- In the schools
- In the community
- Time is split evenly between the schools and the community

Part I: The School Mental Health Capacity Instrument

The following questions are about the systems, protocols, policies, and structures present in your school's SS/HS effort to address mental health. Please rate the extent to which your school currently does or has each of the following.	Not at all	A little bit	To some extent	To a great extent	Insufficient knowledge to respond
1. When there is a concern about a student's mental health, there are efforts to communicate with the family.	1	2	3	4	5
2. There is a system in place to take action on referrals for students with a mental health concern.	1	2	3	4	5
3. A professional is available to perform an assessment for students who have been referred for a mental health concern.	1	2	3	4	5
4. There is a clearly designated person for families to contact when they have a concern about a student's mental health.	1	2	3	4	5
5. The staff makes an effort to understand how the stressors students experience outside of school are related to specific problems they may experience in school.	1	2	3	4	5
6. There is a group of staff that meets regularly to discuss students with mental health concerns.	1	2	3	4	5
7. There are programs or structures in place (e.g., advisories) that enable staff to proactively identify students who may have difficulties.	1	2	3	4	5
8. There are regular opportunities set aside for staff to discuss the social, emotional, and mental health needs of students.	1	2	3	4	5
9. Follow-up information is provided to staff about the status or outcome of student mental health referrals.	1	2	3	4	5
10. Students are given regular opportunities to be aware of their own and other's talents and accomplishments.	1	2	3	4	5
11. The school's mission and philosophy reflect an explicit focus on the social and emotional development of students.	1	2	3	4	5
12. There are activities or programs that focus on building students' strengths and resilience.	1	2	3	4	5
13. When a group of students begins exhibiting similar problems, staff intervenes to try to stop the root causes.	1	2	3	4	5
14. There are resources or services available for students who may be experiencing the negative consequences of specific problems, such as depression or loss.	1	2	3	4	5
15. Families are part of efforts to prevent future mental health problems.	1	2	3	4	5
16. There are activities or programs that provide students with information about "normative" development, such as friendship, puberty, or career possibilities.	1	2	3	4	5
17. Staff is knowledgeable about how to talk about students' emotional and psychological well-being.	1	2	3	4	5
18. There is professional development offered to staff that is specifically about mental health.	1	2	3	4	5

School Mental Health Quality Assessment Questionnaire (SMHQAQ) (please circle your response)

Please answer each question that follows based on current practice in your school. Please select the number that best reflects the degree that the item is developed and/or implemented.	Not at all in place					Fully in place	Insufficient knowledge to respond
1. When indicated, case management assistance is provided to students and families to assist them in obtaining health insurance	1	2	3	4	5	6	7

Please answer each question that follows based on current practice in your school. Please select the number that best reflects the degree that the item is developed and/or implemented.	Not at all in place					Fully in place	Insufficient knowledge to respond
or to facilitate enrollment in programs for which they are eligible.							
2. Staff members in the school are engaged in activities that may bring resources or financial support into the school mental health program.	1	2	3	4	5	6	7
3. Assessments on common risk and stress factors faced by students (e.g., exposure to crime, violence, substance abuse) are conducted.	1	2	3	4	5	6	7
4. Meetings are held with students, parents, and teaching staff to ask them about their needs and to ask them for their recommendations for actions by school mental health staff.	1	2	3	4	5	6	7
5. Services are in place to help students contend with common risk and stress factors.	1	2	3	4	5	6	7
6. Services are matched to the presenting needs and strengths of students/families after initial assessment.	1	2	3	4	5	6	7
7. Ongoing training and supervision is provided on effective diagnosis, treatment planning and implementation, and subsequent clinical decision-making.	1	2	3	4	5	6	7
8. Screening and follow-up assessments are conducted to assist in the identification and appropriate diagnosis of mental health problems.	1	2	3	4	5	6	7
9. Staff members continually assess whether ongoing services provided to students are appropriate and are helping to address presenting problems.	1	2	3	4	5	6	7
10. There is a clear and effective protocol to assist clinical decision making and care for more serious situations (e.g., abuse and neglect reports, self-reporting of suicidal/homicidal ideation).	1	2	3	4	5	6	7
11. Staff members actively use the evidence-base (practices and programs) of what works in child and adolescent mental health to guide preventive and clinical interventions.	1	2	3	4	5	6	7
12. The school has developed an advisory board (including youth, families, administrators, educators, school health staff, and community leaders) for its mental health programs.	1	2	3	4	5	6	7
13. Staff members collaborate closely with school administrators and offer numerous opportunities for recommendations, feedback, and involvement in program development and implementation.	1	2	3	4	5	6	7
14. Staff members participate in methods or activities (e.g., meetings, focus groups, surveys) to obtain feedback on an ongoing basis from key stakeholders on how the program is functioning and how it can be improved.	1	2	3	4	5	6	7
15. The school engages in efforts to ensure that stakeholder ideas and recommendations are actually implemented in a timely manner.	1	2	3	4	5	6	7
16. Training and educational activities are provided for families, teachers and other stakeholder groups based on their recommendations and feedback.	1	2	3	4	5	6	7
17. Staff efforts and activities are guided by an active and effective quality assessment and improvement plan that other school mental health clinicians and stakeholders (school staff, families, community) are aware of.	1	2	3	4	5	6	7
18. Staff members are well trained in paperwork requirements for mental health programs, and records clearly reflect delineated policies and procedures.	1	2	3	4	5	6	7

Please answer each question that follows based on current practice in your school. Please select the number that best reflects the degree that the item is developed and/or implemented.	Not at all in place					Fully in place	Insufficient knowledge to respond
19. The school ensures that families are meaningfully involved in treatment planning and ongoing therapy efforts.	1	2	3	4	5	6	7
20. Peer review mechanisms are in place to provide feedback from mental health staff on the way cases are handled and/or preventive and clinical interventions are implemented.	1	2	3	4	5	6	7
21. An evaluation plan is actively used that provides measurable results to and helps to improve preventive and clinical intervention efforts.	1	2	3	4	5	6	7
22. Positive and negative findings from the evaluation of the school's services are shared with youth, families, school staff and other stakeholders.	1	2	3	4	5	6	7
23. The school offers activities promoting school-wide mental health.	1	2	3	4	5	6	7
24. The school is actively involved in developing and implementing training and educational activities for educators on the identification, referral, and behavior management of social/emotional/behavioral problems in students.	1	2	3	4	5	6	7
25. The school offers group, classroom, and school-wide prevention activities.	1	2	3	4	5	6	7
26. The school offers intensive treatment services to youth and families including individual, group, and family therapy.	1	2	3	4	5	6	7
27. Staff members are able to continue to have mentoring relationships with students who no longer present serious problems.	1	2	3	4	5	6	7
28. Referral procedures are well utilized by educators, other mental health staff, health staff, administrators, parents and students.	1	2	3	4	5	6	7
29. All students who have been referred for services are promptly screened/assessed.	1	2	3	4	5	6	7
30. Staff members are sufficiently trained, supported, and supervised to handle the unique demands of school-based practice in an ethical and effective manner.	1	2	3	4	5	6	7
31. Services are characterized by a flexible, proactive approach that enables youth and families in need to be served as rapidly as possible.	1	2	3	4	5	6	7
32. Staff members receive regular training on effectively providing care for students and families who present diverse developmental, cultural, ethnic, and personal backgrounds.	1	2	3	4	5	6	7
33. Caseloads reflect the diversity of the school population.	1	2	3	4	5	6	7
34. School mental health programs and services are welcoming and respect the students and families served.	1	2	3	4	5	6	7
35. Key stakeholders who provide ongoing guidance to your school mental health program are diverse in terms of gender, race/ethnicity, and personal/cultural background.	1	2	3	4	5	6	7
36. Staff members help to coordinate mental health efforts in the school to ensure that youth who need services receive them, while avoiding service duplication.	1	2	3	4	5	6	7
37. Staff members use or help to develop communication mechanisms to ensure that information is appropriately shared and that student and family confidentiality is protected.	1	2	3	4	5	6	7
38. There is active collaboration between professionals in your school (other health/mental health providers, educators, administrators).	1	2	3	4	5	6	7
39. Staff members are knowledgeable about existing mental health and related resources for students in the school and community	1	2	3	4	5	6	7

Please answer each question that follows based on current practice in your school. Please select the number that best reflects the degree that the item is developed and/or implemented.	Not at all in place					Fully in place	Insufficient knowledge to respond
and this information is readily available in a directory that can be broadly shared within the school.							
40. The school is working closely with other community health and mental health providers and programs to improve cross-referrals, enhance linkages, and coordinate and expand resources.	1	2	3	4	5	6	7

Part II: Mental Health Integration Survey (MHIS)

Please indicate your agreement/disagreement for the following statements.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Insufficient knowledge to respond
1. School administrators encourage school personnel to work together to address student mental health needs.	1	2	3	4	5	6
2. Mental health services are important in the school setting independent of academic success.	1	2	3	4	5	6
3. I can approach other professionals (teachers, social workers, school psychologists) when I have questions about student mental health needs.	1	2	3	4	5	6
4. There are clear, designated procedures or a clear authority for referral when students have mental health needs.	1	2	3	4	5	6
5. There are clear, designated procedures or a clear authority for referral when students have drug abuse service needs.	1	2	3	4	5	6
6. Student service professionals share responsibilities when addressing student mental health needs.	1	2	3	4	5	6
7. The school district supports or encourages efforts to provide mental health services.	1	2	3	4	5	6
8. When it has been necessary, I have been able to effectively communicate with mental health agencies in the community.	1	2	3	4	5	6
9. Structural supports exist (i.e. resources, funding, organization) to support mental health services for students at this school.	1	2	3	4	5	6
10. The school offers flexibility in schedules or assignments to adequately assist students who have mental health needs.	1	2	3	4	5	6
11. Administrators are willing to help if I have concerns about a student's mental health needs.	1	2	3	4	5	6
12. I see mental health services as important to academic success.	1	2	3	4	5	6
13. There is effective communication among professionals within my school(s) regarding mental health services	1	2	3	4	5	6
14. I receive the training I need to address student mental health needs.	1	2	3	4	5	6
15. I receive the training I need to address student substance abuse issues.	1	2	3	4	5	6
16. The school's responsibility for mental health services should only include addressing needs for students with a	1	2	3	4	5	6

Please indicate your agreement/disagreement for the following statements.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Insufficient knowledge to respond
diagnosed mental health condition.						
17. Mental health services are available for all students, even if they do not have a diagnosis.	1	2	3	4	5	6
18. SS/HS programs are developed with input from experienced professionals.	1	2	3	4	5	6
19. The evidence supporting the effectiveness of SS/HS programs is credible.	1	2	3	4	5	6
20. SS/HS programs can be adapted in ways that work best for my setting.	1	2	3	4	5	6
21. SS/HS programs can be adapted in ways that better reflect the cultural diversity of my student population.	1	2	3	4	5	6
22. SS/HS developers are committed to the success of implementation at my setting.	1	2	3	4	5	6
23. SS/HS programs meet the needs of my school/community setting.	1	2	3	4	5	6
24. I have received the training needed for new mental and behavioral health programs associated with the SS/HS grant.	1	2	3	4	5	6
25. SS/HS's programs are sensitive to diversity and incorporate cultural perspectives	1	2	3	4	5	6
26. I feel that SS/HS programs are integrated into my organization's regular activities.	1	2	3	4	5	6
27. I feel administrators actively support the SS/HS initiative and programs.	1	2	3	4	5	6
28. I feel that SS/HS programs address behavioral health disparities.	1	2	3	4	5	6
29. I was able to participate in and contribute to the implementation of SS/HS interventions and programs	1	2	3	4	5	6
30. Consumers (families and youth) were active participants in developing and implementing SS/HS programs in my locale.	1	2	3	4	5	6

SS/HS Core Elements

For the following items, you are asked to indicate the extent to which the statement matches your school.	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent	Insufficient knowledge to respond
1. Policies are in place to address early childhood screening and assessment.	1	2	3	4	5	6
2. Resources and services are available to families as young children transition into the school setting.	1	2	3	4	5	6
3. School-based mental health early intervention services are provided for at-risk children and their families.	1	2	3	4	5	6

For the following items, you are asked to indicate the extent to which the statement matches your school.	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent	Insufficient knowledge to respond
4. Policies and procedures to ensure enhanced communication and information sharing across service systems are in place.	1	2	3	4	5	6
5. There is a contact person at the school for parents to work with to address their child's mental, emotional, and behavioral health issues.	1	2	3	4	5	6
6. Marketing, communication, and/or outreach campaigns are provided to educate the community about mental, emotional, and behavioral health issues.	1	2	3	4	5	6
7. Families are included in efforts for the prevention of student mental health problems.	1	2	3	4	5	6
8. Parents are provided with opportunities to develop relationships with school professionals.	1	2	3	4	5	6
9. Local community organizations are included in efforts for the prevention of student mental health problems.	1	2	3	4	5	6
10. Students are engaged in the design and governance of education and community initiatives through youth councils, and advisory committees	1	2	3	4	5	6
11. Evidence-based practices are used that address student mental health problems across multiple levels (e.g. classroom, school, home, community).	1	2	3	4	5	6
12. The school has implemented programs for the prevention of student behavioral health problems.	1	2	3	4	5	6
13. The school has implemented programs for the prevention of student alcohol, tobacco, and drug use.	1	2	3	4	5	6
14. The school engages parents in alcohol, tobacco, and drug prevention programs.	1	2	3	4	5	6
15. Opportunities to participate in out-of-school time activities that focus on building resilience and reducing risk factors are available to students.	1	2	3	4	5	6
16. Parents and staff are educated about school safety issues.	1	2	3	4	5	6
17. The school has implemented a research-based violence prevention program.	1	2	3	4	5	6
18. The school has implemented a research-based bullying prevention program.	1	2	3	4	5	6
19. The school has established anti-bullying and anti-harassment policies.	1	2	3	4	5	6
20. The school monitors disciplinary and other records to inform policies.	1	2	3	4	5	6

Part III: Evidence-Based Practice Attitude Scale

The following questions ask about your feelings about using new types of services and interventions for mental health and drug abuse problems among students. In these questions manualized services, treatment, or intervention refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way. Please indicate the extent to which you agree with each item.	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
1. I like to use new types of services / interventions to help my students.	1	2	3	4	5
2. I am willing to try new types of services/interventions even if I have to follow a treatment manual.	1	2	3	4	5
3. I know better than academic researchers how to care for my students.	1	2	3	4	5
4. I am willing to use new and different types of services/interventions developed by researchers.	1	2	3	4	5
5. Research based services/interventions are useful.	1	2	3	4	5
6. Professional experience is more important than using manualized services/interventions.	1	2	3	4	5
7. I would use manualized services/interventions.	1	2	3	4	5
8. I would try a new service/intervention even if it were very different from what I am used to doing.	1	2	3	4	5

If you received training in a services or intervention that was new to you, how likely would you be to adopt it if...	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
9. it was intuitively appealing to you?	1	2	3	4	5
10. it "made sense" to you?	1	2	3	4	5
11. it was required by your supervisor?	1	2	3	4	5
12. it was required by your school?	1	2	3	4	5
13. it was required by your state?	1	2	3	4	5
14. it was being used by colleagues who were happy with it?	1	2	3	4	5
15. you felt you had enough training to use it correctly?	1	2	3	4	5