



School Based Mental Health Network Data Collection Reference Document

Updated 10/8/19

***Data Captured based on the fiscal year- July 1 through June 30**

Changes made this year are in red

Prevention

School based mental health services provided to children and adults that are not billed or tracked as treatment services through a lead mental health provider including but not limited to:

- Crisis support (individuals and groups)
- Positive Behavior Support/ Positive School Culture support
- Consultation with professional staff (teachers, principals, ILT, IAT)
- Educational presentations to classrooms (conflict resolution, bullying prevention, self esteem)
- Administrative planning support for universal or school wide initiatives (ILT, LSDMC)
- Therapeutic mentoring

The School Based Mental Health Network has decided that prevention data will be collected in the following ways:

Prevention Services (Crisis Support)

Individual

D. # of students- the total number of students or parents that receive prevention services

E. # of hours- total number of hours per student that includes time spent with student and parent for prevention services

Group-The number of students in the group should only be counted once.

In the case that the group has several sessions, you should only increase the number of hours. **School or class-wide education should go under “Classroom Education”.**

F. # of students per group

G. # of staff hours per student group

Group Example 1- The anger management group includes 8 students. There are 6 group sessions. Each session lasts approximately 1 hour. 1 staff member is providing the session.

Group	
# Students Total	# of Staff Hours Total
8	6

Group Example 2- A grief group includes 7 students and is staffed by 2 people at your agency. There are 10 group sessions. Each session lasts approximately 45 minutes.

Group	
# Students Total	# of Staff Hours Total
7	15

Hours should reflect how many hours total spent (i.e. 3 therapists each spend 2 hours = 6 hours)

Classroom Education- The number of students would remain the same but the number of hours would increase with each session.

H. # of students per classroom

I. # of staff hours of classroom education

Example 1: Mrs. Frank’s classroom of 32 students had 9 classroom education sessions on conflict resolution. Each session was approximately 45 minutes, staffed by one person.

Classroom Education	
# Students (unduplicated) Total	# Hours of Staffed Classroom Education
32	6.75

Example 2: Mary and Sam provided 24 classrooms 2 educational sessions that lasted 30 minutes. Each classroom had 30 students.

Classroom Education	
# Students (unduplicated) Total	# Hours of Staffed Classroom Education
720	48

J-K. Staff/Teacher Education- Trainings you provide directly to school staff on mental health topics or referral methods.

- # of trainings provided
- # of staff hours spent total providing the education

L-M. Parent/Guardian Education- Trainings held for parents or guardians on mental health topics.

- # of trainings provided
- # of staff hours spent total providing the education

N-O. Consultation- Consultation is a service provided directly to school professionals on students, classrooms, or school culture (ie. I.A.T.)

- # of encounters
- # of *staff* hours

Planning- Administrative time (i.e.-managers, supervisors etc.,) used to assist with the planning of universal or school wide initiatives (I.L.T., P.S.C. teams). Also includes partnership meetings like referral meetings.

- # of meetings
- # of *staff* hours

Treatment

School based mental health services including but not limited to:

- CPST (Community Psychiatric Supportive Treatment)/TBS (Therapeutic Behavioral Services)
- Therapy
- Therapeutic Skill Building
- Treatment groups
- Parent consultation
- Does NOT include day treatment

The School Based Mental Health Network has decided that treatment data will be collected in the following ways. Please make sure to only count the student once. If a student receives services but is not in individual treatment, list them under prevention services.

F. Treatment referrals (New): students recommended for therapy or case management

- Total number of NEW referrals, including not appropriate referrals (not including students carried over from last year)
- This could also include students who received crisis intervention and were recommended for ongoing therapy

G. Not Appropriate referrals

H. Treatment referrals (Total)

- Total number of NEW referrals for treatment services (not including students carried over from last year) – Not appropriate referrals
- PLEASE DO NOT ENTER ANY DATA HERE.

I. Children Treated-in treatment, including group therapy, once assessment and consent received (billable services may begin).

J. Children Treated- Carryover- total number of CARRY OVER students that are appropriate for treatment services from the previous year

K. Treated All-Total number of NEW students that are appropriate for treatment services resulting in an open treatment case, plus carryover.

- PLEASE DO NOT ENTER ANY DATA HERE.

Treated Elsewhere

- L. Children triaged** to another type of treatment or program. **Child is connected to another level or type of service.**
- Total number of children referred to another agency, provider, program (day treatment, etc.), **or level of care. This could include triaged because school-based cannot treat that specific diagnosis or there is a language barrier.**
- M. Open Tx Case with other agency (already enrolled in treatment)**
- Total number of children referred, but not opened because they already have treatment services in place with another agency
- N. Children not served (barriers)- should be the same as total barrier number (under barrier worksheet)**
- Total number of students not treated due to identified barriers, all of these should be accounted for in the barrier data
 - PLEASE DO NOT ENTER ANY DATA HERE
- O. Access % New**
- PLEASE DO NOT ENTER ANY DATA HERE.
- P. Access % New and Carryover**
- PLEASE DO NOT ENTER ANY DATA HERE
- Q. Treatment hours provided**
- Total number of treatment service hours
- R. Average Number of Hours in Treatment Per Student**
- PLEASE DO NOT ENTER ANY DATA HERE

Barriers

*One barrier should be chosen per child.

The following have been identified as the most common barriers to providing school based mental health services. Please provide the total number of each barrier experienced per school site.

* # of barriers should not exceed # not served total on treatment data **tab**

D-F. Unable to Reach Parent or Guardian(s)

D. The phone number or contact information (email, address) is not correct.

E. Unstable Housing (homelessness/coach surfing, mobility/transient)

F. No Return Call after Attempt(s) to Contact

G. Parent/Guardian no shows for enrollment into treatment

H. Incomplete Assessment or DAF

- Including unsigned paperwork

I. Students without insurance

- J. Affordability- student/family could not afford services**
- K. Students with private insurance who could NOT be linked to services**
- L. Students changed schools within the year or stopped attending the school**
- M-R. Declined Services (student or parent/guardian)**

- M. Privacy or Trust Concern**
- N. Does not agree with the recommendation or referral**
- O. Does not want label or stigma**
- P. Says to busy for services**
- Q. Want to try something else instead of counseling**
- R. Other**

S. Total Amount of Students/Parents which declined Services

- PLEASE DO NOT ENTER ANY DATA HERE.

T. Immigration Challenges (no SSN, parent concern over immigration status)

U. Custody Issues

V. Referral received within last 30 days of school (still pending)

W. Other

- Please include an explanation (as a comment)

X. Total Barriers

- PLEASE DO NOT ENTER ANY DATA HERE. (Number should be the same as column N on the treatment tab).

Med/Som Treatment

The School Based Mental Health Network has decided that med/som treatment data will be collected in the following ways:

D. Total Students in Mental Health Treatment

- PLEASE DO NOT ENTER ANY DATA HERE- number pulled from the treatment worksheet

E. Med/som New Referrals/Recommendations (should equal columns L+U)

- Total number of med/som referrals or recommendations made within this school year

F. Students Began Services Already Enrolled in Med/Som- student began therapy but already has an active prescription for med/som

G. Med/som Carryover from Previous Year

- Total amount of students already receiving med/som services continuing from the previous year

H. Students Receiving Med/Som ONLY- students not enrolled in therapy/treatment, but do receive Med/Som from the agency

I-K. Total New Children Treated - Total number of new students that are appropriate for med/som treatment services resulting in an open med/som case (Column E explained)

- I.# of students that received med/som in the school

J# of students that received med/som in the agency's community office

K. # of students that received med/som from other agency or pediatrician

L. Total Treated –New referrals (should not be greater than column E). This is the total students recommended for med/som that received med/som

- PLEASE DO NOT ENTER ANY DATA HERE.

M. Total Treated New plus Carryover

- PLEASE DO NOT ENTER ANY DATA HERE.

N-S. Barriers to Med/Som Treatment (new referrals only, list only 1 barrier per student)

N. Affordability

- Total number of students who were referred but did not receive med/som treatment because the parent/guardian could not afford the medication

O. Parent Refused Services

- Total number of students who were referred but did not receive med/som treatment because the parent/guardian refused services

P. Student Refused Services

- Total number of students who were referred but did not receive med/som treatment because they refused services

Q. No shows for med/som

- Total number of students who were referred but did not show up for initial appointment (only count 1 no show per child)

R. Unable to Reach

S. Parent/Guardian unable to Bring Student-

- Total number of student unable to get med/som because they cannot get to the appointment with their parent/guardian. This could be because of transportation issues, inability to get off work, or other reasons.

T. Referral was made within the last 30 days of school

U. Other Barrier

- Please include an explanation (as a comment)

V. Total Barriers

- PLEASE DO NOT ENTER ANY DATA HERE.

W-Y. Med/Som Access

- PLEASE DO NOT ENTER ANY DATA HERE.