



## School Based Mental Health Network Data Collection Reference Document

Updated 5/15/19

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

### **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.

*F. # of students per group*

*G. # of hours per student group*

**Group Example**-The anger management group includes 8 students. There are 6 group sessions. Each session lasts approximately 1 hour.

Group	
# Students Total	# Hours Total
8	6

**Classroom Education**- Each classroom of students is counted once per education curriculum. 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 hours of classroom education per curriculum*

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

Classroom Education	
# Students per class Total	# Hours of classroom education
32	6.75

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

Classroom Education	
# Students per class Total	# Hours of classroom education
720	24

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

- # of trainings provided
- # of 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 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 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. Hours should reflect how many hours total spent in planning (i.e. 3 therapist each spend 2 hours = 6 hours)

- # of meetings
- # of 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.

- L. Children triaged** to another type of treatment or program
  - Total number of children referred to another agency, provider, or program (PH, etc.)
- 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

#### **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. Student no shows for enrollment into treatment** – the total # of parents who did not show up for appointment (only count 1 no show per child)

**H. Parent/Guardian no shows for enrollment into treatment**

**I. Incomplete Assessment or DAF**

- Including unsigned paperwork

**J. Students without insurance**

**K. Affordability- student/family could not afford services**

**L. Students with private insurance who COULD NOT be linked to services**

**M. Students changed schools within the year or stopped attending the school**

**N-S. Student Declined Services**

**N Privacy or Trust Concern**

**O. Does not agree with the recommendation or referral**

**P. Does not want label or stigma**

**Q. Says to busy for services**

**R. Want to try something else instead of counseling**

**S. Other**

**T-Y. Parent/Guardian(s) Declined Services**

**T. Privacy or Trust Concern- could be with the school or organization**

**U. Does not agree with the recommendation or referral**

**V. Does not want label or stigma**

**W. Says to busy for services**

**X. Want to try something else instead of counseling**

**Y. Other**

**Z. Total Amount of Students/Parents which declined Services**

- PLEASE DO NOT ENTER ANY DATA HERE.

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

**AB. Custody Issues**

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

**AD. Other** –Please include an explanation (as a comment)

**AE. Total Barriers**

- PLEASE DO NOT ENTER ANY DATA HERE.

**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 L+T)**

- Total number of med/som referrals or **recommendations made** within this school year
- **Student previously on med/som but new to agency**

**F. Students Began Services Already Enrolled in 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. Total Barriers**

- PLEASE DO NOT ENTER ANY DATA HERE.

**V-X. Med/Som Access**

- PLEASE DO NOT ENTER ANY DATA HERE.