1. Survey of Expanded School Mental Health Programs

The goal of this survey is to learn more about and develop a database of existing expanded school mental health (ESMH) programs across the United States. Expanded school mental health (ESMH) programs provide a full continuum of mental health promotion and intervention for students through school-family-community partnerships.

1. Please provide the following information about your expanded school mental health program:

Program Name:

Address:

Address 2:

City/Town:

State:

Zip Code:

Phone Number:

Fax:

Email:

Web Address (if applicable):

2. Who can we contact for more information regarding your program?

Name:

Phone Number:

Email Address:

3. How many schools does your program serve?

4. How would you classify the community served by your expanded school mental health program? (Check all that apply)

- Rural
- Suburban
- Urban

5. Please use the categories below to document (approximately) the

background of your clinical staff. Please use percentages*.

*Categories for Questions 5-8 were based on U.S. Census Bureau (2001) standards.

American Indian/ Alaska Native

Asian

Black/ African-American

Native Hawaiian/Other Pacific Islander

White

Mixed (Two or More Races)

6. For your clinical staff, approximately what percentage are of Hispanic or Latino origin?

7. Please use the categories below to document (approximately) the background of the children and adolescents served by your school program. Please use percentages.

American Indian/ Alaska Native

Asian

Black/ African-American

Native Hawaiian/Other Pacific Islander

White

Mixed (Two or More Races)

8. For your students served, approximately what percentage are of Hispanic or Latino origin?

9. What services does your program offer? (Check all that apply)

- Case Management
- Classroom Prevention Activities
- Clinical Intakes/Evaluations
- Participation on School Teams
- Professional Development
- Psychiatric Consultation

- Crisis Management
- Family Outreach/Collaborative Activities
- Family Therapy
- Group Therapy
- Individual Therapy
- Medication Management
- Psychological Testing
- Referrals to Community Resources
- School Climate Enhancement
- Small Group Prevention Activities
- Teacher and Staff Consultation
- Other (please specify)

10. What population does your program serve? (Check all that apply)

- Preschool
- Elementary School
- Middle School
- High School
- Alternative Schools

11. Check the composition of your current mental health staff and trainees (if applicable). For mental health staff, please only provide information on individuals *who are employed* by your program. (Check all that apply)

- Case Managers
- Counselors
- Education Specialists
- Education Trainees
- Marriage and Family Therapists
- Nurses
- Nursing Trainees
- Paraprofessionals
- Parent Educators/Specialists
- Pediatrician/Family Medicine
- Play Therapists
- Psychiatrists
- Psychologists
- Psychology Trainees
- School Psychologists
- School Psychologist Trainees
- Social Workers
- Social Work Trainees
- Other (please specify)

12. Is your expanded school mental health program affiliated with any School-Based Health Centers?

- Yes
- No

13. What other school, hospital/university and community programs do you partner with as part of your expanded school mental health program? (Check all that apply)

- Advocacy Organizations
- Community Agencies
- Community Mental Health Centers
- Day Hospital Programs
- Domestic Violence Programs
- Early Childhood Education Programs
- Educational/Tutoring Programs
- Faith-based Community Organizations
- Family Support/Advocacy
- Hospitals
- Inpatient Programs
- Juvenile Services
- Legal Assistance Programs
- Local Department of Education
- Other State Agencies
- Other Local Agencies
- Outpatient Clinics
- Pediatricians and Other Health Providers
- Recreational Programs
- Sexual Assault Programs
- Social Services
- State Department of Education
- Student Mentoring Programs
- Substance Abuse Agencies/Programs
- Universities/Colleges
- Other (please specify)

14. How are you emphasizing high quality evidence-based practice within your program?

15. What evidence-based practices and programs does your program use?

16. What are your program's funding sources? (Check all that apply)

- Federal Grants
- Fee-for-service
- Hospital/University Funding
- Local Budget Line Items
- Local Health Department
- Local Mental/Public Health Administration
- Local School System
- Private Foundations
- State Budget Line Items
- State Grants
- State Health Department
- State Mental/Public Health Administration
- State School System
- Taxes/Levies

Other (please specify)

17. Would you be willing to have this information shared in a database maintained by the Center for School Mental Health? This database will be used to answer technical assistance questions and will be shared at an aggregate level to document local, state and national trends.

- Yes
- No

18. If professionals are interested in contacting you for more information about your program, could we share your email address with them so that they can contact you directly?

- Yes
- No