

DPI/DHHS School Mental Health Resource Mapping

Start of Block: Default Question Block

Q1 Your time and attention to this data collection is highly-valued and appreciated. Please submit relevant details for **one** school mental health and/or school safety activity/program/initiative you/your team is supporting below. If you/your team is involved in multiple school mental health and safety efforts, please use the form below multiple times to enter data for each effort separately. Please contact Lauren Holahan at (919) 807-3773 or lauren.holahan@dpi.nc.gov if you have questions about completing the submission.

Q2 Name of school mental health/safety effort:

Q3 Name(s), role(s), and email address(es) for leaders/key contacts of this activity/program/initiative:

Q4 Targeted layer of support this school mental health/safety effort (check all that apply):

Core (1)

Supplemental (2)

Intensive (3)

Q5 If this school mental health/safety effort is mandated by federal or state legislation or policy, please indicate source of mandate:

Q6 If this school mental health/safety effort has designated funding, please indicate source and amount:

Q7 What is the meeting/teaming cycle and structure for this school mental health/safety effort?

Q8 What is the major purpose/function of this school mental health effort?

Q9 Who is the target audience/ recipients of this school mental health effort?

Q10 What student outcomes are used to monitor progress/effectiveness of this school mental health effort?

Q11 What implementation metrics are used to monitor progress/efficiency of this school mental health effort?

End of Block: Default Question Block
