Mental Health Planning and Evaluation Template

National Assembly on School-Based Health Care

3/05/07

The National Assembly on School-Based Health Care (NASBHC) in partnership with the Center for School Mental Health Analysis and Action (CSMHA) developed the Mental Health Planning and Evaluation Template (MHPET) to systematically assess and improve the quality of mental health services delivered within school-based settings. Originally conceived as a tool to be applied in school-based health centers (SBHCs), the MHPET has earned recognition as relevant in evaluating activities and services across the field of school-based mental health. The MHPET is a 34 indicator measure that operates as an assessment tool to target areas of strength and improvement in school-based mental health quality. The MHPET is organized into eight dimensions: operations; stakeholder involvement; staff and training; identification, referral, and assessment; service delivery; school coordination and collaboration; community coordination and collaboration; and quality assessment and improvement.

Assumptions

The MHPET is based on three major assumptions:

1. The activities and services to be evaluated have the support of the sponsoring organization, and the school and community being served.
2. It is not the sole responsibility of mental health service providers to achieve the indicators. Rather, it is a shared responsibility of the providers, sponsoring organization, school, family, community, and youth partners.
3. If evaluating the mental health services within a SBHC, it is assumed that the SBHC has adopted the NASBHC *Principles and Goals of School-Based Health Care* (http://www.nasbhc.org/APP/APP_SBHC_Principles1.htm).

Rating Instructions

- It is recommended that at least three individuals actively involved in the planning and delivery of mental health services complete the tool and provide ratings.
- Raters should represent a diverse group of providers and collaborators, including: mental health providers, program managers, health care providers, and school staff (e.g. counselors, teachers, administrators).
- Raters select the number that best reflects the degree to which that the item is implemented:
  - A. Ratings should honestly reflect present status and raters should attempt to avoid the positive bias common when using such rating methods (i.e., rating services higher than actually exist).
  - B. Many indicators have multiple components. Assign a rating based upon all of the components described in the indicator that are currently in place or not in place.
  - C. Indicators should be **rated 1 if the qualities and/or characteristics described are not at all in place**. For those indicators that have multiple components, meeting none of the components would merit this rating
  - D. Indicators should be **rated 6 if the qualities and/or characteristics described are fully in place**. For those indicators that have multiple components, meeting all of the components would merit this rating.
  - E. Indicators should be **rated "DK" (don't know) if the rater is not adequately informed to assess** the specific indicator.
- Raters compute the final score for each indicator based upon the average of all raters' scores.

Mental Health Quality Improvement

- A column is provided to note **targeted areas for improvement** (those indicators with scores that are low relative to other indicators or are rated unsatisfactory by the team of raters).
- A compendium of information and resources is currently being developed to provide more in-depth guidance for program improvement efforts within each dimension (see www.nasbhc.org).
- After an identified period of program improvement activity (every 6-12 months recommended), the MHPET should again be completed as instructed above (by the same raters who participated in the initial assessment) in order to assess progress.

Mental Health Planning and Evaluation Template – NASBHC – Contact Information: phone (202) 638.5872 email info@nasbhc.org

Dimension 1: Operations	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
1. Mental health staff works in a confidential space and accesses dedicated phone lines and file cabinets that can be locked to ensure privacy of records.	1	2	3	4	5	6	DK	
2. A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	1	2	3	4	5	6	DK	
3. Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	1	2	3	4	5	6	DK	
4. There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	1	2	3	4	5	6	DK	
5. Mental health services adhere to clear policies and procedures to share information appropriately within and outside of the school and to protect student and family confidentiality.	1	2	3	4	5	6	DK	

Dimension 2: Stakeholder involvement	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
6. Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	1	2	3	4	5	6	DK	
7. Families are partners in developing and implementing services.	1	2	3	4	5	6	DK	
8. Teachers, administrators, and school staff understand the rationale for mental health services within their school and are educated about which specific barriers to learning these services can address.	1	2	3	4	5	6	DK	

Dimension 3: Staff and training	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
9. Mental health staff has completed accredited graduate training programs.	1	2	3	4	5	6	DK	
10. Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.	1	2	3	4	5	6	DK	
11. Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.	1	2	3	4	5	6	DK	
12. Mental health staff receives training, support and supervision in providing strengths-based and developmentally and culturally competent services.	1	2	3	4	5	6	DK	

Dimension 4: Identification, referral, and assessment	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
13. Mental health service providers work with the school to effectively identify youth who present or are at risk for presenting emotional and/or behavioral difficulties.	1	2	3	4	5	6	DK	
14. Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.	1	2	3	4	5	6	DK	

Dimension 4: Identification, referral, and assessment (continued)	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
15. Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals	1	2	3	4	5	6	DK	
16. The mental health intake process is comprehensive while minimizing barriers to service for students and their families.	1	2	3	4	5	6	DK	
17. Mental health staff uses brief, validated measures of behavioral and emotional health including risk behaviors (e.g. substance abuse) and strengths, to enhance initial, ongoing, and outcome evaluations.	1	2	3	4	5	6	DK	

Dimension 5: Service Delivery	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
18. A range of activities and services, including school-wide mental health promotion, prevention, early intervention and treatment services are provided for youth in general and special education.	1	2	3	4	5	6	DK	
19. Mental health prevention and intervention services are empirically supported or based on evidence of positive impact.	1	2	3	4	5	6	DK	
20. Mental health activities and services are designed to meet the needs of culturally and linguistically diverse groups.	1	2	3	4	5	6	DK	
21. Psychiatric consultation is available to provider staff to assist in the assessment and treatment of youth with serious and/or complex mental health issues.	1	2	3	4	5	6	DK	
22. Treatment plans are uniformly completed and accurately match program services to the presenting needs of students and their families.	1	2	3	4	5	6	DK	
23. Through peer and case consultation and other mechanisms, treatment plans and implemented strategies are frequently reviewed and adjusted to ensure that services are being delivered to address the most important problems/issues.	1	2	3	4	5	6	DK	

Dimension 6: School coordination and collaboration	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
24. Mental health staff develops and maintains relationships and participates in training and meetings with educators and school-employed mental health staff.	1	2	3	4	5	6	DK	
25. Mental health staff provides consultation services to teachers, administrators and other school staff.	1	2	3	4	5	6	DK	
26. Mental health staff coordinates efforts with school-employed mental health/health professionals (including school-based health care providers if present) to ensure that youth who need services receive them and to avoid service duplication.	1	2	3	4	5	6	DK	
27. Interdisciplinary meetings and training are regularly held with all health (if present) and mental health staff of the program.	1	2	3	4	5	6	DK	
28. Mental health and health staff (school or community based) provides mutual support and cross referrals (i.e., health staff assess students for mental health issues and refer them to mental health staff and vice versa).	1	2	3	4	5	6	DK	

Dimension 7: Community coordination and collaboration	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
29. A regularly updated directory is maintained to assist students and families in connecting to relevant health, mental health, substance abuse, academic and other programs or resources in the school and the community.	1	2	3	4	5	6	DK	
30. Services are coordinated with community-based mental health and substance abuse organizations to enhance resources and to serve students whose needs extend beyond scope or capacity.	1	2	3	4	5	6	DK	
31. Services are coordinated with community-based social service and advocacy organizations that are familiar with the culture and language needs of diverse student and family groups within the school.	1	2	3	4	5	6	DK	

Dimension 8: Quality assessment and improvement	Not at all in place					Fully in place	Don't Know	Targeted for Improvement
32. Guidance is received on mental health programming from stakeholders including youth, families, school staff, and community leaders who are diverse in terms of race/ethnicity and personal/cultural background.	1	2	3	4	5	6	DK	
33. A stakeholder-informed mental health quality assessment and improvement (QAI) plan is implemented that includes measures of consumer satisfaction, individual student outcomes (e.g., measures of behavioral or emotional health), and school-related outcomes (e.g., attendance, behavior, academic performance).	1	2	3	4	5	6	DK	
34. Findings from the QAI plan are used to continuously improve services.	1	2	3	4	5	6	DK	

Note: Adapted from a framework for quality assessment and improvement for the project, *Enhancing quality in expanded school mental health*, National Institute of Mental Health, #1R01MH71015-01A1; 2003-2006 (PI, M.Weist). This project has been supported by the Center for School Mental Health Analysis and Action (http://csmha.umaryland.edu) funded by the Health Resources and Services Administration and co-funded by the Substance Abuse and Mental Health Services Administration. Dimensions and indicators for the MH-PET were developed by workgroup members: TJ Cosgrove, Missy Fleming, Linda Juszczak, Julia Lear, Chris Reif, John Schlitt, Deidre Washington, and Mark Weist, with consultation to the work group provided by Steve Adelsheim. Additional sources used to develop indicators for the MH-PET dimensions include: the *NASBHC CQI Tool*, Linda Juszczak, Doris Pastore, Christopher J. Reif; *Bright Futures in Practice: Mental Health – Vol. II* , National Center for Education in Maternal and Child Health, Jellinek M, Patel BP, Froehle MC, eds. 2002; *Taking Control: Designing Integrated Mental Health Services in School-Based Health Centers*, NY State Dept of Health, School Health Program, Rose Starr; and *Quality of Healthcare for Children and Adolescents: A Chartbook* (Commonwealth Fund, 2004; see www.cmwf.org).