

Mental Health Planning and Evaluation Template (Paper Version) Instructions

A tool to systematically assess and improve the quality of mental health services delivered within school-based settings.

The Mental Health Planning and Evaluation Template (MHPET) was developed by NASBHC in partnership with the Center for School Mental Health (CSMH). Originally conceived as a tool to be applied in school-based health centers (SBHCs), the MHPET can be used in evaluating activities and services across the field of school-based mental health. The MHPET can be used for new or established school mental health programs.

ABOUT THE MHPET

The MHPET is a 34 indicator online assessment tool that 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
- quality assessment and improvement

HOW TO USE THE MHPET

The MHPET is completed by teams in two “sets.” First, team members individually complete the assessment tool (set one) and review the scores. Based on the results of set one, the team determines target areas for improvement and develops and implements an action plan. Three to six months later, team members complete the assessment tool again (set two). The team compares set two scores to the set one scores to see the impact of the action plan on their school mental health program.

CONSIDERATIONS

In considering whether to use the MHPET, please note the following three assumptions:

- The activities and services to be evaluated have the support of the sponsoring organization and the school and community being served.
- 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.
- If evaluating the mental health services within a school-based health center (SBHC), it is assumed that the SBHC has adopted the NASBHC Principles and Goals of School-Based Health Care.

STEPS FOR COMPLETING THE MHPET

1. Review the MHPET Assessment Tool.
2. Select a team. You must have a total of at least 3 but not more than 8 team members to complete the MHPET.
3. Establish a MHPET team leader. The team leader will be responsible for notifying other team members about completing the MHPET and reminding team members to complete it in a timely manner (within 2 weeks).
4. When all team members have completed set one, the team leader computes the average score.
5. Review the calculated scores as a team. Develop an action plan based on this information.
Note: For the paper version, calculations must be done by hand. If you complete the MHPET online the scores will be automatically computed.
6. Implement an action plan.
7. Three to six months later, the SAME team completes set two of the MHPET. (Start at Step 3 above.) If a specific team member is unavailable, attempt to include same number of team members with similar roles.
8. Compare the results from both sets to look for improvement or determine a need for further action.

NOTE: For programs in multiple schools, an MHPET assessment needs to be completed for each school.

WHO SHOULD BE INCLUDED ON THE MHPET TEAM?

- Anyone familiar or interested in the mental health services in the designated school. This may include school-based and non school-based staff.
- A diverse group of any of the following: mental health providers, program managers, health care providers (e.g. nurse practitioner, school nurse), and school staff (e.g. counselors, teachers, administrators).

Dimension 5: Service Delivery		1	2	3	4	5	6	DK
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
19	Mental health prevention and intervention services are empirically supported or based on evidence of positive impact.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
20	Mental health activities and services are designed to meet the needs of culturally and linguistically diverse groups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
22	Treatment plans are uniformly completed and accurately match program services to the presenting needs of students and their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dimension 6: School Coordination and Collaboration		1	2	3	4	5	6	DK
24	Mental health staff develops and maintains relationships and participates in training and meetings with educators and school-employed mental health staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
25	Mental health staff provides consultation services to teachers, administrators and other school staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27	Interdisciplinary meetings and training are regularly held with all health (if present) and mental health staff of the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dimension 7: Community Coordination and Collaboration		1	2	3	4	5	6	DK
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dimension 8: Quality Assessment and Improvement		1	2	3	4	5	6	DK
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
34	Findings from the QAI plan are used to continuously improve services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>