

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 schoolbased 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 schoolbased 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).

NASBHC'S Mental Health Planning and Evaluation Template Survey

To complete the MHPET, please follow these instructions:

Select the number that best reflects the degree to which the item is implemented at your program/site using the 1 to 6 scale where:

- 1 indicates the item described is not at all in place. For those items that have multiple components, meeting none
 of the components would merit a 1.
- 6 indicates the item described is fully in place. For those items that have multiple components, meeting all of the components would merit this rating.
- DK/NA indicates that you are not adequately informed or involved to assess this item.

Your rating should honestly reflect the present status. Avoid the positive bias common when using self-rating method (i.e., rating services higher than actually exist).

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	Dimension 1: Operations	1	2	3	4	5	6	DK	
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.	C	0	0	0	0	0	•	
2	A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	0	0	0	0	0	0	۰	
3	Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	0	0	0	0	0	0	۰	
4	There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	0	0	0	0	0	0	۰	
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.	0	0	0	0	0	0	•	
			•	•		-			
	Dimension 2: Stakeholder Involvement	1	2	3	4	5	6	DK	
6	Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	0	0	0	0	0	0	•	
7	Families are partners in developing and implementing services.	0	0	0	0	0	0	•	
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.	0	0	0	0	0	0	•	
						-		DIK	
•	Dimension 3: Staff and Training	1	2	3	4	5	6	DK	
9	Mental health staff has completed accredited graduate training programs.	Q	Q	O.	O.	Q	O.	•	
10	Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.	0	0	0	0	0	0	۰	
11	Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.	0	0	0	0	0	0	۰	
12	Mental health staff receives training, support and supervision in providing strengths-based and developmentally and culturally competent services.	0	0	0	0	0	0	۰	
	Dimension 4: Identification, Referral, and Assessment	1	2	3	4	5	6	DK	
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.	0	0	0	0	0	0	•	
14	Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.	0	0	0	0	0	0	۰	
15	Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals	0	0	0	0	0	0	•	
16	The mental health intake process is comprehensive while minimizing barriers to service for students and their families.	0	$^{\circ}$	$^{\circ}$	$^{\circ}$	0	0	۰	
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.	0	0	0	0	0	0	•	

	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.	0	0	0	0	0	0	•	
19	Mental health prevention and intervention services are empirically supported or based on evidence of positive impact.	0	0	0	0	0	0	۰	
20	Mental health activities and services are designed to meet the needs of culturally and linguistically diverse groups.	0	0	0	0	0	0	0	
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.	0	0	0	0	0	0	•	
22	Treatment plans are uniformly completed and accurately match program services to the presenting needs of students and their families.	0	0	0	0	0	0	0	
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.	c	0	0	0	c	c	۰	
	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	0	0	0	0	0	ò	0	
24	meetings with educators and school-employed mental health staff.	~	Ň	Ň	Ň	Ň	~	· ·	
25	Mental health staff provides consultation services to teachers, administrators and other school staff.	0	0	0	0	0	0	0	
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.	0	0	0	0	0	0	٠	
27	Interdisciplinary meetings and training are regularly held with all health (if present) and mental health staff of the program.	0	0	0	C	0	0	0	
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).	0	0	0	0	0	0	۰	
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_	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.	0	0	0	0	0	0	۰	
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.	0	0	0	0	0	0	۰	
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.	¢	0	0	0	c	c	•	
	Dimension 8: Quality Assessment and Improvement	1	2	3	4	5	6	DK	
	Guidance is received on mental health programming from stakeholders including youth,								
32	families, school staff, and community leaders who are diverse in terms of race/ethnicity and personal/cultural background.	0	0	0	0	0	0	•	
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).	0	0	0	0	0	C	۰	
34	Findings from the QAI plan are used to continuously improve services.	0	0	0	0	0	0	۰	