

## School Mental Health and Quality Assessment & Improvement

NASBHC - Hollywood, FL  
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### Today's Presenters

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## Presenter Disclosures

**The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

**No relationships to disclose**

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**SMH and QAI Workgroup**

- Nancy Lever
- Gail Gall
- Laura Hurwitz
- Alison Kilcoyne
- Mark Weist

## Learning Objectives

*By the end of this workshop you will:*

- Define quality as it pertains to SMH
- Describe five steps in a continuous quality assessment and improvement (QAI) process
- Explain how to set up a QAI team
- Identify tools for assessing school mental health activities, programs, and services *along the full continuum of prevention through treatment*



## Learning Objectives cont.

- Demonstrate how to use the MHPET in a QAI process
- Identify improvement targets
- Create an action plan for ensuring a quality school mental health program
- Describe strategies for evaluating progress



## Why QAI in SMH?

- Questions about the quality of mental health services for youth in all systems including schools
  - The “research to practice gap”
  - Real life contingencies getting in the way of quality services



## Other Challenges

- Lack of investment in SMH
- Limited staff and resources
- Silos and turf
- Bureaucracy
- Frequent changes in leadership
- Compelling and competing need at all levels
- INERTIA



## Themes in High Quality SMH

- ACCESS
- Tailoring to community needs and strengths
- Using approaches and programs that are science-based
- Strong and diverse involvement of families, youth, and other stakeholders
- Full promotion to intervention continuum



## Themes in High Quality SMH (cont.)

- Committed and energetic staff
- Cultural and linguistic competence
- Services are coordinated and connected to school and community
- Evaluation findings are used for continuous program improvement and policy change



## Themes in High Quality SMH (cont.) – Evidence-Based Practice

Definition: Practices that are based on best available research, clinical expertise, and patient values in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome.

- Dunst, Trivette, and Cupsek, 2002



## What is Needed to Support Evidence-Based Practice?

- Select appropriate EBP that fits with the population, setting, and issue you are addressing
- Implement with fidelity
- Consider barriers to implementation
- Training and professional development
- Supervision



## Practice-Based Evidence

- Method of using a bottom-up approach of gathering data and relying on the expertise of practicing clinicians to inform treatment guidelines
- Increasingly promoted by mental health advocates to ensure relevance of practice to the students and community served



## Quality Assessment and Improvement (QAI) in School Mental Health

- Definition: An iterative, evolving, continuous, step-wise, and cyclical process leading to the improvement of SMH initiatives
- Often referred to as Continuous Quality Improvement (CQI) or Quality Improvement (QI)



## QAI in SMH

- In short, it helps you answer:
  - What do I want to improve and how?
  - What are areas of mental health that I haven't considered?
  - What is working?
  - What isn't working?



## Quality Terms in Education

### Professional Learning Communities

- Teams of educators systematically working together to improve teaching practice and student learning
- They ask questions like:
  - What do we want students to learn?
  - How will we know when students have learned it?
  - How will we respond when students aren't learning?



## Quality Terms in Education

### Formative Assessment

- Part of the instructional process
- Provides the information needed to adjust teaching and learning while they are happening
- Informs both teachers and students about student understanding at a point when timely adjustments can be made
- Adjustments help to ensure students achieve, targeted standards-based learning goals within a set time frame



## Predictors of QAI Readiness

- Buy-in from decision maker (e.g. principal, director of program)
- SMH must be a shared responsibility
- SMH program must have a system of accountability
- Staff have desire to be effective
- Staff willing to work as a team
- Staff have willingness to have work informed by evidence



## SMH and Education: Common Components of QAI

- Team process
- Multiple steps
- Cyclical, not linear
- Assessment as intervention
- Similar challenges
- Same commitment to students



## PDSA Cycle



- **Plan:** Recognize an opportunity and plan a change.
- **Do:** Test the change. Create Action Steps.
- **Study:** Analyze the data and identify what you've learned.
- **Act:** Take action based on what you learned in the study step to make changes.



## Discussion

- *Can someone provide an example of a particular challenge or new initiative within a SMH program?*
- *What worked? What didn't?*
- *How would have QAI helped in this particular example?*



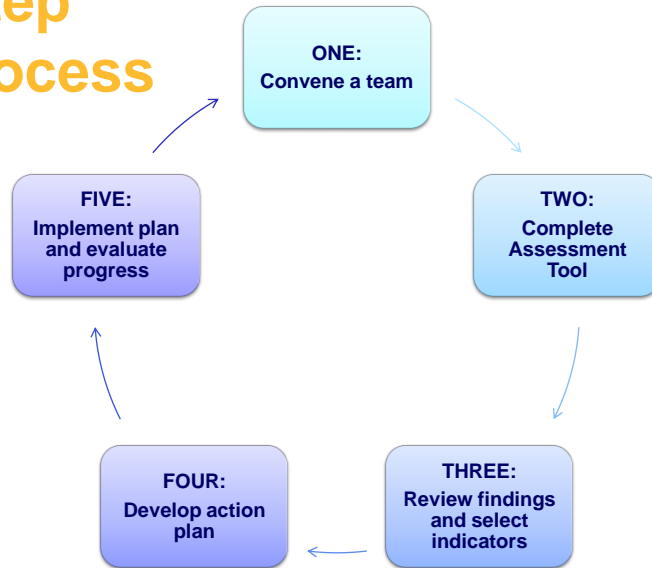
## Case Example: Massachusetts



- **Quality Improvement Collaborative:**  
*Enhanced Mental Health and Substance Abuse (MHSA) services in SBHCs*
- Provided funding for direct services and evaluation at 5 SBHCs
- Objective: enhance screening, identification, and referral of students with MHSA needs using evidence-based practices
- Mandated periodic MHPET implementation at each site



# Five-Step QAI Process



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## STEP 1: CONVENE A TEAM

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## Why Teams?



- Maximize the knowledge, skills, experience, and perspectives of multiple individuals
- Use teams when...
  - The system that you are studying is complex
  - No one person in your practice knows all the dimensions of an issue
  - Process involves more than one discipline or work area
  - Improvements require creativity
  - You need your colleagues' commitment and buy-in



## Team Composition

- Is there an existing team (e.g. school health advisory council) that can serve this function?
- Look for diversity and enthusiasm
- Allow people to volunteer



## Team Composition

- Anyone familiar or interested in the mental health services in the designated school
- Both school-based and non school-based staff
  - program managers
  - mental health providers
  - health care providers (e.g. nurse practitioner, school nurse)
  - school staff (e.g. counselors, teachers, administrators)
  - family and youth



## Team Size

- As you assemble your team, try to keep it manageable in size and inclusive of key stakeholders

Note: Web-based MHPET requires a minimum of three and maximum of eight raters/team members



## Role of Team Leader

- Schedule meetings
- Facilitate effective meetings
- Keep everyone on track
- Monitor participation
- Follow-up



## Case Example: Lynn English HS

- One of five schools in QAI Collaborative
- Completed the MHPET as part of the Collaborative
- Included Vice Principal in the QAI process
- Outcomes:
  - Increased flexibility in allowing students access to behavioral health services at school
  - Increased collaboration at Superintendent/Community Health center levels



# ACTIVITY: Selecting a Team



## Activity Instructions

- Break into groups of 6 to 8 people
- Each participant takes on role of a stakeholder that would comprise a team (e.g. school nurse, social worker)
- Designate a team leader
- Debrief questions for full group:
  - Who is on your QAI team? Why?
  - Who is your team leader? Why was this person selected?
  - Is there anyone you decided not to include? Why?
  - Did you learn anything you didn't know about SMH through this process?



# STEP 2: COMPLETE THE ASSESSMENT



## Assessment Tools: Why do you need them?

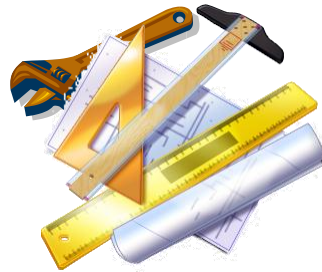


- First-hand knowledge of what SMH programs look like
- Helps prioritize where to expend time, energy, and resources
- Helps develop a plan that addresses the real needs
- Gives you a chance to administer again to see what progress has been made



## What to consider in selecting a tool

- Readiness
- Time
- Stakeholders
- Resources
- Fit
- Other data



## Examples of Tools

- School Mental Health Quality Assessment Questionnaire (SMH-QAQ)
- School Mental Health Capacity Building Instrument (SMHCI)
- Mental Health Planning and Assessment Template (MHPET)



## MHPET Development



- Developed in partnership with the CSMH
- First developed as paper tool
- Based on School Mental Health Quality Assessment Questionnaire (SMH-QAQ)
  - Broadened questions from clinician to program level
  - Expanded questions to be inclusive of school staff and non-mental health providers



## MHPET Purpose

- Improve mental health structures and practices along the full continuum (prevention through treatment) in any school setting
- Enhance the planning and evaluation of mental health programming in any school setting
- Collect data for school mental health advocacy and technical assistance efforts at NASBHC



## MHPET Disclaimer

- It is a tool intended to organize and support stakeholders' perspectives on school-based mental health, NOT a tool for external oversight or judgment
- It saves time by offering guided stakeholder feedback, rather than struggling to frame your own conversation about what quality SMH should look like
- Offers transparency and an honest understanding of both strengths and growth areas which is essential to an improvement process



## MHPET Web-Based Tool



- After beta-testing in the field, developed web-based tool
- Set up to be completed by teams of 3 to 8 people
- Each team member completes 34 indicator measure
- Teams go back 3-6 months later to complete a second time
- Computer generates scores



- advocacy
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- mental health**
- press center
- publications
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- census 2007-2008
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## Mental Health Planning and Evaluation Template (MHPET)

print

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 online in two "sets." First, complete the assessment tool (Set One) and review the scores. Based on the results of Set One, determine target areas for improvement and develop and implement an action plan. Three to six months later, complete the assessment tool again (Set Two). Compare the Set Two scores to the Set One results to see the impact of the Action Plan on your school mental health program.

### CONSIDERATIONS

In considering whether to use the MHPET, please note the following three 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 utilizing the mental health services within a school-based health center (SBHC), it is

- MENTAL HEALTH
- TRAINING
- MHPET**
- MHPET RESOURCES
- SCREENING/ASSESSMENT
- CAPACITY BUILDING
- WEB LINKS
- FAQs

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## Steps for completing the MHPET on-line survey

print

Please print this page for future reference.

1. Review the MHPET Assessment Tool: [Paper MHPET](#)
2. Select a team. You must have a total of at least 3 but not more than 8 team members to complete the MHPET. If you have fewer than 3 on your team your final score will not be computed.
3. Each team member must have his/her own NASBHC ID to log onto the survey. If the team member does not have this ID, the team member must call 202-638-5872 or 888-286-8727 to get the ID number. In order to protect confidentiality, NASBHC will only release ID numbers to that individual.
4. Establish a MHPET team leader. The team leader will be responsible for notifying other team member about how to access the MHPET, reminding team members to complete the assessment tool in a timely manner, and closing out the Set once completed.
5. Access the MHPET (at the bottom of this page).
6. Begin Set One of the MHPET.
  - a. The MHPET team leader completes Set One (team leader must complete Set One before any team members can access Set One).
  - b. The MHPET team leader notifies other team members to begin Set One. Click here for a letter you can personalize and then printed or copied into an email to provide team members with the information to complete Set One. [Click to access sample letter.](#) (this will open a new window)
  - c. All team members should complete Set One within 2 weeks.
7. When all team members have completed Set One, the MHPET team leader closes out Set One (directions will be given).
8. Review the automatically calculated scores. Develop an action plan based on this information.
9. Implement your action plan.
10. Three to six months later, the SAME team completes Set Two of the MHPET. (Start at Step 5 above.) If you are unable to have the same team of raters, attempt to have the same number and roles represented on the team.
11. Compare the results from both sets to look for improvement or determine a need for further action.

- MENTAL HEALTH
- TRAINING
- MHPET**
- MHPET RESOURCES
- SCREENING/ASSESSMENT
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NOTE: For programs in multiple schools, an MHPET assessment needs to be completed for each school.

**Mental Health Planning and Evaluation Template (MHPET)**

To begin the MHPET, you must first select your site:

- If you are a school-based health center (SBHC), click the SELECT button below to see a roster of all SBHCs in the NASBHC database in your state.
  - From the list, select the SBHC for which you will be completing the MHPET. (If you have more than one center, you will need to repeat this step.)
  - If you do not see your school-based health center on the list, add your site on the following page.
- If you are not a school-based health center, add your site on the following page.

Next, complete Set One:

- From the site/program list below, in the Set I column, click on START SURVEY.
- You do not have to complete the Set in one session. You may save your responses by clicking on the SAVE AND CONTINUE LATER button at the bottom of the page. When you have completed the Set, click on the SAVE and SUBMIT button at the bottom of the page.

Then, when all team members have completed the Set:

- The MHPET team leader closes out the Set by logging onto the MHPET site, and clicking on the CLOSE SURVEY button.
- Once the team leader has closed the Set, results can be reviewed by clicking on the VIEW RESULTS button.

Complete Set Two using the same instructions, but click START SURVEY button in the Set II column.

Alabama

Jan Strzrzer you have selected the following sites/programs....

School Name	Health Center or Program Name	SET I	SET II	Close Survey/View Team Result	View/modify contact information	Remove From list
test	test	<a href="#">View Results</a>	N/A	<a href="#">View Results</a>	<a href="#">Update</a>	<a href="#">Remove</a>
test 2	Test 2	<a href="#">View Results</a>	N/A	<a href="#">View Results</a>	<a href="#">Update</a>	<a href="#">Remove</a>
test 3	test 3	<a href="#">Continue</a>	N/A	<a href="#">Close Survey</a>	<a href="#">Update</a>	<a href="#">Remove</a>

### Mental Health Planning and Evaluation Template

**MHPET Survey Status**

*James A Davis Middle School  
1224 Clarendon Ave  
Bessamer AL 35020*

**Number of Respondents for MHPET Set One: 3**

**Number of Respondents for MHPET Set Two: 0**

RESULTS	
	Team
Set: 1	<a href="#">Team Results</a>
Set: 2	<a href="#">Team Results</a>

Technical issues should be directed to Deirdre Taylor via email: dtaylor@nasbhc.org or Telephone: (202) 638-5872, ext. 204

## Mental Health Planning and Evaluation Template

Below are the team scores for **Set One** of the MHPET survey. These scores should be discussed as a team in order to fully understand your program's continuous quality improvement. We suggest you discuss the following questions as a group:

- 1) Based on these ratings, in which areas can your site improve?
- 3) Which of these can you realistically impact most in the next 3-6 months?
- 4) How do you plan to make these improvements in these areas?

[Team Results \(Excel Spreadsheet\)](#)

Dimension 1: Operations	Total Completed Surveys: 3	
	Team Average Set One	Less Than or Equal to 3
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.	2.67	X
2 A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	3.33	
3 Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	3.33	
4 There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	3.67	
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.	1.67	X
<b>Dimension 2: Stakeholder Involvement</b>		
6 Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	2.67	X
7 Families are partners in developing and implementing services.	3.00	X
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.	2.67	X



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### MHPET Resources

The following compendium of resources is available to support your work in school mental health. Each resource contains a rationale for why the topic is important, a description of the topic, a set of recommended strategies related to the topic, and additional resources and references.

Each page corresponds with one or more of the thirty-four indicators on the MHPET. Below is a list of pages, organized along the eight dimensions of the MHPET.

#### Operations

- [Administrative functions](#)
- [Confidentiality, privacy, and sharing information](#)
- [Crisis Management](#)

#### Stakeholder Involvement

- [Stakeholder involvement](#)
- [Partnering with families](#)
- [Engaging youth](#)

#### Staff and Training

- [Professional development](#)
- [Staff qualifications](#)
- [Strengths-based interventions](#)
- [Cultural competency and multiculturalism](#)

#### Identification, Referral, and Assessment

- [Identification and referral](#)
- [Intake and assessment](#)
- [Validated measures and standardized tools](#)

#### Service Delivery

- MENTAL HEALTH
- TRAINING
- MHPET
- MHPET RESOURCES
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- CAPACITY BUILDING
- WEB LINKS
- FAQs

[Team Results \(Excel Spreadsheet\)](#)

Dimension 1: Operations	Set I Total Completed Surveys: 3		Set II Total Completed Surveys: 3	
	Team Average Set One	Less Than or Equal to 3	Team Average Set Two	Less Than or Equal to 3
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.	2.67	X	3.00	X
2 A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	3.33		3.33	
3 Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	3.33		4.33	
4 There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	3.67		4.33	
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.	1.67	X	2.33	X
<b>Dimension 2: Stakeholder Involvement</b>				
6 Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	2.67	X	3.33	
7 Families are partners in developing and implementing services.	3.00	X	3.67	
8 Teachers, administrators, and school staff				

 NASBHC Health Care

## Case Example: Seattle SBHC System

- Seattle's system of SBHCs is comprised of 14 SBHCs serving ten high schools and four middle schools
- Serving over 5,000 students per year, these centers provide comprehensive primary health and mental health care
- Regular QAI is an essential component of the Seattle SBHC mental health programming

 NASBHC National Assembly on School-Based Health Care

## Case Example: Seattle SBHC System

- QAI activities have addressed SBHC's:
  - Initial mental health assessment (intake)
  - Implementation of evidence-based skills
  - Response to a suicide or sudden death of a student
  - Partnering with substance abuse treatment organizations



## Case Example: Seattle SBHC System

- Quality improvement targets are set through stakeholder input, the use of measures of school-based mental health quality (MHPET), and review of administrative data
- Led by the local Public Health department, QAI plans are developed at the school level and include school staff, students, and community members



## Case Example: Seattle SBHC System

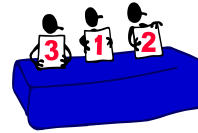
- QAI activities have produced:
  - Improvements in SBHC mental health services
  - Improvements in school-level policies
  - Data for advocacy
  - Professional development strategies for SBHC and school-employed staff



## STEP 3: REVIEW THE ASSESSMENT & SELECT INDICATORS



## Reviewing Scores



- Assessing strengths/weaknesses
- Where will impact be greatest?
  - Halo effect/snowball effect
  - Select activities that are consistent with needs of students, community, and funder
- What is realistic and achievable?
  - Similar to treatment planning with clients



## Reviewing Scores

- Existing information and data sources:
  - Interviews or surveys with stakeholders
  - Surveillance data (YRBS)
  - Community Health Data
  - Attendance
  - Disciplinary and Special Education referrals
  - School Improvement Plan
  - Grades



## Case Example: Lowell High School

- One of five schools in QAI Collaborative
- Identified goal at the outset of the QAI process: increased behavioral health screening by nurse practitioner for all well child visits
- Outcomes:
  - Used data (DPH database) to identify all well visits between baseline and second audit
  - Demonstrated increase in screening



## ACTIVITY: Reviewing Scores



## Activity Instructions

- Remain in small groups
- Review MHPET results
- Groups select 2-3 improvement targets (indicators)



## Questions to Consider

- Which indicators were rated the highest?
- Which indicators were rated the lowest?
- Were there any patterns or clustering of scores?
- What are the most pressing issues in your school?
- Which indicators are in most need of improvement?
- Which of these can you realistically impact during the school year?
- Which indicators best fit with school priorities?



# STEP 4: DEVELOP ACTION PLAN

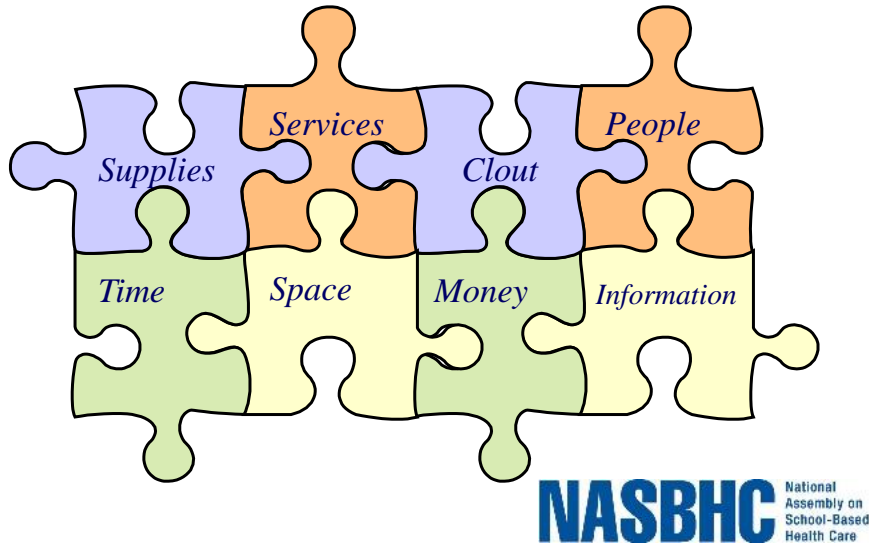


## Action Planning

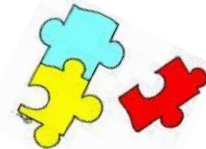
Action and tactics	Stakeholders	Capacities & Resources	When will it be done?	Who is responsible?
What activities can advance progress on a given indicator?	Who are your constituents? allies? Opponents?	What do you have? What do you need? <ul style="list-style-type: none"> <li>● Staff</li> <li>● Information/Expertise</li> <li>● Fiscal</li> <li>● Leadership</li> <li>● Evaluation</li> <li>● Partnerships in community</li> <li>● Families and youth</li> </ul>	Be realistic	Be specific



## Resources/Capacities



## Fit



When selecting activities and tactics....

- Choose strategies that are right for the students and are compatible with the school and community
- Look for existing best practices and evidence-based approaches that have already been proven to make a difference
- If you select a strategy (program, protocol, practice, curriculum, etc) that has been tested and shown to work, implementing it with fidelity is preferred—that is, with all program components intact

# ACTIVITY: Action Planning



## Activity Instructions

- Remain in small groups
- Complete action planning worksheet for each indicator selected in previous activity



## Implementation

- Accountability: Develop a follow-up plan including: When, Who, How
- Determine how to communicate about progress (e.g., monthly meetings, email communication, discussions)
- Discuss potential barriers and how to overcome
- Consider including other teams and committees at the school in which to incorporate quality improvement activities
- Consider partnering with a neighboring school/program



## STEP 5: EVALUATE PROGRESS



## Why Evaluate?



- To document that interventions are effective
- Make needed changes while the program is running
- Maintain consistency from the plan for the program, to implementation, and to desired outcomes
- Understand strengths and weaknesses of the implementation for future planning



## What Needs to Be in Place to Evaluate?

- Model for quality assessment (e.g. PDSA)
- Tool (e.g. MHPET)
- Infrastructure support for systematic evaluation
- Method to communicate about evaluation data easily



## Process Evaluation

- Determines whether a program is delivered as intended to target recipients
- Should start before the program starts and continue while the program is running
- Involves qualitative analysis of program implementation dimensions, including adherence to the planned intervention as intended (i.e., fidelity)



## Process Evaluation (cont.)

### Sample Questions:

- What activities were actually implemented (versus what was planned)?
- Were activities implemented on time?
- What was done well (e.g. with fidelity to the best-practice program you selected)?
- What mid-course corrections should be made?

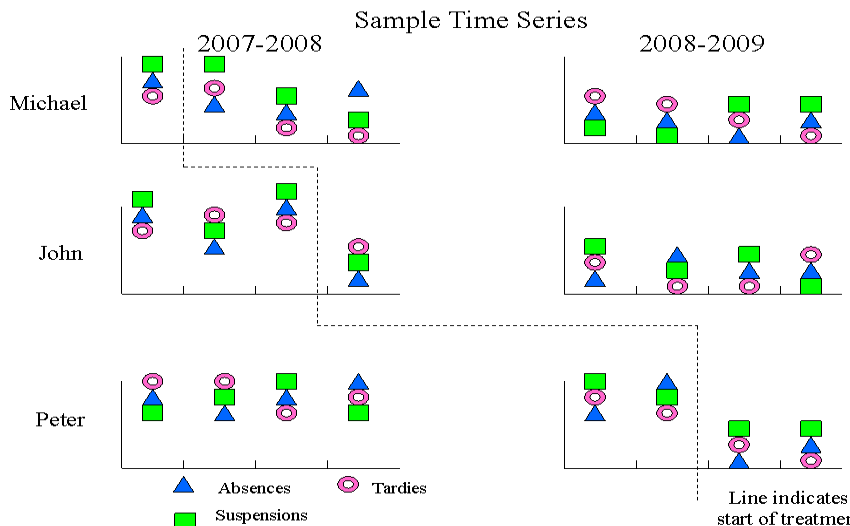


# Outcome Evaluation

- Provides evidence that the program achieves the desired impact on the target population or social issue
- Accomplished by (for example):
  - Re-administering assessment
  - Assessing changes in student functioning over time
  - Comparing students who receive versus do not receive program services



## Student-level outcomes



Developed by: CSMH



## School-Level Outcomes: Indicators of School Climate

- Cleanliness of hallways, lunchroom, gymnasium, classrooms
  - Timeliness of building maintenance
  - How quickly are light bulbs are changed?
  - Are windows repaired?
  - Are there towels, toilet paper?

SOURCE: Center for Effective Schools [www.devereux.org](http://www.devereux.org)



## School-Level Outcomes: Indicators of School Climate

- Mood communicated across school building
  - Is student artwork on the walls?
  - Are expectations positively stated and posted?
  - Are there posters with affirming statements?
- Parent/family involvement
  - Attendance at school activities (e.g., parent-teacher conferences, back-to-school night)
- Student discipline data

SOURCE: Center for Effective Schools [www.devereux.org](http://www.devereux.org)



## School-Level Outcomes: Indicators of School Climate

- The School Climate Survey (Haynes et al., 1994)
- CREST Positive Discipline and Safe Schools Surveys (McCausland, Hales, & Reinhardtson, 1997)
- Effective School Battery (Gottfredson, 1991)
- BEST BEHAVIOR Positive Behavior Supports Assessment (Sprague & Golly, 2004)
- Oregon School Safety Survey (Sprague, Colvin, & Irvin, 1995)

SOURCE: Center for Effective Schools [www.devereux.org](http://www.devereux.org)



## The School Climate Survey (Haynes et al., 1994)

Nine subscales with 53 items measuring current school conditions: Scored as 1=agree, 2=not sure, 3=disagree

### Subscales

- Student Perception of School Climate
- Fairness
- Order and discipline
  - “Children in my school fight a lot”
  - “At my school children disobey the rules”
- Sharing of resources
- Parent involvement

### Subscales

- Student interpersonal relations
- Academic motivation
  - “My teachers believe I can do well in my school”
  - “I enjoy learning at this school”
- Appearance of school building
- General school climate



## Using Evaluation Data

- To demonstrate outcomes (e.g. academic, behavior)
- To demonstrate efficiencies
- To secure resources
- To advocate for legislation or funding



## Examples of Using Evaluation Data

- Documenting reduction of inappropriate referrals to special education was used to help protect funding for school mental health in Baltimore  
(Bruns and colleagues, 2004)
- QAI data from MA project was used to secure continued funding during budget cuts and generate new funding via grant applications  
(Gall, 2008)



## Examples of Using Evaluation Data (cont.)

- Interventions targeting youth with severe emotional and behavioral issues in the public school setting can prevent youth from being put in restrictive, non-public placements, potentially leading to cost savings across systems

(CSMH)



## Share your Successes!

- Articles
- Success Stories
- Posters
- Story Boards



## Resources for QAI

- NASBHC's MHPET information pages  
<http://www.nasbhc.org/mhpetresources>
- Center of School Mental Health  
<http://csmh.umaryland.edu>
- School Mental Health Connection  
[www.schoolmentalhealth.org](http://www.schoolmentalhealth.org)
  - 40 indicators of quality in school mental health services
  - PowerPoints provide background information, menu of suggested activities, helpful hints, web resources, and references



## Resources for QAI

- Center for Health & Health Care in Schools  
[www.healthinschools.org](http://www.healthinschools.org)
- UCLA Center for Mental Health in Schools  
[www.smhp.psych.ucla.edu](http://www.smhp.psych.ucla.edu)
- National Technical Assistance Center for Children's Mental Health at Georgetown University Center for Child and Human Development  
[www.gucchd.georgetown.edu](http://www.gucchd.georgetown.edu)
- IDEA Partnership  
[www.sharedwork.org](http://www.sharedwork.org)

