Enhancing Quality in Expanded School Mental Health

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University of Maryland School Mental Health Program (SMHP)

- Established in 1989 in 4 schools
- Currently operating in 22 schools:
  - 10 elementary
  - 2 elementary-middle
  - 6 middle
  - 4 high
- Annual budget of around $1 million ($800,000 contracts; $200,000 fee-for-service)

SMHP Mission Themes

- Committed, energetic, resilient staff from multiple disciplines
- Strong collaborative approach with youth, families and all school staff
- Emphasis on productivity, continuous quality improvement, and evidence-based practice

SMHP Statistics 2002-2003

- Total FTE for 21 schools = 19.3
- 2,208 Students seen (M per school = 105)
- 11,436 Individual sessions (M = 544)
- 14,780 Group contacts (2,405 sessions) (M = 703)
- 551 Family sessions (M = 26)
- 4,490 Contacts with educators (M = 213)

SMHP: Outcome Evaluation Themes

- Strong satisfaction with the program from diverse people
- Trends suggesting improved climate and positive impacts on special education referrals
- Some positive changes shown in pre to post data obtained from school records
- Need for administrative support to do outcome evaluation the right way

CSMHA

Center for School Mental Health Assistance

CSMHA

- Established in 1995 with a grant from the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA)
- Renewed 5-year funding in 2000 from HRSA, with co-funding from the Substance Abuse and Mental Health Service Administration (SAMHSA)

CSMHA Goals

- Increase public support for expanded school mental health
- Improve the quality of mental health promotion and intervention in schools
- Facilitate the integration of youth serving systems in the advancement of school mental health

CSMHA Objectives

- Provide technical assistance and consultation
- Provide national training and education
- Disseminate and develop knowledge
- Promote communication and networking
  - phone: 410-706-0980 (888-706-0980 toll free)
  - email: csmha@psych.umaryland.edu
  - web: http://csmha.umaryland.edu

Expanded School Mental Health (ESMH)

- ESMH programs join staff and resources from education and other community systems
- to develop a full array of mental health promotion and intervention programs and services
- for youth in general and special education

Dimensions of Progress in ESMH

- Advocacy, coalition building, policy change, resource enhancement
- Stakeholder involvement, needs assessments, resource mapping, strategic development
- Staff training and supervision, evidence-based practice
- Quality improvement and evaluation

Dimensions of Progress (cont.)

- Moving toward a full mental health promotion-intervention continuum
- Coordinating programs and services and contributing to system of care development
- Addressing areas of special need

Three Critical Areas for ESMH to Advance

- Advocacy and Infrastructure Development
- Doing and Coordinating the Work in Schools
- Quality and Accountability

Evidence-Based Practice in Child and Adolescent and School Mental Health

- Probably the most significant issue in research
- Becoming one of the most significant issues in practice
- Research and practice are poorly linked

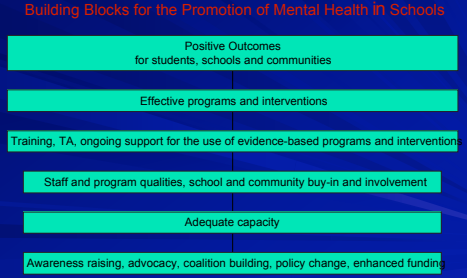
Barriers to Evidence-Based Practice (EBP) in School Mental Health

- Limited resources for training, supervision, ongoing TA
- Schools are fluid, generally unsupportive environments for EBP
- Manuals viewed as pulling away from "normal, realistic practice"
- Straddling a line "between fidelity and reinvention"

A Four-Pronged Approach to EBP

- Reduce stress/risk
- Enhance protection
- Train in validated skills
- Appropriately use manualized interventions with support

Using the Evidence Base in Context



EBP should be viewed as a key component of a larger agenda focused on Quality

- But:
  - The research literature on quality in children's mental health is very limited (and boring), and
  - Quality assessment and improvement (QAI) efforts in school mental health practice are patchy and highly variable

Dimensions of Quality

- You are where you should be
- Stakeholders are involved
- Strong collaborative processes
- Access is a priority
- Productive, efficient staff
- Full range of empirically supported approaches
- Developmental/cultural sensitivity

Enhancing Quality in Expanded School Mental Health (1R01 MH 71015-01A1, NIMH)

- First experimental study of QAI in school mental health
- Will provide a new framework for QAI (i.e. pursuing principles for best practice vs. liability protection)
- Will help to standardize the independent variable of ESMH, facilitating outcomes research

Design

- Three sites – Baltimore, Dallas, Delaware
- Schools and clinicians will be randomly assigned to receive either a Quality Assessment and Improvement Intervention (QAI) or Wellness Plus Information (WPI)

Baltimore Site

- 22 schools – 10 elementary, 1 elementary/middle, 6 middle, 5 high
- Schools in communities characterized by high levels of poverty, violence, and crime
- 85% of students are African American
- 27 Clinicians, University of Maryland School Mental Health Program

Delaware Site

- Wellness Centers located in 16 public high schools throughout the state
- Urban, rural, and suburban communities
- 60% of students Caucasian
- 24 Clinicians, Christiana Care Visiting Nurses Association

Dallas site

- Two of the ten "clusters"
- North Oak Cliff cluster
  - 11 elementary, 5 middle, 2 high
  - 85% of students Hispanic
- Woodrow cluster
  - 17 elementary, 3 middle, 2 high
  - 80% of students Hispanic
- 21 Clinicians, Dallas Youth and Family Centers

Participants

- Clinicians
- Students and Parents/Guardians
- Referring School Staff
- School Principals

Intervention: Both Conditions

- 2-day intensive training in the summer of years 1 and 2
- 1-day refresher training in the spring of years 1 and 2
- Website: access to materials, discussions
- Notebooks – key background articles tailored to condition, project measures

QAI Intervention

- Senior Clinician (s) at each site
- Weekly meetings with small groups of clinicians on QAI concepts/planning/implementation
- Monthly meetings at schools with staff focusing on their specific QAI implementation
- Weekly interaction between CSMHA and senior clinicians

Wellness Intervention

- Supervision, team meetings as they would normally occur

Clinician Measures

- Self-Ratings:
  - Effectiveness
  - Organizational Climate
- Administrative Records:
  - Productivity, Stability
- Performance in Treating Disorders in relation to best practice parameters:
  - ADHD, for youth in elementary school
  - Depression, for youth in middle and high school

Satisfaction Measures

- Students (11 and older):
  - Youth Satisfaction with Counseling (YSC)
  - Client Satisfaction Questionnaire-8 (CSQ-8)
- Parents, Referring School Staff, School Administrators
  - CSQ-8

Student Record Assessment

- Quarterly grades, attendance, lateness and discipline problems

Quality Assessment and Improvement Intervention

- Based on 10 principles for best practice and associated quality indicators developed through a three-year research process:
  - Survey, national sample (N = 486)
  - Validation sample (N = 86)
  - Numerous forums at school health and mental health meetings

Principle 1

- *All youth and families are able to access appropriate care regardless of their ability to pay*

Principle 2

- *Programs are implemented to address needs and strengthen assets for students, families, schools, and communities*

Principle 3

- *Programs and services focus on reducing barriers to development and learning, are student and family friendly, and are based on evidence of positive impact*

Principle 4

- *Students, families, teachers and other important groups are actively involved in the program's development, oversight, evaluation, and continuous improvement*

Principle 5

- *Quality assessment and improvement activities continually guide and provide feedback to the program*

Principle 6

- *A continuum of care is provided, including school-wide mental health promotion, early intervention, and treatment*

Principle 7

- *Staff hold to high ethical standards, are committed to children, adolescents, and families, and display an energetic, flexible, responsive and proactive style in delivering services*

Principle 8

- *Staff are respectful of, and competently address developmental, cultural, and personal differences among students, families, and staff*

Principle 9

- *Staff build and maintain strong relationships with other mental health and health providers and educators in the school, and a theme of interdisciplinary collaboration characterizes all efforts*

Principle 10

- *Mental health programs in the school are coordinated with related programs in other community settings*

Key Training Strategies

- Resources and training are user friendly, engaging, creative, practical, informative, relevant, and easy to access
- Training and related materials are respectful of the many demands on clinicians
- All objectives have easy to follow action plans and relevant tools (questionnaires, handouts, worksheets)