NASBHC National Assembly on School-Based Health Care

Bringing Health Care To Schools For Student Success

Mental Health Planning and Evaluation Template

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National Assembly on School-Based Health Care

- Founded in 1995 to promote and support the school-based health center (SBHC) model
- Provides leadership, resources, advocacy and technical assistance to SBHCs at the national, state, and local level.
- Mission: to ensure that all children receive affordable, high-quality health care

School-Based Health Centers

- Deliver primary, preventive, and early intervention health and mental health services
- Over 1700 SBHCs across 45 states.
- Located in urban, rural and suburban schools
- Serve more than 1,000,000 children of all grade levels

Importance of Mental Health Services in School-Based Health Centers

- In studies of SBHC service utilization, mental health counseling is repeatedly identified as the leading reason for visits by students.
- Approximately 1/3 to 1/2 of all visits to SBHCs are related to mental health problems.
- Only 16% of all children receive any mental health services. Of those receiving care, 70-80% receive that care in a school setting.

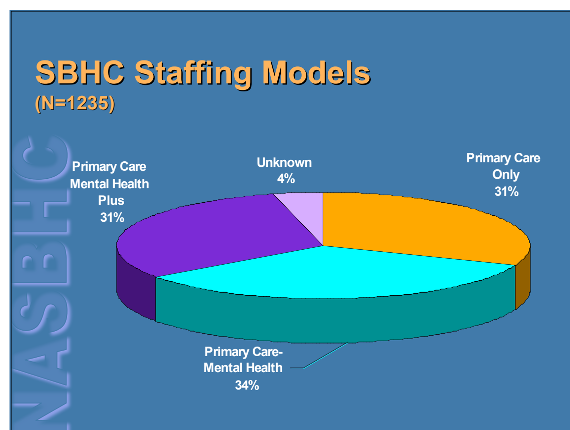
SOURCE: (1) National Assembly on School-Based Health Care. Creating Access to Care for Children and Youth: School-Based Health Center Census 1998-1999. June 2000. (2) Jellinek M, Patel BP, Froehle MC, eds., Bright Futures in Practice: Mental Health—Volume II. Tool Kit. Arlington, VA: National Center for Education in Maternal and Child Health. (4) Center for Health and Health Care in Schools, Children's Mental Health Needs, Disparities, and School-Based Services: A Fact Sheet.

Mental Health Services in SBHCs

- Barriers overcome in school-based settings that are experienced in traditional mental health settings are e.g. stigma, non-compliance, inadequate access
- One study found that adolescents with access to SBHCs were more than 10 times more likely to make a mental health or substance abuse visit.
- Users are more likely to be at higher risk for psychosocial problems

SBHC Staffing Models

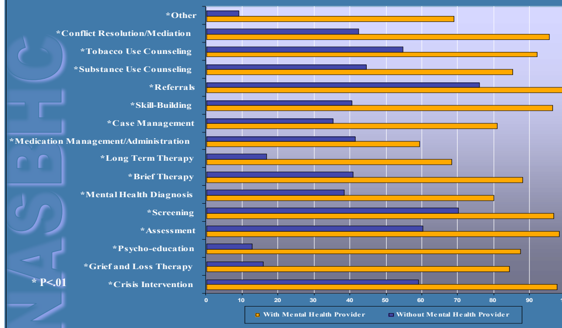
(N=1235)



Mental Health Staff (n=805)

- Inter-disciplinary team: masters-prepared clinical social worker, psychologist, psychiatrist, and/or substance abuse counselor
- Predominant MH Provider is Licensed Counselor/ SW/ Therapist (n=656 or 81% of programs with a mental health provider)
- Twelve percent (n=93) of SBHCs report having a drug and alcohol counselor onsite.
- Ten percent (n=77) report having psychiatrist onsite.

Mental Health Services in SBHCs With (n=655) and Without (n=277) Mental Health Providers



Mental Health Services in SBHCs

- Fastest growing component of school-based health care.
- In ten years, the percentage of SBHCs with mental health staff went from 30 to over 65%.
- Survey of SBHC providers in 2004/2005 found that expansion of mental health services was the first priority for program funding.

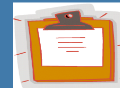
NASBHC's work in mental health

- Training and technical assistance for SBHC providers
- Continuous Quality Improvement (CQI) tool with clinical markers for mental health
- School Mental Health Capacity Building Partnership (SMH-CBP) provides capacity building for state and local education agencies
- Mental Health Planning and Evaluation Template (MHPET)

Need for Quality Improvement in Mental Health in SBHCs

- After site visits to SBHCs, increased recognition that objective measures were needed for SBHC quality of care, especially in mental health
- Such a measure would need to recognize:
  - Many disciplines
  - Wide range of interventions
  - Limited translational research around best practice in schools

MHPET Development



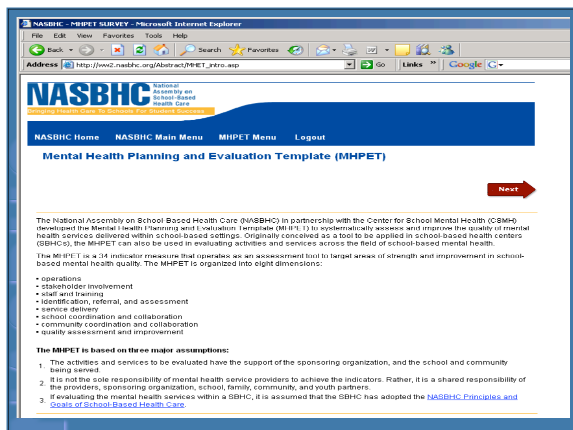
- January 2004 NASBHC convened a workgroup to develop an evaluation tool
- Based on School Mental Health Quality Assessment Questionnaire (MH-QAQ) developed by Mark Weist et al. at the Center for School Mental Health
- Broadened questions from clinician to program level
- Expanded questions to be more inclusive of school staff and non-mental health providers
- Shortened, fewer dimensions and indicators

MHPET Beta test

- 41 participants completed MHPET tool representing 21 SBHCs from IL; NYC; Seattle, WA; Talbot County, MD
- Responded to interview questions
- Revised and finalized tool accordingly:
  - Generalized to school mental health
  - changed name ("program" to "planning")
  - simplified dimensions and language
  - included substance abuse

MHPET web-based tool

- Web-based version 2007
- Beta-test with 29 participants in 6 schools (3 SBHCs) in Baltimore, Pittsburgh, Little Rock and Worchester
- Teams completed both sets of MHPET and interview questions using survey monkey
- Based on feedback, adjusted web links and revised instructions (e.g. clarified role of participants and team leads)



MHPET Assumptions

- Activities have support of sponsoring organization and the school and community being served
- Joint responsibility of mental health providers and others to achieve the indicators
- If using in SBHC setting, SBHC has adopted NASBHC *Principles and Goals of School-Based Health Care*

  http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2743459/k.9519/NASBHC_Principles_and_Goals_for_SBHCs.htm

Web-based Instructions

- Identify 3-8 raters
- Raters should include those people invested in the school mental health services (e.g. mental health providers, health care providers, practitioner, program managers, and school staff)
- Designate survey team leader to initiate process
- Team members complete the tool independently (approx 20-30 min)
- Complete Set One within 2 weeks
- Return in 3-6 mo. for Set Two

MHPET 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

Scoring

- Raters select score (1-6, DK) that best reflects degree to which item is implemented:
  - Scores should honestly reflect current status
  - Scores should reflect all components within each indicator
- Once scores are entered, computer generates average score for team
- Computer flags indicators 3 or under as potential areas for improvement

Quality Improvement/Planning

- Team reviews scores and…
  - selects targeted areas for improvement (dimensions and/or indicators with averages that are low relative to others)
  - Identifies resources for improving target areas
  - Develops and implements improvement plan
  - Compares scores 3-6 months later to assess progress

Using MHPET to identify improvement targets

- Parallel to goal setting with a student/client:
  - What are the strengths?
  - What areas are in need of improvement?
  - Realistic?
  - Obtainable?
- Examine the lowest rated indicators first.
  - Which of these can you impact in the next 6 months?

Using MHPET to identify improvement targets (cont.)

- "Halo effect"
  - By focusing on 2-3 indicators is there potential to positively impact others?
- If "don't know" is prevalent in your responses, can you select targets that will result in informing these key people?
- Place the MHPET results in the context of other data.

Qualifiers and Caveats

- Quality Improvement for mental health services in schools is new and unfamiliar territory
- Consider where your program is developmentally
- This is not about judgment i.e. good or bad, right or wrong
- Should not be tied to staff performance appraisal or funding

NASBHC Resources for Quality Improvement

www.nasbhc.org

- Paper version currently available

  http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.3015469/
- General mental health resources

  http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2642293/k.85AC/mental_health.htm

MHPET Next Steps

NASBHC

- Complete beta test
- Put the tool on the web April 1, 2008
- Web conference April 16, 2008
- Pilot testing
- Compendium of resources for each indicator currently in development.
- Develop a quality improvement module for the School Mental Health Capacity Building Partnership

Contact Information

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