


Strategies and Resources for Assessing and Improving Quality in School Mental Health

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CSMH History and Mission

- Established in 1995. Currently with a 5-year funding cycle beginning in 2005 from HRSA with a focus on advancing school mental health policy, research, practice, and training.
- **Mission:** To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

School Mental Health in the Baltimore City Public Schools

- A growing city-wide coalition of 13 provider organizations providing SMH services.
- **University of Maryland School Mental Health Program**
 - Established in 1989 in four Baltimore City Public Schools
 - Gradually expanded to current 25 schools
 - Primarily serving South, Southwest, Northwest, and West Baltimore
 - Staff includes social workers, psychologists, psychiatrists, masters level clinicians, licensed professional counselors.

"Expanded School Mental Health"

- Programs join families, schools, mental health and other community systems
- To develop a full array of effective programs and services that improve the school environment, reduce barriers to learning, and provide prevention, early intervention and treatment
- for youth in general and special education

Full continuum:

- Mental Health Promotion
- Prevention
- Assessment
- Treatment
- Case Management
- Crisis Management
- Consultation

CSMH QAI Agenda

- Principles of Expanded School Mental Health
- Development of SMH Quality Assessment Questionnaire
- NIMH R01 – Enhancing Quality in ESMH
 - Quality Indicators
 - Family Engagement
 - Modular EBP

Principles for Best Practice in Expanded School Mental Health

- 1) All youth and families are able to access appropriate care regardless of their ability to pay
- 2) Programs are implemented to address needs and strengthen assets for students, families, schools, and communities
- 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

Principles (cont.)

- 4) Students, families, teachers and other important groups are actively involved in the program's development, oversight, evaluation, and continuous improvement
- 5) Quality assessment and improvement activities continually guide and provide feedback to the program
- 6) A continuum of care is provided, including school-wide mental health promotion, early intervention, and treatment

Principles (cont.)

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

Principles (cont.)

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

School Mental Health Quality Assessment Questionnaire (Weist et al., 2006)

- 10 principles, 40 indicators, and 14 subcategories of best practice
- Clinicians and other stakeholders (administrators, teachers, caregivers) rate the extent to which each of the indicators are in place
- Assessment of strengths and weaknesses
- Decision-making tool for targeting quality indicators

HANDOUT - QAQ

SMHQAQ Categories

- Access to care
- Funding
- Needs assessment
- Addressing needs and strengths
- Evidence-based practice: screening, assessment, and intervention
- Stakeholder involvement and feedback
- Systematic quality assessment and improvement

SMHQAQ Subcategories (Continued)

- Continuum of care
- Referral process
- Clinician training, support, and service delivery
- Competently addressing developmental, cultural, and personal differences
- Interdisciplinary collaboration and communication
- Community coordination and resource mapping

Resources for Each Indicator

- Resource guide
 - Literature Review
 - References
 - Resources
- Powerpoints
 - Background
 - Menu of Suggested Activities
 - Helpful Hints
 - Web Resources
 - References

Enhancing Quality in ESMH

- Supported by grant 1R01MH71015-01A1 from the National Institute of Mental Health (Mark Weist, PI)
- Multi-site study to develop, implement and evaluate a framework for systematic QAI in SMH

Participants

- Clinicians from SMH programs operating in three sites (Delaware, Maryland, and Texas)
 - Year 1: 62 clinicians
 - Year 2: 65 clinicians
- 59% of clinicians were Caucasian, 23% were African American, and 17% were Hispanic (2% other).
- Over 80% of all the clinicians in the study had masters degrees or higher.

Methods

- Stratified random assignment
 - Personal Wellness (PW)
 - Systematic quality assessment and improvement (QAI)
- Formative Evaluation

	Year 1	Year 2
PW	N = 28	N = 30
QAI	N = 34	N = 35

QAI Intervention Process

Quality Indicators

- Select indicators and rate current level of implementation
- Review PowerPoint, Resource Guide, and relevant materials
- Develop Activity Steps specific to each indicator
- Discuss and review progress on Activity Steps in weekly Quality Supervision groups
- Rate level of indicator implementation on QIF at end of month

QAI Intervention Process (cont)

Ongoing Training

- Family Engagement
- Modular treatment for Anxiety, Depression, ADHD, Disruptive Behavior Disorders

Ongoing resource support from project staff, including bimonthly newsletters and materials related to ESMH quality improvement

HANDOUTS – Family Newsletter, Quality Newsletter

Dimension: Identification, Referral and Assessment	Not in place to Fully in place (1 – 6)	Targeted indicator
7) Do you receive ongoing training and supervision on effective diagnosis, treatment planning and implementation, and subsequent clinical decision-making?	1 2 3 4 5 6	
8) Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?	1 2 3 4 5 6	X

8) Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?

Background

- An accurate assessment will drive treatment in the right direction, ensuring the most positive outcomes for students and their families.
- Often families or teachers will make inaccurate attributions for the child or adolescent's problem, which can send treatment in the wrong direction

Background

- Often, the student him/herself will deny problems or not bring them up unless specifically asked.
- A thorough diagnostic assessment includes both multiple methods of gathering information and multiple informants

Background

- Multiple methods:
 - Clinical interview that covers all areas of functioning, child and family strengths, and all possible problem domains
 - Clinician's observations of student and student/family relations
 - Checklists or other formalized assessments



Background

- Multiple informants:
 - Student
 - Parents, caregivers, others in the home
 - Teachers
 - Previous or outside therapists
 - Other agencies involved (Juvenile justice, Department of Child Protective Services, etc.)



Menu of Suggested Activities

- 1) Review your intake interview forms
 - a) Do you assess every student across multiple domains (home, school, peers)?
 - b) Do you assess every student across every symptom domain (anxiety, depression, abuse, trauma, ADHD, learning/developmental problems, conduct problems, substance abuse, medical problems) and area of strengths?



Menu of Suggested Activities

- 2) If your diagnostic/intake interview form is not complete, how can you supplement it?
 - a) Is there a process to change it in your system if all clinicians are expected to use the same forms?
 - b) Do you need to remind yourself not to skip items?



Menu of Suggested Activities

- 3) How can you best get information from multiple informants?
 - a) Conduct classroom observations
 - b) Talk with the teacher
 - c) Get parental consent to speak with outside agencies and previous providers
 - d) Be sure to use family engagement techniques (Indicator 21) to get maximum collaboration with family members



Menu of Suggested Activities

- 4) Start routinely using, scoring and interpreting formalized assessments
 - a) You may want to choose one screening assessment for everyone, supplemented by specific assessments for problem areas



Screening assessment

Strengths and Difficulties Questionnaire (SDQ)

- 1) Parent, teacher and self report versions
- 2) Covers ages 3-17 years, 11 months
- 3) Short and easy to score
- 4) Free from <http://www.sdqinfo.com/ba2.html>



Specific assessments - ADHD

Vanderbilt scales

- 1) Parent and teacher versions
- 2) Also screens ODD, Conduct Disorder, and Anxiety/Depression
- 3) Easy to score
- 4) Free from <http://www.nichq.org/resources/toolkit/>



Specific assessments - Disruptive Behavior Disorders

Parent/Teacher DBD scale

- 1) Parent and teacher versions
- 2) Assesses for ADHD, ODD, and Conduct Disorder all at the same time
- 3) Easy to score
- 4) Free from <http://128.205.76.10/DBD.pdf>



Specific assessments - Impairment Narrative Description of Child

- 1) Home and school versions
- 2) Great way to get detailed view of problem areas
- 3) Free from <http://128.205.76.10/Impairment.pdf>



Specific assessments - Anxiety

Spence Children's Anxiety Scale

- 1) Self-report for children and adolescents and parent report versions
- 2) Free from <http://www2.psy.uq.edu.au/~sues/scas/>



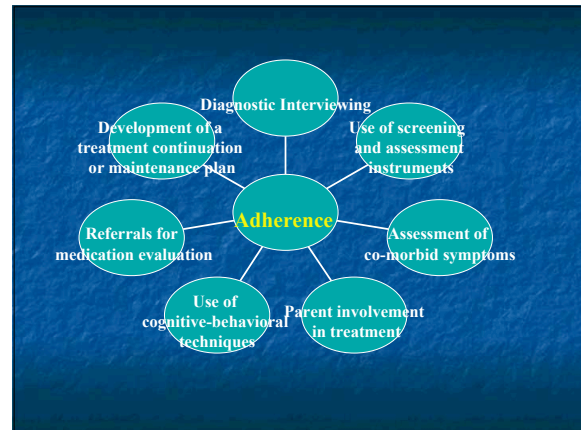
Background References

- McConaughy, Stephanie H. 2005. *Clinical Interviews for Children and Adolescents: Assessment to Intervention*. Guilford Press (www.guilford.com)
 - This book is part of the Practical Intervention in the Schools Series, edited by Kenneth W. Merrell
- Alvin E. House, 2002. *The First Session with Children and Adolescents: Conducting a Comprehensive Mental Health Evaluation*. Guilford Press (www.guilford.com)



Preliminary Findings

- QAI condition produced significant proximal effects, including improved use of evidence based practices (EBP), and services with higher rated quality.
- Interview Measure of EBP for the treatment of Depression (including concurrent chart review)
 - staff in the QAI intervention performed better than staff in the PW condition in both years. Year 1 ($F [1, 34]=12.00, p<.01$) and Year 2 ($F [1, 35]= 17.47, p<.001$).



- Quality Indicators
 - Significant gains in Global Quality score (QAQ) in both Years 1 and 2
- Global Quality score higher for Quality than Wellness condition
 - $T= 2.77, df (32), p=.009$
 - Percent of Maximum Possible Scoring (POMP) – Quality group 77%, Wellness 65%
 - (how much implementation from 0-100%)

- QAI intervention
 - provides a promising framework for bridging research-supported interventions with practice
 - introduces strategies to improve the quality of services offered by SMH providers

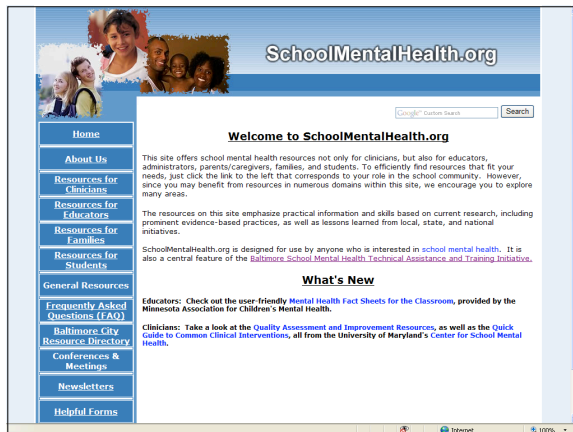
Resources



Schoolmentalhealth.org

- Website launched in January 2007
- Maintained by faculty and staff from the Center for School Mental Health with funding and support from the Baltimore City Health Department and the Maryland Mental Health Transformation Grant
- Involves collaboration and resource sharing from local, state, and national partners invested in advancing school mental health
- User-friendly school mental health related information and resources for caregivers, teachers, clinicians, and youth

HANDOUT – SMH.ORG



For Clinicians

- Links to Free Assessment Measures
- Mental Health Fact Sheets
- Quick Guide to Clinical Techniques for Common Child and Adolescent Problems
- Mental Health Related Newsletters
- PowerPoints for Staff Development
- **Quality Assessment and Improvement Resources**

Educator and Caregiver Resources

- Classroom management strategies for mental health concerns
- Helpful handouts and fact sheets on mental health disorders and concerns
- Links to other agencies/organizations committed to advancing mental health for children and families.

Youth Section

- Basic Fact Sheets
- Referral Information
- Guidebook on the IEP Process
- Links to Relevant Resources

Other Helpful School Mental Health Websites

- American Academy of Child and Adolescent Psychiatry
<http://www.aacap.org/>
- American School Counselor Association
<http://www.schoolcounselor.org/>
- American School Social Work Association
<http://www.aswaa.org/>
- Center for the Advancement of Mental Health Practices in Schools
<http://schoolmentalhealth.missouri.edu/about.htm>
- Center for School-Based Mental Health Programs
<http://www.units.muohio.edu/csbmhp>
- Center for School Mental Health
<http://csmh.umaryland.edu>
- Maryland School Mental Health Alliance
<http://www.msmha.org>
- National Association of School Psychologists
<http://www.nasponline.org>
- Sharedwork (Includes the National Community of Practice on Collaborative School Behavioral Health and its 10 Practice Groups)
<http://www.sharedwork.org>
- UCLA Center for Mental Health in Schools
<http://smhp.psych.ucla.edu/>