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

1. Established in 1989 in four Baltimore City Public Schools
2. Gradually expanded to current 25 schools
3. Primarily serving South, Southwest, Northwest, and West Baltimore
4. 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
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

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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
SMHQQAQ 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

SMHQQAQ 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
- 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

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>PW</td>
<td>N = 20</td>
<td>N = 40</td>
</tr>
<tr>
<td>QAI</td>
<td>N = 35</td>
<td>N = 45</td>
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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

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

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

- 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?

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?

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

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

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
  - This book is part of the Practical Intervention in the Schools Series, edited by Kenneth W. Merrell
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
Welcome to SchoolMentalHealth.org

What's New

Welcome to the new SchoolMentalHealth.org, designed for use by anyone who is interested in school mental health. It is also a central feature of the School Mental Health Connection, provided by the Minnesota Association for Children's Mental Health. It is designed for use by anyone who is interested in school mental health, and is designed to be user-friendly and efficient.

The resources on the site emphasize practical information and skills based on current research, including evidence-based practices, as well as lessons learned from local, state, and national initiatives.

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.

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

Other Helpful School Mental Health Websites

- American Academy of Child and Adolescent Psychiatry
  [http://www.aacap.org/]
- American School Counselor Association
  [http://www.aacada.org]
- American School Social Work Association
  [http://www.sswaa.org]
- Center for the Advancement of Mental Health Practices in Schools
  [http://csmh.umaryland.edu]
- Center for School-Based Mental Health Programs
  [http://www.aacap.org/]
- Center for School Mental Health
  [http://www.csmh.umaryland.edu]
- Maryland School Mental Health Alliance
  [http://www.mspta.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/]

Youth Section

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