



Discussing School-Based Mental Health Outcome Measurement

Session Outline

- Operationalizing mental health services.
- Examples of SS/HS indicators and suggestions from the literature on school-based mental health services.
- Examples of current evaluation activities in several SS/HS sites.
- Discussion



Mental Health Services (Element 4) – GFA Guidance

- Overarching purpose of SS/HS Element Four:
 - To support enhanced integration, coordination, and resource sharing among education, mental health, and social service providers.
- Early identification of MH problems and appropriate support are important in improving academic achievement and overall well-being.
- School mental health programs improve educational outcomes by:
 - Decreasing absences
 - Reducing discipline referrals
 - Improving test scores



Mental Health Services (Element 4) – GFA Guidance

- Potential SS/HS Activities include:
 - Early identification and assessment in school setting
 - School-based early intervention for at-risk youth and their families
 - Referral and follow-up with local MH agencies when TX is indicated
 - Training and consultation to school personnel
 - Supportive services to families
 - Revising policies and procedures to ensure enhanced communication and information sharing across service systems (e.g., common referral/intake forms)
- GPRA Indicators for Element Four:
 - Total number of students receiving MH services in schools
 - Percentage of students receiving MH services outside school after referral.



Student Behavioral, Social, and Emotional Supports (Element 3) – GFA Guidance

- Academic and social success depends on more than instruction alone:
 - Foster positive relationships for youth
 - Promote meaningful parental and community involvement
 - Positive interaction with peers and adults
 - Increase self and social awareness
 - Ability to manage negative emotions
 - Improved decision-making/negotiation skills to resist negative peer pressure
- Potential SS/HS Activities include:
 - Opportunities for students to participate in after-school programs
 - Staff training on knowledge and skills needed to support positive student behavior
 - Designated staff to improve school-community liaisons



Operationalizing Mental Health Services and Comparing/Contrasting Elements Three and Four

- How are “mental health services” being defined in the school district(s) you are working with?
- Is there a certain threshold that must be met? Is the distinction based on the type of service being delivered or the individual delivering the service?
- Are you only looking at the two GPRA indicators or are you going beyond this level of assessment?
- Is there a clear distinction between the issues/outcomes being assessed between Elements Three and Four or are they blended?

Element Four Examples Indicators from FY07 Cohort

- **Infrastructure Development**
 - Number of MH staff hired & Number of trainings for MH staff (plus attendance)
- **Identification and Screening**
 - Number of students identified as needing MH services (and type of issues identified)
- **Referrals**
 - Number of students and families referred to MH agencies
 - Access to services (e.g., wait-times following referral)
- **Receipt of Services**
 - Number of students receiving school & community services (GPRA indicators)
- **Characteristics of Service Delivery**
 - Number and/or type of MH services offered



Element Four Examples Indicators from FY07 Cohort

- Behavioral Outcomes
 - Percentage of students who attempt suicide
 - Student disciplinary referrals
 - Student functioning
 - Attendance
 - Suspensions
- Social/Emotional Outcomes
 - Number of students who report there is at least one adult in school they can talk to about their problems or concerns.

Tripartite Model for Mental Health Outcomes

- **Accountability to Society**
 - Increased youth employment (ages 16-19)
 - Increased readiness for adult employment
 - Reduced youth pregnancy
 - Reduced arrests/citations/probation violations
 - Reduced ER use for MH/psychosocial problems
 - Reduced youth deaths (suicide, homicide, result of high-risk behaviors)
- **Accountability to Schools and Other Institutions**
 - Increased academic achievement and grades
 - Increased graduation rates
 - Increased numbers taking college board exams/continuing on to post-secondary
 - Increased attendance/decreased tardiness
 - Reduced referrals for misbehavior/learning problems
 - Reduced numbers designated Learning Disabled/Emotionally Disturbed
 - Reduced number of dropouts
- **Accountability to Specific Clients**
 - Satisfaction with intervention
 - Progress addressing problems for which the intervention was implemented (e.g., symptom reduction, increase in positive functioning)

Center for Mental Health in Schools (2008). Enhancing classroom approaches for addressing barriers to learning: Classroom-focused enabling. Los Angeles, CA: Author. -- Citing Strupp, H.H. & Hadley (1977). *American Psychologist*, 32, 187-196.

Expanded School Mental Health Programs Outcomes

- Structural
 - Organizational characteristics (inter-organizational connections, staff characteristics)
- Process
 - Experience, training, and supervision of staff
 - Productivity of clinicians
 - How services are delivered
 - Latency between referral for and receipt of services
 - Percentage of referred youth who are actually seen
 - Participation of clinicians in school-wide committees and teams
 - Ongoing and significant involvement of stakeholders, particularly families
- Outcomes
 - Enhancing early identification of emotional, behavioral, and academic problems in youth through systematic screening
 - Preventing problems in each of these domains through early intervention
 - Improving school attendance, behavior, and performance
 - Decreasing risk-taking behavior
 - Decreasing use of high-intensity services in the community
 - Improving referral process, enhancing identification, and avoiding inappropriate referrals
 - Whether or not services resulted in changes in participants or systems

Weist, M.D., Nabors, L.A., Myers, C.P., & Armbruster, P. (2000). Evaluation of expanded school mental health programs. *Community Mental Health Journal*, 36(4): 395-411.