

Mental Health Planning and Evaluation Template

SAMPLE SCORE SHEET

Below are the team scores for **Set I** of the MHPET assessment tool. An "X" has been marked by items on which your score average a 3 or less to indicate areas that you may want to target for improvement. These scores should be discussed as a team in order to fully understand your program's continuous quality improvement. We suggest you discuss the following questions and then reference the [School Mental Health Action Plan](#):

- 1) Based on these ratings, in which areas can your site improve?
- 2) Which of these can you realistically impact most in the next 3-6 months?
- 3) How do you plan to make these improvements in these areas?

[Team Results \(Excel Spreadsheet\)](#)

		Total Completed Surveys:	3
Dimension 1: Operations		Team Average Set One	Less Than or Equal to 3
1	Mental health staff works in a confidential space and accesses dedicated phone lines and file cabinets that can be locked to ensure privacy of records.	6.00	
2	A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	6.00	
3	Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	5.33	
4	There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	2.67	X
5	Mental health services adhere to clear policies and procedures to share information appropriately within and outside of the school and to protect student and family confidentiality.	5.00	
Dimension 2: Stakeholder Involvement			
6	Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	5.00	
7	Families are partners in developing and implementing services.	1.67	X
8	Teachers, administrators, and school staff understand the rationale for mental health services within their school and are educated about which specific barriers to learning these services can address.	2.00	X

Dimension 3: Staff and Training			
9	Mental health staff has completed accredited graduate training programs.	6.00	
10	Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.	5.67	
11	Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.	2.00	X
12	Mental health staff receives training, support and supervision in providing strengths-based and developmentally and culturally competent services.	2.33	X
Dimension 4: Identification, Referral, and Assessment			
13	Mental health service providers work with the school to effectively identify youth who present or are at risk for presenting emotional and/or behavioral difficulties.	5.33	
14	Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.	3.67	
15	Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals	5.00	
16	The mental health intake process is comprehensive while minimizing barriers to service for students and their families.	5.33	
17	Mental health staff uses brief, validated measures of behavioral and emotional health including risk behaviors (e.g. substance abuse) and strengths, to enhance initial, ongoing, and outcome evaluations.	5.00	
Dimension 5: Service Delivery			
18	A range of activities and services, including school-wide mental health promotion, prevention, early intervention and treatment services are provided for youth in general and special education.	3.33	
19	Mental health prevention and intervention services are empirically supported or based on evidence of positive impact.	2.67	X
20	Mental health activities and services are designed to meet the needs of culturally and linguistically diverse groups.	4.67	
21	Psychiatric consultation is available to provider staff to assist in the assessment and treatment of youth with serious and/or complex mental health issues.	5.67	
22	Treatment plans are uniformly completed and accurately match program services to the presenting needs of students and their families.	6.00	
23	Through peer and case consultation and other mechanisms, treatment plans and implemented strategies are frequently reviewed and adjusted to ensure that services are being delivered to address the most important problems/issues.	6.00	
Dimension 6: School Coordination and Collaboration			
24	Mental health staff develops and maintains relationships and participates in training and meetings with educators and school-employed mental health staff.	3.33	
25	Mental health staff provides consultation services to teachers, administrators and other school staff.	4.33	
26	Mental health staff coordinates efforts with school-employed mental health/health professionals (including school-based health care providers if present) to ensure that youth who need services receive them and to avoid service duplication.	5.33	
27	Interdisciplinary meetings and training are regularly held with all health (if present) and mental health staff of the program.	3.00	X

28 Mental health and health staff (school or community based) provides mutual support and cross referrals (i.e., health staff assess students for mental health issues and refer them to mental health staff and vice versa).	6.00	
Dimension 7: Community Coordination and Collaboration		
29 A regularly updated directory is maintained to assist students and families in connecting to relevant health, mental health, substance abuse, academic and other programs or resources in the school and the community.	4.67	
30 Services are coordinated with community-based mental health and substance abuse organizations to enhance resources and to serve students whose needs extend beyond scope or capacity.	5.00	
31 Services are coordinated with community-based social service and advocacy organizations that are familiar with the culture and language needs of diverse student and family groups within the school.	4.67	
Dimension 8: Quality Assessment and Improvement		
32 Guidance is received on mental health programming from stakeholders including youth, families, school staff, and community leaders who are diverse in terms of race/ethnicity and personal/cultural background.	5.00	
33 A stakeholder-informed mental health quality assessment and improvement (QAI) plan is implemented that includes measures of consumer satisfaction, individual student outcomes (e.g., measures of behavioral or emotional health), and school-related outcomes (e.g., attendance, behavior, academic performance).	3.33	
34 Findings from the QAI plan are used to improve services continuously.	2.67	X