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Bringing Health Care To Schools For Student Success

Quality Assessment and Improvement in School Mental Health

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Learning objectives

- Define quality as it pertains to school mental health (SMH)
- Describe five steps in a continuous quality assessment and improvement (QAI) process
- Explain how to set up a QAI team
- Demonstrate how to use the Mental Health Planning and Evaluation Template (MHPET) for assessing SMH activities, programs and services.
- Describe how to identify improvement targets and create an action plan for ensuring a quality SMH program
- Describe how two states used the MHPET to strengthen QAI activities

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Why QAI in SMH?

- Traditionally quality had been more of a focus in the field of healthcare
- SMH is a growing field
- Connects training, practice, research, and policy
- Bridges the gap between the development and dissemination of evidence-based practice
- Mitigates against real life contingencies

Characteristics of quality SMH

- Access
- Tailoring to community needs and strengths
- Using approaches and programs that are science or evidence-based
- Strong and diverse involvement of families, youth, and other stakeholders
- Full promotion to intervention continuum

Characteristics of quality SMH (cont.)

- Committed, energetic staff
- Cultural and linguistic competence
- Services are coordinated and connected to school and community
- Evaluation findings are used for continuous program improvement and policy change

Predictors of QAI readiness

- Buy-in from decision maker (e.g. principal, director of program)
- SMH must be a shared responsibility
- SMH program must have a system of accountability
- Staff have desire to be effective
- Staff willing to work as a team
- Staff have willingness to have work informed by evidence

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Challenges to QAI

- Lack of investment in SMH
- Limited staff and resources
- Silos and turf
- Bureaucracy
- Frequent changes in leadership
- Compelling and competing need at all levels
- Inertia

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Five-step QAI process

1. (Re)convene a Team — Include multiple stakeholders and designate a team leader
2. Assess — Complete an assessment of school mental health services
3. Review — (As a team), review the results and select target areas for improvement
4. Action Plan — (As a team), develop and implement a plan that outlines strategies for improvement
5. Evaluate — (As a team), evaluate progress

STEP 1: CONVENE A TEAM

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Why teams?

- Maximize the knowledge, skills, experience, and perspectives of multiple individuals
- No one person in your practice knows all the dimensions of an issue
- Use teams when…
  - The system that you are studying is complex
  - Process involves more than one discipline or work area
  - Improvements require creativity
  - You need your colleagues' commitment and buy-in

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Team composition

- Anyone familiar or interested in the mental health services in the designated school
- Both school-based and non school-based staff
  - program managers
  - mental health providers
  - health care providers (e.g. nurse practitioner, school nurse)
  - school staff (e.g. counselors, teachers, administrators)
  - family and youth

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Team composition

- Is there an existing team (e.g. school health advisory council) that can serve this function?
- Look for diversity and enthusiasm
- Allow people to volunteer
- Keep your team manageable in size and inclusive of key stakeholders

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Role of team leader

- Schedule meetings
- Facilitate effective meetings
- Keep everyone on track
- Monitor participation
- Follow-up

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ACTIVITY: Selecting a team

- QUESTION TO AUDIENCE:

  Who would you include on your QAI team?

- **Directions:** Please use the chat box to type in the roles of individuals who you would include on your team. Do not to repeat what someone else has already written down.

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Activity discussion

- *Why did you select these people for your team?*

- *Is there anyone you thought about including but decided not to?*

- *Who from this list would you select as the team leader and why?*

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STEP 2: COMPLETE THE ASSESSMENT

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Assessment Tools: Why do you need them?

- First-hand knowledge of what SMH programs look like
- Helps prioritize where to expend time, energy, and resources
- Helps develop a plan that addresses the real needs
- Gives you a chance to administer again to see what progress has been made

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Mental Health Planning and Evaluation Template (MHPET)

- Improve mental health structures and practices along the full continuum (prevention through treatment) in <u>any school setting</u>

- Enhance the planning and evaluation of mental health programming in <u>any school setting</u>

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MHPET disclaimer

- Organizes and support sstakeholders' perspectives on school-based mental health; <u>it is NOT a tool for external oversight</u>

- Saves time by offering guided stakeholder feedback; therefore <u>you do NOT have to struggle to frame a conversation about what quality SMH should look like</u>

- Offers transparency and an honest understanding of both strengths and growth areas which is essential to an improvement process; <u>it is NOT a tool to judge how people are doing their job</u>

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MHPET web-based tool

- Set up to be completed by teams of 3 to 8 people

- Each team member completes 34 indicator measure

- Computer generates scores

- Teams go back 3-6 months later to complete a second time

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Mental Health Planning and Evaluation Template – Set I and Set II Team Scores

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 is 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?

	Set I Team Average	Set I Less than or equal to 3	Set II Team Average	Set II Less than or equal to 3
Dimension 1: Operations				
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		6.00	
A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.	6.00		6.00	
Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.	6.00		6.00	
There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).	3.67		4.25	
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.	4.33		4.75	
Dimension 2: Stakeholder Involvement				
Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.	2.33	X	3.00	X
Families are partners in developing and implementing services.	3.00	X	3.50	
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.	2.33	X	3.00	X
Dimension 3: Staff and Training				
Mental health staff has completed accredited graduate training programs.	6.00		6.00	
Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.	6.00		6.00	
Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.	6.00		6.00	

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**STEP 3:
REVIEW THE ASSESSMENT & SELECT INDICATORS**

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Reviewing scores and selecting indicators

- Assessing strengths/weaknesses
  - Look for patterns
- Where will impact be greatest?
  - Halo effect/snowball effect
  - Select activities that are consistent with needs of students, community, and funder
- What is realistic and achievable?
  - Similar to treatment planning with clients
- Consider existing information and data sources

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ACTIVITY: reviewing scores

- Review sample MHPET scores (handout)
- Break out into rooms:

  Northeast: Dial *1000#   South: Dial *3000#

  Midwest: Dial *2000#   West: Dial *4000#

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**ACTIVITY (cont.):
group discussion questions**

- *Which indicators were rated the highest?*
- *Which indicators were rated the lowest?*
- *Were there any patterns or clustering of scores?*
- *Which indicators are in most need of improvement?*
- *Which of these can you realistically impact during the school year?*

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**ACTIVITY (cont):
selecting indicators**

- Based on your discussion, select 2 to 3 improvement targets (indicators) that this group could work on
- Report out:
  - *Which indicators did your group select?*
  - *Why did you select these?*
  - *How did you arrive at a consensus on these indicators?*
  - *What additional information would you have wanted to inform your selection*

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STEP 4:
DEVELOP ACTION PLAN

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Action planning

Action and tactics	Stakeholders	Capacities & Resources	When will it be done?	Who is responsible?
What activities can advance progress on a given indicator?	Who are your constituents? allies? Opponents?	What do you have? What do you need? ● Staff ● Information/Expertise ● Fiscal ● Leadership ● Evaluation ● Partnerships in community ● Families and youth	Be realistic	Be specific

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Implementation

- Accountability
- Communication
- Potential barriers
- Addressing challenges
- Collaboration with other school teams and committees
- Partnerships

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Fit

- When selecting activities and tactics, consider the following:
  - Scope of activity: who will it influence?
  - Compatibility with students, school and community
  - Existing best practices and evidence-based approaches
  - Fidelity

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MHPET resource pages

- Each page corresponds with one or more of the thirty-four indicators on the MHPET.

- Each resource page contains:
  - rationale for why the topic is important
  - description of the topic
  - a set of recommended strategies related to the topic
  - additional resources and references

- Can be accessed by:
  - Clicking on the indicators from the results page of the MHPET
  - going directly to the MHPET resources page at www.nasbhc.org/mhpetresources
  - clicking on the "MHPET Resources" blue button at the top, right side of the MHPET home page www.nasbhc.org/mhpet

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STEP 5:
EVALUATE PROGRESS

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Why evaluate?

- Find out what is working well and what needs to be improved.
- Make changes rapidly and monitor effectiveness.
- Keep the process focused on the program goal, process, and desired outcomes.
- Incorporate lessons learned in planning

Process evaluation

- Evaluates the early development and implementation of the program
- Starts before the program is initiated and is ongoing
- Sample Questions:
  - What activities were actually implemented (versus what was planned)?
  - Were activities implemented on time?
  - What was done well (e.g. with fidelity to the best-practice program you selected)?
  - What mid-course corrections should be made?

Outcome evaluation

- Provides evidence that the program achieves the desired **impact** on the target population or social issue.
- Measured by:
  - Re-assessment of QAI tool(e.g. MHPET set two)
  - Longitudinal changes in student functioning
  - Cross group comparisons of behavior indicators in students who receive versus do not receive program services
  - Should we include academic outcomes, not just student functioning?

Using evaluation data

- Demonstrate outcomes
- Prove efficiencies
- Secure resources
- Advocate for legislation or funding

CASE EXAMPLES

Case example: Massachusetts

- Quality Improvement Collaborative: *Enhanced Mental Health and Substance Abuse (MHSA) Services in SBHCs*
- Provided funding for direct services and evaluation at 5 SBHCs
- Objective: enhance screening, identification, and referral of students with MHSA needs using evidence-based practices
- Mandated periodic MHPET implementation at each site

Massachusetts' lessons learned

- MHPET needs a QAI process to support and manage implementation
- A strategic planning session and using the community of practice model was helpful
- Funding helps
- Continuity in staffing is a significant factor
- District policies are significant contributors to QAI efforts
- Collaboration with school and stakeholder involvement is essential to all other dimensions
- There was definitely a "halo effect"

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Case example: Illinois

- State Department of Human Services requires all school health centers to have continuous quality improvement plan
- MHPET was designated as tool to assess mental health services
- Teams at SBHCs complete the MHPET process and meet regularly to monitor progress of action plans
- Currently on third set of MHPET

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Illinois' lessons learned

- Incentive for participation in the CQI process has also been driven by state certification and funding requirements.
- Need for clear expectations and ongoing communication.
- Barriers cited included:
  - software difficulties
  - coordination of staff and time/scheduling constraints
  - lack of mental health staff or resources in their community
- Have seen program- and state-level outcomes

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SBHC resources   www.nasbhc.org

General SMH Resources

- Center of School Mental Health
  http://csmh.umaryland.edu
- School Mental Health Connection
  www.schoolmentalhealth.org
- Center for Health & Health Care in Schools
  www.healthinschools.org
- UCLA Center for Mental Health in Schools
  www.smhp.psych.ucla.edu

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