### Mental Health Planning and Evaluation Template (MHPET)

NASBHC developed the Mental Health Planning and Evaluation Template (MHPET) in partnership with the Center for School Mental Health (CSMH) to systematically assess and improve the quality of mental health services delivered within school-based settings. Originally conceived as a tool to be applied in school-based health centers (SBHCs), the MHPET can also be used in evaluating activities and services across the field of school-based mental health. The MHPET can also be equally utilized for new or established school mental health programs.

The MHPET is a 34 indicator measure that operates as an assessment tool to target areas of strength and improvement in school-based mental health quality. The MHPET is organized into eight dimensions:

- operations
- stakeholder involvement
- staff and training
- · identification, referral, and assessment
- service delivery
- school coordination and collaboration
- community coordination and collaboration
- quality assessment and improvement

## In considering whether to use the MHPET, please note the following three assumptions:

- 1. The activities and services to be evaluated have the support of the sponsoring organization and the school and community being served.
- 2. It is not the sole responsibility of mental health service providers to achieve the indicators. Rather, it is a shared responsibility of the providers, sponsoring organization, school, family, community, and youth partners.
- 3. If evaluating the mental health services within a school-based health center (SBHC), it is assumed that the SBHC has adopted the <a href="NASBHC Principles and Goals of School-Based Health Care">NASBHC Principles and Goals of School-Based Health Care</a>.

## **Steps for completing the MHPET survey**

Note: for programs in multiple schools, one MHPET survey needs to be completed for each school.

- 1. Select a team of raters.
- 2. Establish a survey team lead.
- 3. Initiate SET ONE of the MHPET:
  - Survey team lead completes the first survey.
  - Each team member completes the survey within two weeks of initiation.
- 4. Survey team lead closes out SET ONE.
- 5. Survey results are automatically computed and reviewed by the team. Target areas for improvement are selected.
- 6. Three to six months later, the SAME team of raters initiates SET TWO of the survey by following step 3 above.
  - If you are unable to have the same team of raters, attempt to have the same number of raters and people in similar positions represented on the team.
- 7. Results of both sets of scores are computed and provided for comparison and review.

#### Who should be on a team of raters?

- A minimum of three and maximum of eight team members.
- Anyone familiar or interested in the mental health services in the designated school. These may include both school-based and nonschool-based staff.

A diverse group of any/all of the following: mental health providers, program managers, health care
providers (e.g. nurse practitioner, school nurse) and school staff (e.g. counselors, teachers,
administrators).

## Who should be the survey team lead?

The survey team lead can be anyone involved in completing the survey process who will take responsibility for initiating and closing out the survey process. The survey team lead may also need to remind team members to complete their surveys.

# Please follow the <u>rating instructions</u> below:

- 1. Select the number that best reflects the degree to which the item (indicator) is implemented.
- 2. Your rating should honestly reflect the present status. Avoid the positive bias common when using such self-rating methods (i.e., rating services higher than actually exist).
- 3. Many indicators have multiple components. Select a rating based upon all of the components described in the indicator that are currently in place or not in place.
  - ▶ Indicators should be **rated 1** if the qualities and/or characteristics described are not at all in place. For those indicators that have multiple components, meeting none of the components would merit this rating.
  - Indicators should be **rated 6** if the qualities and/or characteristics described are fully in place. For those indicators that have multiple components, meeting all of the components would merit this rating.
  - □Indicators should be **rated "DK" (don't know)** if you are not adequately informed to assess the specific indicator.

NOTE: If you select "Save & Continue Later" the survey will default to "DK" for all unanswered questions.

Be sure to select the desired responses when you return.

# NASBHC'S Mental Health Planning and Evaluation Template Survey

|    |  | Not<br>at all<br>in<br>place |   |   |   |   | Fully<br>in<br>place | Don't<br>Know |
|----|--|------------------------------|---|---|---|---|----------------------|---------------|
|    | Dimension 1: Operations  | 1                            | 2 | 3 | 4 | 5 | 6                    | DK            |
| 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.  | 0                            | С | С | С | С | О                    | •             |
| 2  | A system is in place to perform administrative functions such as: client scheduling, data management, and documentation.   | О                            | O | С | С | 0 | 0                    | •             |
| 3  | Following legal and professional guidelines, appropriate case records are developed and maintained, with methods to ensure privacy and confidentiality.  | С                            | С | С | С | О | С                    | •             |
| 4  | There are clear protocols and supervision for handling students' severe problems and crises (e.g., suicidal ideation, psychosis, abuse/neglect).   | 0                            | 0 | С | С | 0 | О                    | •             |
| 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.                      | С                            | С | С | С | С | С                    | •             |
|    | Dimension 2: Stakeholder Involvement   | 1                            | 2 | 3 | 4 | 5 | 6                    | DK            |
| 6  | Mental health activities and services have been developed with input from students, school leaders, school staff, families and other community members.  | 0                            | С | С | С | 0 | 0                    | •             |
| 7  | Families are partners in developing and implementing services.   | C                            | C | C | C | C | C                    | •             |
| 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.  | o                            | 0 | 0 | 0 | 0 | С                    | •             |
|    | Dimension 3: Staff and Training  | 1                            | 2 | 3 | 4 | 5 | 6                    | ÐK            |
| 9  | Mental health staff has completed accredited graduate training programs.   | 0                            | C | C | C | C | 0                    | 0             |
| 10 | Mental health staff is licensed in a mental health profession or is actively pursuing licensure and receiving required supervision toward licensure.   | О                            | С | С | С | 0 | o                    | •             |
| 11 | Mental health staff receives training and ongoing support and supervision in implementing evidence-based prevention and intervention in schools.   | С                            | С | С | С | С | С                    | •             |
| 12 | Mental health staff receives training, support and supervision in providing strengths-based and developmentally and culturally competent services.   | 0                            | 0 | О | 0 | 0 | 0                    | •             |
|    |  |                              |   |   |   |   |                      |               |
|    | Dimension 4: Identification, Referral, and Assessment  | 1                            | 2 | 3 | 4 | 5 | 6                    | DK            |
| 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.                                     | 0                            | C | C | C | 0 | 0                    | •             |
| 14 | Mental health service providers and the school have adopted a shared protocol that clearly defines when and how to refer students.   | 0                            | 0 | С | С | 0 | О                    | •             |
| 15 | Mental health staff responds rapidly to referrals and informs school staff, health staff and/or family members on the status of referrals  | 0                            | О | О | О | С | С                    | •             |
| 16 | The mental health intake process is comprehensive while minimizing barriers to service for students and their families.  | 0                            | С | С | О | 0 | О                    | •             |
| 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. | С                            | О | С | С | С | С                    | •             |

NASBHC'S Mental Health Planning and Evaluation Template Survey Dimension 5: Service Delivery 1 2 3 4 5 A range of activities and services, including school-wide mental health promotion, 00000 0 18 prevention, early intervention and treatment services are provided for youth in general and special education. Mental health prevention and intervention services are empirically supported or based on 19 evidence of positive impact. Mental health activities and services are designed to meet the needs of culturally and 20 linguistically diverse groups. Psychiatric consultation is available to provider staff to assist in the assessment and 21 treatment of youth with serious and/or complex mental health issues. Treatment plans are uniformly completed and accurately match program services to the 22 0 0 0 presenting needs of students and their families. Through peer and case consultation and other mechanisms, treatment plans and 23 implemented strategies are frequently reviewed and adjusted to ensure that services are being delivered to address the most important problems/issues. Dimension 6: School Coordination and Collaboration 2 3 4 5 DK Mental health staff develops and maintains relationships and participates in training and 24 0000 meetings with educators and school-employed mental health staff. Mental health staff provides consultation services to teachers, administrators and other 25 0 school staff. Mental health staff coordinates efforts with school-employed mental health/health 000 26 professionals (including school-based health care providers if present) to ensure that 0 youth who need services receive them and to avoid service duplication. Interdisciplinary meetings and training are regularly held with all health (if present) and 27 mental health staff of the program. Mental health and health staff (school or community based) provides mutual support and 0 28 cross referrals (i.e., health staff assess students for mental health issues and refer them to mental health staff and vice versa). Dimension 7: Community Coordination and Collaboration 1 2 3 5 DK A regularly updated directory is maintained to assist students and families in connecting to 29 relevant health, mental health, substance abuse, academic and other programs or resources in the school and the community. Services are coordinated with community-based mental health and substance abuse 30 organizations to enhance resources and to serve students whose needs extend beyond 0000 0 scope or capacity. Services are coordinated with community-based social service and advocacy organizations 31 that are familiar with the culture and language needs of diverse student and family groups within the school. Dimension 8: Quality Assessment and Improvement 2 3 4 5 DK Guidance is received on mental health programming from stakeholders including youth, 00000 32 families, school staff, and community leaders who are diverse in terms of race/ethnicity and 💨 🔘 0 personal/cultural background. A stakeholder-informed mental health quality assessment and improvement (QAI) plan is implemented that includes measures of consumer satisfaction, individual student 33 outcomes (e.g., measures of behavioral or emotional health), and school-related outcomes (e.g., attendance, behavior, academic performance).

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Findings from the QAI plan are used to continuously improve services.

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