School Mental Health Quality Assessment Questionnaire (SMHQAQ)*

Center for School Mental Health Analysis and Action *October*, 2006

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Please answer each item that follows based on your current practice in school. <u>Please select the number that best reflects the degree that the item is developed and/or implemented. Thank you.</u>

Principle 1: All youth and families are able to access appropriate care regardless of their ability to pay.	not at all in place				fully in place			
ACCESS TO CARE								
1) When indicated, do you provide case management assistance to students and families to assist them in obtaining health insurance or to facilitate enrollment in programs for which they are eligible?	1	2	3	4	5	6		
FUNDING								
2) Are you engaged in activities that may bring resources or financial support into the school mental health program?	1	2	3	4	5	6		
Principle 2: Programs are implemented to address needs and strengthen assets for students, families, schools, and communities.	not at all in place			fully in place				
NEEDS ASSESSMENT								
3) Have you conducted assessments on common risk and stress factors faced by students (e.g., exposure to crime, violence, substance abuse)?	1	2	3	4	5	6		
4) Have you held meetings with students, parents, and teaching staff to ask them about their needs and to ask them for their recommendations for actions by school mental health staff?	1	2	3	4	5	6		
ADDRESSING NEEDS AND STRENGTHS								
5) Do you have services in place to help students contend with common risk and stress factors?	1	2	3	4	5	6		
6) Are you matching your services to the presenting needs and strengths of students/families after initial assessment?	1	2	3	4	5	6		
Principle 3: Programs and services focus on reducing barriers to development and learning, are student and	not at all in place	fully in place			2			
family friendly, and are based on evidence of positive impact.	III place				шр	iacc		
EVIDENCE-BASED PRACTICE: SCREENING, ASSESSMENT, AND INTERVENTION								
7) Do you receive ongoing training and supervision on effective diagnosis, treatment planning and implementation, and subsequent clinical decision-making?	1	2	3	4	5	6		
8) Do you conduct screening and follow-up assessments to assist in the identification and appropriate diagnosis of mental health problems?	1	2	3	4	5	6		
9) Do you continually assess whether ongoing services provided to students are appropriate and helping to address presenting problems?	1	2	3	4	5	6		
10) Is there a clear and effective protocol to assist your clinical decision making and care for more serious situations (e.g., abuse and neglect reports, self-reporting of suicidal/homicidal ideation)?	1	2	3	4	5	6		
11) Are you actively using the evidence-base (practices and programs) of what works in child and adolescent mental health to guide your preventive and clinical interventions?	1	2	3	4	5	6		

Principle 4: Students, families, teachers and other important groups are actively involved in the program's development, oversight, evaluation, and continuous improvement.	not at all in place				fully in place			
STAKEHOLDER INVOLVEMENT AND FEEDBACK					•			
12) Have you helped your school develop an advisory board (including youth, families, administrators, educators, school health staff, community leaders) for its mental health programs?	1	2	3	4	5	6		
13) Do you collaborate closely with your school administrator and offer numerous opportunities for recommendations, feedback, and involvement in program development and implementation?								
14) Do you participate in methods or activities (e.g., meetings, focus groups, surveys) to obtain feedback on an ongoing basis from key stakeholders on how the program is functioning and how it can be improved?	1	2	3	4	5	6		
15) Do you engage in efforts to ensure that stakeholder ideas and recommendations are actually implemented in a timely manner?	1	2	3	4	5	6		
16) Are you providing training and educational activities for families, teachers and other stakeholder groups based on their recommendations and feedback?	1	2	3	4	5	6		
Principle 5: Quality assessment and improvement activities continually guide and provide feedback to the program.	not at all in place					fully in place		
QUALITY ASSESSMENT AND IMPROVEMENT								
17) Are your efforts and activities being guided by an active and effective quality assessment and improvement plan that other school mental health clinicians and stakeholders (school staff, families, community) are aware of?	1	2	3	4	5	6		
18) Have you been well trained in paperwork requirements for your program, and do your records clearly reflect delineated policies and procedures?	1	2	3	4	5	6		
19) Are you ensuring that families are meaningfully involved in treatment planning and ongoing therapy efforts?	1	2	3	4	5	6		
20) Are peer review mechanisms in place for you to receive feedback from other mental health staff on the way you handle cases and/or implement preventive and clinical interventions?	1	2	3	4	5	6		
21) Are you actively using an evaluation plan that provides measurable results to and helps to improve your preventive and clinical intervention efforts?	1	2	3	4	5	6		
22) Are you sharing positive and negative findings from the evaluation of your services with youth, families, school staff and other stakeholders?	1	2	3	4	5	6		
Principle 6: A continuum of care is provided, including school-wide mental health promotion, early intervention, and treatment.	not at all in place			fully in place				
CONTINUUM OF CARE								
23) Do you offer activities promoting school-wide mental health?	1	2	3	4	5	6		
24) Are you actively involved in developing and implementing training and educational activities for educators on	1	2	3	4	5	6		
the identification, referral, and behavior management of social/emotional/behavioral problems in students?	1							
25) Do you offer group, classroom, and school-wide prevention activities?	1	2	3	4	5	6		
26) Do you offer intensive treatment services to youth and families including individual, group, and family therapy?	1	2	3	4	5	6		
27) Are you able to continue to have mentoring relationships with students who no longer present serious problems?	1	2	3	4	5	6		
REFERRAL PROCESS								
28) Are your referral procedures being well utilized by educators, other mental health staff, health staff, administrators, parents and students?	1	2	3	4	5	6		
29) Do you promptly screen/assess all students who have been referred for services?	1	2	3	4	5	6		

Principle 7: Staff holds to high ethical standards, is committed to children, adolescents, and families, and displays an energetic, flexible, responsive and proactive style in delivering services.	not at all in place			fully in place				
CLINICIAN TRAINING, SUPPORT, AND SERVICE DELIVERY	1				•			
30) Do you feel sufficiently trained, supported, and supervised to handle the unique demands of school-based practice in an ethical and effective manner?	1	2	3	4	5	6		
31) Are the services you provide characterized by a flexible, proactive approach that enables youth and families in need to be served as rapidly as possible?	1	2	3	4	5	6		
Principle 8: Staff is respectful of, and competently addresses developmental, cultural, and personal differences among students, families and staff.	not at all in place			fully in place				
COMPETENTLY ADDRESSING DEVELOPMENTAL, CULTURAL, AND PERSONAL DIFFERENCES								
32) Are you receiving regular training on effectively providing care for students and families who present diverse developmental, cultural, ethnic, and personal backgrounds?	1	2	3	4	5	6		
33) Does your caseload reflect the diversity of the school population?	1	2	3	4	5	6		
34) Are you making efforts to ensure that your school mental health program and services are welcoming and respect the students and families served?	1	2	3	4	5	6		
35) Are key stakeholders who provide ongoing guidance to your school mental health program diverse in terms of gender, race/ethnicity, and personal/cultural background?	1	2	3	4	5	6		
Principle 9: Staff builds and maintains strong relationships with other mental health and health providers and educators in the school, and a theme of interdisciplinary collaboration characterizes all efforts.	not at all in place			fully in place				
INTERDISCIPLINARY COLLABORATION AND COMMUNICATION					•			
36) Are you helping to coordinate mental health efforts in the school to ensure that youth who need services receive them, while avoiding service duplication?	1	2	3	4	5	6		
37) Are you using or helping to develop communication mechanisms to ensure that information is appropriately shared and that student and family confidentiality is protected?	1	2	3	4	5	6		
38) Do you actively collaborate with other professionals in your school (other health/mental health providers, educators, administrators)?	1	2	3	4	5	6		
Principle 10: Mental health programs in the school are coordinated with related programs in other community settings.	not at all in place			fully in place				
COMMUNITY COORDINATION								
39) Are you knowledgeable about existing mental health and related resources for students in the school and community and is this information readily available in a directory that can be broadly shared within the school?	1	2	3	4	5	6		
40) Are you working closely with other community health and mental health providers and programs to improve cross-referrals, enhance linkages, and coordinate and expand resources?	1	2	3	4	5	6		

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