CASE EXAMPLE: Massachusetts use of the Mental Health Planning and Evaluation Template (MHPET) in a Quality Improvement Collaborative

Process

In 2007, the Massachusetts Department of Health School-Based Health Center (DPH SBHC) program launched the quality improvement collaborative *Enhanced Mental Health and Substance Abuse Services in SBHCs*. Through this collaborative, DPH provided funding for direct services and evaluations at five SBHCs with the objective of enhancing screening, identification, and referral of students with mental health and substance abuse needs through evidence-based practices. As part of this quality improvement process, each site administered the MHPET once per year for two years at each site.

The project was organized using a "community of practice" model which is a process of learning by a group of people who share a concern or a passion. This community of practice was organized and led by an experienced evaluator from the Massachusetts Coalition of School-Based Health Centers. The group's activities focused on collaborative learning and quality assessment and improvement (QAI). Participants in the collaborative consulted with content experts in areas such as behavioral health screening, school administration, interdisciplinary collaboration, and program development to increase their knowledge in these areas. Participants were oriented to the MHPET team process, reviewed the MHPET scores, and selected target improvement indicators. The program evaluator and participants collectively shared barriers, strategies, and successes in achieving these improvement goals. Each site identified, monitored, measured, and reported on action steps in consultation with the evaluator. The DPH monitored process improvements including screening, identification, and referrals of students.

Lessons Learned

As a result of this process of utilizing the MHPET, the group identified several lessons learned:

- The MHPET needs to be used within a QAI process to initiate, implement, and provide continuity.
- Collaboration with schools and stakeholder involvement is essential to all other quality dimensions.
- Strategic planning and using the community of practice model were readily adopted by the SBHC staff and educational partners.
- Leadership matters! SBHCs that were most successful had administrative support from their sponsoring agencies and a "champion" clinician or staff member who drove the process on-site.
- Funding is crucial. Time for administrative and clinical staff to support the QAI process (i.e. collaboration, stakeholder involvement, and case management) needs to be budgeted for.
- District policies significantly impact QAI efforts.
- Identifying goals that unite teachers, school administrators, clinicians, parents, and students facilitates QAI and results in an improved processes and, potentially, outcomes.
- Continuity in staffing is a significant factor. Changing staff in both the SBHC and the school affects QAI.

Outcomes

As a result of this project, new screening and referral processes were adopted in four of the five programs. Budget cuts forced the closure of the fifth SBHC. Additionally, the MA DPH SBHC invested in further capacity building for all SBHC primary care clinicians in recognizing and managing behavioral health conditions.