

## Multi-site Use of the Mental Health Planning and Evaluation Template

In response to a growing interest in developing system-level quality assessment and improvement (QAI) efforts in school mental health, NASBHC offers the following recommendations<sup>1</sup> for implementing a QAI process using the Mental Health Planning and Evaluation Tool (MHPET) across multiple sites.

### 1. Build an infrastructure for system level QAI process by:

- designating a QAI coordinator
- hiring a program evaluator
- incorporating QAI into strategic planning and evaluation

### 2. Offer incentives for participation in the CQI process by offering

- stipends for participating sites to use toward program activities
- training opportunities for participating staff
- access to an evaluator and other content experts

NOTE: If QAI is a funding requirement, do not tie scores on MHPET to funding or performance evaluation.

### 3. Trouble shooting:

- consider piloting the QAI process with a small number of sites (3-5) first
- communicate any software difficulties to NASBHC as soon as they are encountered
- be aware of statewide or district policies that may significantly interfere with QAI efforts

### 4. Be clear about expectations of sites regarding:

- dates by which each site must complete both sets of the MHPET.
- size of teams
- number of targets to be selected for action planning.
- frequency with which teams must review action plans and monitor progress
- dates by which action plans must be revised.
- reporting requirements (i.e. action plans, dates of completion, and outcomes). *NOTE: Do not require that sites submit scores.*

### 5. Provide guidance to Team Leaders on: How to lead a QAI team

- How to use the on-line MHPET (consult NASBHC webinar and/or learning module on QAI in SMH)
- how to handle staff turnover
- parameters for developing action plans (e.g. which stakeholders must be involved, other school data that needs to be incorporated, activities that need to be coordinated with school)

---

<sup>1</sup> These recommendations came from experiences shared by two states that piloted the MHPET in multiple sites -- the Illinois Department of Human Services and the Massachusetts Department of Health School-Based Health Center Program.

**6. Develop a “community of practice” or learning collaborative for participating sites by:**

- bringing clusters of sites together to collectively share barriers, strategies, and successes in achieving improvement goals
- utilizing content experts to consult to learning collaborative on specific areas
- engaging in group problem solving to assist in development and implementation of action plans

**7. Document outcomes, such as:**

- increased coordination of care between the medical provider, mental health provider and school social workers.
- increased collaboration with school
- new grant opportunities to fund additional staff
- strengthened and expanded community partnerships
- Increased awareness of areas of strength
- Increased awareness of mental health issues in schools and communities
- Support for advocacy efforts for expanded funding for mental health services for children and adolescents.
- new policies, procedures and processes (e.g. screening and referral)

**8. Share your successes!**

- present outcomes of your QAI at meetings, regional conferences, and other forums
- include outcomes in grant reports and funding proposals