

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 [NASBHC Principles and Goals of School-Based Health Care](#).

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 rating instructions 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

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