Quality Assessment & Improvement Resource Packet

Center for School Mental Health Assistance (2001)

***Supported in full by Project # U93 MC 00174 from the Office of Adolescent Health, Maternal, and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services. This project is co-funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.**

QUALITY ASSESSMENT AND IMPROVEMENT

Introduction

Related to increasing disenchantment with traditional forms of mental health service delivery to youth and increasing awareness of the benefits of providing services directly in schools (e.g., reduced barriers – transportation, financial, stigma), expanded school mental health (ESMH) programs are growing rapidly in the United States. ESMH programs involve the provision of comprehensive mental health services to youth in schools, including assessment, intervention, prevention, and consultation. Research suggests that these programs are reaching youth who might otherwise not be reached and that provided services are effective in achieving desired outcomes (e.g., improved emotional-behavioral functioning in students).

Coinciding with the growth in ESMH programs is an increasing need for quality assessment research that investigates if quality care is being provided to youth and enhanced outcomes are being obtained. Recent estimates document that over 1,000 ESMH programs exist. Increasing knowledge about successful interventions for youth in these settings will provide knowledge about interventions that enhance outcomes and increase resilience for youth (Weist, Nabors, Myers, & Armbruster, 1998).

Importance of quality assessment and improvement

Research has documented positive outcomes for youth receiving mental health services, but the majority of the research assessing outcomes and effectiveness of mental health services for youth has been conducted in inpatient settings or community mental health clinics. However, more youth are receiving mental health services through innovative methods of service delivery that encompass a system of care, such as services delivered in school-based mental health programs. More information is needed about factors that are associated with positive outcomes and the enhancement of protective or resilience factors for youth receiving mental health services within these unique systems of care (Weist, 1997).

Although we are learning more about whether services are effective, more information is needed about the relationship between treatment process and outcomes for youth (Smith-Acuna, Durlak, & Kaspar, 1991). This is an important area of study in the era of accountability and quality in health care (Jensen, Hoagwood, & Petti, 1996).

Defining quality assessment and improvement

Measuring quality of care involves determining the "goodness" of care. That means, learning whether service delivery was well-executed, beneficial, and resulted in improved functioning for students in different domains (e.g., family, school; Wyszewianksi, 1988).

Quality assessment and improvement (QAI) programs involve implementing activities to assure and improve the quality of care for clients. Several features characterize successful QAI programs which include developing standards of care, emphasizing wrap-around services, enhancing collaboration and coordination among providers and

agencies, and developing orientation and ongoing training programs for mental health clinicians. Incorporating quality assessment and improvement programs into service delivery is a standard of care for clinicians providing services in schools (School Health Policy Initiative, 1996).

Recognizing the importance of quality assessment and improvement, the CSMHA convened a meeting of leaders in ESMH and quality assessment and improvement. Participants in this meeting identified the following key aspects of quality in ESMH programs:

1. Provide comprehensive, direct clinical assessment and treatment services for under-served youth
2. Emphasize preventive programs that provide early identification and treatment for youth in need
3. Ensure that mental health programs have a strength or competency focus, versus an exclusive focus on reducing psychopathology
4. Seek to maximize the impact of mental health services by improvement in collaborative efforts aimed at improving the global school environment

Phases for QAI activities

As reviewed by Nabors, Weist, Holden, and Tashman(1999), QAI activities involve the following:

1. Documenting the services provided by the mental health team
2. Identifying important aspects of treatment and related quality indicators
3. Developing criteria to evaluate indicators
4. Collecting data on treatment outcomes
5. Developing plans to ameliorate deficiencies discovered during the measurement phase
6. Communicating results

Conducting QAI activities can be divided into three phases: structural appraisal, process, and outcome (Donabedian, 1980). Considerable overlap exists between the three phases and one way to separate the phases is to view them as being on a continuum. Therefore, quality assessment and improvement can progress from a structural appraisal (e.g., recording the experience of the clinicians and the appropriateness of office space), followed by an evaluation of the treatment process (e.g., what occurs during therapy), and then examining outcomes related to quality of treatment for students and families. Implementing quality assessment and improvement activities in stages or steps ensures that clinicians will not be overwhelmed by the additional responsibilities.

Steps in conducting ESMH program evaluation

As described in Weist, Nabors, Meyers, and Armbruster (2000), the following are important steps in conducting program evaluations:

1. Focusing the evaluation: In choosing outcome indicators for an ESMH evaluation, quantitative and qualitative measures should be considered.

2. Ensuring cultural competency: It is important to document that services provided are developmentally and culturally sensitive for the youth and families who receive them. This focus on cultural competence is evident in every aspect of program evaluation.
3. Obtaining school and community support for the evaluation: ESMH program goals should reflect the goals of the relevant stakeholders in the school and community.
4. Conceptual schema for evaluation in ESMH programs: Generally, outcome indicators for ESMH evaluation can be grouped into the following categories: life stressors and risk factors; protective or resiliency factors; emotional/behavioral problems; and life functioning. In an ideal scenario, an ESMH program would serve to decrease life stressors and increase the presence and operation of protective factors in a child's life.
5. Specific measurement strategies: measurement strategies that can be used include self-reports, reports by parents, reports by teachers, and clinician ratings. Qualitative methods are important tools in gauging youth progress on functional indicators. An especially important area for ESMH evaluation is assessment of changes in youth performance in important functional domains during and following mental health intervention. Relevant functional indicators include grades, attendance and disciplinary encounters.
6. Measuring cost effectiveness: There is beginning evidence that ESMH programs are indeed more cost efficient. Regarding cost effectiveness, evidence of the impact of ESMH programs remains anecdotal. Cost efficiency and cost effectiveness of ESMH programs represent critical areas of research in the field that could have a significant influence on its development.

Potential barriers

Several challenges complicate the successful implementation of quality assessment and improvement activities such as resistance by clinicians, administrators, and students. Another challenge may be financing these activities. Furthermore, there are numerous challenges which makes it difficult to assess the relations between quality assessment and improvement activities and positive outcomes for students receiving mental health services in schools.

Examples of ESMH programs that have incorporated QAI activites

University of Maryland School Mental Health Program: The University of Maryland School Mental Health Program (SMHP) provides comprehensive mental health care (assessment, treatment, case management, prevention) to youth in 24 elementary, middle, and high schools in Baltimore. The program mission is to provide proactive, flexible, culturally sensitive, and empirically supported services to youth and their families. Quality assurance and evaluation activities have become a major focus of the program. As the program has grown progressively into more schools, activities related to quality assessment and improvement have been both expanded and improved.

The first phase of enhancing and documenting the quality of services in the SMHP combined a series of activities that were conducted to better understand the mental health needs of students and best strategies to address them. These activities included conducting focus groups with students, teachers, mental health clinicians, and school administrators; a peer review process for treatment planning by clinicians; and pilot

development of measures of satisfaction with treatment. A number of important findings emanated from these activities. These included: Students were highly satisfied with the mental health care they received, attributed emotional and behavioral improvements to this care, reported that clinician availability and experience were critical factors in the success of therapy efforts, not having enough clinical staff and stigma were two major barriers to the success of school-based therapy identified by students, and a peer review process was highly valuable in improving treatment planning for individual cases, but presented limitations in terms of the amount of time involved for both peer reviewers and participating school-based therapists. In addition to these findings, Dr. Laura Nabors developed the Youth Satisfaction with Counseling Scale (YSC). The YSC was developed to assess activities conducted in therapy, student satisfaction with therapy efforts, reasons for satisfaction, and areas for improvement.

The second phase focused on enhancing and documenting the quality of services in the SMHP. The YSC was used to assess student satisfaction with services, and the treatment impact of ESMH services on behavioral functioning of students was explored. Here, the focus was on findings related to satisfaction. In the two-year course of the study, across the University of Maryland SMHP, and a site in Delaware, 307 students in 6th through 12th grades participated, with 34.5% of participants being male, 62.5% African-American, 30.6% Caucasian, and 6.9% "other" (Latino and Asian). In terms of satisfaction with ESMH services as measures by the YSC, students provided very positive ratings. Three quarters of participants (75.7%) described being "very satisfied" with services, with almost all of the remaining participants (23%) indicating that they are somewhat satisfied. Personal characteristics of the counselor (e.g., "good listener," "cares about me," "gives good advice") were identified by 85.1% of the participants as being very important to their satisfaction. One third of participants (32.9) identified solving personal problems or working on personal issues (e.g., "helps me deal with my anger," "helps me deal with family problems") as being important contributors to satisfaction. With regard to reasons for dissatisfaction, over half of respondents (51.9%) felt that sessions were too short, followed by 14.0% of respondents, who indicated that the "counselor was not there enough." Only 7.5% endorsed any counselor qualities (e.g., "does not listen," "gives bad advice") as potential areas in need of improvement.

Dallas (Texas) Public Schools Initiative: The Dallas Youth and Family Centers provide ESMH services to all 220 of the schools in the Dallas Independent School District. They use a cluster model, with staff working out of high schools linked to middle and elementary schools, with each cluster serving up to 25 schools. The Dallas School District benefits from a sophisticated data management system.

The district's Research Department collects data on all students and families and tracks educational outcomes, including attendance, grades, behavior, and test scores. This information is integrated with data on students receiving services from the YFCs. Among students receiving mental health services, there was a 32% decrease in absences, a 31% decrease in failures, and a 95% decrease in disciplinary referrals. Satisfaction questionnaires completed by students and family members receiving mental health services were positive, more than 90% reported they were happy with services and would

return if needed. School personnel similarly report 95% satisfaction. It is important to document student academic success outcomes and to tell the success stories to the consumers, staff, and community. The Dallas program widely publishes its evaluation reports to school board members, school principals, and community leaders (Jennings, Pearson & Harris, 2000).

Instruments for assessing quality assessment and improvement

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Nabors, L.A. (1998). Teacher Survey of Student Progress. Center for School Mental Health Assistance, Department of Psychiatry, University of Maryland School of Medicine, 680 West Lexington Street, 10th Floor, Baltimore, MD 21201

Related CSMHA Articles

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Online resources

1. Center for School Mental Health Assistance, University of Maryland, Baltimore:
   http://csmha.umaryland.edu
2. Center for Mental Health in Schools, UCLA School Mental Health Project:
   http://smhp.psych.ucla.edu
3. Judge Baker Children's Center
   http://www.jbcc.harvard.edu