



**28 years  
& counting**

**School Practitioner  
Listserv**

**A Weekly Community of Practice Network  
for Sharing and Interchange**



**May 26, 2014**

**Request from Colleagues**

**>Evaluating MH practitioners hired by school districts**

**Feedback from Colleagues**

**>Re: What to say to school staff about broadly integrating  
mental health providers from the community**

**Featured Center Resource**

**>Enhancing Summer Learning**

#####

**Please forward this to a few colleagues you think might be interested.  
The more who join, the more we are likely to receive to share.**

**For those who have been forwarded this and want to be part of  
the weekly exchange, send an email to [Ltaylor@ucla.edu](mailto:Ltaylor@ucla.edu)**

#####

## **R**equest from Colleagues

"I am getting involved in our district's new grant to hire mental health therapists in schools. I will potentially be in a position to coordinate their efforts and assist with their progress. I would greatly appreciate some examples of evaluation tools [to use in evaluating them]."

*We frequently get such requests about evaluating student and learning support staff.*

## **W**hat Other Colleagues Say About This.

Here are a few comments from a sample of colleagues:

(1) PA is implementing "a new evaluation system for educational specialists (counselors, nurses, psychologists, social workers) based upon the Charlotte Danielson Model. Classroom teachers' rubrics went into effect with the 2013-14 school year, while the specialists will go into effect for the 2014-15 school year. Previously all were evaluated with the same instrument. We see this differentiated system as a very positive step forward. For the first time the distinct roles of specialists will be recognized. Details on the rubrics and their accompanying examples can be found on the PDE web site under Teacher Improvement. I am also attaching a copy of those evaluation rubrics for your reference." [These rubrics can be shared upon request.]

(2) "We have a current evaluation in our District for school social workers and psychologists that covers 8 areas: Assessment, Direct Service, Consultation, Student Relations, Professional Relations and Responsibilities, Community Relationships and Resources, Organization and Planning, and Ethics. We have a new evaluation tool from the Colorado Department of Education (that can be found on their website) that follows the 5 teacher standards: (loosely) Knowledge of Content Area, Implementation, Creating a Safe and Inclusive Learning Environment, Leadership, and Self-Reflection. If you are looking at school based mental health workers who would provide a wide range of services i.e. be involved in IEPs, be involved in system-wide interventions or an approach where they would be mental health clinicians based in schools whose roles would be to provide individual, group and family therapy, either of these would fit. You can find the school social work and school psychologist rubrics on the Colorado Department of Education website under Evaluations for Specialized Service Professionals."

(3) "I wish we had better methods for this.... But here are a few suggestions:

a 40 hour a week position should provide at minimum 50% direct services, not including consultation. The other 20 hours are consultation, meetings, progress monitoring, report writing, documentation etc. We have a way of tracking that through a data base and are attempting to keep people involved face to face, even when they have down time, including being part of school wide relationship building efforts during unstructured times. Then we review outcomes for students ... to ensure that our treatment is meeting goals.... We are subjected to a Performance Appraisal system that allows for projected goals over the course of the year, and is strictly administrative. Our clinical supervisors are more like mentors, and work with our folks to improve outcomes and to brainstorm treatment interventions for those resistant to treatment."

For an example of one type of research evaluation, see:  
“School-based mental health program evaluation: Children's school outcomes and acute mental health service use.” by C.D. Kang-Yi, D.S. Mandell, & T. Hadley (2013) in the *Journal of School Health*, 83, 463-72.

".... A multilevel analysis examined the relative effects of SBMH on children's absence, suspension, grade promotion, use of acute mental health services, as well as the association of child and school-level factors on the outcomes of interest...."

**Center Response:** Just as evaluating student learning is complex and controversial, so is staff evaluation (as can be seen in the current debates about teacher evaluation). If done with an eye toward strengthening competence and motivation (as contrasted with monitoring and criticizing), evaluation can be a great opportunity for each staff member to report successes and challenges and formulate plans for improving her or his impact in the future.

In any evaluation, the *process* is as important as the tools. Of particular concern is whether the process will enhance or have a negative impact on staff motivation – especially intrinsic motivation. That is, evaluations can increase or decrease intrinsic motivation by enhancing or threatening a staff member’s feelings of competence, self determination, and relationship with significant others.

Evaluation starts with the official job description. (Job descriptions, of course, need to change as the school’s system of supports develop over time.) For us, the focus on mental health in schools is always embedded into the broader system of student and learning supports, so our job descriptions reflect this broad framework.\*

(See, for example, <http://smhp.psych.ucla.edu/qf/mhjobs.htm> .)

Based on their job descriptions, a good first process step is to have staff members prepare a self-evaluation as a starting place for a discussion with their supervisor. (This parallels students engaging in self evaluation when conferencing with staff). Some staff may also want to share input from students, families, teachers, and other school staff. Supervisors can acknowledge and add to the accomplishments before moving on to discuss next steps for personalized professional development and other forms of support to improve outcomes.

\*See <http://smhp.psych.ucla.edu/pdfdocs/embeddingmh.pdf> . Also see the related set of surveys – <http://smhp.psych.ucla.edu/pdfdocs/surveys/set1.pdf> . The surveys cover 6 program areas and related system needs that constitute a comprehensive, multifaceted, and integrated approach to addressing barriers to learning and teaching, focusing on (1) classroom supports for learning, (2) crisis assistance and prevention, (3) support for transitions, (4) enhancing home involvement, (5) providing student and family assistance programs and services, and (6) enhancing community involvement. The survey on *Student and Family Assistance* is especially relevant to staff hired for mental health positions, but the other surveys are essential to underscoring the breadth of focus needed at schools with respect to the range of MH concerns encountered each day.

We use selected items from all the surveys for formative evaluation purposes, as well as to evaluate staff accomplishments and need for personalized professional development and other forms of support to improve outcomes.

**Listserv Participants:** What can you share about all this? What do you suggest about evaluation tools? Send your comments to [ltaylor@ucla.edu](mailto:ltaylor@ucla.edu)

#####

## **F**eedback from Colleagues:

### **>Re: What to say to school staff about broadly integrating MH providers from the community**

"Sadly, my experience has been mental health suffers from priorities that are incongruent with schools. Bureaucratic barriers deny and delay services .... Communication can be nonexistent. Lack of expertise in dealing with student challenges is massive. Most student problems are multifaceted and require state departments to have case managers and oversight so actual improvement in student behavior, attendance and achievement can occur. Of course the major problem community mental health has is in dealing with the entire family, including other siblings that have problems or adults that need services. [However, the emphasis is on] ... 'saving money', i.e., denying inpatient care or home based family treatment."

#####

## **F**eatured Center Resources

### **>Enhancing Summer Learning**

As various reports highlight, student's skills and knowledge often deteriorate during the summer months, with low-income students facing the largest losses.

For ideas about countering this problem, including mobilizing a broad range of community partners to provide a community network for summer learning, see our online clearinghouse *Quick Find* on

*>After-School, Summer Programs, Expanded Learning Opportunities –*  
<http://smhp.psych.ucla.edu/qf/afterschool.htm>

All *Quick Finds* contain links to Center resources and to other online resources and centers.

For example, go to the above *Quick Find* and see:

*>Enhancing Summer Learning –* <http://smhp.psych.ucla.edu/pdfdocs/sumlearn.pdf>  
This Information Resource presents a representative sample of what we learned from others across the country about how they counter this problem and highlights some distinctive programs Center staff found on websites. Appended are excerpts from two major policy reports (one from the Harvard Family Research Project and one from the National Center on Time & Learning and the Education Commission of the States).

*Please share relevant resources ideas, requests, comments, and experiences!*

Send to [ltaylor@ucla.edu](mailto:ltaylor@ucla.edu)

**Note: Responses come only to the Center for Mental Health in Schools at UCLA for possible inclusion in the next week's message.**

We also post a broad range of issues and responses to the *Net Exchange* on our website at <http://smhp.psych.ucla.edu/newnetexchange.htm> and to the *Facebook* site (which can be accessed from the Center's website homepage <http://smhp.psych.ucla.edu/>)