School Mental Health Sustainability

Funding Strategies to Build Sustainable School Mental Health Programs

Why School Mental Health?
What Is the Connection to Systems of Care?
Acknowledgments

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Description

About the Technical Assistance Partnership for Child and Family Mental Health

The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) provides technical assistance to system of care communities that are currently funded to operate the Comprehensive Community Mental Health Services for Children and Their Families Program. The mission of the TA Partnership is “helping communities build systems of care to meet the mental health needs of children, youth, and families.”

This technical assistance center operates under contract from the Federal Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The TA Partnership is a collaboration between the American Institutes for Research and the National Federation of Families for Children’s Mental Health. For more information on the TA Partnership, visit the website at http://www.tapartnership.org.

Citation

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Funding Strategies to Build Sustainable School Mental Health Programs

**Series 1: Why School Mental Health?**
What Is the Connection to Systems of Care?

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Introduction

The purpose of the School Mental Health series is to provide system of care communities with information on developing sustainable school mental health programs. The series focuses on strategies to consider in working with community mental health agencies, both public and private, and provides options for consideration in building school mental health programs that serve children and youth with serious mental health needs.

The system of care initiative is Federally funded as the Children’s Mental Health Initiative (CMHI), through the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services. The purpose of the CMHI is to develop and build comprehensive community mental health services for children and youth with serious emotional disturbances and their families. System of care grants support the development and expansion of a coordinated system of care that integrates mental health services in the home, schools, and the community. System of care partnerships often include community mental health providers and local schools working to develop and implement a coordinated, comprehensive, culturally and linguistically competent plan of services, programs, and activities that focus on building supports that are readily available in the school, home, and community.

The system of care initiative focuses on a service delivery approach that builds partnerships to create a broad, integrated process for meeting the multiple needs of children and families. This approach is based on the following core values:

- Family driven
- Youth guided
- Cultural and linguistic competence
- Individualized and community based
- Evidence based

These core values are embedded in the system of care philosophy and shape the approach to individualized supports and services. System of care supports and services are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.

2. Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.” (Technical Assistance Partnership for Child and Family Mental Health, n.d.)
According to the Child Welfare League of America, a centralized focus of systems of care is on building the infrastructure needed to result in positive outcomes for children, youth, and families (Child Welfare Information Gateway, 2008). Partnerships with local schools can be a key feature of the system of care infrastructure and a means for developing convenient access to mental health services and supports.

The purpose of building school mental health programs is to develop a coordinated, comprehensive plan of evidence-based programs, activities, and services that address the various mental health needs of students, provide student/family supports and resources, and promote positive learning environments for all.

This series will focus on some key questions to consider in building sustainable comprehensive school mental health programs:

1. Why school mental health? What is the connection to system of care initiatives?
2. What are the challenges faced by school and mental health agency partnerships?
3. How do system of care community leaders work with community agencies/organizations to overcome challenges in developing a sustainable school mental health program?
4. What are some of the lessons learned from communities with experience in sustaining school mental health programs?
Why School Mental Health? What is the Connection to Systems of Care?

SOCs provide schools and communities the opportunity to develop comprehensive programming in schools to address the various mental health needs experienced by students. This is accomplished by offering student supports to ensure that they are ready to learn, both physically and emotionally. Resources are also provided to help students and their families cope with the stress of daily living, as well as learn new strategies to successfully address current problems.

Schools are a natural environment for young people, and systems of care can develop school mental health programs to address the mental, emotional, and behavioral disorders that occur among students. School mental health programs provide access to screening and early assessment to identify mental health disorders, and develop interventions to address student/family needs. The system of care initiatives promote development of comprehensive school mental health programs that address issues such as quick access to treatment providers and services, and prompt intervention and treatment for the difficulties a child or youth with mental health issues experiences at school.

According to the National Research Council and Institute of Medicine at the National Academy of Sciences (2009), there is much evidence to support the development of comprehensive school mental health prevention, early intervention and targeted individualized intervention programs such as

- Prevention/intervention programs often help children, families, and schools build strengths that support well-being
- Reduction of mental health disorders in young people by teaching them coping skills
- Development of well-designed programs that are sustained over the long term

An Argument for School Mental Health Promotion

Over the past 20 years, two of the leading national centers for the promotion of school mental health, the Center for School Mental Health at the University of Baltimore, Maryland, and the University of California Los Angeles Center for Mental Health in Schools, have performed extensive research on school programs that promote development of a comprehensive whole-school mental health program model and development of school mental health programs that address prevention, early intervention, and treatment provision. These centers have promoted school mental health programs and partnerships with system of care communities. The Center for School Mental Health encourages partnerships between schools and system of care communities and states, “It is imperative that educators and mental health providers work together to create positive, supportive environments where children and youth can be indentified and connected to needed support services” (CSMH, 2007).
The goal of promoting whole-school mental health programs is to develop community schools that are safe and healthy and provide a positive school climate to grow and learn. A mentally healthy student is a student who attends school ready to learn, is actively engaged in school activities, has positive relationships, has supportive and caring connections with adults and young people, uses appropriate problem-solving skills, has non-aggressive behavior, and adds to the positive school culture.

The whole-school mental health model addresses three tiers of prevention and intervention:

**Tier 1:** A key to development of comprehensive, whole-school approaches to provide universal supports and interventions in school mental health programs includes the provision of evidence-based programs that address the multiple needs of all students and their families through a whole-school prevention program. School mental health promotes healthy student emotions and behaviors through the use of whole-school, evidence-based programs such as Positive Behavior Interventions and Supports (PBIS). PBIS is an example of a universal program that promotes a positive school climate, positive teacher/school staff responses, and healthy student behaviors (www.pbis.org).

**Tier 2:** The development of targeted and group supports and interventions in school mental health programming includes early intervention programs in schools to provide staff and students with training and skill development toward healthier behaviors in order to address social issues, such as bullying, violence, safety, and substance abuse. The intervention programs will address student behaviors such as fighting, bullying, lack of social and problem solving skills and provide coping strategies and new skills to address these behaviors. Often mental health providers assist school staff in training and development of early intervention strategies and programs.

**Tier 3:** This is the usual area of focus for the children and youth in system of care initiatives. Tier 3 offers school-based interventions to help children and youth to learn coping skills to address their mental health difficulties, to increase school success and, for those students in more restrictive settings, to move into less restrictive classroom settings in the whole-school approach to mental health prevention and
intervention in Tiers 1 and 2. Development of intensive and individualized supports and interventions for students with emotional and behavior issues often includes mental health treatment services. These services address the more severe mental health diagnoses that may be needed to immediately address emotional and behavioral issues exhibited by students with the intent to provide immediate and ongoing individual and family interventions.

SOC principles support the development of programs that engage students both socially and emotionally, resulting in mentally healthy students. In developing partnerships with schools and community mental health providers, System of care initiatives are able to build comprehensive, culturally and linguistically competent programs through the creation of safe school environments and mental health activities to prevent and provide early intervention for mental health problems. System of care approaches should ideally be designed to fit into a broader and systemic plan for the school and community. This is critical to a successful school mental health strategy and contributes to the successful achievement of the primary goal of schools, that of promoting learning and achievement of students (Center for School Mental H, 2007). These programs support healthy student development, positive social and emotional skills that support learning, good problem solving skills, positive choices/behaviors, and healthy relationships.

SOC initiatives that partner with school mental health programs that include culturally and linguistically competent activities and evidence-based programs will be able to address prevention, early intervention, and treatment for students experiencing mental health difficulties/diagnoses. These activities and programs promote a positive school climate that enhances the development of students’ mental health and positive social and emotional skills, which increases positive student behaviors and decreases high-risk behaviors.

Examples of system of care initiatives that have partnered with community mental health providers and schools to develop various models of comprehensive school mental health programs are as follows:

1. **School Mental Health Program** – School district led/employed

   a. **Tier 1: Universal Interventions and Supports** – School district provides evidence-based program through current or additional district-employed staff (e.g., guidance counselors, social workers, psychologists, nurses, para-professional staff).

   Examples:
   - Psychologists provide professional development to school administrative and professional staff on mental health topics.
   - Teachers provide classroom presentations/lessons on evidence-based programs school-wide.
   - School nurses provide professional development on school health awareness and education for students.
   - School guidance counselors and school social workers are trained as trainers in evidence-based programs/programming and provide training (initial and booster) for teachers and other professional staff, and provide coaching on classroom presentations.
b. **Tier 2: Targeted Interventions and Supports** – School district provides additional interventions for students and families at risk of problems in the social/emotional domain in order to deter and/or alleviate future problems and move students toward healthier functioning. District staff may include guidance counselors, social workers, psychologists, nurses, and paraprofessional staff.

Examples:

- District-employed staff provide early intervention programming during the school day or after-school hours (e.g., small groups in various topics are provided for students/parents such as anger management, skills for living, or working with your ADHD child/youth).
- District-employed staff provide early-intervention short-term individual counseling sessions for students/parents (three to five sessions).
- School nurses provide health awareness and education for students with various health problems (e.g., asthma, diabetes).

c. **Tier 3: Intensive/Individualized Interventions and Supports** – School district support staff provide additional interventions for students and families experiencing mental health difficulties in order to decrease current problems, increase social/emotional functioning, and/or alleviate future problems. District staff may include guidance counselors, social workers, psychologists, and nurse practitioners.

Examples:

- Licensed mental health counselors such as school psychologists, clinical psychologists, and clinical social workers provide screening, assessment, and individual and family counseling for students and their families.
- Master-level school social workers provide targeted interventions for students and families, teaching them specific coping skills to deal with mental health diagnoses (e.g., coping with ADHD, depression, anxiety, post-traumatic stress disorder, conduct disorders).
- Nurse practitioners provide medication monitoring for students who are prescribed medication for various mental health disorders, meet with parents/guardian to discuss student functioning related to medication, and provide progress reports to prescribing physician.

2. **School/Community Partnerships** – Consist of collaborative agreements between the school district and community mental health agency network to provide various levels of school mental health services and programming. The school district and local mental health agency enter into a contractual agreement specifying the type of services/resources to be provided by mental health agency and school district. The mental health agency supplies the typical services provided in a local mental health clinic, and helps (or joins) the school mental health team in the development of a comprehensive array of mental health programming.
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a. **Tier 1: Universal Interventions and Supports** – A school mental health counselor is trained in evidence-based programs and is able to assist teachers and school staff in working with and providing interventions to students with specific and intensive needs.

b. **Tier 2: Targeted Interventions and Supports** – School mental health counselor works with school and community intervention team to determine students in need of additional assistance through the use of specific intervention groups for students with various mental health diagnoses. These groups may include skill-building strategies for a targeted group of students on topics such as anger management, dealing with stress, or positive peer relationships, or a “strengthening families” program to assist a targeted group of individual students and their families.

c. **Tier 3: Intensive/Individualized Interventions** – School mental health counselors work with school guidance and school mental health intervention team to target students for more intensive therapeutic services. Family-driven, youth-guided wraparound planning can be facilitated by either district or MH center staff. Intensive-level/individualized programming may include more intensive therapeutic interventions for individual students and their family (e.g., Brief Therapy or Cognitive Behavioral Therapy).

3. **School Contract with Public Health Agency** (e.g., financial support through state or county funds, health department, school-based health centers, hospitals).

   a. School nurses work in school-based health clinics, wellness centers, and family resource centers to assist school mental health intervention teams in the provision of health services, education and wellness programs, and counseling for students/parents around health issues.

   b. School-based health clinics have the ability to hire mental health professionals to provide various school mental health treatment/services (e.g., M.D., physician’s assistant, psychiatric nurse, social worker, mental health counselor).

Partnerships between the school and community mental health agency ensure development of programs and services on site at school. The school-based programs are able to address the mental health challenges and issues for students and their families, and provide resources and skills to promote healthier functioning.

Mental health agencies often provide staff to work alongside school personnel in developing and implementing programs around school climate, crisis management, violence prevention, drug/alcohol prevention, and mental health/behavioral health consultation for teachers, administrators, nurses, and ancillary staff. In addition, these mental health professionals assist with addressing students’ behavioral/social/emotional needs, and they work with early childhood school and community staff to provide prevention and early intervention programs, as well as therapeutic interventions for students and their families.
System of care grantees collect data related to the individual student’s functioning, including mental health progress toward healthier functioning, substance use, family and living conditions, employment status, social connectedness, access to treatment, retention in treatment, and criminal justice status. Additionally, collection of additional data related to program development and process provides information on evidence-based program outcomes and fidelity, capacity-building activities that promote positive school climate, and sustainability of evidence-based programs. The collection of additional data will provide an argument for sustaining successful programs. Data are an extremely important tool to use to obtain buy-in from school districts, community partner organizations, and state/local agencies to obtain future funding resources. Data are often the key to convincing policy makers, funders, and communities to provide funding for a program and/or service that has proven effective.

The system of care community that partners with schools to develop a full range of mental health programming will support children/youth and their families in having a successful school experience and moving toward healthy functioning and successful integration into the community in which they live.
Resources

Nonprofit Organizations (Websites that may be partners beneficial for school mental health functions)

- 4H Clubs, http://4-h.org
- Communities In Schools, http://communitiesinschools.org

Technical Assistance and Support Organizations (Websites that are good partners beneficial to advocate for school mental health funding/sustainability)

- State/Community
  - Mental Health America (find in your community), http://www.nmha.org

- National
  - National Assembly on School-Based Health Care, school mental health resources, http://www.nasbhc.org/site/c.ckLQKbOVLkK6E/b.7697107/k.8721/Content_Search/apps/s/search.asp
  - National Association of School Psychologists, information for educators, students, families, http://www.nasponline.org

School Mental Health Websites Useful for Information and Program Development

- Center for Mental Health in Schools at UCLA, http://smhp.psych.ucla.edu
- Center for School-Based Mental Health Programs– Miami University-Ohio, http://www.units.muohio.edu/csbmhp/
- Center for School Mental Health– University of Maryland, Baltimore, http://csmh.umd.edu
- Missouri – Center for the Advancement of Mental Health Practices in Schools, http://schoolmentalhealth.missouri.edu/about.htm
- National Center for Mental Health Promotion and Youth Violence Prevention (Promote/prevent guides on school mental health program development), http://www.promoteprevent.org/publications/pp-guides
- School mental health resources for clinicians, educators, families, students, foster care, training, conferences, and newsletters, http://www.schoolmentalhealth.org
SERIES 1: Why School Mental Health? What is the Connection to Systems of Care?

- School Mental Health Project, training series funded by Duke Endowment, http://eahec.ecu.edu/smhp.cfm
References


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This brief was developed by the Technical Assistance Partnership for Child and Family Mental Health (TA Partnership) through partial support from the Center for Mental Health Services’ (CMHS) Child, Adolescent and Family Branch within the Substance Abuse and Mental Health Services Administration (SAMHSA). We acknowledge that the information, opinion and commentary in this brief are those of the TA Partnership and do not necessarily reflect those of CMHS or SAMHSA. We gratefully appreciate their generous support for making this brief possible.