NASBHC National Assembly on School-Based Health Care

Bringing Health Care To Schools For Student Success

10 Critical Factors

To Advancing School Mental Health:

What Early Adopters Say

NASBHC's School Mental Health-Capacity Building Partnership (SMH-CBP)[1] conducted site visits to four states in 2006-07 to gain a deeper understanding of how school mental health activities are organized and implemented at the state and local levels. The SMH-CBP will use information from the site visits for future efforts designed to build the capacity of state and local education agencies to provide effective and sustainable school mental health services.

The states selected to participate in this initiative -- Maryland, Missouri, Ohio, and Oregon -- are considered to be "early adopters" based on their innovations and achievements in school mental health policy and practice. The SMH-CBP conducted four stakeholder discussion groups in each state with representatives from the fields of mental health, education, health, family advocacy, social services, and youth development. Separate discussion groups were also held with youth (see "What Students Have to Say about School Mental Health.") Participants in the discussion groups shared their successes and challenges in advancing agendas related to mental health in schools at local and state levels as well as strategies used to advance school mental health policies, programs, and services.

Several common critical factors related to school mental health (defined by a continuum of services including prevention, promotion, early intervention, and treatment) emerged across the four states, and participants in the discussions offered a range of common strategies to address each critical factor. While strategies may be implemented differently across states and localities, and the roles and functions of stakeholders may vary, there was agreement that a diverse and committed body of stakeholders from various disciplines and fields is necessary for carrying out the strategies identified below.

[1] The SMH-CBP is a national initiative made possible through a cooperative agreement between the National Assembly on School-Based Health Care (NASBHC) and the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH).

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1 State leaders across child-serving public sectors must establish a cohesive and compelling vision and shared agenda for school mental health that can inspire localities to act.

A unified vision for school mental health jointly held by key state political and policy stakeholders is essential for providing clarity and consensus around the "what" of school mental health. A compelling vision for school mental health should attract state public sector leaders and staff representing mental health, public health, education, family advocates, and social services -- all who have vested interests in the same outcomes: healthy, safe, and successful school-aged youth. A vision and agenda developed at the state level, if thoughtfully and comprehensively marketed, can inspire and motivate local jurisdictions to adopt that vision and create the opportunities for its implementation in school districts and buildings.

Strategies to develop a unified vision and shared agenda in school mental health:

1. Identify and establish state level champions, leaders, and decision makers who support and are invested in school mental health.
2. Build a coalition around school mental health consisting of an articulate and aggressive constituency of influential local systems and organizations that demand policies for funding and implementation of school mental health.
3. Develop and regularly update a state policy or legislative agenda in which all school mental health stakeholders have an investment. This agenda can be informed by:
   - existing initiatives across child serving systems that support school mental health
   - individual state agency agendas (e.g. departments of mental health, education, health) that complement and support school mental health
   - state and local legislation and financing supports
   - federal school mental health mandates and priorities (e.g. No Child Left Behind, Response to Intervention)
   - lessons learned from local sites that have been successful at implementing school mental health efforts.
4. Closely document areas of interface and mutual support and frequently convey these connections to system leaders.
5. Use social marketing strategies to extend lessons learned at the local level to develop and convey compelling messages related to a school mental health vision (e.g., "using an integrated approach to reduce academic and non-academic barriers to learning")

2 State public agencies invested in a shared vision need a centralized organizational infrastructure and accountability mechanisms to assure the vision's implementation across sectors.

Organizational infrastructure and accountability mechanisms are essential for developing effective and sustainable school mental health programs and services. This is particularly important when a "champion" leaves his/her post, when grant funded programs end, and when there is a lack of shared investment in school mental health efforts. While the ownership of a school mental health agenda must be shared among stakeholders and agencies, one entity must ultimately be accountable for the planning, implementation, and evaluation of statewide programs and services. States can benefit from a central entity that has recognition, authority, accountability, and the capacity for statewide dissemination of school mental health efforts, optimally in partnership with all invested state agencies.

Strategies to build accountability across state agencies:

1. Establish and sustain a state level body (e.g., partnership, taskforce, committee) through executive or legislative order that meets regularly and is inclusive of all school mental health stakeholders (e.g. mental health, education, health, family members).
2. Engage the state level body in a strategic planning process to develop school mental health goals and action steps that are consistent with an established school mental health vision and agenda.
3. Establish roles and responsibilities for each state agency in implementing a comprehensive school mental health effort that includes planning, implementation, and evaluation.
4. Create an organizational infrastructure and staff positions to carry out these roles.
5. Establish a funded, central entity that has recognition, authority, accountability, and the capacity to disseminate information statewide.
6. Establish formal partnerships with universities and/or research institutions to assist in data collection and management and outcomes monitoring.
7. Enhance current data systems to assess school mental health needs and outcomes.
8. Establish results-oriented grant-making and contracting processes (e.g.., assure that funding is linked to defined evaluation plans and outcomes).

3 State policymakers and leaders need to create feasible and sustainable school mental health funding models that maximize use of patient revenue and provide categorical grants for *comprehensive* school mental health services, including prevention and early intervention.

In order to achieve success and longevity, school mental health services require sustainable funding mechanisms that support the full continuum of mental health care, including prevention, promotion, early intervention, and treatment. Traditionally, school mental health programs have had to rely on limited funding from multiple sources, often without opportunities for sustainability. Programs that have relied on fee-for-service delivery models have had particular challenges in providing comprehensive, quality care for all students, regardless of insurance status.

In order to develop funding that is sufficient to sustain quality school mental health services, include, school mental health leaders who can:

1. Identify existing and new dedicated funding sources for school mental health (e.g. Medicaid, private insurance, philanthropy, federal grants, state budget).
2. Identify funding sources that support:
   a. establishment of infrastructure and program development
   b. sustainability of programs and services
   c. prevention and early intervention efforts
   d. quality care and evidence-based practice
3. Advocate for increased Medicaid dollars and private insurance to cover school mental health services.
4. Extend funding periods for state agency grants to support school mental health and establish requirements for state agency grants to support infrastructure development and sustainability.
5. Educate foundations on the importance of school mental health in order to increase philanthropic investment in and generate enthusiasm for school mental health.
6. Explore creative use of current public funding streams, including tax levies, pooling, or redirecting funds for school mental health.

4 School mental health stakeholders must demonstrate that mental health programs are necessary and integral to students' academic enrichment and success in school.

While schools have become a de facto mental health system for many children, they are not universally eager to embrace a mental health agenda as part of their academic mission. Schools are increasingly faced with many competing priorities and mandates to raise academic standards and do not feel adequately resourced to provide mental health care in the school building. In order for mental health to be fully integrated into schools, school mental health stakeholders must demonstrate the link between mental health and academic achievement, and the school mental health programs must work to reduce the demands on overburdened school systems.

Stakeholders can follow these local, state, and federal strategies in order to support the academic mission of schools:

1. Promote dialogue around solutions that address the growing pressure on schools to achieve academic results.
2. Jointly develop education-centered strategies to reduce the burden on schools by implementing school mental health programs.
3. Identify existing national, state, and local data linking school mental health and academic success (e.g. grades, discipline, and attendance).
4. Reduce fear associated with addressing mental health in the school setting by addressing legal (e.g. consent and confidentially) and accountability issues.
5. Identify national partners that have the capacity and interest in expanding research of mental health and schools.
6. Ensure academic indicators are integrated into all school mental health evaluation efforts at the school, local, and state levels.
7. Advocate at the federal level to modify legislation (e.g., No Child Left Behind, Elementary and Secondary Education Act) that will mandate use of federal funds for implementation and evaluation of the full continuum of mental health in schools.

5 Youth and families must be engaged in all aspects of school mental health policy and program development.

As recipients of the services, family members and youth are a critical voice in the establishment, implementation, and evaluation of school mental health programs and policies. As such, schools and mental health providers must adopt policies and practices that encourage full and meaningful partnerships with families and youth. While engaging families and youth can be challenging due to a variety of logistical and social factors, these stakeholders offer a unique and invaluable perspective that ensures that services are designed to meet the needs of those for whom they are developed.

School mental health efforts can do the following to engage family members and youth as partners:

1. Engage culturally diverse family and youth organizations as key partners in state and local school mental health efforts.
2. Expand family roles in schools to promote families as partners in their children's education.
3. Establish culturally and linguistically competent guidelines to ensure family and youth representation.
4. Invite youth and family members with a diversity of backgrounds and experiences to participate in all aspects of school mental health efforts (e.g., planning, needs assessments, evaluation, social marketing).
5. Offer incentives (e.g. food, social activities, money) when inviting youth and families to participate in school mental health activities.
6. Accommodate family needs by establishing convenient meeting times, and reimbursing for time, transportation, and child care.
7. Assign family members and youth leadership decision-making roles to assure that their involvement is meaningful and that their unique perspective is truly heard.
8. Follow-up with family members and youth after their involvement and make adjustments/recommendations based on their involvement.
9. Provide leadership training to family members and youth and offer training to school mental health stakeholders and educators on the value and process of effectively engaging family members and youth.
10. Increase youth participation through strategies including: student mentorship programs, speakers' bureaus, and youth leadership activities.

6 School staff and school mental health providers must recognize the needs of students from diverse cultural backgrounds and offer programs that reduce disparities in services.

Racial and ethnic minorities suffer disproportionately from particular mental health conditions, and factors such as income level and stigma can lead to disparities in accessing mental health services. Schools consistently struggle with how to meet the mental health needs of students from diverse backgrounds and are challenged by changing demographics and the lack of an available workforce that reflects the demographics of a community. Developing policies and practices that are inclusive of race, ethnicity, language, income, gender orientation, etc. is critical to the success of a school mental health program.

School mental health stakeholders, school staff, and providers can implement the following strategies to address the needs of students from diverse backgrounds:

1. Expand the definition of "culture" beyond language and race to include: spiritual beliefs, economic levels, geographic area, living arrangements, family structures, and sexual orientation.
2. Develop an understanding of what mental health means to various cultures as a way to address mental health stigma within each cultural group.
3. Encourage communities, led by schools, to conduct needs assessments and/or focus groups to explore the best strategies to address the needs of each group that is being served.
4. Offer services in the native language of the population by hiring linguistically competent providers, providing interpreters, translating resources, and/or establishing access to language translation phone lines.
5. Encourage and support emerging research on cultural competence and addressing disparities in school mental health.
6. Collaborate with non-traditional providers (e.g. immigrant organizations, ethnic organizations, faith-based institutions) when providing comprehensive school mental health services.
7. Provide ongoing training and supervision on cultural competence, disparities, and the "culture of poverty" to mental health providers and all school staff.
8. Conduct in-home parent and family training on mental health for students and families who have Limited English Proficiency or who are Non-English Proficient.
9. Analyze program outcome data in terms of disparities (e.g., populations that are affected at disproportionate rates).

7 Pre- and in-service training programs should prepare professionals in schools on children's mental health issues.

Despite efforts to prepare educators and mental health providers for work in schools, professionals are often ill-equipped to manage the unique demands of the school setting, particularly with respect to children's mental health needs. In addition, there is a lack of clarity among these professionals regarding their respective roles in addressing the mental health needs of students. Training and professional development can be expanded across the board – at the pre-service level for undergraduate and graduate mental health and education programs as well as for school personnel and school mental health professionals. Developing competencies and establishing clear roles and responsibilities for all adults interacting with youth is essential to providing high quality and effective school mental health programs and services.

Stakeholders can enhance competencies of education and mental health students and professionals through the following strategies:

1. Advocate for legislation at the state level that mandates mental health training for educators.
2. Introduce training on school mental health in undergraduate and graduate education and mental health programs.
3. Implement school-wide mental health programs which provide all school staff (including teachers, administrators, custodial staff, cafeteria staff, security, etc.) with training and resources on mental health.
4. Provide required and on-going training to school personnel on school mental health issues that emphasize role clarification, early identification, referral and crisis intervention.
5. Utilize school-based mental health providers for consultation and training for staff.
6. Explore multiple methods for training educators including on-site mental health providers, expert consultants, train-the-trainer, and online opportunities.
7. Create standards and core competencies for professional certification for school mental health providers.
8. Promote interdisciplinary training across multiple professions including school mental health, early childhood, pediatrics, social services, juvenile justice, and foster care.

8 State and community stakeholders should support practitioners in utilizing and monitoring best practice models.

Despite several legislative and other efforts to advance evidence-based practices in school mental health, the identification and implementation of evidence-based practices has been difficult to achieve. This is due in part to a lack of consensus on the definition of "evidence-based practices" and the limited accountability and monitoring of the use of such practices. School mental health efforts should implement practices that have demonstrated effectiveness, are easy to implement, are appropriate for the school setting, and whose outcomes can be monitored.

State and community stakeholders can use these recommended strategies to enhance use of quality effective practice:

1. Adopt a consensus definition of empirically supported promotion and intervention in school mental health, with guidance from federal and national supports and leaders.
2. Support mandates, initiatives, and models that encourage implementation and evaluation of evidenced-based school mental health activities rather than those that mitigate against effective services (e.g. fee for service).
3. Support development of local organizational capacities related to planning, implementation, evaluation, and sustainability of evidence-based programs.
4. Adopt common, systematic protocols that use "best practice processes" (i.e., systematic processes supporting planning, implementation, evaluation, sustainability, and continuous improvement of evidence-based programs).
5. Carefully consider context of implementation including cultural appropriateness and geographic location when selecting specific prevention or intervention programs and/or curricula.
6. Provide infrastructure support at the program level for implementing empirically supported school mental health interventions with fidelity, including intensive and ongoing training, on-site coaching and support, and an emphasis on facilitating the work by front line clinicians.
7. Provide information to providers on lists of specific evidence-based programs. (e.g. samhsa.org)

9 State and community stakeholders should coordinate the myriad of federal, state, and local resources dedicated to children's academic success, mental health, and well-being to assure full integration and equitable distribution across schools.

Lack of coordination of services, at all levels, leads to fragmentation and duplication of services and consequently inequity in school mental health services. At the state level, school mental health is often managed and funded by multiple state and federal agencies. At the school level, schools may have a range of programs and collaborations with outside agencies as well as within the school itself. Increased coordination between all child-serving programs can maximize resources and efficiency.

State and community stakeholders can use these strategies to enhance coordination at all levels:

1. Identify or develop a structure (e.g. advisory board, committee) at both the state and local levels to assist in the planning, oversight, coordination, and evaluation of school mental health efforts.
2. Hold regular intra- and inter-agency meetings at state and local levels to ensure successful coordination of services and understanding of roles and responsibilities.
3. Develop and maintain local structures (e.g. management boards with local coordinating councils) for coordinating and supporting school mental health services within jurisdictions.
4. Develop and regularly review and update memoranda of understanding (MOU) between schools and mental health service providers stipulating services, space, supervision, confidentiality, etc.
5. Designate a resource/service case coordinator in each school to coordinate referrals and services and to link youth and families to school and community resources.
6. Establish guidelines that ensure the participation of school mental health providers in school teams (e.g. student support teams).
7. Assure that funding requires school-provider collaboration and provider participation on school teams.
8. Integrate mental health into other coordinated school-based health efforts (e.g. school-based health centers; Coordinated School Health Program).

10 State and community stakeholders should agree on and collect performance data that document impact on core psychosocial and academic indicators.

It is essential for school mental health programs to measure psychosocial and educational outcomes systematically in order to document effectiveness and justify continued funding. While schools and mental health programs are under increasing pressure to measure outcomes, limited resources and system burdens can hinder efforts to collect data successfully on the impact of school mental health efforts. Coordination, consistency, and uniformity between jurisdictions and states is important in developing effective and meaningful data collection efforts.

In order to enhance data collection and minimize the lack of coordination among data collection efforts, stakeholders can:

1. Ensure that program evaluation is compliant with federal laws e.g., Health Insurance Portability and Accountability Act if 1996 (HIPAA) and Family and Educational Rights and Privacy Act (FERPA).
2. Develop and obtain approval for the formalized evaluation plan from an authorized Institutional Review Board (IRB), if there is intent to develop generalizable knowledge from the evaluation (e.g., through publication of findings).
3. Adopt policies that encourage establishing locally defined goals and outcomes for evaluation.
4. Consider using an independent evaluation team or university partnerships to limit the bias in assessing the effectiveness of programs and to supplement clinical activities.
5. Include qualitative evaluation strategies (e.g., focus groups with students, families, and teachers) to help assess needs, program strengths and weaknesses, and recommendations for improvement.
6. Involve schools and communities in defining student and program level variables that can be collected through student/school records (e.g., grades, attendance, suspensions, referrals for special education).
7. Ensure reliable implementation of empirically supported school mental health intervention (e.g., time series designs can be compare outcomes before and after an intervention as compared to other students receiving intervention at different time periods).
8. Provide school mental health clinicians with adequate resources and administrative support to facilitate ongoing student- and program-level evaluation.
9. Foster the development of data sharing agreements and support for centralized data collection and storage across state agencies (e.g., data warehouses).