

# Implementing School Mental Health Services in West Virginia

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**Subject:** Basic Start-Up Guide for Schools

**Introduction:** School administrators and counselors often ask, “Where do I begin?” This document is intended as a quick guide for schools interested in partnering with their community providers to develop school based mental health services. Successful collaboration requires a deliberate planning process in which stakeholders create a blueprint for working together. But creating the blueprint is only the beginning of an on-going process which must be nurtured. Below are essential steps.

**1. Learn as much as you can about comprehensive school mental health and building effective partnerships.** The Marshall University School Health Technical Assistance Center website provides resources at [www.wvshtac.org](http://www.wvshtac.org). Center staff is available for consultation as well. A useful guide to planning mental health services is [Realizing the Promise of the Whole School Approach to Children’s Mental Health: A Practical Guide for Schools](#). Another useful guide is [Effective Partnerships: What Schools Need to Know](#). Although geared to school based health centers, the philosophical framework applies to any school-community partnership.

**2. Gain administrative and school leadership support.** Identify the school system liaison that will facilitate the process and make sure that there is administrative support. After gaining support from administrators, convene other key school staff: the core leadership team, school counselors, psychologist, school nurse, the student assistance team (SAT), and anyone who may be a champion at the district or RESA level such as the dropout prevention specialist, Regional Wellness Specialist or the Director of Student Support Services. See WVESMH [Tool Kit #1: Infrastructure](#).

**3. Invite the community to assist in planning.** Involving the community will increase support and sustainability. In addition to key school personnel, community stakeholders include mental health and health care providers, businesses, parents, youth, potential funders, the family resource network (FRN), substance abuse coalition, and any others having an interest in promoting health and academics. For county level listings of various community agencies and services see the following links: [Bureau for Behavioral Health](#); [RESA Resource Directory](#); the [WV PCA](#).

Successful planning requires commitment to regular, standing meetings, follow-through, good communication methods and clarification of roles, tasks, purpose. A useful tool for planning and discussion is the Mental Health Planning and Evaluation Template ([MH-PET](#)) from the National Assembly on School Based Health Care.

**4. Assess mental health needs, resources and feasibility.** Collect available data to make informed decisions about priorities. Consider the entire district and determine which schools have the greatest need. Review data about school climate, youth risk behavior survey results ([YRBS](#)), academic and attendance reports, and access to community based services, which can be obtained through your local Family Resource Network or RESA Wellness Specialist. Also consider feasibility of success in a given school. Is there a

community health provider willing to collaborate? Will the school staff and administration support the effort?

**5. Identify a community provider.** In some communities, more than one provider may be willing to collaborate. In other communities, it will be difficult to find any providers. To identify mental health providers in your community, go to [Bureau for Behavioral Health](#) website. The planning committee may need to explore various options; and weigh the pros and cons of each. In order to explore all possibilities and allow the provider community an opportunity to express interest, you may consider requesting letters of intent through advertisement. Regardless of who provides the services, a memo of understanding (MOU) with clearly defined partner roles and expectations should be enacted. This may be an agreement to simply plan or it may involve a commitment to provide services. Often, the school and community provider begin with a small commitment of a few hours per week which increases over time as the demand increases. See [Sample MOUs](#).

**6. Develop an implementation plan.** Establish a shared vision, short and long term goals, objectives, time frames, and a tentative budget. Clarify issues such as services to be provided, hours and days of operation; billing, collections and policy on seeing all students regardless of their ability to pay; operational and decision making process such as sharing of information, referrals, roles of school and community providers; liability, and continuous quality improvement. A clear, well-constructed implementation plan can serve as the basis for funding proposals from specific agencies, foundations, grantors or other funders with shared goals for the community. See Phase 3 in [Realizing the Promise of the Whole School Approach to Children's Mental Health: A Practical Guide for Schools](#).

**7. Secure financial resources.** Usually, school mental health programs rely on a mix of funding sources including local school funds, state and federal block grants, foundations and reimbursement from third party insurers. School funds include Title 1, McKinney-Vento Homeless, Special Ed, Professional Development, Alternative Education, and SIG (School Improvement Grants). Federal and state sources include federally qualified health center (FQHC) 330 grants, Bureau for Behavioral Health, and the Division of Primary Care. State or regional foundations sources might include the C.W Benedum Foundation, the Sisters of St Joseph Health and Wellness Foundation, community foundations or the United Way. Local sources include the county commission, substance abuse prevention, local hospitals and businesses. Once programs are established, it may be possible to continue services with smaller amounts to subsidize revenue generated through third party reimbursement. See Phase 4 tools in [Realizing the Promise of the Whole School Approach to Children's Mental Health: A Practical Guide for Schools](#).

**8. Monitor and address challenges.** It is important to continue to work with the planning team and the collaborating partner(s). This is a long term effort. "Bumps in the road" -- staff and administrative turnover, funding cuts, disagreements about policies, roles, responsibilities and procedures -- can be expected. By maintaining strong communication through regularly scheduled monthly meetings or phone calls between key school and agency staff, both at the service level and at the administrative level, schools and community providers can build cooperative relationships to continuously improve services to students.

