Program Development Resource Packet

Center for School Mental Health Assistance
(2002)

PROGRAM DEVELOPMENT RESOURCE PACKET

__Introduction__

The term "expanded school mental health" (ESMH) is used to describe programs that deliver a range of services (prevention, assessment, treatment, case management) to youth in both general and special education, with strong collaboration between schools and community agencies. ESMH is not a model, but a framework that reflects core elements of effective mental health programs in schools. "Expanded" conveys that we are building on programs and services that exist in almost all schools; for example, reflecting the work of school psychologists, social workers, counselors, and in some cases other staff, such as school nurses, and teachers with particular expertise in addressing behavioral issues in students.

ESMH programs augment the work of these staff, and emphasize an effort by the school to fill in gaps and improve services in a collaborative and interdisciplinary team effort. Providing a range of services captures the notion of building comprehensive care for youth in the most universal natural setting, related to the strong evidence and growing awareness that most youth who would benefit from mental health care do not receive it.

Ideally, programs should involve significant collaboration between schools and community agencies (e.g., mental health centers, health departments), based on recognition that schools cannot do all of this work, and in many cases are being overburdened with demands that should be addressed in other community systems. Strong school-community collaboration also moves a program toward a system of care, as linkages are established between schools and community agencies, and a mechanism and location (i.e., the schools) for developing more preventive programs is established. Thus, many models of delivering mental health programming in schools could be defined as being a part of the ESMH framework, provided that these program elements are included.

Advantages to establishing ESMH programs include increased access to youth which contributes to increased clinical efficiency and productivity, enhanced capacity for prevention, reduced stigma associated with receiving mental health services, and broadened roles for clinicians.

The purpose of this packet is to provide an introduction to developing ESMH programs. Systematic and organized program development leads to the creation of programs that are reflective of the needs of the school and the surrounding community. Successful program development includes strategic assessment of needs and resources, mechanisms that promote the sustainability of the program, development of effective collaborative relationships with the school system, and a systematic quality assessment and improvement plan.

Key Elements in Program Development

Acosta, Tashman, Prodente and Proecher (2002) provide a comprehensive review of guidelines and recommendations for implementing successful school mental health programs. Below, these key steps are briefly reviewed, and a reference and/or resource is identified for further information on the issue.

> *Secure funding*: it is important to assess the strengths and weaknesses of the funding stream to ensure sustainability of the program. Flaherty & Weist (1999) reviews the development of ESMH programs in Baltimore with attention to funding issues. The Center for Mental Health in Schools has an introductory packet entitled Financial Strategies to Aid in Addressing Barriers to Learning (http://smhp.psych.ucla.edu).

> *Develop a Planning Committee*: A planning committee should include representatives from the school, including teachers, administrators, and school-hired mental health professionals, representatives from collaborating agencies, as well as relevant stakeholders including, families, students, community organizations, clergy, businesses, and children's health and mental health providers. As programs continue to develop the use of a steering committee or advisory board can be an effective mechanism to ensure that the program continues to be responsive to the needs of the stakeholders and community. Ambrose, Weist, Schaefer, Nabors & Hill (2002) discuss the use of advisory boards in ESMH programs.

> *Conduct a Needs Assessment and Resource Mapping*: Conducting a needs assessment is instrumental in determining the type and scope of services which would benefit a particular school community and issues the school mental health program should be addressing. Prior to bringing services into a school it is important to conduct an analysis of available resources within the school and in the surrounding community. Acosta, Tashman, Prodente and Proecher (2002) discusses this process. The Center for Mental Health in Schools has made available on line tools to facilitate this process in *Addressing Barriers to Learning: A Set of Surveys to Map What A School has and What A School Needs* http://smhp.psych.ucla.edu).

> *Address Structural Concerns*: Structural concerns include obtaining office space with adequate privacy, securing an area for clinical records, and use of a phone, preferably with a dedicated line. Other structural concerns include establishing a clear referral process for the ESMH program, ensuring consistent procedures of documentation, and developing a team within the school where individuals who provide mental health and support services can collaborate and work together. Developing a concrete plan of implementation will assist the providers in effective service delivery, and provide a starting point for evaluation of services. Articles by Waxman, Weist, and Benson (1999), and Weist, Proescher, Prodente,

Ambrose, and Waxman (2001) provide effective strategies regarding collaboration.

Address Personnel Issues: Personnel issues include defining the hiring process, and providing staff with an orientation, supervision, and continuing education. Staff should be oriented to the school as well as the community agency they may be working under.

Quality Assurance and Evaluation: Quality assurance and evaluation or quality assessment and improvement (QAI) refers to monitoring and evaluating program activities to assure the highest quality of service. QAI activities are aimed at maximizing the impact of a school mental health program through the provision of best practice services. Program evaluation activities assess the impact of the program and determine whether the program is reaching its identified goals. There are several articles available through the CSMHA which can inform QAI activities. Also, the Center for Mental Health in Schools has available online an introductory packet on *Evaluation and Accountability: Getting Credit for All You Do* and a technical assistance sample, *Evaluation and Accountability Related to Mental Health in Schools* (http://smhp.psych.ucla.edu).

Other issues to consider in developing an ESMH program include:
- Effectively integrating clinicians into the school
- Increasing and maximizing student use of mental health services
- Privacy and confidentiality issues
- Issues of race and cultural sensitivity
- Involving families in all aspect of program development
- Successfully collaborating with school personnel

Principles for Expanded School Mental Health Programs

The CSMHA and the National Assembly of School-Based Health Care (NASBHC) are currently developing a set of principles for Expanded School Mental Health (ESMH) programs. These principles are based on a review of principles and goals from other national organizations, the Children and Adolescent Service System Program, and ethical guidelines from various mental health disciplines. These are presented in the following.
1. All youth and families are able to access care regardless of their ability to pay.
2. Programs are implemented to address school and community needs and assets.
3. Programs and services are user-friendly, empirically supported, and based on strengthening assets in young people and their environments.
4. All stakeholders are involved in the program's development, oversight and continuous improvement.
5. Quality assessment and improvement activities guide the program.
6. A continuum of care is provided, including mental health promotion, early intervention, and treatment.
7. Staff hold to high ethical standards, are committed to children and adolescents, and display an energetic, flexible, and responsive style in delivering services.
8. Staff are respectful of, and competently address developmental, cultural, and personal differences among students, families, and staff.

9. Staff build and maintain strong relationships with other mental health and health providers and educators in the school, and a theme of interdisciplinary collaboration characterizes care.
10. Mental health programs in the school are coordinated together and with related programs in other community settings.

Related CSMHA Articles

Acosta, O.M., Tashman, N.A., Prodente, C., & Proescher, E. (2002). Implementing successful school mental health programs: Guidelines and recommendations. In, H.S Ghuman, M.D. Weist, & R. Sarles (Eds.), Providing mental health services to youth where they are: School and other community-based approaches. New York: Taylor Francis.

Ambrose, M. G., Weist, M.D., Schaeffer, C., Nabors, L.A., & Hill, S. (2002). Evaluation and quality improvement in school mental health. In H. Ghuman, M.D. Weist, & R. Sarles (Eds.), Providing mental health services to youth where they are: School- and community-based approaches (pp. 95 - 110). New York: Brunner-Routledge.

Bickham, N., Pizarro, J., Warner, B.S, Rosentahal, B., & Weist, M.D. (1998). Family involvement in expanded school mental health. Journal of School Health, 68(10), 425-428.

Flaherty, L.T., Garrison, E., Waxman, R., Uris, P., Keys, S., Siegel, M.G., & Weist, M.D. (1998). Optimizing the roles of school mental health professionals.

Flaherty, L.T., & Weist, M.D. (1999). School-based mental health services: The Baltimore models. Psychology in the Schools, 36, 379-389.

Nabors, L.A., Weist, M.D., Tashman, N.A., & Meyers, C.P. (1999). Quality assurance and school-based mental health services. Psychology in Schools, 36, 485-493.

Waxman, R.P., Weist, M.D., & Benson, D.M. (1999). Toward collaboration in the growing education-mental health interface. Clinical Psychology Review, 19, 239-253.

Weist, M.D. (1997). Expanded school mental health services: A national movement in progress. In T.H. Ollendick & R.J. Prinz (Eds.). Advances in Clinical Child Psychology, 19, 319-352. New York: Plenum Press

Weist, M.D. (2001). Toward a public mental health promotion and intervention system for youth. Journal of School Health, 71, 101-104.

Weist, M.D., Lowie, J.A., Flaherty, L.T., & Pruitt, D. (2001). Collaboration among the education, mental health, and public health systems to promote youth mental health. Psychiatric Services, 52,1348-1351.

Weist, M.D., Prodente, C., Proescher, E., Ambrose, M.G., & Waxman, R.P. (2001).

Mental health, health, and education staff working together in schools. <u>Child Psychiatry Clinics of North America, 10</u>, 33-43.

<u>Additional References</u>

Adelman, H.S., & Taylor, L. (1999). Mental health in school and system restructuring. <u>Clinical Psychology Review</u>, <u>19</u>, 137-163.

Dryfoos, J. G. (1994). <u>Full service schools.</u> San Francisco: Jossey Bass.

Evans, S.W. (1999). Mental health services in schools: Utilization, effectiveness and consent. <u>Clinical Psychology Review</u>, <u>19,</u> 165-178.

Guernsey, B.P., & Pastore, D.P.(1996). Comprehensive school based health centers: Implementing the model. <u>Adolescent Medicine: State of the Art Reviews</u>, <u>7</u>, 181-196.

Lim, H.C., & Adelman, H.S. (1997). Establishing school-based collaborative teams to coordinate resources: A case study. <u>Social Work in Education</u>, <u>19</u>,266-277.

Taylor, L., & Adelam, H.S. (1996). Mental health in schools" Promising directions for practice. <u>Adolescent Medicine: State of the Art Reviews</u>, <u>7</u>, 1-15.

<u>Additional Resources</u>

Addressing Barriers to Learning: A Set of Surveys to Map What A School has and What A School Needs. Available through UCLA School Mental Health Center / Center for Mental Health in Schools: (310)8253634 or http://smhp.psych.ucla.edu

Catalogue of Internet Sites Relevant to Mental Health in Schools. Available through UCLA School Mental Health Center / Center for Mental Health in Schools: (310)8253634 or http://smhp.psych.ucla.edu

Clearing House Catalogue. Available through UCLA School Mental Health Center / Center for Mental Health in Schools: (310)8253634 or http://smhp.psych.ucla.edu

Mental Health and School-Based Health Centers. Available through UCLA School Mental Health Center / Center for Mental Health in Schools: (310)8253634 or http://smhp.psych.ucla.edu

<u>Resources Available on the Web</u>

1. *Center for Effective Collaboration and Practice:* http://cecp.air.org/
2. *Center for Health and Health Care in Schools*: http://gwis.circ.gwu.edu/~mtg/
3. *Center for Mental Health in Schools:* http://smhp.psych.ucla.edu/
4. *Center for Mental Health Services:* http://www.mentalhealth.org/cmhs/default.asp
5. *Center for the Research on the Education of Students Placed at Risk:* http://crespar.law.howard.edu/
6. *Center for School Mental Health Assistance:* http://csmha.umaryland.edu
7. *Coalition for Cohesive Policy in Addressing Barriers to Development and Learning:* http://smhp.psych.ucla.edu/coalitin.htm
8. *Coordinated School Health Program:* http://www.cdc.gov/nccdphp/dash/cshpdef.htm
9. *Education Development Center:* http://www.edc.org/
10. *Healthy Schools Healthy Community Programs:* http://bphc.hrsa.gov/hshc/hshcfact.htm
11. *National Assembly on School-Based Health Care:* http://www.nasbhc.org
12. *National Mental Health and Education Center:* http://www.naspweb.org/center
13. *Public Education Network:* http://www.publiceducation.org/health/
14. *Safe and Drug Free Schools Program:* http://www.ed.gov/offices/OESE/SDFS/
15. *School Health Resources Services(SHRS):* http://www.uchsc.edu/schoolhealth/