

10 Critical Factors To Advancing School Mental Health:

What Early Adopters Say

In recognition of the critical role that schools play in addressing the social and emotional needs of students, there is a growing movement to build the capacity of education agencies to advance school mental health efforts in their states and districts. Rather than schools being a “de facto” mental health system, states and districts are increasingly interested in ensuring that schools are equipped with the necessary infrastructure, policies, and supports that allow them to adequately address the complex needs of their students. School mental health is complicated business; It crosses over multiple public systems and disciplines, involves complex partnerships and redistribution of resources, and covers a broad spectrum of services including prevention, promotion, early intervention, and treatment. It therefore looks different in every state, district and school building.

In 2006-07, NASBHC’s School Mental Health-Capacity Building Partnership (SMH-CBP)¹ set out to gain a deeper understanding of how school mental health activities are operationalized at the state and local levels. The SMH-CBP held site visits in four states -- Maryland, Missouri, Ohio, and Oregon – that were considered to be “early adopters” based on their innovation and achievement in school mental health policy and practice. In each state, the SMH-CBP conducted four stakeholder discussion groups with representatives from the fields of mental health, education, health, family and youth advocacy, and social service. Participants in the discussion groups shared their successes and challenges in advancing agendas related to mental health in schools as well as strategies used to implement school mental health policies, programs, and services. Separate discussion groups were held with youth and summarized in the document *What Students Have to Say about Mental Health*.

Using findings from these site visits, *Ten Critical Factors to Advancing School Mental Health: What Early Adopters Say* summarizes key themes and strategies that emerged across the four states. While strategies may be implemented differently across states and districts, and the roles and functions of stakeholders may vary, these ten factors and their accompanying strategies can guide the work of education agencies and their partners in advancing school mental health in their states and districts.

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). For more information on the SMH-CBP, contact Laura Hurwitz, Director of School Mental Health Programs at LHurwitz@nasbhc.org.

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State leaders across child-serving public sectors must establish a cohesive and compelling vision and shared school mental health agenda that inspires 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 service -- 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, when thoughtfully and comprehensively marketed, can inspire and motivate local jurisdictions to adopt that vision and create opportunities for implementation in school districts and buildings.

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

- a. Identify and establish state level champions, leaders, and decision makers who are supportive and are invested in school mental health.
- b. Build a coalition consisting of an articulate and aggressive constituency of influential local systems and organizations that demand policies for funding and implementation of school mental health.
- c. Document areas of integration and mutual support and convey these connections to system leaders.
- d. Develop and/or update a state policy or legislative agenda in which all school mental health stakeholders have an investment. This agenda should 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), and
 - lessons learned from local sites that have been successful at implementing school mental health efforts.
- e. 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.

2 State public agencies need a centralized organizational infrastructure and accountability mechanisms to ensure 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, or 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 capacity for statewide dissemination of school mental health efforts, optimally in partnership with all invested state agencies.

Strategies to build accountability across state agencies:

- a. Establish and sustain a state level body (e.g., partnership, task force, committee) through executive or legislative order that meets regularly and is inclusive of all school mental health stakeholders (e.g., mental health, education, health, youth, family members).
- b. 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.
- c. Establish roles and responsibilities for each state agency in implementing a comprehensive school mental health effort that includes planning, implementation, and evaluation.
- d. Create an organizational infrastructure and staff positions to carry out these roles.
- e. Establish a funded, central entity that has recognition, authority, accountability, and the capacity to disseminate information statewide.
- f. Establish formal partnerships with universities and/or research institutions to assist in data collection and management and outcomes monitoring.
- g. Establish results-oriented grant-making and contracting processes (e.g., assure that funding is linked to defined outcomes).

3 State policymakers and leaders need to create feasible and sustainable funding models that maximize use of 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, in particular, have experienced challenges in providing comprehensive, quality care for all students, regardless of insurance status or provider type/setting.

Strategies to develop funding that is sufficient to sustain quality school mental health services include:

- a. Identify existing and new dedicated funding sources for school mental health (e.g., Medicaid, private insurance, philanthropy, federal grants, state budget).
- b. Identify funding sources that support:
 - establishment of infrastructure and program development
 - sustainability of programs and services
 - prevention and early intervention efforts
 - quality care and evidence-based practice
- c. Advocate for legislation (e.g., Elementary and Secondary Education Act, America's Health Care Choices Act) that mandates use of federal funds for implementation and evaluation of the full continuum of mental health in schools.
- d. Advocate for expansion of public and private insurance to cover school mental health services.
- e. 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.
- f. Develop relationships with foundations in order to increase philanthropic investment in school mental health.
- g. Explore creative use of current public funding streams, including tax levies, pooling, or redirecting funds for school mental health.

4 State and district education leaders must understand the connection between school mental health programs and 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 administrators do not feel adequately resourced to provide mental health care in the school building. Furthermore, stigma around mental health can be a barrier to providing programs and services in schools. In order for mental health to be fully integrated into schools, school mental health stakeholders must communicate about the connection between mental health and academic achievement, and demonstrate how school mental health programs can reduce the demands on overburdened school systems.

Strategies where school mental health programs can support the academic mission of schools include:

- a. Promote dialogue around solutions that address the growing pressure on schools to achieve academic results.
- b. Jointly develop education-centered strategies to reduce the burden on schools by implementing school mental health programs.
- c. Identify and use existing national, state, and local data demonstrating the link between school mental health and academic success (e.g., grades, discipline, and attendance).
- d. Reduce fear associated with addressing mental health in the school setting by addressing legal (e.g., consent and confidentiality) and accountability issues.
- e. Partner with entities that have the capacity and interest in expanding research that demonstrates the link between school mental health and educational outcomes.
- f. Implement statewide and local initiatives/campaigns that reduce stigma around mental health.
- g. Develop a social marketing plan that includes a common message about the importance of school mental health, tailored messages to target audience(s), and strategies for delivering the message.

5 Youth and families from a diversity of backgrounds 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, the process is worth it. 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.

Strategies to engage family members and youth as partners include:

- a. Engage culturally diverse family and youth organizations as key partners in state- and district-wide school mental health efforts.
- b. Expand family roles in schools to promote families as partners in their children's education.
- c. Establish culturally and linguistically competent guidelines to ensure family and youth representation.
- d. Invite youth and family members to participate in all aspects of school mental health efforts (e.g., planning, needs assessments, evaluation, social marketing).
- e. Offer incentives (e.g., food, social activities, money) when inviting youth and families to participate in school mental health activities.
- f. Accommodate family needs by establishing convenient meeting times, and reimbursing for time, transportation, and child care.
- g. Assign family members and youth leadership decision-making roles to assure that their involvement is meaningful.
- h. Follow-up with family members and youth after their involvement and make appropriate adjustments/recommendations.
- i. Provide leadership training to family members, youth, school mental health stakeholders, and educators on the value and process of effectively engaging family members, youth, and communities.
- j. Increase youth participation through 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. 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 cultural variables (e.g., race, ethnicity, language, income, and gender orientation) is critical to the success of a school mental health program.

Strategies to address the needs of students from diverse backgrounds include:

- a. Expand the definition of "culture" beyond language and race to include: spiritual beliefs, economic levels, geographic area, living arrangements, family structures, and sexual orientation.
- b. Learn what mental health means to various cultures as a way to address mental health stigma within each cultural group.
- c. Encourage school districts to conduct needs assessments and/or focus groups to identify the unique needs of each group being served.
- d. Encourage schools to 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.
- e. Support emerging research on cultural competence and reducing disparities in school mental health.
- f. Encourage schools to collaborate with non-traditional providers (e.g. immigrant organizations, ethnic organizations, faith-based institutions) when providing comprehensive school mental health services.
- g. Provide ongoing training and supervision on cultural competence, disparities, and the "culture of poverty" to mental health providers and all school staff.
- h. Analyze program outcome data in terms of disparities (e.g., populations that are affected at disproportionate rates).

7 Pre- and in-service training should prepare educators on child and adolescent mental health as well as factors related to providing mental health services in a school setting.

Despite efforts to prepare educators and mental health providers for work in schools, professionals are often challenged by the demands of the school setting, particularly with respect to children's mental health needs. 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.

Strategies to enhance competencies of education and mental health students and professionals include:

- a. Advocate for legislation at the state level that mandates mental health training for educators.
- b. Introduce training on school mental health in undergraduate and graduate education programs.
- c. Implement school-wide mental health programs that provide all school staff (including teachers, administrators, custodial staff, cafeteria staff, security) with training and resources on mental health.
- d. Provide required and on-going training to school personnel on school mental health issues that emphasize role clarification, early identification, referral, and crisis intervention.
- e. Utilize school-based mental health providers for consultation and training for staff.
- f. Explore multiple methods for training educators including on-site mental health providers, expert consultants, train-the-trainer, and online opportunities.
- g. Create standards and core competencies for professional certification for school mental health providers.
- h. 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 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 such practices. School mental health efforts should implement practices that have demonstrated effectiveness, are easy to implement, are appropriate for the school setting, and where outcomes can be monitored.

Strategies to enhance use of quality effective practice include:

- a. Adopt a consensus definition of empirically supported promotion and intervention in school mental health, with guidance from federal and national leaders.
- b. Support mandates, initiatives, and models that encourage implementation and evaluation of evidenced-based school mental health activities.
- c. Support development of local organizational capacities related to planning, implementation, evaluation, and sustainability of evidence-based programs.
- d. 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).
- e. Carefully consider context of implementation including cultural appropriateness and geographic location when selecting specific prevention or intervention programs and/or curricula.
- f. Provide infrastructure support at the program level for implementing empirically supported school mental health interventions with fidelity, including intensive and ongoing training and onsite coaching and support for providers.
- g. Ensure reliable implementation of empirically supported school mental health intervention.
- h. Provide information to providers on national registries of specific evidence-based programs (e.g. www.nrepp.samhsa.gov).

9 State and community stakeholders should coordinate the myriad of resources dedicated to students' 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. 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 and systems can maximize resources and efficiency.

Strategies to enhance coordination at all levels include:

- a. Identify or develop a structure (e.g., advisory board, committee) at both the state and district levels to assist in the planning, oversight, coordination, and evaluation of school mental health efforts.
- b. Hold intra- and inter-agency meetings at state and district levels to ensure successful coordination of services and understanding of roles and responsibilities.
- c. Develop and maintain local structures (e.g., management boards with local coordinating councils) for coordinating and supporting school mental health services within jurisdictions.
- d. Develop and regularly review and update memoranda of understanding (MOU) between schools and mental health service providers stipulating services, space, supervision, and confidentiality.
- e. 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.
- f. Establish guidelines that ensure the participation of school mental health providers in school teams (e.g., student support teams).
- g. Assure that funding requires school-provider collaboration and provider participation on school teams.
- h. Integrate mental health into other coordinated school-based health efforts (e.g., school-based health centers; Coordinated School Health).

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State and community stakeholders should collect data that document the impact of school mental health on academic indicators and integrate these indicators into evaluation efforts at the school, district, and state levels.

It is essential for school mental health programs to measure 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 are important in developing effective and meaningful data collection efforts.

Strategies to enhance data collection and evaluation efforts include:

- a. Adopt policies that encourage schools and communities to define student and program level variables that can be collected through student/school records (e.g., grades, attendance, suspensions, referrals for special education).
- b. Ensure that program evaluation is compliant with federal laws [e.g., Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Family and Educational Rights and Privacy Act (FERPA)].
- c. Publish findings from evaluation efforts in nationally recognized education, mental health and public health journals.
- d. Consider using an independent evaluation team or university partnerships to limit the bias in assessing the effectiveness of programs.
- e. 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.
- f. Provide school mental health providers with adequate resources and administrative support to facilitate ongoing student- and program-level evaluation.
- g. Enhance current data systems to assess school mental health needs and outcomes.
- h. Foster the development of data sharing agreements and support for centralized data collection and storage across state agencies (e.g., data warehouses).