



Coalition for Expanding
**School-Based
Mental Health**
in Wisconsin

Advancing Expanded School Mental Health Services in Wisconsin

Key Elements and Best Practices

More than one in five students arrives at school with a diagnosable mental health concern that interferes with their ability to learn. Chronic mental health problems in children now loom larger than physical health problems. Many children with mental health-related behavioral challenges have difficulty successfully engaging in the classroom, and their struggles can disrupt learning for other students as well. Wisconsin must do more to help these children if we are to have healthy students, safe schools and successful learners.

Expanded school mental health (ESMH) integrates clinical services and consultation into the existing mental health-related services and supports available in the schools. Through ESMH, licensed clinicians become an important part of the team, collaborating with families and school staff to integrate treatment strategies into school and home environments.

Guided by a strong and diverse family and youth voice, ESMH augments the work of teachers, school psychologists, social workers, counselors and nurses. To the school continuum of universal education, prevention programs, early intervention, and individualized services, ESMH adds the element of clinical therapy and consultation for students with more complex mental health challenges. Rather than supplanting, ESMH augments and integrates school support services and community-based mental health.

This framework document provides a road map for those establishing expanded school mental health programs in their communities. Each school district and community brings a unique set of resources, skills, systems, funding sources and school-family-community relationships that impact the development of ESMH. Fortunately, research, program evaluation and experience from numerous ESMH programs have resulted in a body of knowledge that provides guidance for creating effective and sustainable programs. This framework incorporates best practice information and key elements of successful ESMH programs gleaned from other states, universities, school districts and school mental health organizations.

Key Elements

1. Access to Services. Providing access to mental health services for all students means finding funding for all students regardless of ability to pay or insurance status, helping families enroll in Medicaid if eligible, making agreements with community partners to provide services for the uninsured or covering

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these students through other funding sources. True access also means offering services that are culturally competent and responsive, hiring clinicians who connect well with students and display energetic, flexible, responsive, and proactive styles. Access also includes structures to provide services during times when school is not in session.

2. Family Partnership and Leadership. Empowering and fully partnering with families and students is central to ESMH success. Empowerment starts with school leadership setting a standard, in both word and action, of treating all students and families with unconditional positive regard. Parents and caregivers have a key role as full partners in planning, evaluating and contributing to all aspects of the program.

It is important for schools to involve parents and caregivers from the beginning of a concern, and parents/caregivers are the ones to make decisions regarding the use of mental health services. Ongoing and thorough communication provides parents/caregivers with the information they need for fully-informed consent at every step of the way. Parents/caregivers are integral to the treatment process. They are involved in the intake session, receive regular communication and provide feedback regarding satisfaction.

3. Student Involvement. Student involvement in school wide mental health promotion and awareness, stigma reduction, and education is powerful. Students have the best insights when developing an ESMH program. Students offer vital observations and information about what is important to students, how to best meet student needs, and how to reduce stigma.

4. Programs and Services. The most successful ESMH programs focus not solely on the most significant mental health needs, but rather, through working together, provide a **continuum of care**, which includes **promotion** of mental health and wellness, **prevention** through student and teacher education, community building in classrooms, and strength-based social-emotional learning programs, **early intervention** using universal screening, support groups, and school counseling, and more intensive **individualized treatment**. This level of service requires integration of mental health into the school fabric rather than simply co-location of a clinic office in the school.

Besides assessment and direct service, effective programs include education about mental health, and consultation to parents, school staff, teachers, and administrators so that they may be partners in treatment. A **trauma-informed** and **strength based** approach that works within the families' **cultural and social values** makes programs more effective. Critical incident debriefing and response are often part of ESMH, as are referrals to community agencies when specialized or intensive services are needed.

Successful ESMH programs are developed within solid **existing school and community structures**. Positive Behavioral Interventions and Support (PBIS) is a nationally recognized program with proven effectiveness that is currently used in about half of Wisconsin school districts, supported with training from the Department of Public Instruction. PBIS provides a strong framework for ESMH using a **tiered system of supports** to assure that resources are directed to students in a way that matches the intensity of the resource to the need. All students receive education and preventive services, some receive early

interventions and a few receive individualized services. A strong system of existing supports is an important prerequisite for a successful ESMH program.

5. Standards for Providers. The certified clinic and school will develop and sign a memorandum of understanding (MOU) that will address oversight, adherence to all applicable state and federal laws, DHS and DPI statutes, and clearly identify and address co-location issues including confidential space and storage, communication, liability insurance, referral process and sharing of information between clinic and school. The MOU will be signed annually and be in place prior to the beginning of the school year unless otherwise permitted.

6. Standards of Care. Processes for referral and assessment are established, and integrated with the school problem solving process. Interventions are designed based on student needs. Some students may be served by school staff, some by the clinicians in school settings, and some may be referred for community-based services. Treatment focuses on reducing barriers to development and learning, is **family- and student-friendly, developmentally appropriate, culturally responsive and respectful, strength-oriented, and based upon evidence of positive impact.**

7. Coordination and Communication. When integrating community providers into the schools a process needs to be developed around **communication, defining roles, and sharing of responsibilities.** Helping community providers understand the culture and expectations within the school environment, and helping school staff understand rules and regulations that govern clinicians requires focused attention. On-going meetings between agencies are scheduled to resolve the inevitable bumps and ruts as the process develops. Care must be exercised to avoid over-reliance on clinical services and underutilization of school internal strategies and supports to address student challenges.

8. Data Collection. Effective ESMH programs incorporate data collection, including program evaluation, demographic data and student pre- and post-assessment scores which will **facilitate data-based decision making and continuous quality improvement.** Prior to initiating the ESMH program, school staff and clinicians have a data collection plan which may include measuring academic achievement, suspensions, expulsions, and health outcomes, as well as detecting and reporting changes in attitudes and beliefs toward those with mental health issues. Student and family satisfaction surveys/exit interviews, as well as teacher/school oriented process evaluations help inform schools and providers of perceived program strengths and weaknesses. Data collection and evaluation contribute to program sustainability by establishing the effectiveness and success of the ESMH program, information that is invaluable when applying for grants.

9. Funding. Stable, long serving programs begin with a plan clearly identifying the services to be provided and how they will be funded. Programs must have sufficient time to mature and become part of the school culture to become truly effective. This can only be achieved when funding, staffing, and service delivery is constant and consistent over time.

Depending on grants or a single funding source is not as secure as developing a **braided source of funding.**

The most stable plans rely on maximizing third-party billing and using other sources of funding (governmental, city or county, grants, United Way support, agreements with HMOs, school district funds) to cover non-billable, ancillary services such as staff education, consultation, and providing care for uninsured students. Mental health clinics that can bill Medicaid, a broad range of insurances, and/or have an agreement with community HMOs are preferred partners for ESMH. Sustainability is dependent on stable funding sources.

10. Governmental Support. States with successful ESMH programs--Washington, Montana, Minnesota, Illinois, and Pennsylvania to name a few, provide state funding, often in the form of start-up grants. These grants allow the state to select districts that will establish programs that meet the state's standards and that contain key elements that will result in success. Some states have changed Medicaid funding to include consultation to schools as a billable service.

To provide a responsive, effective and sustainable program, all community stakeholders including schools, mental health agencies and providers, governmental agencies, professional groups, universities and training institutions, advocacy groups, public health, and most importantly parents, caregivers, and students should work together in the planning, implementation, funding and evaluation of extended school mental health.

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