



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

School Mental Health Virtual Learning Series

January 2021-June 2021

Effective School-Community Partnerships to Support
School Mental Health

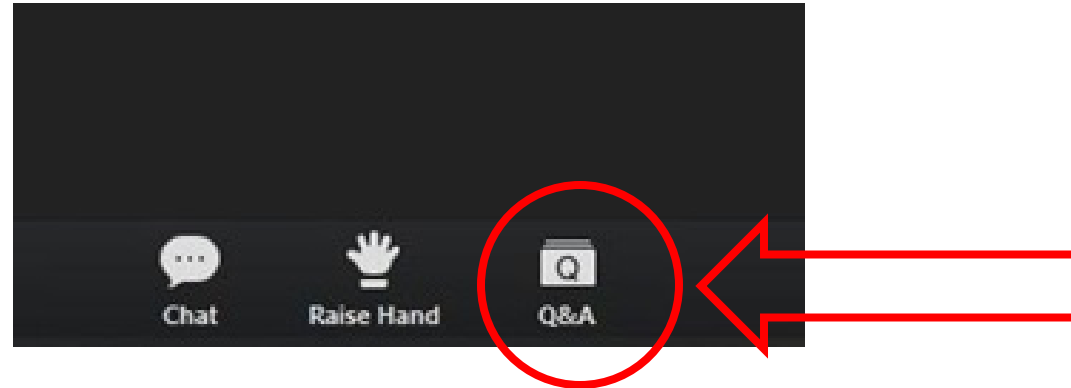
April 7, 2021



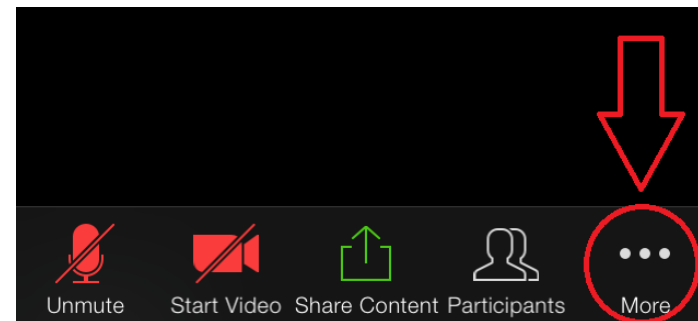
Technology Support

- Slides will be posted on the NCSMH website (www.schoolmentalhealth.org) and emailed after the presentation to all registrants
- Please type questions for the panelists into the Q&A box.
- Use chat box for sharing resources, comments, and responding to speaker

Web



Mobile App





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Central East Geographical Area of Focus

HHS REGION 3

Delaware

District of Columbia

Maryland

Pennsylvania

Virginia

West Virginia





What Does Central East MHTTC Do?

Actions

- **Accelerate** the adoption and implementation of evidence-based and promising treatment and recovery-oriented practices and services
- **Strengthen** the awareness, knowledge, and skills of the behavioral and mental health and prevention workforce, and other stakeholders, that address the needs of people with behavioral health disorders
- **Foster regional** and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance to the behavioral and mental health field

National Center for School Mental Health

MISSION:

Strengthen policies and programs in school mental health to improve learning and promote success for America's youth

- Focus on advancing school mental health policy, research, practice, and training
- Shared family-schools-community mental health agenda

Directors: Drs. Nancy Lever & Sharon Hoover

Faculty: Tiffany Beason, Ph.D. Jill Bohnenkamp, Ph.D., Elizabeth Connors, Ph.D, Britt Patterson, Ph.D., Kris Scardamalia, Ph.D., Cindy Schaeffer, Ph.D.



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School Mental Health Webinar Series

Objectives

- Gain increased awareness of high quality, sustainable multi-tiered system of school mental health supports and services
- Support trauma-informed systems in schools
- Discover the impacts of social determinants of health on student academic and social-emotional-behavioral success
- Learn to provide more culturally responsive and equitable services and supports
- Hear perspectives on school mental health from school, district and state levels
- Obtain insight into how youth, families, schools and communities can best work together to address student mental health needs

School Mental Health Strategic Partners

- Coalition of Schools Educating Boys of Color (COSEBOC)
- Council of Chief State School Officers (CCSSO)
- Family Run Executive Director Leadership Association (FREDLA)
- National Association of School Psychologists (NASP)
- National Governors Association (NGA)
- Youth MOVE

Become a School Mental Health Champion!

- Schoolmentalhealth.org



Facilitators: National Center for School Mental Health



Larraine Bernstein,
Policy Analyst



Jill Bohnenkamp,
NCSMH Faculty

Presenters: National Association of School Psychologists



Kathleen Minke,
Executive Director



Kelly Vaillancourt Strobach,
Director, Policy and Advocacy

It is NASP's






- **Vision that** all children and youth thrive in school, at home, and throughout life.
- **Mission to** empower school psychologists by advancing effective practices to improve students' learning, behavior, and mental health.



The NASP Practice Model



NASP Strategic Goals

-  ***Addressing*** shortages in school psychology
-  ***Advancing*** the role of school psychologists in providing mental and behavioral health services
-  ***Expanding*** implementation of the NASP Practice Model
-  ***Developing*** leadership skills at the local, state, and national levels
-  ***Advocating*** for social justice for all children and youth



Issue Brief: Effective School-Community Partnerships to Support School Mental Health



Effective School-Community Partnerships to Support School Mental Health

Comprehensive school mental health systems rely on a foundation of educators and school-employed mental health professionals (e.g. school psychologists, school counselors, school social workers), in partnership with community health and mental health professionals. States, districts, and schools often grapple with how to strategically staff a full continuum of mental health supports and services, sometimes exclusively relying on either schools or community partners. This strategy fails to leverage the strengths and resources of each system (education and health/behavioral health) and may lead to siloed and fragmented supports. This document provides an overview of the key elements of school-community partnerships and specific action steps for states, districts, and communities to foster effective collaboration between schools and community health and behavioral health partners.

When it comes to school-employed and community partners supporting school mental health:
it is not either/or, it is both/and!

Background

The mental and behavioral health of students is a necessary focus of education. Approximately 75 to 80 percent of children and youth in need of mental health services do not receive them.¹ Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools.² Further, youth are six times more likely to complete evidence-based treatment when offered in schools than in community settings.³ As such, schools are often considered the natural and best setting for comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities.^{4,5}

School mental health supports and services must be a critical component of any educational system on par with high quality academic instruction.

Benefits of Comprehensive School Mental Health Services

Comprehensive school mental health promotes well-being and social emotional health for all students and staff, while also supporting those with mental health challenges. As our nation continues to advance equity in access to resources and opportunity, school mental health services can be a key factor in reducing disparities in academic achievement, physical and mental health, and access to quality care. Comprehensive school mental health services can reduce health disparities, especially for low income and minoritized youth.

Access to school-based mental health services **improves:**

- Physical and psychological safety
- Academic performance
- Social-emotional competence

Access to school-based mental health services **reduces negative outcomes** such as:

- Disciplinary referrals
- Dropout
- Substance abuse
- Involvement in the criminal justice system

¹ U.S. Department of Health and Human Services, 2001
² Farmer, Burns, Philip, **Anglin**, & Castello, 2003; **Anglin** & **Castello**, 2000
³ **Anglin** et al., 2010
⁴ Anglin, 2003
⁵ NASP, 2015

Multi-Tiered System of Support

The success of a comprehensive school mental health and behavioral health system relies on educators, school-employed mental health professionals (e.g. school psychologists, school counselors, school social workers), other specialized instructional support personnel, and community health and mental health providers working across a Multi-Tiered System of Support (MTSS; see Figure 1). The MTSS approach ensures that all students can access the service array, including students in both general and special education, and that all students have exposure to universal mental health supports. The number of tiers in an MTSS can vary, though many districts employ a three-tiered model.

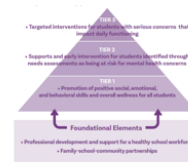


Figure 1. Multi-tiered system of support

School-Employed Mental Health Professionals and Community Partners Support Students Across a Multi-Tiered System of Support

Successful and sustainable school mental health systems integrate partners seamlessly so that the full spectrum of mental health supports and services are tightly coordinated to meet student needs. **Effective collaboration between school-employed and community mental health partners broadens the availability of supports and enhancing access to mental health care.** The roles and responsibilities of school and community partners will differ based on unique resources and needs of school districts and the local community. Figure 2 illustrates one example of the complementary roles of schools and community partners in an MTSS.



Figure 2. Complementary Roles between Schools and Community Partners

The allocation of roles and responsibilities for school- and community-employed personnel across a multi-tiered system of support is generally as follows:

- Tier 1:** Implemented primarily by school-employed mental health professionals, and other relevant specialized instructional support personnel (e.g. school nurses) with support from community professionals
- Tier 2:** Implemented by both school-employed mental health professionals, other relevant specialized instructional support personnel and community professionals
- Tier 3:** Implemented primarily by community professionals with support from school-employed mental health professionals and other relevant specialized instructional support personnel

Element II: Clear Roles and Responsibilities

Partnerships between school and community providers are facilitated by clear delineation of roles and responsibilities. School staff and community partners should learn one another's roles and responsibilities so they can effectively collaborate to support students they each serve. School-employed professionals should help community providers understand the systems of the school and legal obligations that differ from community-based care. Similarly, community-employed staff should offer education and guidance to school-employed staff if they have areas of unique expertise and knowledge related to mental health and the broader mental health care system.

School-employed mental health providers and community partners must commit to regular communication with one another to ensure all students can access to the supports they need. Effective partnerships may require a "retooling" of how school-employed mental health professionals are used to allow for more comprehensive service delivery.

If students are supported by both a school-employed and a community-employed provider, a communication and data sharing plan must be developed so that all parties share the same knowledge and information about the students they are serving.

Action Step I: Develop a Memorandum of Understanding

Use a memorandum of understanding (MOU) or other agreements to detail the terms of the partnership. Key features of an MOU might include:

- Delineation of roles and responsibilities of the school and community-employed professionals (e.g. prevention, promotion, and intervention services); data collection and reporting; confidentiality agreements and information sharing protocols; attendance at team meetings, trainings, and professional development)
- Office of fiscal and resource agreement, including details of payment exchange processes
- A plan for duration and termination, including a timeline for the partnership and procedure for requesting termination by either party

Resource:
 This **Memorandum of Understanding template** includes the key features and potential language to use in an agreement between school and community mental health partners.

ANATOMY OF A MEMORANDUM OF UNDERSTANDING		
Purpose of agreement	Memorandum of Understanding (MOU) System School-District and Non-School District Health Service	Key features of an MOU
Parties to the agreement	Purpose of agreement: Increase the availability of mental health services to all students in the school district and community.	Key features of an MOU
Background	Roles and responsibilities of each party to the partnership	Key features of an MOU
Goals and objectives	Delimitation of roles and responsibilities of the school and community-employed professionals (e.g. prevention, promotion, and intervention services); data collection and reporting; confidentiality agreements and information sharing protocols; attendance at team meetings, trainings, and professional development)	Key features of an MOU
Duration and termination	Office of fiscal and resource agreement, including details of payment exchange processes	Key features of an MOU
Dispute resolution	A plan for duration and termination, including a timeline for the partnership and procedure for requesting termination by either party	Key features of an MOU
Signatures	Legal release as an independent contractor	Key features of an MOU
Date	Division and termination	Key features of an MOU
	Business and individualization	Key features of an MOU
	Confidentiality	Key features of an MOU
	Other	Key features of an MOU

Figure 3. Anatomy of a Memorandum of Understanding

Action Step II: Develop shared language and accountability systems

For school-community mental health partnerships to be successful, all providers must work together to develop shared language and accountability systems that are grounded in a mutual set of goals. School- and community-employed partners can look to the school improvement plan to identify common goals for collaboration. Partners need to understand the privacy laws governing education systems (e.g. Family Educational Rights and Privacy Act) and health systems (e.g. Health Insurance Portability and Accountability Act) and ensure that any memoranda of understanding and other information sharing agreements align with legal requirements.

Resource:
 This **joint guidance document** from the Department of Education and the Department of Health and Human Services explain the relationship between the Family Educational Rights and Privacy Act (FERPA) statute and implementing regulations and the Health Insurance Portability and Accountability Act (HIPAA) privacy rule.

Effective School-Community Partnerships to Support School Mental Health

Comprehensive school mental health systems rely on a foundation of educators and school-employed mental health professionals in partnership with community health and mental health professionals.

It is not either/or, it is both/and!

Why Mental Health in Schools

- Approximately **75 to 80 percent of children and youth in need of mental health services do not receive them.** Of those who do receive assistance, the vast majority (70% to 80%) receive mental health services in schools.
- **Youth are six times more likely to complete evidence-based treatment when offered in schools** than in community settings.
- **Schools are often considered the natural and best setting** for comprehensive prevention and early intervention services for all students, including those with and without identified education disabilities.

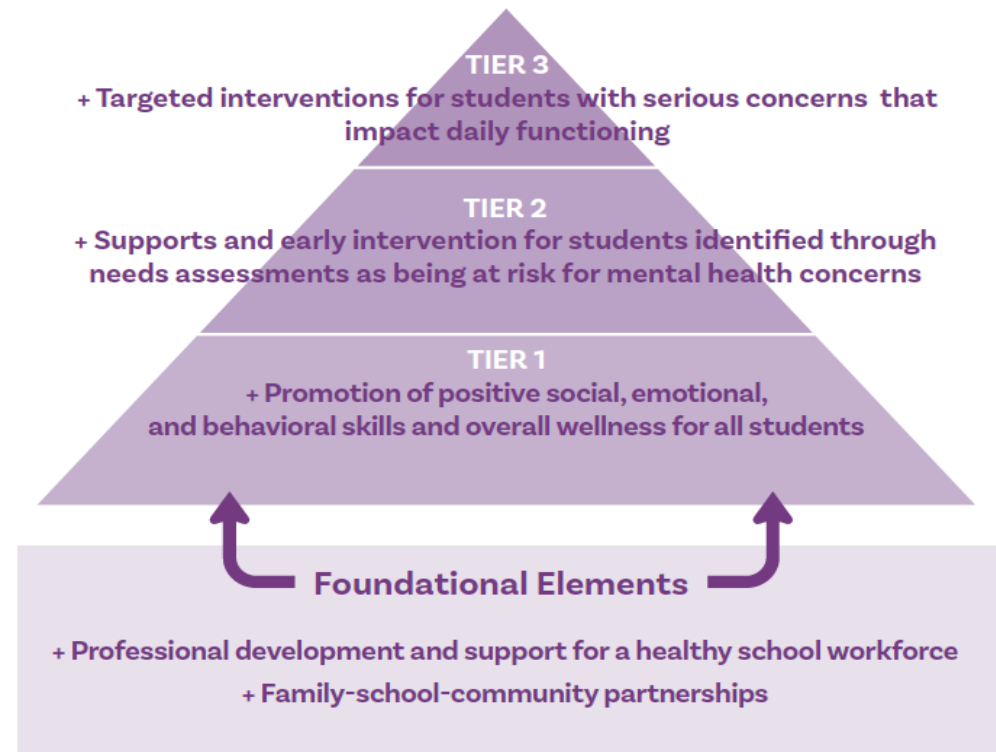
Benefits of Comprehensive School Mental Health Systems

Access to school-based mental health services **improves:**

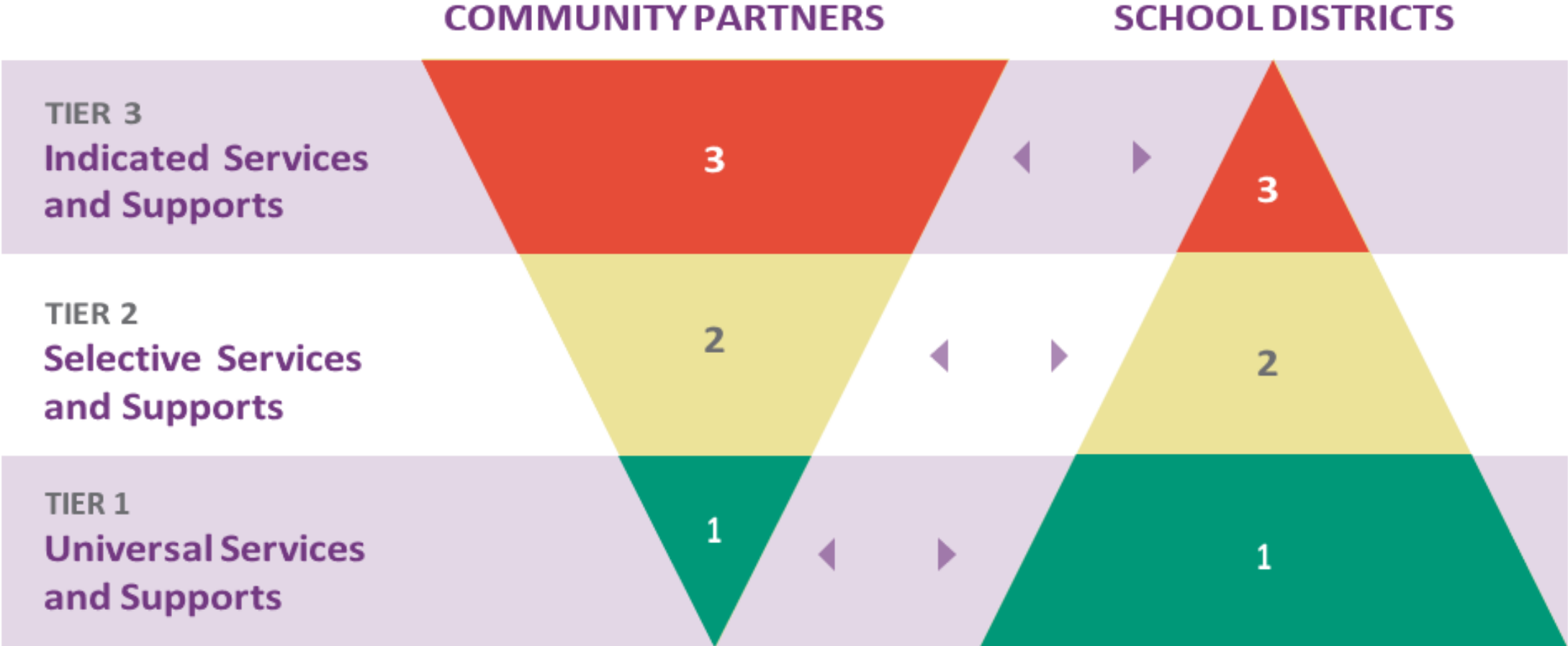
- Physical and psychological safety
- Academic performance
- Social–emotional competence

Access to school-based mental health services **reduces negative outcomes** such as:

- Disciplinary referrals
- Dropout
- Substance abuse
- Involvement in the criminal justice system



School-Community Partnerships to Support Students Across a Multi-Tiered System of Support



Key Elements to Support Effective School-Community Mental Health Partnerships

- **Appropriate staffing of school and community mental health professionals**
- **Clear Roles and Responsibilities**
- **Funding to Support School-Community Mental Health Partnerships**

Appropriate staffing of school and community mental health professionals

- Partnerships between school- and community employed mental health staff are challenging to sustain when schools are **inadequately staffed**
- Recommended **staffing ratios** are based on comprehensive wellness **promotion, prevention, early identification, and intervention services** at the student, classroom, and school-wide levels
- Staffing ratios should account for both school-employed and community-employed staff to provide **school-based services** *and* increase access to **community supports**

Nationally recommended ratios of school employed mental health professionals:

School Psychologists 1:500

School Counselors 1:250

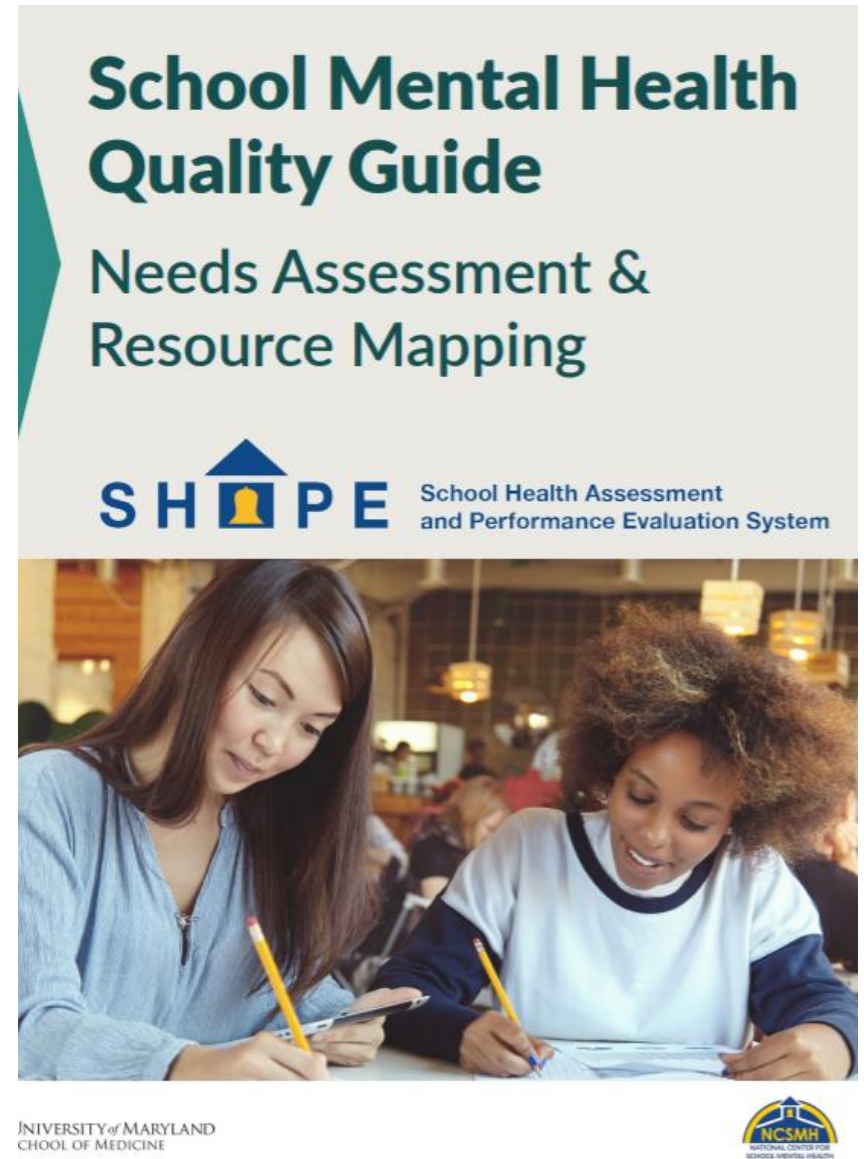
School Social Workers 1:250

Action Step I:
Work toward
staffing ratio
recommendations

- Establish a plan to work towards the national recommended ratios of mental health professionals available in schools.
- This plan should consider how to hire to hire, retain, and increase the available workforce of school-employed mental health professionals *and* how community partners can augment existing staffing structures.

Action Step II: Determine staffing array based on needs

- When establishing a school–community partnership, school teams should use data from a needs assessment to assess the fit of potential community partners
- A school should
 - Choose partners that are necessary and fit the needs of students and families
 - Select partners that share mutually agreed upon goals around health, wellness, and student success
 - Continually assess their partnerships and impact–priorities of the school and/or community agency may change



School Mental Health Quality Guide
Needs Assessment & Resource Mapping

SHOPE School Health Assessment and Performance Evaluation System

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Discussion

- Have you had any success in achieving staffing ratios?
- How do you monitor staffing ratios?



Clear Roles and Responsibilities

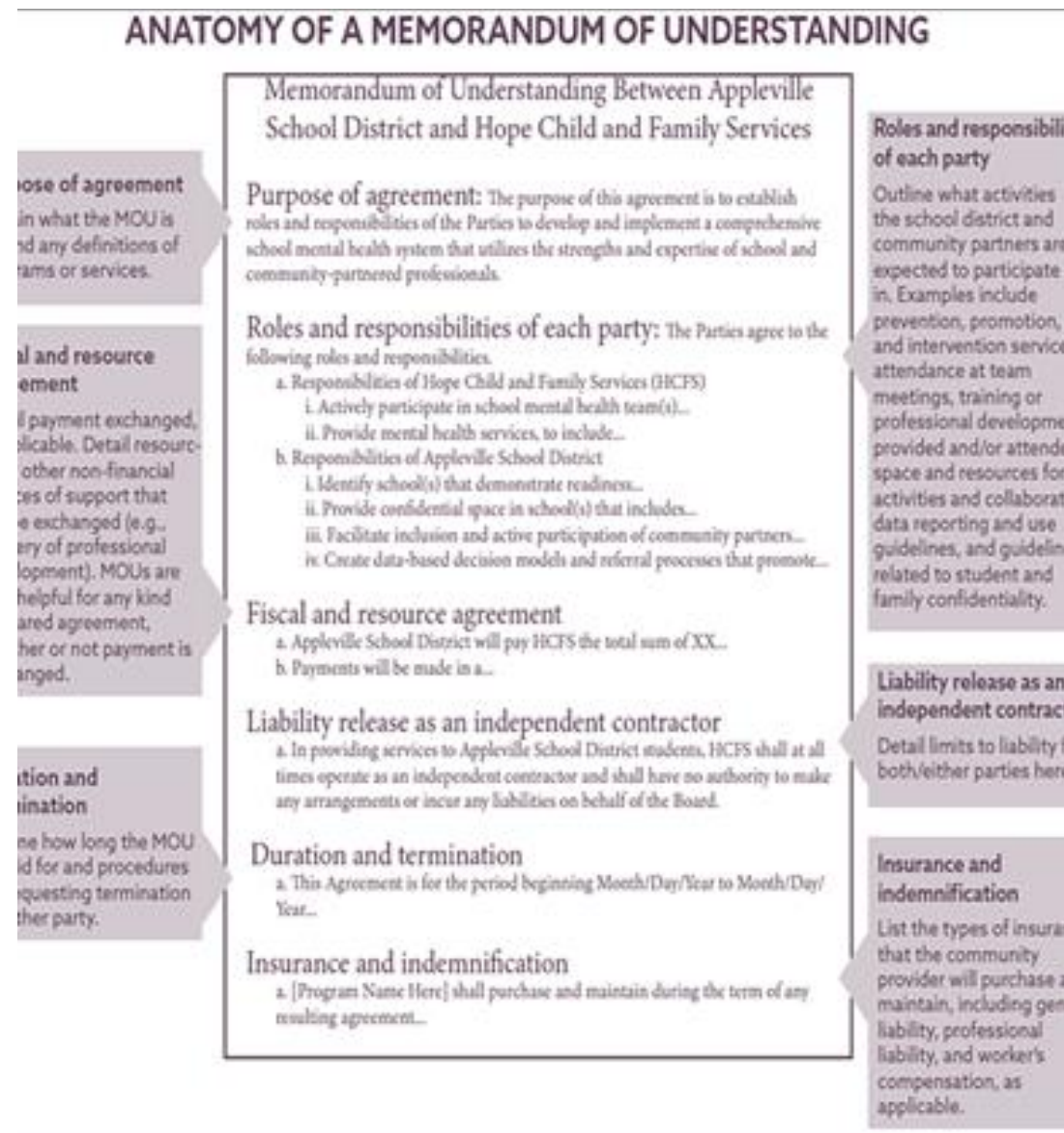
- School-community partnerships are facilitated by clear delineation of roles and responsibilities
- School- and community-employed partners should learn about one another's roles and responsibilities
 - School-employed professionals should help community providers learn about systems in schools
 - Community-employed staff should provide background about the broader mental health care system
- Commit to regular communication
- Communication and data sharing plan



Action Step I: Develop a Memorandum of Understanding

Key features of an MOU include

- Delineation of roles and responsibilities of the school- and community-employed professionals (e.g. prevention, promotion, and intervention services; data collection and reporting; confidentiality agreements and information sharing protocols; attendance at team meetings, trainings, and professional development)
- Outline of fiscal and resource agreement, including details of payment exchange processes
- A plan for duration and termination, including a timeline for the partnership and procedures for requesting termination by either party



Action Step II: Develop shared language and accountability systems

- School-employed and community-employed providers work together to develop shared language and accountability systems
- Set mutual goals for collaboration
- Partners must understand privacy laws governing education systems (FERPA and HIPAA)



U.S. Department of Health
and Human Services



U.S. Department of Education

**Joint Guidance on the Application of the
Family Educational Rights and Privacy Act (FERPA)
And the *Health Insurance Portability and
Accountability Act of 1996 (HIPAA)*
To Student Health Records**

Action Step III:
Develop a
communication
plan between
school- and
community-
employed staff,
families, and the
community

- Consider:
 - How will school and community providers ensure effective communication with teachers, families, and other relevant stakeholders?
 - How should teachers/staff/families refer students for services?

Discussion

Share your models or strategies for clarifying roles and responsibilities for school-community partnerships/collaboration



Funding to Support School-Community Mental Health Partnerships

School-community mental health partnerships are fueled by innovative funding strategies that include diverse funding streams

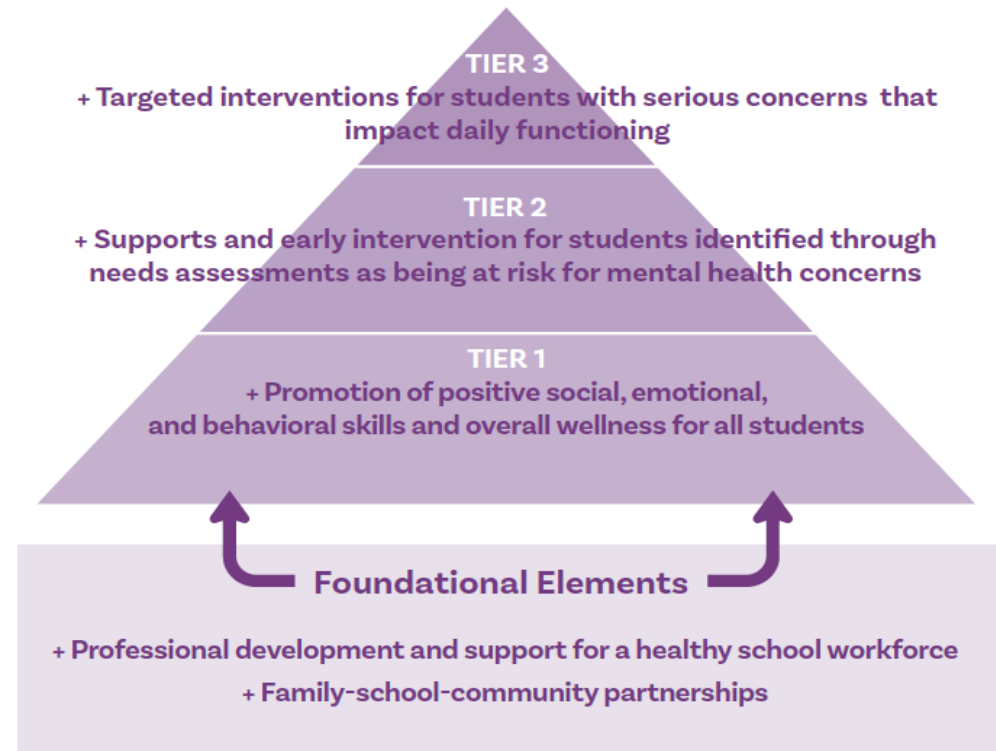
Funding sources examples:

- Legislative authorizations and federal block and project grants (e.g. Healthy Schools, Healthy Communities Program; Project AWARE; State Education Agency Grants; Promoting Student Resilience Program; and Title XX Social Services Block Grant)
- State or county funding (e.g. budget line items, local taxes, and funding to implement special programs and health initiatives)
- Fee-for-service revenue from third party payers (State Children's Health Insurance Programs, Medicaid, and commercial insurance)
- Private individual donors and private foundations (e.g. Bainum Family Foundation, Annie E. Casey Foundation, and Robert Wood Johnson Foundation)



Action Step I: Map services across Tiers 1, 2, and 3

- Outline the source, amount of funding, restrictions on use, and expected time frame for funding availability



Action Step II: Learn how you can leverage Medicaid Funds

- Medicaid can pay mental health services for Medicaid-enrolled students. Schools and districts can also be reimbursed for providing services outlined under Early and Periodic Screening, Diagnostic and Treatment (EPSTD) to include screening, diagnosis, and treatment services that include prevention and early intervention activities.
- Medicaid can help support and sustain partnerships with community providers and/or agencies

Action Step III: Leverage state and federal funding streams

- Leverage state and federal funding streams – e.g. Title I, Title IV-A of ESSA, IDEA to implement or scale up comprehensive school mental health systems
- Explore available grant opportunities your school or district could apply for

Discussion

- What is the primary funding source of SMH in your community?
- How do you partner with funders (Medicaid, private insurance, foundations, etc.)?



Call to Action

- Ensure grants and state line items intended to improve school mental health service delivery advance school-community mental health partnerships that:
 - supplement, not supplant, existing school-based services;
 - clearly articulate the roles of school- and community-employed mental health professionals; and
 - foster coordination and collaboration between school and community mental health professionals
- Promote efforts to address school mental health workforce shortages including funds for states/districts to recruit and retain a qualified and diverse school mental health workforce
- Carve out dedicated funding in state/local school budget for school mental health services
- Carve out dedicated funding in social services budgets to help financially support school/community partnerships
- Advance efforts to provide funds to help states increase access to fully certified and/or licensed school psychologists, especially in high need and hard to staff districts
- Ensure state Medicaid plans recognize that school psychologists are appropriate providers for school mental health services



Discussion

What is one thing you are going to do to improve school-community partnerships within your sphere of influence?





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Upcoming Webinars (3:00-4:00 ET, 2:00-3:00 CT, 1:00-2:00 MT, 12:00-1:00 PT)

[need to insert for July and August]

Wednesday, May 5

Youth MOVE: Leveraging Youth Advocacy

Wednesday, June 2

Supporting Students Impacted by Racial Stress and Trauma



Please Share Your Feedback!

[insert evaluation link]

