

School-Based Mental Health Services (SBMH) Collaboration

The Alabama Department of Mental Health (ADMH) and the Alabama State Department of Education (ALSDE) have identified the need for a deliberate strategy aimed at improving service quality within and continuity between the two departments. The aim is to achieve greater integration of mental health services between the mental health centers and the public schools and to increase the utilization of evidence-based practices. The integration of these services will foster continuity of care and ensure sustained gains in academic and developmental domains for children, youth, and their families.

There is increasing concern about the growing number of children and adolescents who experience difficulties associated with the adverse effects of social and emotional disturbances. In school-aged children and adolescents, unmet mental health needs can cause negative and often times tragic long-term consequences: dropping out of school, substance abuse, a lack of vocational success, an inability to live and function independently, health problems and in more extreme circumstances, suicide.* (The National Institute for Healthcare Management Research and Education Foundation. "Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders.: NHCM Foundation Issue Paper, February, 2005.)

The goal of the School-Based Mental Health Services (SBMH) collaboration between Alabama Department of Mental Health and its providers and the Alabama State Department of Education and Alabama's local education agencies is to ensure that children and adolescents, both general and special education, enrolled in local school systems have access to high quality mental health prevention, early intervention and treatment services. To be most effective, comprehensive mental health services in schools must be provided by an on-site master's level mental health professional in collaboration with teachers, administrators, and families.

Mental health professionals represent a variety of disciplines including, but not limited to: Psychiatrist, Psychologist, Psychiatric Nurse, Clinical Social Worker, licensed professional Mental Health Therapist/Counselor, and Case Manager, as well as an array of professionals who focus on Substance Use/Abuse issues. These mental health professionals (not all of whom will be at the schools) will provide systems of prevention for all students, early intervention for students at-risk (selected), and treatment services for students with identified problems. Prevention services may include participation in school-wide activities with students, families, and staff on a variety of topics and issues. Mental health treatment services may include, but are not limited to, screenings, evaluations, individual therapy and counseling, group counseling, parent and/or staff consultations or training, referral services to outside agencies, case management, and other forms of treatment. The SBMH programs are designed to ensure that mental health needs of children and adolescents in the public schools are identified early on and addressed in a competent manner through a school, family, and community mental health partnership.

Values guiding School-Based Mental Health Services (SBMH) with the ultimate goal of optimal social-emotional health for school-aged children and adolescents are:

- High quality services that build on existing school programs, services, and strategies,

- A continuum of care in a school setting – mental health education and promotion through intensive intervention,
- Authentic parent/family engagement,
- Meaningful child and youth involvement,
- Culturally and linguistically competent service provision, and
- Data-driven planning, evaluation and quality improvement.

In the SBMH program, a collaborative team made up of selected staff from each agency shall have the responsibility for program development, cohesion, and direction. A “Gatekeeper,” usually the school guidance counselor, will be appointed at each school. The Gatekeeper will complete the referral form and make all referrals to the school-based therapist. The school-based therapist will participate in the school’s Problem Solving Team (PST), as needed. The Gatekeeper will work with the school’s teachers and PST to identify students who may need to be referred or, if the need is critical, immediately refer the student for consideration of mental health services to the mental health provider. The reasons for a possible referral for mental health services must originate from the classroom. These reasons must document decline in/lack of educational performance and may include, but are not limited to, school attendance problems (absenteeism, tardies, in-school suspension, out of school suspension, frequent counselor/nurse visits, etc.), school behavior (suicidal thoughts, defensive/negative behavior, withdrawn/loner, poor social integration, discipline problem/defiance of rules, irresponsibility/blaming/denying, verbal/physical abuse to others [bullying], involvement in thefts/assaults, involvement with/possession of drugs/alcohol, etc.), or family related (communication difficulties, separation/divorce related problems, adjustment to new family situation, reported physical/sexual abuse, etc.).

Following the staffing determination to seek mental health services for a student, the school guidance counselor (Gatekeeper) should contact the parent and discuss the team’s recommendation and seek the parent’s verbal agreement to proceed with the referral. The guidance counselor should then conduct a verbal consultation with the mental health therapist assigned to the school. The guidance counselor should be prepared to document lack of educational performance or decline in performance and describe classroom behavior. The mental health therapist will determine whether the child appears to be appropriate for further assessment, and if so, will accept the written mental health form from the guidance counselor. The school-based therapist will schedule an in-take meeting with the parent(s)/guardian (of student under age 14) and/or the student who is 14+ years old, as appropriate. At this time, a signed release to share information with school personnel, medical/insurance information, and required mental health paperwork will be completed. With permission from the parent, or student when appropriate, the therapist will continue further assessment and may conduct classroom observations and/or conduct interview with teachers, or directly initiate the intake process with the parent. The therapist will provide feedback to the guidance counselor and the parent regarding the status of the referral.

Each local education agency shall collaborate in providing a comprehensive referral/intake/evaluation process, which meets the necessary requirements to establish the student as a mental health client. Mental health services are individually determined after an appropriate student assessment has been completed. Specific school-based mental health

services include, but are not limited to: intake evaluations, screenings, individual/group counseling, individual therapy, parent and/or staff consultations or training, counseling/support, case management, home-based intervention services, referral to outside agencies, and other forms of treatment, including substance use. The school-based therapist will compile anecdotal records and a log of all services. This information is submitted to the mental health provider.

Students may be referred on an outpatient basis at the Mental Health Center for additional services, i.e.: psychiatric evaluation, medication management, case management, peer support services, in-home intervention, basic living skills, substance use/abuse treatment, or other structured programs.

In the SBMH program, the Mental Health Center will provide at a minimum, on a full-time or part-time basis, a master's level therapist who is certified and/or licensed in a mental health related field to be stationed in school/schools within the local education agency. Mental health service workers will work collaboratively to provide services at each school with the school guidance counselors and teams, such as the Problem Solving Teams, already established for determining and meeting student needs. The SBMH program will operate under the same standards as outpatient services provided at the mental health provider. All Child and Adolescent Needs and Strengths (CANS) assessments, treatment plans, progress notes, screening tools, etc., are done on-site within the school system and records are maintained at the mental health center (home office of provider).

Regular (preferably monthly) meetings are held at the local board of education with appropriate mental health personnel and school system personnel. At this meeting, the mental health personnel will provide an invoice for the previous month and the service log documenting all services provided to students. The most severe student cases are discussed and carefully monitored by this group. Any program adjustments are made and overall relevant issues are discussed. This monthly meeting serves as a vital link between both agencies and assures accountability between students being served and the efficacy of the program itself.

In the SBMH program, the local education agency will provide a quiet, private, and confidential space in each school. Each therapist who is assigned to certain schools should have a private space with telephone, computer access, and internet access. Outreach therapists who do not have computer access at the school should be provided a laptop by the mental health provider to access records and assist with needed documentation. Each school system must develop a contract with the mental health provider serving the students. Contract information will contain, but is not limited to: purpose, administrative oversight, funding, program/service coordination, staffing, length of agreement, and appropriate signatures.

The mental health provider will access all existing payment sources (such as fee for service, consumer's insurance company, etc.), with specific parent consent, for mental health services prior to billing the local education agency. Personnel from the school system shall assist families in establishing students as eligible for Medicaid and/or other payment sources. In the event there are no resources available for payment for treatment services for an individual student, the local education agency agrees to reimburse the mental health provider for services delivered within the treatment plan for the student, at a rate agreed upon by the two parties.

Requirements to be officially designated as a “School Based Mental Health Collaboration Partner” include:

1. Participate in an Initial Orientation meeting with representatives from DMH and ALSDE.
2. Formalize the relationship between the Community Mental Health Center and the local school system(s) participating in the School Based Mental Health Collaboration with a written Memorandum of Agreement (MOA), contract, or similar instrument that is reviewed and renewed on a regular basis.
3. Participate in Data Collection and Reporting as required.
4. Use and maintain Standardized Referral Process/Documentation.
5. Utilize a “Gatekeeper” at each school, who is preferably the School Counselor.
6. Conduct Regular Executive Meetings to share billing/services provided and to solve problems and discuss difficult cases as required.
7. Schools provide private space and internet access; CMHCs provide master’s-level therapists with own computer or other record-keeping capability.
8. Staff will maintain Separation of School Records and Mental Health Records for legal and confidentiality purposes.

At the beginning of each school year, and not later than September 1, each school system and its community mental health counterpart will verify that they are meeting the standards listed in 1-8 above to continue to be a recognized School-Based Mental Health Collaboration Partner at the State level. A checklist is available separately that facilitates this annual verification process.

The anticipated student outcomes for the SBMH program are increased school engagement, as evidenced by: 1) higher rates of school attendance, 2) less discipline referrals, 3) higher academic achievement among children and adolescents receiving services, 4) higher graduation rates, and 5) increased teacher time on instruction. The anticipated outcomes for the mental health centers are improved service delivery, as evidenced by: 1) better utilization of time and increased revenue resulting from fewer missed/cancelled appointments, 2) more immediate access to mental health services for students, 3) improved level of client functioning, 4) increased social connectedness of client, 5) decrease in number of arrests, and 6) improved client perception of care. All of these outcomes are related to the Mental Health National Outcome Measures. In addition, the SBMH program is expected to reduce overall system long-term costs, such as reduced costs of untreated mental health problems, reduced economic/social burden of multiple systems when mental health problems are not addressed early, and reduced cost of school dropout. Outcome data will be collected and analyzed at the State level from existing databases. Occasional data requests for a specific purpose may occur, but most data collection efforts (other than billing/service data compiled at the local level for regular Executive Meetings) will be transparent to mental health and education staff providing services at the school level. Once established, reports on SBMH Outcomes will be made available to School and Mental Health partners on at least an annual basis.