Patterns of Collaboration: Safe Schools/Healthy Students and Systems of Care
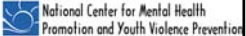
Evelyn R. Frankford, MSW
Jennifer Kitson, EdS
David Osher, PhD

National Center for Mental Health Promotion and Youth Violence Prevention

---

National Center for Mental Health Promotion and Youth Violence Prevention
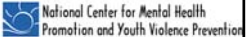
Purpose

- There is extensive research on comprehensive prevention services
- What are the implications in regard to adapting a systems of care (SOC) framework to school and community initiatives focused on mental health promotion and prevention of mental disorders (Safe Schools/Healthy Students – SS/HS)?

National Center for Mental Health Promotion and Youth Violence Prevention
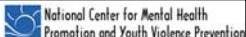
Purpose (Cont)

- What convergence or divergence exists between these two CMHS initiatives for children and families?
  - vision
  - extent of planning collaboration
  - extent of collaboration for sustainability

National Center for Mental Health Promotion and Youth Violence Prevention
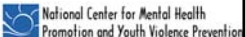
Purpose (Cont)

- Explore implications of findings for further research
  - Public health model: how do we transform the mental health system from a individual, clinical, case management model to a population-based model that still has the capacity to address individual needs?
  - Education connection: how do we help the school world see its self-interest in and increase its ability to collaborate around promotion, prevention, early intervention, and intensive intervention for connection with treatment for children with or at risk of SED?

National Center for Mental Health Promotion and Youth Violence Prevention

Highlights of Research on Prevention

- Comprehensive approaches based on risk and protection theory are essential for interventions to be effective in promoting mental health and preventing/intervening early with incipient mental and behavioral disorders.
- Connections exist among the of "problems" that categorical programs seek to fix. For example, substance abuse disorders are significantly higher in children who have conduct disorders and system of care outcomes are poorer with youth who have co-occurring SED and Substance Abuse Disorders.

National Center for Mental Health Promotion and Youth Violence Prevention

Highlights (Cont)

- Focusing on risk and protective factors rather than on problem behaviors fosters comprehensive approaches that address risk and protection across multiple domains -- child, family, school, peer group, and community.

Locus of intervention for prevention

- Schools and Primary Health Care are two universal strategically critical settings for reaching children
  - The President's New Freedom Commission recommends improving delivery of mental health and substance abuse services through schools and primary health care
  - More than ¾ of children receiving mental health services are seen in the education system, and for many, this is the sole source of care (U.S. Department of Health and Human Services (USDHHS) (1999b). *Mental Health: A Report of the Surgeon General, Chapter 3: Children and Mental Health.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, and National Institutes of Health, National Institute of Mental Health.)
  - Mental health interventions for children mediate and moderate academic outcomes.
  - Half of the care for common mental disorders is now delivered through primary health care
  - Mental health problems co-occur and/or mediate many physical health problems.

General principles of effective prevention programs

- *Multi-year programs are more likely to foster enduring benefits.*
- *Preventive interventions may effectively operate throughout childhood when developmentally appropriate risk and protective factors are targeted. However, interventions may need to begin at preschool.*
- *Preventive interventions are best directed at risk and protective factors rather than at the problem behavior alone. It is both feasible and cost-effective to target multiple negative outcomes in the context of a coordinated set of interventions.*
- *Interventions should target multiple domains, changing institutions and environments as well as individuals.*

(Greenberg, Domitrovich, & Bumbarger, 1999)

General principles of effective prevention programs

- *Prevention programs that focus independently on the adolescent are not as effective as those that simultaneously "educate" the adolescent and instill positive changes across both the school and home environments.*
- *There is **no single program component** that can prevent multiple high-risk behaviors. A package of coordinated, collaborative strategies and programs is required in each community.*
- *Schools, in coordination with community providers, are potential settings for the creation of such fully integrated models.*
- ***Prevention programs need to be integrated with systems of treatment to enhance linkages and sustainability. (bold added)***

(Greenberg, Domitrovich, & Bumbarger, 1999)

General principles of effective prevention programs

- These principles echo exactly what Joy Dryfoos said in 1990 in her book, Adolescents at Risk
- Since then, researchers continue to confirm these principles.

Challenges for researchers, evaluators, policy people, practitioners

- So, in the face of research-based principles that support comprehensive interventions as most effective, why have we made minimal progress applying these findings to policy and practice?
- Why do various "evidence bases" still focus on specific individual programs?
- Why does sustaining comprehensive interventions remain such a challenge?
- Why do so many obstacles to collaboration across domains remain?

Questions (Cont)

- What can researchers and evaluators do to help move the bits and pieces into sustainable collaborative practice in schools, health settings, and community, a key goal of the President's New Freedom Commission and of system transformation?

Two CMHS initiatives address sustainability and collaboration

- Safe Schools/Healthy Students (SS/HS)
- Systems of Care (SOC)

SS/HS

- The SS/HS grant program is a collaboration among the U.S. Departments of Education, Health and Human Services, and Justice.
- SS/HS grants are awarded to local education agencies (LEAs) working in partnership with local law enforcement and mental health agencies for three years.

SS/HS Underlying Principles

- Link security with healthy childhood development.
- Take a school-based public health approach.
- Provide comprehensive, coordinated services that are developmentally appropriate.
- Encourage school/law enforcement/mental health partnerships.
- Implement science-based programs with demonstrated outcomes.

Six Core SS/HS Elements

- To ensure a comprehensive approach to violence prevention and healthy development:
  1. Safe school environment.
  2. Alcohol and other drugs and violence prevention and early intervention programs.
  3. School and community mental health preventive and treatment intervention services.
  4. Early childhood psychosocial and emotional development services.
  5. Supporting and connecting schools and communities.
  6. Safe school policies

System of Care Values

- Access to Comprehensive Services
- Individualized Services
- Home, School, and Community Based Services
- Integrated Services
- Case Management
- Family-Professional Partnerships
- Culturally Competent
- Clinically appropriate services.

System of Care Operations

- Agreed upon common goals and approach to implementing goals;
- Jointly developed structure and allocation of responsibility;
- Mutual accountability for success;
- Common vision and perception
- Shared resources and rewards.

Findings

- Center staff interviewed SS/HS & SOC Directors in locations with both, asked about
- Collaboration
- Sustainability
- Shared values, operations, planning
- Tensions among partners
- Relationship to larger planning entities

Substantial collaboration occurs between these initiatives

- But true integration and systemic change remain elusive
- Although initiatives want to build systemic change and infrastructure, operationally they tend to focus on discrete programs
- Greater external (eg., SAMHSA) expectations of collaboration would provide positive pressure for integration and systemic change
- No one, but especially not schools, has norm of joint decision-making
- Language is different: schools don't talk about diagnoses

Substantial collaboration occurs between these initiatives

- People at high level of authority need to own it
- Initiatives are undermined by changes of people in positions of authority; new leaders may ignore prior commitments
- Frustration with concept of lead agency: when legislation requires collaboration, each agency wants to be lead because of spending coming down; need a council where all decision-makers sit
- Education administrators the most difficult to engage

Exchange across education and mental health remains difficult

- Need to strategize inclusion/integration of "outside" professionals in school
- It's more effective to train people in mental health system, then back them into the education system
- Hard to get into schools if you are not already a school person
- More work needed to connect school-based pupil personnel staff and community-based mental health providers

Exchange across education and mental health remains difficult

SS/HS not coordinated through State Mental Health Authorities (SMHAs), which:
- Would like SS/HS to create partnerships with them and to work with relevant partners, to develop joint initiatives;
- Have not routinely been kept informed of these local initiatives
- See challenges to SS/HS sustainability in insufficient planning time, communication barriers, insufficient collaboration with key state partners, barriers to successful evaluation, state and local budget crises (NASMHPD)
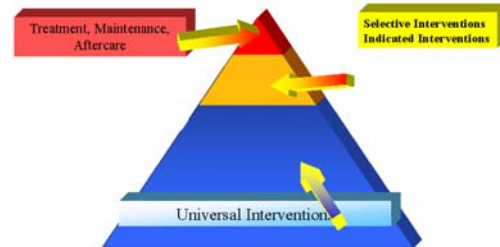
Exchange across education and mental health remains difficult

- State Mental Health Authorities (SMHAs) see need for:
  - Planning one year prior to implementation and include community agencies and hospitals with sustainable reimbursement revenues to ensure buy-in
  - Cross training of current staff and existing community resources to decrease duplication of programs and creation of costly new positions

Need to develop a public mental health approach with schools & communities

- Focus on continuum of mental health promotion, general prevention, early intervention, access to treatment and systems of care
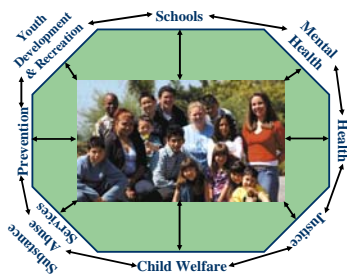
The IOM Model Simplified

Public health approach

- Statutory responsibilities for surveillance and epidemiology
- Partnerships, including public education
- Assessment of community and individual strengths and needs
- Selection, replication and implementation of evidence-based programs
- Monitoring and evaluation

Findings from SMHAs (NASMHPD) regarding public health approach

- Coordinate with State offices and link to SAMHSA's Comprehensive Statewide Plan initiatives
- Align SS/HS initiatives with state and federal policy plans and mandates
- Build on existing structures and systems and limit the number of separate initiatives

Building Effective Systems of Prevention & Care

Discussion: Framing the challenges for researchers

- Schools, primary health care, plus community as three loci for prevention/early intervention
- With SS/HS based in schools, mental health, and community, and SOC based in mental health/health, community, and schools, what are the possibilities for strengthening collaboration and sustainability through an integrated approach that adapts systems of care to community-based prevention and a public health model?
- SOCs build on cross-systems comprehensive assessments and service planning – adaptable to comprehensive prevention initiatives, a public health approach, and stronger foundation in education system
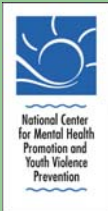
Discussion: Framing the challenges for researchers

- What research would be needed to support such an integration?
- Systems of care model to integrate SS/HS: what can existing research tell us?
- What are the possibilities for community-school-health care collaboration to meet education needs?

Collaboration: From Program to Framework to Infrastructure

- Public Health model
  - Build from programs to infrastructure
- Transformation:
  - Build and work within a comprehensive state plan
  - Focus on state and local infrastructure: inter-agency funding, regulations, licensure; collaboration with local health, mental health, and family organizations
- Improve outcomes for children and their families

National Center for Mental Health Promotion and Youth Violence Prevention.

National Center for Mental Health Promotion and Youth Violence Prevention

55 Chapel Street
Newton, MA 02458

phone: 866-308-4332

www.promoteprevent.org