


*Schools and Systems of Care:
Challenges and Models for
Collaboration from the National
Evaluation*


February 25, 2008

Charles Seagle, Ph.D.
Freda Brashears, MSW
Macro International Inc.




Introduction

- ▶ Schools are a de-facto mental health system: 80% of all mental health services provided for children and youth are provided in schools (*Burns et al., 1995*)
- ▶ Schools & mental health systems have different cultures & goals, but have some shared goals: improving social and adaptive functioning; increasing availability, access, & range of services (*Kutash et al., 2006*)
- ▶ Positive Behavioral Interventions and Supports (PBIS) programs have been successful at coordinating the work of schools & mental health




Introduction (cont.)

- ▶ "Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies & programs and mechanisms for planning, developing, & coordinating services." (*Stroul & Friedman, 1994*)
- ▶ How can systems of care engage schools through PBIS and other school-based interventions without limiting the involvement of other child-serving agencies?




Methods

- ▶ Secondary analysis of System Level Assessment (SLA) data and review of local program data on referral sources as reported to the national evaluation of CMHS-funded systems of care
- ▶ SLA data are based on face-to-face semi-structured interviews with representatives from core child-serving agencies & family organizations, project directors, intake workers, case managers, direct service delivery staff, & caregivers
- ▶ Data on referral sources were gathered through case record review by local program evaluators



Findings


- ▶ PBIS was the major planned service intervention strategy used in 4 systems of care funded in 2005
- ▶ PBIS was used as one of several strategies in 3 communities funded in 2002-2003 and in 5 funded in 1999-2000
- ▶ High levels of school involvement was found in 18 other SOC communities funded between 1997-2004
- ▶ In systems of care with PBIS, most referrals were from schools



A Question to Answer


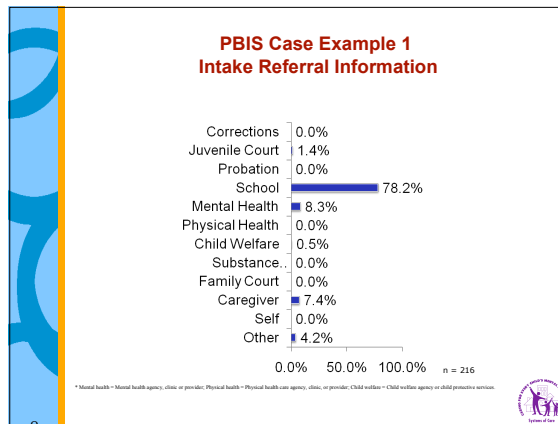
To what extent are the core* child-serving agencies involved in systems of care when PBIS is the program focus?

* The core child-serving agencies generally include child welfare, mental health, education, juvenile justice, and public (physical) health, though more important in the System of Care approach is the effort of bringing together the functional domains these agencies generally address.




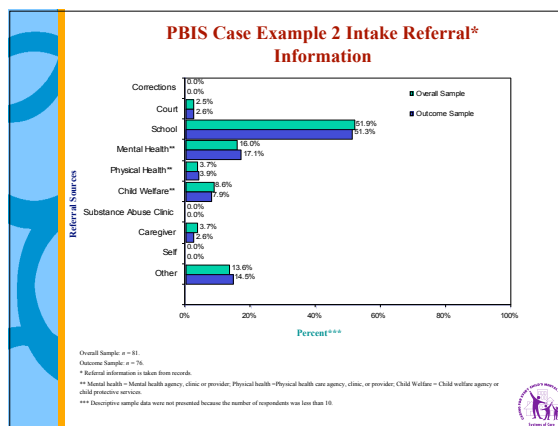
PBIS Case Example 1

- ▶ PBIS Coordinator & specialists hired through CMHS funding received in 2002
- ▶ Referrals: primarily from teachers, guidance counselors & school administrators; very few from other agencies
- ▶ Interagency* case review, service array, training (but not in PBIS)
- ▶ No formal MOU or blended funding


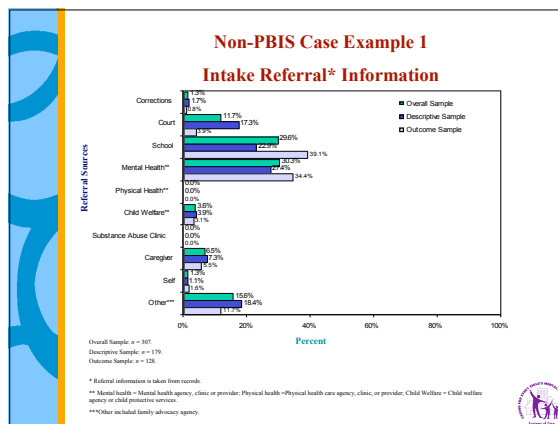
PBIS Case Example 2

- ▶ CMHS funds received in 1999 partially funded PBIS school psychologist, trained core agency staff in PBIS
- ▶ High level of school referrals; referrals from other core agencies; only mental health conduct intake
- ▶ Shared administrative processes & blended funding across agencies facilitated entry into services; service array includes all agencies
- ▶ MOU with schools helps sustain their involvement, less formal agreements with other agencies

Non-PBIS Case Example 1

- ▶ Case managers & therapists in schools funded by CMHS grant received in 1999
- ▶ Mental health therapist stationed at juvenile justice for initial assessments & referrals.
- ▶ Core agency staff make referrals but only mental health staff conduct intake
- ▶ Services mostly provided by grant-funded staff, not by other agencies
- ▶ Interagency case review, training, outreach, initiation, & planning of services

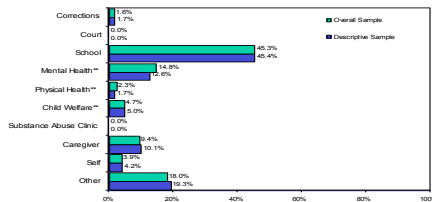



Non-PBIS Case Example 2

- ▶ Staff funded by CMHS grant (funded in 1999) placed in schools & other core agencies
- ▶ SOC strengthened relationship between mental health & education (e.g. joint crisis response team,) & strengthened relationship with Juvenile Justice
- ▶ Interagency work teams focused on specific issues, e.g. children with intensive needs
- ▶ All core agencies participated in service planning & case review
- ▶ No blended/braided funding (except for residential)



Non-PBIS Case Example 2 Intake Referral



Overall Sample: n = 125
Disruptive Sample: n = 119



Implications & Recommendations

- ▶ Systems of care with PBIS have successfully involved schools, but how can they successfully maintain interagency coordination?
- ▶ Can we coordinate more than two agencies in service delivery & administrative processes?
- ▶ How can we better estimate how systems of care achieve interagency collaboration, especially with school systems?



Implications & Recommendations

- ▶ Placing staff in multiple, core child-serving agencies, training staff, supporting mutually beneficial programs can be effective. *But how do you sustain system beyond grant funding?*
- ▶ Other ways to assess and promote interagency coordination: look at blended funding, MOUs, legislation, capacity building, training (Evans et al., 2007)



References

- ▶ Burns, B. J., Costello, E. J., Angold, A., Tweed, D., Stangl, D., Farmer, E. M., et al. (1995) Children's mental health service use across service sectors. *Health Affairs (Millwood)*, 14, 147-159.
- ▶ Evans, Mary; Armstrong, Mary; Beckstead, Jason; Lee, Jean. (2007) Examining the Impact of Policy on Collaboration in Systems of Care *Journal of Child and Family Studies* 16(4): 567-576.
- ▶ Kutash, K.; Duchnowski, A.; Lynn, N. (2006) *School-based mental health: An empirical guide for decision-makers*. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department.
- ▶ Stroul, B.; Friedman R. (1994) *A System of Care for Children and Youth with Severe Emotional Disturbances*. (Revised Edition) Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.



Author Information

- ▶ **Charles Seagle:**
charles.h.seagle@macrointernational.com
- ▶ **Freda Brashears:**
freda.l.brashears@macrointernational.com

