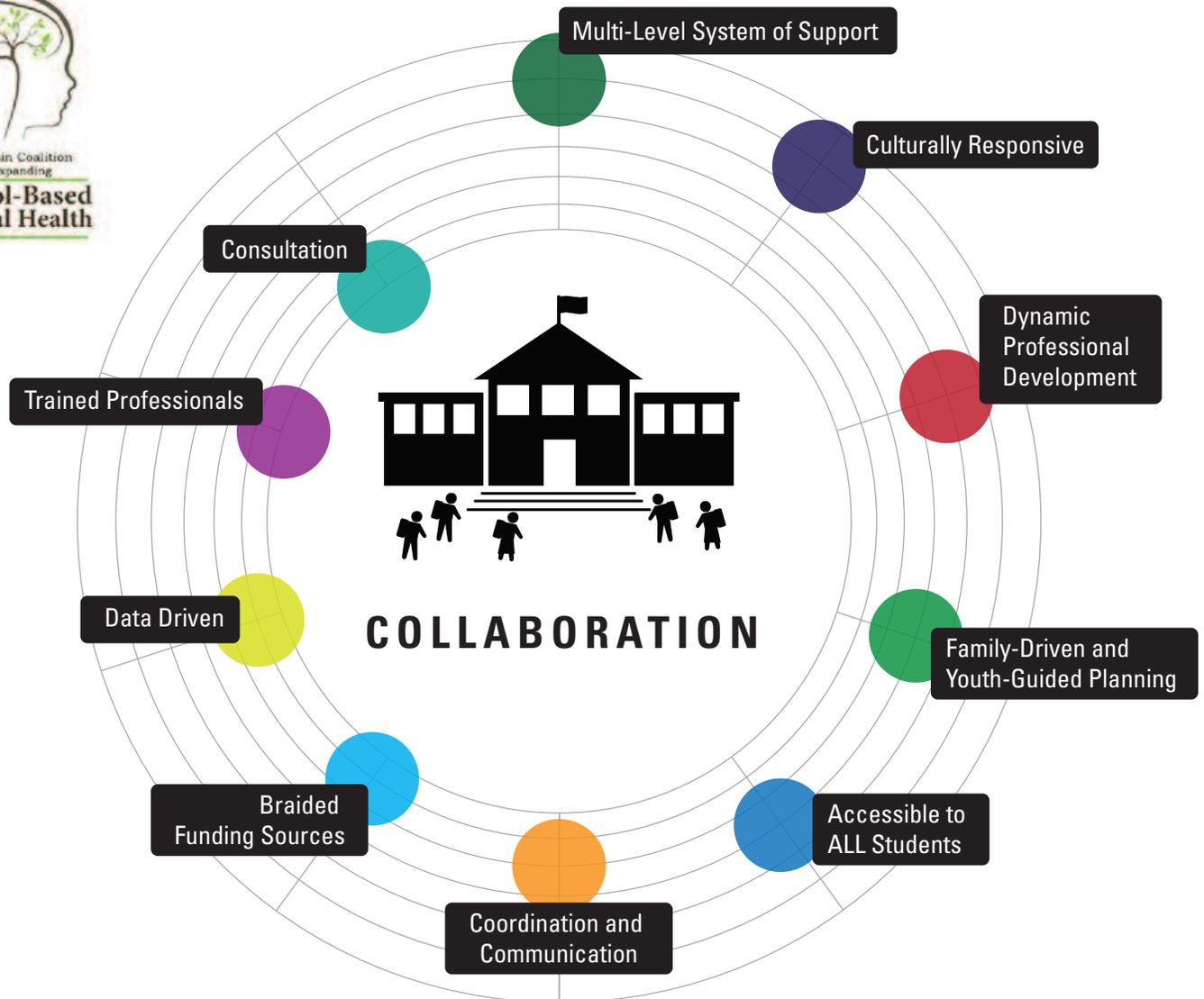


Comprehensive Expanded School-Based Mental Health Model



Multi-level system of support

The processes for referral, assessment and counseling are established and integrated within the school problem-solving process. Interventions are designed based on student needs. Treatment focuses on reducing barriers to development and learning, is family- and student-oriented, developmentally appropriate, culturally responsive and respectful, strengths-oriented, and based upon evidence of positive impact.

Cultural Responsiveness

Cultural responsiveness is “the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services. Cultural responsiveness is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time.” (SAMHSA)

Dynamic Professional Development

Professional development efforts are aligned and integrated as unified initiatives, including: PBIS, mental health, alcohol or other drugs, suicide prevention, trauma sensitive practices, resiliency, and social-emotional learning. Everyone who works with students and families is invited to professional development opportunities.

Family-Driven and Youth-Guided Planning

Fully partnering with families and students is central to ESMH success. Empowerment starts with school leadership setting a standard, in both words and actions, of treating all students and families with positive regard. Support plans are family-driven, in recognition of parent expertise about their child, and youth-guided in recognition of the information youth can offer about themselves, once asked and included.

Accessible to ALL students

Services are accessible to all students regardless of payer source (insurance source), ability to pay, or protected status.

Coordination and Communication

When integrating community providers into the schools, a process is developed to address communication, role definition, and the sharing of responsibilities. Community providers understand the culture and expectations within the school environment, and school staff understand rules and regulations that govern clinicians. Ongoing meetings between the school and the agency are scheduled to address inevitable challenges and deepen collaboration. All partners must establish a continuous communication loop of information sharing with the appropriate releases of information.

Braided Funding Sources

Multiple revenue streams should be accessed, including insurance or Medicaid. The most stable plans rely on maximizing third party billing and using other sources of funding (state, county or city government, grants,

United Way support, agreements with HMOs, school district funds) to cover non-billable, ancillary services such as professional development, consultation, and providing care for uninsured students.

Data Driven

School staff and clinicians have a data collection plan which may include measuring academic achievement, suspensions, expulsions, and health outcomes, as well as reported changes in attitudes and beliefs toward those living with mental health issues. Student and family satisfaction surveys as well as teacher/school process evaluations help inform schools and providers of perceived program strengths and weaknesses. Data collection and continuous quality improvement contribute to the success of the program, and provide information that is invaluable in securing braided funding.

Trained professionals

All service providers are licensed mental health professionals or appropriately supervised qualified treatment trainees in good standing under the Department of Safety and Professional Services. All mental health professionals will be knowledgeable and follow the ethical standards of their professions including: clinical supervision, adherence to confidentiality, and a grievance procedure.

Consultation

Consultation is central to the ESMH model, either in person or by phone, with parents/caregivers/foster families, youth-serving professionals (child welfare, juvenile justice, crisis counselors, school staff, care coordinators), and health care providers (psychiatrists, primary care doctors, nurse practitioners, hospital discharge planners and social workers). In-person consultation about how to best meet student's social-emotional needs occurs regularly with individual educators, educator teams, wraparound teams, and at hospital discharge and IEP meetings. Best models of consultation focus on care coordination with shared strategies between home, school and youth-serving professionals.