

**PROCEEDINGS FROM THE SCHOOL-BASED MENTAL HEALTH  
ASSESSMENT AND PLANNING MEETING IN LITTLE ROCK**

- DATE:** April 25, 2003
- ATTENDING:** AR School for the Deaf, Bryant, Cabot, Clinton, Conway, Greenwood, Lakeside, Nashville, and Sheridan
- ABSENT:** Fayetteville
- OBJECTIVE:** To bring together a selected group of Arkansas school districts that are in varying stages of School-Based Mental Health (SBMH) programming for the purpose of trading lessons learned, identifying effective practices, and assisting in the development of further direction in school mental health services.

**MORNING SESSION:**

I. *PRECEPTS OF EFFECTIVE PROGRAMS*

A. **Team Effort-** Focus on “creating bridges” between the different entities involved in providing quality mental health care for students and their families. These bridges include the systems within the school (teachers, administrators, counselors, etc.) working together toward the same goals. Also includes building bridges within the community. The schools need to establish positive working relationships with community mental health centers, juvenile justice departments, other mental health facilities, as well as parents.

- The opportunity to provide mental health services can be seen as “grassroots”. Each person involved in this process is important and can affect the quality of care for each student.
- Mental health must be seen as a “wrap-around” service. Since mental health affects all aspects of life, then every effort should be made to provide the services needed.
- The only way to provide quality mental health services is for everyone to work together. Not identifying SBMH services as “us versus them”. Understanding that this mentality is a barrier for the students needing services.
- A need exists to integrate mental health services with teachers and education. Better communication between teachers and mental health professionals is necessary for the students to benefit from these services. Focus on establishing a connection through collaborative efforts by everyone involved.

**B. Identifying the Needs of the Children-** Needs for services should be collaborative effort within the school system. Providers need to emphasize the development of “relationships” and “partnerships” within the school system, as well as the community. Preventative measures need to be put in place to decrease the problems facing the students and the schools. Active communication between teachers and mental health professionals is important for these measures to work. Mental health needs can be noticed by everyone involved with the children if awareness is increased. Possible trainings need to be held to educate school employees on warning signs regarding mental health needs.

## II. *INTEGRATION WITH BEHAVIOR PROGRAMS*

Counseling is more effective with behavioral intervention. This has been problematic in the past because of poor communication within the different school employees. Emphasis needs to be placed on linking behavior support plans with mental health and education. Once again this shadows the need for collaboration between ALL school employees and understanding the importance of consistency needed for the students to correct inappropriate behaviors. A communication breakdown with school employees can affect implementation of needed interventions. This often causes counterproductive results for the child who is unclear of his/her expectations.

## III. *“HIGH CONCEPT” BRAINSTORMING AND DISCUSSION*

This time was given as an opportunity for the different school districts to ask questions and give feedback to one another for establishing SBMH services.

Valerie from Cabot had questions related to establishing these services in the schools. She heard from other members regarding setting up the services. She noted that some mental health components exist in ALE. She noted a need for more early intervention tools, as well as training for behavior management.

Dr. Slagle from Lakeside discussed the need of establishing a case manager to assist teachers in developing behavior plans, as well as provide other services. Noted the need for families to get more involved as well.

Vicki from Conway spoke about the effectiveness of the case managers working in her schools. Noted how this establishes an “on-going” support for the children in the schools by linking prevention with other services such as follow-up or established services in the community.

Patti from Greenwood discussed staffing issues she’s experienced since implementing SBMH services. Spoke about targeting the program to meet the needs of the children (with Mental Health Specialist Kathy Clark). Addressed

how they have used mentors, groups, and parenting classes to make a connection with the children. She feels that teachers need to be educated on behavior interventions, such as through the First Step program.

Deb from Clinton noted that families involved in the SBMH services have been more willing to participate than they have in the past with community based services. This may be due to familiarity of the school versus the “stigma” associated with getting services at a “facility”.

#### **AFTERNOON SESSION (CONSISTING OF TOPICS KEY TO SUCCESSFUL SBMH PROGRAMMING):**

##### *IV. STAFFING—LOCATING, HIRING, TRAINING, INTEGRATION WITHIN SCHOOLS*

- A. What are we looking for in applicants? Some confusion exists regarding the different types of licensure in the state.
- Education background needs to be considered when interviewing applicants
  - Licensure
    - A. **LCSW – Licensed Certified Social Worker** – Must have a Master’s degree in social work. Must be licensed by the State of Arkansas and must provide the School District of two years post licensure experience with mental illness.
    - B. **LMSW – Licensed Master Social Worker** – Must have a Master’s degree in social work. Must be licensed by the State of Arkansas. Must work under the supervision of an LCSW.
    - C. **LPC – Licensed Professional Counselor** – Must have received a graduate degree and be licensed by the Arkansas Board of Examiners in Counseling (ABEC).
    - D. **LAC – Licensed Associate Counselor** – Must be licensed by ABEC. May practice only under the direct supervision of an LPC. Must provide the School District with proof of two years post licensure experience.
    - E. **LSPS – Licensed School Psychology Specialist** – Must possess a minimum of 60 graduate semester hour sixth year/specialist program with an appropriate graduate degree from an North Central Accreditation for Teacher Education (NCATE) accredited institution of higher learning or one authorized by the Arkansas Department of Education. Must hold valid license from the Arkansas State Board of Education and be licensed as a School Psychology Specialist.
    - F. **LPE – Licensed Psychological Examiner** – Must have a Master’s degree and be licensed by the Arkansas Board of

#### IV. STAFFING (continued))

Examiners in Psychology. Must be supervised by a Psychologist.

- G. **Psychologist-** Must have at least two years of experience in psychology of a type considered by the Board to be qualifying in nature with at least one of those years being postdoctoral work. Must be licensed as a Psychologist by the Arkansas Board of Examiners in Psychology.

- Where were they licensed? Mental health professionals need to be licensed in Arkansas.
- Look at their resume and transcript.
- Flexibility is important. Be sure that the applicant understands that they will need to be able to work with this is mind.

#### Interviewing Applicants:

- Know the language. Be prepared to discuss mental health issues needed in your school.
- Relate to the services as a collaborative effort versus “Turf Wars”. Establish that the school is a system offering services rather than focusing on individual tasks by each member.
- Develop a supportive hiring process. Deb from Clinton noted that having her counselors involved in the hiring process was beneficial because they were allowed input. This will help cohesiveness in the future with the current employees and the newly hired.
- Job Description: Enable the applicant to see the “Big Picture”, rather than just focus on immediate needs.

#### Prioritizing Needs:

- Start with what services are needed for the children you are serving.
- Consider if the proper interventions are in place (family involvement, groups, case management, individual sessions).
- Determine a reasonable caseload
- Determine the amount of time that the professional will need to spend with each child. Integrate this with the IEP, if necessary.

- Estimate the need of services (amount of therapists or other professionals needed).
- Determine and implement services needed to get parents involved. Parental involvement is essential for successful mental health interventions.
- Locating the professionals to fill your vacancies:
- Universities are a good source for applicants. Many new graduates will be excited about being apart of SBMH services. The viability of the services needs to be shown to the applicants.
- Professional licensing agencies are beneficial as well.
- Clinton had a tremendous amount of inquiries for their openings from placing advertisements in the newspaper.
- Don't forget to use the employees that are currently available to you. Some may be able to perform duties that they are not currently doing.

V. *PROGRAM MODELS – DESIGNS, PROCEDURES, TCM*

a. Components necessary for establishing SBMH services:

- Again, focusing on the needs of the children.
- Determining basic, specific interventions (family therapy, group therapy, other services).
- Realizing that all students need the consideration for services.
- Establishing the root of the problem(s).
- Continue to focus on relationships, whether it is teacher-therapist, therapist/parents, parents/teachers, and administrative staff.
- Staff training to include everyone involved with the children. Remember, everyone is on the same team.

b. Developing a working definition of SBMH (which also includes key components)

- A framework is necessary for us to establish minimum requirements for the services needed in the schools. A definition wasn't given, but is being considered by the parties involved in the meeting.
- Ruth did speak about several excellent tools necessary for successful implementation of SBMH services.

- Assessment and referral needs consideration. Stressors, social and academic aspects, demeanor, mood need to be assessed.
- Behavior programs need to be developed and used.
- Establishing what services are in place and/or what is going to be needed in the future.
- Establishing age-appropriate interventions for the children involved.
- Self-assessment of the caregivers. This helps determine if the professional involved need to improve their own standards or focus on individualization of service plans for the children. Evaluating the effectiveness of what is currently in place.

#### *VI. DEVELOPING PARTNERSHIPS FOR SERVICE DELIVERY*

- Public relations are very important for delivering quality mental health care in the schools.
- Establishing partnerships with community based mental health agencies will serve as a way of ensuring a continuum of services.
- Many districts have found that the community-based agencies have been helpful and supportive to the SBMH. Some community-based services feel threatened by SBMH, which can create barriers to getting the necessary services.
- Using a “Network” approach to mental health services will be best. The people involved need to realize that everyone plays a part (equal) in the service. Understanding that a common language and common goals are necessary. Establishing this “Network” is started by building relationships with the people outside of the school system. This could mean the Community Mental Health Center, juvenile justice, police departments.

#### *VII. TROUBLE SHOOTING – EFFECTIVE PROBLEM SOLVING:*

- The biggest step to effective problem solving discussed in the meeting was SHARING information with one another. Each district will have problem areas unique to its situation. Many future problems for other districts can be

decreased with communication between the districts.

- Agency records were addressed. Clinton has begun using a new release of information to promote mutual exchanges of information between the school and the community.
- They also addressed specific sign-in sheets that are confidential.
- Some questions were raised about HIPAA compliance. Some confusion still exists regarding what is considered “education records” (FERPA) and what is personal health information (HIPAA). This is a hot topic that will be explored in the near future.

VIII. *DATA COLLECTION FOR OUTCOME ASSESSMENT AND PROGRAM MONITORING:*

1. Establishing if SBMH has an effect on attendance, grades, and test scores.
2. SBMH should decrease the amount of suspension, expulsions, and behavior documents.
3. SBMH will show improvements in social and family functioning.
4. Establishing a relationship between successful intervention and the frequency of that intervention. Is the intervention proving what it needs to prove?
5. How technology can affect SBMH

IX. *WRAP UP and NEXT STEPS:*

- a. Next meeting is tentatively scheduled for September 19,2003
- b. Look at establishing a working definition of SBMH
- c. Continue or begin sharing information with one another.