# Expanded School-Based Mental Health: Factors Influencing Successful School and Community Collaboration

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### Background

- **Gaps in Behavioral Health Services are Failing our Children**
  - In any given year, 13%-20% of children between the ages of 2 - 18 experience a mental health disorder, and the prevalence of these illnesses appears to be increasing

- **Lack of Coordination Between Child-Serving Organizations**
  - Active coordination between pediatricians, schools, families, churches, youth groups, and even the court system is critical
  - Significant barriers to coordination, including policies prohibiting communication and collaboration between systems, exacerbates these gaps

- **Identified School-Based Capacity-Building as Intervention Point**
  - Significant barriers to coordination, including policies prohibiting communication and collaboration between systems, exacerbates these gaps

### Convening a Learning Collaborative to Support Intersectional Partnership

- **Generate concrete school-based improvements in schools’ capacity to partner across sectors in support of students’ behavioral health needs**
- **Focus on improving intersectional communication, coordination, cooperation, and collaboration**

### Specific Aims

- **Increase school-based knowledge and skill in collaborating across systems and levels of care that support youth with behavioral health challenges**
- **Develop school-based systems to promote internal & external collaboration**
- **Increase capacity within schools to effectively identify, approach, refer, & support youth with behavioral health challenges**

### Participants

<table>
<thead>
<tr>
<th>Collaborative Care Teams</th>
<th>Participants</th>
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<tbody>
<tr>
<td>17 participants from 3 school districts in New York State</td>
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<td>Urban EPO, part of a larger Urban District (5)</td>
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### Perceived Quality

- **Wilder Categories: Strengths and Weaknesses of Learning Collaborative**

<table>
<thead>
<tr>
<th>Environment</th>
<th>Membership Characteristics</th>
<th>Process and Structure</th>
<th>Communication</th>
<th>Purpose</th>
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### Monthly Learning Topics in Collaborative Care

- **Focus on Best Practices in Communication, Coordination, & Collaboration**

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<th>Teamwork &amp; Team Structure</th>
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### District-Specific "Big Goal" Identification

- **Improvement in School-Based Capacity to Effectively Identify, Approach, Refer, & Support Youth with Behavioral Health Challenges**

### Monthly Plan-Do-Study-Act Cycles

- **Mid-Year Evaluation**

  - **Semi-structured Interviews with each school team:**
    - Open ended questions to assess perceived benefit and learning outcomes of collaborative environment membership
  - **Mid-year evaluation survey:**
    - Assessed perceived change in knowledge, ability, and confidence. Responses are on a 4-point scale from 1 = ‘Not at all’ to 4 = ‘Significantly’
  - **Wilder Collaboration Factors Inventory:**
    - 20 factors are measured by 40 items grouped into six categories. Responses are on a 5-point scale from ‘Strongly Disagree’ to ‘Strongly Agree’

### Reported Outcomes & Learning

- **Change in Ability to:**
  - Refer to appropriate services
  - Communicate across different systems
  - Collaborate across different systems

- **Change in Knowledge about:**
  - Different systems
  - Community resources
  - Overcoming barriers

### Learning Collaborative Structure

- **Collaborative Care Conference**
  - Community Resource Maps
  - Tools & Resources
  - Equity & Inclusion
  - Prevention & Resilience Building
  - Community Supports
  - Mental & Physical Health
  - Substance Use Disorder Treatment

### Future Directions – System Improvement Efforts

- **Cross-Sector Support in Fostering Equity in Child Behavioral Health**
  - Collaboration across sectors to improve access and reduce disparities
  - Prevention/promotion; training & technical support; consultation

- **County-wide resource mapping initiatives**
  - Must be accurate, up-to-date, easy to use, standardized hands-on training for users, consultation & technical support available to problem-solver

- **Clinical Advances to Reduce Disparities**
  - Early identification & rapid-access short-term treatment tracks, advancement of formal school-community partnerships, telehealth innovations, protected time for collaboration

### Key Takeaways

- **Connection to Resources allows better understanding of where/how to make referrals:**
  - “The greatest benefit has been the knowledge I gained about the structure and function of the many community resources that impact families.”

- **Relationships and partnerships are key in creating meaningful action:**
  - “The best way to share information is to get people in front of other people . . . in a way that’s meaningful, intimate, and allows for change in practice.”

- **Concrete skill development has empowered teams to better manage situations within the building:**
  - “I feel more confident now that who I’m referring to is the right service to refer to.”

- **Gaps in Behavioral Health Services are Failing our Children**
  - In any given year, 13%-20% of children between the ages of 2 - 18 experience a mental health disorder, and the prevalence of these illnesses appears to be increasing

- **Lack of Coordination Between Child-Serving Organizations**
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  - Develop school-based systems to promote internal & external collaboration
  - Increase capacity within schools to effectively identify, approach, refer, & support youth with behavioral health challenges

- **Participants**
  - Collaborative Care Teams consisted of at least one administrator, mental health staff, teacher, other school-linked professional (e.g., nurse, health educator, community partner), and two parent representatives.

  17 participants from 3 school districts in New York State
  - Urban EPO, part of a larger Urban District (5)
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