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
- US Surgeon General identified schools as the 'front line' in addressing childhood and adolescent mental health difficulties as they arise (U.S. Public Health Service, 2000)

Convening of 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

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)
- Large Suburban School District (7)
- Small Rural School District (4)

Learning Collaborative Structure
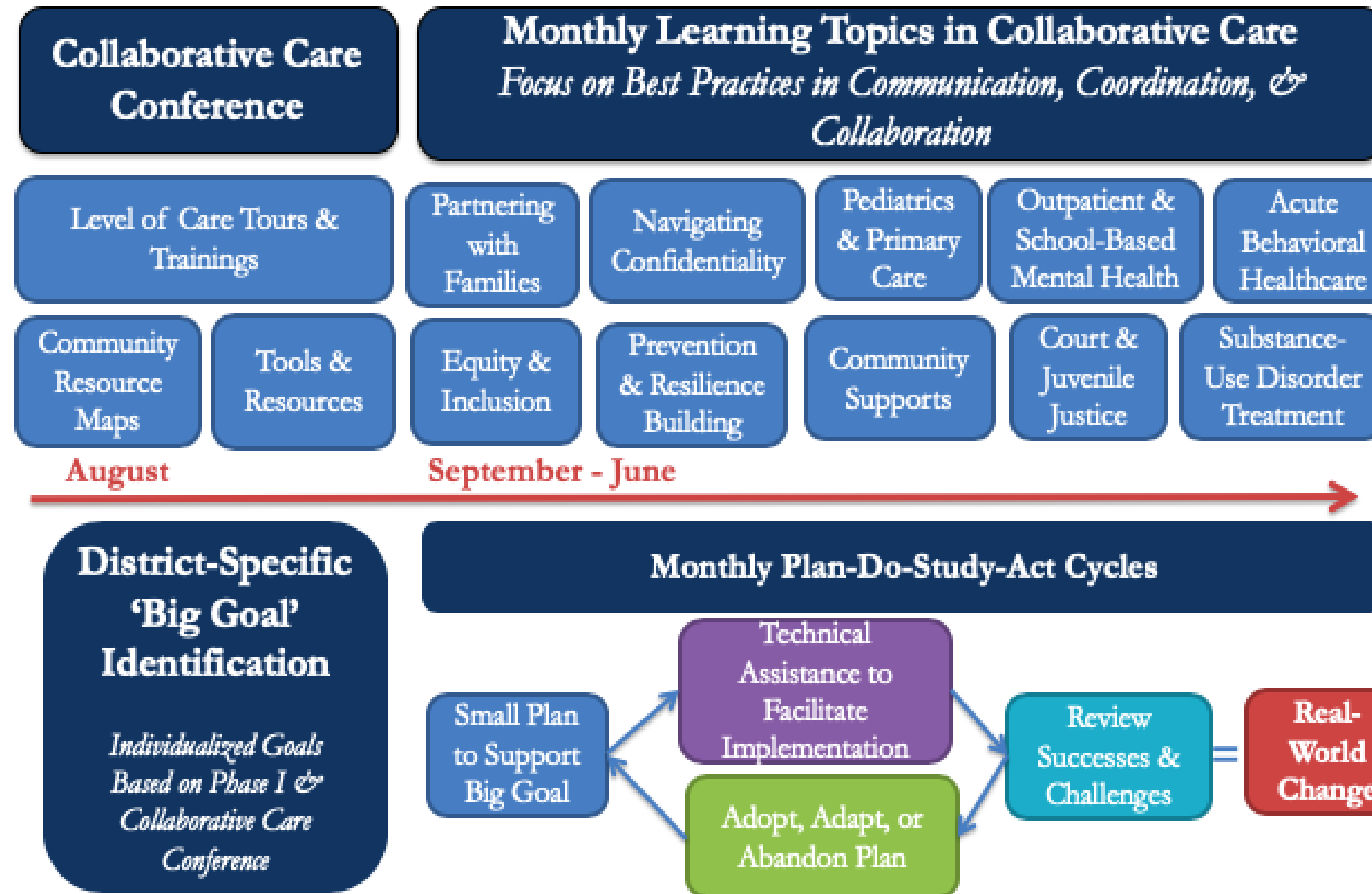
Mid-Year Evaluation

- **Semi-structured Interviews with each school team:**
  - Open ended questions to assess perceived benefit and learning outcomes of collaborative
- **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'
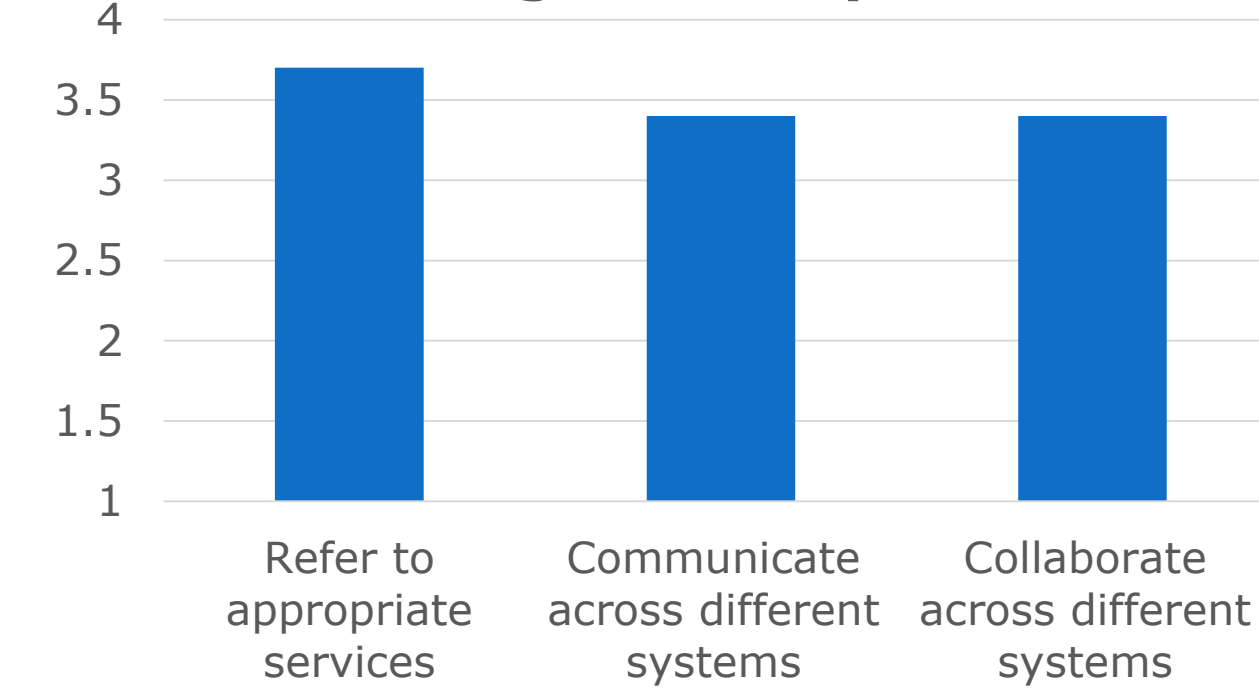
Perceived Quality

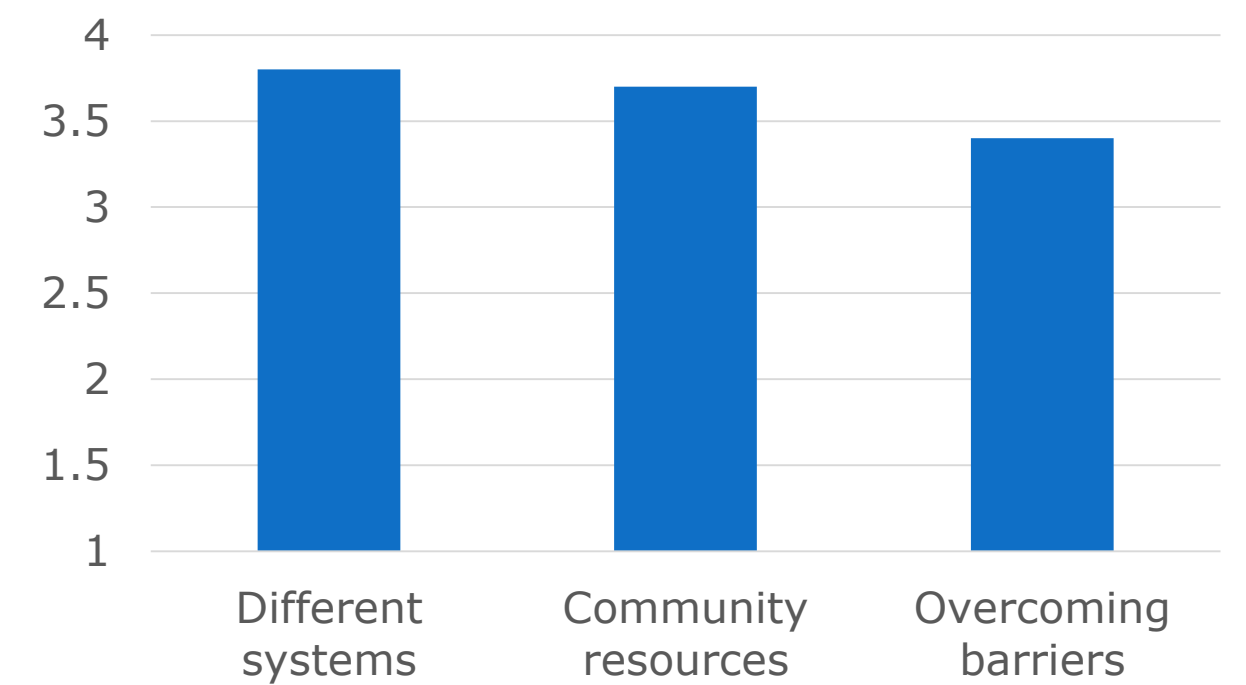**Wilder Categories: Strengths and Weaknesses of Learning Collaborative**
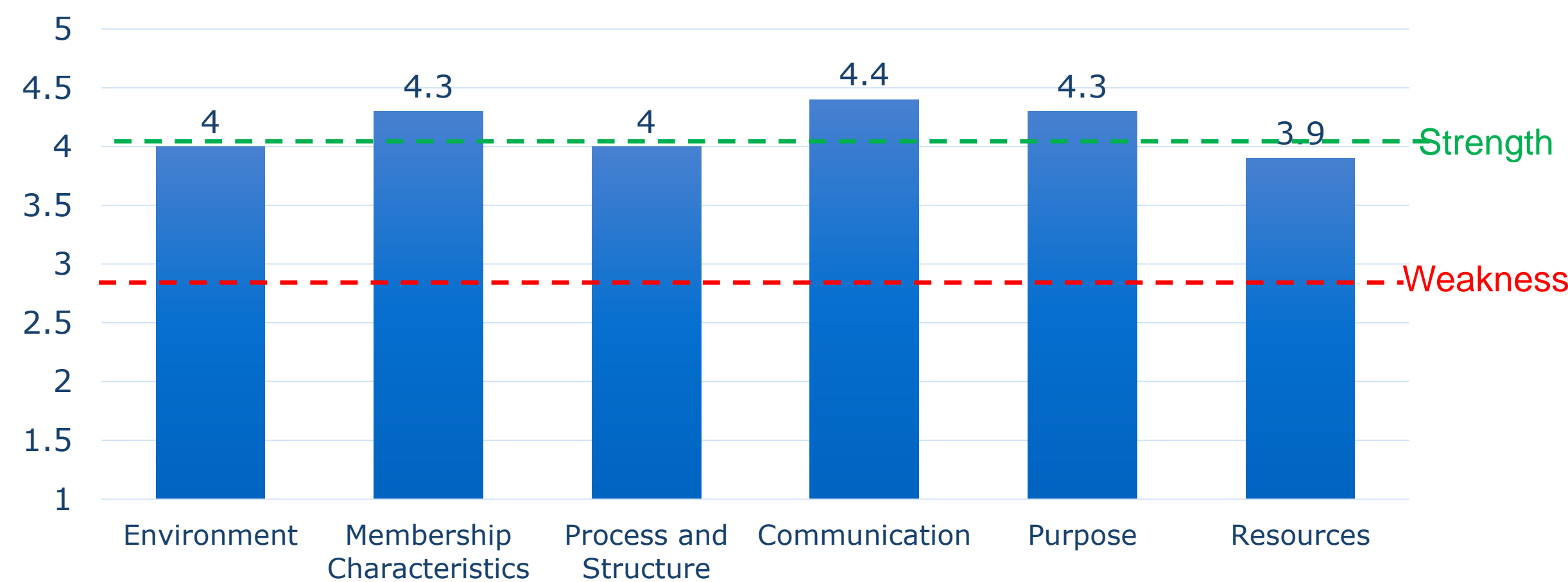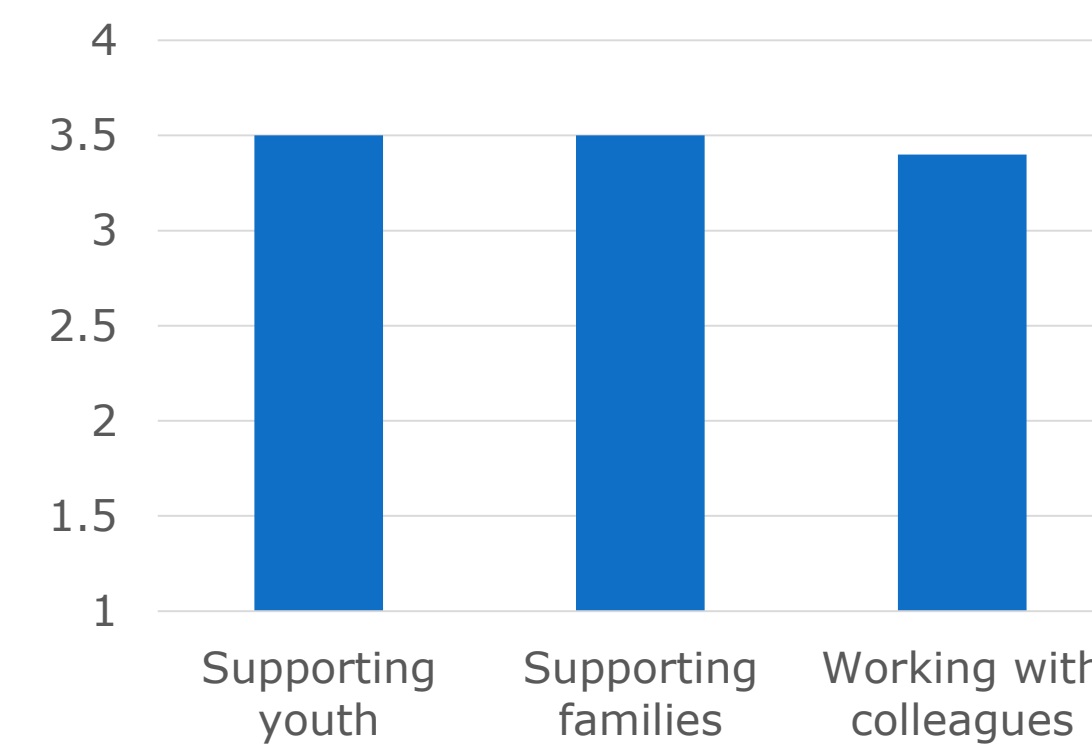

Reported Outcomes & Learning

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."

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-solve

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

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