

School Mental Health

Snapshots from the Safe Schools/ Healthy Students Initiative



School Mental Health: Snapshots from the Safe Schools/Healthy Students Initiative

Authors: Laura Towvim, MSPH; Nikita Carney, MA; Benjamin Thomas, MS; Jane Repetti, BA; Leah Roman, MPH; Christine Blaber, EdM; and Kellie Anderson, MPH

Special thanks to Jennifer Kitson, MS, EdS; Kim Netter, MPH; Cynthia Wright, EdD; and Amy Blaisdell, MPhil, for their guidance and review of this document.

The National Center for Mental Health Promotion and Youth Violence Prevention at Education Development Center, Inc. (EDC), provides technical assistance and training to Safe Schools/Healthy Students (SS/HS) grantees. SS/HS grantees are funded by the U.S. Department of Education and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.

School Mental Health: Snapshots from the Safe Schools/Healthy Students Initiative is available electronically on the National Center for Mental Health Promotion and Youth Violence Prevention's website: <http://sshs.promoteprevent.org/publications-sshs/bestpractices>.

The people depicted in the photographs that appear in this publication are models. The photographs are used for illustrative purposes only.

Copyright © 2013 by Education Development Center, Inc. All rights reserved.





Introduction

Students who are mentally healthy come to school ready to learn, to develop academic and social skills, and to contribute to a positive school environment. They possess a strong sense of self, respect for others, and the ability to express a range of emotions constructively and appropriately. Taken together, these traits enable children and adolescents to thrive in schools and beyond.¹

However, too often students do not receive the supports they need to be successful in school. An alarming 80 percent of students suffering from a mental health disorder do not receive needed services.² An unaddressed mental health issue can negatively impact a student's academic performance and can spill over to the larger classroom environment, thereby affecting other students.³

Since children spend many of their waking hours in school, schools are uniquely poised to address students' mental health needs and to provide a positive environment that fosters mental health—not just for those who have mental disorders, but for all students. Although schools have traditionally focused on academic learning rather than mental, emotional, and behavioral development, research demonstrates that a whole-school approach to mental health promotion can actually help schools achieve their desired academic outcomes.^{4, 5, 6, 7}

This snapshot highlights key characteristics of effective school mental health (SMH) and the strategies that federally funded Safe Schools/Healthy Students (SS/HS) grantees have used to build and sustain comprehensive mental health programs.

SMH works to build and strengthen mental health programs, supports, and services, with the goal of promoting mental wellness and enhancing students' ability to learn. Effective, comprehensive SMH does the following:

- Provides services for students with mental health needs through school-based services or by connecting students to community resources
- Promotes the development of coping skills and resiliency among all students
- Creates a more positive school environment, which ultimately leads to fewer students requiring resource-intensive high-level mental health treatment
- Helps students learn, and lays the foundation for them to become healthy and productive members of their families, the community, and society at large³

SS/HS has drastically transformed the way that my school district understands our responsibility to the community, which is to educate students and to help them be academically successful. It also means meeting all the other needs of students, especially those struggling with mental health.

—Jenée Littrell, SS/HS project director,
Grossmont Union High School District

Key Characteristics of Effective School Mental Health

Effective SMH works as a successful, long-term approach with lasting results because of several key features:

A Continuum of Coordinated and Comprehensive Services. SMH provides a spectrum of interventions to address students' mental health needs, ranging from promotion and prevention efforts for all children to targeted interventions for students experiencing significant mental health problems. A systemic approach requiring collaboration among schools, community stakeholders, and state organizations results in successful implementation of a comprehensive array of services in schools and in the community. SMH provides families, schools, and communities with services and resources to support children's well-being.

Addressing Prevention and the Universal, Selective, and Indicated Levels. Schools are encouraged to identify and implement programs at all three tiers of prevention:

- Tier 1, *universal prevention*, promotes a safe, supportive, and nurturing environment schoolwide for all students and staff. Universal prevention programs focus on establishing schoolwide standards for behavior, fostering caring teacher-student relationships, and developing classroom management strategies that address students' social and emotional needs.
- Tier 2, *selective prevention*, focuses on those students at risk for mental health or emotional problems. Selective prevention programs include mentoring, short-term individual counseling, and targeted interventions to help students with particular challenges, such as anger management, grief and loss, and social skills development.
- Tier 3, *indicated prevention*, addresses students who have a mental health diagnosis or are experiencing mental health difficulties and require intensive services. Indicated prevention programs work to decrease existing problems, increase students' resilience and coping skills, and prevent future problems.

Engaging Families. Parents play an important role in the healthy development of their children. The relationship between families and schools can affect students' mental health and academic performance.⁸ Families can help identify students' needs and follow up with outside referrals. Parents can also help SMH staff successfully navigate confidentiality requirements in order to allow schools and communities to better provide an integrated system of mental health care for students.

Effectively engaging families often depends on having culturally competent staff who can work with families to best identify students' diverse needs and choose treatment services that best match the target population.⁹ Through culturally and linguistically appropriate strategies, staff can engage diverse community members and provide culturally sensitive interventions.

A Focus on Social and Coping Skills. Studies show that effective SMH cultivates social skills, such as communication and self-confidence, and improves students' academic achievement.⁷ Interventions that focus on social and emotional health positively affect students' attitudes toward school, which leads to increased academic performance and decreased behavioral problems resulting from emotional distress. By teaching students coping skills^{6, 10} and linking them to needed services, SMH can also reduce violence, increase students' safety, and reduce the occurrence of mental health disorders.

A school therapist worked with a student who had severe anxiety and was unable to attend school for three years. After five months of treatment, she is now going to school full time and doing great.

—Lorena Duran, SS/HS project director,
East Whittier City School District

Maximizing Resources. Research suggests that evidence-based interventions that promote mental health reduce the need for higher-level interventions.^{11, 12} By focusing on prevention and identifying mental health issues early, SMH ultimately reduces the cost of care by minimizing the need for more expensive clinical interventions. Improved mental health also reduces the costs associated with crime and social services.³

Mental health promotion describes efforts to support positive self-esteem, well-being, and social inclusion. Mental health promotion also enhances a person's capacity to handle adversity. Mental health promotion and prevention activities frequently overlap when efforts to reduce problems intersect with promoting children's positive development.^{13, 14}

Schools as Positive Learning Environments. By promoting positive learning environments that support emotional health and decrease unhealthy behaviors, SMH fosters the mental health and the well-being of all students. Through coordinated services, multiple tiers of prevention, strategies to address students' social and emotional needs, supportive teacher-student relationships, and family engagement, effective SMH builds safer, healthier school environments. Positive school environments contribute to student learning at all levels. Students in positive school environments feel a greater sense of inclusion, exhibit better academic performance, and attend school more regularly.¹⁵

School Mental Health and Safe Schools/Healthy Students

The federal SS/HS Initiative addresses underlying factors that contribute to school violence, student substance abuse and mental health problems, school failure, dropout, and suspension and expulsion. The National Center for Mental Health Promotion and Youth Violence Prevention provides training and technical assistance to SS/HS communities as they form partnerships to assess school and community needs and resources, implement evidence-based interventions, make data-driven decisions, evaluate their efforts, and ensure sustainability.

SS/HS aims to improve SMH by building and strengthening a full continuum of services to support mental health at the universal, selective, and indicated levels. Each SS/HS site has developed unique approaches to support mental health by implementing evidence-based interventions, increasing mental health services, linking schools with community mental health partners, tracking student mental health indicators, providing training for staff, and implementing data-driven interventions.

SS/HS grantees across the nation have successfully addressed mental health problems through SMH. Data from a three-year evaluation of grantees whose SS/HS Initiatives commenced between 2005 and 2007 highlight the following successes:¹⁶

- The number of students receiving SMH services increased 192 percent, while the number of students receiving community-based services increased 143 percent
- Nearly 90 percent of school staff stated that they are better able to detect mental health problems among their students

To better understand the factors that contribute to successfully addressing mental health, National Center staff gathered information from 13 current and former SS/HS grantees who have done exceptional SMH work. Across the board, these sites saw increases in mental health service provision and improved care for students and families.

While each community's approach to mental health varies based on its needs and resources, the grantees highlighted in this snapshot used several common tactics and strategies to address students' mental health:

- **Mapping out needs and resources.** Determining students' needs and the available school and community resources to address prevention at the universal, selective, and indicated levels is a critical first step in building a strong SMH system. By collecting and reviewing school and community data and identifying gaps in services and programming, schools can develop and implement a plan to provide needed services, create new systems, train personnel, and streamline delivery. Identifying existing resources in the school and community highlights potential partners for SMH staff to reach out to in order to deliver comprehensive care to students.
- **Partnering for systems integration.** Carefully crafted partnerships with community and state agencies that focus on the multi-faceted, complex needs of students and families can enhance and sustain SMH programs and services. Connecting with strategic partners opens doors to selecting and implementing appropriate programs, training key staff, increasing access to mental health services, and navigating the complex world of funding. Effective partnerships require agreement about the type of programs and services that will be offered and by whom, and the resources needed to effectively serve the student population.
- **Tailoring services to meet diverse needs.** Although every community has unique needs and resources, successful grantees consistently emphasize the importance of connecting students to services that best meet their needs. For example, a program may adapt services to help students after a natural disaster or to address the changing demographics of the student population. Culturally and linguistically competent staff engage school staff and community members in working to address mental health disparities. These staff work to meet the needs of underserved students by viewing mental health symptoms within a cultural context and addressing the needs of underserved students.¹⁷ Customizing services allows SMH to respond to needs as they develop and to continually seek more effective ways to support students.
- **Information sharing.** Professionals' lack of understanding about what information they can legally share with their colleagues regarding students who are involved in multiple systems (e.g., juvenile justice, mental health, child welfare) can act as a barrier to collaboration for SMH. Conversely, understanding and agreeing on such policies and procedures can help schools better serve students' needs. Education and other child-serving professionals must identify and implement strategies for sharing information without infringing on student and family confidentiality and privacy. Some programs achieve the goal of integrated information systems through the use of parent involvement and informed consent waivers.

How do you make schools safe? You do it by understanding students' emotional and mental health needs, and then providing appropriate services. A school can't do it alone, though; you must do it as a community. Everyone benefits when the community is involved. You create a safe and orderly school environment and a better community, and students develop into healthier adults.

— Terry Lawler, former SS/HS project director,
Hot Springs School District

FERPA/HIPAA

Depending on their employer, mental health professionals are bound by two sets of confidentiality regulations: The Family Rights and Privacy Act (FERPA) and the Human Insurance Portability and Accountability Act (HIPAA). While these laws protect students' privacy, they also provide legal pathways for sharing information so that students can get the help they need to ensure their own safety, as well as the safety of all students and other community members.

More information on FERPA can be found on the U.S. Department of Education's website (<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>). For more information on HIPAA, visit the U.S. Department of Health and Human Services' website (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>).

- **Securing financing.** Understanding and securing funding for mental health services must be a top priority for school and community decision-makers. While many funding options exist, learning to navigate local, state, and federal funding sources for mental health services is critical to meeting students' needs. In addition, reimbursement processes and procedures for Medicaid, private insurance, and third party billing sources must be understood and negotiated. For example, while services for students with a mental health diagnosis may be covered by Medicaid or private insurance, prevention and early intervention services require funding beyond these sources. Several SS/HS grantees featured in this publication developed innovative strategies for addressing these issues and reallocating existing funding to finance their services and programs.
- **Planning for sustainability.** Successful SS/HS grantees start planning early to build the infrastructure necessary for long-term implementation. Establishing, training, changing, and solidifying partnerships help schools and their community partners sustain their approach to SMH.

A Closer Look at 13 SS/HS Sites: Key Successes and Lessons Learned

The pages that follow illustrate how 13 SS/HS sites, funded in Fiscal Years (FY) 2001–2009, implemented innovative and sustainable approaches to mental health promotion and service delivery in their schools and communities. Working with community mental health agencies, these sites identified and mapped out needs and resources and provided effective promotion, prevention, and treatment services. Through these collaborations, the sites did the following:

- Created sustained system changes that reduced duplication of and increased access to services
- Improved referral, data collection, and reporting mechanisms
- Creatively financed prevention programming and services by accessing school, community, state, and federal resources, in addition to third party insurance
- Reduced stigma across their communities
- Learned how to better identify and support children in need of mental, emotional, and behavioral health supports

In many cases, the partnerships forged lasting relationships that extended beyond SS/HS funding, allowing sites to continue meeting the diverse and changing needs of their communities.

Albemarle County Public Schools—Albemarle, Virginia (FY 2009)

The Albemarle County Public School's SS/HS Initiative, also known as the Albemarle/Charlottesville Project (ACP), transformed its approach to school mental health (SMH) by working with additional in-school staff, promoting services, and working collaboratively with individual schools to identify and address the unique needs of its student populations. These measures worked in concert with existing school efforts—in particular, ACP's refinement of its data collection and reporting methods—to improve behavioral outcomes.

Establishing In-House Counseling Services. Upon receiving SS/HS funding, ACP worked with the local mental health services board to develop a strategy for increasing access to mental health services. **ACP strove to make mental health services more available to students by placing additional counselors in schools.** Currently, Student Assistance Program counselors work in all the public middle and high schools to identify and provide coordinated support for students who are experiencing problems that interfere with learning. In addition, doctoral student interns from the University of Virginia provide intensive services to students with more serious chronic mental health needs.

Promoting Available Resources. To strengthen the integration of counselors into the schools, ACP disseminated brochures, posters, and business cards to students, parents, teachers, and other staff to introduce them to the counselors and provide a brief overview of their role and the services they provide. In this way, ACP was able to reach a larger proportion of the school community. ACP learned that **increasing the visibility of new counselors helps to ensure that they are integrated into the fabric of the schools.**

A counselor must first lay important groundwork by taking time to understand the school's existing structures, processes, and unique culture. When these are factored into the counselor's approach to service provision, it may work to break down the stigma around children's mental health services and help school staff become more invested in the scope of care.

—Lois Wallenhorst, SS/HS coordinator

Adapting Services to Schools' Unique Needs.

ACP offers an introductory training session for all counseling staff each school year to review any program changes and introduce new personnel. Ongoing topic-driven presentations and regular supervisory meetings integrate new staff and enable counselors to share information about students' mental health needs and service provision. **These strategies enhance ACP's ability to adapt to the evolving needs of students with flexibility and responsiveness.**

Some ACP schools focus on individual counseling to address specific behavior problems, while other schools emphasize a group counseling model to address emerging behavioral issues. Introductory trainings in evidence-based programs, such as Restorative Practices and Olweus Bullying Prevention, provide the opportunity for counselors to network with educators, juvenile justice representatives, police, and social service agencies.

Improving Data Systems. ACP's improvements to its data collection process substantiate the positive impact of the project's SMH work. To improve data collection, ACP developed and implemented a paperless reporting system that tracks student referrals and service trends. Data collected as of December 2012 show measurable improvements in student behavior since the beginning of the grant period. In addition:

- The number of students receiving mental health services increased 250 percent
- The number of middle school students who report being involved in a physical fight at school decreased from 14 percent to 10.8 percent
- The number of school-based mental health referrals for aggressive, angry, and bullying behaviors declined by 11 percent

Campbell County School District—Gillette, Wyoming (FY 2008)

Campbell County School District (CCSD) improved access to school mental health (SMH) services by forging strong relationships with community partners, meeting the needs of the community, reducing stigma, and developing an online referral system.

Adapting to the Needs of the Community. CCSD's growing and geographically dispersed population presents a unique set of challenges for providing mental health services. Campbell County's population has increased 37 percent since 2000 and continues to grow. **Partnerships with community agencies and providers allow CCSD to meet the community's needs for services in innovative ways.** For example, since existing school buildings lack the physical space to house clinical staff, CCSD uses mobile units (much like RVs) to visit schools and provide a space for delivering mental health services. Additionally, one community in the CCSD service area, Wright, is 40 miles south of the district's main offices in Gillette and lacks public transportation. To increase mental health service provision, CCSD collaborated with a local hospital to bring a therapist to the town to work with students on a weekly basis.

Creating a Cultural Shift. Community norms that value independence, coupled with a lack of access to mental health services, mean that community members tend to be hesitant about seeking mental health services. **To reduce stigma associated with mental health treatment, SS/HS staff marketed mental health services through local radio stations and newspapers, and connected with families one-on-one to build rapport and discuss their needs.**

To address a range of mental health issues, CCSD brought mental health counselors into schools, built an outdoor ropes course to facilitate student cooperation and team building, and started an afterschool program for students at risk for suspension and expulsion. The positive effects of these activities increased community members' and CCSD leaders' awareness of the benefits of SMH. In fact, the CCSD school board now allocates \$100,000 annually to fund mental and behavioral health services. These funds sustain 18 of the 19 SS/HS-initiated SMH programs. CCSD recently built a 3,000-square-foot school-based health center, strategically located in a part of the district that has a high need for services.

Creating Lasting Partnerships to Address Emerging Mental Health Needs. Before SS/HS, inadequate resources and support in the district made it difficult to formalize relationships between CCSD and community mental health providers. Recognizing a common desire to promote mental health and provide crisis response services, CCSD and the mental health agencies collaborated to develop a shared mission, strengthen interpersonal relationships, and address emerging mental health issues. To enhance communication between the school and community mental health providers, CCSD built an online referral system to replace an inefficient paper system. There are now 126 professionals in various roles who can refer students to school and community mental health services as needed.

The work of the collaboration has proven effective in addressing emergent needs. When CCSD lost four students and a teacher to suicide within two years, the district and its community partners responded swiftly and appropriately, visiting the families of those who died, providing school grief counseling, and creating a community-wide suicide prevention coalition.

Staff are now trained and mobilized to respond when crises occur.

From the beginning this has been focused on a single goal. Whenever we saw a need to be addressed, the school district, community, and agencies banded together and made it happen.

—Kip Farnum, SS/HS project director

Cobb County School District—Powder Springs, Georgia (FY 2008)

Cobb County School District (CCSD) took a strategic approach to implementing school mental health (SMH) by educating partners about the connection between mental health and educational outcomes, changing policy to increase students' access to community practitioners, and leveraging existing resources to sustain services. Data show that this approach to SMH has improved the social, emotional, and behavioral health of CCSD students.

Bridging Mental Health and Educational Goals. Comprising roughly one-third of CCSD, the SS/HS grant area is racially and economically diverse and includes more than 35,000 students. To better understand each school's needs, SS/HS Project Director Matt Yancey reviewed every school's objectives and improvement plans. Because all the plans stated that academic achievement was the prevailing concern of school leaders, **Mr. Yancey and his colleagues shared their SMH vision and articulated the connection between mental and emotional health and school achievement**, which encouraged principals to actively support SMH. The principals who observed the positive impact of SMH in their buildings then became champions for SMH, communicating their successes to their peers.

Changing Local Policy to Expand and Sustain Services.

For many CCSD families, financial constraints and limited public transportation created barriers to accessing mental health services. While SS/HS staff recognized that bringing community mental health providers to the schools could help connect families with needed services, many principals hesitated to allow mental health practitioners to work with students during the school day. SS/HS worked with the school board chair to shepherd through a new Board Administrative Rule that enabled parents to provide formal consent for their child to receive mental health services from community practitioners during school hours. **This rule demonstrated the district's commitment to SMH, which increased principals' willingness to provide SMH services.** Now, more than 80 community-based providers are able to meet with students during the school day, significantly increasing young people's access to mental health services.

In many people's minds, school was seen as a place a child came only to be educated, and not as a place to meet a child's mental health needs. But now, many executive leaders and principals see how stable social and emotional health contributes to academic achievement.

—Dr. Paulette Herbert, Supervisor,
CCSD School of Social Work

The policy change will also enable CCSD to sustain clinical staff after SS/HS funding is complete. By shifting to insurance reimbursement to fund SMH clinicians, Cobb County Community Services Board and Northside Psychological Services will absorb 15 SS/HS-funded school clinicians, who are expected to maintain existing SMH services after the grant ends.

Leveraging Existing Resources and Community Partners. CCSD focused on growing and sustaining mental health services by building the capacity of its staff. Working with community partners, SS/HS used grant funds to provide mental health training for school social workers and counselors. Additionally, Georgia State University's Play Therapy Institute provides annual trainings on play therapy for CCSD staff. The district now maintains 23 play therapy rooms in elementary and middle schools.

CCSD's SMH work has produced positive outcomes. Since SS/HS funding began, mental health staff provided 439 home visits and 14,581 counseling sessions to students. Teacher and staff reports of student anger and depression decreased approximately 45 percent, student reports of alcohol use decreased 47 percent, and physical fights among high-schoolers dropped 47.2 percent.

East Whittier City School District—Whittier, California (FY 2008)

By building on existing partnerships, identifying student needs, and accessing school and community resources, the East Whittier City School District (EWCS D) provided school mental health (SMH) services that increased student attendance and improved the school climate. In addition, EWCS D connected students and families with private practitioners and funding sources to pay for mental health services.

Strengthening Partnerships. Under the SS/HS grant, EWCS D built on the strengths of its community to support SMH. Working with an existing community collaborative focused on violence and substance abuse prevention, EWCS D enhanced the collaborative's offerings by adding the provision of mental health services to its scope of work. Networking during monthly service area advisory meetings and with nearby SS/HS sites allowed EWCS D to enhance collaboration with a range of groups and agencies. **The school district and mental health partners broke down silos and worked together to support each other in their efforts to promote students' mental health.**

Mapping Needs and Resources. EWCS D serves families and students in kindergarten through grade 8 from a variety of socioeconomic backgrounds and with a range of challenges related to accessing mental health services. EWCS D examined students' mental health needs and mapped community resources, enabling the district to determine which needs could be served by the schools and which required referrals to mental health providers.

The school district improved its process for referring students in need of mental health treatment to community mental health providers by building on an existing referral system and strengthening relationships among the schools and community providers. As part of its efforts to map community resources, EWCS D held "meet and greets" to get to know mental health providers in the area. **EWCS D then developed relationships with these providers to facilitate the referral process.** The district also compiled a directory of private providers who serve students and families with a wide range of needs.

Financing Services. While some EWCS D students are eligible for Medi-Cal, which provides them with ready access to an array of mental health services at no cost, others have more challenges in paying for mental health services. EWCS D case managers link insured students to providers who accept their insurance plans, and help uninsured students identify foundations or community resources that can help pay for mental health services. **EWCS D continues to help individual students navigate financial barriers to receiving mental health services, while also advocating for more funding to sustain mental health promotion and treatment services in schools.**

The greatest success of our program is probably the relationships that we have developed with our mental health partners. We have two-way communication, and we really look out for each other.

— Lorena Duran, SS/HS project director

Educational Service District 112—Vancouver, Washington (FY 2007)

Educational Service District 112 (ESD 112) partnered with six school districts, a regional mental health support network, and a local mental health provider to create sustainable school mental health (SMH) services. ESD 112 accomplished this through a three-pronged strategy: (1) generating a cultural shift that encouraged schools and providers to collaborate, (2) learning to navigate the complex financial system, and (3) focusing on sustainability.

Shifting the Culture. With input from its partnering school districts and regional support network, ESD 112 identified the need to bring mental health providers into schools to increase students' access to services. When ESD 112 initially asked community mental health providers to work in the schools, the providers were concerned about maintaining confidentiality. But the schools and providers ultimately united around their common goal—to keep kids healthy—and they came together to find ways to provide SMH services while adhering to confidentiality laws.

Strong support from principals in ESD 112 facilitated the process of training teachers and other school staff about mental health providers' confidentiality requirements. Similarly, mental health providers received coaching from school staff who served as "cultural ambassadors" to help the mental health providers navigate the school system. **By understanding each other's systems and addressing each other's needs, school staff and mental health providers were able to work together effectively to serve students.**

From the beginning, the overall goal of keeping kids healthy provided the motivation for making the changes that would allow for in-school mental health services.

—Sandra Mathewson,
SS/HS project director

According to SS/HS Project Director Sandra Mathewson, delivering mental health services in schools not only improved students' access to services but also increased the likelihood that students would continue receiving treatment. Providing SMH services helped students and families link mental health with the many other services that ESD 112 provides.

Navigating Financing. To bring mental health providers into the schools, ESD 112 and its partnering districts needed to understand mental health provider billing requirements and procedures. For example, mental health providers working in schools needed to have at least five billable hours per workday to make school-based services financially viable. School administrators and staff, along with providers and regional support network administrators, worked to streamline the process of identifying youth who met Medicaid (Title XIX) eligibility. **This systemic approach to identifying and capturing billable hours helped to ensure that the students who needed services were able to receive them.**

Focusing on Sustainability. To sustain its SMH services, ESD 112 created community partnerships, garnered support from the district superintendent and principals, and sought additional ways to continue to fund the work. **Because of the work they accomplished during the SS/HS grant, the six school districts in ESD 112 continue to provide SMH services at least one day per week.**

Grossmont Union High School District—La Mesa, California (FY 2007)

Grossmont Union High School District (GUHSD) serves a high school population that faces a range of challenges, including the recruitment of at-risk students for commercial sexual exploitation. By building partnerships within the community, implementing evidence-based interventions, and developing an effective information sharing system, GUHSD has created an effective, enduring approach to school mental health (SMH).

Leveraging Partnerships. GUHSD identified community-based mental health agencies that could offer services to address students' unmet mental health needs. In the past, many of these agencies had competed for business, resources, and grants. **The SS/HS grant provided a vehicle for bringing them together—on neutral school grounds—to explore collaboration and identify strategies to meet their funding requirements and priorities.** As a result, the agencies developed a referral model that matched student needs with each agency's mission (e.g., serving refugee families).

This new focus on helping each organization meet its goals changed the tenor of the relationships between the agencies. Even after the completion of SS/HS funding, GUHSD students continue to receive services from all of the district's partner agencies.

Using Evidence-Based Approaches to Address Multiple Tiers of Prevention. SS/HS Project Director Jenée Littrell believes that **the biggest impact of SS/HS in her district has been the transformation of the school culture and the way that GUHSD conceptualizes and delivers mental health services.**

Because GUHSD serves only high schools, students often entered ninth grade with little exposure to mental health outreach or services. To engage the community in universal prevention, GUHSD implemented Positive Behavioral Interventions and Supports, a schoolwide approach that sets norms for behavioral expectations. The district also adopted the Student Assistance Program, a comprehensive, evidence-based approach in which all staff are trained to recognize the warning signs of at-risk students who may need additional services. GUHSD also closely monitors discipline referrals to identify students who may benefit from selective or indicated services.

SMH continues to have a positive impact on both students and staff. According to Ms. Littrell, students who receive services on campus are better connected to the school and more academically successful. The increased early detection and referral of at-risk students has also improved morale among school staff.

Sharing Information to Identify a Range of Needs. Through SS/HS, GUHSD staff started to recognize that families were being served in a variety of unconnected mental health systems, resulting in services being duplicated and/or fragmented. Families seeking services often had to repeat their histories to multiple providers. **By developing effective information-sharing strategies, GUHSD was able to establish a more proactive approach to case management and to reduce costly duplication.**

GUHSD's information sharing agreement also enabled the district to identify important trends across systems. For example, while individual agencies were noticing worrisome incidents related to sexual exploitation, it was not until the partners came together that they were able to identify the true scope of the problem of high-risk students being recruited for commercial sexual exploitation. Before then, as Ms. Littrell reflects, "We didn't know what we didn't know." The district now has a comprehensive approach to addressing commercial sexual exploitation, which includes training, reporting protocols, and outreach to gatekeepers of high-risk groups.

Find a way to work with the same folks who are serving your students when they are not in the classroom. When we are not working together, we are wasting resources, we are wasting energy, and we are unintentionally contributing to the stress of these families.

—Jenée Littrell, SS/HS project director

Hampden-Wilbraham Regional School District—Wilbraham, Massachusetts (FY 2009)

Hampden-Wilbraham Regional School District (HWRSD) increased the impact and sustainability of its school mental health (SMH) services by building strong partnerships across the district and enhancing outreach at the school, family, and community levels.

Building Response Teams to Coordinate Services. Prior to SS/HS funding, HWRSD's mental health services were limited primarily to students with a diagnosed disability. With SS/HS funding, HWRSD enhanced its multi-disciplinary student response teams. For example, Student Teacher Assistance Teams (STAT) support students before referring them to community agencies. Now, adjustment counselors strategize with teachers to address issues as they arise. This team approach allows STAT to mobilize selective school-based services to better meet the needs of at-risk youth before their behavior escalates.

The district also developed a Risk/Threat Assessment Protocol to provide a time-sensitive response to students' threats to themselves or others that involves collaboration among the school, parents, and community agencies. For instance, if a student threatens harm, rapid crisis intervention and safety planning can be deployed. If hospitalization or intensive treatment is necessary, the school adjustment counselor or psychologist works closely with hospital staff and community agencies to determine how to address the student's needs and then facilitate re-entry to the school. **These coordinated efforts more effectively target services to students' needs.** According to SS/HS Project Director Gina Kahn, the number of students served by mental health services has increased by 32.6 percent—from 18.7 percent in 2008–2009 to 24.8 percent in 2011–2012.

Assessing and Supporting Family Needs. To address the range of family needs and facilitate community-based mental health referrals, HWRSD collaborated with a local mental health center to develop the Family Education Outreach Referral and Support program. SMH staff now meet with the parents whose child is being referred for services; the staff describe the services to be provided and review consent forms needed for the school and community agencies to share information about the child's progress.

We want families to be in the driver's seat around the process of referrals to community-based services and in control of the information that we share. We develop strong relationships so that families understand the concerns from the school's perspective and we know what the concerns are from the family's perspective.

—Gina Kahn, SS/HS project director

Developing Strong Crisis Response. HWRSD takes a lead role in responding to crises that impact the district. Over the last several years, three natural disasters caused widespread property damage and community-level trauma, impacting many students and their families. **HWRSD partnered with mental health agencies, law enforcement, and state-level resources to coordinate trauma recovery support.** The district trained community mental health professionals in Post-Traumatic Stress Management, a protocol for responding to critical incidents.

Planning Early for Sustainability. HWRSD focused on **investing in systemic, long-term changes.** For instance, by redistributing a portion of school counselors' time to prevention-focused activities, the district maximized the counselors' expertise and reach without substantially increasing the number of school staff. In addition, HWRSD uses its SS/HS evaluation data and strong track record to secure future funding. These efforts have been largely successful: A recent three-year, \$1.1 million grant award from the U.S. Department of Education will be used to develop an elementary school-level counseling program.

Hot Springs School District—Hot Springs, Arkansas (FY 2008)

Hot Springs School District (HSSD) provided fully funded school mental health (SMH) services to students by contracting with community agencies and securing pro bono services. To support families receiving services, HSSD engaged parents in the treatment process and created parent-run support groups.

Formalizing Partnerships with Mental Health Agencies. Prior to SS/HS, community-based mental health agencies entered HSSD schools through a “revolving door”—practitioners provided services during school hours, but the services were inadequately monitored and lacked continuity. **To formalize the partnership between HSSD and the provider agencies, HSSD created a memorandum of understanding (MOU) with four community agencies to define partner roles and responsibilities in providing SMH.**

In keeping with the MOU, a counselor and case manager team at each school provided SMH services and met the district’s monitoring and reporting requirements. Mental health providers attended weekly case management meetings with school staff to enhance collaboration, exchange information, and work with staff to create plans to address students’ social and emotional issues. School staff also helped practitioners understand school operations.

Establishing Funding for Mental Health Services. As a result of the MOU, the mental health agencies obtained free office space and **HSSD received fully funded clinical services for students in need.** When possible, agencies charged students’ insurance for clinical services. To increase the number of services to be billed, SS/HS staff worked to enroll eligible students in public insurance plans.

We have a large enough base of public insurance students to meet the numbers agencies need to sustain their programs. We never paid a dime for mental health services.

— Terry Lawler, SS/HS project director

The MOU also required that agencies provide pro bono services to students who had inadequate private insurance and were ineligible for Medicaid. In exchange, the school refers a significant caseload of students to the agencies. SS/HS Project Director Terry Lawler successfully argued that the agencies could sustain services and remain profitable based on their costs and the number of clients that each school could provide.

Engaging Parents as Partners. HSSD engaged parents throughout the clinical treatment process. When SMH teams identified students who needed mental health services, they met with parents to discuss the needs and the pros and cons of students receiving school- and community-based services. Parents remained actively involved in their child’s treatment by attending meetings to review progress and receive skills training.

Through support from agencies and a state grant, SS/HS staff also created parent support groups that meet after school. Facilitated by volunteer parents, the groups explore school-based issues (e.g., how to communicate with your child’s teachers) and questions about community resources (e.g., how to find respite care). This peer-to-peer support group offers parents a unique opportunity to connect with others managing similar challenges. Ms. Lawler notes that **the support groups empower the parents and decrease their feelings of helplessness in managing mental health issues.** This renewed sense of calm and confidence then flows from the parent to the child. “Happy parents make for happy children,” she concludes.

Public Schools of the City of Muskegon—Muskegon, Michigan (FY 2008)

The Public Schools of the City of Muskegon (PSCM) transformed how it provided mental health services to youth by working with the district's partners to build a county-wide data collection and information sharing system that facilitates and coordinates care for children and their families.

Centralizing Service Provision and Coordination. Before SS/HS, PSCM provided mental health services primarily to special education students, with little to no prevention or early intervention services offered. With SS/HS funding, PSCM and its partners assessed existing school and community mental health resources and decided to adopt a Family Resource Center model. In collaboration with community mental health agencies, family and juvenile courts, local law enforcement, and other community agencies, PSCM's **Family Resource Centers bring counselors, family specialists, community police officers, and court officials into the schools to provide integrated services for students and families.** The centers provide prevention and intervention services, connect students and families with relevant community resources, and monitor students' progress toward goals.

To streamline service delivery, PSCM developed the "One Family/One Plan" brand, which enables families to access Family Resource Center services from any partnering agency. Due to the success of this comprehensive and integrated approach, PSCM's Family Resource Centers now serve as the model for service delivery for every school in the district and have garnered the attention of Michigan's governor, who has supported expanding the model to other parts of the state.

The Family Resource Center is a concept that allows for a range of services to happen in one place—the schools.

—Gary Houseman, SS/HS project director

Strengthening Partnerships. PSCM transformed its provision of mental health services by enhancing trust and improving communication among its community partners. While other organizations recognized the importance of improving the system to meet the community's needs, **developing mutual respect and a common language about service delivery was critical.** Once this was achieved, the partners then worked together to create a shared vision, identify opportunities for collaboration, and determine how to maximize their resources to best serve the community.

Engaging Families. Involving parents and caregivers in addressing the needs of students has been a core element in PSCM's approach to improving mental health services. Parents are engaged from the onset; they participate in meetings and are in regular contact with providers. SS/HS Project Director Gary Houseman observes that when parents are involved, their children are more engaged in the therapy process, spend less time overall in treatment, and have better outcomes. In addition, **parents who are involved as partners in the care of their children have closer connections to school staff and have an overall greater degree of engagement in the school.**

Sharing Information. PSCM's Integrated Student Information Sharing System (ISIS) is a Web-based data collection system that facilitates reporting at the student, provider, agency, and district levels. At the county level, ISIS links to each district's student record system, enabling immediate access to school-level information, such as grades, attendance, and behavioral issues. Partners input and access information about student mental health plans, goals, and points of contact. **The system allows partners to monitor and track all points of intervention for the student, which contributes to highly integrated service delivery.**

San Diego Unified School District—San Diego, California (FY 2001)

The SS/HS grant enabled the San Diego Unified School District (SDUSD) to bring mental health services into schools for the first time. For more than a decade, SDUSD has successfully supported school mental health (SMH) by improving school culture and ensuring long-term SMH sustainability.

Sustaining Funding and Partnerships. After expanding SMH services under the SS/HS grant, SDUSD approached its juvenile justice, mental health, and education partners to identify strategies to sustain SMH once SS/HS funding ended in 2004. The interagency collaboration focused on addressing the needs of vulnerable students who were either seriously emotionally disturbed or in the school-to-prison pipeline, with the goal of supporting them to stay in school and achieve other positive outcomes while receiving SMH services.

Rather than rely on grant funds to support SMH post-SS/HS funding, SDUSD focused on acquiring funding from existing sources, such as funding for special education and students with disabilities, Medicaid, juvenile justice, and mental health services. **By drawing on established sources of funding, SDUSD has sustained its SMH programs—including a mental health resource center and more than 100 SMH staff members—to the current day.**

Using Data to Identify Needs and Create Change.

Despite challenges in securing funding for program evaluation, SDUSD has been able to gather and use data to support its ongoing SMH work. Shirley Culver, former SS/HS project director and current program manager of the SDUSD Mental Health Resource Center, described launching SMH work in an alternative school for students expelled from other public schools. At that point, she says, most community members and educators believed that students in alternative schools were willful troublemakers on the path to incarceration. But data collected through a mental health screening showed that two-thirds of students entering the school met the criteria for a non-conduct mental health disorder, such as depression or anxiety. **Ms. Culver used these data to convince decision-makers to hire experienced mental health professionals to address the mental health needs of students in the alternative school.**

You believed that this was a probation population, but we're here to show you that this is a mental health population that has been falling between the cracks. If services don't continue to be funded, we will go back to the prior situation, and these students will continue to struggle academically, drop out of school, and have poor long-term outcomes.

—Shirley Culver, former SS/HS project director

Reducing Stigma in Schools. Although SDUSD initially focused its efforts on meeting the mental health needs of high-risk students, the district eventually reached out to the entire student body by offering prevention services on most campuses, thereby helping to de-stigmatize mental health treatment for students. SDUSD trained staff who interact with students every day—from bus drivers to teachers and school administrators—on important mental health issues, such as suicide prevention. The training significantly increased the staff's understanding of mental health, especially the fact that mental health (just like physical health) exists along a continuum. **Building the staff's capacity to engage with students in ways that fostered mental well-being had an impact on the general campus community, benefiting many other students who were not directly served by SMH services.**

The School Board of Broward County—Fort Lauderdale, Florida (FY 2007)

The School Board of Broward County (SBBC) strengthened its approach to school mental health (SMH) by developing comprehensive referral and database systems. The district and its partners use these databases to share information, and they collaborated to establish sustainable funding for SMH.

Mapping Resources. With citizens from more than 178 countries who speak a total of 50 languages, Broward County is one of the most diverse communities in the United States. Prior to SS/HS, the county's behavioral health partnership was loosely organized and did not systematically monitor the services available to children and adults. After receiving SS/HS funding, SBBC worked with its partners to identify community resources that could facilitate mental health referrals and connect students in need with services. To this end, an electronic system called the Student Service Locator (SSL) identifies school-level providers, such as nurses, social workers, and counselors, as well as community-based providers and agencies. The SSL also provides detailed information about community resources, such as geographic locations and wait times to see providers. **School staff can readily access the information they need to connect students with mental health services.**

Developing Electronic Information Sharing Systems. Along with the SSL, SBBC enhanced an existing database to capture data about student mental health. The Behavioral and Academic Support Information System (BASIS) combines students' school records and behavioral health indicators to better match students with services. Through BASIS, SMH staff track students' needs, identify appropriate resources, and make referrals to community agencies. SS/HS Project Director Amalio Nieves explains, "Instead of giving the parent a list of agencies, we take that step out for families. We say, 'We'll make the referrals, and the agencies will call you.'"

In addition to facilitating referrals to community-based services, BASIS allows all professionals involved in a student's care, inside and outside the school, to track the student's progress online. This results in a more streamlined and effective system with reduced paperwork.

BASIS also allows SBBC to track and report SMH data, such as the number of referrals and students' school performance metrics. Tracking data in this manner enables SBBC to direct resources to meet emerging student needs. Preliminary data collected through BASIS suggest that attendance rates have increased and suspension rates have decreased in the county since the implementation of SMH.

Building Relationships and Strengthening Partnerships. Strategic partnerships have been central to SBBC's SMH successes. Through these relationships, SBBC devised strategies to fund mental health services for students and their families. By engaging the Children's Services Council, the Children's Services Board, and the United Way of Broward County, SBBC found ways to blend funding to meet students' needs in a sustainable way.

Broward County navigated the challenges of relationship-building by having the schools and community agencies work together to create a shared SMH vision and set goals.

For example, all partners initially acknowledged that they were experiencing challenges with sharing information in a secure and effective manner. SBBC's development of electronic systems to track resources and referrals addressed this need and transformed the community partners into strong advocates for SMH.

The key to success is to bring all the players to the table and work collaboratively. You need to paint the picture to show that there is something in it for everyone.

—Amalio Nieves, SS/HS project director

The School District of Lancaster County—Lancaster, Pennsylvania (FY 2005)

The School District of Lancaster County (SDLC) created an effective and lasting approach to school mental health (SMH) by assessing and addressing the community's needs, reducing stigma, and focusing on sustainability. A comprehensive provider system matches skilled providers with the specific student mental health challenges of each school.

Recruiting Skilled School-Based Providers. In its SS/HS application, SDLC acknowledged that its community-level mental health services were costly and did not reach high-risk adolescents. The district addressed this challenge by issuing a Request for Proposals to recruit five agencies to bring skilled mental health professionals into the schools. Every two years, SDLC reviews its contracts with the agencies to ensure that providers' skills and experience continue to match students' needs.

With the assistance of a lawyer, **SDLC developed an SMH provider contract that facilitates collaboration and communication between the schools and agencies.** The contract identifies the goals and outcomes of the partnership, delineates the roles of SDLC and the mental health agencies in helping students obtain funding for services, and addresses liability issues. SDLC and the agencies collaborate to hire individual mental health providers, with the district having final say on which provider is the best match for the school.

Addressing Community Needs. Lancaster County is a diverse community with a large Latino population and many refugees from around the world. **To meet the needs of Latino students, SDLC placed at least one bilingual or bicultural clinician on site at schools with the greatest Latino populations.** In addition, SDLC collaborated with a refugee resettlement agency to retain a mental health provider to address the linguistic and cultural barriers that refugee students often face when seeking services.

SMH services have brought about so many positive changes that principals and school counselors say that they cannot envision going back to not having these services.

—Pamela Smith, former SS/HS project director

SDLC also addresses the needs of uninsured or underinsured students. While its mental health providers can bill Medicaid for eligible students, most private insurance companies that recognize mental health as a billable service require high deductibles or co-payments. The district used SS/HS funds to fill the gap for many students.

Reducing Stigma. To diminish stigma and increase students' comfort with mental health providers, **SDLC embedded SMH providers in the schools and encouraged them to become part of the community.** SMH providers have offices in the schools, participate in school activities, and are in regular contact with students. Because students view them as part of the school, the providers and the project director can more readily dispel misconceptions about SMH services when they arise.

Sustaining Services for Lasting Change. **SDLC began planning for SMH sustainability early on.** The district requires contracting with mental health agencies to provide eight hours of in-kind service per month in each school they serve, often in the form of working with students or participating in unbillable support services. Since SS/HS funding ended in 2008, this pro bono work funds SMH services for students without insurance. SDLC pursues additional funding by partnering with groups who have related missions, such as the Lancaster Osteopathic Health Foundation, which provides funding for local health initiatives.

Suburban Ramsey Family Collaborative—Roseville, Minnesota (FY 2007)

A consortium of four school districts, the Suburban Ramsey Family Collaborative (SRFC) serves a student population that is increasingly diverse—culturally, linguistically, and economically. To meet students' needs, the SRFC built a network of school- and community-based partners that supports an integrated-services approach to school mental health (SMH).

Engaging Partners and Champions. SS/HS funding prompted SRFC to form district-level interdisciplinary SMH leadership teams comprising a range of school and community-based partners representing mental health, school staff, faith communities, and juvenile justice. The teams met regularly to review cases of students with mental health needs, develop SMH policies, and respond to crises. **The collaboration and communication among partners proved so effective that many teams were invited to remain in their roles after SS/HS funding ended to address additional school health issues.**

The school district superintendents served as program champions, publicly reinforcing the value of SMH and emphasizing the connection between mental health, physical health, and academic success. This support increased engagement among school staff and bolstered the status of the SS/HS Initiative.

Enhancing Services to Meet Diverse Needs. The SRFC connects students to community agencies to **increase access to services for students who are experiencing barriers related to transportation, language, culturally specific services, or insurance.** For example, the SRFC has partnered with agencies that provide bicultural therapists who understand students' backgrounds, such as those who are impacted by trauma, and can often serve as a facilitator between students and their parents. SS/HS Project Director Mary Sue Hansen observes, "Kids don't talk about it as a stigma buster, but they sure want to introduce all their friends to their therapist, and that's a pretty cool thing."

Nothing replaces the partnership you have with the school. You think you know your kids and your community, and you think you can access them somehow by being stationed in the community, but truthfully you need to partner with someone who sees those kids every day.

—Mary Sue Hansen, SS/HS project director

Promoting Mental Health in the Community. The SRFC collaborates with the local public health department and related partners to promote mental health in the community **by emphasizing the connection between mental health and physical health, while also addressing the stigma associated with mental illness.** For example, SRFC leaders collaborate with the local suicide prevention coalition on community mental health forums and educational campaigns to encourage and normalize help-seeking behaviors.

Taking an Integrated Services Approach. One SRFC service area sponsors Project Family Connect, a one-stop shop for community members seeking services related to physical health, mental health, the law, and translation. Housed in a church, **Project Family Connect's integrated and accessible approach encourages community partners to provide services to promote child and family health.** For example, when two students were at risk for mental distress and homelessness after their father fell ill and lost his job, the SRFC's community partners intervened and provided the students with shelter, social support, and transportation to and from school to increase their sense of stability while their father recovered.



Conclusion

The 13 SS/HS grantees profiled in this snapshot each employed innovative and effective strategies that improved both mental health promotion and mental health service delivery in school districts across the country. These sites demonstrated the range and depth of impact that collaborative partnerships can have on school mental health (SMH).

The successes of these schools can provide a model for SMH based on collaboration, leadership, and creativity as a means of providing comprehensive programs and services. Whether located within schools or linked to community agencies, effective SMH can positively impact students, schools, and communities and can lay the groundwork for healthier, more successful youth.



Endnotes

1. Jellinek, M., Patel, P., & Froehle, M. C. (2002). *Bright futures in practice: Mental health*. Washington, DC: National Center for Education in Maternal and Child Health at Georgetown University.
2. National Institute for Health Care Management. (2005). *Children's mental health: An overview and key considerations for health system stakeholders*. Washington, DC: Author.
3. Adelman, H., & Taylor, L. (n.d.). *Addressing Barriers to Learning: A Comprehensive approach to mental health in schools*. Los Angeles, CA: UCLA Center for Mental Health in Schools.
4. Battistich, V., Schaps, E., & Wilson, N. (2004). Effects of an elementary school intervention of students' "connectedness" to school and social adjustment during middle school. *The Journal of Primary Intervention*, 24(3), 243–262.
5. Epstein, M., Atkins, M., Cullinan, D., Kutash, K., & Weaver, R. (2008). *Reducing behavior problems in the elementary school classroom: A practice guide* (NCEE #2008-012). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education.
6. Wilson, D. B., Gottfredson, D. C., & Najaka, S. S. (2001). School-based prevention of problem behaviors: A meta-analysis. *Journal of Quantitative Criminology*, 17, 247–272.
7. Greenberg, M. T., Weissberg, R. P., O'Brien, M. U., Zins, J. E., Fredericks, L., Resnik, H., & Elias, M. J. (2003). Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. *American Psychologist*, 58, 466–474.
8. Osher, T., Osher, D., & Blau, G. (2008). Families matter. In T. P. Gullotta & G. Blau (Eds.), *Family influences on childhood behavior and development: Evidence-based prevention and treatment approaches* (pp. 39–63). New York, NY: Taylor Francis.
9. National Center for Mental Health Promotion and Youth Violence Prevention. (n.d.). *Applying CLC to SS/HS*. Retrieved from <http://sshs.promoteprevent.org/clc-guide/applying-clc-sshs>
10. Beets, M. W., Flay, B. R., Vuchinich, S., Snyder, F. J., Acock, A., Li, K.-K., Burns, K., Washburn, I., Durlak, J. (2009). Use of a social and character development program to prevent substance use, violent behaviors, and sexual activity among elementary-school students in Hawaii. *American Journal of Public Health*, 99(8), 1438–1445.
11. Durlak, J., & Wells, A. (1997). Primary prevention mental health programs for children and adolescents: A Meta-Analytic review. *American Journal of Community Psychology*, 25(2), 115–152.

12. Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, *60*(6), 628–648.
13. National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Interventions. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
14. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2007). *Promotion and prevention in mental health: Strengthening parenting and enhancing child resilience*. DHHS Publication No. CMHS-SVP-0175. Rockville, MD: U.S. Department of Health and Human Services.
15. Payton, J., Weisberg, R. P., Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Schellinger, K. B., & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago, IL: Collaborative for Academic, Social, and Emotional Learning.
16. Substance Abuse and Mental Health Services Administration. (2012). *National evaluation data brief: Safe Schools/Healthy Students grantees report increased access to mental health services*. Rockville, MD: Author.
17. National Center for Cultural Competence. (n.d.). *Information for providers and practitioners*. Retrieved from <http://nccc.georgetown.edu/information/providers.html>

