

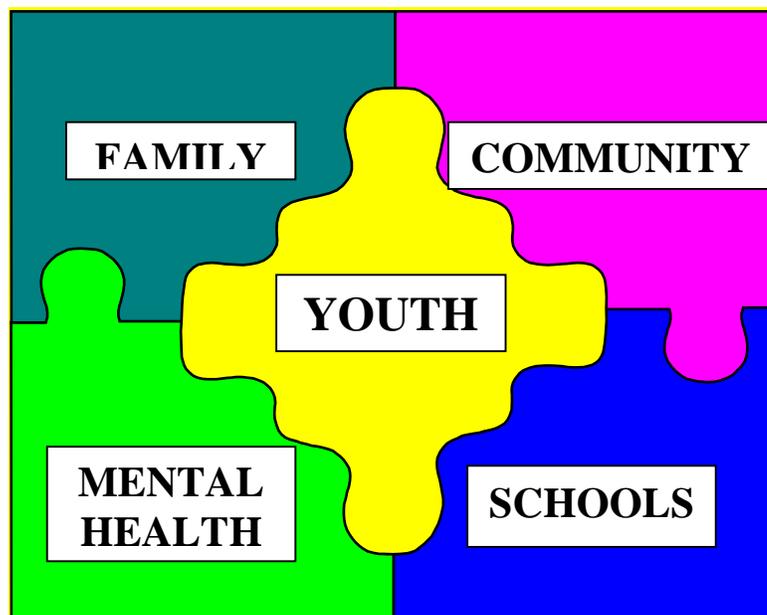
# **EL PASO'S SCHOOL-BASED MENTAL HEALTH CARE PLAN**

**Based on**

***“Mental Health, Schools and Families Working  
Together for all Children and Youth:  
Towards a Shared Agenda”***

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## **I. Plan Introduction**

### **A. History of Collaboration:**

Historically, in the El Paso Community, collaborative efforts between mental health, schools and families, have been limited. Problems such as different missions or mandates, restrictive service provision criteria, turf issues and limited resources have impacted the relationship between agencies. More importantly, the educational and mental health systems, both, struggled with the fear that a collaborative effort would have major financial impact on their individual budgets. Therefore, over the years, mental health and the schools have worked separately to meet the needs of similar children and their families, resulting in duplication of services and a waste of resources. Essentially, there has been no major initiative to combine efforts and/or resources to ensure the positive mental health of El Paso children.

Despite a history of limited collaboration and the lack of any collective organized effort to blend mental health services and schools, a number of individual initiatives have taken root.

These are listed below:

- Border Children's Mental Health Collaborative: MHMR, Schools, JPD, CPS, Heath, SA, Youth and Families
- EPISD Transitional Classroom-Discontinued
- Youth Initiative Program/Multi-Agency Referral System (MARS): El Paso Police Department, Schools and Child Serving Agencies.
- Case specific school participation in the CRCG

### **B. Current Operational Initiatives on School-Based Mental Health Care**

To varying degrees, the El Paso School Districts have demonstrated an understanding of the link between good mental health and successful school outcomes for students. It is for this reason that a number of mental health initiatives have been instituted. Some are in collaboration

with community partners but the majority are independently supported by the school or district in which they are provided. This approach to program development has resulted in a number of diverse mental health interventions that vary between schools and districts. El Paso Community MHMR Center, the local mental health authority, participates in only one small (sixty students) collaborative effort with the El Paso Independent School District. This initiative entitled Focus on First Graders, integrates schools, community supports and mental health services. These services include school-based psychiatric supports, case management, therapy and rehabilitation services. Other school-based initiatives currently in place in El Paso schools are listed below.

- Communities in Schools
- School Psychologists for diagnosis and evaluation
- MARS: Multi-Agency Referral System
- School Counselors assigned to address short-term Mental Health needs.
- Small number of school Social Worker available to students. Main focus is truancy prevention.
- Small amount of available dollars for MH contract services
- Montewood Primary Care Clinic: Evaluation and short term MH interventions are provided.
- Ysleta's School-based Primary Health Clinic.
- Parent Education to varying degrees at a variety of schools.
- Kellogg Clinic in Fabens, Texas. Main focus Primary Health.
- School-wide Positive Behavioral Supports.

### **C. Locality/Regional Positive Aspects**

Four major strengths have been identified for this region. First and foremost, the El Paso Community is culturally rich and anchored in a value system that promotes the family. This strong tie to family has resulted in a large number of community grown and educated mental

health and educational professionals, thereby, ensuring that the culture of this community is reflected in the development of school and mental health initiatives and interventions. Second, the community now recognizes the importance of developing ties between the schools, the community, families, and mental health. This awareness has generated a willingness to identify barriers to collaboration and an interest in beginning discussions regarding initiating a strong collaborative effort. Third, past collaborations, although limited in number, have resulted in increased and improved services to students and their families. Finally, El Paso County has been awarded a SAMHSA Comprehensive Community Mental Health Services for Children and their Families Cooperative Agreement.

#### **D. Gaps in School-Based Mental Health Care**

Educational Service Center data estimated that 160,797 students are enrolled in El Paso Schools. Of those students 16,111 (10%) are enrolled in Special education, 646 (4%) of those are classified as emotionally disturbed. National mental health data estimates suggest that 5,200 children in El Paso suffer from a severe emotional disturbance. Of those the local MHMR provides services to approximately 590 children at any given time, 11% of those estimated to have a severe emotional disturbance. These estimates highlight the large unmet need that exists in the El Paso community and its schools.

Limited collaborative efforts have left many gaps in El Paso's school-based mental health services. These gaps in services work to maintain the large number of students, in need of mental health services, who have gone unidentified. The gaps in El Paso's services can be placed in four categories; Education, Training, and Consultation, Prevention, School-based Mental Health Interventions, and Funding.

### **Education, Training and Consultation:**

- Educational Professionals receive minimal training regarding mental health and mental health issues.
- Mental Health Professionals have limited knowledge regarding the school system, it's parameters, regulations, requirements and mandates.
- Case consultation between schools and mental health professionals only occurs on a limited basis. Consultation is currently reserved for the severest youth, usually those that exhibit extreme behaviors.
- Educators only have limited knowledge on the availability of community resources. Little training is provided on what is available to students and family members.
- Educators and Mental Health Professionals have been provided with little information regarding school-based, evidenced-based, mental health interventions.
- The mental health training that is provided addresses mostly theory. Training on interventions, tools and techniques is needed.
- There is no consistent training on mental health across schools and districts.

### **Prevention**

- Early identification efforts are limited.
- Parent and teacher involvement in promoting good mental health at home and at school is not actively encouraged.
- Creating and expanding upon opportunities for successful social, emotional, behavioral and educational experiences, for all students, is often not promoted within the school setting.

### **School-based interventions**

- Students and Families have extremely limited access to a Mental Health Professional within the school setting.
- Teachers in designated behavioral classrooms do not have the tools or resources necessary to handle both the education and mental health needs of the youth enrolled. Most behavior classrooms have no support from a Mental Health Professional.
- Implementation of School-wide positive behavioral supports is still in its infancy. Only a small number of schools have been trained and are implementing this approach.
- School interventions are designed to target students whose severe behaviors trigger identification for mental health services. Those students who do not act out often go unidentified and receive few mental health services.

### **Funding**

- Limited resources often do not allow teachers, educational professional, and the school to place the child first.
- Resources for mental health interventions are small when targeting the regular education student.

### **E. Local/Regional Vision for a Shared Agenda:**

To support educational professionals, teachers, and families in providing a strength-based environment that promotes good mental health, including but not limited to, the delivery of mental health services to youth in a non-threatening, naturally occurring setting where these problems and behaviors are frequently expressed.

## I. Near Term Changes

A. **Goal One:** Integrate existing mental health case management supports into the areas/schools of greatest need.

1. **Strategy One:** Identify schools with the greatest number of existing MH consumers.

- **Responsible Stakeholder Group:** EPCMHRMRC
- **Projected Timeline for Implementation:** By August 1<sup>st</sup>, 2003, two to three middle schools will be identified as an area of high need.
- **Specific Near-Term Changes:** Increased awareness of the high need areas has been develop and documented.

- **Expected Outcomes**

**Children and Youth:** Not applicable

**Families:** Not applicable

**Local/Regional Service Delivery System:** Resources are targeted toward areas of high need.

**Community:** Not applicable

2. **Strategy Two:** Assign Case Management staff to two to three high needs schools.

- **Responsible Stakeholder Group:** EPCMHRMRC
- **Projected Timeline for Implementation:** By August 31<sup>st</sup>, 2003 the MHMR will have assigned a Case Manager to each of the identified middle schools and their connecting feeder schools.
- **Specific Near-Term Changes:** Case Managers will be located on site at two to three middle schools making mental health services more readily accessible to these students. The location of Care Managers in the school, thereby in the

youth's community, ensures delivery of services in the youth's natural environment. Increased communication between the school, mental health professional and families will increase coordinated efforts to address student's mental health issues.

- **Expected Outcomes:**

**Children and Youth:** Quick and easy access to mental health services leads to better long-term school performance. Positive school supports and increased collaboration is expected to increase school attendance, increase achievement and decrease disciplinary referrals for those youth involved.

**Families:** A decrease in the stigma attached to receiving mental health services results in increased rates of families accessing and following through with mental health services. A coordinated plan for service delivery provides consistent clear messages to the family.

**Local/Regional Service Delivery System:** An increase in follow-through by youth and families results in increased utilization rates and decreased no-show rates improving outcomes to youth and families. An increase in the coordination of services results in decreased duplication of effort and cost savings.

**Community:** Moving mental health Case Managers to the schools begins to establish the school as the hub or central point for accessing a variety of community services.

**B. Goal Two:** Access current community educational resources to expand the mental health educational and training initiative in the schools

1. **Strategy One:** In coordination with Region 19, community partners, and families, develop a mental health training curriculum for all school personnel.
  - **Responsible Stakeholder Group(s):** Region 19 and NAMI
  - **Projected Timeline for Implementation:** A proposal for an educational plan will be completed by Sept 1<sup>st</sup>, 2003. Curriculum acquisition and development to be completed December 1<sup>st</sup>, 2003. Training to begin January 1<sup>st</sup>, 2004.
  - **Specific Near-Term Changes:** All levels of Educational Professional will have access to mental health training. Educational Professional will have a greater understanding of children's mental health enhancing their ability to work and teach effectively. Training on mental health issues will be consistent across schools and districts.
  - **Expected Outcomes:**
    - Children and Youth:** An increased understanding of mental health issues by Educational Professionals will result in an increase sensitivity and greater ability to meet the needs of severely emotionally disturbed children in the classroom improving student satisfaction.
    - Families:** An increased understanding of mental illness encourages the educator to view the family as a partner. This improves the relationship between families and educators. This shift in viewpoint supports collaboration with families.
    - Local/Regional Service Delivery System:** Training Educational Professionals increases the likelihood of early identification of mental health needs as well as increases appropriate referrals to local mental health services.

**Community:** Increase training and education decreases the stigmas associated with mental illness. Raised awareness of children's mental health.

**2. Strategy Two:** Begin focused mental health training to the teachers and staff who educate students with severe emotional disturbances.

- **Responsible Stakeholder Group:** EPCMHMRC and Region 19
- **Projected Timeline for Implementation:** Training to begin, at the middle schools identified above, on September 1<sup>st</sup>, 2003.
- **Specific Near-Term Changes:** Behavior Improvement Teachers will have an increased understanding of mental illness and resulting behaviors. They will acquire an expanded set of tools and techniques to manage behaviors and support students in their classroom.
- **Expected Outcomes:**
- **Children and Youth:** Students enrolled in Behavior Management Classrooms will experience more opportunities for success. Improved social and emotional functioning.

**Families:** Outcomes are the same as those stated in the above strategy.

**Local/Regional Service Delivery System:** The support of mental health providers in the classroom leads to increase communication and coordination of services. Knowledgeable educators support the development of an integrated system of care.

**Community:** Decreased need to place students in residential treatment or Psychiatric Hospitals.

**C. Long-term Improvements Goal One:** Expand and formalize the collaborative efforts to integrate schools, families, and mental health.

**1. Strategy One:** Identify community partners and establish a core group of educators, mental health professionals, and families that meet regularly to address the issue of integration.

- **Responsible Stakeholder Group:** SAMHSA's Border Children's Mental Health Collaborative

- **Projected Timeline for Implementation:** The process of establishing a core group of collaborative members began with this initiative and is ongoing.

- **Specific Long-term Improvements:** The existing fears and barriers that have discouraged collaboration between mental health, families, and schools will be identified.

- **Expected Outcomes:**

**Children and Youth:** Collaborative efforts in support of school-based mental health initiatives should increase school success for youth as demonstrated by increased attendance, increased performance, and decreased disciplinary referrals.

**Families:** Family involvement in the collaborative effort establishes them as experts and partners. Increased family support from school and mental health.

**Local/Regional Service Delivery System:** Coordination of mental health services promotes more effective service delivery. Limited resources used more efficiently.

**Community:** Improved environment of community information sharing, problem solving and idea development that involves all stakeholders.

**2. Strategy Two:** Formalize through Memorandums of Understandings the collaboration of mental health, schools, and families.

- **Responsible Stakeholder Group:** EPCMHMRC and School Districts
- **Projected Timeline for Implementation:** It is projected that MOUs can be written and signed by May 2004.
- **Specific Long-Term Changes:** Signed MOUs establish a formal commitment to integrate schools and mental health including the commitment of resources such as funding, staff and space. Families and community members will be included in the process as equal partners. Barriers will be identified and strategies to circumvent them will be developed and implemented.
- **Expected Outcomes:**
  - Children and Youth:** Collaborative efforts in support of school-based mental health initiatives should increase school success for youth as demonstrated by increased attendance, increased performance, and decreased disciplinary referrals.
  - Families:** Family involvement in the collaborative effort establishes them as partners.
  - Local/Regional Service Delivery System:** Coordination of mental health services promotes more effective and efficient service delivery.
  - Community:** Successful integration of schools into a community wide system of care for youth with severe emotional disturbances

## Appendix A: Composition of Stakeholders

### CORE PROJECT TEAM:

Lisa Tomaka	SAMHSA: Border Children’s Mental Health-Project Director
Birgit Heidelberger	El Paso Community MHMR Center-Children’s Director
Grace Olivas	El Paso Community MHMR Center-Parent Liaison
Robbie Stinnett	Region 19: Educational Service Center-Project Administrator

### Project Stakeholders:

Carlos Martinez	El Paso Independent School District-Governmental Liaison
Mr. Thomas Gabaldon	El Paso Independent School District-Assistant Superintendent Special Population
Carlos Guerra	San Elizario Independent School District-Lead Counselor
Bessie Le Roy	Clint Independent School District-Office of Curriculum and Instruction
Olivia Campos	Clint Independent School District-Assistant Superintendent
Hilda Lopez	Socorro Independent School District-Director of Guidance and Counseling
Susan Rutledge Crews	Charter School-Director of Counseling and Dean of Schools
Teresa Weisbart	El Paso Independent School District-Director of Special Services
Dr. Linda Holman	El Paso Independent School District-Assistant Superintendent of Middle Schools
Sue Gray	Clint Independent School District-Special Education
Davin Magno	El Paso Community MHMR Center-Chief Operating Officer
Wes Temple	Region 19: Educational Service Center
Kathleen Payton	NAMI-El Paso
Debbie Crinzi	Burnhamwood Charter School-Administrator

### SAMHSA Stakeholders

Angelic Martinez	SAMHSA: Border Children’s Mental Health Collaborative- Parent Liaison
Roseanne Frutes	BCMHC Governance Team Parent Partner-Juvenile Justice
Mary Ann Landon	BCMHC Governance Team Parent Partner-Child Protective Services
Sylvia Pitcher	BCMHC Governance Team Parent Partner-Child Welfare Board
Roger Martinez	Juvenile Probation Department
Sam Pedregon	Child Protective Services
Judge Alfredo Chavez	65 <sup>th</sup> District Court Judge
Chilo Madrid	Substance Abuse
Davin Magno	MHMR
Dr. Gibert Handal	Primary Health
Judge Max Higgs	Mental Health Probate Judge
Becky Ornelas	Casey Family Programs Youth Initiative
Daisy Natal	BCMHC Governance Team Youth Partner
Isaise S.	BCMHC Governance Team Youth Partner
Blanca Abbud	BCMHC Governance Team Youth Partner

## **Appendix B: Local Regional Planning Process**

It should be noted that there are nine school districts in the El Paso region and no formal collaborative process between mental health, schools and families. Other factors that presented a challenge to this collaborative effort and planning process included, a change in administration at EPCMHMRC, the local MHMR, and a change in the directorship for MH Children's Services. Therefore, the current planning initiative started on the ground floor.

The core members of the planning team met three times in the first six weeks after the assignment was given. During this time the information provided on evidence-based practices was reviewed and important stakeholders were identified. A plan for soliciting information on current services and stakeholder participation was developed. It was determined that the region's three major school districts; El Paso, Ysleta and Socorro, would be approached first due to the fact that 85% of students are enrolled in these districts. It was also determined that the San Elizario Independent School District would be approached due to their history of implementing creative, innovative interventions.

Assistant Superintendents, Special Education Directors and Counselors from these districts were approached to provide information regarding history of collaborations, current school-based mental health initiatives, as well as gaps in services. This information was gathered, combined, and e-mailed out to all participants for review and further input.

As a next step the core team members attended a regional meeting of El Paso's Special Education Directors. The positive aspects of a collaborative effort between schools, families, and mental health were discussed. Evidenced-based practices were reviewed and current program needs were identified.

All information gathered was placed in the format requested by the state. A presentation was developed and a meeting of family members, school personnel, mental health personnel and community members was held. All information was reviewed and input on necessary changes was documented. The group was then requested to use the information gathered to develop an initial set of near-term and long-term goals. All decisions regarding goals and strategies were made by consensus. The core team met twice after the completion of this meeting to finalize the goals developed.

In support of this collaborative, the SAMHSA Project Director, the Chief Operating Officer for EPCMHMRC, the El Paso Independent School District's Governmental Liaison and the El Paso Independent School Districts Assistant Superintendent for Special Needs Populations, met and discussed a shared vision for integration of mental health services and began the development of a working relationship.

Initial parent and youth participation was limited. The main focus of this planning process involved engaging educational professionals in a dialogue. At each step of the process parents were invited to participate, however, the minimal input received maybe due to a lack of trust in the initial phases of collaboration. Parent representation did improve through coordination with the SAMHSA: Border Children's Mental Health Collaborative. It is expect that as the relationship between agencies improves active inclusion and participation of families should greatly increase. This is not stated as a proposal goal but is an overriding expectation of the collaborative process.

All near-term changes and long-term changes suggested by the group are included in this project.

## **Appendix C: Separate Lists of Outcomes**

### **Mental Health:**

- Improved mental health outcomes.
- Decrease in no-show rates.
- Increased referrals.
- Increased early identification.

### **Education:**

- Students have successful school experiences.
- Increase in school attendance.
- Increase in knowledge regarding mental health.
- Increased tools and supports to be used in the classroom
- Decrease in disciplinary referrals

### **Youth:**

- Feel good about going to school.
- Learn something that you can use in the real world.
- No placement in residential treatment.
- Voice

### **Family Members:**

- Easy access to services.
- Partners in the process.
- Children placed first.
- Difficult behaviors handled positively in the classroom.
- Teachers and educators who understand mental illness.