

TARRANT/DENTON REGIONAL PLAN

Tarrant Area Regional School-Based Mental Health Care Plan

I. Introduction

A. History and current status of school-based mental health care in the Tarrant Region

Until recently there have been few efforts to provide mental health care in the school environment in this region. In previous years MHMR has provided some limited campus-based services, but discontinued the programs due to a variety of problems including, funding, space and attendance. Some school districts, including Arlington, Ft. Worth, Denton and Lewisville, have counseling and psychological services available to students on campus, but these services are very limited.

B. Current Operational Initiatives

Recently the Ft. Worth ISD and the City of Ft. Worth collaborated through the Mental Health Connection to obtain a SAMHSA Systems of Care grant to develop campus-based services. This is a six-year planning grant, with initial services being provided to a limited number of families at a limited number of campuses. Denton County is in the process of developing a countywide systems of care as a nonfunded TIFI site. The Mental Health Association of Tarrant County recently received notification of a two year Federal grant to develop mental health education and prevention in the schools. This project is anticipated to begin in the fall of 2003.

C. Positive Aspects of our Region

1. Burden on schools to meet children's mental health needs in the classroom may facilitate receptiveness to an evidence-based model
 - Existing school resources including counselors, occupational therapists, psychologists

- Strong services and reputation of Communities in Schools in this region
2. Rich variety of higher education resources such as Texas Wesleyan University, the University of North Texas and the University of North Texas Health Science Center, Texas Christian University, the University of Texas at Arlington, Tarrant County Community Colleges, Texas Woman's University, Southwestern Baptist Theological Seminary, Southwestern Medical School and the psychiatric residency program at John Peter Smith Hospital
 3. Current Ft. Worth, Tarrant County and regional initiatives such as the Ft. Worth ISD/City of Ft. Worth "Community Solutions" initiative, the Mental Health Association's Youth Suicide Prevention initiative and Mental Health Education grant
 4. Growing involvement of leadership is creating opportunities to develop coordinated systems of care in children's mental health, as do existing stakeholder coalitions such as the Mental Health Connection and intensive service coordination efforts such as CRCGs and TIFI
 5. Current state and federal funding crises require a paradigm shift in the provision of services and create an opportunity to realign resources to better meet the needs of children

D. Gaps in School-Based Mental Health Care

1. Lack of priority for mental health
 - a. General cultural lack of recognition of what mental illness is and what are appropriate approaches
 - b. Prevailing stigma surrounding mental illness

2. Lack of clarity in diagnosing children's mental illness and reluctance to label children paired with requirements for a "diagnosis" for access to mental health services
3. Mental health services for children are poorly funded and there are barriers to funding and funding integration
 - a. Best practices such as the use of parent liaisons, non-clinical services and family supports are difficult to fund
 - b. Funding is often trapped in silos that are not accessible to those needing service or not available for creative solutions to most effectively and efficiently meet the needs of children and their families
 - c. The current funding crisis on the state and national levels may result in service reductions
4. Providers responsible for day-to-day interaction with children with severe mental illnesses are often working for low wages and have little or no training
5. Lack of board certified child psychiatrists
6. Little use of evidence based approaches due to lack of education among professionals and families
 - a. Lack of training for teachers in how to effectively work with children with mental, behavioral or emotional disorders and little or no training in best practices and in supporting these children in least restrictive environments
 - b. Need for follow-along training and support once training is provided to assure that it transfers to the day-to-day interactions within the classroom
 - c. With inadequate training and support within the schools, expectations of children with mental, emotional and behavioral disorders are lowered
 - d. Mental health services are inconsistently offered in schools and there is little integration with the public or private mental health systems

- e. Traditional delivery systems reign without much focus on evaluation of meaningful outcomes. Mental illnesses in children are treated as static, and the prevailing approach is “One size fits all”
 - f. Lack of general application of education/prevention/early intervention models
 - g. IDEA and 504 protections are limited, and a lack education regarding best practices may result in families pressing for services that may not be the most beneficial for their children
 - h. Individual Education Plans may be vague or may rigidly adhere to meaningless components of student occupations while missing the holistic goal of increasing student performance
 - i. Inadequate cultural competence among those working with children and families in both the schools and the community mental health providers
7. Schools are not designed for integrating models
- a. Education priorities compete with a focus on TAKS; schools focusing on test scores do not want special needs children in regular classrooms
 - b. Bias regarding mental illness and little tolerance of individual differences
 - c. Inconsistent administrative support
 - d. Liability, confidentiality and bureaucratic procedural issues often exclude children from services and supports
8. Families and school personnel are emotionally exhausted and pushed to the limits of their time and resources
9. Difficulty translating services developed in metropolitan areas with increased service options to rural areas with differing cultural and funding realities
10. Specific threats posed by special interest groups such as Scientology and Eagle Forum

E. Regional Vision for a Shared Agenda

We will have systems of care that meets the needs of each child and family and organizes resources into a coordinated, community based, integrated network using evidence-based practices. We see a clearinghouse for best practices that offers choices to individual school districts and stakeholders as well as training and follow along support through a centralized coordinator who can build the relationships required to attract and sustain participation among diverse school districts.

1. Create an inclusive process to develop additional planning and implementation initiatives
2. Present evidence based models to a variety of stakeholders in the region
3. Adopt a model or models for implementation depending upon the needs of the individual ISD that includes a continuum of mental health care including education, prevention, early intervention, coordinated campus based services and crisis intervention
4. Provide support and training for implementation and follow through

II. Near Term Changes

A Goal One: Advocate for state support of plan to include regional coordinators to facilitate development of regional networks, clearinghouse for best practices, and processes for training and support.

1. Strategy One: Complete regional plan and submit to state level School Mental Health Grant team with recommendations for regional coordination to broaden regional network and bring in area school districts, develop clearinghouse for best practices and develop processes for training and support.
 - a. The Mental Health Association of Tarrant County and Denton County

Federation of Families are responsible stakeholders, with oversight from aggregate group of regional participants listed in Appendix A.

- b. This will be reviewed by the regional stakeholder group and turned in to state team by June 20, 2003.
- c. Our team found the process of developing the Ft Worth plan valuable in building relationships and thinking through building a process that would allow the dissemination of best practices in school based mental health throughout our region. We also determined that none of those present had the capacity required to build relationships with the 75 school districts in our region in addition to our current roles and responsibilities. We determined the need for a Regional Coordinator to take the leadership role in development of network and training. Regional coordination of this effort will allow for increased inclusion of stakeholders in the process and increased buy-in for school mental health.
- d. The coordination of the school based mental health initiative would build opportunities for collaborative relationships between stakeholders, including family members, providers and school districts. Children and families will benefit from increased access to evidence based practices throughout the region, extending these beyond the limited scope of current initiatives. Regional coordination would facilitate communication and increased networking throughout the service delivery systems as well as access to increased training and support in evidence based practices. The community benefits from increased school attendance and performance as well as the increased health of it's most valuable resource, it's children.

B. Goal Two: Establishment of clearinghouse for evidence based practices

1. Strategy One: Regional Coordinator will provide training in models and practices

- a. The regional coordinator will coordinate efforts to operationalize evidence-based practices by developing a clearinghouse of evidence-based practices and opportunities for training and ongoing support for implementation.
- b. The timeline is dependent upon state implementation and coordination of a statewide plan.
- c. Changes include increased networking and communication among stakeholders, increased use of effective practices and therefore improved outcomes.
- e. The service delivery system will be impacted dramatically with increased training and supports, more efficient and effective use of resources. More remote stakeholders will have access to knowledge gained in initiatives within the local region as well as across the country with significantly reduced cost versus traveling beyond the region which is often cost prohibitive. Ongoing networking with a coordinated network of stakeholders will assure individualized service delivery and support adheres to best practices over time.

III. Long Term Improvements

A. Goal One: Supporting children's access to evidence based practices in mental health through education and training of families and stakeholder and application of evidence based practices in their community schools will increase the efficiency and effectiveness of services and supports.

1. Strategy One: Assess local and state policy, legislation and funding needs to address support for development of school based systems of care. Identify enabling legislation and develop and implement coordinated advocacy strategy.

- a. Regional Coordinator in conjunction with local advocacy groups (Mental Health Association, Federation of Families) will investigate successful strategies in other states, coordinate information and action network.
- b. This work needs to begin in the near term with investigation and planning. As the Texas legislature meets every other year and this session has just concluded, strategies need to include off year visits to individual legislators, and networking with other advocates across the state to develop a coordinated message and ensure complete coverage of legislators across the state with visits from constituents. 2004 is an election year and candidates need to be researched and their positions on children's mental health made clear and public prior to November. By the start of the 2005 Legislative session, local and state advocates need to have initiated enabling legislation and garnered supporters in both houses.
- c. Legislative changes will enable support for flexible funding, collaboration among agencies, inclusion of family and youth voice and funding for the inclusion of best practices such as use of parent liaison and advocates within the school and mental health settings as well as the integration of children's mental health services within schools.
- d. Outcomes will include
 - integration of funding streams for flexible funding and natural community supports,
 - requirements for training in best practices in children's mental health,
 - effective classroom management strategies and in effectively supporting inclusion in least restrictive environments for teachers, support staff and other professionals

- provision of related services in schools and supports already allowed under federal IDEA legislation to facilitate educational success on par with children with other disabilities
2. Strategy Two: Regional Coordinator will investigate and develop a plan to sustain development of school based mental health training and stakeholder development and training.
 - a. Regional coordinator will be responsible for development of funding resources as well as local resource development. They will take advantage of numerous grant resources from local foundations, programs and government sources, local wrap around training available through the Mental Health Connection and Community Solutions, active family, consumer and advocacy groups in the region. They will work with local strengths such as the history of collaborative relationships in Tarrant County and other area developing collaborative structures that are inclusive of both family and other stakeholders.
 - b. This will be an immediate priority with the creation of the Regional Coordinator position.
 - c. The sustenance of funding for training and program development benefits all regional stakeholders by assuring ongoing school mental health supports and continuity of service delivery.
 - d. Stable funding for training and development assures resources to tailor individual models according to the diversity of our region, enabling the creative matching of the difficulty in transferring what works in metropolitan areas that have substantial service options, funding and established collaboration efforts with individually crafted services and supports in rural

areas which may have different cultural, service and funding realities as well as specific unique strengths.

3. Strategy Three: Implement systems change to support increased strengths based, collaborative support across stakeholders and families for children with emotional, behavioral or mental disorders and therefore increase functional outcomes with:
 - increased school performance,
 - increased community inclusion
 - fewer restrictive placements
- a. The regional coordinator will be responsible for coordination of information, training and follow along support for the development and implementation of evidence based practices congruent with systems of care. All stakeholders bear responsibility for change in systems that include increased inclusion of family at all levels of service development and delivery, and increased flexibility of service delivery.
- b. The timeline is dependent upon state implementation and coordination of a statewide plan.
- c. Long term improvements include increased inclusion of family, increased flexibility and individuation of service delivery, increased strengths based and child-centered intervention, earlier intervention along the continuum of care, improved outcomes.
- d. Outcomes include:
 - Inclusion of family throughout child serving systems will ground practice in meaningful outcomes and bolster children's most important and lifelong resources

- Increased flexibility and individualization of service delivery will produce improved outcomes for children, families and communities and result in service delivery that is relevant to the occupations and roles of children and supports their inclusion within and contribution to their communities
- Building collaborative continuums of care that seek to adhere to evidence based practices will reduce the intensity of overall service need in individuals by seeking to intervene as early as possible with general prevention, targeted early intervention, strengths based and family and child centered interventions
- By intervening as early as possible on the continuum children and their families will be supported within their community and utilize less restrictive and less expensive services

The Tarrant Area Regional School-Based Mental Health Care Plan is centered on systems of care. With the current reorganization of Texas state government and cuts in funding across agencies supporting children, we must evaluate these changes on the mental health system and take advantage of opportunities in the shifts in service delivery to shore up children's mental health service delivery rather than allow it to slide into further decline. Living in the 52nd state in the nation in terms of public mental health funding requires a creative and innovative response to the needs of our children. We intend to support children in building a community, school and family foundation for their lifelong participation in and contribution to our society. We have begun to address the issues of this diverse region with a plan which includes training, flexibility in local choice of models and the creation of a structure to provide follow along matched to local choices within evidence based practices.

IV Appendices

Appendix A

Composition of stakeholders on the Tarrant Regional Team

Phyllis Gandy, Region XI Education Service Center

Claudette Fette, Denton County Federation of Families

Roxanne Martin, Federation of Families

Lauralee Harris, Mental Health Association

Kirstin Painter, Tarrant County MHMR

Kathryn Everest, Ft. Worth ISD

Dr. Vincent Ramos, University of North Texas

Sally Schultz, Texas Woman's University

Mary May, Birdville ISD

Maggie Dodd, Denton ISD

Virginia Gallian, Denton ISD Board of Trustees

Suzanne Metzgar, parent

Vicki Warren, City of Ft. Worth/Ft. Worth ISD Community Solutions

We expanded the Stakeholder group only slightly over the original team due to time constraints. If we had six more months we would easily have had a Regional Team that would include at least twenty different groups. The interest has been high, but many have had trouble working the meetings into their current schedule. This problem would have mitigated given a few more months. However, the response we have received to date has been encouraging, and indicates excellent participation for future efforts.

Appendix B

Regional Planning Process

The Tarrant Regional Team met every other week, beginning March 13. Minutes of the meeting were emailed to all interested people. The Team used the following structure to develop the Tarrant Regional Plan:

1. Review of Action Planning for Regional Teams activities as identified by the State Planning Team – meeting one
2. Identification of Stakeholders who might wish to participate now and at a later date. Team members were assigned to contact those stakeholders – meeting one
3. Creation of email list of stakeholders who indicated a desire to participate or to be kept informed of the progress of the plan – meeting two
4. SWOT Analysis (Strengths/Weaknesses/Opportunities/Threats)– meetings two and three
5. Assignments to draft sections of the Regional Plan – meeting three
6. Review of Draft Plan – meeting four

Appendix C

Outcomes identified collaboratively by stakeholders

- Increased capacity for development of regional networks
- Increased cultural competence among providers and systems
- Increased opportunity to build collaborative relationships between stakeholders, including family members, providers, school districts and community
- Family and child centered service delivery
- Increased use of family liaison and non-clinical supports, family at all levels of development and implementation of service delivery
- Increased communication between stakeholders
- Increased use of natural and ancillary community resources
- Integration of funding streams for flexible funding and natural supports
- Increased individualization of service delivery, increased creative and adaptive responses throughout systems
- Increased community inclusion
- Reduced duplication of service and more efficient service delivery
- Reduced restrictive placements
- Clearinghouse for best practices
- Processes for training and follow along support to implement best practices
- Increased access to training in best practices for rural providers
- Generation of models incorporating best practices but creatively tailored to the strengths of individual schools and local needs
- Increased opportunity to access best practices for children and families
- Increased school attendance and school performance, increased expectations of children with emotionally or behaviorally disordered labels

- Increased use of effective classroom management strategies effectively supporting inclusion in least restrictive environments
- Increased productive use of IDEA, individual education plans that reflect child and family choices and are clear and useful to school staff, that meaningfully measure student performance
- Clear strategies for coping with crisis that respect everyone involved
- Increased knowledge of psychiatric symptoms and effective coping strategies across stakeholders, increased tolerance of individual differences
- Increased effective use of related services to support school performance
- Increased physical and mental health of children and families
- Increased access to mental health supports, earlier in acuity with reduced reliance upon specific diagnoses or levels of acuity to access support
- Increased use of prevention and early intervention practices to reduce need for and acuity levels of children served in more intensive services along the continuum