

*A short history of SC DMH School-Based Services
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1991-2007*

**SC DMH School-Based Services in the Context of System of Care Development:
Building Bridges between the Home, School, & Community**

The History of School Mental Health Services in South Carolina

In South Carolina, the Department of Mental Health (SCDMH) and the Division of Children's Services have taken a stance to develop a seamless, statewide system of services for children and families that are family-focused, community-based and culturally competent. SCDMH has been instrumental in developing the vision of coordinated system of care since as early as 1991. Community needs and lack of access to mental health services initiated SC DMH to investigate methods in which mental health services could be implemented in schools for children and families. In 1993 the first full-time school-based mental health (SBMH) program was developed in Simpsonville at Bryson Middle School as a pilot project of Piedmont Center for Mental Health Services. From 1994-1997 six SBMH pilot projects were developed and as a result it was determined that services to children and families were provided more effectively and efficiently in schools.

Since 1993 the SBMH program has grown from one school to over 500 schools. In July 2001 the state experienced the beginning of budget deficits and the SBMH program lost 60+ schools. Through extensive efforts to obtain alternative funding streams (grants, foundations, contracts) many new state and local partnerships have been formed and the school-based program has regained the schools lost and added many mental health programs in schools. Through the many efforts of state and local advocates the number of SBMH programs has grown even during the difficulties posed by the budget deficit. The school-based mental health project continues to grow due to the many school district and community partnerships across the state.

In 2003 the state department of education (SDE) committed funding for five new SBMH pilot sites in rural schools in an effort to increase mental health services and prevention programs in rural schools. These projects have been maintained and are providing essential prevention and early intervention services in schools. As a result, SDE has funded two additional sites for FY 2007.

SCDMH is committed to continue to seek funding streams and develop partnerships in order to increase the number of schools with SBMH programs in order to serve the children and families more effectively in our state.

System of Care in South Carolina

The process of developing a vision for a coordinated system of care evolved in 1999 through the Governor's Safe Schools Task Force targeting evidenced-based violence

prevention initiatives. State and non-profit organization partnerships have been strengthened to focus on the system of care goals and objectives to: 1) Improve clinical outcomes; 2) Cost-share/maximize resources; 3) Promote culturally appropriate community-based interventions; 4) Promote evidence-based practices through training professionals/organizations, developing programs that have proven effective with youth and are outcome driven, and funding programs that have proven effective for youth; and 5) Decentralize crisis/acute care services.

Focusing on What Works

Within this context, the Governor's Safe Schools Task Force assessed activities and strategies already in place in the state proven to decrease and/or prevent youth violence. A review of evidence-based programs and outcome data were used to determine the additional resources needed in SC to address youth violence. The results of the task force produced the following goals:

- ✓ Implement more school-based prevention strategies/programs.
- ✓ Increase community involvement in preventing youth violence.
- ✓ Identify high-risk students for committing assaultive/violent behavior and provide effective intervention/treatment strategies.
- ✓ Improve the system's overall effectiveness through increased coordination of policy development, training and technical assistance.

Why choose school-based services?

South Carolina chose school-based services as one mechanism for offering coordinated and evidence-based services within the system of care with several goals in mind.

- To increase the accessibility of mental health services for children and families in need of these services in a non-stigmatizing environment.
- To provide mental health programs that address early intervention and prevention services for schools and the community.
- To provide consultation for teachers and other school staff on mental health issues.
- To increase partnerships between the school and community which promote emotional health.

These goals are part of the reason why school-based services work for SC. Mental health services are provided under DMH confidentiality guidelines by mental health professionals (MHP), at the school (a non-stigmatizing environment), as requested with no appointment necessary.

School-based services: From research to practice

SCDMH guides communities/schools interested in implementing school-based programs through several important planning steps necessary for a successful partnership and the selection of an appropriate, community-specific, violence prevention initiative as outlined below.

- Contact the local community mental health center to set up meetings with the Director and Children Services Director
- Develop a community advisory team to assess the community/school's strengths and needs
- Outline the anticipated benefits of providing mental health services for the community/school
- Assess the population to be served, the cost of program services, the school site, and partnership needs
- Based on needs assessment, select most appropriate prevention program (further description below)
- Establish memorandums of agreement and/or contracts between agencies

Through this process, community/school advisory teams have used resources within their community to begin early intervention and violence prevention school mental health initiatives. As needed, partnerships were also created to develop new resources within the community. After carefully researching the needs of their particular students and community, each community/school advisory team chose a model that would best suit their needs. The SCDMH and state advisory team members from the Governor's Safe Schools Task Force provided information on model programs (e.g., FAST, PACT and Youth leadership). The community/school advisory team also considered programs that had been promoted by their local school district. Each team then determined how the initiative would be implemented in the school. Usually, the principal of each school sets the tone for successful implementation of the school-based program.

The following list is a sample of programs that were used in various projects across the state depending on the intervention that the community selected:

- School-wide Bullying Program (USC Institute for Families in Society)
- Get Real About Violence, Peaceable Schools
- Seals Skills Streaming for elementary and middle schools
- Positive Adolescent Choices Training (PACT) for youth
- Families and Schools Together program in elementary and middle schools
- Peer Mediation
- Teen Screen
- Prudential Youth Leadership training
- Community Youth Leadership projects
- Partnership with Department of Health in Success in Schools Project
- Healing Species programs
- Rights of Passage programs
- G.R.E.A.T. programs through local law enforcement
- Gang awareness and intervention programs
- Youth Courts
- Drug Courts
- Juvenile Arbitration programs
- Diversion Programs with middle school youth

- Partnership with state and federal grantees: SC Department of Education: Office of Safe Schools and Youth Services and Office of Exceptional Children, SC Department of Health and Environmental Control, Safe Schools Healthy Students, Office of Juvenile Justice: SC Department of Public Safety, Substance Abuse Mental Health Services Association, and Maternal and Child Health: Adolescent Branch
- Partnerships with local non-profits such as: Federation of Families, Communities In Schools, Mental Health Association, National Association for the Mentally Ill, etc.

Benefits outweigh the challenges

As with any system change, there have been challenges encountered at the state and local level. Some of these challenges include: obtaining stakeholder participation and partnerships, limited resources, overcoming turf issues within schools and communities, understanding limits and duties of each stakeholder, and overcoming mental health stigma.

Both the state level and community level advisory teams play critical roles in creatively addressing challenges. First, *a shared vision* for all partners at the state and community levels has been imperative. Monthly meetings among advisory teams provide a vehicle for encouragement, support, and learning among the partners to share challenges and develop strategies to address the barriers. *True partnerships* have been formed to overcome the historical autonomy of schools and community agencies. A concerted effort to obtain stakeholder participation and partnerships at various levels (e.g., sharing costs and duties of a program, acceptance of a 'system of care' perspective, sharing cross-training responsibilities between agencies and professionals) takes several years and is ongoing. In a time of budget deficits, both the state and community level advisory teams work to create mechanisms to share program costs through *shared/blended funding streams*. The state level advisory team sought ways to change policy and procedures to share funding between agencies/non-profits (e.g., contracts, Memorandum of Agreements (MOA), state health/human service department policies), while community level advisory teams sought contracts and MOAs between school districts, community mental health centers, non-profits, city government, foundations, etc.

Despite these challenges, the benefits to students, families, and schools have been tremendous. In 2006, 15,894 children/youth received mental health services in schools. In analysis of best practice school-based mental health programs since 1993 we have consistently found positive outcomes for students which include: increased school attendance (96%), decrease in discipline referrals (76%), increased length of stay in family home and community programs (95%), decreased inpatient/hospitalizations (12%), and decreased juvenile justice referrals (98% remain out-of-trouble). Families and youth report positive outcomes with the school-based program and general satisfaction at 92.4%. Families have easy access to service, to teachers, and to student assistance teams; crises episodes are handled immediately; and treatment durations have

decreased. Schools have a MH counselor on site to handle crises episodes and work daily with difficult students.

Currently, 282 MH professionals are located in 400+ South Carolina schools (45%). SCDMH is dedicated to the development of school-based programs and aims to provide a MHP in every school in South Carolina. The implementation of school-based services offers the opportunity for evidence-based treatment services within each community to be accessible to students, families, and schools.

Snapshot of SCDMH School-Based Mental Health Program

FY06 School-Based Services

Goal: Identify and intervene at early points in emotional disturbances and assist parents, teachers and counselors in developing comprehensive strategies in resolving these disturbances.

Features: Integrates mental health care in 400+ schools. The program includes partnerships with local schools, parents/family members, teachers/school staff, community organizations, businesses and city/county governments. The full array of mental health services is provided on site as well as prevention/early intervention programs for all students.

Outcomes: 15,894 children/youth serviced in FY 06, 60% of mental health services for children/youth are provided in schools, 3-9 months average length-of-stay, 50+ clinical contacts per student by mental health professional. Improvements include: increase school attendance (96%), discipline referral decrease (76%), behavior and life skills (74%), increased length of stay within family home and community programs (99%), decrease inpatient/hospitalizations (12%), and decrease juvenile justice referrals (98% remain out-of-trouble). Program has developed financial stability through cost-share agreements with state and local agencies, schools, non-profits and reimbursable mechanisms.

Challenge: To maintain financial support across systems and obtain start-up funding for all SC schools during state budget deficient.

