

**HOUSTON-HARRIS COUNTY PLANNING TEAM**

# Harris County School-Based Mental Health Plan

## Introduction

### *History of Collaboration*

For more than a decade Harris County Texas private/public mental health providers/agencies, independent school districts and family members have worked together in collaborative partnerships. Initial partnership planning began with the Community Resource Coordinating Group (1989) and continued with development of the Community Management Team (1991) and hiring of the Harris County Children's Mental Health Plan Director (1992). In 1991 the first school-based site was organized in Alief Independent School District to provide a wide array of school-based mental health services including individual/group therapy, case management, psychological evaluation, psychiatric services, and wraparound services. The Alief model served as the foundation for site expansion in the early to mid 1990's.

*School-based Site Expansion:* The Community Management Team (CMT) issued an annual call for district site applications. Districts were required as part of the application process to make in-kind contributions for office space, equipment and staff support. Project site awards made by the CMT were based on willingness of the district to offer in-kind support, district geographic distance from a Mental Health and Mental Retardation Family Resource Center, and existing level of collaboration within the district with other agency providers, such as Communities in Schools and Community Youth Services. Initial needs assessments with families residing in Harris County identified transportation barriers as a major issue impacting the ability of a family to access and maintain participation in mental health services. The CMT used this information to ensure that expansion sites were strategically located within outlying areas of Harris County. Five additional district sites all offering the same array of family-centered, school-based services were developed in Humble, Cypress Fairbanks, Spring Branch, Deer Park and Houston Independent School District.

*Children's Mental Health Plan (CMHP):* An early partnership was formed with Harris County Early Childhood (ECI) providers to address another family-centered service need. Data from agencies and input from families identified a significant increase in the need for early intervention including prevention-based mental health services for families with infants and toddlers demonstrating behavior and emotional problems. A seamless service model provided intervention, wraparound services, and transition planning for entry into school district preschool programs for children with disabilities. This service delivery model initiated the first and only 0-3 CMHP site in the state of Texas.

*Community Resource Coordinating Group (CRCG):* The Harris Community Resource Coordinating Group provided an additional level of interagency collaboration for children and youth requiring intensive, individualized services from multiple agency providers. The CRCG received financial support from the CMT for wraparound services to fund services for families most in need of intensive levels of support. Additional collaborative partnerships were formed with the Southwest Asian Mental Health Services Agency to allow for provision of mental health services in a culturally responsive manner. Transition planning occurred for youth moving from juvenile justice placements either within or outside the county in an attempt to ease transitions from residential or day treatment facilities to the community, home and receiving school district/campus. Early and continuing needs assessments identified high dropout rates for this population. The outcome for this level of intervention was to increase graduation rates for a sizeable group of adjudicated juveniles residing in Harris County.

*State Direction:* Legislation in mid 1990 led to changes in the structure and funding for the CMHP, eventually leading to complete elimination of district project sites. Services were centralized at Harris County Mental Health-Mental Retardation Authority Family Resource Centers.

### ***Current Operational Initiatives***

*School-based Mental Health Services:* Harris County experienced a resurgence in comprehensive school-based mental health services in the late 1990's marked by the formation of four sites in two independent school districts, Humble and Houston Independent School Districts. Sites continue to provide rehabilitation services, medication services, and service coordination. Harris County received a Texas Integrated Funding Initiative expansion site award in 2000. The award led to formation of the Harris County Integrated Funding Initiative Interagency Planning Council, an oversight board for the Harris County Integrated Funding Initiative. Alief Independent School District was selected as the expansion location based on the district history of interagency collaboration, the district's intensive bilingual parent involvement program and the district racial/ethnic composition. A local management group was formed to implement the school-based project and to secure agreements with culturally competent community-based service providers.

*Texas Behavior Support Initiative (TBSI):* In 2002, the Texas Education Agency funded the development of the Texas Behavior Support Initiative. During the 2002-2003 school year campus level core teams received training on the use of positive behavior supports for students with disabilities and learned how to build campus level capacity on the use of positive behavior interventions with all students. Focus of TBSI training is on assisting educators in developing skills to establish school wide, classroom and individual student level systems of support, as well as skills in data collection to inform campus-level decision making for program improvement. A minimum of three educators representing every campus and district in Harris County received training on how to prevent problem behavior by implementing a broad range of appropriate interventions and by

teaching important social, behavioral and academic skills. Participating campuses report a decrease in office referrals, an increase in parental participation and increased feelings of safety and security as reported by school staff and students surveys. Region IV Education Service Center continues to provide more intense training on classroom and individual student support systems and interventions.

### ***Positive Aspects***

Harris County has a long-range vision for school-based mental health services. Interagency partners work well as co-equal team members and have learned how to use in-kind services to build and enhance school-based services. A strong level of commitment for interagency school-based mental health services continues to exist in Harris County including a willingness to form strategic partnerships in an effort to secure grant funding. Consumer surveys from parents, teachers and students reflect positive outcomes resulting from school-based interventions. Six month post-treatment and post-training surveys for individual students show continued improvement in terms of school attendance, behavior and grades.

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

The dependency on state level funding, limited grant funding and business/community financial support has resulted in a number of service gaps at all of the current project sites. Current service gaps include:

- Project sites are limited in nature and all are on elementary campuses
- Wraparound services are limited or not funded
- Priority population definition creates eligibility-based services rather than needs-based interventions
- Limited after school access (evenings, weekends) to school-based offices/services results in decreased opportunity to serve families in need and to implement intervention plans
- Lack of transportation to and from service sites impacts consumers' access to after-school interventions
- Number of mental health staff (therapists, child psychiatrists, case managers) is limited
- Fund-driven treatment plans tend to dictate treatment scope, and decrease intervention time and effectiveness
- Scope of services is based on state funding rather than family-driven, site-specific needs
- Staff turnover produces confusion for school sites and interrupted interventions for families
- Staff development for educators on mental health prevention-based programming, interventions for children and youth with severe

- behavioral/emotional needs, and how to effectively access and utilize school-based mental health services is needed
- Staff development for mental health providers is needed to increase knowledge of how to work in a school-based setting and of Positive Behavior Support Systems

### ***Harris County Vision for School-Based Mental Health Care***

Harris County strives to create an accountable, collaborative, community-based system of mental health services for children and their families. Services will be family-focused and child-centered, and will address the provision of all mental health services necessary for children's mental health. The programs will exemplify a collaborative effort of state child-serving agencies, local community-based providers with oversight by project site management boards consisting of community providers, site specific agency representatives, families and business partners. A board consisting of agency administrators, families who are consumers, private child-serving agencies, and business leaders will provide leadership and oversight for the entire plan.

### **Near-Term Changes: Goals and Strategies for Local/Regional Implementation**

The regional planning team defined near-term changes as strategies that could be implemented and achieved within one year. One goal consisting of three near-term strategies was identified by a regional team review of current project sites and confirmed by needs assessment data provided by parent interviews, site project summaries and a Harris County Town Meeting on May 6, 2003.

- Goal: Fill in service gaps at current project sites
  - Stakeholders: Project-specific agency partners, families, and community members
  - Timeline: One year for all strategies
- Specific Near-Term Change One: Project Sites
  - Increase access to services by providing extended service hours in the evening and on Saturday morning
  - Increase number of agency or contract service community-based providers
  - Provide staff development for school personnel on early recognition of mental health conditions
  - Provide staff development for service providers on positive behavior support systems
  - Open intake services on all project sites
- Specific Near-Term Change Two: Funding
  - Develop site teams to explore funding opportunities

- Secure additional service providers for consumers who do not qualify for MHMR services, i.e., Baylor College of Medicine Interns, University of Houston School of Social Workers Interns
- Specific Near-Term Change Three: State Level
  - Address Community Charges Rule: Eliminate financial assessment requirement for service access
  - Address Community Charges Rule: Offer on-site financial assessments until requirement is eliminated
- Expected Near-Term Outcomes: Project Sites
  - Children and Youth will have timely access to mental health services including prevention-based interventions
  - Families will experience increased access to services, direct input for intervention planning and access to joint trainings with service providers
  - Local/Regional Service Delivery System quarterly service system reviews will lead to continuous service delivery improvement resulting in improved outcomes for families, children and youth; additional grant funds will be secured, in-kind services will increase. Campus sites will see improved school attendance and grades, decreased discipline referrals for children and youth receiving interventions.
  - Community awareness of prevention-based mental health services will increase through the provision of targeted communication from project sites to community stakeholders

### **Long-Term Strategies: Goals and Strategies for Local/Regional Implementation**

The regional planning team defined long-term changes as strategies that could be implemented and achieved within three years. One goal consisting of two long-term strategies was identified by regional team review of current project sites and confirmed by needs assessment data provided by parent interviews, site project summaries and a Harris County Town Meeting on May 6, 2003.

- Goal: Secure funding for site expansion from elementary campuses to feeder middle school campuses in the Humble, Houston and Alief Independent School Districts.
  - Stakeholders: Oversight board consisting of agency administrators, families who are consumers, private child-serving agencies, and business leaders
  - Timeline: Three years for all strategies
- Specific Long-Term Change One: Secure grant funding for site expansion and matched local funding for site maintenance

- Expected Long-Term Outcome: Site Expansion
  - Children, youth and families will have access to and receive seamless school-based mental health services on elementary and middle school campuses that are strategically located in three independent school districts representing diverse geographic areas in Harris County, i.e., far northeast, central and far southwest
  - Regional service delivery systems will expand within existing sites to include middle school campuses increasing access to services for educators serving children and youth. Educators and agency partners will collaborate to provide prevention-focused mental health services. Middle school educators will learn how to recognize early warning signs of mental health needs and will have access to school-based mental health services. Agency service providers will gain skills in the provision of mental health interventions in school-based sites.
  - Community awareness of prevention-based mental health services will expand to larger segments of Harris County and will provide the foundation for future partnerships for in-kind and direct financial support. The stigma associated with mental illness will decrease as awareness levels are heightened.
  
- Specific Long-Term Change Two: Secure transportation for the provision of evening and Saturday morning services through the provision of in-kind transportation services for all expansion sites.
  
- Expected Long-Term Outcome: Transportation Expansion
  - Children and youth will experience increased access to services and decreased time away from the educational component of the school day
  - Families will have decreased time away from work and increased opportunities to participate in intervention plans, including educational opportunities
  - Local/Regional partners, i.e., will have increased opportunities to meet with service providers and increased time to provide uninterrupted educational services
  - Community members will have increased opportunities to access open trainings offered at expansion sites.

## **APPENDIX A: STAKEHOLDERS**

### **Project Team:**

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| <ul style="list-style-type: none"> <li>• Gloria Beckham</li> <li>• Mike Box</li> <li>• Leslie Gerber</li> <li>• Linda Lamb</li> </ul> | <ul style="list-style-type: none"> <li>Harris County Department of Education</li> <li>Region IV Education Service Center</li> <li>Houston Mental Health Association</li> <li>Parent Representative – National Association for the</li> </ul> |
|---|--|

- Patricia Sibley                      Mentally III  
Harris County Mental Health/Mental Retardation Authority
- Jackie Townsend                    Region IV Education Service Center

**Stakeholders:**

Participants in Region IV Education Service Center Systems of Care Round Table Discussion:

- Brenda Addison                    Texas Juvenile Probation Commission
- Connie Almeida                    Texas Mental Health/Mental Retardation
- Cheryl Barker                      Spring Independent School District
- Dede Drexler                        Spring Independent School District
- Ann Gibbons                        Humble Independent School District
- Mary Gustafson                    Humble Independent School District
- Gwen Hanson                       Humble Independent School District
- Deena Hill                          Alief Independent School District
- Grace Jennings                  Houston Independent School District
- Linda Lamb                         Parent Representative  
National Association for the Mentally III
- Susan Luethold                    Humble Independent School District
- Susan Marsh                        Houston Independent School District
- Belinda Price                      Assistant to District Attorney, Steve Raddick, Precinct 3
- Belkis Weatherly                  Houston Independent School District
- Elaine Wilkerson                  Humble Independent School District

Participants in Region IV Education Service Center Harvard Collaborative Conference – *Educating Our Most Challenged and Challenging Youth* – Texas Panel Discussion

- Brenda Addison                    Texas Juvenile Probation Commission
- Paul Anderson                      Texas Juvenile Probation Commission
- Sally Arthur                         Humble Independent School District
- Lawrence Baker                    Hitchcock Independent School District
- Cheryl Barker                      Spring Independent School District
- Jamie Bird                          Harris County Juvenile Justice Charter
- Mike Box                             Region IV Education Service Center
- Nancy Breunig                      Humble Independent School District
- Chris Bristow                      Lamar Independent School District
- Vernon Broussard                Texas Youth Commission

Participants in Region IV Education Service Center Harvard Collaborative Conference – *Educating Our Most Challenged and Challenging Youth* – Texas Panel Discussion (continued)

- Cindy Brown                        Katy Independent School District
- Beverly Brown                      Region IV Education Service Center
- Melissa Buford                      Humble Independent School District
- Jeanine Smith                      Cypress-Fairbanks Independent School District
- Kathryn Cook                       Region IV Education Service Center
- Karen Crone                         Region IV Education Service Center
- Carla Ducrois                        Houston Independent School District
- Jerry Gerlach                        Alief Independent School District

- Ann Gibbons Humble Independent School District
- Deloris Golden Aldine Independent School District
- Mary Gustufson Humble Independent School District
- Virginia Haas Rosedale School
- Gwen Hanson Humble Independent School District
- Deena Hill Alief Independent School District
- Michelle Hollander Parent Representative, Harris County CRCG
- Peggy Hood Humble Independent School District
- Marguerite Horney Region IV Education Service Center
- Grace Jennings Houston Independent School District
- Mary Kirksey Aldine Independent School District
- Linda Lamb Parent Representative, National Association for the Mentally Ill
  
- Susan Marsh Houston Independent School District
- Gay McAlister Region VII Education Service Center
- Lillian McClaney Houston Independent School District
- Mike Mize Cypress-Fairbanks Independent School District
- Georgia Moore Houston Independent School District
- Deborah Nance Texas Youth Commission
- Forest Novy Texas Youth Commission
- Susan Parker Region IV Education Service Center
- Belinda Price Assistant to District Attorney Steve Raddick, Precinct 3
- Tom Ray Region IV Education Service Center
- Mary Margaret Salls Region XIII Education Service Center
- Theresa Shattuck Dallas Independent School District
- Ron Simmons Hitchcock Independent School District
- Ellen Stack Region IV Education Service Center
- Carol Terracina Klein Independent School District
- Brenda Thompson Heights Charter School
- Ellen Verret Fort Bend Independent School District
- Belkis Weatherly Houston Independent School District
- Elaine Wilkerson Humble Independent School District
- Luvora Williams-Wright Houston Independent School District
- Margaret Zimmer Alief Independent School District

Participants at Harris County Town Hall Meeting: Integrating Mental Health Care in the Little Red School House

- Judge Mary Craft
- Susan Marsh Houston Independent School District
- Barbara Sewell Parent Representative
- Dr. Robbie Sharp Psychologist, Baylor College of Medicine
- 9 Staff Houston Independent School District
- 6 Parents

## APPENDIX B

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The Harris County regional school-based mental health planning process occurs across multiple interagency child-serving groups, i.e., Harris County Community Resource Coordination Group, Harris County Mental Health and Mental Retardation Authority-Independent School District Partnerships, and the Harris County Integrated Funding Initiative, etc. Core team planning follows a consensus decision-making process consisting of needs assessments, stakeholder meetings to gain input and formulate plans, and core team meetings to finalize implementation plans. Formative core team meetings occur during plan implementation; stakeholder groups convene for data gathering, needs assessment updates and formative/summative plan evaluation.

Regional team planning for the School-Based Mental Health Plan Report followed the same process, however, timelines prohibited the formation of large stakeholder group meetings. Team members obtained input by convening smaller groups, conducting parent surveys and obtaining plan summaries from current school-based mental health project teams. The regional planning team used this input to develop near-term and long-term changes for the Harris County and for individual project sites.

# APPENDIX C: OUTCOMES

## EDUCATION

NEAR TERM	LONG TERM
<ul style="list-style-type: none"> <li>• Improve access to outside referral sources</li> </ul>	<ul style="list-style-type: none"> <li>• Improve knowledge and skills for educators concerning interagency collaboration</li> </ul>
<ul style="list-style-type: none"> <li>• Increase appropriate referrals of students to Local Education Agency (LEA) Special Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Improve cultural competence of educators</li> </ul>
<ul style="list-style-type: none"> <li>• Increase knowledge and skills on effective interventions for students with challenging behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Improve systems of supports available to students and staff</li> </ul>
<ul style="list-style-type: none"> <li>• Improve transition services for students from day, residential and hospital placements</li> </ul>	<ul style="list-style-type: none"> <li>• Move districts response from a crisis to a prevention mode</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce placements in more restrictive placements</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce duplication of services</li> </ul>
<ul style="list-style-type: none"> <li>• Improve communication among all collaborators</li> </ul>	<ul style="list-style-type: none"> <li>• Increase knowledge among educators of symptoms and interventions for mental illness</li> </ul>
<ul style="list-style-type: none"> <li>• Explore grant opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Secure grant funding</li> </ul>

## MENTAL HEALTH

NEAR TERM	LONG TERM
<ul style="list-style-type: none"> <li>• Improve efficiency and effectiveness of case management services</li> </ul>	<ul style="list-style-type: none"> <li>• Improve cost effectiveness of service delivery system</li> </ul>
<ul style="list-style-type: none"> <li>• Improve parent/family involvement in services</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease barriers to services for consumers</li> </ul>
<ul style="list-style-type: none"> <li>• Improve outcomes for consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Identify gaps in the service delivery system</li> </ul>

## YOUTH

NEAR TERM	LONG TERM
<ul style="list-style-type: none"> <li>• Decrease stigma associated with receiving services</li> </ul>	<ul style="list-style-type: none"> <li>• Benefit from earlier and less intrusive interventions</li> </ul>
<ul style="list-style-type: none"> <li>• Improve match of services to student needs</li> </ul>	<ul style="list-style-type: none"> <li>• Improve long term functioning and quality of life for students</li> </ul>
<ul style="list-style-type: none"> <li>• Access services in less restrictive settings and less intrusive ways</li> </ul>	

## FAMILY MEMBERS

<b>NEAR TERM</b>	<b>LONG TERM</b>
<ul style="list-style-type: none"> <li>• Empower families to assume facilitation of service delivery (wrap-around process)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of families with successful outcomes</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce financial cost and time needed to access services</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of families who can assist other families accessing systems of care</li> </ul>
<ul style="list-style-type: none"> <li>• Reduce stigma to entire family concerning mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce family stress associated with mental illness</li> </ul>