

Ohio Registry of Effective Practices

School/Community Mental Health Services Program

Schools: This collaborative serves 110 schools in the Cleveland Metropolitan School District

School Districts: Cleveland Metropolitan School District

Partnering Agencies: Cleveland Metropolitan School District; Cuyahoga County Community Mental Health Board; Applewood Centers, Inc.; Beech Brook; Bellefaire Jewish Children's Bureau; Berea Children's Home and Family Services; Children's Community Access Program; Cleveland Christian Home; Murtis H. Taylor Multi-Service Center; Fairview Hospital; Collaboration with The Center for Community Solutions; Alcohol and Drug Addiction Services Board of Cuyahoga County; Positive Education Program-Tapestry; Kent State University.

Contact Persons and Contact Information:

Phone: 216-241-3400 ext. 718

Email: scherer@adamhsc.org

Address:

Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County
2012 W. 25th Street
Cleveland, Ohio 44113

Available for Program Consultation: Yes, David Hussey, Kent State University

Available for Presentations/Workshops: Yes, David Hussey, Kent State University

General Program Overview:

The School/Community Mental Health Partnership provides in-school mental health assessments, individual and group counseling, consultation, and prevention services. These services are provided throughout the Cleveland Metropolitan School District by agency mental health workers from the following seven agencies: Applewood Centers, Inc., Beech Brook, Bellefaire Jewish Children's Bureau, Berea Children's Home and Family Services, Children's Community Access Program, Cleveland Christian Home, and the Murtis H. Taylor Multi-Service Center. Representatives from all of the collaboration partners (listed above under "Partnering Agencies") meet together monthly to share information, address any issues that have arisen regarding care coordination and service provision, and develop and implement new procedures. These monthly meetings also provide an opportunity for the collaborative to evaluate programming, share information regarding the needs of individual schools, and explore methods for improving collaboration, service delivery, and outcomes for children, schools, and families.

This program serves urban students of all ages who are at risk for or have social, emotional, and/or behavioral problems by providing prevention services, assessment, consultation and treatment. Students are referred by teachers, school administrators, school staff, parents, or

themselves. The seven community mental health agencies listed above provide the actual clinical services and consultation. Each agency serves a specified subset of schools and devotes between one to three mental health interventionist specialists to each school. Consultation services include in school trainings on de-escalation techniques or behavior management. Individual assessment and intervention services, as well as group interventions services (e.g., self-esteem building groups) are provided. Specific consultation and group services vary from school to school and are developed as a result of requests from school personnel and families. Mental health emergency response services are also provided in collaboration with the CMSD Crisis Team for students being seen by the mental health intervention specialists, as well as case management (Community Psychiatric Supportive Treatment, CPST) and referrals. Agency staff engage with school personnel at the beginning of each school year to explain services and the referral process. The agency mental health intervention specialist remains part of the school team and attends school team meetings throughout the year. During the summer months, home-based services are provided to students who have been seen in the school during the school year, which helps to maintain family engagement in treatment.

This model encourages and builds capacity for teamwork and collaboration among external providers and internal school personnel, including teachers, school administrators, social workers, school psychologists, and pupil services staff for referrals and follow up. This model of collaborative service provision is evident at every level of this program and service providers view their roles as being more than the provision of clinical services but enhancing communication and collaboration across all stakeholder levels. A steering committee comprising representatives from the Cleveland Metropolitan School District, the Cuyahoga County Community Mental Health Board, and The Center for Community Solutions provides ongoing leadership, and representatives from all partner agencies meet monthly to improve care and coordination.

This program was initially developed in 1999 through a federal Safe Schools/Healthy Students grant. It was initially piloted in twenty Cleveland schools, and has developed into a district wide program. Group programming continues to develop along with more sophisticated outcome evaluation, as well as integration of this model with the Ohio Integrated Systems Model. The School/Community Mental Health Services Program is part of the Cleveland Metropolitan School District Premier Health Plan, approved by the CMSD Board of Education in 2002.

[Back to Top](#)

Evidence of Effectiveness:

The School/Community Mental Health Services (SCMHS) Program was evaluated by Kent State University's Institute for the Study and Prevention of Violence (ISPV). Outcomes were evaluated for the 2006-2007 school year. This was a quantitative evaluation that utilized the Ohio Youth Problem, Functioning and Satisfaction Scales (Ohio Scales)-short form (Ogles, Melendez, Davis, & Lunnen, 2000). This scale measures the perspectives of youth, parent or primary caretaker, and agency mental health clinician on youths' mental health outcomes. The following areas are evaluated using this scale: problem severity, functioning, satisfaction, and hopefulness. Agency workers also complete the Restrictiveness of Living Environments Scale (Hawkins, Almeida, Faby, & Reitz, 1992), and provide a report of "the number of times in the past 90 days that youth were arrested, suspended from school, missed school, spent days in detention, or engaged in self-injurious behavior" (Hussey, & Fruth, 2008). School faculty and staff were also asked to rate their satisfaction with the mental health services provided in their school during the 2006-2007 school year.

The evaluation sample for the 2006-2007 school year included 1,381 students who received School Community Mental Health Services during the 2006-2007 school year. Students were administered the Ohio Scales as a pre-test at the start of the school year with a post-test administered near the end of the school year. Evaluations conducted during the 2006-2007 school year revealed significant improvements across multiple measures associated with interventions provided by the School/Community Mental Health Services Program. Problem severity decreased significantly according to the youth (pre-test $m=20.77$, post-test $m=17.65$), parent (pre-test $m=26.17$, post-test $m=23.28$), and worker ratings (pre-test $m=26.05$, post-test $m=22.32$). All three groups – youth (pre-test $m=57.14$, post-test $m=59.18$), parents (pre-test $m=46.70$, post-test $m=48.19$), agency workers (pre-test $m=43.88$, post-test $m=45.93$) - rated youth functioning as significantly improved. Scores on the hopefulness scale and satisfaction scale significantly improved for parents only (pre-test $m=10.27$, post-test $m=9.49$), and not for youth.

The evaluators conclude that “the 2006-2007 Ohio Scales outcome analyses demonstrate positive results for youth who received services, as statistically significant improvements were found across all three raters for problem severity and behavioral functioning” (Hussey & Fruth, 2008).

Results of the faculty and staff satisfaction surveys indicated that faculty and staff were satisfied with provider demeanor. Many respondents praised both provider demeanor and rapport. Of non-teaching staff, 93% were satisfied with provider communication, and 95% with the service provider overall. Of teachers, 87% reported satisfaction with mental health services provided to their own class and with provider communication, while 90% reported satisfaction with the overall mental health service provider. These results indicate a high level of satisfaction with mental health services provided overall.

[Back to Top](#)

Capacity and Resources:

During the 2006-2007 school year, the School/Community Mental Health Services Program provided services to 3000 youth as well as providing consultation and prevention throughout the Cleveland Metropolitan School District. Seven mental health agencies provide school-based mental health services through their contracts with the Cuyahoga County Community Mental Health Board (Fairview Hospital serves one school through a special grant), and these services are provided in 110 Cleveland Metropolitan schools. Of the students served, 80% are Medicaid eligible, and the Mental Health Board maintains a commitment to provide services to students without mental health insurance and to provide services (consultation, prevention) not billable to Medicaid or insurance.

[Back to Top](#)

Family Partnerships:

At the beginning of each school year and throughout the year, mental health agency staff work to engage parents in programming decisions and in their child’s individual treatment interventions. Agency staff attend school fairs to engage with parents and explain the range of services offered during school open houses. A parent “round-up” also takes place on Saturdays during which time

parents, school administrators, and agency staff get to know each other and understand the range of services offered. Agency staff also participate in community and family forums conducted by the school district several times throughout the school year. Parents are always consulted and included in children's assessments, interventions, and treatment planning.

The "School-Based Mental Health Services Outcome Evaluation" by Kent State includes a section that measures parents' experiences of this program and parent satisfaction. In the most recent evaluation, parents rated their children's functioning as improved and their own sense of hopefulness as improved following intervention by the School/Community Mental Health Services Program. Parents were also asked to rate their satisfaction with mental health services and with inclusion in their child's treatment. Parent satisfaction improved over the course of the 2006-2007 school year.

Recently the School/Community Mental Health Services Program has begun to work on increasing outreach to parents and on recruiting parent representatives for the monthly partnership meetings. Although no parents currently engage at the level of the monthly meetings, the partnership is committed to engaging parents. NAMI Greater Cleveland representatives participate in a countywide school-based mental health committee that includes members of this program.

[Back to Top](#)

Community Partnerships:

The principle structure of the School/Community Mental Health Services Program is that of a collaborative and active partnership between many agencies, groups, and stakeholders. This partnership includes: the Cleveland Metropolitan School District; Cuyahoga County Community Mental Health Board; Contract Agencies – Applewood Centers, Inc., Beech Brook, Bellefaire Jewish Children's Bureau, Berea Children's Home and Family Services, Children's Community Access Program, Cleveland Christian Home, Murtis H. Taylor Multi-Service Center; Fairview Hospital; The Center for Community Solutions; Alcohol and Drug Addiction Services Board of Cuyahoga County; Positive Education Program-Tapestry. This program is evaluated by Kent State University's Institute for the Study and Prevention of Violence, also a Program partner. Sustaining and building community partnerships is one of the central components of this Program. The School/Community Mental Health Services Program is also actively working on the recruitment of family and consumer representatives to participate in monthly partnership meetings.

[Back to Top](#)

Sustainability Plan:

This program currently relies on funding from the Cuyahoga County Community Mental Health Board and third party reimbursement, and will continue to be funded in these ways. Additionally, the School/Community Mental Health Services Program has received funding from the Cuyahoga County Family and Children First Council. This has allowed them to evaluate program outcomes, to evaluate group programs, and to maintain their level of service provision during a period of funding reduction. The School/Community Mental Health Services Program will continue to pursue funding through the

Cuyahoga County Community Mental Health Board and through grants from state and federal Departments of Education.

All of the partners in this collaboration review grant opportunities, share resources and communicate with one another regarding possible funding opportunities. At times, school district funding has supplemented the partnership's work and will continue to be pursued in the future. Additionally, the ongoing use of clear and pertinent outcome measures places this collaboration in a strong position to advocate for and pursue funding from various sources.

While funding is vital to the sustainability of this program, partner interest and involvement is also necessary. In the area of partner involvement, the School/Community Mental Health Partnership continues to thrive. Monthly meetings involving all partners in which members share information, knowledge, and resources, and collaborate with one another around multi-problem students and families continually strengthens these partnerships. Sharing of resources, services, and positive collaboration between agency representatives creates a positive climate and decreases the likelihood of turnover. Furthermore, partnership members periodically sponsor learning activities, such as community talks or workshops, allowing all partners to expand their knowledge base and grow professionally. Recruiting family involvement in the partnership has become a significant priority. Also, most of the partners have been actively engaged since this program's inception, eight years ago. The ongoing enthusiastic participation of the partners and the successful recruitment of new partners are some of this program's greatest strengths and enhance this program's sustainability.

[Back to Top](#)