

IDAHO COUNCIL ON CHILDREN'S MENTAL HEALTH

Recommendation #6A: By July 1, 2002 the ICCMH will establish a workgroup led by the State Department of Education, with specific directions to develop recommendations for using schools to improve identification of children with mental health needs and to provide a base for service delivery. Recommendations will be presented to the Council by July 1, 2002, and should focus on models of other states, identification of space availability, transportation issues, seasonal issues, and methods of integrating services and education.

Submitted to ICCMH: July 16, 2002
Approval Date: July 16, 2002

The ICCMH approved the report from the School Based Services Workgroup and requested that the following nine recommendations be extracted and presented as policy to the regional and local councils. The recommendations provide an opportunity for councils to share the information with schools as they ask them to become involved in the councils.

Recommendations

Introduction:

The Workgroup members noted that using schools as sites for mental health services is a major challenge due to obstacles, such as space shortages and liability issues for school districts. The plan and order indicate that schools should be a "base" for mental health services to children. The definition of "base" was unclear to the Workgroup members. They chose to define the term in a broad context of schools working with the mutual support among community organizations and in a way that addresses the unique service needs of a child, not in the narrow context of whether a specific school should be the site of services for an individual child. Local schools, working in cooperation with parents, the Department of Health and Welfare and other community partners can best decide where services should be provided. Using schools as a site for providing mental health services will be difficult until the private agencies and schools have clear and concise policies and agreements regarding privacy and academic scheduling for these private providers on school premises.

A coordinated system of care for children's mental health services should include prevention, early intervention and intensive intervention. Any plan for change must acknowledge the positive contributions that schools and agencies are already making for children's mental health.

Schools need to recognize that they are natural sites/settings for the provision of Mental Health services and that this will only work when this occurs in a collaborative effort with community providers of mental health services and families. These recommendations acknowledge that schools must have the ability to manage space and resources to meet their core educational purpose.

Specific recommendations include the following:

1. In partnership with community professionals and families, schools should assess current children's mental health services and develop an improvement plan that identifies partners and responsibilities. The plan also should include a communication portion to ensure that information is shared among partners and especially with families.
2. The ICCMH, participating agencies, and local partners, including schools, should improve communications, especially with parents. Effective communication among schools, service providers, and parents is paramount for the success of the child.
3. The local Children's Mental Health Council should establish a "wrap around" service team for each child in need of intensive interventions to ensure that a comprehensive mental health assessment process is available and that treatment plans are implemented.
4. School administrator, teachers, parents, Health and Welfare, the child, family and other relevant agencies should create a community-based plan of services for individual children to be met through collaborative efforts.
5. The ICCMH should create a state team to develop a research-based document on "best practices" and address the need for technical assistance to schools and others in the community on creating community-based plans for services for individual children.
6. The Department of Education and the Department of Health and Welfare should support local schools in prevention, early intervention, parent and community education, as well as the implementation of student mental health curricula and staff development regarding children's mental health needs and services.
7. The ICCMH should submit an interagency funding request to the Governor that creates a children's mental health collaborative fund. This fund would be for direct mental health services to support the needs of children. Local teams should determine the individual needs of children. *
8. Strategies should be developed to support and engage local school trustees and other local policy-makers in meeting the mental health needs of children in their communities.
9. In committing funds and services, the ICCMH should have respite care and therapeutic foster care as priorities.

*This recommendation has been modified by the ICCMH. The original recommendation from the School-based Children's Mental Health Services Work Group was as follows:

7. The ICCMH should submit an interagency funding request to the Legislature that creates a children's mental health collaborative fund. This fund would be for direct mental health services to support the needs of children. Local teams should determine the individual needs of children.

To view the complete report, see the Recommendations/Decisions under the ICCMH web site, Recommendation #6A.