

Evaluation of Centers' Impact – Executive Summary*

About the Federal Mental Health in Schools Program

In 1995, a direct effort to advance mental health in schools was initiated by the U.S. Department of Health and Human Services through its Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). The purpose of the program is to enhance the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, MH specialists, agency staff, consumers, and other stakeholders so they can enhance how schools and their communities address psychosocial and MH concerns.** Particular attention is given to prevention and responding early after the onset of problems as critical facets of reducing the prevalence of problems.

The core of the work has been embedded in two national centers. The two initially funded in 1995, with a primary emphasis on technical assistance and training, successfully reapplied during the 2000 and 2005 open competition. The 2005 competition, with a 5 year funding cycle increased the emphasis on policy and program analyses to inform policy, practice, research, and training. In 2005, HRSA again became the sole underwriter of the initiative. The two Centers are the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Analysis and Action* (formerly the *Center for School Mental Health Assistance*) at the Univ. of Maryland, Baltimore.***

The guiding principles and frameworks for the current work of the Centers emphasize ensuring (1) mental health is understood in terms of psychosocial problems as well as disorders and in terms of strengths as well as deficits, (2) the roles of schools/communities/homes are enhanced and pursued jointly, (3) equity considerations are confronted, (4) the marginalization and fragmentation of policy, organizations, and daily practice are countered, and (5) the challenges of evidence-based strategies and achieving results are addressed. From this perspective, the work is designed not just to improve stakeholders' competence, but to foster changes in policies and systems. Such activity addresses the varying needs of locales and the problems of accommodating diversity among those trained and among populations served. To these ends, the Centers enhance availability of and access to resources to improve and advance MH in schools and the capacity of systems/personnel, as well as advancing the role of schools in addressing MH, psychosocial, and related health concerns.

All this is accomplished through activities organized around five major tasks: (1) needs assessment (systems and individuals), (2) translating needs into a content focus and generating new ideas, frameworks, data, and knowledge, (3) gathering & developing materials – including development of guidebooks and training resources, (4) designing and initiating effective strategies and delivery systems, and (5) quality improvement strategies.

*This Executive Summary incorporates data from both the *Center for Mental Health in Schools* at UCLA and the *Center for School Mental Health Analysis and Action* at the University of Maryland, Baltimore. Full impact evaluation reports from each Center are available: see <http://smhp.psych.ucla.edu/pdfdocs/evaluation/impacteval02rep.pdf> for the UCLA report; contact csmha@psych.umaryland.edu for the University of Maryland report.

**Examples of those using the Centers include administrators of national and state departments of education and state and county departments of health and mental health; directors of state school health and mental health programs and initiatives; executives of child and family commissions; administrators of national and regional resource centers and associations; members of boards of education; administrators, support staff, and teachers from school districts and regional education service areas; primary health care providers; members of community-based organizations; family members of mental health consumers; university center administrators and faculty; administrators of national education reform organization; staff of health law programs; public and private mental health practitioners; and agents representing school-based health centers, special education and treatment programs, and health system organizations; and much more.

***Other federal initiatives promoting MH in schools include those supported by (1) the U.S. Department of Education's Office of Safe and Drug Free Schools (including a recently added grants program for "Integration of Schools and Mental Health Systems"), its Office of Special Education and Rehabilitative Services, and some school improvement initiatives under the No Child Left Behind Act, (2) the "Safe Schools/Healthy Students" initiative, jointly sponsored by SAMHSA, USDOE, and the U.S. Department of Justice, (3) components of the Center for Disease Control and Prevention's "Coordinated School Health Program" and (4) SAMHSA through its "Elimination of Barriers Initiative" and various other programs and projects, as well as its focus on schools in the *Mental Health Transformation State Incentive Grant Program*. A smattering of projects that relate to agenda for MH in schools also are supported by several other federal agencies. (The future of all federal programs related to MH in schools is at risk because of budget cuts in 2006.)

Highlights of Achievements

Process data indicate the Centers have continuously

- expanded their individual and institutional consumer base
- enhanced capacity for training and TA (including preparing adaptable training materials, establishing national, regional, and local meetings and networks, expanding resource libraries, and helping consumers develop self-help strategies and local support networks)
- developed system and program models for MH in schools (including providing support for those interested in using new approaches)
- facilitated networking of organizations across the country to work for new directions, greater policy cohesion, and collaborative resource use, development, and dissemination
- developed comprehensive system and program models that approach mental health and psychosocial concerns in ways that integrally connect with school reform.

These strategies are designed, over time, to enhance school-community collaboration through reducing marginalization, fragmentation, and counterproductive competition in school districts, at school sites, and at health and social service agencies.

As summarized in each Center's evaluation report, findings show extremely positive ratings for all facets of Center activity. Consumers consistently indicate high degrees of satisfaction with the amount and quality of the work and with accessibility to resources and staff. Data over the last few years show that about 90% of respondents rate access to resources as extremely or very easy, and percentages are even higher among strategic and frequent users. A similar pattern is found for ratings of timeliness and appropriateness of response, with 90% of all respondents rating these matters highly.

More importantly, consumers report their needs are being met. While 84% of the total responses indicated this was so, 99% of strategic users and 93% of frequent users tell us their needs are met. Even 80% of casual users say this is the case. Significantly, virtually all respondents indicate that they would use the resources again and recommend them to others.

In terms of impact, users consistently report the work has resulted in a variety of policy and practice outcomes – some of which is framed in terms of expanded school mental health and some of which encompasses mental health under the umbrella of a comprehensive system of student supports for addressing barriers to learning and promoting healthy development. The outcomes span from helping to enhance and sustain existing initiatives to shaping policy for fundamental changes in approaches to MH in schools. With respect to programs, practices, training, and research, the work is reported as providing standards, direction, and guidance for enhancing ongoing efforts, as well as generating new ways of understanding and addressing system, program, and person problems. Also attributed to the work are changes in policy, infrastructure, and a variety of capacity and network building outcomes. These include enhanced services, system-wide changes, resource mapping and analysis as an intervention, infrastructure mechanisms such as resource oriented teams and school community collaboratives, building networks and enhancing partnerships, approaching sustainability as a systemic change process, and much more.

With respect to current and future impact, three major Center-guided initiatives are especially notable. One is institutionalization of a ground-breaking national conference. This highly influential conference uniquely provides a yearly forum not only for learning and sharing, but for advancing school mental health as a field. The second initiative encompasses the continuing efforts related to the field-defining *Guidelines for Mental Health in Schools*. All indications are that the guidelines already are receiving wide attention, and the Centers will continue to work to ensure they have a major impact in shaping the future of MH in schools. And, building on the above, is the *National Initiative: New Directions for Student Support* – inaugurated in October, 2002. Restructuring the student support facets of schools is a necessary step in reinvigorating efforts to connect school and community resources. Thus, this initiative is central to all efforts to enhance MH in schools and is one of the most promising routes to enhancing student and family access to prevention, early-after-onset interventions, and treatment. These initiatives are only examples of the extraordinary role the Centers are playing across the nation; they also demonstrate the Centers' potential over time for producing a major impact in every school.

Impact

Available data indicate the Centers are influencing policy and practice across the country. They are reaching into and being used by every state and territory (and beyond). A wide range of consumers in urban, rural, and frontier locales are being served. Those using the Centers draw on the many resources and forms of assistance to increase their impact at national, state, and local levels. The focus of these users is on enhancing policy, program development, practice, technical assistance, training, research, and on building capacity, infrastructure, and networks. To these ends, they seek input (e.g., information, ideas, resources) to strengthen their performance and impact, and they involve staff from the Centers directly in developmental and systemic change activities. Finally, it can be noted that the Centers' staff are regularly included in a great many national, state, and local efforts to enhance MH for children and youth in general and related to MH in schools in particular.

As would be expected, degree of impact is strongly related to category of user. For example, data indicate:

- *Strategic users* report the strongest impact to date (with as many as 60-77% reporting quite a bit of impact in many arenas of their work).
- Over 50% of *frequent users* indicate that they are having quite a bit of impact in most arenas.
- Surprisingly, even *casual users* indicate an impact (e.g., their ratings of impact in various arenas range from 10-41% indicating "quite a bit" and many more indicating "some" impact of their work).

User Satisfaction

- *Ease of access* – 90% of respondents indicate access to resources is extremely or very easy. Highest ratings are from strategic (98%) and frequent users (94%).
- *Timeliness & appropriateness of response* – 90% of all respondents rate these matters highly. Again, the highest ratings are from strategic (98%) and frequent users (94%).
- *How well Center met needs* – 84% of all respondents rate this highly. High ratings are given by strategic (99%) and frequent users (93%), while 80% of casual users give the highest ratings. At the same time, only 1.8% of casual users indicate their needs weren't met to some degree.
- *Consumers plans for future and/or recommended use* – 99% indicate they would use the Centers again and recommend them to others.

Clearly, the data highlight an enterprise that is readily accessible and that responds in a timely and appropriate manner. Consumers value the resources, plan to continue using them, and are recommending that others do so as well. Most importantly, the findings support how well consumers' needs are being met and how well access to the Centers is enhancing the impact of their work.

Note: Data reported here represent evaluations done over several years. The reports from each year detail the evaluation methodology and major findings related to the many strategies used to enhance the likelihood of impact.

Two Examples of the Unique Contribution of Each Center

National Conference for Advancing School-Based Mental Health Programs

To provide a national focus on mental health in schools, the *Center for School Mental Health Analysis and Action* established a ground-breaking yearly conference. Attendance has increased each year; typical registration is 800. The last few conferences were offered in partnership with The IDEA Partnership of the National Association of State Directors of Special Education with a focus on developing a national community of practice on school mental health.

The conferences brings together school and community professionals from across the country and abroad to learn and to share. The emphasis is on:

- Using What Works in the School Setting
- Building on Youth, Family, School, and Community Strengths
- Advancing School Mental Health Policy, Funding, Training, and Technical Assistance
- Advanced Practice in Schools

Opportunities are provided to acquire and improve skills for:

- Developing a full continuum of services from mental health promotion to intensive treatment
- Enhancing quality assessment and improvement efforts
- Involving diverse stakeholders in all aspects of programming
- Integrating evidence-based approaches into the full continuum of prevention and intervention
- Addressing funding issues and learn about innovative funding mechanisms

Enhancing No-Cost Access to Major Resources

Data tallied regularly on the exponential growth of visits to the UCLA Center's website provide one indication of how useful the Center has become. From Oct., 2000-Sept., 2001, there were 71,360 unique visitors; over the next 12 months the number grew to 131,889; and for the period from Oct. 2006-Sept. 2007, the number was 736,124.

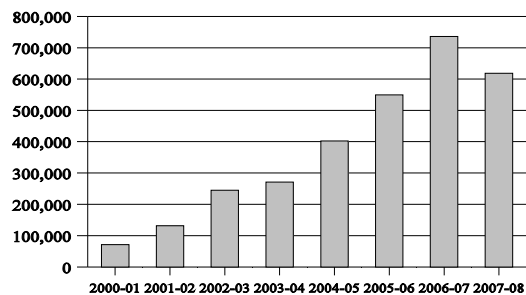
In 2001-02, visitors accessed 398,097 documents. For the 2006-2007 funding period, over 1.6 million documents were downloaded.

In July 2007, the site had 75,418 unique visitors, averaging over 2,432 per day.

In addition to those accessed on the website, over 100,000 reports and other documents were distributed electronically last year.

Clearly, Center resources are being used, and given these data, it is reasonable to assume they are being found useful.

Number of unique visitors



Number of downloads of documents

