Pediatric Mental Health Care Access Playbook for Training and Education to School-Based Audiences

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**SCHOOL·BASED
HEALTH ALLIANCE**
The National Voice for School-Based Health Care

THE SCHOOL-BASED HEALTH ALLIANCE

Since 1995, the School-Based Health Alliance, a 501(c)(3) nonprofit corporation, has supported and advocated for high-quality healthcare in schools for the nation's most vulnerable children. Working at the intersection of healthcare and education, SBHA is recognized as a leader in the field and a source of information on best practices by philanthropic, federal, state, and local partners and policymakers.

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Introduction

A companion resource to "Guidelines and Considerations for PMHCA School Expansion" (www.sbh4all.org), this playbook describes best practices and opportunities for Pediatric Mental Health Care Access (PMHCA) programs to deliver training and education opportunities to school and district teams. Given their mission to expand workforce capacity to increase mental health access for children and youth, partnerships with schools and district teams provide an opportunity for PMCHA programs to share not only their expertise on children's mental health psychopathology and psychopharmacology, but also a unique ability to support a system of care that goes beyond the school and connects to primary care and other mental health specialists.

This playbook provides a series of steps for developing or adapting training and education for school audiences and offers possible training formats, topics, and audiences. Highlighting one learning framework, the **Project ECHO model**, the playbook provides examples of how PMHCA programs in two states have innovatively developed ECHOs for school-based audiences.

02
Getting Started

Assessing PMHCA's Capacity to Support Schools
with Training and Education

Assessing the Needs of the School and/or District
Mental Health System

Establishing Training and Education Goals,
Content, and Audience

02
Getting Started

Prior to offering training and education activities in school settings, PMHCA programs will benefit greatly from taking the time to assess the expertise and capacity of their own teams to deliver these services, learn about the specific training needs of a school or district, and develop specific training and education goals that meet those needs.

1. **Assessing PMHCA's Capacity to Support Schools with Training and Education** Review the expertise and capacity of the PMHCA team and map out staffing and areas of expertise that may be relevant for local school communities. For example:

> ▶ *What* previous experience does the PMCHA team have in schools that can be used in providing training and education to school personnel?

> ▶ *What* expertise does the PMHCA team have in school mental health systems and structures?

> ▶ *What* additional content areas of expertise do team members have that may be particularly relevant to school staff providing mental health services and supports in schools currently *(e.g., suicide prevention, bullying, trauma?)*

Consider developing a summary of your team, relevant areas of expertise, and training and education topics.

2. **Assessing the Needs of the School and/or District Mental Health System** Meet with lead partners to better understand the strengths and needs of their school mental health system and spend time getting to know your local school community or district mental health team. For example:

> ▶ *What* are the different roles that staff play in providing and/or coordinating mental health services in schools or a district?

> ▶ *Which* stakeholders would benefit from additional training and support, and what content areas would be most relevant?

> ▶ *What* are the logistical considerations for training and education, including school calendars, continuing education credits, and in-person versus virtual formats?

> ▶ *What* other systems and structures are in place that support school mental health services in the school or district?

Additional assessment questions can be found in Appendix B of **"Guidelines and Considerations for PMHCA School Expansion."**

3. Establishing Training and Education Goals, Content, and Audience *(SEE CHART on page 9)*

Consider the overarching purpose and goals for providing training and education to school or district teams. Possible goals may include:

▶ *Raising* awareness of and engagement with the state PMCHA program

▶ *Building* clinical skills of school mental health providers to work with students more effectively

▶ *Creating* and expanding referral pathways for mental health services both within and outside the school

▶ *Building* a school mental health infrastructure that includes identifying team member roles, creating linkages between school and community providers, and monitoring and tracking services

When considering content, collaborate with school and district staff to answer the following questions:

▶ *What* is the outcome that we are trying to achieve? *(Examples: Increase the number of school staff enrolled in the PMHCA, Develop a system for identifying students with mental health needs for screening.)*

▶ *What* are the training and educational needs of the intended audience?

▶ *Based* on those needs, what content should be included in training or educational materials?

Numerous stakeholders are involved in local or district school mental health efforts and could be potential audiences for participation in training and education. To align the audience with the training and education goals described above,

▶ *Consider* the potential benefits of offering training to role-specific audiences vs. "cross training" an audience with diverse members of a school mental health team and/or community mental health and health providers.

ROLE-SPECIFIC SCHOOL AUDIENCES MAY INCLUDE

• **School Administrators**

• **Educator Teams**
  (e.g., grade level teams, departmental)

• **Specialized Instructional Support Personnel**
  (e.g., psychologists, school social workers, school counselors, school nurses, and other school health professionals)

CROSS-DISCIPLINARY AUDIENCES COULD INCLUDE

• **Schools and School-Based Health Centers (SBHCs)**

• **School Administrators and School Mental Health Teams**

• **Schools and Community Mental Health Providers**

• **Multidisciplinary School and District-Level Teams** *(e.g., behavioral health, student supports)*

SAMPLE TRAINING GOALS, TOPIC AREAS, AND AUDIENCE

EXAMPLE GOAL	TOPICS	POTENTIAL AUDIENCE
SYSTEM DEVELOPMENT		
Create a multidisciplinary teaming structure to identify, screen, and assign students to interventions.	School Mental Health Team	Team Leaders
Share updated information about community mental health resources and strategies to ensure effective referrals.	School Mental Health Referral Pathways to Community Health and Mental Health Services	School Teams
Support school teams in developing Memoranda of Understanding (MOUs) to facilitate effective school-community mental health partnerships.	Linkages between School and Community Partners	School Administrators
CLINICAL TOPICS		
Build capacity to use evidence-based mental health screening instruments.	Universal Mental Health Screening	School Mental Health Providers
Build the capacity of school staff to understand the signs and symptoms of students with mental health concerns.	Mental Health Literacy	Educators
Share current practices in the use of medication to treat child mental health conditions to support care coordination.	Psychopharmacology	School Nurses SBHC Providers
Build the capacity of educators to support the universal promotion of mental health.	Educator Well-Being	Educators Teams Administrators
Share best practices for working one-on-one with students displaying symptoms of depression or anxiety.	Common Mental Health Disorders in Adolescence	School Mental Health Providers Teachers Families

03
Training and Education Formats

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03 Training and Education Formats

There are many options for providing training and education to school teams. These could include professional development sessions or series, communities of practice, learning collaboratives, ECHOs, and consultation groups. In addition to training goals, content, and audience, logistical parameters (e.g., funding, schedule, technology) should be given careful consideration when determining the most effective and feasible method. See BOX for training and education models.

EXAMPLES OF TRAINING AND EDUCATION MODELS

PROFESSIONAL DEVELOPMENT SESSIONS OR SERIES typically include content to teach a group of stakeholders about a specific topic. Example: a series educating youth about psychopharmacology.

LEARNING COMMUNITIES include some teaching content as well as opportunities for participants to share experiences and best practices from their work—for example, a school nurse community of practice on youth mental health care coordination.

LEARNING COLLABORATIVES OR COMMUNITIES OF PRACTICE are more formal and time-specific than a learning community but also include a combination of teaching and community sharing. Learning collaboratives often work collectively toward common benchmarks and goals. For example, a state may convene school mental health teams to develop strategies for increasing access to youth mental health services.

CONSULTATION GROUPS often focus on specific consultation around real-world clinical and case examples through both expert and peer supervision and support.

THE ECHO MODEL is a virtual community where professionals come together in a virtual community with their peers to share support, guidance, and feedback.

The ECHO Model ensures that the right knowledge exists at the right place and time. Using an "all teach, all learn" approach and infrastructure for knowledge-sharing, the ECHO promotes an evolving and collective understanding of how to disseminate and implement best practices across diverse disciplines. The ECHO model has been used widely in healthcare settings and is increasingly being used in school and SBHC settings. Given the success in both healthcare and education settings, as well as many PMCHAs' familiarity with the ECHO model, it has the potential to be a feasible and effective model for training and education related to school mental health.

For more resources on the ECHO model, go to the University of New Mexico's Project ECHO webpage.

PMHCA SPOTLIGHT: MAINE PEDIATRIC BEHAVIORAL HEALTH CARE ACCESS PARTNERSHIP

In partnership with Maine CDC, Northern Light Acadia Hospital, and Maine Health, the Maine Pediatric Behavioral Health Care Access Partnership (MPBHP) implemented the following school-based ECHOs, one with SBHCs and another with broader school mental health teams:

SBHC SUICIDE PREVENTION
The MPBHP met with their state's SBHC leadership team and surveyed SBHCs to determine training needs and the best format to support SBHCs and maximize participant engagement. They settled on a four-week "ECHO Burst" focusing on suicide. Presenters and faculty included staff from NAMI Maine, Maine CDC Suicide Prevention, as well as MPBHP clinical team members. The ECHO Burst was marketed through in-person meetings, postcards, and their SBHC listserv. Following the ECHO, Participants reported on the feasibility and relevance of the ECHO to their work.

MENTAL HEALTH PROMOTION IN THE SCHOOL SETTING
This ECHO provided a forum for school providers working with students who experience complicated behavioral health issues. The ECHO learning series was delivered by MCD Global Health and complemented existing training provided by MPBHP. The goal of the ECHO was to create a virtual learning environment in which a panel of subject matter experts could respond and make recommendations on cases presented. ECHO objectives included:

1. DEVELOP increased comfort and confidence to foster positive social, emotional, and behavioral skills and well-being of all students.
2. SHARE best practices for implementation of Tier 1 services for overall mental health.
3. FOSTER strong connections between individuals supporting students and the broader community.
4. CREATE user-friendly mental health promotion toolkits by leveraging local experts and resources.

FOR MORE INFORMATION about these ECHOs, visit the Maine Pediatric & Behavioral Health Partnership Program | B.H. Partners (bhpartnersforme.org)

TIPS FROM MAINE
1. ENGAGE partner organizations to provide oversight sponsorship of training
2. SURVEY potential participants about their needs (i.e., content, and desired format) before planning the training
3. CREATE a marketing plan

04
Training
Best Practices

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Plan for Implementation Support and
Sustainability at the Beginning

Start Small

Collaborate Across Sectors

Evaluating Effectiveness

04 Training Best Practices

Regardless of the training model used or audience involved, PMHCA programs will benefit from keeping the following best practices in mind:

1. **Plan for Implementation Support and Sustainability at the Beginning**

PMHCA SPOTLIGHT: CALIFORNIA CHILD AND ADOLESCENT PSYCHIATRY PORTAL

The California Child and Adolescent Psychiatry (CCAP) Portal launched an ECHO "Share and Learn! Learning Collaborative for School and School-Based Health Center Partners" for a combined audience of school-based clinicians and primary care providers. The goal of this ECHO was to:

- **DEEPEN** knowledge, skills, and confidence in supporting mental health and well-being

- **DIFFERENTIATE** the impacts of trauma and common mental health concerns on students

- **APPLY** techniques to help students who may be struggling

- **REDUCE** participants' burnout through peer support

- **INCREASE** joyfulness and purpose in work

The ECHO included six monthly tele-mentoring sessions throughout the 2022-2023 school year. In keeping with the ECHO model, each session included a brief didactic learning session with an embedded brief single-session case consultation with CAPP psychologists and psychiatrists. Topics for the sessions included trauma-informed language and approaches, motivational interviewing, risk assessments and safety planning, and managing internalizing and externalizing problems in the classroom. Participants were able to receive continuing education credit for the sessions.

2. Ensure there is a Follow-Plan to Support Trainees with Implementing Training Content

To ensure that training content is applied to practice, consider developing a follow-up plan to support trainees with implementing content by asking these questions:

▶ *Application*

How will trainees use the training material and knowledge in their practice?

▶ *Implementation Support*

What type of additional training or resources will be provided following the training to ensure successful implementation?

▶ *Fidelity*

How will this work continue if participants leave, and how might school stakeholders integrate lessons learned into policies and procedures?
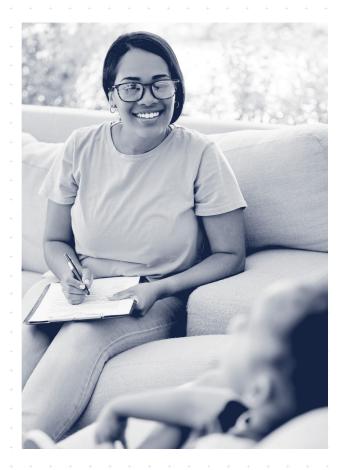
3. Start Small

Piloting training and education opportunities with one school or district or a small group of school staff is helpful to best understand and adapt training procedures and receive feedback. Starting small and scaling up to additional staff, schools, or districts gradually allows a team to make course corrections and build on successes.

4. Collaborate Across Sectors

PMHCA programs have a unique opportunity to support school and pediatric primary care collaboration in children's mental health through joint training opportunities and facilitating connections and communication between school and community partners. Multidisciplinary training and education opportunities help to support collaboration between school and community-employed teams and diverse knowledge sharing. In ECHO "all teach, all learn" settings, diverse perspectives can expand knowledge-sharing content and bridge new relationships. Consider infusing multidisciplinary and "same role" break-out sessions to promote knowledge sharing within and between groups.

> **The American Academy for Pediatrics "Supporting Mental Health in Schools" report highlights the importance of school and pediatric primary care partnerships in promoting youth mental health and details additional strategies to build connections.**

5. Evaluating Effectiveness

Finally, all training and education activities should have a system in place to evaluate participant knowledge gain and satisfaction. Consider using a brief weekly evaluation survey to gain feedback from participants and for continuous quality improvement throughout a training series, learning collaborative, or ECHO.

Also, consider evaluation of the long-term impact of the training and impact on the target goal/outcome. For example, if the goal is to increase student access to an evidence-based therapeutic intervention, consider pre- and post-measures of staff knowledge of the intervention or the number of students who received the intervention. If the goal of a training activity is to increase overall school mental health capacity, consider using the Mental Health Quality Assessment on the School Health Assessment and Performance Evaluation System (SHAPE) to measure pre- and post-changes in school mental health system quality.

EXAMPLE TRAINING AND EDUCATION EVALUATION QUESTIONS

QUANTITATIVE SCALE
1. How satisfied are you with today's session?
2. How much did your knowledge increase about the topic of today's session?
3. After today's session, how confident do you feel about the topic of today's session?

OPEN-ENDED QUESTIONS
1. What do you need to continue to support your work on this topic?
2. What other feedback do you have about today's session?

CHECKLIST
Please indicate all of the items that you experienced during today's training:
- o Shared a new idea or ideas
- o Felt connected
- o Felt excited for future collaborations
- o Had my thinking challenged
- o Felt "energized" or "reinvigorated" about my mental health work
- o Learned about an aspect of school mental health that I was not familiar with
- o Deepened existing relationships
- o Developed new relationships
- o Felt information or cognitive overload
- o Reached out to a colleague about something I learned or a connection I made

05
Summary/
Conclusions

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As PMHCA programs consider how to expand into school settings, training and education provide an opportunity to reach large and diverse networks of stakeholders that support youth mental health. Building the capacity of these stakeholders to provide effective school-based services in collaboration with community providers can help to expand care across systems that serve children, ultimately reaching more students in need of mental health services.

PMCHA programs that have been successfully providing training and education for school-based audiences highlight the importance of spending time to better understand the infrastructure and context of state and local community school systems as well as to examine the needs that the PMHCA team has the capacity to address. It is also essential to build relationships with key stakeholders and spend time collaboratively planning and developing training and education that is both feasible and relevant. Finally, to ensure the effectiveness and sustainability of these resource-intensive efforts, it is also important to pilot training with small groups of stakeholders first, build evaluation into training and education processes from the beginning, and engage in a continuous quality-improvement process throughout your work.

06
References

Guidelines and Considerations for PMHCA School Expansion

Project ECHO, University of New Mexico Health Sciences

Definition of SBHCs, School-Based Health Alliance

Maine Pediatric & Behavioral Health Partnership Program | B.H. Partners, Maine's HRSA-funded PMHCA program

California Child and Adolescent Psychiatry Portal, California's HRSA-funded PMHCA program

Supporting Mental Health in Schools, American Academy of Pediatrics and National Center for School Mental Health, March 2021

School Health Assessment and Performance Evaluation System (SHAPE)

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