

Indicator #31: Are the services you provide characterized by a flexible, proactive approach that enables youth and families in need to be served as rapidly as possible?



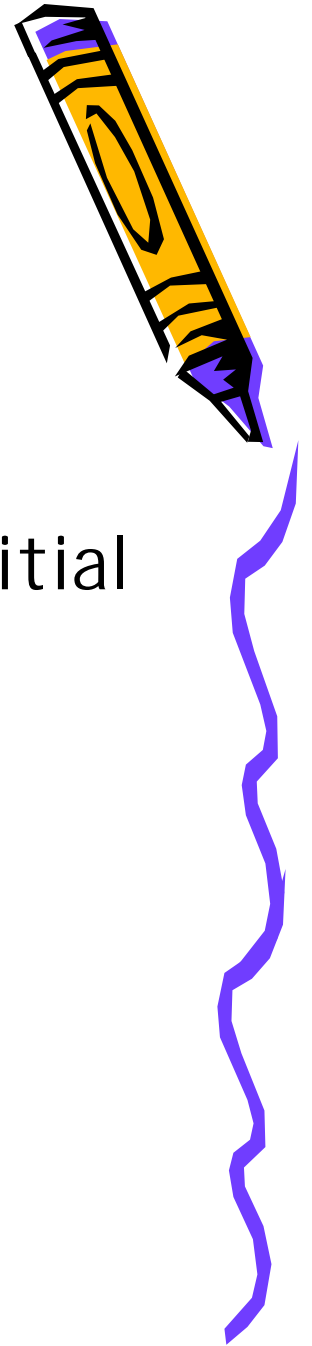
# Background

- An ESMH program that is able to be flexible and proactive and provide a tailored response to the students' and families' needs will be more effective.
- Efforts should be made to streamline paperwork and procedures to ensure that you are responsive to students' and families' presenting needs, while at the same time providing appropriate safeguards.
- It is important to provide policies and procedures on making this transition back and forth between the role of providing intensive services and the role of providing more preventive services, while simultaneously maintaining a high level of responsiveness.



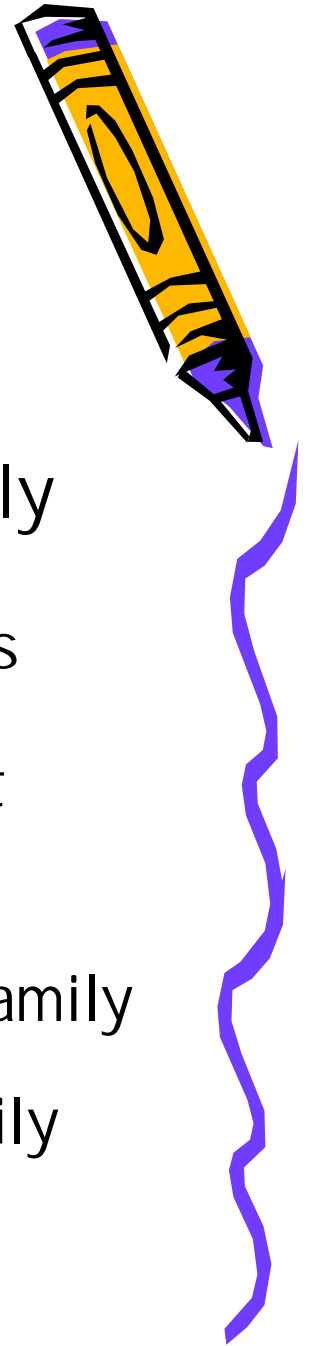
# Background

- Research findings underscore the importance of delivering proactive and responsive services and suggest that initial contacts with families, including intake calls, will determine the course of treatment for a large percentage of families.
- ESMH clinicians are at a definite advantage in terms of access for the students, but they may need to work harder to engage families.



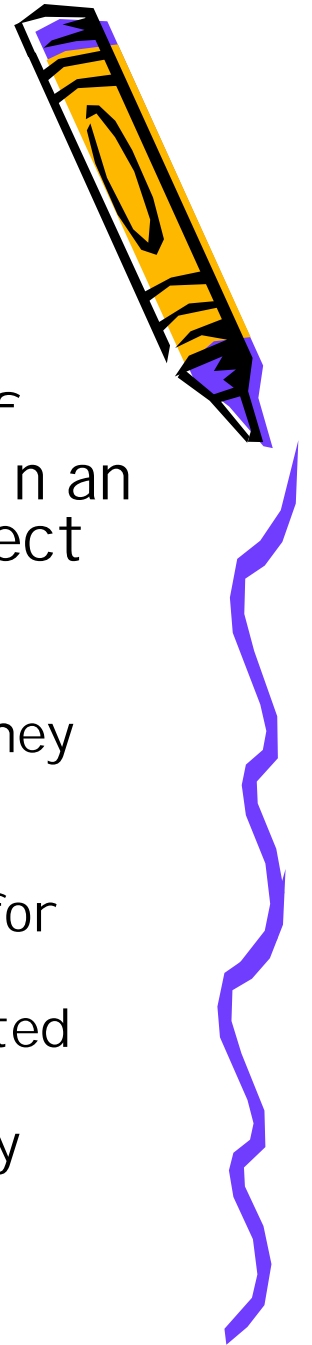
# Family Engagement

- Research has shown that easy to implement practices can improve family engagement in treatment:
  - A reminder appointment letter to families
  - An information packet telling the family about the program and/or what to expect
  - A reminder call the day before the appointment
  - A 30 minute talk on the phone with the family about presenting problems, ways therapy might help, and initial steps that the family can take before the appointment



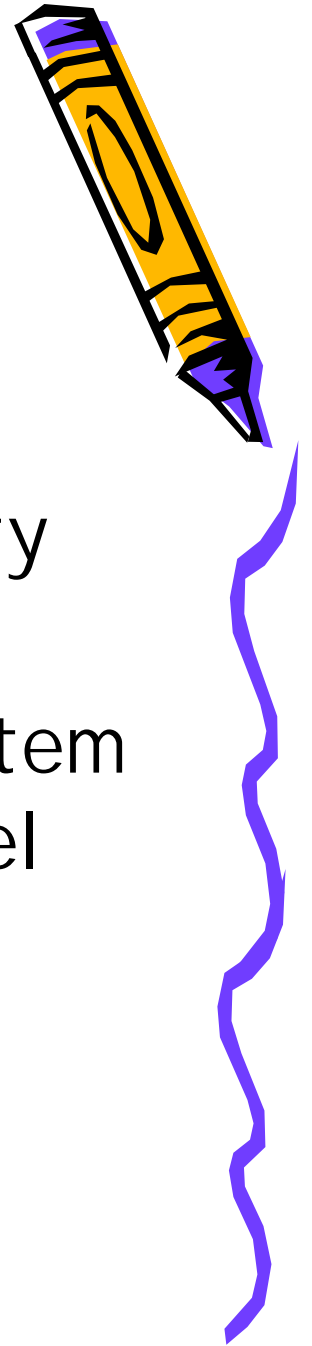
# The Mental Health Statistical Improvement Program (1996)

- The MHSIP defines access to care as one of the four core areas of service to families. In an effective and responsive program, they expect that:
  - The location of services was convenient.
  - Staff were willing to see the family as often as they felt it was necessary.
  - Staff returned calls within 24 hours.
  - Services were available at times that were good for families.
  - Families will be able to get the services they wanted even if they couldn't pay for them.
  - Families were able to see a psychiatrist when they wanted to.



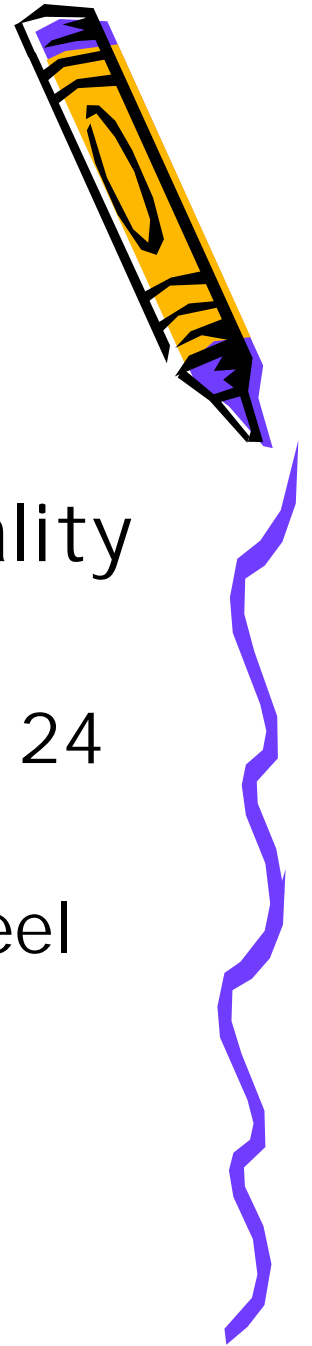
# Menu of Suggested Activities

- Include waiting time to first appointment in your continuous quality improvement plan.
- Reorganize your service delivery system so that you can better tailor the level of service to presenting problem.
- Institute a family engagement plan.



# HELPFUL HINTS!

- Include waiting time to first appointment in your continuous quality improvement plan.
  - Respond to student or family within 24 hours of referral.
  - Ask students and families if they feel your services are responsive.



# HELPFUL HINTS!

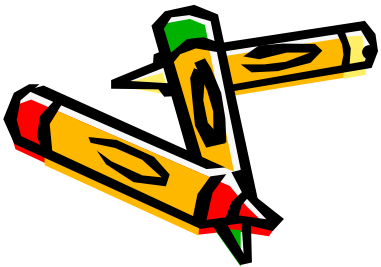
- Reorganize your service delivery system so that you can better tailor the level of service to presenting problem.
  - Institute separate tracks for students based on need.
    - For emerging problems or prevention needs, refer directly to appropriate group.
    - For diagnosable mental health concerns, complete full evaluation, begin evidence-based practices.
    - For a student or family in crisis, refer to crisis response team.





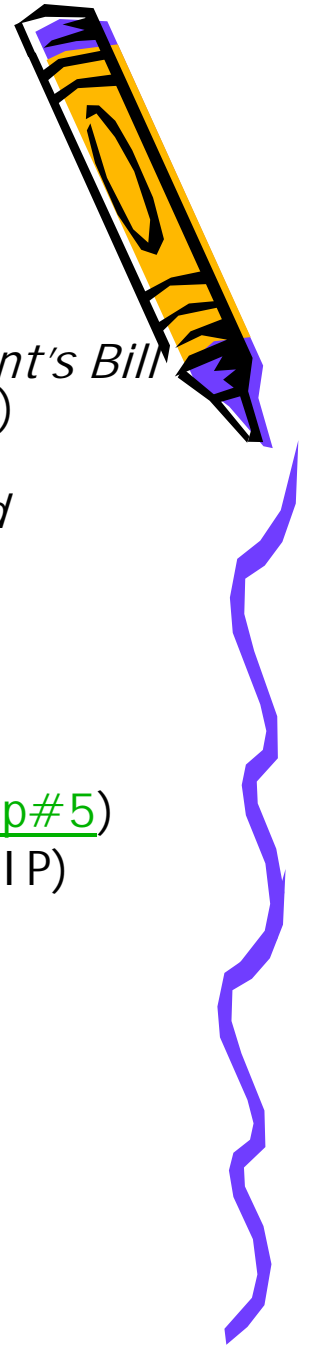
# HELPFUL HINTS!

- Institute a family engagement plan.
  - Send letters to parents describing the services you will be offering.
  - Send reminder letters for family visits.
  - Make reminder phone calls for family visits or school meetings that the parents need to attend.
  - Try to talk on the phone to the parents of each of your students receiving therapy, when appropriate.
- Make sure you are focusing on the student's and family's goals first.



# Web Resources

- American Psychological Association, *A Mental Health Patient's Bill of Rights* (<http://www.apa.org/pubinfo/rights/rights.html>)
- Center for Mental Health in Schools, *School-Based Client Consultation, Referral, and Management of Care (Tech. Aid Packet, updated 1/03)* (<http://smhp.psych.ucla.edu>)
- Evaluation & Accountability: Getting Credit for All You Do (<http://www.smhp.psych.ucla.edu>)
- National Association of Social Workers Standards for the Practice of Clinical Social Work ([http://www.naswdc.org/practice/standards/clinical\\_sw.asp#5](http://www.naswdc.org/practice/standards/clinical_sw.asp#5))
- The Mental Health Statistics Improvement Program (MHSIP) (<http://mhsip.org/toolkit>)
- Mental Health Service Systems of Health Canada ([http://www.phac-aspc.gc.ca/mh-sm/services\\_e.html](http://www.phac-aspc.gc.ca/mh-sm/services_e.html))
- Center for Evaluation and Quality – NASBHC (<http://www.nasbhc.org/EQ/Index.htm>)



# Background References

- McKay, M. M., Stoewe, J., McCadam, K., Gonzales, J. (1998). Increasing Access to Child Mental Health Services for Urban Children and Their Caregivers. *Health & Social Work, 23*, 9-15
- Weist, M.D. & Ghuman, H.S. (2002). Principles behind the proactive delivery of mental health services to youth where they are. In H.S. Ghuman, M.D. Weist, & R.M. Sarles (Eds.) *Providing Mental Health Services to Youth Where They Are: School- and Community-Based Approaches* (pp. 1-14) New York: Taylor & Francis.

