

Roles of school and community providers in the delivery of school based mental health services.

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Why School Based Services?

Schools offer unparalleled access to students to address both academic and mental health needs. There are large numbers of children who would not receive any mental health services were it not for their delivery in schools. Emotional and behavioral health problems represent significant barriers to academic success and positive school climate. For example, children and adolescents with emotional disturbances (5-9% of school aged youth) have the highest failure rates, with 50% of these students dropping out of high school. In addition, children whose disruptive behavior problems are not adequately treated can negatively affect the classroom environment for all children. When students disrupt lessons in class, learning and teaching are compromised.

Schools also have a long history of providing mental health and support services to students. School social work as a profession, dating back to 1906, has a century long record of service provision in public schools. Special education legislation, beginning with P.L. 94 -142, Education of all Handicapped Children Act and now re-authorized as the Individuals with Disabilities Act (IDEA), placed a larger responsibility on schools to supply the support services needed to help educate students with emotional disturbance and other disabilities. Likewise, mental health services to children and youth in schools has a long history, dating to the multi-disciplinary child guidance clinics developed in the 1920's and later development of community mental health centers.

Background, Rationale and Goals for this Concept Paper

This concept paper was prepared under the auspices of the *Effective Practice Integration Council* initiated by Miami University to promote knowledge for the expansion of school based mental health services in Ohio. The primary purpose of this paper is **to synthesize and translate existing information available on pupil service providers and community providers in their roles in the delivery of school based mental health services.**

The information in this paper can be used by two audiences: 1) directors of student services and pupil personnel professionals (school social workers, school psychologists, school nurses and school counselors) within a school district and 2) directors and providers (practitioners from psychology, social work and/or counseling) of community based programs currently offering school based mental health services.

This paper is intended to:

- raise awareness of professional roles and functions of school and community based providers
- indicate issues to consider when working in a school for both school employed and agency based staff
- stimulate thinking about ways to improve communication and collaboration among school and community providers.

The present trend is toward increasing service provision in schools from community based providers. This is fueled by several forces, including managed behavioral health care, special education legislation, and changes in funding (Streeter & Franklin, 2002). Mental health and support services in schools are delivered, if at all, either collaboratively between the mental health and education systems or in parallel fashion with each separate from the other. The Research and Training Center for Children's Mental Health (Kutash, Duchnowski, & Lynn, 2006) notes that “*confusion in roles and responsibility between education and mental health persists to this day in many communities and the renewed interest in school-based mental health services has, for some, triggered renewed conflict between the two systems*” (p. 3).

Tensions between the two systems – mental health and education – are expressed in many ways. These reflect “turf issues”, lack of role clarity, role overlap, differences in perceived goals and lack of communication and collaboration, among others.

- Community mental health providers working in schools may be viewed as inflexible in scheduling student sessions and lacking in knowledge of how to work within and collaborate with teachers and other school staff.
- Increased mental health delivery in schools may challenge the roles and practice of school employed staffs that are also trained to deliver mental health and counseling services.
- School counselors and other staff may feel threatened by the presence of school based therapists from outside agencies.
- School staff may be frustrated by a lack of follow up on mental health services delivered by community providers or by a lack of clarity or articulation of how the goals of such services relate to and support academic goals and student learning.
- Confidentiality issues may act as a barrier to communication and collaboration. In some situations, school staff may feel that their school's information about student behavior and performance is overlooked or not valued when assessment or diagnostic work is provided by community based professionals, as in assessing learning disabilities.

The “worst case” scenario seems to occur when mental health services are initiated in a school without any input, planning or preparation on the part of school staff. There are dramatic stories around the country of school social work and counselor office space and resources being re-allocated to support mental health providers from the community. On the other hand, there are excellent models of collaboration between mental health and education systems and a body of practice experience upon which to draw. (Weist, Lowie, Flaherty & Pruitt, 2001). The unique skills of different providers, school and community based, can compliment one another to benefit students and families. It is with this context in mind that the roles and functions of school and community providers and guidelines to improve communication and collaboration are examined in the next sections.

What are the roles and functions of school employed and community based providers?

While there are unique expertise and services provided by each of the professionals which make up pupil services staffs and community based mental health providers, all of these staff positions involve working within teams to develop and implement programs that affect social, behavioral and interpersonal problems of students in schools that interfere with school performance and the learning climate of the school. As Figure 1 illustrates there is much overlap in typical roles and functions of school psychologists, school social workers, school nurses, school counselors and community based mental health providers. At the same time, roles and responsibilities often vary from school to school depending on a particular school's student population, staffing patterns, funding resources, and overall focus.

Typical roles and services are identified below for each discipline that may be employed by a school district as well as for community based mental health therapists working in a school. These have been identified through focus groups and interviews ¹ in response to the question: *In your day to day job, what do you find yourself doing most of the time – what roles do you assume, what services do you provide?*

Please note: These summaries are not meant to construe that they fully represent all job duties and responsibilities, nor are all these disciplines necessarily present in each school district. The listing of day to day roles is intended to raise awareness of possible roles and to help identify questions that may be asked about the roles assumed within a school district to support students and families.

School Psychologists

Scheduling meetings on initial concerns, consultation & intervention on academic, behavioral and reading problems, classroom modifications, progress monitoring, reassessing the situation and the student's progress, talking to parents, teachers, other staff and students, conducting evaluations to determine disabilities of children, crisis intervention, contact with other service providers (especially in special education)

School Social Workers

Provide mental health services to families, such as assessments, individual/ group work and immediate consultation and referral of families to community mental health services, provide information and training to families and teachers on mental health issues, receive referrals from principal (e.g. family substance abuse, fights at school), liaison between school, family and community, called upon to follow through on issues, fill in gaps, provide buffer between school and family (e.g. how to get homework done at school if it can't be done at home), advocate for child at team meetings and with school staff, crisis interventions, connecting other service providers (who is doing what with students), home visits

School Nurses

Administer medications, provide a safe place, deal with underlying reasons for some physical symptoms (e.g. child has stomach ache every math class), bring student to attention of team if needed, deal with children in crisis, support parents of children with mental health needs (e.g. help parents understand the child's medications), educating the parent about the child's condition, documentation of allegations of child abuse/neglect, consult with physicians, collaborate with school social worker on attendance issues, conduct screening for vision, hearing, immunization follow up, determine transportation needs for children with health issues.

Elementary School Counselors

Conduct consultations with teachers, parent & students, address academic issues and behavioral concerns, develop behavioral and classroom plans, problem solving with students, deal with home issues brought to school, handle crisis situations, deal with threats of violence, abuse/neglect, facilitate small groups, conduct social skills training in classrooms, act as point person for pupil service staff, act as principal's right hand, act as test coordinator for standardized tests

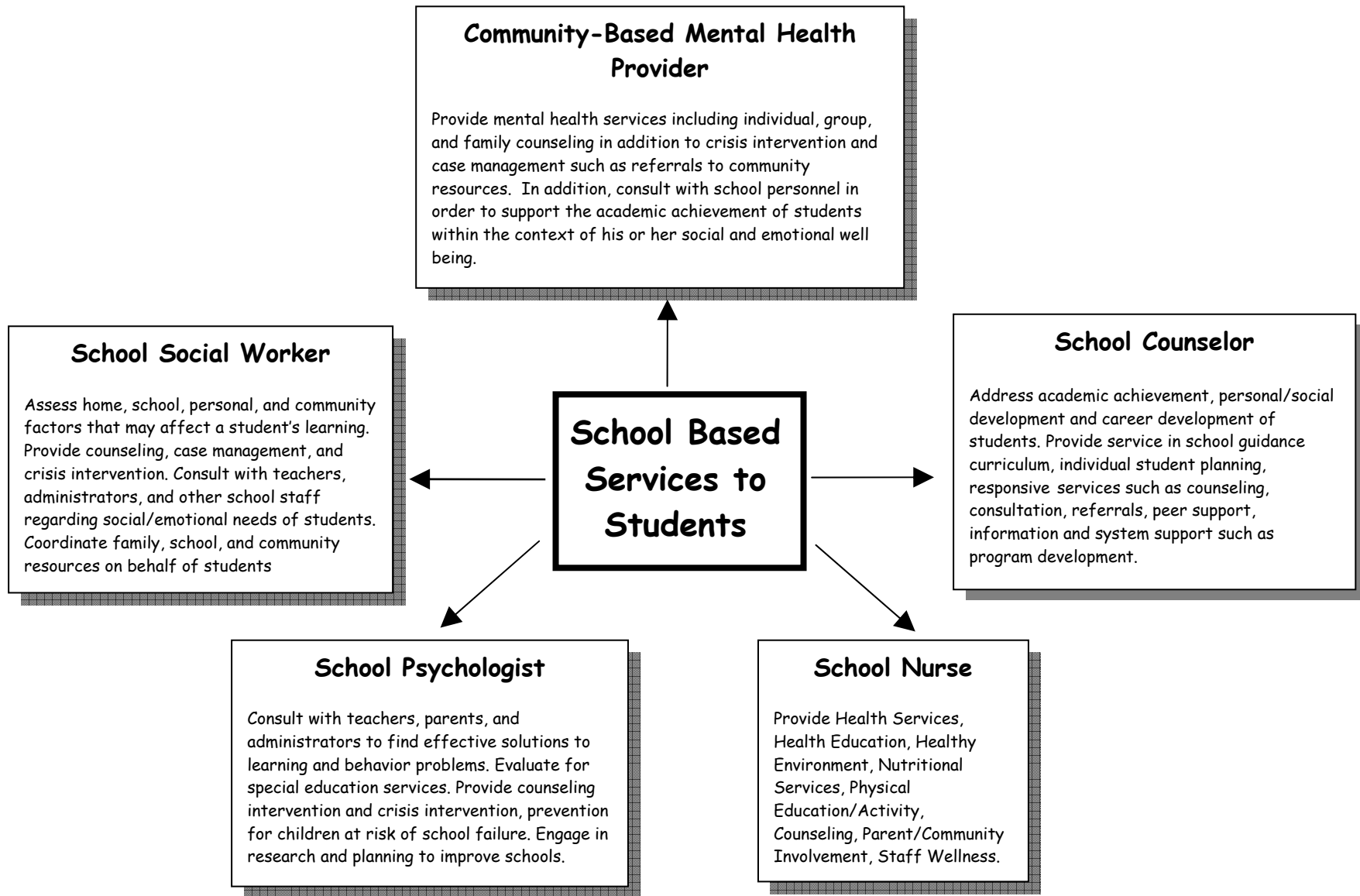
High School Counselors

Student/parent counseling regarding classes and difficulty in classes, mediate peer-peer, teacher and parent issues, coordinate releases of information to facilitate work of team, coordinate required testing (Ohio Graduation Test), college application counseling, class scheduling, attendance, enrollment and transition for new students, serve as case manager, crisis intervention, recruit for school programs, teacher meetings, coordinate referrals to outside services and providers (Substance abuse treatment, Wrap Art, etc) as well as informal supports (e.g. coaches, Big Brother, Karate instructors), liaison with court

Community Based Mental Health Providers

Direct practice to clients and families: one-on-one therapy with students, group therapy, social skills groups and anger management groups with students on the case load, and case management with teachers, staff, and guardians, complete the necessary paperwork for diagnostic assessment and treatment planning as outlined by Medicaid and Ohio Department of Mental Health, make contacts and provide referrals to other services as needed, mental health board in this county approved monies to serve those students without Medicaid, e.g. prevention groups (e.g. Life Skills, Girls Circle), provide teacher workshops, staff development and programming if prior approval obtained from agency

Figure 1
The Roles of School-Based Personnel and Community-Based Providers
In the Provision of Mental Health Services



What are the Similarities and Differences between Pupil Services Staff and Community Based Providers in Schools?

The goals of teaching coping skills to students, providing counseling, mental health and case management services, crisis intervention and consultation to teachers and families are common to all school-based professions and both school and community based settings. The school employed pupil service staff, however, have also as their mandate to ensure that ***all students achieve maximum benefit*** from their education and that the **overall learning climate of the school**, for students, staff and families, remains a positive one. The school district utilizes internal pupil services professional resources to support students' learning through the provision of social, emotional and behavioral services. For example, school counselors may view their role as also encompassing being the "right hand" of the principal. School employed staff are **accessible to all students** and teachers; even when a staff position is funded for a specific purpose, such as alcohol and other drug prevention and counseling or alternative education, the fact that the staff person is in the school district every day, all day makes for **easier access** to deal with other student or teacher concerns, both formally and informally, such as mediating a conflict between students. A school social worker or counselor, for example, has the **flexibility in scheduling** and the job sanction to work with a teacher and incorporate social/emotional goals within an existing lesson plan and instructional time.

Community based mental health providers working from an agency base (school based mental health therapists) are governed by **productivity**. In other words they must have a ratio of hours spent directly with clients to their other work duties; this can range from 19-24 percent of their time in direct practice. Services are limited to only those students on the worker's caseload. Those students' guardians have provided **permission to treat** and are in need of medically necessary services as dictated by Medicaid and insurance mandates. This is determined by **meeting DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) criteria** and children are given a diagnosis. A **treatment plan** is then developed based on this diagnosis and the needs of the family. Some agencies historically have provided services to students without Medicaid; other agencies have not. Some mental health boards have approved monies to serve those students without Medicaid. When agencies have surpassed monies allocated from the mental health board, they may continue providing the services pro-bono. In schools, most agency workers do not regularly attend school team meetings due to productivity standards and paperwork guidelines that must be met. There is simply not enough time to attend meetings unless the child is on the worker's caseload. School based therapists also cannot assist with everyday school crises/conflicts that do not involve students on their caseloads. **School limitations on time outside of class**, especially during periods of mandatory state testing, can severely limit access and create difficulty for community based providers in scheduling contact time with students.

Taking school social workers as a case in point, Figure 2 illustrates some similarities and differences in roles and service provision for school employed versus community/agency based social workers.

Figure 2
School-Based Mental Health Services

School Employed Social Workers

- Services provided –**
- Continuous on-site presence & accessibility to all students
 - Crisis intervention
 - Attendance tracking
 - Linkage and advocacy with community resources
 - Coordinate services provided by agencies to students
 - Facilitate referrals for assessment, tutoring and other academic assistance
 - Assist with disciplinary referrals by working with the parents or caretakers
 - Refer for counseling
 - Collaborate with community agency staff on campus
 - Mediate between the school and home by making home visits
 - Provide parenting classes or workshops, teacher consultation, classroom observation, individual & group counseling, family outreach
 - Team collaboration with staff
 - In-service training of school staff

- Similarities between school employed vs agency employed social work staff –**
- Educational background (MSW)
 - Philosophy of practice
 - Theoretical foundation (Ecosystems)
 - Similar goals and desired outcomes regarding the overall well-being of students
 - Some overlap in services delivered

- Differences between school employed vs agency employed social work staff –**
- School social workers must have a PPS (Pupil Personnel Services) Credential
 - School social workers are employed by the school district and may be assigned to more than one school
 - Funding streams
 - Agency staff may also include other master level clinicians besides social workers (i.e., Marriage and Family Therapists)
 - Different agendas may develop due to pressure by school districts to improve academic performance outcomes
 - Agency employed staff have smaller caseload; eligibility and intake requirements for students to be included; may have waiting list

Community Agency Employed Social Workers

- Services provided –**
- On-site mental health services including individual, family and group counseling & crisis intervention
 - Parenting classes and workshops
 - Inservice training to school staff on relevant topics related to mental health
 - Teacher consultation & classroom observation
 - Attendance at IEP meetings, student support team meetings (SSTs) as requested by school personnel
 - Attendance at school events such as Back to School Night to promote counseling program
 - Linkage with community resources
 - Home visits
 - Advocacy
 - Team collaboration with staff

How do school based and community based providers work with students and families?

The following case example documents the multiple roles and actions that a school social worker might provide and how detailed knowledge of resources, internal and external to the school, can be beneficial in work with students:

School social worker received call from principal re: concern for female student (Jane). Student is 16 years old and lives with Grandmother (GM). GM received custody of Jane and her brother due to drug use and incarceration of Jane's mother. Jane has only 2 credits and had agreed to a plan to complete summer school and then attend an alternative school to receive the district high school diploma. Jane did not complete the last 2 weeks of summer school. GM stated that Jane was not coming home, not obeying rules and is demonstrating some truancy issues. Jane's GM was offered Multisystemic Treatment at the end of the school year last year, but did not accept the service as they were involved with other social services due to brother's involvement with Juvenile Court. GM feels she has no support from court, and is not willing to file an unruly on Jane. GM had called the school principal for help since the school principal had been supportive of her in the past.

The school social worker spoke with GM at length and scheduled an appointment to meet with her and Jane. She secured permission to make some calls on GM's behalf. GM was very willing to get appropriate help. During the scheduled session, the following was initiated. The social worker contacted the Department of Children and Family Services (DCFS) to speak with the worker and left a message. She contacted the Neighborhood Collaborative to put them on notice that she was going to ask the DCFS worker to make a referral and with the GM permission, gave them the information. She contacted juvenile court to discover that the family's case had been closed, so there was no support there. She also contacted another alternative school to investigate possible school placement there – but it was already full. She worked with the school principal, as the school administration was in the process of putting together a pilot twilight school that will accept only 30 students this year. The principal agreed to consider her as a candidate if Jane would meet with the school social worker and put a plan together.

Three days later, the social worker had spoken with DCFS worker and Collaborative referral was made. She met with GM and Jane. Jane signed an agreement to go to the Mental Health agency that day and get on the list for Girls Group (There is a waiting list at the moment, so the school social worker is acting as Jane's coach – Jane has her cell phone number and they check in every Friday). Jane has an appointment scheduled with the wrap around worker, has been accepted at twilight school, and has begun classes. She also is interested in working with older people, so the school social worker located several nursing homes and did mock interviews with Jane. Jane has contacted nursing homes and started interviewing. GM has reported that Jane is asking to go out, is obeying rules and is very interested in making sure she gets to go to the Girls Group. GM thanked the school social worker profusely for 'not judging her or her family'.

To illustrate the roles assumed by agency based social workers, the following case documents the multiple roles that a school based therapist might assume and how service provisions within the school setting can be beneficial in working with children and families.

Johnny is an eleven-year-old boy, referred to community based mental health services due to severe oppositional, disruptive and aggressive behaviors at home and school. He was diagnosed with ADHD, Oppositional-Defiant Disorder, and Depression. Shortly after his involvement with the agency, he was referred by his home school to the district's alternative school.

Johnny lived with his maternal grandmother and younger sister in a housing project. In addition to severe school problems, Johnny was oppositional with his grandmother, which included stealing and lying behaviors. His mother suffered from chemical dependency and would have only occasional contact with him. His father had been killed when he was 4 months old.

Through the school setting, Johnny was able to access a broad spectrum of needed mental health services. At school, he received individual counseling with the school-based mental health therapist (SBMHT) to address his anger and depression, along with group social and coping skills training. He was referred to the SBMHT's agency psychiatrist for medical treatment of ADHD. Effectiveness of the medication was monitored through staff feedback in conjunction with behavior management and consultative services provided as part of the school based service package. A community support worker from the mental health agency aided the family in accessing other community services that were identified in the assessment. This included referral to the agency's Intensive Outpatient Summer Program that further enhanced and reinforced social coping skills. His school-based counselor was able to provide Parent Management and supports through sessions at the school, office and home with his grandmother.

Johnny has made significant improvements with his treatment goals throughout his involvement with the SBMHT. His grandmother reports much improvement with his behaviors at home, with only occasional incidents of theft and lying. He attained Level V (highest level) at the alternative school and was able to move back to his home school. To date he is doing well in a regular educational setting. He is participating in community based social programs without reports of peer or behavioral difficulties.

How can school employed and community based providers better understand each other's roles and functions?

Pupil services staff and agency employed mental health staff are increasingly working in schools with the same students and families as clients. Models and methods are being developed and disseminated for how these professionals can work together effectively in the same school building with what is often the same client caseloads. An important issue and general concern is how mental health providers from community/agency based programs can coordinate and engage with school personnel, such as school social workers, school psychologists, school counselors and school nurses, who are already employed in the school, and may in fact, have longevity and experience with the school district and its student population. At the same time, it is important for school based

providers to make effective use and connect with the unique expertise and resources that a community based provider brings to the district.

School employed providers generally have already dealt with the engagement issues that emerge when social and mental health services are provided in a host setting (e.g. a social worker working in a school versus a mental health or family service agency where social work is the predominant profession).

Several practice strategies for those working in a host setting include:

- 1) establish relationships with school personnel from other disciplines,*
- 2) build rapport with the principal,*
- 3) be clear about your role and who you serve,*
- 4) be visible and*
- 5) provide prompt feedback (Berrick & Duerr,1996).*

School employed providers typically have had some education courses as part of their training and may also have had an internship or field placement within a school. They are already part of the school's intervention assistance team process and have considerable classroom management skills and knowledge. Their training has prepared them to work in schools in a very different manner than clinical training for work in a primary mental health or social service setting.

The following guidelines are offered for **pupil services staff who are already working in a school but wish to make the most of the clinical services being provided by outside agencies** or entities as well as for **mental health providers as they prepare to work in a school setting** and are based upon methods that have been described in a wide variety of contexts and communities for effective ways to work within the school (e.g. Taylor & Adelman, 2006; Woody, 2006; Waxman, Weist & Benson, 1999). Naturally, each situation is unique. These guidelines suggest issues and questions that may be raised when agency and community based providers work within the same school. Their joint efforts to find answers to these issues may form the basis of their partnership and collaboration. For example, how will scheduling conflicts and space concerns be handled, how will the purpose of a program or service be communicated, or how will the roles and resources within a school district be discovered?

Guidelines for school based providers to understand the role of community based providers.

- Adopt an open mind that is affirming and receptive to collaborations, recognizing that the mental health services to be provided are truly needed by a subset of students in your school.
- Obtain information so that you can understand the specific purpose and outcomes to be expected of the program or services to be provided (e.g. a group for girls with eating disorders).

- Continue to work with your school teams and assume leadership and coordination of roles on interagency teams. For example, school social workers may assume a coordinating role as their training emphasizes linkage between systems.
- Help agencies and collaborators work with the school to better understand and overcome barriers to service that arise, such as scheduling conflicts between academic instruction and mental health services.
- Understand the mental health funding source, including eligibility criteria for service, scope of service delivery, voluntary nature of service, length of service is helpful. The limitations of actual services that can be provided are due to what can be billed as direct practice. Agencies often have “productivity” expectations of their staff which means they can only bill for direct service. This affects staff time in schools.
- Ensure that private space within the school is dedicated for the delivery of mental health services
- Appreciate how mental health laws may compliment or challenge education laws e.g. confidentiality.
- Serve as mediators in resource conflicts and disputes.
- Take the initiative in leading efforts to map and coordinate resources.
- Work with the school and agency to develop formal agreements and formal mechanisms for maintaining programs and relationships.
- Develop referral procedures and procedures to follow up on referrals made.
- Work to help other mental health professionals link their services to outcomes that are academic as well as behavioral in nature.

Guidelines for community based providers to understand pupil services professionals employed within the school district.

- Learn about the professional resources for social and mental health services already present in the school and the roles of the different disciplines represented on the pupil services team.
- Learn about laws, policies and procedures for special education, attendance, discipline, among others.
- Learn to understand the school climate and how to engage with school personnel. Awareness that while some words may be used by both disciplines, they may not have the same meaning.
- Understand and be clear about how your services relate to the schools’ goals for academic achievement.
- Be familiar with classroom management skills.
- Develop working relationships and friendships with teachers, administrators, pupil services team staff and front office staff.
- Schedule regular times to meet with those who work inside the school and identify the lead clinician within the school who assumes a liaison or coordinating role with community based providers.

- Share information and offer feedback to teachers and other pupil services professionals about your work with the student. Obtain appropriate releases of information so that this can occur.
- Be prompt and receptive to teacher concerns about students with whom you work.
- Spend more time in schools and be reliable about your schedule. Staffs need to spend time on the campus in addition to the time spent with clients. This promotes visibility.
- Maintain a consistent schedule but be flexible in service delivery.
- Assist pupil services staff in school development and teacher training specific to mental health issues impacting students
- If at all possible, focus on prevention and early intervention
- Community providers should attend all major schools events such as Back to School Night and Open House.

What would collaboration look like between school employed and community based service providers?

- Collaboration would produce positive changes for children,
- Service providers would provide feedback and follow up on progress toward resolution of problems,
- Professionals such as pediatricians would request educational information from the school when assessing and making diagnoses that relate to learning issues or need for evaluation.
- Other service providers would conduct classroom observation as part of their mental health and educational assessments so that their information about the child is complete and unbiased (billing restricts the types of services provided in the school),
- Funding would allow payment for work with collaterals and school observation,
- School personnel would share information/meet with community based providers,
- Providers external to the school would request releases of information,
- School personnel would perceive that community providers value the school's information and the roles of school personnel,
- Other agencies would be invited to school team meetings,
- School social worker would serve as the lead in getting releases and finding out what other services are being provided to a student
- School personnel provide referrals to school based therapist based on cases that have come through the IBA process or students who have come to their attention in some sort of crisis (depression, suicidal ideation, psychosis, parent referral). Personnel are open and provide information and vice versa (provided a release of information is signed).

What strategies and resources can school and community based providers draw upon to improve communication and collaboration and navigate the school-community partnership?

- Provide pre-service clinical training that focuses more clearly on practice considerations and skills of working in a host setting, knowledge of working in a transdisciplinary environment and understanding of the school as a social organization.
- Gain knowledge of other disciplines roles, credentials and services (for example, Flaherty et al, 1998 provides a review of roles and credentials of differing professionals as preparation for interdisciplinary work in schools).
- Develop mechanisms to facilitate referrals and to monitor and follow up on referrals e.g. whether the referral “took”, goals and outcomes.
- Use the team process and the coordinating role of the school employed team leader/coordinator to share information and develop goals that are aligned with and supportive of the school’s goals
- Ensure adequate planning and preparation for the delivery of contracted or billable services to a school (Alvarez & Bye, 2006 provide guidelines for school administrators when contracting for services including documentation, coordination of services, evidence based practices, congruence with goals of school, space, scheduling, supervision, and liability among others)
- Conduct annual surveys for feedback purposes. School personnel evaluate community providers and vice versa.
- Establish monthly or regularly scheduled case review meetings where community providers and school personnel come together to review referrals, dispositions and outcomes.
- Initiate district level consortium meetings focusing on policies and procedures.
- Ensure that agency program supervisor has monthly or quarterly meetings with the school principal.

Summary

The present trend is toward increasing service provision in schools from community based providers. Pupil services staff and agency employed mental health staff are increasingly working in schools with the same students and families as clients. An important issue and general concern is how mental health providers from community/agency based programs can coordinate and engage with school personnel, such as school social workers, school psychologists, school counselors and school nurses and how school based personnel already working in a school can make the most of the clinical services being provided by outside agencies. Awareness and understanding of the roles of each discipline is a crucial first step in promoting good working relationships and better coordinated services.

This concept paper has identified roles and functions and specific guidelines and strategies to consider to improve communication and collaboration between school and

community based providers. As school and community based providers work together to find solutions that work within their school system that build upon each others' strengths and resources to better serve students and families

¹ Each concept paper under the auspices of the Effective Practice Integration Council (EPIC) was developed within the context of a collaboration between "Effective Practice Partners", based in a University as well as in a school, district or county level entity responsible for school based mental health services. This concept paper grew out of a collaboration with one suburban school district in Northeast Ohio, one in which all student services professionals are represented. In the process of developing this concept paper, a wide variety of resources were utilized, including focus group meetings and interviews with 45 school student services and community based staff representing different disciplines.

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