Executive Summary

Caring Across Communities: Addressing Mental Health Needs of Diverse Children and Youth

*Caring Across Communities: Addressing Mental Health Needs of Diverse Children and Youth* brought school-connected mental health services to immigrants and refugees in 15 communities in eight states. From 2007 to 2010, partnerships developed model mental health programs that engaged schools, families, students, mental health agencies, and other local organizations in building culturally appropriate, readily available services. Most sites also offered supportive services such as case management. The Robert Wood Johnson Foundation (RWJF) Board of Trustees authorized the program for up to $7 million.

Read the full Program Results Report.

Read more about the program on its website.

CONTEXT

Children from immigrant and refugee families, a growing segment of the U.S. population, are at higher risk than other children for depression, anxiety, social isolation, lack of social integration, and undiagnosed mental health disorders. They have limited access to mental health care, and often come from cultures where there is stigma attached to mental health issues.

*Caring Across Communities* was part of RWJF’s work to help meet the needs of vulnerable communities whose populations are changing—in this case, through immigration. The national program built on RWJF’s work in school health, including establishing the Center for Health and Health Care in Schools at George Washington University in Washington.
THE PROGRAM

_Caring Across Communities_ brought school-connected mental health and, in most cases, supportive services, to immigrants and refugees in 15 communities in eight states.\(^1\) The program’s sites developed model mental health programs that engaged schools, families, students, mental health agencies, and other local organizations in building culturally informed, linguistically accessible, and readily available services for children, youth, and their families. A number of sites also offered supportive services such as case management to help families with basic needs such as housing or winter clothing.

The sites were all located in communities with many immigrants and/or refugees. While the sites developed different models and approaches, they all:

- Offered at least some mental health services in schools
- Provided families with interpretation and translation services
- Adapted their strategies to the cultural group(s) being served

KEY PROGRAM RESULTS AND FINDINGS

National program staff and evaluators\(^2\) reported the following results to the RWJF in an evaluation report (available [online]),\(^3\) other reports and interviews, and on the _Caring Across Communities_ website:

- _Caring Across Communities_ projects provided thousands of immigrant and refugee children and families with access to culturally responsive mental health prevention and treatment services. They:
  - Supported more than 9,000 students from 55 countries at 36 schools
  - Engaged more than 4,600 parents/caregivers, and partnered with more than 4,500 teachers, counselors, school health professionals, and others
  - Offered services ranging from school-wide mental health promotion, to group and individual counseling, to home visits

- Four components of mental health services for immigrant and refugee children are essential:
  - Engaging with families, from which all services build, entails establishing relationships with families and identifying their unique needs and strengths.

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\(^1\) Each site received a three-year grant of up to $300,000.
\(^2\) The evaluators were Clea McNeely, Katharine Sprecher, and Denise Bates of the University of Tennessee.
\(^3\) McNeely C, Sprecher K, and Bates D. *Comparative Case Study of Caring Across Communities: Identifying Essential Components of Comprehensive School-Linked Mental Health Services for Refugee and Immigrant Children.* Knoxville, TN: Center for the Study of Youth and Political Violence and Department of Public Health, University of Tennessee, Knoxville, May 2010.
Home visits are especially helpful. Providing a consistent, helpful presence—such as by greeting families when parents dropped their children off at school—also helped engage families.

— **Meeting their basic needs**, such as winter clothing, a mattress to sleep on, academic supports, and language classes. Addressing basic needs may be an efficient way to resolve mental and emotional distress for many families, and is an effective way to build trust.

— **Strengthening their ability to adapt to a new culture**, especially through cultural brokers, people who understand the different cultures of refugees and immigrants—and who may have been immigrants or refugees themselves. Program staff from other cultures can assist with cultural adaptation as well, particularly if they understand the culture or are open to learning about it from the families.

— **Providing emotional and behavioral supports**, such as individual and group therapy focused on dealing with trauma; support groups; individual behavior plans; coaching in conflict resolution and relationship skills; and mentoring.

These components follow a hierarchy of needs, and should be seamlessly integrated. It is helpful for the contact people to have a relationship with the family and to be able to help them navigate a wide variety of services and situations.

- *Caring Across Communities* created tools (e.g., training manuals and guidebooks) to facilitate the design and implementation of school-connected mental health services for immigrant and refugee students.

**THE WORK GOING FORWARD**

RWJF has provided funding to expand the Center for Health and Health Care in Schools’ mental health work and to plan for the organization’s financial sustainability.

**Expanding School-Based Mental Health Programs**

RWJF awarded the center three grants to build capacity for school-based mental health programs. Under the first grant, center staff:

- Conducted interviews, focus groups, and surveys with thought leaders, foundation staff, and school personnel

- Analyzed policies and federally funded grant programs related to mental health and lessons learned from *Caring Across Communities* and other RWJF national programs

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4 Grant ID# 67762 ($100,000, August 1, 2010 through December 31, 2010)
To help ensure maximum uptake of federal and state policy opportunities supporting school mental health, under the second grant\(^5\) center staff:

- Identified and reviewed federal, state, and local policies and regulations with implications for the organizational management and financing of school-connected mental health programs
- Explored strategies and opportunities to increase and institutionalize school-connected mental health services and programs

The third grant\(^6\) extends the work of the Center for Health and Health Care in Schools beyond the focus on immigrant and refugee children to the mental health needs of all children. The center is deepening its understanding of policies and programs that integrate health and education in schools and promoting best practices. This work includes:

- Gathering input on such policies and programs from family members, coaches, after-school directors, educators, and other community stakeholders
- Holding webinars on best practices for supporting children’s social and emotional needs
- Revising and expanding the center’s Web-based action guide on how best to support children’s social and emotional needs in schools. It will be available at [http://actionguide.healthinschools.org](http://actionguide.healthinschools.org).

The center also continues to act as a clearinghouse for resources and tools on school-connected mental health programs and services.

**Building Long-Term Financial Sustainability**

RWJF awarded Root Cause, Boston, two grants\(^7\) to help the center achieve long-term financial sustainability. Root Cause helps social service organizations, both providers and funders, improve their performance.

Working with Olga Acosta Price, PhD, center director, and the staff, Root Cause consultants developed a long-term sustainability plan, based on defining the center’s key revenue sources (customers, services, and content expertise), and created a concise marketing document, *The Center for Health and Health Care in Schools: Advancing School-Connected Programs and Policies for Children’s Health and School Success*

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\(^5\) Grant ID# 68467 ($728,215, January 1, 2011 through April 30, 2012)

\(^6\) Grant ID# 72236 ($439,172, November 15, 2014 to November 14, 2015)

\(^7\) Grant ID# 70112 ($194,561, June 1, 2012 to October 31, 2013) and Grant ID# 71529 ($37,508, December 1, 2013 to May 31, 2014)
(available online; scroll down to the end of About Us; the report is pictured). Prospective clients can also learn more about the center’s services through its consulting Web page.

As part of the sustainability plan, Root Cause created an action strategy for developing relationships with prospective clients and a financial model of projected revenue and expenses. Root Cause then coached and guided Acosta Price and other center staff in implementing the sustainability plan, which they continue to use to market the center’s services.

Program Management: National Program Office: Center for Health and Health Care in Schools at George Washington University, Washington
Program Directors: Julia Graham Lear and Olga Acosta Price