

## **SERVICE DELIVERY MODEL EXPECTATIONS**

Research has shown that the Primary Mental Health Program effectively facilitates children's adjustment to school and sense of well-being. Essential to this model is the establishment of a personal relationship with the student, who comes to trust and feel accepted by the child associate (CA). This is accomplished as:

1. Children meet with the CA on a weekly basis outside of the classroom;
2. Children engage in self-directed expressive play;
3. Children are initially seen on an individual basis; and
4. Direct services are provided to each child for at least 12 weeks.

Some latitude in the service delivery model is permissible. The following are acceptable practices:

1. Children are offered a choice of activities during play sessions;
2. Some children (i.e., those who will benefit) transition from individual to small group sessions;
3. The CA meets with children on an emergency basis, in addition to their usual session
4. The CA *occasionally* visits classrooms to become known to students or promote PMHP goals; and
5. The CA is familiar with social skills curriculum used in the classroom, and makes reference to terms and concepts during sessions. (Program activities themselves, however, should not involve implementation of a "canned" curriculum.)

The practices listed below are contrary to the program's core concepts, and programs that engage in these activities will not be funded:

1. The service model regularly involves classroom-based instruction or coaching;
2. Children are seen exclusively in small group sessions;
3. Children's weekly sessions may be cancelled as a punishment; and
4. CAs funded by the state grant are used for duties, disciplinary activities, academic instruction, office assistance, or other non-program-related activities.