Expanding Clinical Mental Health Services in North Texas: 'Rounding Up' a Lone Star Pilot Program

Kaitlin Tollison, LCSW & Samantha Bates, PhD
Objectives:
1. Describe innovations, policy-changes, and administrative decisions designed within the CIS organization of Greater Tarrant County to facilitate new pilot programming addressing Tier III intervention.
2. Describe results of an expanded school-based mental health pilot program.
3. Identify at least 3 examples of strengths, barriers, challenges and facilitators in the development and implementation of expanded school-based mental health services.
34% of high school youth in Texas report symptoms of depression and 5% report they have attempted suicide in the last year (CDC, 2018)

31% of youth in the U.S. report depressive symptoms and 2% report attempted suicide (CDC, 2018)

Texas youth are reporting slightly higher mental health concerns compared to their peers nationally...
School-Based Services

Communities In Schools of Greater Tarrant County

- History of organization
- Number of schools and districts in Greater Tarrant County
- Oversight and reporting from Texas Education Agency
- Role of Program Managers
- Explicit need for clinical mental health services for vulnerable youth delivered in cost-effective ways

Pilot Clinical Mental Health Program inception...
Systems-Level Change

• Organizational Change
  • Department
  • Staff
  • Funding

• Policy and Procedure Change
  • HIPAA vs. FERPA
  • Barrier Elimination

• CIS/TCU Partnership
  • Data
  • Best Practices

• District Decisions
  • Campuses
  • Referrals
  • Values
  • Language
  • TIC Focus
  • Protocols
Clinical Model

**SY 2018/2019**
- 2 Campuses, 2 Districts
- 1 Mental Health Counselor
- 13 students served
- Solely Individual Treatment
- 2 Mental Health Trainings

**SY 2019/2020**
- 7 Campuses, 3 Districts
- 3 Mental Health Counselors
- 80+ students served (anticipated)
- Group & Individual Treatment Options
- 3 Mental Health Trainings
- Parent Component
- Teacher Component
Methods

Quantitative: Measures

Elementary School
- Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)
  - Youth self-report
  - Teacher report on child

Middle & High School
- Abbreviated version of the Youth Outcomes Questionnaire (YOQ-12)
  - Youth self-report

Qualitative: SWOT Analysis

Outputs
- # served
- Hours
- Sessions
- Contacts with parents

Treatment Goals
- Progress made (i.e., # of goals met)

Strengths
- [Graph]

Weaknesses
- [Graph]

Opportunities
- [Stars]

Threats
- [Lightning bolt]
## Results: Outputs

### Table 1. Elementary School Outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>Number</th>
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<tbody>
<tr>
<td>Number of Student Served</td>
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<tr>
<td>Consents Obtained</td>
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<tr>
<td>Number of Referrals for Students Not Served</td>
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<tr>
<td>Total Number of Sessions Provided</td>
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<tr>
<td>Total Number of Hours In Treatment</td>
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<td>Number of Parent Contacts/Attempted Contacts</td>
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### Table 2. Middle and High School Outputs

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### Total Outputs
- Total of 13 students served
- Total of 93 Hours
- Total of 166 Sessions
- Total of 223 Contacts with parents
## Results: TX Goals

### Treatment Goals Overview
- 100% made progress toward 1 TX goal
- Significant correlation between sessions and progress toward TX goals

<table>
<thead>
<tr>
<th>School</th>
<th>Number of Sessions</th>
<th>Number of Tx Goals</th>
<th>% Achieved Progress on Tx Goals</th>
<th>CIS Outcomes</th>
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<td>3</td>
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Results: SAEBRS

Higher scores indicate better overall functioning (range from 0 to 57).

*All students met “at-risk” criteria at intake.

Elementary SAEBRS Scores (Pre- and Post-Test)

Pre-Test (Intake) Score

Post-Test Score

10

12

16

18

20

22

24

10

16

21

22

23
Middle and High School Youth YOQ Critical Items (Pre-, MId-, and Post-Test)

Lower scores indicate better overall functioning (ranges from -8 to 36)

*All students met “clinical level” criteria at in-take
Individual Factors
1. Positive changes observed and progress was made toward treatment goals for students
2. Clinician had opportunities to build positive rapport
3. Strong training and knowledge of consent and documentation

Interactional Factors
1. Receptive parents
2. Awareness of the need and openness among teachers and administration
3. Culture of respect for clinician
4. Teachers who viewed themselves as partners
5. Teachers respectful of confidentiality and boundaries

School Factors
1. Supportive admin
2. Clear referral processes
3. Referral numbers that exceed expected caseload
4. Private space for clinician
5. Clear communication about times to pull students
6. School-based student support teams in which clinician becomes valued member
Part-time role of clinicians bring challenges in meeting caseload goals and building relationships in the school. When there is a lack of documentation provided on discipline there are limited opportunities to drive behavior changes and set goals in therapy.

- Teacher burnout
  - Lack of trust and accountability among professionals in the school
  - Unprofessional conduct or inappropriate comments from adults
  - Barriers to access
  - Culture of negative communication between school to parents

Weaknesses & Threats

- Stigma around mental health in schools
- Apprehension and lack of clarity about policy
- Lack of community partnerships
- Biases around subgroups of vulnerable students
- Apprehension and lack of clarity about policy
Opportunities

Program/Clinicians
- Improve notes to document similarly across different school contexts
- Continue use of data to drive decisions and evaluate
- Trainings on HIPPA annually
- Obtain consent to leave voicemails and youth to participate in groups

Teachers/School
- Expansion of supports and increase buy-in
- Gather more input during assessment and tracking
- PD opportunities for teachers to understand their trauma and trauma-informed teaching practices

Parents/Families
- Mitigate barriers to phone communication
- Increase home visits and visibility with families and positive contacts
- Engage family members in treatment plan, goal-setting, and understanding of services
Casework Model

55 Schools
4,951 Students served
89% received FRL
Theory of Change

Develop social, emotional, and academic competencies

Reduce dropout rates

Increase college/career readiness and civic engagement

Develop relationships with caring adults and others

Improve attendance, behavior, and coursework

Increase graduation rates
On average, youth receive 28.2 hours of support from CIS program managers annually. Over the course of 8 months, that averages to approx. 3 ½ hours per month.
<table>
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<tr>
<th>Improved vs. No Change/Regressed</th>
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<th>S.E.</th>
<th>Sig.</th>
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## Outcomes

<table>
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<th>CIS Outcome</th>
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<td>Academic</td>
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<tr>
<td>Behavior</td>
<td>92%</td>
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### Graduated or Promoted

| End of Year | 88% |

### Academic Outcome

- Improved: 85%
- Regressed: 10%
- No Change: 5%

### Behavior Outcome

- Improved: 92%
- Regressed: 2%
- No Change: 6%

### End of Year Outcome

- Graduated or Promoted: 88%
- Dropout/Leaver: 12%
Clinical Mental Health

• Clinician usually building from ground up
• Evaluation and data to drive decisions and buy-in from school leaders
• Facilitators and barriers
• Expansion and new directions

CIS Casework Model

• Helping address nonacademic needs
• High risk population(s)
• Quality data improvements
• Contributing to research & knowledge base

Organizational Infrastructure Change

Clinical Services
Theory of Change
• In FTW, Black girls 7x more likely to be suspended or expelled than White girls
• One elementary school implementing restorative practices only
  • Compare to other schools in the district
• Next year school climate data and achievement to distill more nuanced data on impact of school social workers
• Ensure data quality & accountability
• Engage students and future practitioners in data analysis and research to strengthen organization
Thank You!

Please contact us if you have additional questions!

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