EXPANDING ACCESS: IMPLEMENTATION AND FUNDING STRATEGIES FOR SCHOOL BASED MENTAL HEALTH PROGRAMS.

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THE BURDEN OF MENTAL ILLNESS ON OUR CHILDREN

11% of children (ages 8 to 11) have or have had a mental illness with severe impairment
22% of teens (ages 13 to 18) have had a mental illness with severe impairment in their lifetime
Only 50% of youth with a mental health disorder receive any behavioral health treatment

50% of all lifetime mental illness start by age 14
75% of all lifetime mental illness start by age 24

YOUTH SUICIDE: FRANKLIN COUNTY

Number of deaths

2 2 1 1 3 7 3 13 11 6 12
Behavioral Health Service Model

Care Connection

Goal: Reduce severity, intensity of symptoms driving impairment
Strategies: Address family and individual factors
Programs:
- Individual therapy
- Family therapy
- School collaboration

Individual and Family Interventions

Schools

Intensive Academic Support
- Intensive social skills training
- Behavior support plans
- Multi-agency collaboration/Juvenile court (wraparound)
- Multi-system collaboration
PROGRAM OVERVIEW

Targeted Strategies

Care Connection
Goal: Reduce risk for “at-risk population”
Strategies: Consultation, individual skill building and prevention groups to strengthen social emotional learning skills
Programs:
- Too Good for Drugs
- Too Good for Violence
- Coping Cat
- Skillstreaming
- Dialectal Behavior Therapy
- Skills in Schools

Schools
Targeted Strategies
- Social skills training/support
- Increased academic support and practice
- Alternatives to suspension
- Mentoring
- Progress monitoring
- Behavior/attendance contracts
Universal School-Wide Strategies

**Care Connection**
Goal: Promote a positive school climate through wellness promotion and implementation of prevention programs that provide consistent and structured responses to behavioral and emotional concerns
Strategies: Teacher, family and student education
Programs:
- Elementary: PAX Good Behavior Game
- Middle and High School: Signs of Suicide (SOS)

**Schools**
School-Wide Supports: All Students
- Positive, safe and engaging school learning environment
- Effective academic support
- Effective classroom management
- Teaching social skills
- Teaching school-wide expectations
- Active supervision and monitoring in common areas
- Positive reinforcement for ALL
## Expansion Overview

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<tbody>
<tr>
<td>Number of Schools</td>
<td>20</td>
<td>27</td>
<td>47</td>
<td>49</td>
<td>55</td>
</tr>
<tr>
<td>Number of Staff</td>
<td>11</td>
<td>15</td>
<td>31</td>
<td>33</td>
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<td>Referrals</td>
<td>501</td>
<td>857</td>
<td>1520</td>
<td>1642</td>
<td>2041</td>
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<td>Linkages</td>
<td>174</td>
<td>525</td>
<td>954</td>
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<td>CHALLENGES</td>
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<td>Data Tracking</td>
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<td>Data Reporting</td>
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<td>Linkage Rates</td>
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<td>Consistency</td>
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<td>Addressing community needs</td>
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**SPECIALTY RESOURCE COORDINATOR**

Roles & Responsibilities:

- Screening and triage for all incoming referrals
- Two attempts to schedule referral
- Schedule directly into therapists’ templates
- Send required safety letter

**SCHEDULING COORDINATOR**

Roles & Responsibilities:

- Clerical task of transcribing and uploading faxed referrals in EMR
ASSESSOR POSITION

Roles & Responsibilities:

- Complete assessment for waitlisted referrals
- Complete assessment for potentially inappropriate referrals & make recommendations for other services
- Provide bridging services until students linked with ongoing provider
SPECIFIC STRATEGIES DEVELOPED

“3RD STEP”

Additional step added to the referral process

• Occurs after two attempts to schedule the referral
• Therapists consult with referral source to brainstorm barriers to linkage and identify alternative means of communication
• Document developed to allow therapists to gather necessary registration and demographic information
• SRC can input into EMR without speaking to parents & assessment can be scheduled
Aim
Increase the percentage of newly referred BH school-based therapy patients scheduled within 30 days by 57% to 85% by August 2018 and sustain for 12 months.

Key Drivers
- Buy-in from clinical & operational stakeholders
- Effective utilization of resources
- Optimized scheduling process
- Improve data accuracy

Interventions
- Decrease operational responsibilities for providers
- Centralize scheduling process
- Improve referral management
- Improve triage disposition
- Manage referral work queue
- Optimize Cadence™ scheduling
- Leverage Epic™ for data collection & status updates
Days to first appointment (BH School based access)

<table>
<thead>
<tr>
<th>Month</th>
<th>Average days</th>
<th>Process Stage Mean</th>
<th>Process Stages</th>
<th>Control Limits*</th>
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<tr>
<td>Sep 2015</td>
<td>57</td>
<td>67</td>
<td>34</td>
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<td>Oct 2015</td>
<td>36</td>
<td>41</td>
<td>11</td>
<td>6</td>
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<tr>
<td>Nov 2015</td>
<td>30</td>
<td>30</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Dec 2015</td>
<td>53</td>
<td>38</td>
<td>12</td>
<td>125</td>
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<tr>
<td>Jan 2016</td>
<td>11</td>
<td>125</td>
<td>10</td>
<td>101</td>
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<td>Feb 2016</td>
<td>5</td>
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<td>Mar 2016</td>
<td>18</td>
<td>77</td>
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<td>Apr 2016</td>
<td>47</td>
<td>100</td>
<td>60</td>
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<td>May 2016</td>
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<td>Jun 2016</td>
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<tr>
<td>Jul 2016</td>
<td>19</td>
<td>48</td>
<td>46</td>
<td>6</td>
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<tr>
<td>Aug 2016</td>
<td>19</td>
<td>48</td>
<td>18</td>
<td>8</td>
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</table>

X-Bar Chart

Desired Direction
FUNDING TO SUPPORT EXPANSION

POTENTIAL SOURCES

Government

3\textsuperscript{rd} Party funding

Other child serving agencies

Schools

Mental Health Board
Exploring Potential Sources

Who are the other child serving organizations in your community

<table>
<thead>
<tr>
<th>Shared goals?</th>
<th>Shared clients?</th>
<th>Are there gaps in what they are able to provide?</th>
<th>Do they have access to funds that aren’t accessible to your organization?</th>
<th>Opportunities to expand capacity through collaboration?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Consultation</td>
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<td>• Training</td>
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<td>• Tier 1 or Tier 3 vs Tier 3 services</td>
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<td></td>
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<td>• Increased billing opportunities</td>
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ENGGAGEMENT AND FRAMING

- Identify shared goals
- Identify shared data
- Identify shared clients
- Nurture and maintain relationships
- Share resources and provide support
- Always track and report data!
**TAKE AWAYS**

<table>
<thead>
<tr>
<th>Learned Lessons</th>
<th>Limitations</th>
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<tbody>
<tr>
<td>Regularly check progress – Continuous improvement!</td>
<td>Intake department</td>
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<tr>
<td>Expanding might magnify weaknesses</td>
<td>QI support</td>
</tr>
<tr>
<td>Improvements in one area can lead to uncovering other problem areas.</td>
<td>Colleges and Universities</td>
</tr>
<tr>
<td>Funding can change!</td>
<td>Internship programs</td>
</tr>
<tr>
<td></td>
<td>Internal applicants</td>
</tr>
</tbody>
</table>

Resources were available in our organization

Resources accessible to recruit candidates for expansion
QUESTIONS
REFERENCES


National Health & Nutrition Examination Survey, 2010; National Comorbidity Survey Replication-Adolescent Supplement, 2010; NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005