Braiding Together Schools & Community Mental Health: Building a System of Care from the Ground Up

The Children’s MOSAIC Project

21st Annual Advancing School Mental Health Conference

Friday, September 30, 2016
Objectives

1. Describe the ground-up approach of systems collaboration for community mental health, primary health care, community, and schools

2. Illustrate how to structure, plan and respond as a system using universal social-emotional screening data within a Positive Behavior Supports framework

3. Recognize how the changing roles of practitioners and educators can change to support a systems of care collaboration to better serve student and to better engage with families.
MOSAIC Project Overview

- $2.3 million over six years awarded to Memorial Behavioral Health effective Sept. 1, 2011
- Providing **Meaningful Opportunities for Success and Achievement through Service Integration for Children**
- Community-wide collaboration to transform children’s mental health services in Springfield
- Access for all children to high-quality, care with a focus on early identification and early intervention
MOSAIC serves children and adolescents living in the city of Springfield

- 26,000 youth, ages 0-17
- 22% of the total population of 117,000*

Home to:

- Mid-Illinois Medical District
- 2 hospitals/2 health systems
- Southern Illinois University School of Medicine
- 2 FQHCs
- Several social service, faith- and community-based, and government agencies
**Defined Community**

33 census tracts in City of Springfield

19 of these tracts define the boundaries of Springfield Enterprise Zone

More than 51% of the residents within this zone live below the federal poverty level
Children’s Mental Health

- 13-20% of children experience a mental disorder in a given year (CDC)
- Higher prevalence rate in high-risk populations
- Half of all lifetime cases of mental disorders begin in childhood (NAMI)
- There are long delays, up to decades, between onset of symptoms and when treatment is sought (NAMI)
- Only 20% of children with mental health disorders receive treatment
- Untreated mental disorder can lead to more severe, more difficult to treat illness and to the development of additional mental illness (NAMI)
System of Care

- A network of structures, processes and relationships provides children and their families access to necessary services and supports.

- SART: Screen, Assess, Refer, Treat
MOSAIC Partners

- Boys & Girls Club of Central Illinois
- Children and Families
- City of Springfield
- Community Foundation of the Land of Lincoln
- The Hope Institute for Children and Families
- Illinois Department of Child and Family Services
- Lincoln Prairie Behavioral Health Center
- Memorial Physician Services
- Mental Health Centers of Central Illinois, The Children’s Center
- Primed For Life, Inc.
- Sangamon County Court Services, Juvenile Services
- Sangamon County Department of Public Health
- SIU School of Medicine Center for Family Medicine
- SIU School of Medicine Department of Pediatrics
- SIU School of Medicine Department of Psychiatry
- The Springfield Project
- Springfield Public Schools
- Springfield Urban League
- United Way of Central Illinois
- University of Illinois Springfield
- Wade Management Consulting
- YMCA
Braiding resources together to cultivate the growth of happy, healthy and successful children and families in the Springfield community.
MOSAIC Model

- Move mental health care out of the clinic and into the community:
  - Early identification, early intervention
  - Go where the children are: schools, primary care offices, neighborhood
  - Leverage existing relationships to engage child and families
  - Increase access to services
  - Professional training
  - Community education
Moving mental health out of the clinic
...and into primary care practices, neighborhoods, and schools
Primary Care

- Partnering with
  - Southern Illinois University School of Medicine Center for Family Medicine
  - Memorial Physician Services
  - SIU Department of Pediatrics
Primary Care

Advantages

- Awareness
- Collaboration
- Warm handoff
- Immediate access to behavioral health consultant
The Neighborhood of Hope

- Partnering with The Springfield Project and Primed For Life, Inc to engage children and families
  - 11th St. to Martin Luther King Dr.
  - Cook St. to South Grand Ave.

- Neighborhood expansion
MOSAIC in the Schools

- Partnering with Springfield Public Schools and Springfield Urban League Head Start
  - 10 schools
  - Good representation of the student body across the district
  - Alternative school & program
  - Unit district
Springfield Public Schools Demographics

- Largest district serving Springfield
- Approximately 15,000 annual student enrollment
  - Pre-k through 12th grade
- Student body:
  - 47% white
  - 39% black
  - 10% multi-racial
  - 3% Hispanic
  - 1% other
63% of students are from low-income households

- Majority of students live in neighborhoods highlighted in green
- High poverty
- Racial segregation
- Low educational attainment
- High crime
- High unemployment
Before Braided Services

- **Readiness:** 8-9 years ago SPS186 began shift from itinerant to site-based models
  - i.e., School Social Workers working 100% in school buildings
  - increased role for prevention and early intervention
  - continued role for students with disabilities

- **Traditional model:** fragmented, delays from identification/indication of need to getting into service
Integrating Mental Health Services in the Schools

- Partnership among:
  - School Social Worker
  - Mental Health Clinician
  - Teachers and Staff

- Offer school-wide, universal screening for social and emotional development

- School Social Worker/Mental Health Clinician collaborate to review data and make referrals
Screening Process

- Elementary schools: Aimsweb online, BASC-3 BESS
  - Completed by teachers

- Middle- and high-schools: self-report, BASC-2 and BASC-3 BESS
  - Completed by students
  - Scored by MOSAIC Onsite Clinicians
Screening Results

- Highly Elevated (~8% of total students screened)
  - All were referred to MOSAIC clinician
    - At the elementary school level (teacher ratings)
    - At the middle- and high- school level (youth self-report)
Schools

- Elevated screens (~14% of total students screened)
  - Developing targeted groups based on BESS findings
    - At the elementary school level (teacher ratings)
    - At the middle- and high- school level (youth self-report)
Roles of School Social Worker

- Facilitates universal screening process
- For kids with highest need, school social worker contacts families & connects with MOSAIC clinician
Roles of School Social Worker

- Work with onsite MOSAIC clinician to help family complete opening paperwork

- Work with school behavior support team to identify appropriate low-level interventions for students screening elevated
Role of MOSAIC Onsite Clinician

- Provide intensive on-site treatment
- Consult on positive behavior modifications, etc. relative to goals identified by student in initial therapy sessions
Role of MOSAIC Onsite Clinician

- Provide schedule to school social worker to help streamline the referral process due to screening results
Relationship between Social Worker and MOSAIC Onsite Clinician

- Braiding school and behavioral health services ensures a team devoted to a student’s success
Determining MOSAIC Schools

- Ground up approach to expand to all schools within the district
- PBIS foundation at school needs to be strong and well-established
- 100% buy in from building administration, staff, and families
Determining MOSAIC Schools

- Continuing to focus on schools where children living in neighborhoods of highest needs attend

- Completing the loop/following the thread
Benefits of Ground Up Expansion

- Colleagues learn from each other
- Social workers from non-MOSAIC buildings can hear from MOSAIC schools
How is MOSAIC Creating a More Effective Process?

- Quicker referral and start of services with onsite MOSAIC clinicians
- Social Workers and onsite MOSAIC clinician work closely for a seamless process
- MOSAIC warm hand-off
How is MOSAIC Creating a More Effective Process?

- Destigmatizing mental health
- Increasing mental health awareness
- Breaking down silos
- Promoting social and emotional wellness
Challenges within the School Setting

- Balanced calendar vs. traditional calendar
- Clinicians work year-round vs. school on a 9.5 month calendar
- A solid funding model does not exist to sustain an integrated behavioral health position
Challenges with the School Setting

- High mobility
- Low-income and poverty levels
- Special education student population higher than Illinois state average
- Demographic variance from one school to the next
MOSAIC Evaluation

PARTNERS: UNIVERSITY OF ILLINOIS SPRINGFIELD CENTER FOR STATE POLICY AND RESEARCH SURVEY RESEARCH OFFICE
## Screening Numbers

<table>
<thead>
<tr>
<th>Number of Children Screened</th>
<th>Total Children involved in SOC*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
</tr>
<tr>
<td>317 (1%)</td>
<td>0 (0 %)</td>
</tr>
<tr>
<td><strong>Year 1 (2012)</strong></td>
<td></td>
</tr>
<tr>
<td>2,366 (9%)</td>
<td>175 (0.6%)</td>
</tr>
<tr>
<td><strong>Year 2 (2013)</strong></td>
<td></td>
</tr>
<tr>
<td>6,700 (26%)</td>
<td>615 (2.3%)</td>
</tr>
<tr>
<td><strong>Year 3 (2014)</strong></td>
<td></td>
</tr>
<tr>
<td>10,004 (38%)</td>
<td>902 (3.5%) **</td>
</tr>
<tr>
<td><strong>Year 4 (2015)</strong></td>
<td></td>
</tr>
<tr>
<td>11,603 (45%)</td>
<td>1,210 (4.6%)</td>
</tr>
<tr>
<td><strong>Year 5 Q1-Q2 (2016)</strong></td>
<td></td>
</tr>
<tr>
<td>5,977 (23%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* This is the approximate total number of children who received any type of intervention or service through the system of care.

** This includes kids engaged in Tier II interventions at school, kids involved in school based therapy, and kids who received billable services in primary care.
A total of 5,977 screens have occurred January 1-June 30, 2016
2016 Physician Satisfaction Survey

- Comparison across 3 years shows a consistent pattern in which primary care staff perceive all aspects of MOSAIC in an increasingly positive way
- Participating primary care practices regard both screening and embedded clinicians as important to practice effectiveness
2016 School Personnel Satisfaction Survey

- Survey respondents inclined to see the program as valuable addition, positive scores
- More respondents disagreed with the statement “serving students with mental health issues would be effective if MOSAIC did not exist” than agreed
Evaluation

2016 School Personnel Satisfaction Survey

- OPEN-ENDED QUESTIONS
  - **Benefits of MOSAIC:** availability of additional services for meeting mental health needs
  - **Biggest challenge of MOSAIC:** needing more clinicians or more access to existing clinicians
    - Also, students missing classes and resistance from parents to children being involved in treatment
  - **Changes to MOSAIC:** more access to skilled clinicians, better scheduling to minimize conflict with classes, more cooperation from parents
Local Evaluation Report

Findings

- average rate of positive screens indicating social-emotional difficulties for children six and older was 28 percent in the schools and 27 percent in primary care (2015)
- 77% with a highly elevated positive screen were referred for services in the school setting
  - 52% then engaged in services
Local Evaluation Report

- Significant
  - children who enter behavioral health care through MOSAIC and those who enter care in other ways found better treatment engagement outcomes for MOSAIC children
    - this benefit is less likely to be experienced by African American children
MOSAIC clients vs. traditional non-MOSAIC clients

- MOSAIC clients more likely to be male and substantially more likely to be African-American
- MOSAIC clients substantially more likely to reside in the less affluent east and north sides of Springfield

2012- April 2016 with SPS 186 schools
Local Evaluation-Comparative Analysis

- MOSAIC clients vs. traditional non-MOSAIC clients
  - MOSAIC clients have higher-intensity services
  - MOSAIC clients have higher frequency of therapy services
  - MOSAIC clients have less cancelations and no-shows
Challenges

- Contacting families to offer additional behavioral health services
- Keeping families engaged once in MOSAIC services
- Still determining what integrated mental health looks like in the school setting
What We Have Learned So Far

- More than adding services or activities, success has come through **braiding** via
  - Location: assessment and intervention available at screening site
  - Relationships: warm handoffs
  - Collaborative Processes: how we shift responsibilities
  - Reducing complexity of system
Questions?