THE TEENHOPE PROJECT: EXPLORING A COLLABORATIVE EFFORT BETWEEN MENTAL HEALTH PROVIDERS AND THE SCHOOL
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Course Learning Objectives:

1. Learner will discuss the relationship between the school and collaborating agencies.
2. Learner will describe the components of the TeenHope project.
3. Learner will identify three strategies for successful collaboration between partners.
Community Services Group (CSG)
About Community Services Group

Since 1972 Community Services Group (CSG) has been dedicated to providing quality, community-based mental health and intellectual and developmental disability services throughout Central and Northeastern Pennsylvania. With nearly 1,600 employees, CSG has developed a spectrum of specialized programs to meet the needs of the individuals we serve.

Our programs and services include adult mental health, intellectual and developmental disability, children’s mental health and autism services. We believe that these services, in conjunction with a caring, dignified setting, promote growth and provide opportunities for the individuals in our programs to reach their full potential.

We are committed to and take pride in providing services which empower individuals and promote independence and wellness.

Susan C. Blue, President/CEO
Community Services Group

- Locations in 19 counties; serve individuals from 19+ counties
- Approx. 1600 Employees
- Provide community-based mental health (child, adolescent and adult) and intellectual & developmental disabilities services
- Residential, Site-Based and Community-Based
About Community Services Group: Our Core Values

Dignity
Diversity
Responsibility
Integrity
Excellence
Services offered at Community Services Group

CSG offers nearly a full continuum of mental health and IDD services for adults and children including outpatient therapy and psychiatry, community based programs, partial hospitalization, case management, residential, psychiatric rehabilitation, vocational, peer support, foster care, respite, and adoption/permanency services.
Services offered at Community Services Group

To learn more about Community Services Group please visit our website at:

http://www.csgonline.org/
Community Services Group’s School Based Outpatient Program

We now have school based outpatient programs in Lancaster and Lycoming/Clinton counties in Pennsylvania. We are in four school districts in Lancaster County where we serve more than 250 children and adolescents.
Mission Statement
Pequea Valley School District, where each learner counts.

Vision Statement
The Pequea Valley School District will strive to create an environment that inspires each learner to excel.
Our Schools:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Pequea Valley High School</th>
<th>Pequea Valley Intermediate School</th>
<th>Paradise Elementary School</th>
<th>Salisbury Elementary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students:</td>
<td>545</td>
<td>249</td>
<td>502</td>
<td>321</td>
</tr>
</tbody>
</table>
Demographics

- Pequea Valley School District serves 1,804 students. We are the fourth largest district in Lancaster and Lebanon counties providing transportation services for over 81 square miles. Our district is located in rural Lancaster County and is surrounded by beautiful Amish farmland.

- The district includes four instructional buildings; two elementary schools, one intermediate school, and one high school. Pequea Valley employs 139 highly-qualified faculty members, 117 support staff, and 15 administrative staff members. We have a one-to-one laptop program in grades 5-12 where students have their own laptop that they use throughout the school day and take home. We are also one-to-one with iPads in grades K-4. The district has consistently met Adequate Yearly Progress (AYP) standards. In order to meet these standards, schools must achieve a 95% participation rate on the PSSA and a 90% attendance rate.
Need for School Based Outpatient Services

- Pequea Valley School District’s poverty rate increased over the past decade from approximately 15% to tipping 50% in one of our elementary schools.
- Supportive agencies and services including most mental health treatment providers are concentrated in the City of Lancaster.
- Public transportation is not currently accessible in many areas of our rural school district.
- There was no Medicaid contracted mental health provider within Pequea Valley School District prior to entering the agreement with Community Services Group to implement School Based Counseling.
Samaritan Counseling Center and The TeenHope Project

TEENHOPE
Mental Health Teen-Screening Programs
https://www.youtube.com/watch?v=PfTbcuK-V_o
The TeenHope Project

To identify needs of the community, Samaritan Counseling Center held focus groups with school and community members. Samaritan Counseling Center’s leadership team chose to use the Columbia University Teen Screen Program. Unfortunately the Columbia University Program was closing, therefore SCC developed their own program based on the Columbia University Program. Included in the Columbia University data was data from a 2013 Youth Risk Behavior Study, from the Centers for Disease Control.

This study concluded the following:
- 8% of high school students reported having attempted suicide at least once
- 13% had made a plan about how he or she would attempt suicide
- 17% of students reported having seriously considered attempting suicide during the last 12 months
- Nearly 30% of students felt sad and hopeless enough over a two-week period to halt usual activity
Samaritan Counseling Center reviewed the following information as part of their needs assessment for TeenHope:

From the 2010 Summary Report on the Health of Lancaster County, the following was determined:
- Nearly 30% of teens in Lancaster County have felt depressed or sad most days over the past year

Based on a Columbia University Study:
- Just 20% of all teens with mental illness are being identified and treated
TeenHope Project Overview

Samaritan Counseling Center describes the TeenHope Project as “an innovative in-school mental health awareness program”.

The program encompasses three main focus areas which include Prevention, Early Identification, and Access to treatment; with the key component being the actual screening process.
Prevention

Teacher, Student, and Parent Education

• Assemblies (provide all youth with suicide prevention number, have all youth identify a trusted adult)
• Trainings for teachers/staff (Youth Mental Health First Aid)
• Obtaining Consent (active vs. passive)
• Passive consent or “opt out” consent was used at Pequea Valley School District
Early Identification

Screening Process

• At Pequea Valley School District, students in grades 7, 8, and 9 were screened over the course of three days in November 2014.

• Screening tools included the PHQ-A and the GAD-7

• Screening was confidential, taking students 2-5 minutes if they were not flagged and 20-30 minutes if flagged
Access to Treatment

• Debriefing Interview with a Therapist –
  - Each student who was screened met with a licensed/qualified clinician for a debriefing regardless of results of screening
  - whether or not the student screens positive for depression, the students are asked to identify an adult at home and school to whom they can go to with a problem. Each student is also given the suicide hotline number and if they have a cellphone with them, we have them put the number in.

• Parent Notification

• Referral and Case Management
Implementation of the TeenHope Project at Pequea Valley School District
Statistics from November 2014 Screening at Pequea Valley

<table>
<thead>
<tr>
<th>Screening Date</th>
<th>Grade</th>
<th>Number students screened</th>
<th>Number red-flagged</th>
<th>% red-flagged</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/4/14</td>
<td>9th</td>
<td>85</td>
<td>17 (2 non-red flagged but follow up completed)</td>
<td>17%</td>
</tr>
<tr>
<td>11/5/14</td>
<td>8th</td>
<td>94</td>
<td>14</td>
<td>15%</td>
</tr>
<tr>
<td>11/6/14</td>
<td>7th</td>
<td>77</td>
<td>9</td>
<td>12%</td>
</tr>
<tr>
<td>Totals:</td>
<td>------</td>
<td>256</td>
<td>40</td>
<td>15%</td>
</tr>
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</table>
Process for Follow up on Red-Flagged Students

- A list of accepted insurances by the school based outpatient provider (CSG) was given to Samaritan Counseling Center’s on-site Case Managers prior to screening dates
- Case managers were on site each day to assist with follow up and referrals
- Samaritan Counseling Center was able to provide services for privately insured and uninsured individuals
- Students who had medical assistance (or who had private insurance and opted for SBOP) were able to be referred to school based outpatient therapy on-site
- Follow up is conducted by Samaritan Counseling Center after 1 week and 1 month via phone to increase possibility of students receiving follow up
What’s Next for Pequea Valley School District?

- Aevidum (a staff mentored and student-led depression and suicide awareness group) chapter added at Pequea Valley Middle School
- Collaboration with The Factory Ministries and The Together Initiative to establish a Community Health Center
- Second school based therapist added to PVSD to expand availability of school based services in the district
- Continued assessment through TeenHope, targeting students in transition years
- Screenings scheduled for 2015 on October 13 and 14, which will include students in grades 7 and 9
What’s Next for the TeenHope Project?

TeenHope Collaborative which currently includes the following agencies:
- Samaritan Counseling Center
- Community Services Group
- Aevidum
- 3 school districts
- Mental Health America
- Lancaster County Suicide Prevention Coalition
- Working toward becoming an evidence-based intervention
- Working on partnering with larger entities who can supply advanced data collecting and tracking
- Fundraising and outreach activities including 5K Color Run
- Goal to add two additional school districts per year
The TeenHope Collaborative has a 10 year strategy beginning with the coming 2015-2016 academic year to be providing services to every middle and high school in Lancaster County by 2025. The three areas of impact, in order of priority, are:

1. Prevention
2. Early Identification
3. Treatment
Prevention

• Every student will be able to name an adult in school and out of school to whom they can go with a problem
• Every student will be given the suicide prevention hotline number and will have it as a contact in an electronic device (800-273-8255)
• Every student will receive mental health education annually
• Every School District will have a community volunteer-based Mental Health awareness and advocacy group working on their behalf
Early Identification

• At least one parent or guardian in each student’s home will feel comfortable discussing depression and suicide and be at ease finding treatment
• Every professional school staff member will feel comfortable discussing depression and suicide and be at ease with making a referral when necessary
• 5% of the professional staff of each school will be trained in Mental Health and/or Suicide First Aid
• Every student will be screened for mental health concerns at least once in middle school and once in high school (Schools to track screening per child)
Treatment

• Every Middle & High School Student screened who needs affordable Mental Health Care will receive it.
• Every student who screens as likely having a mental illness and/or at risk for suicide will be offered a referral for a professional evaluation and provided with case management to set this up.
• Every student who is subsequently identified as needing treatment can receive it without regards to the family’s ability to pay.
• Every school will offer mental health school-based counseling.
Q & A