

Schools and Early Intervention for Students with Mental Health Problems

How *Exactly* Does That Work?

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Objective: Discuss elements of an integrated system of school-based mental health services including:

- early identification of students with potential mental health needs in the context of school-wide PBIS)
- mental health care coordination services to facilitate connection to care
- support to families in navigating both public and private insurance systems
- increased access through the development of sustainable school-based health centers which provide on-site mental health services



Why should schools address mental health issues?



Photo credit The Oregonian

Mental health is an education issue

- Creates barriers to learning
- Children with mental health problems may miss as many as 18 to 22 days per year.
- Rates of suspension and expulsion are three times higher than those of their peers.
- Up to 44% of youth with mental health concerns don't complete high school

AND an equity issue

- Over half of children and youth with mental health problems come from households living at or below the federal poverty level.
- Youth of color have less access to mental health services and are less likely to receive needed care.
- Approximately 10% of white youth use mental health services compared to 4-5% of youth of color.



How can we

- know who these students are?
- connect them to services?

and..

- ensure that we have the mental health capacity to serve them?



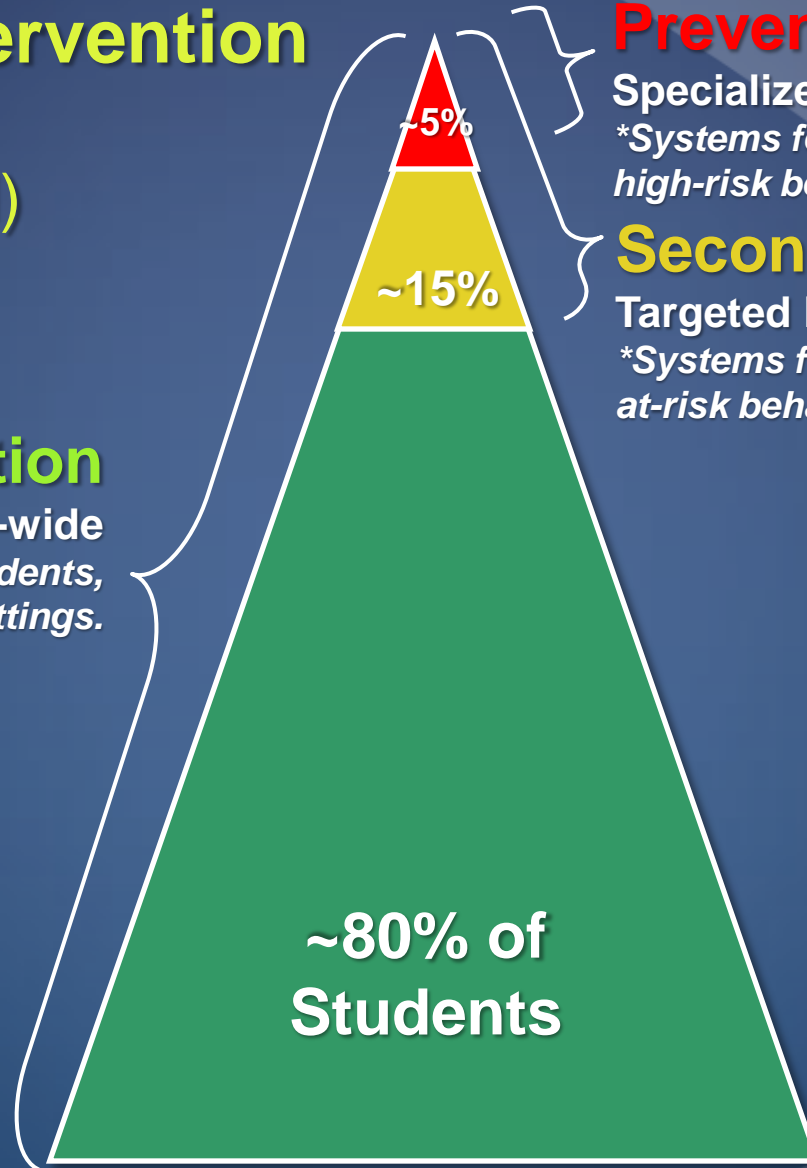
How can we do earlier, and better, identification
with mental health problems and connect them



School-wide Positive Behavior Intervention and Support (EBIS/PBIS/RTI)

Primary Prevention

School-/Classroom-wide
**Systems for all students, staff and settings.*



Tertiary Prevention

Specialized Individualized
**Systems for students with high-risk behavior.*

Secondary Prevention

Targeted Interventions
**Systems for students with at-risk behavior.*

Photo credit Free Lance News, Hollister CA





Students in the Red Zone

- May have poor or failing grades.
- May have high levels of absenteeism.
- May have high levels of disciplinary referrals or suspensions.
- May have had other interventions that haven't worked
- May exhibit signs of distress that concern school staff, or behavior that reflects disconnection, anger or isolation
- May be going through life events which make it difficult to focus in school



Red Zone Teams include:

- School Principal or Associate Principal
- School Counselor
- School Psychologist
- Learning Specialists
- Mental Health Care Coordinator
- Juvenile Counselor at middle and high schools
(available to elementary schools on request)
- School Resource Officers at secondary schools
- Others

How are students identified?

- On the basis of data using PBIS decision rules (absences, behavioral referrals, suspensions, grades).
- If other interventions (such as Yellow Zone interventions) have been tried and are not producing results (data –based)
- If teachers, counselors, or administrators are concerned about a student
- If a student has a crisis or life event that increases his or her risk.

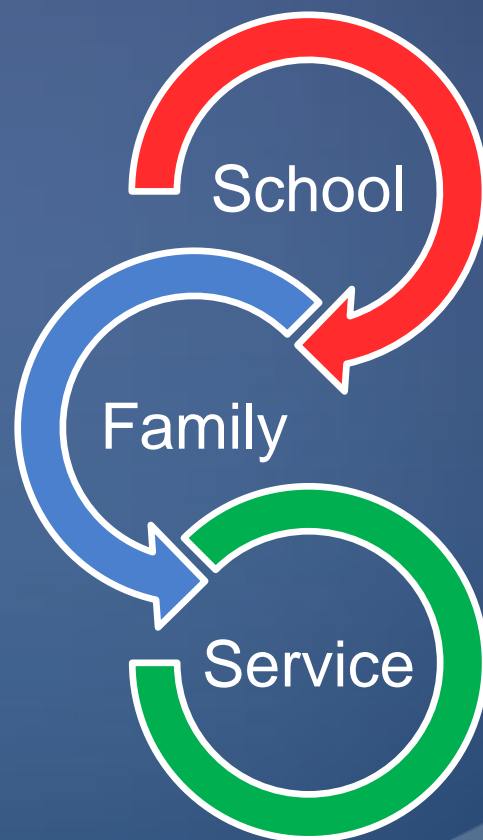


What interventions are available as part of the plan?

- Individual behavior plans
- Support classes
- Mentoring relationship with teacher or other staff
- Alternative school programming
- Early intervention/family contact by School Resource Officer
- Juvenile counselor informal services
- Gang prevention services
- Other individualized interventions



Mental Health Care Coordination

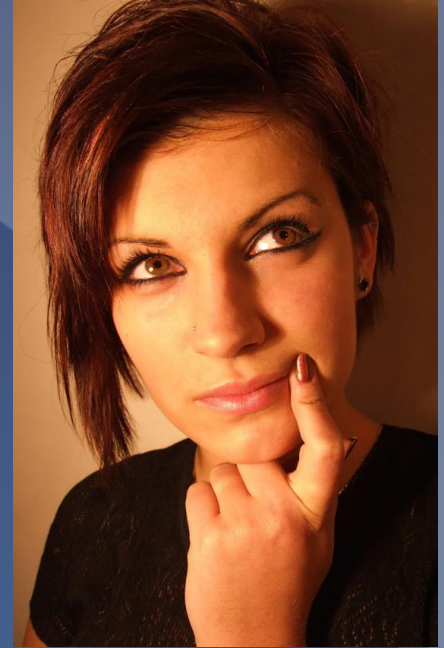


Who are Care Coordinators?

- Employees of Lifeworks Northwest, a local outpatient mental health provider
- Masters level mental health professionals with experience providing mental health services for children and adolescents
- Two of the care coordinators are bilingual in English and Spanish
- Offices are located in the schools

What happens when a student is referred?

- Counselor calls the family and offers services
- The Care Coordinator:
 - Meets with the family, gets family perspective on concerns and needs
 - Completes an initial screening.
 - Identifies barriers and special needs
 - helps the family to connect with mental health services and other services
- Care coordinators serve families on the Oregon Health Plan, uninsured, and those with private insurance. They also help families get signed up for the Oregon Health Plan.



Depending on a families need, Care Coordinators help them connect to:

- Community mental health agencies
- School-Based Health Center
- Private mental health providers
- Managed care providers
- Other services

Examples of additional services

- Assistance with rent, food, clothing
- Medical services
- Mentoring programs, community organizations
- Specialized programs and services (e.g. dual diagnosis program, autism support group, grief program)
- Recreation and socialization programs (e.g. Parks and Recreation)

Next Steps

Family connects to services (may take more than one try)

The Care Coordinator

- Keeps school staff informed about progress
- Follows up with the family to ensure a successful service connection

What about HIPAA and FERPA?

- School Official designation
- Release of Information
- Records



Coordination with other school services and systems

- Special Education services
- School Counselors
- School Psychologists
- School Resource Officers
- Juvenile Counselors
- TTSD Family Resource Center

Sustainability

- Originally funded by federal Safe Schools Healthy Students Grant
- One year partial bridging funding from Washington County Mental Health Services
- Grant from the Cambia Health Foundation
- Grant from the Kaiser Community Benefit Fund
- School District General Funds will sustain





What we've learned...

From a district perspective

- Formal role clarification is important—MOUs, School Official designation
- Effectiveness rests on fidelity to protocols and procedures (PBIS, Red Zone Teams, referral protocols)
- It really matters who is delivering the service
- Data is HUGE

From the schools

- School staff need information about how to identify potential mental health problems and how to refer
- School and families perception of the problem may differ.
- It is important for the school to prepare the family for contact.
- School administrators, counselors and teachers value the service a lot

From students and families

- Families will not always choose to engage in services
- Important to tailor approach to student and family needs. Home visits may be a good option.
- Family may want the student to receive services but student may be resistant.
- The system can be daunting for families to navigate—advocacy helps.



It's important to understand barriers for students and families to obtaining treatment

- Transportation, transportation, transportation
- Inability to pay co-pays/high deductible plans
- Bad initial experience with agency
- Change in coverage
- Lack of bi-lingual staff/interpreter services

How can we reduce barriers and increase access? At the same time?



Results - The Good News!

Since 2007, the SBHC Initiative has secured over **\$5,500,000** in private and public grants to develop and operate **five** new high school SBHCs serving **seven** school districts with 85,000 + students

- Tigard in April 2008
- Forest Grove/Gaston/Banks in April 2009
- Century (Hillsboro) in March 2013
- Beaverton in December 2014
- Tualatin/Sherwood in May 15



Six Proven Service Development Strategies For Funding & Sustainability

The success of the SBHC Initiative is based on:

- Collaboration Across Systems
- Common Vision and Collaborative Goals
- Community Mobilization
- Comprehensive and Integrated Clinical Model
- Structures for Accountability
- Sustainable Business Plan

Collaboration Across Systems

More than 25 funders and organizations committed to a common vision, mission & goals

- Two Community Health/Mental Health Providers
- Two Universities - OHSU and Pacific University
- Three County Agencies – Children & Families, Mental Health and Public Health
- Four Hospital Systems – Kaiser Permanente, Legacy, Providence and Tuality Healthcare
- Seven School Districts and the Regional ESD

Commitment To A Common Vision

- **Increase access to healthcare** prevention, primary care, dental care, behavioral health, mental health and substance abuse services
- **Reduce barriers** to learning and other risk factors for children and youth
- **Promote wellness, educational success** and other protective factors for children, youth and their families, and thereby move upstream to address the social determinants of health



Comprehensive, integrated clinical model

- **Federally Qualified Health Center (FQHC) as SBHC medical sponsor:** FQHC has robust referral systems, is state certified for provision of mental health services and can be certified as Tier III Patient-Centered Primary Care Home (PCPCH)
- **Comprehensive services:** includes prevention, primary care, dental care, behavioral health, mental health and substance abuse services
- **Integrated electronic health records:** billing, practice management and service integration

Sustainable Business Plan

- Our central financing strategy is maximizing billings to commercial and public insurance - to “right-size” the on-going need for grants and public funding

A person in a red shirt and black pants is performing a bicycle stunt on a ramp. The person is in mid-air, with the bicycle tilted. The background is a clear blue sky with a bright sun in the upper left corner.

Extreme!

Go for it!

Located on campus!
Drop in or call:

503-431-5775

**Take charge of
your healthcare!**

The logo for the Student Behavioral Health Center (SBHC) features a stylized figure of a person with arms raised, next to a green cross.

The **SBHC** provides quality, confidential, comprehensive physical, mental, and preventive health services.

Fly!



To your next
appointment
and back!

Miss less class time
and score higher! Visit the
**School-Based Health
Center** located right here on
campus! It provides services
which include routine physical
exams, treatment of minor
illness and injury, mental health
counseling, and much, much more!

Let's get healthy!

Drop in or call:
503-431-5775

Take charge of
your healthcare!



The **SBHC** provides quality, confidential, comprehensive physical, mental, and preventive health services.

- Leveraging FQHC wraparound payments is an essential strategy for sustainability – FQHC wraparound payments are made for Medicaid/SCHIP eligible primary care, dental, behavioral, mental health, substance abuse and other encounters

- **Performance metrics are set for sustainable funding and monitored to inform business practices –** encounter, productivity, payor mix and revenue share targets for replacing grant revenues with patient revenues from insurance billings over the first four years



Speed!

Get back to class faster...

And do better in school!
The **School-Based Health Center** is located right here on campus providing services which include routine physical exams, treatment of minor illness and injury, mental health counseling, and much, much more! The health center welcomes all students.

Let's get healthy!

Drop in or call:
503-431-5775

Take charge of your healthcare!



The **SBHC** provides quality, confidential, comprehensive physical, mental, and preventive health services.

Tigard High School-Based Health Center 2014-15

Number of students served:

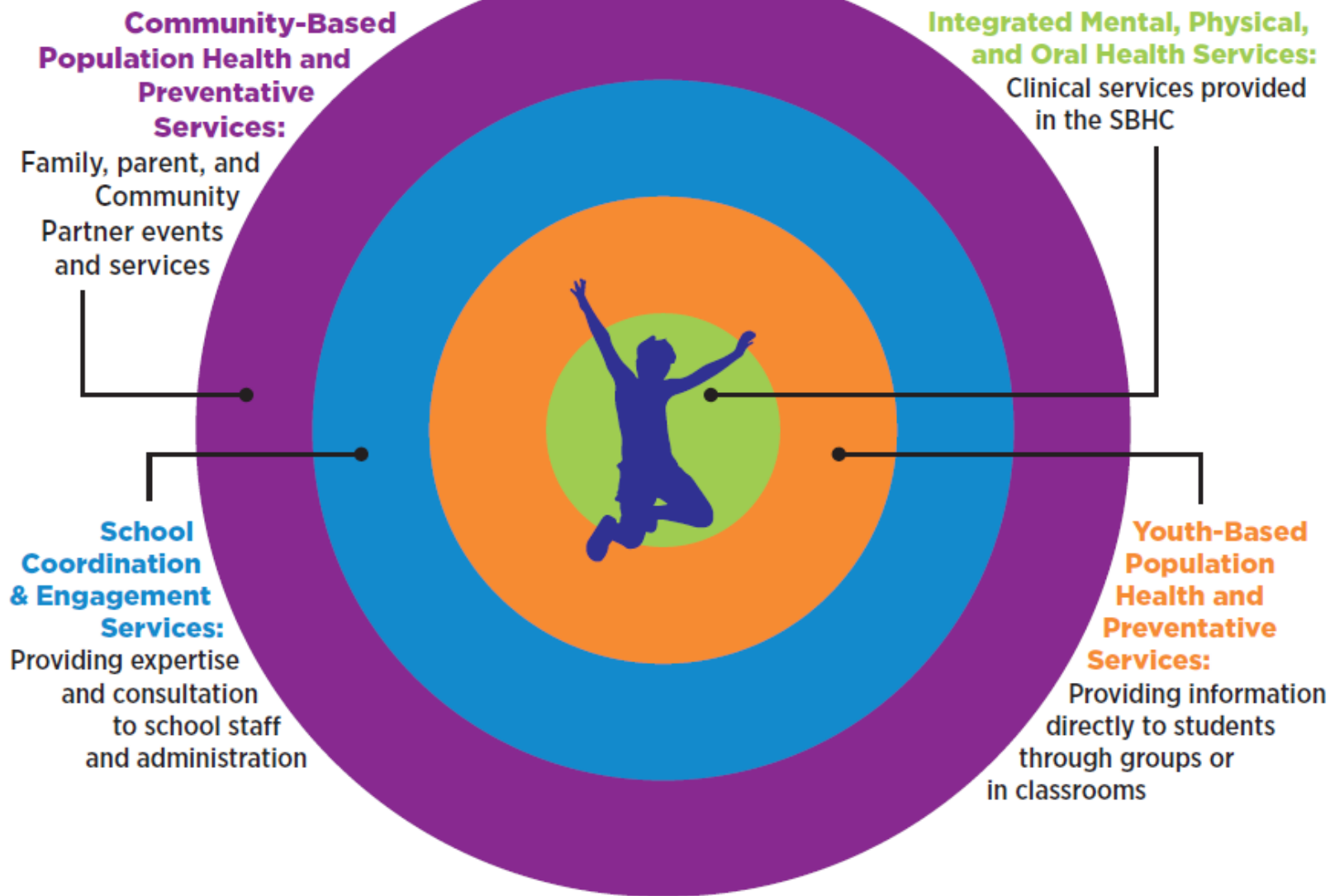
- 633 primary care
- 110 mental health
- 96 dental (1 day/week)

Capacity expected to double in 2015-16 with addition of Tualatin High SBHC

Students are referred by counselors, teachers, care coordinators, administrators, friends, and self refer



SCHOOL-BASED HEALTH CENTER IDEAL SERVICES



Outcomes?

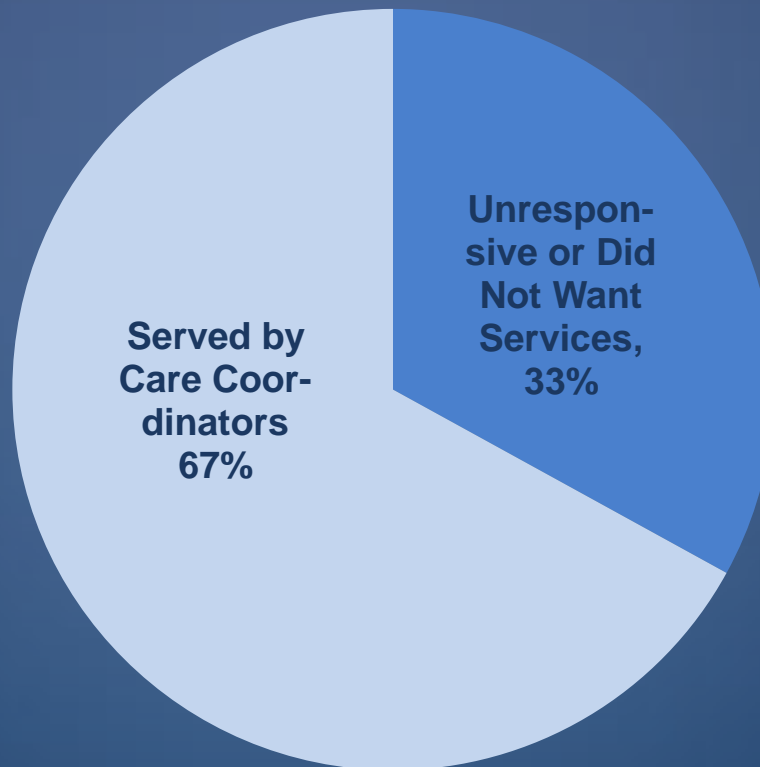
357 students were referred for Mental Health Care Coordination in 2014-15

- 59% Boys
- 41% Girls

- 51% Caucasian
- 49% Students of Color

- 44% Elementary
- 22% Middle School
- 29% High School

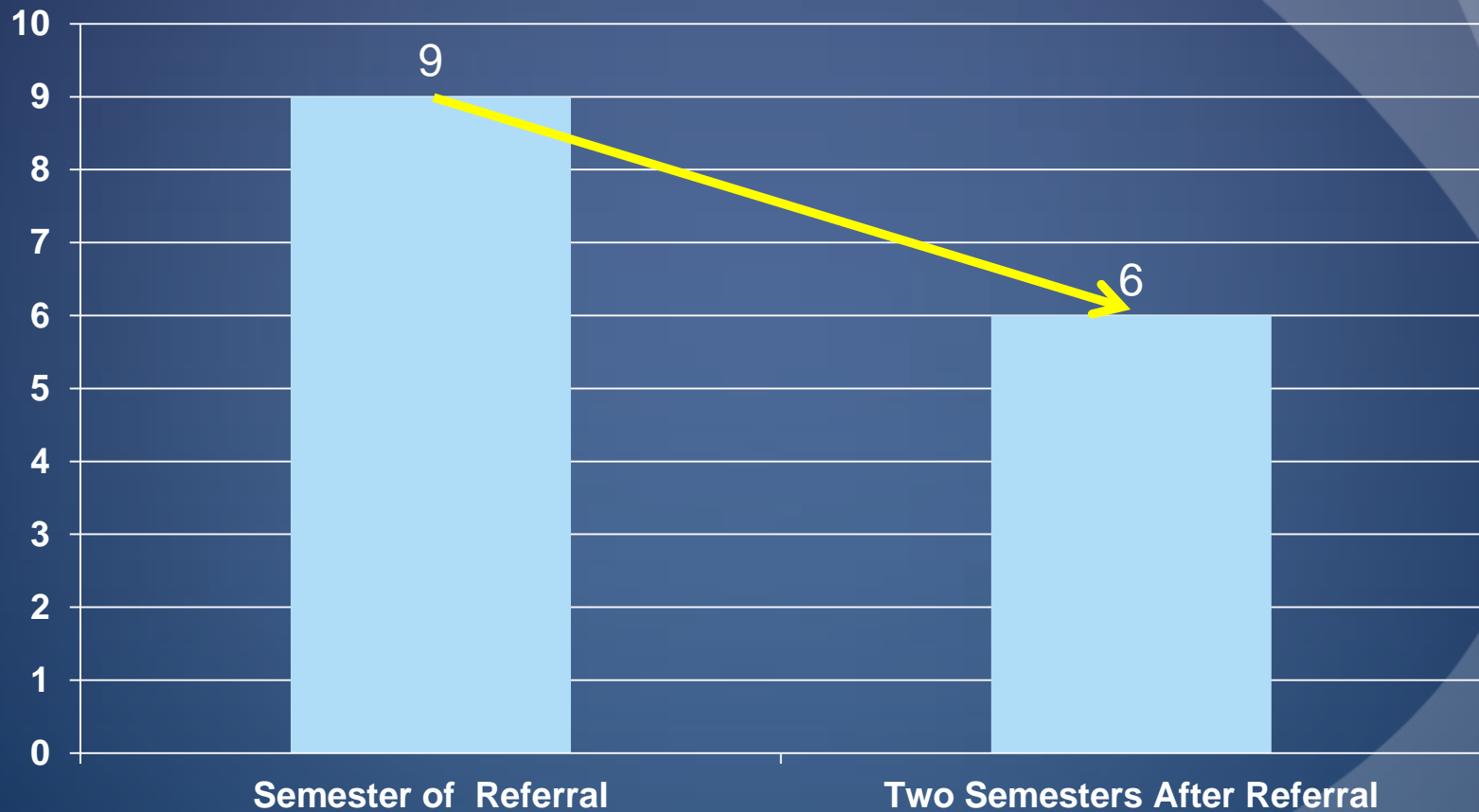
- 33% of families did not respond or did not want services
- A little over two thirds did accept services (up 10% over 2013-14)



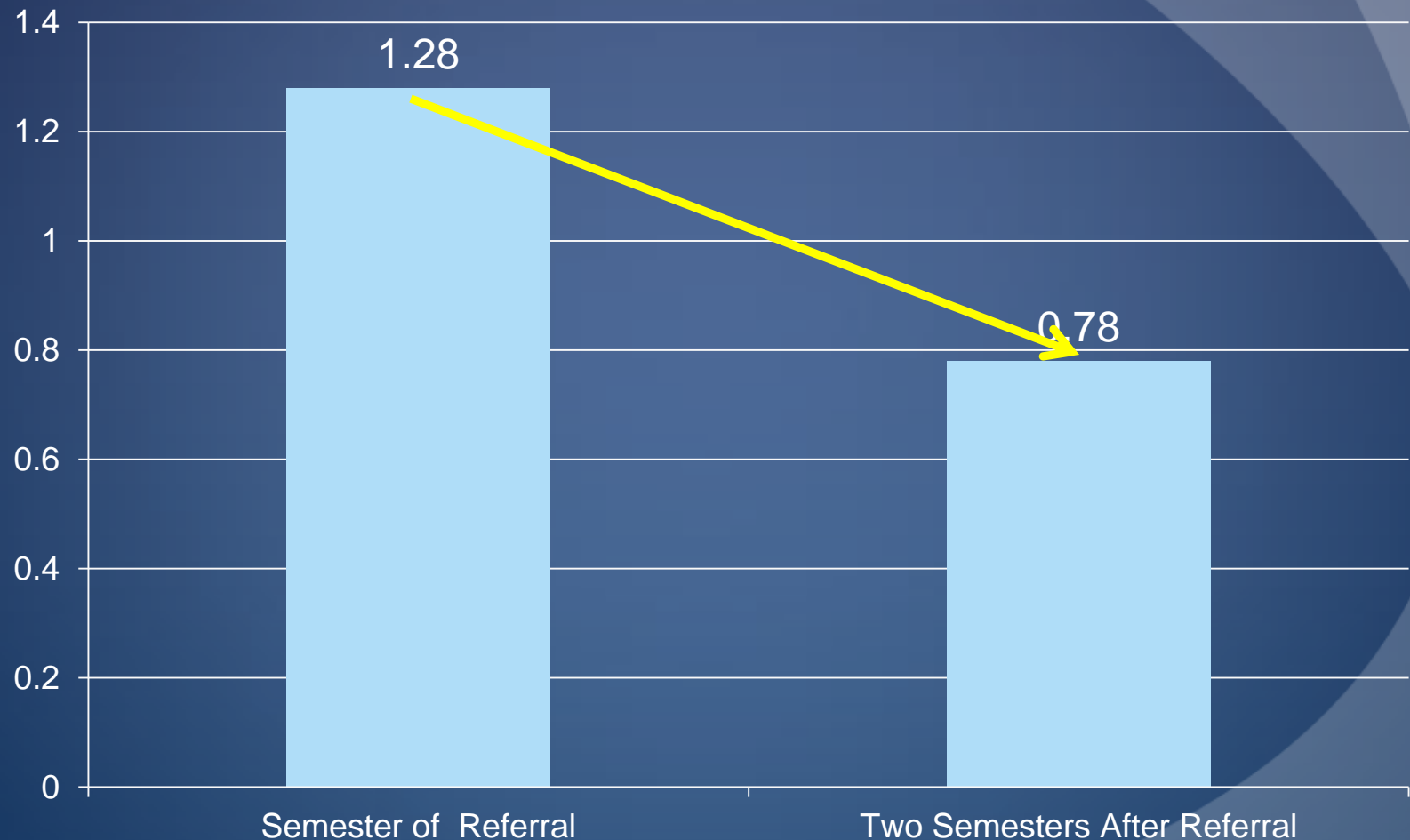
What Were the Outcomes for the Group Who Were Served?

- Working with evaluator Pacific Research and Evaluation
- Analysis of outcomes for 288 students who began receiving Care Coordination Services from fall 2011-fall 2013
- Semester of referral to two semesters after referral

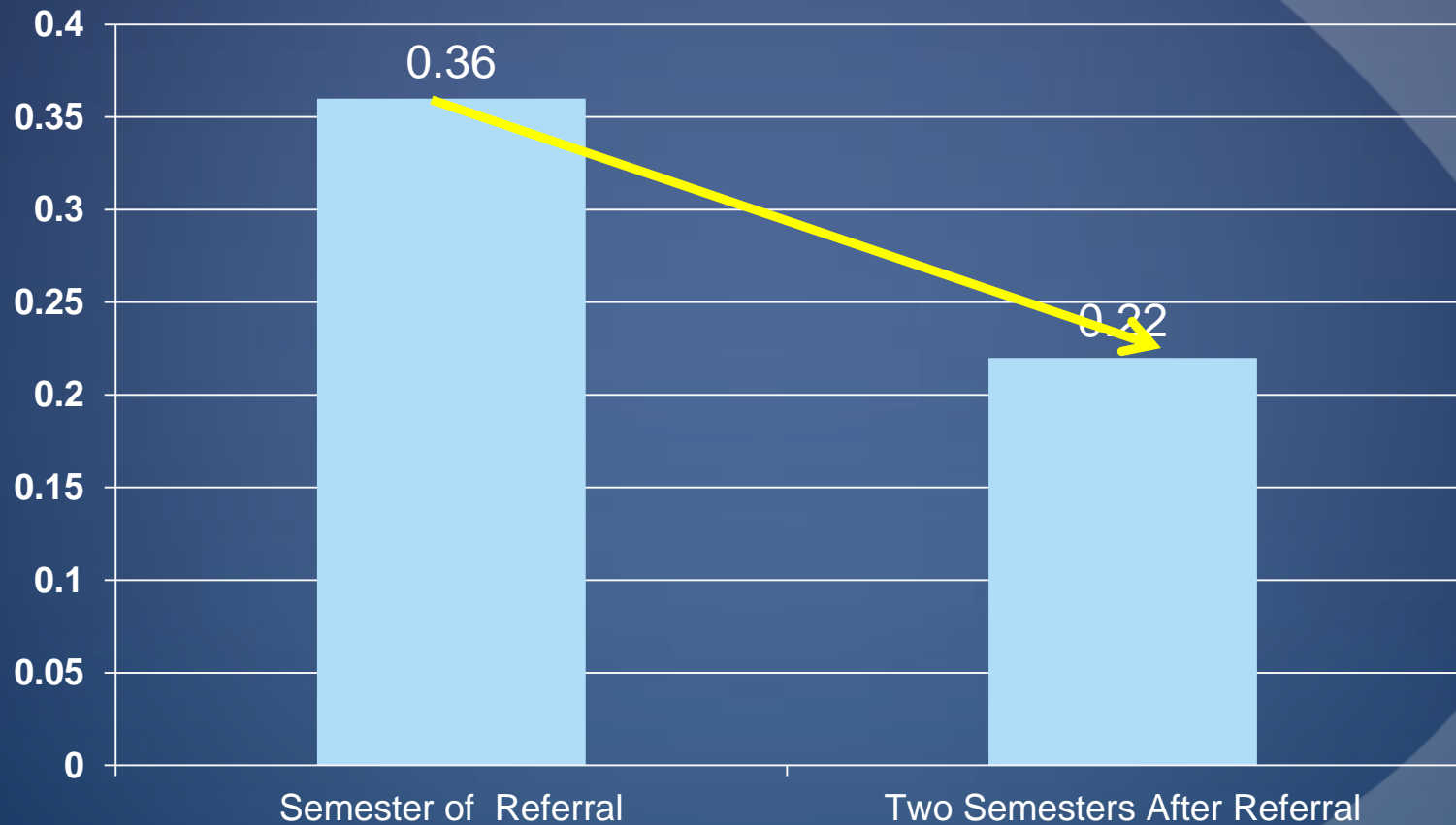
Days Absent Reduced by 29%



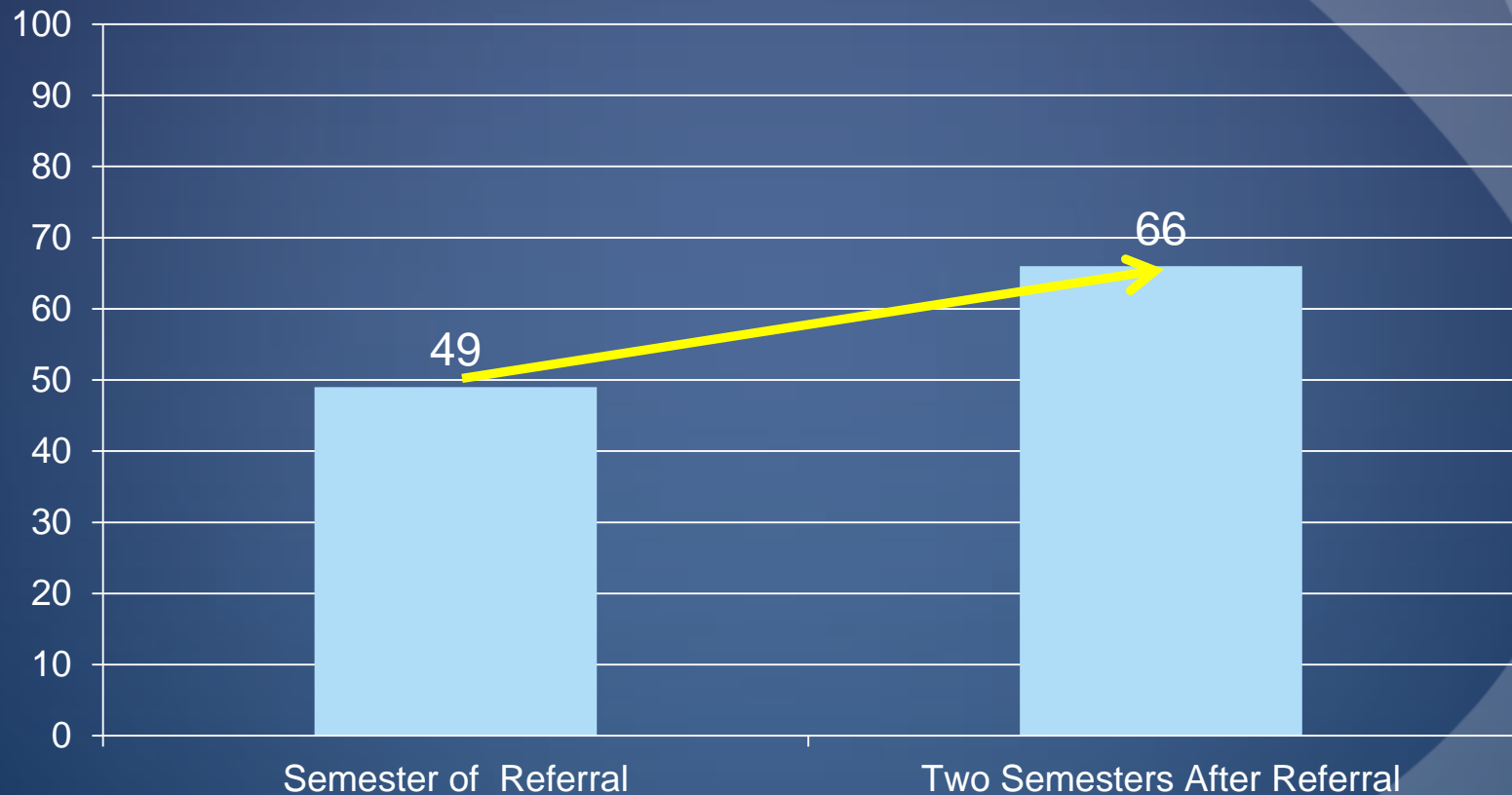
Average ODRs Reduced by 39%



Average Suspensions Reduced by 39%



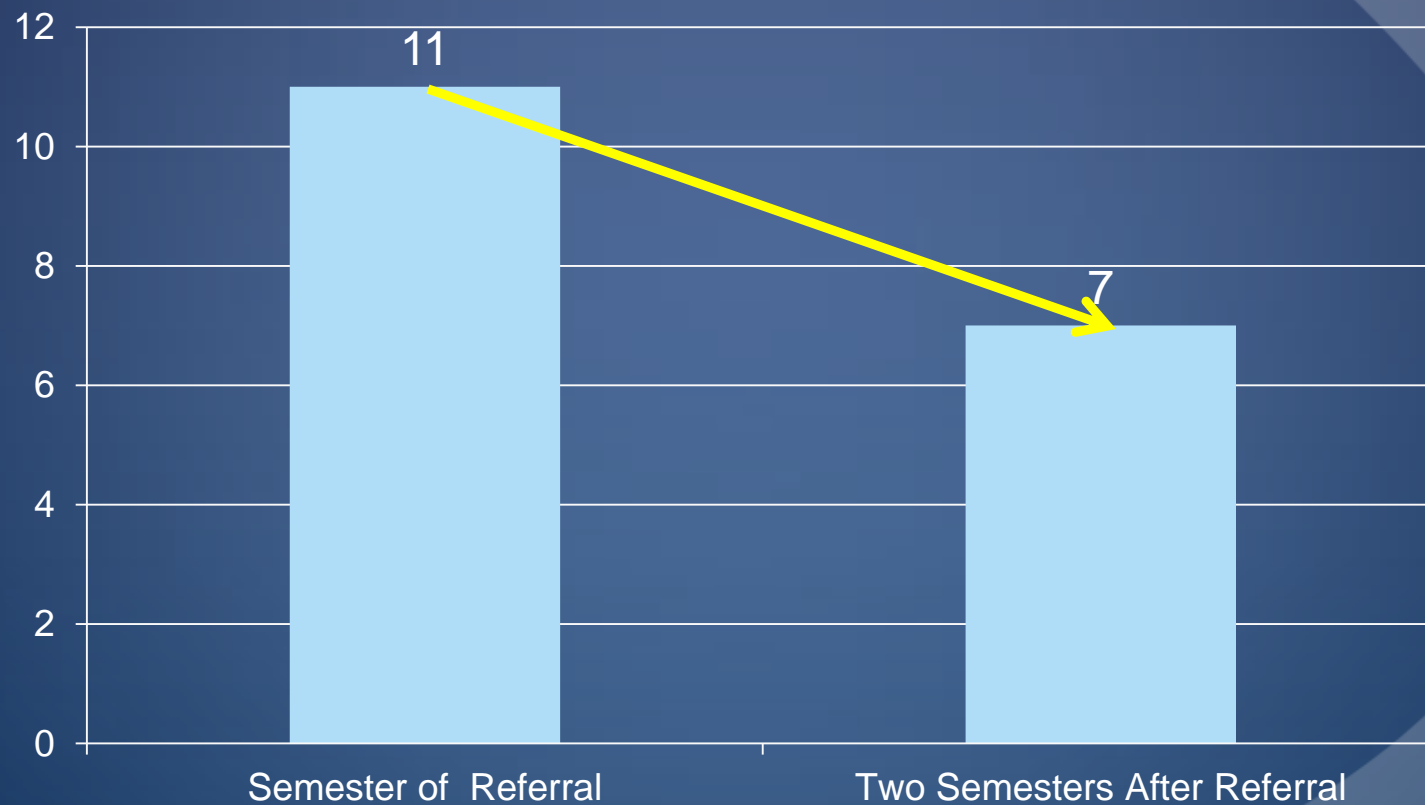
Percent of Students Passing All Core Classes Increased by 34%



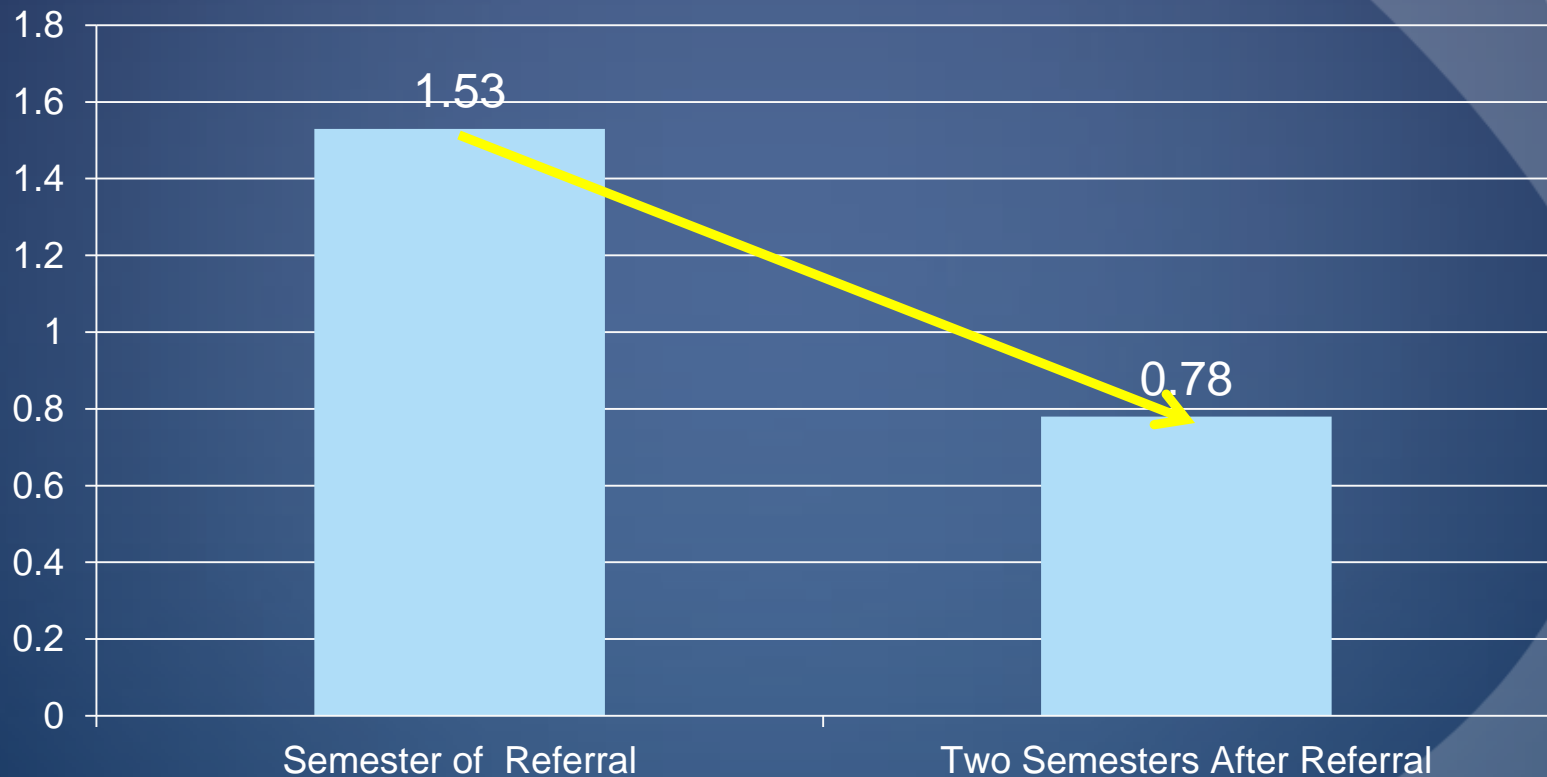
Outcomes for Latino Students

- Same cohort disaggregated
- 145 Latino students who began receiving Care Coordination Services from fall 2011-fall 2013

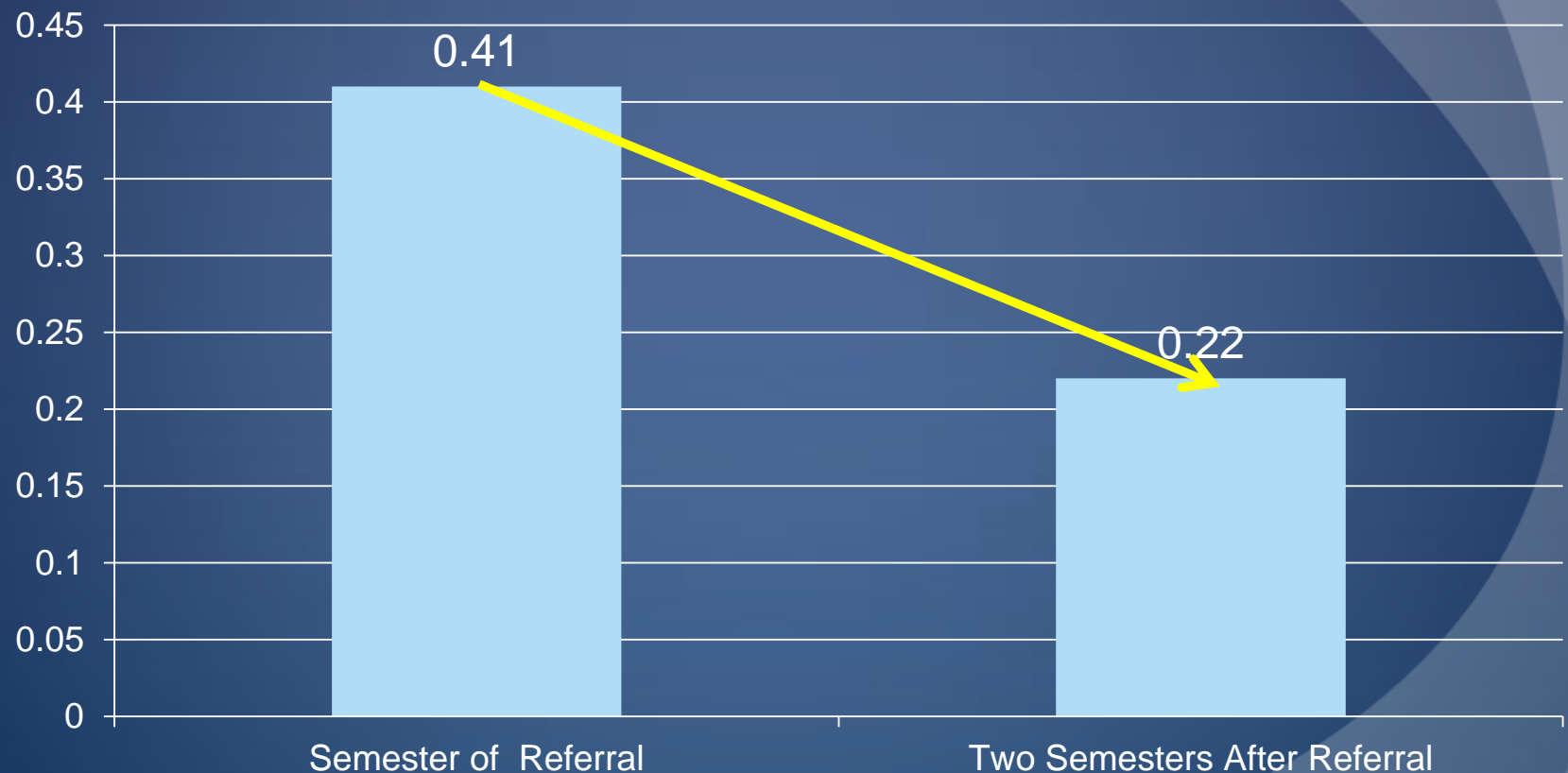
Latino Students: Days Absent Reduced by 33%



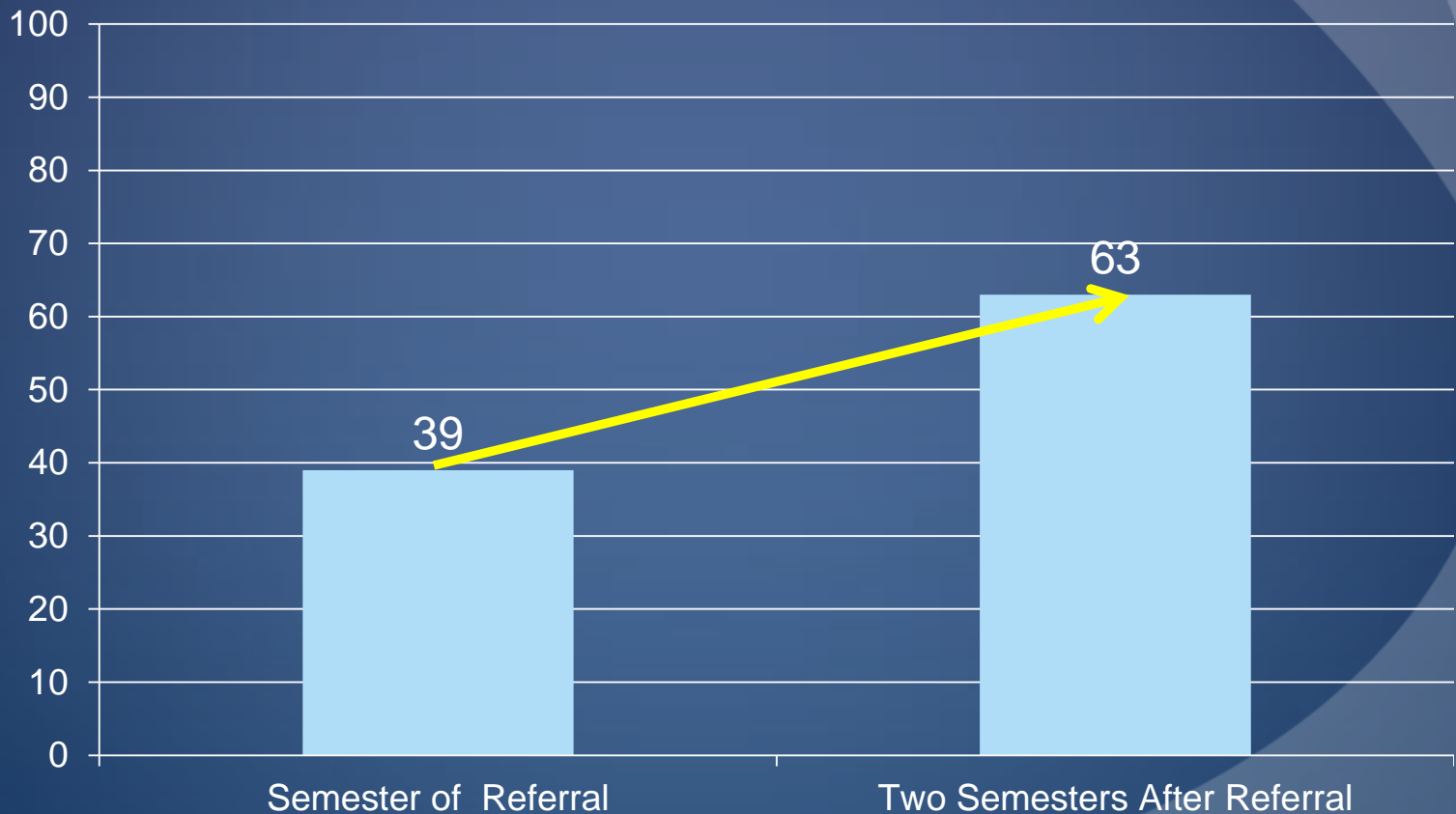
Latino Students: Average ODRs Reduced by 49%



Latino Students: Average Suspensions Reduced by 47%



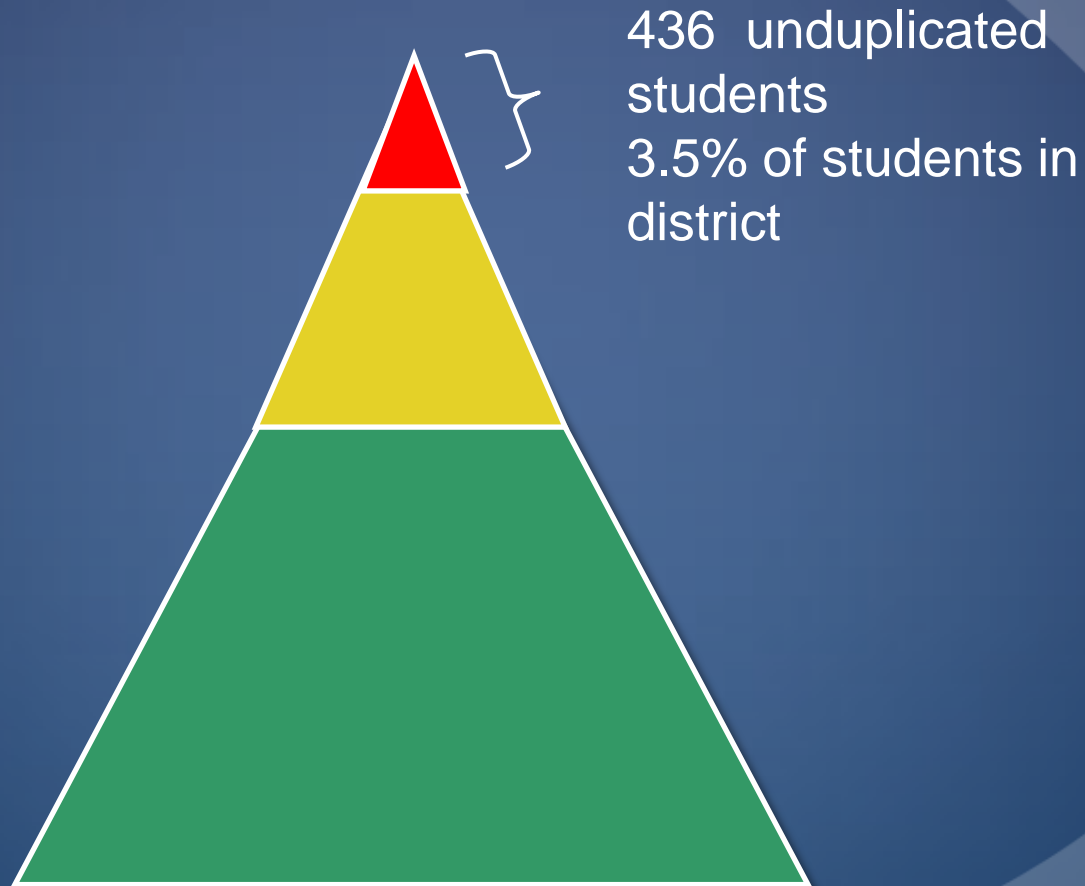
Latino Students: Passing All Core Classes Increased by 60%



System capacity

- 357 students referred for Care Coordination in 2014-15 (240 students served directly)
- 2014-15 One School Based Health Center—110 students served
- 2015-16 Two School Based Health Centers-projected to serve 220 students

Students served by Care Coordinators and SBHC therapists as percentage of district





Alone we can do so
little; together we
can do so much.

-Helen Keller

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