



BURRELL[®]
YOUTH SERVICES

SCHOOL-BASED
MENTAL HEALTH
SERVICES
INTEGRATION

IN RURAL MISSOURI



INTRODUCTIONS

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PRESENTATION OBJECTIVES

1. Participants will be able to identify three approaches to a multi-tiered model of school-based mental health support.
2. Participants will be able to identify 3 successes and 3 challenges of implementing school-based mental health services in a rural district.
3. Facilitators will provide steps to implement school-wide suicide awareness practices and establishment of a crisis response team.

BURRELL OVERVIEW

Certified Community Behavioral Health Organization (CCBHO) located in Missouri and Northwest Arkansas serving 25 counties. We employ 1,500 people across 60 locations and serve an average of 45,000 clients annually with a budget of \$125 million.

We believe access is not a place, but a concept. This belief drives our commitment to bring behavioral health services to clients wherever they are. Our provider base of 150 clinicians offers a full continuum of care through our integrated network. We create individualized care plans and our entire team collaborates with families, schools, medical and legal partners among others to provide the appropriate care for each situation and community.

PROGRAMS & SERVICES

- Individual Therapy & Counseling
- Addiction Recovery
- Psychiatry & Medication Management
- Educational & Therapeutic Groups
- Crisis Intervention
- Adult Stabilization
- Case Management
- Residential Treatment
- Diagnostic Testing & Evaluations
- Developmental Disability Support





GLASGOW SCHOOL & COMMUNITY

COMMUNITY SPOTLIGHT

Population = ~1100

Economy

Healthcare Facilities

SCHOOL DISTRICT SPOTLIGHT

Enrollment = 304

Faculty/Staff = 47

F/R Lunch Rate = 45.1%

Background



WHY PROVIDE CARE IN SCHOOLS?

- Stressed brains cannot learn the same as a brain that feels safe, connected and regulated.
- We know that it's impossible to be logical and emotionally dysregulated at the same time.
- When a brain is not emotionally regulated (anxious, angry, sad, traumatized, etc.), learning is not taking place.
- Studies of children's mental health needs and services have led to the conclusion that school is the de facto mental health system for children.
- Decrease barriers to care.



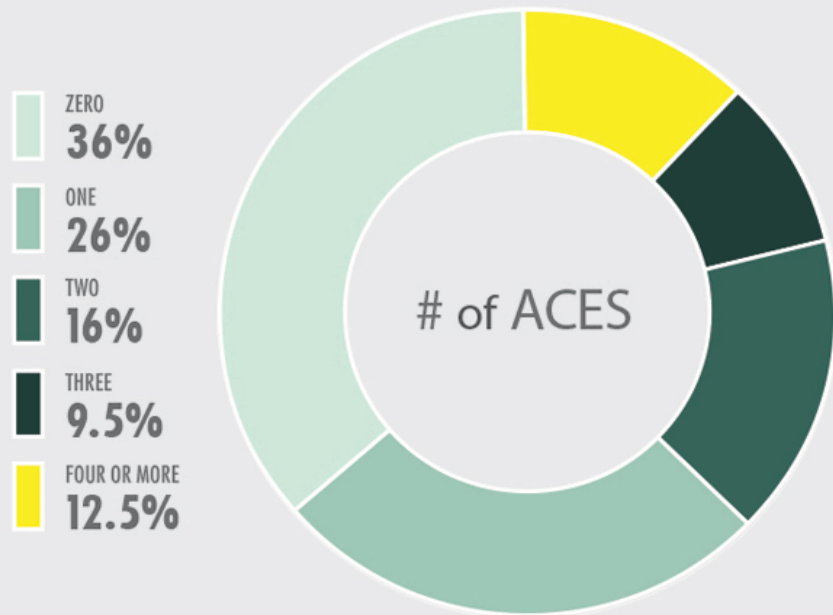
WHAT THE DATA TELLS US

- 1 in 5 children struggle with behavioral and emotional issues in the classroom
- 50% of all lifetime cases of mental illness begin by age 14
- Average delay between onset of symptoms and intervention is 8-10 years
- 14.1% of Missouri high school students seriously considered suicide in 2018 (10.9% reported making a plan, 6.2% attempted)
- In Missouri, 55.6% of students reported feeling very sad at least “sometimes” (2018)
- It is estimated that over 45,000 children and adolescents in Missouri are struggling with anxiety

ADVERSE CHILDHOOD EXPERIENCES (ACES)

How Common are ACES?

ACE Study



- ACE's are major risk factors for illness and poor quality of life. Research shows that ACE's can impede a child's social, emotional and cognitive development.
- ACE's are the best predictor of poor health and the second best predictor of academic failure
- 1 in 7 Missouri students have 3+ ACE's, making them 32 times more likely to have academic and behavior problems in school.

ACES IN THE CLASSROOM

- Greater likelihood of performing below grade level (lower GPA)
- Higher rates of office referrals, suspensions, and expulsions
- Decreased reading ability
- Language and verbal processing deficits
- Delays in expressive and receptive language
- Greater tendency to be misclassified with developmental delays
- Decreased ability to focus and concentrate, recall and remember, organize and process information, and plan and problem-solve

UNIQUE CHALLENGES FOR RURAL SCHOOLS

1

Availability

2

Accessibility

3

Affordability

4

**Appropriate-
ness**

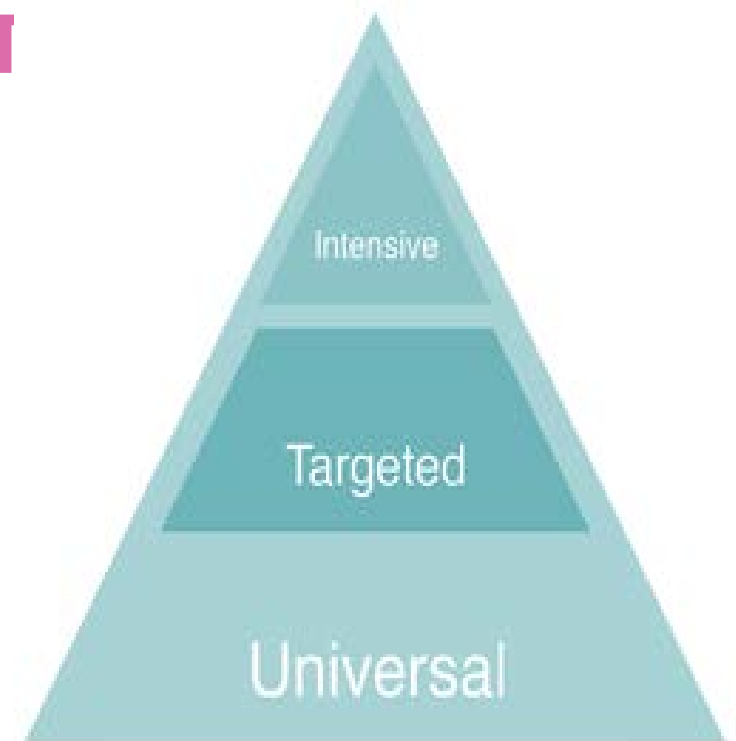
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Acceptability

SCHOOL-BASED MENTAL HEALTH INTEGRATION

3-TIERED MODEL OF SUPPORT

1. Tier 1 (All): Focus on Promotion
2. Tier 2 (Some): Focus on Prevention
3. Tier 3 (Few): Focus on Intensive and Individualized Services



SCHOOL-BASED MENTAL HEALTH INTEGRATION

Partnership – Getting Started

- School Buy-In
- Implementation & Hiring
- Identification Strategies
- Referral & Intake Process
- Service Delivery
- Coordination

SCHOOL-BASED SERVICES OUTCOMES

REFERRAL INFO

A total of 79 referrals to School-Based-Services (SBS) were provided during the 2018-2019 school year. Data regarding the details on the reasons for the referrals were available for 75 (94.9%).

- 38.7% of referrals had Attendance/School Related concerns
- 73.3% had Home Environment concerns
- 82.7% had Social/Emotional/Behavioral concerns

Result of Referral	#	%
Admitted	37	46.8%
Ongoing	2	2.5%
Cancelled/No Show	5	6.3%
Declined Services	16	20.3%
Non-Responsive	14	17.7%
Ineligible/Referred Out/ Receiving other Services	5	6.3%
Grand Total	79	100.00%

SERVICES PROVIDED

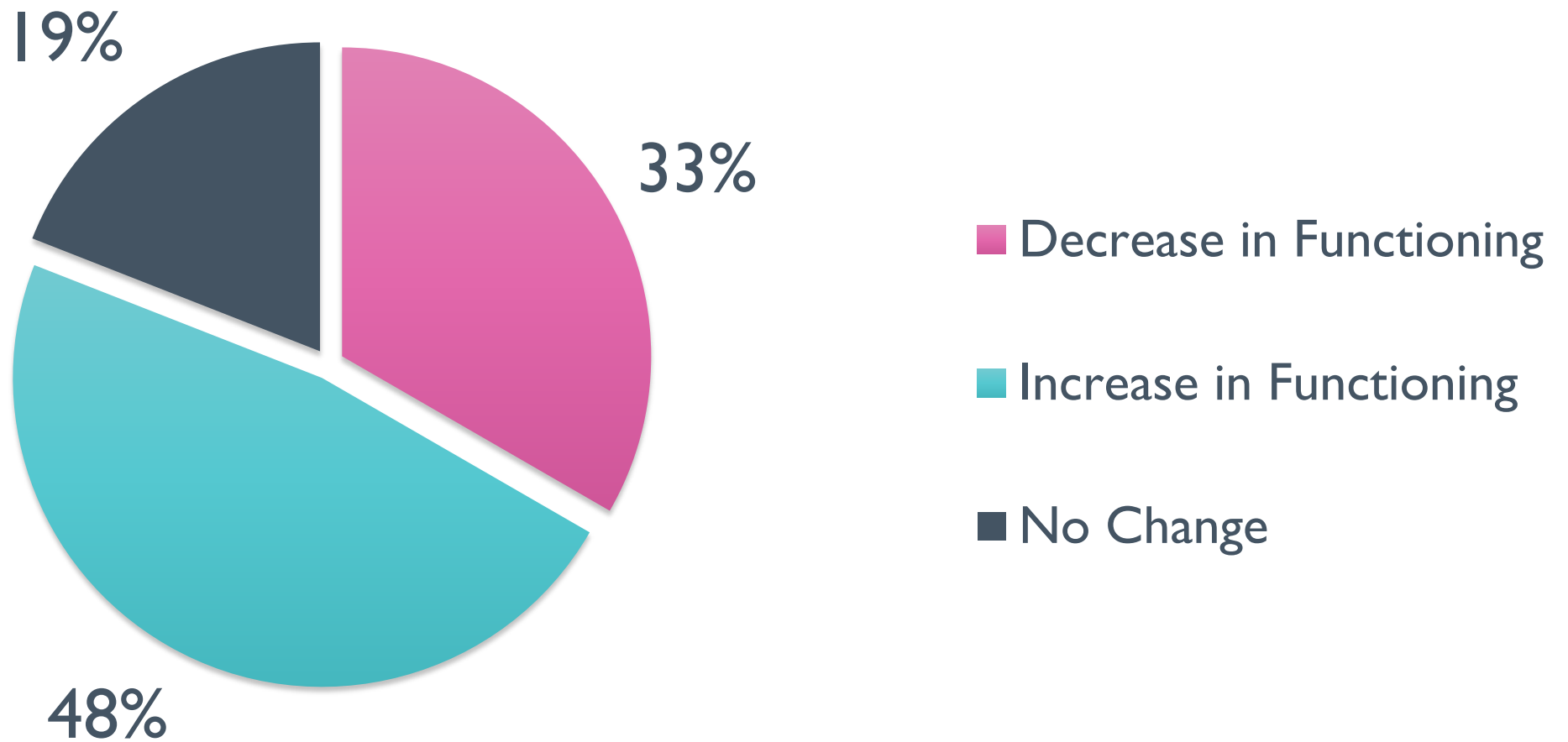
During the 2018-2019 school year, a total of 55 students received school-based services.

- Community Psychiatric Rehabilitation Services: n = 54 (98.2%)
- Outpatient Services: n = 7 (12.7%)

SCHOOL-
BASED
SERVICES
OUTCOMES

SCHOOL-BASED SERVICES OUTCOMES

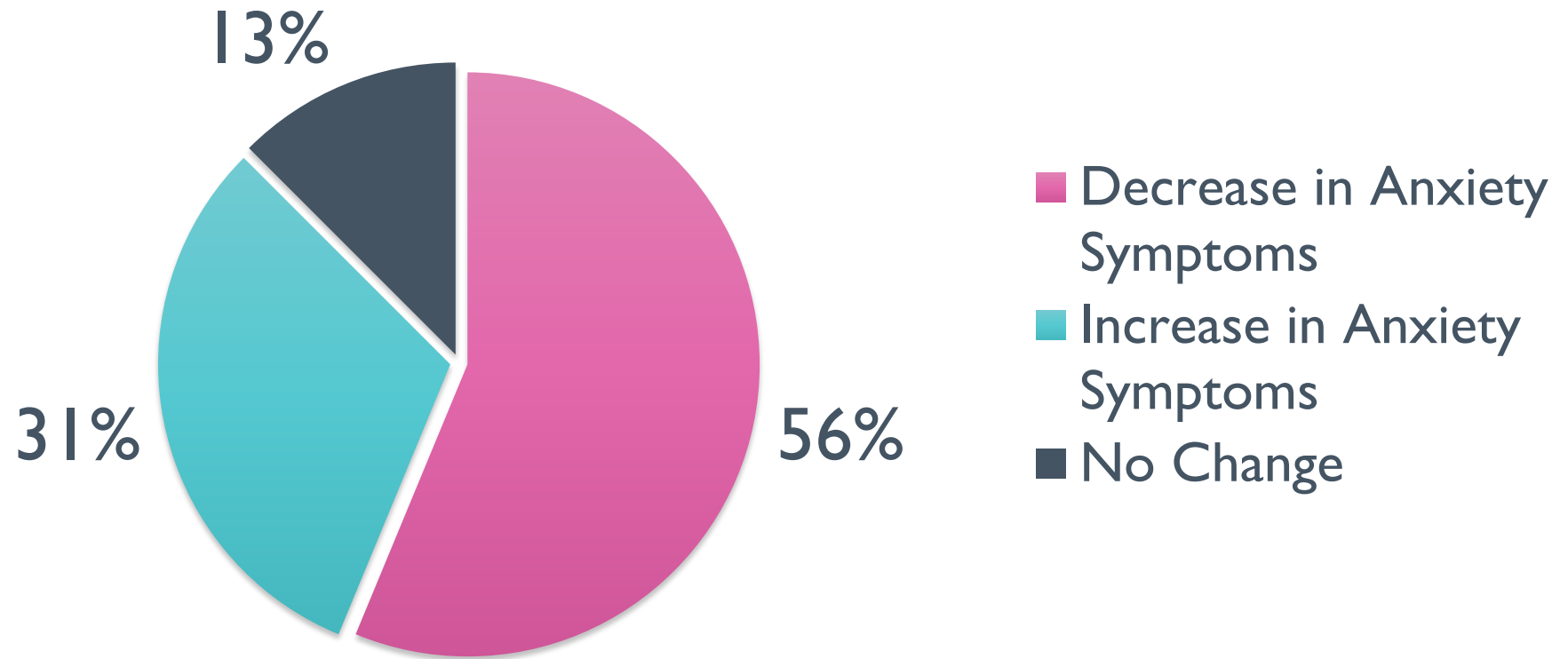
DLA-20: For students aged 6+ years old



SCHOOL-BASED SERVICES OUTCOMES

Anxiety: GAD-7

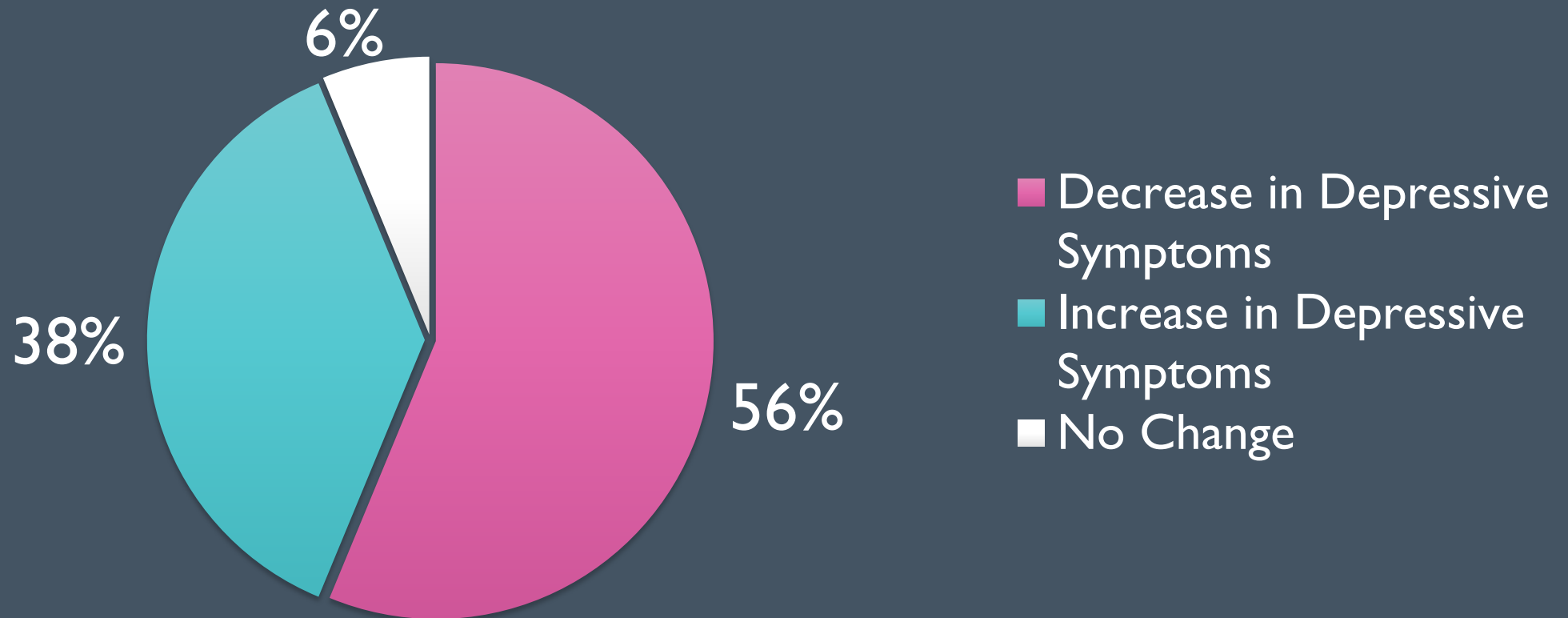
Approximately 56% of students saw a decrease in scores on the GAD-7 over the course of the school year.



SCHOOL-BASED SERVICES OUTCOMES

Depression: PHQ-9

Approximately 56% of students saw an improvement in PHQ-9 scores throughout the year.



RURAL SCHOOL-BASED MENTAL HEALTH INTEGRATION: SUCCESSES & CHALLENGES

SUCCESSES

1. Agency Coordination
2. Access to Care
3. School Buy-In & Involvement
4. Initial Outcome Data

CHALLENGES

1. Staffing
2. Payer Source
3. Parent Engagement



SCHOOL-WIDE INITIATIVES

Youth Suicide Awareness & Prevention Policy, July 2018 (Section 170.048)

1. Crisis Assist Team
2. Crisis Response Procedures
3. Procedures for Parent Involvement
4. Community Resources available to students, parents and employees
5. Responding to suicidal behavior or death by suicide in the school community
6. Suicide Prevention and Response Protocol Education for staff
7. Suicide Prevention Education for Students
8. Publication of policy

CRISIS ASSIST TEAM

- Team Members—Superintendent, Principals, Counselor, Special Education Director, Classroom Teacher
- Response Materials—based upon MO School Counselors' Crisis Management Manual/other state examples
- Annual team meeting to review Crisis Response Manual
- Annual District Wide Faculty Meeting
- Debriefing/changes for next crisis

SCHOOL-WIDE INITIATIVES



SCHOOL-WIDE INITIATIVES

SIGNS OF SUICIDE PREVENTION PROGRAM IMPLEMENTATION

1. Faculty & Staff Education
2. Parent Education
3. Agency Coordination
4. Self-Survey Administration
5. Scoring & Follow-Up
6. Debrief

SCHOOL-WIDE INITIATIVES

SIGNS OF SUICIDE PREVENTION PROGRAM IMPLEMENTATION

Year 1 Outcomes

1. 165 students participated
2. 36 students (21.8%) flagged as moderate or high risk
3. 12 referrals to BBH

Year 2 Outcomes

1. 182 students participated
2. 18 students flagged as moderate or high risk
3. 6 referrals



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QUESTIONS?

REFERENCES

- Adverse Childhood Experiences – www.cdc.gov/violenceprevention/acestudy
- Missouri Department of Mental Health – www.dmh.mo.gov
- National Alliance on Mental Illness – www.nami.org
- Substance Abuse and Mental Health Services Administration – www.samsha.gov
- Trauma Informed Care – www.traumainformedcareproject.org
- Youth Mental Health First Aid – www.mentalhealthfirstaid.org
- Center for Disease Control & Prevention – www.cdc.gov