SCHOOL LINKED SERVICES

The 2018 Annual Conference on Advancing School Mental Health October 12, 2018



SCHOOL LINKED SERVICES

Maretta Juarez, LCSW, Family and Children's Division Director Cha See, PhD, SLS Program Manager Fabian Castaneda, LMFT, Mental Health Program Specialist



PRESENTATION OBJECTIVES

By the end of the presentation, participants will be able to:

- 1. Understand and discuss the School Linked Services (SLS) model
 - A. SLS Planning Process
 - B. Theory of Change
 - C. Community-school-family Partnership Process
- 2. Describe SLS strategies to provide streamlined school-based behavioral health services
- 3. List some of the SLS behavioral health and family engagement outcomes





SCHOOL LINKED SERVICES MODEL





SLS PLANNING PROCESS





SLS DISTRICTS

- Thirteen (13) partnering school districts.
- SLS Coordinator at each school district.

School Districts			
Alum Rock Union School District **	Franklin McKinley School District		
Campbell Union School District **	Luther Burbank School District		
East Side Union High School District **	Morgan Hill Unified School District		
Gilroy Unified School District **	Mt. Pleasant Elementary School District		
Mountain View Whisman School District **	Oak Grove School District		
** Includes Feeder Model Schools to facilitate continuity of services among families between elementary and middle or middle and high schools.	San Jose Unified School District		
	Milpitas Unified School District		
	Fremont Union High School District		







SANTA CLARA COUNTY SCHOOL LINKED SERVICES FRAMEWORK



VISION: All children and youth have the opportunity to enjoy health, well-being, learning, safety, connectedness and success.

MISSION: By serving the needs of the child and family through coordinated, integrated approaches on school campuses, SLS will create equitable opportunities within schools and communities.

ESSENTIAL ELEMENTS	SLS LEVELS OF PREVENTION: STRATEGIES / INTERVENTIONS	SLS GOALS
Service Coordination Family Engagement	 PRIMARY PREVENTION Universal service linkage to fundamental community and school resources and needs, including family resource centers, food, clothing, and housing. Universal family engagement related to family health and wellbeing and academic success. Positive school climate programs and policies. School-Community-Family partnership. SECONDARY PREVENTION Early intervention behavioral health referrals and services.	Increase family access to community resources and services Improve knowledge, skills and behaviors of families related to school support and health and wellbeing
Campus Collaborative	 Home visits for students at-risk of becoming chronically absent to provide service linkage and increase family engagement in education. Group-based classes, including social skills group, restorative justice and academic support. SLS participation in school-based meetings that include community providers to triage service and provide linkage among students. 	Improve student academic outcomes and health and wellbeing
	TERTIARY PREVENTION Intensive behavioral health referrals and services. Home visits for students who are chronically absent to provide service linkage and increase family engagement in education.	Improve school climate
Co- Investment	 Academic-related individual family support. SLS participation in Student Attendance Review Board (SARB) and other school-based meetings to triage service needs and provide linkages. 	Increase school-family- community partnership

Students and Families - School Districts - Community Based Organizations - County Agencies

SLS COORDINATOR REFERRAL PROCESS





COMMUNITY-SCHOOL-FAMILY PARTNERSHIP: SOCIAL ECOLOGICAL MODEL



Co-Investments in Strengthening Community, Family Resilience, and Student Success



COMMUNITY-SCHOOL-FAMILY PARTNERSHIP: CAMPUS COLLABORATIVE

The Campus Collaborative (CC) meetings inform school-wide family engagement opportunities and helps build and sustain community-schoolfamily partnerships.

Campus Collaborative Member

- School Administrators
- Students
- Family members
- Community service providers
- Law enforcement agencies
- Faith-based organizations
- Community center directors
- Stakeholders





PARTNERSHIPS DEVELOPED THROUGH COLLABORATION











14,1











Uplift Family Services Formerly EMQ FamiliesFirst

STREAMLINED SCHOOL-BASED SERVICES





SCHOOL-BASED BEHAVIORAL HEALTH SERVICES

• Community-based organizations provide behavioral health services at schools and in community.

	Prevention and Early Intervention (PEI) Providers	School Linked Services (SLS) Providers
Organizations	 Alum Rock Counseling Center Catholic Charities of Santa Clara County Children's Health Council Community Solutions Rebekah's Children Services Uplift Family Services 	 Alum Rock Counseling Center Bill Wilson Center Children's Health Council Community Solutions Gardner Family Care Corp. Rebekah Children's Services Starlight Uplift Family Services
Number of schools	Across 11 school districts among 64 schools.	Across 13 school districts among 73 schools.

Updated: 5/2018



STREAMLINED SERVICES FACILITATED BY SLS: MULTIPLE MOVING PARTS



BHSD FAMILY & CHILDREN'S DIVISION COORDINATED CONTINUUM OF CARE





PEI AND SLS SERVICES

PEI

SLS

- Prevention and early intervention (PEI) services to children and their families
- Eligibility based on school, regardless of insurance status
- PEI teams consist of Family Partners, Family Specialists, and Clinicians
- Average service of 3-6 months
- Services at school, home, and/or in the community

- Youth must meet medical necessity
- Medi-Cal required
- Access to child psychiatry services
- Services are longer term average of 8 months
- Services at school, home, and/or in the community



PEI AND SLS IN COLLABORATION CONTINUUM OF CARE



Behavioral Health Services

16

EVIDENCE BASED PRACTICES: MULTI-TIERED SYSTEMS OF SUPPORT





FISCAL YEAR 2018 (JULY 1, 2017 - JUNE 30, 2018) HIGHLIGHTS





DEMOGRAPHICS

A total of **6,273 unduplicated students** received SLS (i.e., service linkage or family engagement) across the 13 school districts.

- <u>Gender</u>: Male (54%) vs. Female (46%).
- <u>Age groups</u>: 0-15 (94%) vs. 16-25 (6%).
- <u>Race/Ethnicity</u>: Hispanic/Latino (78%), Asian (9%), Caucasian (6%), Multiracial/Other (4%), and African American (3%).
- Primary language: Spanish (56%), English (37%), Vietnamese (4%), Other, including Tagalog, Mandarin and Arabic (3%).



COORDINATION: REFERRAL STATUS





SCHOOL-BASED BEHAVIORAL HEALTH EVALUATION

The **Youth Outcome Questionnaire (YOQ)** showed an improvement in child life functioning (N=139)

Domains	Pre Score Average	Post Score Average
Interpersonal Distress	11.2	8.9
Interpersonal Relations	3.5	2.8
Social Problems	2.2	1.4
Somatic Issues	3.5	2.8
Behavioral Dysfunction	9.2	7.4

The **Outcome Questionnaire** showed that parent functioning improved on all subscales from pre- to post-test (n=146)

Domains	Pre Score Average	Post Score Average
Symptoms Distress	15.36	11.95
Interpersonal Relations	8.51	7.82



A VARIETY OF FAMILY ENGAGEMENT PROGRAMS EACH YEAR











FAMILY ENGAGEMENT POST SURVEYS

• Administered after a family engagement program at schools (N= **528 post surveys**)

Following their participation in SLS activities...

Many families (93%) were very confident that they knew who to go to for help at their schools.

Most also felt strongly that their schools provided them with tools to improve their children's academic success (92%), advocate for their children (91%) and support their children's health and wellbeing (88%).

a large majority of families expressed that their experience participating in an SLS program made them feel much more connected to the school community (95%) as well as comfortable and welcomed (97%).

Many families learned new things that would help change the way they interact with their children (94%) and also learned about available resources for their families (96%).

The majority of families that attended an SLS program would recommend SLS to other families (97%).



SLS SCHOOL ASSESSMENT IN FY 2018

- Likert Scale survey (1=Strongly Disagree to 5=Strongly Agree) conducted via SurveyMonkey in April 2018 across 13 partnering school districts.
- Survey circulated among the School Linked Services (SLS) Coordinators, Director of Students Services and School Superintendents.
- Questions pertained to knowledge, perception and practices of schools related to the following items:
 - Support among Students and Families
 - Impact on Family Engagement and School Climate
 - Impact on Academic Support
 - Impact on School Policies and Practices



DEMOGRAPHICS

- Fifty-seven (57) participants completed the assessment.
- Majority of survey participants (n=33) have been in their current role for over three years.





SLS KNOWLEDGE





SLS SUPPORT





FAMILY ENGAGEMENT AND SCHOOL CLIMATE





POLICY AND PRACTICE CHANGE





SLS VALUE





QUALITATIVE FINDINGS

- SLS is a huge asset in our school. It is the easiest way for most parents to get connected with the school in a meaningful way.
- We are able to be the bridge for many families that have difficulty navigating the community for resources and support
- I think this is a very important part of our school and definitely helps to build community between parents, teachers, students and the district as a whole.
- Having one person taking referrals and making sure they are sent to the right agency makes a world of a difference. Our SLS coordinators brought in resources and developed a process that works for our school.
- Countless health services and education opportunities are available at no cost to families who otherwise could not afford them. For example, students have access to free glasses, and we have a food distribution program each week for families who qualify.





LESSONS LEARNED

- 1. SLS addresses multiple community-based behavioral health needs among children and families through a prevention and early intervention approach.
 - a. Overall, results demonstrate the support/treatment provided to parents improved both child and parent functioning. Clinically it seems that families are responding to the treatment and developing important skills needed for change.
- Current evaluation shows positive impact in terms of a) behavioral health support on school campuses 2) family engagement outcomes, and 3) service coordination for families.
- 3. Refining evaluation plan to capture potential association between SLS and academic outcomes as well and impact on overall health and wellbeing.



THANK YOU



SCHOOL LINKED SERVICES

Cha See, PhD, SLS Program Manager:

Cha.see@hhs.sccgov.org

Fabian Castaneda, LMFT, Mental Health Program Specialist:

Fabian.castaneda@hhs.sccgov.org

