

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

Springfield, IL Demographics



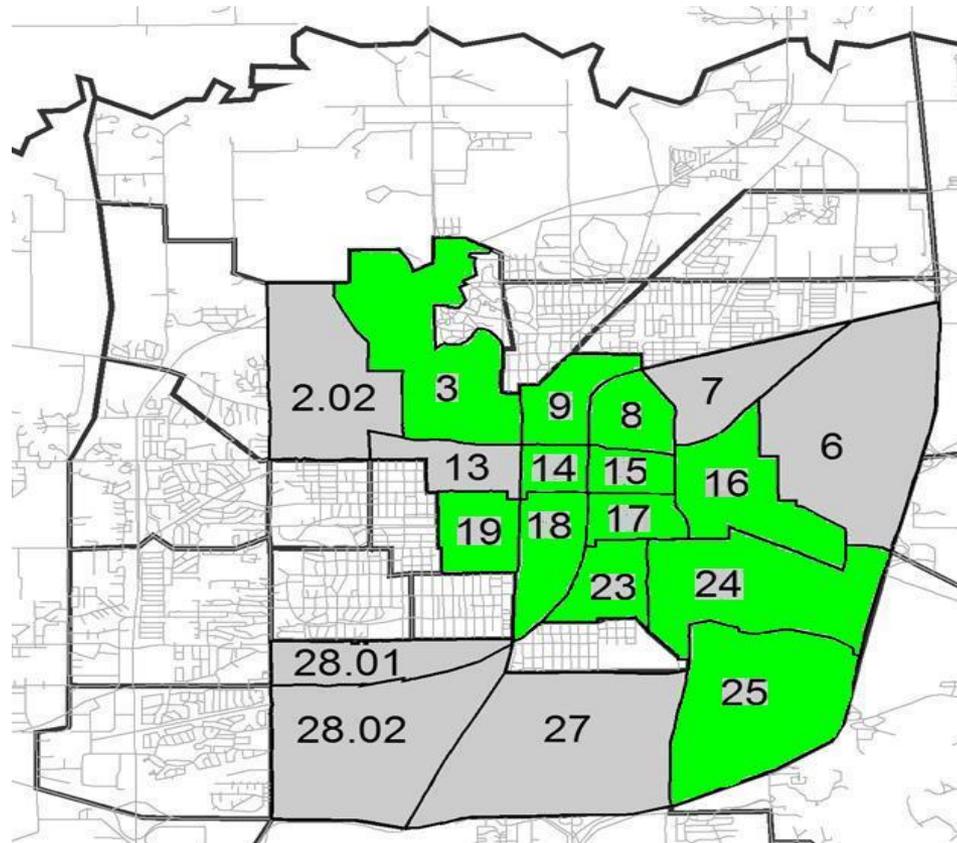
- **MOSAIC serves children and adolescents living in the city of Springfield**
 - 26,000 youth, ages 0-17
 - 22% of the total population of 117,000*
- **Home to:**
 - Mid-Illinois Medical District
 - 2 hospitals/2 health systems
 - Southern Illinois University School of Medicine
 - 2 FQHCs
 - Several 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

Children's MOSAIC Project Mission



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

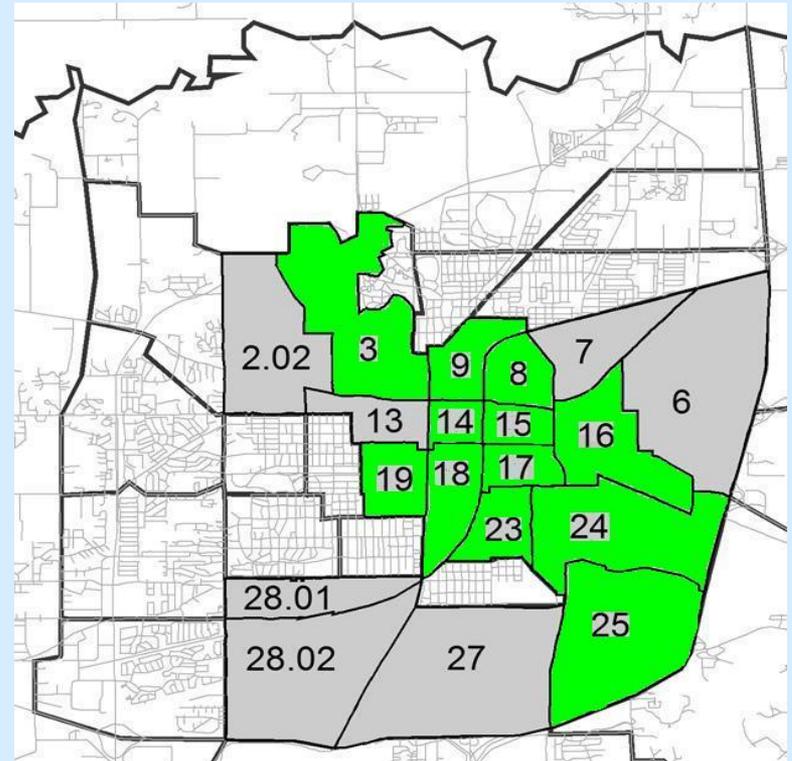


- Largest district serving Springfield
- Approximately 15,000 annual student enrollment
 - Pre-k through 12th grade
- Student body:
 - 47% white
 - 39% black
 - 10% multi-racial
 - 3% Hispanic
 - 1% other

SPS Demographics



- 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 indentified 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



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

* 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.

2016 Q1 & Q2 Screening Numbers



- A total of **5,977** screens have occurred January 1-June 30, 2016

Evaluation



- **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

Evaluation



- **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

Local Evaluation-Comparative Analysis



- **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?

