

~~24,878~~ 27,228 STUDENTS  
AND COUNTING...



FERNBROOK  
Family Center

2016 CSMH  
Advancing School Mental  
Health  
9/30/2016

# INTRODUCTIONS

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## SERVICE & LOCATION AREA

- Fernbrook Family Center is in southeastern Minnesota.
- Provide services to children and families in a total of 11 counties with 7 county office locations





# MINNESOTA FACTS

- 90,000 miles of shorelines
- Invention of rollerblades
- Mall of America
- 1 recreational boat for every 6 people
- 10,000 Lakes
- Home of Fernbrook



# OBJECTIVES

- Describe three tools to develop and maintain successful partnerships with schools
- List four identified funding streams
- Compare and contrast the impact of various funding streams on program sustainability and expansion

# PROGRAM MODELS

- Staff meeting with youth at school
- Housed in the school
- Integrated into the school
- CTSS- Federal Level 4 settings
- CTSS - Federal Level 2/3 settings
- CTSS - District Wide

# GETTING STARTED

- Implementation Steps for School Based Mental Health Services
- Summary of School Based Services

**Assessment Phase:**

Step	Topic/Task
1. Meet with district representative	Provide information about SBMH to the district. Summary of School-Based Mental Health Services handout
2. Complete assessment with district *This will require multiple meetings- finalization occurs later in the process	Initiate assessment using following tools: <ul style="list-style-type: none"> <li>• SBMH Assessment Outline to gather information for needs and readiness assessment and develop implementation processes</li> <li>• Survey school staff to develop timelines and identify needs</li> <li>• PBIS checklist to assess fidelity of implementation and how embedded in the school culture is PBIS</li> </ul>
3. Agency executive directors review *Agency or decision making body	Provide overview from the assessment- Using need and readiness factors checklist Determine which agency has capacity and ability for expansion, funding currently available to assist expansion, and if the process should continue to move forward with district
4. Building school and agency partnership *This will require multiple meetings	Meet with agency and school leadership to initiate partnership Meet with school staff: support staff, teachers, referral sources i.e. staff meeting- sales and/or education (trauma in schools etc) Meetings with district leaders for additional information needed to develop implementation plan and timeline.
5. Determine funding	Finalize funding allocations from all available
6. Finalize implementation plan	Synthesize all the information gathered and develop implementation timeline with agency assigned and district staff. Educate district on funding model, resources and long term plan for sustainability

**Implementation Phase:**

Steps	Tasks
1. Contracting	Develop and obtain signatures MOU's between agencies and school districts
2. Identify building space and resources needed	Private office, phone with long distance, internet access, copy/fax machine, keys/fob, etc.
3. Develop referral & collaborative processes	Administrative and student support staff meeting at school level Referral processes including consent from parents, school main contact, involvement in school student assistance teams, communication between therapist and school staff
4. Whole staff presentation	Whole staff meeting to introduce agency clinician



School-Based Mental Health is a program where a community mental health provider serves students within the school.

### Summary of School-Based Mental Health Services 6.30.16

20% of children will have a diagnosable mental health disorder during childhood.

#### What is School-Based Mental Health?

School mental health is a broad continuum of mental health services and support from universal prevention and early intervention to diagnosis and treatment. School-based mental health is a program model that embeds individual and family therapy within school buildings to serve individual children and adolescents who have diagnosable mental health disorders. A school provides space for a licensed clinician from a local mental health agency to provide services on site. Just as in outpatient settings, these services are only provided with parental/guardian consent and involvement. Children, youth and families are able to access ongoing individual and family therapy. If parents sign information-sharing consents, clinicians, educators, and parents can work closely together to address a child or youth's behavioral and emotional issues at school and at home.

#### What School-Based Mental Health is not?

School-based mental health is part of a broader continuum of mental health services and supports often-called school mental health. There is little doubt that youth development programs, school counseling and social work programs, prevention programs delivered by school (e.g., Primary Project, Second Step, bullying prevention programs), and school-wide behavioral approaches such as Positive Behavior Interventions and Supports (PBIS) can powerfully impact child and youth behavior, functioning and success in school. However, these programs, services and supports are not what we consider to be "school-based mental health." Rather, school-based mental health works in partnership with these other efforts to serve children and adolescents who 1) have a diagnosable mental health condition and 2) whose parent(s)/guardians choose for their son or daughter to receive treatment and/or services in the school setting.

#### Why School-Based Mental Health?

- Removes barriers that children and families face in receiving mental health treatment in the community (scheduling, financial, transportation). Referral connection rates of 85% compared to 15% for community based services
- Earlier and more appropriate identification and treatment of mental health disorders
- Significant increase in involvement of culturally underserved groups of children
- Decreases stigmas associated with receiving mental health treatment
- Increases capacity of school staff and therapists to respond effectively to the child's needs

# KNOW YOUR SCHOOL ENVIRONMENT

- NEEDS AND READINESS CHECKLIST

School Based Mental Health Services

Need Factors

\_\_\_\_\_ Student Population of at least 40% Free/Reduced Lunch status

\_\_\_\_\_ School is able to generate a list of at least 20 student that could be referred

\_\_\_\_\_ School has high concentration of students that do not have health insurance

\_\_\_\_\_ Multiple barriers exist that keep students from being able to access services

\_\_\_\_\_ Students are unable to access mental health services due to lack of providers in the area and/or required travel to appointments is prohibitive

Readiness Factors

\_\_\_\_\_ District/school has demonstrated commitment to meeting mental health needs of student

\_\_\_\_\_ School provides staffing that addresses student support needs beyond the required minimum

\_\_\_\_\_ Space and other needed resources available

\_\_\_\_\_ PBIS team fully implementing Tier 1 and Tier 2 supports as measured by PBIS fidelity tool

\_\_\_\_\_ Demonstrated willingness to work with community partners

\_\_\_\_\_ Have supported professional development activities that address the behavioral and mental health needs of students

\_\_\_\_\_ School staff are willing to change past practice to better address mental health needs of students

\_\_\_\_\_ A "champion" at the school level willing and able to assist with implementation of services

\_\_\_\_\_ Special education is supportive of services being provided on site

\_\_\_\_\_ Roles of special education providers and mental health agency are clearly defined and understood by all parties

\_\_\_\_\_ Student Support staff are welcoming of the service in their building

# SCHOOL ROLES

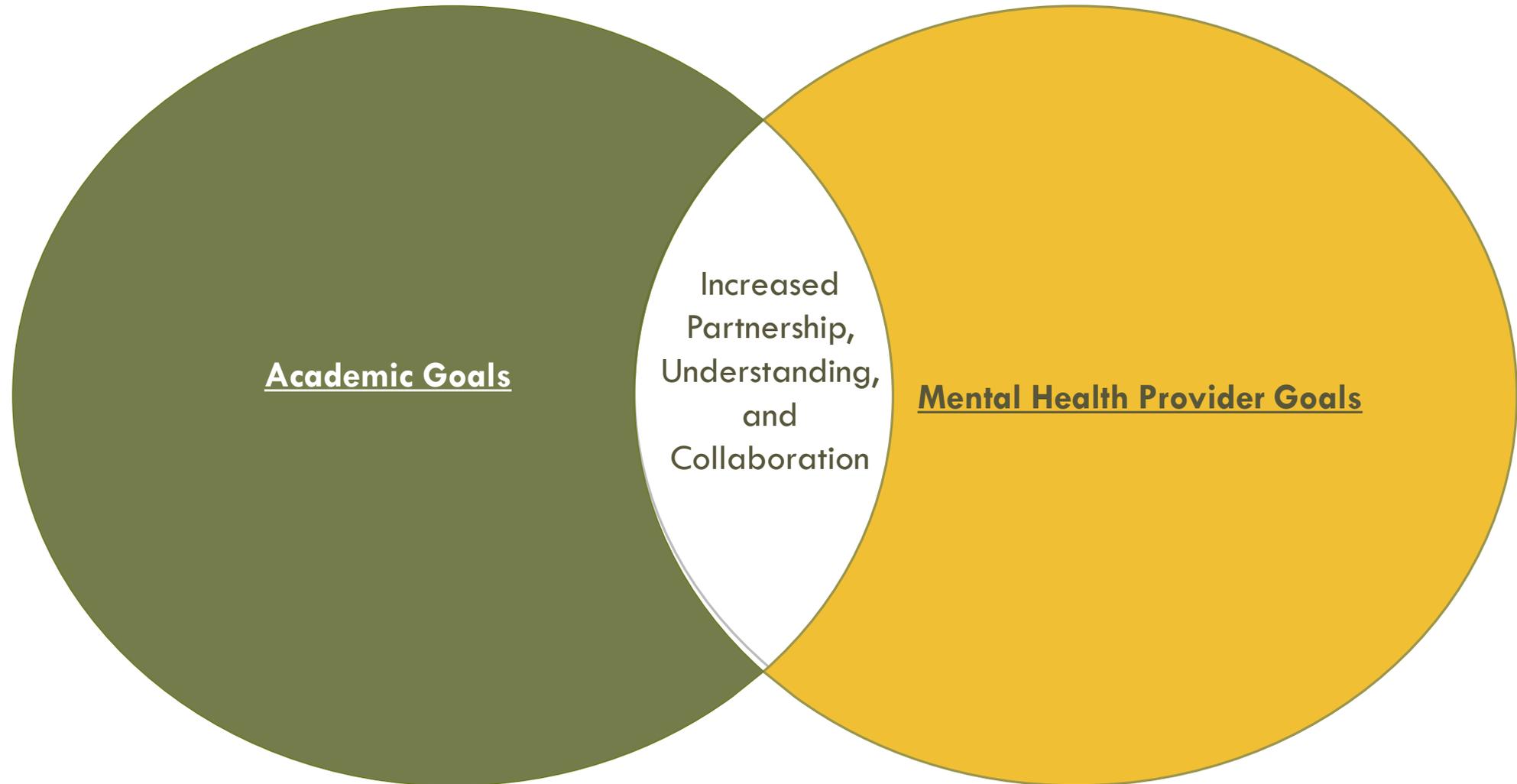
- Your Champion – Not by title or role in the school = INFLUENCE
- Support Staff
- Special Education Departments
- Student Services

# LANGUAGE

- Consistent with setting
- Behavior versus symptoms
- HIPAA versus FERPA
- Mental health and the IEP
- PBIS

- [SBMHS Assessment Outline](#)
- [PBIS Team Implementation Checklist](#)

WHERE WE MEET: ACADEMIC AND MENTAL HEALTH GOALS ALIGN



# FUNDING STREAMS

- MHCP/Commercial Insurance
- Grants



Minnesota Department of **Human Services**

# FUNDING STREAMS

- Mental Health Collaborative
- School District Funding

# SUSTAINABILITY

- Staffing patterns
- Targets
- Third party payers
- Braiding funding streams

# HUMAN RESOURCE SUSTAINABILITY

- Developing connections
- Burnout
- Expectations

# OTHER SUSTAINABILITY INITIATIVES

- Return on investment for DHS
- Utilization of stakeholders meetings to leverage legislature
- Relationships with others to create collaborative programming, building 3<sup>rd</sup> party reimbursements, and accessing various stakeholders to secure complementary funding



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