It Is Possible! A Strategy to Taking a "Whole School" Approach with SMH Initiatives as a Mental Health Center.

BURRELL BEHAVIORAL HEALTH



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OBJECTIVES



- Participants will be able to list three strategies to obtain quality data from school partners and learn how to use to effectively guide school mental health initiatives.
- Participants will learn about how to equip their team to take school mental health to a larger scale by having a "whole school" approach to partnering.
- Participants will develop an understanding of how to approach developing and implementing school mental health programs while anticipating healthcare and legislative changes.





- Helpful data points
 - Academic
 - Psychosocial
 - Reporting Template
- Data-driven decisions
 - Intervention
 - Prevention
- Quality Improvement





Table 1. Referral/Student Treatment Status								
Status at the end of the 2017 School Year	Referred	Referred in 2018 SY		Enrolled in 2018 SY				
	n	%	n	%				
Active	108	27.48%	107	51.20%				
Declined	47	11.96%	13	6.22%				
Family Moved	20	5.09%	12	5.74%				
No Show	24	6.11%	5	2.39%				
Other	46	11.70%	20	9.57%				
Pending	16	4.07%	0	0.00%				
Referred to Another Agency	2	0.51%	0	0.00%				
Referred to Other Services	3	0.76%	2	0.96%				
Temporary Break in Services	14	3.56%	14	6.70%				
Transferred to Alt. SBC	4	1.02%	3	1.44%				
Transferred to Alt. SPS	4	1.02%	2	0.96%				
Transferred to Another BBH Therapist	6	1.53%	5	2.39%				
Transferred to CSS	77	19.59%	6	2.87%				
Treatment Plan Complete	20	5.09%	20	9.57%				
Total	393	100.00%	141	100.00%				

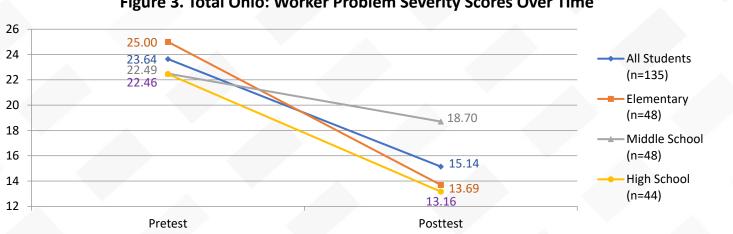


Figure 3. Total Ohio: Worker Problem Severity Scores Over Time

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Figure 4. Total Ohio: Worker Functioning Scores Over Time

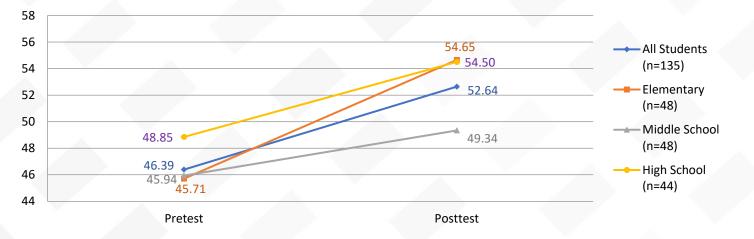




Table 13. SBS Students' Attendance and Discipline

	Attendance Rate			ISS/OSS Incidents			
	n	Mean	Median	n	Mean	Total	
Elementary	46	91.99%	93.78%	25	7.00	12	
Middle School	34	89.76%	92.70%	15	8.22	9	
High School	51	84.66%	88.77%	29	5.14	7	
Total	131	88.56%	92.18%	69	6.93	28	



Figure 9. Caregiver Provision Mean Scores

4. The SBC has involved me in their work with my student.
5. My student likes working with the SBC.
6. The SBC is/was invested in my student's well-being.
7. The SBC is/was effective in working with my student.
8. The SBC keeps his/her work with my student confidential.
9. My student wouldn't have received the help s/he needed if the..
10. I would recommend the SBC to a family who needs help.
11. I am satisfied with the help my student received from the SBC.

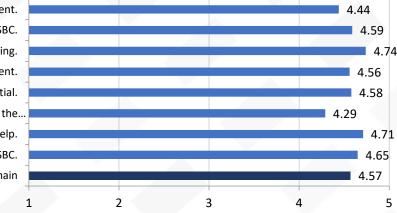


Figure 10. Caregiver Outcomes Mean Scores

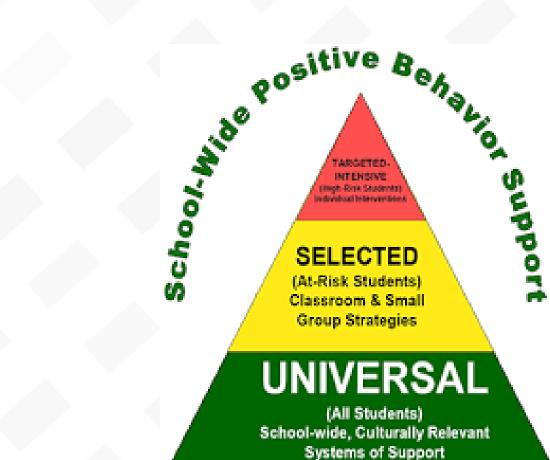


12. My student can handle things better when they go wrong.
13. My student is better at dealing with his/her problems.
14. My student can deal better with crisis.
15. My student can deal better with anger.
16. My student gets along better with teachers & other staff.
17. My student gets along better with family members.
18. My student's behavior at school has improved.
19. My student's attendance at school has improved.
20. My student's grades have improved.
21. My student has made progress toward treatment goals.
Outcomes Domain

WHOLE SCHOOL APPROACH



- Tier Three
 - Support Specialists
 - Therapy
 - Psychiatric Care
- Tier Two
 - Targeted Groups
- Tier One
 - Prevention
 - Training
 - Consultation



EQUIPPING YOUR TEAM



- Leadership Training and Development
- Clinician/Provider Training
- Equipping Schools
 - Implementation Planning
 - Introductory Training
 - Impact on Referrals
 - Impact on Program Implementation
 - Ongoing Opportunities for Training
- Program Evaluation



BURRELL MODEL



- From CMHC to CCBHC
 - Two-Year Medicaid Pilot
 - Planning for Future Changes
 - Impact of New Medicaid Policy
- Integration to State Level Efforts
 - Missouri Model for Trauma Informed Schools
- Diversification
 - Services
 - Revenue
 - Flexible Framework



QUESTIONS?



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