CSMH 2019

Expanding Clinical Mental Health Services in North Texas: 'Rounding Up' a Lone Star Pilot Program

Kaitlin Tollison, LCSW & Samantha Bates, PhD

Round-Up

Communities
In Schools
of Greater Tarrant County

Pilot Clinical Mental Health Program within Communities In Schools

Lessons Learned and Next Steps

Casework Model & Impact of School Social Workers

Objectives:
1. Describe innovations, policy-changes, and administrative decisions designed within the CIS organization of Greater Tarrant County to facilitate new pilot programming addressing Tier III intervention
2. Describe results of an expanded school-based mental health pilot program
3. Identify at least 3 examples of strengths, barriers, challenges and facilitators in the development and implementation of expanded school-based mental health services

Education and Mental Health

34% of high school youth in Texas report symptoms of depression and 5% report they have attempted suicide in the last year
(CDC, 2018)

31% of youth in the U.S. report depressive symptoms and 2% report attempted suicide
(CDC, 2018)

RISKS AHEAD

School-Based Services

Communities In Schools of Greater Tarrant County

- History of organization
- Number of schools and districts in Greater Tarrant County
- Oversight and reporting from Texas Education Agency
- Role of Program Managers
- Explicit need for clinical mental health services for vulnerable youth delivered in cost-effective ways

Pilot Clinical Mental Health Program inception...
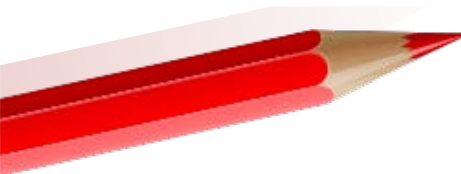
Systems-Level Change

- **Organizational Change**
  - Department
  - Staff
  - Funding

- **Policy and Procedure Change**
  - HIPAA vs. FERPA
  - Barrier Elimination

- **CIS/TCU Partnership**
  - Data
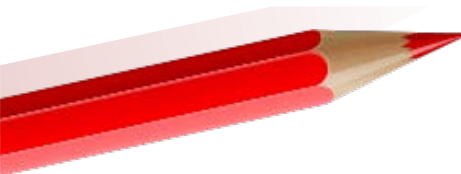 - Best Practices

- **District Decisions**
  - Campuses
  - Referrals
  - Values
  - Language
  - TIC Focus
  - Protocols

Clinical Model

SY 2018/2019

- 2 Campuses, 2 Districts
- 1 Mental Health Counselor
- 13 students served
- Solely Individual Treatment
- 2 Mental Health Trainings

SY 2019/2020

- 7 Campuses, 3 Districts
- 3 Mental Health Counselors
- 80+ students served (anticipated)
- Group & Individual Treatment Options
- 3 Mental Health Trainings
- Parent Component
- Teacher Component

Methods

Outputs
- # served
- Hours
- Sessions
- Contacts with parents

Treatment Goals
- Progress made (i.e., # of goals met)

Quantitative: Measures

Elementary School

- Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)
  - Youth self-report
  - Teacher report on child

Middle & High School

- Abbreviated version of the Youth Outcomes Questionnaire (YOQ-12)
  - Youth self-report

Qualitative: SWOT Analysis

Results: Outputs

Total Outputs
- Total of 13 students served
- Total of 93 Hours
- Total of 166 Sessions
- Total of 223 Contacts with parents

Table 1. Elementary School Outputs	
Output	Number
Number of Student Served	7
Consents Obtained	8
Number of Referrals for Students Not Served	10
Total Number of Sessions Provided	100
Total Number of Hours In Treatment	47.25
Number of Parent Contacts/Attempted Contacts	119
Number of Sessions with Parent Present	1

Table 2. Middle and High School Outputs	
Output	Number
Number of Student Served	6
Consents Obtained	6
Number of Referrals for Students Not Served	4
Total Number of Sessions Provided	66
Total Number of Hours In Treatment	45.75
Number of Parent Contacts/Attempted Contacts	104
Number of Sessions with Parent Present	0

Results: TX Goals

Treatment Goals Overview
- 100% made progress toward 1 TX goal
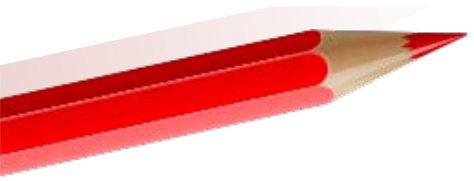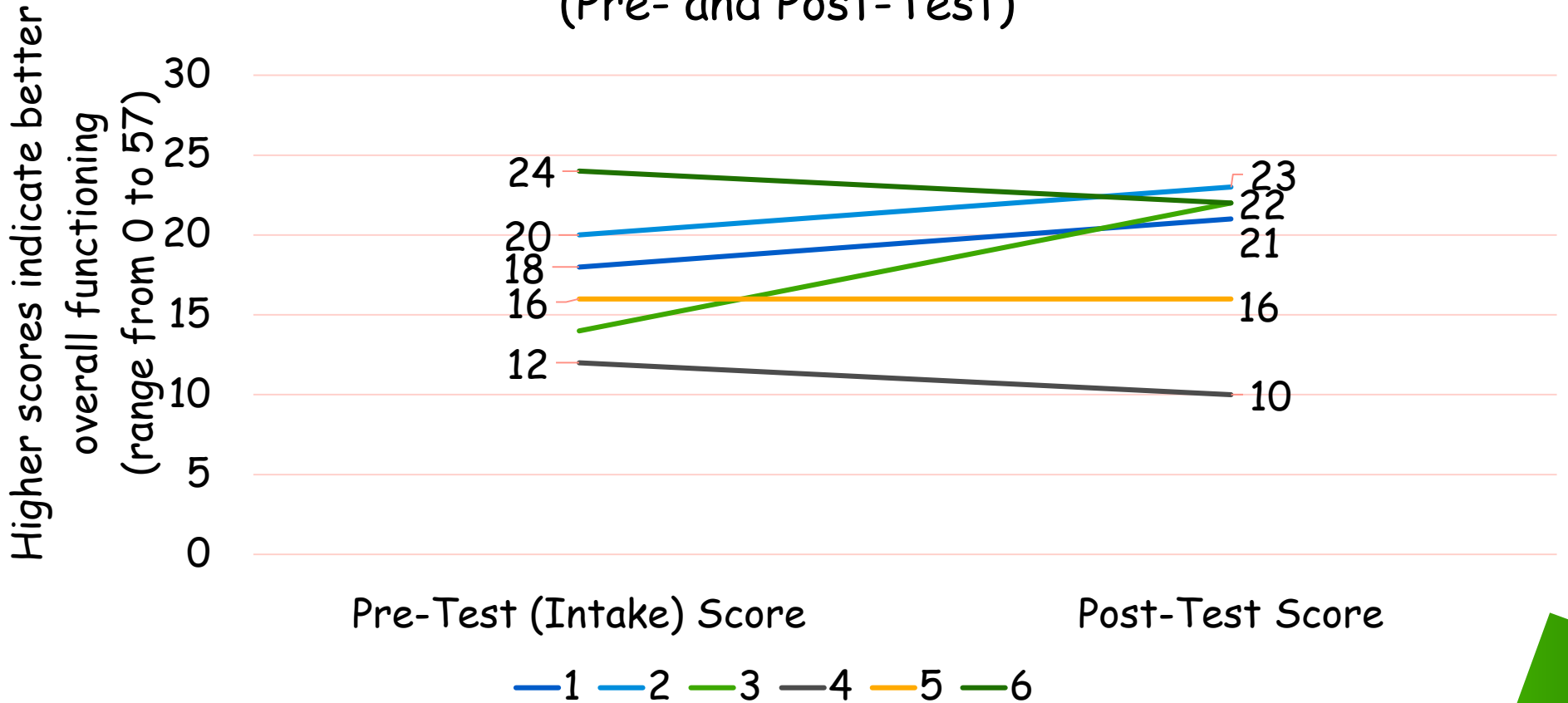- Significant correlation between sessions and progress toward TX goals

School	Number of Sessions	Number of Tx Goals	% Achieved Progress on Tx Goals	CIS Outcomes		
				Academic	Attendance	Behavior
Elementary School	20	2 of 3	66%	Improved	No Change	Improved
	18	2 of 2	100%	N/A	N/A	N/A
	16	2 of 2	100%	Improved	Improved	Improved
	15	1 of 2	50%	Improved	Regressed	Improved
	12	1 of 2	50%	Improved	Improved	Improved
	9	2 of 2	100%	Improved	Improved	Improved
	9	1 of 4	25%	Improved	Regressed	Improved
Middle and High School	17	4 of 4	100%	Improved	Regressed	Improved
	15	1 of 4	25%	Improved	Improved	Improved
	15	2 of 2	100%	Improved	No Change	Improved
	9	2 of 3	66%	N/A	N/A	N/A
	7	3 of 3	100%	N/A	N/A	N/A
	3	1 of 3	33%	Improved	Improved	Improved

Results: SAEBRS

*All students met "at-risk" criteria at in-take

Elementary SAEBRS Scores
(Pre- and Post-Test)

Higher scores indicate better overall functioning (range from 0 to 57)

Pre-Test (Intake) Score → Post-Test Score

Pre-Test values: 24, 20, 18, 16, 12
Post-Test values: 23, 22, 21, 16, 10

Legend: 1, 2, 3, 4, 5, 6

Results: Y-OQ

*All students met "clinical level" criteria at in-take

Middle and High School Youth YOQ Critical Items (Pre-, MId-, and Post-Test)
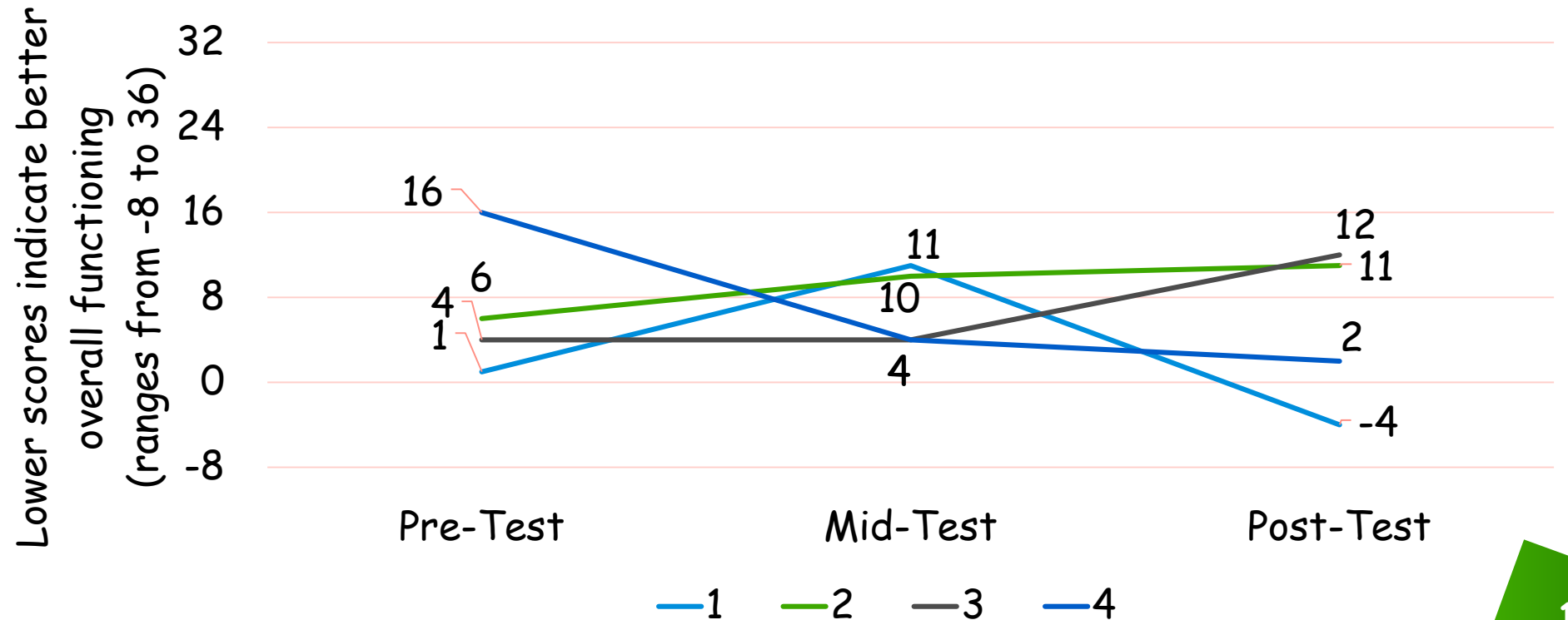
Individual Factors

1. Positive changes observed and progress was made toward treatment goals for students

2. Clinician had opportunities to build positive rapport

3. Strong training and knowledge of consent and documentation

Interactional Factors

1. Receptive parents

2. Awareness of the need and openness among teachers and administration

3. Culture of respect for clinician

4. Teachers who viewed themselves as partners

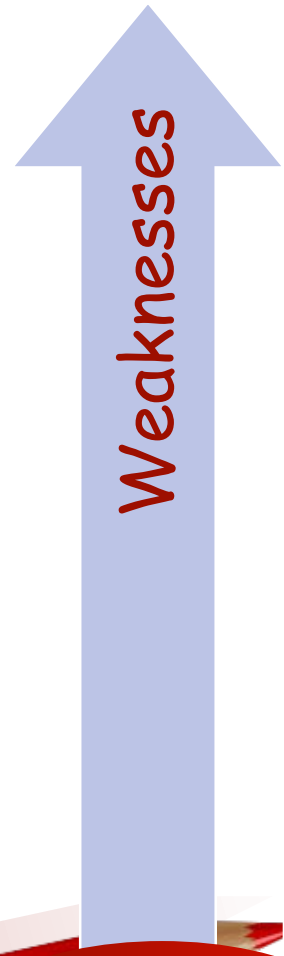5. Teachers respectful of confidentiality and boundaries

School Factors

1. Supportive admin

2. Clear referral processes

3. Referral numbers that exceed expected caseload

4. Private space for clinician

5. Clear communication about times to pull students

6. School-based student support teams in which clinician becomes valued member

Strengths

Weaknesses

Stigma around mental health in schools

Lack of community partnerships

Part-time role of clinicians bring challenges in meeting caseload goals and building relationships in the school

When there is a lack of documentation provided on discipline there are limited opportunities to drive behavior changes and set goals in therapy
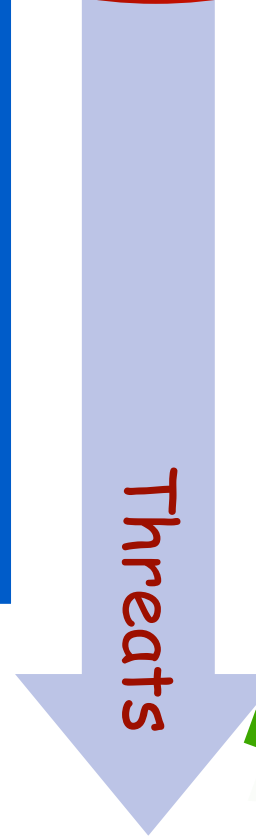
Teacher burnout

Lack of trust and accountability among professionals in the school

Unprofessional conduct or inappropriate comments from adults

Barriers to access

Culture of negative communication between school to parents

Threats

Apprehension and lack of clarity about policy

Biases around subgroups of vulnerable students

13

Opportunities

Program/Clinicians

- Improve notes to document similarly across different school contexts
- Continue use of data to drive decisions and evaluate
- Trainings on HIPPA annually
- Obtain consent to leave voicemails and youth to participate in groups

Teachers/School

- Expansion of supports and increase buy-in
- Gather more input during assessment and tracking
- PD opportunities for teachers to understand their trauma and trauma-informed teaching practices

Parents/Families

- Mitigate barriers to phone communication
- Increase home visits and visibility with families and positive contacts
- Engage family members in treatment plan, goal-setting, and understanding of services

Casework Model

55 Schools
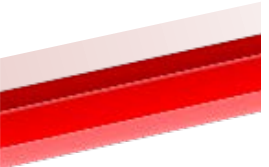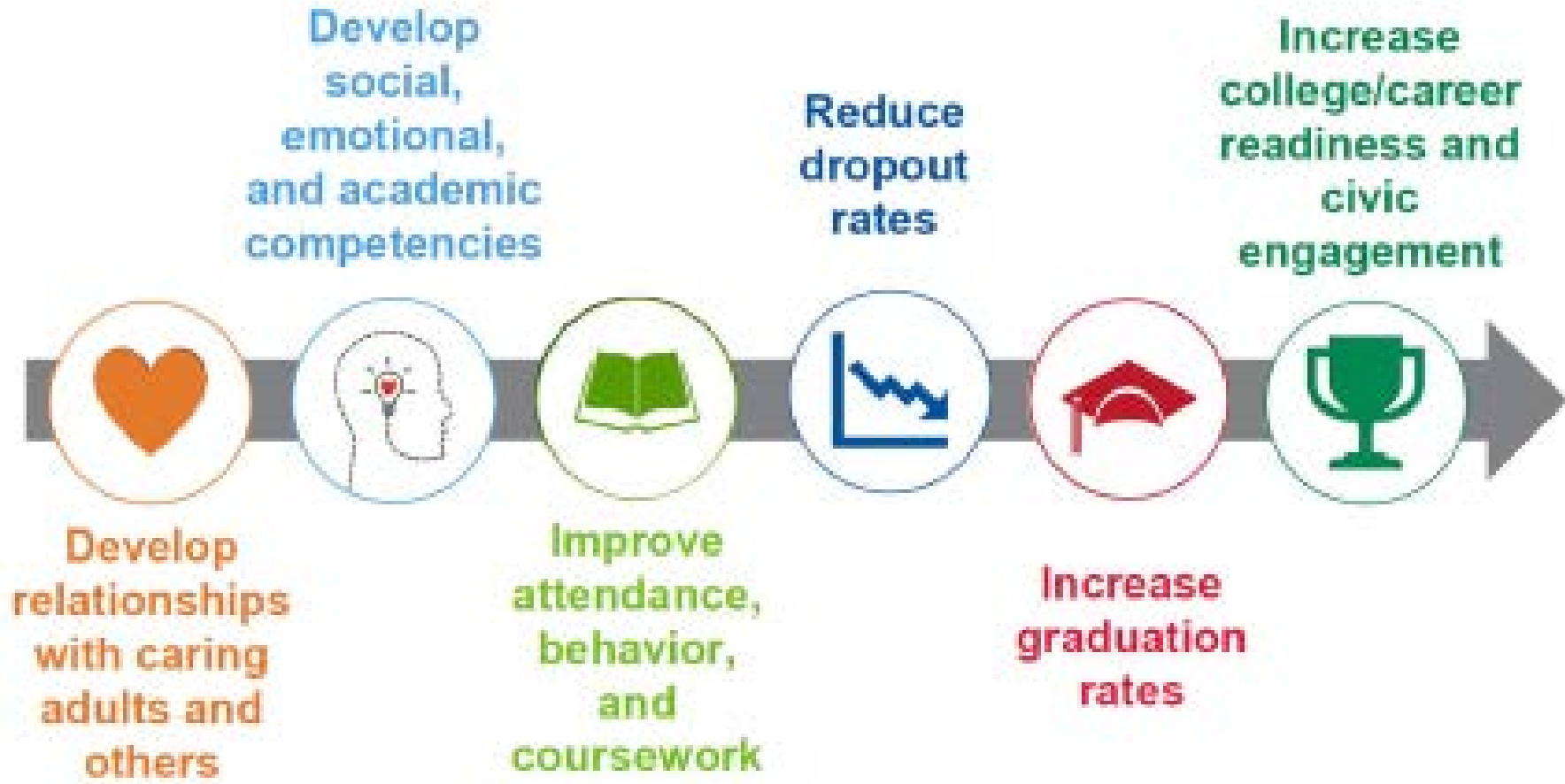**4,951 Students served**
89% received FRL

Communities
In Schools
of Greater Tarrant County

Theory of Change

Develop social, emotional, and academic competencies

Reduce dropout rates

Increase college/career readiness and civic engagement

Develop relationships with caring adults and others

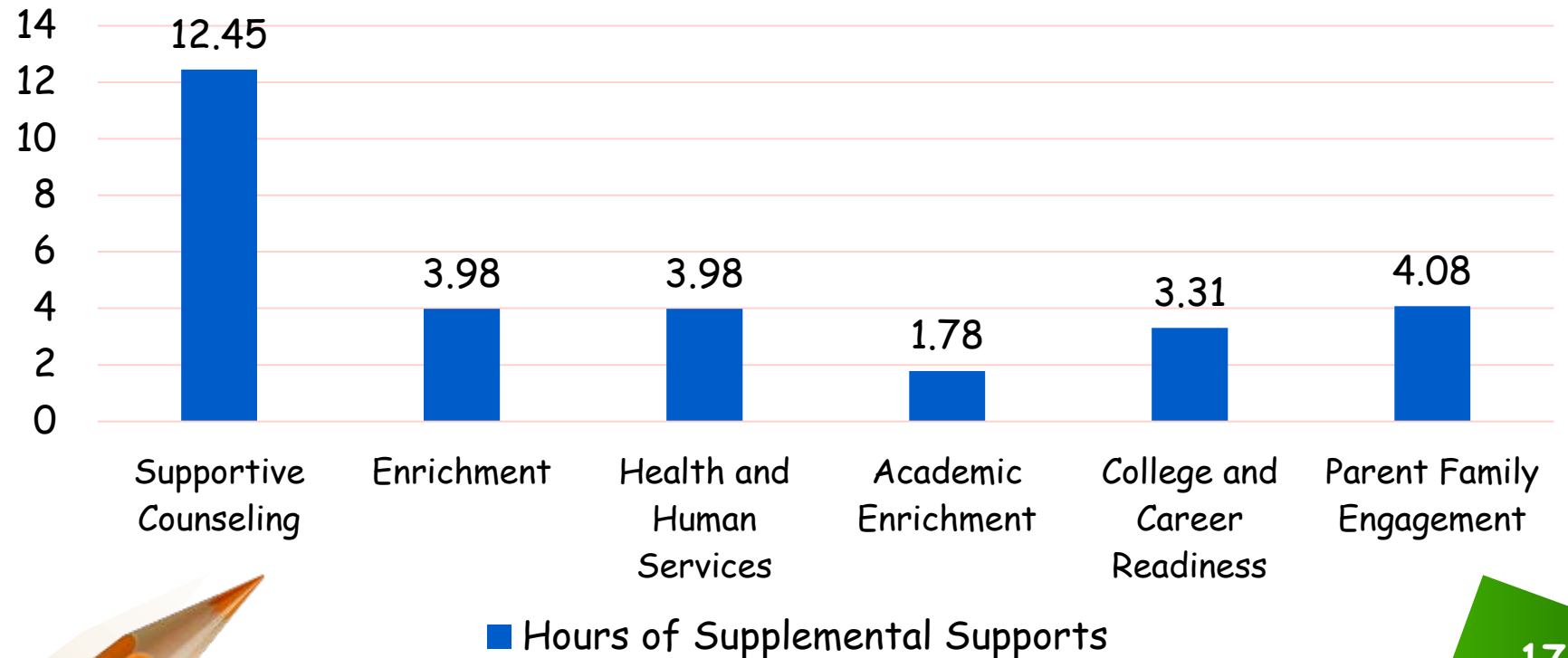Improve attendance, behavior, and coursework

Increase graduation rates

ADI

School Social Workers Impact via CIS

On average, youth receive 28.2 hours of support from CIS program managers annually.

Over the course of 8 months, that averages to approx. 3 ½ hours per month.

Average Hours of Supplemental Academic and Nonacademic Supports by Type
(N = 4,951)

Bar chart values:
- Supportive Counseling: 12.45
- Enrichment: 3.98
- Health and Human Services: 3.98
- Academic Enrichment: 1.78
- College and Career Readiness: 3.31
- Parent Family Engagement: 4.08

■ Hours of Supplemental Supports

Improved vs. No Change/Regressed	B	S.E.	Sig.	Exp(B)
Supportive Guidance and Counseling	-.013	.005	.013*	.987
Health and Human Services	.016	.015	.291	1.016
Parent Family Engagement	.148	.047	.002*	1.159
College and Career Readiness	.070	.031	.024*	1.072
Enrichment	.058	.017	.001*	1.059
Academic Enrichment	-.022	.012	.079	.978
Constant	2.049	.098	.000	7.756

Behavior Outcome

Improved vs. No Change/Regressed	B	S.E.	Sig.	Exp(B)
Supportive Guidance and Counseling	-.019	.004	.000*	.982
Health and Human Services	-.019	.010	.063	.981
Parent Family Engagement	-.010	.026	.714	.990
College and Career Readiness	.035	.023	.123	1.035
Enrichment	.019	.012	.128	1.019
Academic Enrichment	.019	.012	.131	1.019
Constant	1.971	.082	.000	7.176

Academic Outcome

Graduated/Promoted vs. Dropout	B	S.E.	Sig.	Exp(B)
Supportive Guidance and Counseling	**.028**	.009	**.001*** ←	1.029
Health and Human Services	.016	.017	.360	1.016
Parent Family Engagement	**-.107**	.042	**.011*** ←	.899
College and Career Readiness	**.267**	.042	**.000*** ←	1.306
Enrichment	**.233**	.026	**.000*** ←	1.262
Academic Enrichment	-.003	.020	.867	.997
Constant	.874	.102	.000	2.397

End of Year Outcome

Outcomes

CIS Outcome	Improved
Academic	85%
Behavior	92%
	Graduated or Promoted
End of Year	88%

Academic Outcome

5%
10%
85%
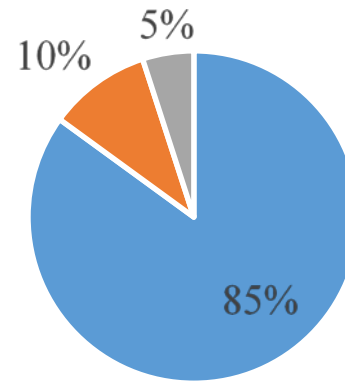
■ Improved ■ Regressed ■ No Change

Behavior Outcome

2% 6%
92%
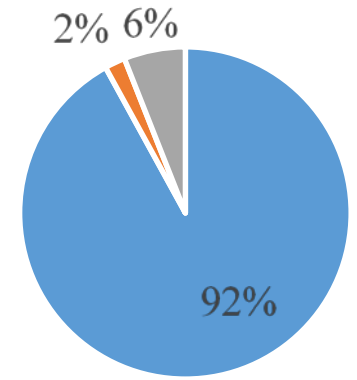
■ Improved ■ Regressed ■ No Change

End of Year Outcome

12%
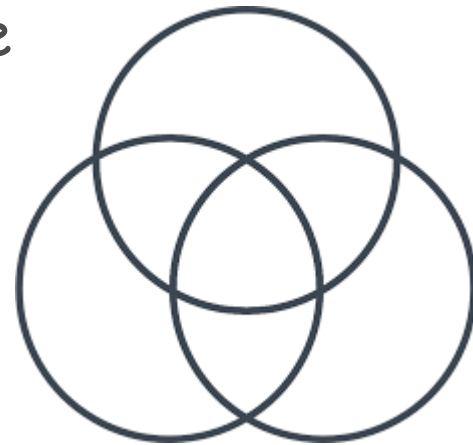88%
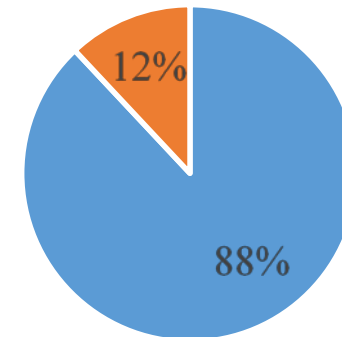
■ Graduated or Promoted
■ Dropout/Leaver

Takeaways

Clinical Mental Health

- Clinician usually building from ground up

- Evaluation and data to drive decisions and buy-in from school leaders

- Facilitators and barriers

- Expansion and new directions

Organizational
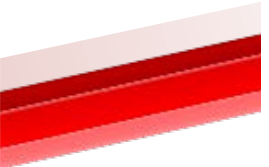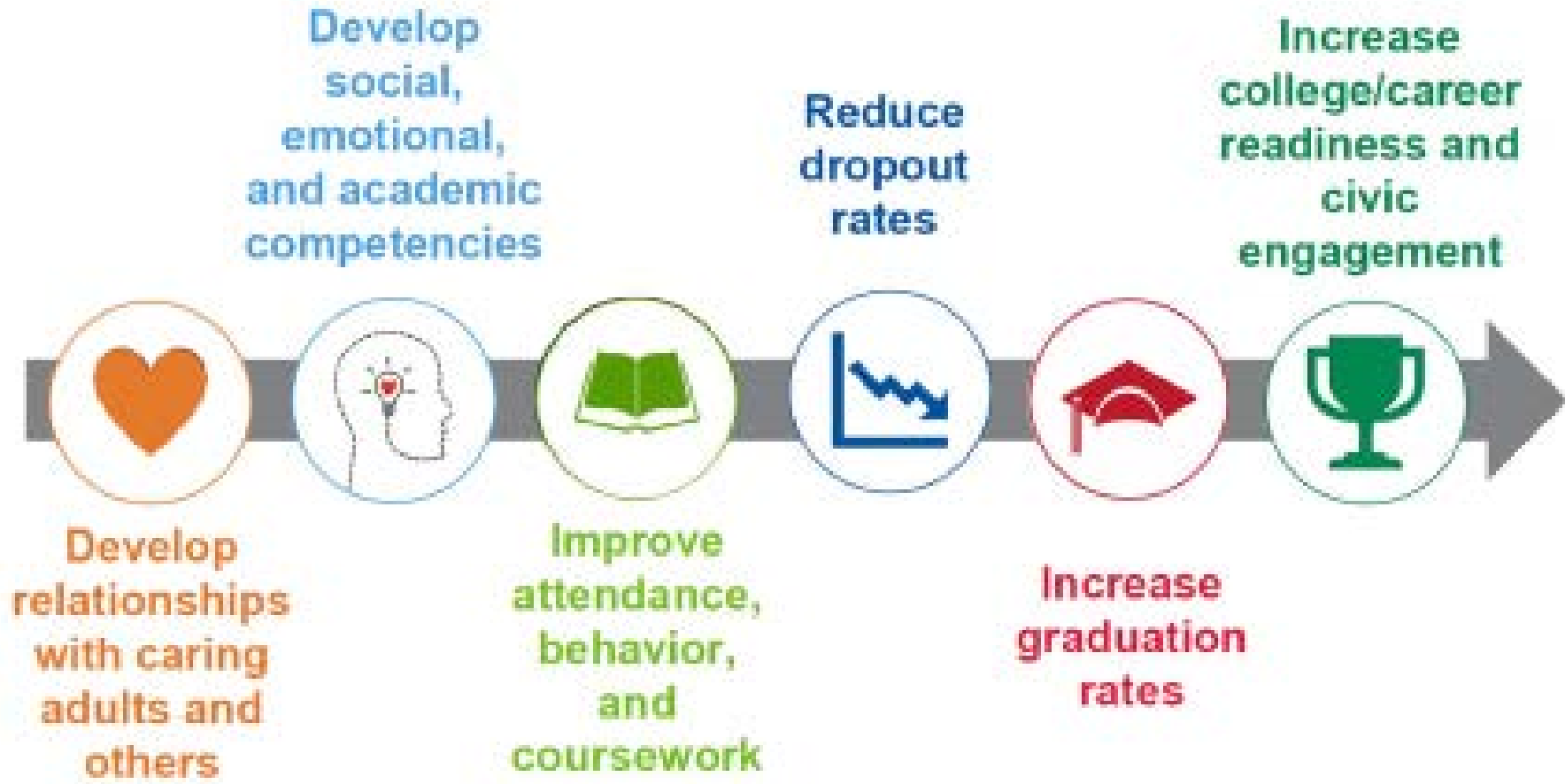Infrastructure Change

Clinical Services

Case Management

CIS Casework Model

- Helping address nonacademic needs

- High risk population(s)

- Quality data improvements

- Contributing to research & knowledge base

Theory of Change

Develop social, emotional, and academic competencies

Reduce dropout rates

Increase college/career readiness and civic engagement

Develop relationships with caring adults and others

Improve attendance, behavior, and coursework

Increase graduation rates

ADI

Use of Data & Partnership

- In FTW, Black girls 7x more likely to be suspended or expelled than White girls
- One elementary school implementing restorative practices only
  - Compare to other schools in the district
- Next year school climate data and achievement to distill more nuanced data on impact of school social workers
- Ensure data quality & accountability
- Engage students and future practitioners in data analysis and research to strengthen organization

TCU Harris College
of Nursing & Health Sciences
Social Work

Thank You!

Please contact us if you have additional questions!

Kaitlin Tollison, LCSW, Vice President of Mental Health Supports, Communities in Schools Greater Tarrant County (Kaitlin.Tollison@cistarrant.org)

Samantha Bates, PhD, LMSW
Assistant Professor, Social Work, Texas Christian University (s.bates@tcu.edu)