EXPANDING ACCESS: IMPLEMENTATION AND FUNDING STRATEGIES FOR SCHOOL BASED MENTAL HEALTH PROGRAMS.

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THE BURDEN OF MENTAL ILLNESS ON OUR CHILDREN

11% of children (ages 8 to 11) have or have had a mental illness with severe impairment

22% of teens (ages 13 to 18) have had a mental illness with severe impairment in their lifetime

Only 50% of youth with a mental health disorder receive any behavioral health treatment

50% of all lifetime mental illness start by **age 14**

75% of all lifetime mental illness start by **age 24**
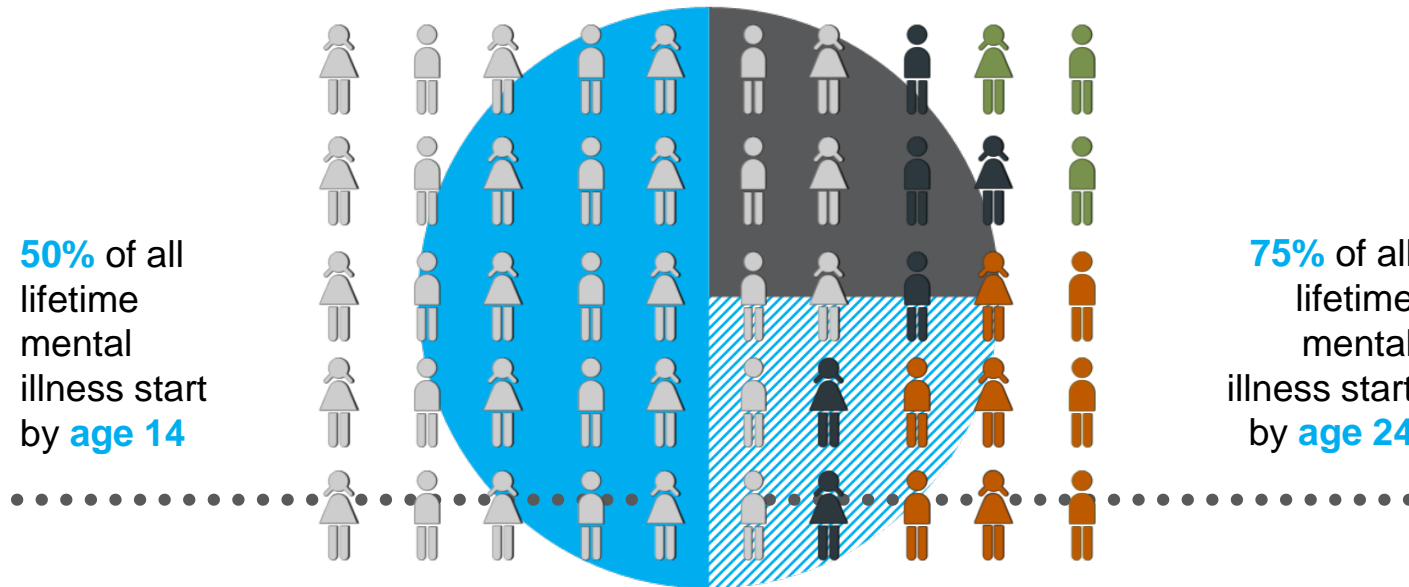
Source: National Health & Nutrition Examination Survey , 2010; National Comorbidity Survey Replication-Adolescent Supplement, 2010; NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005
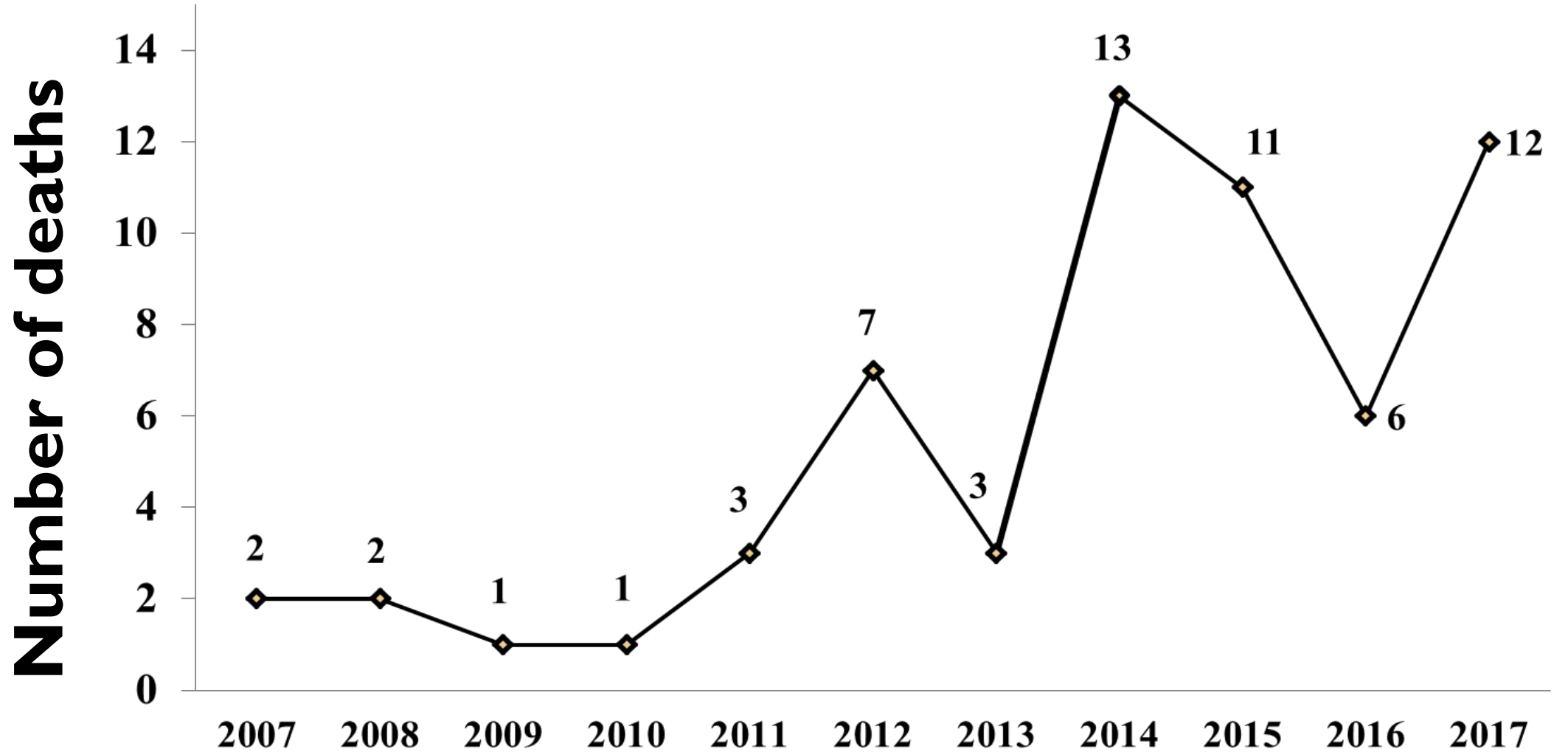
Care Connection

Behavioral Health Service Model

Individual and Family Interventions

Care Connection

Goal: Reduce severity, intensity of symptoms driving impairment

Strategies: Address family and individual factors

Programs:
- Individual therapy
- Family therapy
- School collaboration

Schools

Intensive Academic Support
- Intensive social skills training
- Behavior support plans
- Multi-agency collaboration/Juvenile court (wraparound)
- Multi-system collaboration

PROGRAM OVERVIEW

Targeted Strategies

Care Connection

Goal: Reduce risk for "at-risk population"

Strategies: Consultation, individual skill building and prevention groups to strengthen social emotional learning skills

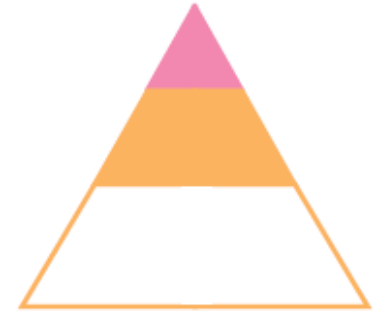Programs:

- Too Good for Drugs
- Too Good for Violence
- Coping Cat
- Skillstreaming
- Dialectal Behavior Therapy Skills in Schools

Schools

Targeted Strategies

- Social skills training/support
- Increased academic support and practice
- Alternatives to suspension
- Mentoring
- Progress monitoring
- Behavior/attendance contracts

PROGRAM OVERVIEW

Universal School-Wide Strategies

Care Connection

Goal: Promote a positive school climate through wellness promotion and implementation of prevention programs that provide consistent and structured responses to behavioral and emotional concerns

Strategies: Teacher, family and student education

Programs:
- Elementary: PAX Good Behavior Game
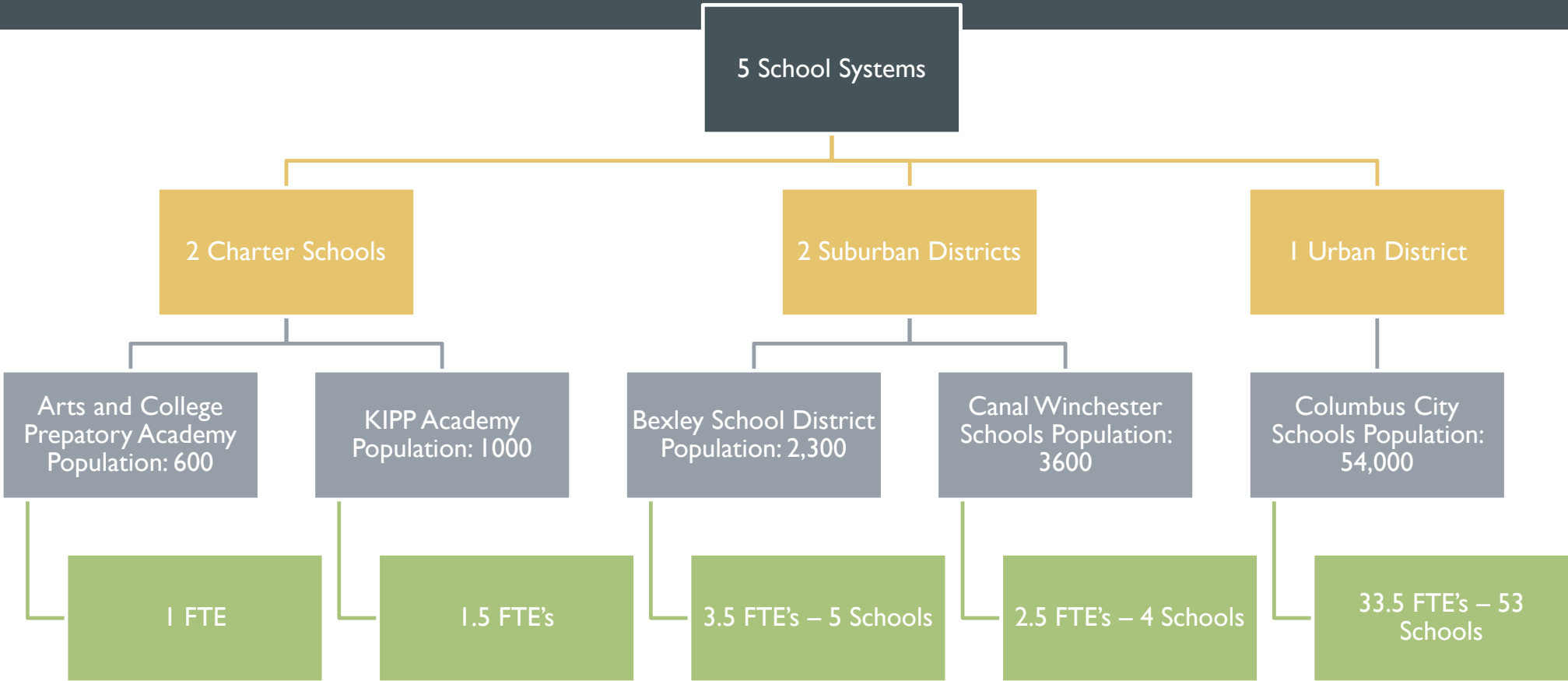- Middle and High School: Signs of Suicide (SOS)

Schools

School-Wide Supports: All Students
- Positive, safe and engaging school learning environment
- Effective academic support
- Effective classroom management
- Teaching social skills
- Teaching school-wide expectations
- Active supervision and monitoring in common areas
- Positive reinforcement for ALL

Behavioral Health System   Academic System

PROGRAM OVERVIEW

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                              5 School Systems

        2 Charter Schools        2 Suburban Districts        1 Urban District

  Arts and College    KIPP Academy    Bexley School District   Canal Winchester   Columbus City
  Prepatory Academy   Population: 1000 Population: 2,300        Schools Population: Schools Population:
  Population: 600                                              3600                54,000

  1 FTE    1.5 FTE's    3.5 FTE's – 5 Schools   2.5 FTE's – 4 Schools   33.5 FTE's – 53 Schools
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EXPANSION OVERVIEW

	2014-2015 School Year	2015-2016 School Year	2016-2017 School Year	2017-2018 School Year	2018-2019 School Year
Number of Schools	20	27	47	49	55
Number of Staff	11	15	31	33	42
Referrals	501	857	1520	1642	2041
Linkages	174	525	954	908	1154

CHALLENGES

Data Tracking

Data Reporting
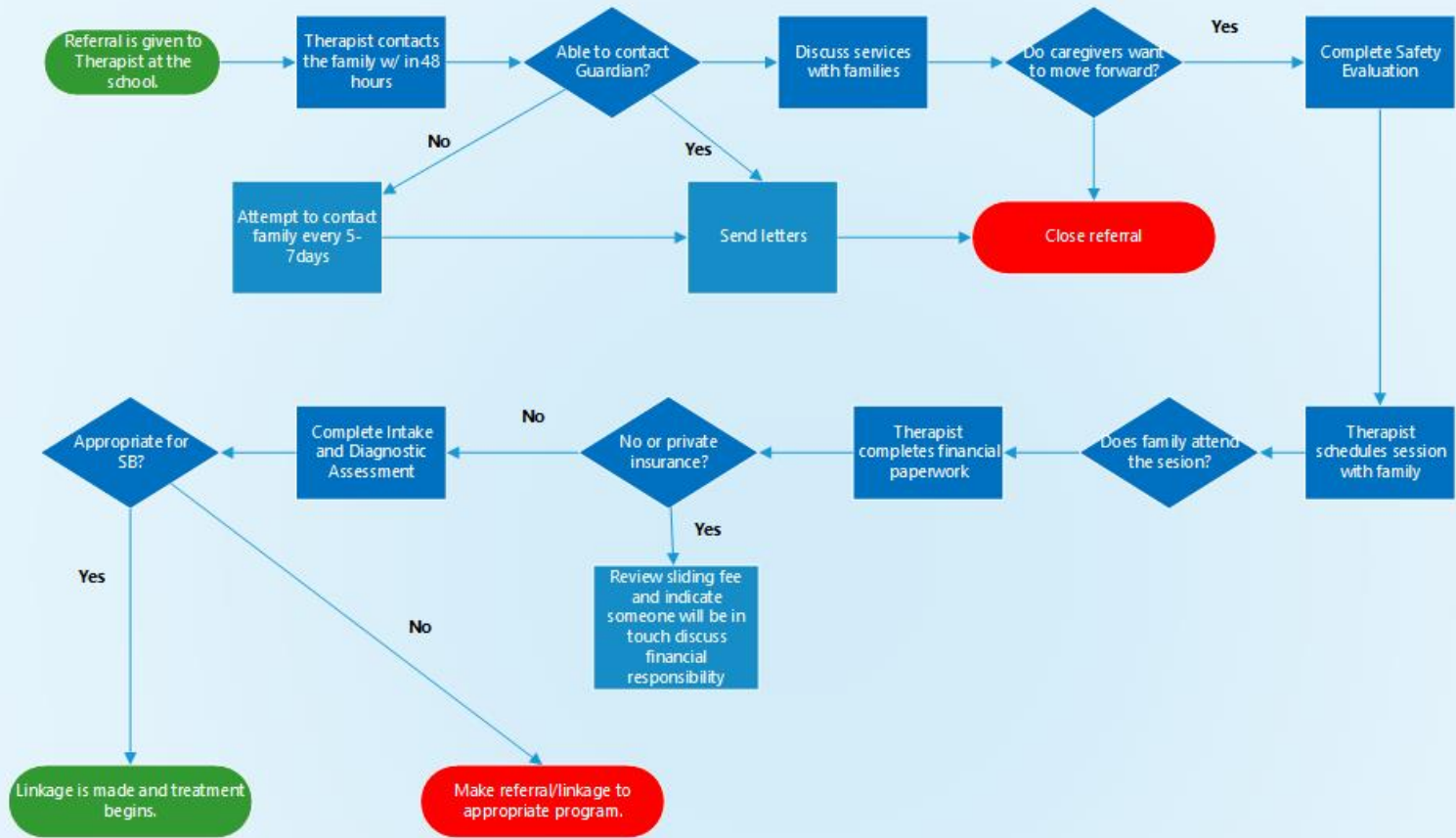
Linkage Rates

Consistency

Addressing community needs

OLD INTAKE PROCESS

SPECIFIC STRATEGIES DEVELOPED

SPECIALTY RESOURCE COORDINATOR

Roles & Responsibilities:

- Screening and triage for all incoming referrals
- Two attempts to schedule referral
- Schedule directly into therapists' templates
- Send required safety letter

SCHEDULING COORDINATOR

Roles & Responsibilities:

- Clerical task of transcribing and uploading faxed referrals in EMR

SPECIFIC STRATEGIES DEVELOPED

ASSESSOR POSITION

Roles & Responsibilities:

- Complete assessment for waitlisted referrals
- Complete assessment for potentially inappropriate referrals & make recommendations for other services
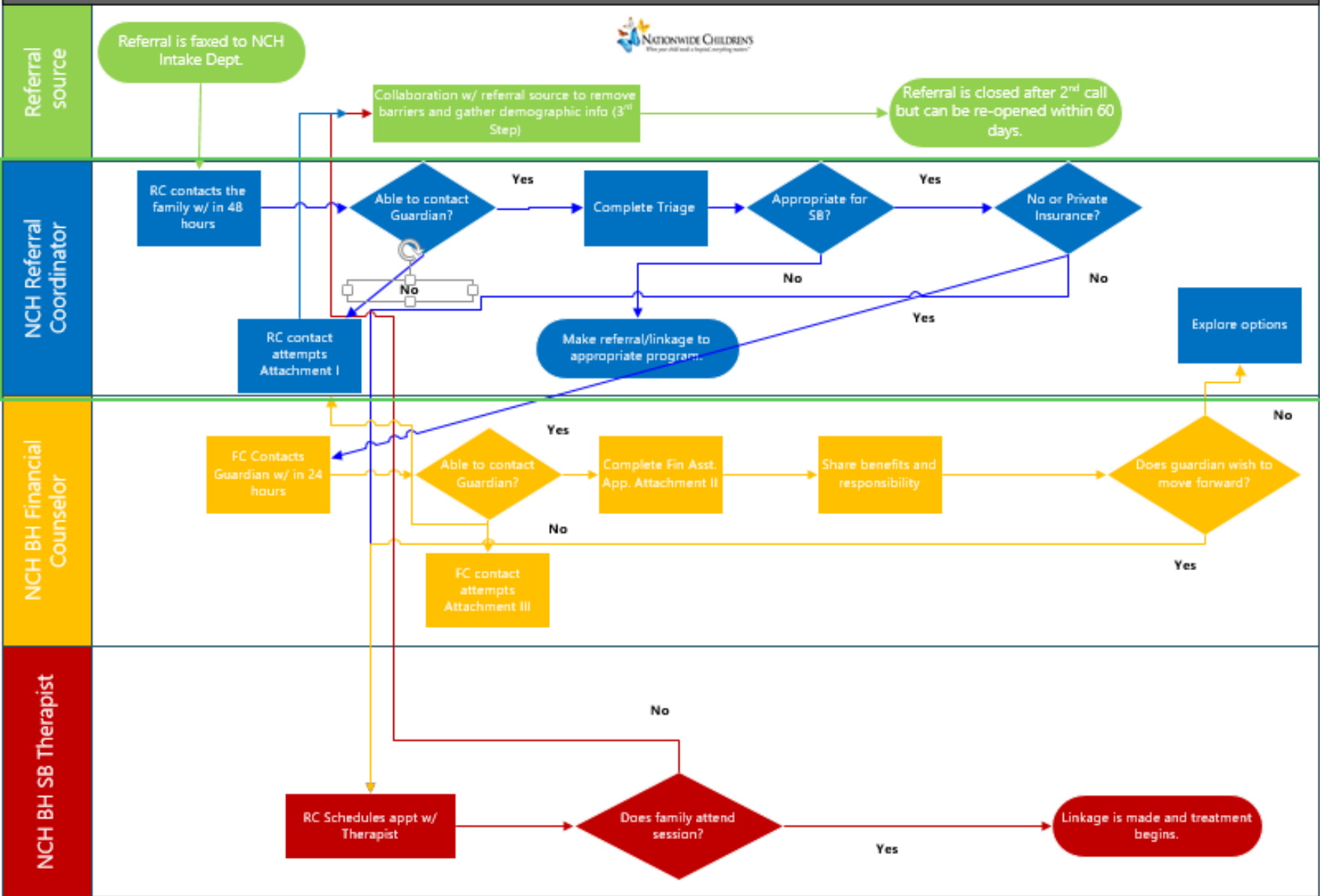- Provide bridging services until students linked with ongoing provider

SPECIFIC STRATEGIES DEVELOPED

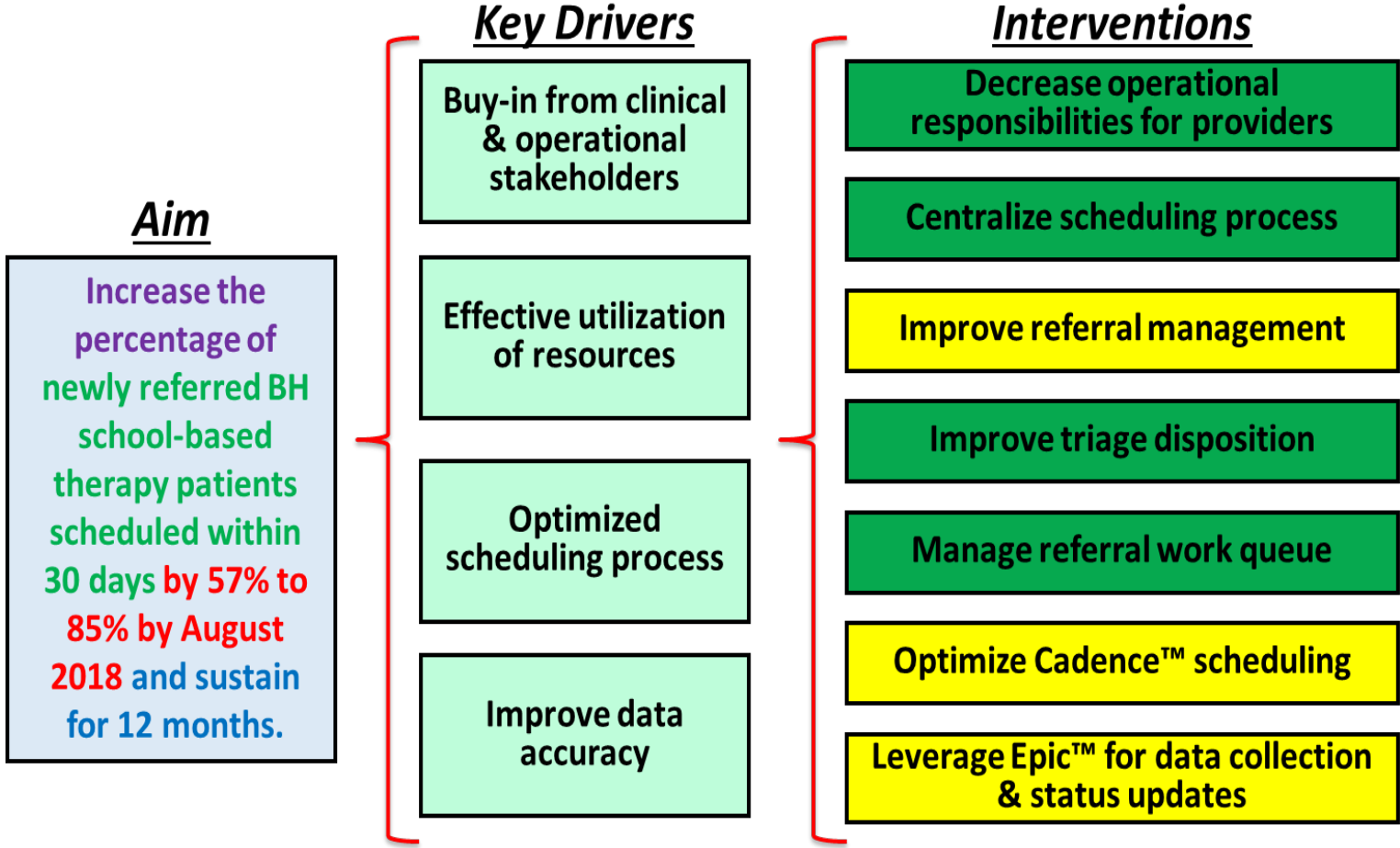## Additional step added to the referral process

- Occurs after two attempts to schedule the referral
- Therapists consult with referral source to brainstorm barriers to linkage and identify alternative means of communication
- Document developed to allow therapists to gather necessary registration and demographic information
  - SRC can input into EMR without speaking to parents & assessment can be scheduled

NCH Behavioral Health School Based Referral Process Flow

Referral source
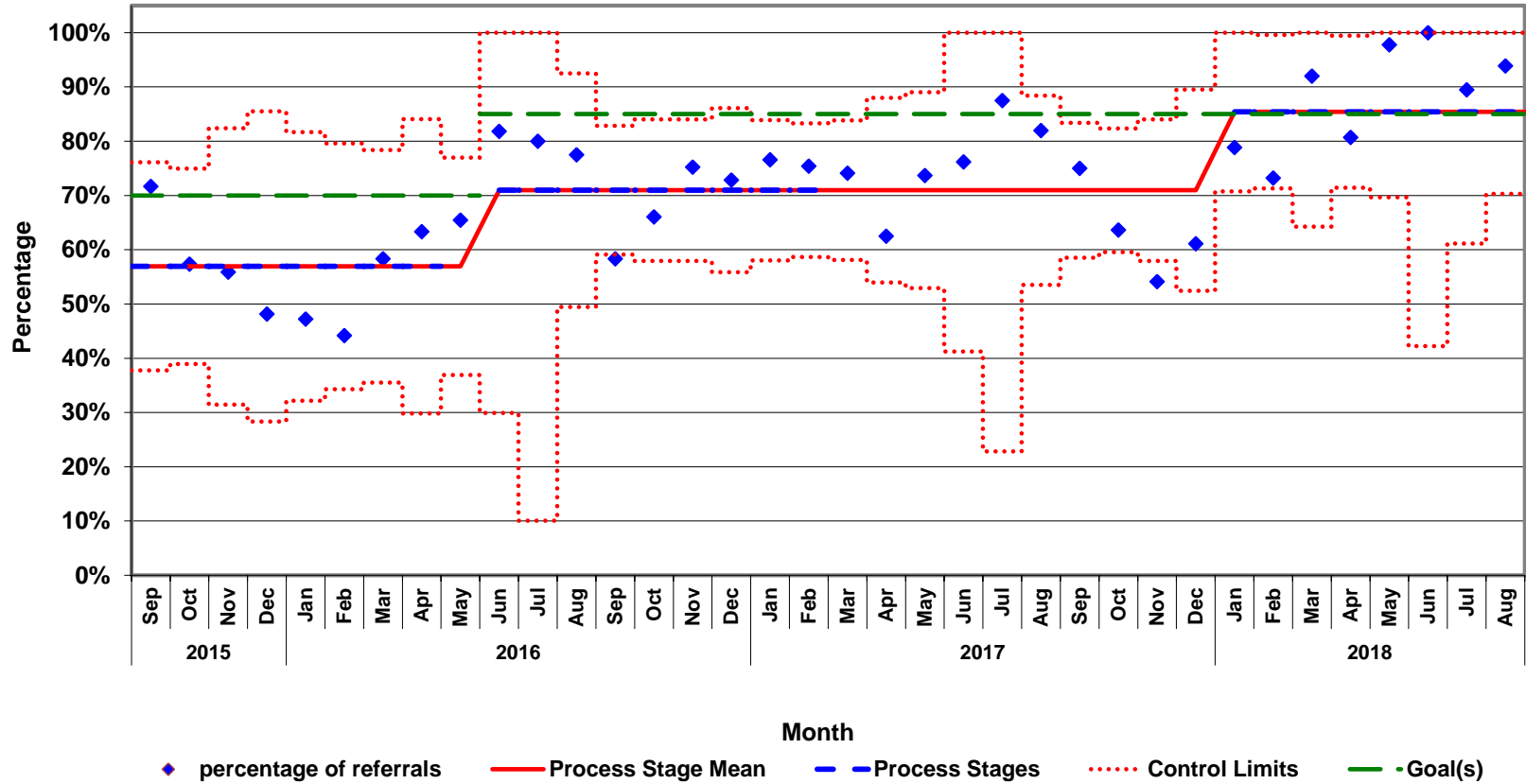
Referral is faxed to NCH Intake Dept.

Collaboration w/ referral source to remove barriers and gather demographic info (3rd Step)

Referral is closed after 2nd call but can be re-opened within 60 days.

NCH Referral Coordinator

RC contacts the family w/ in 48 hours

Able to contact Guardian? — Yes — Complete Triage — Appropriate for SB? — Yes — No or Private Insurance?

No

RC contact attempts Attachment I

No

Make referral/linkage to appropriate program.

Yes

No

Explore options

NCH BH Financial Counselor

FC Contacts Guardian w/ in 24 hours

Able to contact Guardian? — Yes — Complete Fin Asst. App. Attachment II — Share benefits and responsibility — Does guardian wish to move forward?

No

No

FC contact attempts Attachment III

Yes

No

NCH BH SB Therapist

No

RC Schedules appt w/ Therapist — Does family attend session? — Yes — Linkage is made and treatment begins.

Key Driver Diagram

Aim

Increase the percentage of newly referred BH school-based therapy patients scheduled within 30 days by 57% to 85% by August 2018 and sustain for 12 months.

Key Drivers

Buy-in from clinical & operational stakeholders

Effective utilization of resources

Optimized scheduling process

Improve data accuracy

Interventions

Decrease operational responsibilities for providers

Centralize scheduling process

Improve referral management

Improve triage disposition

Manage referral work queue

Optimize Cadence™ scheduling

Leverage Epic™ for data collection & status updates

Referrals scheduled within 30 days in BH School Based Therapy

Chart Type: p-Chart

Desired Direction

Within 30 days	43	39	19	13	17	19	28	19	36	9	4	31	77	72	82	59	85	92	83	40	42	16	7	50	90	91	59	33	41	41	23	46	44	6	17	46
Scheduled referrals	60	68	34	27	36	43	48	30	55	11	5	40	132	109	109	81	111	122	112	64	57	21	8	61	120	143	109	54	52	56	25	57	45	6	19	49

Legend: percentage of referrals • Process Stage Mean — Process Stages -- Control Limits ···· Goal(s) —

Days to first appointment (BH School based access)

FUNDING TO SUPPORT EXPANSION

POTENTIAL SOURCES

Government

3rd Party funding

Other child serving agencies

Schools

Mental Health Board

Exploring Potential Sources

Who are the other child serving organizations in your community

| Shared goals? | Shared clients? | Are there gaps in what they are able to provide? | Do they have access to funds that aren't accessible to your organization? | Opportunities to expand capacity through collaboration?

• Consultation
• Training
• Tier 1 or Tier 3 vs Tier 3 services
• Increased billing opportunities |

ENGAGEMENT AND FRAMING

Identify shared goals

Identify shared data

Identify shared clients

Nurture and maintain relationships

Share resources and provide support

Always track and report data!

TAKE AWAYS   !

Learned Lessons

Regularly check progress – Continuous improvement!

Expanding might magnify weaknesses

Improvements in one area can lead to uncovering other problem areas.

Funding can change!

Limitations

Resources were available in our organization	Intake department
	QI support
Resources accessible to recruit candidates for expansion	Colleges and Universities
	Internship programs
	Internal applicants

QUESTIONS

REFERENCES

Kutash, K., Duchnowski, A. J. & Lynn, N, (2006). School-based mental health: An empirical guide for decision-makers. Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Department of Child & Family Studies., Research and Training Center for Children's Mental Health.

Rones, M. & Hoagwood, K. (2000). School-based mental health servcies: A research review. *Clinical Child and Family Psychology Review, 3*(4), 223-241.

Forman, S.G., Olin, S.S., Hoagwood, K.E. et al. School Mental Health (2009) 1: 26

National Health & Nutrition Examination Survey , 2010; National Comorbidity Survey Replication-Adolescent Supplement, 2010; NIMH, Mental Illness Exacts Heavy Toll: Beginning in Youth, 2005