

# BEYOND THE LESSON PLAN: SCHOOL-BASED MENTAL HEALTH SERVICES

Mark Sander, PsyD, LP  
Senior Clinical Psychologist  
Mental Health Coordinator  
Hennepin County/Minneapolis Public Schools

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# Urgent Need

- 1 in 5 children have mental health disorder
  - 70-80% receive no or inadequate levels treatment
- Low income, urban communities as high as 40%
  - Average only 4 sessions
  - Less than 9% still in care after 3 months
- Youth needing services are not accessing care
  - Wait times
  - Show rate at urban community mental health centers: 38-53%
- 50% of adults with MH illness had symptoms before 14 years old.

# Significant Barriers to Mental Health Care

- Financial/Insurance
- Burden of accessing care
  - Childcare
  - Transportation
  - Employment concerns
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress

## Breland

Thank you to the Association of Metropolitan School Districts (AMSD)

<http://www.amsd.org/pastconferences>



# Opportunity to Improve Access Through Schools

# Why Schools?

- Over 52 million youth attend 114,000 schools
- Over 6 million adults work in schools
- Combining students and staff, one-fifth of the U.S. population can be found in schools
- Great opportunity for mental health promotion, prevention and early identification and intervention
- School mental health services are not a replacement for community based services
- Untreated mental health issues are a significant barrier to learning and educational success

# Schools: Providing Supports Already

- Schools can and often do provide programs and supports focused on:
  - ▣ School Climate
  - ▣ Social and Emotional Learning (SEL)
  - ▣ Positive Behavioral Interventions and Supports (PBIS) and School-wide Positive Behavior Supports (SW-PBS)
  - ▣ Response to Intervention (RtI)
  - ▣ Student Support Staff (school psychologist, school nurses, school counselors, school social workers)

# Expanded School Mental Health (ESMH)

- **Builds on** and **augments** mental health services already present in schools such as nursing, school psychology, school counseling, and social work to provide comprehensive mental health services to children in one of their natural settings (Weist, 1997).
- ESMH, as done in MPS, is mostly a Tier III and top of Tier II intervention, focusing on delivering clinical mental treatment and consultation services.





# An Example from Minneapolis Public Schools

# Minneapolis Public Schools

## Expanded School Mental Health Program

- Full time licensed mental health professional at each school (40 hours per week)
- Augment student support staff to achieve a broad continuum of services and supports
  - ▣ From mental health promotion through diagnosis and treatment
- Direct child and family services as well as school-wide services:
  - ▣ Assessment and treatment
  - ▣ Teacher consultation and care coordination
  - ▣ Classroom presentations, school-wide trainings;
- 65-70% clinical and 35% ancillary and supportive services

# MPS ESMH Goals

1. Improve access to and engagement in children's mental-health services, particularly for families with transportation, financial or cultural barriers
2. Improve symptoms and functioning and school outcomes for children experiencing mental health difficulties
3. Integrate broad continuum of mental health services and supports into school and build capacity of school staff

# Critical Elements of ESMH

| Start up Cost  | Infrastructure Supports  | Ancillary and Supportive Services  | Treatment Services  |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>• Orientation meetings with school administrator and key staff</li> <li>• Getting to know staff, relationship building</li> <li>• Presentations to staff - orientation to the program, how to access services</li> <li>• Building up a case load</li> <li>• Classroom presentation</li> <li>• Marketing - Family Night, Parent-Teacher Conferences</li> <li>• Space arrangements</li> <li>• Technology set-up, computer, phone, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Leadership from multiple stakeholders</li> <li>• Regular meetings of stakeholders</li> <li>• System-level Coordinator</li> <li>• Data, Evaluation and Research               <ul style="list-style-type: none"> <li>○ Minnesota Kid's Database</li> <li>○ Wilder Research</li> <li>○ Working with Districts</li> <li>○ Engaging University faculty</li> </ul> </li> </ul> | <p>Treatment Related</p> <ul style="list-style-type: none"> <li>• School Conferences (IEP meetings, etc.)</li> <li>• Consultation to Teachers, Support Staff, and Administration</li> <li>• Child Specific Observation</li> <li>• Parent Consultation</li> <li>• Care Coordination</li> <li>• Translation Services</li> </ul> <p>School Wide</p> <ul style="list-style-type: none"> <li>• Training for Staff</li> <li>• Consultation (not Student Specific)</li> <li>• Observation - Classroom-wide</li> <li>• Classroom Presentation</li> <li>• Building Support Teams</li> </ul> <p>Ideally, 30-35% of service time of clinician</p> | <ul style="list-style-type: none"> <li>• Psychological Testing</li> <li>• Group Skills Training</li> <li>• Individual Skills Training</li> <li>• Family Skills Training</li> <li>• Individual Therapy</li> <li>• Family Therapy w/o Client</li> <li>• Family Therapy w/ Client</li> <li>• Diagnostic Assessments (Intakes)</li> <li>• Group Psychotherapy</li> <li>• Medication Management</li> <li>• Crisis Management</li> <li>• Psychiatric Services</li> <li>• Medicine Consultation</li> </ul> <p>Ideally, 65-70% of service time of clinician</p> |

# What it looks like...

- 1 FTE of mental health profession in each of 32 schools
  - 7 high schools
  - 1 transition program (18-21 yrs old)
  - 11 K-5 schools
  - 1 Middle school
  - 12 K-8 schools
- Therapist spends almost all their time at their school



# Results



# Typical Demographic Information

- Gender:
  - 55% males and 45% females
- SPED:
  - 65-70% General Ed and 30-35% SPED
- Race/Ethnicity:
  - African American 52%
  - Hispanic 28%
  - Caucasian 10%
  - American Indian 9%
  - Asian/Pacific Islander 1%
- Free and Reduced Lunch 94%
- English Language Learners: 28%

# Improved Access and Engagement



- 85% of students seen once face to face
- 70% seen within 10 days
- 65% first time receiving services
- Average 17 visits per school year and average of 25 over multiple years



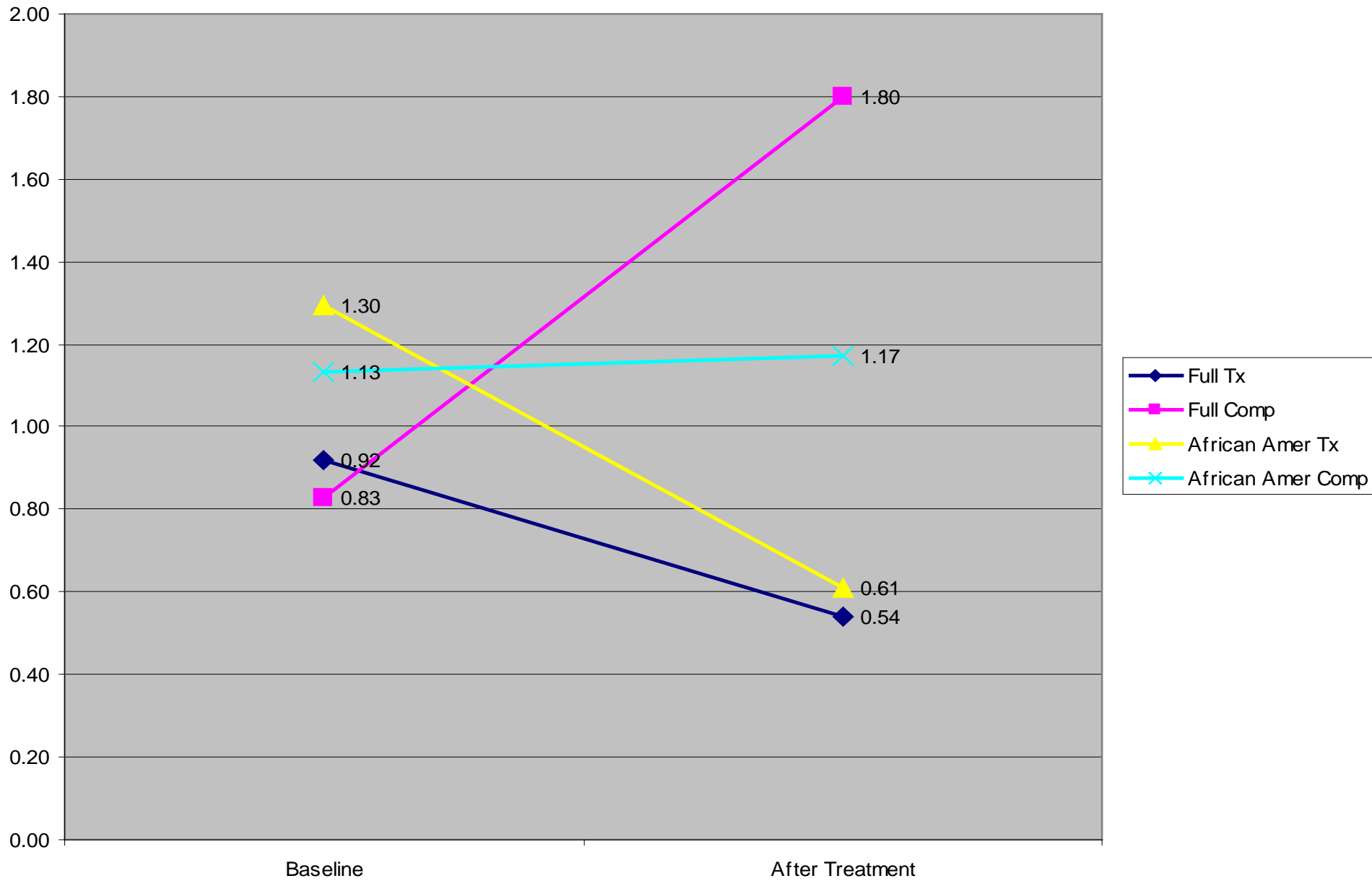
# Improved Student & School Outcomes

- Improved student mental health functioning
  - ▣ Parents and teachers report decreases in the emotional and behavioral problems on the Strength and Difficulties Questionnaire (SDQ)
  
- Improved school functioning
  - ▣ Decrease in school suspensions for students receiving mental health treatment
  - ▣ Principals and school social workers reported reduced office referrals and student suspensions
  - ▣ Some reported helped keep SPED students from more restrictive settings
  - ▣ Some reported reduced need for SPED referral for a student

# Impact on Suspensions

- SY07: N=298 Seen 4x and had 1 suspension SY06 (n=82); only 27.5% had suspension in SY06
- Impact on suspensions: SY06 to SY07 – N=82
  - 50% reduced 1-6
  - 32% stayed the same
  - Only 18% had more suspensions
- Student suspended 3 times or more – N=19
  - 78.9% reduced to 2 or less;
  - 52.6% to 1 or less
  - 36.8% to 0

# Impact on Suspensions: Full: 156 Tx, 133 Com; AA: 83 Tx, 76 Comp



# Impact on Attendance: SY06 to SY07

(N=35, N=20)

|  | Treatment |              | Comparison |            |
|--|-----------|--------------|------------|------------|
|  | <u>N</u>  | <u>%</u>     | <u>N</u>   | <u>%</u>   |
| <ul style="list-style-type: none"> <li>□ <b>Total Sample of Treatment kids = 159</b> <ul style="list-style-type: none"> <li>□ <b>40 (25%) had less than 90% Attendance in SY06</b></li> </ul> </li> </ul>    | 35        | 100          | 20         | 100        |
| <ul style="list-style-type: none"> <li>□ <b>Total Sample of 133 comparison</b> <ul style="list-style-type: none"> <li>□ <b>20 (15%) of them had lower than 90% attendance in SY06</b></li> </ul> </li> </ul> | 22        | <b>62.9%</b> | 7          | <b>35%</b> |

## Family Story Part II

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<http://www.amsd.org/pastconferences>



# ESMH Support & Growth

# Expansion over past 9 years

- Minneapolis Public Schools
  - ▣ Started in 2005: 5 schools; 2 different mental health agencies
  - ▣ Last Year: 25 schools; 5 agencies
  - ▣ Current Year: 32 schools; 5 agencies
- Hennepin County
  - ▣ Last Year: 75 schools with ~58 FTEs of mental health professionals
  - ▣ Expanding to 110 schools; 78 FTEs
- Minnesota (statewide)
  - ▣ Last Grant: 150 school districts; 450 schools; 20 agencies
  - ▣ Current Grant: 37 agencies; projected to serve 700-800 schools



Minnesota Department of Human Services

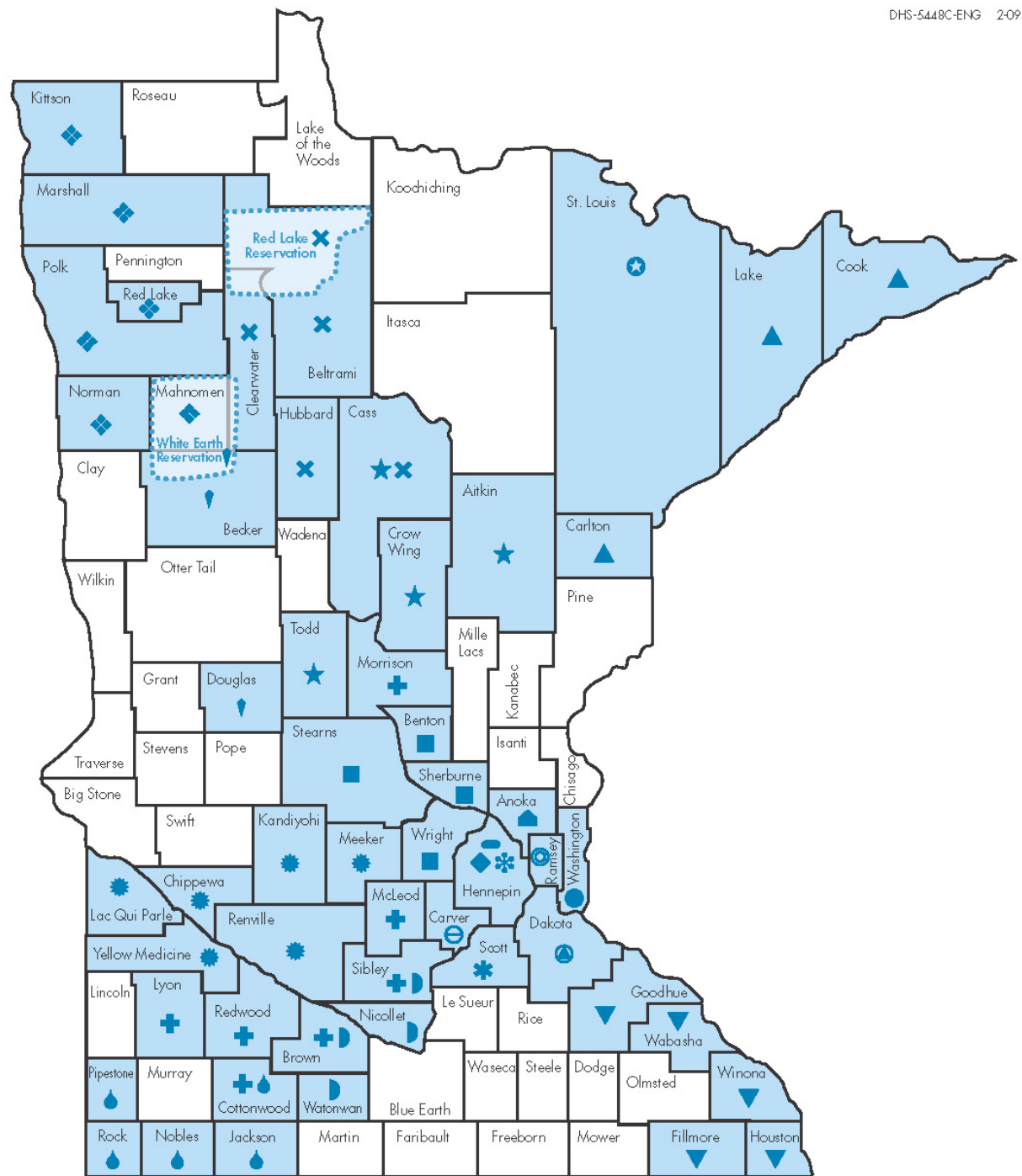
# Children's Mental Health School-Linked Mental Health Grants

Effective February 2009

3-year grant ending SFY 2011

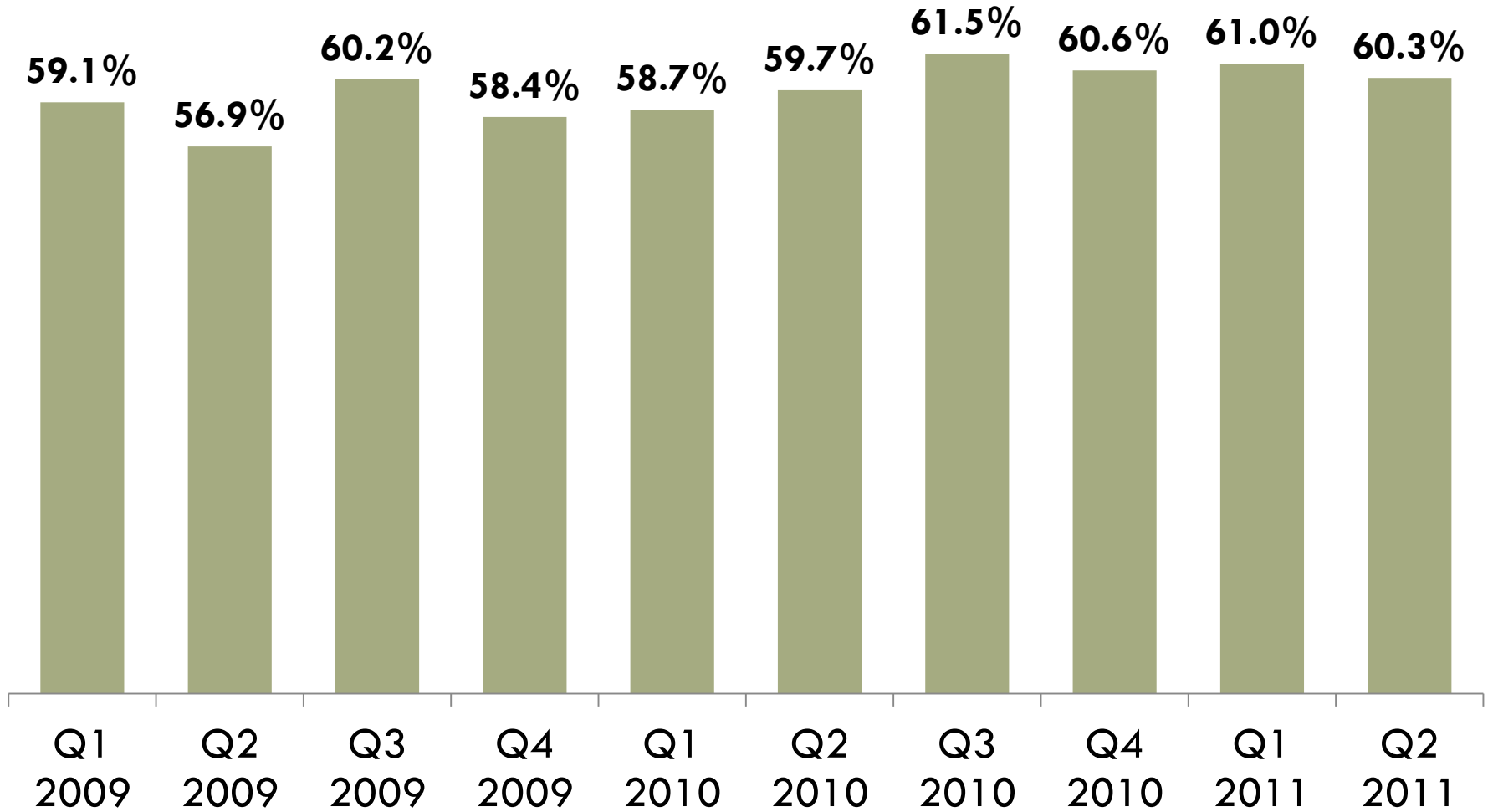
Counties with school-linked mental health grants

| SLMH Grantees |                                 |
|---------------|---------------------------------|
|               | Associated Clinic of Psychology |
|               | Carver County MHC               |
|               | Central MN MHC                  |
|               | Family Networks, Inc.           |
|               | Fraser                          |
|               | Greater MN Family Services      |
|               | Hiawatha Valley MHC             |
|               | Human Development Center        |
|               | Human Services, Inc.            |
|               | Northern Pines Mental Health    |
|               | Northwestern MHC                |
|               | Range MHC                       |
|               | Relate Counseling               |
|               | Scott County                    |
|               | Sioux Trails MHC                |
|               | Solutions, Inc.                 |
|               | Southwestern MHC                |
|               | Upper Mississippi MHC           |
|               | Washburn                        |
|               | Wilder Child Guidance           |
|               | Woodland Center                 |





## Percentage of Children in the Program Getting Mental Health Services for the First Time



# MN State Support

- 2013 MN Legislative Session:
  - ▣ Increased funding for MN DHS grant program
    - Previous funding: \$4.7 Million per year
    - Now: DHS grant program -- \$45 million over 5 years
  - ▣ New MA benefits
    - Mental Health Clinical Care Coordination and Consultation
  
- DHS received 42 proposals requesting over \$70 million

# Necessary Features for Success

- More than just a therapist in a school
- Significant work on relationships, collaboration, consultation, and coordination at the **school level**
- Collaboration, coordination and problem solving at the **system level** (district, county, health plans, providers, etc.)
- Work at the state level focusing on regional issues and providing a practice framework that can be adapted to local environment
- These activities at the building level need to be funded

# Making the Case – Schools

- School District
  - ▣ School survey data – principals and social workers
    - high quality and collaborative relationships
    - Decreases in office referrals, and suspensions
    - Increase in attendance and academic achievement
  - ▣ Empirical data:
    - Decreasing suspensions and increase attendance – showed evidence of closing the suspension gap with African American
  - ▣ 4 year Longitudinal study showed a positive impact on reading scores
  - ▣ School Mental Health Part of MPS Strategic Plan

# Making the Case – County and State

- Efficiently and effectively increases access and engagement for a population difficult for these systems to reach
- Keeping students from more intensive and costly services
- Can reduce drop out and improve the graduation rate
- Helps state and local governments achieve their children's mental health system mandate

# Make the Case – Health Plans

- Reaching children and adolescents earlier
  - ▣ State data showed 50% of 8400 children served in 2008-2010 – 1<sup>st</sup> time receiving services
  - ▣ Of that 50% - almost 30-40% of them were Severely Emotionally Disturbed (SED)
- More successful engagement in treatment – average number of clinical contacts in 1 year – 17; over 4 years – 25
- Evidence of decreasing mental health symptoms – 65% showed improvement of SDQ

# National School Mental Health Movement

- Two national centers
  - ▣ UCLA – Center for Mental Health in Schools
  - ▣ University of Maryland – Center for School Mental Health
- National Community of Practice for School Behavioral Health – [www.sharedwork.org](http://www.sharedwork.org)
- National Assembly on School Based Health Centers
- Center for Health and Health Care in Schools
- Center for the Advancement of Mental Health Practices in Schools
- Center for School-Based Mental Health Programs
- [www.schoolmentalhealth.org](http://www.schoolmentalhealth.org) – resource for parents, educators, mental health staff

# Contact Information

- Mark Sander, PsyD, LP
  - Senior Clinical Psychologist
  - Mental Health Coordinator
  - Hennepin County/Minneapolis Public Schools
  - Tel: 612-668-5489
  - Fax: 612-668-5446
  - Email: [mark.sander@hennepin.us](mailto:mark.sander@hennepin.us)