SOLUTIONS IN ACTION: A CLOSER LOOK AT SCHOOL-BASED MENTAL HEALTH CARE DELIVERY FRAMEWORKS AND STRATEGIES

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Racine, WI Technical Meeting: April 3rd, 2014

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.

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, requiring school student support staff to deliver Tier I and Tier II interventions.

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 30-35% ancillary and supportive services

What it looks like…

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

Key Assumptions and Agreements

- Expanded School Mental Health augments existing mental health and SEL services and supports already in the district

- ESMH, as done in MPS, focuses most of its work on Tier III, maybe also top part of Tier II

- ESMH clinicians and school staff work together to create a full continuum of mental health and SEL services and supports for ALL students – from mental health promotion and prevention to diagnosis and treatment

- School can't pay for it, only funding from district level

Key Assumptions and Agreements

☐ Schools will not reduce student support services staff once ESMH services are in a school

☐ A school may need additional student support services before we can come into the school in order to ensure that the program and the range of services and supports are available to ALL students

☐ Principal and staff support are critical

☐ MH services are provided by outside agency to maintain firewall between mental health and educational services

Key Assumptions and Agreements

- The need for transparency and trust between partners

- The initial concerns of buildings—"will we become a "mental health site" if we have these services

- Balance in the caseloads – types of kids

- Managing expectations – there will be bumps along the road

- Cross-training (mental health and education)

MPS ESMH Vision Statement

☐ Form public/private partnerships to deliver a broad continuum of high quality mental health services to the students and families of Minneapolis Public Schools that are <u>universally accessible, culturally competent, effective, compliant with data privacy requirements and sustainable</u>

How did we get here?

- Constantly focusing on building a sustainable system led us to a specific set of questions
- Two of the majors themes have been:
  - Systematic
  - Systemic
- These same themes have guided our work for the past 9 years

Establishing the Model

Diagnosis and Treatment- Community Staff

Early Intervention- School Staff Primary/Community Staff Secondary

Prevention-School Student Support Staff

Demonstrate Results

- Initial Goals
  - Access and earlier identification
  - Successful and sustained engagement

- Effectiveness
  - Improved emotional well being
  - Reduced disruptive behavior and office referrals
  - Reduced days of suspension—reducing racial disparity

- Satisfaction
  - High levels of satisfaction of administrators, support staff and teachers

Sustaining the Effort – TOGETHER!

- Administer program through collaboration

- Maintaining fidelity to the design

- Develop consistent key messages in a variety of formats and be ready for opportunities to present

Policy Environment

What are the current and developing policy initiatives related to mental health and education?

- Presidents New Freedom Commission on Mental Health (2005)
- SAMHSA – School Mental Health Services in the United States (2005)
- Minnesota Mental Health Action Group (2005)
- MN State Budget includes funding for School Mental Health (2007)
- Response to Intervention (RTI) and Early Intervening Services in Special Education (2006)
- MN State Budget includes mandated per pupil allocation for student support services (2008)

Service Environment

Who are the logical partners?

- Engage existing providers and systems rather than creating a new, independent or parallel system
- Ask:
  - What currently exists
  - Who has interest/responsibility in providing service
  - How can we engage them
- Only create what is not available in the community

Service Environment: Governmental Partners

- Hennepin County Children's Mental Health (Local mental health authority)

- MN Dept. of Human Services (State mental health authority)

- MN Dept. of Education

Service Environment: School Partners

- District decision makers

- Review and recommendation from District administration

- Alignment with District needs, goals and strategic plan

- Needs of specific school populations

- Support of building administration and staff

Service Environment: Agency Partners

- Agency location and community presence

- Cultural competence

- Agency resource and service array

- Ability to access 3rd party reimbursement from health plans and MA

- Ability to access county revenue streams for uninsured students

Building Partnerships

How do I help you meet your organizational goals?

- ❑ Build the system together
- ❑ Understand the needs and workings of each partner (teach me how you do your work and let me teach you how I do mine)
- ❑ Transparency and trust
- ❑ Direct and open communication
- ❑ Commitment to not shifting cost

Collaborative Planning

How do I help you meet your organizational goals?

- Agency and school administrators design the system together

- Align efforts – small shifts can make a big difference

- Capitalize on the strengths and resources of partners throughout the planning process

- Shared leadership - which organization is in the strongest position to take the lead in accomplishing a goal

Building Service Model

How does this become a "way of doing business"?

- Build the needed components into organizational structure and operating procedures
- Elements of clinical service:
  - Service delivery:
    - Beyond the presence of a clinician
    - Universally accessible mental health services <u>within</u> school context and <u>with</u> school staff
  - Role clarification and integration
  - Training and cross training
  - Collaboration and commitment

Building Service Model

How does this become a "way of doing business"?

- Elements of service structure:
    - Partner selection and contracting
    - Finance and administration
    - Data systems and data privacy
    - Risk management

Financing the Model

How do we access constant and stable funding streams?

- Limit expense
  - Using existing organizational structures limits additional expense
  - School district student support services provide school wide, prevention and early intervention components and access to intensive community based services
  - Mental health agencies use mental health funding streams
- Identify partner benefit
  - Associate unreimbursable activities with partner goals
  - Demonstrate enhancement to delivery system (access, coordination across systems, efficiency)

Financing the Model

- Identify potential funding streams
    - State, county and city tax dollars
    - Enhanced reimbursement rate from health plans
    - School district funding
    - Foundation grants
    - Private donations
- Need additional funding the first year in a school to build relationships and trust, less needed later as case load and volume builds up (~$45,000 1st year and $30,000 later years per FTE)

Implementing the Model

Are we staying on track?

- On-going coordination meetings
  - Clinicians
  - Administrators
- Use of data for program evaluation and continuous monitoring
- Commitment to the design of the system, but flexibility to adapt to new opportunities and challenges
- Guidance from the literature and evidence base models

Implementing the Model

- Clear statement of short and long term goals
  - Anticipate on-going challenges
  - Support flexibility but avoid "drift"
  - "Fidelity" – remaining faithful to a "design in progress"
- On-going structures for problem solving
- Prepare for change
  - Identify numerous champions
  - Documentation of processes and procedures
- Identify and engage potential stakeholders and partners

Evaluation – Show it works

How do we and our stakeholders know this works?

- Identify outcomes critical to stakeholders
- Building the data system
    - Chose data elements that are meaningful for each partner
    - Minimize burden
    - Integrate with existing data system
    - Utilize required outcome measures - Strength and Difficulties (SDQ) and Child and Adolescent Service Intensity Instrument (CASII)
- Answer the questions of each partner in their language
- Involve agency administrators and clinicians in identifying data elements and collection system
- Monitor the effectiveness of data system in collecting accurate data

Evaluation – Show it works

- Building a sustainable evaluation system
  - Evaluation versus research
  - Setting the minimum standard of evaluation
  - Building the evaluation infrastructure
  - Evaluation in a real world environment
- Continuous use of data
  - Referral and service trends
  - Supervision
  - Vision versus reality of service delivery
  - Current and future planning and monitoring

Expansion

Are we building something that can grow?

- Guided by agreed upon vision and goals
- Supported by systemic planning and systematic implementation
  - Development of infrastructure as well as service model
  - Interdependence of partners
- Implemented with "fidelity"
- Structured for on-going problem solving

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