

Financing School Mental Health Programs and Services

July 13, 2011

PD Consortia

Project Director - Denny Mills, Shasta County, CA

Project Director - Dr. Maxine Valdez, Hazelwood, MO

TAS Kelly Wells and TAS Jennifer Kitson



**Safe Schools
Healthy Students**

Objectives



Project Directors will learn how two SSHS communities have used different combinations of the Legacy Wheel strategies to sustain school-based mental health programs:

- ✓ Partnerships
- ✓ Implementation
- ✓ Communication
- ✓ Leadership for Change
- ✓ Evaluation
- ✓ Finance



Sustaining Mental Health Services

Intern Service Delivery Model

Background Information

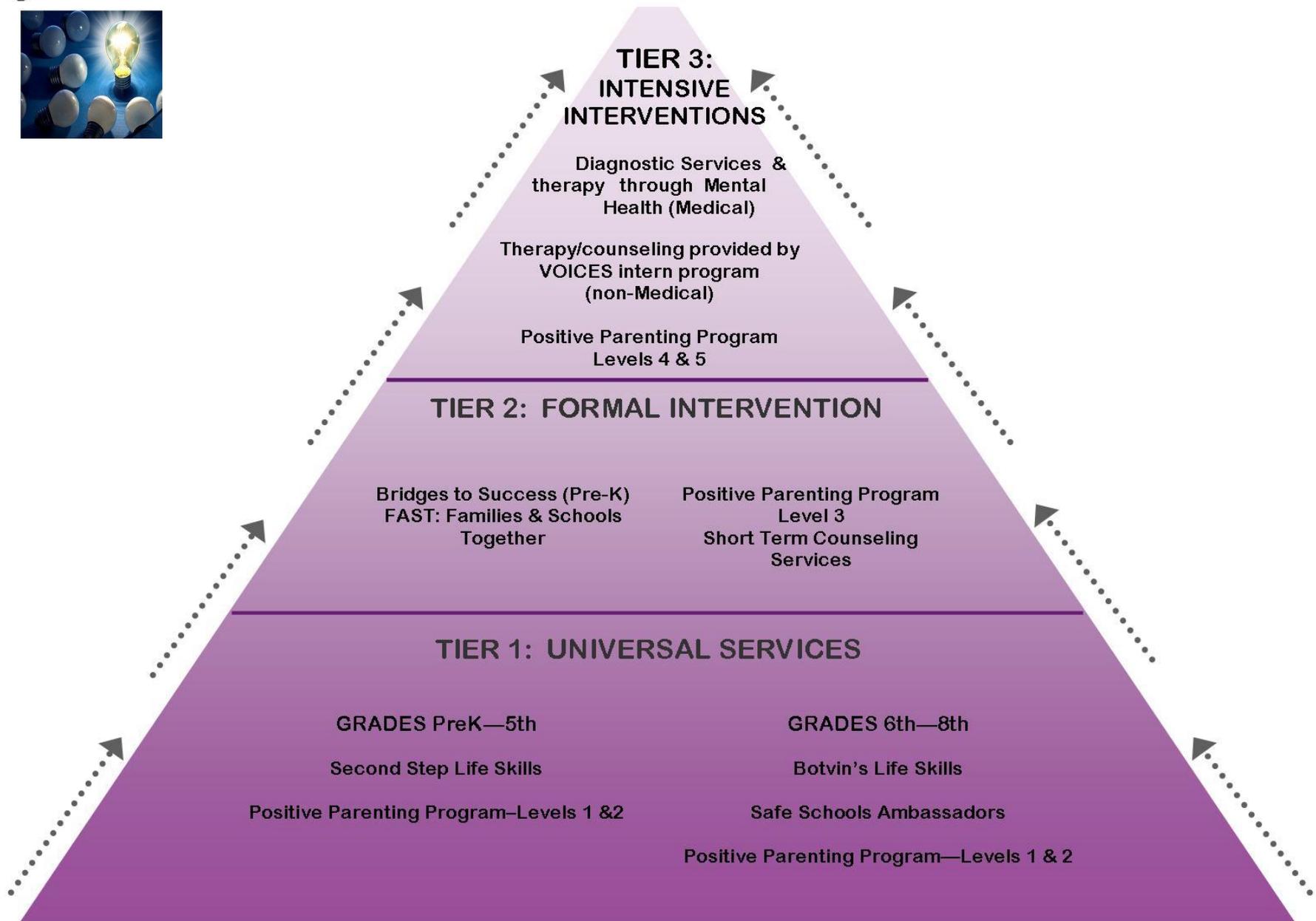
- 2008 Grant Recipient
- Three Districts served by VOICES: approx. 6,000 students total
- Number of students accessing community based services annually: 100 plus students
- Target population: Students who do not have Medical (CA Medicaid) or insurance
- Past service delivery model for tier 3 services: Private vendor for non-Medical families, Mental Health for Medical



Mental Health Status

- Districts are now responsible for mental health services as specified in IEPs (AB 3632) in California Link
to Prop 63 (CA): http://www.dmh.ca.gov/Prop_63/MHSA/docs/Mental_Health_Services_Act_Full_Text.pdf
- Shasta County Mental Health is finding school based services are not extremely effective without parent involvement.
- Private providers are cost prohibitive.
- Mental Health interns and students lack significant placement opportunities.
- Lack of affordable mental health services for school aged children who do not qualify for medical or are working poor and above.

Pyramid of Sustainable School Based Mental Health Services





Pilot Program – Year 1

- One Licensed Clinical Therapist, working two days per week, will provide supervision to a minimum of eight or more interns and students.
- Program will serve two districts, providing mental health tier 2 and 3 services to a total of 70 direct service hours per week



Dollars and Sense

- Private Vendor = \$92,000 per year
 - 40 hours per week, including charting, research, etc.
- Clinical Supervisor = \$60,000 per year
 - Will allow interns and students to provide 80 hours per week of child and family contact time
- Clients could be charged \$10 per session
- *Utilizing this model, 10 schools could purchase 80 hours of client time per week for approximately \$6,000 per year.*



Breakdown of Services

- Clinical Supervisor – 16 hours per week (2 days)
- Every MFT student or intern receives a unit worth of supervision for every 5 hours of direct service
- Working 16 hours per week allows clinician to supervise a minimum of 8 interns
- Translates into 80 hours of service minimum
- If MSW's are recruited, then could be more service time for students per week





What does it take?

- Access to colleges that offer a Master of Social Work or Master of Family Therapy degree with intern programs
 - Simpson, National, Chico State, Sacramento State
- Licensed (MFT or MSW) clinician to supervise Interns
 - *Jeannie Jacobs, independent contractor, paid through VOICES grant*
- Revenue neutral to County Office the first year. Program to be administered through Student Support Services.

State Licensure Requirements



- Master of Family Therapy Students
 - Requires 1 unit of individual supervision for every 5 hours of client service and 2 hours of group supervision with up to 8 students will provide another 5 hours of client service
 - Students need 150 hours of practicum during school and an additional 2,850 hours to fulfill state licensure requirements (CA)
 - Can be supervised by licensed MFT or MSW
 - Post graduate MFT's only need 1 unit of supervision for every 10 hours of supervision
- Master of Social Work Students
 - Requires 1 hour of supervision for every 16-24 hours per week of client service
 - Must be supervised by MSW
 - Post graduate MSW's need 3,200 hours of practice under 1 hour of week of supervision to fulfill state licensure requirements (CA)
- Licensure requirements are different in different states



Timeline

Serving Shasta County Students

- July 2011 – Recruit interns and students
- August 2011 - Visit San Bernardino COE program
- August 2011 – Define referral process
- August 2011 – Establish measurable outcomes & select measurement tools
- September 2011- Meet with target districts
- September 2011 - Begin providing services
- February 2012 – Mid-Year evaluation with districts
- June 2012 – End of Year evaluation





Pilot's Outcome

- Shasta County Office of Education, possibly in partnership with SELPA, becomes a Mental Health Provider increasing accessibility to school based mental health services at a reduced cost to schools, students, and families. The program would be revenue neutral or income generating.
- Training future mental health providers in evidence based practices for all children and families in the community.
- More service with better outcomes!



Questions?
Comments?