# TEAMING UP TO SERVE STUDENTS: SCHOOL MENTAL HEALTH SERVICES INTEGRATED THROUGH STUDENT INTERVENTION TEAMS, DISTRICT FUNDING AND COMMUNITY PROVIDERS

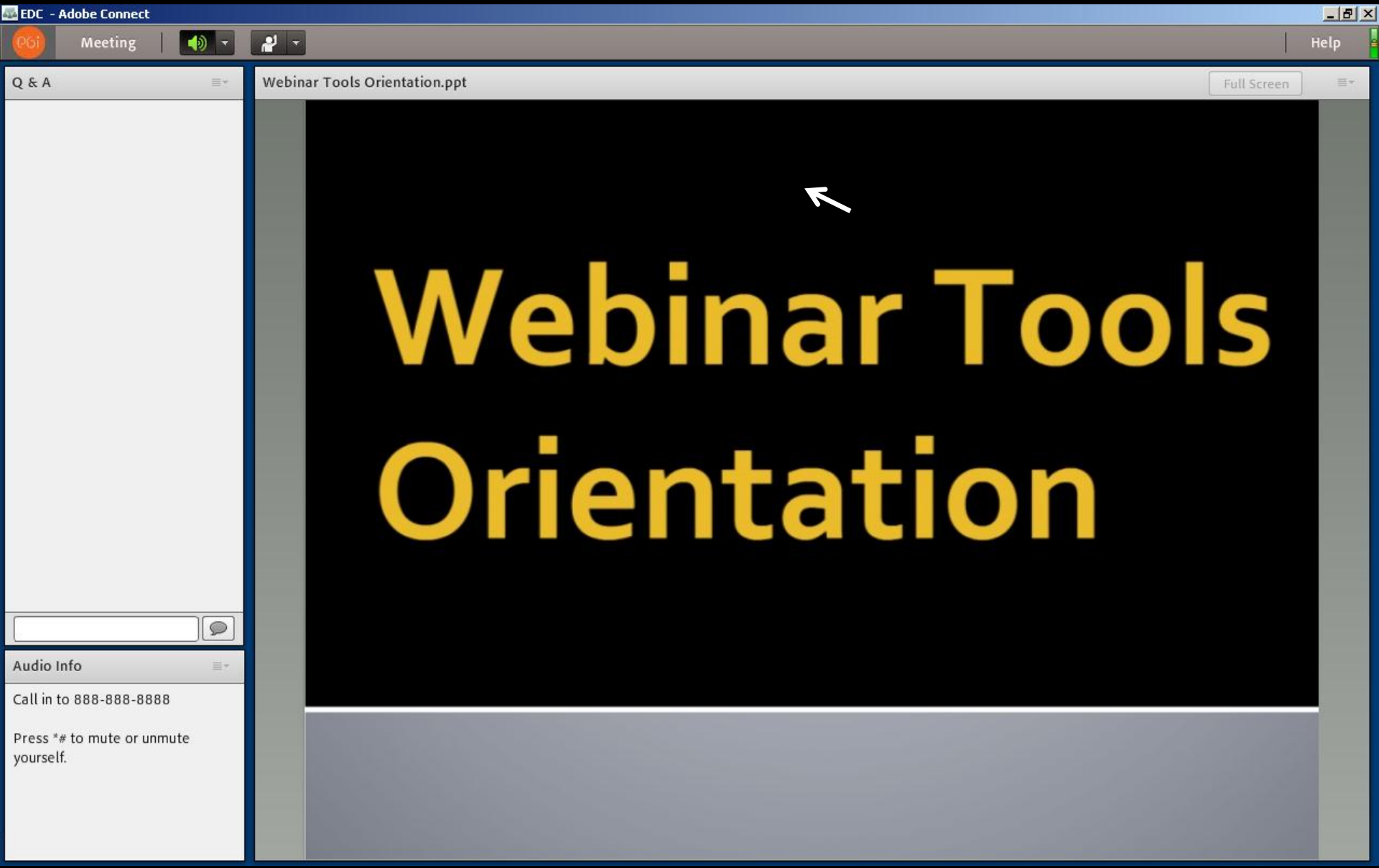
Cathy Lounsbury, PD, Sanford, MA

Suzanne Masland, PD, Caledonia North Supervisory Union, VT

Beth Freeman and Kelly Wells, TAS


March 19, 2012

Mental Health Interest Group – Spotlight Series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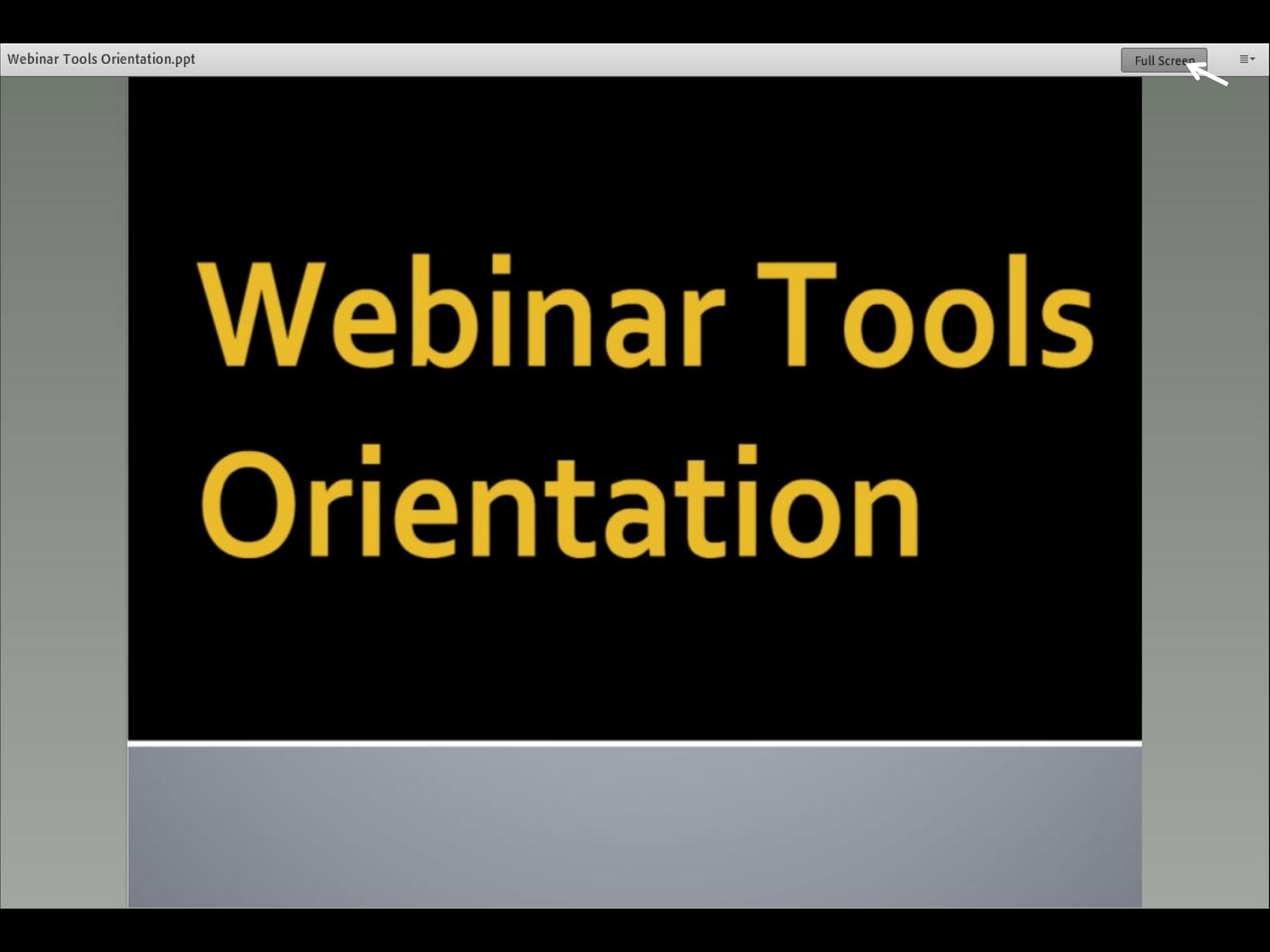
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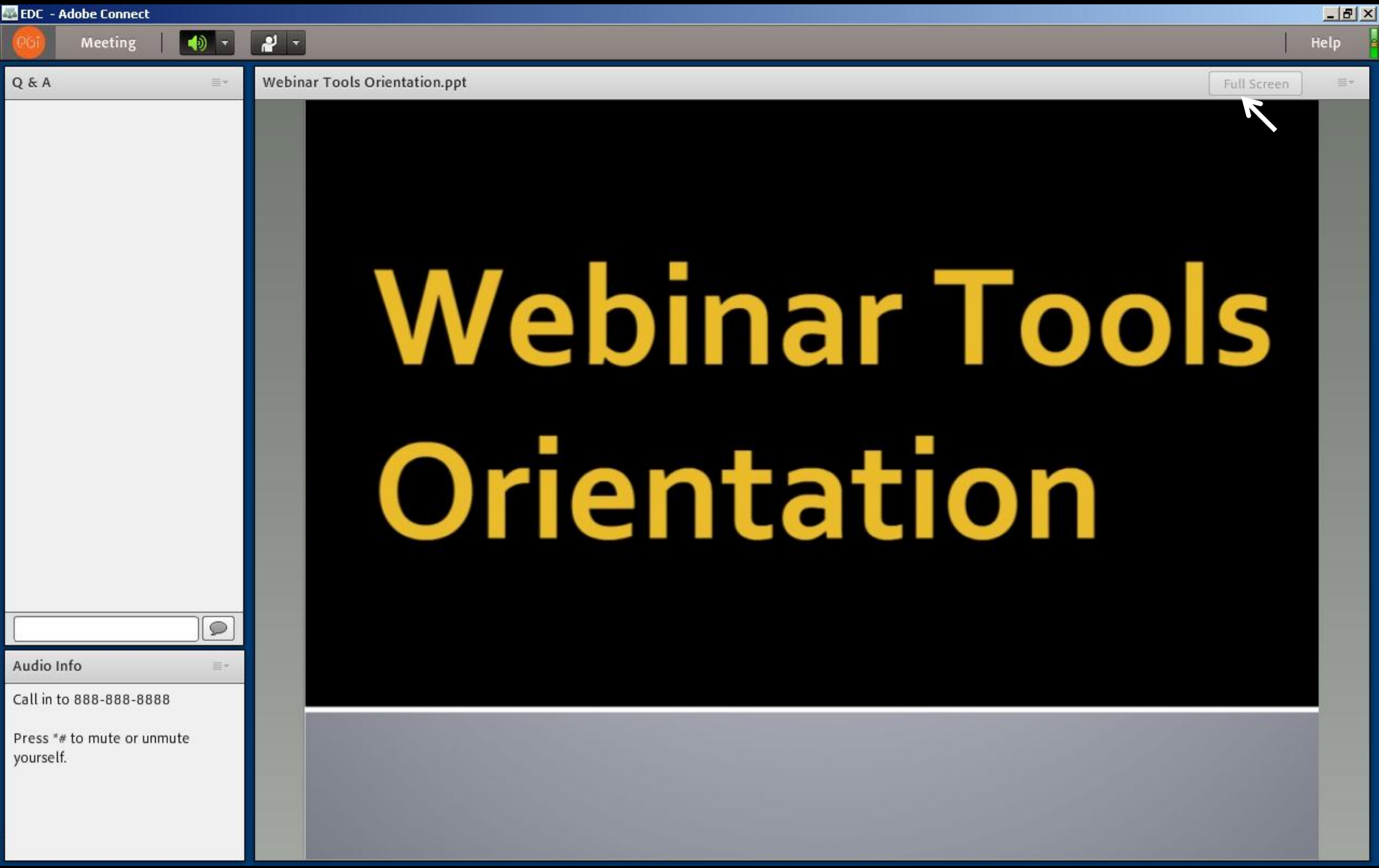
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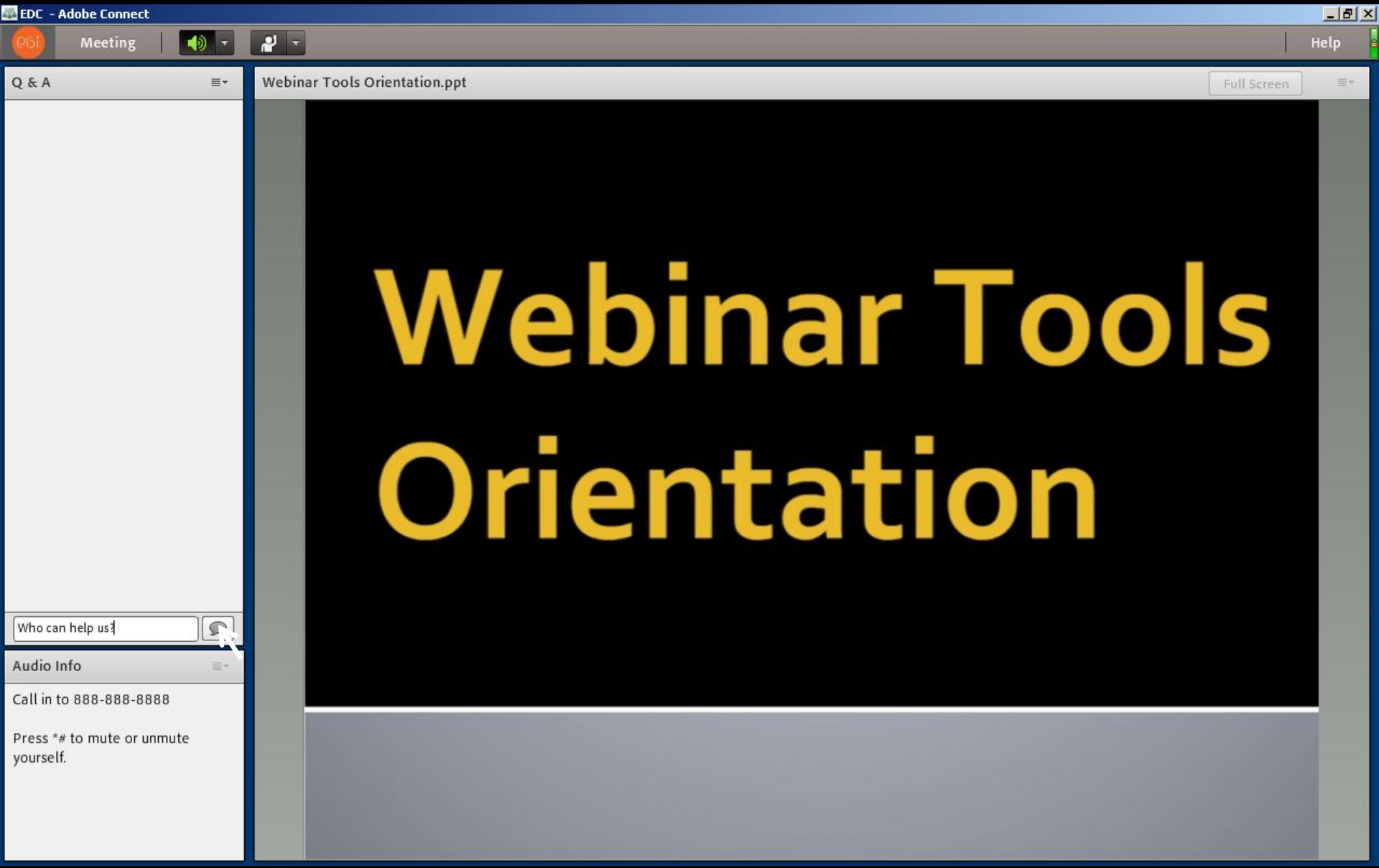
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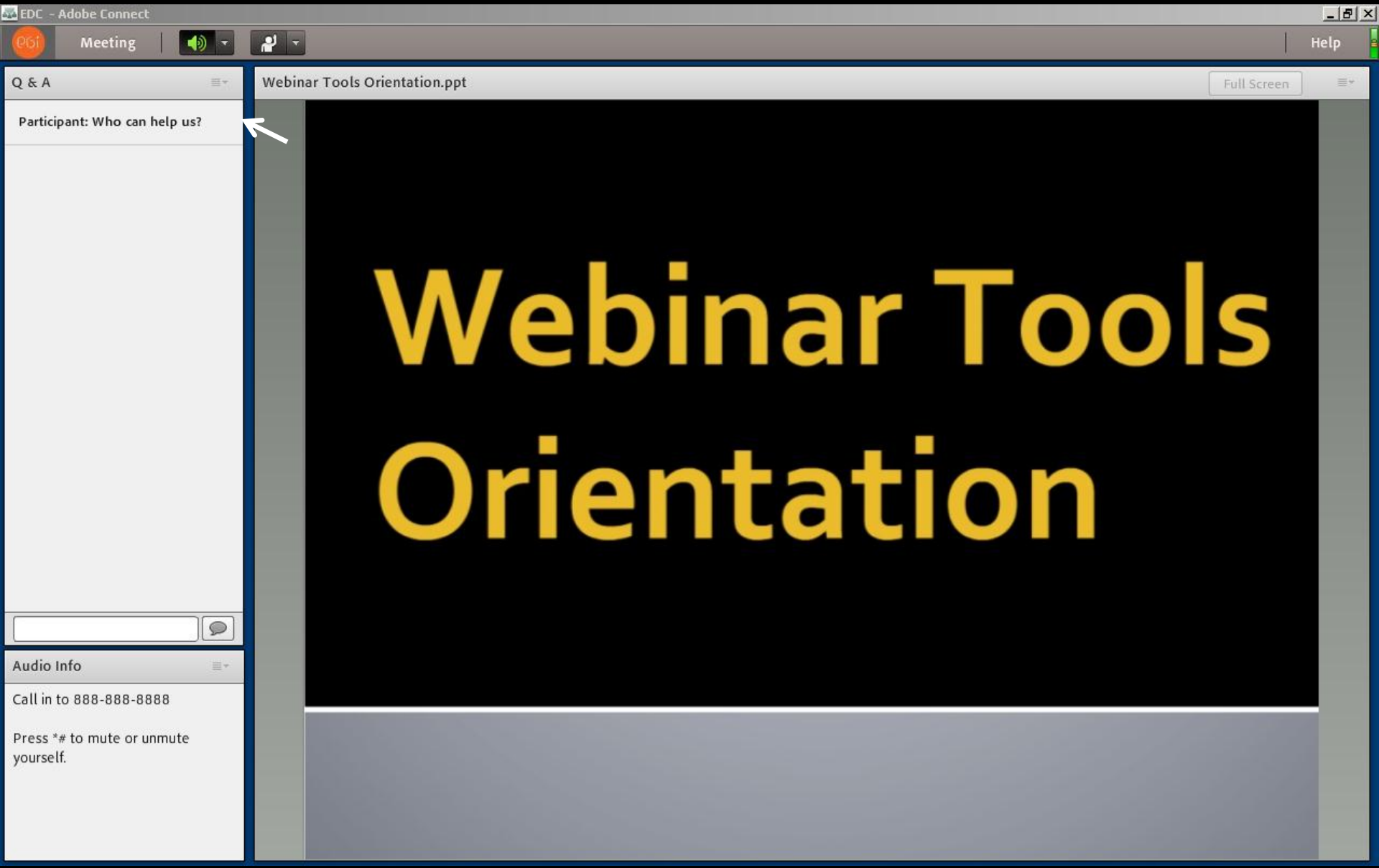
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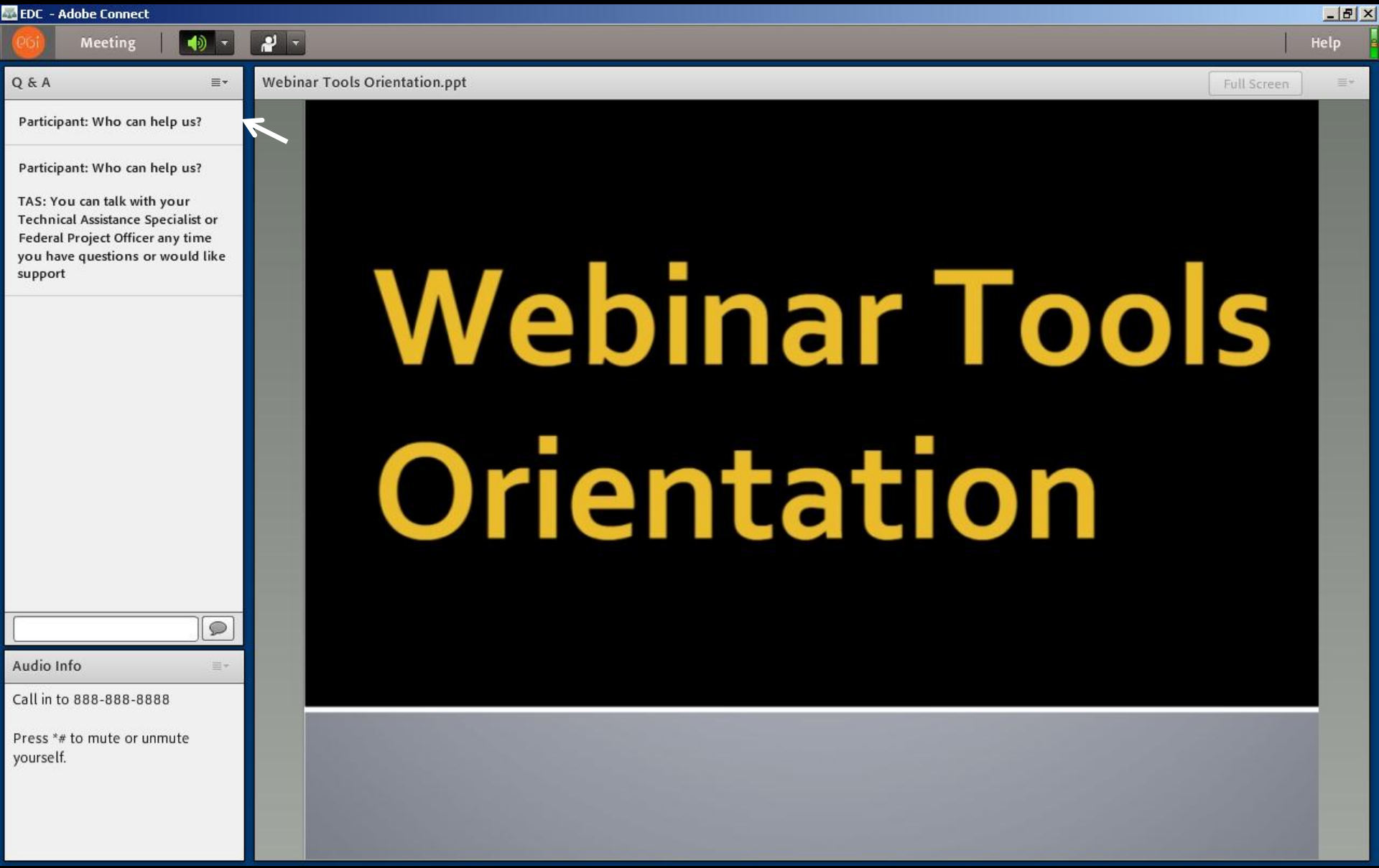
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Participant: Who can help us?
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# Speakers

- Cathy Lounsbury, PD
- Suzanne Masland, PD

# School Intervention Teams

- Student Assistance/Intervention Teams
  - Student support staff meet weekly to identify students that need additional assistance in academic, social and emotional realms
  - Provide identification, screening, assessment of individual, school and family related problems
  - Develop Student Intervention/Treatment Plan
  - SAT/SIT leader provides oversight of intervention plan
  - Counseling and consultation provided on-site at school
  - Referrals to school and community providers
  - Continued support and follow-up with appropriate and accessible services and resources

# Examples to Fund SMH

- District's develop MOA's/contracts with community MH public and/or private providers
- District employs student support staff, e.g. guidance counselors, school social workers, MH counselors, case managers, etc.
- Community partners provide professional development for school staff
- Community partners provide additional student support services in schools, e.g. restorative justice

# Sustainability Questions

- What does the district desire to sustain?
- What data do we have that supports our priorities?
- Are there areas of funding overlooked within the district or community?
- Are there resources that could assist in sustaining School MH that do not require money?
- Who could best advocate for additional funding reimbursements within district or in the community?

# Caledonia North Supervisory Union, Lyndonville, VT

**Suzanne Masland,**
**Project Director,**
**2007 SSHS**

# Developing In-School Mental Health Counselors

***KNOW YOUR COMMUNITY & PLAN TO SUSTAIN***


Canada
To Montreal
Richford
Derby
Newport
Island Pond
Swanton
Enosburg Falls
St. Albans
Orleans
Grand Isle
Glover
Craftsbury
Johnson
Jeffersonville
Colchester
Winooski
Essex Junction
Burlington
Morrisville
Hardwick
Lyndonville
Guildhall
Greensboro
St. Johnsburg
Stowe
Cabot
Richmond
Shelburne
Bolton
Waterbury
Marshfield
Peacham
Worcester
Hinesburg
Montpelier
Plainfield
To Boston
New Hampshire
Barre
Waitsfield
Vergennes
Bristol
Northfield
Warren
Middlebury
Ripton
Chelsea
Bradford
Newbury
Randolph
Tunbridge
Fairlee
Shoreham
Rochester
Bethel
Thetford
Brandon
Pittsfield
Sharon
Killington
Rutland
Proctor
Woodstock
White River Jct.
To Boston
Fair Haven
West Rutland
Poultney
Middletown Springs
Wallingford
Plymouth
Windsor
To Albany
New York
Ludlow
Danby
Pawlet
Springfield
Chester
Weston
Londonderry
Dorset
Manchester
Grafton
Jamaica
Bellows Falls
Arlington
Townshend
Wardsboro
Newfane
Putney
West Dover
South Shaftsbury
Bennington
Wilmington
Brattleboro
Pownal
Whitingham
Massachusetts
To Hartford & New York City
CANADA
MAINE
VERMONT
NEW YORK
N.H.
MASS.
CONN.
R.I.
NEW JERSEY
PENNSYLVANIA
DELAWARE
ATLANTIC OCEAN
KEY TO MAP SYMBOLS
Interstate
U.S. or State Highway
Class 2 Town & Highway
Closed in Winter
Auto Ferry
Highway Exit
State Boundary
Urban Area
Place of Interest
Covered Bridge
State or National Forest
Published by the Vermont Department of Tourism & Marketing

# District Needs

- Rural area – spread out over large geographic area, 6 schools, K-8th grades, 1000 students total
- Limited public transportation or access to community MH services
- Parents unable to bring children/youth to appointments
- Clinicians who knew community services and how to link families to them

# Goals of SMH Program

- District to employ School-Based Clinicians rather than contracting through MH agency, and partners to collaborate and work together to build SMH program
- Clinicians to collaborate and support school teams
- Clinicians to serve as consultants to school staff around issues of trauma and suicide prevention
- SSHS grant makes initial investment
- Local school budgets make contributions to salary and fringe after Year 3
- Sustain clinicians through local budgets or Medicaid billing

# Tips for Success

- Engage schools and local MH provider in the design
- Superintendent support for principals' participation Year 1
- Hire Smart – SBC's must be outstanding professionals that help sell and sustain the model
- Clinicians work in partnership with school staff
- Clinicians become a resource to schools
- Give the model time to work and prove itself while developing your sustainability plan
- Work with district to create infrastructure to sustain

# School Mental Health Service Delivery

- Referrals received by Guidance Counselor, EST (Educational Support Team), or by principal directly to School-Based Clinician (SBC)
- SBC contacts parent for signature/consent, provides intake & assessment (parental intake may involve a home visit)
- SBC meets with students weekly for individual sessions
- SBC reports back to EST or IEP teams re: student progress, e.g. weekly EST's
- CBCL/Achenbach Clinical Assessment – Pre & Post MH services, **www.aseba.com**
- SBCs follow-up/coordination with relevant community partners, e.g. CMH agency to obtain enhances services

# Child Behavior Checklist, Ages 6-18

http://sshs.promoteprevent.org/webinar/spotlight-mental-health-series-2

# Mental Health Cohort Study

- Goal was to collect outcome data/results to reinforce importance of SBCs' for future funding
- Confidentiality critical in small communities – each student given a confidential cohort #
- Child Behavior Check List (Achenbach/ASEBA) is administered beginning treatment, end of school year, and/or end of treatment, **www.aseba.com**
- Parent, Teacher, student (5th grade up) fill out CBCL
  - Parent/student – clinical outcomes (emotions, mood, behavior)
  - Teacher – academic performance and classroom behaviors
- Results = 50% students receiving SBC MH services make improvements in clinical status & academic performance

# CBCL Narrative Report

http://sshs.promoteprevent.org/webinar/spotlight-mental-health-series-2

# School MH Program Costs

Yr 1 – Planning, Adjustments to Logic Model, hired clinician #1 at end of Year 1

Yr 2 – Hired additional part-time clinician #2, Contract Trauma Specialist $20-30K 100% SSHS

Yr 3 – Increased clinician FTE again, Trauma Specialist continues.

Yr 4 – Trauma Specialist continues. 80% SSHS / 20% local school funds

Yr 5 - 75% SSHS, 25% local school funds, CNSU hired school psychologist

Yr 6 – SBCs 100% funded by local school funds

**Annual Comparison**

(Costs reflect salary/fringe only)

Year 2 - 89 (58) Students Served,
SSHS Cost = $ 114,935

Year 3 - 111 (61) Students Served,
SSHS Cost = $ 118,316.

Year 4 - 108 (65) Students Served,
SSHS Cost = $ 135,901
Local Contribution: $14,981.

Year 5 – Unknown (78) Students Served,
SSHS Cost = $ 123,739.
Local Contribution: $23,277

Year 6 = 100% CNSU

# CNSU School Mental Health - Sustainability

- SBCs assigned to schools according to caseload need
- Principals prioritized what to sustain -100% SBCs
- Schools began funding SBCs salary/fringe over last 2 grant years, increased funds yearly
- Trauma Specialist role ended Year 4, district hired school psychologist as lead clinician to provide clinical supervision and trauma training beginning Year 5
- MH cohort study will continue through Student Services Dept. with ASEBA database
- As of March 2012, all SBC positions funded through district/local budgets – School Board Vote

# Questions?

Press *# or type into the chat

# Sanford, Maine

## Cathy Lounsbury, Project Director, 2007 SSHS

# Initial factors

- Why develop a Student Intervention Team?
  - School system overwhelmed by student crises
- Why develop a community intervention/outreach team?
  - Distrust between systems (school, mental health, police, juvenile justice)
- Why develop a school & community intervention team?
  - Inconsistent referral and follow-up for students presenting with mental health needs

SCHOOL

MENTAL HEALTH

POLICE / JUVENILE JUSTICE

# RELATIONSHIPS

*"Teamwork is the ability to work together toward a common vision."* **--Andrew Carnegie**

**Development of 3 Teams / Task Groups to cut across institutions.**

- **School Level- Student Assistance Teams**
- **Community Level- Outreach Team**
- **Policy Level- Systems Integration Task Group**

- Information Sharing Tool Kit (Juvenile Law Center)
  - Lourdes Rosado
    - http://www.jlc.org/about-us/who-we-are/staff/lourdes-rosado
  - Sharing Tool Kit from Juvenile Law Center
    - http://modelsforchange.net/publications/282

- Communities that Care Tool Kit http://www.sdrg.org/ctcresource/

# School Level: Student Assistance Teams

# School Level: Student Assistance Teams

**Teacher-** representative for each grade level (and by invitation if discussing a teacher's referral)

**Administrator-** Principal or Assistant Principal

**School Guidance**

**School Social Worker**

**School Psychologist**

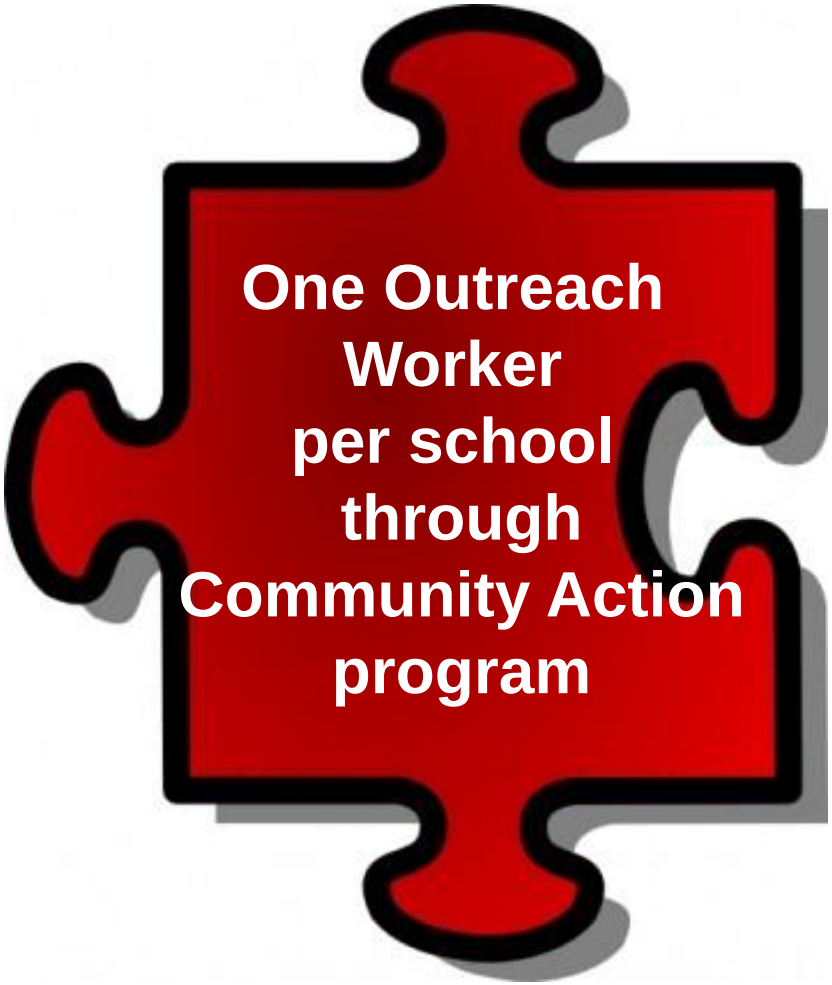
**Community Police** (or SRO at JHS and HS Level)

**Community Mental Health** (Outreach Clinician)

**Juvenile Probation** (JHS and HS level)

- ✓ Weekly Meetings- 2 hours
- ✓ Standard Referral Form and Referral Protocols
- ✓ Orientation for all staff
- ✓ Plan and Follow up for every referral (who is responsible for what)

# Addition of Outreach Worker




More information is needed to make appropriate referral

Needs may not be primarily Mental Health (e.g., financial, housing, transportation, etc.)

# Community Level: Outreach Team


- ✓ Weekly Meetings- 2 hours focused on Direct Care / supervision issues
- ✓ Each entity obtained ROI from individual clients/families
- ✓ Cross training and shared training (e.g., police protocols, trauma sensitive intervention)
- ✓ Development of relationships across systems

# Addition of Resiliency Activities


Expanded definition of "Mental Health Services"

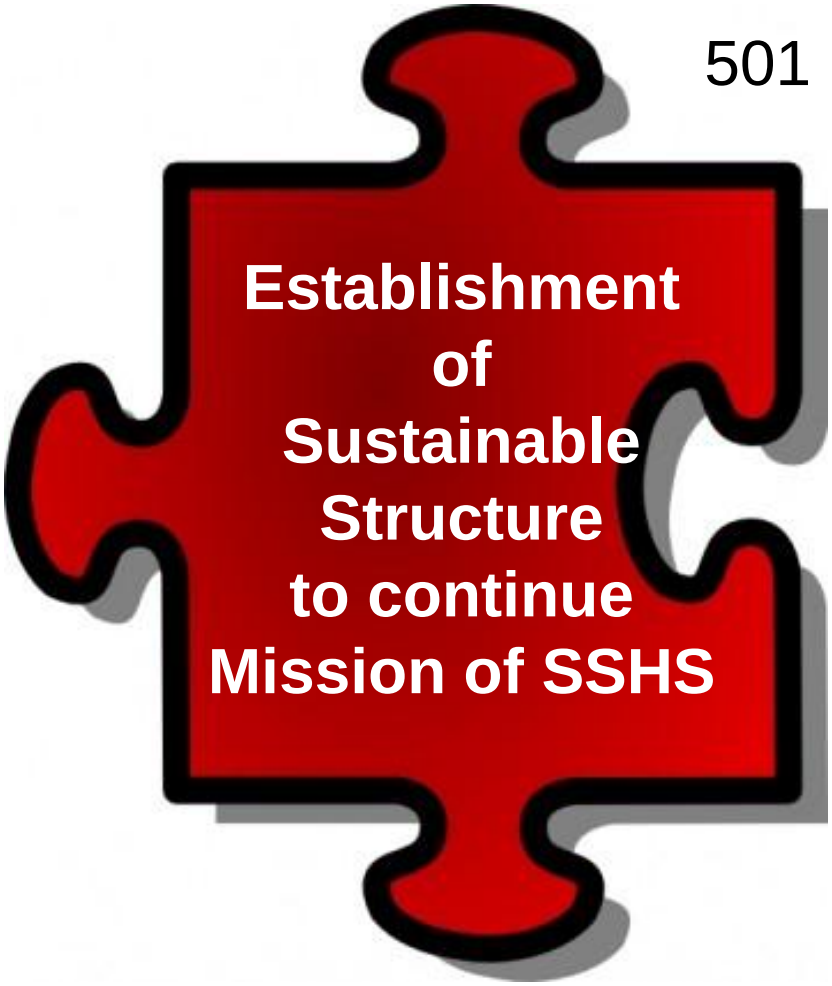
Provided vital opportunities for children who needed them most

Built relationships between Outreach Team and other community entities (e.g., Community Center)

# Policy Level: Systems Integration Task Group


- ✓ Monthly Meetings- 2 hours (sometimes bi-weekly)
- ✓ MOUs between organizations / joint Release of Information forms
- ✓ Joint approaches (e.g., Restorative Justice)
- ✓ Sustainability (e.g., MST, coalition, structure)

# Addition of Safe and Healthy Sanford Coalition




501 (c) 3 Established for Coalition

Additional funding through Drug Free Community Support Program and Elementary and Secondary Counseling Grant

# School MH Program Funded By…

- Overview: School Mental Health

Yr 1 – 3 SSHS supported "seed $" to build structures (supervision, policies, professional development) and support MH partner's Sanford-focused services

Community Outreach workers, Outreach clinicians, (one in each of 7 schools),

Professional Development were funded through SSHS

Partners provided staff time, clinical time, consulting time, office space

Yr 4 – 5 Continue funding through …

Community 501©(3) Organization (YCCAC) $ for Outreach Workers,

Community MH agency $ for SMH counselors & MST (Medicaid/Third-Party $)

Community Agencies support Restorative Justice

Schools/Community Agencies/organizations support SAT's

Community Coalition formed to continue Core Management Team activities

# SUSTAINABILITY

LESSON LEARNED-- start with Sustainability: How will this service be sustained after grant funding?

Student Assistance Team structure institutionalized at school and district level

Safe and Healthy Sanford Coalition- Leadership Board and Task Groups

Systems Integration Task Group facilitated by Police Chief

Counseling Services, Inc., incorporated Multi-Systemic Therapy (MST) program (third-party reimbursement for MST services)
**http://mstservices.com**

# Multisytemic Therapy

"Unlike other treatment models where the troubled youth sees a therapist at a clinic once a week, MST therapists go to where the youth lives, hangs out and attends school. This is because there is overwhelming evidence that all the components in an adolescent's life—family, friends, school and neighborhood—contribute to serious anti-social activities."

http://mstservices.com/

# MST views the youth as embedded within multiple interconnected systems

# Questions?

Press *# or type into the chat

# Contact Information

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# Mental Health Interest Group

## April 16, 2012
## 2-3:30 p.m. EST

**Topic: Putting It All Together – Integrating Mental Health Programs with PBIS/RTI Models**