School Mental Health Resources and Supports: First Steps and Lessons Learned

DROP OUT PREVENTION WEBINAR SERIES
APRIL 13, 2016
Vision

Every student ready for career, college, and life
Mission

To provide funding, resources, tools, data and technical assistance that enable educators to ensure students succeed in our public schools, are prepared to access post-secondary training and education, and are equipped to thrive in their careers and lives.
Performance Indicators

Achievement

- The percentage of students demonstrating the characteristics of entering kindergartners in all six areas as identified by the Washington Kindergarten Inventory of Developing Skills (WaKIDS)
- The percentage of students meeting standard on the 3rd, 8th and 11th grade statewide English Language Arts (ELA) and math assessments, and 8th-grade statewide science assessment
- Percentage of students making adequate growth toward proficiency in ELA/math as determined by Student Growth Percentiles in 4th and 6th grades
- The percentage of students enrolled and the percentage who earned high school credits in Algebra I/Integrated Math I by the end of 8th grade, and by the end of 9th grade
- The percentage of students meeting standard on all state assessments required for graduation, by the end of 10th grade
- The percentage of students enrolled in dual credit programs and the percentage of students who earned dual credits and certificates (e.g., AP, IB, Running Start, Tech Prep)
- The percentage of students who took the SAT and ACT, and the average SAT and ACT scores earned
- The percentage of high school graduates who were academically prepared and attended post-secondary education institutions within one year of graduating high school
- The percentage of students who accessed financial aid for college
- Percentage of students who persisted in post-secondary programs and completed certificates and degrees

Dropout Prevention and Graduation

- Four-year and five-year graduation rates
- ELA, math, and science course failure rates in 9th grade
- Suspensions and expulsions
- Attendance, especially chronic absenteeism

Graduation A Team Effort
School Mental Health Resources and Supports:*

*First Steps & Lessons Learned*

Sara Ellsworth, MA, LMHC, CDP
Capital Region ESD 113
April 13, 2016
Topics:
Building a School-Based Mental Health Program

- Why Mental Health in Schools?
- Pilot Project
  - Development
  - Early Outcomes
- Lessons Learned
- Essential Elements
Why Mental Health in Schools?

3 Main Reasons

• Our students are experiencing significant mental health issues
• Students with mental health and substance use (co-occurring) issues are less likely to graduate
• Youth are not connecting with services available in the community
Students Experiencing Significant Mental Health Issues: Healthy Youth Survey Data

**Depression & Anxiety**

- **Depressive feelings**
  - 8th: 0%
  - 10th: 5%
  - 12th: 10%

- **Anxious**
  - 8th: 10%
  - 10th: 20%
  - 12th: 25%

- **Can't control worry**
  - 8th: 20%
  - 10th: 30%
  - 12th: 35%

**Suicidal Feelings & Actions**

- **Considered suicide**
  - 8th: 15%
  - 10th: 20%
  - 12th: 15%

- **Made a plan**
  - 8th: 10%
  - 10th: 15%
  - 12th: 10%

- **Attempted**
  - 8th: 5%
  - 10th: 10%
  - 12th: 5%
Students Experiencing Significant Mental Health Issues: 10th Grade Co-Occurring Conditions
Mental Health & Graduation

2013 DSHS Report: Key Findings

• Youth with behavioral health needs were less likely to graduate from and more likely to drop out of high school than youth without behavioral health needs. Youth with co-occurring needs were the least likely to graduate on time (12%) and most-likely to drop out (80%).

• Graduation Rates by Category
  • No Known Behavioral Health Need: 63% (56% on time, 7% late)
  • Mental Health Only: 46% (36% on time, 10% late)
  • Substance Abuse Only: 25% (19% on time, 6% late)
  • Both Mental Health & Substance Abuse: 17% (12% on time, 5% late)

FULL REPORT: https://www.dshs.wa.gov/sesa/rda/research-reports/behavioral-health-needs-and-school-success
2015 Parity or Disparity Report

- Washington ranks among those states with the highest prevalence of youth mental illness and lowest rates of access to care at 47th overall
- 43rd in the Nation for children who needed but did not get mental health services
- 42nd in the Nation for students identified with serious emotional disturbance for IEP
- 64.8% of our youth are privately insured, 31.4% receive public benefits and 3.8% remain uninsured

FULL REPORT:
http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%202015%20Report.pdf
Access to Care

Additional Considerations

• Lack of resources in our rural areas
• Transportation issues
• Students rights to access care on their own over the age of 13
• Disruption to academics for mental health appointments in the community
Rochester Co-Occurring Pilot

History and First Steps

- OSPI workgroup
- DBHR Partnership
- Local needs assessment and readiness to benefit
- District Identified
- Relationship building and developing TRUST
- Project staff identified
- Training
Rochester Co-Occurring Pilot

Project Snapshot

- Placed a Mental Health Professional in a school district to serve students with mental health and co-occurring disorders at the middle school and high school level
- Provide screening, assessment, referral, case management and therapeutic treatment
- Use of Evidence Based Programming (MI, CBT+, ACRA)
- Liaison between school and outside behavioral health resources
# Rochester Co-Occurring Pilot

**STUDENT IS REFERRED**
via staff, parent, student, self, etc.

- Gain relevant info re: referent’s expectation/hope
- Run through ProviderOne to see if Medicaid or NonMedicaid (Determines who can provide services)

**MEET WITH STUDENT**
Crisis & Safety Referrals Prioritized

**CRISIS REFERRALS:**
go over confidentiality/HIPAA & then safety/coping plan & consents

<table>
<thead>
<tr>
<th>STUDENTS WITH MEDICAID</th>
<th>STUDENTS WITHOUT MEDICAID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Go over &amp; sign Confidentiality/HIPAA Consent Form</strong></td>
<td><strong>Go over &amp; sign Confidentiality/HIPAA Consent Form</strong></td>
</tr>
<tr>
<td><strong>Engage &amp; elicit needs</strong></td>
<td><strong>Engage &amp; elicit needs (if possible, fill out partial 3 page screen)</strong></td>
</tr>
<tr>
<td><strong>Safety plan, if needed</strong></td>
<td><strong>Safety plan, if needed</strong></td>
</tr>
<tr>
<td><strong>Determine level of interest in services</strong></td>
<td><strong>Determine level of interest in services</strong></td>
</tr>
<tr>
<td><strong>Discuss most appropriate service options</strong></td>
<td><strong>Discuss treatment options with me &amp; what to expect</strong></td>
</tr>
<tr>
<td><strong>Explain options, based on level of need and county youth lives in (outpatient: BHR/Cascade/Seamar; intensive: WISE/TAY/MST or CMH in Lewis Co.)</strong></td>
<td><strong>SIGN SCHOOL CONSENT</strong></td>
</tr>
<tr>
<td><strong>Explain process &amp; offer to assist (use phone, call BHR set up appointment, transportation, fill out referral form)</strong></td>
<td><strong>SIGN CONSENTS if they want any support or assistance if they are intensive referral</strong></td>
</tr>
<tr>
<td><strong>SIGN ADDITIONAL CONSENS if they want any support or assistance or if they are intensive referral</strong></td>
<td><strong>Set up assessment or agree to meet again to set up appointment</strong></td>
</tr>
<tr>
<td></td>
<td><strong>If they decline, ask if okay to check back in with them again in a month or so</strong></td>
</tr>
</tbody>
</table>
Rochester Co-Occurring Disorder (COD) School Based Program
Services Provided By Month

<table>
<thead>
<tr>
<th>Services Provided Monthly</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessments completed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CANS Screens completed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Individual Sessions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Medicaid Youth Served (Liaison Services)</td>
<td>0</td>
<td>8</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Non-Medicaid Youth Served (Liaison or direct)</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Total Unduplicated Number Served</td>
<td>0</td>
<td>9</td>
<td>24</td>
<td>31</td>
<td>36</td>
<td>39</td>
</tr>
</tbody>
</table>
Rochester Co-Occurring Pilot

Early Outcomes & Successes

• 39 students served in first 5 months of the program
• Capacity to provide co-occurring disorders on campus
• Discipline offenses decreased for those in school-based treatment

“There are two huge benefits to the partnership: Students and parents have direct services that are convenient and accessible. Resources are shared; this includes the expertise from the mental health professional, more time can be dedicated to connecting services to students and parents and more students are receiving services because of the partnership.”

School counselor

“It was one of the best things that could have happened....for what he was going through. He was able to take a negative and turn it into a positive. We are pleased with the outcome of the whole situation.”

Parent

"It's important (the program) because it helps you become the best you can be as a person. I don't want to kill myself everyday anymore. Now I want to be successful. I want to be happy."

Student participant
Rochester Co-Occurring Pilot

Lessons Learned

- Schools don’t know what they don’t know
  - Underestimate prevalence of mental health needs
- Capacity issues
  - Opening the floodgates
  - School and community ability to respond to need
- Role of clinician vs. role of the school
  - Universal supports and early intervention
  - Crisis response
- Limits of a school-based program
  - Higher levels of care for most acute mental health issues
  - Services for students in crisis
Essential Elements of a School-Based Mental Health Program

- Key champions
- Multi-tiered System of Support for addressing non-academic barriers
- Multidisciplinary team that meets regularly to address student needs
- Multiple pathways for referral
- Capacity to serve ALL students
- Extended hours
- Connections to community resources
Essential Elements of a School-Based Mental Health Program

Multi-Tiered System of Support

Tier I
Universal school-wide practices
ALL students and staff

Tier II
Targeted interventions
Students with low acuity or transient social and emotional needs
Classroom teachers, School counselors, Administrators

Tier III
Therapeutic mental health services
Students with intensive social and emotional needs
Student Assistance Professional (MHP)
Essential Elements of a School-Based Mental Health Program

**Tier 1**

School policies, practices and approaches that promote a culture that protects ALL students and boosts resiliency factors

- Safe & caring environment
- Predictable structure
- Clear expectations
- Fair consequences and redirection
- Trauma-informed approaches
- Classroom-based social-emotional learning
Essential Elements of a School-Based Mental Health Program

**Tier II**

- Screening and monitoring
- Multidisciplinary team
- Classroom-based supports and interventions
- Problem solving and conflict resolution
- Social skills development
- Group interventions
- Family connections
- Community connections and referrals
Essential Elements of a School-Based Mental Health Program

**Tier III**

- Assessment and individual service planning
- Evidence-Based mental health intervention
- Case management
- Family support and training
- Crisis planning and response
- Connection to and liaison between outside behavioral health supports
- Staff training and consultation
“Your present circumstances don’t determine where you go; they merely determine where you start.”

Nido Qubien
School Mental Health Resources and Supports: 
First Steps & Lessons Learned

Questions/Comments??

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Webinar Series

May 6, 2016 – Dual Credit

http://www.k12.wa.us/GATE/Results.aspx

Archive:
+ March 9, 2016 - Supporting Family Engagement
+ February 17, 2016 - 24 Credits and the High School and Beyond Plan
+ January 20, 2016 - Using Student Perception Survey Results to Improve Student Outcomes
+ December 16, 2015 - Increasing Graduation Rates through Improved Data Reporting
+ November 18, 2015 - Improving Attendance in the Elementary
+ October 21, 2015 - Attendance Interventions
+ September 16, 2015 - Attendance: Data, Research and Practice