



Connecting Students to Mental Health Services

Case Studies of Collaborations, Funding, & Evidence-Based Practices

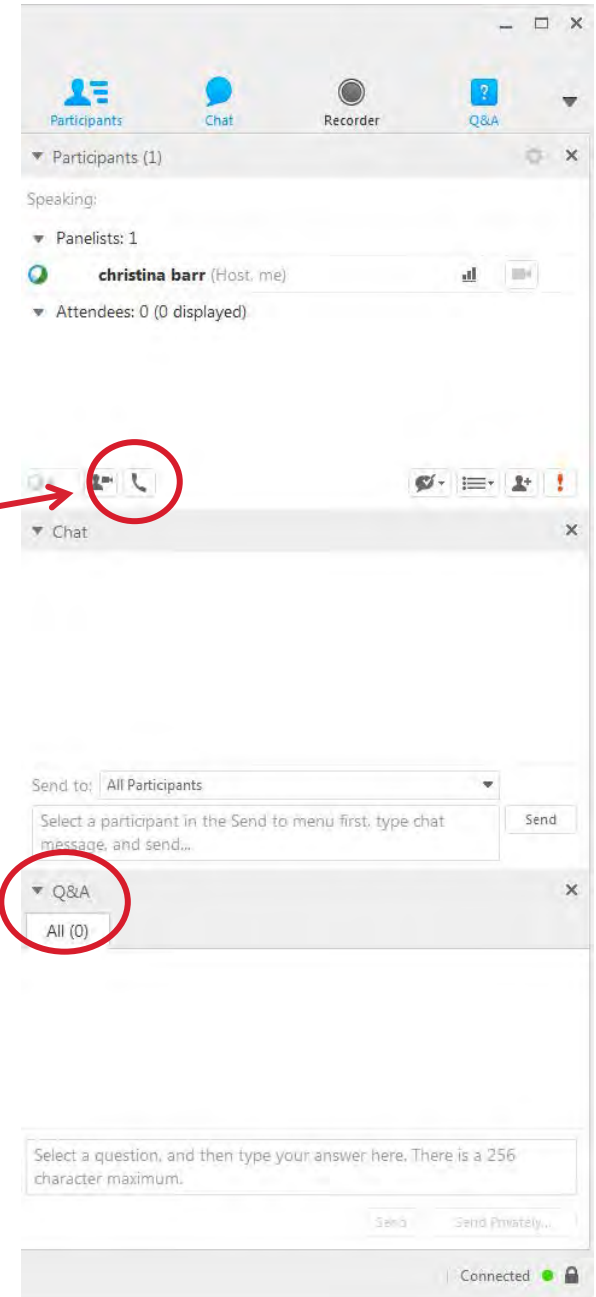
October 8, 2014



Housekeeping

If you can't hear the audio, try changing your audio settings and call-in using your telephone

To ask questions, please use the Q&A function. We will answer questions at the end.



Welcome & Introductions

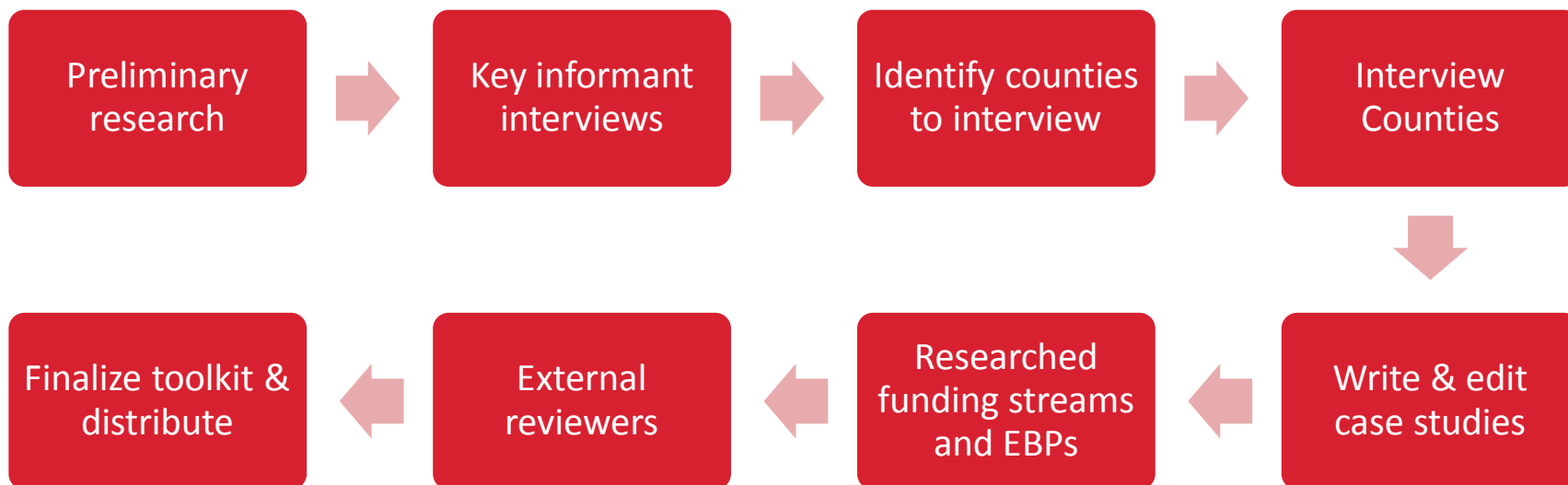
- **Lisa White & Alicia Rozum**, California School-Based Health Alliance
- **Michael Klein**, Fight Crime: Invest in Kids *California*
- **Dr. Ron Powell**, Desert/Mountain SELPA

Agenda

1. Overview of our Project
2. The Problem: Why school-linked mental health services?
3. Our Findings & Case Studies
4. In-depth look at Desert/Mountain SELPA in San Bernardino County
5. Conclusion & Questions



Overview of the Project





What is the problem?

- Mental health challenges are common
- Symptoms can emerge in childhood and adolescence, and look different than adults
- Most children and youth, even those with insurance, do not have access to services
- Mental health challenges affect brain development and learning
- Behavioral symptoms are a big concern of teachers, schools, and law enforcement



Why in schools?

- Most children and youth who receive services get them at school
- Individual and group counseling in schools are linked to more developmental assets for students
- School-based services increase access and reduce stigma
- Improvement in mental health links to improvement in behavior, learning, and social skills

Seven County Case Studies

1. Kings County
2. Lake County
3. Orange County
4. Riverside County
5. San Bernardino County
6. San Diego County
7. Santa Cruz County



Three Themes of Collaborations

1. Enhance Delivery of Service

Bringing mental health expertise from different parts of the county to provide a continuum of mental health services

2. Maximize Funding

Organizations within the county can bring their own resources to the table to help maximize funding

3. Address a Specific Local Issue

For example, truancy or recidivism

1) Enhance Delivery of Service

Orange County

MHSA-PEI expansion of school-based services

San Diego County

Medi-Cal EPSDT expansion of school-based services

2) Maximize Funding

Lake County

Medi-Cal Match Project with local school funds

San Bernardino County

Medi-Cal EPSDT and Special Education funding

3) Address a Specific Local Issue

Kings County



Truancy

Riverside County



Recidivism

Santa Cruz County



Substance Abuse

Connecting Students to Mental Health Services

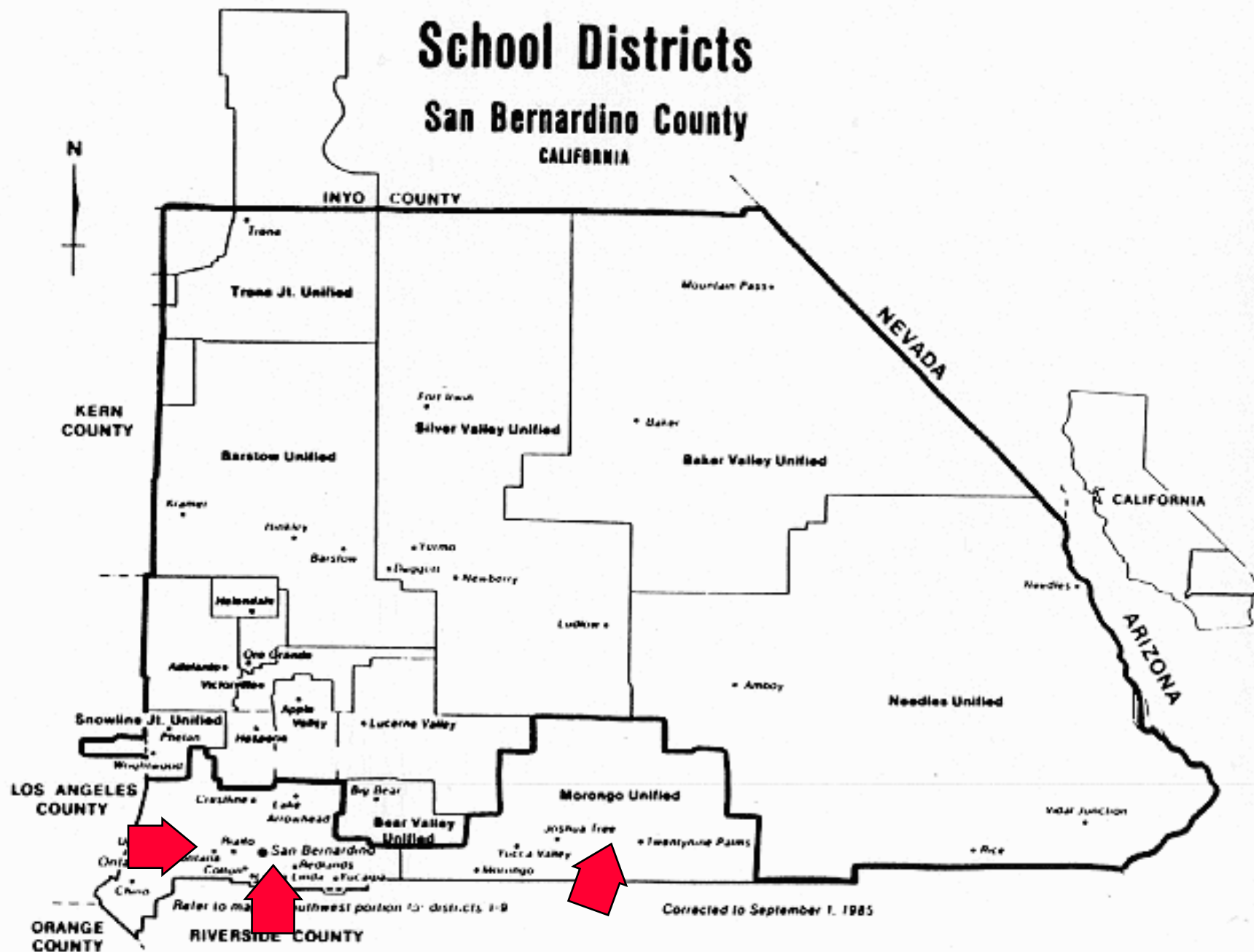
Desert/Mountain SELPA

- Consortium of 15 school districts and 12 independent LEA charter schools
- 106,000 enrollment
- 12,200 students with disabilities (11.5%)

School Districts

San Bernardino County

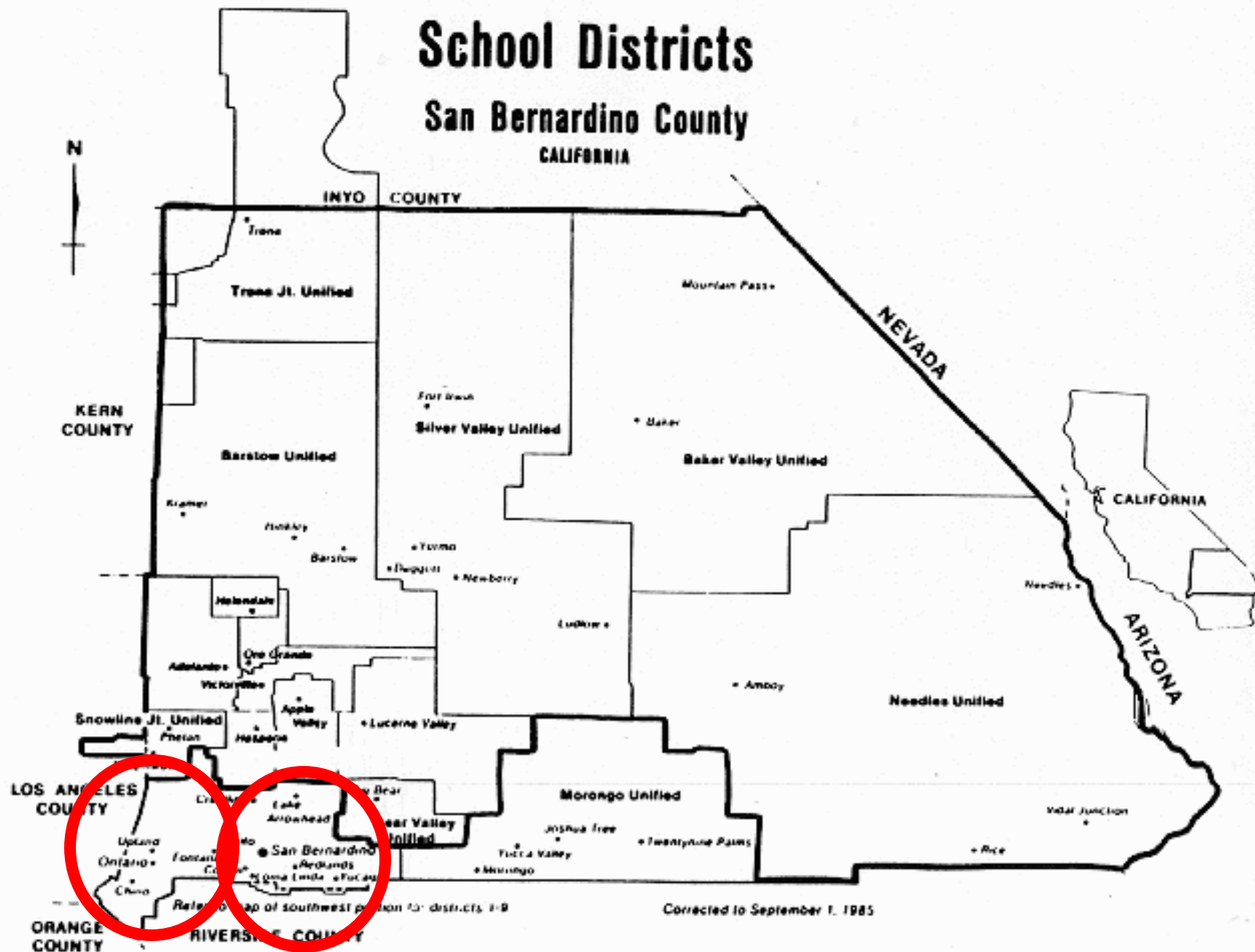
CALIFORNIA



School Districts

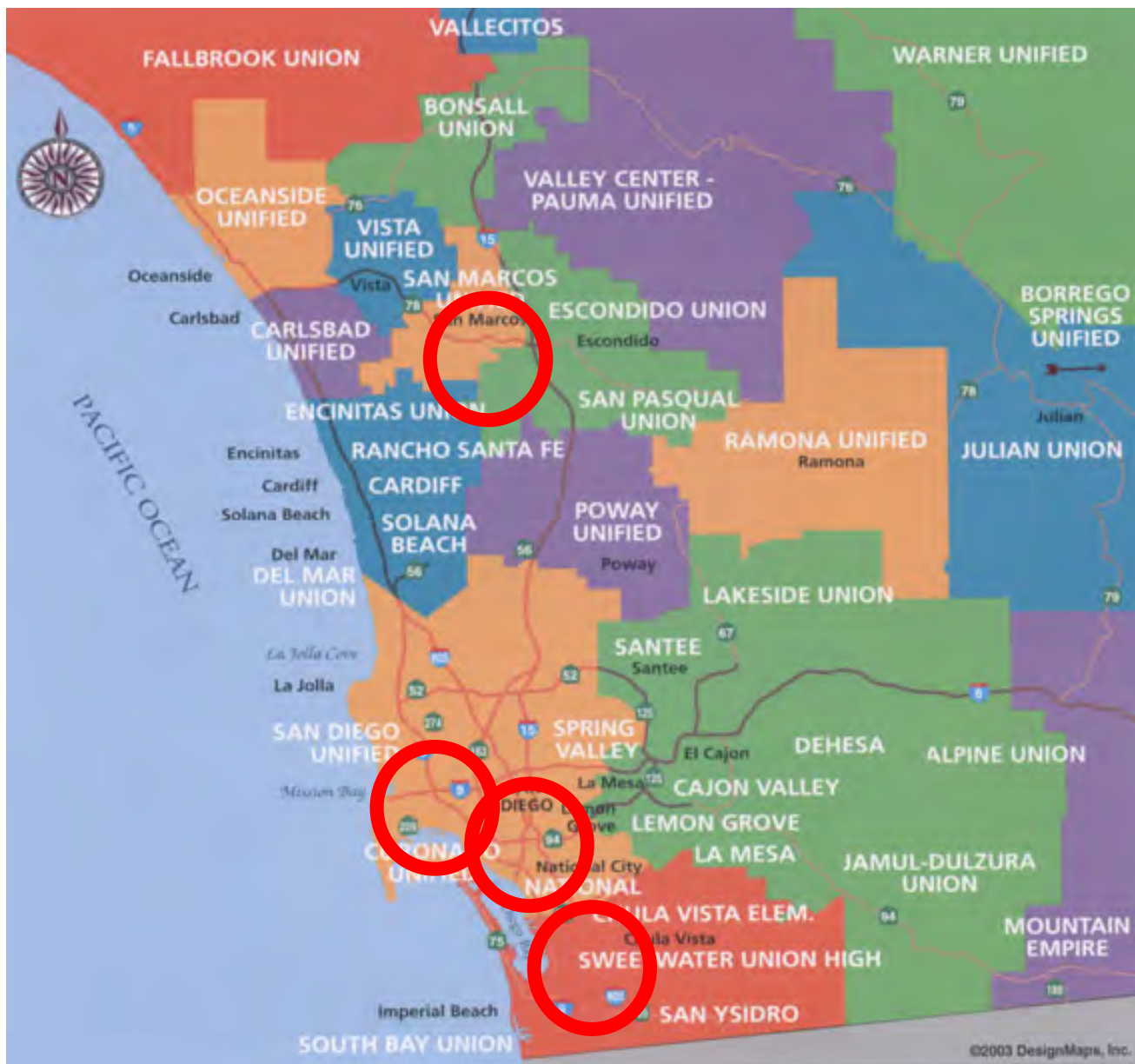
San Bernardino County

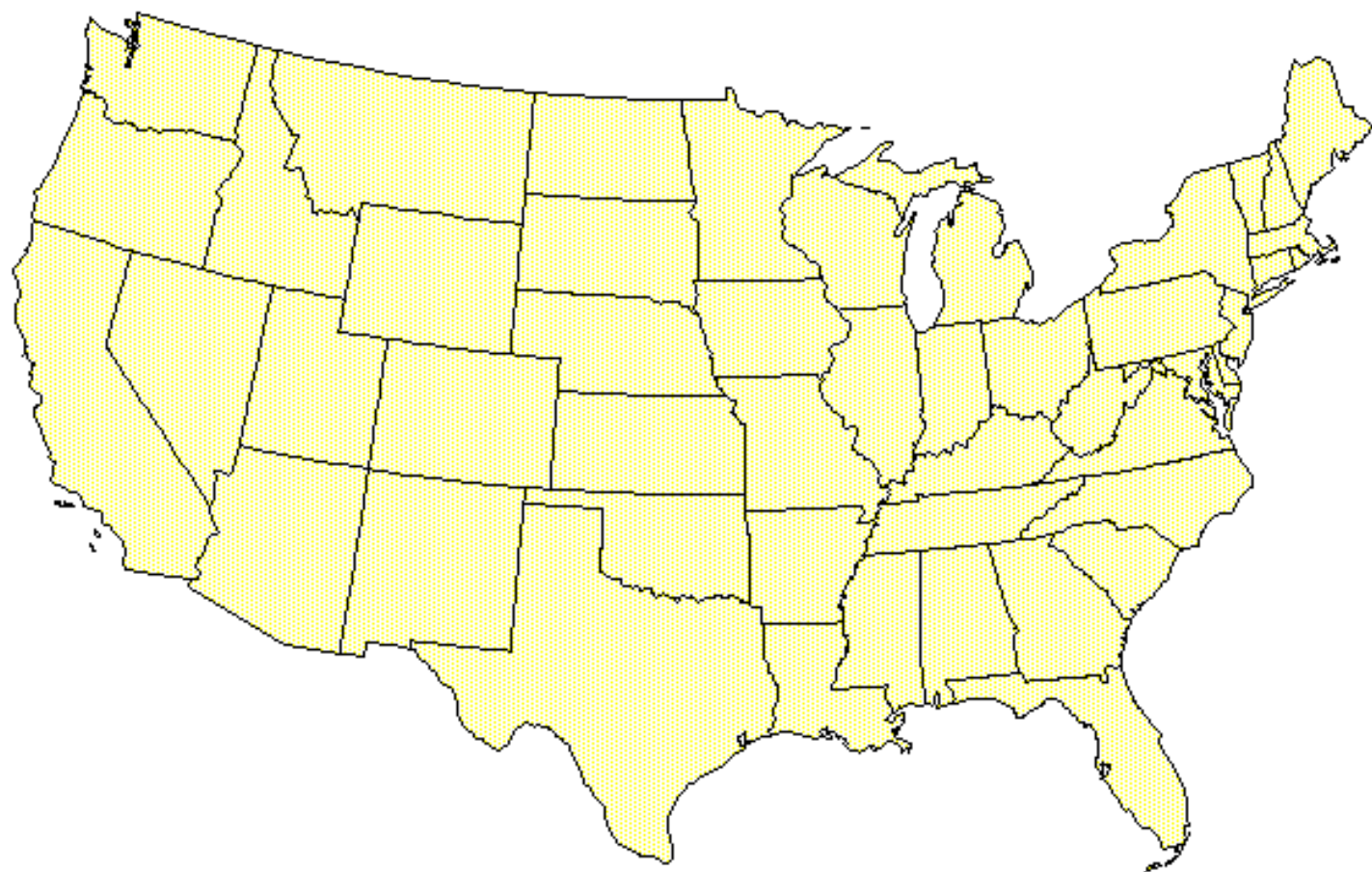
CALIFORNIA

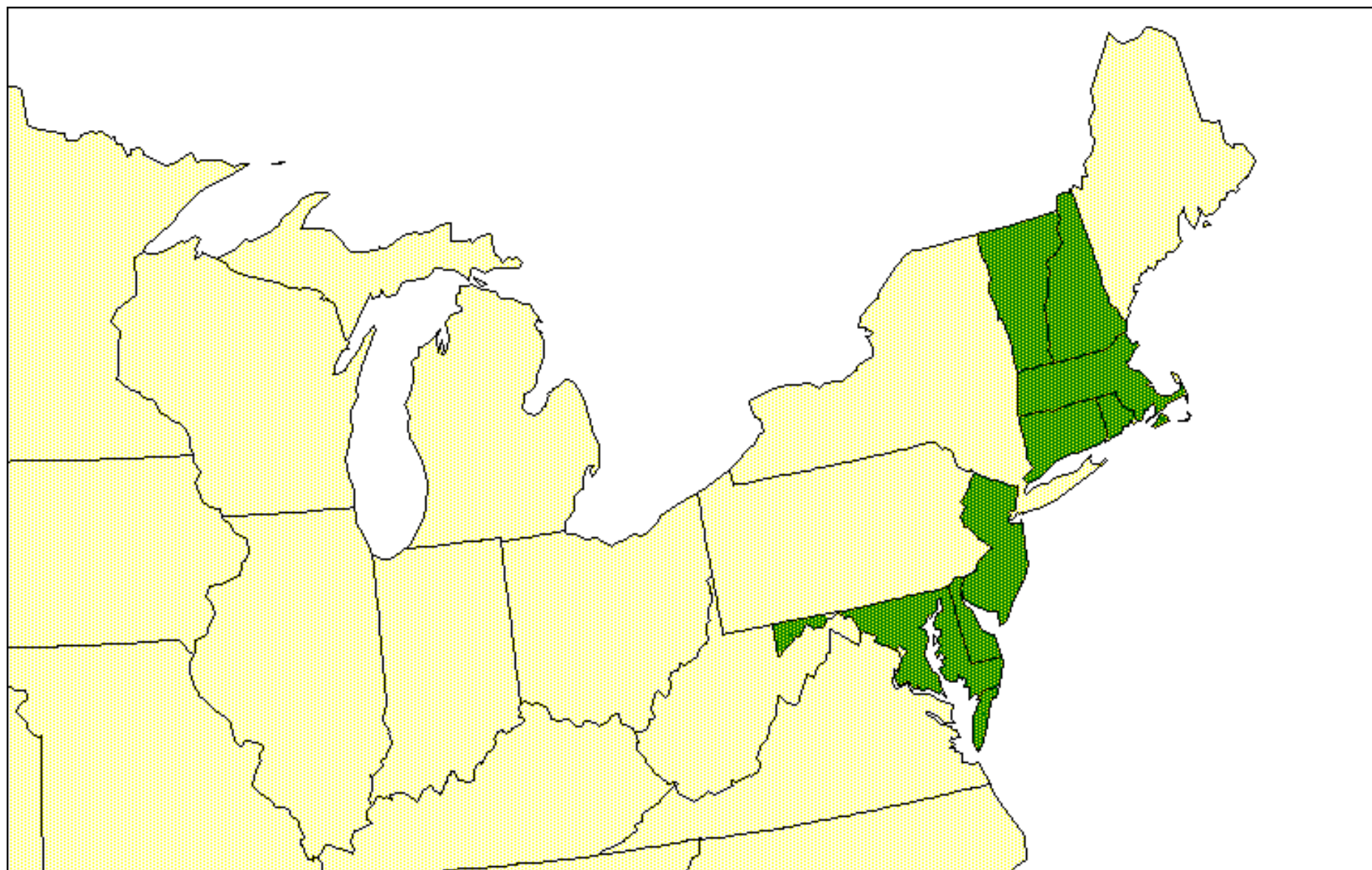


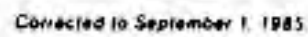


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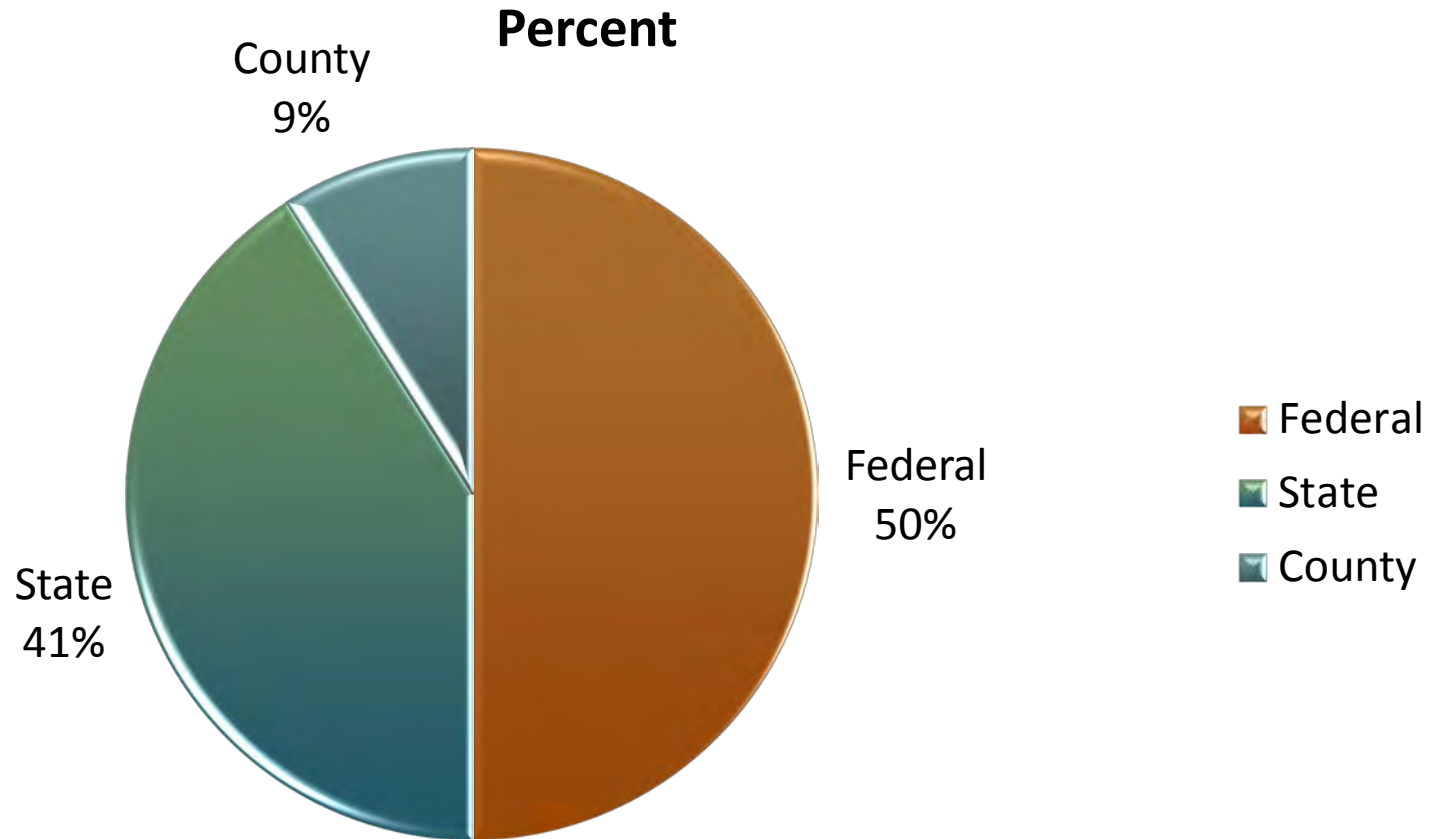
Mental Health Services

- SELPA Staff
 - MSW/MFT with PPS credentials
 - Fee for Service funded
- NPA Staff
 - LCSW/MFT and MSW/MFT interns
 - No requirement for PPS credential
 - SELPA provided clinical supervision

Mental Health Services

- DBH Partnership
 - Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) RFP
 - Access to full-scope MediCal funding

EPSDT Medi-Cal Funding



\$2.61 @ minute: \$156.6 @ hour

Mental Health Services

- Desert/Mountain Children's Center
 - School-based EPSDT services
 - All MediCal eligible children
- Contracted DBH Clinic
 - LCSW/MFT and MSW/MFT Interns without the necessity to concurrently hold a PPS credential
 - Local, County, and State MediCal audits

Funding

Is the funding sufficient?

What's the need?

Prevalence Rates

- LAO stated that in 2010/2011 about 20,000 students with disabilities received AB3632 services.
 - 12 in 400 (3%)
 - 1 in 400 in residential placement (.27%)



An estimated 20% of American children and adolescents between the ages of 5 to 18 have serious diagnosable emotional or behavioral health disorders resulting in substantial to extreme impairment.

(Committee on Health, 2004; Nemeroff et al., 2008)

- Of the young children who need mental health services, it has been estimated that fewer than 10% receive services for these difficulties.

(Kataoka, Zhang, & Wells, 2002)



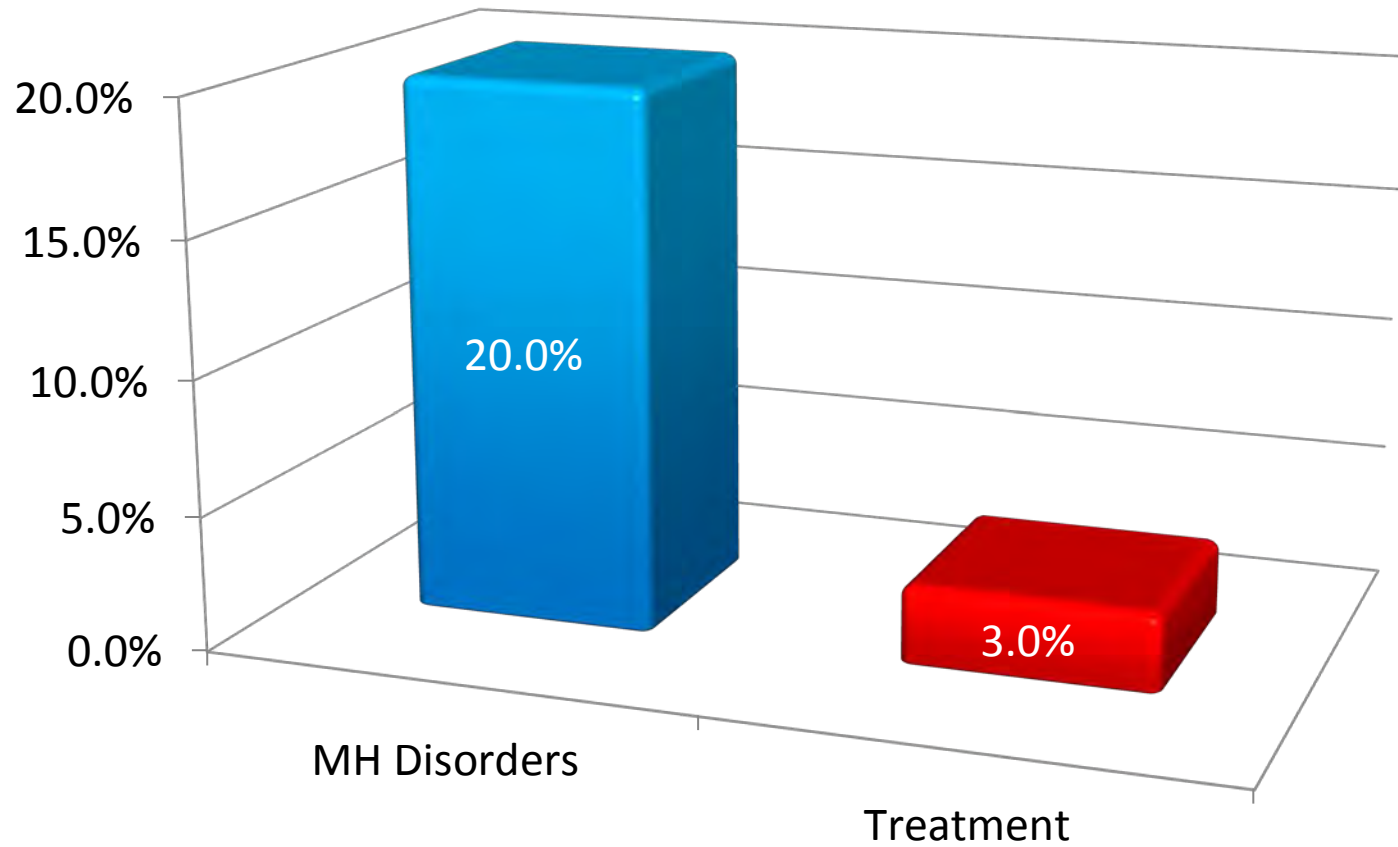
**Without Embedded MH services,
School is the “de facto”
MH Provider**



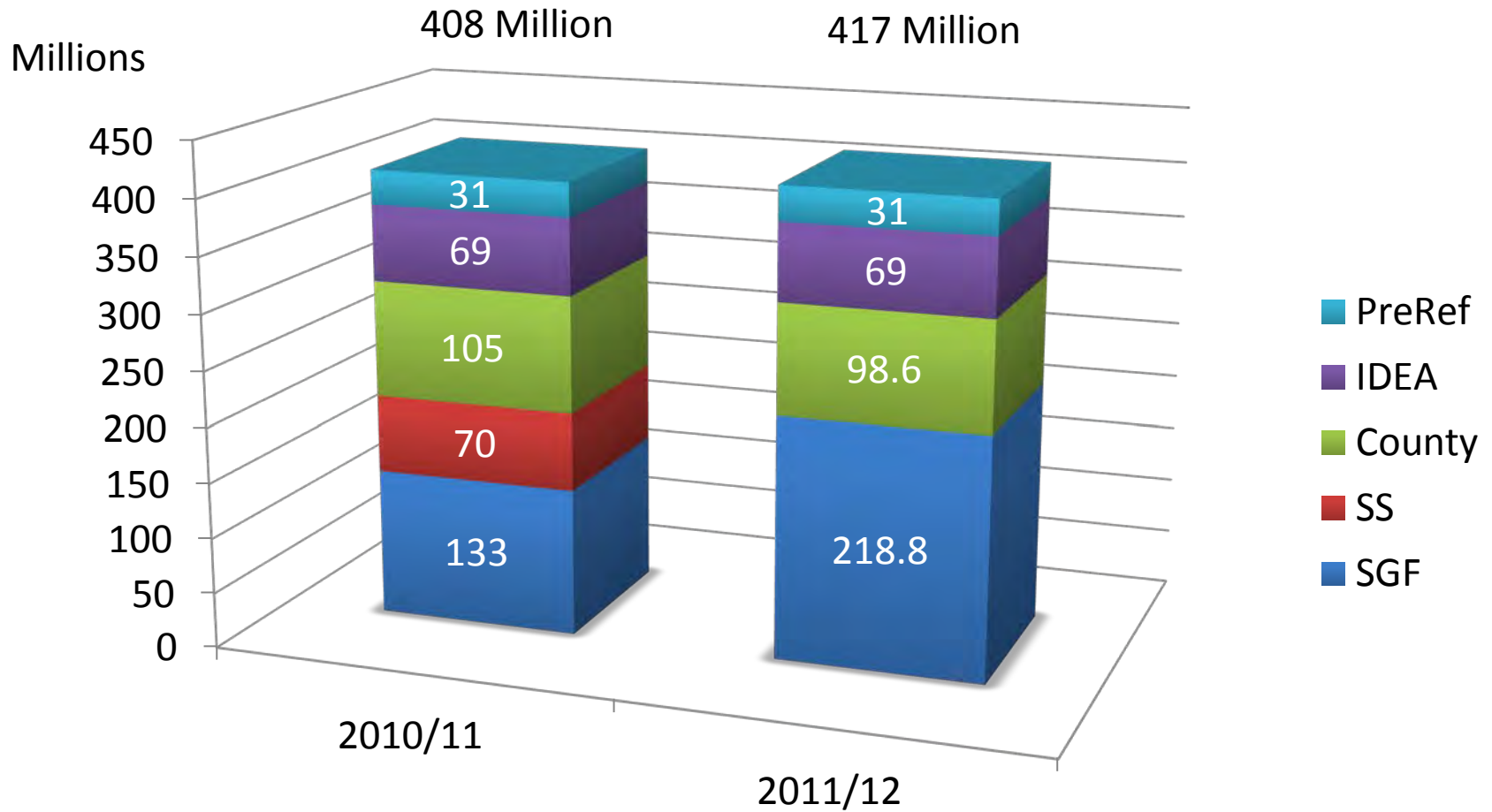


There are evidence-based practices that are effective in changing this developmental trajectory...the problem is not what to do, but rests in ensuring access to intervention and support (Kazdin & Whitley, 2006).

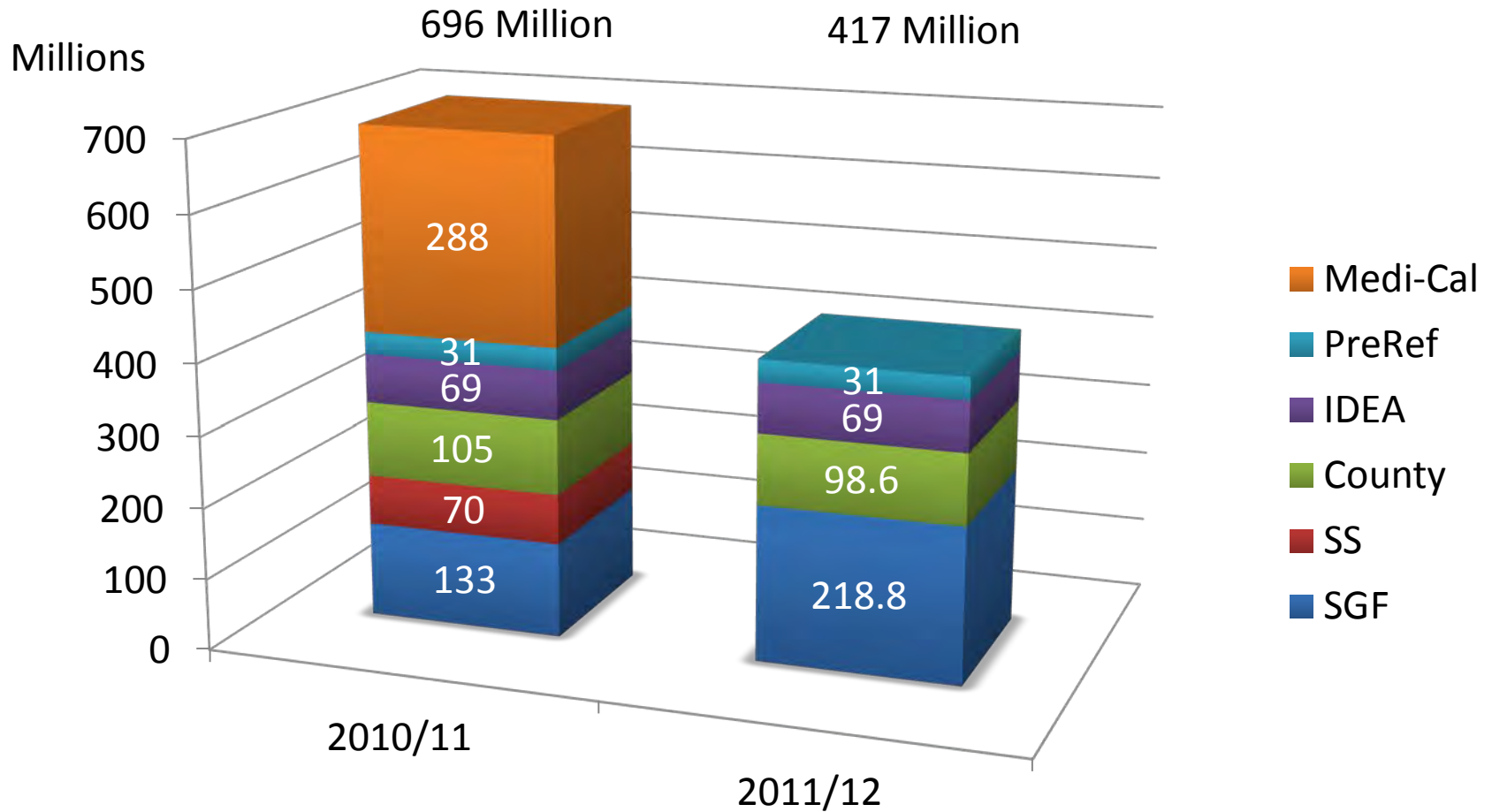
What is the Need?



Mental Health Funding



Mental Health Funding



Mental Health Services

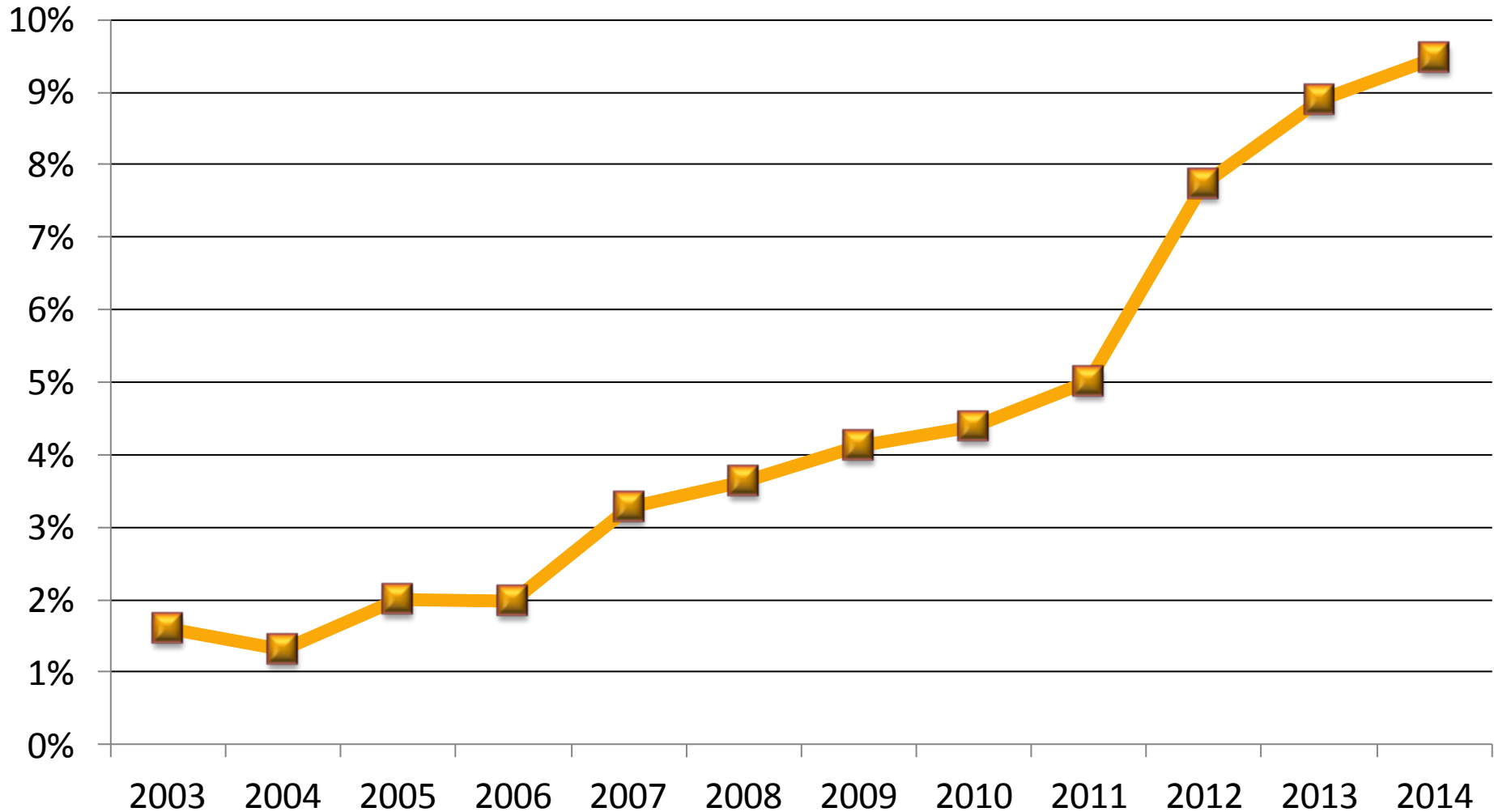
- \$20 million budget
- >120 therapists
- >7000 children 0-21 served annually
- About 1500 children with disabilities
- In >200 schools in all 15 districts as well as our 12 charter school campuses in San Diego County.

What has Changed?

- Non-MediCal eligible receive services at no cost to school districts.
- Residential placement is now paid for by the SELPA
- Residential assessment
- Residential monitoring
- Provide school-based mental health services for neighboring SELPAs

Mental Health Services

As a Proportion of All Students with Disabilities



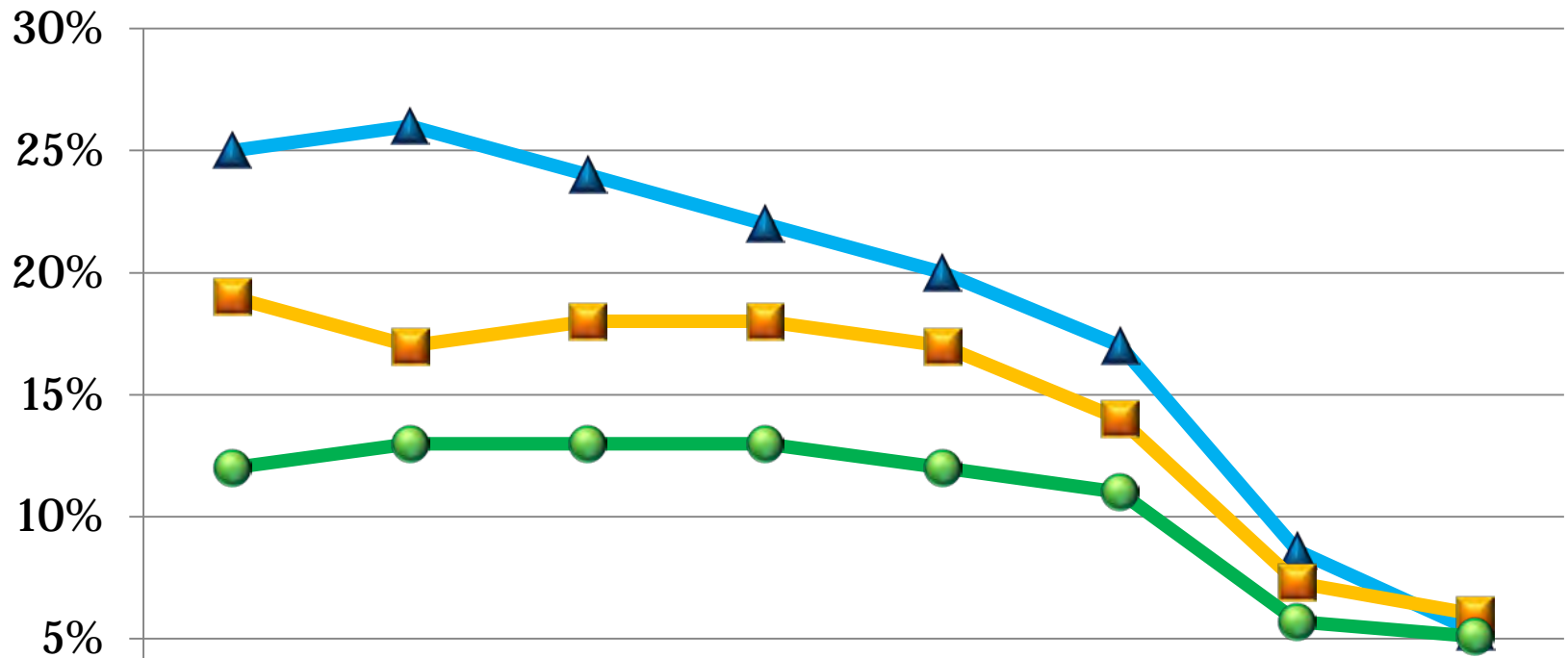


New
Referrals
4017

Serving
3712

Successful
Closures
1410

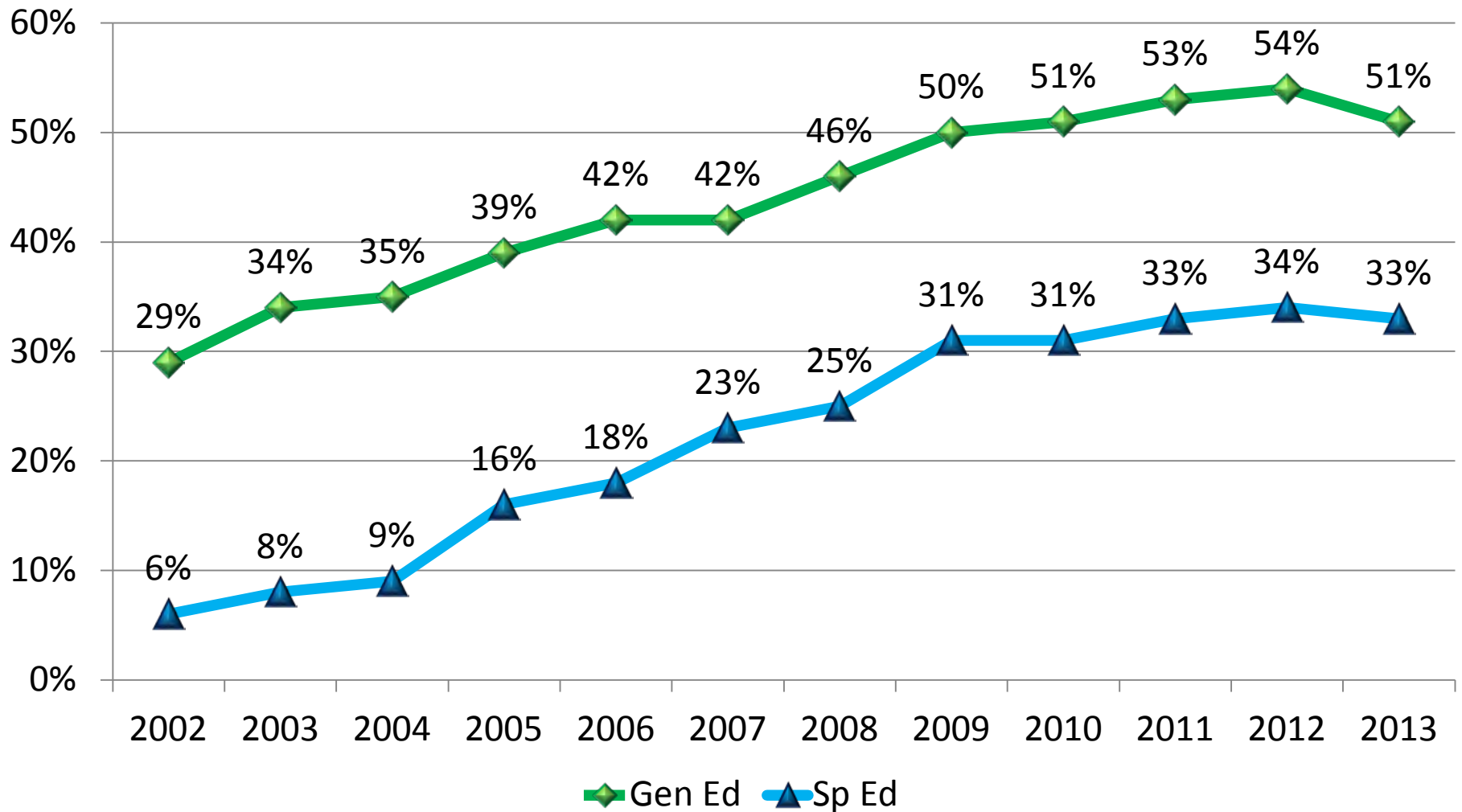
Suspensions Per Enrollment



	2006	2007	2008	2009	2010	2011	2012	2013
▲ D/M Dist	25%	26%	24%	22%	20%	17%	9%	5%
■ SB_Co	19%	17%	18%	18%	17%	14%	7%	6%
● CA	12%	13%	13%	13%	12%	11%	6%	5%

Academic Achievement Gap

Average Percent Proficient on ELA CST



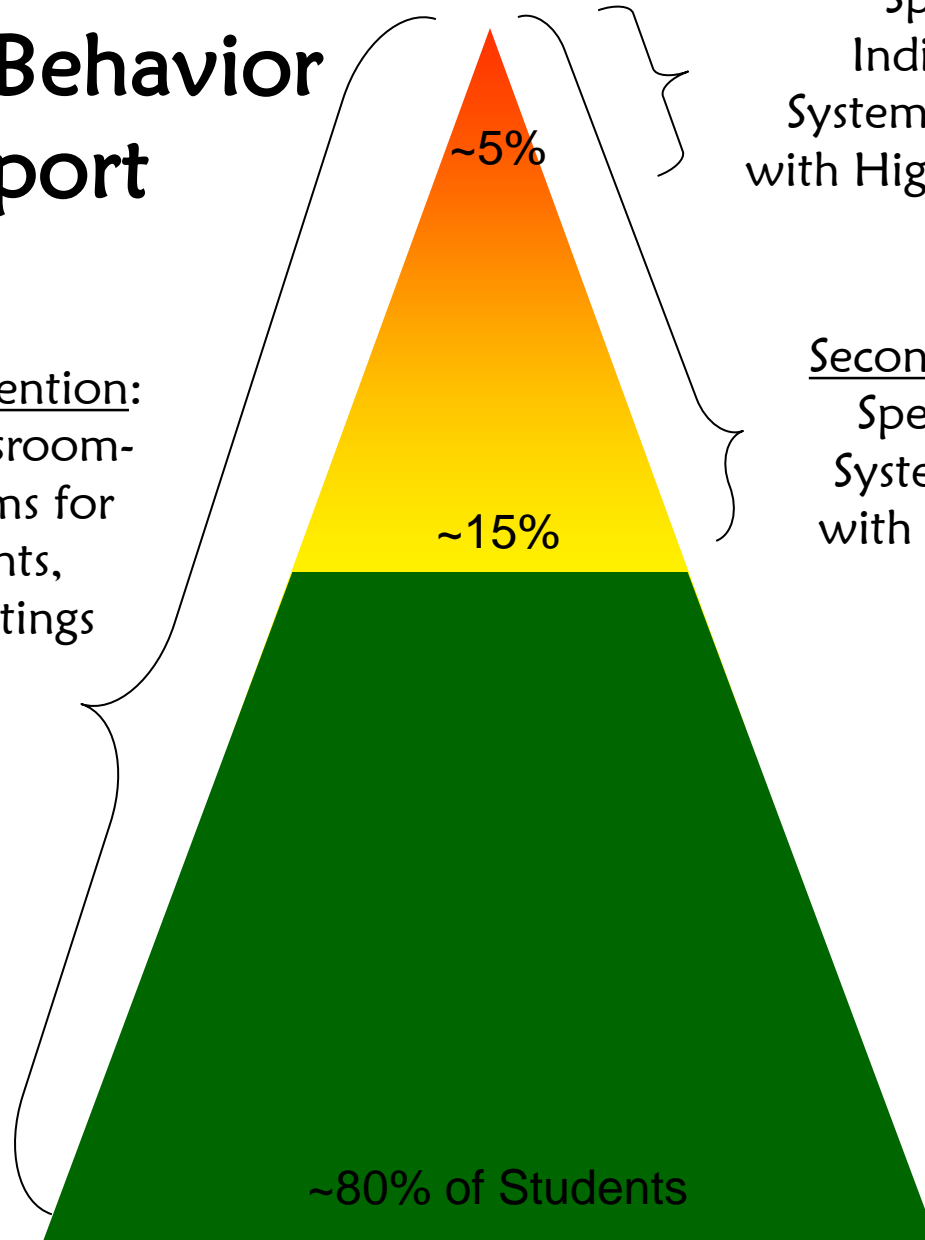
Where do we go from here?

Where do we go from here?

- Keys to successful mental health treatment:
 - Early identification and treatment,
 - Comprehensive system of supports,
 - Family training and engagement,

School-Wide Positive Behavior Support

Primary Prevention:
School-/Classroom-
Wide Systems for
All Students,
Staff, & Settings



Tertiary Prevention:
Specialized
Individualized
Systems for Students
with High-Risk Behavior

Secondary Prevention:
Specialized Group
Systems for Students
with At-Risk Behavior

Investment in Prevention

- Universal Academic, Behavioral and MH Screening
- Early Intervention for those not at “benchmark”

Multi-Tiered Approach

- Frequent Progress-Monitoring
- Data-driven decisions

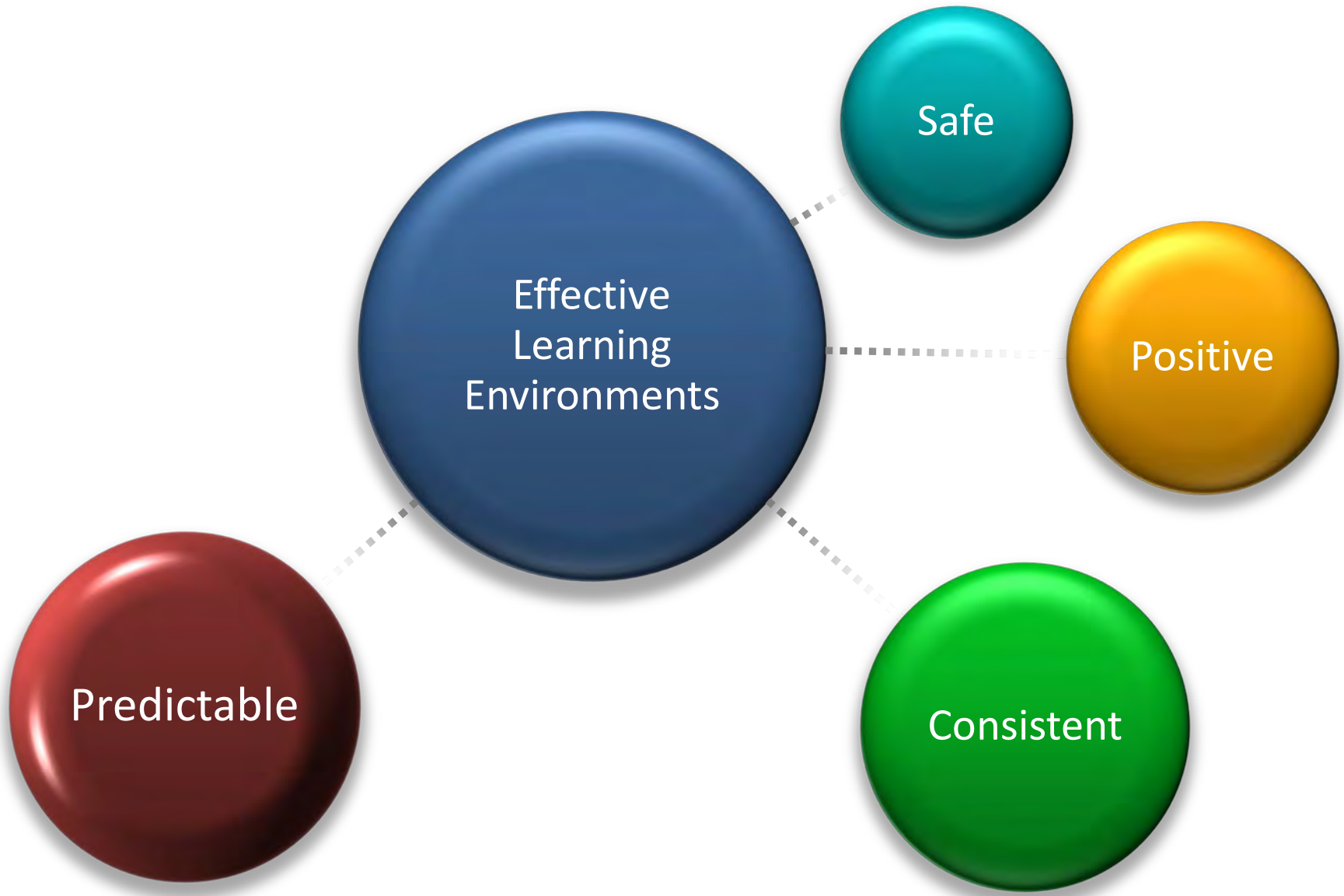
Evidence-based Interventions

- Implementation with Fidelity

Social Culture

A large, solid green circle is centered on a white background. Inside the circle, the word "Belong" is written in a white, sans-serif font. The circle has a slight gradient, appearing slightly darker at the edges.

Belong





Social/Emotional Continuum

Academic Continuum

Behavior Continuum

“The quality of a civilization may be measured by how it cares for its elderly. Just as surely, the future of a society may be forecast by how it cares for its young.”

Daniel Patrick Moynihan

Three Themes of Collaborations

1. Enhance Delivery of Service
2. Maximize Funding
3. Address a Specific Local Issue

Toolkit available online at
<http://www.schoolhealthcenters.org/about-us/toolkits-and-services/toolkits/>

Connecting Students to Mental Health Services
Creative Collaborations, Funding, and Evidence-Based Practices



A toolkit from:

The California School-Based Health Alliance &
Fight Crime: Invest in Kids California

September 2014

Toolkit Outline

- Importance of student mental health & linking care through schools
- 7 county case studies
- Overview of 10 mental health funding streams
- Information about 9 evidence-based practices
- Additional resources for school administrators, mental health staff, counties, etc.

Questions?



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