

# INTEGRATION OF MENTAL HEALTH IN SCHOOLS TO IMPROVE STUDENT SUCCESS

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**Presenters:**

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# Agenda

- School-wide Mental Health Integration
  - Preparing for integration of mental health onto a school environment
  - Services and Staffing
  - Barriers
  - Outcomes
- Questions



# Learning Objectives

As a result of attending this session, participants will be able to:

- Determine the status of current efforts and benefits of additional work integrating care with schools, including barriers encountered and the efforts took to overcome them.
- Learn key words and concepts that help school officials understand mental health and vice-versa.
- Identify potential metrics and outcomes to track progress at the universal, targeted, and individualized tiers of intervention and how this has been adapted to fit the COVID-19 environment.
- Develop an action plan that will foster the relationships, finances, and logistics necessary for next steps





**Website:**

**menti.com**

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# What is your role?



# Hathaway-Sycamores

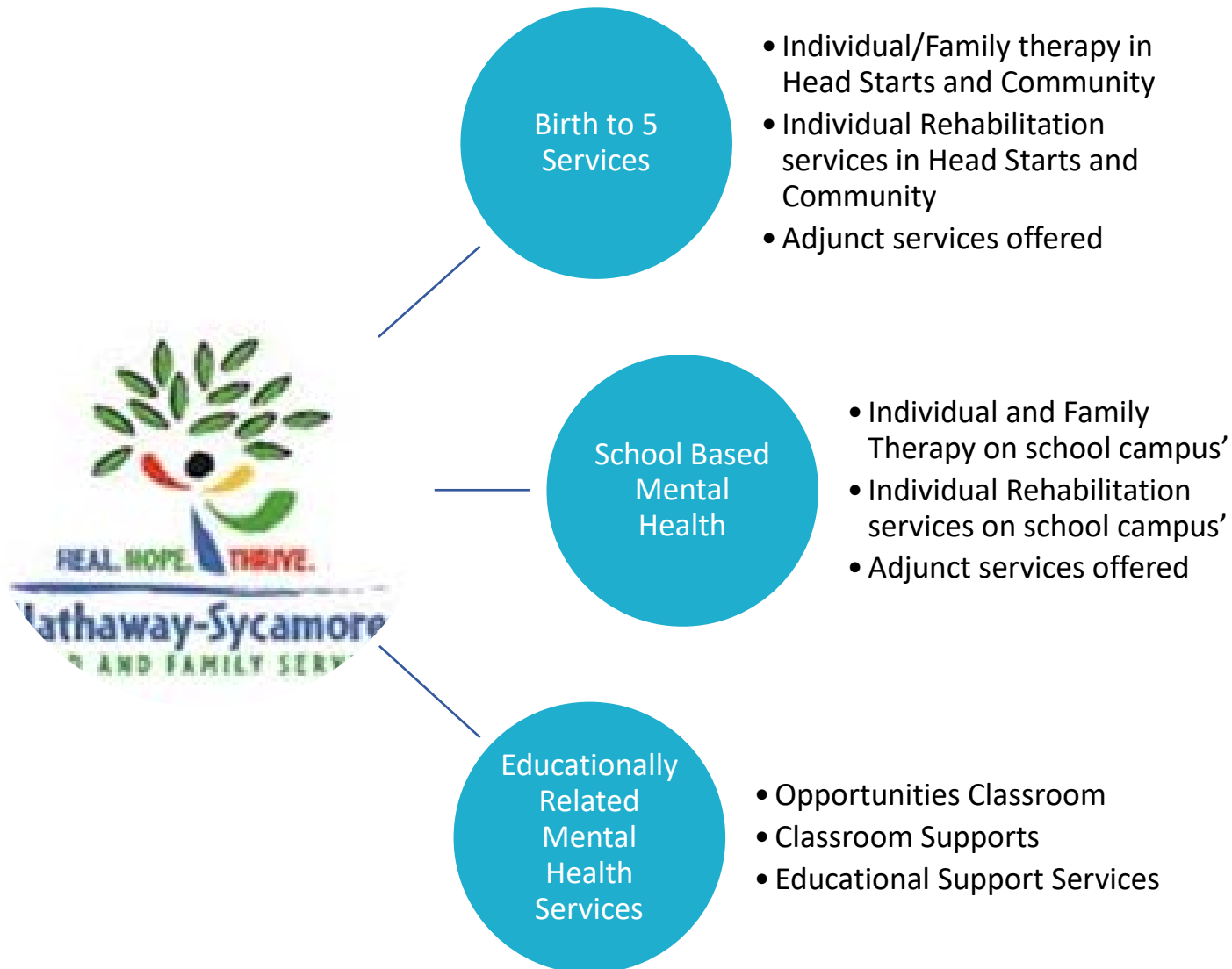
Community-based mental health & child welfare organization serving roughly 6,858 youth & families/year in Los Angeles County, CA,

## Wide Array of Mental Health Services:

- Outpatient
- Community-Based
- School-Based
- Residential (STRTP)
- Wraparound
- Prevention and Early Intervention (PEI)
- Full Service Partnership (FSP)
- Therapeutic Behavioral Services (TBS)



# Continuum of School Based and Education Services



# Charter School vs Public School

## Public School

- **Public School:** Traditional public schools are tied to school districts and set their curriculums based on state education standards. Funded partially through state budget funding but primarily through local taxes.
  - **Community School** - A strategy aimed at disrupting poverty and addressing longstanding inequities. The approach highlights areas of need and leverages community resources so students are healthy, prepared for college and ready to succeed in the workplace and in civic life

## Charter School

**Charter School:** Charter schools are public schools that are independent of school districts through contracts with state or local boards. Funded on a per-pupil basis with government funds and can sometimes receive private funding, but typically receive less funding overall



# School Based Services vs School Linked Services



**School Based Services:** Provider has assigned space on a school campus and designated hours each week to see students for individual and group services

**School Linked Services:** Provider has an agreement with the school to provide services to the students. Typically services are delivered at the provider site, but may on occasion be delivered at the school

# Services and Staffing Structures

## Services being provided on school campuses:

Individual Therapy

Family Therapy

Individual Rehabilitation

Crisis Intervention

Case Management

Group Therapy

## Who is providing these services:

**Clinicians** – LMFTs, LCSWs, LPCCs, AMFTs, ASWs, APCCs – Focuses on providing individual, family and group therapy, but can also provide the other services

**Community Wellness Specialists** – Provide interventions that develop coping and problem-solving skills to promote safety and attachment and teach transference of those skills into the home, school and community. The role is focused on wellness and building resilience through interventions, linkage, and referrals to appropriate community resources. This role can also run groups and perform basic levels of crisis intervention.

# Benefits of integrating care with schools

- Improves school climate
- Increases access to care
- Integrates with community schools initiatives
- Integrates with Positive Behavior Intervention & Supports (PBIS)
- Additional support for crisis intervention
- Increases opportunities to train education staff in mental health
- Increases access to therapy, behavioral interventions and other adjunctive supports, e.g. substance use counseling, medication support

# Integrating mental health into a comprehensive school environment

## Community-Based Organization (CBO) initiated steps:

- Identify a school and/or school district with an underserved population and/or lack of resources
- Set up meeting with principal, school counselor, and/or other school district staff
- When meeting, review:
  - Census
  - Needs
  - Strengths of school
  - Languages and cultures
  - Best practices in school-based mental health
  - Outcomes
  - Integration with school staff and processes
  - Services provided
  - Referral process
  - Space
  - Tour the school and confirm confidential space
  - **IMPORTANT:** Sign Memorandum of Understanding (MOU) or Service Delivery Agreement
  - Set up time to present at various teacher meetings, PTA meetings, school site meetings





# Integrating mental health into a comprehensive school environment

## School initiated steps:

- Assess the needs of the school
- Meetings with mental health agencies (*“dating”*)
- Inform school administration
- Identify future space
- Work with school/district to forge partnerships
- School stakeholders + mental health agency (*“marriage”*)
  - Review referral process
  - Brochures, flyers, other promotional materials
- Check-in meetings (rotating basis)
- End of year review, analyze, reassess needs, tweak, change agency (if unhappy or for other reasons)

# Whole School Preparation

- Data. Data. Data. What are your school's needs?
- Facilities. Where will the mental health agency work?
- Does your faculty, staff (even administration) know that your mental health agency is on campus and is your school partner?
- Who are the members of your school's "mental health" team?
- Faculty awareness. Does your school know about your mental health partner?
- Inclusion in school events (table at Open House, Back To School Night, sponsor an event, etc.)
- Referrals (Who can refer? Teachers? Cafeteria? Bus driver?)
- Advertise partnership (website, flyers, brochures, Parent Center)

# Barriers experienced and how to overcome them

## Barriers

- Identifying confidential space on campus
- Lack of school staff that support mental health.
- Non-English-speaking families
- No point person on a school site to facilitate needs of mental health agency
- Insufficient referrals
- Referrals not received
- Faculty, staff, administration, families are unaware of the mental health partner
- New topics (i.e. vaping, etc.) Can mental health partner help?

## Solutions

- Using space creatively.
- Presenting different topics at teacher meetings to demystify mental health stigma.
- Hosting staff appreciation events as outreach opportunities
- Monthly meetings with the principal
- Meetings with other mental health interventionists/school and/or school counselors who are mental health allies in the school community.
- Monthly collaboration meetings with district
- Presenting at  
Back to School Nights
- Confirm receipt of referrals · client reports



# School-Based Mental Health in a COVID-19 Environment



- Technology
  - Closing the gap on the digital divide.
  - Setting the stage for the tele-health platform, i.e. collecting email addresses, selecting a platform, familiarizing staff with new platform.
- Engaging families with technology.
- Maintain communication with school district personnel and principals.
  - Provide information on how to identify students in virtual environment that need mental health services.
  - Review and update referral process.
  - Problem solve how to continue being part of the culture of the school, i.e., being invited to school meetings; continued collaboration with consumers teachers.
- Monitoring new data
  - Frequency of in-person versus video sessions versus phone.
  - In-person contact with students who have DCFS involvement.



# Fostering a Data-Driven Culture

## 1. Collaborate- Meet with key Stakeholders

- What are the key outcome areas we need to assess?
- Set performance targets and determine if there are external benchmark comparisons

## 2. Monitor- Share data with stakeholders

- Regularly analyze and report on data
- Review trends in performance
- Identify a few areas to target for improvement

## 3. Reassess- Check-in with stakeholders

- Is this the right data?
- Do we need to adjust targets?
- Assess what's working and not.

# Sample of Performance Metrics

- School performance
  - Attendance
  - Academic performance
  - Graduation rate
  - College/career preparation
- Safety
  - Behavioral incidents
- Satisfaction
  - Client/student satisfaction
  - Partner satisfaction
- Mental Health Outcomes
  - Clinical functioning measures (e.g. Youth Outcome Questionnaire, Pediatric Symptom Checklist)
  - In-Person, tele-health, phone sessions during COVID-19

# Hathaway-Sycamores Service Area 2



**442**

youth were served  
between July 2017 and June  
2018



**11.7 months**

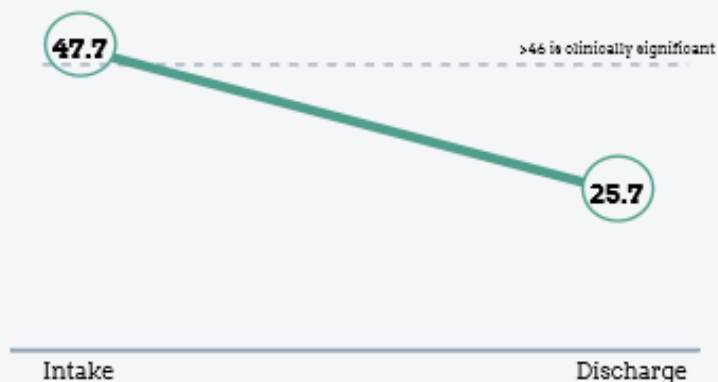
is the average amount of time  
youth are in school based  
services



**Mood Disorders**

are the most common  
disorders seen

Overall, caregivers reported a **decrease** in youth's **distress** from  
beginning to end of services



Data from the Youth Outcome Questionnaire (YOQ) total scores



**99%**

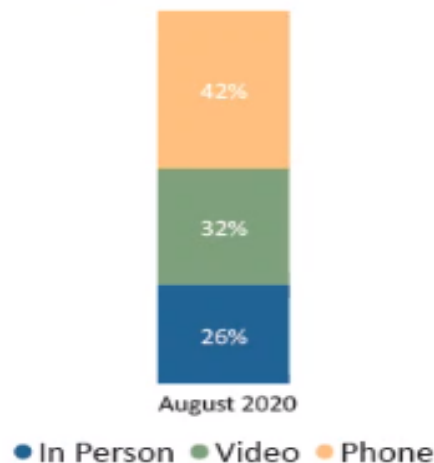
of youth ended  
services in a  
home-like  
setting

# Mental Health Outcomes – Telehealth Data

## Examples of Electronic Health Record Reports

	Phone	Video
Service Delivery Summary: KWON,HANNAH(002448)	56.67%	43.33%

Proportion of Service Types



	In Person	Phone	Video
Service Delivery Summary: PADILLA,MARIA(000978)	6.25%	6.25%	87.50%



# Educationally Related Mental Health Services Outcomes

## McKinley: Year 4 in Review

70%

Reduction in behavioral referrals

55%

Reduction in students with Suspension

86%

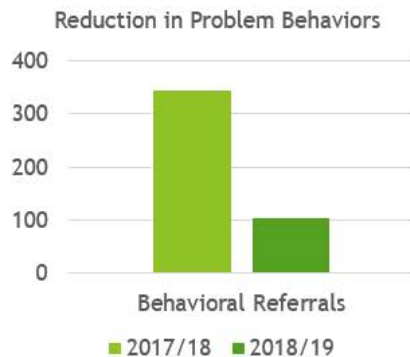
Daily Attendance in Fall

98%

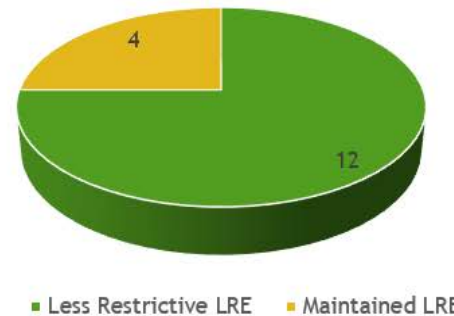
Average Monthly Occupancy Rate

75%

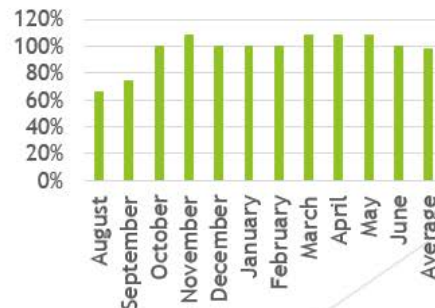
Students dually enrolled in comprehensive Setting



100% Reduced or Maintained LRE



% Seats Filled



# Consumer Satisfaction

Consumers were **satisfied** with the services they received



**90%** of youth would recommend this agency



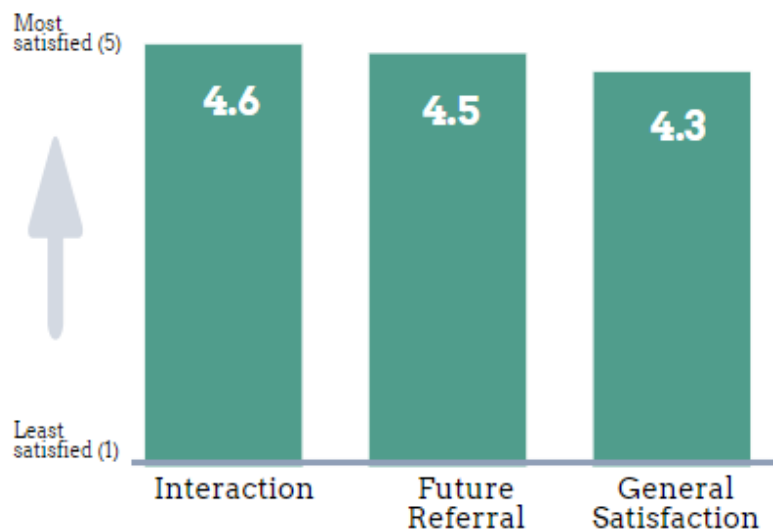
**88%** of youth felt that they saw their treatment team as often as needed



**83%** of youth felt like they were making progress toward their goals

# Community Partner Satisfaction

Community partners were **satisfied** with staff and services



**97%** said staff were courteous



**95%** said staff were professional



**92%** were satisfied with the quality of services

# Let's brainstorm!

## Developing partnerships







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# Developing Partnerships

- Who does your organization partner with for mental health services?



# Developing Partnerships

- What do you value from a partnership?





# Developing Partnerships

- What do you see as the benefits of school-based mental health services?



# Developing Partnerships

- What would be a first step to bringing school-based mental health services to students?



# Developing Partnerships

- How do you use outcomes to evaluate your services?









# Thank you!

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