

School Linked Mental Health in MN: Envisioning the Future – Where can we go?

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Today's Agenda



- Background and History
- Minneapolis Public Schools and Hennepin County Experience
- State-wide effort
- Outcomes and early research
- Sustainability and Expansion

Why School Mental Health?

- Significant gap between mental health needs and available services
- Urgent need to improve access: 1 in 5 children have a diagnosable mental health disorder, yet 70-80% receive no or inadequate levels treatment
- Youth needing mental health services are not accessing established sites for care
- Significant wait time to access services
- Kept appointment/show rate at urban community mental health centers: 50-60%

Why Schools?

- Over 52 million youth attend 114,000 schools
- Over 6 million adults work in schools
- Combining students and staff, one-fifth of the U.S. population can be found in schools
- Great opportunity for mental health promotion, prevention and early identification and intervention
- School mental health services are not a replacement for community based services
- Untreated mental health issues are a significant barrier to learning and educational success

Schools: Context and Continuum

- School can and often do provide programs and supports focused on:
 - ▣ School Climate
 - ▣ Social and Emotional Learning (SEL)
 - ▣ Positive Behavioral Interventions and Supports (PBIS) and School-wide Positive Behavior Supports (SW-PBS)
 - ▣ Response to Intervention (RtI)
 - ▣ Student Support Staff (school psychologist, school nurses, school counselors, school social workers)

Barriers to Mental Health Care

- Financial/Insurance
- Burden of accessing care
 - ▣ Childcare
 - ▣ Transportation
 - ▣ Employment concerns
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress

MPS School Mental Health Program

- Expanded School Mental Health Framework (M. Weist and CSMH)
- Augment the work done by student support staff to achieve a broad continuum of services and supports – from mental health promotion through diagnosis and treatment
- SMH clinician partners and collaborates with student support staff
- Community Mental Health Agency provides full time mental health professional at each school
- Direct child and family services as well as school-wide services, including assessment and treatment, teacher consultation, care coordination, classroom presentations, school-wide trainings; 65% clinical and 35% ancillary and supportive services

MPS ESMH Vision Statement

- Form public/private partnerships to deliver a broad continuum of high quality mental health services to the students and families of Minneapolis Public Schools that are **universally accessible, culturally competent, effective, compliant with data privacy requirements** and **sustainable**
- We sought to align current efforts, services and supports to avoid creating a duplicate children mental health delivery system

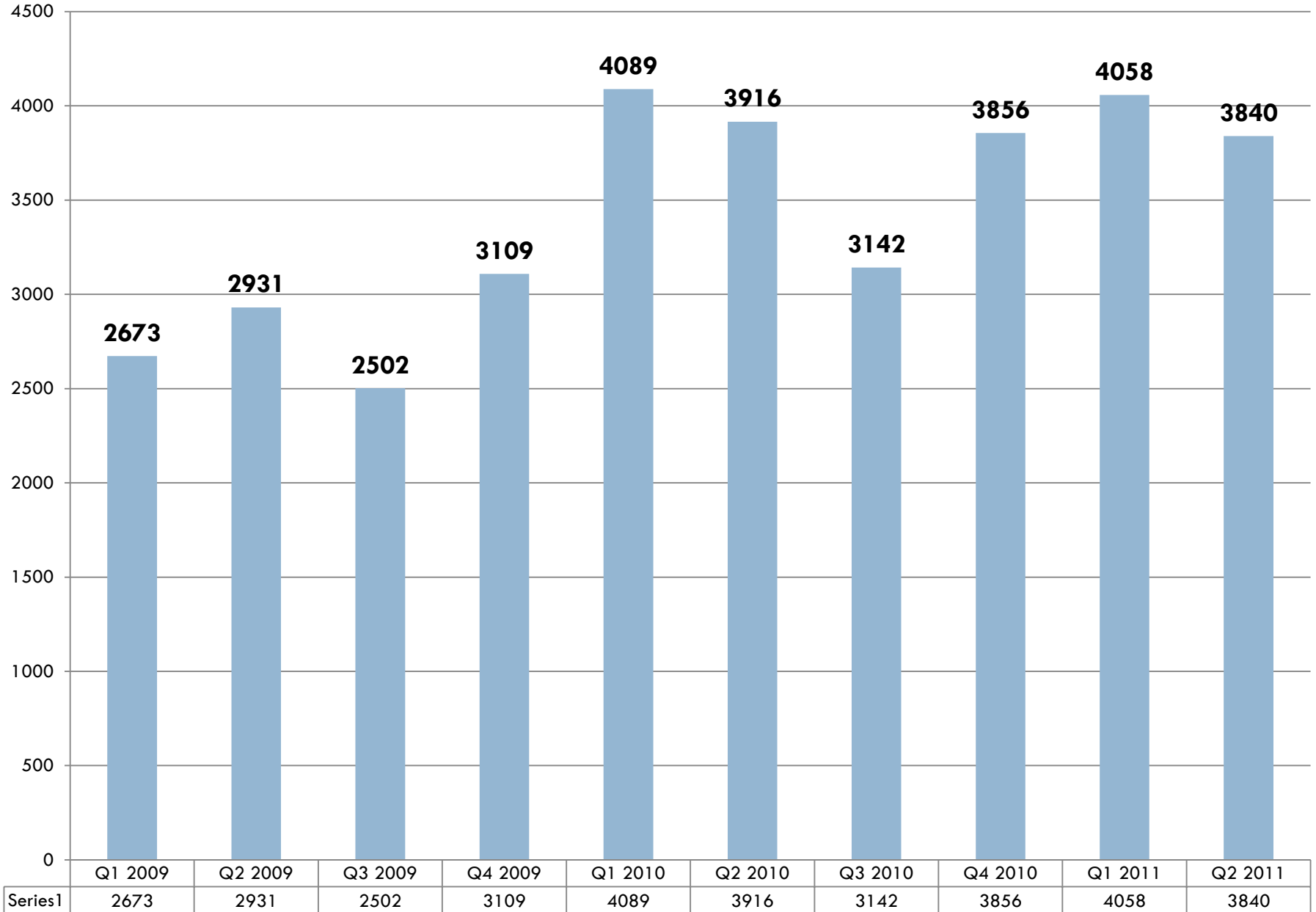
Brief History of SMH in MPS and HC

- MPS Program began in Winter 2005 (with planning in 2004)
- Started in 5 schools with 2 different agencies
- Currently in 21 schools with 4 different mental health agencies
 - City Health Department
 - Washburn Center for Children
 - Watercourse Counseling (formerly Mental Health Collective)
 - GAP
- Across Hennepin County – almost 81 schools with 58 FTEs of mental health professionals (\$3.8 million per year)

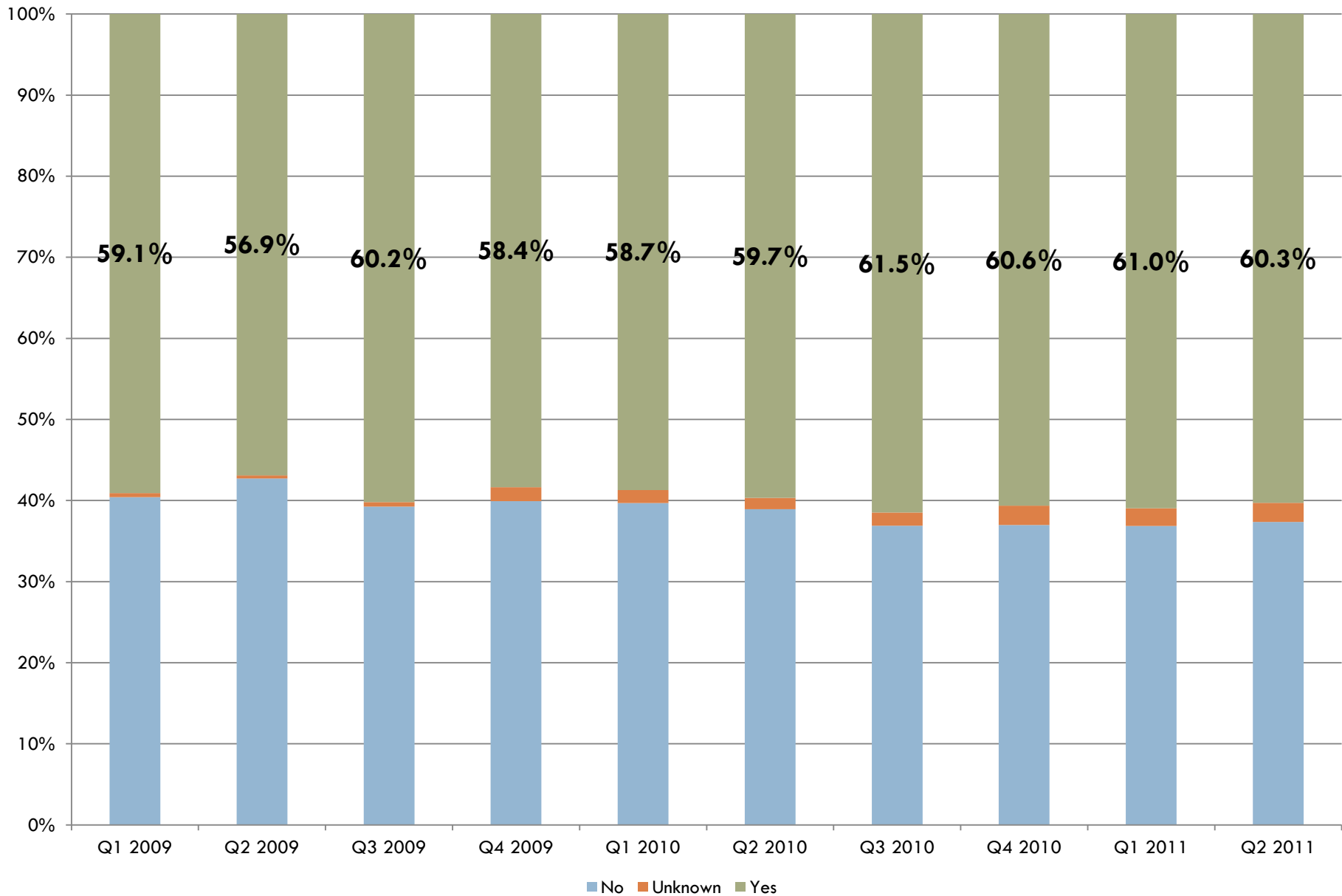
School Linked Mental Health in MN

- 20 grantees serving 65 counties, about 200 districts and 500 schools
- Results so far:
 - ▣ Unduplicated students served Jul 2008-Dec 2011
 - Total – 13,217
 - SY2009 – 4,553
 - SY 2010 – 6,730
 - SY 2011 – 6,943
 - SY 2012 – 2,745 (only data through Dec. 2011)
 - ▣ Significantly increased access to care
 - ▣ Parents and teachers report improvement on SDQ

Total Number of Children who Received School Linked Mental Health Services



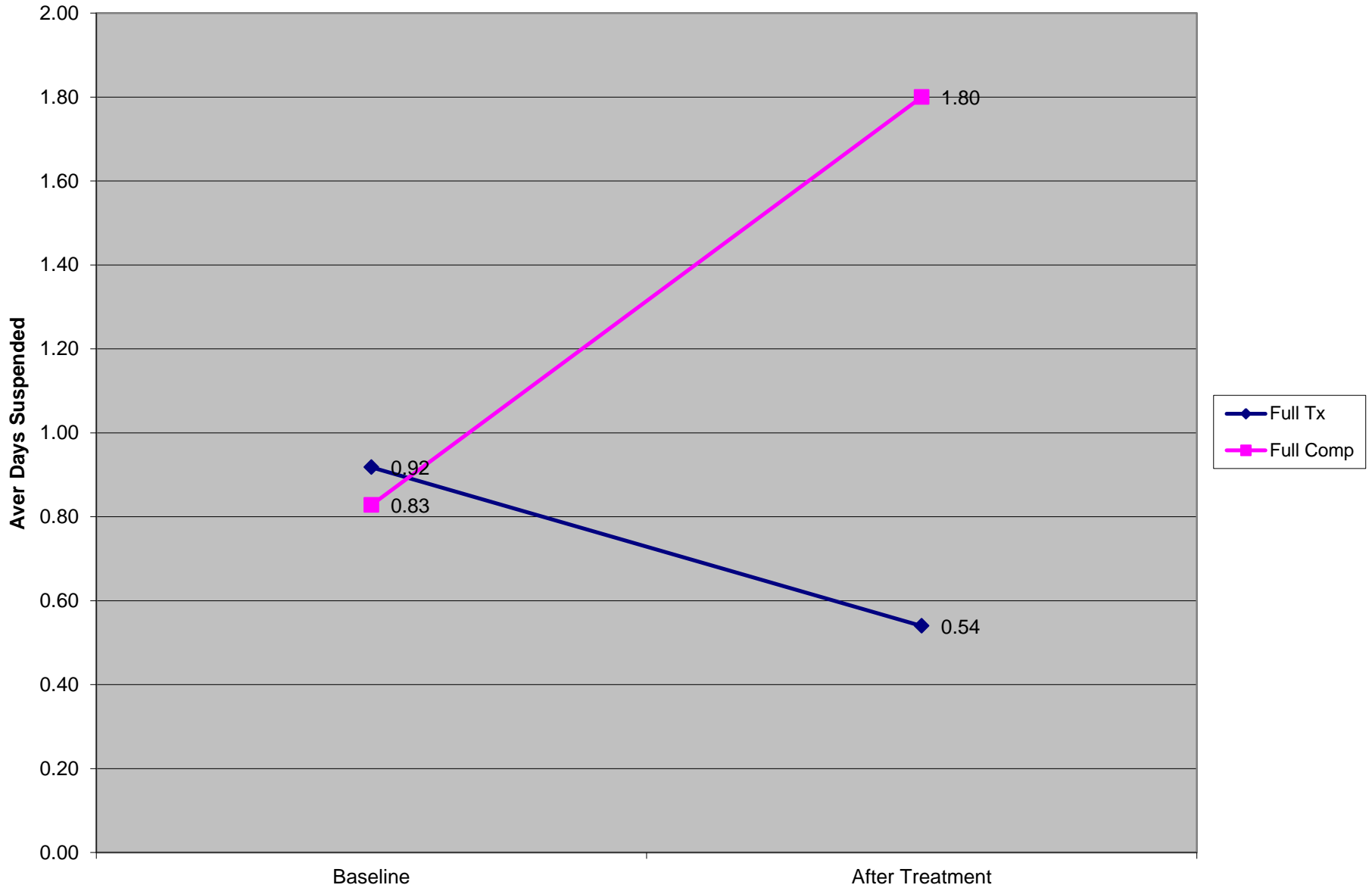
Percentage of Children in the School Linked Mental Health Program Who Are Getting Mental Health Services for the First Time



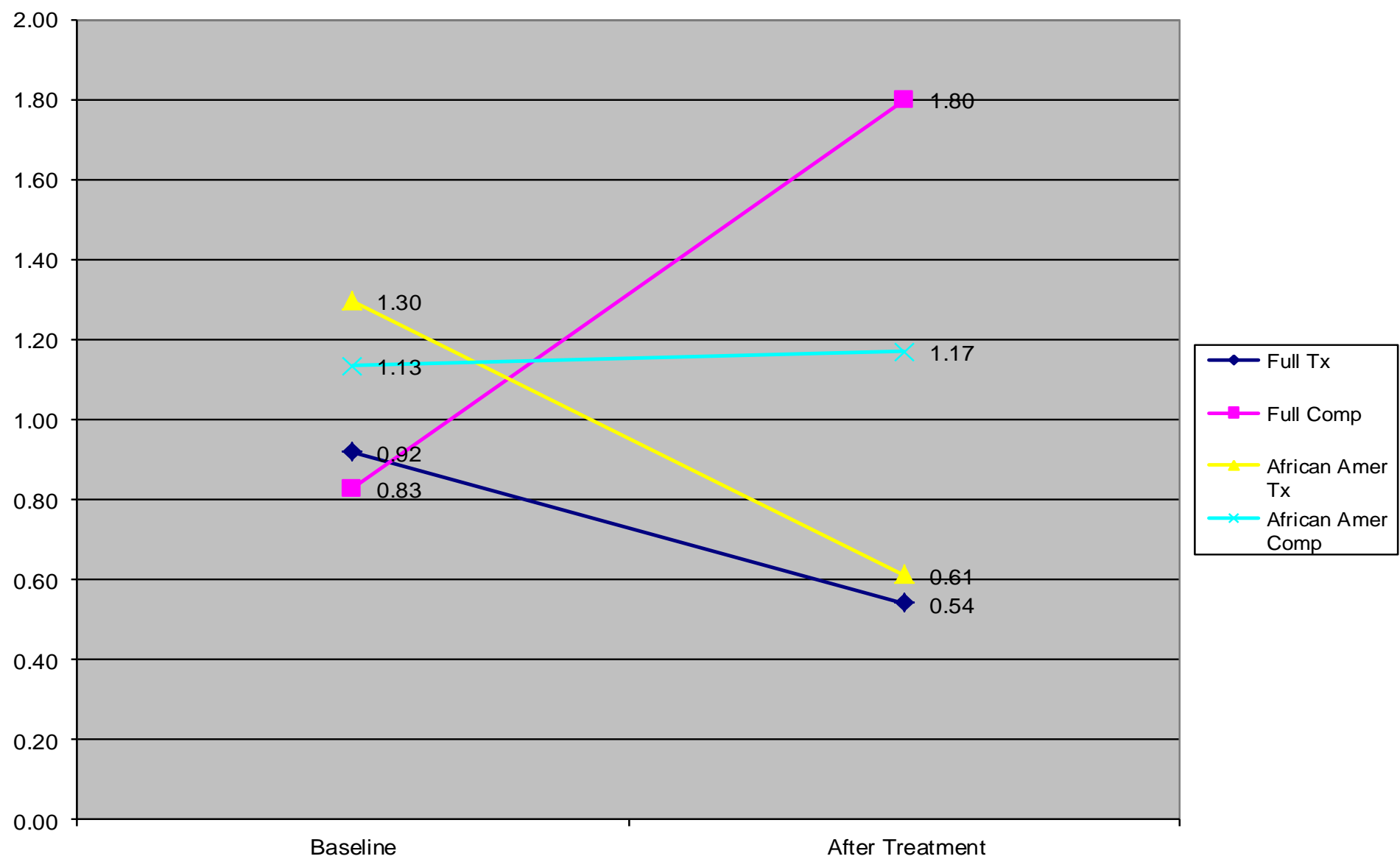
Evaluation Data from MPS ESMHP

- Access and sustained engagement in treatment
 - 85 % of students seen once face to face; 70% within 10 days; 65% 1st time receiving services
 - Average 17 visits per school year and average of 25 over multiple years
- Improved mental health functioning
 - Parents and teachers report decreases in the emotional and behavioral problems on the Strength and Difficulties Questionnaire (SDQ)
- Improved school functioning
 - Decrease in school suspensions for students receiving mental health treatment
 - Principals and school social workers reported reduced office referrals and student suspensions

MPS SMH: SY 06-07 Impact on Suspensions: 156 Tx and 133 Comparison



MPS SMH: SY06-07 Impact on Suspensions: Full: 156 Tx, 133 Com; AA: 83 Tx, 76 Comp



MPS 1 Year Study: Change in Attendance: SY06 to SY07 (N=35, N=20)

□ **Total Sample of Treatment kids = 159**

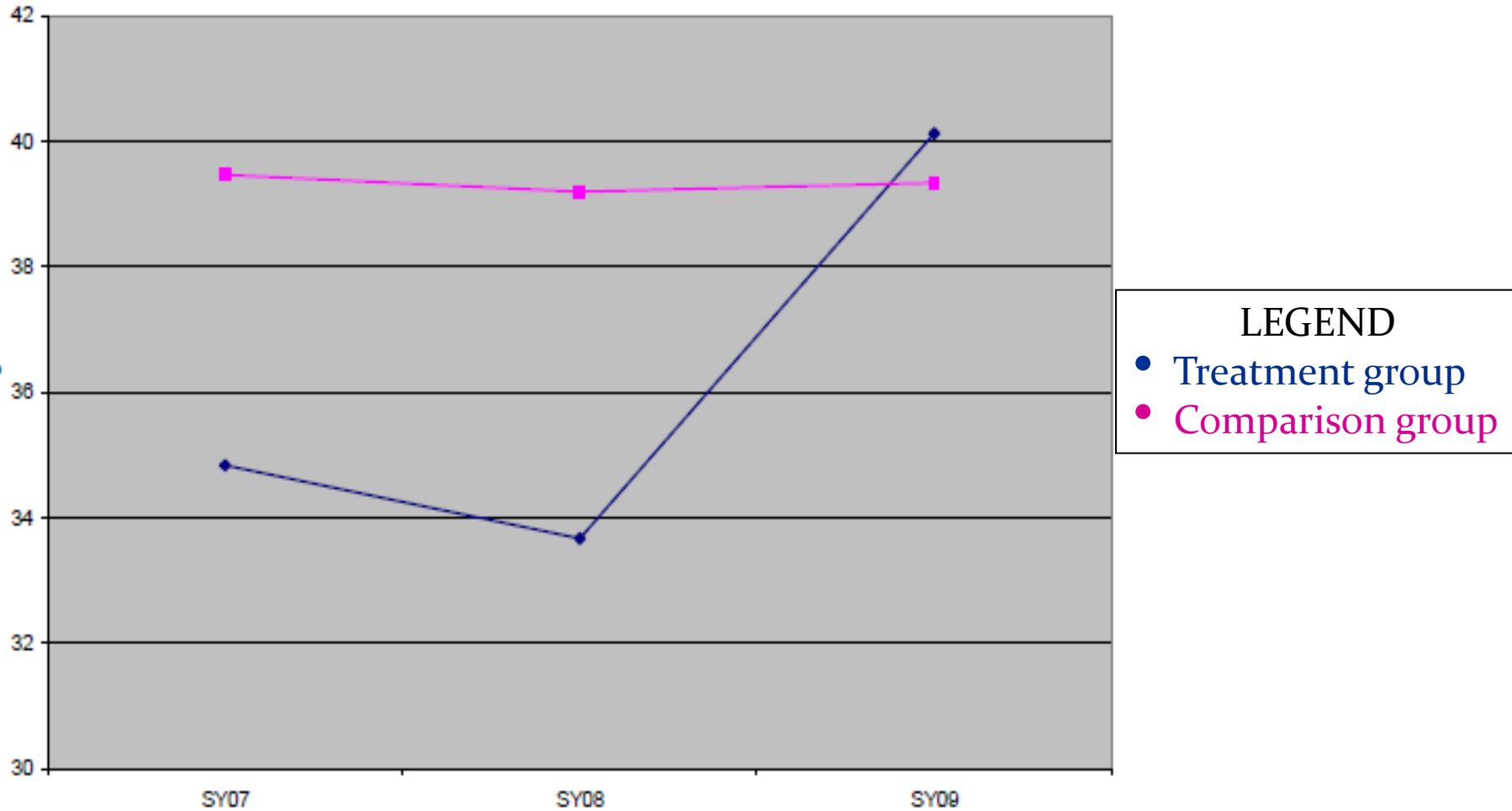
Treatment		Comparison	
<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
35	100	20	100
22	62.9%	7	35%

□ **N=40 (25%) had less than 90% Attendance in SY06 (5 kids missing data in SY07; sample 35 students)**

□ **Total Sample of 133 comparison**

□ **N=20 (15%) of them had lower than 90% attendance in SY06**

MPS SMH 4 Year Study: MCA Reading Scores



Necessary Features for Success

- To achieve these outcomes:
 - More than just a therapist in a school
 - Significant work on relationships, collaboration, consultation, and coordination at the school level
 - Collaboration, coordination and problem solving at the system level (district, county, health plans, providers, etc.)
 - Work at the state level focusing on regional issues and providing a practice framework that can be adapted to local environment
- These activities at the building level need to be funded

Critical Elements of SMH

Start up Cost	Infrastructure Supports	Ancillary and Supportive Services	Treatment Services
<ul style="list-style-type: none"> • Orientation meetings with school administrator and key staff • Getting to know staff, relationship building • Presentations to staff - orientation to the program, how to access services • Building up a case load • Classroom presentation • Marketing - Family Night, Parent-Teacher Conferences • Space arrangements • Technology set-up, computer, phone, etc. 	<ul style="list-style-type: none"> • Leadership from multiple stakeholders • Regular meetings of stakeholders • System-level Coordinator • Data, Evaluation and Research <ul style="list-style-type: none"> ○ Minnesota Kid's Database ○ Wilder Research ○ Working with Districts ○ Engaging University faculty 	<p>Treatment Related</p> <ul style="list-style-type: none"> • School Conferences (IEP meetings, etc.) • Consultation to Teachers, Support Staff, and Administration • Child Specific Observation • Parent Consultation • Care Coordination • Translation Services <p>School Wide</p> <ul style="list-style-type: none"> • Training for Staff • Consultation (not Student Specific) • Observation - Classroom-wide • Classroom Presentation • Building Support Teams <p>Ideally, 30-35% of service time of clinician</p>	<ul style="list-style-type: none"> • Psychological Testing • Group Skills Training • Individual Skills Training • Family Skills Training • Individual Therapy • Family Therapy w/o Client • Family Therapy w/ Client • Diagnostic Assessments (Intakes) • Group Psychotherapy • Medication Management • Crisis Management • Psychiatric Services • Medicine Consultation <p>Ideally, 65-70% of service time of clinician</p>

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Sustaining School Mental Health

Making Case for Stakeholders

- Agencies: ability to reach children and families difficult to reach at their community offices
- Health Plans: reaching children and adolescents earlier, increased access and engagement
- County and State: helps effectively achieve the CMH system mandate
- School Districts: decreasing barriers to learning and increasing educational time
- Families: more convenient, less time away from work
- Students: help integrate successful strategies, more successful at school and home

Shared Benefit, Shared Responsibility?

- All the partners are critical
 - Providers
 - City, county and state government
 - School district
 - Health Plans
 - Foundations
- Collaboratively work to minimize system barriers
- Work together to find viable sustainability options
- Significant leveraging of stakeholder investment

Bridging Children's Mental Health and K-12 Education

- School-linked mental health helps bridge children's mental health and K-12 education
- School-linked mental health has proven results
- We know how to make school-linked mental health work and be successful
- We need increased support and financial commitment to scale up these programs

Contact Information

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