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

1. Preliminary research
2. Key informant interviews
3. Identify counties to interview
4. Interview Counties
5. Researched funding streams and EBPs
6. External reviewers
7. Write & edit case studies
8. Finalize toolkit & distribute
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

<table>
<thead>
<tr>
<th>County</th>
<th>Issue</th>
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<tbody>
<tr>
<td>Kings County</td>
<td>Truancy</td>
</tr>
<tr>
<td>Riverside County</td>
<td>Recidivism</td>
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<tr>
<td>Santa Cruz County</td>
<td>Substance Abuse</td>
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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%)
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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Federal</td>
<td>50%</td>
</tr>
<tr>
<td>State</td>
<td>41%</td>
</tr>
<tr>
<td>County</td>
<td>9%</td>
</tr>
</tbody>
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$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
WE CAN'T AFFORD TO SAVE THIS ONE, BUT DON'T WORRY, SOMEONE WILL CATCH HIM.
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?

MH Disorders: 20.0%

Treatment: 3.0%
Mental Health Funding

<table>
<thead>
<tr>
<th>Year</th>
<th>Millions</th>
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<tr>
<td>2010/11</td>
<td>696</td>
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<tr>
<td>2011/12</td>
<td>417</td>
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- Medi-Cal: 288
- PreRef: 31
- IDEA: 69
- County: 105
- SS: 70
- SGF: 133

- Medi-Cal: 31
- PreRef: 69
- IDEA: 98.6
- County: 218.8
- SS: 0
- SGF: 0
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
Suspensions Per Enrollment

<table>
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<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>D/M Dist</td>
<td>25%</td>
<td>26%</td>
<td>24%</td>
<td>22%</td>
<td>20%</td>
<td>17%</td>
<td>9%</td>
<td>5%</td>
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<td>SB_Co</td>
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<td>CA</td>
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<td>11%</td>
<td>6%</td>
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Academic Achievement Gap
Average Percent Proficient on ELA CST


Gen Ed  Sp Ed
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

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

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

~80% of Students

~15%

~5%
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
Belong
Effective Learning Environments

- Safe
- Positive
- Predictable
- Consistent
“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/
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?
Contact Information

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