Behavioral Health in Schools

October 17, 2017
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Genny Olson, Trust for America’s Health
Sarah Mathew, Colorado Department of Education
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Today’s Speakers

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Healthy Students, Promising Futures
Learning Collaborative Overview
Alex Mays, Healthy Schools Campaign
Genny Olson, Trust for America’s Health
Healthy Students, Promising Futures Learning Collaborative

Launched in 2016 by:
• U.S. Department of Education (ED)
• U.S. Department of Health and Human Services (HHS)
Support and current leadership from:
• Healthy Schools Campaign (HSC)
• Trust for America’s Health (TFAH)

Driving Policy Factors

• Increasing interest in school-based and school-linked health services and healthy school environments
• Medicaid’s free care policy change
• Every Student Succeeds Act (ESSA)
• Population health
• Managed care and value-based care

15 Participating State Teams
Learning Collaborative Goals

Increase access to school-based health services by:
1. Developing and implementing state vision and strategies to scale up school-based Medicaid services
2. Identifying and assessing the options
3. Addressing barriers and leveraging new opportunities
4. Receiving technical assistance
5. Assessing opportunities for innovative partnerships

Process

- In-Person Meetings
- Webinars
- Check-in Calls
- Surveys
- National Partner Meetings
- Presentations
- Technical Assistance
- Newsletters

Lessons Learned

- Federal policy support
- Building partnerships and cross-agency teams
- Assessing need and data collection
- Identifying innovative strategies
Addressing Behavioral Health in Schools

Team concerns include:
- Behavioral health workforce shortages
- Funding for services
- Partnerships with healthcare and community-based organizations
- Assessing unmet needs

MTSS Framework and Colorado Example
Sarah Mathew, Colorado Department of Education

In Colorado, a Multi-Tiered System of Supports (MTSS) is defined as:

A prevention-based framework of team-driven data-based problem solving for improving the outcomes of every student through family, school, and community partnering and a layered continuum of evidence-based practices applied at the classroom, school, district, region, and state level.
1. TEAM-DRIVEN SHARED LEADERSHIP

Teaming structures and expectations distribute responsibility and shared decision-making across school, district, and community members (e.g., students, families, generalists, specialists, district administrators, etc.) to organize coordinated systems of training, coaching, resources, implementation, and evaluation for adult activities.

2. DATA-BASED PROBLEM SOLVING AND DECISION-MAKING

A consistent process is used by stakeholder teams and applied at multiple levels to analyze and evaluate relevant information to plan and implement strategies that support sustainable improved student and system outcomes.
3. FAMILY, SCHOOL, AND COMMUNITY PARTNERING

The collaboration of families, schools, and communities as active partners in improving learner, classroom, school, district, and state outcomes.

4. LAYERED CONTINUUM OF SUPPORTS

Ensuring that every student receives equitable academic and behavioral support that is culturally responsive, matched to need, and developmentally appropriate, through layers that increase in intensity from universal (every student) to targeted (some students) to intensive (few students).

5. EVIDENCE-BASED PRACTICES

Approaches to instruction, intervention, and assessment that have been proven effective through research indicating improved outcomes for students.
LEADERSHIP FOR CO MTSS

• Shared leadership within CO MTSS exists at all levels (school, district, region, and state).
• For MTSS implementation to be successful, it is critical to establish leadership teams at each level of the system; these teams will ensure effective implementation across all levels of the system (district, school, classroom, and individual student).
• Initially, the team creates a common vision and establishes common language in order to clarify purpose and desired outcomes.
• Through data-based problem solving and decision-making, system support needs are identified, and plans are constructed.
• Leadership teams engage in ongoing review and evaluation of progress data to determine how to best allocate funding and available resources.
Since 1997, Colorado statute has supported that Medicaid SHS funds support "the health of all students." This program is a partnership between the CO Department of Healthcare Policy and Finance, and the CO Department of Education, which assists Districts in developing and implementing a Local Service Plan that addresses the health needs of all students.

- As part of the LSP, many districts direct funding to mental and behavioral health for all students, including school health professionals, training, and program support.
- In 2015-16 $4,186,924 SHS dollars were spent on mental and behavioral health services in Colorado schools (62 FTE).

Aims to build a comprehensive, coordinated, and integrated school behavioral health services system that supports every student in Colorado in reaching their fullest potential in school and life.
CO AWARE COMPONENT 1
The Colorado Department of Education collaborates with behavioral health stakeholders across the state to improve mental health awareness and response. In addition to broader, statewide activities, Project AWARE has partnered with three local education agencies (LEAs) to support best practices to inform Colorado schools and communities interested in accomplishing similar goals.
*Aurora Public Schools
*Fountain/Fort Carson Schools
*Thompson School District

CO AWARE COMPONENT 2
In addition to our 3 LEA partners, Project AWARE is implementing YMHFA training across the state. Using this and other evidence-based programs, Project AWARE aims to improve school climate, safety and substance abuse prevention. Through increased collaboration based on a Multi-Tiered System of Supports (MTSS), models will be developed that sustainably fund the provision of high impact school and community-based behavioral and behavioral health services.

COLORADO SCHOOL HEALTH PROFESSIONAL GRANT
• Funding the Marijuana Cash Tax Fund that supports behavioral health including substance use prevention in schools.
• School Health Professional are defined as CO State Licensed School Psychologists, School Social Workers, School Counselors, and School Nurses.
• School Districts can apply for FTE, Professional Development and Training, resources to develop and implement high quality behavioral health programming including evidence programs that address substance use prevention and universal screening.
• In 2015-16, $2.28 million dollars yearly, funding to 68 schools, 44 FTE, and 22 grantees.
• 2017-18 appropriation increase of $9.4 million, ($11.98 total) and now open to elementary schools, funding over 150 FTE statewide.
CO STATE PERSONNEL DEVELOPMENT GRANT (SPDG)
Funding from the US Dept. of Education (USDOE)

The purpose of the 2016-2021 CO SPDG project is to develop an integrated Multi-Tiered System of Supports (MTSS) framework in Colorado at the state, regional, district, school, and early childhood level through models of successful implementation that can be scaled up across the state. These models will result in increased implementation of evidence-based practices and improvement in academic and behavioral outcomes for all students in Colorado including those with disabilities.

SCHOOL BULLYING PREVENTION GRANT

The Colorado School Bullying Prevention and Education Grant Program is authorized in statute to provide funding to reduce the frequency of bullying incidents. This includes:

• Implementing evidence-based bullying prevention practices with fidelity;
• Family and community involvement in school bullying prevention strategies; and
• Adopting specific policies concerning bullying education and prevention.

In 2016-17, 14 districts have received awards to distribute funds to 73 schools ($2.9 million dollars in state appropriated funds through MJCTF).

COMPREHENSIVE HEALTH EDUCATION STANDARDS

Colorado’s Emotional and Social Wellness Standard (ESW) is located within the Comprehensive Health & Physical Education content area.

• The ESW standard provides a developmental framework regarding social-emotional skills that are expected at each grade level.

The ESW Standard includes mental, emotional, and social health skills that enable a student to:

- recognize and manage emotions
- develop care and concern for others
- establish positive relationships
- make responsible decisions
- handle challenging situations constructively
- resolve conflicts respectfully
- manage stress
- make ethical and safe choices; examine internal and external influences on mental and social health
- identify common mental and emotional health problems and their effect on physical health.
COMPREHENSIVE HEALTH EDUCATION STANDARDS

- Prevention and Risk Management, as well as the two other standards under Comprehensive Health & PE, is also highly connected to ESW, articulating healthy relationships and violence and bullying prevention.
- Successful post secondary workforce readiness depends on an array of social and emotional competencies.
- Furthermore, social skills are critical for negotiating life’s challenges and developing satisfying relationships.
- By providing a progression of grade level expectations of the skills necessary for students to engage in healthy and productive relationships, the ESW Standard promotes 21st century learning and workforce readiness.

CO ESSA AND SCHOOL HEALTH INTEGRATION

During the development of CO State ESSA plan, listening tours were conducted statewide, and school health was well represented and able to provide feedback on the plan.

The Colorado Education Initiative provides technical assistance and education on how school health can be integrated into the district level plans.

Data sources such as Healthy Kids Colorado and Colorado Healthy Schools SMARTsource are integrated into the Comprehensive Needs Assessment guidance.

Absenteeism was included as the “5th Indicator” for elementary grades.

LONG TERM MEASURES AND METRICS (FALL 2018)

Accountability Workgroup will convene in to develop preliminary long term recommendations of “the other indicator”.

- Climate: School safety, parent, student and educator satisfaction, and other engagement factors will be considered.
- Postsecondary Workforce Readiness: Development of specific workforce readiness indicators, such as completion of advanced coursework, graduating high school with college credit and/or industry credential, post-graduation employment will be investigated.
- Social Emotional Learning Measures: Defining possible indicators and determining what may be appropriate for inclusion in state accountability systems.
COLORADO RESOURCES


http://www.coloradoedinitiative.org/resources/schoolbehavioralhealth/

https://www.cde.state.co.us/offices/healthwellnessoffice


Georgia Apex Project
Deana Farmer, Georgia Health Policy Center

The Georgia Apex Program: Building Infrastructure and Partnerships for the Delivery of School-Based Mental Health Services
Deana Farmer,
Tuesday, October 17, 2017
Objectives

- Discuss key attributes that contribute to sustained partnerships between mental health providers and their school partners
- Review evaluation findings of a state-funded school-based mental health program (Apex)
- Discuss several other school-based initiatives to address children’s behavioral health needs

Environmental Scan on School Based Mental Health: Results that Informed Georgia’s Efforts

- Georgia State University completed a series of interviews from May – June 2015 with states involved in SBMH programming and national experts to inform Georgia’s efforts
- Areas covered included:
  - Program structure
  - Implementation
  - Financing
  - Role of community partners
  - Barriers to success
  - Components of sustainability

Potential Benefits of SBMH

- School attendance
- Academic performance
- Engagement in academic-related activities
- School climate
- Access to mental health services
Barriers to Success

- Funding
  - Inability to bill third-party payors (commercial insurance, Medicaid)
  - Difficulty hiring someone with the appropriate licensure to bill third-party payors
  - Lack of clear and consistent funding to serve uninsured students

- Challenges with School Partners
  - Some had difficulty obtaining buy-in from school partners
  - Confusion over role of mental health provider
  - Concerns from schools about legal and liability issues

Components of Sustainability

- Strong and healthy relationship between provider and school
  - Fully integrating the MH provider into the school (having a school badge, school email address), and respecting the school’s culture
  - Establishing strong, constant communication channels between the provider and the school
  - Collaborative or joint hiring involving the providers and school

- Sustainable financing mechanisms
  - Most programs can bill for services and also have funding from school or community partners for non-billable services
  - Once established, third-party billing is a clear source of revenue
  - When programs and services are valued, schools, school districts, or community partners may consider contributing resources

School-Based Mental Health Efforts in Georgia
Georgia Apex Program

• Pilot program, 2015 – 2016 School Year
• Each provider granted up to $330,000
• Encouraged to spend money to build infrastructure and create lasting relationships with school partners
• Technical assistance and evaluation activities provided in partnership with the Center of Excellence
• The program was renewed for the 2016-2017 and 2017-2018 school years

Framework for SBMH Services

The “Apex” of the Pyramid

- MH Providers
  • Intensive Intervention (1-5%)

- Counselors, Social Workers, MH Providers
  • Early Intervention (7-10%)

- All School Staff
  • Universal Prevention (85-90%)

Apex Program Goals

• Providing early detection of child/adolescent mental health needs.
• Providing greater access to mental health services for children and youth.
• Sustaining increased coordination between Georgia’s community behavioral health providers and the local schools and school districts.
Services Offered

A variety of services are offered:

- Individual and family therapy
- Mental health screening
- Psychometric testing
- Case management
- Referrals to community providers
- Medication management

Provided at low or no cost to students and their families.

Number of Schools Served Monthly

Total and First-Time Children Served

On average:
- 2,108 students were served each month
- 268 first-time students were served each month
Services and Referrals (First-Time)

In total...
- 5,942 first-time services were provided in schools
- 786 first-time referrals were made to public providers
- 13 first-time referrals were made to private providers
- 2,685 total first-time referrals were provided

Services and Referrals (Total)

In total...
- 36,926 services were provided in schools
- 3,864 referrals were made to public providers
- 66 referrals were made to private providers
- 1,694 services were provided in the home

Referral Sources (August 16 - May 17)

Note: One referral represents 25 referrals
Billing Sources (August 16 - May 17)

- 19,668 services were billed to a payer across the school year
- Providers billed for an average of 1,967 services per month

Successes and Challenges

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<thead>
<tr>
<th>Common Successes</th>
<th>Common Challenges</th>
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<tbody>
<tr>
<td>Individual student stories / Behavioral improvement</td>
<td>Confidential office space for APEX provider</td>
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<tr>
<td>School engagement / Staff collaboration with APEX provider</td>
<td>Parental Permission/Family engagement / Follow-up</td>
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<td>Expansion of access</td>
<td>School-Provider Online Survey completion issues</td>
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<tr>
<td>Strong community partner relationships</td>
<td>Hiring / Retaining APEX providers</td>
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<td>Ease of referral process</td>
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Program Lessons Learned

- A gap in dedicated funding for children’s services may have resulted in a lack of trust by schools early on and resulted in slower start-up for some schools.
- Some providers initially approached school sites as a co-located outpatient program instead of fully embedding into the schools’ culture.
- In some instances, the revenue generation structure resulted in less times dedicated to outreach and development of relationships—both of which are vital to long-term success.
Lessons Learned (cont.)

- The combination of safety-net providers with Title I schools seems to be a good match to increase access.
- PBIS was a positive source of support and served as a good foundation in school environment.
- Local issues-local solutions approach may be somewhat unique for a state-agency initiative.

Georgia Project AWARE

- Reducing stigma by training educators and community members with Youth Mental Health First Aid:
  - 28 YMHFA Instructors trained 2,385 individuals
  - 10,212 students were referred for mental health issues by the 2,260 First Aiders

Georgia Project AWARE

Key Programs & Strategies:

- Mental Health Referral Process
- Universal Mental Health Screening
- Partnerships with Colleges and Universities
- School-based and community based mental health services
- Youth Mental Health First Aid Training
Screening and assessment in a range of child-serving settings
Integration of behavioral health into primary care
Mental health consultation in early care and education
Enhanced home visiting with a focus on social and emotional well-being
Family strengthening and parent skills training

Long term goal: For all children to reach social, emotional, behavioral, physical, and cognitive milestones – to thrive in school and beyond.

Population of focus: Children from birth to 8.

Project LAUNCH School District Screening Process
- Counselor makes referral with parent permission or ASQ is completed through universal method.
- Mental Health Screener schedules appointment with family.
- Home visit is completed and referrals are directed to the Mental Health Consultant with description of referrals made.
- ASQ results and intake form is forwarded to Mental Health Consultant; Mental Health Consultant makes contact with School Counselor to discuss results.

ASQ screening tools:
- Parent based tools:
  - Ages & Stages Questionnaire/Social Emotional (ASQ3/SE2)
  - Strengths & Difficulties Questionnaire (SDQ)

2016-2017 School Year Successes for Project LAUNCH
1. 24 Early Learning Centers were introduced to Project Launch and Mental Health Consulting
2. 922 developmental screening tools distributed to Muscogee County Early Success Centers parents via registration packets.
3. 10 Early Learning Centers and 3 Muscogee County School District Early Success Centers completed developmental screening process.
4. 3 centers requested Mental Health Consultation services.
Conclusions

• Funding to build infrastructure for SBMH programs can significantly contribute to increased partnerships between community mental health providers and local schools.

• Synergy among programs within a state supporting the whole child can occur when funders and other visionaries work together, share ideas, and look for ways to integrate and leverage different programs and entry points.

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Policy Opportunities
Alex Mays, Healthy Schools Campaign
Genny Churn, Trust for America’s Health
Every Student Succeeds Act (ESSA)

- State accountability system and report card measures
- Needs assessments under Title I and Title IV
- Professional development
- State standards and assessments
- Stakeholder engagement

National Collaborative on Education and Health: Working Group

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<tr>
<th>Challenge</th>
<th>Opportunity</th>
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<tr>
<td>Jumbled Schoolhouse</td>
<td>• ESSA &amp; ACA needs assessments</td>
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<td>No One Can Do It Alone</td>
<td>• Collective impact</td>
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<td>• Federal coordination</td>
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<td>• Incentives for healthcare &amp; education partnerships</td>
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<td>It’s Not My Job</td>
<td>• Civil Rights Data Collection &amp; ESSA needs assessments</td>
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<td>• Incentives for SEL training in HEA, IDEA, ESSA etc.</td>
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<td>Where’s the Money &amp; Wrong Pocket Problem</td>
<td>• Cross-sector funding coordination</td>
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<td>• Community benefit &amp; CYAAs</td>
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<td>• Metrics for cross-sector benefits</td>
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<td>School Connectedness &amp; Climate</td>
<td>• Mental health of adults in the school</td>
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<tr>
<td>Measures &amp; Data</td>
<td>• Align healthcare and education indicators</td>
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<td>• Data sharing</td>
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Reducing Teen Substance Misuse: What Really Works

- Putting Prevention First
- Making Screening, Early Intervention, Treatment and Connection to Services Routine Practice
- Comprehensive and Sustained Treatment and Recovery Support