AACPS ESBMH Outcome Evaluation: Data Cleaning & Analysis Technical Manual

Developed by: Ashley Mayworm, MEd, Sehra Polad, MA, & Elizabeth Connors, PhD

Center for School Mental Health

University of Maryland School of Medicine

Presented to: AACPS Instructional Data Division

February 11, 2016

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** This will be added when the Manual is finalized. **

PART I: DATA OVERVIEW

I. Data for this evaluation comes from two sources: ESBMH Partners and AACPS

II. The data files that were sent from **ESMBH Partners** include:

a. "Mental_Health_StudentList" Excel file with mental health (MH) student information and previously agreed upon MH variables (see XX)

i. July 2015 variables included:

1. Service Provider (Agency)
2. School
3. DOB
4. First and last name (omitted from UMB version of data; replaced with unique identifier of student code by AACPS Instructional Data team)
5. Admit date (start of mental health services)
6. Discharge date (end of mental health services)
7. Length of stay

ii. February 2016 variables sent to AACPS will include the above variables, in addition to:

1. Grade level
2. Individual, group and family sessions (3 separate variables)
3. Primary diagnosis
4. Secondary diagnosis

III. The data files that were be used from **AACPS** include:

a. Data Files with Grades:

i. ES_Grades_SY1213
ii. ES_Grades_SY1314
iii. ES_Grades_SY1415
iv. MS_Grades_SY1213
v. MS_Grades_SY1314
vi. MS_Grades_SY1415
vii. HS_Grades_SY1213
viii. HS_Grades_SY1314
ix. HS_Grades_SY1415

b. Data Files with Attendance and Discipline:

i. Attend_Dis_SY1213
ii. Attend_Dis_SY1314
iii. Attend_Dis_SY1415
iv. Attendance by Month and School Year with summary columns

*Our data team broke out all Excel file tabs (SY1213, SY1314, etc) into separate Excel files so that there were no longer multiple tabs within each Excel file.

ADD: Will add table with List of Variables provided by AACPS that were used for data analysis (e.g., FRPL, Race, Gender, etc.).

PART III: ADDITIONAL DATA CLEANING IN SPSS

I. You should now have a complete data file in SPSS, including descriptive variables, reading and math grades, attendance, discipline, and MH data for all students that were in the MH Student List Excel file, with quarters named based on the quarter of intake.

II. Now that we have this complete file, additional cleaning will occur with the goal of:
   E. Selecting students for a particular Grade span (I.e., Elementary or Middle/High School) so that analyses can be run for only that group of students
   F. Removing students with significant errors in their data, etc. that were missed in earlier cleaning processes.
   G. Creating additional variables and recode variables for analysis purposes.

Step E: Select elementary students only

I. Due to issues around changes in courses/grades as students progress from elementary to middle and high school, we conducted our evaluation separately for students that were in elementary school (at any point in 1213, 1314 or 1415) and those in middle or high school. In addition, elementary students represent 65% of the population of students served by the ESBMH Partners. Therefore, it was necessary to select only Elementary school students (Grades 92 - 5).

II. The syntax we used to do this is: INSERT SYNTAX HYPERLINK

```
DATASET ACTIVATE DataSet1.
USE ALL.
COMPUTE filter_$=(Grade1213 = 92 | Grade1213 = 91 | Grade1213 = 1 | Grade1213 = 2 |
Grade1213 = 3 | Grade1213 = 4 | Grade1213 = 5 |
Grade1314 = 92 | Grade1314 = 91 | Grade1314 = 1 | Grade1314 = 2 | Grade1314 = 3 |
Grade1314 = 4 | Grade1314 = 5 |
Grade1415 = 92 | Grade1415 = 91 | Grade1415 = 1 | Grade1415 = 2 | Grade1415 = 3 |
Grade1415= 4 | Grade1415 = 5).
VARIABLE LABELS filter_$ 'Grade1213  = 92 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
```

Step F: Conduct additional cleaning in SPSS.

I. A thorough data cleaning should be conducted to determine where there are missing data (replace with 999), if a student who should not be in the dataset (year of treatment admit, etc.) needs to be removed, or if there is not grade or demographic data for a student where we should have it.

a. Run frequency analysis on all variables in dataset
    i. Check for missing data (system missing, 999, etc.)
    ii. Check for outliers (birthdays, intake or discharge dates outside acceptable range; grades outside acceptable range)

Step G: Create additional variables and recode variables for analysis purposes.

I. There are a number of variables that you are going to want to create for ease of running analyses. We created the following variables:
    a. ServiceProvider_CAT – categorical service provider variable to use as grouping variable
    b. TimeinTx and TimeinTx_CAT – length in treatment (continuous and categorical)
    c. TimeinTx_asof012916 and TimeinTx_asof012916_CAT – length in treatment up to current date (allowed us to get sense of length of treatment for those who have not been discharged)
    d. AgeatAdmit and CATAgeatAdmit – age at treatment admission (continuous and categorical)
    e. GenderUSE, AYPRaceUSE, ELLUSE,FARMSUSE, SpEdatAdmit, GradeatAdmit – created a variable for each demographic that reflected their classification in the year of admit to treatment
    f. SpEdatAdmit_R – recoded the Special Education status to reduce the number of possible classifications (i.e., Yes or No currently in Special Education)

II. Instructions for making these variables are included in the syntax: INSERT HYPERLINK HERE.

PART IV: ANALYZING DATA IN SPSS

** INSTRUCTIONS WILL BE ADDED AFTER FINAL EVALUATION REPORT COMPLETED **

APPENDICES

Evaluation of Expanded School Based Mental Health Services

Anne Arundel County Public Schools
Prepared by Mei-Hui Wang
July 2017

Acknowledgements: AACPS (Kristy Pence, Jackie Money, Chris Grandieri, Kellie Katzenberger, Kathy Lane); UM School of Medicine (Dr. Elizabeth Connors, Ashley Mayworm)

Introduction

School-based mental health services have been increasingly offered during the past three decades, but there was very limited research on the effectiveness of school-based mental health services. This study evaluates the impacts of school-based mental health services on secondary students' academic achievement, behavior, and attendance. The results showed there were not statistically significant differences in measuring academic achievement, disciplinary referrals, suspensions, and attendance between baseline and during-treatment phase. However, results demonstrated positive impacts of mental health services on student behavior and academic achievement. A long-term study of the program effectiveness is recommended.

Background

This study investigated the effectiveness of Expanded School Based Mental Health (ESBMH) for 277 participants at 33 secondary schools in Anne Arundel County (AACPS). All secondary students who entered ESBMH during the first three quarters of the 2015-16 school year and have received mental health services for at least two quarters were included in the study. The dependent variables for this research were: students' grade point average (GPA), course failures, discipline referrals, out-of-school suspensions, and attendance. These student records were stored and retrieved from the online database PowerSchool SMS by Pearson (http://sms.aacps.org/PowerSchoolSMS/User/Login.aspx). The independent variables were:

students' demographic information (retrieved from Performance Matters), ESBMH service provider, enrollment duration, and treatment sessions, which were maintained and kept by the mental health providers. Student IDs were used to merge the different data sources.

The participants include 44.8% White, 35.4% African American, 10.5% Hispanic, 7.6% Multi-racial, 1.7% other ethnicities, 50.9% female, 49.1% male, 24.5% Special Education (SPED), and 80.5% Free and Reduced Meals (FARMS) students.

Executive Summary

Pre-treatment to baseline (Baseline Measures Were Worse Than Baseline Measures!)

- Students' average number of discipline referral count, out-of-school suspension count, and absent rate significantly increased from pre-ESBMH-admission phase to baseline phase.
- Students' average GPA before ESBMH admission was significantly higher than their average GPA at baseline.
- Students' average course-failure rate increased, but not significantly, from pre-treatment phase to baseline.

Baseline to During-Treatment (Insignificant Positive Impacts on Referral, Suspension, and GPA)

- Students' average referral count and out-of-school suspension count reduced, but not significantly, from baseline to during-treatment phase.
- Students' average GPA during treatment increased insignificantly compared with their GPA at baseline.

- Students' average course-failure rate and absent rate increased, but not significantly, from baseline to during-treatment phase. The increases of course-failure rate and absent rate slowed down from baseline to during-treatment phase.

Providers Impact from Baseline to During-Treatment Phase

- The Children's Guild provider had positive influences on students' referral, suspension, GPA, course-failure rate, and attendance.
- Students served by Innovative Therapeutic Services had reduced average discipline referral and suspension counts.
- Students served by Villa Maria provider had reduced average discipline referral count.
- Students who received mental health services from Thrive had reduced average absent rate.

Method

The influences of the mental health treatments on student academic achievement, attendance, and disciplinary behaviors were captured by comparing students' average quarterly GPA, course-failure rates, number of discipline referrals, number of out-of-school suspensions, and average percentages of days absent before treatment stage, at baseline quarter, and during treatment stage. The baseline quarter is the school quarter when students entered ESBMH services. Before treatment stage is defined as up to three school quarters before students entered ESBMH. During treatment stage is defined as up to three school quarters after students entered ESBMH and before they exited the program. Students' quarterly course grades were recoded to obtain their quarterly GPAs using the following conversions: A=4, B=3, C=2, D=1, and E=0. Quarterly course-failure rate is the percentage of failure grades (Es) that students received in each quarter.

A repeated measured analysis of variance (ANOVA) with and without between-subject factors was conducted to evaluate the null hypotheses that there were no significant changes on participants' academic, disciplinary, and attendance measures before treatment, at baseline, and during treatment and that the changes were not influenced by enrollment duration, treatment sections, or service providers. Each pairwise differences of the dependent variables during the three stages were also compared. A total of 254 students had course grade measures and 277 students had disciplinary and attendance measures before treatment, at baseline, and during treatment. All 277 students had all baseline and during-treatment measures.

Analyses were conducted by:

- gender,
- subgroups (including English Language Learners (ELL), Free and Reduced Meals (FARMS), special education (SPED), African American, Hispanic, and White students),
- mental health providers,
- treatment enrollment duration, and
- number of treatment sections.

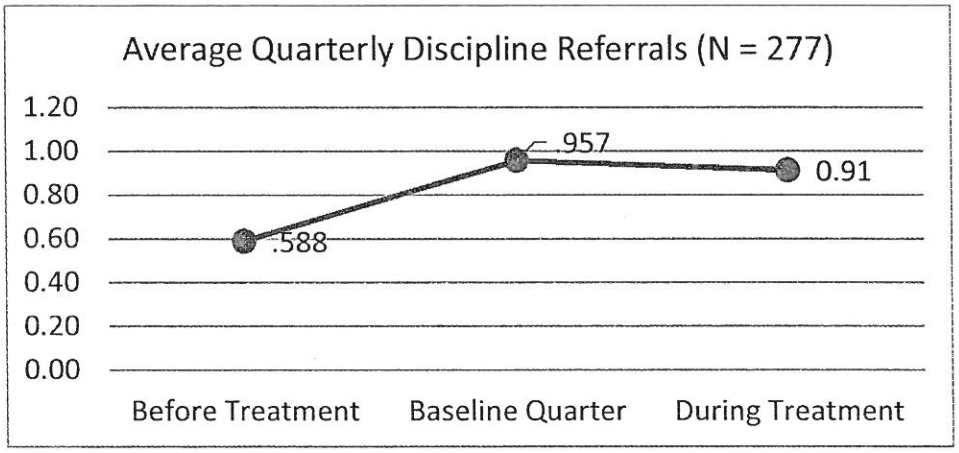
Repeated measure ANOVA with between-subject effect was conducted to analyze the interaction effect of the independent variables (for example, mental health provider vs. time) on academic, disciplinary and attendance.

Results

Treatment-Phase (Time) Impact Using Repeated One Way ANOVA

Discipline Referrals

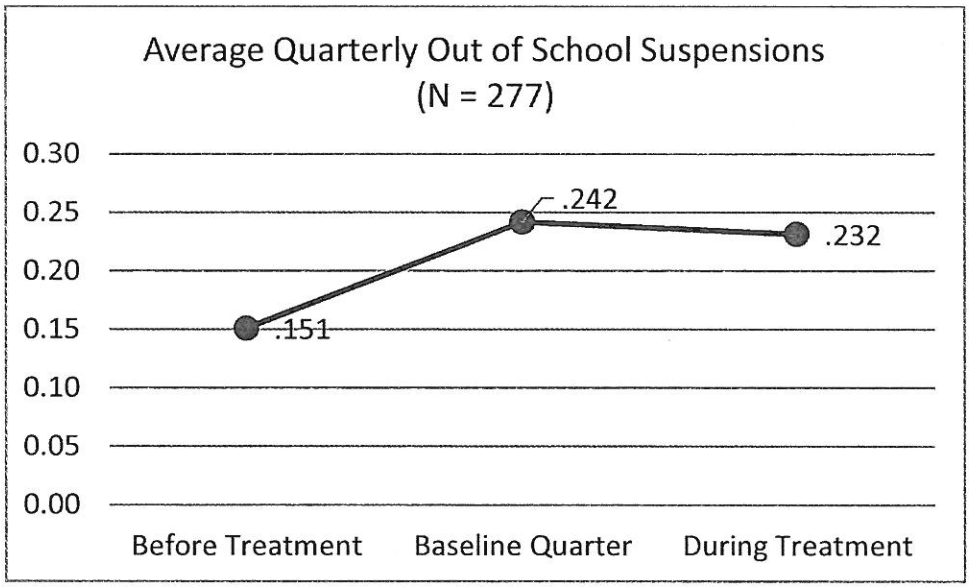
Repeated ANOVA measures indicated a significant time effect on students' discipline referral counts, Wilks' Lambada = 0.96, F(2, 275) = 5,732, $p < 0.01$. However, the time-effect size is very small ($\eta^2 = 0.04$). Students had the highest average referral count at baseline. Pairwise comparisons revealed that students' average number of discipline referral counts at baseline (M = 0.96) was significantly higher than the average referral count (M = 0.59) before ESBMH admission, $p < 0.01$. Students' average referral count during treatment (M = 0.91) was reduced, but not significantly different from the average referral count at baseline, p = 1.0.



Out of School Suspensions

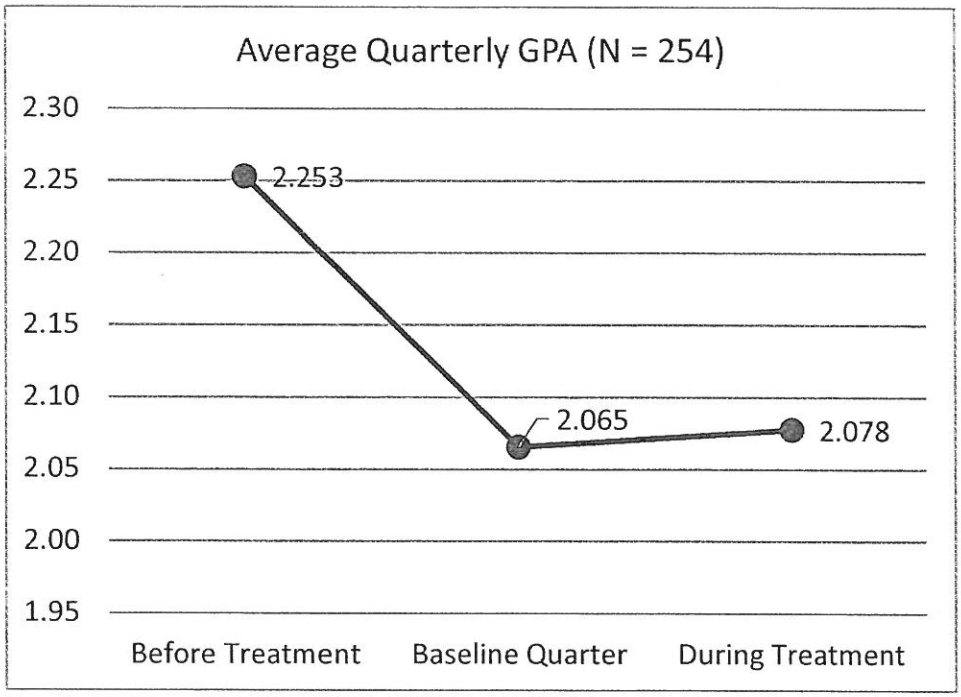
Repeated ANOVA measures indicated a significant time effect on students' out of school suspension counts, Wilks' Lambada = 0.969, F(2, 275) = 4.406, $p < 0.05$. However, the time-effect size is very small ($\eta^2 = 0.031$). Students had the highest average suspension count at baseline. Pairwise comparisons revealed that students' average number of suspensions at baseline (M = 0.24) was significantly higher than the average referral count (M = 0.15) before

ESBMH admission, $p < 0.05$. Students' average suspension count during treatment ($M = 0.23$) was reduced, but not significantly different from the average suspension count at baseline, $p = 1.0$.



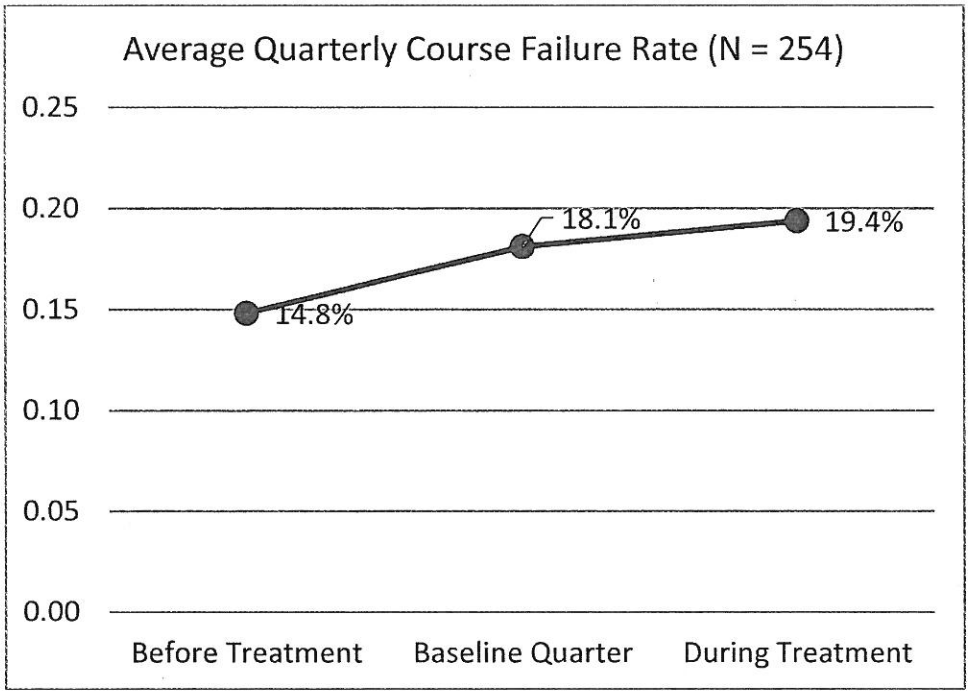
GPA

Repeated ANOVA measures indicated a significant time effect on students' GPAs, Wilks' Lambada = 0.926, $F(2, 252) = 10.071$, $p < 0.001$. However, the time-effect size is very small ($\eta^2 = 0.074$). Students had the lowest average GPA at baseline. Pairwise comparisons revealed that students' average GPA ($M = 2.25$) before ESBMH admission was significantly higher than their average GPAs at baseline ($M = 2.07$, $p < 0.01$)) and during treatment ($M = 2.08$, $p < 0.01$). Students' average GPA during treatment ($M = 2.08$) increased insignificantly ($p = 1.0$) compared with their GPA at baseline.



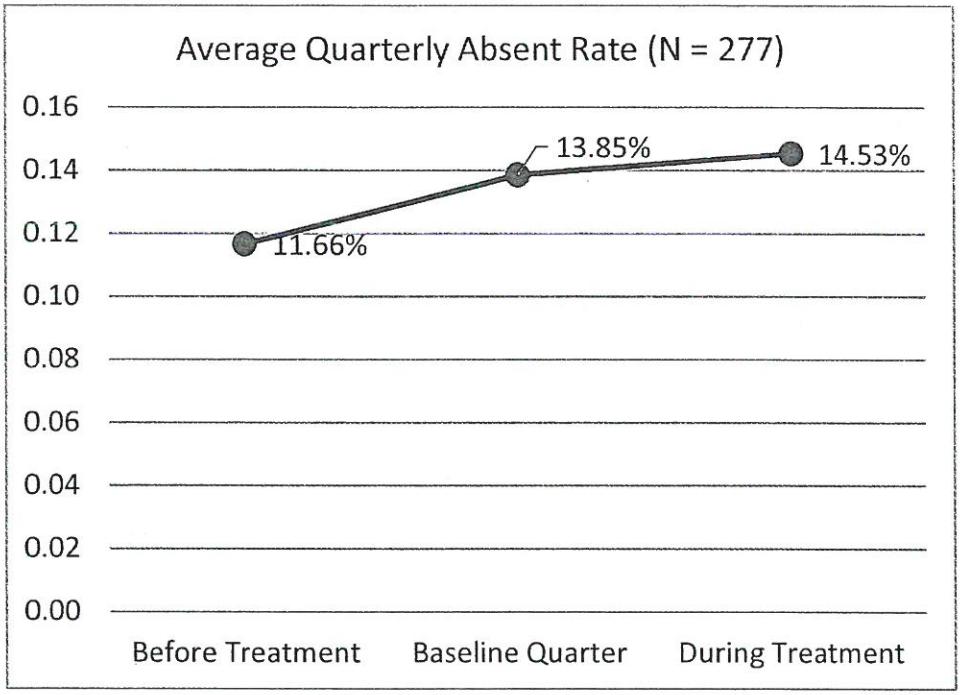
Course Failure Rate

Repeated ANOVA measures revealed a significant time effect on students' average course-failure rate, Wilks' Lambada = 0.956, $F(2, 252) = 5.846$, $p < 0.003$. However, the time-effect size is very small ($\eta^2 = 0.044$). Pairwise comparisons indicated that students' average course-failure rate increased insignificantly from pre-treatment phase (M = 14.8%) to baseline (M = 18.1%, p = 0.056) and increased insignificantly from baseline to treatment phase (M = 19.4%, p = 1.0). The increase of course-failure rate slowed down from baseline to during-treatment phase. Students' average course-failure rate increased significantly from pre-treatment (M = 14.8%) to during-treatment phase (M = 19.4%, p = 0.003).



Attendance

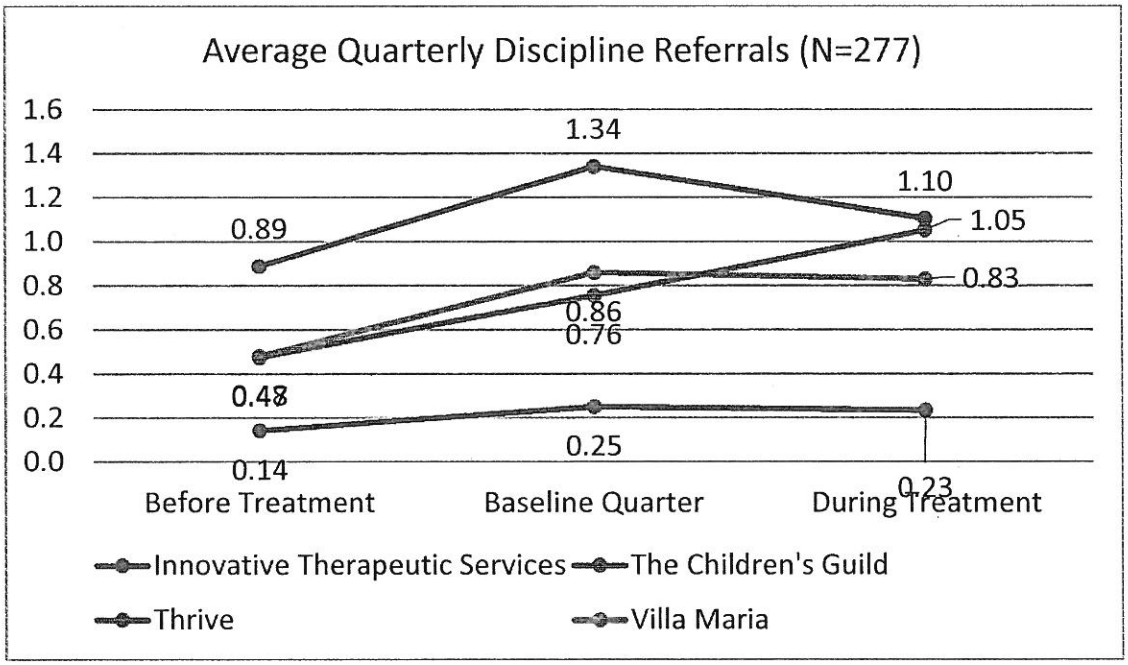
Repeated ANOVA measures showed that there was a statistically significant time effect on attendance, Wilks' Lambada = 0.939, $F(2, 275) = 8.918$, $p < 0.001$. However, the time-effect size was very small ($\eta^2 = 0.061$). Pairwise comparisons indicated that students' absent rate increased significantly from pre-treatment phase (M = 11.66%) to baseline (M = 13.85%, p = 0.004) and increased insignificantly form baseline to treatment phase (M = 14.53%, p = 1.0). The increase of absent rate slowed down from baseline to during-treatment phase. Students' absent rate increased significantly from pre-treatment (M = 11.66%) to during-treatment phase (M = 14.53%, p = 0.01).



Interaction between Time and Mental Health Providers

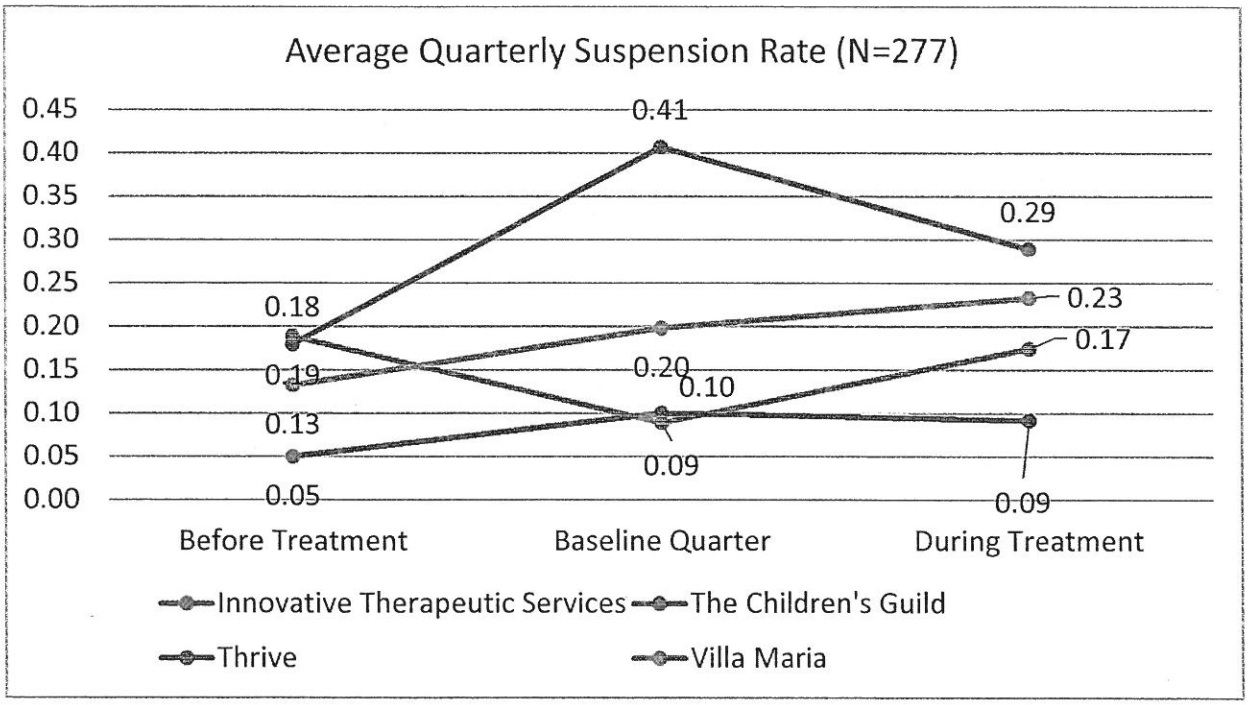
Discipline Referrals

There was not a statistically significant interaction between the treatment phase and the providers on mental health students' average referral counts, $F(5.7, 519.6) = 0.557$, $p = 0.756$. The average referral rates decreased from baseline to during-treatment phase for students served by Innovative Therapeutic Services, The Children's Guild, and Villa Maria providers.



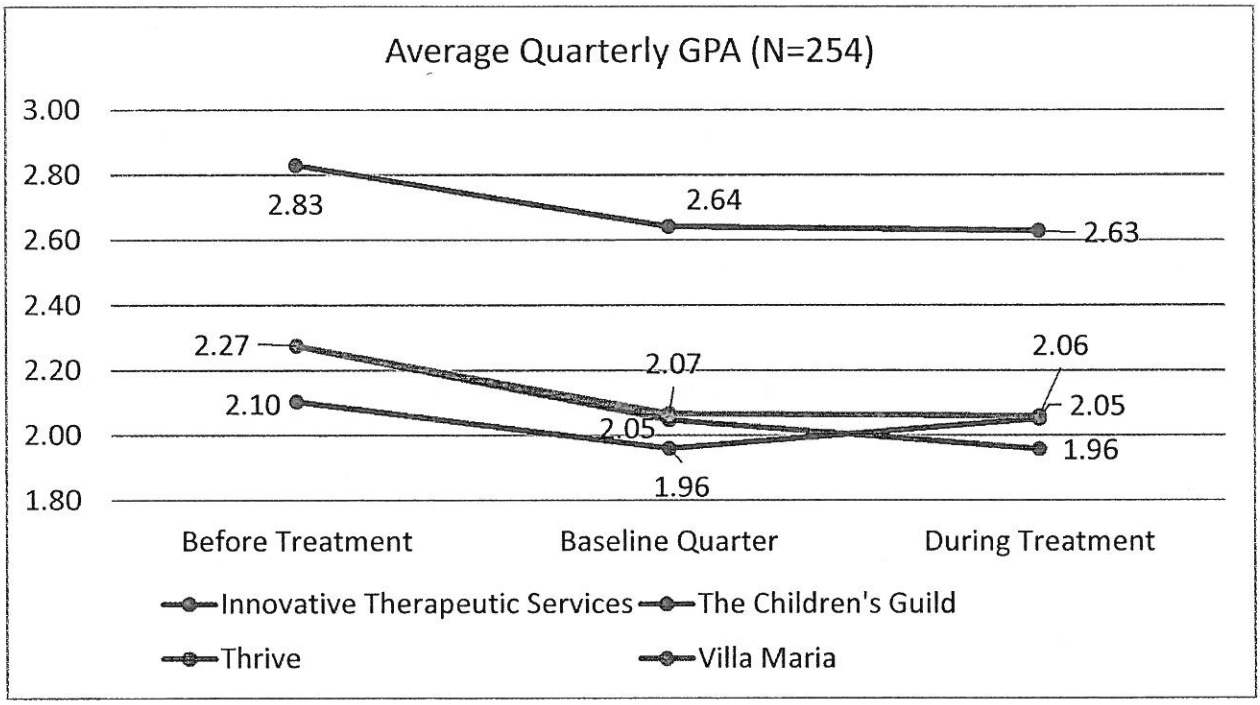
Out of School Suspensions

There was a statistically significant interaction between the treatment phase and the providers on mental health students' average suspension count, $F(5.6, 513.15) = 0.337$, $p = 0.038$. The suspension counts decreased from baseline to during-treatment phase for students served by The Children's Guild and Innovative Therapeutic Service providers.



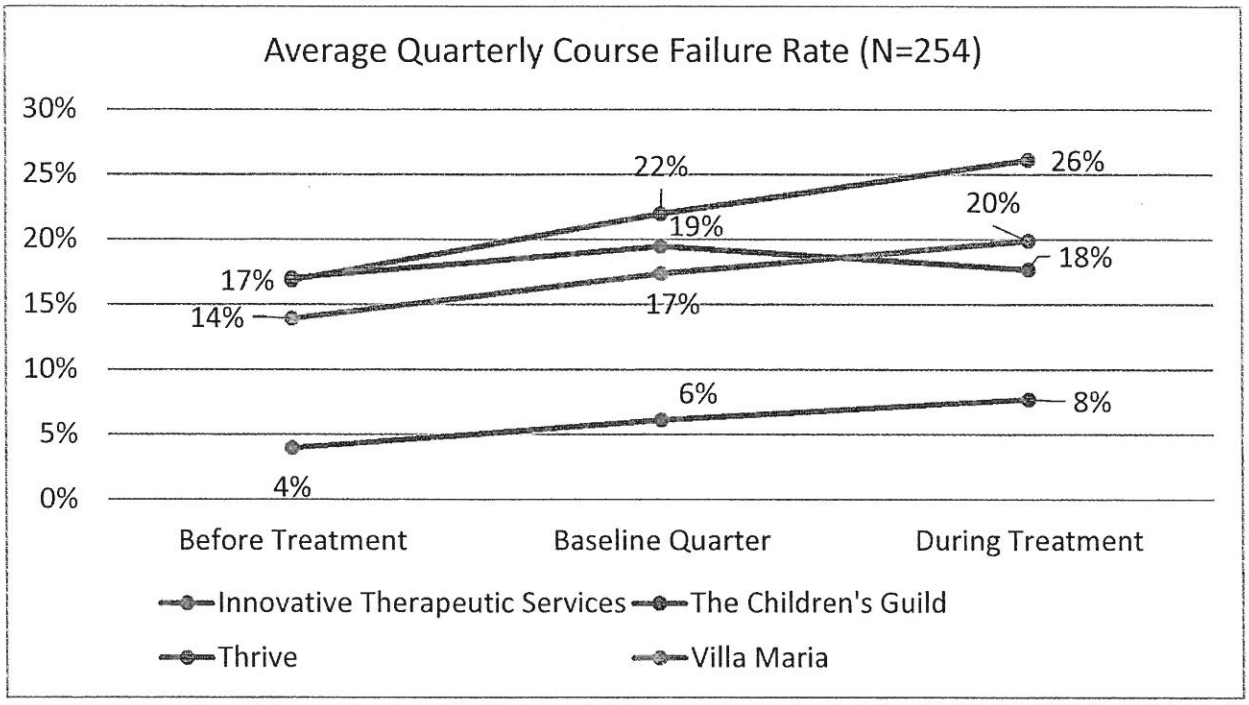
GPA

There was not a statistically significant interaction between the treatment phase and the providers on mental health students' average quarterly GPA, $F(5.8, 488) = 0.806$, $p = 0.561$. The GPA increased from baseline to during-treatment phase for students served by The Children's Guild.



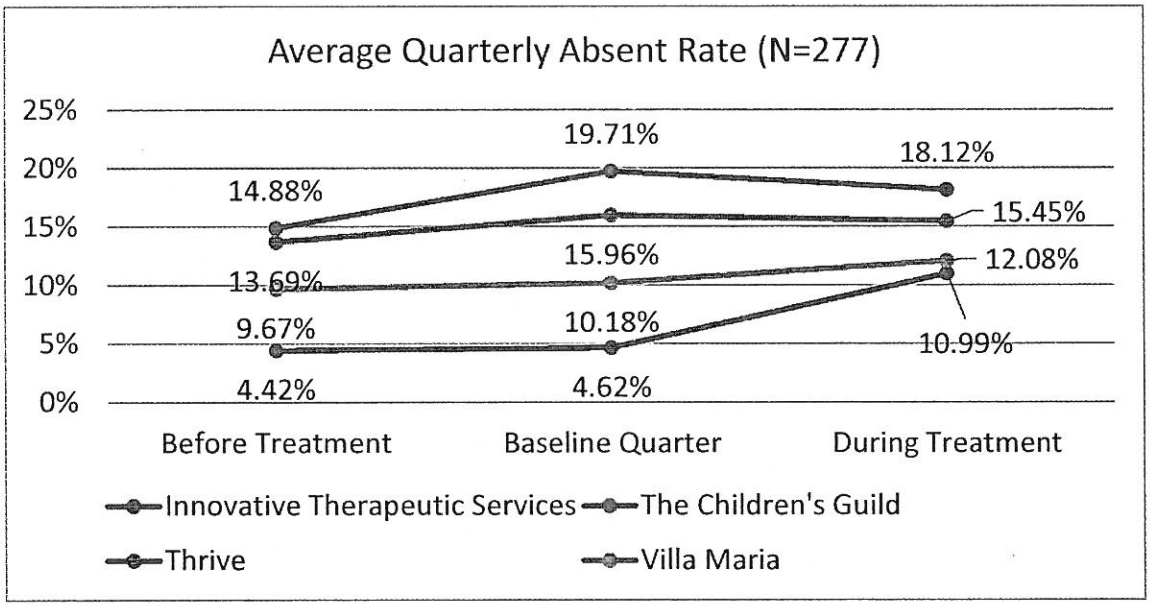
Percentage of Course Failures

There was not a statistically significant interaction between the treatment phase and the providers on mental health students' average quarterly GPA, $F(6, 500) = 0.913$, $p = 0.485$. The average course-failure rate decreased from baseline to during-treatment phase for students served by The Children's Guild.



Attendance

There was not a statistically significant interaction between the treatment phase and the providers on mental health students' average absent rates, $F(5.7, 518.9) = 1.93$, $p = 0.079$. The absent rates decreased from baseline to during-treatment phase for students served by The Children's Guild and Thrive providers.



Treatment Enrollment Duration

Bivariate correlations were conducted to analyze the impact of the enrollment duration on the changes of discipline referral, suspension, absence, GPA, and course-failure rate from baseline to during-treatment phase. Results show that treatment duration had positive but not significant impacts on attendance, GPA, and course-failure rate. For those with disciplinary referral or suspension history, the treatment enrollment duration had no significant or positive impacts on their referral or suspension changes. Note that students with a longer treatment enrollment may require a longer time to change their behaviors.

Correlations between Enrollment Duration and Change of Referral, Suspension, Absence, GPA, and Failure Rate from Baseline to During Treatment Phase

	Correlation	Sig. (2-tailed)	N
Referral Change**	.011	.903	132
Suspension Change**	.166	.126	86
Absence Change	-.068	.257	277
GPA Change	.003	.958	277
Change of Course-Failure Rate	-.022	.720	277

** Only students with referral or suspension history were included.

Number of Treatment Sessions

Bivariate correlations were also performed to analyze the impact of individual, group and family treatment sessions on the changes of discipline referral, suspension, absence, GPA, and course-failure rate from baseline to during-treatment phase. Results show that individual session counts had positive, but not significant impacts on disciplinary referral, suspension, attendance, GPA, and course-failure rate. Group section counts had positive impacts on GPA and course passing rate. Family section counts only showed positive impact on attendance.

	Individual Sessions Count		Group Sessions Count		Family Sessions Count	
	Correlation	Sig. (2-tailed)	Correlation	Sig. (2-tailed)	Correlation	Sig. (2-tailed)
Referral Change**	-0.084	0.162	0.026	0.746	0.004	0.947
Suspension Change**	-0.054	0.369	0.052	0.516	0.103	0.113
Absence Change	-0.054	0.367	0.044	0.583	-0.017	0.791
GPA Change	0.075	0.213	0.002	0.980	-.130*	0.044
Change of Course Failure Rate	-0.082	0.173	-0.153	0.056	0.021	0.749

* Correlation is significant at the 0.05 level (2-tailed).

** Only students with referral or suspension history were included.

Subgroup Analysis

Referrals

For African American, White, FARMS, SPED, Female student subgroups, the average referral count was at the highest during the baseline quarter and dropped from baseline to during-treatment phase.

Average Quarterly Referral Count – By Treatment Phase and Subgroup

	Black/African American	Hispanic	Multi-Racial	White	FARMS	SPED	ELL	Female	Male
Before Treatment	0.98	0.24	0.30	0.42	0.65	0.50	0.10	0.38	0.80
Baseline Quarter	1.58	0.24	0.43	0.74	1.10	1.26	0.29	0.79	1.13
During Treatment	1.45	0.34	0.55	0.68	1.03	0.99	0.43	0.68	1.15

Out of School Suspensions

For Hispanic, White, FARMS, Female, and Male student subgroups, the average out of school suspension counts were at the highest during the baseline quarter and dropped from baseline to during-treatment phase.

	Black/African American	Hispanic	Multi-Racial	White	FARMS	SPED	ELL	Female	Male
Before Treatment	0.23	0.00	0.05	0.14	0.16	0.15	0.00	0.08	0.23
Baseline Quarter	0.38	0.14	0.14	0.19	0.29	0.28	0.00	0.17	0.32
During Treatment	0.38	0.09	0.17	0.16	0.26	0.28	0.07	0.15	0.31

Quarterly GPA

For African American, Hispanic, and SPED students, the average quarterly GPAs were the lowest during the baseline quarter and increased from baseline to during-treatment phase.

	Black/African American	Hispanic	Multi-Racial	White	FARMS	SPED	ELL	Female	Male
Before Treatment	2.09	2.37	2.13	2.37	2.24	2.21	2.53	2.34	2.16
Baseline Quarter	1.97	2.30	1.98	2.17	2.07	2.03	2.45	2.24	1.98
During Treatment	2.03	2.33	1.89	2.11	2.07	2.06	2.33	2.21	1.98

Course Failure Rate

For African American students, the average course-failure rate was at the highest during baseline phase and decreased from baseline to during-treatment phase.

	Black/African American	Hispanic	Multi-Racial	White	FARMS	SPED	ELL	Female	Male
Before Treatment	17.00%	10.01%	22.40%	13.00%	14.63%	17.93%	6.46%	12.70%	16.99%
Baseline Quarter	18.47%	12.53%	17.09%	17.10%	17.99%	16.13%	7.65%	14.69%	19.88%
During Treatment	17.63%	14.78%	26.36%	19.80%	18.43%	17.30%	10.01%	16.76%	20.88%

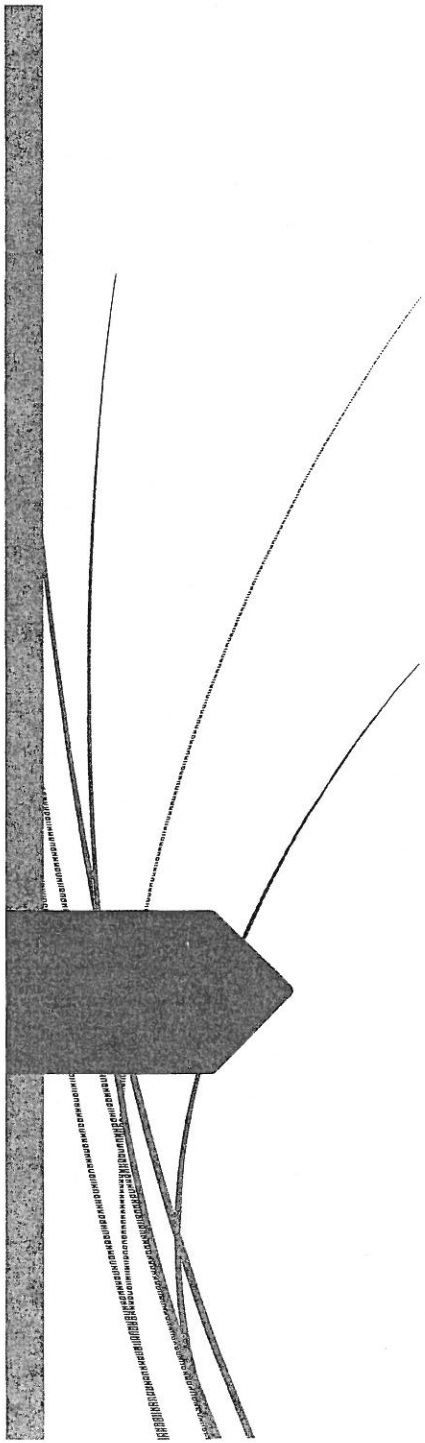
Absent Rate

For Hispanic, FARMS, SPED, ELL, and Female student groups, the average absent rate was at the highest during baseline phase and decreased from baseline to during-treatment phase.

	Black/African American	Hispanic	Multi-Racial	White	FARMS	SPED	ELL	Female	Male
Before Treatment	11.80%	9.13%	18.09%	11.35%	11.72%	13.43%	11.37%	12.33%	10.95%
Baseline Quarter	13.08%	13.27%	19.61%	14.03%	14.61%	16.95%	20.89%	14.99%	12.67%
During Treatment	15.01%	11.15%	20.61%	14.35%	14.45%	15.46%	18.15%	14.78%	14.29%

Future Study

It is recommended that AACPS's research team to continue the ESBMH program evaluation including the impact of ESBMH on students' academic achievement, behavior, and attendance after they exit the program.



EXPANDED SCHOOL BASED MENTAL HEALTH

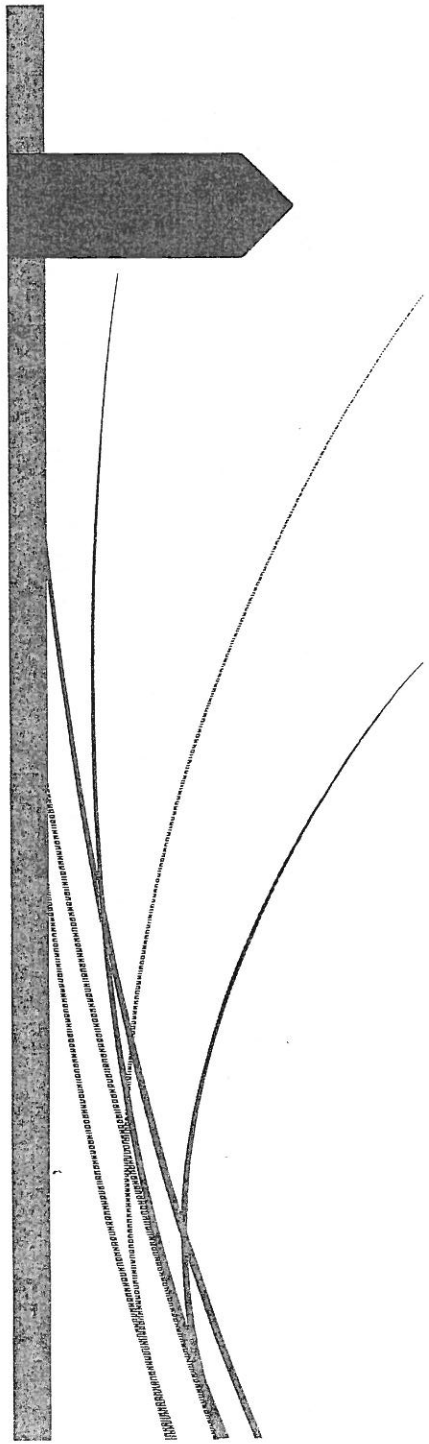
ANNE ARUNDEL COUNTY

Kathy Lane

Executive Director of Alternative

HISTORY OF OUR PROGRAM

- During the spring of **2003** ,as Asst Principal at a Regional Program for students with emotional disabilities, I was approached by Villa Maria regarding placing a social worker in the school at no charge, in exchange for referrals, office space, access to a computer and phone.
- Upon my appointment as Director of Alternative Education in August 2004, I approached Villa Maria to discuss a larger initiative.
- By **2006 Villa Maria** was providing ESBMH services in 18 schools.
- By **2008** they were a presence in 32 schools. They currently provide services to almost **700 students in 38 schools.**
- In **July 2013**, we revised a 1999 MOU to better reflect our current relationship.



HISTORY OF OUR PROGRAM

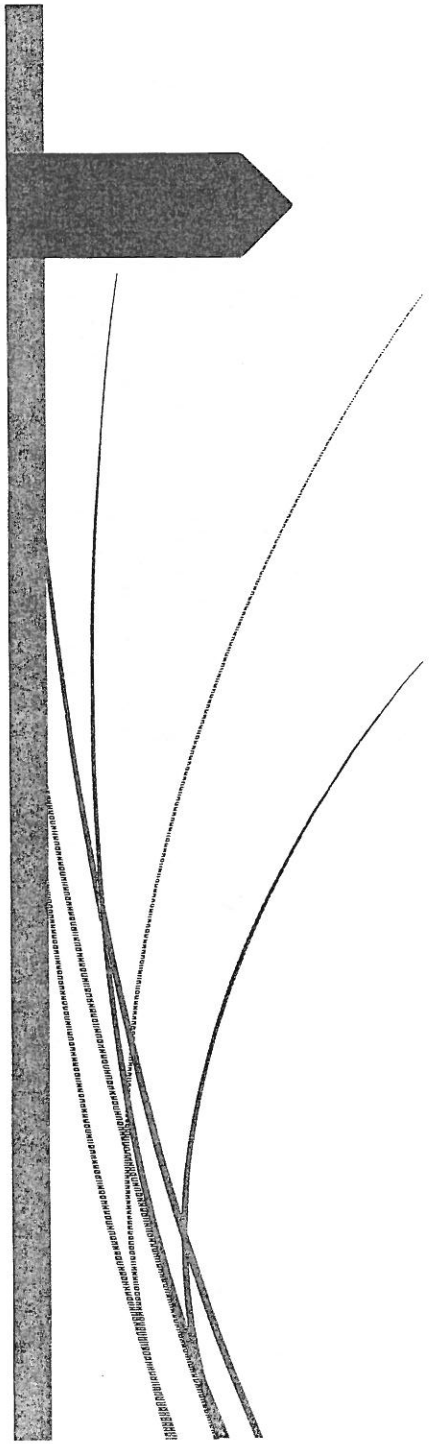
- In **2008,** we expanded an existing partnership with **Walter Reed Army Medial Center** to offer a "Systems of Care" wrap around service delivery model to our 6 schools who serve students from Fort Meade Army Base. They wrote a grant and secured a Child Psychiatrist, Psychiatric Nurse, Child Psychologist and 3 LCSW-C's. The team set up offices in each of the 6 schools and served all military dependent children and families. An MOU was signed in July 2008. They currently serve **115 students in 6 schools**.
- Due to increasing demand, we engaged the **Children's Guild** in **December 2009** to provide ESBMH services in 4 of our school clusters. They started in 2010 with 11 schools. They currently serve **772 students in 29 schools .**
- Due to continuing demand, two additional providers were added to ensure all 12 feeders in our school system of 120 schools had access to one of the ESBMH partners. **Innovative Therapeutic Services and Thrive Inc.** joined the team and signed MOU's in **August 2013**. They currently serve **146 students in 19 schools and 246 students in 13 schools**, respectively.

OUR SCHOOL MENTAL HEALTH MODEL

- Our partners are, ***Villa Maria Health Systems; The Children's Guild; Army Behavioral Health; Thrive, Inc.; Innovative Therapeutic Services; and University of Maryland School Mental Health***.
- **105 out of 120 schools** elect to receive ESBMH services through this initiative.
- The ESBMH partners offer **individual, group and family counseling; mental health evaluations; medication management; teacher support/consultation; PRP services and professional development.**
- Army Behavioral Health provides *wrap around services* to military dependent children and families in school, at home and at Kimbrough Medical Center; Thrive Inc. provides *home and school based services*, as well as *transportation to medical apointments ;* The Children's Guild and Villa Maria offers *tele- psychiatry* and Innovative Therapeutic Services *accepts all major insurances.*
- High schools tend to fill their caseloads more easily and thus can secure multiple clinicians in their school.

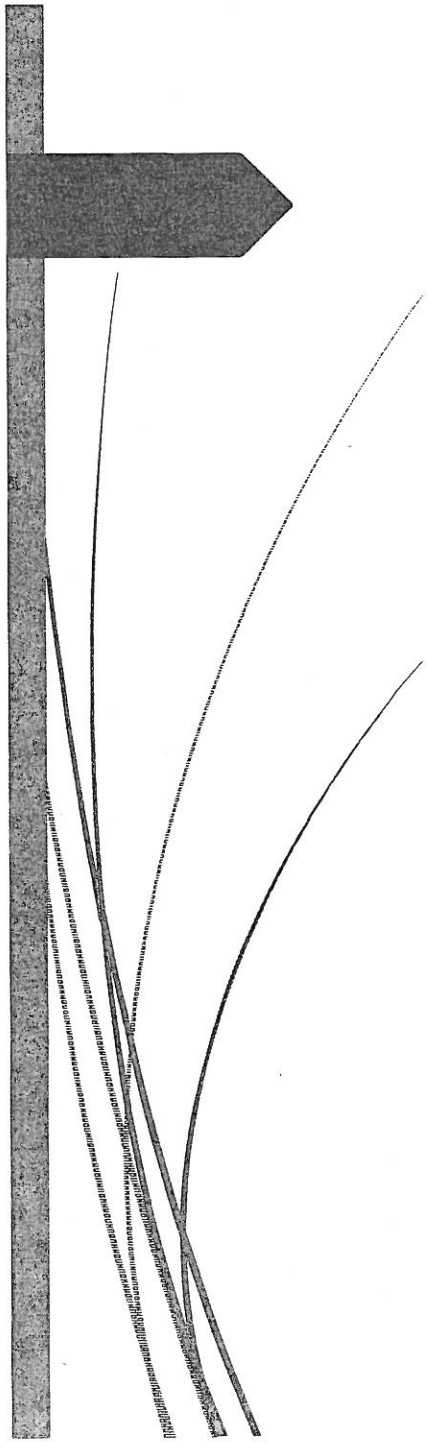
OUR SCHOOL MENTAL HEALTH MODEL

- **Tier 1 services** are provided once a clinician has a full caseload and is in the school 4-5 days per week. All providers offer Tier 2 and 3 services.
- Students are referred by a **school based point of contact (POC)**, if students are **Medicaid eligible**, not receiving school based IEP clinical services or are beyond the capacity of the school counselor, including the need for family services.
- ESBMH providers interface directly with the school based point of contact for referral and information sharing. They can and are included in **relevant team meetings** and asked to **provide professional development** and **consultation to school based staff, including teachers.**
- The school based point of contact shares the opportunity to receive ESBMH services with a family. If the family is interested, a referral is made by the school based point of contact, the ESBMH provider reaches out to families and schedules intakes.



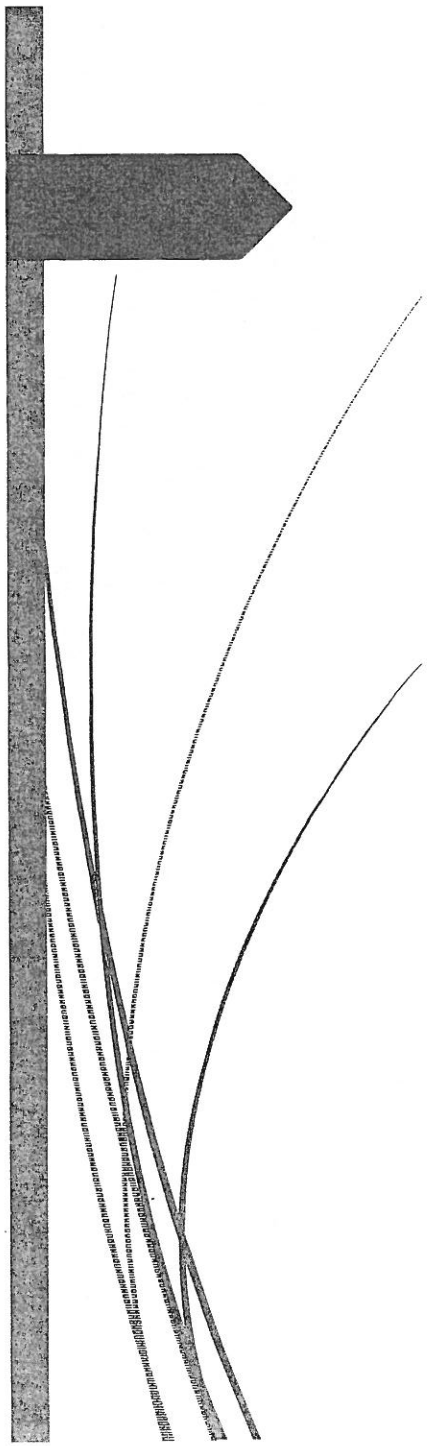
OUR FUNDING MODEL

- ESBMH providers bill **Medicaid** for services. Innovative Therapeutic Services also bills several **insurance providers**; the Children's Guild and Thrive bill **Tri Care** and Army Behavioral Health is funded by the federal government and provides services at no charge to military dependent families.
- Services are sustained through careful monitoring of referral numbers by each school. ESBMH partners and I meet quarterly and the partners and I meet with the POC's bi annually to discuss issues and options. Almost **2000 students** were served in *105 of our schools* last year at no cost to the school system.



OUR BIGGEST CHALLENGES

- The primary challenges are for kids and families in the insurance "grey zone". We address this issue through strategic referrals. The School Psychologist provides IEP driven services, the ESBMH partners provide services to Medicaid eligible students and the Student Services team provides services to students whose insurance coverage is in the grey zone. Thereby sharing the load of students with mental health needs in a systematic and supportive fashion.



Despite our challenges, we keep doing school mental health because...

- The need for metal health services, exhibited by our students and their families, far exceed the capacity school based providers. Families find it difficult to make and follow up with community based services. In which case, the student's mental health needs go unmet and they become unavailable to access educational services and experience academic and behavioral growth.

2016-2017

Expanded School Based Mental Health

Provider Name	# of kids	# of schools	# of Clinicians
Villa Maria	697	38	48
Children's Guild	772	29	38
Thrive	246	13	31
Innovative	146	20	26
Army	115	6	6
Total	**1976**	**106**	**149**