Maryland School Mental Health Forum
January 26th, 2018

CSMH
Center for School Mental Health

HOWARD COUNTY HEALTH DEPARTMENT

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HORIZON FOUNDATION
improving health and wellness
in Howard County

Center for School Mental Health

MISSION

To strengthen the policies and programs in school mental health to improve learning and promote success for America's youth

- Established in 1995. Federal funding from the Health Resources and services Administration.
- Focus on advancing school mental health policy, research, practice, and training.
- Shared family-schools-community agenda.
- Co-Directors:
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CSMH
Center for School Mental Health

Howard County Health Department

Our Vision

A model community in which health equity and optimal wellness are accessible for all who live, work and visit Howard County

Our Mission

To Promote, Preserve and Protect the Health of All in Howard County

Purpose of Today's Forum

A shared learning opportunity for Maryland schools and community behavioral health providers to learn from the experience of other school-community mental health partnerships in order to inform quality improvement in comprehensive school mental health

Agenda

I. Welcome and Acknowledgements

II. Howard County School Mental Health

III. Baltimore City Expanded School Mental Health (ESMH) Network

IV. Community Agency School Services (CASS): A counseling partnership in Frederick County Public Schools

V. Anne Arundel County Expanded School-Based Mental Health

VI. Expanded Mental Health Services Dorchester County

VII. Discussion, Questions & Answers

Project Description:

Project Vision: All Howard County children and adolescents will be able to access behavioral health promotion, prevention and intervention when and where they need it.

How? The HCHD, in partnership with the UMB Psychiatry, Howard County Public Schools, providers, and families will plan and test a model for increased youth behavioral health care access in schools.

Phase I (Jan-Aug, 2017): HCHD will facilitate a multi-stakeholder **strengths and gaps analysis** of family-school-community partnerships to support student behavioral health.

Phase II (Sept 2017-June 2018): Build on existing partnerships to **pilot expanded school behavioral health and telepsychiatry consultation**.

What is the Problem/Challenge your organization is trying to solve?

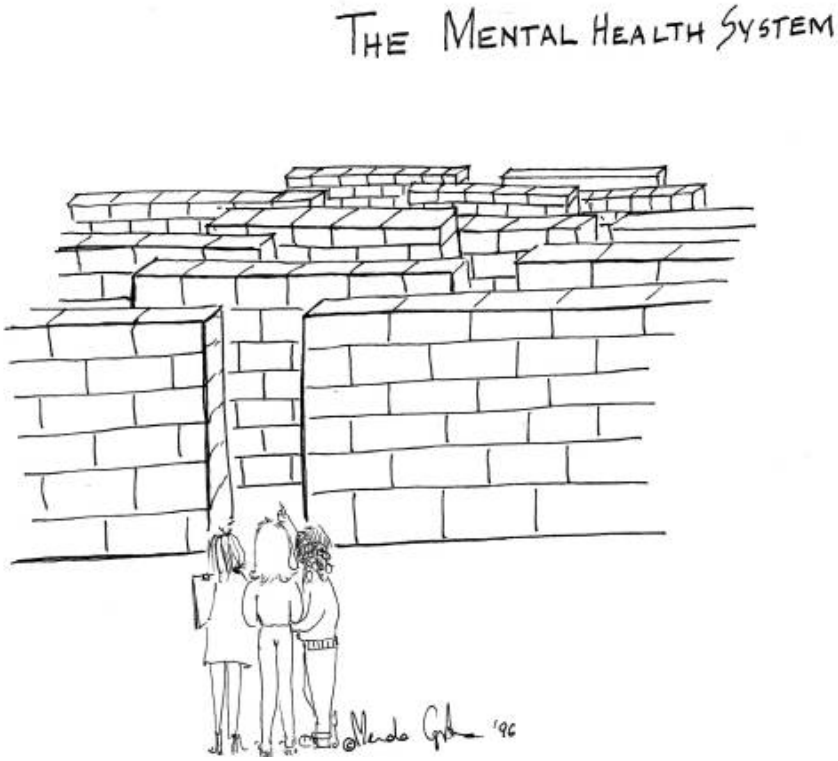
- **23.5%** of HCPS high school students reported feeling sad or hopeless in the past year[1]
- **18.2%** of HCPS middle school students reported feeling sad or hopeless in the past year[1]
- **11%** of Howard County parents said that their doctor told them their child has depression or anxiety[2]

Data Sources:

1. 2014 Maryland Youth Risk Behavior Survey (YRBS-Middle School, High School) Maryland Department of Education
2. Howard County Health Assessment Survey

Less than half of those who need behavioral health support receive it due to:

- under-identification,
- limited treatment access,
- difficulties navigating behavioral health system,
- poor/variable quality of community care,
- high attrition (drop out) from community care [3]



Data source:

3. Merikangas et al., 2011 : Service utilization for lifetime mental disorders in U.S. adolescents: Results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of American Academy of Child and Adolescent Psychiatry, 50*, 32 – 45. doi: 10.1016/j.jaac.2010.10.006

Solution - Strategically **build on a foundation**

Growing interest in community-partnered behavioral health among HC stakeholders

- ✓ HCHD initial investment
- ✓ HCPS Mental Health Task Force
- ✓ School Health Council

Initial **community mental health in schools** (Bollman Bridge ES, Patuxent Valley MS)

- ✓ **2013-present** – HCHD successfully embedded one clinician in Bollman Bridge ES
- ✓ **2015 – present** – Telepsychiatry consultation to BBES on-site clinician
- ✓ **2016-present** – School mental health expanded to Patuxent Valley MS

Solution – Strategic Engagement and Planning

Phase I (Jan-Aug, 2017): Facilitation of multi-stakeholder strengths and gaps analysis of family-school-community partnerships to support student behavioral health.

- **Focus groups/forums** and **key informant interviews** with critical stakeholder groups (January – April 2017)
  - Howard County families/students, HCPS, community behavioral health providers
- **Selection and engagement of schools** (April – May 2017)
  - determine the locations of school behavioral health and telepsychiatry consultation (i.e., five Title I schools currently providing telemedicine and/or the high school(s) in the feeder pattern of existing augmented school behavioral health).
- Installation/adaptation of **telemedicine equipment** and **school behavioral health provider space** (June 2017)
- **Hiring/orienting** school behavioral health clinician
- **Community awareness raising** around program (May – August 2017)
- Continuous focus throughout planning on building **sustainable model**

Solution – Pilot implementation and sustainability planning

Phase II (Sept 2017-June 2018): Build on existing partnerships to pilot expanded school behavioral health and telepsychiatry consultation.

- Provision of **school mental health services** and **telepsychiatry**
  - Any students attending the schools are eligible to receive care
  - Even those students not receiving direct care may benefit from consultation provided by the mental health provider and psychiatric consultant.
  - On-site providers and telepsychiatrists provide guidance on creating multi-tiered systems of support (universal mental health promotion to tertiary care)
  - Strategically link students and families to psychiatry-informed care by their local primary care physician via connecting to the UMB Behavioral Health in Pediatric Primary Care (BHIPP) effort

- **Sustainability planning** meetings among stakeholders

- Completion of a **sustainability plan**

- Planning for future implementation of school mental health and telepsychiatry (April –June 2018)

Solution – Evaluate impact

Assess the progress and success of the strengths and gaps analysis:

- ✓Number and diversity of stakeholder participation in the strengths and gaps analysis
- ✓Degree of awareness and acceptance of school behavioral health and telepsychiatry as mechanisms to increase access to care
- ✓Degree of implementation of recommendations/guidance from stakeholders

Assess service utilization, satisfaction, health care access, and outcomes:

- ✓Number/Characteristics of new/all students receiving behavioral health care
- ✓Number/Type (e.g., individual/family/group/teacher consultation) of encounters
- ✓Student/Family/Provider/Administrator satisfaction with school behavioral health/telepsychiatry services and providers
- ✓Improvement in psychosocial and academic functioning of participating students

Assess development of a sustainability plan:

- ✓Number and diversity of potential resources to sustain efforts
- ✓Feasibility/buy-in of identified funding resources

Starting small can lead to big change!

Examples from Maryland:

Anne Arundel – Community-partnered, 6 providers –
15 years, currently in 110 schools

Baltimore City – ”Expanded” school mental health, 4 providers -
4 schools 1989 → 107 schools 2016

Budget and Social Return on Investment

School behavioral health – "**A behavioral vaccine**" - Potential to reduce millions of dollars via reduction in:

- *special education placements,*
- *involvement with prison services,*
- *lifetime prevalence of tobacco and other substance use (Embry, 2002)*

Systematic return on investment (ROI) received through behavioral health preventive and early identification/intervention

ROI on more costly forms of care (e.g., increased utilization of emergency rooms for behavioral health treatment)

Sustainability

HCHD and UMB partners have **considerable experience supporting the sustainability** of behavioral health services, including those provided in schools and via telepsychiatry.

UMB will guide partners through the process of **maximizing all possible sources** of support for services:

- ✓ public and private insurance
- ✓ in-kind contributions from schools/school system
- ✓ grants from public or private entities to subsidize non-billable services

Developing a Business Plan for Sustaining School Mental Health Services

UMB partners will work with HCHD and other stakeholders to identify the "three Es" – eligible services, eligible clients and eligible providers

Proven success – UMB has sustained SMH services in Baltimore City since 1989

(and served as a model and source of sustainability planning to districts and communities nationwide)

Baltimore City Expanded School Mental Health (ESMH) Network

Nancy Lever, Ph.D., Executive Director, University of Maryland School Mental Health Program

Jim Padden, Director of Related and Administrative Services, Baltimore City Public Schools

History of our program

- *Program began in 1989 in 4 Schools in Baltimore City Public Schools*
- *Goal to augment services by school employed staff to ensure a range of mental health services for all students (in regular and special education)*
- *Includes individual, family, group therapy as well as teacher consultation, participation on school teams, providing training for school staff and caregivers, school-wide and classroom activities*
- *Predominantly ESMH serves youth in general education. Not included as service on student Individualized Education Program*
- *Key dates/changes in your program since its inception*
  - *Integrated substance use prevention efforts (Why Try, Botvin's Life Skills through substance use funding support)*
  - *Switched to a 4 region model with 4 primary providers through an RFP Process that equalized funding across partners*
  - *Focus on documenting outcomes (academic, social-emotional-behavioral)*
  - *ESMH clinicians piloted evidence-based assessment*

Our SMH Model

- *Key partners: City Schools, Behavioral Health Systems Baltimore*
- *How many schools: 120*
- *Services provided: mental health promotion, prevention, intervention, individual, family, group therapy, consultation, training, school-wide and classroom intervention, psychiatric consultation*
- *Serving schools in high poverty, highly stressed communities (over 90% Free and Reduced Lunch)*
- *Depends on buy-in and partnership across family-school-community partners*
- *Commitment to using evidence-based programs and practices*
- *How do services differ (frequency, type) across the grades (elementary → high)?: More family engagement in lower grades, not much difference in frequency or type of services*
- *Services provided across 3 Tiers i.e., universal (Tier 1), selected (Tier 2), indicated (Tier 3)*
- *How are students identified for services? Self-Referral, Parent referral, Teacher/School Staff referral, other student referral*
- *How do community partners engage with school-employed staff (e.g., team meetings, referral feedback, sharing information)? – Participate in team meetings, provide referral feedback, regularly consult on students, general mental health issues, classroom management and school climate*
- *How are families engaged in the program? Families are actively engaged throughout all aspects of services – attend sessions for individual child, participate in groups and activities,*

Funding

- A significant portion of the funding comes from City Schools
- Additional funding at different times comes from different organizations and the public mental health system.
- Leveraging of funding has been essential for sustainability
- Crucial to the maintenance of funding for 25 years has been the ongoing evaluation of the program.
- Evidence of impact of ESMH is essential to continue funding
  - Attendance
  - Office Referrals/Suspension/Expulsion
  - Academic Achievement
  - School Climate

Our funding model

- Who pays for the programming – School System, State Mental Health Block Funding,
- Budget amount and allocations - $32,000 full time, $16,000 half time
- Percentage of revenue generated by fee-for-service – 45%
- How services are sustained – Creativity, commitment to maintaining funds, leveraging funds

Our biggest challenges

- *Funding to support full continuum of services*
- *Fully engaging families*
- *More need than capacity*
- *External providers disrupting model (private practice, PRP)*
- *Maintaining emphasis on quality improvement and systems change*

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

- *Commitment to helping all students to be successful*
- *Passion for helping underserved students and communities*
- *Belief that mental health services and supports can reduce barriers to learning*
- *Seeing impact on student outcomes/success*
- *We are able to link students and families with additional supports and resources (e.g., family health, mental health, basic needs, and wellness) in the community*

Alignment with Other District Resources

- School Social Workers
- School Psychologists
- School Guidance Counselors
- Promoting Student Resilience Grant and other Initiatives
- Child Wholeness

Community Agency School Services: CASS

A Counseling Partnership in Frederick County Public Schools

Kristen Spear, LCSW-C, FCPS CASS Coordinator
Christina Smith, LCSW-C, Behavioral Heath Partners

History of CASS Program

- ***CASS was established in Frederick County in 1992 through a Carnegie Foundation Grant*** *:*
- *"to facilitate interagency collaboration and cooperation among schools, public and private agencies, communities and families with school aged children"....*
- *"to promote accessible, affordable and professional services to assist families in becoming healthy, whole and self-sufficient"...*
- ***Frederick Co –largest land mass county in the State--the number one request for assistance: Help in accessing counseling services in the school community.***
- ***1993****:* ***Brook Lane :*** *First partnership--bills private and medical assistance (school only)*
- ***1994: Villa Maria*** *(Catholic Charities) and* ***Health Department*** *(school only)*
- ***2003****:* ***Behavioral Health Partners (BHP)****: BHP (home and/or school) Added psychiatric services in one middle school in 2015 with plans to expand in 2018.*
- ***2015: Advanced Counseling Services (ACS):*** *ACS (home and/or school)*

Our school mental health model

- ***Key partners -*** *Frederick County Public Schools, Behavioral Health Partners, Advanced Counseling Services (an affiliate of Advanced Behavioral Health), Villa Maria Behavioral Health of Frederick County, Behavioral Health Services – Frederick County Health Dept. and Brook Lane Health Services*
- ***How many schools -*** *67 (38 Elementary, 13 Middle, 10 High, 6 Other)*
- ***Services provided -*** *Behavioral health treatment provided by licensed social worker or licensed mental health professional including:*
  - *Diagnosis, Treatment Plan, Individual Therapy, Family Therapy, Psychiatric Services (as needed)*
- ***How do services differ (frequency, type) across the grades (elementary → high)?***
  - *Therapists may use play therapy more often with elementary age students*
  - *Family therapy may occur more regularly with elementary/middle school families than high school students and their families due to level of family engagement*
- ***Do you provide services across tiers? i.e., universal (Tier 1), selected (Tier 2), indicated (Tier 3)***
- *All students with Medical Assistance have access to therapy in all 67 schools. Only students in 26 schools currently have access to a therapist who takes private insurance. Any student can access the services provided they have health insurance to cover the cost.*
- ***How are students identified for services?***
  - *Student Services Teamings, Administrative Team, School Counselors, CASS Coordinators, Parents, Self*
- ***How do community partners engage with school-employed staff (e.g., team meetings, referral feedback, sharing information)?***
  - *Attend school meetings, weekly updates with school counselor on student issues, communication with CASS Coordinators regarding referrals, program meetings with CASS liaison*
- ***How are families engaged in the program?***
  - *At a minimum, monthly contact with therapist either in the home or by email or phone. Family therapy sessions are offered to all families.*

Funding Model

- Four CASS Coordinator Social Work positions are funded by FCPS.
- CASS Coordinators have many job responsibilities, one of which is managing the mental health partnerships.
- Therapy services are provided at **no cost** to FCPS other than the use of school office space. Student health insurance provides coverage and the family is responsible for any co-pay or other associated fee for services and pays the agency directly.
- The following information represents an estimated cost analysis associated with the **direct therapy services** provided through the CASS Mental Health/Counseling Partnerships for which FCPS incurs no financial responsibility:
- During SY 2011-2012, CASS had four agency partners who provided services to 288 students. The total estimated cost of these therapy services was 1,058,812.96.
- During SY 2016-2017, CASS had five agency partners providing therapy services to 1,259 students. The total estimated cost of these therapy services was 3,472,485.84.
- **Sustainability**: Over the comparison 5-year period, the cost to FCPS would have more than tripled if FCPS had been funding the services. CASS instead brought the services to FCPS through Partnerships at **no cost** to FCPS.

Our biggest challenges

- ***Logistical Considerations***
  - *Reserving available and appropriate space in a school building can be a challenge where schools have minimal unoccupied space. CASS Coordinators assist in negotiating with Administrators to identify and reserve appropriate space as needed.*
  - *High client and therapist volume can create situations where therapists schedules overlap making space an obstacle. To manage this, CASS Coordinators have worked with schools to develop master schedules for therapy sessions to eliminate or reduce overlap of therapy sessions with multiple therapists. CASS Coordinators also collaborate directly with behavioral health agency directors to reduce the number of overall therapists seeing students in one school.*
- ***Concerns Related to Therapist Conduct***
  - *CASS Coordinators develop Mental Health Partnerships through a formal Request for Proposal (RFP) process. The therapists are not employed by the school system and therefore FCPS/CASS has no role in directly supervising agency therapists. CASS Coordinators oversee the partnership and serve as point of contact when concerns are expressed by school staff or students/parents. When possible, CASS works directly with the therapist to resolve minor concerns. Serious matters are referred to the Behavioral Health Agency liaison to address. Our RFP document addresses responsibilities and expectations for all parties involved. CASS Coordinators also provide a Procedures and Repsonsilbities document as well as provide training directly to therapists on partnership processes.*

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

- *Nearly 1 in 5 children have a mental, emotional, or behavioral disorder including anxiety, depression, ADD, ADHD, disruptive behavior disorder, Tourette's.*
- *Only about 20% of children with mental, emotional, or behavioral disorders receive care from a specialized mental health care provider.*
- *Frederick County - 3.1 psychiatrists, 36 licensed Social Workers and 10 licensed psychologists per every 10,000 children ages 0 to 17 (CDC, 2015).*
- *Barriers to access: lack of providers, agency office hours/parent work schedules, waiting lists, cost, lack of insurance coverage, transportation etc.*
- *Schools are first line of intervention for many children. Integrated student support models deliver supports that target both academic and non-academic barriers to learning. ISS models rely on community partnerships to increase supports for students.*
- *Without the CASS partnerships, our survey data indicates that in excess of 50% of the children currently served would not receive treatment. CASS brings together community behavioral health agencies and schools to achieve better outcomes for children, both in and out of the classroom.*

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.

Expanded Mental Health Services Dorchester County

Dr. James C. Bell, Jr.

Supervisor of Student Services

History of our program

- *In 2010, the school mental health program (SBMH) consisted only of school-based mental health services provided by the Dorchester County Health Department (DCHD)*
- *DCPS hosted a meeting to discuss student mental health needs and invited representatives form the DCHD and local fee for services agencies*
- *It was determined that DCHD caseloads were often full and there was very limited psychiatry services available to students*

Our school mental health model

- Elements of the DCPS SBMH model:
  - Key partners include: the Dorchester County Health Department, For All Seasons, Inc., Corsica River Mental Health, Inc., Eastern Shore Psychological Services, LLC., and Choptank Behavioral Health
  - Providers are assigned a cluster of schools in the district that determine a region. All schools in the district have access to SBMH services. The DCHD has the right of first refusal as school where they serve students and the fee for services agency acts as a secondary referral partner.
  - Students receive on-site counseling services and may need to meet at the agency to see the psychiatrist.
  - All services are based on student need and may vary according to that need.
  - Services are generally provided at Tier 2 and Tier 3
    - Small group counseling is offered at Tier 2 and individual services at Tier 3
  - Students are recommended for services through the SST process or may be referred by the local hospital as part of Psychological Evaluation Response Team (P.E.R.T) process.
  - Each SBMH provider is located on-site and work closely with DCPS staff. Provider staff attend SST meetings in cases where mental health services may be discussed for the student. Parent permission is provided before they attend SST meetings. Provider staff also attend staff meetings and offer presentations.
  - Families must complete the intake process for the provider in order to receive services. All recommended family counseling services are conducted off-site.

Our funding model

- The DCPS funding model:
  - Services provided by the DCHD are paid through grant funding received by DCHD.
  - DCPS has no budgeted line item for SBMH services but does provide in-kind services in the form of building space, etc.
  - Fee for services agencies charge the insurance of the student for services rendered. Another agency in the program may be called upon to serve a student if the fee for service agency cannot charge the insurance agency. A Family Navigator may work with a family that does not have insurance to provide assistance with completing the process for obtaining it.
  - Services are rendered during the school day and in collaboration with school-based administration and school counselors to minimize time out of the same class.

Our biggest challenges

- *Maintaining consistency with therapists provided by the fee for service agencies due to staff turnover.*
- *Adequate space for therapy services*
- *Parents completing the fee for service enrollment process*

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

- *We are witnessing an increased need for mental health services for children in younger grades. DCPS has expanded its social work program to provide an additional layer of intervention and assist with identifying student needs.*

Discussion

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