

**Otter Tail Family Services Collaborative**  
**Working Together...**  
**Serving Families**  
**...Improving Lives**

**“Small” School-Based Mental Health Work Group Meeting**  
**February 19, 2009 3:30 – 5PM**  
**Phelps Mill Room – Government Services Center**

**In Attendance:**

Bill Klein (Lakeland Mental Health Center-4); John Dinsmore & Jodi Wentland (OTC Human Services); Kelly Olson (The Village Family Service Center-5); Patty Kline (Lutheran Social Services- 5); and Jane Patrick (Collaborative Coordinator).

1. John Dinsmore welcomed the group, with a special welcome to Kelly Olson who is replacing Monique Sebring Avant on this group. The “Small” School-based Mental Health Work Group met to review the discussions and recommendations of the larger work group at their January meeting. Jodi shared an overview of the current school-based program models. There was a consensus by all of the partners that there is no longer a specific “Collaborative” program to be managed. However, the partners involved continue to support the concept of joint planning among them as a way of ensuring consistent communication about the various models.
2. The group discussed options for current SBMH staff from the three agencies to meet occasionally throughout the year to share information and ideas. Although school-based staff are no longer delivering exactly the same service in each school, they are working with children, families and school staff, and it is anticipated they will experience many of the same challenges. The group also felt that joint meetings of school-based staff would support consistent training and data tracking among the three agencies. The group decided that they will arrange a meeting with the mental health supervisors to offer the suggestion of group meetings and gather feedback to determine if the mental health supervisors feel this would be beneficial to staff.
3. The work group discussed data tracking and evaluation of the various program models that are in place in each district. Because the staff has already been trained to report consistent information regarding numbers of students served, students on Medical Assistance/MN Healthcare Plans and CASII/SDQ information, the group discussed the benefits of continuing consistent data tracking and reporting. Again, the group will discuss options for continuing this standard practice with supervisors, but felt it would serve the schools, mental health agencies and the Collaborative well to try and continue tracking and reporting information consistently as a way of validating the effectiveness of the programs. Specific questions that need to be answered include:
  - How can we get accurate counts of the number of students being served, including both students with and without a DA?
  - Can school-based staff continue to track and report the number of students referred for DAs?
  - What is the frequency of use for the CASII and SDQ? Can we standardize the frequency among the agencies?
  - What are the barriers to using the CASII and SDQ and is one easier for staff to administer? Is one more effective than the other in measuring improvement?
  - Can the agencies continue to track and provide the information contained on the Grant reporting form?
  - How many kids are being served in some capacity that do NOT have a DA? It would be very difficult to track all the students that come and go and that are involved in group sessions.
  - How can we incorporate evidence-based practice into SBMH programming? (Task #4)

4. Finally, the group discussed the recommendation by the Planning and Evaluation Work Group for incorporating Evidence-based Practice into each of the programs being delivered within the schools. While the group acknowledges that accomplishing this task will be time consuming and need to take place over an extended period of time, the group is very much in support of exploring options to implement Evidence-based Practice.
5. As requested by the Large SBMH Work Group at the January meeting, the Small Work Group developed a proposal for programming in FY10 to continue addressing the identified needs of everyone involved. While it is expected that schools, county and mental health agencies will continue to develop, monitor and deliver programming that will meet the individual needs of children in each school, the group maintains that support from the Collaborative in FY10 will continue to ensure that:
  - Mental health needs of all students, not just those with a mental health diagnosis, will be addressed;
  - Individualized school-based programs with service coordination and systems integration;
  - Mutual partnerships with information sharing and joint planning;
  - Centralized and consistent data collection and reporting for evaluation purposes.

The group discussed the need for continued programming in FY10. The group decided to request total funding in FY10 is in the amount of \$75,000. It is proposed that this amount will be allocated to the eight school districts in the same manner as FY09 funding, and based on current enrollment figures. This amount represents a 25% increase in the amount of funding that will go to the school districts. This increase is made necessary because in FY09, programming for several of the schools was not started until October 1, meaning that programming costs were based on a 9-month rather than a 12-month program calendar. Since schools will now need to identify funding for the entire fiscal year, it is requested that funding be increased accordingly to offset the anticipated increase in programming expenses.

The amount of \$75,000 represents an overall 17% decrease in funding from the total amount of \$90,000 which was allocated in FY09. Although this additional funding was not part of the original request, you may recall that in August 2008 the Collaborative designed additional funding to the program to serve as an insurance policy in covering any expenses that might not be recovered from the remaining school-linked mental health services grant. With the subsequent receipt of all grant funds available, it is anticipated that the work group will not be using the full allocation for FY09 and that these dollars can be reallocated for programming in FY10.

### **Positions to be Supported by Funding as of 2/09**

MH Staff	Pelican Rapids (LSS)	Fergus Falls (LMHC)	Perham (LMHC)	New York Mills (LMHC)	Battle Lake	Underwood	Parkers Prairie (Village)	Henning
MH Prac	1 FTE	2 FTE – Elem 1 FTE - HS	.5 FTE HS/MS	1 FTE	Increase in school counselor	None	.21FTE	None
MH Prof	1 FTE	195 school days	1 FTE – HS/MS	n/a	n/a	n/a	n/a	n/a

## Enrollment-based Distribution of Funding

	<b>H</b>	<b>BL</b>	<b>UW</b>	<b>PP</b>	<b>NYM</b>	<b>PR</b>	<b>P/D</b>	<b>FF</b>
Enrollment as of 2/09	362	508	542	550	704	956	1432	2415
FY10 Allocation per district	<b>\$3,636</b>	<b>\$5,101</b>	<b>\$5,442</b>	<b>\$5,523</b>	<b>\$7,069</b>	<b>\$9,600</b>	<b>\$14,379</b>	<b>\$24,250</b>

The group discussed the fact that the above proposal does not allow for administrative funding to support the work group activities for basic collaboration. It is anticipated that coordination time for work group meetings and work plan activities will be included with the overall Collaborative Coordination Contract that will be presented for approval at the April meeting.

6. The group discussed the FY10 Work Plan. The group will continue to work on the tasks that they have outlined for the past few years. Obvious changes will include the removal of tasks as they relate specifically to the grant reporting requirements. The following tasks were discussed:
  - Improve the children’s mental health referral system to ensure that students with mental health needs are referred for appropriate screening and services; (previously Task #1 with some revisions);
  - Eliminate tasks 2 & 3 and incorporate task 3 into the current task 5;
  - With regarding to task 4, the group will bring this to the clinical supervisors to see how it can be redefined and measured;
  - The group will continue to include task #6 in their work plan for FY10;
  - With regard to evaluation, the group will rely on informal information such as the meeting minutes from each of the individual school site meetings. The providers and county have been meeting with school staff throughout the year to monitor and adjust the programs to meet individual school needs;
  - The group will include a new task to explore and continue work on including Evidence-based practice within the scoop of SBMH programming. The Small WG will work on this component along with the mental health supervisor staff.
  
7. The meeting was adjourned by consensus. Jane will develop the proposal and bring it to the Large SBMH Work Group at the March 2 meeting. Future meetings of the small work group will be arranged and held only as needed.