

School-based Mental Health Programs

Supervisor Meeting

11AM – 1PM

Lakeland Mental Health Center Board Room

Attending: Judy Dinsmore and Bill Klein, Lakeland Mental Health Center; Jodi Wentland, OTC Human Services (5); Holley Arvig, Lakeland Mental Health Center (by ITV); Laura Skogen, Lutheran Social Services (5); and Jane Patrick, Otter Tail Family Services Collaborative Coordinator

1. The group began the meeting with introductions.
2. Jane Patrick shared an overview of the Collaborative's school-based mental health (SBMH) structure over the past several years, including significant changes which have occurred within the structure due to funding cuts. Jodi and Bill also shared information about the structure, make-up and purpose of the Collaborative's SBMH Work Group.
3. Information was reviewed regarding each of the various SBMH models in place within schools. Currently five school districts in Otter Tail County have some form of SBMH programming. Three districts are still exploring options and trying to identify sustainable solutions. Examples of models include:
 - a. Mental health professionals and/or practitioners that are employed by a mental health agency, but hired collaboratively between the schools and the mental health providers. These staff are housed within the school setting and deliver services to students at the school sites.
 - b. One district has been able to use school staff to provide mental health services. This is possible only when the staff person delivers specific mental health services to students. This service delivery is then supervised by mental health professionals from the mental health agencies.
 - c. All models currently access funding from the Collaborative, from Medical Assistance/Minnesota Health Care Programs reimbursement, and county mental health dollars. All current models also rely on some funding from the school district.
4. The group reviewed the goals and priorities of the Collaborative with regard to SBMH. They include:
 - a. **Mental health needs of all students both with and without a MH diagnosis are being met.**
 - The group discussed how this might be accomplished within the ridge billing structure. One way of actually providing service to students without a mental health diagnosis is to include them in group therapy sessions.
 - Students that do not have a diagnosis might also be served intermittently when short term intervention is demanded such as during fights in the hallways, etc.
 - By reducing the stigma related to mental health services, students and families will be more likely to access services when they are experiencing a mental health concern.
 - Teachers and other staff are more likely to make referrals for students with potential mental illnesses because mental health staff are accessible and physically located within their natural environment.
 - Mental health providers need to build strong relationships with administrators and teachers so that mental health awareness continues to grow and continues to be a priority within the school setting.
 - b. **Individualized school-based programs with service coordination and systems integration.**
 - All staff need clear and concise guidelines and regular communication from supervisors.
 - Each school site has a different model therefore specific information should be provided to staff on billing requirements and expectations so that they are fully aware of how many billable hours they must have in order to make the program sustainable.
 - Regular contact will continue to take place among the agency supervisors and decisions will be made about how to maintain consistency and systems integration.

c. Mutual partnerships with information sharing and joint planning.

- Regular contact will take place among the agency supervisors and superintendents at routine Collaborative meetings with both the “Large” SBMH Work Group Partners, and among the “Small” SBMH Work Group partners as needed.
- In addition, the SBMH program supervisors will meet as needed and noted in “b” above.

d. Centralized and consistent data collection and reporting for evaluation purposes.

- **CASII/SDQ** – Both Lakeland and Lutheran Social Services administer these assessments at the time services begin and end, and/or at six month intervals if services are on-going. Jodi will check with the Village to find out how often it is administered for their agency. The group discussed the fact that it may not be as important to have consistent time intervals for administering the assessments, but rather to have consistent data collection intervals so that all data is reported the same and on the same frequency. It was decided that CASII and SDQ scores would be collected in the fall and the spring and that progress would be measured on:

- Student scores at the time services begin and subsequent reporting on the number of students that maintain their entry level of care; percentage and rate of improvement for students; and percentage and rate of increased intensity for students receiving services.

Example:

School	Total # of Students Assessed for initial and follow-up screenings	Total # of students with improved functioning	Total # of students who maintained functioning	Total # of students with decreased functioning	Average CASII Score of students at start of service	Average CASII score of all students served at 6 months of service who will continue services	Average CASII score of students at time of discharge
Fergus Falls High School							
Perham High School							
Pelican Rapids Elem							
Parkers Prairie Elem							

- **Students served** – the group discussed consistent ways of tracking the number of students receiving services at the school as a result of SBMH services. There was a consensus by the group that it would be very difficult to track with any degree of accuracy or consistency every student that the SBMH staff person might have contact with. Because staff are physically located in the school, they could have contact with students in the hallways, on the play ground, etc. The group decided to only count contacts for students with whom they had at least one “interview.” These students would be counted regardless of who made the referral. The mental health supervisors agreed to collect the following information on a *quarterly basis*:
 - Total unduplicated number of students receiving school-based mental health services with an ED or SED diagnosis. (This number will be tracked using those students who are billed through the mental health system.)**
 - Total number of diagnostic assessments completed for students at the school site.**
 - Total unduplicated number of students with whom school-based mental health staff have had at least one interview at the school site (include both students with and without a mental health diagnosis.)**
- **Other contacts** – The group also determined that school-based staff should compile a summary list of services they provide to the school outside of direct service time. This would include time spent consulting with teachers or administrators, attending special education staffings, child protection team meetings, etc. This information will be summarized and reported to document the prevention and intervention services that schools are receiving which are not covered by insurance billing.

5. Staff and agencies should begin reporting the above information as of January 1, 2009. Jane will check with Pat Nygaard and Jon Steinbrenner to see if they have data for 2008 which was compiled as part of the School-linked Mental Health Services Grant from the Department of Human Services.
6. The group discussed the possibility of bringing school-based mental health staff together at various times throughout the year to problem solve and share information. Because of the current billing expectations and the importance of getting staff up to their full billing potential, the group decided they would not plan to bring staff together at this time. At some point in the future, the group may wish to bring staff together for joint training on topics that related specifically to school-based mental health service delivery.
7. The group did not have time to complete a discussion on the topic of evidence-based practice implementation across all agencies and SBMH programs. The group decided they would like to get back together for a longer planning session to specifically discussed to evidence-based practice in June or June. Jane will arrange this meeting later this spring.