

# School Mental Health Presentation

Medi-Cal Children's Health Advisory Panel

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November 15, 2016



An estimated 20% of American children and adolescents between the ages of 5 to 18 have serious diagnosable emotional or behavioral health disorders resulting in substantial to extreme impairment.

(Committee on Health, 2004; Nemeroff et al., 2008)

# Why Deliver Mental Health Services in Schools?

- Most children and youth, even those with insurance, do not access services
- Many children and youth who receive services get them at school
- Individual and group counseling in schools are linked to more developmental assets for students
- School-based services increase access and reduce stigma
- Improvement in mental health links to improvement in behavior, learning, and social skills

# Initiation and Delivery for Mental Health Care is Inadequate

- No-show rates for initial intake MH appointments ranged from 48% to 62%
- If initial appointment was secured by telephone 28% of children never attended an initial visit
- 40% to 60% of children receiving outpatient mental health services attend few sessions and drop out quickly

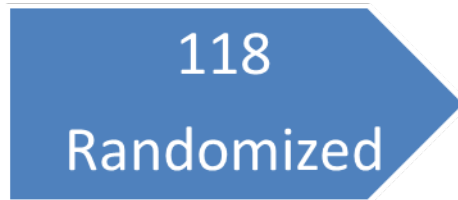
Harrison, McKay & Bannon (2004)

McKay, McCadam, & Gonzales (1996)

McKay, Lynn and Bannon (2005)

Gopalan G et al; (2010)

# Schools Provide Greater Access to Mental Health Services (Jaycox, 2009)




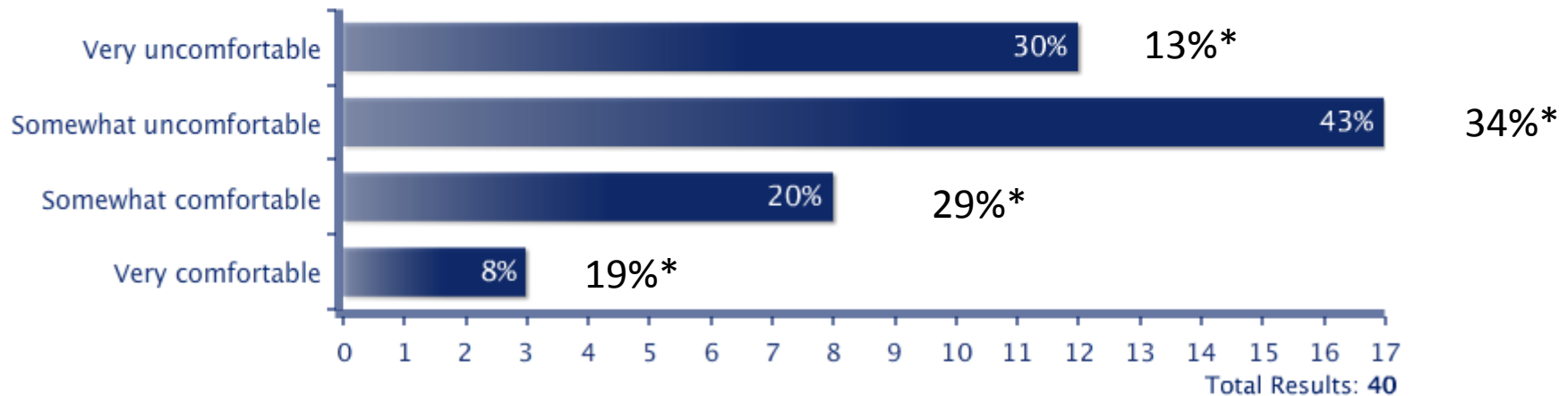
# Positive Attitudes Towards Learning

- PALS Program to improve classroom and home behavior of children with disruptive behavior disorders
- Combination of classroom-based (e.g., posting rules, behavior contingencies, individualized reward systems) and parent sessions co-facilitated by clinicians and parent advocates
- 80% of families agreed to enroll in PALS versus 55% of families engaging in traditional clinic services
- At three months, 100% of PALS families remained enrolled in the program, while 0% of control families continued to receive clinic-based services
- At 12 months, 80% of PALS families still remained in services

# Stigma: CA Regional Educator Responses

## How comfortable would you be, personally, living next door to a person with a serious mental illness?

 This poll has received the maximum number of votes



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Live Audience Polling

\*National Sample, Kaiser Family Foundation Health Tracking Poll; Feb. 2013

# School Mental Health Models of Delivery

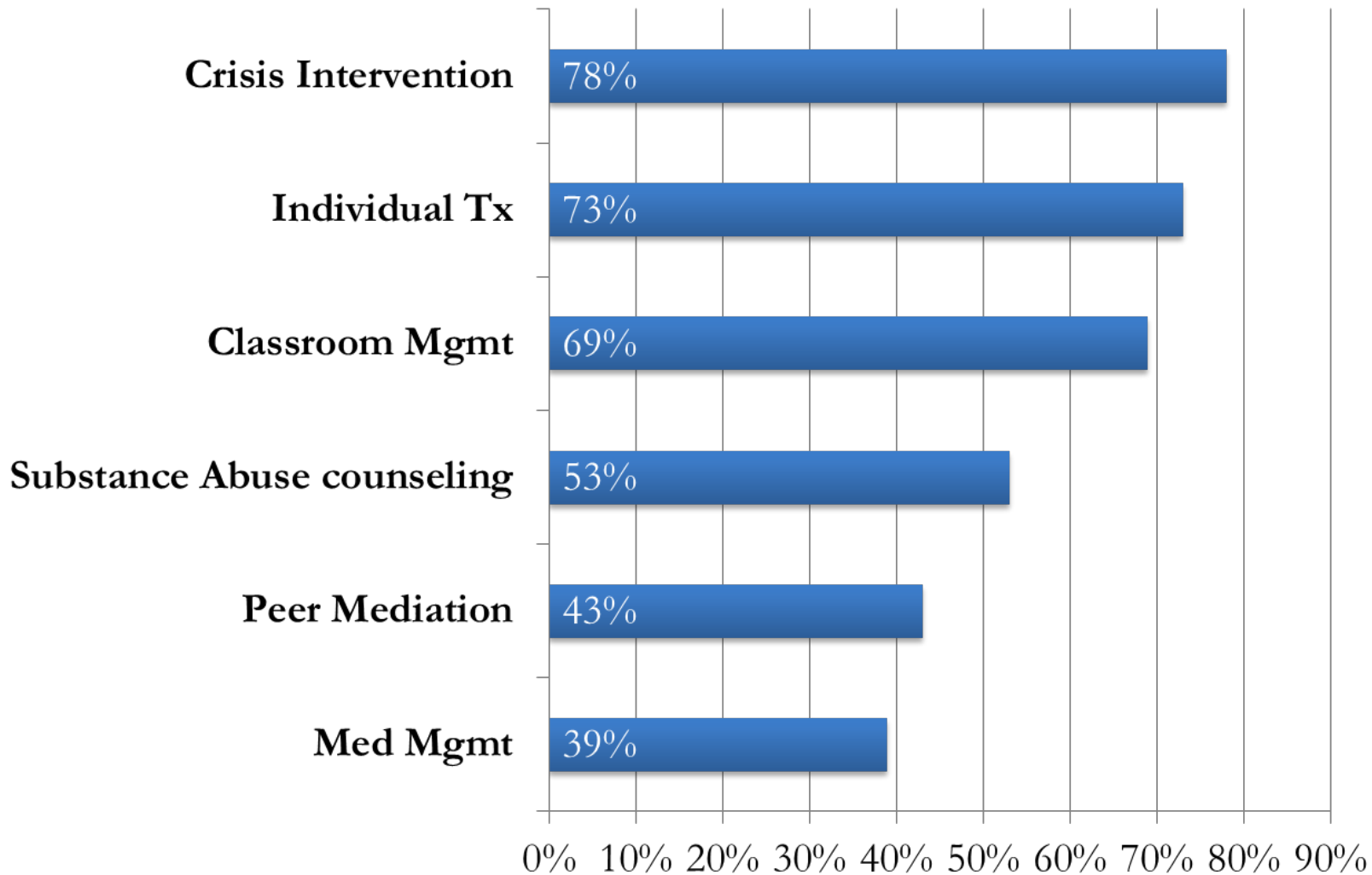
- School-based health/mental health centers
- School mental health consultants
- School district/ community agency partnerships
- % of public schools in U.S. providing mental health services (Foster 2005)
  - Prevention services (63%)
  - Programs for behavioral problems (59%)
  - School-wide safe and drug-free school programs (75%)
- $\frac{3}{4}$  of children receive mental health care in schools



# CA School-Based Health Centers (SBHCs)

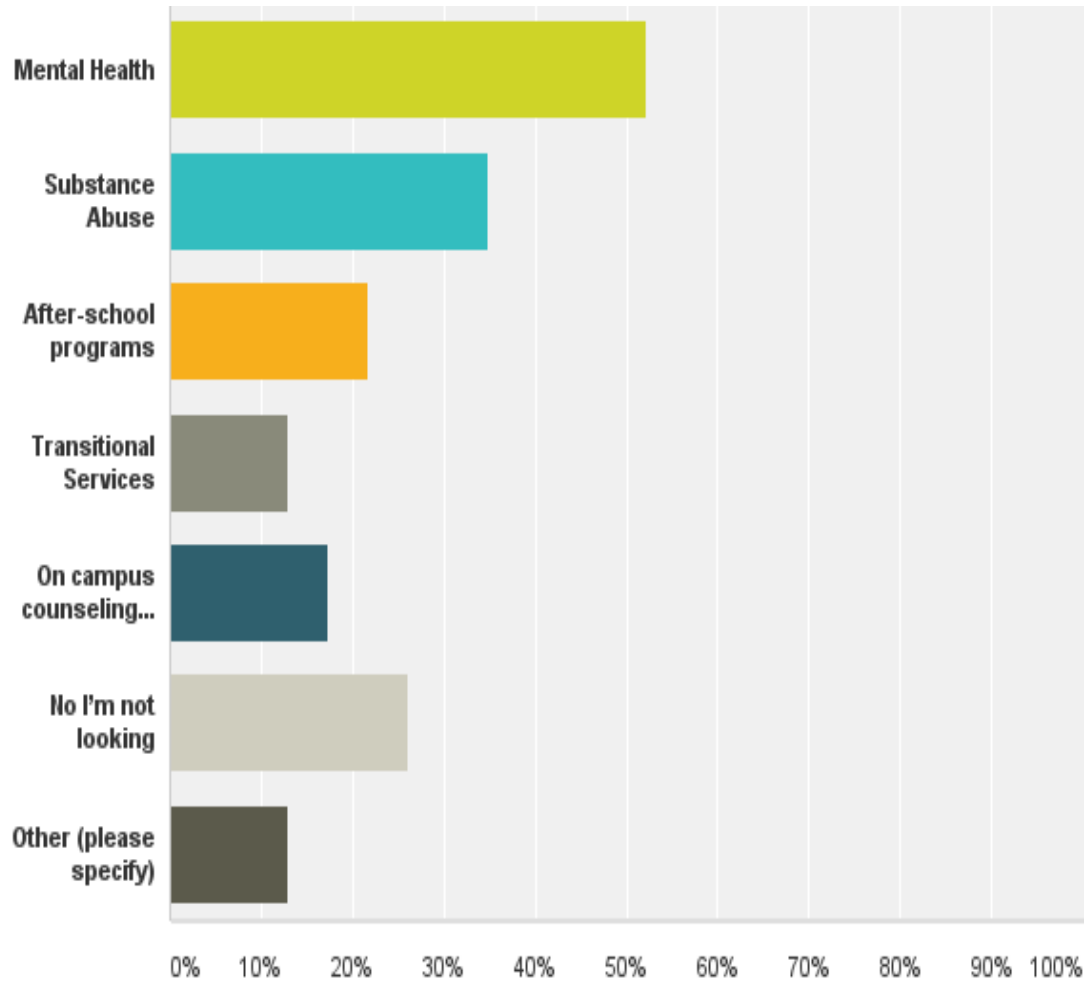
- There are 243 SBHCs that provide various combinations of primary care, mental health, and dental services.
- SBHCs are sponsored by FQHCs / community health partners / county health departments (70%) and school districts (30%)
- Provider types at SBHCs
  - Primary care and mental health 33%
  - Primary care, mental health and other (dental, etc) 38%
  - Primary care alone 29%

# Mental Health Services in SBHCs



## Q9: Are you looking for community resources in any of the following areas? Check all that apply:

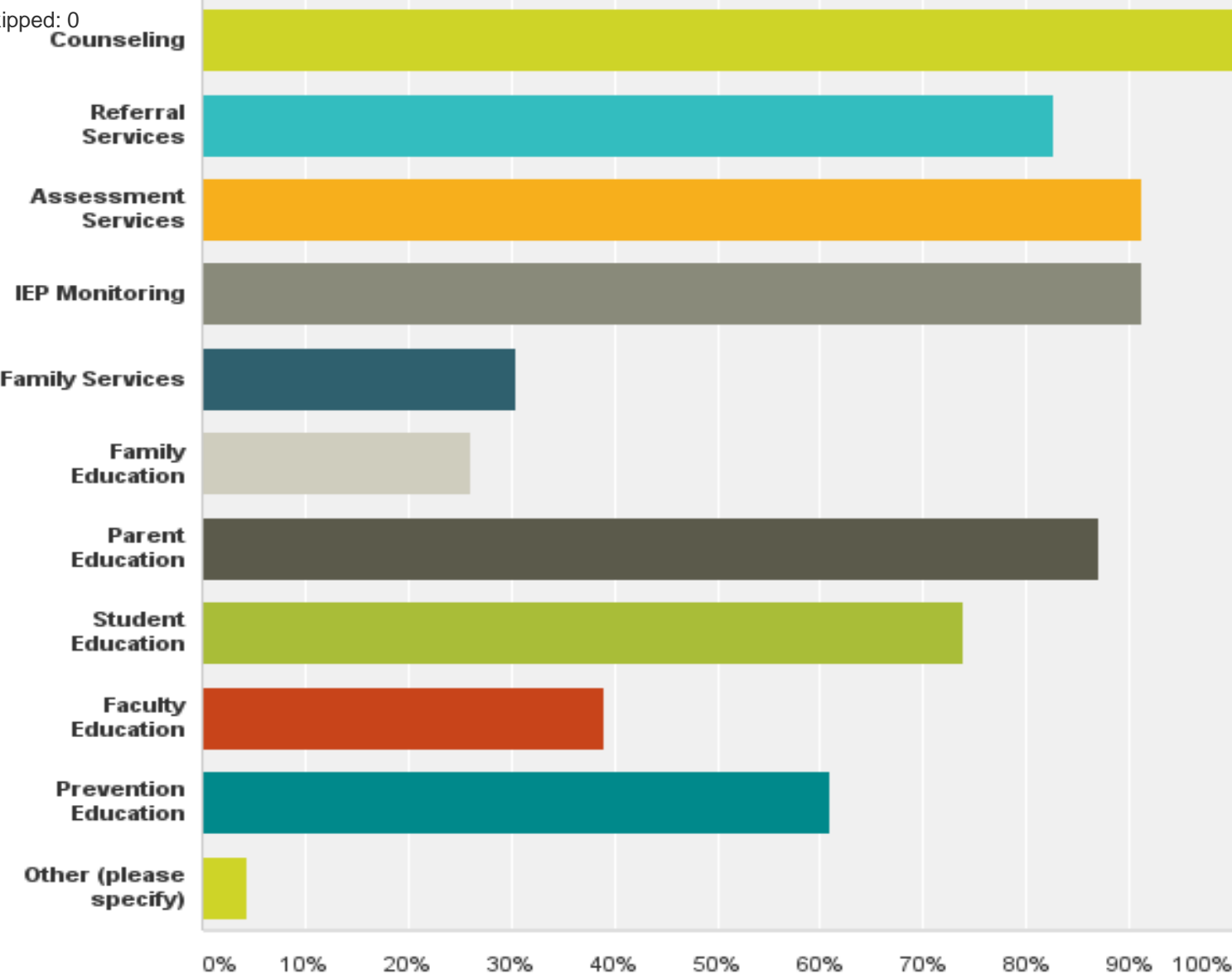
Answered: 23 Skipped: 0



2014-15 OC CA Survey  
of School Administrators  
Responsible for District  
MH Programs, N=27

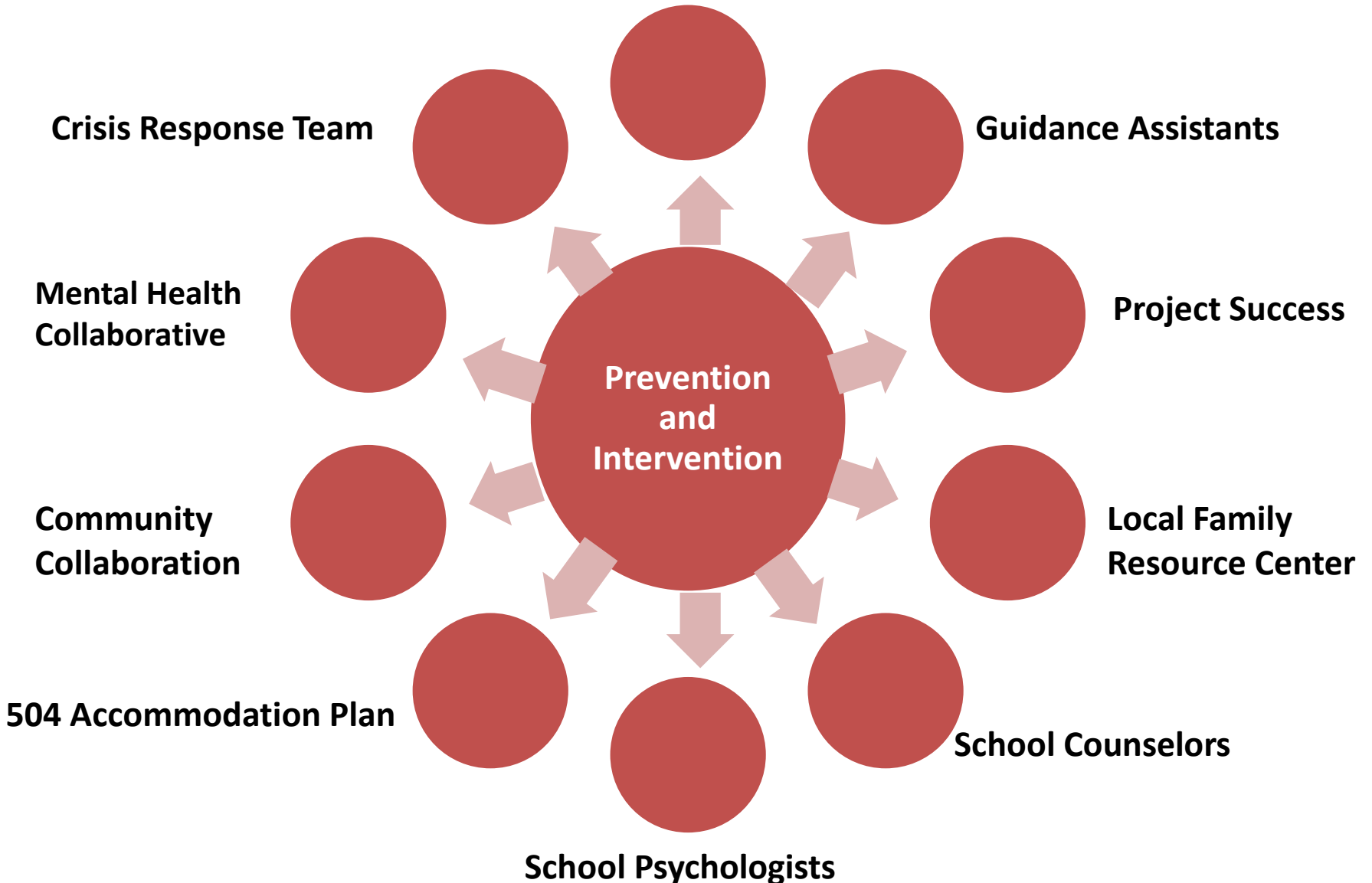
# What type of mental health services do you provide?

Answered: 23 Skipped: 0



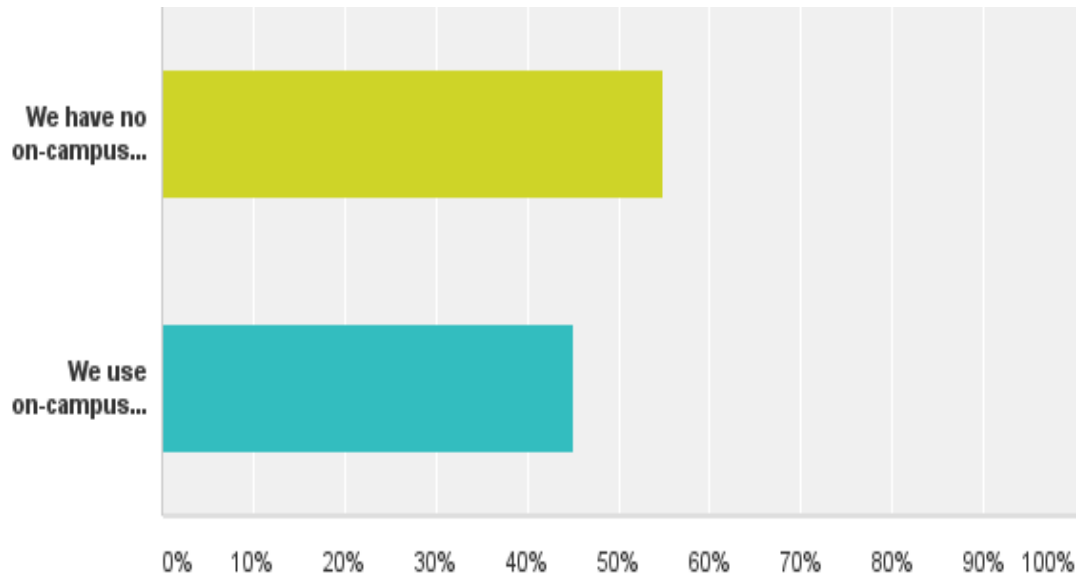
# Mental Health Prevention and Intervention in a CA School District

## Positive Behavioral Interventions and Supports



## Q7: With whom do you partner or refer for licensed clinical mental health services for students and families on your campus?

Answered: 20 Skipped: 3



# JumpStart4Kids

## Anaheim Elementary School District

- School district is lead agency for project
- Community mental health partner pays for data collection with schools to better serve the students
- School and community mental health share the cost of a data entry staffer
- Funding sources include elementary schools' categorical dollars, grants, funding matches and county mental health plan
- Positive results include reduced violent and disruptive incidents and increased one-on-one therapy services for struggling students

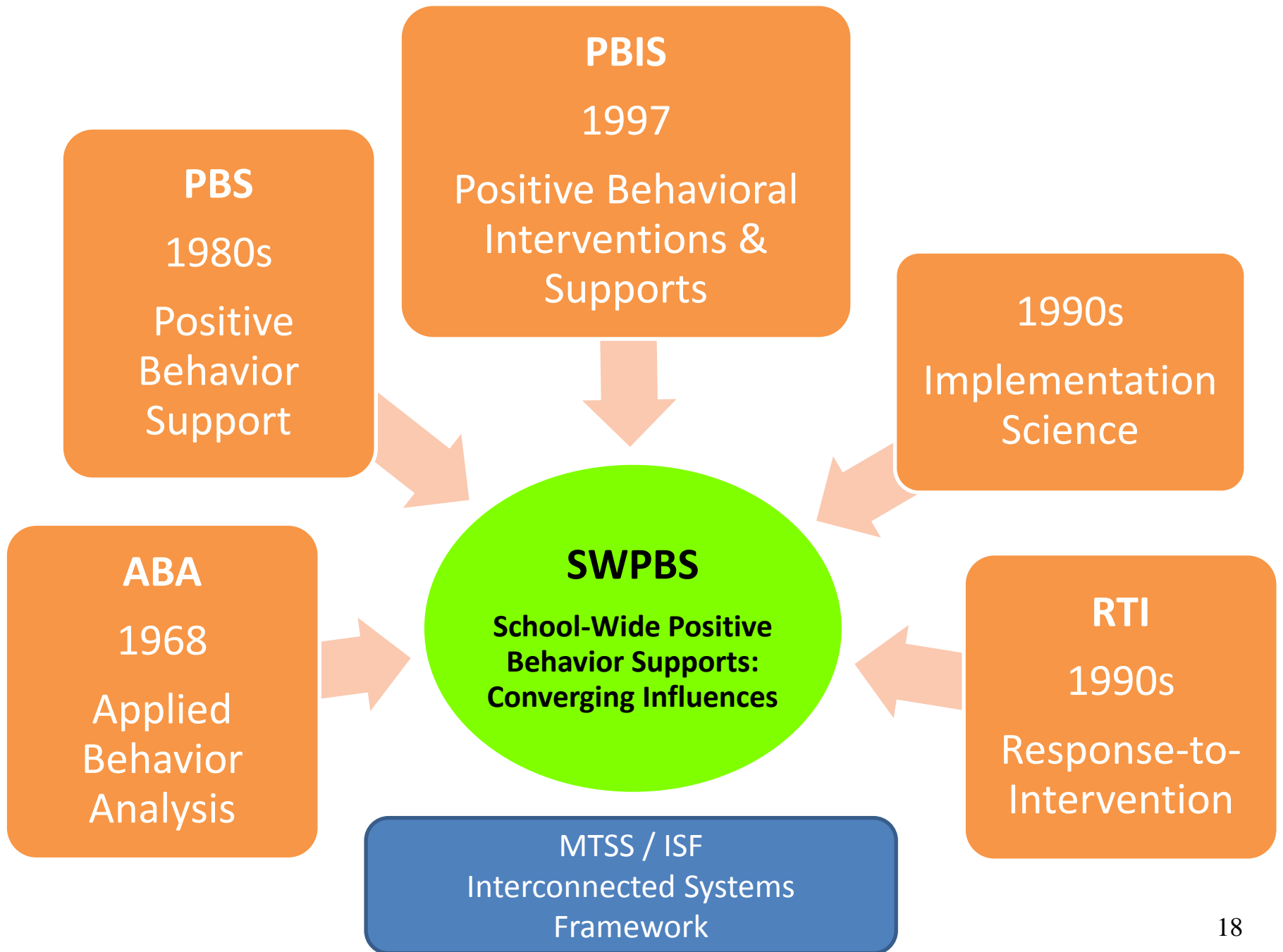
# JumpStart4Kids Approach

- Tier 1
  - Address bullying, isolation (lunch clubs), social and emotional learning instruction (Behavioral Health Aide (BHA) works with teachers and with administration)
- Tier 2
  - Both Local Education Agency (LEA) and BHA manage Tier 2 referral review
  - Group by behavioral health aides (contractor) or school counselors (LEA)
- Tier 3: Engaging County MH Referral Line
  - Individual counseling / therapy at school / home/ Family Resource Center (FRC)



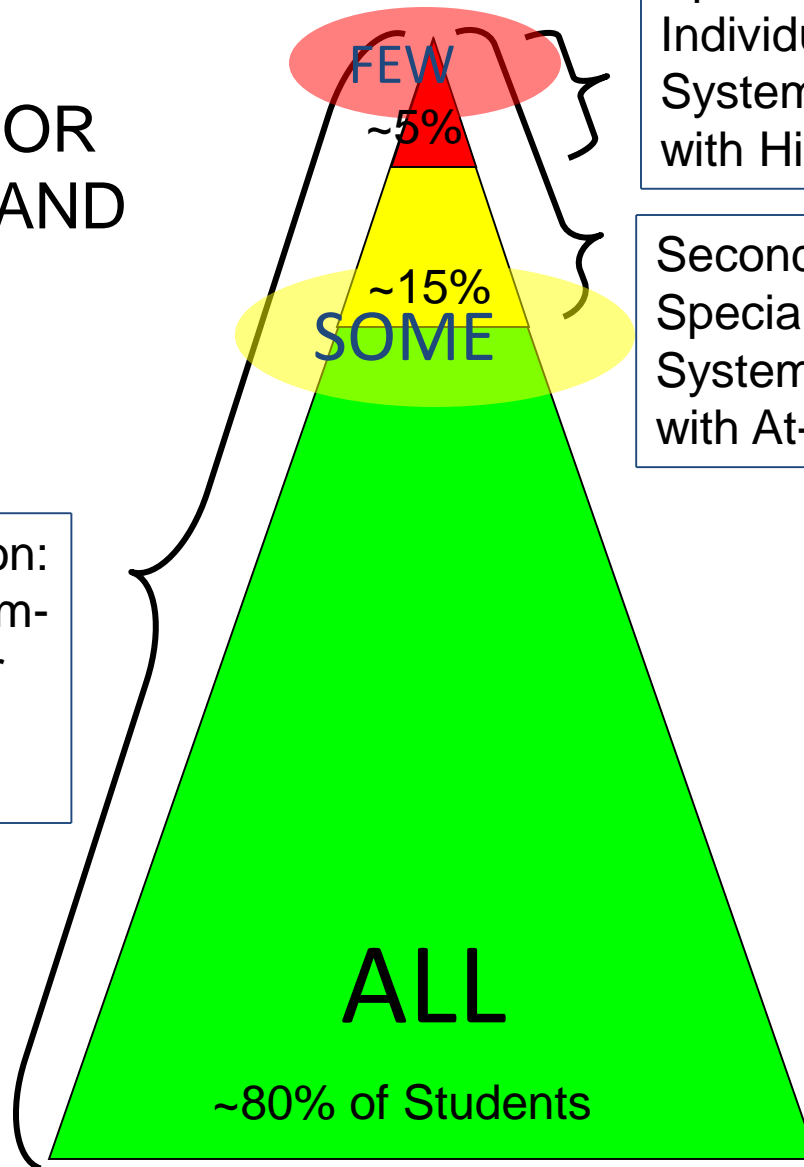
# JumpStart4Kids Results

- 1.9% increase in attendance
- 65% reduction in school discipline referrals
- Teachers report a 4 hour per week increase in time for instruction (rather than behavior management)
  - 95% of participants improved class behavior grades
  - 85% improved classroom effort grades



# CONTINUUM OF SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

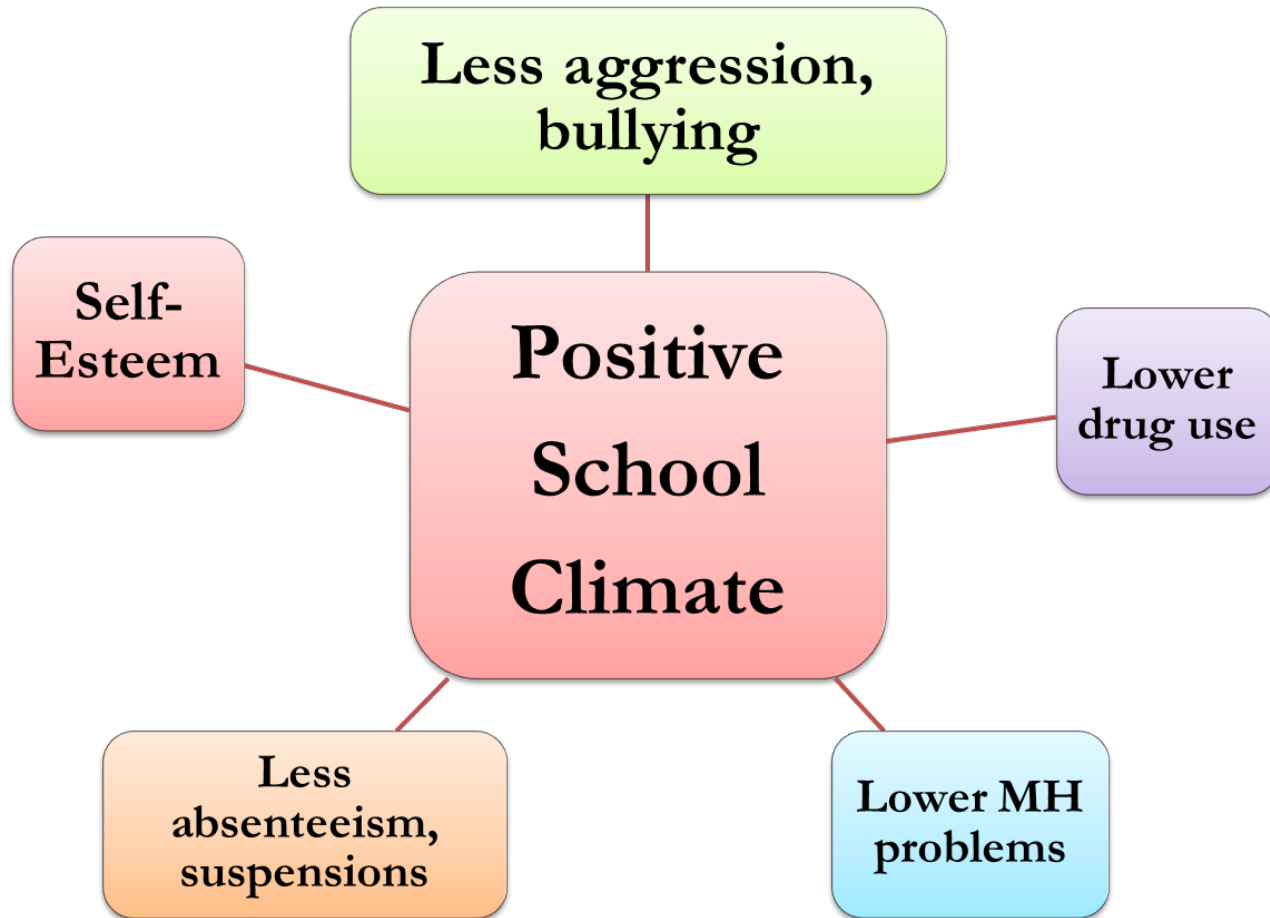
Primary Prevention:  
School-/Classroom-  
Wide Systems for  
All Students,  
Staff, & Settings



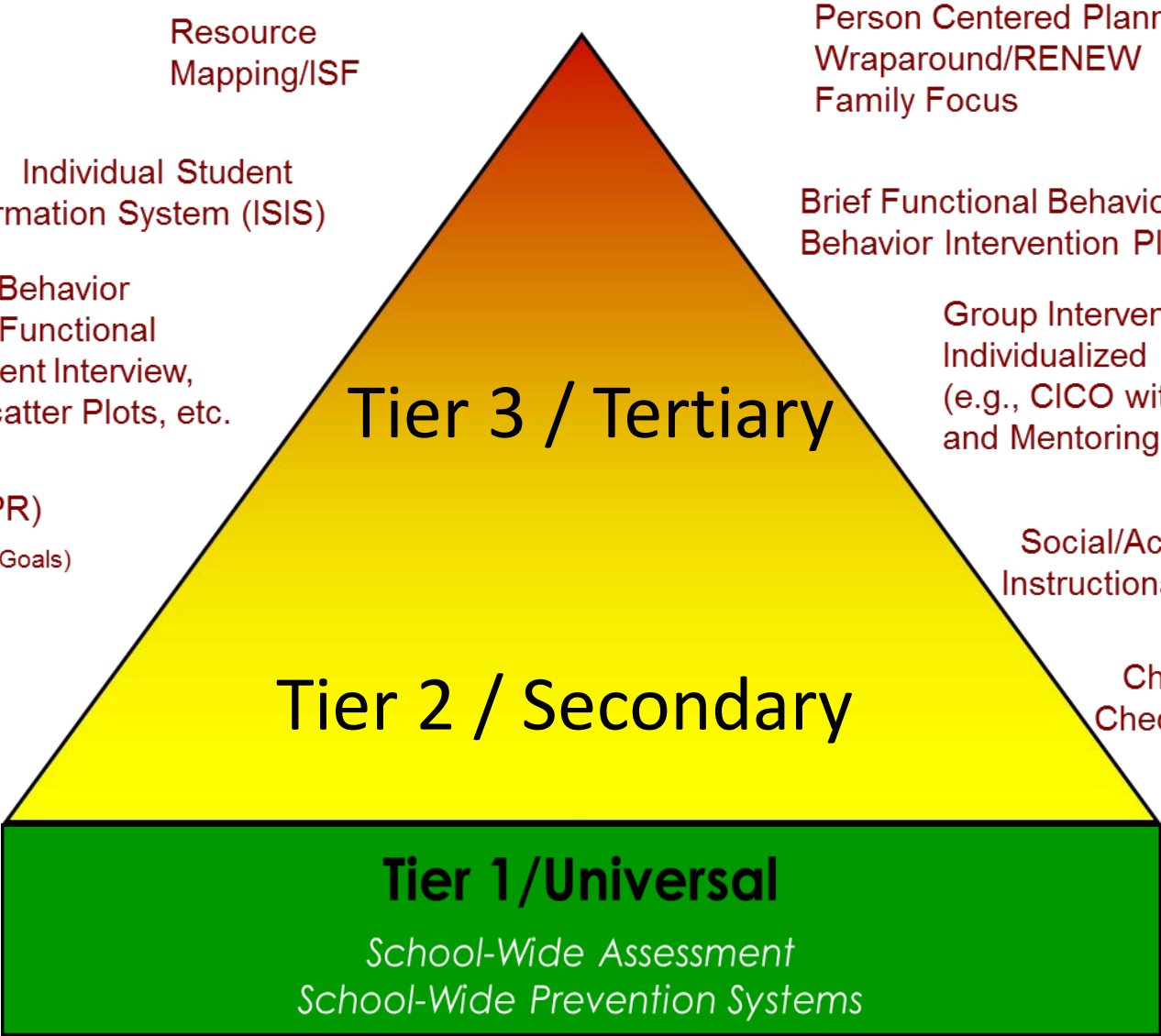
Tertiary Prevention:  
Specialized  
Individualized  
Systems for Students  
with High-Risk Behavior

Secondary Prevention:  
Specialized Group  
Systems for Students  
with At-Risk Behavior

# Impact of PBIS Tier 1 Programming



# Positive Behavior Interventions & Supports



# Video

# Tiered School Mental Health Services

- Tier 1
  - Mental Health Screening
  - Suicide Prevention
  - Substance Abuse Prevention
  - Violence / Bullying Prevention
- Tier 2
  - Social Skills Groups
  - Trauma Groups \*
  - Substance Use Prevention for At-Risk Students

\*Kataoka et al, 2003; Stein et al, 2003; CBITS in Schools

# Tier 3 Mental Health at Schools

- Individual therapy and / or medication
- Crisis intervention teams
- Mental health services in special education
  - Educationally Relevant Mental Health Services (ERMHS)
  - ERMHS associated counseling



# Full Time Equivalents (FTE) of Pupil Services Staff in California

Public Schools Student Enrollment of **6,226,727**

*Source: California Basic Educational Data System (CBEDS), 2014-6*

	Number of FTE's	Ratio	CA State Administrators*	National Organizations
Counselors	8337	747:1	515:1	250:1
Psychologists	5257	1,184:1	1273:1	1000:1
Social Workers	490	12,708:1	4081:1	600:1

\*AB 722 Task Force Report (10/2003)

<http://data1.cde.ca.gov/dataquest>

# Types of Mental Health Professionals in Schools

- School Psychologists:
  - Graduate training in psychology and education
  - Psychoeducational testing for special ed assessment
- School Counselors:
  - Masters degree in school counseling
  - Academic, career, and mental health counseling
- School Social Worker:
  - Mental Health, classroom, behavioral, family
- School-Based Health Center Providers

# CA School Counseling

- The specialization in School Counseling authorizes the holder to perform the following duties:
  - Develop, plan, implement, and evaluate a school counseling and guidance program that includes academic, career, personal, and social development
  - Advocate for the high academic achievement and social development of all students
  - Provide school-wide prevention and intervention strategies and counseling services

# School Psychologists

- Trained in both psychology and education
- Consultation/Assessment/Counseling and Program Development and Evaluation
- Provide assistance to school personnel and parents regarding emotional, behavioral and learning challenges facing children
- Provide assistance to foster enhanced responsibility, problem-solving, resilience, and effective engagement in classroom learning
- Provide expertise in the area of systems change and crisis management
- Commonly focus on the needs of students with IEPs

# Special Education Eligibility Criteria for Emotional Disturbance

- A condition exhibiting one or more of the following over a long time and to a marked degree that adversely affects a child's educational performance:
  - A. An inability to learn
  - B. An inability to build or maintain interpersonal relationships with peers and teachers
  - C. Inappropriate types of behavior or feelings under normal circumstances
  - D. A general pervasive mood of unhappiness or depression
  - E. A tendency to develop physical symptoms or fears associated with person or school problems
  - F. This includes schizophrenia but the term does not apply to socially maladjusted students

Source: Title 5 CA Code of Regulations 3030

# Emotional Disturbance Eligibility Students Prevalence Rates

- LAO stated that in 2010/2011 about 20,000 students with disabilities received AB 3632 services.
  - 12 in 400 (3%)
  - 1 in 400 in residential placement (.27%)

California	Number					
Disability	2010	2011	2012	2013	2014	2015
Autism	47,745	52,840	58,432	63,851	84,718	90,794
Emotional Disturbance	27,186	26,318	25,867	24,981	24,442	24,214



Transition from AB 3632 to AB 114 = June 2011

12/10/15 CMS Letter by Acting Associate  
Regional Administrator Division of Medicaid &  
Children's Health Operations

“Please confirm if the state is proposing to cover any beneficiary under age 21 for all listed medical services provided by a LEA, regardless of whether there is an Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP). If not, please clarify if the state is only covering services to all beneficiaries under age 21 provided by an LEA when the service is part of the IEP/IFSP.”

# LEA Compensation May Be Directed to Support a Range of Services

- Health care services such as immunizations, vision and hearing services, dental services, physical exams, or prenatal care;
- Mental health services such as primary prevention and crisis intervention, assessments, or training for teachers to recognize mental health problems;
- Substance use prevention and treatment;
- Education and support programs for families;
- Academic support services such as tutoring or mentoring;
- Counseling services such as family counseling, suicide prevention, or targeted services for children experiencing community violence;
- Nutrition services;
- Youth development programs such as mentoring or career placement;
- Case management services;
- Onsite Medi-Cal eligibility workers



# Summary

- School mental health services are a powerful resource to better the lives of children served by Medi-Cal
- Model multi-tiered programs can improve school climate, school performance and deliver effective mental health services
- DHCS and CDE should work to provide clear guidance in support of funding mechanisms and to track delivery of these services at CA schools