Changing the Course for Students with Mental Health Disorders: How Early Intervention Can Improve Attendance, Reduce Suspensions and Promote Achievement

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Objective: discuss elements of an early identification and intervention system and how these can be effectively developed, including

- How to identify students with potential mental health needs
- Key elements of mental health care coordination services and how they support families in navigating both mental health care
- How mental health care coordination expands capacity to meet student needs by developing a wide network of supportive providers
Why should schools address mental health issues?
Mental health is an education issue

- Mental health issues create barriers to learning
- Children with mental health problems may miss as many as 18 to 22 days per year.
- Rates of suspension and expulsion are three times higher than those of their peers.
- Up to 44% of youth with mental health concerns don’t complete high school
AND an equity issue

• Over half of children and youth with mental health problems come from households living at or below the federal poverty level.

• Youth of color have less access to mental health services and are less likely to receive needed care.

• Approximately 10% of white youth use mental health services compared to 4-5% of youth of color.
How can we

• know who these students are?
• connect them to services?

and..
• ensure that we have the mental health capacity to serve them?
Secondary Prevention
Targeted Interventions
*Systems for students with at-risk behavior.

Tertiary Prevention
Specialized Individualized
*Systems for students with high-risk behavior.

Primary Prevention
School-/Classroom-wide
*Systems for all students, staff and settings.

~80% of Students

~15%
Students identified through

- Information for school staff on how to identify and refer students with potential mental health problems
  - School-based trainings, including warning signs that a student may be considering suicide and what to do
- Use of data and school-based Red Zone Teams

Referral directly from school staff

Referral from school team
Students in potential need of mental health services

- May have poor or failing grades.
- May have high levels of absenteeism.
- May have high levels of disciplinary referrals or suspensions.
- May have had other interventions that haven’t worked.
- May exhibit signs of distress that concern school staff, or behavior that reflects isolation, disconnection, anger or anxiety.
- May be going through life events which make it difficult to focus in school.
Mental Health Care Coordination
Who are Care Coordinators?

• Employees of Lifeworks Northwest, a local outpatient mental health provider which provides services in through contract with the school district

• Masters level mental health professionals with experience providing mental health services for children and adolescents

• Two of the care coordinators are bilingual in English and Spanish

• Offices are located in the schools
What happens when a student is referred?

• Counselor calls family and offers care coordination

• The Care Coordinator:
  • Meets with the family, gets family perspective on concerns and needs
  • Completes an initial screening.
  • Identifies barriers and special needs
  • helps the family to connect with mental health services and other services

• Care coordinators serve families on the Oregon Health Plan, uninsured, and those with private insurance. They also help families get signed up for the Oregon Health Plan.
Depending on a family’s need, Care Coordinators help them connect to:

• Community mental health agencies
• School-Based Health Center
• Private mental health providers, including specialized and dual language
• Managed care providers
• Other services
Connections to additional needed services

- Programs that assist with rent, food, clothing
- Medical services, including PCP
- Mentoring programs, community organizations
- Specialized programs and services (e.g. dual diagnosis programs, autism support group, grief program)
- Recreation and socialization programs (e.g. sports, Parks and Recreation)
Next Steps

Family connects to services (may take more than one try)

The Care Coordinator

• Keeps school staff informed about progress

• Follows up with the family to ensure a successful service connection
Case Examples
In 2016-17, 372 students were referred for Mental Health Care Coordination

- 55% Boys
- 45% Girls
- 51% Caucasian
- 49% Students of Color
- 41% Elementary
- 22% Middle School
- 36% High School
– 26% of families did not respond or did not want services
– About three out of four families did accept services
What about HIPAA and FERPA?

• School Official designation
• Release of Information
• Records
What we’ve learned...
From a district perspective

- Formal role clarification is important—MOUs, School Official designation
- It really matters who is delivering the service
- School administrators, counselors and teachers value the service a lot
- Data is really important
From schools and families

- School staff value information about how to identify potential mental health problems and refer

- School and families perception of the problem may differ.

- Home visits can be really useful.

- It is important for the school to prepare the family for contact.

- The system can be very daunting for families to navigate—care coordinators are advocates.
It’s important to understand barriers for students and families to obtaining treatment

- Transportation, transportation, transportation
- Inability to pay co-pays/high deductible plans
- Bad initial experience with agency
- Change in coverage
- Lack of bi-lingual staff/interpreter services
How Care Coordination Expands Mental Health Provider Resources
Benefits of a Diverse Pool of Providers

• Provides a variety of treatment modalities
• Can address a wide range of student/family needs
• Can match provider to family’s primary insurance or with appropriate provider if uninsured
• Enables connection to specialist care and medication management
• Provides options for treatment in multiple languages
What Were the Outcomes for the Group Who Received Care Coordination Services?

- Worked with evaluator Pacific Research and Evaluation
- Analysis of outcomes for 472 students who began receiving Care Coordination Services from spring 2012 to fall 2015
- Semester of referral to three semesters after referral
Days Absent Were About the Same

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<th>Semester of referral</th>
<th>2nd Semester</th>
<th>3rd Semester</th>
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<tbody>
<tr>
<td>Days Absent</td>
<td>12</td>
<td>13</td>
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Semester of referral: 2nd Semester, 3rd Semester
For Students with 10+ Absences in Semester of Referral, 31% Reduction in Number of Students Continuing to be Chronically Absent
Average Office Disciplinary Referrals Reduced by 36%

Semester of referral

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<th>3rd Semester</th>
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<tbody>
<tr>
<td></td>
<td>1.21</td>
<td>0.89</td>
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Average referrals are reduced from 1.21 in the 2nd semester to 0.81 in the 3rd semester, a 36% reduction.
Average Number of Suspensions Reduced by 55%

- Semester of referral: 0.48
- 2nd Semester: 0.4
- 3rd Semester: 0.22
Percent of Students Passing All Core Classes Increased by 20%
Sustainability

- Originally funded by federal Safe Schools Healthy Students Grant
- One year partial bridging funding from Washington County Mental Health Services
- Grant from the Cambia Health Foundation
- Grant from the Kaiser Community Benefit Fund
- Now fully funded by school District funds
Alone we can do so little; together we can do so much.

-Helen Keller

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