

# *PBIS & School-based Mental Health Services*



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# Why School Mental Health?



- Significant gap between mental health needs and available services
- Urgent need to improve access: 1 in 5 children have a diagnosable mental health disorder, yet 70-80% receive no or inadequate levels treatment
- Youth needing mental health services are not accessing established sites for care
- Significant wait time to access services
- Kept appointment/show rate at urban community mental health centers: 50-60%

# Barriers to Traditional Mental Health Care



- Financial/Insurance
- Childcare
- Transportation
- Mistrust/Stigma
- Past Experiences
- Waiting List/Intake Process
- Stress

# Why Schools?



- Over 52 million youth attend 114,000 schools
- Over 6 million adults work in schools
- Combining students and staff, one-fifth of the U.S. population can be found in schools
- Great opportunity for mental health promotion, prevention and early identification and intervention
- School mental health services are not a replacement for community based services
- Untreated mental health issues are a significant barrier to learning and educational success

# STATE OF MINNESOTA SCHOOL MENTAL HEALTH GRANT (SLMH)



- Governor's Mental Health Initiative
- The 2007 Minnesota Legislature passed enabling legislation to invest in a number of "Infrastructure Development Grants" including the **School-Linked Mental Health Services (SLMHS)** grant
- DHS issued an RFP in December 2008
- Contracts were negotiated with 21 grantees for 3 years (July 1, 2009 – June 30, 2011)
- \$4,777,000 is awarded annually
- Grants range in size from less than \$300,000 up to \$1,000,000 for three years



# Purpose of the School Linked Mental Health Grant



- Increase access to CMH services in schools and community settings
- Children in both regular and special education with a mental health diagnosis can be served

# Goals of the SLMH Grant



- Earlier identification and intervention provided to children in need of mental health services
- Increased accessibility for uninsured & underinsured children to mental health services in school & community settings
- Improved clinical & functional outcomes for children served

# SLMH GRANT GOALS



- ✦ ACCESS TO MENTAL HEALTH SERVICES- UNINSURED and UNDERINSURED



- ✦ OUTCOMES- CLINICAL and SCHOOL



- ✦ EARLY IDENTIFICATION



- ✦ BUILD INFRASTRUCTURE



- ✦ BUILD SUSTAINABILITY

# Student Eligibility for Grant Services



- Birth-to-21 years of age with parental consent
- Must have a mental health diagnosis on the basis of a Diagnostic Assessment
- The Diagnostic Assessment is used to Develop the Individual Treatment Plan (ITP)
- Children must meet the designation of having an Emotional Disturbance (ED) or a Serious Emotional Disturbance (SED)
- Students are not required to have an Individualized Education Plan (IEP)
- The grant supports early identification and intervention services to qualified students.

# Eligible Providers as defined by the Request for Proposals (RFP)



- Community Mental Health Centers
- Rule 29 certified Clinics
- Subcontractors (must be CTSS Certified)
- CTSS = Children's Therapeutic Services and Supports (Minnesota Health Care Programs/MHCP)
- Unifies Standards of Care with Systems of Care standards

# Requirements for Host Schools



- Defined under the RFP as public schools including charter schools, Head Start, and tribal contract schools
- Host schools must sign letters of support for the program and/or have Interagency Agreements or Memorandums of Understanding in place with the DHS grantee.

# Service Delivery Model as defined in the RFP



- School-located and School-connected programs
- Family choice: Homes/community clinics
- Offer Mental Health Intervention Services (as defined by MHCP/CTSS rules and statute)
- Offer Ancillary & Supportive Services
- Services are culturally-sensitive and appropriate to the child and family's needs
- Services are family friendly

# Mental Health Intervention Services



- Diagnostic assessments
- Individual or family therapy
- Individual or family skills training
- Group psychotherapy
- Group skills training
- Medication management
- Mental health crisis intervention services
- Psychiatric consultation and services
- Care Coordination

# Ancillary and Supportive Services



- The RFP defined this as “services important to positive treatment outcomes that are not covered under public or private insurance.”

## Examples

- Up to 3 Pre-Diagnostic Assessment sessions with parents and/or to observe the child in a therapeutic modality
- Attendance at IEP and other school meetings
- Consultations with school staff and with parents
- In-Service presentations for school staff regarding program services, characteristics of children with mental health needs, referral policies, etc.

# Typical SLMH program development activities



- Meetings with school staff and administrators
- To plan and develop policies & procedures
- To clarify roles & responsibilities
- To participate in cross-training activities
- To build trust with staff and students at each school
- To coordinate & work through logistical problems (scheduling conflicts, confidential meeting space, internet connectivity issues, etc.)
- To learn the **culture** of each school
- To build credibility and ultimately program acceptance

# Grantee Support



- Three DHS sponsored Grantee Meetings annually in St. Cloud
- Networking across Grantee Sites at Grantee Meetings and in-between meetings
- DHS Technical Support
- Coordination with other school mental health programs (Minneapolis Public Schools and Hennepin County)
- Informal support from the Minnesota Association of Community Mental Health Programs (MACMHP).
- National conference (Advancing School Mental Health) met in Minneapolis in 2009

# MPS & HC School Mental Health Program



- Established in 2005 in five Minneapolis City Public Schools
- Gradually expanded to 15 schools
- County wide 10 agencies, 14 school districts, over 70 schools
- Staff includes social workers, psychologists, psychiatrists, masters level clinicians, licensed professional counselors, and trainees

# Expanded School Mental Health (ESMH)



- Full continuum of mental health services for children and adolescents in both regular and special education through partnership with school staff
  - Assessment
  - Treatment
  - Case Management
  - Mental Health Promotion
  - Prevention
  - Crisis Management
  - Consultation

# Vision Statement – MPS ESMHP



- Form public/private partnerships to deliver a broad continuum of high quality mental health services to the students and families of Minneapolis Public Schools that are universally accessible, culturally competent, effective, compliant with data privacy requirements and sustainable
- We sought to align current efforts, services and supports to avoid creating a duplicate children mental health delivery system

# Goals of MPS ESMHP



1. Improve access to children's mental-health services, particularly for families with transportation, financial or cultural barriers
2. Improve symptoms and functioning and school outcomes for children experiencing mental health difficulties
3. Integrate broad continuum of mental health services and supports into school and build capacity of school staff

# What it looks like at a school



- Community Mental Health Agency provides full time mental health professional at each school
- SMH clinician partners with student support staff
- The activities and services of the clinician augment the work done by student support staff to achieve a broad continuum of services and supports
- Range of services: both direct child and family specific as well as school-wide services, including assessment and treatment, teacher consultation, care coordination, classroom presentations, school-wide trainings

# Evaluation of MPS ESMHP



- **Access and sustained engagement in treatment**
  - 85 % of students seen once face to face; 70% within 10 days; 65% 1<sup>st</sup> time receiving services
  - Average 17 visits per school year
- **Improved mental health functioning**
  - Parents and teachers report decreases in the emotional and behavioral problems
- **Improved school functioning**
  - Decrease in school suspensions for students receiving mental health treatment
  - Principals reported reduced office referrals and student suspensions

# Working on Integrating SMH and PBIS



- **Integrate services and supports into the school**
  - On-site meetings, coordination and collaboration
  - Find tools for measuring the level of collaboration and coordination (service data and surveys)
- **Cross training for both school staff and mental health staff**
  - PBIS, RtI, SPED due process, School Emergency Plan (Codes)
  - Early Warning Signs, brief mental health trainings, consultation

# Integrating PBIS and SMH



**PANEL DISCUSSION ON WAYS TO  
SUCCESSFULLY INTEGRATE PBIS AND SMH**

# Contact Information



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