

Model For the Effective Partnering of Mental Health and Public Education K – 12

Presentation and Discussion with Camille Paras, Carole Baumgartner, Kate Hellenthal and Teresa Wright.



Youth Family and Adult Connections

- Outpatient chemical dependency and co-occurring disorders treatment for adults.
- In-home counseling services for adolescents and their families.
- Short term residential services for adolescents.
- School based mental health services.
- Teen violence prevention.

Spokane County



- 446,706 People
- 1,781 Square Miles
- 14 School Districts
- 90 Cities
- 1 Air Force Base
- 1 State Hospital
- Mix of Urban and Rural



PROJECT HISTORY

In 2004 Spokane Public Schools in collaboration with Educational Services District 101 were awarded a **Safe Schools Healthy Students Grant**.

<http://www.safehealthystudents.org>

MODEL BACKGROUND

Our task was to develop a framework for partnering with the public education system to provide school based mental health services in grades K - 12.

Services were to include:

- Early intervention and prevention
- Crisis Intervention
- Screening and Assessment
- Individual/Family/Group Counseling
- Case Management and Referral assistance
- Advocacy
- Consultation and Education about MH

The Framework for the Model

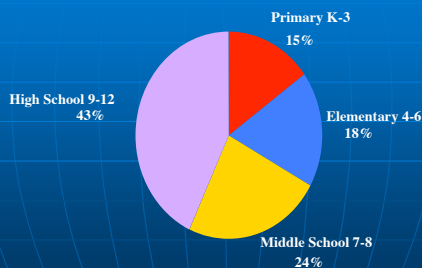
- I. Introduction to the Schools
- II. Accessing Services for Students and Families
- III. Intake Process
- IV. Service Delivery
- V. Case Closure

Data and Statistics

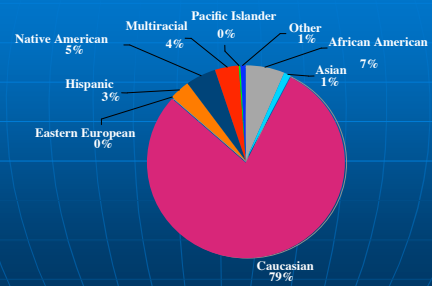
Demographics 2007

- > Total count of students served during 2007 = 744
- > Average number of individual students served during months of school = 253 per month
- > Total count of families served during 2007 = 134
- > Total amount of students receiving mental health services who would otherwise not have received services = 616
- > Average percent of low income students served = 49%, or an average of 123 students per month (as recorded on Free and Reduced lunch list)

Grade Levels of Students Served



Race and Ethnicity of Students Served



Mental Health System vs. School System

- How did we measure mental health in school?
 1. Identified the schools idea (definition) of mental health
 2. Determined standard measures
 3. Defined school based service vs. community based service
- Grades and Attendance
 1. Standard grading and attendance records across all schools
 2. Measurable pre and post service data
 3. Gave the schools a way to identify the impact of mental health services on students success in school

Impact Study

- > January 2007 data was collected across all districts, schools, and grade levels
- > Mental Health Therapists supplied data on students receiving services
- > The target data included grades in English and Math.
- > Attendance (number of absences during a reporting period)
- > Pre and Post data was collected and dependent on the service start and end dates

Impact Study Preliminary Analysis

Three trends were identified:

1. Mental Health support services seemed to impact attendance for all grade levels.

Group	English (Reading) (group GPA)			Math (Group GPA)			Attendance (# of days missed)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
Elementary n=7	N/A	N/A	N/A	N/A	N/A	N/A	4.64	1.5	68% ↓
Middle School n=40	1.45	1.99	37% ↑	1.65	1.95	18% ↑	7.91	4.4	44% ↓
High School n=30	2.1	2.2	4% ↑	1.86	1.99	5% ↑	9.9	3.69	63% ↓

Impact Study Preliminary Analysis

2. The impact of the MH services began within the first four months of services.

Group	English (Reading) (group GPA)			Math (Group GPA)			Attendance (# of days missed)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
16 weeks or fewer of service n=19	1.13	2.0	77% ↑	1.17	1.72	55% ↑	8.8	3.3	63% ↓
17 weeks or more of service n=13	2.1	2.92	39% ↑	1.59	2.55	60% ↑	8.69	2.38	73% ↓

Impact Study Preliminary Analysis

3. The impact of mental health support services was greatest on those most at risk of failure.

Group	English (Reading) (group GPA)			Math (Group GPA)			Attendance (# of days missed)		
	Pre	Post	% Change	Pre	Post	% Change	Pre	Post	% Change
One or more F's pre (n=21)	0.14	1.14	714% ↑	0.64	0.96	50% ↑	14.4	5.78	60% ↓
No F's pre n=56	2.4	2.5	4% ↑	2.2	2.3	4% ↑	6.6	3.3	52% ↓

Direct Service Summary 2007

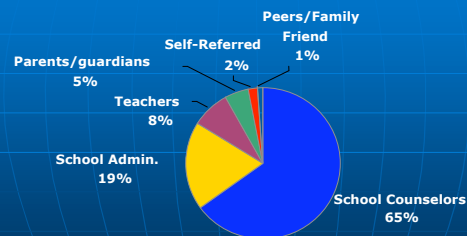
- ❖ 6106 individual sessions with a student, averaging 50 minutes
- ❖ 413 sessions with the student and family together, averaging 42 minutes
- ❖ 364 family sessions without the student, averaging 30 minutes
- ❖ 3110 sessions of case management, averaging 24 minutes

Direct Service Summary 2007

- ❖ 1831 client related meetings, averaging 35 minutes
- ❖ 6793 clinical documentation sessions, averaging 17 minutes
- ❖ 218 crisis response sessions, averaging 55 minutes
- ❖ 80 CPS sessions, averaging 27 minutes
- ❖ 1105 collaborative group sessions, averaging 15 minutes

Referral Sources 2007

Referral Sources (n=782)



Mental Health Concerns 2007

