Jackson County Community Mental Health Fund

Jackson County Missouri School-Based Mental Health Services and Service Coordination: Key District Interviews

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Executive Summary

All districts recognize that underlying mental health needs impact educational outcomes. Districts identified that social-emotional challenges negatively influence student ability to learn. A range of responses clarified how districts define their roles providing mental health services ranging from modulating student behavior and mitigating trauma to directly providing individualized mental health services.

When asked about descriptors of "students in need" of mental health or psychosocial wellness services, interviewees mentioned social determinants and measures of behavioral problems related to school. Social determinants highlighted were: English as a second family language/culture; family systems issues; housing, poverty and trauma.

Interview participants discussed multiple types of data when asked how need is documented. The majority of the measures, however, do not specifically address mental health. Rather, they clarify academic and behavioral successes and challenges in the learning environment. Approximately half of the districts collect data on student mental health functioning in a standardized manner.

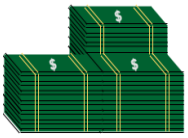
Student mental health services available via the districts vary considerably. Four districts provide students with direct, Tier 3, mental health services using district staff. All districts provide Tier 1 and 2 social-emotional and mental health supports.

Districts supplement the social, emotional, and mental health services provided by staff with on-site services by outside providers. In most cases, the districts do not fund these services. Five sites use outside providers for Tier 3 mental health services for indicated students, those identified as needing direct, one-on-one services.

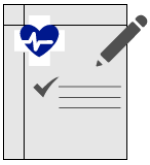
There is significant variation between districts in job titles, the professional training supporting the titles, and assigned tasks. With the exception of *Social Worker*, there is little consistency across districts between job titles and requisite training. Multiple districts noted that employees do case management; however only two individuals discussed carry the title of case manager (both positions are grant-funded).

All districts recognize the importance of working with families when addressing the needs of students. Family engagement centered on Tier 1-3 services is often "heavy lifting" and dependent on developing and maintaining relationships. Additionally, educating a family system to support a child's social-emotional or mental health needs is often difficult.

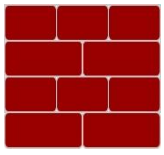
All districts reported proactive steps to support teachers dealing with student trauma; most were professional development opportunities. Almost all districts noted support for teachers after a traumatic event, or if in need of support due to secondary trauma; this was reported most often as services via Employee Assistance. One district highlighted morale boosters designed to lighten teachers' days.



More than half of the districts reported receiving outside funding from seven identified sources (funding was not known for three agencies). In seven cases funding supported Tier 3 individual mental health services. In five cases services were provided by outside agencies and in two cases funding supported district staff positions. Philanthropy was noted as being essential to meeting student needs.



One district bills Medicaid since behavior was added as billable. Three partnering providers bill Medicaid for student mental health services. District commitment to sustaining social-emotional and mental health services includes a variety of emphases: line item salary support, ongoing concentration on the impact of trauma on students, consistent district-wide classroom/behavioral management expectation, as well as certain indirect expenses.

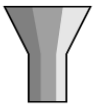


Multiple barriers to providing social-emotional and mental health services for students exist, for districts and for contracted agencies.

1) Most barriers identified limited access to services or were attributed to stigma and/or culture. Interviewees mentioned wait lists and time-to-service consistently.
2) However, districts reported students move to resources more quickly with the service model in which initial assessment/observation occurred at school with off-site follow-up.
3) Districts view families differently, some focusing on strengths, others on barriers.
4) Culturally appropriate services in students' family language (other than English) are not readily available in the districts or in the community.

5) Process barriers exist when schools and outside providers partner to marshal resources for students. Barriers include access to students, access to data, consent, and lack of functional feedback loops for pertinent information.
6) Grant-funded programming provided by outside agencies requires district staff coordination and regular follow-up.
7) The majority of districts identified needing help with data. The wide variety of responses indicates an overall need to examine data usage from start to finish to support documenting local need and examining success of social-emotional and mental health programming.

It is recommended that the Jackson County Community Mental Health Fund:



1) Complete, as Phase III, a targeted needs assessment in the seven districts which participated in the project's Phase II. While Phase II provided a service overview, Phase III would garner hard data on the number of students served, data specific to services of interest to the Fund (rather than as previously defined by the districts), and information on caseloads, service gaps, and barriers at both the school and provider levels. Within the seven districts, data efforts would be further targeted by a purposive sample of elementary, middle, high, and alternative schools.
2) Provide county-level leadership via RFPs, reporting requirements, and collaborative efforts to develop a cross-county understanding of common metrics which could be collected to highlight student mental health needs and growth toward social-emotional and mental health wellness.
3) Provide technical assistance to help districts:
   a) Better understand steps/strategies to effectively bill Medicaid for services, and
   b) Planfully support staff, beyond professional development content, to mitigate the cumulative impact of secondary trauma. This can include furthering tangible, school-based, practices and on-site self-care opportunities to prevent the emergence of secondary trauma symptoms.