School-Based Mental Health Services Delivery Models

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Dr. Nancy P. Razo - University of Texas Rio Grande Valley
Adrian Garza - McAllen ISD
Nadia Ochoa – Palmer Drug Abuse Program
Connie Rodriguez - Dallas ISD
Dr. Traci Schluter - Cypress-Fairbanks ISD

27th Annual TASP Convention
October 24, 2019
Overview of School-Based Mental Health Services

Dr. Rick Short - University of Houston, Clear-Lake
Why Comprehensive Services?
Why Public Health?

- National Policy
- The Future of School Psychology
  - Indianapolis National Invitational Conference on the Future of School Psychology
  - School Psychology: A Blueprint for Training and Practice III
- Increasing our value and saving administrators' jobs
The National Policy Context

- Achieving the Promise: Transforming Mental Health Care in America (President's New Freedom Commission on Mental Health, 2003)
Comprehensive Children’s Mental Health Services
(Nastasi, 2004)

- Integrated public health-public education model
- Policy change at national, state, and local levels
- Mental health promotion as key component
- Continuum of mental health services
- School-based or school-linked facilities
- Staff development program on mental health
- Surveillance system for mental health problems
- Network of community agencies
- Increase in or modification of roles of mental health staff
- Partnerships with parents
- Formative research
- Evidence-based programs
Levels of Services
(Commission on Chronic Illness, Institute of Medicine, 1957)

Primary Prevention (reduce incidence)
Secondary Prevention (reduce prevalence)
Tertiary Prevention (reduce complications and sequelae)
manage effects of long-term condition

All Children
MTSS School-Community Intervention Continuum (Adelman & Taylor, 2019)

Exhibit B. Reframing MTSS’ Levels into a School-Community Intervention Continuum of Interconnected Subsystems

**School Resources** (facilities, stakeholders, programs, services)
- General health education
- Social and emotional learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Drug and alcohol education
  - Drug counseling
  - Pregnancy prevention
  - Violence prevention
  - Gang intervention
  - Dropout prevention
  - Suicide prevention
  - Learning/behavior accommodations & response to intervention
  - Work programs
  - Special education for learning disabilities, emotional disturbance, and other health impairments

**Community Resources** (facilities, stakeholders, programs, services)
- Recreational & Enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development

**Subsystem for Promoting Healthy Development & Preventing Problems**
- **primary prevention** – includes universal interventions
- (low need/low cost per individual programs)

**Subsystem for Early Intervention**
- **early- and-onset** – includes selective & indicated interventions
- (moderate need, moderate cost per individual)

**Subsystem for Treatment of Severe and Chronic problems**
- **indicated interventions as part of a “system of care”**
- (High need/high cost per individual programs)
Contact Information

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McAllen ISD’s Family Treatment Program

Nancy Peña Razo, Ph.D., LSSP
Adrian Garza, M.Ed., Program Manager, Family Treatment Program
Nadia Ochoa, Executive Director, Palmer Drug Abuse Program
District Demographics

- 2018 Accountability Rating: A
- Student Population 2017-2018:
  - Total Student Population: 23,640
  - Hispanic: 94.1%
  - Economically Disadvantaged: 71.2%
  - English Learners (EL): 32.0%
- Total Schools: 30
  - Traditional HS-3
  - Early College HS-1
  - DAEP MS/HS-1
  - Alternative HS-1
  - MS-6
  - ES-19

Source: Texas Education Agency, December 2018
Role of District LSSPs

• 7 LSSPs under Special Education Department
• 15 Diagnosticians; 2 additional Diagnosticians for the Regional School for the Deaf
• LSSP Role: Assessment & Case Management
Family Treatment Program

- 2008-2013 Safe School Healthy Students Grant
- Sustainable Goal: Increase Mental Health Services
- 2013 School Survey Needs Assessment Results
  - 9300 Student Responses
  - 4th – 12th grade
  - 22.8 % reported feeling depressed, sad or hopeless
Mission Statement:

The Family Treatment Program’s mission is to advance mental health awareness, and through identification, provide prevention and intervention services for McAllen Independent School District families.
District Community Partnerships

• University of Texas Rio Grande Valley School Psychology Program
• UTRGV School of Medicine
• UTRGV School of Social Work
• Tropical Texas Behavioral Health (Local MHA)
• South Texas Health Systems-Behavioral
• Behavioral Hospital at Renaissance (part of Doctor’s Hospital at Renaissance DHR Health)
• Palmer Drug Abuse Program
• Mesquite Treatment Center
FTP Prevention Intervention Specialists

- Crisis Intervention
- Family and student intervention
- Intensive case management
- Community mental health referrals
- Crisis intervention and direct inpatient admission
- Continuity of care for inpatient discharge
- Network agreements and contracts with mental health organizations
- Partnership collaboration
- Staff Development
- Community mental health awareness
- HIPAA compliant reporting system
Family Treatment Program
Prevention Intervention Specialist (PI)
Vertical Team Assignment 2018-2019

By Vertical Team
Susan, Leticia, Rosemaly

McAllen High School
Susan Cortez
Morris
Travis
Perez
Sanchez
Rayburn
Milam
Thigpen/Zavala
Wilson
Fields

Memorial High School
Rosemaly Silva
Brown
Cathey
Houston
Gonzalez
Bonham
Escandon
Jackson
Roosevelt

Rowe High School
Leticia Sanchez-Reyes
De Leon
Fossum
Alvarez
Castaneda
McAuliffe
Hendricks
Seguin
Garza

Achieve ECHS
Lamar
I&G

By Vertical Team
Susan, Leticia, Rosemaly
Direct Admission/Inpatient Admission

- Student meets criteria for hospitalization as per CIP
- Student has insurance: private or Medicaid
- Parent choice
- Prevention Intervention Specialist will initiate direct admission
- Staffing with hospital intake staff
- Psychiatrist makes the recommendation for inpatient admission
- Each case is different and may have varied outcomes
OVERVIEW

CLIENTS SERVICED IN THE McALLEN ISD AREA-2 YEARS

UA assessments Conducted in the last 2 years: 11%

# of CBT sessions Conducted by LPHA: 4%

# of Crisis Screenings Conducted by CM & LPHA: 1%

# of Skills Conducted by CM: 46%

# of RCM/ICM Conducted by CM & LPHA: 38%

CLIENTS SERVICED IN THE MCALLEN ISD AREA - 2 YEARS
Tropical Texas Behavioral Health Partnership
November 2\textsuperscript{nd}, 2015 – November 14\textsuperscript{th}, 2017

$1,094,045.78
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Dallas ISD  
Mental Health Model

Connie Rodriguez, LSSP, LPA, LMFT  
Director of Psychological & Social Services
157,000 students
230 schools
2nd Texas
14th USA
384 sq miles
Mental Health Crisis Protocols

There may be times when campuses experience a crisis which requires a higher level of immediacy. While there are many types of crisis that may occur in a school setting, this handbook will focus primarily on those which are considered Mental Health Crisis such as suicide, death of a student and violent behavior.

PROTOCOLS:

- **BULLYING**
- **CHILD ABUSE/ NEGLект**
- **DEATH OF A STUDENT / FACULTY MEMBER**
- **HOMELESS FAMILY IN CRISIS**

All crisis are time intensive and require difficult decisions to be handled by the appropriate individuals with a limited time span which is why all of the departments associated with such crisis have been identified within each of the protocols. The offices prepared to assist during mental health crisis include but are not limited to the following:

- Alcohol and Drug Intervention Office
- Child Abuse Office
- Communication Services Department

https://www.dallasisd.org/Page/57852
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CYPRESS-FAIRBANKS ISD

SCHOOL-BASED MENTAL HEALTH SERVICES

Traci D. Schluter, Ph.D., LSSP
Director
Psychological Services Department
DISTRICT DEMOGRAPHICS

- 22nd largest school district in the US
- 3rd largest district in Texas
- 117,283 students enrolled (as of 9/2019)
- 56 Elementary Schools
- 18 Middle Schools
- 12 High Schools
- 5 Special Programs Facilities
- APA-Accredited Professional Psychology Intern Training Program
MENTAL HEALTH SERVICES IN CFISD

Northwest Houston, Harris County

12 High Schools, 18 Middle Schools, 56 Elementary Schools, 5 Special Programs Facilities

117,000+ students; 14,000+ staff
PSYCHOLOGICAL SERVICES

29 FT staff, 6 PT staff, 2 lead psychologists, 1 director, 2 secretaries
Assessment
Comprehensive Psychological Evaluation focused on emotional/behavior referral concerns

Intervention
Staff Consultation
Indirect/Consultation
Direct/Counseling
Coordination with Community Mental Health Providers
Family Interaction
Training Clinic

Training
Parents/Families
Staff
Administration
Counselors
Interns

Supervision
APA Accredited Doctoral Internship Practicum Student Program
Post Doctoral Staff Supervision

Research
Write Club
PSP research and program evaluation

Crisis/Safety
C-SSRS
CSTAG
PREPaRE 1 & 2
NOVA
Psychological First Aid for Schools
Hospital Transition Planning

SERVICES WE PROVIDE
ASSESSMENT

• Comprehensive Psychological Evaluation
• Focus is Emotional/Behavioral Functioning

• Special Education Eligibility Recommendation (ED/OHI/AU/TBI)
• Includes Function of Student’s Behavior (FBA)
• Includes Counseling as a Related Service Recommendation
INTERVENTION

• Consultation with staff/administration
• Indirect Related Services
• Direct Related Services (counseling)
• Coordination with Community Mental Health providers
• Family Interaction Training (FIT) Clinic
• Incredible Years Parenting Program
SUPERVISION

• APA Accredited Doctoral Internship
• Practicum Student Program
• Postdoctoral Supervision for First Year Staff
• Diversity Committee
TRAINING

• Parenting Courses
• Staff Trainings
• Counselor / Administrator Trainings
• District-Wide Trainings
• APA Accredited Doctoral Internship
• Departmental Trainings
• Diversity Committee
RESEARCH

• Write Club
• Individual Psychological Services
  Provider Research
• Program Evaluation
CRISIS/SAFETY

- C-SSRS & CSTAG
- PREPaRE 1 & 2, NOVA, Psychological First Aid for Schools
- Safety Plans & Hospital Transition Planning
MENTAL HEALTH INTERVENTION TEAM

2 Licensed Psychologists/LSSPs, 4 Licensed Professional Counselors, 2 Mental Health SROs
**Program Development**
Researching and developing policies and programs to ensure the district aligns with best practices in school-based mental health.

**Campus Response**
Visiting campuses to support the needs of students and staff during and following crisis events of any scale.

**Training**
Providing training to staff, parents and students district-wide on topics of interest and importance to mental health.

**Community Networking**
Connecting with community mental health providers to build a network of responsive services for district families.

**Crisis Help Line**
Offering immediate support for staff working with suicide/threat risk or other campus crises.

**Mental Health Awareness**
Working with student groups to reduce the stigma attached to mental health concerns.

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Threat of harm: Assessment and Response

Why the CSTAG?

- Recognized as evidence-based program (NREPP, 2013).
- Widely disseminated in the US and Canada.
- Only model to show effectiveness in controlled, peer reviewed studies.
- Readily trainable. A flexible, efficient process.
- Free to use and reproduce.
- Decision tree process to help teams quickly distinguish types of threats.
- Shown to reduce disproportionality in discipline.
- Designed to reduce errors of over and under response.
- Helps teams to quickly resolve threats that are not serious and concentrate efforts on a small number of serious threats.

CSTAG Training

- Feb 2019: MHIT (ToT) Secondary Admin
- Summer 2019: CFISD PD
- Aug 2019: Elem/Sec Counselors Psychological Services Campus Administration
- Ongoing: Support meetings and new staff training
C-SSRS Training

Why the C-SSRS?

Research Supported

- The most empirically-supported and widely used suicide-risk screening.
- Endorsed/recommended/adopted by CDC, NIH, SAMSHA, WHO, DoD, among many others.

Accessible

- Readily trainable.
- Brief, straight-forward administration.
- Free to use and reproduce.
- Designed for use by individuals without mental health background.

Added Benefits

- Results of the screening inform response.
- Supports consistency in decision-making and response across the district.
- Provides for continuity of care with community health collaborators (e.g. mental health facilities).

Suicide Risk: Screening and Response

• Feb 2019: Elementary Counselors
• Mar 2019: Secondary Counselors Associate Principals Psychological Services
• April 2019: Assistant Principals
• June 2019: CFISD PD
• Ongoing: Support meetings and new staff training

Suicide Risk: Screening and Response

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