

Implementing Effective Systems of Care for Children, Youth and Transition-Aged Youth with or At-Risk of SED in Rural Communities

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Disclaimer Slide

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Implementing Systems of Care in Rural Schools

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(Michael & Jameson, 2017, Springer)

Models of School Mental Health

- School Mental Health (SMH) models typically live within other systemic frameworks
 - Positive Behavioral Interventions and Supports (PBIS)
 - Multi-Tiered Systems of Support (MTSS)

Example - Systems Framework in Schools

Academic systems

TIER THREE

- Individual students
- Assessment-based
- High intensity

TIER TWO

- Some students (at risk)
- High efficiency
- Rapid response

TIER ONE

- All students
- Preventive, proactive

Behavioural systems

TIER THREE

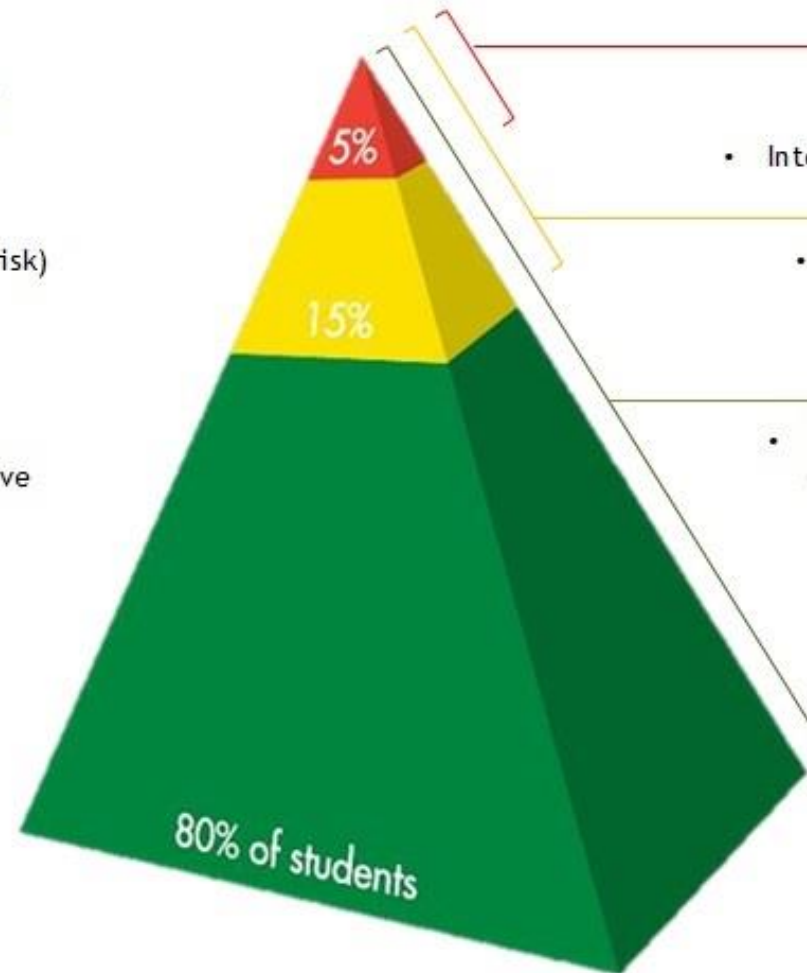
- Individual students
- Assessment-based
- Intense, durable procedures

TIER TWO

- Some students (at risk)
- High efficiency
- Rapid response

TIER ONE

- All settings, all students
- Preventive, proactive



Models of School Mental Health

- Two (2) common SMH models:
 - Co-located
 - Comprehensive, integrated
- Pros and cons of each, but both provide better access to behavioral healthcare for youth
- Both help minimize common barriers to seeking treatment (e.g., transportation, economic, acceptability)

Comprehensive School Mental Health

“**Comprehensive**” describes a movement of creating partnerships between universities, communities, and schools where “student wellness and social and emotional competence are emphasized and promoted” (Hoover & Mayworm, 2017).

Source: Center for School Mental Health (CSMH)

<http://csmh.umaryland.edu>

Comprehensive School Mental Health

Key aspects of comprehensive models:

- Communication channels are created, including formal (e.g., memoranda of agreement, releases of information, consent for professional communications) and informal processes (teacher, clinician updates, administrative referrals)
- Monitoring and observation opportunities

Key aspects of comprehensive models (cont.)

- Often feature formative and summative evaluation components (progress, outcomes)
- Value and reinforce interdisciplinary collaboration and systemic conceptualizations

Core Values of Comprehensive School Mental Health Models

- Check discipline specific egos at the door
- Remain student-family centered
- Focus on strength-based approaches
- Avoid using techno speak, jargon
- Avoid harmful labels
- Embrace a dynamic process
- Value data-based decisions

Comprehensive Approaches in Rural Schools

- Systems based approaches are ideal in rural contexts for several reasons, including:
 - Help offset resource limitations and transportation challenges in remote schools
 - Takes advantage of interconnectedness often seen in rural settings
 - Shared ideals, shared responsibilities
 - Associated with higher acceptance of MH services
 - Schools are often a “hub” in rural communities

Assessment, Support & Counseling (ASC) Center

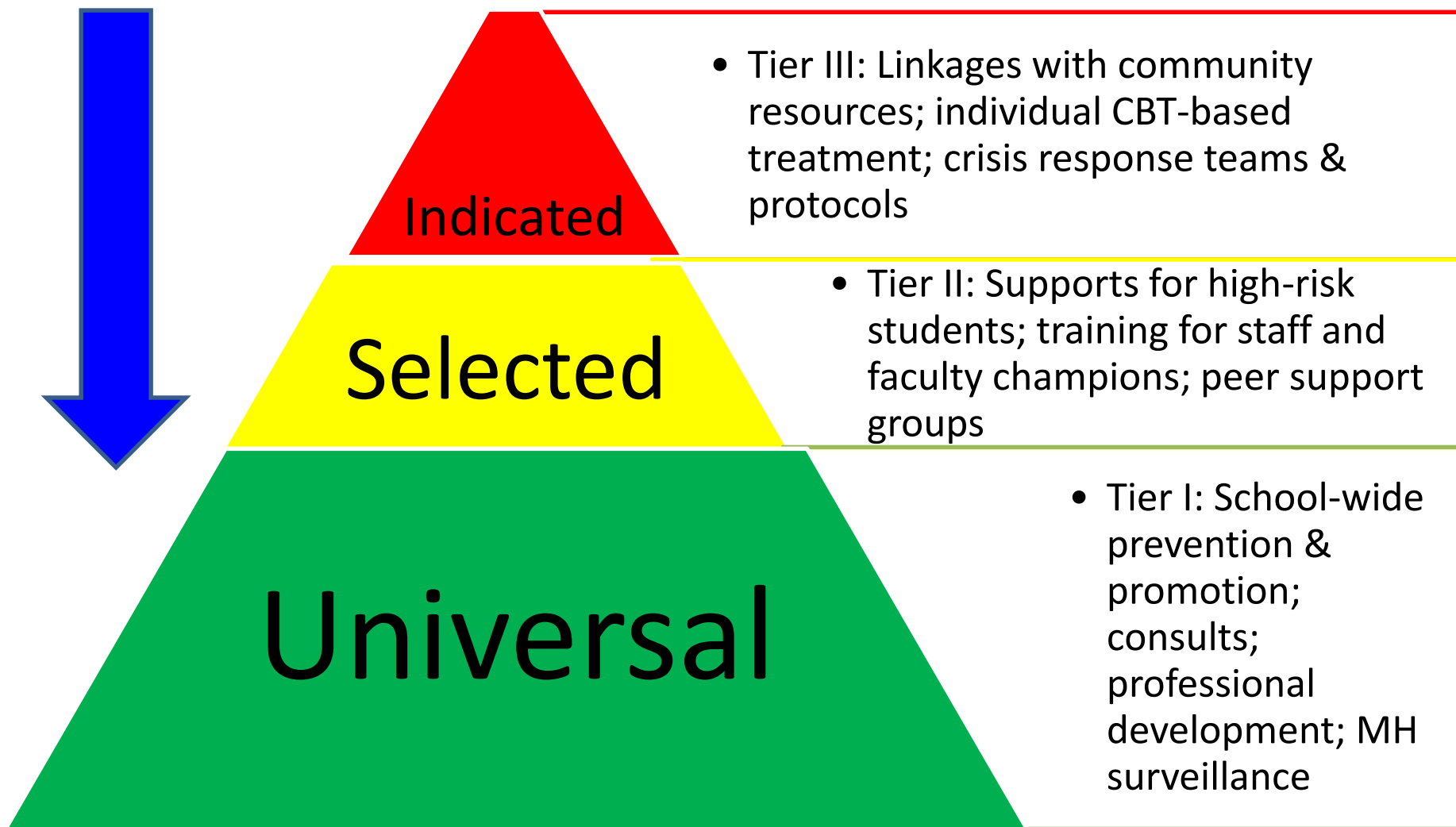
Helping educators to educate by:

- Providing access to high quality, supervised mental health services to children and families regardless of their ability to pay
- Training a steady stream of qualified school mental health professionals who ideally join the regional workforce
- Conducting research that informs effective school mental health practices

Rural School Mental Health in Western North Carolina

- YRBS surveillance and analysis
- Suicide prevention education
- Website maintenance
- Assessment
- Consultation
- Individual therapy (e.g., Cognitive Behavior Therapy)
- Crisis intervention
 - PEACE (Prevention of Escalating Adolescent Crisis Events)
 - CAMS (Collaborative Assessment and Management of Suicidality)
 - CALM (Counseling on Access to Lethal Means)

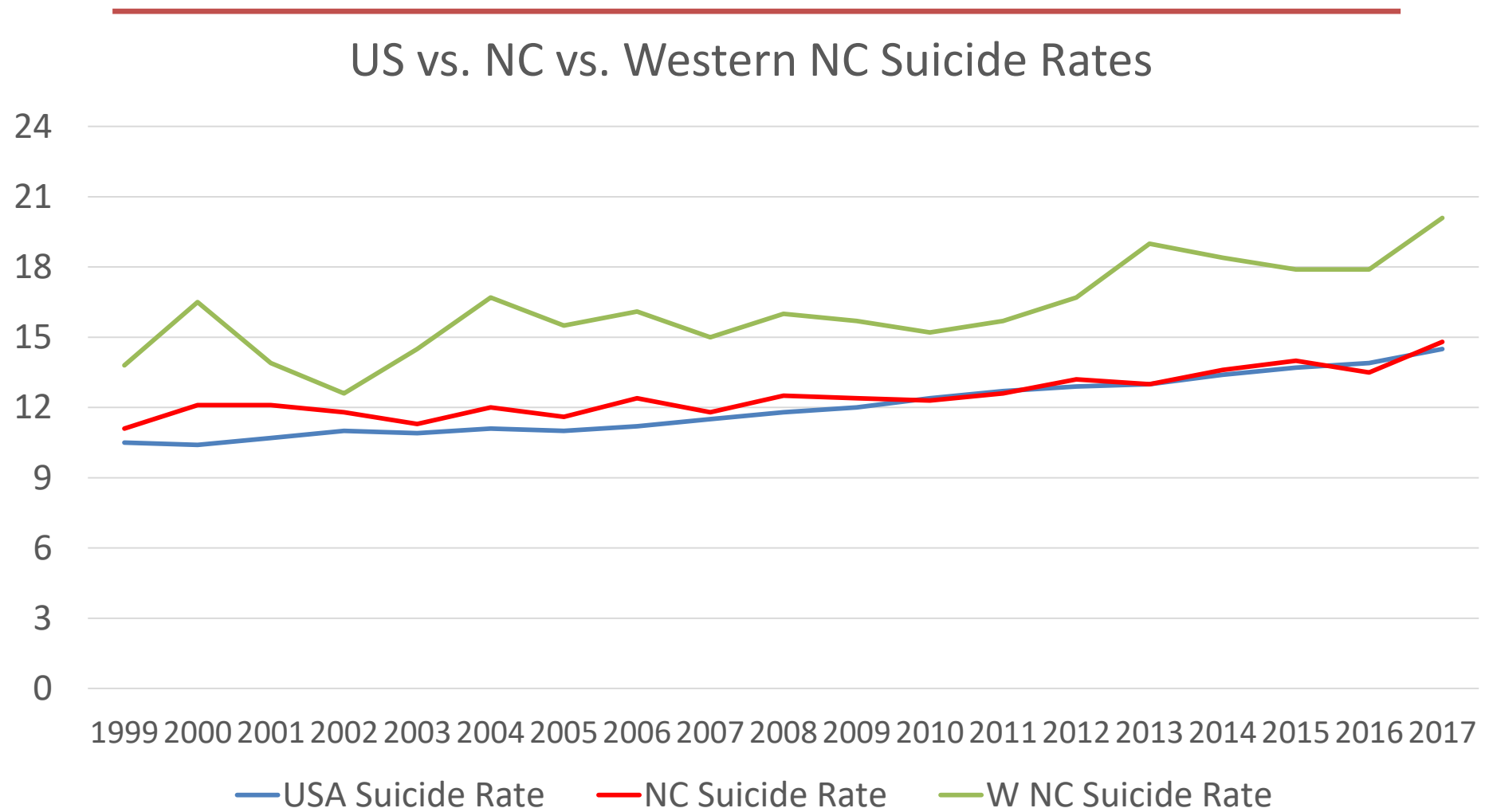
The ASC Center: Summary in Systems Framework



Comprehensive Approaches in Rural Schools

- Critically important in the clinical management of highly involved students
 - Following up with suicidal youth or those in crisis
 - Transition to and from more restrictive settings (inpatient, residential), emphasizing case coordination across systems
 - Maintaining or improving educational status
 - Focuses on long-term outcomes and plans versus only the events surrounding the acute crisis

US vs. State vs. Regional Suicide Rates



CDC WONDER, accessed 2018

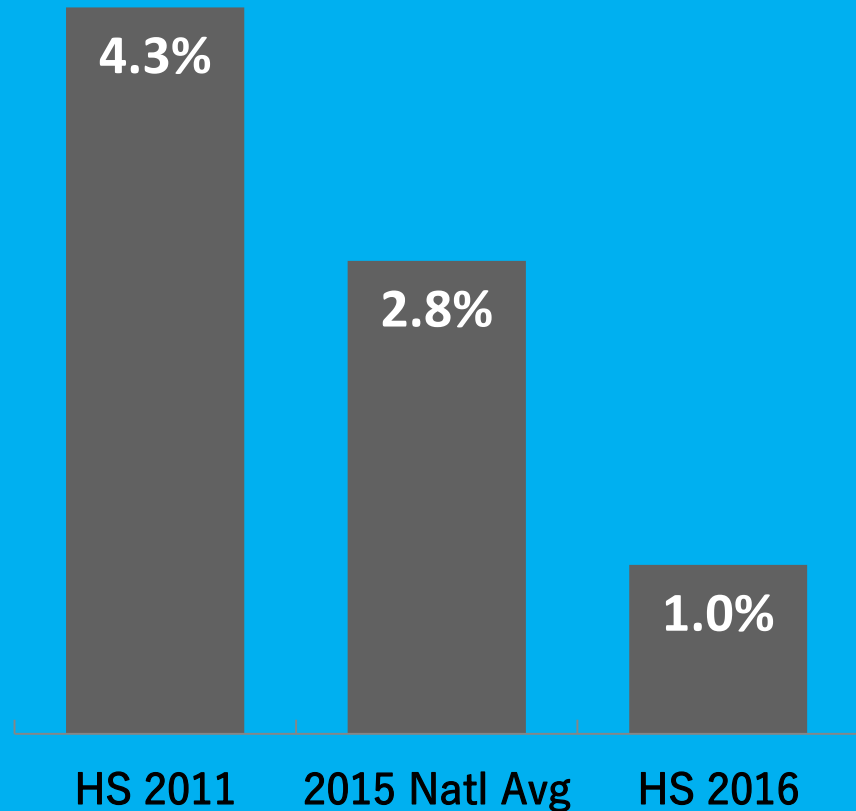
Prevention of Escalating Adolescent Crisis Events

- School Safety Paradigm
 - Easy to understand algorithm assessing evidence-based risk and protective factors that are implemented across disciplines and agencies
 - 4 levels of risk: **Green, Yellow, Orange, Red**
 - Each level is associated with a set of behaviorally anchored action steps, consultative and supervision elements, notification requirements, safety planning, documentation, and follow-up procedures

Sources: PEACE; Capps, Michael, Jameson, 2019; Michael, Jameson, Sale et al., 2015

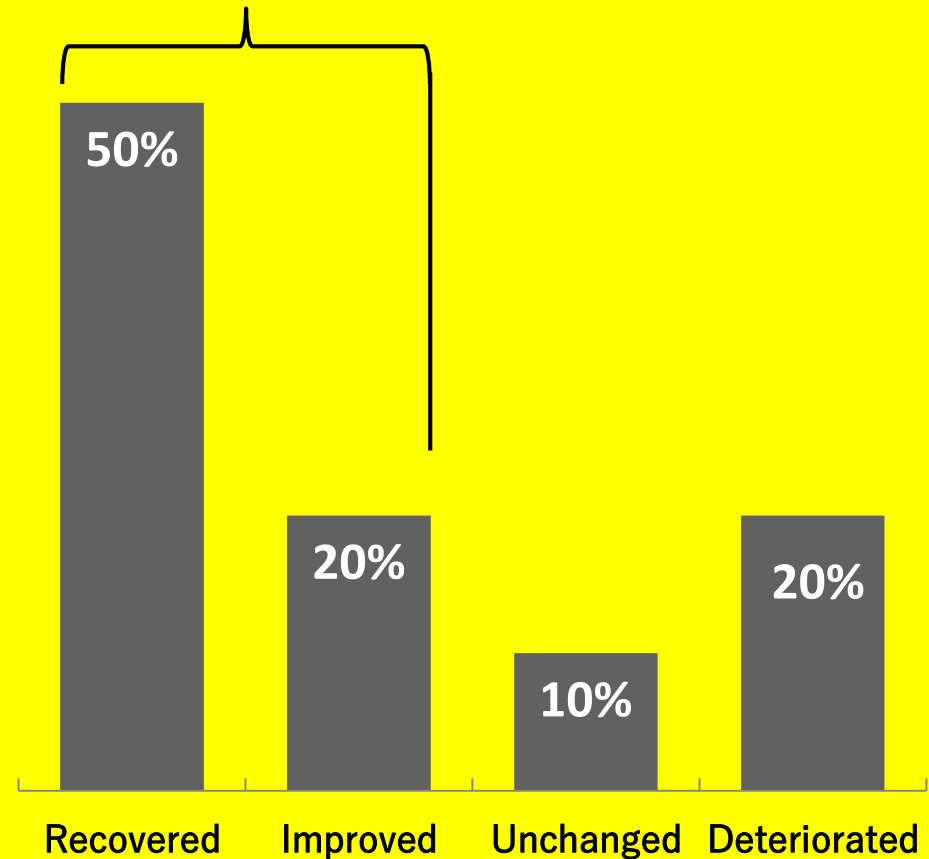
Local Base Rates; Local Results

YRBS: Adolescent Reported Suicide Attempts (12 months) Requiring Medical Attention



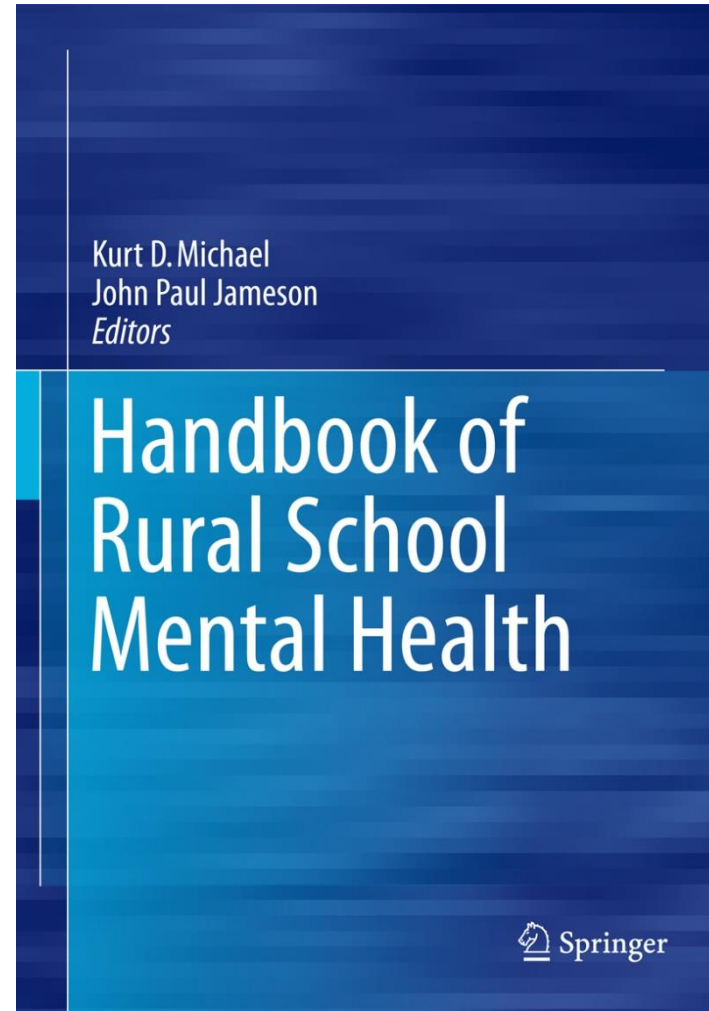
Post-Treatment Results 2017-2018

70% of students who started in a *clinical* range were significantly improved by the end of treatment



Handbook of Rural School Mental Health

- **73** national and international authors, all with specific expertise in developing, funding, sustaining, and evaluating systemic rural SMH programs



Implementing Systems of Care in Rural Schools



Brenda Donaldson, MA

Family Engagement Program
Manager

*System of Care Across Tennessee
(SOCAT)*

Tennessee Snapshot

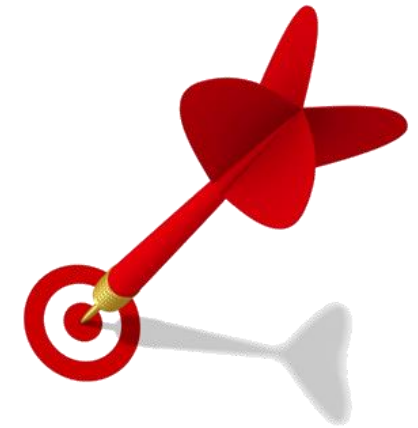
- 95 counties in Tennessee
- 93% of Tennessee is rural
- 50% of residents live in rural Tennessee
- Unique differences and challenges



Targeted Population and Goal

- Children, youth and young adults
- Criteria

- Decrease Medicaid cost
- Reduce out-of-home placements



How We Do It in Tennessee

Two Tiered Approach

Tier One

- Implementation of philosophy, values and principles of System of Care

Tier Two

- Local Lab Implementation

How We Do It in Tennessee

- Core Management Team
- Divisional Coordinator
- Lab Sites



Supervisor
Care Coordinator
Certified Family Support Specialist



Implementing Systems of Care in Rural Schools



Julie Smith, BS

Care Coordinator
*System of Care Across
Tennessee (SOCAT)*

Introduction, History and Description

- Mental Health Cooperative
- Roles in Systems of Care
 - Family Support Specialist
 - ~ Roles and responsibilities
 - Care Coordinator
 - ~ Roles and responsibilities



Transitioning from Support to Coordination

- **Barriers**

- Relationships with families
- Explaining the new role
- Allowing the FSS to take over

- **Successes**

- Having an FSS who supports not only the families but the CC
- Having leadership who supports and communicates
- The families seeing the positive dynamic within the team even with the shift

- **Difference in supervision and coaching**

Raw Look at Implementation

- **Barriers**

- Cultural challenges
- Bias challenges
- Working with the school
- Working with court
- Building teams
- Eliminating preconceptions



Successes in Implementation

- Building rapport with families
- Building rapport with professionals
- Building teams
- Engaging team members
- Utilizing strengths within the process
- Guiding the families in effective implementation
 - Using their voice
 - Guiding instead of telling
 - Communication
 - Making sure they are 100% a part of planning



Transparent Changes

- Transitioning our Mental Health facility as a whole into a more strengths based, family driven facility
- Seeing the difference in how my team works with families
- Witnessing the youth and families become more open about their treatment
- Seeing the community become more open to the Wraparound approach and seeing the referral rate increase
- Youth being willing to help others by using their successes and personal experience

Final Questions or Comments

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